CLASP
Center for Law and Social Policy

The Challenges of Change

Learning from the Child Care and Early Education Experiences of Immigrant Families

by Hannah Matthews and Deeana Jang

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CLASP's Breaking Down Barriers study is intended to promote understanding of the barriers that impede immigrant families' access to high-quality child care and early education and to identify solutions for how these barriers might be remedied. *The Challenges of Change* is one piece of CLASP's work on immigrant families and child care and early education. CLASP will continue to work in this area to ensure that child care and early education programs are responsive to the needs of diverse immigrant groups. Please see CLASP's Web site (http://www.clasp.org) for additional research in this area.

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List of Acronyms

CARES	Comprehensive Approaches to Raising Educational Standards
CCDBG	Child Care and Development Block Grant
CCR&R	Child Care Resource and Referral Agency
CDA	Child Development Associate
CLASP	Center for Law and Social Policy
ECE	Early Childhood Education
ELL	English Language Learner
ESL	English as a Second Language
FIAC	Florida Immigrant Advocacy Center
GED	General Equivalency Diploma
HHS	U.S. Department of Health and Human Services
HIPPY	Home Instruction for Parents of Preschool Youngsters
IHE	Institutions of Higher Education
LEP	Limited English Proficient
PRUCOL	Permanently Residing Under Color of Law
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act of 1996
QRS	Quality Rating System
SCHIP	State Children's Health Insurance Program
SSI	Supplemental Security Income
SSN	Social Security Number
TANF	Temporary Assistance for Needy Families
VPK	Florida Voluntary Pre-kindergarten

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Executive Summary

Children born to immigrant parents are a large and rapidly growing segment of the nation's child population. There are more than 5 million young children of immigrants in the United States, comprising approximately 22 percent of all children under the age of six. Nearly all of these children (93 percent) are U.S. citizens.[1] Children of immigrants are more likely than children of U.S.-born citizens to face economic hardships and significant barriers to healthy development, making them less ready to succeed in school and beyond. In recent years, a body of research has emerged showing that, overall, children of immigrants are less likely to participate in early education programs, such as pre-kindergarten, or formal child care arrangements, including center-based and family child care.[2]

Evaluations of a small number of high-quality early education programs that support the full range of children's development show long-term positive effects on child well-being and later school success.[3] High-quality programs have the potential to particularly benefit low-income children and those most at risk of school failure. For children of immigrants, early education has the potential to address issues of school readiness and English language acquisition, allowing them to enter elementary school with more advanced

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

2 For a summary of this research, see Matthews and Ewen, *Reaching All Children?*

3 Takanishi and Bogard, "Effective Educational Programs for Young Children."

English skills and thus better prepared to learn and to succeed.[4] Early education may also ease the experience these children and their families have being integrated into American society and its education system. Programs that contain a high-quality comprehensive services component can connect families to much-needed health services and family supports; and they can provide recently arrived immigrants with an introduction to services and facilities available in their communities.

In its Breaking Down Barriers study, the Center for Law and Social Policy (CLASP) explored three main questions:

1. What do we know about the participation of young children of immigrants in child care and early education settings (including Head Start, child care, preschool, and pre-kindergarten)?

2. What are some of the barriers and challenges immigrant families face in accessing child care and early education?

3. What can policymakers and advocates at the local, state, and federal levels do to improve access to high-quality child care and early education for young children in immigrant families?

CLASP conducted site visits in communities across the country to learn first hand about the challenges and barriers that immigrant families face in accessing child care and early education. We sought the perspectives of immigrant leaders and direct service providers, child care and early education providers (including schools, child care centers, and family child care homes), state and local policymakers, and immigrant parents. Communities were chosen based on a variety of criteria, including historical trends in immigration and the type of public pre-kindergarten program available in the state. CLASP visited traditional immigrant gateways, communities in states with well-established immigrant populations, and new or emerging destinations for immigrants, seeking to include communities with immigrant populations from diverse countries and ethnic backgrounds. The project included site visits to nine communities in eight states across the United States.

In our examination of the barriers to participation faced by immigrant families, we looked at a continuum of contact between families and child care and early education providers and programs. At each point of contact, immigrants face multiple layers of barriers. We identified and explored three areas that could be serving as barriers to participation:

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4 Rumberger and Tran, *Preschool Participation and the Cognitive and Social Development of Language Minority Students*; Gormley et al., *The Effects of Oklahoma's Universal Pre-K Program on Cognitive Development;* and Magnuson et al., "Preschool and School Readiness of Children of Immigrants."

1. **Awareness.** To what extent are immigrant families aware of the existence of high-quality child care and early education? To what extent are they aware of the eligibility rules for various programs? How do immigrant families obtain information about child care and early education?

2. **Accessibility.** For those immigrant families that are aware of child care and early education, what factors affect their ability to access it? How affordable and available are child care and early education opportunities in immigrant communities? How do programs' hours meet families' needs? How manageable are enrollment processes for immigrant families?

3. **Responsiveness.** Once immigrant families have enrolled in child care and early education, how responsive are programs to their diverse needs? Are providers equipped to provide children of immigrants with high-quality educational opportunities? Is there an adequate supply of qualified bilingual and culturally competent providers who work with young children? Do programs have culturally competent content and program standards? Are available programs facilitating access to high-quality comprehensive services and family supports?

At each point of contact, immigrant families face barriers related to demographic factors, language, culture, and immigration status, barriers that must be adequately addressed in order to ensure access to high-quality child care and early education. This report outlines our findings in each of these three key issue areas, and it provides some examples of strategies that can be employed to help families overcome these barriers and to structure programs to more appropriately serve diverse immigrant families.

Awareness. CLASP found that immigrant families are often unaware of child care and early education programs and services, including licensed child care, state pre-kindergarten and Head Start programs, and child care subsidies.

- Awareness differs within immigrant groups, based on factors such as the length of time in the U.S., the circumstances of immigrants' arrival, child care and early education experiences in their home countries, parental education levels, and English language ability.

- Some immigrant families are unfamiliar with the concept of "early education" and with the benefits of high-quality child care and early education.

- Many of those immigrant families that *are* aware of child care and early education are misinformed or confused about eligibility requirements.

- Immigrant-serving organizations, often immigrants' first point of contact in the United States, are also largely unaware of child care and early education opportunities.
- Information on the benefits of high-quality child care and early education is often not available to immigrant families in accessible formats in their primary languages.
- Outreach for child care and early education is frequently limited and is inadequately targeted to diverse immigrant communities.
- Successful outreach includes dissemination of translated materials and face-to-face communications with trusted messengers, including immigrant-serving organizations.

Accessibility. CLASP found that many child care and early education programs are unavailable to or inaccessible for immigrant families.

- High-quality child care and early education are insufficiently available in immigrant communities.
- There is a lack of affordable, high-quality child care and early education opportunities; and what programs do exist often have waiting lists or cannot serve all eligible children.
- Programs located outside immigrant neighborhoods are often unavailable, due to both transportation barriers and issues related to fear.
- Strict eligibility criteria, paperwork requirements, and complex enrollment processes serve as further barriers for immigrants attempting to access child care and early education programs.
- Immigrant families often have a difficult time navigating complex systems—particularly when language access is inadequately addressed—and therefore are less likely to secure enrollment in programs with limited slots.
- Many immigrant families avoid publicly funded programs for fear, grounded or otherwise, of immigration consequences. This is true of families of all immigration statuses.

Responsiveness. To ensure high quality, child care and early education must be responsive to the diverse needs of young children of immigrants and their families. However, CLASP found the following:

- There is a shortage of bilingual and bicultural providers, particularly to serve children of immigrants of backgrounds other than Latino and who speak languages other than Spanish.
- Providers are interested in training in cultural competency and second-language acquisition, but training is currently insufficiently available.
- There are multiple barriers to recruiting and retaining qualified teachers and providers from immigrant communities, including limited English proficiency, insufficient access to higher education, and limited technical assistance to assist providers with licensing.
- Few child care and early education programs have standards or curricula that explicitly address the needs of young children of immigrants or second-language learners.
- Parental involvement strategies must be targeted to diverse immigrant communities and must provide meaningful opportunities for limited English proficient (LEP) parents to be involved.
- Access to comprehensive health services and family supports is critical for immigrant families, yet not all programs provide these services or facilitate access to additional services. Also, comprehensive services are not always linguistically or culturally accessible.
- Home-visiting and family literacy programs, when they are done in culturally appropriate ways and trust is established between providers and families, offer promising opportunities to provide access to high-quality early education and family supports for young children of immigrants and their families.

Recommendations

To improve immigrant families' access to high-quality child care and early education, CLASP makes the following recommendations for federal, state, and local policymakers, advocates, researchers, and private funders:

1. **Promote coordination and collaboration between the child care and early education community and the immigrant- and refugee-serving community.**
    - States and localities should provide leadership and commitment to ensure access to programs, including high-quality child care and early education.

- States should establish early learning councils or other coordinating bodies to create a unified child care and early education system.
- States should support local coordination and collaboration.
- Localities should increase collaborations between the child care and early education community and immigrant-serving organizations, providers, administrators, and advocates.
- Localities should establish partnerships between child care and early education programs, early elementary schools, and immigrant parents.
- Private funders—including foundations, corporations, and others—should support collaboration and partnerships between immigrant-serving organizations and the child care and early education community.

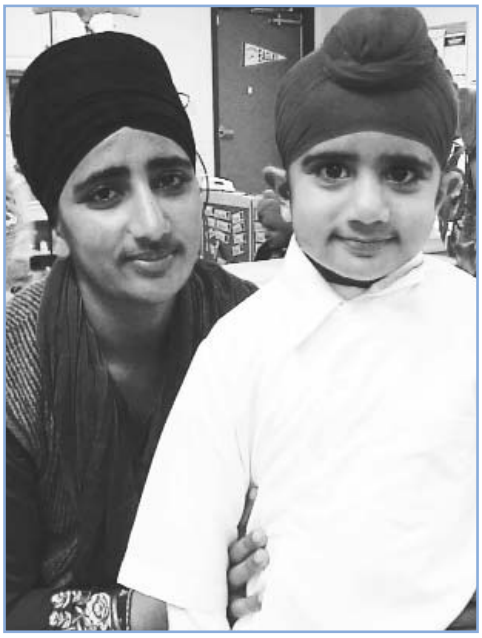
2. **Design child care and early education programs and policies that intentionally address the needs of immigrant families with young children.**

- The federal government—including the U.S. Department of Education and the Child Care Bureau in the Office of Family Assistance, the Office of Head Start, and the Office of Civil Rights in the U.S. Department of Health and Human Services—should provide guidance, technical assistance, oversight, and information on best practices.
- Federal agencies should improve data collection and reporting on young children in immigrant families.
- The federal and state governments, as well as other funders, should support research to create developmentally, culturally, and linguistically appropriate curricula and assessment tools.
- The federal government and private funders should support research to better understand the child care and early education experiences of young children of immigrants.
- Federal and state governments should provide resources for targeted child care and early education outreach to immigrant families.
- Federal, state, and local governments should expand access to programs that support children and families, including Head Start, Early Head Start, Even Start, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers.
- State licensing agencies should evaluate materials, regulations, and policies and ensure that immigrant providers have meaningful access to the licensing process.

- State administrators of child care and early education programs should incorporate cultural and linguistic competency in existing program and content standards.
- Local government agencies, including local planning councils and economic development agencies, should conduct assessments of the demographics and child care and early education needs of immigrant families with young children.

3. Strengthen child care and early education systems to improve and expand access to high-quality services for young children in immigrant families.

- Federal, state, and local governments—and other funders—should increase resources for high-quality child care and early education.
- States should establish a centralized and coordinated system to help all families access the array of child care and early education programs in their communities.
- State and local child care and early education agencies should build the supply of high-quality child care and early education in immigrant communities.
- States and other funders should provide sustainable resources to increase the capacity of immigrant-serving organizations to participate in and support child care and early education.
- State and local child care and early education agencies should fund cultural mediators, as should local planning councils, other community agencies, and private funders.



4. Build the linguistic and cultural competency of state and local child care and early education agencies and programs.

- Federal, state, and local governments and other actors can work together to build a high-quality, multilingual, culturally competent child care and early education workforce.
  - State and local child care and early education agencies and programs should have language assistance plans to ensure effective communication with LEP persons, along with plans to ensure the cultural competency and diversity of the workforce.

- Federal and state agencies should recruit, hire, and retain bilingual, culturally competent staff.
- Federal and state agencies administering child care and early education programs should support the increased linguistic and cultural competency of the workforce.
- Local programs can implement policies to recruit, hire, and retain bilingual, culturally competent providers.
- Local child care resource and referral agencies can help to identify and coordinate the professional development needs of immigrant providers.
- Institutions of higher education can play a role in helping the early childhood workforce move toward greater cultural competency and diversity.

- State child care and early education agencies, state early learning councils, and child care resource and referral agencies should support family, friend, and neighbor caregivers in immigrant communities.
- State child care administrators and private funders can promote community-based networks of immigrant child care and early education providers to assist with accessing professional development.

Conclusion

Children from immigrant families are the fastest growing group of children in the United States, and nearly all young children of immigrants living in the United States are U.S. citizens. High-quality child care and early education opportunities will be critical to these children's success in school and in life. Yet, the early experiences of children in immigrant families are as diverse and varied as immigrant families themselves. While many immigrant families face numerous barriers to accessing high-quality child care and early education for their young children, these barriers are not insurmountable. Unique solutions to improving access for immigrant families are already emerging in local communities and in state policies.

Reaching all children of immigrants, and successfully including them in child care and early education initiatives, will require specific strategies and collaborations among providers, policymakers, and immigrant-serving organizations. Above all, it will require understanding and respecting the needs and preferences of diverse families. Meeting the needs of the growing population of young children of immigrants presents a challenge for the early childhood field. It is a challenge, however, that is essential to meet. If children of immigrant families are given opportunities to participate, and if programs reflect their experiences, the linguistic and cultural diversity that these children offer will ultimately enrich the early childhood experiences of *all* children.

Introduction

Evaluations of a small number of high-quality early education programs that support the full range of children's development show long-term positive effects on child well-being and later school success.[1] High-quality programs have the potential to particularly benefit low-income children and those most at risk of school failure. Informed by this research, policymakers at the state and local levels have been implementing—or exploring the implementation of—a variety of early learning programs, in order to improve young children's school readiness. To be most effective, early learning programs and policies must be designed with the needs of all children who will be served in mind.

Children born to immigrant parents are a large and rapidly growing segment of the nation's child population. Roughly one in five children under the age of six is the child of an immigrant parent.[2] Children of immigrants are more likely than children of U.S.-born citizens to face economic hardships and significant barriers to healthy development, making them less ready to succeed in school and beyond. These children are more likely to be living in low-income or poor households. Over half of young children of immigrants (56 percent) are low income—living in households with incomes below 200 percent of the federal poverty threshold.[3] Across the country, the demographics of communities are changing quickly; and policymakers are struggling with how to include immigrant families most effectively in their early care and learning programs, in order to mitigate the risks that these families often face. To date, children of immigrants—and,

1 Takanishi and Bogard, "Effective Educational Programs for Young Children."
2 Capps et al., *The Health and Well-Being of Young Children of Immigrants*.
3 *Ibid.*

in particular, children who speak a primary language other than English—have not been the focus of a longitudinal study of the benefits of early education. Yet, emerging research finds that quality early education has the potential to provide comparable benefits to children of immigrants as to other at-risk groups.[4]

A body of research has recently emerged showing that, overall, children of immigrants are less likely to participate in early education programs, such as pre-kindergarten, or to have a regular child care arrangement, including center-based and family child care.[5] A substantial portion of the difference in preschool participation is explained by the socioeconomic characteristics of immigrant families.[6] Children of immigrants are more likely to live in households characterized by poverty, low parental educational attainment, limited English language proficiency, and low maternal employment, all of which correlate with lower participation in early education programs. While research on preschool participation provides important guidance to communities, demographic characteristics alone fail to answer many important questions about how best to facilitate participation and to structure services for immigrant families. There is little formal research to explain how language, culture, and immigrant status contribute to lower rates of participation. This report explores the multiple reasons for immigrant families' underparticipation in child care and early education. It also identifies strategies for increasing participation and making programs more accessible, more responsive, and ultimately of higher quality for immigrant families. It concludes with policy recommendations for federal policymakers, state and local administrators of child care and early education programs, and providers. This publication is intended as a resource for both the child care and early education field and the immigrant service field, in the hope that it is a step toward bringing individuals in these fields together to meet the challenge of improving access to high-quality child care and early education for immigrant families with young children.

4 Magnuson et al., "Preschool and School Readiness of Children of Immigrants."

5 For a summary of this research, see Matthews and Ewen, *Reaching All Children?*

6 Hernandez et al., "Early Childhood Education Programs."

Definition of Terms

In this report, "children of immigrants" refers to children who are either foreign-born or born in the United States to at least one foreign-born parent. "Young children of immigrants" refers to children of immigrants under the age of six. The term "immigrant" refers to foreign-born persons living in the United States, regardless of legal status (i.e., this includes legal residents, naturalized citizens, refugees and asylees, temporary legal migrants, and undocumented persons). "Mixed status" refers to families in which at least one sibling or parent is a U.S. citizen and at least one is not. "English Language Learners" (ELL) are individuals who are learning English as their second language. The term "English Language Learner" is often used interchangeably with the term "limited English proficient" (LEP).

We use the term "pre-kindergarten" to refer to state programs that provide early education for three- and/or four-year-old children. However, since from birth children are constantly learning from their surroundings and caregivers, "child care and early education" refers to any non-parental setting, including child care centers, family child care, Head Start, preschool, or pre-kindergarten, as well as children in the care of family, friend, and neighbor caregivers. The term "community based" is meant to describe child care and early education programs provided in non-school settings.

Research demonstrates that the overall quality of child care and early education that is available to families is mediocre at best. CLASP believes that all children should have access to a high-quality experience in the setting that best meets their family's needs, and that all teachers and caregivers should have access to appropriate training, information, supports, and technical assistance to enhance the quality of their care. CLASP believes that the components of high-quality child care and early education include the following:

- Sufficient funding to attract and retain well-trained and qualified teachers in formal settings
- Training and information for all providers, whether informal or formal, to address the developmental needs of all children, particularly those who may be more likely to experience the risk factors associated with poverty
- Availability of and access to comprehensive services for families needing them, including developmental screenings and follow-up treatment; child health, mental health and nutrition services; and access to continuous and ongoing medical care, family support, parental involvement, and home visiting
- Infrastructure supports to ensure ongoing monitoring and quality improvement, technical assistance in all aspects of the program, and program assessment in formal settings
- Strategies to help children manage transitions to other classrooms or programs
- Inclusion of children with special needs in settings with normally developing children, along with supports to teachers and parents to help all children reach their full potential
- Appropriately serving culturally and linguistically diverse children with bilingual and bicultural teachers and caregivers, and increasing training opportunities for all caregivers, including cultural competency and strategies for teaching English Language Learners
- Responsiveness to the needs of working parents, ensuring that full-workday options are available to families needing them—through planning, coordination, and collaboration with other community, state, and federal programs
- Accessing resources to help children develop the range of skills they will need to enter school

PART I. Study Overview and Policy Context

One of every five young children in the United States lives in an immigrant family. The immigrant population is comprised of diverse national, linguistic, and cultural groups. In recent years, more states and local communities have been impacted by the arrival of diverse groups of immigrant families. The Center for Law and Social Policy (CLASP) designed the Breaking Down Barriers study to identify the barriers that impede immigrant families from accessing high-quality child care and early education programs and to identify solutions for how these problems may be remedied. As part of this work, CLASP conducted site visits in communities across the United States to better understand, at the local level, the child care and early education experiences of immigrant families. This section provides background on CLASP's study, as well as on the immigration policies and the child care and early education policies and funding sources that shape immigrant families' access to child care and early education.

1. Study Overview

Purpose and Underlying Principles

The Breaking Down Barriers study was designed to determine whether and how children of immigrants have access to high-quality child care and early education programs. Central to this study is the research that CLASP conducted for this report. Specifically, CLASP sought to explore three main questions:

1. What do we know about the participation of young children of immigrants in child care and early education settings (including Head Start, child care, preschool, and pre-kindergarten)?

2. What are some of the barriers and challenges immigrant families face in accessing child care and early education?

3. What can policymakers and advocates at the local, state, and federal levels do to improve access to high-quality child care and early education for young children in immigrant families?

The study was guided by a few basic principles about the experiences of states and local communities. Most importantly, we recognize that there are many different state, local, and family contexts. Some states and local communities have had large immigrant populations for generations, while others have only recently experienced growing immigrant populations. Communities have varying degrees of experience and resources to acclimate and integrate immigrant families. Furthermore, there are many different immigrant groups (such as Latino, Asian-Pacific, and African). Within these groups, families have come to this country for a variety of reasons and from many different countries of origin. As in all populations, individual family preferences for the child care and early education experiences of their young children vary within immigrant groups. Family preferences may be influenced by culture; they are also constrained by cost, language, and other barriers to access. Therefore, we recognize that there

are no "one size fits all" solutions to improving access to high-quality child care and early education for young children of immigrants.

Secondly, CLASP believes that effective child care and early education programs are those that support the comprehensive development of children starting at birth and lasting at least until the age of school entry. Therefore, this study was designed to examine the experiences of immigrant families with young children ages birth to six. While this report includes a particular focus on state pre-kindergarten policies, CLASP believes that pre-kindergarten is one important part of a larger child care and early education system. State and local policies, programs, and efforts regarding the care of infants and toddlers are equally important and must also be effective for immigrant families.

Finally, because young children learn from their surroundings at *all* times, early education occurs in multiple settings and has many names—including child care, Head Start, preschool, and pre-kindergarten. Parents choose the most appropriate setting for their children based on a variety of factors, such as quality, affordability, preference for a particular provider or setting, and the need for part- or full-day care. This study was designed to identify a range of strategies to promote high quality for immigrant families in *all* settings.

Methodology

Site visits. CLASP conducted site visits in communities across the country to learn first hand about the challenges and barriers that immigrant families face in accessing child care and early education. We sought the perspectives of immigrant leaders and direct service providers, child care and early education providers in all settings (including schools, child care centers, and family child care homes), state and local policymakers, and immigrant parents. CLASP conducted more than 100 interviews with nearly 150 individuals and organizations (see Appendix 1 for a complete list of the individuals and organizations interviewed). The starting point of each interview was a set of key questions designed to identify barriers to participation by immigrant families and to capture strategies for effectively engaging immigrant families in early education initiatives (see Appendix 2 for a list of these key questions). Each of these discussions informed the content of this report. Information that is attributed to particular individuals and organizations was verified by them prior to publication.

Immigrant- and Refugee-serving Organizations

Immigrant- and refugee-serving organizations exist in many communities—particularly those with long histories of receiving immigrants—to assist newcomers with a wide range of issues, including immigration and citizenship, access to benefits, domestic violence, housing, job training, learning English, health care, and youth and senior programs. They include a diverse set of direct service providers and go by many names, including refugee resettlement agencies and mutual assistance associations. Generally, immigrant-serving organizations serve a particular ethnic or cultural group, while refugee resettlement agencies tend to be multi-ethnic. Some mutual assistance associations provide services specific to a refugee group (e.g., Cambodian Association of America). Some mainstream agencies, such as Catholic Charities, include immigrant-focused programs among their array of services.

Communities were chosen based on a variety of criteria, including historical trends in immigration and the type of public pre-kindergarten program available in the state. CLASP visited traditional immigrant gateways, communities in states with well-established immigrant populations, and new or emerging destinations for immigrants (see Tables 1 and 2). We sought to include communities with immigrant populations from diverse countries and ethnic backgrounds.

TABLE 1. COMMUNITIES CLASP VISITED, BY HISTORY OF IMMIGRATION AND TYPE OF PRE-KINDERGARTEN PROGRAM

	Targeted Pre-kindergarten	Universally Available Pre-kindergarten[1]
Traditional Destinations for Immigrants	Long Beach, California San Jose, California	Miami, Florida New York, New York
New or Emerging Destinations for Immigrants	Northwest Arkansas Boulder, Colorado Montgomery County, Maryland	Atlanta, Georgia Tulsa, Oklahoma

From October 2005 to April 2006, CLASP visited the following communities (see Table 3 for demographic data on immigrant families in these communities):

- **Northwest Arkansas (cities of Bentonville, Fayetteville, Rogers, and Springdale).** The Northwest Arkansas corridor is experiencing rapid economic growth, fueled primarily by the poultry industry, as well as by the presence of Wal-Mart corporate headquarters

1 Pre-kindergarten programs that are "universally available" are open to all four-year olds, regardless of other eligibility criteria. Enrollment in universal pre-kindergarten programs is voluntary.

and the company's many vendors. The economic boom has attracted both immigrant and native workers to the area.

The immigrant population in Arkansas grew by nearly 200 percent between 1990 and 2000 and by an additional 40 percent between 2000 and 2005. In Northwest Arkansas, the major immigrant group is from Mexico. Other immigrant groups are from Central and South America and from Southeast Asia (including Hmong and Vietnamese). Northwest Arkansas also is home to the largest Marshallese population outside the Marshall Islands—estimated between 2,000 and 6,000. Because the Marshall Islands are a U.S. Territory, Marshall Islanders are permitted to enter the States without a passport and are entitled to work legally. However, they face linguistic and cultural barriers to accessing services, similar to those faced by immigrant groups. The Marshallese also are not entitled to receive public benefits, including Temporary Assistance for Needy Families (TANF) and Medicaid.

CLASP interviewees in Northwest Arkansas included public and private child care and early education providers in center-based child care and public school settings; Head Start centers; a child care resource and referral agency; immigrant direct legal service providers; and community liaisons from Latino and Marshallese populations.

- **San Jose and Gilroy, California.** San Jose, in Santa Clara County, is a traditional gateway for diverse immigrant populations, primarily from Latin America and Asia. Mexican and Vietnamese immigrants comprise the largest groups. Growth in the high-tech industry has attracted many immigrant professionals, primarily from China and India. The area has also been an area of resettlement for refugees from Southeast Asia. Many recent, low-income immigrants—primarily Mexican—live and work in the nearby agricultural area of Gilroy.

TABLE 2. IMMIGRANT POPULATION IN SELECTED STATES

	Immigrant Population, 2005	Immigrant Population as Percent of Total Population, 2005	Growth in Immigrant Population, 2000-2005
Arkansas	101,169	3.7%	40.6%
California	9.6 million	27.2%	5.8%
Colorado	460,294	10.1%	25.3%
Florida	3.2 million	18.5%	22.0%
Georgia	795,419	9.0%	38.8%
Maryland	641,373	11.7%	3.6%
New York	4.0 million	21.4%	4.7%
Oklahoma	155,880	4.5%	23.4%

Source: Migration Policy Institute

TABLE 3. LOCAL PROFILES OF SITE VISIT COMMUNITIES

		Percent of Children of Immigrants Under Age Eight			
	Percent of Children Under Age Eight Who Are Children of Immigrants	Parent in U.S. For Less Than 10 Years	Mixed-Status Nuclear Family[2]	At Least One Parent is Limited English Proficient	Linguistically Isolated Household[3]
Young Children of Immigrants in:[1]					
Northwest Arkansas	15%	50%	66%	73%	44%
Santa Clara County, California	57%	40%	59%	59%	31%
Boulder and Longmont, Colorado	20%	55%	61%	51%	29%
Miami-Dade County, Florida	67%	39%	57%	55%	29%
DeKalb and Gwinnett Counties, Georgia	25%	54%	61%	54%	31%
Tulsa, Oklahoma	9%	62%	64%	70%	39%

Calculated from Census 2000 5 percent microdata (IPUMS) by Donald J. Hernandez, University at Albany, SUNY

See Appendix 4 for more detailed local profiles of the site visit communities.

1 This table is based on families with children from birth to age eight. Limitations in the data prohibited us from restricting this data to families with children under age six. Demographic data on families with children under age eight and those with children under age six do not differ significantly.

2 A "mixed-status nuclear family" has at least one sibling or parent who is a U.S. citizen and at least one who is not.

3 "Linguistically isolated" indicates that no one over age 13 in the household speaks English exclusively or very well.

Santa Clara County has the third largest percentage of immigrants of any county in California. There are many nonprofits in and around San Jose serving particular racial and ethnic groups. Also, the county government has created the Immigrant Relations and Integration Services program—part of the Office of Human Relations and Refugee Services within the Social Services Agency—to address the needs of immigrants and refugees and to foster a multicultural community.

CLASP interviewees in San Jose included public and private child care and early education providers in center-based child care, public schools, and family child care homes; Head Start providers; a group of Mexican immigrant mothers in a family literacy program; immigrant organizations serving Mexican and Asian immigrant communities, including Chinese, Vietnamese, Filipino, and Cambodian immigrants; child care resource and referral agencies; and county officials.

- **Boulder and Longmont, Colorado.** The immigrant population in Colorado grew by 166 percent between 1990 and 2000 and by an additional 25 percent between 2000 and 2005.[2] Boulder has a growing immigrant population, with the largest group coming from Mexico and other Latin American countries. Neighboring city Longmont's immigrant population is both more recent and more working class than Boulder's.

  CLASP interviewees in Boulder and Longmont included early intervention specialists, child care and early education providers in center-based child care and Head Start settings, city Health and Human Services officials, and immigrant service providers.

- **Miami-Dade and Broward Counties, Florida.** Miami-Dade County and adjacent Broward County are traditional gateways for immigrants from many different countries, particularly in the Caribbean and Latin America. More than half of the population of Miami-Dade County is foreign born, and some areas of Miami are more than 70 percent immigrant. Seventy-one percent of Miami-Dade County residents speak a language other than English in the home.[3]

  The majority of Miami-Dade residents are of Latino origin. Miami-Dade County has the largest Haitian community in the country, while Broward County has the third largest. Immigrant populations in South Florida may be atypical for the U.S. Some recent immigrants, particularly from South America, have greater economic means than immigrants to other parts of the country do.

  CLASP interviewees in Miami-Dade and Broward Counties included early intervention specialists; representatives of the county Early Learning Coalitions; an association of Latina family child care providers; immigrant legal and direct service providers; child care and early education providers in community-based child care centers, schools, and family child care settings; Head Start, Early Head Start, and Even Start programs; and a group of Haitian immigrant mothers.

- **Atlanta, Georgia (DeKalb, Fulton, and Gwinnett Counties).** The foreign-born population in Georgia grew by 247 percent from 1990 to 2000 and by an additional 39 percent between 2000 and 2005.[4] The largest immigrant group is from Mexico; additional immigrant groups include Indians, Vietnamese, and Koreans. In addition to having a growing immigrant population, the metropolitan Atlanta area is also home to approximately 45,000 refugees, from a diverse set of countries, including Afghanistan, Bosnia, Ethiopia, Iraq, Liberia, Russia, Somalia, and Sudan.

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2 Migration Policy Institute, *2005 American Community Survey and Census Data on the Foreign Born by State.*

3 U.S. Census Bureau, American Community Survey, *Selected Characteristics of the Native and Foreign-Born Populations.*

4 Migration Policy Institute, *2005 American Community Survey and Census Data on the Foreign Born by State.*

CLASP interviewees in the Atlanta area included child care and early education providers in community-based child care and public schools; Head Start providers; immigrant organizations serving Latino immigrants; an Asian multi-service agency serving primarily Korean, Chinese, and Vietnamese immigrants; refugee resettlement agencies and service providers serving refugees from across the world; groups of Latina immigrant mothers; representatives of several public schools; a child care resource and referral agency; and the Georgia Department of Early Care and Learning.

- **Tulsa and Oklahoma City, Oklahoma.** The immigrant population in Oklahoma increased by over 100 percent between 1990 and 2000 and by an additional 23 percent between 2000 and 2005.[5] Immigrants in the state are concentrated primarily in and around Tulsa and Oklahoma City. Mexicans are the largest immigrant group; additional groups include immigrants from Vietnam, China, and Central and South America. There is also a Russian-speaking community of immigrants from several former Soviet Union countries.

  CLASP interviewees in Tulsa included a child care resource and referral agency; child care and early education providers in schools and community-based settings; early intervention specialists; Tulsa Community College; a family child care provider; Head Start, Early Head Start, and Even Start; immigrant and refugee direct service providers; and staff of the YWCA multicultural center representing Latino, Vietnamese, and former Soviet Union immigrant populations. In Oklahoma City, CLASP interviewees included state education and human service agencies, the Head Start State Collaboration Office, and a child care resource and referral agency. Also, focus groups of Mexican and Vietnamese immigrant parents were conducted in both Tulsa and Oklahoma City.

In addition to the above communities, CLASP met with a smaller sampling of direct service providers, community organizations, and school administrators in Long Beach, California; Montgomery County, Maryland; and New York City.

Grants to community organizations. In order to ensure the presence of immigrant families' perspectives and to encourage local collaboration among child care and early education providers and advocates and immigrant-serving organizations and advocates, CLASP provided small grants to five community-based organizations in Arkansas, Florida, Georgia, New York, and Oklahoma (see Appendix 3 for a list of these organizations and a description of their grant activities). These organizations worked individually to design qualitative information-collecting processes, gathering information from families through focus groups in native languages, translated parent surveys, and one-on-one interviews. Many also brought child care and early education providers, advocates, and policymakers together with immigrant service providers,

5 Migration Policy Institute, *2005 American Community Survey and Census Data on the Foreign Born by State*.

advocates, and policymakers. Some of the grantees held statewide meetings to share information and key findings across the early childhood and immigrant service communities.

Analysis of national data. In addition to information collected on site visits, CLASP used national data sets to obtain demographic information on children of immigrants and information about their participation in preschool. These data sets included the Urban Institute's 2002 National Survey of America's Families, the U.S. American Community Survey, and special analysis of the U.S. Census conducted by Donald J. Hernandez at the State University of New York (SUNY) University at Albany.[6]

Review of state policies. CLASP reviewed state policies and standards from the states we visited—including pre-kindergarten policies, child care licensing and certification standards, and early learning guidelines—for language related to immigrant eligibility and for attention to the needs of children of immigrants and English Language Learners.

Literature review. CLASP reviewed the available research concerning immigrant families, their demographic characteristics, and their participation in child care and early education. This resulted in the January 2006 publication of *Reaching All Children? Understanding Early Care and Education Participation Among Immigrant Families*.[7] In addition, CLASP reviewed more broadly related research on topics such as children of immigrants, immigrants' access to public

6 Additional analysis of Census data on children of immigrants for the United States and individual states can be accessed at http://www.albany.edu/csda/children/.

7 Matthews and Ewen, *Reaching All Children?*

benefits, immigrants' experiences with K-12 education, English Language Learners, and a variety of topics related to early education. This report and its accompanying bibliography draw from much of this research.

Disclaimers

This report is based primarily on qualitative data gathered through personal interviews, which provided rich information and deepened our understanding of the barriers that immigrant families face in accessing child care and early education. However, this information should be considered illustrative only. The information presented in this report is not meant to be representative of all communities, of all immigrants, or of all child care and early education providers. Information gathered from parents was obtained in most cases through limited surveys or focus groups and, therefore, also is not representative of all parents. The site visit communities are not necessarily representative of the larger states in which they reside or of the country at large. While many common barriers were found among the diverse sites, we recognize that every community is unique in respect to its policies and resources. Therefore, in order to be effective, strategies may need to be tailored to local circumstances. Finally, the political and demographic landscapes in local communities change with time. The information collected for this report represents a specific period of time during which site visits were conducted. During the study period, several states introduced, debated, or enacted legislation affecting immigrants; and the federal government also took up the issue of immigration reform. Those debates, and resulting policies, may have impacted the barriers identified in this report.

Because CLASP did not conduct any formal evaluations of programs, this report does not recommend particular programs as high quality or responsive to the needs of immigrant families. Where possible, this report does highlight particular strategies that individual states, localities, and programs have used to promote participation or improve the quality of services for immigrant families.

2. Background on Immigration, Child Care and Early Education Policy and Funding

The Immigration Context

Immigrants have increased in number in recent years. The foreign-born population grew by 60 percent during the 1990s and by an additional 16 percent from 2000 to 2005.[1] In 2005, the U.S. foreign-born population exceeded 35 million people.[2] The approximately 12 percent of the total U.S. population that this represents, however, is a smaller share than during earlier peak eras of immigration, in the late 19th and early 20th centuries.[3]

There are more than 5 million young children of immigrants in the United States, comprising approximately 22 percent of all children under the age of six.[4] Children of immigrants represent the fastest growing segment of the nation's child population.[5] As of 2000, one of 10 kindergarteners in the nation was an

TABLE 4. MOST COMMON COUNTRIES OF ORIGIN FOR IMMIGRANT PARENTS WITH YOUNG CHILDREN, 2002

1. Mexico, 39%
2. India, 3%
3. Philippines, 3%
4. Vietnam, 2%
5. El Salvador, 2%
6. Haiti, 2%
7. Dominican Republic, 2%
8. Guatemala, 1%
9. Canada, 1%
10. China, 1%

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

1 Migration Policy Institute, *2005 American Community Survey and Census Data on the Foreign Born by State.*
2 U.S. Census Bureau, American Community Survey, 2005.
3 U.S. Congressional Budget Office, *A Description of the Immigrant Population.*
4 Capps et al., *The Health and Well-Being of Young Children of Immigrants.*
5 Hernandez, "Demographic Change and the Life Circumstances of Immigrant Families."

English Language Learner (ELL).[6] Children of immigrants are projected to comprise 30 percent of the country's school-age children by 2015.[7]

Today's immigrants are more diverse than those of earlier centuries. While nearly 40 percent of immigrant families with young children have origins in Mexico, the remaining 60 percent are from across the globe and speak hundreds of languages and dialects. After Mexico, no other country accounts for the origin of more than 3 percent of immigrant families with young children (see Table 4).[8]

This diversity is spreading across the country. Immigrant families are no longer migrating primarily to states that have been traditional gateways for immigrants—California, Florida, Illinois, New Jersey, New York, and Texas—although these states still have the largest foreign-born populations and account for more than half of all immigrants in the United States. Pulled by economic opportunities and family networks, immigrants are now settling in increasingly large numbers in many southern and western states, including Arkansas, Colorado, North Carolina, and Oklahoma (see Figure 1). Immigrants arriving in these new gateways tend to be poorer than the native-born population and, due to their recent migration, have low rates of citizenship and low English proficiency.[9] The communities in which they are settling often lack experience integrating immigrants and might not be prepared to appropriately serve them.

Immigration Status of Young Children and Their Families

The vast majority of young children of immigrants (93 percent) are U.S. citizens and are therefore entitled to the same rights and benefits as all citizen children, including access to public benefits. Mixed-status families—in which there is at least one sibling or parent who is not a U.S. citizen and at least one who is—are typical in immigrant communities. Most young children of immigrants (81 percent) have at least one noncitizen parent, and it is estimated that 26 percent have an undocumented parent (see Figure 2).[10] While young children are likely to be citizens, the presence of a noncitizen (with or without documents) in their household—especially a parent—may complicate their integration into schools and communities. Mixed-status families may be reluctant to access services and programs for fear of immigration consequences for noncitizen household members.

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6 Capps et al., *The New Demography of America's Schools.*

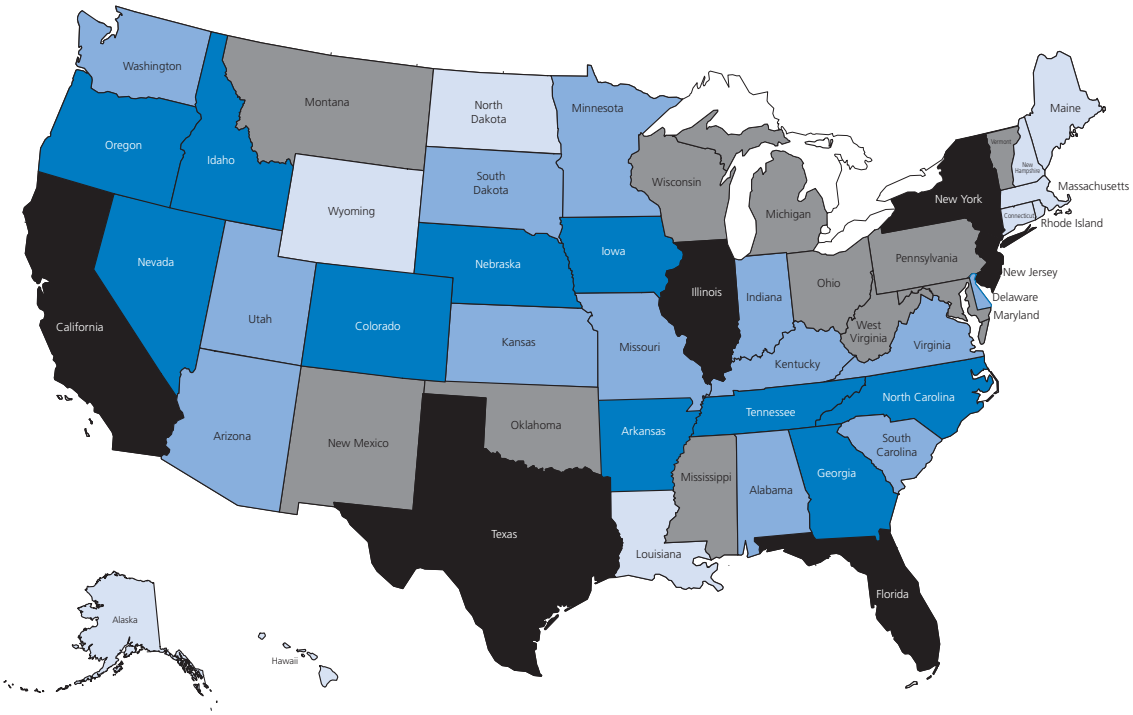
7 Capps et al., *Promise or Peril.*

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

9 Singer, *The Rise of New Immigrant Gateways*.

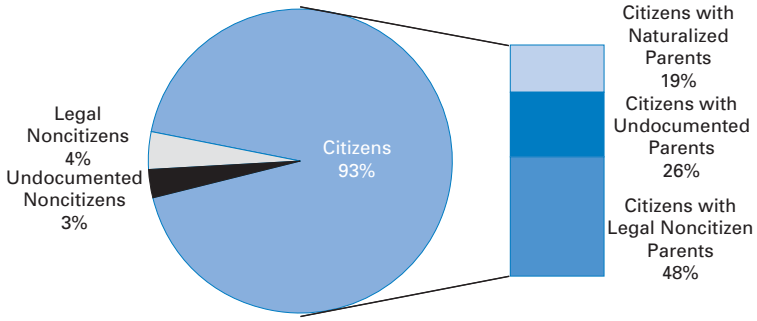
10 Capps et al., *The Health and Well-Being of Young Children of Immigrants.* The Urban Institute estimated the number of undocumented residents based on data from the U.S. Current Population Survey (which does not report whether noncitizens are legal or undocumented) and data from the U.S. Department of Homeland Security.

FIGURE 1. PERCENT CHANGE IN POPULATION OF CHILDREN OF IMMIGRANTS UNDER AGE SIX, 1990-2000



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

FIGURE 2. LEGAL STATUS OF CHILDREN OF IMMIGRANTS UNDER AGE SIX AND THEIR PARENTS, 2002



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

The Policy Context

Immigrant families' access to child care and early education programs is influenced by both policy and practice. Federal, state, and local policies set the context for immigrant families' access to these programs, in a variety of ways—because they determine eligibility and can foster either apprehension or assurance among immigrant families who wish to participate in programs. Immigration policies and federal and state rules and regulations for child care and early education funding streams can improve access for immigrant families, but they can also serve as barriers. In this section, we discuss how these funding and policy decisions relate to children of immigrants' well-being and their participation in child care and early education.

Immigration Policy

Immigration status affects all aspects of life in the United States. However, immigrants in this country are a heterogeneous group, with diverse countries of origin, languages spoken, socioeconomic characteristics, and immigration statuses. The foreign born are more likely than the native born to be low income; yet, not all foreign-born people are low income. While immigrants are more likely to be in service or other low-wage occupations, more than one-fourth of them (27 percent) are in management or professional occupations.[11]

More than one-fourth of all young children of immigrants are poor, and more than half live in households with incomes below 200 percent of the federal poverty threshold (see Figure 3).[12] One area of concern for young children in low-income immigrant families is the effect immigration policies have on access to public benefits, as such access may lessen the risks associated with poverty and other hardships and reduce the risk of school failure. The available research indicates that, while immigrant families face greater hardships than U.S.-born citizen families do day to day, they access public benefits at lower rates.[13] For example, young, low-income children of U.S.-born citizens are more than twice as likely as young, low-income children of immigrants are to receive Temporary Assistance for Needy Families (TANF) benefits or Food Stamps.[14]

The primary reasons that immigrant families are less likely to access benefits include legal restrictions, confusion over legal restrictions or eligibility rules, and fear of engagement with the public system. These barriers may also prevent immigrant families from accessing a wider variety of services, including child care and early education.

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11 U.S. Census Bureau, 2005 American Community Survey.

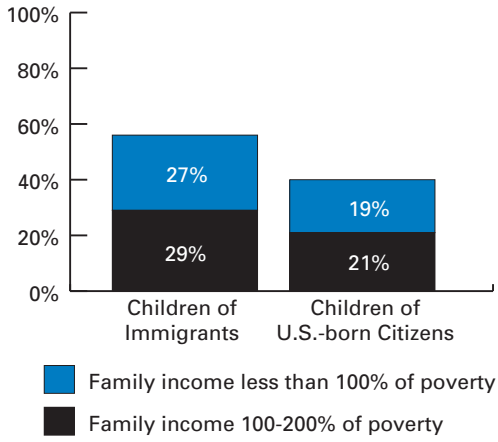
12 Capps et al., *The Health and Well-Being of Young Children of Immigrants.*

13 Dinan, *Federal Policies Restrict Immigrant Children's Access to Key Public Benefits;* Ku et al., *Noncitizens' Use of Public Benefits Has Declined Since 1996.*

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

Prior to 1996, lawfully present immigrants had generally the same rights to federal public benefits as U.S. citizens.[15] In 1996, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which severely restricted legal immigrants' eligibility for Food Stamps and Supplemental Security Income (SSI) during their first five years in the United States. Also, states were given the authority to decide whether certain immigrants are eligible for TANF and Medicaid benefits. Undocumented immigrants remained ineligible for most federal benefits.

FIGURE 3. LOW-INCOME AND POVERTY RATES FOR CHILDREN UNDER AGE SIX, 2002



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

Since the passage of PRWORA, there have been incremental restorations in legal immigrants' eligibility for Food Stamps; and nearly every state has elected to provide them with TANF and Medicaid. Some states have also created separate, state-funded TANF, medical, and nutrition programs to replace federal benefits for which legal immigrants are no longer eligible.[16] Nevertheless, state actions did not completely counter the effect of federal restrictions, which increased hardships for many immigrant families.[17] PRWORA also contributed to increased confusion about the connections between benefits receipt and immigration enforcement, confusion that consequently contributed to a decline in immigrant families' use of public benefits and services, even for their citizen children.[18]

With some exceptions, legal immigrants remain ineligible for the major federal public benefits programs—TANF, Medicaid, the State Children's Health Insurance Program (SCHIP), and Food

15 "Lawfully present" immigrants include individuals with a range of immigration statuses, including those without documents, who are "permanently residing under color of law" (PRUCOL). PRUCOL is not an immigration status; but, prior to the 1996 law in *Holley v. Lavine*, 553 F2d 845 (2d Circuit), it was recognized as a category of immigrants eligible for federal benefits. While the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) eliminated this category, some states (e.g., California and New York) continue to provide state-funded benefits to PRUCOL immigrants.

16 For more detailed information on immigrant eligibility for federal programs and state programs, see the National Immigration Law Center's Web site, http://www.nilc.org.

17 Greenberg and Rahmanou, "Commentary."

18 Fix and Passel, *The Scope and Impact of Welfare Reform's Immigrant Provisions*. See 65 Fed. Reg. 189 (September 28, 2000).

Stamps—during their first five years in the U.S.[19] In 2002, one-fifth of all young children of immigrants had parents who had entered the country in the previous five years.[20] Therefore, there are many young children who live in families in which legal immigrant parents or siblings are not eligible for these benefits. Since nearly all young children of immigrants (93 percent) are U.S. citizens, most young children are themselves eligible for benefits.

In recent years, a growing number of states and localities have undertaken their own initiatives to support immigrant integration, through the establishment of government offices, day laborer facilities, and worker centers or by using state funds to assist immigrant families not eligible for federal programs.[21] Illinois was the first state to create a New Americans Immigrant Policy Council, by executive order of the governor. The council is intended to coordinate policies and programs and to provide additional and improved services to immigrants to ease integration.[22]

New York City has an Office of Immigrant Affairs within the Office of the Mayor. In Santa Clara County, California, the Office of Human Relations includes an "Immigrant Relations and Integration Services" program. Its goal is to encourage every county department to assess its capacity to appropriately serve immigrants, looking at items such as the number of bilingual staff and provisions for training staff in cultural competency. The program also helps immigrants obtain information about community services, citizenship, legal services, and employment-related assistance.

The independent philanthropic Colorado Trust has an immigrant integration initiative to support local communities throughout the state.[23] Among the 19 communities supported by the initiative are the City of Littleton and Boulder County:

- The Littleton Immigrant Integration Initiative is run by a group of volunteers dedicated to building understanding among the foreign-born and native residents of Littleton. The initiative promotes community-wide dialogue between new and existing residents of

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19 *Federal Attribution of Sponsor's Income and Resources To Alien*. Title 8 U.S. Code 1631. 62 Fed. Reg. 165 (August 26, 1997); 63 Fed. Reg. 129 (July 7, 1998). For SCHIP, see Centers for Medicare and Medicaid Services, "Questions and Answers on the Five-Year Bar," http://www.cms.hhs.gov/MedicaidEligibility/05a_Immigrants.asp. Exceptions to the five-year bar include refugees, asylees and those granted parolee status for at least a year, veterans, active-duty military and their spouses and dependent children, and victims of trafficking.

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

21 National Conference of State Legislatures (NCSL), *2006 State Legislation Related to Immigration: Enacted, Vetoed, and Pending Gubernatorial Action*; NCSL, *2006 State Legislation Related to Immigration: Enacted and Vetoed.* According to NCSL, in 2006 more than 500 immigration-related legislative proposals were introduced across the country in state legislatures, compared to 300 in 2005.

22 State of Illinois, *Executive Order Creating New Americans Immigrant Policy Council.*

23 See "Supporting Immigrant and Refugee Families Initiative" on The Colorado Trust Web site, http://www.coloradotrust.org.

Littleton. It also coordinates citizenship mentoring and English as a Second Language classes for newcomers. A one-stop information center at the local public library connects immigrant families to community resources.[24]

- The Boulder County Immigrant Integration Initiative (or Dialogues on Immigrant Integration—Building Understanding for a Stronger Boulder County) was designed to build meaningful dialogue, understanding, and relationships between immigrant and native residents of Boulder County. The initiative has brought together diverse members of the communities for dialogues on issues related to immigration and diversity in Boulder County. The City of Longmont (in Boulder County) began work on a five-year multicultural plan to guide the community toward becoming a multicultural and inclusive community. Six areas are being addressed by community-wide task forces: education, health, housing, culture, economy, and community. A few of the accomplishments to date include:

  - Publishing and distributing bilingual education resource brochures, in Spanish and English, throughout Longmont;
  - Conducting focus groups to identify barriers to community involvement in Longmont;
  - Partnering with school districts to offer cultural competency training to staff and to create a mentoring program to enhance student achievement at one local high school; and
  - Continuing to offer Latino parent leadership and advocacy training.[25]

24 See the Littleton, Colorado Immigrant Integration Initiative Web site, http://www.connectingimmigrants.org.

25 See the City of Longmont, Colorado Latino Community Strategic Plan, http://204.133.207.2/cs/multiplan/eng/lsptext.htm.

Other initiatives, however, are designed to *limit* immigrants' access to jobs, benefits, and services. In 2006 and 2007, three states CLASP visited—Colorado, Georgia, and Oklahoma—considered and passed legislation to restrict immigrants from state benefits and employment.[26]

Federal, state, and local policies can help immigrants access the supports they need to adjust and integrate into their new communities; they can also have the opposite effect. Restrictive policies create a great deal of fear within immigrant communities and may prevent immigrants from accessing a wider range of services. For example, most states restrict undocumented immigrants' access to driver's licenses. In 2005, Congress passed the Real ID Act, which will require all states by 2010 to require proof of citizenship or lawful residence before a driver's license can be issued. Such restrictions impact families' access to a host of services that require government-issued photo identification. In communities with little or no public transportation, they also impact immigrants' physical access to services—including early education programs.

Restrictive policies create a great deal of fear within immigrant communities and may prevent immigrants from accessing a wider range of services.

Child Care and Early Education Policy and Funding

Federal early education programs occur in multiple settings, including public schools and other community-based settings such as for-profit and nonprofit child care centers, family child care homes, and Head Start centers. The Supreme Court has ruled that all children living in the United States, regardless of citizenship, are entitled to access public education.[27] Thus children of immigrants are eligible to attend public schools and may receive services under Title I of the No Child Left Behind Act, the federal program that provides resources to schools for low-income children, and the Individuals with Disabilities Education Act, which includes targeted funding for services for infants, toddlers, and preschool-age children.

Federal child care and early education programs and their associated funding streams have differing rules regarding immigrant eligibility. The largest federal programs related to child care and early education are Head Start, the Child Care and Development Block Grant (CCDBG), and the TANF block grant. Several smaller federal programs provide mainly ancillary services that help improve the quality of programs or provide additional child and family supports. All federal programs are required to comply with Title VI of the Civil Rights Act of 1964, which prohibits agencies that receive federal financial assistance from discriminating based on race, color, or

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26 In 2006, Georgia and Colorado passed legislation requiring, among other regulations, proof of citizenship or lawful residence for public benefits, including Food Stamps and Medicaid. Legislation in both states contains exceptions for some medical coverage, including emergency care. In 2006, Oklahoma considered restrictive legislation, which eventually was defeated. On May 8, 2007, the governor signed into law a bill that denies public benefits, including in-state tuition assistance, to all undocumented immigrants, with exceptions for emergency medical care or aid.

27 Plyer, Superintendent, Tyler Independent School District v. Doe, 457 U.S. 202 (1982).

Immigrant Eligibility Rules for Major Federal Child Care and Early Education Programs

- **Head Start** – Eligibility has no immigration restrictions.
- **CCDBG** – Eligibility is based on a child's immigration status, regardless of parents' status.
- **TANF** – Federal assistance generally is denied to legal immigrants during their first five years in the United States, subject to limited exceptions; in a mixed-status household, a citizen child may be eligible for assistance even if parents and other family members are ineligible.

national origin and requires such agencies to take reasonable steps to provide limited English proficient (LEP) individuals with meaningful access to their programs, activities, and services.[28]

Head Start. Since 1965, the federal Head Start program has served low-income three- and four-year-old children and their families with comprehensive early education and support services. A set-aside provides funding for Early Head Start, which provides comprehensive early education and support services for children under age three and for pregnant women. Head Start and Early Head Start programs must meet specific federal Program Performance Standards aimed at ensuring that services focus on the "whole child." These include early education addressing cognitive, developmental, and socio-emotional needs; medical and dental screenings and referrals; nutritional services; parental involvement activities and referrals to social service providers for the entire family; and mental health services. Head Start Program Performance Standards require that all children receive a complete medical screening after enrollment; staff must work with parents to provide referrals for follow-up treatment, if necessary, and to ensure access to ongoing sources of dental and medical care for their children.

Head Start programs may offer part-day (less than six hours) or full-day (six hours or more) services for four or five days a week. Fewer than half of Head Start and Early Head Start slots (47 percent) provide services for at least six hours a day, five days a week. Twenty-nine percent of Head Start staff who work directly with children (child development staff) are proficient in a language other than English.[29]

Approximately 1 million children participate in Head Start and Early Head Start each year. Head Start currently serves about half of the eligible population of three- and four-year-

28 *Prohibition Against Exclusion From Participation In, Denial of Benefits Of, and Discrimination Under Federally Assisted Programs On Ground Of Race, Color Or National Origin*, 42 U.S.C. 2000d, *et seq.* and *Improving Access to Services For Persons With Limited English Proficiency*, Exec. Order No. 13166 (August 11, 2000). See http://www.hhs.gov/ocr/lep/ and http://www.lep.gov for additional information and resources.

29 Head Start Program Information Report (PIR) 2006.

old children, while Early Head Start serves fewer than 3 percent of eligible children under age three.[30] Since 2002, funding for Head Start and Early Head Start has not kept up with inflation and rising costs, leading to fewer children being served and reduced resources for quality improvements, including teacher salaries.[31] Head Start was funded at $6.9 billion in 2007.

- ***Immigrant eligibility.*** Eligibility for Head Start is generally based on families having incomes below the federal poverty line.[32] It is not related to citizenship or immigration status. Head Start requires families to provide proof of income upon enrollment. If a family is paid in cash or does not have paycheck stubs or other documentation, programs are permitted to accept a letter from an employer verifying the worker's income.[33] Social Security numbers (SSNs) are not required for enrollment in Head Start.

CCDBG. The primary source of federal funding for child care subsidies for low-income working families and funds to improve child care quality is CCDBG. CCDBG helps families receiving welfare, families transitioning off welfare, and low-income working families. Families receive CCDBG assistance based on hours worked; most also must pay a co-payment. CCDBG allows states a great deal of flexibility in how they design their programs, within minimal federal guidelines. States set income eligibility, reimbursement rates for providers, and family co-payment rates; they also make decisions on investments in initiatives to increase the quality of care. Some states allow counties or regions to set their own income eligibility limits, within a range set by the state.[34] There are only minimal health and safety standards, and families may choose any legally operating child care provider. Most states provide child care assistance to families through vouchers or certificates; however, states may also provide assistance through grants or contracts with providers.

30 National Women's Law Center calculations based on data from the U.S. Office of Head Start on number of preschoolers enrolled in Head Start and Census Bureau data on number of children in poverty by single year of age in 2004.

31 Hamm, *More than Meets the Eye.*

32 Ten percent of Head Start participants may be over income, including children with disabilities and children in foster care. Families may also qualify for Head Start based on receipt of public assistance.

33 Head Start Program Performance Standards, 45 CFR, 105.4.

34 Schulman and Blank, *State Child Care Assistance Policies 2006.*

Each state must spend a minimum of 4 percent of CCDBG funds to increase quality and expand access to child care programs. The majority of these funds are spent on basic health and safety investments, supporting accreditation or quality ranking systems, professional development, and caregiver training and education.[35]

CCDBG was flat-funded from 2002 to 2005 and received a small increase in funding in 2006. Inadequate funding levels have led to a steady decline in the number of children receiving child care subsidies (from all sources, including CCDBG) from 2.45 million children in 2000 to 2.3 million children in 2006.[36] CLASP estimated that in 2000, 15 million U.S. families were eligible for help, yet only 14 percent of them received any assistance in paying for child care.[37] In 2007, CCDBG was funded at $5 billion, with states contributing an additional $2.2 billion.[38]

- ***Immigrant eligibility.*** The policy of the U.S. Department of Health and Human Services (HHS) holds that the *child* is the primary beneficiary of child care assistance. Thus only the child's citizenship and immigration status—and not a parent's—is relevant in determining eligibility for CCDBG-funded child care subsidies. Furthermore, if the CCDBG provider is a nonprofit charitable organization, it is not required to verify the child's immigration status. Finally, CCDBG-supported Head Start or other services subject to either Head Start Program Performance Standards or Public Educational Standards do not require verification of immigration status.[39] States are not permitted to require SSNs for receipt of CCDBG-funded child care assistance and may not deny assistance to applicants on the basis of refusal to provide a SSN.[40]

TANF. The $17 billion TANF block grant provides federal funds to states to support a broad range of benefits and services. Child care assistance is one acceptable use of TANF funds, which are given to parents via vouchers. There are no standards for TANF-funded child care.

35 Pittard et al., *Investing in Quality.*

36 Ewen and Matthews, *Families Forgotten*.

37 Mezey et al., *The Vast Majority of Federally-Eligible Children Did Not Receive Child Care Assistance in FY 2000.*

38 U.S. Department of Health and Human Services, *FY 2007 CCDF Estimated Allocations,* http://www.acf.hhs.gov/programs/ccb/law/allocations/current/state2007/2007allocations.htm.

39 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, Log. No. ACYF-PI-CC-98-08, 1998, http://www.acf.hhs.gov/programs/ccb/law/state_topic_eligibility.htm.

40 U.S. Department of Health and Human Services, Administration for Children and Families, *Clarifying policy regarding limits on the use of Social Security Numbers under the CCDF and the Privacy Act of 1974,* Program Instruction, Log. No. ACYF-PI-CC-00-04, 2000, http://www.acf.hhs.gov/programs/ccb/law/state_topic_eligibility.htm.

States are also permitted to transfer up to 30 percent of their annual TANF block grant to CCDBG. In 2005, child care assistance was the second largest use of TANF funds nationally. However, the amount of TANF funds used for child care has declined in recent years. In 2000, TANF funds used for child care reached a peak at $4 billion; they then steadily declined to $3.3 billion in 2005.[41] TANF funds may also be used to serve children in a pre-kindergarten or other early education program. In 2004, 22 states reported using some federal or state TANF-related funds for such programs.[42]

- ***Immigrant eligibility*.** States are generally prohibited from using federal TANF funds to provide benefits and other services, including TANF-funded child care, to most immigrant families during their first five years in the United States. Many states use state funds to cover immigrants during the five-year period. A citizen child may be eligible for federally funded TANF cash assistance even if parents and other family members are ineligible. In most states, however, TANF-funded child care is considered to be serving the needs of the parent and thus is not available to a parent who is ineligible. TANF funds that are transferred to CCDBG are subject to the latter funding stream's rules. Therefore, parental immigration status would not be a factor in determining eligibility for services funded with these dollars.

Currently, federal funds for early childhood programs fall far short of the need, and eligible families seeking access to federally funded programs and services often face long waiting lists. Given this context, some states have taken the lead in addressing early education policy for young children. Most of these efforts have focused on the creation of pre-kindergarten programs for three- and four-year-olds.

State pre-kindergarten. In the 2005-2006 school year, states reported spending about $3.5 billion in state and federal funds on state pre-kindergarten initiatives. Across the country, state pre-kindergarten programs serve 20 percent of four-year-olds and 3 percent of three-year-olds.[43] While 39 states currently have publicly funded pre-kindergarten, Georgia, Florida, and Oklahoma are the only states to provide universal access to pre-kindergarten for all four-year-olds, regardless of income or other criteria. New York and West Virginia have policies in place to move toward universal access to pre-kindergarten.[44]

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41 Ewen and Matthews, *Families Forgotten*.

42 CLASP analysis of FY 2004 state TANF and maintenance of effort (MOE) annual reports. HHS provided to CLASP the narrative explanations it received for funds used in the "authorized under prior law" and "other nonassistance" spending categories in 2004. States are required to provide narrative explanations of the use of these funds each year when they report on TANF spending, but many do not. State MOE reports are available at http://www.acf.hhs.gov/programs/ofa/MOE-04/index.htm. See also Greenberg et al., *Using TANF for Early Childhood Programs.*

43 Barnett et al., *The State of Preschool*.

44 In New York, insufficient funding for universal pre-kindergarten has prevented the program from being fully implemented. West Virginia has legislation in place to provide pre-kindergarten to all four-year-olds by 2012.

In the remaining states, pre-kindergarten eligibility is largely targeted to at-risk populations, including low-income children and children with disabilities. At least 15 states—Arkansas, California, Colorado, Hawaii, Iowa, Illinois, Kansas, Maryland, Michigan, Nebraska, Nevada, North Carolina, Texas, Vermont, and Virginia—include ELLs among their targeted at-risk populations or use ELL status to prioritize enrollment among eligible children.[45] Including ELL children in populations targeted for preschool services does not necessarily result in the enrollment of ELL children—many children will face additional access barriers, as illustrated in this report. Also, because funds are often limited, in many areas there are long waiting lists even for eligible children.

At least 15 states—Arkansas, California, Colorado, Hawaii, Iowa, Illinois, Kansas, Maryland, Michigan, Nebraska, Nevada, North Carolina, Texas, Vermont, and Virginia—include English Language Learners among their targeted at-risk populations for state pre-kindergarten or use ELL status to prioritize enrollment among eligible children.

State pre-kindergarten program design and standards vary widely. Most programs offer part-day services, averaging 2.5 to 3.5 hours per day during the school year. The availability of comprehensive services—such as health screenings, meals, and family support services—also varies.[46] Thirty-four states require programs to provide vision, hearing, and health screenings and referrals or additional support services. Twenty-three states require programs to provide at least one meal to participating children.[47]

States may offer pre-kindergarten either exclusively in public schools or in a combination of schools and other community-based settings, which may include private child care centers, family child care providers, and federally funded Head Start providers, among others.[48]

45 CLASP analysis of state eligibility data collected from program Web sites and survey data collected for Schumacher et al., *All Together Now*. Also, state profiles in Barnett et al., *The State of Preschool.* There are some communities in Washington State in which LEP children may be prioritized for enrollment.

46 Gilliam and Ripple, "What Can be Learned from State-Funded Pre-kindergarten Initiatives?"

47 Barnett et al., *The State of Preschool.*

48 Schumacher et al., *All Together Now*.

PART II. The Participation of Young Children of Immigrants in Child Care and Early Education

High-quality child care and early education is critical to preparing children to succeed in kindergarten and beyond, and children of immigrants stand to benefit greatly from such experiences. Yet, children of immigrants are less likely to participate in preschool and in all other non-parental child care settings. Information on the child care arrangements that families use do not, however, provide information on the quality or educational content of the settings. There is also limited information on family preferences, which are constrained by cost, availability, language access, and other barriers. This section summarizes what is known about the participation of young children of immigrants in child care and early education programs, discusses some limitations of the data for understanding the child care and early education experiences of immigrant families, and addresses the benefits of high-quality child care and early education. It also examines the complicated interplay between family preferences and access barriers.

3. Examining Participation

The Child Care and Early Education Arrangements of Young Children of Immigrants

High-quality child care and early education has been shown to improve the well-being and healthy development of low-income children. Longitudinal studies of the low-income children who participated in the Perry Preschool Project; the Abecedarian project; the Chicago Child Parent Centers; and the Cost, Quality, and Outcomes study all found that children who participated in high-quality early education programs did better on a range of measures than their peers who did not participate.[1]

While these studies did not focus on children of immigrants, emerging research finds that quality early education has the potential to provide comparable benefits for such children, along with additional benefits such as increased English language acquisition.[2] Research also tells us that it is the *quality* of a program, rather than the location or setting, that is most important to a young child's development. Yet, available data on the child care arrangements used by families do not include information on the quality of those environments, the educational content of services received, or family preferences. Families select child care based on multiple factors, including constraints such as affordability and proximity to home or work.

Available data show that young children of immigrants are less likely to participate in every type of nonparental care arrangement—including center-based, relative, and family child care—than children of U.S.-born citizens and are more likely to be in the care of a parent.[3] Even when both parents work at least part-time, young children of immigrants remain more likely to be in

1 See Barnett, "Early Childhood Education"; Reynolds and Temple, "Extended Early Childhood Intervention and School Achievement"; Schweinhart, *The High/Scope Perry Preschool Study Through Age 40*; Gormley et al., *The Effects of Oklahoma's Universal Pre-K Program on School Readiness*; Masse and Barnett, *A Benefit Cost Analysis of the Abecedarian Early Childhood Intervention.*

2 Magnuson et al., "Preschool and School Readiness of Children of Immigrants."

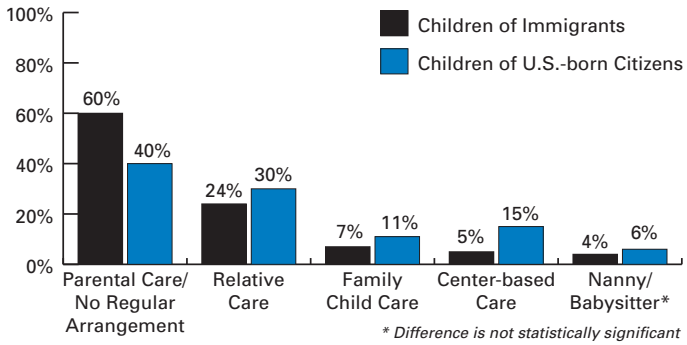
3 Data shown here are for first- and second-generation immigrant children (children who are either foreign-born or born in the United States to at least one foreign-born parent).

parental care or without a regular child care arrangement. In those immigrant families that do use regular nonparental care, infants and toddlers are more likely to be in relative care, and three- to five-year-olds are more likely to be in center-based care—the same trends that exist among children of U.S.-born citizens.[4] (In this report, references are to a child's primary care arrangement, except where otherwise noted.)

Infants and Toddlers (Ages Birth to Two)

The majority of children of immigrants under age three (60 percent) are in parental care or do not have a regular care arrangement. The same is true of only 40 percent of children of U.S.-born citizens. Relative care is the most common child care arrangement for all children under age three, but it is less common for children of immigrants than for children of U.S.-born citizens (24 percent compared to 30 percent). Center-based care (including child care centers, Head Start, and preschool) is infrequent for children of immigrants under age three. Only 5 percent are in center-based care, while 35 percent are in other care arrangements (see Figure 4).[5]

FIGURE 4. CHILD CARE ARRANGEMENTS OF ALL CHILDREN UNDER AGE THREE



Source: Urban Institute, 2002 National Survey of America's Families.

Parents who work outside the home are more likely to use a regular non-parental child care arrangement. However, differences in child care use between immigrant and U.S.-born families persist among working-parent families.[6] The majority of children of working immigrant parents under age three (67 percent) are in some type of child care (compared to 74 percent of children of working U.S.-born citizen parents). Relative care is the most common child care arrangement for all children under age three with working parents, but it is more common for children of working immigrants than for children of working U.S.-born citizens (39 percent compared to 30 percent). Children under age three whose parents are working immigrants are

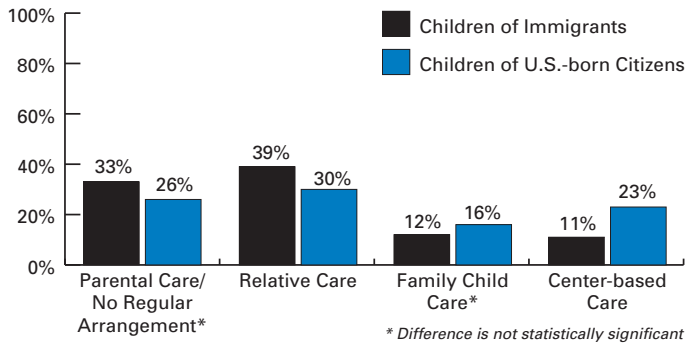
4 Urban Institute unpublished analysis of data from the 2002 National Survey of America's Families.

5 *Ibid.*

6 This includes single mothers and two-parent families in which both parents work at least part-time.

half as likely to be in center-based care as children of working U.S.-born citizens (11 percent compared to 23 percent). (See Figure 5.)[7]

FIGURE 5. MOST COMMON CHILD CARE ARRANGEMENTS OF CHILDREN UNDER AGE THREE WITH WORKING PARENTS

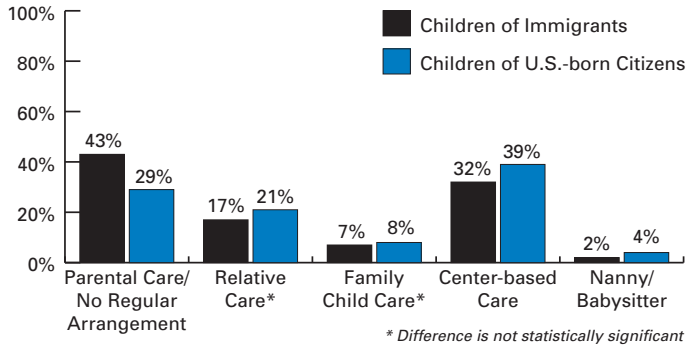


Source: Urban Institute, 2002 National Survey of America's Families.

Preschool-age Children (Ages Three to Five)

Forty-three percent of children of immigrants between the ages of three and five are in parental care or do not have a regular care arrangement. The same is true of only 29 percent of children of U.S.-born citizens. As with U.S.-born families, there are differences in the arrangements immigrant parents make as their children get older. Center-based care is the most common arrangement among all children ages three to five in non-parental care, but it is less common for children of immigrants than for children of U.S.-born citizens (32 percent compared to 39 percent). (See Figure 6.)[8]

FIGURE 6. CHILD CARE ARRANGEMENTS OF ALL CHILDREN AGES THREE TO FIVE



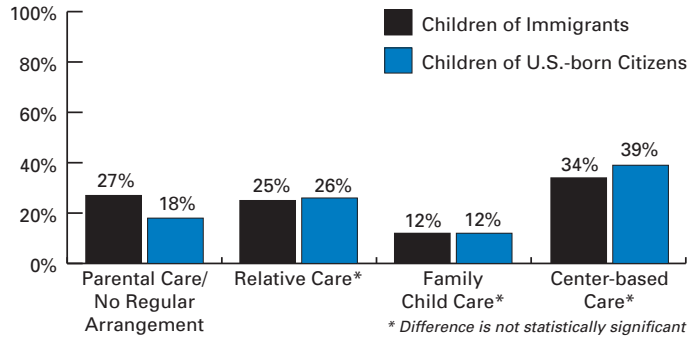
Source: Urban Institute, 2002 National Survey of America's Families.

7 Urban Institute unpublished analysis of data from the 2002 National Survey of America's Families.

8 Urban Institute unpublished analysis of data from the 2002 National Survey of America's Families. This sample excludes five-year-olds enrolled in kindergarten.

Most children ages three to five with working immigrant parents (73 percent) are in some type of child care (compared to 82 percent of children of working U.S.-born citizens). Center-based care is the most common arrangement among all working families; children of working immigrants are only slightly less likely to be in centers than children of working U.S.-born citizens. (The differences are not statistically significant.) Approximately one-fourth of all children ages three to five with working parents are in relative care; the difference between children of immigrants and children of U.S.-born citizens is not significant (see Figure 7).[9]

FIGURE 7. MOST COMMON CHILD CARE ARRANGEMENTS OF CHILDREN AGES THREE TO FIVE WITH WORKING PARENTS



Source: Urban Institute, 2002 National Survey of America's Families.

Preschool and center-based care. Several studies show that children of immigrants are less likely than children of U.S.-born citizens to attend preschool (or center-based care).[10] Children of immigrants comprise 22 percent of all children under the age of six and 21 percent of all children attending kindergarten. Yet, they comprise just 16 percent of all children attending preschool.[11] Differences in early education enrollment for children of immigrants and children of U.S.-born citizens persist at all ages and vary by state (see Figure 8 and Table 5).[12]

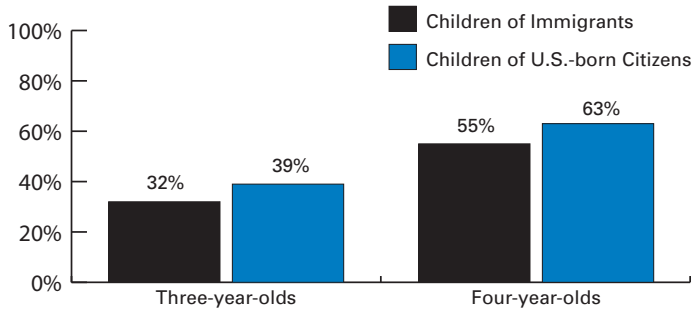
9 Urban Institute unpublished analysis of data from the 2002 National Survey of America's Families.

10 U.S. General Accounting Office, *Early Childhood Programs*; Hernandez, "Demographic Change and the Life Circumstances of Immigrant Families"; Capps et al., *The Health and Well-Being of Young Children of Immigrants;* Brandon, "The Child Care Arrangements of Preschool-Age Children in Immigrant Families in the United States"; Magnuson et al., "Preschool and School Readiness of Children of Immigrants"; Hernandez et al., "Early Childhood Education Programs."

11 Capps et al., *The New Demography of America's Schools.* The U.S. Census asks parents what grade of school their children age three and older attend. Parents select responses from categories, including "Nursery school, preschool." Parents may differ in how they answer this question with respect to their child's participation in center-based programs.

12 According to Census 2000, 4 percent of four-year-olds were enrolled in kindergarten as of April 1, 2000. Based on state rules for the age of school entry, children who began their kindergarten year at age four would have already turned five by the time of the Census. It is therefore likely that some of these children were actually enrolled in preschool programs and were erroneously reported as enrolled in kindergarten. For this reason, the data shown here aggregate preschool and kindergarten enrollment for four-year-olds.

FIGURE 8. EARLY EDUCATION ENROLLMENT OF THREE- AND FOUR-YEAR-OLDS, 2000



Source: Hernandez et al., *Children in Immigrant Families.*

Early education participation at ages three and four differs among immigrant groups by country of origin:

- Children of immigrants with origins in Australia, Canada, China, Haiti, India, New Zealand, Europe, Africa, Southwest Asia and the Middle East, and the English-speaking Caribbean have the highest rates of early education enrollment, above the average rate for children of U.S.-born citizens.
- Children of immigrants with origins in Mexico, Central America, the Dominican Republic, and Indochina have the lowest rates of early education enrollment—and account for most of the enrollment gap between children of immigrants and children of U.S.-born citizen families.[13]

TABLE 5. EARLY EDUCATION ENROLLMENT FOR SELECTED STATES, 2000

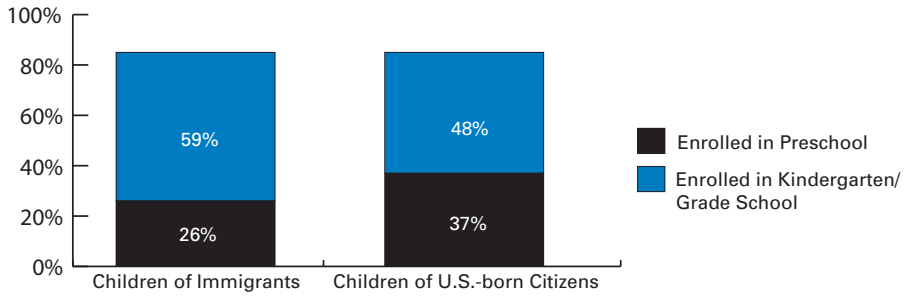
	Percent of Three-year-olds		Percent of Four-year-olds	
	Children of Immigrants	Children of U.S.-born Citizens	Children of Immigrants	Children of U.S.-born Citizens
United States	**32**	**39**	**55**	**63**
Arkansas	33	37	29	56
California	29	42	52	63
Colorado	29	40	55	65
Florida	43	48	59	65
Georgia	37	45	57	70
Maryland	40	44	71	71
New York	43	45	69	73
Oklahoma	29	33	54	58

Source: Hernandez et al., *Children in Immigrant Families.*

13 Hernandez et al., "Early Childhood Education Programs."

Kindergarten. At age five, enrollment in preschool declines for all children, as many five-year-olds attend kindergarten. Yet, children of U.S.-born citizens still attend preschool at a higher rate (37 percent) than children of immigrants (26 percent). However, a larger share of children of immigrants are enrolled in kindergarten or grade school (59 percent) than children of U.S.-born citizens (48 percent). (See Figure 9.)[14]

FIGURE 9. EARLY EDUCATION ENROLLMENT OF FIVE-YEAR-OLDS, 2000



Source: Hernandez et al., "Early Childhood Education Programs."

At age five, children of immigrants and children of U.S.-born citizens are equally likely to participate in *some* early education program—85 percent are enrolled either in preschool or in kindergarten or grade school. In most communities, public education is free and universally available beginning in kindergarten. Thus, the fact that children of immigrants are likely to begin kindergarten at an earlier age than children of U.S.-born citizens may suggest that there are continuing barriers to participation in preschool programs.[15] This also suggests that a greater share of children of U.S.-born citizens are spending an additional year prior to kindergarten in early education settings and may, therefore, enter kindergarten with more of the skills they need to be ready to learn.

Children in Mexican immigrant families. At ages three to five, children of Mexican immigrants have among the lowest rates of preschool enrollment of any immigrant group (18 percent at three years, 43 percent at four years, and 23 percent at five years).[16] They also have below average rates of kindergarten enrollment at age five. Because Mexico is the country of origin for nearly 40 percent of immigrant families with young children, the experiences of children of

14 Hernandez et al., "Early Childhood Education Programs." Three percent of children of U.S.-born citizens and 4.7 percent of children of immigrants are reported to be enrolled in "grade 1" at age five.

15 Hernandez et al., "Early Childhood Education Programs."

16 Only children of Dominican immigrants have lower preschool enrollment rates at age five (20 percent).

Mexican immigrants play a large role in driving national trends among all young children of immigrants, including low rates of participation in preschool.[17] Children of Mexican immigrants also have parents with among the lowest levels of formal education, putting these children at a disadvantage upon school entry.[18]

Head Start. Information on children of immigrants' enrollment in Head Start is not available, as Head Start does not collect information on the immigration status or country of origin of children or parents participating in the program. Head Start *does* collect information on the ethnicity of children served and the primary languages spoken in a child's home. In 2006, 71 percent of children and pregnant women served by Head Start and Early Head Start were from homes where English was the primary language, and 24 percent were from homes speaking primarily Spanish. Middle Eastern and South Asian languages, East Asian languages, and European and Slavic languages each accounted for 1 percent of home languages.[19] The U.S. Government Accountability Office (GAO) found, based on 1998 data, that children of limited English proficient (LEP) parents were less likely to participate in Head Start in the year prior to kindergarten, with differences in participation between Hispanic and Asian families.[20] A 1996 study found that children of immigrants were less likely than children of U.S.-born citizens to be enrolled in Head Start (25 percent compared to 46 percent), but more recent studies have not been conducted.[21]

Limitations of the Data

Data currently available on the participation of children of immigrants in child care and early education is limited in several respects. Surveys such as the U.S. Census and the National

17 Hernandez et al., "Early Childhood Education Programs."

18 Crosnoe, "Early Child Care and the School Readiness of Children from Mexican Immigrant Families."

19 Head Start PIR 2006. Native Central American, South American, and Mexican languages; Native North American or Alaska Native languages; Caribbean languages; Pacific Island languages; and African languages each accounted for less than 1 percent of children enrolled in Head Start in 2006. The primary language was "unspecified" for 1 percent of participants.

20 U.S. Government Accountability Office, *Report to Congressional Requestors, Child Care and Early Childhood Education.*

21 Nord and Griffin, "Educational Profile of 3- to 8-Year-Old Children of Immigrants."

Survey of America's Families are based on parental report of children's child care arrangements or preschool enrollment. Because there is not a single child care and early education system, nor are child care and early education settings of uniform quality or educational content, parents differ in how they report their children's participation in various programs and settings. For example, on the Census, parents may indicate whether their children (over age three) are enrolled in public or private nursery school or preschool. Parents whose children attend center-based programs, including state pre-kindergarten and Head Start, may answer this question in different ways. As previously mentioned, the data presented in this report do not offer any indication of the quality of settings used. Finally, given the proliferation of state-funded pre-kindergarten initiatives in the last several years, the age of the data raises questions about how accurately it reflects current participation rates. In states that have had large expansions in state pre-kindergarten in recent years, including Florida and Oklahoma, Census data from 2000 may not reflect current pre-kindergarten enrollment rates.

Program data on the immigration status or country of origin of children or parents is limited. There is no data on immigrant participation in Head Start, state pre-kindergarten, or child care subsidies. While states are required to collect information on the ethnicity of children who participate in the Child Care and Development Block Grant, information on the language spoken or country of origin of children or families served is not available.[22] The data collected by pre-kindergarten programs varies by state and is not available in a single, uniform data source. While studies of immigrant participation in child care and preschool are emerging, to date there have not been large-scale studies of immigrant access to particular child care and early education programs.[23]

Children of Immigrants Would Benefit From Early Education

Children of immigrants would likely benefit greatly from high-quality early education experiences, receiving both the developmental benefits shown to exist for other at-risk groups and additional benefits. For children of immigrants, early education has the potential to address issues of school readiness and English language acquisition, enabling them to enter elementary school with more advanced English skills and thus making them better prepared to learn and to succeed.[24] It may also ease integration for them and their families into American society and its education system.

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22 The GAO found that 13 states collect some language data from parents whose children receive subsidies, but language information is not available nationally.

23 In August 2006, the GAO released a report on the experiences of LEP families in accessing federal child care subsidies and Head Start. The GAO identified many of the same barriers to access that are identified in this report. U.S. Government Accountability Office, *Report to Congressional Requestors, Child Care and Early Childhood Education.*

24 Rumberger and Tran, *Preschool Participation and the Cognitive and Social Development of Language Minority Students;* Gormley et al., *The Effects of Oklahoma's Universal Pre-K Program on Cognitive Development;* and Magnuson et al., "Preschool and School Readiness of Children of Immigrants."

Programs that contain a high-quality comprehensive services component can connect families to much-needed health and other social services and provide recently arrived immigrants with an introduction to services and facilities available in their communities. Recent arrivals may be less familiar with available resources and may be less connected to networks that could ease their integration and help them access available services. Children with special needs in immigrant families can benefit—as can all children—from early intervention and programs that connect their families to additional support services. Family literacy programs and other parental involvement components can help immigrant parents learn English, which in turn helps them gain employment skills and actively participate in their children's formal education from the beginning. From the time a family arrives, early education can set the course and serve as a method of integration into the larger community.

Immigrant families with young children are more likely to be recent immigrants (having arrived in the country within the last five years).[25] It is critical to the well-being of families to reach parents with young children—especially infants and toddlers—and to get the entire family the supports it needs.

Access Barriers and Family Preferences Are Intertwined

A discussion of the barriers that immigrants face in accessing early childhood programs must begin by assessing the families' desire and need to participate in such programs. Current data suggest that immigrants are underenrolled in center-based child care and preschool programs but do not necessarily indicate a lack of interest in participating if such programs were more accessible. The idea has been put forward that some immigrants—in particular, Latino families—are reluctant to use center-based child care due to a preference for relative caregivers.[26] However, while ethnicity affects child care decisions, child care use also varies within ethnic groups by income, location, and spoken language.[27]

Child care and early education participation is not consistent within immigrant and ethnic groups; it varies by income, location, and spoken language.

A multilingual poll of Asian, Latino, and African-American parents in California found that parents support sending their children under age five to educational programs to prepare them for kindergarten.[28] Similarly, a national poll found high support for pre-kindergarten among Latino parents with young children—parents understood that pre-kindergarten was beneficial

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

26 Fuller et al., "Rich Culture, Poor Markets"; Liang et al., "Ethnic Differences in Child Care Selection."

27 Huston et al., *Family and Individual Predictors of Child Care use by Low-Income Families in Different Policy Contexts;* Hirshberg et al., "Which Low-income Parents Select Child Care?"; Liang et al., "Ethnic Differences in Child Care Selection."

28 New America Media, *Great Expectations*.

to their children and could give them an educational advantage. Enrolling in programs, however, was revealed as problematic.[29]

Focus groups of Latino families also show that families are interested in sending their children to child care centers but find them to be unaffordable and unavailable in their communities.[30] Parent interviews and focus groups with diverse sets of immigrant groups (conducted for the Breaking Down Barriers study) found similar barriers to access and found that immigrant families support a wide range of early education experiences for their young children.[31] While some immigrant families may prefer relative care, just as some U.S.-born citizen families may prefer it, it is likely that others are not participating in formal programs for other reasons. Recent analysis of Census data attributes most or all of the gap between immigrant families and U.S.-born citizen families in child care and preschool enrollment to socioeconomic barriers—including poverty, maternal education, and parental employment indicators—rather than to cultural influences.[32]

Our research confirms that there is a great need in many immigrant communities for affordable and accessible quality child care and early education. In many cases, families patch together child care by utilizing shift work, with parents working alternating hours. Family, friend, and neighbor caregivers frequently are used as primary caregivers or to fill in child care gaps. For example, Asian immigrant families in New York report using relatives to care for children while parents are working, working alternate shifts in order to care for children, and bringing children to work—such as in factories and retail stores—for lack of child care alternatives.[33] While some immigrants are not familiar with the concept of "early education," others are seeking information about education for their young children or are interested in accessing services once introduced to the idea.

Whether immigrants seek child care and early education may depend on multiple factors, including knowledge of what programs are available and whether child care is needed to allow parents to work. While nearly 80 percent of young children of immigrants live in a two-parent household, only 43 percent have two working parents.[34] (Children of U.S.-born citizens are less likely to live in a two-parent family and more likely to have two working parents.) Children of

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29 Pérez and Zarate, *Latino Public Opinion Survey of Pre-kindergarten Programs*.

30 Illinois Facilities Fund, *We Need More Day Care Centers.*

31 Arkansas Advocates for Children and Families, *Final Report to the Center for Law and Social Policy (CLASP) Breaking Down Barriers Mini-grant;* Florida Immigrant Advocacy Center, *Final Report for Breaking Down Barriers Project for the Center for Law and Social Policy*; Refugee Family Services, *Immigrant and Refugee Family Voices;* Coalition for Asian American Children and Families, *Breaking Down Barriers*; and Long, *Immigrant Families and Early Education in Oklahoma*.

32 Hernandez et al., "Early Childhood Education Programs."

33 Coalition for Asian American Children and Families, *Half Full or Half-Empty?*

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

employed mothers are more likely to attend child care and center-based preschool programs.[35] While some immigrant mothers may choose to stay at home with their young children, others may want to work or to take English as a Second Language, job training, or other classes but may be unable to because they lack child care or work authorization or they face other barriers. More research is needed to fully understand the differences in parental employment among immigrant families.

In some cultures, paying for child care is not the norm. It may be customary for grandparents and other family members to play a primary role in caring for young children.[36] Immigrant parents from countries such as Vietnam and China may bring grandparents to the U.S. to care for young children while they work.[37] Children of immigrants also may be sent back to their home countries (or that of their parents) during their preschool years, to be cared for by grandparents or other relatives. This phenomenon is particularly prevalent among Chinese families. When children return to the United States, both parents and children may have a difficult time adjusting to living together in this country.[38]

Some immigrant groups may be less likely than others to utilize non-parental care. For example, many refugees have experienced significant trauma or long periods of separation from family members. Service providers report that refugee parents are often reluctant to leave their children with strangers or to drop them off at child care centers. Migrant and farmworker families face unique difficulties in accessing child care, difficulties related to seasonal fluctuations in employment and income and recurrent relocation.[39]

We found evidence that some immigrant families may prefer to keep infants and toddlers at home with either a parent or relatives and thus are less likely to be looking for formal child care arrangements. Early education providers serving children of immigrants commented that infants and toddlers were less likely than three- and four-year-olds to be in formal arrangements.

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35 U.S. Department of Education, National Center for Education Statistics, *National Household Education Survey,* 2001.

36 Minnesota Department of Human Services, *Family, Friend and Neighbor Child Care Providers in Recent Immigrant and Refugee Communities.*

37 Interviews with Tae In Lee, Korean Community Service Center of Greater Washington, Gaithersburg, Maryland, September 8, 2005, and Carol Chen, Chinese Culture and Community Service Center, Gaithersburg, Maryland, September 20, 2005.

38 White et al., *Hardship in Many Languages;* Coalition for Asian American Children and Families, *Half Full or Half-Empty?;* interview with Lois Lee, Queens School Age Day Care Center, Chinese-American Planning Council, New York City, October 19, 2005.

39 Kloosterman et al., *Migrant and Seasonal Head Start and Child Care Partnerships.*

It is likely that multiple factors contribute to immigrant families' lower participation rates in child care and early education programs. These include demographic and socioeconomic factors, language, culture, and immigration status and citizenship. In the next section, we unpack the layers of barriers that immigrant families face in accessing high-quality child care and early education and provide some examples of strategies that can be employed to help families overcome those barriers and to structure programs to more appropriately serve diverse immigrant families.

PART III. Examining the Barriers and Identifying Solutions: Immigrant Families' Access to High-quality Child Care and Early Education

The following section explores whether and how children of immigrants have access to high-quality child care and early education programs. Our examination of the barriers to participation faced by immigrant families looks at a continuum of contact between immigrant families and child care and early education providers and programs. At each point of contact, immigrants face multiple layers of barriers.

Many of the barriers faced by low-income immigrant families are the same as those faced by all low-income families—for example, a lack of affordable child care and early education opportunities, mismatches between hours of employment and hours of child care, transportation limitations, and a shortage of high-quality programs for young children in low-income communities. However, interplay with other barriers unique to immigrants can exacerbate these general barriers for immigrant families. The aim of this report is to highlight the distinctive issues that immigrant families face in accessing high-quality child care and early education. We recognize that an overall expansion in funding and improvements in quality and coordination of child care and early education programs are critically important and would result in improving access to high-quality programs for all families.

We identified and explored three potential areas that could be serving as barriers to participation:

1. **Awareness.** To what extent are immigrant families aware of the existence of high-quality child care and early education? To what extent are they aware of the eligibility rules for various programs? How do immigrant families receive information about child care and early education?

2. **Accessibility.** If immigrant families are aware of child care and early education, what factors affect their ability to access it? How affordable and available are child care and early education opportunities in immigrant communities? How do programs' hours meet the needs of families? How manageable are enrollment processes for immigrant families?

3. **Responsiveness.** Once immigrant families have enrolled in child care and early education, how responsive are programs to families' diverse needs? Are providers equipped to provide children of immigrants with high-quality educational opportunities? Is there an adequate supply of qualified bilingual and culturally competent providers who work with young children? Do programs have culturally competent content and program standards? Are available programs facilitating access to high-quality comprehensive services and family supports?

At each point of contact, immigrant families face barriers related to demographic factors, language, culture, and immigration status, barriers that must be adequately addressed in order to ensure access to high-quality child care and early education. This section outlines our findings on each of these three key issue areas, and highlights strategies in each area that are working on the ground to connect immigrant families to high-quality child care and early education.

4. Immigrants' Awareness of Child Care and Early Education

In order for immigrant families to seek out a high-quality setting for their children, they must have a basic awareness of the importance of early education, the availability of programs and services, and the eligibility rules around participation. Obtaining information about child care and early education may be the first step toward immigrant families accessing these services. Our examination of immigrant awareness of child care and early education focused on the following:

- Awareness of child care and early education programs,
- Understanding of eligibility rules, and
- Outreach to immigrant communities.

Awareness of Child Care and Early Education Programs

Immigrants are Often Unaware of or Unfamiliar With Child Care and Early Education Programs.

Immigrants arrive in the United States for a variety of reasons, including economic and employment opportunity and humanitarian and political relief. Thus the circumstances of their arrival often necessitate an immediate focus on addressing the most pressing, basic needs—such as securing employment and housing. While child care is necessary in order for a parent to work, families may not have the luxury of time to identify child care and early education options in their community. If information does not reach them, they may be unaware of what providers and programs exist and of eligibility rules for public programs.

As a result, immigrant families often lack the necessary information to make informed choices about which settings will best support their children's development. States such as Arkansas,

Georgia, and Oklahoma—new destinations for immigrants—have recent immigrant populations, which are less likely to be knowledgeable about child care and early education options. Immigrants in California, Florida, and New York may be connected to stronger networks for receiving information.

First, families are looking for child care so they can work. Then, word of mouth spreads about the academic benefits. Families begin to be more aware of what early education is as they experience it. Immigrants who have been here longer are more aware.

—Child care provider, San Jose, California

Parents may be unaware of the developmental benefits of early education until after their child has participated in a program and they have witnessed the child's growth. Child care and early education providers report that some immigrant families that initially are looking for child care so they can go to work later come to understand the importance of the educational components of high-quality care.

Many parents do not realize that quality child care settings can support children's healthy development. Uninformed about the importance of quality early education, they may look simply for a safe place to leave their children. They may not know to look for a provider who will offer an environment that nurtures their child's physical, cognitive, and socio-emotional growth. All families, including immigrant families, may be unfamiliar with the indicators of high-quality care, as well as with the various licensing and accreditation standards for child care and early education providers. As one provider told us, "If families do not understand the differences between providers, if they do not know what it means to be licensed, then they will take the lowest-cost provider."[1]

If families do not understand the differences between providers, if they do not know what it means to be licensed, then they will take the lowest-cost provider.

—Child care provider, San Jose, California

Immigrants may also be unfamiliar with the services and supports available to help children with special needs, including physical, emotional, and learning disabilities. Also, there may be some cultural barriers to seeking help for developmental issues. Early education providers report that immigrant parents may feel responsible for a particular problem, and they might be ashamed. High-quality child care and early education programs can provide an avenue for young children to be assessed for special needs and connected to services.

There is little research that explains how immigrants receive knowledge of child care and early education. Nor is there research on immigrant families' awareness of the potential benefits of high-quality experiences and how this compares to awareness among U.S.-born citizen families.[2] Related research does show that immigrants are less likely than U.S.-born citizens to be aware of multiple health and community resources.[3]

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1 Meeting with child care providers at Provider, Training, Resource and Activity Center (P-TRAC), San Jose, California, February 7, 2006.

2 One study suggested that immigrant mothers of toddlers are less knowledgeable about child development than U.S.-born citizen mothers. Bornstein and Cote, "Who Is Sitting Across From Me?"

3 Yu et al., "Parental Awareness of Health and Community Resources among Immigrant Families."

While there is a need for additional research in this area, our site visits revealed a lack of awareness of high-quality child care and early education among immigrant families with young children. Focus groups conducted by Arkansas Advocates for Children and Families confirmed that immigrant parents, especially those in new-growth areas, were largely unaware of the availability of state pre-kindergarten and often lacked traditional social networks to help them access additional information about pre-kindergarten and other services.[4] Interviews with refugee parents in Atlanta also identified a general lack of knowledge about Georgia's universal pre-kindergarten program, including knowledge of how and when to enroll and how to access transportation.[5] CLASP found that immigrant parents' familiarity with available child care and early education programs depends on many factors, including the circumstance and recentness of their arrival in the U.S., country of origin, child care and early education experiences in their home countries, their own education level, and English language proficiency, many of which are related. These same factors contribute to immigrant *participation* in child care and early education.[6]

CLASP found that immigrant parents' familiarity with available child care and early education programs depends on many factors, including the circumstance and recentness of their arrival in the U.S., their own education level, country of origin, experiences in their home countries, and English language proficiency. These same factors contribute to immigrant participation in child care and early education.

Circumstance and recentness of arrival. We found that immigrants who have been in the United States for a longer period of time tend to be more familiar with child care and early education programs. More recent immigrants, on the whole, tend to have limited awareness of both the availability of early education programs and the educational benefits they can provide. In particular, they may be removed from traditional social networks that would help them access local information.[7]

Recent immigrants also have had less time to adjust to life in a new country and less time to become naturalized citizens.[8] Research confirms that preschool participation for immigrant families increases by generation.[9] Recent immigrants are also more likely to be lower income, to have fewer years of formal education, and to have less English proficiency—all of which may correlate with lower awareness of child care and early education. The circumstances of immigrants' arrival—that is, whether through legal or unauthorized channels—also affects the extent of their awareness.

4 Arkansas Advocates for Children and Families, *Final Report to the Center for Law and Social Policy.*
5 Refugee Family Services, *Immigrant and Refugee Family Voices.*
6 Matthews and Ewen, *Reaching All Children?*
7 Arkansas Advocates for Children and Families, *Final Report to the Center for Law and Social Policy*.
8 Hernandez, "Demographic Change and the Life Circumstances of Immigrant Families."
9 Chiswick and DebBurman, *Preschool Enrollment*.

Immigrants' initial contacts in a community also contribute to their awareness. Many immigrants access jobs, housing, and child care through informal networks comprised of immigrants from the same countries or of the same linguistic groups. Often this means a lack of knowledge of services that exist outside that network. This is particularly true in new immigrant gateways.

Focus groups conducted by Arkansas Advocates for Children and Families confirmed that immigrant parents, especially those in new-growth areas, were largely unaware of the availability of state pre-kindergarten and lacked traditional social networks to help them access information about pre-kindergarten and other services.

Immigrants whose first and primary contact is an employer—such as those who come to Northwest Arkansas for employment in the poultry and construction industries—may have limited awareness of public health and social services in general, unless they have been introduced to these services through a social service agency. On the other hand, some immigrants in Northwest Arkansas initially immigrated to other parts of the United States, including California and Texas. These families may already have been introduced to federal programs—including Head Start, Medicaid, and Food Stamps—through more established immigrant networks in other states.[10]

Country of origin. The extent to which immigrants are aware of early education also appears to depend on their country of origin and its opportunities or norms for early childhood. Research shows variations in immigrant families' participation in early education by country of origin, variations often related to the education levels of immigrants from particular countries.[11] In some countries, everyone participates in caring for children, and no formal network of paid child care providers exists. If preschool programs are not offered in a particular country, or if families there rely on extended family to care for children, then immigrants to the United States might not be aware of more formal programs that exist here. For example, in Boulder, Colorado, it was reported that families from rural areas in Mexico are not familiar with formal child care; they commonly rely on extended family to help while parents are working. Some women from Mexico who have immigrated to Boulder now stay home and provide low-cost child care for other families.

Some immigrant groups may be especially unfamiliar with formal child care and early education options. For example, some refugee communities—such as Cambodians in Long Beach, California and Liberians in Atlanta, Georgia—come from agrarian societies in which formal elementary and secondary education is not available or common.[12]

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10 Interview with Frank Head, Catholic Immigration Services, Springdale, Arkansas, April 3, 2006.

11 Hernandez, "Demographic Change and the Life Circumstances of Immigrant Families."

12 Telephone interview with Him Chhim, Cambodian Association of America, Long Beach, California, April 25, 2006 and meeting with immigrant and refugee service providers at Refugee Family Services, Clarkston, Georgia, October 28, 2005.

Without additional information, these immigrant groups may not seek out early education.

Child care and early education experiences in home countries. Immigrant families that *are* familiar with preschool programs may have experience with programs in their home country that are much different from those in the United States. For example, one provider reported that families from India are familiar with preschool and begin looking for programs when their children are two years old.[13] In the U.S., many Indian mothers are working and prefer to have their children in a program. Because there are not enough public programs, however, they end up using informal caregivers instead.[14] A Miami focus group of immigrant mothers from various Latin American countries found that, in their home countries, children were routinely cared for by grandparents while parents worked. Generally, educational programs were not available in their home countries until age five.[15]

Although an immigrant family's country of origin may influence whether or not they are familiar with early education programs, it does not necessarily determine participation. In addition, there are regional differences in participation, both in the United States and in other countries. For example, overall preschool participation for four-year-olds in Mexico was at 81 percent in 2005.[16] Yet, enrollment varies greatly by region, including rural and urban areas.[17] In Mexico, where preschool is free and obligatory for all four-year-olds, the preschool enrollment rate for four-year-olds is higher than it is among four-year-olds in Mexican immigrant families in the United States.[18]

Parental education. Many recent immigrants have low levels of formal education. Nearly 30 percent of young children of immigrants have a parent with less than a high school degree, compared to only 8 percent of young children of U.S.-born citizens.[19] Immigrant parents with lower education levels are less likely to have children who attend preschool or center-based child care.[20] One immigrant service provider told CLASP, "If

13 In India, early care and education programs, modeled after the U.S. Head Start program, serve children from birth to age six. While India plans to make access to such programs universal for all three- to six-year-olds, an estimated 20 percent of children are currently enrolled in preschool. Levine, *Take a Giant Step.*

14 Interview with Lois Lee and Shalini Dutth, Queens School Age Day Care Center, Chinese-American Planning Council, New York City, October 19, 2005.

15 Florida Immigrant Advocacy Center, *Final Report for Breaking Down Barriers.*

16 Hernandez et al., *Children in Immigrant Families.*

17 Section for Early Childhood and Inclusive Education Division of Basic Education, Education Sector, UNESCO, *Early Childhood Care and Education in E-9 Countries*.

18 Hernandez et al., *Children in Immigrant Families.*

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

20 Hernandez, "Demographic Change and the Life Circumstances of Immigrant Families." Regardless of immigration origin, parents with fewer years of formal education are less likely to enroll their children in center-based child care or preschool.

Immigrant-serving Organizations and Awareness of Child Care and Early Education

While some immigrant-serving organizations provide services to young children, including child care and early education, for the most part we found that the expertise of immigrant-serving organizations often does not include knowledge of child development issues, child care and early education opportunities, or the existence of child care subsidies. Therefore, many are not able to convey information about early education to immigrant families. Many of the organizations interviewed asked for information about child care and early education programs to relay to their clients, especially translated materials.

immigrants are seeking or participating in early education programs, it's directly related to the education and economic status of the parent. Those working at the very bottom of the pay scale don't have the context to be aware of services. Their network doesn't extend to public services."[21]

Limited English proficiency. More than half of all young children of immigrants have at least one limited English proficient (LEP) parent, and nearly one-third live in households characterized as linguistically isolated—where no one over the age of 13 speaks English fluently.[22] LEP status may make it more difficult for parents to find information about high-quality child care and early education.[23] A recent Government Accountability Office (GAO) study found that LEP parents of young children 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.[24] A 1999 study by the Coalition for Asian American Children and Families found that, in New York City, along with a critical, citywide shortage of subsidized child care, language was a major barrier to securing child care services for many Asian families. Child care programs did not commonly employ child care providers that spoke Asian languages other than a Chinese dialect. There was no targeted outreach to families who spoke Asian languages other than Chinese; and many families in Vietnamese, Korean, Filipino, Indian, and other Asian communities did not know they were eligible for child care subsidies.[25]

A GAO study found that LEP parents of young children are unaware of the availability of child care assistance and that children of LEP parents are about half as likely to receive financial assistance for child care.

21 Interview with Frank Head, Catholic Immigration Services, Springdale, Arkansas, April 3, 2006.

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

23 Fuller et al., "Rich Culture, Poor Markets"; Schnur and Koffler, "Family Child Care and New Immigrants."

24 U.S. Government Accountability Office, *Report to Congressional Requestors, Child Care and Early Childhood Education*.

25 Coalition for Asian American Children and Families, *Half Full or Half-Empty?*

Immigrant Populations Are More Familiar With Some Child Care and Early Education Programs Than With Others.

We found that, like U.S.-born citizen families, immigrant families are more likely to be aware of and to seek child care and early education programs for their three- and four-year-olds—to prepare them for school—than programs for their younger children. Immigrant-serving organizations by and large confirmed that immigrant parents are very interested in programs that will help their children be better prepared for school. One child care resource and referral agency found that Latino immigrant families look for schools and centers, not family child care, because they are seeking education and do not perceive family child care homes as educational settings.[26]

School-based programs may be more attractive to immigrant families if they believe that schools are safe places. It may be that some immigrant families seek school-based programs because they know that all children, regardless of immigration status, are eligible for public education. On the other hand, some families may be more trusting of community-based providers in immigrant neighborhoods, because their location may lessen families' fear of accessing unfamiliar programs or providers. However, immigrant families may not know that state pre-kindergarten programs may be delivered in settings other than schools, through other community-based providers. One child care provider suggested that immigrant families may need the opportunity to tour family child care homes and other early education settings to learn that a school is not the only place that can provide an educational environment.[27]

> **I have heard from my friend there's a program for children from zero to three years old. This is a special program for low-income families. The program provides people who come to your house to teach parents how to take care of their children. They also told me this program only is for Mexican families.**
>
> —Vietnamese parent
> Oklahoma City

At each site we visited, we found that Head Start was commonly known among immigrant families and immigrant-serving organizations. In Tulsa, Oklahoma, the Child Care Resource Center reported that approximately 90 percent of those Spanish-speaking callers looking for child care asked about Head Start or Early Head Start. Generally, these parents were not aware of other programs.[28] Knowledge of programs, however, varies by community: a survey in Oklahoma found that Mexican immigrants were more than six times as likely as Vietnamese immigrants to have heard of Head Start. One Vietnamese parent described being told by a friend that Early Head Start was a program "for Mexican families."[29]

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26 Interview with staff at Child Care Resource Center, Tulsa, Oklahoma, March 13, 2006.
27 Interview with Yvette Robles, Go Kids, Gilroy, California, February 9, 2006.
28 Interview with staff at Child Care Resource Center, Tulsa, Oklahoma, March 13, 2006.
29 Long, *Immigrant Families and Early Education in Oklahoma.*

Immigrants and immigrant-serving organizations seemed less aware of state pre-kindergarten programs, though in Atlanta, Georgia and Tulsa, Oklahoma—both of which are in states with universal pre-kindergarten programs—they tended to be more aware of state pre-kindergarten than in other states. In Oklahoma, 70 percent of four-year-olds attend the state pre-kindergarten program, which is delivered mostly in public school buildings.[30] We found that more people in Tulsa knew about state pre-kindergarten than at sites in other states.

Our Miami site visit occurred during the first year of implementation of Florida's universal Voluntary Pre-kindergarten program (VPK). Immigrant-serving organizations and immigrants were becoming familiar with VPK, but some providers speculated that the program probably was not yet sufficiently reaching at-risk communities. In site visit locations with *targeted* pre-kindergarten initiatives—which serve far fewer children—there was less knowledge about the initiatives' existence, even though English Language Learners are included among the at-risk groups targeted or prioritized for services in these states.

Child care resource and referral agencies (CCR&Rs) across the country help families find child care and access child care subsidies; they also provide training and technical assistance to child care providers to improve the quality of child care. CCR&Rs can assist immigrant parents in finding high-quality child care and early education programs in their communities, access resources to help meet the costs of such programs, and provide information on the developmental benefits of high-quality experiences—provided they have the language capacity to do so (i.e., bilingual staff and translated materials).

In some areas, CCR&Rs are not yet equipped to meet the needs of immigrant families. When language access is provided, CCR&Rs report increased use by immigrant families. In Boulder, Colorado, calls from monolingual Spanish speaking parents increased by 42 percent in the year after a Spanish-speaking child care referral specialist was hired.[31]

We found that many immigrant families, especially recent immigrants, are not aware that these agencies exist. For example, the Coalition for Asian American Children and Families reports that "immigrant families across the board had a hard time accessing information on child care resources. Most were unfamiliar with the Child Care Resource and Referral Hotline and while some knew of 311 [the citywide non-emergency public information and services line], they also found it confusing."[32] CLASP also found that many immigrant-serving organizations are not aware of CCR&Rs. Many immigrant-serving organizations are interested

30 Barnett et al., *The State of Preschool*.

31 Child Care Resource and Referral Program, Department of Housing and Human Services, City of Boulder, *Summary of Services and Findings*.

32 Coalition for Asian American Children and Families, *Breaking Down Barriers*. 311 provides information about government services, including child care and Head Start.

in receiving translated information about child care resources to provide to their clients. In some areas, however, child care resource and referral is *carried out* by immigrant service organizations. In New York City, the Committee for Hispanic Children and Families provides child care resources and referrals for child care, pre-kindergarten, afterschool programs, and summer camp for Hispanic families, many of whom are immigrants.

Understanding of Eligibility Rules

Even those immigrant families who are aware of the existence of some child care and early education programs and services may be misinformed of the eligibility rules for individual programs—including that their U.S.-citizen children can access most non-cash benefits, including child care, without impacting the parent's immigration status.[33] Misinformation is not always intentional. Families may be confused about or misunderstand eligibility rules; they may be directly misinformed by state, local, or program personnel; or they may be misinformed by friends and informal networks.

Federal education programs have differing rules regarding immigration eligibility (see box on p. 33). Research shows that low-income immigrants often do not understand eligibility rules for public benefits. For example, in a survey of low-income immigrants in Los Angeles and New York City, half the respondents gave incorrect answers to at least two of three questions about program eligibility and mistakenly thought that receiving public benefits—even for their citizen children—might jeopardize their immigrant status.[34] The Florida Immigrant Advocacy Center reported to CLASP that "the immigrant community is confused about whom to trust and where to go for accurate information. Many immigrants had incorrect information about the eligibility requirements for early education programs and child care providers."[35]

Many immigrant families assume that they do not qualify for public programs, including Head Start and child care subsidies.

Many families assume that that they do not qualify for public programs, including Head Start and child care subsidies, due to immigrant restrictions. In at least two sites visited, parents and providers—including providers from immigrant serving agencies—believed that children of undocumented parents cannot enroll in Head Start.[36] In actuality, Head Start does not have immigration restrictions. In some communities, awareness of publicly funded benefits and

33 A child's use of cash assistance, if it is the sole income for the family, could have "public charge" consequences and may impact a parent's application for legal residency. See U.S. Department of Justice, *Field Guidance on Deportability and Inadmissibility on Public Charge Grounds*, 64 Fed Reg. 28689 (March 26, 1999).

34 Capps et al., *How Are Immigrants Faring After Welfare Reform?*

35 Florida Immigrant Advocacy Center, *Final Report for Breaking Down Barriers.*

36 Florida Immigrant Advocacy Center, *Final Report for Breaking Down Barriers* and meeting with parents and SPARK Hub coordinators, La Escuelita, Norcross, Georgia, October 25, 2005.

services was coupled with confusion about services that could have immigration or other consequences. The GAO conducted focus groups of Spanish- and Vietnamese-speaking parents that uncovered misconceptions about subsidies, including the belief that children might later be drafted into the armed forces to repay assistance.[37] Immigrant-serving organizations and other cultural mediators can play a key role in clarifying eligibility rules and misinformation—*if* they are knowledgeable and have accurate information.

Widely disseminated misinformation often creates confusion related to accessing programs. In a classic example of unintended consequences, CLASP found that early education and immigrant service providers in Tulsa commonly believe that the Oklahoma Department of Human Services (OKDHS) is connected to the U.S. Department of Homeland Security (DHS) and that the two share information over the same computer network. The abbreviation DHS has been used for both agencies, leading some to believe that if non-citizens were participating in OKDHS-funded programs, they may be subject to investigation by the U.S. Department of Homeland Security. The confusion was worsened by substantiated reports that some frontline workers in OKDHS were reporting undocumented immigrants.[38] OKDHS has consequently issued policy guidance clarifying that OKDHS employees should not report applicants and/or recipients to Immigration and Customs Enforcement and that persons who are not applicants for or recipients of benefits should not be asked about their citizenship status.

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37 U.S. Government Accountability Office, *Report to Congressional Requestors, Child Care and Early Childhood Education.*

38 Interviews with staff at Child Care Resource Center, Tulsa, Oklahoma, March 13, 2006 and Division of Child Care staff, Oklahoma Department of Human Services, Oklahoma City, Oklahoma, March 16, 2006.

Outreach to Immigrant Communities

Outreach for child care and early education programs does not necessarily reach all immigrant communities and often is not uniquely targeted to diverse immigrant communities. The extent and types of outreach vary dramatically among programs; programs have differing outreach requirements and are limited by funding. Across the board, outreach is rarely conducted when limited slots are available, programs are at capacity, or waiting lists already exist.

A local Mexican-American social services agency runs a family literacy program in Gilroy, California. Most of the staff is Mexican-American and from the local community. To recruit participants, they target specific neighborhoods of recent immigrants and go door-to-door inviting parents to participate.

In every community CLASP visited, there are substantial waiting lists for child care subsidies. Because subsidies are limited and agencies cannot serve all eligible families, agencies are reluctant to advertise subsidies, for fear of expanding existing waiting lists. Limited available space may be one reason that many state pre-kindergarten programs conduct little or no outreach. In the 2006-07 school year, the Colorado Preschool Program served approximately 17 percent of all four-year-olds. School districts identified nearly 8,000 additional eligible children who were not served due to insufficient slots.[39] In Boulder, we were told that when there are no open slots to fill, state and local providers rarely advertise. Head Start, which is required by regulation to conduct outreach, often conducts more targeted outreach to immigrant communities than other early education programs do. Head Start outreach includes translated flyers, attending community events in immigrant neighborhoods, and door-to-door canvassing. Yet, Head Start programs also face the difficulty of waiting lists and an inability to serve all eligible children.

Parent Focus Group Responses to the Question, "Where Do You Get Your Information About Early Education Programs?"

"I came to the library, and incidentally I discovered this program."

"My brother and sister let their children join this program. That's why I got the information."

"I got the information about this program through my son's school. They mailed the information to my house."

"I got it at the immunization clinic."

"I got it from YWCA."

—Vietnamese immigrant parents, Tulsa, Oklahoma

Source: Long, *Immigrant Families and Early Education in Oklahoma.*

Examples of outreach targeted to immigrants vary widely. At a minimum, many programs translate outreach materials, most commonly into Spanish. Fewer programs have outreach materials available in languages other than English and Spanish.

Many programs reported putting advertisements in ethnic newspapers and on minority language radio stations, as well as disseminating translated flyers during health fairs and

39 Colorado Department of Education, *Colorado Preschool and Kindergarten Program.*

community events. Some programs partnered with immigrant-serving organizations, local businesses, or foundations to develop outreach initiatives, some of which were aimed at LEP communities. In Northwest Arkansas, Tyson Foods—a large employer of immigrants—sponsored a campaign advertising state pre-kindergarten enrollment on the radio, in television advertisements, and in the newspapers. Tyson's multicultural community relations manager found that radio and television were effective modes of outreach. She also recommended that person-to-person communication and small-group information exchanges are effective methods of outreach to immigrants.[40] The Sant La Haitian Neighborhood Center in Miami uses its weekly television program, *Teleskopi*, to provide Creole-language information about services and programs—including Head Start and pre-kindergarten—to the Haitian community.[41]

The GANAS (Glen View Alliance for Neighborhood Achieving Success) program in Gilroy, California provides in-home outreach and services to families in the Glen View Neighborhood, which has a large presence of recently immigrated families. Outreach staff canvas the neighborhood—going door-to-door—to identify families with young children and provide them with information and in-home school readiness activities. The GANAS project is supported by the John S. and James L. Knight Foundation.

Immigrants who are aware of child care and early education opportunities find out about them primarily through word of mouth, from friends and relatives. This makes it more difficult for families that are new to a community to learn about programs. Also, many immigrant families do not know where to get information about child care and early education. Focus groups in an immigrant neighborhood in San Jose, California found that "parents want to, but do not know how to, access information about various types of day care, preschools and kindergarten readiness programs and opportunities. In addition, they would like training and information on preparing children for kindergarten."[42]

Information on child care and early education should be available to immigrant families in places that immigrants frequent, such as churches, health centers, migrant worker centers, and places of employment. A Korean social service agency in Montgomery County, Maryland suggested using Korean churches to spread information about child care and early education, as many Koreans in that area are church oriented and trust the church more than the government.[43] We found that immigrant families' points of contact vary among immigrant communities and among locations.

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40 Interview with Ana Hart, Tyson Foods, Springdale, Arkansas, April 5, 2006.

41 Interview with Sophia Lacroix, Sant La Haitian Neighborhood Center, Miami, December 15, 2005. See also Metellus et al., *Effective Outreach Strategies in the Haitian/Haitian-American Community of Miami-Dade County.*

42 City of San Jose, California, *Exempt Care Collaborative.*

43 Interview with Tae Lee, Program Manager, Korean Community Service Center, Gaithersburg, Maryland, September 8, 2005.

Cultural Mediators

One essential element to effectively reaching and serving immigrant communities is using trusted messengers as a bridge to the community. Cultural mediators, or cultural liaisons, can be employed by public and private agencies to help build trust and create linkages with immigrant communities and families. Cultural mediators have the trust of the community they represent and are thoroughly knowledgeable about their cultural group. Cultural mediation is about more than translation and language. Cultural mediators interpret nuances of culture and communication. They can help translate child care and early education practices for immigrant families and provide relevant cultural information for program staff. They help build cultural competency and in doing so facilitate relationships between diverse individuals.

Strategies That Work

In this section, we highlight some promising practices and local solutions to improve outreach to immigrant families and immigrants' awareness of child care and early education programs:

- ***Linking to immigrant-serving organizations or cultural mediators.*** Immigrant "leaders" or trusted messengers can serve as a bridge to a community. As immigrant service organizations are often the first points of contact for immigrants in this country, they can convey to families information on positive child development and the importance of quality child care and early education. Child care agencies and others can partner with immigrant leaders and immigrant service organizations to do outreach, provide resources and referrals, and inform child care and early education providers about the needs of immigrants in their communities.

- ***Using face-to-face communication.*** Successful outreach techniques use face-to-face contact and personal communication to reach immigrant families. Information shared through a trusted source is the most likely to reach immigrant communities.

- ***Targeting outreach to immigrant communities.*** In addition to outreach in multiple languages, child care and early education programs should identify immigrant neighborhoods, immigrant service providers, and places immigrants frequent for targeted outreach and information dissemination. Points of contact may include large employers, churches, and immigrant social service agencies. The use of ethnic- and language-minority media can also be effective.

- ***Increasing bilingual and bicultural staff.*** In order to increase awareness of child care and early education opportunities among immigrant families, more bilingual and culturally competent staff are needed at all levels—including resource and referral, direct providers, and administrators and policymakers.

Key Findings: AWARENESS

Overall, CLASP found that immigrant families are often unaware of child care and early education programs and services, including licensed child care, state pre-kindergarten and Head Start programs, and child care subsidies.

- Awareness differs among immigrant groups, based on factors including length of time in the U.S., the circumstance of immigrants' arrival, child care and early education experiences in their home countries, parental education levels, and English language ability.
- Immigrant families may be unfamiliar with the concept of "early education," as well as with licensing and accreditation standards for providers and indicators of high-quality child care and early education.
- Those immigrant families who are aware of child care and early education often are misinformed or confused about eligibility requirements.
- Immigrant-serving organizations, often the first point of contact for immigrants in the United States, also are largely unaware of child care and early education opportunities.
- Information on the benefits of high-quality child care and early education often is not available to immigrant families in accessible formats in their primary languages.
- Outreach for child care and early education is frequently limited and is inadequately targeted to diverse immigrant communities.
- Successful outreach includes dissemination of translated materials and face-to-face communications with trusted messengers, including immigrant-serving organizations.

5. Accessibility of Child Care and Early Education for Immigrant Families

Immigrant families seeking child care and early education for their young children face many of the same barriers faced by other families. In our research, we found that the following barriers affect immigrant families in unique ways:

- Affordability for immigrant families,
- Availability in immigrant communities,
- Strict eligibility criteria and complex enrollment processes,
- Fear of accessing federal programs, and
- Inadequate language access.

Affordability for Immigrant Families

High-quality child care and early education is often unaffordable for immigrant families. Immigrants are overrepresented in low-wage work, making the high costs of child care particularly difficult to meet (see Table 6 for average state costs of child care). In 2005, immigrants comprised 12 percent of the total U.S. population, 15 percent of all workers, and 21 percent of all low-wage workers—those earning less than 200 percent of the federal minimum wage. In 2004, 35 percent of male immigrant workers and 38 percent of female immigrant workers earned less than 200 percent of the federal minimum wage, compared to 21 percent and 30 percent of their male and female U.S.-born citizen counterparts.[1]

1 Capps et al., *Trends in the Low-Wage Immigrant Labor Force, 2000-2005.*

Low-wage workers are more likely to work irregular and non-traditional shifts, nights, and weekends—making it even more difficult to secure child care.[2] Many providers told us that working immigrant families often turn to family, friend, and neighbor caregivers or utilize shift work in order to patch together child care arrangements. Parents' use of family, friend, and neighbor care reflects both choices and constraints. Children in low-income families are more likely than those in upper-income families to be in family, friend, and neighbor care.[3] Some immigrant families may choose family, friend, and neighbor care for reasons related to trust. They may seek caregivers who are culturally and linguistically similar to them and who share cultural views on child rearing. Other families may rely on family, friend, and neighbor caregivers because other child care options are unaffordable or unavailable in their neighborhoods.

Child care subsidies can help low-income, working families afford the child care they need. Yet, in most states, child care subsidies are underfunded.[4] In every community we visited, there were waiting lists for child care assistance. Many places had frozen enrollment. Waiting lists, which sometimes require more than six months of waiting, are not an option for immigrant families who need to arrange care immediately in order to secure employment—particularly when legal status or residency in the U.S. is dependent upon employment. Refugee families, in particular, must make child care arrangements more rapidly than other groups, as during the resettlement process they must move swiftly into employment and toward self-sufficiency.[5]

TABLE 6. ANNUAL CHILD CARE COSTS IN SELECTED STATES

State	Average Cost of Infant Care	Average Cost of Four-Year-Old Care
Arkansas	$4,020	$3,384
California	$9,691	$7,622
Colorado	$8,892	$7,020
Florida	$6,342	$4,948
Georgia	$4,878	$4,025
Maryland	$10,314	$6,515
New York	$10,185	$8,530
Oklahoma	$4,423	$3,940

Source: National Association of Child Care Resource and Referral Agencies, *Breaking the Piggy Bank*. Costs are based on the cost of care in a licensed child care center.

2 Presser, *Working in a 24/7 Economy: Challenges for American Families.*

3 Capizzano and Adams, *Children in Low-Income Families are Less Likely to be in Center-Based Child Care.*

4 See Matthews and Ewen, *Child Care Assistance in 2005*; Ewen and Matthews, *Families Forgotten*; Schulman and Blank, *State Child Care Assistance Policies 2006.*

5 Fidazzo et al., *Enhancing Child Care for Refugee Self-Sufficiency.*

Across the sites visited, we heard about the need for affordable child care. In Morrow, Georgia, a group of Latina immigrant mothers with young children told us each of them at some point had sought child care in order to work but had found that care was too expensive. Whatever they would earn, they told us, they would have to turn over to a child care provider. Consequently, at the time of the interview most were not working. Only one mother was aware of child care subsidies, and she was misinformed regarding immigrant eligibility.[6]

In San Jose, California, immigrant parents reported in focus groups that the shortage and high cost of licensed and center-based care were barriers to their employment. They did not think that licensed child care was available in their neighborhood; and they said that, when it was available, it was too expensive.[7]

Most families are working and cannot pay the cost of child care with their wages. Minimum wage, even with dual incomes, can't pay for child care. When you have multiple children it becomes impossible.

—Child care resource and referral provider, Springdale, Arkansas

Many of the licensed immigrant family child care providers we interviewed were caring not for young children of immigrants but for children of U.S.-born parents. Once these immigrant providers had obtained licensure, they were able to increase rates; and they priced themselves out of the lower-paying, informal child care market. Family child care providers told us that U.S.-born parents can afford to pay more for the care and that they are interested in their children learning another language.

Availability in Immigrant Communities

High-quality child care and early education programs are insufficiently available for all families. In particular, our research found:

- An inadequate supply of high-quality slots for young children in immigrant communities,
- Barriers to accessing programs outside immigrant communities, and
- Program hours that may not meet the needs of working immigrant families.

An Inadequate Supply of High-quality Slots for Young Children in Immigrant Communities

In every community we visited, children of immigrants and children of U.S.-born citizens alike face an inadequate supply of publicly funded programs. Overall, the supply of child care in an area is influenced by the wealth of a neighborhood, maternal employment and education levels, and the presence of community-based organizations that advocate for state and federal

6 Interview with mothers at Tara Elementary School, Morrow, Georgia, October 27, 2005.

7 City of San Jose, California, *Exempt Care Collaborative*.

funding to increase the supply.[8] The supply of high-quality child care options generally is limited in poor and low-income neighborhoods, oftentimes where immigrants are concentrated.[9] When the supply of affordable, high-quality child care and early education is inadequate, language barriers and unfamiliarity with enrollment procedures put immigrant families at a disadvantage competing for limited slots.

The supply of high-quality child care and early education may be less available in neighborhoods with high proportions of speakers of languages other than English.[10] In a multilingual poll in California, 40 percent of Latino parents and 23 percent of Asian parents responded that there were not quality, affordable child care centers in their neighborhoods.[11] One study of California parents leaving welfare found that limited English proficient (LEP) parents are more likely to secure a child care slot when there is a larger supply of care in a neighborhood.[12]

I need to work to support our five children but can't find child care that I can afford, and I don't have transportation.

—Sudanese mother, Atlanta

In many low-income neighborhoods in the sites CLASP visited, there were few quality child care spaces. For example, there is only one Head Start center in Miami's "Little Haiti" area.[13] In the Mayfair neighborhood of San Jose—which includes a transitory population of immigrants—there are many immigrant-serving organizations but few quality child care spaces. Mayfair has too few Head Start programs to meet demand and no licensed family child care providers.[14] Some providers reported that it can be difficult in some immigrant communities to find a child care provider who accepts child care subsidies.[15]

A shortage of programs for infants and toddlers is common in all communities. For example, there is no Early Head Start program in the Rogers and Bentonville area of Northwest Arkansas and only a small number of slots in Springdale and Fayetteville. In Gilroy, California, women reported bringing their babies with them to English as a Second Language (ESL) classes. They find it distracting and would like to have child care for their very young children, but the family literacy program through which they attend ESL does not have the space to care for children under age three, and other child care providers are not available in the community.[16]

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8 Chang et al., *Deepening the Dialogue*.

9 Fuller et al., "Welfare Reform and Child Care Options for Low-Income Families."

10 Hernandez et al., "Early Childhood Education Programs."

11 New America Media, *Great Expectations*.

12 Hirshberg et al., "Which Low-income Parents Select Child Care?"

13 Interview with Sophia Lacroix, Sant La Haitian Neighborhood Center, Miami, December 15, 2005.

14 City of San Jose, California, *Exempt Care Collaborative*.

15 Interviews with Jessyca Feliciano, Committee for Hispanic Children and Families, New York, New York, October 20, 2005 and Ellen Beattie, International Rescue Committee, Decatur, Georgia, October 24, 2005.

16 Interview with staff and parents at Mexican American Community Service Agency (MACSA), MACSA Family Literacy Center, Gilroy, California, February 9, 2006.

Even recent attention to four-year-old pre-kindergarten programs does not appear to have sufficiently addressed the issue of inadequate supply in immigrant communities. Most state pre-kindergarten programs have waiting lists or cannot serve all eligible children.[17]

For example, Georgia has a pre-kindergarten program universally available to four-year-olds in the state, regardless of income or other risk factors. In reality, however, some four-year-olds are denied on the basis of an inadequate supply of slots in their neighborhood.[18] Providers—which include public schools, private child care centers, and Head Start centers—are funded for a certain number of slots and cannot necessarily provide pre-kindergarten services to all children who apply to their program. Registration is typically held in the spring prior to the fall semester, which, once slots are filled, virtually eliminates newcomer families from participating in pre-kindergarten in public schools. Providers in Atlanta noted that immigrant and refugee families who arrive midyear may have trouble finding a slot in Georgia Pre-K.[19]

In DeKalb County schools, there is a one-day lottery for public school slots. While community-based pre-kindergarten providers offer enrollment all year long, slots fill up quickly, particularly in neighborhoods with high concentrations of four-year-olds. In one community in Gwinnett County, the increase in the number of Georgia Pre-K slots allocated to the centers serving that county did not keep pace with the number of four-year-old children in refugee and immigrant families. Furthermore, Gwinnett public schools do not provide Georgia Pre-K. Despite some increases in pre-kindergarten slots in this area, made by the Georgia Department of Early Care and Learning, it remains difficult for some immigrant families to secure an open space with a community-based provider.[20]

In Northwest Arkansas, there are waiting lists for all programs—including the Arkansas Better Chance (ABC) pre-kindergarten program, Head Start, and private programs. Often, if a family arrives after the school year has started, all the slots are full. While private funds are helping to fill the gap, there is still unmet need. A report by Arkansas Advocates for Children and Families projected the unmet need for slots in the ABC program to be over 1,400 in Washington County and over 1,100 in Benton County, two counties in the Northwest Arkansas area that CLASP visited.[21]

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17 An exception is Oklahoma, where 70 percent of four-year-olds attend the state pre-kindergarten program.

18 Meeting with immigrant and refugee service providers at Refugee Family Services, Clarkston, Georgia, October 28, 2005; meeting with parents and SPARK Hub coordinators, La Escuelita, Norcross, Georgia, October 25, 2005.

19 Interview with Ellen Beattie, International Rescue Committee, Decatur, Georgia, October 24, 2005; meeting with immigrant and refugee service providers at Refugee Family Services, Clarkston, Georgia, October 28, 2005.

20 Roberta Malavenda, e-mail to authors, March 25, 2007.

21 Arkansas Advocates for Children and Families, *Quality Pre-K Expansion in Arkansas.*

Barriers to Accessing Programs Outside Immigrant Communities

There are two primary reasons that the location of child care and early education matters to immigrant families: transportation difficulties and trust. When programs are located in proximity of immigrant communities, families are more comfortable using them. Many early childhood programs are unable to provide transportation for families, which also affects access. If programs are not within walking distance, many families cannot use them. Transportation was mentioned repeatedly to CLASP as a barrier to finding or participating in any early childhood program, including parent involvement in early childhood settings. Recent immigrants, particularly LEP parents, face additional challenges accessing information about public transportation systems and routes.[22] Furthermore, most of the sites we visited had either inadequate or nonexistent transportation systems. In many areas, families have only one car, which the working parent takes to work. In many cases, mothers stay at home and care for young children without access to transportation.[23]

In Atlanta, La Escuelita, a play and learn group, provides bilingual social and cultural activities, as well as cognitive skill development, for primarily three-year-old children and their caregivers prior to enrollment in Georgia Pre-K. SPARK Georgia helps these families access Georgia Pre-K when the children are four years old. La Escuelita ("the little school") was designed by families in an apartment complex where many immigrant families live in order to provide a preschool experience prior to pre-kindergarten, to alleviate transportation issues, and to facilitate parent involvement.

Immigrant families go through frequent transitions. In some communities, immigrant families first arrive in one neighborhood and, as they get more established, move to another, where they can get better housing. Often, the new neighborhood is not close to immigrant-serving organizations or other services with bilingual staff.[24]

In communities in which the population is changing or transitioning, programs that are available to low-income families may be located in neighborhoods that are no longer low income. A center, for example, may not have the capacity to move with the changing demographics. In Oklahoma, where a large number of four-year-olds are enrolled in state pre-kindergarten, some Head Start centers lack the capacity to move and open new centers. Instead, they serve three-year-olds in their present location—while there are underserved locations and areas where four-year-olds are still in need of the comprehensive services provided by Head Start (even if they are enrolled in Oklahoma pre-kindergarten). Without resources, Head Start cannot reach the communities that are in need of its services, including recent immigrant populations in new locations.[25]

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22 U.S. Government Accountability Office, *Transportation Services*.

23 Interviews with staff at YWCA, Tulsa, Oklahoma, March 14, 2006; Irma Chajecki, Catholic Charities, Tulsa, Oklahoma, March 15, 2006.

24 Interview with staff at Child Care Resource Center, Tulsa, Oklahoma, March 13, 2006.

25 Interview with Kay Floyd, Head Start State Collaboration Office, Oklahoma City, Oklahoma, March 16, 2006.

Many families do not access child care and early education programs outside their neighborhood because they are unlikely to travel outside their comfort zone.[26] One provider in San Jose told us that the experience of some recent immigrants in the U.S. may be as small as a five-block radius. For this reason, immigrants have more difficulty accessing programs that are not in their community.[27] Many immigrant-serving organizations report that immigrants—especially LEP individuals—are unlikely to access programs that are outside their neighborhood due to fear or to a hesitancy to navigate an unfamiliar culture.

Families may distrust unfamiliar providers and fear immigration consequences or anti-immigrant sentiment. Latina immigrant mothers in Gilroy, California told us that they do not trust child care centers outside their community. They do not know them, and they are unfamiliar with what services they offer.[28] In the Atlanta area, immigrant families who are unable to secure a pre-kindergarten slot with one of the limited number of providers located within proximity of their neighborhoods are unlikely to attend pre-kindergarten in another setting, due to issues of both transportation and fear. Immigrant families are more likely to trust providers who they know within their community and who are currently serving other immigrant families in their community.

One strategy to reach immigrant families is through programs targeted to particular immigrant groups in communities where those groups are concentrated. For example, it is possible for an immigrant-serving organization to develop an early learning program as part of its array of services, or for a program to target immigrant families who may be underrepresented in other programs:

- The Latino Community Development Agency (LCDA), located in a predominantly Latino neighborhood in Oklahoma City, has a multitude of programs addressing family education and support, youth prevention and growth, housing, and community health. LCDA also houses an Early Head Start program that serves 30 children from birth through three years of age. This center is the only bilingual, three-star-rated child care facility in Oklahoma.[29] Other services include evening ESL and computer classes, which

26 Interview with staff at Choices for Children, San Jose, California, February 8, 2006.

27 Interview with Paul Miller, Kidango, San Jose, California, February 6, 2006.

28 Interview with staff and mothers at Mexican American Community Service Agency (MACSA), MACSA Family Literacy Center, Gilroy, California, February 9, 2006.

29 Oklahoma uses a statewide quality rating system, "Reaching for the Stars," to rate licensed child care facilities, in order to improve child care quality. The minimum level of quality (one star) is equivalent to basic licensing. Three stars is the highest ranking a facility can receive and indicates that the program meets quality standards above basic licensing criteria and is nationally accredited.

offer child care, and a family resource program that provides home visits and parenting classes. The LCDA building also houses a community health center.[30]

- The Chinese-American Planning Council (CPC) in New York City coordinates over 70 programs at 33 locations citywide, including 12 child care centers that serve children from six months to 12 years. Child care centers emphasize developing English language skills, along with a multicultural curriculum to help children transition from home to school. CPC also offers child care resource and referral and interpreter services.[31]

- In Montgomery County, Maryland, Centro Familia runs a demonstration model preschool targeted to low-income children from several different immigrant groups. It serves about 30 children from LEP families. Centro Familia's "La Escuelita" is designed as a cooping school. This supports the family's involvement in their children's education, provides family literacy, and helps parents understand the importance of early childhood development and their role in their child's education. La Escuelita also serves as a training center for parents who wish to become community teachers. La Escuelita's curriculum is aligned with the local school system; the instructional time is in English, but the school-day is bilingual. Children's progress is measured three times a year with ECOR (Early Childhood Observation Record). A family support specialist works with families to create a family development plan, provides comprehensive services (such as medical screenings and developmental assessments), and coordinates extra-curricular activities.[32]

Location and time are barriers. We just cannot find child care that offer[s] care besides nine to five in our neighborhood. Basically, you have to travel three hours everyday. So even if you want to utilize, it is hard when you work.

—Bangladeshi parent,
New York City

Program Hours May Not Meet the Needs of Working Immigrant Families.

There are not enough full-day and full-year state pre-kindergarten and Head Start programs, yet parents need access to settings that support their work hours. According to the National Institute for Early Education Research, only eight states require their pre-kindergarten programs to be a full school day, and most state programs operate only during the school year.[33] Head Start programs may operate for as little as 3.5 hours a day. Nationally, fewer than half of Head Start slots (47 percent) provide services for at least six hours per day, five days per week.[34] Community-based child care centers may do better at catering to nine-to-five workers, but rarely do they accommodate shift workers and night hours. Many providers reported that

30 Interview with Patricia Fennel, Latino Community Development Agency, Oklahoma City, April 24, 2006.

31 Interview with Lois Lee, Queens School Age Day Care Center, Chinese-American Planning Council, New York, October 19, 2005.

32 Pilar Torres, e-mail to Hannah Matthews, May 3, 2007.

33 Barnett et al., *The State of Preschool*.

34 Head Start PIR 2006.

immigrant families, like many other working families, often are juggling multiple jobs and are unable to use part-day programs.

An immigrant mother in Clayton County, Georgia told us that she tried to enroll her younger child in Head Start but was unable to participate because the hours were different from those of state pre-kindergarten, which her four-year-old child attended.[35] In Miami, Latino immigrants described being happy with the services offered by Head Start. Yet, they reported having to take seasonal work during the summer in order to say home with their children when Head Start was not operating.[36]

> **There are almost no options outside of 7 a.m. to 6 p.m. Parents need to drop off their children before 7 a.m. and pick them up after 6:30 p.m. Parents are in entry-level jobs; lots of them are working two to three shifts. There are no child care options. They have to take trains across town and be at work by 7 a.m. or 8 a.m. Child care is not usable in a 24/7 economy.**
>
> —Immigrant service provider, Atlanta

In Broward County, Florida, fewer than half of the four-year-olds eligible for Voluntary Pre-kindergarten (VPK) were served in the first year of the program. The Broward school board has attributed the low take-up rate to working families' need for full-day services and has recommended expanding the program to better meet this need.[37]

Redlands Christian Migrant Association (RCMA) in Homestead, Florida is a Florida Voluntary Pre-kindergarten (VPK) provider. Florida VPK funds slots for three and one-half hours per day, 180 days per year. RCMA uses additional funds to provide a full-year, full-day program from 7 a.m. to 5:30 p.m., to meet the needs of children with working parents.

Child care programs also may not be able to provide sufficient hours for low-income working families. Families working in entry-level jobs with early mornings or late nights may find themselves with few or no child care options. In California, only 3 percent of centers and 39 percent of family child care homes provide care during nontraditional hours.[38] For parents who work rotating schedules, securing stable child care can be even more difficult.

Strict Eligibility Criteria and Complex Enrollment Processes

Strict eligibility criteria and complex enrollment processes pose significant barriers to enrollment for immigrants. Research on access to public benefits show that immigrants may be deterred from applying for benefits for themselves or for their children for a variety of reasons, including

35 Interview with mothers at Tara Elementary School, Morrow, Georgia, October 27, 2005.

36 Florida Immigrant Advocacy Center, *Final Report for Breaking Down Barriers.*

37 Nancy Lierberman, Power Point Presentation for Voluntary Pre-Kindergarten, 2007, http://eagenda3.broward.k12.fl.us/eAgenda/1004/29279/Files/01230701.pdf.

38 California Child Care Resource and Referral Network, *The 2005 California Child Care Portfolio*.

confusion over complicated eligibility rules.[39] CLASP found that the following serve as barriers and may prevent immigrants from applying for and enrolling in child care and early education:

- Complex enrollment processes and systems navigation;
- Immigrant status, employment, and income-eligibility criteria; and
- Insufficient information in program materials.

Complex Enrollment Processes and Systems Navigation

Enrolling in an affordable, high-quality program is a challenge for many families. For immigrant families with little knowledge of the various systems, navigating the patchwork of programs and understanding and meeting the sometimes complex requirements for enrollment can be an insurmountable barrier. This is especially true for immigrant parents with limited English skills. Since the number of slots is limited for some programs, the families who are most successful in obtaining those slots are those who are the most assertive and knowledgeable about enrollment processes—often as a result of having been in the United States for a longer period of time or being connected to a larger network of more established immigrants. Often, securing enrollment requires knowing when a waiting list will be opened up or being available to register at a single place and time. Immigrant families that are disconnected from information about enrollment are at a disadvantage to other families without similar cultural and linguistic barriers. In its report for the Breaking Down Barriers study, Refugee Family Services wrote:

> *Refugee Family Services, through SPARK Georgia, and other programs, helps many families apply for Head Start. However, the process is complicated and there is a waiting list. Many refugee and immigrant families are unaware of the availability of Head Start or how to enroll, are often over-income, and may be too late to obtain a slot.*[40]

Complex enrollment processes put immigrant families at a disadvantage. Families that attempt to enroll but either are confused by the process or ultimately are unable to secure an available slot can be discouraged from trying again. This frustration is intensified for families that have difficulty getting to appointments due to transportation barriers or inflexible employment. The failure to secure a slot in a particular program can have a snowball effect in immigrant communities, as families will tell their relatives, friends, and neighbors about their difficult experiences.[41]

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39 Holcomb et al., *The Application Process for TANF, Food Stamps, Medicaid and SCHIP.*

40 Refugee Family Services, *Immigrant and Refugee Family Voices.*

41 Meeting with immigrant and refugee service providers at Refugee Family Services, Clarkston, Georgia, October 28, 2005.

State pre-kindergarten. The state pre-kindergarten programs at the sites we visited vary considerably in their enrollment process. In Georgia, instead of using a centralized registration system, families register at the location where they want their child to attend. Each individual pre-kindergarten provider sets its own registration date and time. Thus immigrant families must have access to information regarding what providers are available in their communities and when they will hold registration. In order to secure a space, a family may need to be on waiting lists at several different sites.

> **I didn't know about pre-K registration, and when I tried to get in there were no more openings at the school. Refugee Family Services helped me find Stella Child Care Center [a community-based pre-kindergarten provider] and my child is enrolled there. We are so happy!**
>
> —Kurdistani mother, Atlanta

In April, Georgia Pre-K has a lottery for the slots in public schools, to start in September. After April, no one can sign up, because the slots are already taken. Families may be able to get a pre-kindergarten slot with a community-based provider as they become available throughout the year, but it is difficult to predict where and when this will happen. One Atlanta-area immigrant mother, whose four-year-old child was not enrolled in Georgia Pre-K, told us that she was on the waiting list for three different pre-kindergarten sites.[42] Every year, Refugee Family Services in Stone Mountain, Georgia, assists and registers more than 60 refugee children in Georgia Pre-K—but they are able to serve only a fraction of the families that need support.[43]

> **I did not know that there is public child care assistance. But I think I would prefer to use a private Korean child care, because it is an easier process and I don't feel comfortable disclosing personal information. If I use any public assistance it could jeopardize my citizenship.**
>
> – Korean parent, New York City

The first year of Florida VPK—which is delivered in both public schools and community-based settings—was the 2005-2006 school year. While there was an initial pre-registration period for families, pre-registering did not guarantee placement with a family's preferred pre-kindergarten provider. Immigrant service providers in Miami's Haitian community reported that families mistakenly thought they had enrolled their children after the initial registration and were not aware of the need to do a final registration. Language and literacy barriers within the community exacerbated confusion about an unfamiliar program. Haitian parents were also discouraged by the fact that the program was only available for three hours per day, especially because they would be required to pay out of pocket for any additional hours of wrap-around child care.[44]

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42 Meeting with parents and SPARK Hub coordinators, La Escuelita, Norcross, Georgia, October, 25, 2005.

43 Refugee Family Services, *Immigrant and Refugee Family Voices.*

44 Interview with Sophia Lacroix, Sant La Haitian Neighborhood Center, Miami, December 15, 2005. Florida VPK offers two options for four-year-olds: a school-year program totaling 540 hours or a summer program totaling 300 hours.

Child care assistance. Subsidy policies and practices, including application processes and interactions with subsidy agencies, affect whether eligible families use subsidies.[45] Families are often subjected to a complex set of steps in order to access a program. Immigrants may be uninformed about each step in the application process, and LEP individuals are likely to face additional barriers securing child care subsidies.[46]

> **Very few immigrant families are using child care subsidies. They probably are avoiding the system. Typically, navigating the system is very time consuming. It's easier to find relative care than to navigate the voucher system.**
>
> —Head Start provider, Fayetteville, Arkansas

Some child care programs offer only one location at which parents can apply for the program, a place that may not be accessible for all families. In Montgomery County, Maryland, working families who are not receiving public assistance have to travel to the county Department of Health and Human Services office, which is not easily accessible without a car, to apply for a child care subsidy.

On the other hand, co-location of services can be beneficial to families. In Boulder, Colorado and Springdale, Arkansas, health and human service offices are co-located in one building. An accessible point of entry that is co-located with other services a family may need—for example, county health departments at which children receive immunizations and parents receive job resources and referrals—provides some convenience to families with limited transportation options. It may also be an additional opportunity to provide families with accurate information about high-quality child care and early education.

Immigrant Status, Employment, and Income-eligibility Criteria

Although most state early education programs do not have immigration status restrictions, we found that some families—as well as some providers—mistakenly believe that young children of immigrants are not eligible for government-funded programs. Ninety-three percent of children of immigrants under age six are U.S. citizens; another 4 percent are legal noncitizens.[47] Therefore, nearly all children of immigrants should be eligible for most government-funded programs.

State pre-kindergarten. Most states—perhaps all of them—do not require a Social Security number (SSN) for the purpose of enrolling in pre-kindergarten.[48] In practice, however, many

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45 Adams et al., *Getting and Retaining Child Care Assistance*.

46 Snyder et al., *Strategies to Support Child Care Subsidy Access and Retention.*

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

48 The Privacy Act of 1974, section 7(a), prohibits states from denying an individual a right, benefit, or privilege provided by law because the individual refuses to disclose his or her SSN, unless the disclosure is required by federal statute. When a state requests that an SSN be provided, the state, under section 7(b) of the Privacy Act, must inform the individual whether the disclosure is voluntary or mandatory, by what statutory or other authority the SSN is solicited, and what uses will be made of it.

school districts may request an SSN at the time of enrollment. The Georgia Department of Early Care and Learning explicitly states that SSNs are not required for participation in the state pre-kindergarten program.[49] Each state, however, handles enrollment procedures differently, and some states appear to have procedures that would present challenges for immigrant families.

Head Start. In a few sites, providers and parents believed that the children of undocumented parents could not enroll in Head Start. We found that enrollment procedures sometimes compound confusion among immigrant families. While Head Start programs request an SSN at enrollment, it is optional for families to provide it. Yet, families do not always realize this. A group of Latina mothers in Atlanta was under the impression that undocumented children were not allowed to attend Head Start and that the program requires an SSN. Requesting (optional) SSNs on enrollment forms created widespread misunderstanding of actual eligibility rules.[50] Asking families to provide an SSN—even if it is voluntary—can deter immigrants from applying, regardless of whether a program has explicit immigration restrictions. Since in most cases SSNs cannot be obtained for immigrants who do not have permission to work in the United States—even for some who are residing in the U.S. *legally*—SSNs can be used, wrongly, as a proxy for immigration status.[51] Parents may be reluctant to enroll in a program if they fear that it is using information to make determinations about immigration status or that it may report information about immigration status to other agencies.

> **I enrolled my child in Head Start. It was complicated, but I got help. My child is doing very well. It is important for him to learn English and to learn how to play with other children.**
>
> - Afghani mother, Atlanta

Head Start requires families to provide proof of income upon enrollment. If a family is paid in cash or does not have paycheck stubs or other documentation, programs are permitted to accept a letter from an employer verifying the worker's income.[52] We found that some programs have taken an additional step of calling employers to verify the letter. Some employers are reluctant to disclose that they are paying someone in cash—and possibly not paying Social Security or other taxes—and so will not cooperate to verify the employment. Some Head Start programs had the misconception that without this verification, a family's eligibility cannot be determined.

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49 See FAQs at http://www.decal.state.ga.us/PreK/Prekservices.aspx?page=mainfaqs.

50 Meeting with parents and SPARK Hub coordinators, La Escuelita, Norcross, Georgia, October, 25, 2005.

51 Some applicants for permanent residency—such as battered women, trafficking victims, and those with Temporary Protected Status—are eligible to receive permission to work but may not yet have work authorization granted. Applicants for asylum must wait five months before they can apply for permission to work. Immigrants who are not permanent residents, refugees, or asylees must get permission to work from the Department of Homeland Security before they can apply for an SSN.

52 Head Start Program Performance Standards, 45 CFR, 1305.4 (b)(4)(d).

Child care assistance. Eligibility for Child Care and Development Block Grant (CCDBG) funded child care subsidies is based on a child's immigration status, not a parent's.[53] Since nearly all young children of immigrants are citizens, most immigrant families should be eligible for child care subsidies, provided they meet other eligibility criteria. According to the U.S. Government Accountability Office (GAO), at least one of the states we visited had a child care subsidy policy that was clearly not in compliance with U.S. Department of Health and Human Services (HHS) policy. At the time of our site visit, the Arkansas policy stated that if neither parent is a citizen or legal resident, then the application must be denied.[54] We found that the Arkansas application asked for the SSN and immigration status of every member of the household. Even in some states with policies consistent with HHS policy, other eligibility requirements—such as documenting parental employment and child support enforcement cooperation—disproportionately impact immigrant families accessing child care subsidies.

The cities of Boulder and Longmont, Colorado use local funds to expand eligibility for child care subsidies to families who may not qualify for federal child care subsidies for reasons other than income, including immigration restrictions or inability to document income.

Child support cooperation requirements involve providing information about the non-custodial parent's employment, which again could be problematic if that parent is being paid in cash or is working without permission. Child support cooperation requirements may also deter survivors of domestic violence—who may not want contact, direct or indirect, with the non-custodial, abusive parent—from seeking assistance.[55]

Unlike in Head Start and pre-kindergarten, parental work status is a factor in determining CCDBG eligibility. We were told that work eligibility and verification requirements for child care subsidies create barriers for immigrant families and are too complicated and restrictive. A focus group of child care providers in Miami's Little Haiti indicated that "many needy families were unable to access free or low-cost [child care] services because of certain eligibility requirements."[56] Many Haitians are employed in seasonal work and therefore may not be able

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53 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, Log. No. ACYF-PI-CC-98-08, 1998, http://www.acf.hhs.gov/programs/ccb/law/state_topic_eligibility.htm.

54 Family Support Unit Policy Manual, p. 17, Section 3.1.1. The GAO found during its site visit to Arkansas that the state's eligibility requirements appeared to violate the HHS guidance. HHS told the GAO that it was unaware of the problem and was discussing it with the state to resolve it. HHS said it had received no complaints about it from families. U.S. Government Accountability Office, *Report to Congressional Requestors, Child Care and Early Childhood Education.*

55 Federal law does not require parents to seek child support from the non-custodial parent in order to obtain a child care subsidy. However, several states—including Arkansas, Maryland, New York, and Oklahoma—have state requirements. While states may require cooperation with child support, they may not withhold collected support to repay the costs of child care. See Paula Roberts, *Child Support Cooperation Requirements and Public Benefit Programs: An Overview of Issues and Recommendations for Change*, Center for Law and Social Policy, 2005.

56 Letter from Gepsie Metellus, Executive Director of Sant la Haitian Neighborhood Center, Miami, to Miami-Dade County Legislative Delegation, November 29, 2005.

to access a child care subsidy. In order to receive a subsidy, both parents must be working—although in many families, employment status fluctuates.

A study of the child care arrangements of children in Migrant and Seasonal Head Start programs found that fluctuation in migrant families' income during the summer months also results in families losing their child care subsidies, or in an increase in required co-payments. Sometimes, families are forced to withdraw their children from child care.[57]

Unsubsidized child care. There is also confusion about eligibility for *unsubsidized* private child care. Because most providers ask for a child's birth certificate—in order to document age—some immigrant families believe that they are required to be citizens or have lawful status. Advocates told the Florida Immigrant Advocacy Center (FIAC) that child care centers require parents to have lawful immigration status. However, when FIAC called child care centers in areas with high concentrations of immigrants, they found that most of the centers require only the child's birth certificate, as proof of age.[58] Immigrant-serving organizations can play a mediating role by conveying accurate information to families.

Insufficient Information in Program Materials

Program materials sometimes leave out important eligibility information, focusing instead on persuading families to apply. Application forms and other materials that are missing information can ultimately lead to frustration for families. For example, Head Start, child care subsidies, and some state pre-kindergarten programs might not advertise detailed income-eligibility requirements up front. But providers mentioned that families need to know what the income restrictions are before they apply, so they have some idea of whether they are eligible.

We also found that outreach and enrollment materials for child care assistance often do not directly address immigrant eligibility.[59] In some communities, programs may not want to call attention to the fact that a parent's immigration status is not required for determining eligibility, so they intentionally omit this from outreach materials. However, we also found that a simple lack of explicit mention of immigrant eligibility can reinforce immigrants' misunderstanding that they do not qualify.

57 Kloosterman et al., *Migrant and Seasonal Head Start and Child Care Partnerships.*

58 Florida Immigrant Advocacy Center, *Final Report for Breaking Down Barriers*.

59 See, for example, flyer, "Boulder County, Colorado Child Care Assistance Program," Aspen Family Services, Inc., Boulder, Colorado, April 2005; and flyer, "Is the Cost of Child Care a Problem for You?" City of Boulder, Housing and Human Services, Boulder, Colorado, Rev. April 2005. Both flyers are in English and Spanish and provide general information about the Colorado Child Care Assistance Program and the Boulder Child Care Certificate Program (which provides Gap or Cliff benefits). They do not include information related to immigrant eligibility.

Other important information to include in outreach is whether parents are required to be working and whether the program has limited space. The Montgomery County, Maryland Department of Health and Human Services has bus advertisements in English and Spanish that ask, "Do you need help to pay for child care?" The advertisement includes the subsidy office's address and hours, a chart listing the gross income levels for various household sizes, and a phone number to call for more information. Another Montgomery County bus sign in English and Spanish provides more general information about Head Start and the targeted pre-kindergarten program. This sign states that if you are low income, bilingual, and a resident of the county, you may be eligible for pre-kindergarten and should contact the agency to learn more about eligibility.

Fear of Accessing Federal Programs

Many immigrant families fear consequences of accessing federal programs. Fear of being reported to immigration authorities or of affecting immigration status, future citizenship, or petitions for family members contributes to immigrants' lower use of public benefits.[60] Our site visits confirmed that immigrant parents, including those with lawful status, may avoid applying for child care and early education programs for their young children for fear of issues related to immigration or distrust of government.

Immigrant parents, including those with lawful status, may avoid applying for child care and early education programs for their young children for fear of issues related to immigration or distrust of government.

Even immigrant families with citizen children or legal resident children are often afraid to apply for child care subsidies.[61] While less than one-third of young children of immigrants have at least one parent who is in this country unlawfully, many immigrant families are mixed status. Parents may fear that they or other household members may be reported to immigration authorities. Only four agencies are required by federal law to report those whom they know are in the United States unlawfully—and only under very limited circumstances.[62] However, at the local level, some eligibility workers may feel an obligation to report parents, especially if the parents are not willing to disclose their immigration status or SSNs. In Tulsa, early education providers told us that they advised immigrant families not to apply for Food Stamps or other government-funded benefits—even for their citizen children—as some county social service eligibility workers, at least in the past, have reported individuals to the Department of Homeland Security. In 2000, HHS and the U.S. Department of Agriculture issued guidance that state applications and processes for accessing public benefits that have the effect of deterring

60 Holcomb et al., *The Application Process for TANF, Food Stamps, Medicaid and SCHIP*; Fremstad and Cox, *Covering New Americans.*

61 Coalition for Asian American Children and Families, *Breaking Down Barriers*; interview with staff at YWCA, Tulsa, Oklahoma, March 14, 2006.

62 The four agencies are the Social Security Administration, HHS, the U.S. Department of Labor, and the U.S. Department of Housing and Urban Development. Immigration and Naturalization Service, 65 Fed. Reg. 58301-03 (September 28, 2000).

eligible applicants and recipients based on their national origin may violate Title VI of the Civil Rights Act of 1964.[63] Title VI requires agencies that receive federal financial assistance to take reasonable steps to provide meaningful access to their programs, activities, and services.

In Florida's Miami-Dade and Broward Counties, there is an atmosphere of heightened fear due to increased enforcement activity by the Department of Homeland Security, which has included immigrants being pulled off city buses for questioning.[64] FIAC received a call from a private child care provider asking what should be done if the parent of one of their children is detained by Homeland Security. The provider said that some parents withdrew their children from child care because of fear of immigration raids. In their report for the Breaking Down Barriers study, FIAC wrote:

> *Parents fear that they will be asked for documents in all settings, including when they try to place their child in child care or early childhood education programs. Many live in fear of even leaving their home and being permanently separated from their children. Moreover, immigrants are afraid to seek help for their most basic needs, and quality child care is not a high priority under these circumstances.*[65]

Many immigrant families, including legal immigrants and naturalized citizens, fear that accessing federal benefits might impact either a parent's application for permanent residency or citizenship or the family's ability to bring other family members to the United States. Under the Immigration and Nationality Act, the United States can exclude people from immigrating to the United States or subject them to deportation if they are likely to become or have become a "public charge."[66] Although guidance from the U.S. Department of Justice clarifies that immigrants should feel safe accessing almost all forms of non-cash assistance and that receipt of public benefits does not affect eligibility for citizenship, many immigrants, including those lawfully present, do not want to risk jeopardizing their immigration status.[67] A Head Start program in San Jose told CLASP about an immigrant mother of a child with special needs who was referred by the school district to Head Start and withdrew the application once she found

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63 U.S. Department of Health and Human Services and U.S. Department of Agriculture, *Policy Guidance Regarding Inquiries into Citizenship, Immigration Status and Social Security Numbers in State Applications for Medicaid, State Children's Health Insurance Program (SCHIP), Temporary Assistance for Needy Families (TANF), and Food Stamp Benefits,* http://www.hhs.gov/ocr/nationalorigin/triagency.html.

64 Interview with Cheryl Little and Mary Gundrum, Florida Immigrant Advocacy Center, Miami, December 13, 2005.

65 Florida Immigrant Advocacy Center, *Final Report for Breaking Down Barriers.*

66 *Classes of aliens ineligible for visas or admission*, 8 U.S.C. 1182(a)(4); *Classes of deportable aliens*, 8 U.S.C. 1227(a)(5).

67 U.S. Department of Justice, *Field Guidance on Deportability and Inadmissibility on Public Charge Grounds,* 64 Fed Reg. 28689, March 26, 1999.

out that Head Start was federally funded.[68] Confusion about the effect of public charge and about what benefits might trigger a public charge-related consequence was cited by a number of immigrant-serving providers.

States can issue guidance to clarify immigrant eligibility and immigration consequences for programs. For example:

Guidance from the U.S. Department of Justice clarifies that immigrants should feel safe accessing almost all forms of non-cash assistance and that receipt of public benefits does not affect eligibility for citizenship. Yet, many immigrants do not want to risk jeopardizing their immigration status.

- The 2005 Oklahoma Department of Human Services' (OKDHS) Public Assistance Procedures clarify that it is the responsibility of the U.S. Customs and Immigration Services (USCIS) to determine immigration status. The policy states that OKDHS employees should not report applicants and/or recipients to USCIS and clarifies that persons who are not applicants and/or recipients should not be asked about their citizenship status. Workers are directed to report to the state those individuals who admit that undocumented immigrants are part of the household, who present forged information, or who present a formal order of deportation or removal.[69] OKDHS workers who provide information to an outside agency may be in violation of privacy protections. Oklahoma specifically "restricts the use or disclosure of information concerning applicants or recipients of child care services to purposes directly connected with the administration of the program."[70] The policy also states that the child is considered the applicant/recipient of child care assistance and that the applicant is not required to provide SSNs for any member of the household in order to receive child care assistance.[71]

- The New York Bureau of Early Childhood Services has issued a policy statement related to compliance with the Privacy Act. The statement clarifies the narrow circumstances in which SSNs are to be collected from family child care providers and centers and what the procedures are when an SSN is not available. It clarifies that assistants and substitutes are not required to provide SSNs.[72]

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68 Interview with Adolfo Pando, Head Start, Santa Clara and San Benito Counties, San Jose, California, February 8, 2006.

69 See *Public Assistance Procedures, Eligibility for Benefits*, OAC 340:65-3-4 (p10), revised 5-12-05.

70 See OAC 340:40-1-5.

71 Id, OAC 340:40-7-5, revised 7-1-04. OKDHS guidance was issued prior to passage of Oklahoma HB 1804 in May 2007.

72 See Policy Statement, ID Number: 96-5 (updated May 2005).

Inadequate Language Access

Head Start, child care subsidy administration agencies, and school districts are all recipients of federal funds and therefore are required to comply with Title VI. Yet, language access remains a barrier, particularly for immigrants who speak languages other than English or Spanish. Language access affects immigrant groups differently. In New York City, immigrants from the Dominican Republic reported few issues accessing services in Spanish, but Korean immigrants experienced difficulties related to language.[73]

Bilingual and bicultural providers can facilitate access to programs. At some sites we visited, county agencies had no staff, or insufficient numbers, proficient in the languages spoken by LEP families in the community. CLASP found that many local agencies that are responsible for assisting families and determining their eligibility for Temporary Assistance for Needy Families, Medicaid, Food Stamps, Head Start, and child care subsidies do not have bilingual capabilities—such as interpreters or translated applications, forms, or other written information. In addition to Title VI requirements, city agencies in New York are required to translate forms into nine major languages. At the time of our site visit, providers reported that the Administration for Children's Services and the Human Resources Administration had not done most of the translations and that the 211 call line for information about public services only had two Spanish speakers and no access to a line for other languages.[74]

In response to changing demographics, the Oklahoma Child Care Resource and Referral Association in Oklahoma City hired its first Hispanic services coordinator in 2005. The coordinator position is funded through the Oklahoma Department of Human Services. The coordinator is bilingual and bicultural, representing the Mexican majority immigrant population in that area. She works with local child care resource and referral agencies to develop language-access plans for serving Spanish-speaking families. She also provides direct referrals for Spanish-speaking families, conveying information on the importance of early childhood development, quality child care, and the maintenance of home language. Since hiring the bilingual coordinator, the agency has experienced an approximately 60 percent increase in Spanish-speaking callers, particularly in Oklahoma City.

The New York Department of Education has an interpreter and translation unit that provides language assistance to individual school sites, including preschools. The Oklahoma Department of Human Services (OKDHS) provides a language line for its field offices to access when they have a client with limited English proficiency. OKDHS has also translated its application for child care assistance into Spanish. However, at the time of our site visit, OKDHS did not translate re-

73 Coalition for Asian American Children and Families, *Breaking Down Barriers*.

74 Interview with Jessyca Feliciano, Committee for Hispanic Children and Families, New York, October 20, 2005.

determination letters sent to clients, which are generated by computers. Therefore, minority-language speakers who are successful in obtaining a subsidy may risk losing it unless they have translated information on what steps they must take during the redetermination process in order to maintain the subsidy.[75]

The greatest need is to hire more bilingual staff. We saw a dramatic increase [in enrollment] when bilingual staff was hired, materials were translated, and staff represented the community.

—Child care center administrator, New York City

An HHS report on the issue of cultural and linguistic diversity in Head Start found that many communities reported difficulty in recruiting and enrolling families who speak languages other than English, due to language and cultural barriers. Head Start programs also reported difficulty in finding interpreters of specific languages to help with recruitment. Other difficulties in some areas include recruitment of well-trained bilingual staff and maintaining a staff that includes people who speak all languages represented among students in a program. Programs also reported communication problems between staff and parents who do not speak English.[76]

Boulder, Colorado's Kids Connections ran a cultural mediation program to serve monolingual Spanish-speaking families receiving early intervention services in the cities of Boulder and Longmont. Bilingual and bicultural mediators did more than just interpretation—they also served as a bridge to services by translating the concept and practices of early intervention, and they helped to build trust with families. Cultural mediators also shared information with families on early childhood development and assisted them in accessing local resources.[77]

School districts are required to comply with Title VI, even if the state does not have a bilingual education program. CLASP found that many school districts lack adequate bilingual staff—even in communities that are traditional gateways for immigrants—and that parents face difficulties in receiving information from schools in their native languages. The New York Department of Education's Web site has been translated into eight different languages—Arabic, Bengali, Chinese, Haitian Creole, Korean, Russian, Spanish, and Urdu. Its Translation and Interpretation Unit provides translation services and interpreters for schools and offices. It also provides an archive of translations of common forms and notices that schools and offices can download, as well as glossaries, signage indicating that interpreter services are available, and sample tags that let LEP parents know that they can get a document translated and get interpreter services.[78]

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75 Interview with Division of Child Care staff, Oklahoma Department of Human Services, Oklahoma City, Oklahoma, March 16, 2006.

76 U.S. Department of Health and Human Services, Commissioner's Office of Research and Evaluation and the Office of Head Start, *Celebrating Cultural and Linguistic Diversity in Head Start.*

77 In 2006, Kids Connections folded due to state funding changes to Part C services delivery and withdrawal of the grant for the cultural mediation program.

78 See http://schools.nyc.gov/Offices/Translation/default.htm.

As of September 5, 2006, a chancellor's regulation is in effect that requires all schools and central and regional offices in New York to provide LEP parents with "a meaningful opportunity to participate in and have access to programs and services critical to their child's education."[79] Implementation of the regulation included information about how schools and offices can budget for the cost of the language assistance. Yet, after the regulation was issued, few immigrant parents and individual schools sites were aware of it—so problems continued. Still, with more community education and advocacy, this may be a promising model.

The Child Care Resource Center, a child care resource and referral agency in Tulsa, Oklahoma, experienced a significant increase in Spanish-speaking callers after hiring a bilingual referral specialist and increasing marketing.

An early education provider in New York reported a dramatic increase in enrollment after translating materials and hiring bilingual staff who represent the community.[80] In the Atlanta area, the DeKalb County School District's International Student Center has bilingual staff, headsets for interpreters, and other resources that schools in the district can access to help with translation and interpretation. DeKalb County has staff interpreters onsite for most pre-kindergarten registration; it also has pre-kindergarten application forms in Spanish and Vietnamese.[81] Going forward, DeKalb schools will be distributing flyers in multiple languages to key agencies in the community—including immigrant-serving organizations—to increase outreach among immigrant and refugee families.[82]

Literacy issues add another layer of difficulty to language access. Parents with low literacy in their home language may not be able to read translated materials. Some immigrants, particularly those who have arrived most recently, have had only a few years or even no formal education in their home countries.[83] Many providers emphasized the importance of face-to-face contact with parents and the fact that information needs to be received orally. Head Start in Santa Clara County, California can send a staff person to a family's home to help families with low literacy complete application forms.

79 See *Regulation of the Chancellor, Number A-663,* issued June 7, 2006, New York City Department of Education.

80 Coalition for Asian American Children and Families, *Breaking Down Barriers.*

81 Interview with administrators at International Community School, DeKalb County School District, Decatur, Georgia, October 26, 2005.

82 Refugee Family Services, *Immigrant and Refugee Family Voices.*

83 Interview with staff at YWCA, Tulsa, Oklahoma, March 14, 2006.

Strategies That Work

Several communities have come up with strategies to increase the supply of high-quality child care and early education available in immigrant communities and to make early education more accessible to immigrant families:

- ***Targeted programs in immigrant communities.*** One strategy to reach immigrant families is to target programs to particular immigrant groups in communities where they are concentrated. For example, an immigrant-serving organization might develop an early education program as part of its array of services; or an early education program might target immigrant families that are underrepresented in other programs. In order to be able to provide these additional services, such agencies need resources and support for capacity building.

- ***Reaching families where they are.*** All settings, including informal settings, can be included in early education initiatives. Opportunities to reach parents as well as family, friend, and neighbor caregivers should be sought, particularly in areas where transportation is difficult and where immigrant women in particular may be isolated with their young children.

- ***Increasing the supply of child care through contracts***. While most states provide child care assistance to families through vouchers or certificates, states may also provide assistance through grants or contracts—formal agreements between a state and a provider to serve a set number of children, thus guaranteeing that those slots exist. Contracts are a way to build the supply of child care accessible to low-income families in specific neighborhoods with concentrations of immigrant families. States may also require that child care services provided through direct contracts with local programs be enhanced and tailored to meet the needs of these children and families.[84]

- ***Providing access to full-day, full-year programs.*** Many working immigrant parents need access to full-day and full-year child care for their young children. Providers may braid together multiple funding sources—including child care subsidies and state pre-kindergarten—in order to provide families with full-day, full-year services.

- ***Expanding eligibility for child care subsidies.*** States have tremendous flexibility in setting policies for child care subsidies. In addition, localities can use their own funding to go beyond eligibility determined by the state.

- ***Clarifying immigrant eligibility rules and simplifying enrollment.*** Administrators can issue guidance to local programs on immigrant eligibility for public programs. They

84 Schumacher et al., *Untapped Potential.* In 2003, several states used contracts to meet the child care needs of specific populations, including migrant workers.

can also review enrollment requirements and forms to simplify and thus encourage immigrant families to apply.

- ***Using trusted messengers.*** Families may fear that accessing any public programs, including child care and early education, will have immigration consequences. Successful programs are able to help immigrant families access programs by establishing trust through the use of trusted messengers. At all levels, programs can work to create relationships and partnerships with local organizations serving immigrant families. These partners can also help immigrant families navigate complex enrollment systems.

- ***Creating a language access plan.*** Federally funded programs are required to provide meaningful access to LEP families. Language access is about more than just translating documents and using interpreters. Child care and early education programs can elicit the help of immigrant-serving organizations, cultural mediators, and leaders representative of immigrant communities to ensure that language needs are adequately addressed, as well as to access translation services.

- ***Co-locating services.*** Access to services for immigrant families—and for all working families—can be facilitated by co-locating multiple services and/or agencies in the proximity of immigrant neighborhoods. This reduces potential transportation issues and eases systems navigation for immigrant families; it also can provide the opportunity to inform immigrant families about high-quality child care and early education when they are accessing other services.

Key Findings: ACCESSIBILITY

CLASP found that many child care and early education programs are unavailable or inaccessible for immigrant families:

- High-quality child care and early education is insufficiently available in immigrant communities.
- There is a lack of affordable, high-quality child care and early education opportunities; and what programs do exist often have waiting lists or cannot serve all eligible children.
- Programs that are located outside immigrant neighborhoods are often unavailable, due to both transportation barriers and issues related to fear.
- Part-day pre-kindergarten programs may be unusable for working families.
- Strict eligibility criteria, paperwork requirements, and complex enrollment processes serve as further barriers for immigrants attempting to access child care and early education programs.
- Immigrant families often have a difficult time navigating complex systems—particularly when language access is inadequately addressed—and therefore are less likely to secure enrollment in programs with limited slots.
- Many immigrant families avoid publicly funded programs for fear, grounded or otherwise, of immigration consequences. This is true of families of all immigration statuses.

6. Responsiveness of Child Care and Early Education Programs

Immigrant families face numerous difficulties accessing high-quality child care and early education. Their participation in child care and early education is affected by the extent to which programs and services are responsive to their needs. It's important both to adequately address these barriers to access *and* to improve the quality of all early learning opportunities for children of immigrants, so that their unique needs are met. Merely removing the barriers to enrollment does not guarantee that immigrant families have access to high-quality experiences. Today's early childhood programs must be prepared to serve immigrant families from a diverse set of countries and circumstances.[1]

Young children of immigrants need experiences that support their home- and second-language development, that respect their families' culture and traditions, and that offer meaningful opportunities for all parents to be involved.

There are several indicators of quality, factors that encourage conditions in which all children are better able to learn. These include low teacher-to-child ratios, small group sizes, qualified teaching staff, positive teacher-child interactions, parental involvement, and access to comprehensive services such as health care and mental health services.[2] Wherever children are—whether in formal or informal settings—it is essential that they receive quality educational experiences and that their teachers and caregivers have access to the supports they need to provide the most appropriate and culturally competent care.

Child care and early education programs must be intentional about the services they provide for children of immigrants to obtain all of the potential benefits of a high-quality program.

1 Shonkoff and Phillips (eds.), *From Neurons to Neighborhoods*. See also, Hepburn, *Building Culturally and Linguistically Competent Services to Support Young Children, Their Families and School Readiness;* and National Association for the Education of Young Children, *Responding to Linguistic and Cultural Diversity.*

2 Schumacher et al., *Meeting Great Expectations*; Bowman et al. (eds.), *Eager to Learn*.

Young children of immigrants need experiences that support their home- and second-language development, that respect their families' culture and traditions, and that offer meaningful opportunities for parents who speak languages other than English to be involved. For children of immigrants, high-quality child care and early education means having staff who speak their language, represent their culture, and are trained to work with culturally and linguistically diverse children. High-quality child care and early education is supported through strong standards that recognize and support the cultural context in which children develop and through content and curriculum that reflect children's home culture. In this chapter, we look at some of the essential components of quality programs for all children and focus on their particular importance for immigrant families with young children. These include:

- Qualified bilingual and culturally competent providers,
- Culturally competent program and content standards,
- Meaningful parental involvement, and
- Access to high-quality comprehensive services and family supports.

Qualified Bilingual and Culturally Competent Providers

In order for children of immigrants to experience quality early education and to enhance academic and school readiness outcomes, bilingual and bicultural providers are essential. Many immigrant families are seeking programs with staff that reflect their language and culture. Yet, our research found the following:

- Multilingual and multicultural capacity is in short supply;
- A need for additional training and supports for informal care providers;
- Barriers to recruiting, training, licensing, and retaining immigrant providers; and
- A need for professional development and training, for all providers, on working with diverse families and on second-language acquisition.

Multilingual and Multicultural Capacity is in Short Supply

Young children need support in the development both of their home language skills and of their English skills.[3] Yet, there is a critical shortage of bilingual and bicultural providers in the

3 Coltrane, *Working With Young English Language Learners.*

early childhood field. A survey of state administrators of early childhood programs found a lack of bilingual staff and insufficient training for professionals to be among the most pressing challenges in serving Latino children and families in particular.[4] To most appropriately serve children of immigrants, it is important not only that the early childhood workforce be representative of the children it serves but also that providers of all languages and cultures be trained in second-language acquisition strategies and cultural competency.[5] Supports and materials should also be available to reach out to family, friend, and neighbor caregivers and to lessen their isolation.

I would really like and want the provider to be bilingual, and I prefer a Spanish-speaking person to take care of my baby. It is important for my baby to learn Spanish and my culture.

—Dominican parent, New York City

There is insufficient demographic data on the early childhood workforce—including data on language proficiency. The early childhood system as a whole lacks a coherent method for collecting this information.[6] Some states, such as California, collect portions of it.[7] Information on the ethnic makeup of providers is more common than information on nativity status or language proficiency.

From what data are available, it does not appear that the preschool workforce is representative of the young child population. An estimated 78 percent of teachers of three- and four-year-old children are white; 10 percent are African-American; 6 percent are Latino; and only 1 percent are Asian or Pacific Islander.[8] Head Start may be more representative of the children it serves. In 2006, 48 percent of Head Start staff who worked directly with children (child development staff) were white; 29 percent were African-American; 4 percent were American Indian or Alaskan native; 2 percent were Asian; and 1 percent were native Hawaiian or Pacific Islander.[9] Twenty-seven percent of child development staff were Hispanic, regardless of race; and 29 percent were proficient in a language other than English.[10]

4 Buysse et al., *Addressing the Needs of Latino Children.*

5 Chang, *Getting Ready for Quality*.

6 Saluja et al., "Demographic Characteristics of Early Childhood Teachers and Structural Elements of Early Care and Education in the United States."

7 Based on information collected by the California Child Care Resource and Referral Network, 53 percent of centers and 34 percent of family child care homes have some Spanish language capacity. California Child Care Resource and Referral Network, *The 2005 California Child Care Portfolio*.

8 Saluja, et al., "Demographic Characteristics of Early Childhood Teachers and Structural Elements of Early Care and Education in the United States."

9 Head Start Program Information Report (PIR) 2006. Child development staff include teachers, assistant teachers, home visitors, and family child care providers. An additional 2 percent were reported to be "other," and 12 percent were reported as race "unspecified."

10 "Hispanic" is a separate question on ethnicity, asked apart from race, in the PIR. The PIR does not collect data on staff proficiency in specific languages.

The diversity and language ability of the early childhood workforce vary by community. Nearly all providers we visited cited the difficulty of finding and retaining qualified bilingual staff as a major barrier to serving young children in immigrant families. Finding qualified bilingual teachers is particularly challenging for programs that serve families whose primary language is not English or Spanish. In CLASP's site visits, areas with newer immigrant populations—such as Tulsa, Oklahoma and Northwest Arkansas—reported the greatest need for bilingual staff. Yet, linguistic diversity remains an issue in every community:

If the provider speaks the same language as the home, it enhances the child's sense of security and own language.

–Russian mother, New York City

- In Decatur, Georgia, DeKalb County Schools translates most information into Spanish and Vietnamese and has interpreters for both languages. However, interpretation for smaller language-minority groups, including Somali and Russian, remains a challenge.
- In Atlanta, Georgia, a child care resource and referral agency (CCR&R) reported that a growing challenge was translation and interpretation services for Guatemalan immigrants who do not speak Spanish.[11]
- In San Jose, California, it is more common to find Spanish-speaking providers. However, meeting the needs of smaller language minority groups, such as Cambodians, remains a challenge.
- Out of more than 1,300 providers in the Tulsa, Oklahoma CCR&R database, approximately 106 have some degree of Spanish-speaking ability. The CCR&R estimated that about five or six providers have fluent bilingual Spanish speakers, and two have bilingual Vietnamese speakers.[12]
- In San Jose, California, First 5 has funded Vietnamese and Cantonese speakers to provide language services in the state pre-kindergarten program. A lack of staff that speak all of the languages represented remains a challenge.
- In Miami-Dade County, Florida, concern about the English language competency of providers was expressed, as much of the early childhood workforce is comprised of monolingual Spanish speakers. These providers have a difficult time accessing the professional development and training that they need in Spanish, and they face difficulties preparing children with the English language skills they need to be ready for elementary school. In Miami, Latina family child care providers reported that there were not enough professional development classes offered in Spanish and during times outside their work hours.

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11 Telephone interview with Sharon Maloney, Quality Care for Children, Atlanta, Georgia, January 30, 2006. Spanish is the official language of Guatemala, however, there are dozens of indigenous languages spoken among a large portion of the population.

12 Interview with staff at Child Care Resource Center, Tulsa, Oklahoma, March 13, 2006.

What is Cultural Competence?

Cultural competence is a congruent set of behaviors, attitudes, policies, structures, and practices that come together in a system, agency or among professionals and enable that system and agency or those professionals to work effectively in cross-cultural situations.

Cultural competence is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families. Culturally competent organizations design and implement services that are tailored or matched to the unique needs of individuals, children, families, organizations and communities served.

Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

Cultural competence requires individual providers at a minimum to:

- Acknowledge cultural differences
- Understand your own culture
- Engage in self-assessment
- Acquire cultural knowledge & skills
- View behavior within a cultural context

Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures and dedicated resources to support this capacity.

From the National Center for Cultural Competence, http://www11.georgetown.edu/research/gucchd/nccc/.

Programs without adequate bilingual staff face many challenges appropriately serving children of immigrants. For example, assessments of young English Language Learners (ELLs) require culturally and linguistically appropriate methodology and assessors.[13] Assessments done only in English, or without attention to ensure appropriate translation and cultural relevance, may be

13 National Association for the Education of Young Children, *Where We Stand on the Screening and Assessment of Young English Language Learners.*

invalid and unreliable.[14] In Atlanta, a pre-kindergarten program without bilingual staff assessed all children in English. The program staff thought that one Latino child was developmentally delayed. When they linked to a Spanish-speaking early education provider, who assessed the child in Spanish, they discovered that the child, an ELL, in fact knew the concepts.[15]

Head Start of Santa Clara and San Benito Counties in California has staff who speak Spanish, Vietnamese, Chinese, and Cambodian. The program tries to hire teachers who speak these languages; and, if they are unsuccessful, they hire a bilingual teacher aide. The program includes bilingualism as a requirement in classroom job descriptions and offers a 2 percent pay differential.[17]

Head Start regulations require that a bilingual staff member be in every classroom where more than 50 percent of the children speak a particular language other than English. In addition, Head Start programs must be able to communicate with the families they serve, either directly or through a translator.[16] Local programs may set additional policies for requiring bilingual staff and/or interpreters. We found that most Head Start programs had at least one bilingual Spanish teacher or teacher's aide. Often, family support workers were representative of the languages and cultures of children served—particularly Latino children of immigrants —which facilitated access to comprehensive services for those families. Yet, some sites still reported difficulty recruiting even qualified Spanish speakers. While it can be difficult to recruit bilingual providers, some programs are focusing intentionally on this issue. For example, in 2005, Boulder County Head Start had five staff trainings on second-language acquisition. The program requires teachers to have a bachelor's degree in Early Childhood Education (ECE) or in a related field (with a minimum of 18 hours of ECE/Child Development).[18] The ability to read, write, and speak Spanish and English is preferred for teachers; it is required for teacher aides. Boulder County Head Start requires at least one bilingual staff member in every classroom; some are lead teachers and some are teacher's aides.[19]

It is rarer to find programs with bilingual teachers or other classroom staff who speak languages other than English and Spanish, even in communities with significant language-minority populations speaking languages other than Spanish. We visited a few Head Start programs that did not reflect the diversity of the eligible populations in their service areas. A

14 Scott-Little et al. (eds.), *Assessing the State of State Assessments.*

15 Meeting with parents and SPARK Hub coordinators, La Escuelita, Norcross, Georgia, October 25, 2005.

16 See *Head Start Staffing Requirements and Program Options*, 45 C.F.R. 1306.20(f) (10-1-06 edition).

17 Interview with Adolfo Pando, Head Start of Santa Clara and San Benito Counties, San Jose, California, February 8, 2006.

18 Experience with second-language learners or children with special needs is preferred, and at least one year of preschool teaching experience is required.

19 Interview with Maria Harper, Boulder County Head Start, Boulder, Colorado, November 15, 2005.

lack of bilingual staff in languages spoken by specific immigrant communities corresponded to small numbers of families from those communities seeking or enrolling in the program. For example, one Miami-Dade-area program in a predominantly African-American and Latino neighborhood has only one Spanish-speaking teacher. Staff members call other Head Start centers for assistance with other languages or use children to communicate with limited English proficient (LEP) parents and children. The program reported that only a few immigrant families have enrolled at their center.

Comprehensive information on the language ability of teachers in state pre-kindergarten programs is not widely available. State pre-kindergarten programs have varying rules for teachers' competency in languages other than English. New York, for example, requires pre-kindergarten teachers to have a bilingual certificate extension or license in order to teach LEP children. Teaching assistants and teacher aides in programs for LEP children must have proficiency in the children's home language.[20] Some pre-kindergarten programs, however, do not have explicit requirements for bilingual teachers.

Teacher education requirements. Research shows that teachers with higher levels of education and specialized training in early childhood development can improve outcomes for preschool-aged children.[21] Research is less conclusive about what levels of training and education are needed for infant and toddler caregivers.[22] It is the quality of interactions between teachers and children—in terms of responsive feedback and verbal stimulation—that is most important in ensuring high-quality early education settings.[23] For children of immigrants, the teacher-child relationship may be strengthened by shared culture or language.[24]

Teacher qualifications should reflect the fact that multiple spoken languages and cultural competency are important. There is some concern that without adequate attention to the needs of diverse providers and without adequate resources and support, increased educational requirements could negatively impact the current diversity of the early childhood workforce.[25] If institutions of higher education are unable to meet the needs of immigrant providers, increased teacher education requirements could make it difficult for more of these providers to enter and remain in the field.

20 New York Universal Prekindergarten, Staff Qualifications, 8 NYCRR Section 151-1.5.

21 Bowman et al. (eds.), *Eager to Learn*; Whitebook *et al., Who Cares?*; Shonkoff and Phillips (eds.), *From Neurons to Neighborhoods*.

22 Bowman et al. (eds.), *Eager to Learn.*

23 Pianta, "Preschool is School, Sometimes."

24 Chang et al., "Spanish Speaking Children's Social and Language Development in Pre-Kindergarten Classrooms."

25 Calderón, *Achieving a High-Quality Preschool Teacher Corps;* Chang, *Getting Ready for Quality*.

TABLE 7. PRE-KINDERGARTEN LEAD TEACHER EDUCATION REQUIREMENTS IN SELECTED STATES

State	Lead Teacher Degree Requirements	Specialized Training Required
Arkansas	BA/BS (single classroom sites) AA/AS (multiple classroom sites)	Degree in early childhood with P-4 license (single classroom sites) Degree in early childhood (multiple sites)
California	CDA	Meets CDA requirements
Colorado	CDA	Meets CDA requirements
Florida	BA (summer) CDA or equivalent (academic year)	None (summer) Meets CDA requirements (academic year)
Georgia	AA or Montessori diploma	Degree in early childhood or meets Montessori requirements
Maryland	BA	Degree in early childhood plus certification in N-3, -6, or -8 and must be licensed
New York	BA prior to 1978, MA after	Certification in birth-grade 2
Oklahoma	BA	EC certification for pre-K-3

Source: Barnett et al., *The State of Preschool.*

Each state sets its own requirements for state pre-kindergarten teacher qualifications (see Table 7 for requirements in the states CLASP visited). Thirty-five state pre-kindergarten programs require teachers to have some specialization in early education, and 26 states require all teachers to have a bachelor's degree.[26] The degree to which pre-kindergarten programs require cultural competency for teachers working with diverse children is not known. Head Start requires 50 percent of teachers to have an associate's degree, and current proposals for reauthorization of the program may require 50 percent of teachers to have bachelor's degrees. Currently, 38 percent of Head Start teachers nationwide have a minimum of a bachelor's degree.[27] A survey of center-based preschool settings found that nearly half of teachers of three- and four-year-old children have a minimum of a bachelor's degree. Thirty-one percent have a bachelor's in early childhood education, and 13 percent have a master's.[28] There is no data on the cultural competency or bilingual capacity of center-based preschool teachers.

26 Barnett et al., *The State of Preschool.*

27 Head Start PIR 2006.

28 Saluja et al., "Demographic Characteristics of Early Childhood Teachers and Structural Elements of Early Care and Education in the United States."

No federal guidelines for teacher education and training exist in child care. States set their own basic licensing regulations to protect the health and safety of children. While all states have some licensing requirements for formal child care providers in centers and in family child care homes, teacher education and training requirements often fall below the state pre-kindergarten standards. Thirty-eight states have no minimum pre-service training in early childhood education requirement for teachers in child care centers.[29]

Across states, the Child Development Associate (CDA) is the most common minimum requirement, for both child care center directors and lead teachers.[30] CDA credentials can be obtained by providers who have at least a high school diploma or GED, along with the requisite hours of experience and training. A bilingual endorsement is available to providers who speak, read, and write in English and another language proficiently enough for parents and children to understand.

Fourteen states currently use quality rating systems (QRS),[31] which are "a method to assess, improve, and communicate the level of quality in child care and early education settings."[32] These systems often incorporate standards for learning, environment, parent and family involvement, professional development and staff training, and credential and compensation requirements. They also include an evaluation component, which may make use of environmental ratings, such as the Early Childhood Environment Rating Scale (ECERS) and the Family Day Care Environment Rating Scale (FDCRS). A QRS may also motivate programs to achieve accreditation, in order to demonstrate high quality.[33] Many states provide higher child care subsidy reimbursement to those programs that meet additional standards. Many states also have systems in place to inform parents about higher-quality programs.

Each component and level of an environmental rating scale can include cultural competency and linguistic diversity requirements that reflect the needs of the children in the program. LEP parents can be supported through the creation and broad dissemination of translated materials about the QRS and about available programs in their communities that meet the higher standards. New Mexico, for example, has translated information on its quality rating STARS program into Spanish.[34]

29 National Child Care Information Center, *Teachers in Child Care Centers.*

30 National Association for Regulatory Administration and National Child Care Information Technical Assistance Center, *The 2005 Child Care Licensing Study.*

31 National Child Care Information Center, *Quality Rating Systems*. Quality rating systems may also be called quality rating and improvement systems (QRIS).

32 Mitchell, *Stair Steps to Quality*.

33 National Child Care Information Center, *Common Categories of Criteria Used in State Quality Rating Systems.*

34 New Mexico Department of Children, Youth and Families, STAR flyer, http://www.newmexicokids.org/Family/index.cfm.

Compensation. Poor compensation contributes to the problems of attracting and retaining qualified early childhood staff with experience working in immigrant communities.[35] Adequate compensation is associated with greater staff stability and higher-quality programs.[36] Salaries for early childhood professionals—even for those with advanced degrees—are often lower than salaries for elementary education teachers and other professionals. In addition, many programs do not compensate for bilingual ability or include it as a required or preferred skill in teacher position descriptions.

A Head Start program in Northwest Arkansas noted its frustration with hiring bilingual staff only to have them leave for higher-paying jobs.

In areas with growing immigrant populations, bilingual workers are in great demand in every sector. Thus child care and early education programs seeking to hire bilingual individuals have to compete not only with higher-paying jobs in K-12 education but also with local businesses, which may also pay higher salaries. A Head Start program in Northwest Arkansas noted its frustration with hiring bilingual staff only to have them leave for higher-paying jobs in the private sector, often outside the early education field. This program reported a 40 percent turnover in staff during a one-year period.[37]

The Choices for Children's STEP-UP (Supportive Teaching and Educational Programs for Understanding Preschoolers) program in San Jose, California connects family, friend, and neighbor caregivers to child development training and activities through participation in play groups, workshops, and support groups. A mobile lending library provides books and materials for caregivers to use with young children. The program serves Spanish-, English-, and Vietnamese-speaking caregivers and provides optional assistance to move toward licensing. The program's partner agencies include a local elementary school, a community college and university, and SIREN, a local immigrant-serving organization. Funding for STEP-UP is provided by the John S. and James L. Knight Foundation.

Need for Additional Training and Supports for Informal Care Providers

There is a wide range of education levels, experience, and training among family, friend, and neighbor caregivers. Because of the informal nature of this kind of care, these providers are often disconnected from formal child care agencies and isolated from other child care providers in their communities.[38] Immigrant caregivers—particularly those who are LEP—may be even more isolated, due to language barriers or immigration status. Informal caregivers in immigrant communities may be wary of connecting with formal child care systems to receive training or licensing for many of the same reasons that immigrant parents are wary of accessing child care and early education programs.

35 Herzenberg et al., *Losing Ground in Early Childhood Education.*

36 Bowman et al. (eds.), *Eager to Learn*.

37 Meeting with staff at Economic Opportunity Agency of Washington County, Fayetteville, Arkansas, April 5, 2006.

38 O'Donnell et al., *Sparking Connections, Phase II*.

Research on family, friend, and neighbor caregivers—not specific to immigrant providers—suggests that many providers are interested in receiving training on child care and child development in the form of informal support groups, written materials, and videos, rather than via more formal professional development opportunities.[39] Focus groups of license-exempt care providers in immigrant neighborhoods in San Jose, California found that providers were interested in information, resources and training in child development, and assistance in supporting the school readiness of children in their care. Most providers also expressed interest in information on becoming a licensed provider or child care teacher.[40]

> **I couldn't find child care that I liked, so I decided to take care of children in my home. I'm ready to register as a family child care home and would be glad to participate in training.**
>
> —Iraqi mother, Atlanta

Immigrant and refugee family, friend, and neighbor caregivers in focus groups in Minnesota indicated that they would like information and training to be conveniently located in informal settings, such as community-based organizations, apartment complexes, and individual homes. They also stressed the importance of having bilingual trainers who can provide information in their home languages.[41]

Barriers to Recruiting, Training, Licensing, and Retaining Immigrant Providers

One way to increase the supply of qualified, bilingual, and culturally competent child care and early education providers is to encourage and assist immigrant caregivers to gain the skills to become licensed child care providers, pre-kindergarten teachers, and paraprofessionals. For example, Sheltering Arms Early Education and Family Centers in Atlanta work closely with Refugee Family Services to identify and recruit potential early education teachers and assistants.[42]

Although many immigrants are currently providing formal or informal care to young children, our research found that additional representation from immigrant communities is needed among caregivers, especially from particular immigrant groups and in particular geographic areas. More effort could be put into increasing the training and education of existing child care and early education providers from immigrant communities. Targeted outreach and supports can help immigrant providers access professional development and higher education. This is an essential part of increasing and sustaining the diversity of the early childhood workforce.[43]

39 Brown-Lyons et al., *Kith and Kin – Informal Child Care.*

40 City of San Jose, California, *Exempt Care Collaborative*.

41 Minnesota Department of Human Services, *Family, Friend and Neighbor Child Care Providers in Recent Immigrant and Refugee Communities.*

42 Refugee Family Services, *Immigrant and Refugee Family Voices.*

43 Chang, *Getting Ready for Quality.*

We found a number of barriers to assisting immigrant providers with licensing, professional development, and training and to helping them obtain higher education to become certified teachers. These include:

- Low educational attainment,
- Restricted access to higher education and financial assistance,
- Limited English proficiency and a lack of higher education coursework in minority languages,
- Insufficient technical assistance, and
- Insufficient language access.

Immigrant providers have varied backgrounds, levels of educational attainment, and English proficiency. Some immigrant providers have training and experience in early childhood education in their home countries and just need licensing and related training and education to be recognized and validated in the U.S. Others need access to higher education and English as a Second Language (ESL) training. Still others with low educational attainment may need basic education and ESL instruction in order to attain a GED.

Low educational attainment. Education levels among the foreign-born population are concentrated on two ends of the educational spectrum. While a slightly higher proportion of immigrants have a bachelor's degree or higher compared to the U.S.-born population, a larger proportion of immigrants also have less than a high school diploma.[44] Immigrants with low levels of formal education face significant barriers to entry into the early childhood profession and to further professionalization. For example, the Child Care Resource Center in Tulsa, Oklahoma obtained funding from Smart Start Oklahoma to help immigrants obtain training and licensing to work as family or center-based child care providers. More than 20 women attended an

Centro Familia, in Montgomery County, Maryland, runs a continuum of comprehensive training, mentoring, and professional development programs for Spanish-speaking child care providers. Centro Familia provides training and technical assistance throughout the licensing process; offers a home-visiting program that ensures a quality learning environment, alignment with Maryland curriculum standards, and micro-enterprise development; and offers a series of intermediate and advanced training opportunities for providers to continue progressing through a career development ladder. Centro Familia also offers a leadership development program for graduates who want to become early childhood promoters and serve their communities as "multipliers" of information and resources for families with young children. Since 2000, approximately 1,750 providers have participated in Centro Familia's training and technical assistance programs, and they serve over 5,000 children.

44 U.S. Census Bureau, *Educational Attainment of the Population 25 Years and Over, by Citizenship, Nativity and Period of Entry, Age, Sex, Race, and Hispanic Origin: 2005,* http://www.census.gov/population/socdemo/education/cps2005/tab10-01.xls.

initial meeting and expressed interest in participating, but all eventually dropped out. The main barrier to completing the program was the high school diploma or GED requirement—most of the women had less than a sixth-grade education.[45]

Initiatives to increase the number of immigrant child care and early education providers must consider the education and literacy levels of many immigrants. They should include appropriate GED and/or ESL components or partner with other agencies to provide these services. Another important factor is immigrant parents' limited knowledge of indicators of quality in early education. In some immigrant communities, the notion of licensed or accredited child care may be unfamiliar, and outreach will be necessary to attract immigrant providers to the profession.

Restricted access to higher education and financial assistance. In some states, restrictions on resident tuition and access to scholarships may serve as another barrier to some immigrant providers seeking career training in early childhood education. Although federal law does not require them to, many states prohibit undocumented immigrants from qualifying for in-state tuition for community colleges and four-year state colleges and universities.[46] Access to higher education is severely inhibited by its costs. Many state legislatures are considering allowing immigrant students who graduated from high school or obtained a GED in the state to be eligible for resident tuition, regardless of their immigration status.[47] Congress has also considered legislation to clarify that undocumented students are eligible for resident tuition.[48]

A lack of access to scholarships and other forms of financial aid is another barrier for low-wage child care workers. Under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, only qualified immigrants and victims of trafficking who have evidence from the Department of Homeland Security that they are here on more than a temporary basis with the intent to become lawful permanent residents or citizens are eligible for federal student loans or financial assistance.[49]

- Some states participate in programs to provide financial assistance to early childhood providers, to help with the costs of continuing education. For example: in 22 states—including Colorado and Florida—some child care and early education providers are eligible for scholarships through the T.E.A.C.H. Early Childhood® Project. The T.E.A.C.H. (Teacher Education and Compensation Helps) Project helps child care and early education teachers achieve higher levels of education and requires and/or provides increased

45 Interview with staff at Child Care Resource Center, Tulsa, Oklahoma, March 13, 2006.

46 National Immigration Law Center, *Basic Facts on In-State Tuition for Undocumented Immigrant Students.*

47 See National Immigration Law Center (http://www.nilc.org) for listing of state legislation.

48 The Development, Relief, and Education for Alien Minors Act, S. 2075 was introduced in late 2005 in the Senate and in early 2006 in the House, H.R. 5131.

49 See *General Provisions Relating to Student Assistance Programs, Student Eligibility*, 20 U.S.C. section 1091 and 34 C.F.R. Section 668.33.

compensation. T.E.A.C.H. provides scholarships to child care providers, Head Start teachers, and others to partially cover the cost of tuition, books, release time, and travel expenses while pursuing coursework leading to credentials or degrees. Increased education is linked to higher compensation in order to retain qualified providers. Information on T.E.A.C.H. is available on their Web site (http://www.childcareservices.org) in English and Spanish. No data is available on immigrant participation in the T.E.A.C.H. program.

- Most of California's 58 counties have implemented a version of the Comprehensive Approaches to Raising Educational Standards (CARES) model to "help build and reward a skilled and stable child care workforce." Funding comes from the California Department of Education and from Proposition 10 funds.[50] Most counties provide stipends or benefits to child care center and family child care providers, including immigrant providers. Some counties conduct outreach to diverse populations by providing materials and personal outreach in other languages, using ethnic media outlets and community events, contacting ethnic family child care associations, and offering bonus stipends to attract participants who speak other languages.[51]

- In Santa Clara County, California, the E3 Institute has set up partnerships between community colleges and regional CARES partners, to provide support and assistance to CARES participants as they work on professional development. Providers receive supports as they move from training and professional development at the community level toward advanced training at the community college level. College liaisons help participants navigate the community college system. E3 has also facilitated the creation of Spanish-speaking student cohorts and mentors, the hiring of bilingual staff, and the establishment of Spanish-language classes at community colleges.[52]

Limited English proficiency and lack of higher education coursework in minority languages. LEP providers may face significant barriers to meeting teacher education requirements. They can be aided by access to coursework in their native language while they are in the process of learning English.[53] A survey of California's institutions of higher education (IHE) found that 20 percent of students who speak languages other than English face significant challenges in English-language coursework. The same survey found that one-fourth of California's IHE offer some language support for LEP students.[54] The National Council of La

50 In 1998, California voters approved Proposition 10, or the California Children and Families Act, which established a tobacco tax to provide funding for a variety of initiatives to improve the well-being of children from birth through age five. For more information, see http://www.ccfc.ca.gov/.

51 First 5 California, *Comprehensive Approaches to Raising Educational Standards.*

52 Dukakis and Bellm, *Clearing a Career Path.*

53 Calderón, *Achieving a High-Quality Preschool Teacher Corps.*

54 Whitebook et al., *Time to Revamp and Expand.*

Raza reports that LEP Head Start staff have faced difficulties obtaining bachelor's degrees, leaving them serving as teacher's assistants rather than lead classroom teachers.[55]

A survey of California's higher education programs in early childhood education found the lack of availability of minority-language courses to be a barrier to supporting the education and training needs of current early childhood professionals. The survey also identified a lack of cultural and linguistic diversity among higher education program faculty as a challenge to preparing the early childhood workforce to work with diverse children and to offering coursework in languages other than English.[57] A national survey found that more than 80 percent of part-time and full-time faculty members in early childhood teacher preparation programs are non-Hispanic white—and that Asian and Hispanic faculty are most likely, by a significant margin, to have part-time positions in two-year institutions.[58] LEP providers from immigrant communities who are interested in pursuing early childhood preparation may be stymied by the language barrier. We found from our site interviews that IHE offer few or no early childhood courses in languages other than English. There are some areas, however, that are addressing the shortage of higher education coursework for speakers of languages other than English.

The ADELANTE project at Gavilan College in Gilroy, California offers a 17-unit CDA program in Spanish to CARES participants. The project collaborates with Go Kids—a community child care provider that serves as the Santa Clara County CCR&R and is one of the county's CARES partner agencies—to provide educational guidance, tutoring services, and support to participants.[56]

Immigrant providers with foreign degrees. Some immigrant-serving organizations and providers mentioned that there are degreed early childhood professionals in immigrant communities with credentials earned in their home countries but not recognized in the United States. A survey of California's early childhood workforce found that 30 percent of family child care providers with bachelor's degrees and 16 percent of center-based teachers with bachelor's degrees earned their degrees at foreign institutions.[59]

Many providers' credentials, however, do not easily translate to credit at U.S. universities. These providers may need additional language support in order to earn comparable certification in the U.S. Even when a credential *will* translate into U.S. credits, the process is cost prohibitive for many providers. Sheltering Arms Early Education and Family Centers in the Atlanta area provide assistance to these potential providers to get their courses and degrees validated in the United States. Sheltering Arms contracts with two companies, one in Atlanta and the other in

55 Calderón, *Achieving a High-Quality Preschool Teacher Corps*.
56 Dukakis and Bellm, *Clearing a Career Path*.
57 Whitebook et al., *Training the Next Generation of Teachers.*
58 Early and Winton, *Preparing the Workforce*.
59 Whitebook et al., *California Early Care and Education Workforce Study.*

Miami, to provide translation and evaluation services. The cost ranges from $100 to $300, depending on the complexity of the services provided and the expediency required.[60] In Santa Clara County, funding from First 5 Santa Clara County, First 5 California, and the California Department of Education supports a program to help providers have their international degrees translated and evaluated for their U.S. equivalency.[61] However, not all centers have the resources to provide such services.

In Long Beach, St. Mary Medical Center was funded by First 5 LA to train Southeast Asian refugees to become family child care providers. At the time the project began, there were few licensed Southeast Asian providers and child care centers in the area lacked Southeast Asian language capacity. Twelve people became licensed as a result of the project. Participants were trained in setting up a facility, basic health and safety standards, licensing requirements, and quality standards that go beyond basic licensing. Participants attended trainings twice a month for three years, including trainings on school readiness and early literacy. Project staff found a high interest in learning what quality child care is and how it contributes to school readiness.

Insufficient technical assistance. Immigrant providers may need additional technical assistance and supports to move toward licensing. Licensing can be a step toward participating in state pre-kindergarten programs, in the many states in which community-based providers are eligible to participate, or toward gaining additional certification related to a higher QRS rating. In some cases, low-income immigrant providers may need financial support to start up family child care businesses.

Navigating the child care licensing system can be particularly difficult for immigrant providers; and in many communities, insufficient assistance is available. The CCR&R in Springdale, Arkansas told us that it lacks the resources to meet the needs of providers who are seeking licensing. The paperwork is not completely translated, making it difficult for LEP individuals; and the process itself is challenging.[62] We found some initiatives, however, that do provide training and technical assistance to immigrants who want to become child care providers. For example:

- The Latinas Unidas Mejorando el Manana con Amor (LUMMA) program in Boulder, Colorado provides training for Latina child care providers, moving them toward licensing. The program provides referrals for Spanish-speaking families; recruits, trains, and licenses family child care providers; supports professional development for Latina providers, including informal or license-exempt providers; provides health, vision, dental, and hearing screenings for children in LUMMA providers' care; and holds monthly provider support groups.[63]

60 Elaine Draeger, Sheltering Arms Early Education and Family Centers, e-mail to Hannah Matthews, CLASP, April 6, 2007.

61 Interview with Dolores Terrazas, WestEd, San Jose, California, February 8, 2007.

62 Interview with Michelle Wynn, Northwest Arkansas Child Care Resource and Referral Center, Springdale, Arkansas, April 3, 2006.

63 The LUMMA program was developed and is administered by the Child Care Recruitment and Training Program, Department of Housing and Human Services, City of Boulder.

- Quality Care for Children operates three CCR&Rs in Georgia—in Metro Atlanta, Cartersville, and Macon. Quality Care employs a manager of Latino outreach, three bilingual early care and education specialists, and a bilingual parent counselor; conducts home visits; and provides technical assistance to Spanish-speaking family child care providers. In 2006, the agency offered 418 training hours in Spanish. However, Quality Care noted a shortage of qualified, Spanish-speaking trainers to meet the demand for training.[64]

Insufficient language access. States and localities have differing policies regarding the translation of rules, regulations, examinations, and other licensing information. For example:

- The Colorado Department of Education Web site includes the rules and regulations for family home child care providers in Spanish.
- The Maryland Office of Child Care provides information about child care licensing, in English and Spanish, on the Division of Early Childhood Development Web site.
- In New York City, participation in a 15-hour health and safety course is required to be licensed as a child care provider. The class and all related documents are in English. The State University of New York translated the licensing examination into Spanish, which is useful for Spanish-speaking providers who were trained in their home countries. In order to pass the examination, however, a provider without prior training would have to learn all of the course materials in English. Speakers of languages other than Spanish and English are unable to access either the materials or the examination in other languages. Also, the New York State Office of Children and Family Services has not translated the licensing regulations into Spanish.[65]

Need for Professional Development and Training, for All Providers, on Working with Diverse Families and on Second-Language Acquisition

Cultural competency is critical to providing young children with a quality early education. To be culturally competent, a program must incorporate an understanding of diverse childrearing practices and ensure continuity with how children are cared for in their homes, including eating and sleeping practices. ECERS, FDCRS, and other observational tools include some

64 Sharon Maloney, Quality Care for Children, e-mail to Hannah Matthews, CLASP, April 13, 2007.

65 Interview with Jessyca Feliciano, Committee for Hispanic Children and Families, New York, October 20, 2005.

measures that relate to culture, and the National Association for the Education of Young Children (NAEYC) accreditation standards include cultural competence and responsiveness to cultures of children and families in the community.[66]

In our interviews, providers discussed the need to have more tools to work with young children in immigrant families and with their parents. Many providers identified the need for cultural diversity training, to address how programs can be made more relevant to people of different cultures—in terms of food, books, other educational materials, and specific content areas. Some providers discussed unique challenges they face working with young children in refugee families, children who may have been born in refugee camps or are familiar only with living in conditions of war-torn countries. These children—and often their parents—may lack basic skills or knowledge of appropriate classroom behavior in the United States. Many providers mentioned an interest in learning more about the cultures of immigrants in their communities, in order to be more culturally sensitive and to avoid unintentionally offending families or making them uncomfortable.

The Crosswalks Project at the FPG Child Development Institute is developing a research-based framework to support early childhood and early intervention faculty and programs in preparing students to work with culturally and linguistically diverse children and families. A related toolbox on its Web site (http://www.fpg.unc.edu/~scpp/ crosswalks) provides resources and instructional tools for supporting cultural and linguistic diversity within the context of state and national standards.

Providers also need training on second-language acquisition strategies. The National Head Start and Early Head Start Dual and Second Language Acquisition Needs Assessment Project found a significant need throughout Head Start programs for information on dual- and second-language acquisition. The Office of Head Start found that to better serve ELLs in Head Start, all staff needed further training and materials on language development and strategies for teaching ELLs. Recruiting bilingual staff is not sufficient.[67]

Many providers do not have access to the training and support that they seek. Current research suggests that teacher preparation and training programs need to be redesigned to adequately prepare today's workforce to meet the challenges of serving children who are from many cultures and who speak many languages.[68] A study from New Jersey found that the professional development offerings for current teachers in state preschool programs lack adequate attention to diversity issues. In one school year, fewer than 10 percent of more than

66 See, for example, http://www.fpg.unc.edu/~ecers/ for information about ECERS and FDCRS and http://www.naeyc.org/academy/standards/ for information about the NAEYC accreditation standards.

67 Len, *Getting a Language Head Start*.

68 Lim and Able-Boone, "Diversity Competencies within Early Childhood Teacher Preparation."

2,300 workshops addressed topics of diversity, multiculturalism, or ELLs.[69] More research is needed on best practices and curricula for cultural competency for early childhood providers.

Studies suggest that the higher education system is ill equipped to appropriately prepare early childhood professionals to meet the needs of culturally and linguistically diverse young children. For example:

- A national study of early childhood teacher preparation programs at four-year universities found that programs require an average of eight semester hours of diversity coursework—or 13 percent of the total hours required. More than half of the programs require only one hour *or less* of coursework that includes an issue related to diversity in the course title. References related to immigrant status were the least common among topics in diversity coursework.[70]
- A national study found that 43 percent of both two- and four-year early childhood teacher preparation programs at IHE require an entire course or more on working with children and families from diverse ethnic and cultural backgrounds. More than 10 percent of four-year programs and more than 8 percent of two-year programs require an entire course or more on working with bilingual or LEP children.[71]
- A study of New Jersey's early childhood teacher preparation programs found that 70 percent of four-year colleges and universities with early childhood teacher preparation programs require coursework on working with ELL children, while 95 percent of all programs require some coursework on working with diverse families. Several programs, however, do not offer any coursework addressing these two topics. While most community colleges address diversity issues as

The Unified Transformative Early Education Model (UTEEM) at the George Mason University is a master's degree program that infuses attention to diversity and multiculturalism throughout all core curriculums. The program integrates the perspectives of early childhood education, multicultural education, bilingual education, and early childhood education. By design, the program offers an approach that is supportive of home language development, inclusive practices, collaboration, family-centered practices, and developmentally appropriate practices, with a focus on issues of social justice that impact young children and their families, particularly those who are immigrants and those who live in poverty. Students are prepared to work with culturally, linguistically, and ability diverse children and their families in schools and community settings. Four different internships give students direct experience with immigrant families and the opportunity to learn from stories of family adaptation and resilience.

69 Lobman et al., *Educating Preschool Teachers.*

70 Ray et al., *Preparing Early Childhood Teachers to Successfully Educate All Children*.

71 Early and Winton, "Preparing the Workforce."

topics within required courses, only 12 percent of schools offer an entire course on working with children from diverse cultures, and only 6 percent offer an entire course on working with ELLs.[72]

- Tulsa Community College (TCC) infuses diversity and multiculturalism throughout its coursework. However, its child development program includes no specific courses on cultural competency or working with ELL children, though the latter may be addressed as part of a course on language development. The community college does offer a one-credit conversational Spanish course with a focus on basic child care and early education terminology. TCC is working with the "Conecciones" Hispanic Education and Workforce project of the Community Service Council of Greater Tulsa, with the intention of preparing more bilingual early childhood teachers and providing education that better prepares early childhood teachers to support the needs of ELLs.[73]

One possible source of resources for training is Child Care and Development Block Grant (CCDBG) quality funds. States are required to spend a minimum of 4 percent of CCDBG funds on initiatives to improve quality and expand access to child care. Several states report using quality funds for the translation of parent education materials and of training and professional development materials for providers. Examples of initiatives related to language and cultural competency that may improve the quality of care for children in immigrant families and the provision of training for LEP providers include the following:

- Arkansas uses quality funds to support the "Welcome the Children" project, which provides training and technical assistance to child care staff on issues related to cultural sensitivity and appropriately serving ELL children. Two training modules—on "Cultural Diversity" and "Second Language Development and Assessment in Early Childhood"—are being presented statewide, and additional training models are being developed. The Welcome the Children project trains community teams in local areas as future trainers, to ensure future sustainability.[74]

- The California Department of Education is developing a training manual and accompanying video on working with ELLs and will conduct statewide train-the-trainers sessions for preschool staff. Another initiative, the University of California's "Family Child Care at Its Best" project, provides training and technical assistance to family child care providers. Topics include child development, health and safety, language, literacy, and

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72 Lobman et al., *Educating Preschool Teachers.*

73 Interview with Dawn Parton, Tulsa Community College, Tulsa, Oklahoma, March 13, 2006; Parton, e-mail to Hannah Matthews, CLASP, May 8, 2007.

74 Arkansas Department of Human Services, *FFY 2006-2007 Child Care And Development Fund Plan*, http://www.state.ar.us/childcare/DCCECE.htm. See http://www.uams.edu/welcomethechildren/ for more information on the Welcome the Children project.

cultural sensitivity. Training is offered in Cantonese, English, and Spanish; and Russian-language training is being developed.[75]

Currently, there is no process to share these resources across states, which would broaden their impact.

Culturally Competent Program and Content Standards

Standards are important tools to help improve the quality of all early learning settings for all young children and to support their healthy development across a range of measures. In order to most effectively meet the needs of young children of immigrants and their families, attention to the needs of culturally and linguistically diverse families must be infused throughout all standards. Program standards are requirements for early childhood programs that ensure conditions in which children are more likely to learn. These include child group size, teacher-to-child ratio, teacher qualifications, required curriculum, and the nature and intensity of comprehensive services. Content standards, or early learning guidelines, are expectations for what children should learn and be able to do by certain stages of development.

To enhance early learning, view children holistically—as members of families and communities, and as participants in their culture.

—Betty Emarita, *Family, Friend, and Neighbor Care Best Practices*

Both types of standards play a key role in supporting children's development in early education. Strong, culturally competent standards should be supportive of children and providers from all backgrounds and should address the needs of children of immigrants, through attention to second-language acquisition strategies and culturally appropriate curriculum. Again, however, given the diversity of immigrant communities, strategies to address their needs have to be tailored to the specific circumstances and experiences of individual communities.

Forty states and the District of Colombia have developed early learning guidelines for preschool-age children, and an additional 10 states are in the process of developing them.[76] These guidelines are voluntary expectations for young children's approaches to learning and skills at certain stages and across all developmental domains. Seventeen states have developed guidelines for children birth to three.[77] More research is needed on the extent to which early learning guidelines are culturally appropriate for children of immigrants.

75 California Department of Education, *FFY 2006-2007 Child Care And Development Fund Plan*, http://www.cde.ca.gov/sp/cd/re/stateplan.asp.

76 U.S. Department of Health and Human Services, Administration for Children and Families, *Child Care and Development Fund.*

77 National Infant and Toddler Child Care Initiative, *Keys to High Quality Child Care for Babies and Toddlers.*

Early learning guidelines must be implemented with an awareness of the multiple and diverse ways in which children can demonstrate competence in particular skills. Children from different cultures will approach learning and demonstrate competence in different ways, based on diverse childrearing practices and concepts of normative behavior. The expectations that parents have for their children at various stages of development are culturally rooted. This should be considered when assessment is often done along continuums defined by the dominant culture.[78]

It [would] be a perfect program if they can read not only American stories but also Vietnamese stories at the reading hours.

—Vietnamese parent, Tulsa, Oklahoma

For example, in some immigrant groups, children learn social relationships and appropriate interactions by observing and participating in large, extended family networks that are traditional in their culture. Different cultures will have different expectations for children's role in these networks, expectations that will contribute differently to children's emotional development and concept of self. When children observe family members speaking in two languages, they learn that there are multiple acceptable ways to express ideas and that both languages have value. If child care and early education settings reflect the values and practices of children's homes, then they will reinforce the ideas that children learn in the home.[79]

In states that allow state pre-kindergarten to be delivered in non-school settings, state pre-kindergarten policies have the potential to strengthen the quality and program standards of community-based child care programs. State child care licensing standards focus primarily on ensuring basic health and safety protections, although many states also require limited program activities related to general educational content.[80] State pre-kindergarten programs, on the other hand, establish program standards that all providers must meet in order to be eligible to participate in the pre-kindergarten program. These standards typically exceed state child care licensing requirements for quality, such as teacher education levels and curriculum requirements; but in general they are required only during the hours funded by the pre-kindergarten program.

Several states have policies that call attention to the need for staff development and/or teacher training to prepare educators to work with ELLs. In the states we visited, some state pre-kindergarten policies and standards contain references to cultural diversity and the specific needs of ELL children. However, most policies that address the needs of immigrant and ELL children are vague; and it is difficult to determine whether and how they will be enforced. For example, terms such as "linguistically appropriate" may be unenforceable if it is not clear

78 Emarita, *Family, Friend, and Neighbor Care Best Practices*.

79 *Ibid.*

80 Schumacher et al., *Meeting Great Expectations*; Bowman et al. (eds.), *Eager to Learn*.

what, specifically, they mean. State policies are not always specific as to whether this requires translation of all materials, a bilingual teacher, or other requirements. States must go beyond these generalizations to create policies that are explicit and that truly support families. Some examples of current state policies include:

- California's 2005 Funding Terms and Conditions and Program Requirements for pre-kindergarten require that a participating program's philosophy, goals, and objectives reflect the cultural and linguistic characteristics of the families enrolled in the program. The program is required to be culturally and linguistically appropriate.
- The Colorado Preschool Program Act requires staff development to address the education of ELL children. The Colorado State Content Standards recommend that classrooms reflect the diversity of students in the program and in the community.
- Georgia's Pre-kindergarten Program Operating Guidelines require schools and teachers to plan for children who do not speak English. To do so, the guidelines explain, materials should be available in the child's native language. They also recommend that children be encouraged to speak English when they are ready, and that culturally diverse reading and music materials be used in the classroom.
- The New York Universal Pre-kindergarten program requires programs to meet the diverse needs of children with limited English proficiency, from diverse cultures, and with special learning needs.

Advisory committees at several Sheltering Arms Early Education and Family Centers in the Atlanta area have representatives from local immigrant serving organizations, including Refugee Family Services, Catholic Social Services, the Latin American Association, and the Chinese-American Association. The committees also include parents, as well as private community members.

Head Start programs are required to meet federal Program Performance Standards to provide services focused on the "whole child." These services include early education addressing cognitive, developmental, and socio-emotional needs; medical and dental screenings and referrals; nutritional services; parental involvement activities and referrals to social service providers for the entire family; and mental health services. More than 20 of the standards refer specifically to home language, learning English, or the cultural background of families and children. Programs are required to meet the needs of ELL children and their families in multiple service areas, including education, family partnerships, and health and developmental services.[81] The Head Start Multicultural Task Force has issued a set of multicultural principles for Head Start programming, which could serve as a model for other early education programs.

81 U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, *Head Start Bulletin*.

Multicultural Principles for Head Start Programs

1. Every individual is rooted in culture.
2. The cultural groups represented in the communities and families of each Head Start program are the primary sources for culturally relevant programming.
3. Culturally relevant and diverse programming requires learning accurate information about the culture of different groups and discarding stereotypes.
4. Addressing cultural relevance in making curriculum choices is a necessary, developmentally appropriate practice.
5. Every individual has the right to maintain his or her own identity while acquiring the skills required to function in our diverse society.
6. Effective programs for children with limited English speaking ability require continued development of the primary language while the acquisition of English is facilitated.
7. Culturally relevant programming requires staff who reflect the community and families served.
8. Multicultural programming for children enables children to develop an awareness of, respect for, and appreciation of individual cultural differences. It is beneficial to all children.
9. Culturally relevant and diverse programming examines and challenges institutional and personal biases.
10. Culturally relevant and diverse programming and practices are incorporated in all components and services.

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. The complete principles can be accessed at http://www.headstartinfo.org.

While there is a need for additional research on effective models that improve outcomes for young children in immigrant families,[82] available research points to the importance of valuing a child's home culture and home language, as well as infusing multiculturalism and diversity throughout early learning content. Many immigrant parents are looking for a program that will respect and value their culture. Moreover, the ways in which children learn are rooted in their

82 National Task Force on Early Childhood Education for Hispanics, *Para nuestros niños: Expanding and Improving Early Education for Hispanics.*

families' culture.[83] At a minimum, developmentally appropriate curriculum should be supportive of children's home language and culture.[84]

Most of the child care and early education providers that we interviewed did not use specific curricula that addressed the experiences of immigrants, other than "heroes and holidays"—that is, simply adding holidays and heroes from other cultures to their existing curriculum, rather than transforming the curriculum in partnership with representatives of diverse communities, including immigrants.[85] To be truly meaningful, multiculturalism should be infused throughout the day-to-day content of early education programs. Programs also need curricula or specific resources to use with ELL students, an area in which the Office of Head Start has an initiative.[86]

Research points to the importance of supporting young children's home-language development.

Most providers mentioned that young children in immigrant families acquire English skills rapidly. Some expressed concern as to whether children will maintain their home languages. While most providers understand that language skills need to be developed in the home language concurrently with learning English, we did not find specific curricula that address this issue. Many parents simply assume that children will maintain their home languages—because it is what they speak at home—and believe that the focus of the early education program should be on learning English.[87] Parents often lack information on the benefits of bilingualism, and some fear that using two languages will result in confusion and language delays for their children.[88]

The U.S. Department of Education and the U.S. Department of Health and Human Services have an interagency workgroup focusing on young children who are English language learners. The workgroup will review the federal programs that support early childhood education and provide strategies for collaboration, analyze the current research on ELL children from birth to five, and develop an agenda for further research.

Research suggests that there are three primary methods of teaching young ELLs: English-only classrooms, first language-only classrooms, and bilingual or dual-language classrooms. Research is inconclusive as to the single best instructional method but points to the importance

83 Emarita, *Family, Friend, and Neighbor Care Best Practices.*

84 National Association for the Education of Young Children, *Developmentally Appropriate Practice*; Tabors, *One Child, Two Languages*.

85 See Lee et al. (eds.), *Beyond Heroes and Holidays.*

86 The Head Start English Language Learner Project (HELLP) provides training and a toolkit for Early Head Start and Head Start programs. See http://www.hellp.org/.

87 Meeting with child care providers at Provider, Training, Resource and Activity Center (P-TRAC), San Jose, California, February 7, 2006.

88 King and Fogle, *Raising Bilingual Children*.

of supporting young children's home language development in any setting.[89] Literacy instruction in a child's home language may help ELL children with English-language acquisition.[90] A comparison of English-only immersion and dual-language immersion preschool classrooms found that the dual-language classroom produced greater language and literacy gains for both English- and Spanish-speaking children.[91]

> **I want to make sure my child learns Korean and English…. I want to be there every precious moment of my child's life, and if I were not able to communicate and know how she thinks and feels, I would be devastated.**
>
> —Korean parent, New York City

Three states—Arkansas, California, and Massachusetts—have enacted laws prohibiting bilingual education in public schools.[92] In Arkansas, however, the English-immersion requirement applies only to K-12 education and not to preschool programs. Other states have passed English-only laws, but for the most part they are not implemented in public programs—because, regardless of state law, programs that receive any federal funds must comply with federal civil rights laws by providing meaningful access to their programs for persons with limited English proficiency.[93] For preschools located in public schools, bilingual education bans and English-only laws make it difficult for teachers to promote maintenance of children's home languages.

Meaningful Parental Involvement

Partnerships with parents and other family members are a crucial component of any high-quality early learning setting. Research shows that parental and family involvement can positively affect children's cognitive and socio-emotional development and contribute to school success.[94] Parental and family involvement can have additional benefits for immigrant families, as it may be an opportunity for parents to learn English and literacy skills themselves and to receive an introduction to the formal education system from the beginning of their child's experience. While the majority of all parents are involved in their children's school at some level, immigrant parents participate at lower rates than native parents.[95]

Most of the providers and immigrant-serving organizations we interviewed agreed that the most effective programs—especially for immigrant families—are those that address the whole

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89 FPG Child Development Institute, *Prekindergarten Policy Framework*; Tabors, *One Child, Two Languages.*

90 August et al., *Transfer of Skills from Spanish to English*.

91 Barnett et al., *Two-Way and Monolingual English Immersion in Preschool Education.*

92 In 2005, Colorado voters rejected a ballot initiative to outlaw bilingual education.

93 See U.S. Department of Justice, Commonly Asked Questions and Answers Regarding Executive Order 13166, http://www.usdoj.gov/crt/cor/Pubs/lepqa.htm.

94 Henderson and Mapp, *A New Wave of Evidence*. See also Weiss et al., *Family Involvement in Early Childhood Education and Naughton, English Language Learners, Immigrant Children, and Preschool for All.*

95 Nord and Griffin, "Educational Profile of 3- to 8-Year-Old Children of Immigrants."

family and not just young children. As YWCA staff in Tulsa, Oklahoma told us, "the emphasis has to be on 'family,' not just services for children."[96]

Early childhood programs should be inclusive and welcoming of the participation of extended family members, as many play prominent roles in the lives of young children as their caregivers. Many providers report that once parents are participating in child care and early education programs, they learn about other services available in their communities. This is often the link to introducing immigrant families to the assistance that they need as they are getting settled in this country.

Some of the barriers to parental involvement are the same ones that immigrant families face accessing programs in general—including language, culture, work schedules, and transportation. Language barriers prevent parents from communicating about their children and learning from providers about how best to help their children. Programs that lack bilingual staff or access to interpreters have difficulty communicating with parents about their children. Some programs we visited dealt with this issue by hiring family outreach specialists, often from immigrant communities, but parents still expressed frustration with not being able to communicate with their child's teachers directly.[97]

In Boulder, Colorado, "El Grupo de Familias" is a parent education and support program for young Latino children, with and without identified disabilities, and their family members. Families that speak Spanish as their first language participate in a series of sessions focused on enhancement of language and literacy learning with their children. Families learn how to read, talk, and play with their children in ways that support early development and school readiness as bilingual learners. Families make connections with other families in the community. They also learn about preservation of home language and culture, community resources, and how to navigate the school system. This program represents a prevention and early education focus in supporting families to facilitate their child's growth and development at home and in the community. (See http://www.landlockedfilms.com for a video on how to start an "El Grupo de Familias" in another community.)

If immigrant parents are to be encouraged to participate, they must be included as equals and encouraged to participate at the same level as all other parents. If English-speaking parents are involved in literacy activities in the classroom, immigrant parents who speak other languages should also be encouraged to read or tell stories in their native language—an activity from which all children can benefit. Some schools and programs have invested in headsets for simultaneous interpretation so that all parents and teachers, regardless of the languages they speak, can sit around the same table and communicate. It's important that immigrant parents

96 Interview with staff at YWCA, Tulsa, Oklahoma, March 14, 2006.

97 Interview with mothers at Tara Elementary School, Morrow, Georgia, October 27, 2005.

not be made to feel that they must sit apart from the other parents, or that their participation is not equally valued.

Ongoing communication between school and home is critical to fostering relationships with families. Analysis of data from the National Household Education Survey, which is administered in Spanish and English, found that Spanish-speaking parents were less likely than English-speaking parents to report receiving certain forms of communication from schools.[98] A survey of Michigan state pre-kindergarten programs found language barriers between the school and home to be a common concern among program staff. Major concerns include difficulty sending information home, translating materials for both children and parents, and reaching parents in an emergency.[99]

Parent meetings held in apartment complexes or community buildings convenient to where immigrants live may have higher rates of participation.

Even the translation of written materials is a problem for many providers—particularly smaller child care centers, which may not benefit from being part of a larger school district, which can distribute some of the costs of translation. Most programs have limited or no translated materials—particularly in languages other than Spanish—and many parents do not get the information about program rules and their responsibilities. A lack of language assistance also affects parents' awareness of programs that could benefit their children. At one site we visited, a letter concerning a summer reading-enrichment program for older children was sent home only in English. The school acknowledged that children of immigrants—especially those in LEP households—would particularly benefit from the program; yet parents may not have been aware of it.

For a program to be effective, there must be regular in-person communication with parents. Just as with initial outreach efforts, even when families are enrolled in a program there remains a need for face-to-face communication, in addition to translated documents. Some programs have found creative ways to engage immigrant parents and facilitate participation. In one Atlanta school, the principal hosts a monthly "Café con Leche" hour specifically designed to give Spanish-speaking parents an opportunity to talk informally to her or other school staff. A school district in Georgia acknowledged that pre-kindergarten parent meetings have much higher rates of participation when they are held in apartment complexes or community buildings convenient to where families live.[100]

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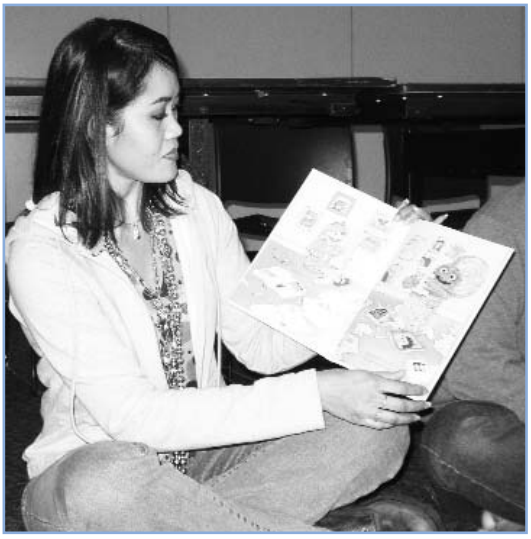
98 U.S. Department of Education, National Center for Education Statistics, *School and Parent Interaction by Household Language and Poverty Status.*

99 During the spring of 2004, the state pre-kindergarten administrator in Michigan asked local Michigan School Readiness pre-kindergarten directors to report on their experiences with immigrant families in an informal survey.

100 Interview with administrators at International Community School, DeKalb County School District, Decatur, Georgia, October 26, 2005.

Programs must be prepared to reach out to families regardless of country of origin or language spoken—outreach that, to be successful, should vary by cultural and ethnic group.[101] Immigrant parents may view their involvement in ways that are different from providers' expectations. Many immigrant providers described how in some communities, education is seen as the responsibility of teachers, and parents are not seen to have a role. Some immigrant and refugee parents may be very involved in their child's education at home and may feel that education that happens in other settings is not their domain.[102] Teachers need to be sensitive to these differences and to avoid mistakenly interpreting parents' hesitancy to get involved as an indication of their views on the importance of education.



It is also important for programs and providers to understand the learning activities that all families do in their home and to recognize that some immigrant families may have home childrearing practices or behaviors that are unique but that also support their children's learning.[103] Children develop social skills—the foundation of early learning—in the contexts of their unique homes, families, and cultures.[104] Often, immigrant parents are not comfortable with an unfamiliar education system that differs significantly from what they may have experienced in their home country. For example, a study of primary school in Mexico found that parental involvement there is largely limited to administrative issues and extracurricular and social activities.[105] Therefore, providing social and informal opportunities to be involved in the classroom may be an effective starting place to build upon Mexican immigrant families' participation in education programs.

Most states include policies intended to facilitate parents' involvement in their children's pre-kindergarten education. For immigrant families, these policies vary from distributing documents in parents' native languages, to offering ESL classes for parents, to supporting parent committees that are representative of the linguistic and cultural diversity of the student body. The New York Universal Pre-kindergarten program identifies the need for parental

101 Diamond et al., *African-American and Chinese-American Parent Involvement*.

102 Bridging Refugee Youth and Children's Services, *Involving Refugee Parents in their Children's Education.*

103 Volk and Long, "Challenging Myths of the Deficit Perspective"; Emarita, *Family, Friend, and Neighbor Care Best Practices.*

104 Emarita, *Family, Friend, and Neighbor Care Best Practices*.

105 Jensen, "Culture and Practice of Mexican Primary Schooling."

participation activities to be conducted in the language that the parent best understands. Support services for a child's participation in the pre-kindergarten program also must be available in the home language, as well as in English.[106]

Access to High-quality Comprehensive Services and Family Supports

High-quality child care and early education can serve as a link to comprehensive services for young children in immigrant families, as well as for other family members. Young children of immigrants are more than twice as likely as children of U.S.-born citizens to be in fair or poor health and to lack a regular source of health care. They are also more than twice as likely to be uninsured.[107] Once a family has established trust with an early education provider, the provider often becomes that family's resource for services in the community. Many providers told us that families have asked about immigration issues, domestic violence, employment, and health care needs.

> **Without Head Start, it would be much different for families. Families would not be able to access needed services on their own. You have to know what to do, where to go, and [immigrant parents] don't have access to the same resources.**
>
> —Head Start provider, Miami

Head Start programs are required by regulations to adhere to federal Program Performance Standards, which include ensuring that each child has a source of continuous and ongoing medical care and linking children to medical, dental, nutrition, mental health, and other services.[108] Head Start providers reported that without their program, families would not be receiving the same services they currently are able to access through Head Start.[109]

State pre-kindergarten programs vary in the extent to which they provide comprehensive services. Thirty-four states require programs to provide vision, hearing and health screenings, and referrals or additional support services. Twenty-three states require programs to provide a meal to participating children.[110]

Having staff whose primary job is to facilitate the provision of comprehensive services and family support is critical. A study of Georgia Pre-K's resource coordinators found that programs with resource coordinators were more likely to refer students for outside health and support

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106 New York Universal Prekindergarten regulations, Subpart 151-1.3(b)(2) and (b)(3).

107 Capps et al., *The Health and Well-Being of Young Children of Immigrants.* Seven percent of children of immigrants are reported by their parents to be in poor or fair health, compared to 3 percent of children of U.S.-born citizens; 22 percent of children of immigrants are uninsured, compared to 11 percent of children of U.S.-born citizens.

108 Head Start Program Performance Standards, 45 CFR, 1304.20.

109 Interviews with staff at KIDCO, Miami, Florida, December 14, 2005 and Maria Harper, Director, Boulder County Head Start, Boulder, Colorado, November 15, 2005.

110 Barnett et al., *The State of Preschool.*

services, were more successful in accessing needed language assistance for LEP children, and had higher rates of parental engagement in the classroom.[111] For resource and family support coordinators to effectively assist immigrant families, the coordinators must be culturally and linguistically representative of participating families.

Immigrant, child care, and early education service providers frequently cited health and mental health services as needs of immigrant families. Many programs reported that recently arrived immigrants are unaware that services are available at little or no cost or don't know how to access them. We found that linkages to these services are an integral part of some programs, while others do not emphasize connecting families to additional services. Frequently mentioned challenges include the need for bilingual, culturally competent providers—especially mental health professionals—and finding health care providers who accept Medicaid. Even if a child is a U.S. citizen, finding a physician who accepts Medicaid and speaks the language of the parent can be difficult, especially in communities that have few bilingual providers. Other barriers include fear of deportation, transportation issues, and cost of care and prescriptions. Maintaining benefits is also a challenge, as families receive letters regarding redetermination of eligibility for benefits in English and thus are not always aware of any steps they are required to take to maintain their benefit.

> **I want my children to stay at home with me until they are four years old to learn our language and culture, and then I want them to go to Georgia's Pre-K…I enjoy the visits with the Parents as Teachers parent educator, and my children are learning shapes and numbers. I would like the play and learn group to continue so that I can learn more things to do with my children and so that they can socialize with other children before they go to pre-K.**
>
> —Somali mother, Atlanta

Some providers reported that undocumented parents will not apply for any benefits, even if their children are U.S. citizens. Some are reluctant to apply for universal child health programs, needing reassurance from a trusted source. Some providers who are aware of the anti-immigrant sentiment in the community or at the benefits agency will not encourage immigrant families to apply for benefits, even if the child or other family members are eligible. Many families also are wary of public charge issues and fear that accessing any government service might jeopardize their immigration status.

Home Visiting and Family Support

Programs that incorporate home visits can encourage parent involvement and facilitate access to comprehensive services. Many parents are not able to participate in activities at program sites because of work schedules, transportation, and lack of child care. Home visiting models also reach families with infants and toddlers who are not in formal child care arrangements and parents who choose to stay home with their children, or prefer for their children to be in

111 Rickman et al., *Report of The Findings From The Resource Coordinator Study.*

the care of relatives, but are seeking additional information on education and preparing their children for school. However, mandatory home visits may also be off-putting to immigrant families. One Head Start program in the Atlanta area mentioned that some immigrant families are embarrassed by poverty or reluctant to have people come to their home because of their or other household members' undocumented status. In Miami, during a heightened period of immigration enforcement, some immigrants were afraid to even answer their doors to social service providers.[112] This highlights the need for providers to be sensitive to the hesitancy immigrants may feel about home visiting, the importance of initially building trust with families, and the need to continually monitor what events may be affecting immigrant communities.

For the most part, however, home visiting programs provide a way to reach parents, grandparents, and family child care providers who would have difficulty attending parenting, family literacy, or other classes or activities—because of transportation or scheduling—or who choose not to participate in other formal early education programs.[113] The Good Beginnings Never End program at Long Beach Community College in California provides early education information and parenting support to licensed and license-exempt family child care providers, stay-at-home parents, and grandparents in low-income, primarily immigrant communities in their homes. The program also assists in linking providers to community resources, such as public libraries. It has resulted in an increase in children enrolled in Head Start and other early education programs; in immunizations; in providers' awareness of nutrition, dental hygiene, and home safety issues; and in providers' knowledge of how to facilitate children's social and emotional development.[114]

Sudanese refugees in the Atlanta area enjoy play and learn activities that they can do together with their children. Families in one public housing complex have formed a cooperative program to take care of each other's children. The parents report that they welcome any home-based opportunities for advancing their children's development, as well as additional group opportunities.[115]

The Home Instruction for Parents of Preschool Youngsters (HIPPY) program is used in Arkansas, as well as in other states and internationally. HIPPY is a home-based early childhood education school readiness program for parents of three-, four-, and five-year-old children.[116] The programs can be sponsored by school districts, education service cooperatives, Head Start agencies, and community-based organizations and include home visits as well as parent group meetings. The HIPPY program in Rogers Public

112 Florida Immigrant Advocacy Center, *Final Report for Breaking Down Barriers.*

113 Hamm et al., *In Our Own Backyards.*

114 Interview with Yvonne Gonzalez-Duncan and staff at Good Beginnings Never End, Long Beach, California, November 10, 2005; Petsod et al., *Investing in Our Communities.*

115 Refugee Family Services, *Immigrant and Refugee Family Voices*.

116 See the HIPPY USA Web site, http://www.hippyusa.org/.

Schools is provided in Spanish for LEP parents and ELL children. Fifty percent of the participants are Spanish speaking. The program includes ESL classes that parents can access through some of the district's elementary schools or the Adult Education Center of Northwest Arkansas Community College, parent involvement in teaching their preschool children the skills and concepts that will help them to be successful when they begin school, group meetings with activities for children and parents to do together, and preschool classroom activities for the children. The group meeting also includes enrichment activities for parents—which may include parenting, child development, and nutrition information, as well as other topics that parents choose—and role-play of that week's HIPPY curriculum.[117]

> **I learned skills in parenting education. I learned to not yell at my children and to not treat my children as I was. I learned how to play with my children and keep them engaged, and I'm learning English. My husband is also learning English. He became a citizen and he's attending college now.**
>
> —Mexican mother, Gilroy, California
> Paraphrased from Spanish

The "Parents as Teachers" program, another model that has been used successfully with immigrant families, provides parent education and parenting support. Although Parents as Teachers is not specifically targeted to immigrant parents, cultural competency is a core value of the model, and it addresses some of the barriers raised about awareness of child development and the role of parents.[118] The SPARK program in the metro Atlanta area, which sponsors "play and learn" activities for refugee parents and their young children, uses the Parents as Teachers model.[119]

Family Literacy Programs

Family literacy programs can combine early education for young children with adult education and literacy classes. We visited a number of these programs at each site, in settings including public schools, immigrant-serving organizations, and migrant centers. Many of the programs we visited were funded by the federal Even Start Family Literacy Program. Even Start is a U.S. Department of Education program for low-income adults and their children under age eight. Even Start supports integrated adult literacy (including adult basic education and ESL), parenting education, early education, and joint literacy activities between parents and children.[120] Several state evaluations of Even Start programs show positive outcomes for ELLs in particular.[121]

117 Interview with Linda Russell, HIPPY Rogers Public Schools, Rogers, Arkansas, April 6, 2006.

118 See http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272093.

119 SPARK, a national initiative of the W.K. Kellogg Foundation, is intended to help communities address school readiness through partnerships aimed at creating "ready children," "ready schools," and "ready communities." See http://www.wkkf.org for more information.

120 In fiscal year 2007, Even Start was funded at $82 million. President Bush has, in several budget requests, proposed eliminating the program.

121 Calderón, *William F. Goodling Even Start Family Literacy Program*.

The Even Start program in Homestead, Florida serves 53 migrant families, mostly from Mexico and El Salvador. The children range in age from six weeks to five years. Parents attend ESL or basic math classes twice a week, during the pre-kindergarten sessions, and family literacy classes once a week. Evening classes are offered for parents who work during the day. The program includes home visits, as well as onsite individual speech and language therapy. Even Start also partners with other agencies and provides transportation to off-site services.[122]

Family literacy programs have the dual advantage of benefiting both young children and their parents. Many immigrant parents are eager to learn English and to develop literacy skills to help their children prepare for school. In some cases, family literacy programs are run by immigrant- and refugee-serving organizations. For example:

- The Mexican American Community Service Agency (MACSA), a multi-service community agency in San Jose, California, runs an Even Start Family Literacy program in nearby Gilroy that serves 64 families. Board members and staff not only speak Spanish but also reflect the community, being comprised of Mexican-Americans and former program participants. Women in the program told us that they appreciate the opportunity to learn how to help their children be ready for school, the opportunity to access additional social services, and the sense of community they feel being part of a program in an unfamiliar country.

- The Cambodian Family Literacy Program, in Long Beach, California, is funded by Even Start and the California Department of Education and operated, at two school sites, by the Cambodian Association of America. The program is open to any Cambodian parent who lives in Long Beach and has a child under age eight; at the time of our interview, 31 families were enrolled. The half-day program includes adult education, ESL, and beginning GED; parenting education; parent and child interactive literacy; and child care and after school care for older children. All of the program's staff are bilingual in English and Khmer, and activities are done in both languages as appropriate and according to research-based techniques. The adult participants include mothers, grandmothers, fathers, and other relatives.

122 Interview with Sonja Montas-Hunter and Deborah Cherubini, Barry University Office of Migrant Education and Special Projects, Homestead, Florida, December 15, 2005.

- The International Rescue Committee, a refugee-resettlement agency in Decatur, Georgia, holds a family literacy class for parents with young children. Originally, the class was intended to make ESL classes accessible for parents who lack child care, but the program expanded to include a school-readiness component for young children. Parents and children participate in joint activities as well as separate literacy activities. The classes also provide parents with information on additional community resources, including issues such as navigating the medical system, domestic violence, reproductive health, and nutrition.

Transition to Kindergarten

A high-quality preschool program can also serve as a bridge to K-12 schooling. This can be particularly important for children of immigrants and their parents, who may be unfamiliar with the U.S. education system. Head Start Program Performance Standards require Head Start programs to "establish and maintain procedures to support successful transitions" from Head Start to elementary school or other early childhood programs.[123]

In order to address the transition, the preschool programs that we visited had varying degrees of formal or informal relationships with the public school system. Before the kindergarten year, some programs take their children to visit the public school, meet the kindergarten teacher, and participate in activities such as eating in the cafeteria. Some programs invite kindergarten teachers to come meet the children and parents. Some assist parents in enrolling in kindergarten and navigating the public school system. An evaluation of Georgia's pre-kindergarten program found that employing resource coordinators contributes to low-income children's successful transitions to kindergarten.[124]

In Gwinnett County, Georgia, a team of early education providers is working to expand its transition program. The transition team includes Head Start, community-based pre-kindergarten providers, and the local elementary school, as well as private funders. In the summer of 2005, Meadowcreek Elementary School held its first "Kindercamp" program for children who would be entering kindergarten in the coming school year. Many of the children participating were ELLs, as Meadowcreek is in a district that has a rapidly growing immigrant population, predominantly from Latin America. The program provided transition activities for both children and parents. Parent workshops included information on expectations for Kindercamp and kindergarten; activities to do with a backpack full of literacy materials; and information on navigating the education system, parent-teacher conferences, and taking the school bus. All workshops used Spanish-speaking staff interpreters or parent volunteer interpreters. After a successful Kindercamp program, the transition team is now looking at a

123 Head Start Program Performance Standards, 45 CFR, 1304.41

124 Rickman et al., *Report of The Findings From The Resource Coordinator Study.*

curriculum exchange for the coming year. Elementary school staff and early education staff are planning visits to each other's sites and joint meetings between preschool and kindergarten teachers.[125]

Strategies That Work

Providers and policymakers in many communities are working to make child care and early education more responsive to the needs of immigrant families and to ensure that children of immigrants receive high-quality early education, regardless of setting. Strategies include:

- ***Increasing bilingual and bicultural staff.*** The pool of qualified, bilingual, and culturally competent child care and early education staff can be increased both through the recruitment and compensation of qualified providers from immigrant and language-minority communities and by increasing culturally relevant training for staff currently working with immigrant families. Recruiting and retaining linguistically and culturally diverse staff will require a range of supports, including scholarships, incentives, and partnerships between community-based organizations and IHE. Professional development standards for current staff should include access to training in cultural sensitivity and second-language acquisition strategies.

- ***Providing training and technical assistance to informal caregivers.*** In many communities, young children of immigrants are in the care of informal caregivers. Communities can conduct joint trainings with licensed and informal caregivers, to ensure that all providers who are serving children of immigrants have access to the information and training they need. Trusted messengers can help build relationships and connect informal caregivers to training and supports.

- ***Tailoring programs to the needs of diverse immigrant families.*** Immigrant communities should be involved in the design and development of early learning programs and content. All programs should respect the home languages and cultures of all children served and find meaningful ways to incorporate diverse languages and cultures into everyday curriculum.

- ***Providing access to comprehensive services.*** Access to comprehensive services is a critical component of high-quality child care and early education for immigrant families. Providers who have established trust with immigrant families may be able to facilitate access to additional services by passing along this trust to other service providers. To be most effective, comprehensive services must be linguistically and culturally appropriate, as well as easily accessible in neighborhoods where immigrants live.

125 SPARK transition meeting, Meadowcreek Elementary School, Norcross, Georgia, October 25, 2005.

- ***Family literacy programs.*** Programs that involve both children of immigrants and their parents have the dual benefit of providing young children with quality early education and providing their parents with the services they need, including parenting education and ESL and GED classes. Some immigrant and refugee groups may prefer activities that focus on parents and children together, especially for infants and toddlers.

- ***Licensing, monitoring, and technical assistance.*** State licensing regulations should include standards that require providers to develop practices that support children from different cultures. Local providers serving immigrant families may use nontraditional practices and materials that represent the cultures of the families they serve. State and local licensors should be trained to recognize these practices and to understand how they meet licensing rules. At the same time, licensors trained in cultural competencies can help providers serving young children from immigrant families understand the diverse needs of these families, as well as to use site visits to raise issues of cultural competence.

- ***Quality rating systems (QRS).*** These systems are designed to collect information on the quality of programs and to incorporate standards, outreach, technical assistance and support to programs, financing incentives, and supports for parents. States can use these systems to incorporate new standards into child care and early education programs, in order to encourage the recruitment of bilingual and bicultural providers, create and implement culturally appropriate standards and practices, and provide financial supports to programs to help them meet these goals. In addition, a QRS can be used to educate and inform parents and other advocates about high-quality programs. To truly reach families, information provided through a QRS should be appropriately translated and disseminated to communities and to immigrant-serving organizations.

Key Findings: RESPONSIVENESS

To ensure high quality, child care and early education must be responsive to the diverse needs of young children of immigrants and their families. However, CLASP found:

- A shortage of bilingual and bicultural providers, particularly among those serving children of immigrants of backgrounds other than Latino and who speak languages other than Spanish.
- Providers are interested in training in cultural competency and second-language acquisition, but currently training is insufficiently available.
- There are multiple barriers to recruiting and retaining qualified teachers and providers from immigrant communities, including limited English proficiency, insufficient access to higher education, and limited technical assistance to assist providers with licensing.
- Few child care and early education programs have standards or curricula that explicitly address the needs of young children of immigrants or second-language learners.
- Parental involvement strategies must be targeted to diverse immigrant communities and must provide meaningful opportunities for LEP parents to be involved.
- Access to comprehensive health services and family supports is critical for immigrant families, yet not all programs provide these services or facilitate access to additional services. Those comprehensive services that do exist are not always linguistically and culturally accessible.
- Home-visiting and family literacy programs offer promising opportunities to provide high-quality early education and family supports to young children of immigrants and their families—provided they are done in culturally appropriate ways and trust is established between providers and families.

PART IV. Promoting Awareness, Accessibility, and Responsiveness for Immigrant Families in Child Care and Early Education

The rapid growth in diverse immigrant populations brings new challenges to many communities. It also bring a sense of urgency to respond to changing demographics to ensure that young children of immigrants—the vast majority of whom are U.S. citizens—have access to high-quality child care and early education, which is critical for their later school success. While CLASP's research identified a number of barriers to immigrant families' participation in child care and early education, it also uncovered a wide range of promising strategies being used to create meaningful connections between immigrant families and child care and early education and to break down those barriers to access. In this section, we put forward a set of recommendations for federal, state, and local policymakers, advocates, private foundations, and researchers in order to improve the quality of child care and early education and make it more accessible for all children.

7. Recommendations

In the research presented in this report, we identified three main areas serving as barriers to the participation of immigrant families with young children in high-quality child care and early education: 1) awareness, 2) accessibility, and 3) responsiveness. To address these areas, we make the following recommendations for federal, state, and local policymakers and other actors:

1. Promote coordination and collaboration between the child care and early education and the immigrant- and refugee-serving communities.
2. Design child care and early education programs and policies that intentionally address the needs of immigrant families with young children.
3. Strengthen child care and early education systems to improve and expand access to high-quality services for young children in immigrant families.
4. Build the linguistic and cultural competency of state and local agencies and child care and early education programs.

Within these four broad recommendations are a number of more specific recommendations relevant to policymakers, administrators, providers, private foundations, researchers, and advocates. Communities have different histories, immigrant population demographics, available resources and infrastructure to support immigrant families with young children, and governance structures. Thus implementation of the following recommendations will vary by community.

1. Promote Coordination and Collaboration Between the Child Care and Early Education and the Immigrant- and Refugee-serving Communities.

States and localities should provide leadership and commitment to ensure access to programs and services, including high-quality child care and early education. The integration of immigrant families into local communities should be a governance function of state, county, and local governments, which should form interagency workgroups to develop plans to ensure immigrant families' access to state and local programs and services, including child care and early education. Possible models for other states and communities include Illinois's Office of New Americans Policy and Advocacy, Santa Clara's Immigrant Relations and Integration Services project in the Office of Human Relations, and New York City's Mayor's Office of Immigrant Affairs. Cities and counties can create multicultural or diversity plans to guide them toward comprehensive, culturally competent service provision.

States should establish Early Learning Councils or other coordinating bodies to create a unified child care and early education system. These bodies should create immigrant task forces, comprised of child care and early education providers and immigrant representation from diverse communities, to form policy and guide development of technical assistance, outreach, and professional development opportunities. Task forces should include decision makers at the highest possible levels and should be involved in all aspects of policymaking.

States should support local coordination and collaboration. They can do this by providing resources, as well as by creating incentives that reward local child care and early education programs that show they have formed strong partnerships with immigrant-serving organizations or can demonstrate in other ways that they are collaborating with trusted messengers within immigrant communities in their area.

Localities should increase collaborations between child care and early education and immigrant-serving organizations, providers, administrators, and advocates. The child care and early education community and the immigrant-serving community often operate independently of each other. Formal and informal collaborations can take many forms, including:

- Ensuring that immigrant leaders are represented on the governing boards of child care and early education programs;
- Entering into memoranda of understanding regarding referrals and provision of mutual in-service training;

- Joint development and review of documents, materials, and information developed for immigrant families; and
- Joint application for funds to create and expand quality programs, including parental supports such as cultural mediators and targeted outreach.

Localities should establish partnerships between child care and early education programs, early elementary schools, and immigrant parents. These groups should work collaboratively to develop mechanisms and programs to support the smooth transition of young children in immigrant families to kindergarten, including supporting and promoting the involvement of immigrant parents. Local programs may look to the Head Start Program Performance Standards on transition for guidance in developing transition plans.

Private funders—including foundations, corporations, and others—should support collaboration and partnerships between immigrant-serving organizations and the child care and early education community. Immigrant-serving organizations and local child care and early education organizations are rarely funded to participate in collaborative activities, which can take substantial staff time and organizational resources. Private foundations, corporations, and other funders can provide seed money to leverage additional funds for collaborative efforts at the local level, along with helping to facilitate collaborative efforts across communities.

2. Design Child Care and Early Education Programs and Policies That Intentionally Address the Needs of Immigrant Families With Young Children.

The federal government—including the U.S. Department of Education and the Child Care Bureau in the Office of Family Assistance, the Office of Head Start, and the Office of Civil Rights in the U.S. Department of Health and Human Services—should provide guidance, technical assistance, oversight, and information on best practices, including but not limited to:

- Implementation of Title VI of the Civil Rights Act of 1964 regulations as they relate to ensuring access to child care and early education for persons with limited English proficiency. Guidance should provide specific steps for child care and early education administrators and providers to take to comply with Title VI requirements. The guidance should encourage the development of language assistance plans and inclusion of language assistance costs as part of a program's administrative or program costs for purposes of applications for federal assistance.
- Guidance on other policies that serve as potential barriers to immigrant families, such as methods to verify income and child support cooperation

- Guidance for early childhood programs in schools, clarifying whether it is permissible under the Privacy Act of 1974 for such programs to request Social Security numbers
- Guidance to state and local program administrators on collecting better data on languages spoken at home by immigrant families with young children and on staff language proficiency for child care and early education providers, through improvements to the Head Start Program Information Report and Child Care and Development Block Grant (CCDBG) state reports. As necessary, the Department of Health and Human Services (HHS) should provide guidance on definitional issues related to the collection of data and recommendations for statutory changes that will allow the agency and state grantees to collect this information.

Federal agencies should improve data collection and reporting on young children in immigrant families. The Census and the American Community Survey include information on place of birth, citizenship status, and language spoken at home.[1] In order to support research and analysis, the U.S. Census Bureau should make this information accessible and easily understood to all data users. Census data on young children of immigrants—in particular, U.S.-born citizen children born to immigrants—should be available, and all immigrant family data should include information by age group. The Census Bureau, HHS, and the Department of Education should provide grants to support analysis of these data sets.

The federal and state governments, as well as other funders, should support research to create developmentally, culturally, and linguistically appropriate curricula and assessment tools. There is a deficit of curricula and assessment tools that are appropriate for speakers of languages other than English and for children from diverse cultures. The federal Child Care Bureau, the Office of Head Start, and the Institute on Education Sciences—as well as state agencies implementing pre-kindergarten programs and private foundations—should invest in long-term research and evaluation studies designed to identify best practices in curriculum and assessment, foster new methods of data collection and evaluation, and incorporate limited English proficient (LEP) parents and other community partners into the design and implementation of assessments.

The federal government and private funders should support research to better understand the child care and early education experiences of young children of immigrants. There is a critical need for continued research on participation, family preferences, and ongoing access barriers, research that examines the important variations that exist within the heterogeneous immigrant population. Future evaluations of child care and early education programs should include a focus on outcomes across the range of developmental domains for children of immigrants and English language learners. Promising

1 The American Community Survey is intended to replace the "long form" U.S. Census in 2010.

strategies and models for better responding to the needs of different subpopulations of immigrant children and families are emerging, and future research should test their effectiveness and impact.

Federal and state governments should provide resources for targeted child care and early education outreach to immigrant families. Outreach should include activities in immigrant neighborhoods, face-to-face information sharing with families, and using appropriate ethnic media. It also includes recruitment and hiring of bilingual, culturally competent outreach staff. Federal and state agencies administering programs should assist local providers by providing funding for immigrant-serving organizations to partner with child care and early education programs to conduct outreach and develop general information about child care and early education programs in appropriate formats and in the primary languages of immigrant communities in the state.

Federal, state, and local governments should expand access to programs that support children and families, including Head Start, Early Head Start, Even Start, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Home-visiting models, family literacy programs, and child care and early education programs with comprehensive services and strong family support components are important for immigrant families. State and local administrators of child care and early education programs should consider funding such programs, through contracts or other dedicated resources, in order to help expand immigrant families' access to high-quality child care and early education programs. Immigrant-serving organizations may consider adapting their current services to include these program models or partnering with existing programs in their communities.

State licensing agencies should evaluate materials, regulations, and policies and ensure that immigrant providers have meaningful access to the licensing process. Licensing agencies should translate information, regulations, applications, preparatory materials and classes, and examinations for licensing, as well as provide training and technical assistance to immigrant providers working towards licensure.

State administrators of child care and early education programs should incorporate cultural and linguistic competency in existing program and content standards. Attention to the diverse needs of children of immigrants can be included within existing state standards, including licensing, monitoring and technical assistance, early learning guidelines, quality rating systems, competencies for qualified and competent child care and early education teachers, and state pre-kindergarten program standards. Representatives of immigrant-serving organizations should be involved in the design of policies.

Local government agencies, including local planning councils and economic development agencies, should conduct assessments of the demographics and child care and early education needs of immigrant families with young children. The starting point for developing child care and early education policies and programs that are responsive to the needs of immigrant communities is a community assessment. Local assessments can draw upon national and local data sources,[2] and they should be done in concert with immigrant-serving organizations. An assessment can be used to identify:

- Demographics of young children of immigrants, including languages spoken, and concentrations of particular immigrant groups;
- Resources and community-based organizations within immigrant communities;
- Immigrant community leaders and trusted messengers;
- Early childhood providers serving immigrant families; and
- Service gaps.

3. Strengthen Child Care and Early Education Systems to Improve and Expand Access to High-quality Services for Young Children in Immigrant Families.

Federal, state, and local governments—and other funders—should increase resources for high-quality child care and early education. In many communities, state and federal programs lack sufficient funding to serve all eligible children, which results in fewer children of immigrants participating. Funding for state pre-kindergarten, Head Start, Early Head Start, Even Start, and CCDBG should be increased. In addition, funding should be targeted for development of new or expanded high-quality comprehensive programs that are located in immigrant communities.

States should establish a centralized and coordinated system to help all families access the array of child care and early education programs in their communities. A unified, coordinated, and centralized system, developed in partnership with local child care resource and referral agencies (CCR&Rs) could help families identify and access high-quality linguistically and culturally competent child care and early education in their neighborhoods. Entry points should be located throughout communities, including in immigrant neighborhoods, and might include immigrant-serving organizations.

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2 Demographers at the Center for Social and Demographic Analysis, University at Albany, SUNY, have developed a set of indicators to demonstrate the characteristics of children in immigrant and U.S.-born citizen families, based on data from Census 2000. Data is available for the U.S., 50 states, and selected metropolitan areas. http://www.albany.edu/csda/children/.

State and local child care and early education agencies should build the supply of high-quality child care and early education in immigrant communities. States can use financial incentives tied to high-quality program standards within the pre-kindergarten and child care subsidy programs to encourage community-based providers and schools to develop increased early childhood capacity in communities with high populations of immigrant families.

States and other funders should provide sustainable resources to increase the capacity of immigrant-serving organizations to participate in and support child care and early education. Through CCDBG contracts and quality funds, as well as state pre-kindergarten grants and contracts, states can support immigrant-serving organizations' efforts to develop high-quality child care and early education programs or to build their capacity to work in partnership with existing providers. States may also include immigrant-serving organizations in statewide convenings of child care and early education providers for professional development.

State and local child care and early education agencies—as well as local planning councils, other community agencies, and private funders—should fund cultural mediators. Cultural mediators have the trust of the immigrant community from which they come and can serve as a bridge to supportive services for families. Using CCDBG quality dollars and state pre-kindergarten funds, local programs can recruit cultural mediators to oversee outreach for immigrant families, facilitate enrollment, and work with families to get the additional support services they may need. Cultural mediators can also help translate child care and early education practices for immigrant families, and they can provide relevant cultural information for teachers and program staff. Foundations and other private funders may also support the recruitment of cultural mediators in individual communities.

4. Build the Linguistic and Cultural Competency of State and Local Child Care and Early Education Agencies and Programs.

Federal, state, and local governments and other actors can work together to build a high-quality, multilingual, culturally competent child care and early education workforce. Improving the capacity of the early childhood workforce to effectively serve immigrant families requires the collaboration of many actors. Federal and state child care and early education and higher education agencies can play a key role—in partnership with CCR&Rs, child care and early education programs, institutions of higher education (IHE), and immigrant-serving organizations—in addressing the shortage of bilingual and culturally competent child care and early education providers.

- ***State and local child care and early education agencies and programs should have language assistance plans to ensure effective communication with LEP***

persons, along with plans to ensure the cultural competency of staff and the diversity of the workforce. The plans need to include recruiting and hiring bilingual staff, ensuring language assistance is available at all points of contact (including in person and by telephone), and ensuring that important documents and outreach materials are competently translated into the primary languages spoken in the communities served. All staff should be trained providing language assistance; and the training should include how to responsively serve diverse communities, including immigrants. Staff should receive training in cultural competency. All agencies should conduct a workforce analysis to help ensure that the workforce reflects the communities served.

- ***Federal and state agencies should recruit, hire, and retain bilingual, culturally competent staff.*** Federal and states agencies administering child care and early education programs should intentionally seek staff who are bilingual and have experience working with immigrant families or in immigrant communities 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 providers.

- ***Federal and state agencies administering child care and early education programs should support the increased linguistic and cultural competency of the workforce.*** The state child care subsidy agency, state pre-kindergarten programs, and state higher education agencies should support the professional development of immigrant providers through scholarships and stipends, increased reimbursement rates for programs that have multilingual capacity, access to professional development opportunities and information (in multiple languages) that support cultural competency, support to CCR&Rs to provide training to immigrant providers, and assistance to immigrant providers with early childhood education coursework or degrees to have their education validated in the United States.

- ***Local programs can implement policies to recruit, hire, and retain bilingual, culturally competent providers.*** Programs should support increased diversity in their staff by including cultural competency requirements and experience with immigrant communities in job descriptions; offering bilingual pay differentials; conducting targeted outreach to recruit staff from immigrant- and language-minority communities; and partnering with immigrant-serving organizations to identify family, friend, and neighbor caregivers and opportunities for joint professional development.

- ***Local CCR&Rs can help identify and coordinate the professional development needs of immigrant providers.*** Immigrant providers have a range of experiences that they bring to their work with young children. Some may have early childhood degrees in their home countries, while others may have limited formal education. Professional

development strategies should support all caregivers, including family, friend, and neighbor providers. CCR&Rs can work with immigrant-serving organizations to disseminate information to immigrant providers on child development and training opportunities. They can also work with these agencies to create community-based professional development plans that incorporate culturally and linguistically appropriate training on child development, health and safety, and the basic components of state licensing. CCR&Rs can also work with interested providers to develop plans for more formal training—including access to GED and English as a Second Language classes, as well as community colleges and two- and four-year universities—and opportunities to mentor and be mentored in the early childhood field.

- ***IHE can play a role in helping the early childhood workforce move toward greater cultural competency and diversity.*** Early childhood diversity task forces should be created with representatives of IHE to address issues including but not limited to immigrant access to IHE, scholarships and incentives for immigrant providers, barriers to enrollment for immigrant providers, language access, recognition of early childhood education credentialing from foreign institutions, and the development of cultural competency standards and training for child care and early education providers that address the needs of young children of immigrants and second-language acquisition.

State child care and early education agencies, state early learning councils, and CCR&Rs should support family, friend, and neighbor caregivers in immigrant communities. State program administrators should use trusted messengers to improve outreach to family, friend, and neighbor caregivers, in order to include them in training and technical assistance initiatives. Information and training should be culturally and linguistically appropriate for diverse providers and should provide a continuum of supports for providers, both those who are seeking entry into the formal child care system and those who are not.

State child care administrators and private funders can promote community-based networks of immigrant child care and early education providers. Such networks of providers, in all settings, can provide mutual support and assist with access to professional development, training, and technical assistance. They can help create linkages between all providers, including immigrant providers, and can help immigrant providers link to existing child care and early education agencies for training and support.

8. Conclusion

Children from immigrant families are the fastest growing group of children in the United States, and nearly all young children of immigrants living in the United States are U.S. citizens. High-quality child care and early education opportunities will be critical to these children's success in school and in life. Yet, the early experiences of children in immigrant families are as diverse and varied as immigrant families themselves. While many immigrant families face numerous barriers to accessing high-quality child care and early education for their young children, these barriers are not insurmountable. Unique solutions to improving access for immigrant families are already emerging in local communities and in state policies.

Reaching all children of immigrants, and successfully including them in child care and early education initiatives, will require specific strategies and collaborations among providers, policymakers, and immigrant-serving organizations. Above all, it will require understanding and respecting the needs and preferences of diverse families. Meeting the needs of the growing population of young children of immigrants presents a challenge for the early childhood field. It is a challenge, however, that is essential to meet. If children of immigrant families are given opportunities to participate, and if programs reflect their experiences, the linguistic and cultural diversity that these children offer will ultimately enrich the early childhood experiences of *all* children.

Appendix 1. Interviewees

Individuals

Chuck Bleiker, Florida International University, Miami, Florida

Carmen Chong Gum, Marshallese Community Liaison, Jones Center for Families, Springdale, Arkansas

Gary Henry, Georgia State University, Atlanta, Georgia

Luis Hernandez, Western Kentucky University, Miami, Florida

Al Lopez ("Papa Rap"), Springdale Public Schools, Springdale, Arkansas

Roberta Malavenda, SPARK Georgia, Norcross, Georgia

Susan Moore, University of Colorado at Boulder, Boulder, Colorado

Group of immigrant mothers from Tara Elementary School, Clayton County Public Schools, Morrow, Georgia

Clara Pérez-Méndez, El Grupo de Familias, Boulder, Colorado

Wilma Robles de Melendez, NOVA Southeastern University, North Miami Beach, Florida

Susan Thornton, Susan M. Thornton Associates, Littleton, Colorado

Becky Veal-Niblack, Niblack Family Child Care, Miami Gardens, Florida

Omayra Vieira, family child care provider, Tulsa, Oklahoma

Organizations/Agencies

American Child Care and Learning Center, Clarkston, Georgia

Asian Americans for Community Involvement, San Jose, California

Asociación Profesional de Cuidado Infantil Domiciliario, Hialeah, Florida

ASPIRA of Florida, Inc., Miami, Florida

Benton County Women's Shelter, Arkansas

Boulder County Community Action Program, Longmont, Colorado

Boulder County Head Start, Boulder, Colorado

Bright from the Start: Georgia Department of Early Care and Learning, Atlanta, Georgia

Cambodian Association of America, Long Beach, California

Catholic Charities Atlanta, Inc., Atlanta, Georgia

Catholic Charities, Tulsa, Oklahoma

Catholic Immigration Services, Springdale, Arkansas

Center for Alternative and Responsible Education, Boulder, Colorado

Center for Pan Asian Community Services, Doraville, Georgia

Centro Community Hispanic Association, Long Beach, California

Centro Familia, Silver Spring, Maryland

Centro Hispano, Miami, Florida

Centro Mater, Hialeah, Florida

Chapman Child Learning Center, St. John Medical Center, Tulsa, Oklahoma

Child Care Resource Center, Tulsa, Oklahoma

Children, Youth, and Family Services, Montgomery County Department of Health and Human Services, Rockville, Maryland

Chinese Culture and Community Service Center, Inc., Gaithersburg, Maryland

Chinese-American Planning Council, Queens, New York

Choices for Children, San Jose, California

Circulo de la Vida Familiar, Boulder, Colorado

Colorado Department of Education, Denver, Colorado

Committee for Hispanic Children and Families, Inc., New York, New York

Community Action Project of Tulsa County, Tulsa, Oklahoma

Community Solutions, Morgan Hill, California

DeKalb County School System, Decatur, Georgia

Department of Housing and Human Services, City of Boulder, Colorado

Division of Child Care, Oklahoma Department of Human Services, Oklahoma City, Oklahoma

Division of Early Childhood Programs, Miami-Dade County Public Schools, Miami, Florida

Division of Family and Children Services, Georgia Department of Human Resources, Atlanta, Georgia

Early Care and Education Council of Boulder County, Boulder, Colorado

Early Childhood Initiative Foundation, Miami, Florida

Early Head Start, The Family Services Agency, Inc., Gaithersburg, Maryland

Early Head Start/Lourie Center, Beltsville, Maryland

Early Learning Coalition of Broward County, Fort Lauderdale, Florida

Early Learning Coalition of Miami-Dade/Monroe, Coral Gables, Florida

Economic Opportunity Agency of Washington County, Fayetteville, Arkansas

El Comité de Longmont, Longmont, Colorado

Estrella Family Services, San Jose, California

Even Start, Barry University, Homestead, Florida

Even Start, Kendall-Whittier Elementary School, Tulsa, Oklahoma

Families First, SPARK Georgia, Norcross, Georgia

Family Central, Inc., North Lauderdale, Florida

Fanm Ayisyen Nan Miyami, Inc. (Haitian Women of Miami), Miami, Florida

First 5 Santa Clara County, San Jose, California

Florida Immigrant Advocacy Center, Miami, Florida

Go Kids, Inc., Gilroy, California

Good Beginnings Never End, Long Beach, California

Head Start of Santa Clara and San Benito Counties, San Jose, California

Head Start State Collaboration Office, Oklahoma Association of Community Action Agencies, Oklahoma City, Oklahoma

Head Start, Long Beach Unified School District, Long Beach, California

Head Start/Early Head Start, Miami-Dade Community Action Agency, Miami, Florida

Head Start/Early Head Start, School Board of Broward County, Fort Lauderdale, Florida

Helen R. Walton Children's Enrichment Center, Bentonville, Arkansas

Hispanic Resource Center, Tulsa, Oklahoma

Hispanic Women's Organization of Arkansas, Springdale, Arkansas

Home Instruction Program for Preschool Youngsters, Rogers Public Schools, Rogers, Arkansas

Intercambio de Comunidades, Boulder, Colorado

International Community School, Decatur, Georgia

International Rescue Committee, Decatur, Georgia

Kidango, Inc., San Jose, California

KIDCO Child Care, Inc., Miami, Florida

Kids Connections, Boulder, Colorado

Korean Community Service Center of Greater Washington, Gaithersburg, Maryland

La Escuelita, Norcross, Georgia

Latin American Association, Atlanta, Georgia

Latino Community Development Agency, Oklahoma City, Oklahoma

Le Jardin Community Center, Inc., Homestead, Florida

Legal Aid of Arkansas, Fayetteville, Arkansas

Legal Services of Greater Miami, Inc., Miami, Florida,

Long Beach Day Nursery, Long Beach, California

MACSA Family Literacy Center, Gilroy, California

Mayo Demonstration School of Science and Technology, Tulsa, Oklahoma

Meadowcreek Elementary, Kindergarten Transition Team, Norcross, Georgia

Mexican American Community Service Agency (MACSA), Inc., San Jose, California

Miami-Dade County Child Development Services, Miami, Florida

Migrant and Seasonal Head Start Technical Assistance Center, Academy for Educational Development, Washington, D.C.

Montgomery County Public Schools, Rockville, Maryland

National Conference on Community and Justice – Northwest Arkansas, Springdale, Arkansas

New Horizons Cooperative Preschool, Boulder, Colorado

Ninth District Opportunity, Inc. Head Start, Gainesville, Georgia

Northwest Arkansas Child Care Resource and Referral Center, Springdale, Arkansas

Northwest Arkansas Head Start Human Services, Inc., Rogers, Arkansas

Northwest Arkansas Workers' Justice Center, Springdale, Arkansas

Notre Dame Child Care Center, Miami, Florida

Office of Mayor Carlos Alvarez, Miami, Florida

Office of the County Manager, Miami, Florida

Office of Human Relations and Refugee Services, County of Santa Clara, Santa Clara, California

Oklahoma Child Care Resource and Referral Association, Inc., Oklahoma City, Oklahoma

Oklahoma State Department of Education, Oklahoma City, Oklahoma

OUR Child Care Center, Longmont, Colorado

Ozark Literacy Council, Fayetteville, Arkansas

Parent to Parent of Miami, Inc., Miami, Florida

Parenting Place, Boulder, Colorado

Peace at Home Family Shelter, Fayetteville, Arkansas

Provider, Training, Resource and Activity Center (P-TRAC), San Jose, California

Quality Care for Children, Atlanta, Georgia

Redlands Christian Migrant Association, Homestead, Florida

Refugee Family Services, Stone Mountain, Georgia

Refugee Resettlement and Immigration Services of America, Decatur, Georgia

Sacred Heart Community Services, San Jose, California

San Jose Public Library, San Jose, California

San Jose Unified School District, San Jose, California

Sant La Haitian Neighborhood Center, Miami, Florida

Services, Immigrant Rights, and Education Network (SIREN), San Jose, California

Seven Oaks Child Care Academy, Lilburn, Georgia

Sheltering Arms Early Education and Family Centers, Atlanta and Norcross, Georgia

Smart Start Early Childhood Center, Brooklyn, New York

Smart Start San Jose, San Jose, California

Sooner SUCCESS, The University of Oklahoma Health Sciences Center, Tulsa, Oklahoma

Springdale Public Library, Springdale, Arkansas

Springdale Public Schools, Springdale, Arkansas

St. Alban's Child Care, Miami, Florida

St. Mary Medical Center, Long Beach, California

St. Raphael's Catholic Church Preschool Program, Springdale, Arkansas

Stella's Early Learning Center, Decatur, Georgia

The Children's Trust, Miami, Florida

The Newcomer School, Tulsa, Oklahoma

The Village for Early Childhood Education, Littleton, Colorado

Tulsa Community College, Tulsa, Oklahoma

Tyson Foods, Inc., Springdale, Arkansas

United Way of DeKalb County, Atlanta, Georgia

United Way of Miami-Dade, Miami, Florida

United Way of Silicon Valley/Success by 6, San Jose, California

Voices for Georgia's Children, Atlanta, Georgia

West Ed E3 Institute, San Jose, California

YWCA of Tulsa, Tulsa, Oklahoma

Appendix 2. Questions that Guided CLASP's Research

A set of key questions guided the one-on-one interviews and focus groups that CLASP and our subgrantees had with child care and early education providers, immigrant direct service providers, immigrant parents, and policymakers. While we did not use a standard protocol in every interview, the questions below exemplify the range of issues raised. These questions are not meant to be exhaustive; rather, we hope they provide a starting point to guide future discussions among child care and early education and immigrant service providers and policymakers in communities.

Immigrant Providers

- What are the barriers that immigrant families face in accessing child care and early education programs?
- To what degree are immigrant families aware of child care and early education programs in the community?
- Do immigrant families seek information on child care and early education programs when coming in for other services?
- Generally, what services or information related to young children are immigrant families seeking?
- Typically, what arrangements do immigrant families make concerning care of their children when they are at work? Do families use out-of-home care providers if they are not working?
- Are there early childhood centers or schools located in neighborhoods where the immigrants you work with live?

- To what degree is your organization aware of child care and early education programs in the community?
- Do you offer information on early child development or child care and early education to immigrant families? What kind of information do you provide?
- How do you facilitate access to early education programs for the families you serve?
- Is your organization involved in outreach efforts for any early education programs? What have been some effective strategies to reach immigrant families?
- Do immigrant families have difficulties accessing programs? If so, why?
- What supports do immigrant families need to access child care and early education programs?
- Are there particular aspects of an early education program that are critical for the participation of immigrant families? Would particular aspects encourage immigrant families' participation?
- Are you aware of any particular programs and policies that encourage the participation of children of immigrants in early education? How effective are they, and why?
- Have any policy changes been made at the state or local level that impact access and/or the quality of programs serving immigrant families?
- What supports do immigrant service providers need to link immigrant families and early education programs?
- Are there state or community partnerships between immigrant serving organizations and organizations working on early childhood issues?

Child Care and Early Education Providers

- Are children of immigrant families enrolled in your program? Do they receive priority for services, or are they part of your target population? What countries are the families from? Has this changed?
- What is the most widely accessed point(s) of entry for immigrant families into your program? How do they find out about the program?
- Please describe any outreach you do for your program and whether there are ways that you specifically reach out to immigrant communities.

- Please describe the enrollment process for your program. What documents are families required to provide?
- What, if any, comprehensive services does your program provide for at-risk children? Do you offer any additional services specific to the needs of immigrant children?
- How do you communicate with immigrant parents?
- If your program has multilingual staff, what languages other than English do they speak and what positions do they hold in your program? How does the language breakdown of staff compare with the language breakdown of children in your program?
- Do you recruit bilingual staff and/or staff who are trained in second-language acquisition?
- Please describe your parental-involvement component. What are the differences, if any, in participation of immigrant parents and U.S.-born parents? How, if at all, is your parental involvement component geared to the particular needs of immigrant parents?
- Have you formed partnerships with other community-based organizations (including immigrant service providers) to better access and serve children from immigrant families? If so, how did these partnerships develop? What are their strengths and weaknesses? Are there barriers to these kinds of partnerships?
- Has your program been impacted by policy changes at the state or local level that impact access and/or the quality of programs serving immigrant families? Please describe these changes.
- What barriers are you aware of that immigrant families face in accessing early education programs?
- What supports do child care and early education providers need to better serve immigrant families?
- Are there strategies that have helped your program to be more accessible to immigrant families?
- What do you do and/or what policies and practices do you have in place to work with ELL children?
- How do you support the home language of children?

State and Local Policymakers

- What kind of data do you collect on children of immigrants who may be participating in your pre-kindergarten program or other public programs?
- Are immigrant children identified in communities as "at-risk" or given priority for targeted public pre-kindergarten programs?
- Are there particular state policies that encourage the participation of children of immigrants? Please describe.
- Are there privately funded programs that work in partnership with the state to help immigrant families access pre-kindergarten programs?
- What strategies have you put in place to help child care and early education programs to be more accessible and available to immigrant families?
- Have you provided any guidance to programs on the eligibility of immigrant families for early childhood programs, such as Head Start or public preschool, or on their eligibility for child care subsidies?
- Does the state reach out to child care and early education providers to provide services and supports to children from immigrant families?
- Are the unique needs of children of immigrants considered in the development of early learning standards? How have they been included?
- Do local program providers coordinate with immigrant service organizations to facilitate access to and participation in early education programs for the families they serve? Does the state help foster these partnerships in any way?
- What methods of outreach have been used to encourage families to participate in the state-funded pre-kindergarten program? How have immigrant families been targeted for outreach? Are there specific strategies that have been more successful than others?
- Have you involved organizations representing particular ethnic groups or immigrant service organizations in your state pre-kindergarten outreach?
- Have any policy changes been made at the state or local level that impact access and/or the quality of programs serving immigrant families?
- Do pre-kindergarten policies and standards address the language and cultural needs of immigrant families?

- Do you have specific training or in-service requirements for teachers in the state pre-kindergarten program that relate to the needs of children from other cultures or language backgrounds? What is the content of the training?
- Does the state or locality collect information on the languages of children served in the child care subsidy program?
- Are there any requirements for translation or interpretation in your state pre-kindergarten program regarding materials sent home, enrollment processes, or classroom activities?
- How do you facilitate access to child care subsidies for LEP parents?
- Are there training and supports available for LEP providers or those seeking licensing?

Immigrant Parents

- When would you like your child to be cared for by other people?
- What types of child care are you aware of? How did you find about these types of arrangements?
- What are the obstacles to finding the child care you want?
- Do you think it is important to have an arrangement that allows your child to learn English only/ native language only/ both English and native language?
- Does the child care arrangement have bilingual staff? If not, how does communication occur?
- What do you like/dislike relating to your child care arrangement?
- What would help families find child care that would prepare children for school?
- How did you learn about your child care provider?
- In your home country/culture, when do children start their formal education?
- Are you using [Head Start/state pre-kindergarten/other program] now, or did you use it in the past? Were there any barriers in finding, paying for, or getting to the program? How did that work? Were you satisfied? What did you like best about the program? What were some of the problems? What suggestions would you make to make the program better for you and your children?

- Are/were you unable to find child care anytime in the past? What are/were some of the barriers you faced?
- What types of early education programs are you aware of, and what do you think of them?
- Where do you get your information about early education programs?
- What are your primary reasons for enrolling your child/children in an early education program?
- Have you experienced any problems or challenges relating to access and/or participation in such programs?
- Please describe your preferences and expectations for a high-quality early education program.

Appendix 3. CLASP Subgrantees

Arkansas Advocates for Children & Families
Union Station, Suite 306
1400 West Markham
Little Rock, AR 72201
Phone: 501.371.9678
FAX: 501.371.9681
http://www.aradvocates.org
Contact: Richard Huddleston, Executive Director

Arkansas Advocates for Children & Families (AACF) conducted two focus groups with immigrant Hispanic parents of three- and four-year-old children in El Dorado and Springdale. In addition, AACF conducted 20 interviews with stakeholders (including early education providers in a variety of settings, Hispanic advocacy groups, and state agency officials) throughout the state. AACF—in partnership with Arkansas Head Start and the Division of Child Care and Early Childhood Education, Arkansas Department of Health and Human Services—facilitated a day-long meeting in April 2006 involving immigrant parents, state agency officials, school administrators, early care providers, advocates, researchers, and local immigrant groups. AACF plans to release an issue brief summarizing what was learned about the barriers immigrant children face in accessing quality early care and education programs.

Coalition for Asian American Children & Families
50 Broad Street, Suite 1701
New York, NY 10004
Phone: 212.809.4675
FAX: 212.785.4601
http://www.cacf.org
Contact: Wayne Ho, Executive Director

The Coalition for Asian American Children & Families (CACF) increased and sustained collaborative efforts to improve accessibility and quality of early education for immigrant families by creating an advisory board comprised of a broad group of policymakers, administrators, providers, researchers, advocates, and parents; conducting interviews with early education providers working in immigrant

communities; facilitating focus groups and surveys with Bengali, Chinese, Dominican, Haitian, Korean, and Russian parents; and hosting a briefing to present a summary of findings, outcomes, and recommendations. CACF is publishing this summary.

Florida Immigrant Advocacy Center
3000 Biscayne Boulevard, Suite 400
Miami, FL 33137
Phone: 305.573.1106, x1001
http://www.fiacfla.org
Contact: Cheryl Little, Executive Director

The Florida Immigrant Advocacy Center (FIAC) partnered with several community-based organizations serving immigrants to develop and distribute a questionnaire for immigrant families and to facilitate two focus groups, one at an Even Start Learning class at the Center for All-Aboard Educational Services and another at a parenting class at Haitian Women of Miami, in order to learn about challenges using or accessing early education programs. The questionnaire was available and meetings were held in English, Spanish, and Haitian Creole. FIAC also conducted "Know Your Rights" trainings with its community-based partners.

Refugee Family Services
5561-H Memorial Drive
Stone Mountain, Georgia 30083
Phone: 404.299.6217
FAX: 404.299.6218
http://www.refugeefamilyservices.org
Contact: Allen Shaklan, Executive Director

The Refugee Family Services' (RFS) "Refugee Voices" project created a collaborative dialogue and an action plan to identify and develop recommendations to address the barriers refugee families face in accessing high-quality early care and education programs. RFS documented voices of immigrant refugee parents through three focus groups and gathered further information through "in-depth story groups," which included parent-child early learning activities. It also facilitated a collaborative meeting with service providers and completed interviews with stakeholders. A Project Concept and Policy paper documented the research and best practices identified through the project's activities and has been disseminated widely.

Smart Start Oklahoma
c/o The Oklahoma Partnership for School Readiness Foundation
421 NW 13th Street, Suite 270
Oklahoma City, OK 73103
Phone: 405.278.6978
FAX: 405.290.7154
http://www.smartstartok.org
Contact: Nancy vonBargen, Executive Director

Smart Start Oklahoma (SSO) conducted five focus groups in Tulsa and Oklahoma City of Mexican and Vietnamese immigrants (the two largest immigrant groups) to guide the development of a

survey instrument to be administered to Mexican and Vietnamese families with young children. The survey was administered to 101 Mexican families and 100 Vietnamese families. SSO partnered with the Community Service Council of Greater Tulsa, the YWCA of Tulsa Multicultural Center, the Latino Community Development Agency, the Oklahoma Child Care Resource and Referral Association, and independent contractor Dong Bui to identify families to survey, translate the survey, and coordinate and conduct focus groups. SSO analyzed the data and used it to structure a May 2006 forum in coordination with the local partners, which involved a wide variety of stakeholders and addressed the key issues and themes from the focus groups and surveys. SSO is publishing an executive summary of the findings and recommendations from this project and is continuing to work with stakeholders to address some of the barriers and challenges identified through the project.

Appendix 4.
Local Community Profiles

The following local demographic profiles were created by CLASP from data calculated by Donald J. Hernandez at the University at Albany, SUNY, from Census 2000 5% Public Use Microdata Sample (PUMS).

CLASP's Breaking Down Barriers study examines the experiences of immigrant families with young children from birth to age six. The demographic data presented in the following tables is based on families with children from birth to age eight. Limitations in the data prohibited us from restricting this data to families with children under age six. Demographic data on families with young children under age eight and families with young children under age six do not differ significantly.

For each site visit community, we chose the geographic Census units that most closely correspond to the locations visited. These units do not always correspond neatly to county or city borders. Therefore, different levels of community—that is, counties versus cities—are presented for different communities.

These profiles are intended for use by policymakers and program administrators to inform policy and program planning for families in their jurisdictions. It is our aim that these profiles provide a starting point for further data collection within local communities. In many communities, immigrant populations have grown substantially since 2000. Additional sources of more recent information include local community assessments done in concert with immigrant-serving organizations, school districts, health departments, and other agencies that collect demographic data.

PROFILE OF YOUNG CHILDREN IN BENTON AND WASHINGTON COUNTIES, ARKANSAS
BIRTH TO AGE EIGHT

	Percent	Number				
Children of U.S.-born citizens	84.7	34,202				
Children of immigrants	15.3	6,181				
Immigrant Status and English Language Proficiency						
Percent of Children	**Parent in U.S. For Less Than 10 Years**	**One Immigrant Parent, One U.S.-born Citizen Parent**	**Mixed-status Nuclear Family[1]**	**At Least One Parent is LEP**	**Two Parents are LEP**	**Linguistically Isolated Household[2]**
Children of immigrants	50.3	26.8	66.1	73.5	51.1	44.5
Poverty and Income						
Percent of Children	**Poor Households (under 100% of poverty)**	**Low-income Households (under 200% of poverty)**	**Basic Budget Poverty[3]**	**Of Children in Poor Households, Percent with a Working Parent**	**Mother Earns Less Than Minimum Wage**	**Father Earns Less Than Minimum Wage**
Children of U.S.-born citizens	13.5	39.8	37.7	78.2	12.8	4.5
Children of immigrants	31.8	60.2	56.8	*	22.8	5.1
Parental Education Level						
Percent of Children	**Mother Has Less Than High School Degree**	**Mother is High School Graduate[4]**	**Mother is College Graduate**	**Father Has Less Than High School Degree**	**Father is High School Graduate[4]**	**Father is College Graduate**
Children of U.S.-born citizens	10.8	67.6	21.6	14.2	56.5	29.3
Children of immigrants	50.4	37.2	12.4	55.8	30.1	14.1
Household Composition and Parental Employment[5]						
Percent of Children	**Two-parent Household**	**Both Parents Employed Full-time**	**Mother Employed Part-time**	**Mother Employed Full-time**	**Father Employed Part-time**	**Father Employed Full-time**
Children of U.S.-born citizens	82.5	30.3	34.5	38.0	15.3	80.5
Children of immigrants	84.6	30.9	20.5	35.5	24.1	71.8
Early Education Enrollment[6]						
Percent of Children	**Preschool Enrollment, Age 3**	**Preschool Enrollment, Age 4**	**Preschool Enrollment, Age 5**	**Kindergarten Enrollment, Age 5**	**Grade School Enrollment, Age 5**	**Preschool/ Kindergarten Grade School Enrollment, Age 5**
Children of U.S.-born citizens	27.4	52.0	25.8	38.9	3.5	68.2
Children of immigrants	*	*	*	*	*	*

Calculated from Census 2000 5% microdata (IPUMS) by Donald J. Hernandez

* Indicates sample size is too small to produce statistically reliable results.

PROFILE OF YOUNG CHILDREN IN SANTA CLARA COUNTY, CALIFORNIA
BIRTH TO AGE EIGHT

	Percent	Number				
Children of U.S.-born citizens	43.4	88,383				
Children of immigrants	56.6	115,385				
Immigrant Status and English Language Proficiency						
Percent of Children	**Parent in U.S. For Less Than 10 Years**	**One Immigrant Parent, One U.S.-born Citizen Parent**	**Mixed-status Nuclear Family[1]**	**At Least One Parent is LEP**	**Two Parents are LEP**	**Linguistically Isolated Household[2]**
Children of immigrants	39.7	18.4	59.0	58.9	39.2	31.3
Poverty and Income						
Percent of Children	**Poor Households (under 100% of poverty)**	**Low-income Households (under 200% of poverty)**	**Basic Budget Poverty[3]**	**Of Children in Poor Households, Percent with a Working Parent**	**Mother Earns Less Than Minimum Wage**	**Father Earns Less Than Minimum Wage**
Children of U.S.-born citizens	4.6	13.2	24.8	61.9	6.8	2.3
Children of immigrants	9.7	25.0	39.8	70.2	6.7	3.1
Parental Education Level						
Percent of Children	**Mother Has Less Than High School Degree**	**Mother is High School Graduate[4]**	**Mother is College Graduate**	**Father Has Less Than High School Degree**	**Father is High School Graduate[4]**	**Father is College Graduate**
Children of U.S.-born citizens	8.2	53.1	38.7	8.1	42.9	49.1
Children of immigrants	27.6	35.6	36.8	25.2	31.4	43.4
Household Composition and Parental Employment[5]						
Percent of Children	**Two-parent Household**	**Both Parents Employed Full-time**	**Mother Employed Part-time**	**Mother Employed Full-time**	**Father Employed Part-time**	**Father Employed Full-time**
Children of U.S.-born citizens	77.8	26.9	34.8	34.8	12.9	84.7
Children of immigrants	89.2	29.3	26.6	34.7	16.8	78.6
Early Education Enrollment[6]						
Percent of Children	**Preschool Enrollment, Age 3**	**Preschool Enrollment, Age 4**	**Preschool Enrollment, Age 5**	**Kindergarten Enrollment, Age 5**	**Grade School Enrollment, Age 5**	**Preschool/ Kindergarten Grade School Enrollment, Age 5**
Children of U.S.-born citizens	47.4	68.3	30.2	56.9	3.3	90.4
Children of immigrants	37.6	60.4	19.7	61.9	3.3	84.8

Calculated from Census 2000 5% microdata (IPUMS) by Donald J. Hernandez

* Indicates sample size is too small to produce statistically reliable results.

PROFILE OF YOUNG CHILDREN IN BOULDER AND LONGMONT, COLORADO
BIRTH TO AGE EIGHT

	Percent	Number				
Children of U.S.-born citizens	80.0	29,056				
Children of immigrants	20.0	7,248				
Immigrant Status and English Language Proficiency						
Percent of Children	**Parent in U.S. For Less Than 10 Years**	**One Immigrant Parent, One U.S.-born Citizen Parent**	**Mixed-status Nuclear Family[1]**	**At Least One Parent is LEP**	**Two Parents are LEP**	**Linguistically Isolated Household[2]**
Children of immigrants	54.5	35.4	60.6	51.3	31.6	28.8
Poverty and Income						
Percent of Children	**Poor Households (under 100% of poverty)**	**Low-income Households (under 200% of poverty)**	**Basic Budget Poverty[3]**	**Of Children in Poor Households, Percent with a Working Parent**	**Mother Earns Less Than Minimum Wage**	**Father Earns Less Than Minimum Wage**
Children of U.S.-born citizens	5.9	18.0	22.7	*	9.2	2.5
Children of immigrants	14.1	34.8	41.7	*	9.8	3.6
Parental Education Level						
Percent of Children	**Mother Has Less Than High School Degree**	**Mother is High School Graduate[4]**	**Mother is College Graduate**	**Father Has Less Than High School Degree**	**Father is High School Graduate[4]**	**Father is College Graduate**
Children of U.S.-born citizens	6.2	46.4	47.4	5.5	42.6	51.9
Children of immigrants	27.9	30.1	42.0	26.5	20.7	52.8
Household Composition and Parental Employment[5]						
Percent of Children	**Two-parent Household**	**Both Parents Employed Full-time**	**Mother Employed Part-time**	**Mother Employed Full-time**	**Father Employed Part-time**	**Father Employed Full-time**
Children of U.S.-born citizens	83.6	23.9	42.1	31.2	15.0	81.8
Children of immigrants	86.2	18.4	33.0	25.4	17.7	75.8
Early Education Enrollment[6]						
Percent of Children	**Preschool Enrollment, Age 3**	**Preschool Enrollment, Age 4**	**Preschool Enrollment, Age 5**	**Kindergarten Enrollment, Age 5**	**Grade School Enrollment, Age 5**	**Preschool/ Kindergarten Grade School Enrollment, Age 5**
Children of U.S.-born citizens	49.1	79.0	48.5	40.3	0.0	88.8
Children of immigrants	*	*	*	*	*	*

Calculated from Census 2000 5% microdata (IPUMS) by Donald J. Hernandez

* Indicates sample size is too small to produce statistically reliable results.

PROFILE OF YOUNG CHILDREN IN MIAMI-DADE COUNTY, FLORIDA
BIRTH TO AGE EIGHT

	Percent	Number				
Children of U.S.-born citizens	32.6	84,255				
Children of immigrants	67.4	174,337				
Immigrant Status and English Language Proficiency						
Percent of Children	**Parent in U.S. For Less Than 10 Years**	**One Immigrant Parent, One U.S.-born Citizen Parent**	**Mixed-status Nuclear Family[1]**	**At Least One Parent is LEP**	**Two Parents are LEP**	**Linguistically Isolated Household[2]**
Children of immigrants	38.6	26.2	57.1	55.9	34.9	29.3
Poverty and Income						
Percent of Children	**Poor Households (under 100% of poverty)**	**Low-income Households (under 200% of poverty)**	**Basic Budget Poverty[3]**	**Of Children in Poor Households, Percent with a Working Parent**	**Mother Earns Less Than Minimum Wage**	**Father Earns Less Than Minimum Wage**
Children of U.S.-born citizens	24.4	44.7	50.2	55.5	10.4	5.0
Children of immigrants	19.6	47.5	54.1	72.5	14.0	6.4
Parental Education Level						
Percent of Children	**Mother Has Less Than High School Degree**	**Mother is High School Graduate[4]**	**Mother is College Graduate**	**Father Has Less Than High School Degree**	**Father is High School Graduate[4]**	**Father is College Graduate**
Children of U.S.-born citizens	20.7	56.4	22.9	15.0	54.6	30.4
Children of immigrants	25.8	54.5	19.7	28.8	49.1	22.1
Household Composition and Parental Employment[5]						
Percent of Children	**Two-parent Household**	**Both Parents Employed Full-time**	**Mother Employed Part-time**	**Mother Employed Full-time**	**Father Employed Part-time**	**Father Employed Full-time**
Children of U.S.-born citizens	52.7	33.6	31.6	39.8	16.7	75.3
Children of immigrants	80.4	28.6	28.0	36.8	21.3	72.1
Early Education Enrollment[6]						
Percent of Children	**Preschool Enrollment, Age 3**	**Preschool Enrollment, Age 4**	**Preschool Enrollment, Age 5**	**Kindergarten Enrollment, Age 5**	**Grade School Enrollment, Age 5**	**Preschool/ Kindergarten Grade School Enrollment, Age 5**
Children of U.S.-born citizens	54.9	70.8	33.2	47.5	7.8	88.5
Children of immigrants	42.2	63.1	29.1	47.0	7.2	83.3

Calculated from Census 2000 5% microdata (IPUMS) by Donald J. Hernandez

* Indicates sample size is too small to produce statistically reliable results.

PROFILE OF YOUNG CHILDREN IN DEKALB AND GWINNETT COUNTIES, GEORGIA
BIRTH TO AGE EIGHT

	Percent	Number				
Children of U.S.-born citizens	74.6	117,837				
Children of immigrants	25.4	40,166				
Immigrant Status and English Language Proficiency						
Percent of Children	**Parent in U.S. For Less Than 10 Years**	**One Immigrant Parent, One U.S.-born Citizen Parent**	**Mixed-status Nuclear Family[1]**	**At Least One Parent is LEP**	**Two Parents are LEP**	**Linguistically Isolated Household[2]**
Children of immigrants	53.6	21.5	60.7	53.7	37.5	31.3
Poverty and Income						
Percent of Children	**Poor Households (under 100% of poverty)**	**Low-income Households (under 200% of poverty)**	**Basic Budget Poverty[3]**	**Of Children in Poor Households, Percent with a Working Parent**	**Mother Earns Less Than Minimum Wage**	**Father Earns Less Than Minimum Wage**
Children of U.S.-born citizens	7.0	22.9	31.3	73.5	7.0	2.6
Children of immigrants	14.2	43.6	50.4	79.8	12.9	6.9
Parental Education Level						
Percent of Children	**Mother Has Less Than High School Degree**	**Mother is High School Graduate[4]**	**Mother is College Graduate**	**Father Has Less Than High School Degree**	**Father is High School Graduate[4]**	**Father is College Graduate**
Children of U.S.-born citizens	7.7	58.7	33.7	6.5	52.4	41.1
Children of immigrants	29.0	43.3	27.7	29.0	38.6	32.4
Household Composition and Parental Employment[5]						
Percent of Children	**Two-parent Household**	**Both Parents Employed Full-time**	**Mother Employed Part-time**	**Mother Employed Full-time**	**Father Employed Part-time**	**Father Employed Full-time**
Children of U.S.-born citizens	73.4	33.4	34.2	42.8	12.1	84.9
Children of immigrants	90.2	21.2	30.9	27.3	22.0	72.3
Early Education Enrollment[6]						
Percent of Children	**Preschool Enrollment, Age 3**	**Preschool Enrollment, Age 4**	**Preschool Enrollment, Age 5**	**Kindergarten Enrollment, Age 5**	**Grade School Enrollment, Age 5**	**Preschool/ Kindergarten Grade School Enrollment, Age 5**
Children of U.S.-born citizens	54.6	75.0	45.0	45.1	1.5	91.7
Children of immigrants	36.8	57.0	28.2	56.8	5.7	90.7

Calculated from Census 2000 5% microdata (IPUMS) by Donald J. Hernandez

* Indicates sample size is too small to produce statistically reliable results.

PROFILE OF YOUNG CHILDREN IN TULSA, OKLAHOMA
BIRTH TO AGE EIGHT

	Percent	Number
Children of U.S.-born citizens	90.8	62,977
Children of immigrants	9.2	6,391

Immigrant Status and English Language Proficiency

Percent of Children	Parent in U.S. For Less Than 10 Years	One Immigrant Parent, One U.S.-born Citizen Parent	Mixed-status Nuclear Family[1]	At Least One Parent is LEP	Two Parents are LEP	Linguistically Isolated Household[2]
Children of immigrants	61.5	21.9	64.2	69.6	46.0	38.8

Poverty and Income

Percent of Children	Poor Households (under 100% of poverty)	Low-income Households (under 200% of poverty)	Basic Budget Poverty[3]	Of Children in Poor Households, Percent with a Working Parent	Mother Earns Less Than Minimum Wage	Father Earns Less Than Minimum Wage
Children of U.S.-born citizens	17.3	40.7	41.9	72.6	16.4	2.9
Children of immigrants	18.5	52.5	54.1	*	*	4.5

Parental Education Level

Percent of Children	Mother Has Less Than High School Degree	Mother is High School Graduate[4]	Mother is College Graduate	Father Has Less Than High School Degree	Father is High School Graduate[4]	Father is College Graduate
Children of U.S.-born citizens	11.9	64.1	24.0	10.2	59.5	30.3
Children of immigrants	43.3	34.2	22.5	46.8	31.2	21.9

Household Composition and Parental Employment[5]

Percent of Children	Two-parent Household	Both Parents Employed Full-time	Mother Employed Part-time	Mother Employed Full-time	Father Employed Part-time	Father Employed Full-time
Children of U.S.-born citizens	74.1	29.2	36.3	34.7	11.6	85.0
Children of immigrants	86.1	20.3	29.0	25.9	21.8	77.7

Early Education Enrollment[6]

Percent of Children	Preschool Enrollment, Age 3	Preschool Enrollment, Age 4	Preschool Enrollment, Age 5	Kindergarten Enrollment, Age 5	Grade School Enrollment, Age 5	Preschool/ Kindergarten Grade School Enrollment, Age 5
Children of U.S.-born citizens	42.7	64.3	42.4	43.3	1.6	87.3
Children of immigrants	12.6	*	*	*	*	*

Calculated from Census 2000 5% microdata (IPUMS) by Donald J. Hernandez

* Indicates sample size is too small to produce statistically reliable results.

Notes:

1 A family in which at least one sibling or parent is a U.S. citizen and at least one is not.

2 Households in which no one over age 13 speaks English exclusively or very well.

3 Based on all costs for a decent standard of living, including food, housing, other necessities, transportation for work, child care, and health insurance.

4 May have some college.

5 Full-time indicates the parent works 35 hours per week or more, 48 weeks per year or more; part-time indicates the parent works less than full-time. "Both parents employed full-time" includes only two-parent households.

6 The U.S. Census asks parents what grade of school their children age three and older attend. Parents select responses from categories including "Nursery school, preschool." Parents may differ in how they answer this question with respect to their child's participation in center-based programs. Based on state rules for the age of school entry, children who began their kindergarten year at age four would have already turned five by the time of the Census (April 1). Yet, some four-year-olds are reported to be enrolled in kindergarten. It is likely that some of these children were actually enrolled in preschool programs and were erroneously reported as enrolled in kindergarten. For that reason, the data shown here aggregate preschool and kindergarten enrollment for four-year-olds.

Appendix 5. Breaking Down Barriers Advisory Committee Members

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