

Buenos Principios:

Latino Children in the Earliest Years of Life



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BUENOS PRINCIPIOS:

LATINO CHILDREN IN THE EARLIEST YEARS OF LIFE

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This report is the culmination of the NCLR Latino Birth-to-Three Project which examined the status of Latino child development during the earliest years of life from a school readiness perspective. As part of this effort, NCLR formed an advisory committee comprising leading scholars, practitioners, and key advocacy organizations in the field of early childhood education, and convened them for a series of meetings beginning in April 2004. The advisory committee members included George Askew, former Executive Director, Docs for Tots; Jeannette Betancourt, Assistant Vice President, Education and Research, Sesame Workshop; Mary Capello, President and CEO, Texas Migrant Council (an NCLR Affiliate); Glenn Flores, MD, Director, Center for the Advancement of Underserved Children, Medical College of Wisconsin; Eugene Garcia, Chair, National Task Force for Early Childhood Education for Hispanics, Arizona State University; Anne Goldstein, former Director, State Policy Initiatives, Zero to Three; Judy Jerald, former National Early Head Start Coordinator, Office of Head Start; Jane Knitzer, Executive Director, National Center for Children and Poverty; Manda Lopez, former Executive Director, National Migrant and Seasonal Head Start

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Finally, the author thanks NCLR staff for sharing photos of their infants and toddlers – the youngest members of the NCLR *familia*. Their future is our nation's future.

Executive Summary

The research tells us that the earliest years of life – when brain growth and development soar – are crucial to school readiness and future academic achievement. Greater investment in high-quality early childhood education (ECE) programs is key to closing the academic gap between Latino and White children which persists well into secondary school. This gap will remain until policy and funding decisions make it possible for more Latino infants and toddlers to participate in early childhood programs that emphasize culturally appropriate early literacy and language development, support and train parents and caregivers of young children, and allow for greater access to public health programs.

It is vital that our nation invest in the early education and care of Latino children, who are the least likely of any group to attend preschool and who face many barriers to school readiness, such as poverty, linguistic isolation, and lack of access to health care before the age of three. We must address these issues to ensure that Hispanic children – the fastest-growing segment of the U.S. child population – can realize their

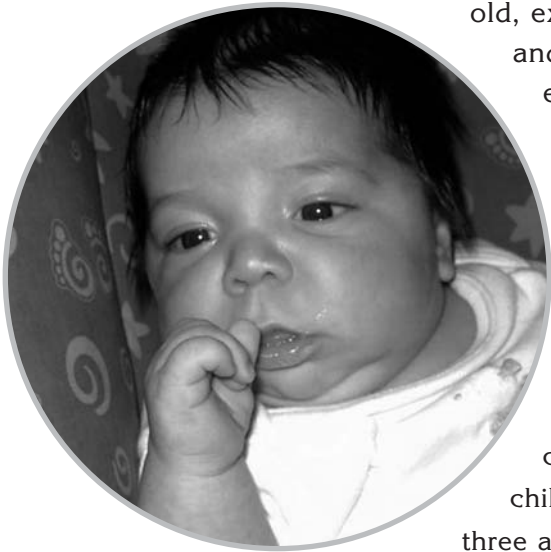
potential and become educated, productive members of society.

This report is intended to inform policy-makers, researchers, and others about the Latino infant and toddler population in the U.S. and to make recommendations for how we can move toward child care, education, and health care systems that work for Latinos and the nation as a whole. The future economic and social well-being of the nation is contingent upon how well the Latino community fares, especially in its educational attainment.

Latino Infants and Toddlers: Demographic Trends, Sociodemographic Characteristics, and School Readiness Factors

The first three sections of this report take an in-depth look at Latino children in the U.S. who are under three years





old, examining their family and living environments, as well as their readiness to enter school.

Who They Are

- Latino children represent the fastest-growing segment of the U.S. child population, with children under the age of three accounting for one in five (21.8%) of all infants and toddlers in the U.S. The number of Latino children from birth to age two is expected to grow from more than 2.2 million in 2000 to more than 5.1 million in 2050.
- The vast majority (97%) of Latino children under the age of three are U.S. citizens, and 64% of these children are members of immigrant families.
- Most Hispanic infants and toddlers are exposed to English as their primary language at home, but more than one-quarter (27.9%) reside in linguistically isolated households; this number increases significantly for young Latinos in immigrant families (43.4%).
- Hispanic children under the age of three reflect the diversity of their community; the majority are of Mexican descent (73%), followed by those from Puerto Rican and South and Central American descent (6% and 14%, respectively).

Where They Live

- Half of all Latino children under the age of three reside in Texas and California. Between 1990 and 2000, states in the Midwest and the Southeast experienced the largest increases in the Latino population under the age of three, such as North Carolina (546.2%), Arkansas (504.4%), and Tennessee (461.9%).
- The majority of Latino infants and toddlers (62.7%) live in two-parent families and are more likely than their Black or White peers to live in households with five or more people.

Their School Readiness

- The families of two-thirds of Hispanic children (67%) under the age of three have income that is 200% below the federal poverty threshold, compared to 39% of White families with infants and toddlers. Economic hardship has an adverse effect on child development.
- Latino children under the age of three are more likely to go without health insurance than any other racial or ethnic group; 63% of young Latino children lack access to a regular medical provider, which is important for healthy development and school readiness.
- Young Latinos (29%) are less likely than their White peers (61%) to be read to on a daily basis. Furthermore, White households with young children have, on average, 83 children's books in the home, compared to 33 children's books in similar Hispanic households. Research suggests this is

an important developmental period for building later reading proficiency.

- Nearly half (39.2%) of Latino infants and toddlers have mothers who did not complete high school; in contrast, 15.7% of their White peers have mothers who did not graduate from high school. Maternal education is a key factor in children's school readiness.
- Two-thirds of Latino working families with infants and toddlers rely on themselves or their relatives for child care; 21% of Latino infants and toddlers are cared for by their parents, and 47% are cared for by other family members. Fewer than 12% of young Latino children attend more formal programs at child care centers. Since many Latino infants and toddlers are cared for in informal settings, greater efforts are required to reach out to these parents and caregivers with child development information.

Strengthening the Safety Net for Latino Infants and Toddlers

The next section of this report examines the successes and the potential of four federal ECE programs that respond most directly to the challenges that Latino infants and toddlers and their families face.

- **The William F. Goodling Even Start Family Literacy Program (Even Start):** This literacy program serves the neediest families with children

under age seven. Nearly half of all Even Start families are Hispanic, and the vast majority of these families have limited English proficiency. Evidence shows that Hispanic families participating in Even Start significantly increase their children's reading activities and help them gain vocabulary. A severe lack of resources, however, prevents many Latino families from benefiting from Even Start services. Congress should restore the program's funding when reauthorizing the Elementary and Secondary Education Act and when setting spending priorities.

- **The Early Head Start (EHS) Program:** EHS plays a significant role in narrowing the school readiness gap for Latinos. Latino children enrolled in EHS have shown better cognitive and language development and are more likely to be in homes that foster early learning than children who are not in EHS. This program is responsive to the needs of Latinos, providing parents and informal caregivers with support, training, information, and referrals to community resources so they can help children





thrive. Although 24% of children in EHS in 2006 were Latino, NCLR estimates that EHS serves merely 3% of the Latino children who are eligible. Congress should help increase resources for this program and ensure that more Latino children benefit from EHS.

○ **The State Children's Health Insurance Program (SCHIP):** SCHIP and Medicaid have helped millions of low-income Latino children whose families do not have private-sector health insurance to gain improved access to preventive care and a regular medical provider through a state health insurance program. While many Latino children are enrolled in SCHIP, an estimated 22% who qualify for the program remain uninsured. Congress will soon consider reauthorization of SCHIP and has the opportunity to broaden access to health coverage by addressing SCHIP's funding shortfall and restoring Medicaid and SCHIP benefits for pregnant women and children who are legal immigrants.

○ **The Child Care and Development Block Grant (CCDBG):** CCDBG represents one of the largest sources of federal funding to states to subsidize early care and education services for low-income families with young children; CCDBG provided \$5 billion to states in 2006. While a portion of funds are designated for infant and toddler services, CCDBG currently lacks the ability to adequately serve Latino families. Many families are unaware that they are eligible for subsidies, encounter difficulties with enrolling in the program, or find that there is no support for informal child care providers. It is estimated that only one in seven eligible children receive subsidy assistance. NCLR supports increased funding for CCDBG to serve additional children, make needed improvements in program quality, and institute stronger accountability measures.

Toward a Latino Infant and Toddler Agenda: Recommendations

The final section of this report contains specific recommendations for federal policy-makers to improve the quality of life and school readiness for Latino children in the U.S. so that they can succeed in school and in life.

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- Make the Early Head Start program available to at least one-half of the eligible child population by increasing EHS funding and flexibility.
- Expand the reach and resources of the Even Start program which has proven particularly effective for Hispanic children but has suffered steep cuts by Congress and the Administration.
- Increase access to health care coverage and services for young Latino children through SCHIP and Medicaid by increasing culturally appropriate outreach, providing sufficient funding, and restoring access to health care coverage for pregnant women and children who are legal immigrants
- Enhance access to high-quality child care services with better funding and federal oversight of CCDBG resources; also, direct more of these resources to infant and toddler services and families with limited English proficiency.
- Enhance the knowledge base on Latino infants and toddlers, which is critical to informing public policy and improving infant and toddler care. This includes improved data collection and research, as well as replicating effective program models.
- Improve implementation of federal ECE, child care, and health programs for communities with limited English proficiency, especially in states in which programs have little experience in providing appropriate services to the rapidly growing population of Latino children and English language learners (ELLs).



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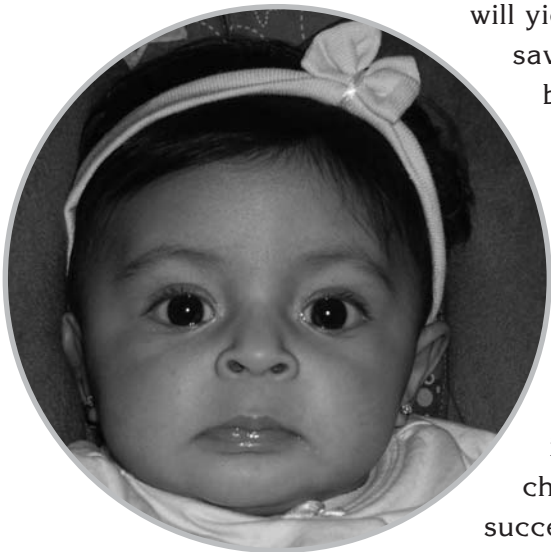
Introduction

The experiences of children during their earliest years of life are inextricably linked to school readiness* and later academic performance. This has been established by a growing body of research in recent years, which demonstrates that critical brain growth and development occur in children under the age of three.¹ In response, policy-makers have sought to increase investments in early childhood programs, particularly for children from

low-income families. While there is a wide variety of policy and programmatic approaches, the underlying assumption is that dollars spent during the years before school, including during the infant and toddler years,



* School readiness is a term which commonly refers to the preparation of a child for entry to kindergarten, including but not limited to competencies associated with cognitive, social, and emotional development and preliteracy and numeracy skills. For more information on this concept, see the National Association for the Education of Young Children's position statement on school readiness, available at: <http://www.naeyc.org/about/positions/PSREDY98.asp>.



will yield significant cost savings and support broader education reform strategies.

Greater investments in high-quality early childhood education (ECE) programs* can increase Latino** children's school

success. These children begin kindergarten significantly behind their White peers, and this gap persists well into elementary and secondary school. For example, a recent study in California reported that 80% of the achievement gap between Latino and White students at grade four is present even before they begin attending school.² Clearly, any attempt to improve Latino academic outcomes in the primary grades must begin well before kindergarten.

However, a significant challenge for closing the Latino achievement gap is the historically low participation rates of

these children in effective ECE programs. For decades, Latino children have been underrepresented in Head Start, the federal government's preschool program for low-income children.³ Moreover, in 2005, less than half (43%) of Hispanic children ages three to five attended center-based ECE programs. In comparison, their White and Black peers participated at much higher rates (59% and 66%, respectively).⁴

Nevertheless, ECE participation rates for Latino preschool-aged children appear to be moving in the right direction. Latino enrollment in regional Head Start programs has steadily increased throughout the last decade, largely due to administrative and regulatory changes undertaken by the U.S. Department of Health and Human Services.⁵ Moreover, as states expand access to preschool education, there is emerging evidence that Latinos will take advantage of new opportunities to enroll their children in preschool programs. For example, an evaluation of the Oklahoma preschool program – available to all four-year-olds in the

* For the purpose of this paper, early childhood education programs are defined as those operated by public, private, for-profit, and nonprofit entities which provide services to children from birth to age five, including but not limited to child care, Head Start, preschool, and early literacy programs.

** The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this paper to identify persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race.

state – revealed that Latino children enroll in numbers relative to their eligibility for the program.⁶ Taken together, the Head Start and Oklahoma examples provide strong evidence that Latinos will participate in ECE programs if the programs are readily available and designed to meet their unique needs.

However, greater access to ECE programs for Latino three- and four-year-olds alone will not ensure that these children arrive at school ready to learn. As previously noted, there is a strong link between early life experiences and success in school. Moreover, studies have shown greater school readiness effects for low-income children when quality preschool education is offered in conjunction with developmentally appropriate infant and toddler programs, particularly those programs that emphasize early literacy and language development.⁷

Unfortunately, since the outcomes for Latinos are dependent on their current well-being, there is reason for great concern. While it is the case that, generally speaking, too few low-income infants and toddlers have access to quality early care and education programs, Latinos face greater barriers in accessing federal programs that support child development, such as the Child Care and Development Block Grant (CCDBG) (the child care subsidy

program) and the State Children's Health Insurance Program (SCHIP). In addition, in recent years, insufficient funding for Early Head Start (EHS) and Even Start has hindered Latinos' participation in these key programs with proven success in preparing Latino children for school. Moreover, there is a dearth of research on the needs and experiences of Latino infants and toddlers. Thus, little information exists to inform public policy and the design of effective ECE programs for Latinos.

The National Council of La Raza (NCLR) has prepared this report to shed light on the status of Latino infants and toddlers from a school readiness perspective. Specifically, this brief will:

- Present data on sociodemographic characteristics that are vital for informing ECE policy and practice for Latinos
- Examine access to and quality of key federal programs serving infants and toddlers from a Latino perspective
- Provide policy-makers with a set of recommendations for enhancing the school readiness of Latino children in the early years



WHY INVEST EARLY?

In the 1990s, a wave of neuroscience research transformed our understanding of the importance of a child's early life experiences. An infant's brain develops at a rapid pace in the first three years of life, reaching 80% of its adult size.* Further, we know unequivocally that the quality of a child's environment, including having access to loving and supportive caregivers, has a profound impact on social, emotional, and cognitive development. This in turn influences later abilities, including those skills associated with doing well in school.

This research sparked a renewed interest in the early years among policy-makers and provided the evidence-base for the creation of Early Head Start, which research has shown is having a favorable impact on the school readiness of low-income infants and toddlers.** In addition, there is a body of research showing that when children are exposed to more than one language, different parts of their brains are stimulated and their brains develop in remarkable ways. Unfortunately, this information has been much less talked about in the early childhood field, and some confusion exists. For example, while many people know that young children can acquire multiple languages very easily, there is often concern that this will lead to delays in speech development.*** However, the research is clear in that dual-language exposure affords many advantages to young children, particularly in the development of reading skills.**** Given the large and growing numbers of young English language learners in the U.S., this information should be widely available to key decision-makers interested in designing early childhood policies and programs that seek to maximize the importance of experiences in the earliest years of life.

* See "Brain Development, Frequently Asked Questions," Zero to Three. Retrieved (April 24, 2007) online at: http://www.zerotothree.org/site/PageServer?pagename=ter_key_brainFAQ

** "Early Head Start Research and Evaluation Project: Early Head Start Works." Washington, DC: Zero to Three, January 2007. Retrieved (March 9, 2007) online at: http://www.zerotothree.org/site/DocServer/Jan_07_EHS_Policy_Brief.pdf?docID=2623

*** See, for example, Petitto, L. A. et al. in "In the Star Light: Research and Resources for English Learner Achievement." Retrieved (April 23, 2007) online at: http://www.sbcscs.k12.ca.us/Cnl/ci_downloads/Starlight_dec-06.pdf

**** *Ibid.*

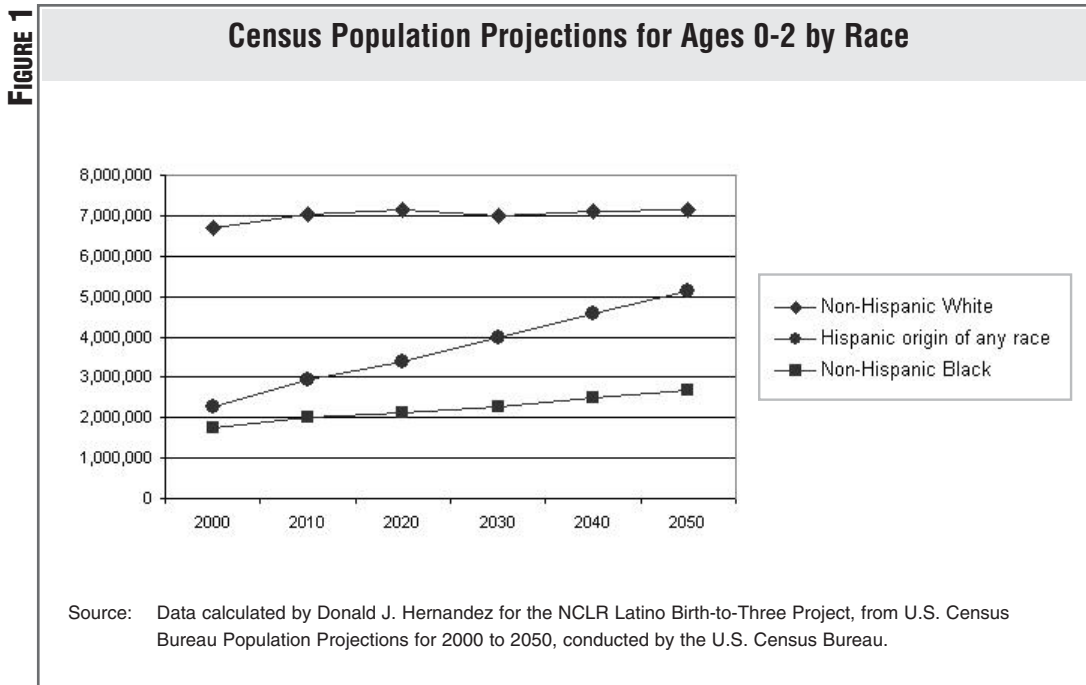
Latino Infants and Toddlers: Demographic Trends

Latino children represent the fastest-growing segment of the U.S. child population, fueling much of the overall growth in the Latino community. Approximately 42.7 million Latinos live in the U.S., constituting 14% of the population.⁸ Among children under the age of three, Latinos represent an even larger share of the population; approximately 2.7 million Latino children are under the age of three, accounting for one in five (22.5%) of all infants and toddlers in the U.S.⁹ The demographic data presented herein support the fact that the future economic and social well-being of the nation is contingent upon how well the Latino community fares, particularly in its educational attainment. In addition, as policy-makers increase investments in ECE initiatives, the overall success of ECE programs will depend upon the degree to which they are effective with young Latino children.

Population Growth

Growth of the young Latino child population is expected to consistently outpace growth for other racial and ethnic groups of children. Calculations of the population growth in the U.S. project that Latinos under the age of three will make up an even larger segment of the U.S. child population in the coming decades. For example, by the year 2050, the number of Latino infants and toddlers is expected to increase dramatically, while growth among White and Black children will remain relatively unchanged (see Figure 1, page 6). This suggests that Latino children are, and will continue to be, important stakeholders in ECE policy debates.





Geographic Distribution

While the majority of young Latino children remain concentrated in a handful of states, many are growing up in states where their presence is a new trend. For example, half of all Latino children under the age of three reside in two states: California and Texas (see Table 1, page 7). However, throughout the last decade, growing numbers of Latino families have settled in areas of the country not traditionally home to Hispanics, such as the Midwest and the

Southeast. This growth has resulted in states such as North Carolina, Arkansas, and Tennessee experiencing the largest increases in the Latino population under the age of three (see Table 2, page 7). Taken together, these data show that access to and quality of ECE programs for Latinos is an issue which is no longer confined to just a few states. Therefore, how well Latinos fare in these programs should be viewed as a key part of a broader national strategy.

TABLE 1

Top Five States with the Largest Number of Latinos Ages 0-2

State	Total Age 0-2	Latino Age 0-2	Percentage Latino
1. California	1,582,911	795,511	50.3%
2. Texas	1,110,973	537,610	48.4%
3. Florida	658,545	175,385	26.6%
4. New York	754,531	155,895	20.7%
5. Illinois	548,607	122,251	22.3%
U.S.	12,044,942	2,720,834	22.5%

Source: Data calculated by Donald J. Hernandez for the NCLR Latino Birth-to-Three Project, from American Community Survey, 2005, conducted by the U.S. Census Bureau.

TABLE 2

Top Five States with the Fastest-Growing Latino Child Population Ages 0-2 by Percent Growth, 1990 and 2000

State	1990	2000	Percentage Increase
1. North Carolina	5,456	29,803	546.2%
2. Arkansas	1,390	7,011	504.4%
3. Tennessee	1,957	9,040	461.9%
4. Georgia	6,866	31,161	453.8%
5. Alabama	1,481	5,552	374.9%

Source: Data calculated by Donald J. Hernandez for the NCLR Latino Birth-to-Three Project, from 1990 and 2000 Summary File 1, conducted by the U.S. Census Bureau.

CULTURAL PREFERENCE: MYTH OR FACT?

For decades, there was a widely held belief that Hispanics' low rates of participation in early childhood programs were the result of a cultural preference for care by a family member (or care in the home). However, in recent years, mounting evidence has affirmatively established this as a myth, at least for preschool-aged children. In fact, Latinos' underutilization of early childhood education programs has more to do with structural barriers, including a low supply of programs in Latino communities, too few bilingual or bicultural staff, and issues with affordability, to name a few.* Moreover, polling data confirm that Latinos are excited about new opportunities to send their children to preschool, and that they support policy-makers' efforts to make these programs more available.** With that said, less is known about Latinos' attitudes toward participation in early childhood programs for children during the infant and toddler years. For example, focus group research conducted by NCLR with Latinas receiving benefits under the Aid to Families with Dependent Children (AFDC)*** program revealed that participants tend to prefer care provided by relatives for their infants and toddlers, but also appear to be interested in nonrelative child care options, if services are linguistically and culturally appropriate and provide educational benefits to their children.**** Moreover, more recent anecdotal evidence acquired from NCLR's network of early childhood Affiliates suggests that while Latinos respond positively to messages about the educational benefits of early childhood programs, they are more likely to use these programs as their children move beyond the infant and toddler years. In the absence of clear research on Latino preferences during the infant and toddler years, efforts to improve the early care and education environments of Latino children under the age of three should focus on removing barriers to participation in early childhood programs while also strengthening support systems for parents and informal caregivers.

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- * See, for example, Hernandez, Donald J., Nancy A. Denton, and Suzanne E. McCartney, "Early Childhood Education Programs: Accounting for Low Enrollment in Newcomer and Native Families" in Mary Waters and Richard Alba, eds., *The Next Generation: Immigrant Youth and Families in Comparative Perspective*. Ithaca, New York: Cornell University Press (forthcoming); and "Latino Families and Child Care Preferences in Metropolitan Chicago." Chicago: Illinois Facilities Fund, June 2003.
- ** See Valencia, Pérez, and Echeveste, *Latino Public Opinion Survey of Pre-Kindergarten Programs: Knowledge, Preferences, and Public Support*. Los Angeles: Tomás Rivera Policy Institute, April 2006.
- *** Aid to Families with Dependent Children (AFDC) is the predecessor to the Temporary Assistance for Needy Families (TANF) program. AFDC operated as a family income support program until 1997 when Congress created TANF in 1996. For more information on AFDC or TANF, see <http://aspe.hhs.gov/HSP/abbrev/afdc-tanf.htm>
- **** See Quiroz, Julia Teresa and Regina Tosca, *On My Own: Mexican American Women, Self-Sufficiency, and the Family Support Act*. Washington, DC: National Council of La Raza, December 1990; and Quiroz, Julia Teresa and Regina Tosca, *Mexican American Women, Work, and Welfare*. Washington, DC: National Council of La Raza, December 1990.

Sociodemographic Characteristics

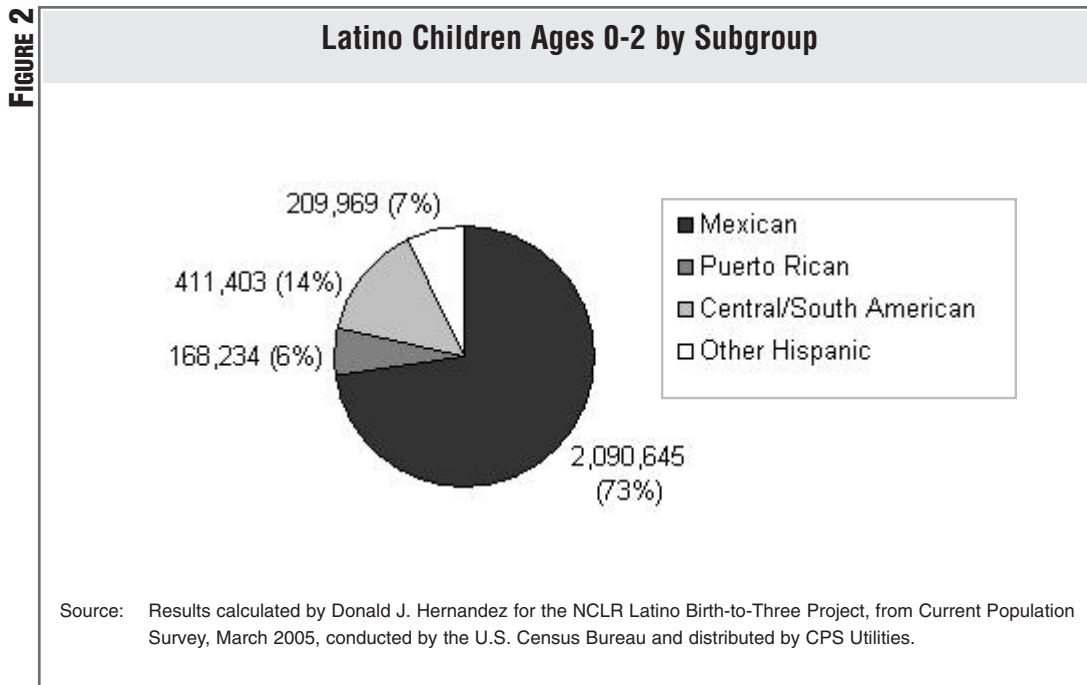
Despite the large and growing presence of young Latino children in the U.S., surprisingly little is known about the conditions that shape their early experiences. This lack of information confounds access to and quality of ECE programs for Latino families. In the following sections, data on key characteristics of Latino families with young children will be presented. The data included were selected based on their implications for the design of effective ECE programs and policies for Latinos.

Diversity Within the Latino Community

The diversity of the U.S. Latino population is reflected in its youngest members. The Latino community in the U.S. is not a monolithic group. Latinos can be of any race, and they vary

considerably in their countries of origin. This diversity is also evident in the Latino child population under the age of three. For example, as shown in Figure 2 (page 10), the majority of young Latino children are of Mexican descent (73%), followed by Puerto Ricans and South and Central Americans (6% and 14%, respectively). These data underscore the importance of disaggregating data by Latino subgroup in research on young children. Failure to do so can mask differences among Latinos, thereby compromising the knowledge base by which to shape ECE policy and practice.





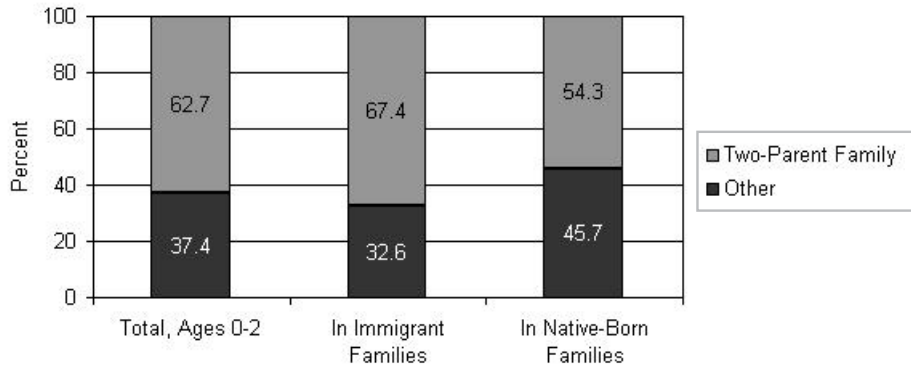
Family Composition

Nearly two-thirds of young Latino children are reared in homes with two parents, and many reside in large households. The composition of the Latino household provides an illustration of the cultural context in which Latino children are raised. The majority of Latino infants and toddlers reside in homes with two-parent families (62.7%) (see Figure 3, page 11). In addition, Latino infants and toddlers are more likely than their Black or White peers to live in larger households. For example, as shown in Figure 4 (page 11), 45.5%

of young Latino children reside in households with five or more people. In comparison, 35.2% of Black and 33.5% of White children live in such households. Together, these data are consistent with other research suggesting that Latinos place a high value on *familia* (family). This is important from a policy and programmatic context because research has documented that Latino infants and toddlers, particularly those in immigrant families, may benefit from certain cultural protective factors associated with a strong sense of family.¹⁰

FIGURE 3

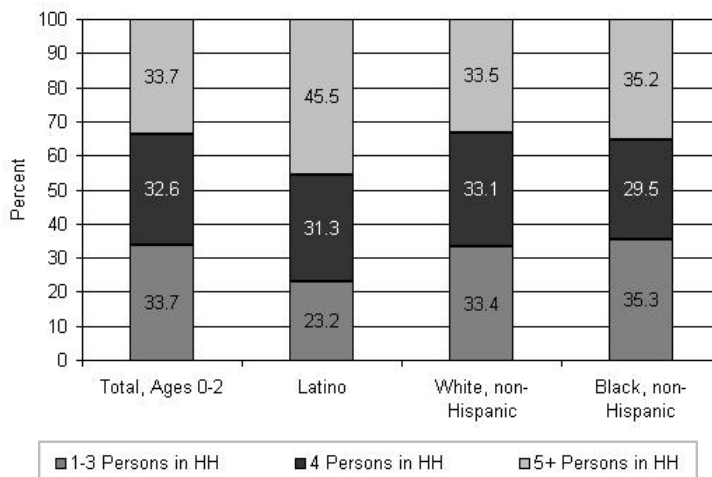
Latino Children Ages 0-2, Percent in Two-Parent Families by Immigrant and Native-Born Status



Source: Results calculated by Donald J. Hernandez for the NCLR Latino Birth-to-Three Project, from Current Population Survey, March 2005, conducted by the U.S. Census Bureau and distributed by CPS Utilities.

FIGURE 4

Children Ages 0-2, Percent in Larger Households by Race and Ethnicity

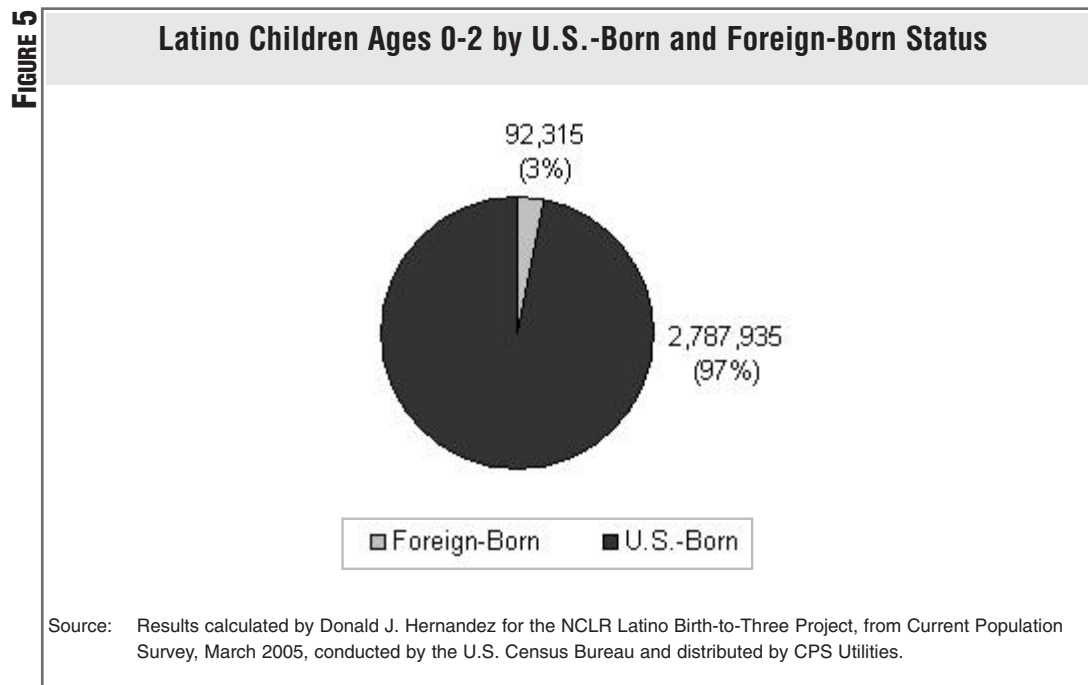


Source: Results calculated by Donald J. Hernandez for the NCLR Latino Birth-to-Three Project, from Current Population Survey, March 2005, conducted by the U.S. Census Bureau and distributed by CPS Utilities.

Immigration

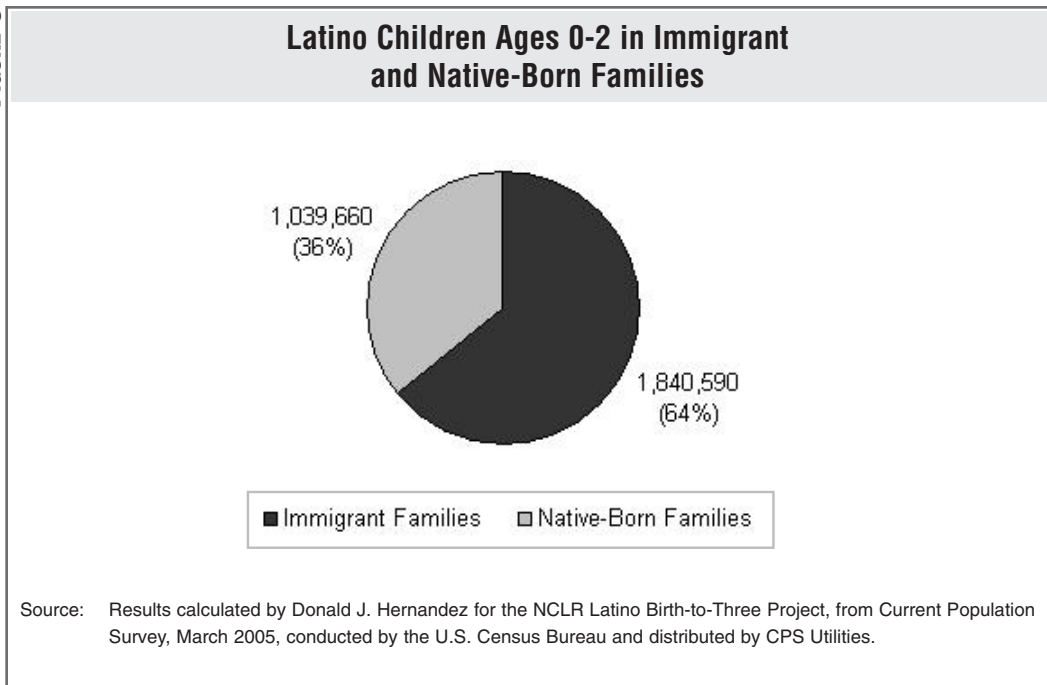
The vast majority of young Latino children are U.S. citizens with at least one immigrant parent. An overwhelming majority of Latino infants and toddlers are U.S.-born (see Figure 5). Thus, most Latino children under the age of three – by themselves – are eligible for federal ECE programs, including CCDBG. However, the vast majority of young Latino children live in immigrant families where at least one

parent is foreign-born (see Figure 6, page 13). The presence of an immigrant parent or family member in the household can serve as a barrier to Latinos’ participation in ECE programs. This is largely due to confusion regarding differing eligibility requirements for federal ECE programs, and fear that enrollment in such programs may have an adverse impact on the immigration status of the noncitizen parent.*



* The U.S. Citizenship and Immigration Services can deem an immigrant, who is likely to become “primarily dependent on the government for subsistence,” as a public charge. Such a finding can lead to severe hardships with respect to adjusting one’s immigration status, including deportation in extreme cases. Research has documented that fear of a “public charge” determination has a chilling effect on the participation of immigrants in public benefits programs. However, enrollment in most public benefits programs, including Head Start and subsidized child care, would not qualify an immigrant as a public charge. For more information on public charge, see the Center on Budget and Policy Priorities report, *The INS Public Charge Guidance: What Does it Mean For Immigrants Who Need Public Assistance?*, by Shawn Fremstad, January 2000.

FIGURE 6



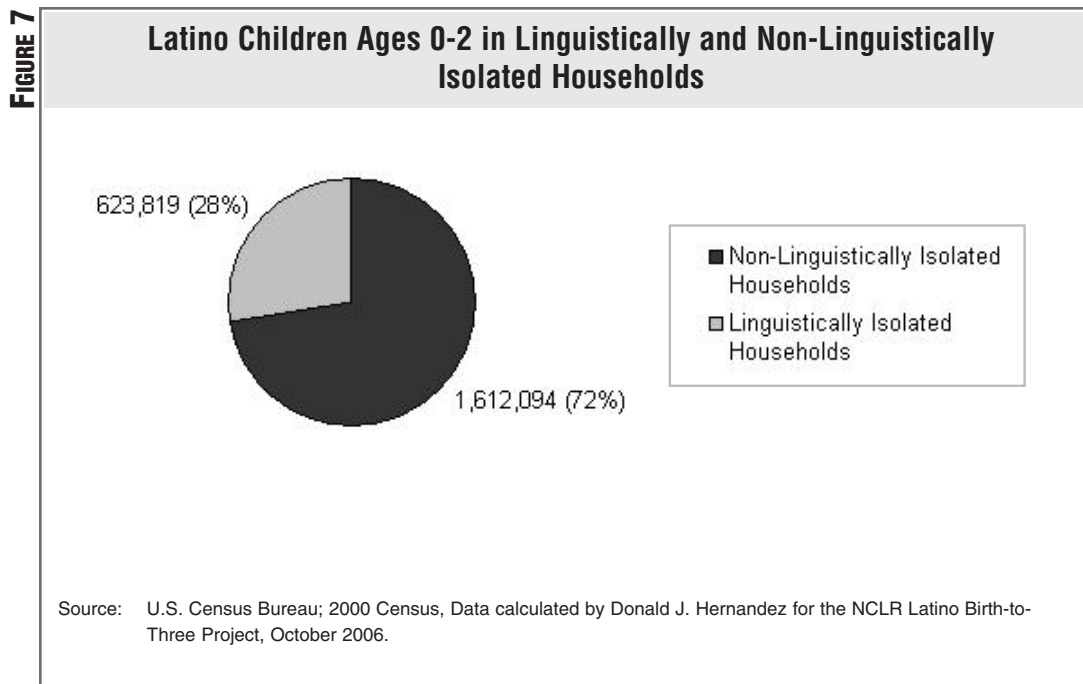
Home Language

More than one-quarter of young Latino children reside in linguistically isolated homes. The Census Bureau does not collect data on the primary language of individuals under the age of five. Indeed, all children in this age range are language learners – English, Spanish, or otherwise. However, given the importance of language status on ECE policy and practice for Latinos, it is imperative to approximate the home language environments of young Latino children. One approach for calculating the number of Latinos under the age of

three residing in Spanish-speaking homes is to use the Census Bureau’s measure of linguistic isolation (households where no one over the age of 13 speaks English only or English very well). According to data from the 2000 Census, 28% of Latino infants and toddlers resided in linguistically isolated households (see Figure 7, page 14). In addition, young Latino children in native-born families are less likely to be linguistically isolated than young Latino children in immigrant families (5.1% and 43.4%, respectively).¹¹ Thus, these data indicate that while most Hispanic infants

and toddlers are exposed to English as their primary language in their home environments, a significant number are not. These data have important implications for ECE programs: a significant number of young Latino

children require services that build on their home language, and many parents need services that are provided in their native language.



School Readiness Factors

A groundbreaking report, *From Neurons to Neighborhoods: The Science of Early Childhood Development*,¹² shed light on the importance of the earliest years of life on human development and sparked much debate regarding how to maximize new understandings of neuroscience to shape parenting behaviors and prevent societal ills such as school failure. While the report stated that human development occurs on a continuum, it also underscored the importance of child development before the age of three. According to the report, during this time period, the foundation for certain skills and competencies vital for school and life success are established, and children's experiences can place them on a trajectory of achievement or risk.

In addition to this new information regarding the importance of the early years on human development, much research has examined how certain characteristics influence children's development, particularly pertaining to how well children are prepared for the

first day of school. For example, it is widely understood that school readiness strongly correlates with factors such as maternal education, poverty, access to health care and wellness services, early care experiences, and access to early literacy resources.¹³ The following sections present data on how Latinos fare on these key factors known to impact school readiness.

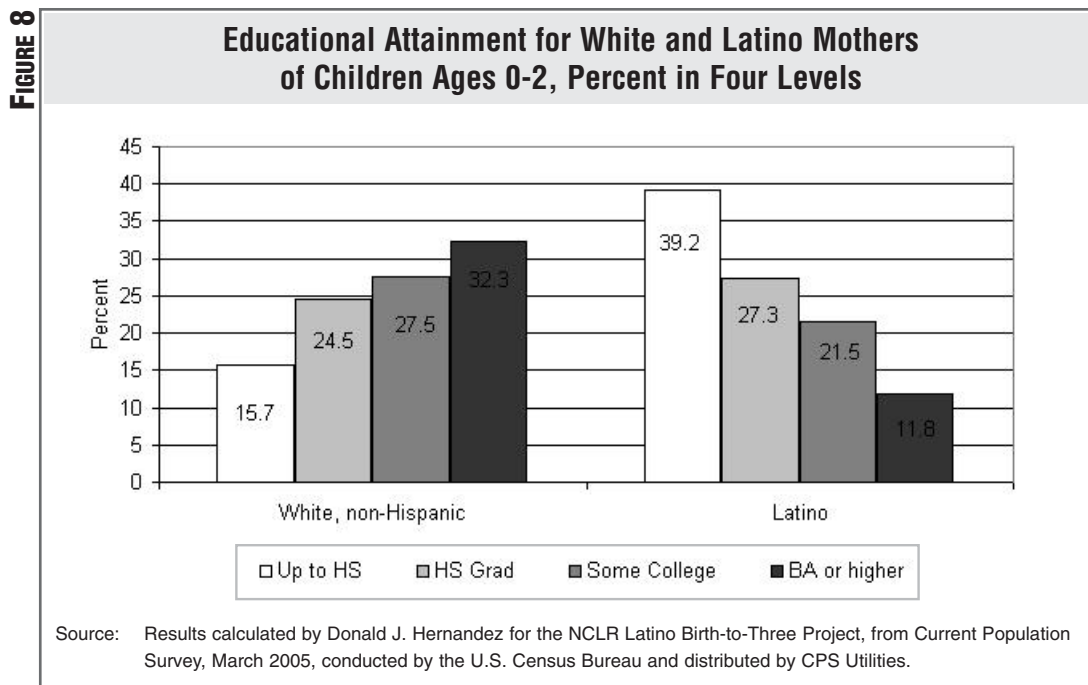


Maternal Education

Nearly half of Latino infants and toddlers have mothers who did not complete high school. Young Latino children have a greater likelihood than their White counterparts of being raised by mothers with lower rates of educational attainment. For example,

as shown in Figure 8, 39.2% of Latino infants and toddlers have mothers who did not complete high school; in contrast, 15.7% of their White peers have mothers who did not graduate from high school. As previously noted, maternal education levels are strongly correlated with a child’s school readiness. Thus, in order to be effective for Latino families, ECE

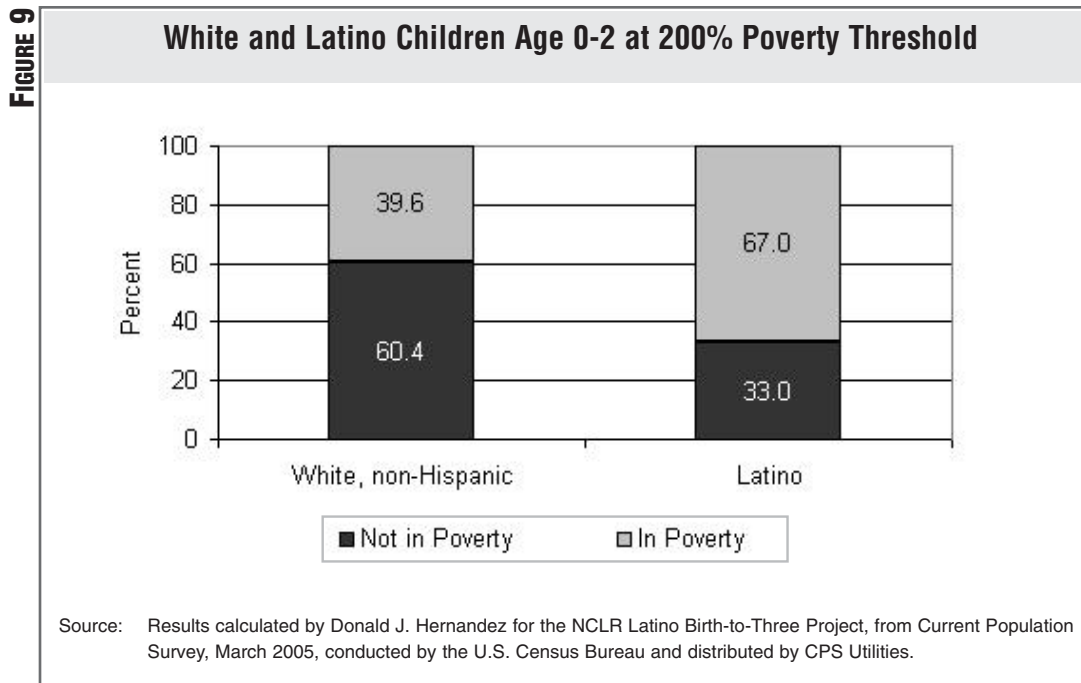
programs should provide robust parent education and training services. Moreover, ECE programs, similar to the Even Start and Head Start models, should serve as a resource for parents to access job training and education programs.



Poverty

Two-thirds of Latino infants and toddlers reside in low-income households. Latino children under the age of three are more likely than their White peers to be born into economically disadvantaged families. For example, approximately 67% of Latino infants and toddlers reside in families whose income is below 200% of the federal poverty threshold, compared to 39% of infants and toddlers in White families (see Figure 9). Economic

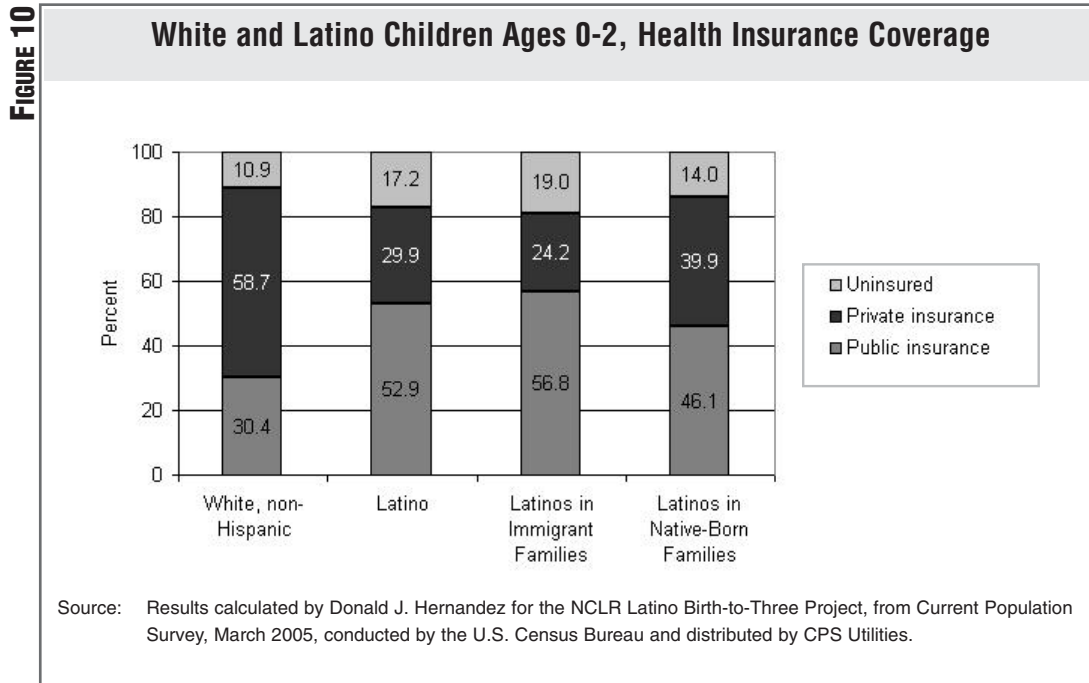
hardship during the earliest years of life can have an adverse effect on child development and school readiness.¹⁴ This is often due to higher levels of parent stress, inadequate health coverage, and a lack of resources for quality child care, among other factors. These data indicate that the vast majority of Latino families struggle to afford quality ECE services on their own. In addition, ECE programs should work to mitigate the effects of poverty for Latinos by linking families to health, nutrition, and social services.



Health Care Access

Latino children under the age of three are more likely than their White peers to lack health insurance. In general, Latino children are more likely than any other racial or ethnic group of children to be uninsured.¹⁵ Consistent with this pattern, far too many Latino infants and toddlers begin their lives without adequate health care. For example, as shown in Figure 10, 17.2 % of Latino infants and toddlers are uninsured. In comparison, 10.9% of White infants and toddlers do not have health insurance.

In addition, a nationally representative survey of young Latino children found that 63% lack access to a regular medical provider compared to 52% of White children.¹⁶ Taken together, these statistics show that Latino infants and toddlers may have trouble receiving routine medical care important for healthy development and later school readiness, including regular well visits which monitor an infant’s growth, screen for developmental delays, and allow for timely completion of vaccinations, among others.

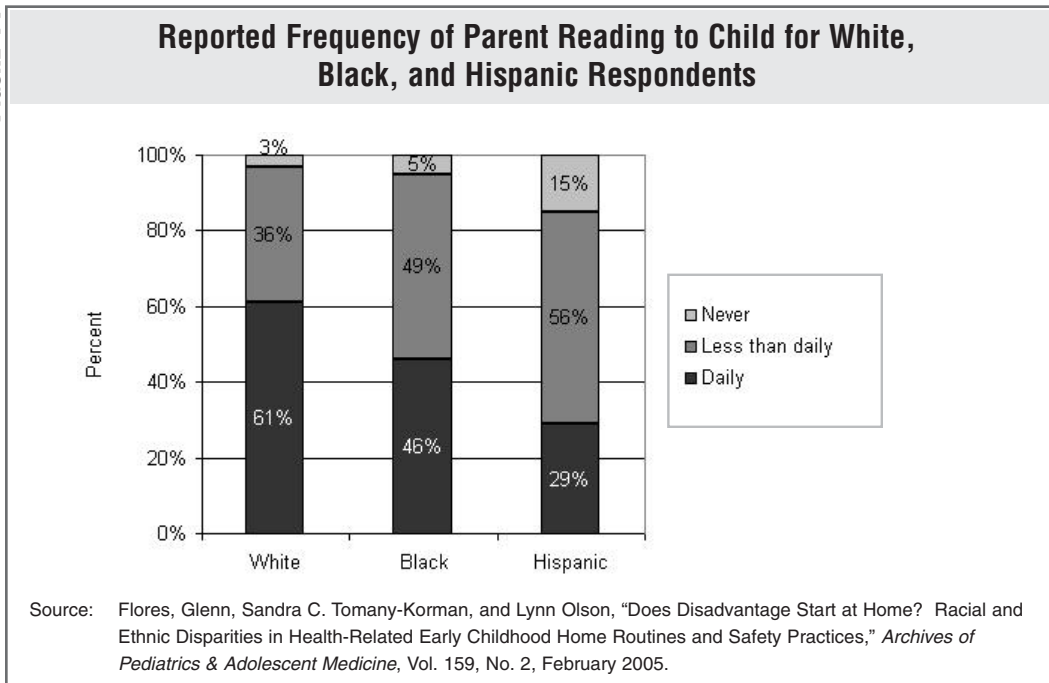


Early Literacy

Latino infants and toddlers have less access than White children to reading activities and resources. Young Latino children are less likely to be read to, and have fewer books in the home, than their White peers. For example, a nationally representative survey of households with children ages four to 35 months revealed that three in ten Hispanic (29%) children are read to on a daily basis compared to six in ten White children (see Figure 11). Moreover, White households with young children have, on average, 83 children’s books in the home, compared to 33 in similar

Hispanic households. These data underscore the need for ECE programs to provide parents with literacy tools and information. In addition, other research points to the need for reading resources and activities to be available to Latinos in their home language. For example, Latinos often cite the limited availability of Spanish-language books as reason for not reading to their children on a regular basis.¹⁷ Moreover, despite evidence citing the benefits of native-language literacy activities, Latinos often report that they do not read to their children because they cannot do so in English.¹⁸

FIGURE 11



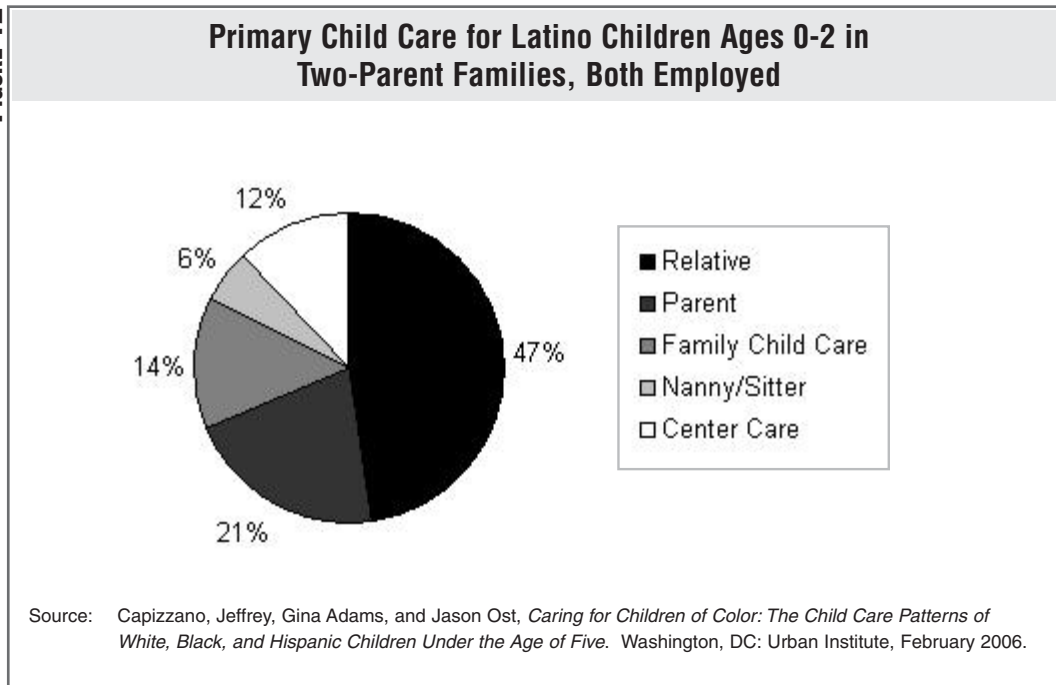
Early Care

The vast majority of Latino families with young children depend on relatives to care for their children rather than center-based child care programs.

Nearly two-thirds of Latino working families with infants and toddlers rely on themselves and/or other family members for child care. For example, as shown in Figure 12, 47% of Latinos under the age of three with employed

parents are cared for by their relatives, and another 21% are cared for by their parents. Moreover, significantly fewer young Latino children (12%) access child care services through center-based programs. These data suggest that efforts to improve child care quality for Latinos must include informal providers, given that the vast majority of Latino infants and toddlers receive care in these settings.

FIGURE 12



Strengthening the Safety Net for Latino Infants and Toddlers

Young Latino children are reared in families with various strengths, such as the presence of extended family members, a strong work ethic demonstrated by high labor force participation rates, and an unwavering commitment to education as a means to self-betterment and prosperity.¹⁹ In addition, there is evidence that young Latino children in immigrant families benefit from cultural protective factors which serve to improve health outcomes, known in the literature as the healthy immigrant effect.* For example, the healthy immigrant effect may account for the low infant mortality rates and normal birth weights for

Latinos.²⁰ These family characteristics certainly have a positive effect on Latino child development. However, high rates of poverty and health uninsurance, low levels of maternal education, lack of access to quality early learning environments, and challenges associated with language minority and immigration status place tremendous strains on Latino families. Moreover,



* The “healthy immigrant” effect is a phenomenon by which less acculturated immigrants, particularly Latinos, display greater health outcomes, despite the presence of significant risk factors that are associated with poorer health outcomes in other populations, such as poverty and lack of health insurance. For more information on this, see Flores, Glenn and J. Brotanek, “The Healthy Immigrant Effect: A Greater Understanding Might Help Us Improve the Health of All Children,” *Archives of Pediatrics & Adolescent Medicine*, Vol. 159, March 2005.



despite their potential, these challenges position Latino infants and toddlers on a trajectory of risk for poor health outcomes and school failure.

The federal government provides a safety net for low-income children and families through a patchwork of family and income support programs intended to bolster economic self-sufficiency and ensure that families receive help in meeting their basic needs. Among these, the Child Care and Development Block Grant (CCDBG) and the State Children's Health Insurance Program (SCHIP) are two programs with strong potential to address the needs of vulnerable infants and toddlers, including Latinos. However, policy-makers must ensure that these programs are fully accessible to, and designed to meet the unique needs of, Latino families. Fortunately, the pending reauthorizations of SCHIP and CCDBG will afford policy-makers these opportunities.

In addition, two federal ECE programs – Even Start and Early Head Start – have demonstrated effectiveness in promoting school readiness for Latinos under the age of three. Unfortunately, a severe

lack of funding hinders the participation of many eligible Latino children. As such, the positive outcomes associated with participation in these programs are limited to the few children fortunate enough to receive the service offered. Moreover, these programs remain small in scope; because they do not reach all eligible children, their ability to make a significant impact on Latinos' school readiness scores will remain minimal unless they are brought to scale.

In the following sections, the four programs noted above will be briefly examined. We focus on these four because they respond most directly to the challenges faced by Latino infants and toddlers. We highlight elements of success for Latinos and discuss areas where a fresh look is required to enhance these programs for Latino families.

Even Start

In 1988, the William F. Goodling Even Start Family Literacy Program was created to support family literacy activities that integrate early childhood education, adult literacy and education, parenting education, and structured parent and child literacy interactions. Even Start projects are intended to serve the neediest families with children from birth to age seven. Moreover, Even Start is the only U.S. Department of Education literacy program that serves children under the age of three.

Given the program's focus on early childhood literacy, including infants and toddlers, and its strong emphasis on parent education, Even Start addresses critical needs for Hispanic families with young children.

Unlike other federal programs in which Hispanic children are underrepresented despite high eligibility rates, the Even Start program has been successful in reaching some of the most educationally disadvantaged families in the Hispanic community. Nearly half (46%) of all Even Start families are Hispanic, and the vast majority of these families are limited-English-proficient (LEP).²¹ Moreover, Even Start funding includes a set-aside for programs oriented toward serving migrant families, who often face challenges in accessing ECE services due to mobility issues.

In addition, evidence shows that Hispanic families participating in Even Start programs are making significant gains. For example, during the 2004-2005 program year, an evaluation of Even Start programs in California, in which the vast majority of participants were Hispanic and LEP, revealed that 97% of Even Start parents with young children reported an increase in reading activities with their children and reading materials for both their children and themselves in the home.²² Furthermore, in Texas, a statewide evaluation comparing children receiving Even Start services to a control group revealed that

participation in Even Start produced larger gains in vocabulary for preschool-aged children who participated during the infant and toddler years.²³ Approximately 92% of the Even Start children in this study were Latino.

Unfortunately, a severe lack of resources prevents many Hispanic families from benefiting from Even Start services. In fiscal year 2007, the program was funded at \$99 million. This figure represents a 60% cut from its funding level of \$225 million in fiscal year 2005.²⁴ As a result of this steep cut, many Even Start programs have been eliminated. For example, last year, California eliminated 73 of its 151 programs. One of the main reasons for Even Start's funding shortfall is a pervasive misconception that the program does not work. This can largely be attributed to findings from a study conducted by the U.S. Department of Education, in 2003, in which the program's effectiveness was called into question. However, it is important to note that this study contained serious methodological flaws for Hispanic participants, who were overrepresented in the study's sample.²⁵ Thus, this evaluation does not provide reliable





or valid information regarding the value of the program, including for Latinos.

Even Start is a critically important education program, particularly for Latino immigrant and LEP families. To this end, Congress should take a fresh look at Even Start in the context of reauthorizing the Elementary and Secondary Education Act (ESEA) and when setting spending priorities. Both ESEA reauthorization and budget and appropriations legislation provide an opportunity to expand the reach of the program to serve more Latinos. This will go a long way toward narrowing school readiness gaps between Hispanic children and their peers.

Early Head Start

The Early Head Start (EHS) program was established in 1994 to provide child development and family support services to low-income pregnant women, infants, and toddlers. EHS programs offer services to families through a variety of delivery mechanisms, such as home-based visitation, center-based care, or a combination of both. In addition, EHS

programs must adhere to a rigorous set of performance standards that help to ensure program quality and the provision of comprehensive services, including intensive parent involvement and links to health and social services.

EHS can play a significant role in narrowing the school readiness gap for Latinos. This has been confirmed by a congressionally mandated evaluation of EHS in which Latinos accounted for 24% of the 3,000 families included in the study's sample.²⁶ This report showed that, compared to a control group, Latino children in EHS performed better in various child development domains, such as cognitive and language development. In addition, Latino EHS parents were more likely to provide home environments that foster early learning.²⁷ For example, these parents were more likely to read to their children on a daily basis in comparison to parents who did not receive EHS services. It is also important to note that this evaluation provides the most solid evidence to date on the impact of high-quality infant and toddler programs on the school readiness of Latino children under the age of three. A similar rigorous evaluation examining the impact of high-quality ECE services on infants and toddlers, the Carolina Abecedarian Project, included predominantly African American children.²⁸ Thus, findings could not be generalized to Latino children.

In addition, the EHS program's design is responsive to the needs of Latinos. As previously mentioned, EHS programs deliver high-quality ECE services in various settings, including in the home. This has the potential to make the program more attractive for Latino parents, who may have a preference for non-center-based care for their infants and toddlers. Further, the home visitation component of EHS can work to support informal providers, including relatives, who represent the majority of caregivers for Latino children under the age of three (with both parents in the workforce). For example, EHS is piloting a project which reaches out to informal caregivers (family, friend, and neighbor child care providers) in order to provide them with key supports, including information on child development, links to training networks and relevant community resources, and greater access to children's materials such as books, cribs, and toys.²⁹ In addition, these home visitors conduct critically important safety inspections and, in many instances, make equipment available such as car seats and electric outlet protectors.³⁰ Thus far, an evaluation of the pilot project shows promising results, including for LEP informal caregivers, who accounted for 12% of the caregivers in the project.³¹ For example, findings suggest that home visits help to reduce isolation among informal providers and to increase their knowledge of child development, among other things.³²

Despite strong evidence demonstrating the favorable impact of EHS services, this program is largely unavailable to many families who would benefit from it. In the 2006 program year, 24% of children in EHS were Latino (approximately 28,000). NCLR estimates that this amounts to a mere 3% of the Latino eligible child population.³³ This is consistent with national estimates of the share of eligible families served by EHS.³⁴ In addition, under current law, the children of migrant and seasonal farmworkers do not benefit from EHS services. Despite the fact that Migrant and Seasonal Head Start (MSHS) programs have served infants and toddlers since the program's inception, these programs are excluded from applying for EHS funds. Thus, MSHS programs do not receive critically important training and technical assistance specific to the needs of children under the age of three. Moreover, these programs cannot offer services to pregnant women.

During the reauthorization of the Head Start Act, Congress should set ambitious goals for increasing resources for the program. In addition, EHS can also be expanded by providing Head Start programs with the flexibility to serve infants and





toddlers, if there is a demonstrated need for such services in their communities. Last, EHS should be made available to MSHS providers. Taken together, these policies will greatly enhance Latinos' participation in this highly effective program.

participating in the program reported improved access to preventive care and a regular medical provider.³⁷

SCHIP, in conjunction with Medicaid, has helped to increase health insurance coverage for millions of Latino children.³⁸ However, millions more Latino children, including those under the age of three, are income-eligible for the program but lack coverage. For example, it is estimated that approximately 22% of Hispanic children who qualify for SCHIP remain uninsured.³⁹

State Children's Health Insurance Program

The State Children's Health Insurance Program (SCHIP) was created in 1997 to extend health insurance coverage to low-income, uninsured children in the U.S. whose families' earnings do not allow them to qualify for Medicaid or gain coverage in the private sector. By a variety of measures, the program has achieved its intended purposes. Since the program's inception, enrollment rates have steadily increased, contributing to an overall decline in the number of uninsured children.³⁵ For example, the Urban Institute estimates that the number of uninsured children declined by 1.8 million between 1999 and 2002.³⁶ In addition, a congressionally mandated SCHIP evaluation showed that children

The pending reauthorization of SCHIP can remedy this by making several key changes. Foremost, the federal ban on participation in SCHIP for immigrant children should be lifted. In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act barred legal immigrants from accessing important safety-net services, including federal Medicaid and SCHIP, for the first five years that they live in the U.S and erected additional barriers that hinder their access to care, even when they are eligible. Any SCHIP reauthorization bill should include provisions that restore access to Medicaid and SCHIP for lawfully residing pregnant women and children. This would increase participation in the program for Hispanic children and ensure that their mothers receive critical prenatal services.

In addition, the SCHIP funding shortfall should be addressed as part of reauthorization. Additional funding above current levels is required just to maintain health coverage for children already enrolled in the program. Further, there should be funding to expand access to serve new children who are income-eligible for the program. Last, a portion of new SCHIP

resources should be dedicated to expanding outreach and enrollment activities for Latino and LEP populations through the use of community-based organizations. These providers are rooted in the community and often have the trust of and the ability to assist families in navigating the complexities of public health coverage programs.

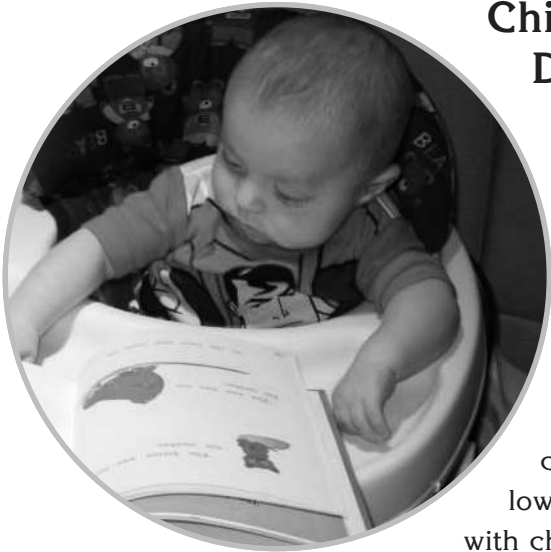
DISCRIMINATING AGAINST NEWBORNS

Despite the fact that the overwhelming majority of Latino infants and toddlers are U.S. citizens, they can still be targeted by discriminatory policies that jeopardize their health status and participation in public health programs. For example, in July 2006, the Centers for Medicare and Medicaid Services implemented a new policy which would have required certain immigrant parents receiving emergency Medicaid services to produce paperwork proving U.S. citizenship status of their child for the purposes of covering that child under Medicaid at the time of birth. In effect, this policy placed an undue burden on U.S.-born children of immigrants, while all other children, who are not born to immigrants, are assumed to be U.S. citizens by virtue of their birthplace. The state of Washington challenged this policy in a lawsuit claiming that it violated the Equal Protection Clause of the U.S. Constitution and estimated that approximately 8,000 infants would have been affected in the state.* In addition, the medical community, including the American Academy of Pediatrics and the American Academy of Family Physicians, warned that such a policy could result in the denial of immediate medical care to newborns for conditions detected after birth.** Fortunately, this ill-advised policy was reversed in March 2007, and automatic one-year eligibility for the program was restored to newborns whose mothers received emergency Medicaid services at the time of labor and delivery.*** However, this should serve as a powerful example of how too many Latino children are vulnerable to attacks that threaten their ability to begin life on a level playing field with their peers.

* "Medicaid Wants Citizenship Proof for Infant Care," *New York Times*, November 3, 2006. Retrieved (April 23, 2007) online at: <http://www.nytimes.com/2006/11/03/washington/03medicaid.html?ex=1177560000&en=e1b5de2eea53edcd&ei=5070>.

** "New Policy Ends Automatic Medicaid Eligibility for U.S.-Born Infants of Low-income, Undocumented Immigrants." Menlo Park, CA: Kaiser Family Foundation, November 3, 2006. Retrieved (March 29, 2007) online at: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=40840

*** "All Low-Income Newborns to Receive Equal Access to Medicaid." Washington, DC: Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, March 20, 2007. Retrieved (April 23, 2007) online at: <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2091&intNumPerPage=10&checkDate=&checkKey=&srchType=&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=1,+2,+3,+4,+5&intPage=&showAll=&pYear=&year=&desc=&cboOrder=da>



Child Care and Development Block Grant

The Child Care and Development Block Grant (CCDBG), created in 1990, provides resources to states to subsidize child care expenses for low-income families with children under the age of 13. Under CCDBG, the federal government gives states broad discretion to design their child care programs. However, CCDBG provisions also require states to offer parents vouchers to purchase the child care of their choosing, including care offered by relatives, center-based child care programs, and family child care homes. In addition, CCDBG provides resources to enhance the overall quality of the child care market. These funds support activities such as training and technical assistance systems for child care providers and state child care resource and referral agencies which help to inform parents about their child care

options. It is also important to note that CCDBG reserves a small percentage of funds for activities aimed at enhancing the availability and quality of infant and toddler care.

CCDBG represents one of the largest sources of federal funding for early care and education. In fiscal year 2006, the federal government provided \$5 billion in CCDBG funds to states. Of this, \$98 million was set aside for infant and toddler services, and another \$170 million for quality improvement activities.⁴⁰ Thus, CCDBG can play a critical role in enhancing the early care experiences of Latino infants and toddlers. However, in its current form, CCDBG is limited in its ability to adequately serve Latino families. A recent General Accounting Office (GAO) report confirmed that Latino families confront numerous barriers when seeking financial assistance for child care. For example, the report stated that Hispanic LEP families are often unaware of their eligibility for subsidies and, when they are aware, face difficulties enrolling in the program due to a lack of bilingual staff and/or translated materials, including

application forms.⁴¹ In other instances, parents were concerned that enrolling their child in the program would have an adverse impact on their immigration status or that of a member of the household.⁴²

The barriers noted above are exacerbated by a lack of accountability at the federal level. Under CCDBG, states are not required to collect data on the language proficiency of subsidy recipients or report to the federal government on how they will provide access to LEP populations as part of their state plans. Further, there is little oversight and monitoring at the federal level. For example, the GAO reported that one state in particular is requiring all members of households to document citizenship or legal residency in order to qualify for a subsidy, despite this being in direct conflict with federal guidance clarifying eligibility for child care subsidy assistance for immigrant families.*

A lack of funding for CCDBG also presents challenges for Latino families, in terms of both access and quality. It is estimated that a mere one in seven eligible children receive subsidy assistance.⁴³ Moreover, since 2000,

approximately 250,000 children have exited the subsidy system due to a lack of federal funds.⁴⁴ Given the above-mentioned challenges for Hispanic families in accessing the subsidy system, a climate of scarce resources makes it even more unlikely that these families will participate in the program in equitable numbers.

In addition, the CCDBG quality improvement and infant and toddler set-asides are too small in scope to make an impact on the supply of quality child care overall and infant and toddler care specifically. This means that states will forgo activities with the potential to address the needs of Latinos. For example, under CCDBG, it is permissible to use quality improvement set-aside funds to support activities for informal providers. However, limited quality improvement resources place states in the difficult position of targeting resources to benefit the largest numbers of children.⁴⁵ As such, informal caregivers, such as relatives, often do not benefit from quality improvement activities funded with these dollars. Given the large



* At the time of this writing, approximately eight months after the release of the GAO report, and presumably close to a year after the GAO researchers called this to the attention of federal officials, this state policy remains in effect.

numbers of Latino infants and toddlers in informal care, quality improvements should work to enhance all aspects of the child care market. Further, inadequate funding for quality initiatives constrain efforts to target training to LEP providers, who may require language accommodations themselves to fully benefit from state training and technical assistance activities. The GAO found in its report that while there were some efforts in states to reach out to LEP providers, these opportunities were limited, including training activities that were required for licensure.⁴⁶

There is broad consensus that our nation's child care policy falls short of meeting the needs of low-income families and working families in general. The reasons for this are complex and, as such, the policy solutions are equally

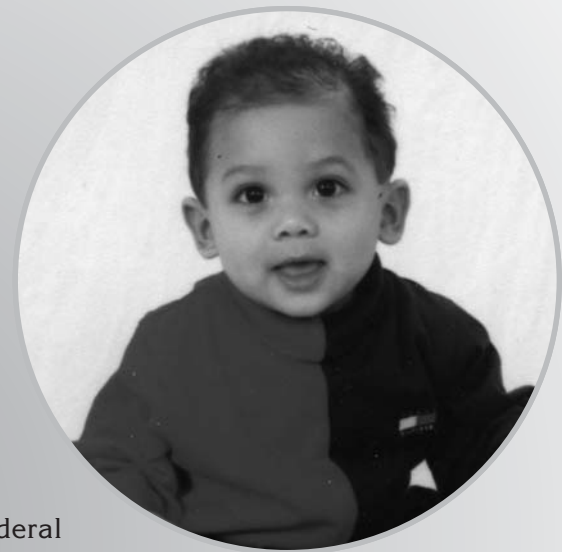
complex and multifaceted and beyond the scope of CCDBG. However, in the interim, improvements can be made to CCDBG which will strengthen our nation's child care system, particularly for Latino families with young children. To this end, NCLR supports ambitious but necessary increases in CCDBG funding to serve additional children and to support quality improvement initiatives. However, new funds alone will not address the needs of Latinos. There must also be greater accountability for serving LEP families in the child care subsidy system. Additionally, a portion of resources for quality initiatives must be targeted to activities that reach informal caregivers and LEP providers.

Toward a Latino Infant and Toddler Agenda: Recommendations

In the last decade, the nation has become aware of the changing demographics of its child population. America's schools, child care centers, and health care providers are delivering services to children from diverse backgrounds, particularly Latino, English language learner (ELL), and immigrant children. This has resulted in new attention directed toward these children. Despite this, Latino children in their earliest years of life continue to be overlooked, and their unique needs are rarely discussed in policy debates. NCLR hopes that this report serves to spark this long overdue dialogue.

The following set of recommendations provides a broad framework to guide federal policy-makers on how they can

support young Latino children, particularly those who face the multiple challenges to school readiness outlined previously. Specifically, we offer recommendations on (1) how to bolster federal safety-net programs serving Latino children under the age of three, (2) the inclusion of Latino infant and toddler issues in research agendas, (3) the development of effective technical assistance strategies, and (4) enhanced implementation of federal language access provisions. This should be viewed as a beginning step for





addressing the needs of Latino infants and toddlers, not as a comprehensive agenda. To this end, NCLR recommends the following:

- **Preserve and expand the reach of the Even Start program.** Even

Start addresses critical early literacy needs of young Latino children and their families. However, this valuable program suffers from misinformation about its effectiveness, particularly for Hispanic and LEP children. As a result, thousands of Hispanic children have been affected by the closing of programs brought about by steep funding cuts by Congress and the Administration. In addition, mounting evidence shows that Even Start is particularly effective in providing low-income and LEP parents with the skills and training required to support their children's education and fulfill their roles and responsibilities afforded to them under the No Child Left Behind Act.

Rather than eliminate Even Start, Congress should double the program's resources from a baseline of its fiscal year 2005 funding level of \$225 million. This would allow Even Start to continue to provide critically important family literacy services, while also expanding the program's ability to support a basic tenet of the No Child Left Behind Act – parent involvement. Further, Congress and the Administration should ensure that future evaluations of Even Start yield valid and reliable information about how this program addresses the needs of Latinos and LEPs. Last, Even Start should focus on services to young children – those ages birth to five – while still continuing to provide services to school-aged children.

- **Make Early Head Start (EHS) available to at least one-half of the eligible child population.** The EHS program has proven to be effective in supporting the school readiness of Hispanic children. However, the program is available only to a small percentage of eligible children, including Latinos. Thus, the program is limited in its ability to make a significant impact in reducing the achievement gap of Hispanic children overall.

Congress can reach the ambitious goal of serving 50% of the eligible child population by increasing the percentage of Head Start funds set aside for EHS and appropriating the necessary funds to reach these targets, and by allowing Head Start programs the flexibility to convert existing slots to serve infants and toddlers, if they adhere to the EHS program guidelines and practices. In addition, EHS can be more effective in serving Latino children by allowing MSHS programs to compete for EHS funds.

- **Increase access to health care coverage and services for young Latino children.** SCHIP, complemented by Medicaid, has been successful in providing a health care safety net for millions of children, including Latinos. However, a funding shortfall for the program, in conjunction with language and immigration status barriers, prevents Latinos from fully benefiting from the program. As a result, Latino children, including infants and toddlers, continue to have alarmingly high rates of health uninsurance, limiting their access to preventive care and a regular medical provider.

To remedy this, Congress should undertake the following actions as part of SCHIP reauthorization. First, restore access to Medicaid and SCHIP

for immigrant children and pregnant women. This can be best accomplished by including the “Legal Immigrant Children’s Health Improvement Act (ICHIA) of 2007,” (H.R. 1308/ S. 764) into any SCHIP reauthorization proposal. ICHIA eliminates the major barriers to federally funded health care coverage for immigrant children and pregnant women, including the five-year bar to services. Next, ensure culturally appropriate outreach activities that are proven effective and targeted to underserved populations. The inclusion of the “Community Health Workers Act of 2007” (S. 586) into any SCHIP reauthorization bill would help to accomplish this goal. Finally, provide sufficient funding for SCHIP by increasing funding by \$60 billion over five years.

- **Enhance access to high-quality child care services.** CCDBG can play a critical role in enhancing the early care experiences of Latino infants and toddlers. However, in its current form, CCDBG is limited in its ability to adequately serve Latino families. The





reasons for this include little accountability and federal oversight for serving LEP and immigrant families, and insufficient funding which constrains states' efforts to serve informal caregivers and conduct culturally and linguistically appropriate outreach and training to caregivers who are LEP.

Congress should fund CCDBG at levels that ensure access to subsidies for children currently in the system, address backlogs of children in need of financial assistance for child care, and expand quality improvement initiatives and funding for infant and toddler activities. Congress should also require states to include a description of how they will conduct outreach to LEP populations as part of their CCDBG state plans, and collect data on subsidy recipients disaggregated by race, ethnicity, and primary language. In addition, a portion of quality improvement and infant and toddler funds should be set aside to demonstrate and evaluate culturally and linguistically appropriate outreach

activities for LEP populations and training for LEP informal caregivers. Finally, the Administration should ensure a child development focus in our nation's child care policies by reinstating the Child Care Bureau as an independent entity from the Office of Family Assistance, which is primarily focused on policies and programs related to family income support.

- **Enhance the knowledge base on Latino infants and toddlers.** There is a limited knowledge base by which to inform public policy and design effective infant and toddler programs for Latino children under the age of three. For example, data are seldom disaggregated by Latino subgroup, race, ethnicity, and language status. This can mask important differences within Latino subgroups, or disparities in access to services. Moreover, research projects are seldom designed in such a way that addresses key issues for Latinos, such as language access and immigration status. When researchers, including those in federal agencies, fail to ask the right questions, policy-makers are not fully informed about the needs of these children when developing legislation. In addition, while there are exemplary practices in early childhood education

and child care, little is done to replicate them. Improving data collection and research, as well as replicating effective programs, will improve infant and toddler care.

Congress and the Administration can take immediate steps to address these issues by including researchers with expertise in bilingualism and/or language access issues in research projects; making data available that are disaggregated by race, ethnicity, primary language, and subgroups of children, when possible; and forming an interagency task force which includes the U.S. Department of Education and the U.S. Department of Health and Human Services to develop a research agenda for English language learner children ages birth to five. In addition, Congress should fund the replication of effective program models, including but not limited to the following:

- ▶ *The AVANCE preschool and parent education model*
- ▶ *The Even Start and Home Instruction for Parents of Preschool Youngsters (HIPPY) program*
- ▶ *Prenatal care program*
- ▶ *Family child care/kinship care training programs*
- ▶ *Home visitation programs*

- **Improve implementation of federal programs for LEP communities.** A growing number of Latino and ELL children are in states in which programs have little experience in providing appropriate services to these children and their families. In addition, Latinos in these states are often new Americans who are LEP and have little knowledge of the programs available to enhance school readiness and healthy development. Thus, legislative remedies to improve access to and quality of federal early childhood education, child care, or health programs may not by themselves ensure effective service provision.

Federal agencies must develop more robust technical assistance strategies for states and localities with new populations of Latinos and LEPs. Such technical assistance must include training in providing linguistically and culturally competent services to these children and their families. Moreover, programs in these states and localities should receive technical assistance and training on effective



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outreach to LEP communities.

Finally, federal agencies should vigorously enforce Title VI of the Civil Rights Act of 1964 to ensure that LEP children and families are not denied

services, and should clarify to service providers that immigrant families are eligible to participate in certain federally funded programs.

Conclusion

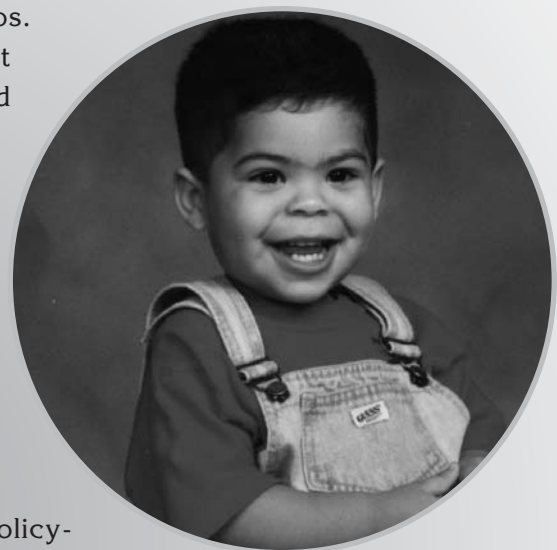
The research is consistent, clear, and beyond dispute; the earliest years of life matter greatly for success in school and in life. Children's early experiences set them on a trajectory of future success or failure, and our nation has the ability to lay the foundation for shaping the future for millions of children.

Currently, many young Latino children are in families who provide them with a safe, nurturing environment. However, various measures of school readiness – maternal education, poverty, quality of early care and preschool programs, health care access, and access to literacy resources – show that Latino children face barriers during the critical early years which they must overcome to realize their potential. Addressing these issues is critical for Latinos and the nation as a whole.

Latinos are the fastest-growing segment of the U.S. child population. The demographics show that this is a population that cannot be ignored. The effectiveness of various safety-net programs should be measured by how

well they serve Latinos. Simply put, we do not have functioning child care, education, or health care systems unless they work for Latinos. Clearly, as a nation we can do more.

This report is intended to inform a variety of sectors – policy-makers, researchers, and other stakeholders – about the Latino infant and toddler population and the steps we can take to improve their school readiness. The complexity of factors affecting Latino school readiness can be addressed through the key programs identified in this paper. While the issues are complex, the solutions are straightforward. Improving the school readiness of Latino infants and toddlers is an achievable goal, which ultimately will shape positive futures for our nation's young Latino children.



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