



The Challenges of Change

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

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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.

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

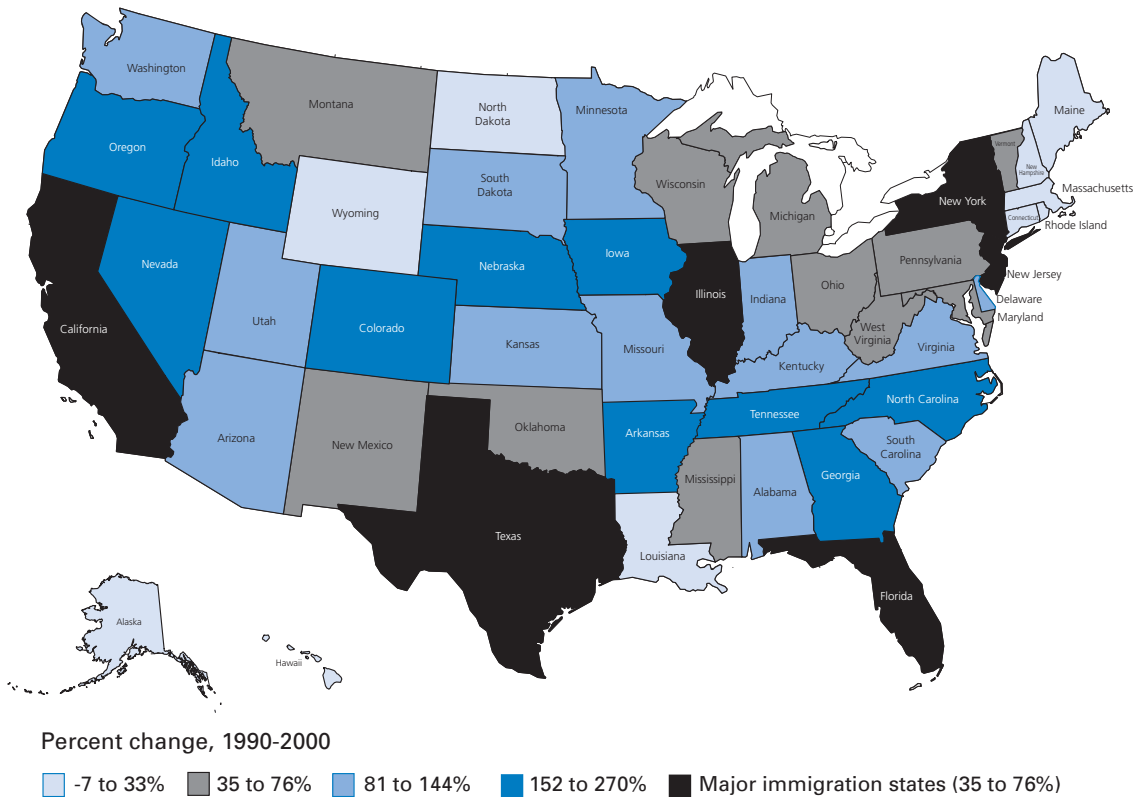
7 Capps et al., *Promise or Peril*.

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

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

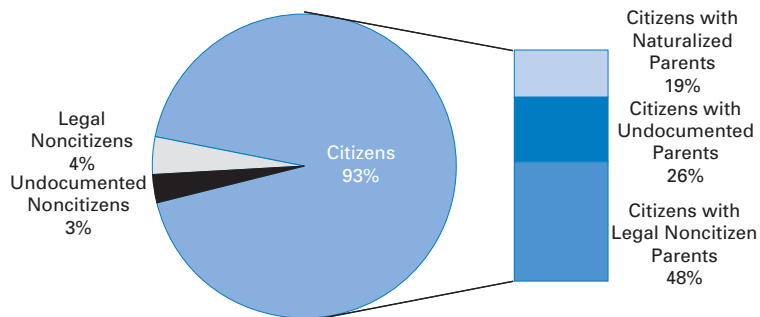
10 Capps et al., *The Health and Well-Being of Young Children of Immigrants*. The Urban Institute estimated the number of undocumented residents based on data from the U.S. Current Population Survey (which does not report whether noncitizens are legal or undocumented) and data from the U.S. Department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

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*.

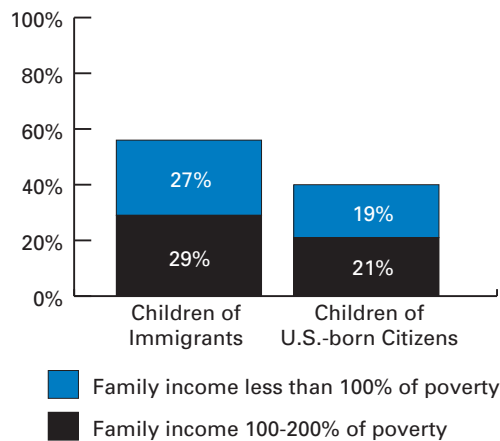
14 Capps et al., *The Health and Well-Being of Young Children of Immigrants*.

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.

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

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*.

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

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/lsp/text.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

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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.

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

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

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*.