

Centers Serving High Percentages of Young Hispanic Children Compare Favorably to Other Centers on Key Predictors of Quality

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Abstract:

In this brief, the National Research Center on Hispanic Children & Families uses recent national data to better understand the predictors of quality of ECE centers that serve significant numbers of low-income Hispanic children from birth through age 5. Examples of predictors of quality include the use of a published curriculum, specific instructional practices, or ongoing support for professional development of ECE providers/teachers.

Keywords: Early care education | Preschool | Hispanic children | Low-income families | Educational quality

*****Note: Full text of article below**

Centers Serving High Percentages of Young Hispanic Children Compare Favorably to Other Centers on Key Predictors of Quality

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and Michael López

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Why research on low-income Hispanic children and families matters

Hispanic or Latino children currently make up roughly 1 in 4 of all children in the United States,^a and by 2050 are projected to make up 1 in 3, similar to the number of white children.^b Given this increase, how Hispanic children fare will have a profound impact on the social and economic well-being of the country as a whole.

Notably, though, 5.7 million Hispanic children, or one third of all Hispanic children in the United States, are in poverty, more than in any other racial/ethnic group.^c Nearly two thirds of Hispanic children live in low-income families, defined as having incomes of less than two times the federal poverty level.^d Despite their high levels of economic need, Hispanics, particularly those in immigrant families, have lower rates of participation in many government support programs when compared with other racial/ethnic minority groups.^{e-g} High-quality, research-based information on the characteristics, experiences, and diversity of Hispanic children and families is needed to inform programs and policies supporting the sizable population of low-income Hispanic families and children.

^a Federal Interagency Forum on Child and Family Statistics. (2015). *America's children: Key national indicators of well-being, 2015, Table POP3*. Washington, D.C.: Government Printing Office. Retrieved from <https://www.childstats.gov/americaschildren/tables.asp>

^b Ibid.

^c DeNavas-Walt, C., & Proctor, B.D. (2015). *Income and Poverty in the United States: 2014, Table B-2, Current Population Reports, P60-252*. Washington, D.C.: U.S. Department of Commerce, U.S. Census Bureau. Retrieved from <http://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-252.pdf#TableB-2>

^d Lopez, M. H., & Velasco, G. (2011). *Childhood poverty among Hispanics sets record, leads nation*. Washington, D.C.: Pew Research Hispanic Center. Retrieved from <http://www.pewhispanic.org/2011/09/28/childhood-poverty-among-hispanics-sets-record-leads-nation/>

^e Williams, S. (2013). *Public assistance participation among U.S. children in poverty, 2010*. Bowling Green, Ohio: National Center for Family & Marriage Research. Retrieved from <http://www.bgsu.edu/content/dam/BGSU/college-of-arts-and-sciences/NCFMR/documents/FP/FP-13-02.pdf>

^f Lichter, D., Sanders, S., & Johnson, K. (2015). *Behind at the starting line: Poverty among Hispanic infants*. Durham, NH: University of New Hampshire, Carsey School of Public Policy. Retrieved from <http://scholars.unh.edu/cgi/viewcontent.cgi?article=1250&context=carsey>

^g Child Trends Databank. (2014). *Health care coverage*. Bethesda, MD: Child Trends. Retrieved from <http://www.childtrends.org/?indicators=health-care-coverage>

Overview

High-quality early childhood programs can have a positive impact on children's development,^{1,2} and these positive effects are often more pronounced for Hispanic^a children³ than for non-Hispanic children.^{4,5} We still have limited knowledge, though, on the characteristics and quality of early care and education (ECE) centers that serve Hispanic children. Having this understanding is particularly important now; recent research suggests that Latino children ages 5 and under are enrolling in early care and education centers at rates higher than ever before.⁶

Direct observations of the educational features of ECE programs, such as teacher-child interactions and available materials, are the gold standard for assessing classroom quality. However, collection of these data is time- and resource-intensive. Instead, researchers have identified and established the validity of characteristics that predict ECE classroom quality. Such indicators are easily quantified activities that have been shown to be associated with observed quality and can be reasonably collected as part of large-scale state or federal policy initiatives. Examples of predictors of quality^b include the use of a published curriculum, specific instructional practices, or ongoing support for professional development of ECE providers/teachers.⁷

In this brief, we use recent national data to better understand the predictors of quality of ECE centers that serve significant numbers of low-income Hispanic children from birth through age 5. We compare ECE centers serving a high proportion of Hispanic children with ECE centers serving a low proportion of Hispanic children^c to see how they differ on various predictors of quality. We draw upon data from the 2012 National Survey of Early Care and Education (NSECE), which was designed to assess several predictors of quality.

^a In this series, we use the terms *Hispanic* and *Latino* interchangeably.

^b We use the term "predictors of quality" to signify characteristics of ECE programs that are associated with classroom quality in the research literature, but are not direct measures of quality. "Predictors" and "indicators" of quality are also used interchangeably in this brief to provide ease of readability.

^c We use 25 percent as the cut-off for defining "high-Hispanic-serving" centers for two reasons. First, 1 in 4 children (25 percent) in the United States today is Hispanic. Second, higher cut-offs would result in the inclusion only of providers serving communities with large densities of Hispanics. High-Hispanic-serving indicates whether greater than 25 percent or more of the children enrolled are Hispanic.

Key Findings

Overall, we found that ECE centers with a large proportion of Hispanic children are either exceeding or are comparable to other centers on most predictors of quality. High-Hispanic-serving centers are doing as well and even outpacing low-Hispanic-serving centers in terms of staff coaching and mentoring experiences and program report of curriculum use. Additionally, children and families who enroll in high-Hispanic-serving centers are more likely to have access to health screenings and other family support services.

- **Nationally, more than 1 in 5 (22 percent) of all ECE centers serve high proportions of Hispanic children.**
- **We find evidence of a marked split in the Hispanic makeup of our nation's ECE centers. Low-Hispanic-serving centers tend to have either none or few Hispanic children enrolled, while those that are high-Hispanic-serving tend to be majority-Hispanic.**
- **High-Hispanic-serving centers are generally superior to low-Hispanic-serving ones in terms of providing benefits to staff, such as health insurance and retirement programs.**
 - However, high-Hispanic-serving centers are less likely than low-Hispanic-serving centers to offer tuition remission for children of staff members to enroll in the center.
- **High-Hispanic-serving centers are more likely to offer screenings and family support services to children and families than other centers.**
- **Professional development experiences offered by high-Hispanic-serving centers are also comparable to or exceed those of centers serving small proportions of Hispanic children.**
 - Directors and teachers in high-Hispanic-serving centers are more likely to report the availability of mentoring or coaching experiences for staff compared to directors and teachers in low-Hispanic-serving centers.
 - Staff in high-Hispanic-serving centers are as likely as their peers in low-Hispanic-serving centers to receive financial support or time away from work in the classroom (release time) for college coursework or training.
- **Staff turnover in high-Hispanic-serving centers is lower, which means children have more stability in adults employed at the center. However, compared with low-Hispanic-serving centers, child-adult ratios in high-Hispanic-serving center are higher.**
- **Differences between high- and low-Hispanic serving centers in predictors of quality may be a function of their funding sources (e.g., public funding vs. tuition), however, we did not directly test this association in this brief.**
 - We did find that two thirds of high-Hispanic-serving centers receive public sources of funding compared to one third of low-Hispanic-serving centers.

About this brief

This brief complements other Center efforts to better understand the early care and education experiences of Latino children and the characteristics of early care and education available in their communities. This brief uses data from the National Survey of Early Care and Education (NSECE)—a set of four integrated, nationally representative surveys that describe the ECE landscape in the United States.

Other related briefs are:

Crosby, D.A. & Mendez, J.L. (2016). *Hispanic Children's Participation in Early Care and Education: Amount and Timing of Hours by Household Nativity Status, Race/Ethnicity, and Child Age*. Bethesda, MD: The National Center for Research on Hispanic Families & Children.

Crosby, D.A., Mendez, J.L., Guzman, L., & López, M. (2016). *Hispanic Children's Participation in Early Care and Education: Type of Care by Household Nativity Status, Race/Ethnicity, and Child Age*. Bethesda, MD: The National Center for Research on Hispanic Families & Children.

Guzman, L., Hickman, S., Turner, K., & Gennetian L. (2016). *Hispanic Children's Participation in Early Care and Education: Perceptions of Care Arrangements, and Relatives' Availability to Provide Care*. Bethesda, MD: The National Center for Research on Hispanic Families & Children.

These publications and forthcoming briefs in the series can be accessed on the Center's website at: <http://www.hispanicresearchcenter.org/nrc/resources/publications/>.

Methodology

The 2012 National Survey of Early Care and Education (NSECE) is a set of four nationally representative surveys that describe the early care and education (ECE) landscape in the United States. It sampled: 1) households with children under 13, 2) home-based providers of ECE, 3) center-based providers of ECE, and 4) the center-based provider workforce. This brief uses publicly available data from the center-based provider and workforce surveys.

For the center-reported predictors of quality, we use the Center-based Quick Tabulation and Center-based Public Use data files, which contain information about center-based programs serving children from birth to 5 years of age who are not yet in kindergarten (N=7,771). Data were collected via interviews that were typically conducted with ECE program directors and included questions about operating schedule, enrollment, rates and revenues, staffing, professional development, and services provided.

For the workforce-reported predictors of quality, we use the Workforce Quick Tabulation data file, which contains variables derived from a representative survey of teachers, aides, and assistants working at least 5 hours a week in centers with children up to age 5 who are not yet in kindergarten (n=4,832). The information included in this dataset includes personal characteristics, work experiences, professional development activities, and opinions and attitudes toward caregiving. For this brief, we limited our analysis to centers and did not include home-based providers such as family or neighbor child care. Also, for the professional development predictors of quality, we examined both the center-reported and teacher-reported information to see if they were congruent.

We used information provided by center-based directors about the race/ethnicity of children currently enrolled in their program to classify all centers into two categories based on the proportion of Hispanic children. In **high-Hispanic-serving centers**, Hispanic or Latino children made up 25 percent or more of total enrollment. In **low-Hispanic-serving centers**, Hispanic or Latino children made up less than 25 percent of total enrollment. We then conducted descriptive analyses, testing the statistical significance of mean differences between high- and low-Hispanic-serving centers. Significant differences are noted in the text, figures, and summary tables. All estimates were weighted using the sampling weights provided in the NSECE data files.

Results

Nationally, more than 1 in 5 (22 percent) of all ECE centers serve high proportions of Hispanic children. A close examination of the distribution of the proportion of Hispanic children suggests a possible bifurcation in our nation's ECE centers. Most low-Hispanic-serving centers actually serve no or few Hispanic children, while Hispanic children make up a majority in many high-Hispanic-serving centers.

Specifically, we find that for low-Hispanic-serving centers (serving less than 25 percent of Hispanic children):

- 30 percent have no Hispanic children enrolled,
- 50 percent have Hispanic enrollment between 1 and 10 percent, and
- 20 percent have Hispanic enrollment between 11 and 24 percent.

Among high-Hispanic-serving centers (serving greater than 25 percent of Hispanic children):

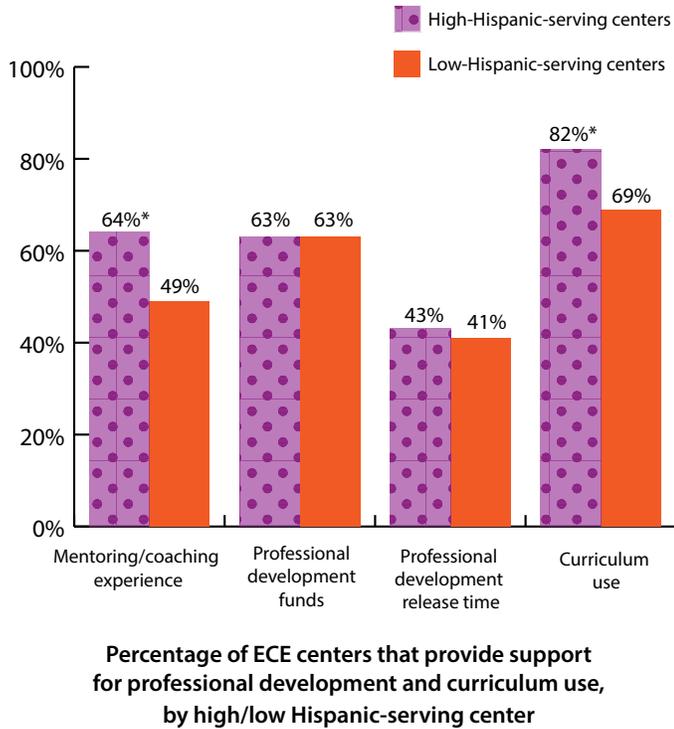
- 29 percent have Hispanic enrollment between 25 and 39 percent,
- 26 percent have Hispanic enrollment between 40 and 59 percent,
- 25 percent have Hispanic enrollment between 60 and 79 percent,
- 11 percent have Hispanic enrollment between 80 and 99 percent, and
- 9 percent have 100 percent Hispanic enrollment.

How centers fare in terms of their predictors of quality may be closely related to their sources of funding. Sources of public funding for ECE centers are often tied to requirements around child-staff ratios and staffing credentials and training requirements, for example. We find that high-Hispanic-serving centers are more likely to have public sources of funding. Overall, about two thirds of high-Hispanic-serving centers indicated that they had this source of support. In contrast, just one third of low-Hispanic serving centers reported receiving public funding.

Nationally, **more than 1 in 5 (22 percent)** of all ECE centers serve high proportions of Hispanic children.

Overall, the results show that high-Hispanic-serving centers are on par with or better than low-Hispanic-serving centers in providing professional development and curriculum use (See Figure 1). The offer of coaching and mentoring experiences, which are critical supports for effective teachers in ECE classrooms, was more frequently reported in high-Hispanic-serving centers. There were no differences in the percentages of high- and low-Hispanic-serving centers that offer either funding or time away from the classroom (release time) for ECE staff to pursue professional development.

Figure 1. High-Hispanic-serving centers are more likely to offer mentoring or coaching experiences to staff and to use a curriculum than low-Hispanic serving programs



Source: 2012 National Survey of Early Care and Education Center-based Quick Tabulation Data File
 Notes: *Statistically significant differences at $p < 0.05$ level between high- and low-Hispanic-serving centers. Results are weighted.

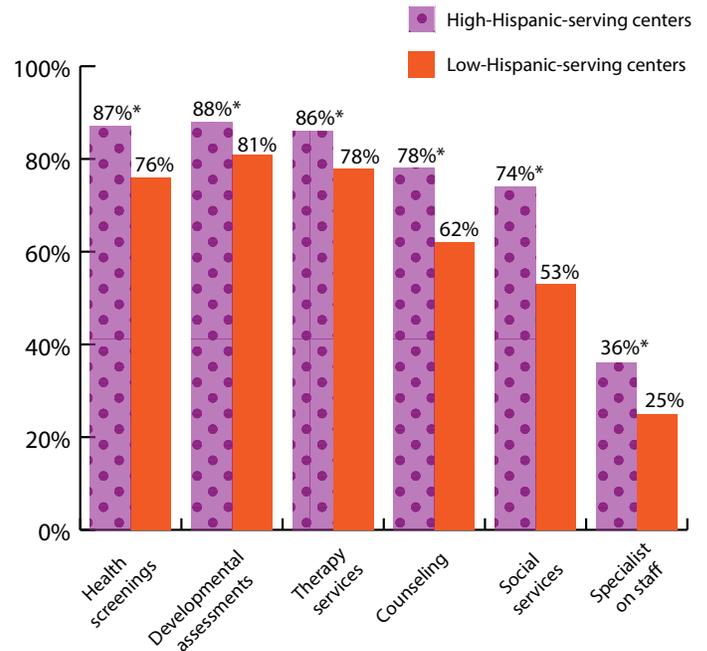
Rates of curriculum use vary slightly, with directors at high-Hispanic-serving centers reporting higher rates of curriculum use than those in low-Hispanic-serving centers.

When teachers/providers were surveyed directly, rates of curriculum use were high and equivalent across high- and low-serving-Hispanic centers, with 86 percent of teachers in both groups reporting using a curriculum (See Figure 3). This difference across director and teacher reports could be due to our analysis of a broad yes or no question regarding curriculum use, as opposed to detailed data on which specific and evidence-based curriculum was being used in a center or classroom.

High-Hispanic-serving centers exceed low-Hispanic-serving programs in providing access to developmental and health assessments, as well as assisting families with access to supportive services (see Figure 2). In general, more than half of all centers reported that they provide or facilitate access to a range of comprehensive and supportive services for children and families. However, those serving a high proportion of Hispanic children were significantly more likely to do so than those serving a low proportion of Hispanic children.

High-Hispanic-serving centers are more likely to have a specialist on staff. A greater percentage of high-Hispanic-serving centers (36 percent) reported having at least one specialist on staff than did low-Hispanic-serving centers (25 percent). These specially trained staff include language specialists, those who support children with special needs, and those who teach English as a second language.

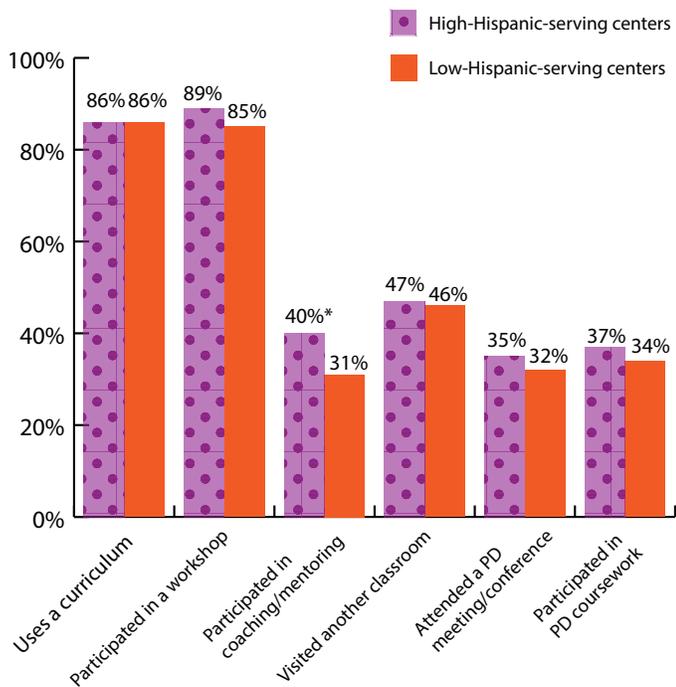
Figure 2. High-Hispanic-serving centers are more likely than low-Hispanic-serving centers to help children and families access comprehensive services, and to have at least one specialist on staff



Source: 2012 National Survey of Early Care and Education Center-based Quick Tabulation Data File
 Notes: *Statistically significant differences at $p < 0.05$ level between high- and low-Hispanic-serving centers. Results are weighted.

Overall, there are few differences in staff participation in professional development activities between high- and low-serving Hispanic centers with one exception: high-Hispanic-serving providers are more likely to report assistance from a coach or mentor in the classroom than their counterparts (see Figure 3). Overall, we find that participation in ongoing professional development activities, like annual conferences or coursework to enhance overall training, is generally lower than participation in activities that are time-limited or available onsite (such as workshops). About one third of providers across all programs (low- and high-Hispanic-serving) report participating in professional development conferences or coursework in the past year, compared to almost 90 percent having completed a workshop.

Figure 3. Teachers in high-Hispanic-serving centers report higher rates of participation in coaching/mentoring and similar levels of other professional development activities as teachers in low-Hispanic-serving centers



Percentage of teachers in ECE centers who report participation in professional development activities, by proportion of Hispanic children served by the center

Source: 2012 National Survey of Early Care and Education Center-based Quick Tabulation Data File

Notes: *Statistically significant differences at $p < 0.05$ level between high- and low-Hispanic-serving centers. Results are weighted.

Other predictors of quality related to workforce characteristics showed **child-adult ratios in high-Hispanic-serving centers were higher than in low-Hispanic-serving centers (7:1 vs. 6:1). However, staff turnover in high-Hispanic-serving centers was lower, as compared with low-Hispanic serving centers (11 percent vs. 14 percent of staff having left during the past year).**

Conclusions

Our analysis reveals several promising features of centers serving a high proportion (greater than 25 percent) of Hispanic children. High-Hispanic-serving centers are on par or exceed low-Hispanic-serving centers across all but one of the predictors of quality examined. We find that high-Hispanic-serving centers are doing as well and even outpacing low-Hispanic-serving centers in many predictors of quality, particularly in terms of staff coaching and mentoring experiences and center report of curriculum use. Additionally, children and families who enroll in high-Hispanic-serving centers are more likely to have access to health screenings, which can support their developmental progress or reveal the need for additional interventions. Working with families was also a focus of high-Hispanic-serving centers. The centers often provide or assist with access to a range of comprehensive services, and the centers are reporting that families of children who enroll require assistance from an interpreter. This last finding could mean that high-Hispanic serving centers are more likely to build relationships with language focused services for families to overcome language barriers for non-English speaking Hispanic families; however, this was not directly surveyed in the NSECE study.

The findings also reveal areas of potential unmet need or improvement. In terms of professional development, funding or release time for providers may be needed to facilitate greater participation in activities such as annual conferences or coursework for providers that leads to a degree or certification. Moreover, while the rates of providers who report using of a curriculum and attending local workshops are high across all ECE programs, we did not examine in detail the type and quality of this training. Therefore, our findings are limited because we only examined self-reported use of a curriculum from ECE providers,^d and we did not examine the evidence base for curriculum selected, the amount and quality of training received, or the types and duration of professional activities.

^d Due to the sampling used in the NSECE (2012) design, we also can only draw conclusions at the center level, and cannot definitively state that Hispanic children are enrolled in the particular classrooms that provided teacher-reported data.

Suggestions for future research

There are many directions for future research in terms of predictors of quality and teacher professional development opportunities for providers working with Hispanic children. For example, coaching and mentoring in the classroom might be especially important for providers working with children learning both English and Spanish simultaneously during preschool (dual-language learners), as the providers may not have received this training prior to working in a high-Hispanic-serving center. Additionally, because low-income children are increasingly likely to come from Hispanic backgrounds, centers that are currently serving low-income children may become high-serving Hispanic centers, if they are not already. More broadly, given the size and growth of the Latino child population, centers will increasingly be faced with challenges in providing supportive services for families, particularly those who do not speak English. Understanding the impact of specific needs of Hispanic children and families on classroom and center quality is a key question for future research.

Our results also suggest that we need more information about the sources of funding for centers and if that funding may be partly responsible for creating greater access to and utilization of high-quality ECE by Hispanic families. Since almost two thirds of high-Hispanic-serving centers receive some type of public funding, we should understand if high-Hispanic-serving centers are using funding to invest in specific and effective ways to meet the needs of Hispanic children and families. For example, Head Start funding has historically provided strong investment in family supportive services that use a dual-generation approach (providing services to both children and their families). It could be that dual-generation programs and programs that offer family support services in addition to child care are more attractive to Hispanic families, and

better support children's development and the family's need. Ultimately, predictors of quality matter because they are linked with optimal classroom environments for children's learning. Maximizing the school readiness and developmental growth for young children is a critical priority for ensuring future success for this fast growing population of Hispanic children.

Finally, future research should examine the bifurcation in Hispanic enrollment found nationally in ECE centers in the NSECE data set. We need to better understand how geography and region of the country may be a part of this picture. The Hispanic population is highly concentrated in urban centers and specific states have significant representation of Hispanic families in their population.

Still, as the Hispanic population continues to grow and become less geographically concentrated it will be important to track and monitor to ensure that racial/ethnic segregation does not take hold.

Maximizing the school readiness and developmental growth for young children is a critical priority for ensuring future success for this fast growing population of Hispanic children.

Definitions

Predictors of quality and descriptive variables

Center-reported indicators

- **Professional development support.** Center-level indicators were reported by center directors. Respondents were asked whether their center offered three types of professional development support to teachers, assistant teachers, or aides: 1) mentors, coaches or consultants who visit and work with staff in their classrooms; 2) funding to participate in college courses or off-site training; and 3) paid time off to participate in college courses or off-site training.
- **Use of a curriculum.** The center-based provider questionnaire collected information on whether a specific curriculum was used for the classroom or group which was randomly selected for collection of more detailed information. The reported use of this curriculum only applies to the classroom selected based on the sampling procedures used in the NSECE.
- **Child-adult ratio.** For a randomly selected classroom in the center, this variable represents the number of children enrolled divided by the number of lead or assistant teachers, aides, and helpers.
- **Providing, arranging or assisting with family support services.** Center directors were asked: "Children and their families sometimes need other services in addition to basic early care and education. Do you help children and their families get any of these services, either by providing it on-site or by providing referrals?" The five services listed included: 1) health screening; 2) developmental assessments; 3) therapeutic services such as speech therapy, occupational therapy, or services for children with special needs; 4) counseling services for children or parents; and 5) social services for parents.

- **Access to specialists.** Center directors were asked, "How many specialists work in your program, including language specialists, or those who take care of children with special needs, or those who teach English as a second language?" Respondents reported a number.
- **Benefits.** Center directors were asked if the employees received benefits, including reduced tuition for children of staff who attended the program, access to a retirement plan, or health insurance.
- **Staff turnover.** A staff turnover, or departure, rate represents the proportion of staff working with children who left the center within the past 12 months relative to the total number of staff currently working with children.
- **Publicly funded program.** This variable was created to indicate whether or not the program receives funding through Head Start, public pre-K, or the public school.

Workforce-reported indicators

- **Teacher participation in professional development.** Center-based teachers and providers reported whether they had participated in the following professional development activities within the past 12 months: professional workshops, receipt of specialist coaching, mentoring or consultation, classroom visited in other programs, professional organization meetings, or childcare course at a community college or 4-year college.
- **Use of a curriculum.** Teachers and caregivers were asked if they used a curriculum.

Table 1. Center-reported indicators of quality, by proportion of Hispanic children served in ECE centers

Center-reported indicator	High-Hispanic-serving centers	Low-Hispanic-serving centers
Average percentage of parents who need interpreters to communicate with teachers	16%***	1%
Program provides staff with:		
Mentoring or coaching experiences	64%***	49%
Professional development funds	63%	63%
Release time for professional development	43%	41%
Specific curriculum used	82%***	69%
Child-adult ratio	7:1**	6:1
Program helps children/families access:		
Health screenings	87%***	76%
Developmental assessments	88%***	81%
Therapy services	86%***	78%
Counseling	78%***	62%
Social services	74%***	53%
Program has at least one specialist on staff	36%**	25%
Staff benefits include:		
Tuition remission	36%***	56%
Retirement programs	64%***	49%
Health insurance	77%***	58%
Average percentage of teaching staff who left in past year	11%**	14%
Program receives public funding	64%**	36%

Notes. * $p < .05$, ** $p < .01$, *** $p < .001$. Unweighted sample sizes for high-Hispanic-serving centers range from 2424-2552. Unweighted sample sizes for low-Hispanic-serving centers range from 4574- 4841.

Table 2. Workforce-reported indicators of quality, by proportion of Hispanic children served in ECE centers

Workforce-reported indicator	High-Hispanic-serving centers	Low-Hispanic-serving centers
Participated in a professional development workshop	89%	85%
Participated in a professional development coaching or mentoring experience	40%*	31%
Visited another classroom	47%	46%
Attended a professional development meeting or conference	35%	32%
Participated in professional development coursework	37%	34%
Uses curriculum	86%	86%

Notes. * $p < .05$, ** $p < .01$, *** $p < .001$. Unweighted sample sizes for teachers from high-Hispanic-serving centers range from 1479-1583. Unweighted sample sizes for low-Hispanic-serving centers range from 2839-3064.

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About the Center

The National Research Center on Hispanic Children & Families is a hub of research to help programs and policy better serve low-income Hispanics across three priority areas—poverty reduction and economic self-sufficiency, healthy marriage and responsible fatherhood, and early care and education. The Center was established in 2013 by a five-year cooperative agreement from the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) to Child Trends in partnership with Abt Associates and New York University, University of North Carolina at Greensboro, and University of Maryland, College Park. This publication was made possible by Grant Number 90PH0025 from OPRE. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPRE, ACF, or HHS.

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