



How Well Are Early Care and Education Providers Who Serve Hispanic Children Doing on Access and Availability?

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Overview

Early care and education (ECE) programs serve an important developmental support for children, helping to reduce gaps in school readiness and in later educational outcomes, particularly for low-income children.^{1,2,3} ECE programs—and child care subsidies in particular—also represent an important employment support for parents. Given their role in supporting parents' employment and reducing gaps in school readiness, public investment in recent decades has focused on increasing access to and the quality of ECE programs.

After decades of lagging behind, Latino^a children—including those who are low-income—are enrolling in ECE programs at rates approaching those of their low-income white peers, at least among preschool-aged children.^{4,5} However, we still know little about the providers of ECE programs (both formal and informal) that care for and serve Latino children. Given the increasing enrollment of Hispanic children in ECE programs, what do the programs that serve this population look like?

This brief provides a national portrait of providers serving a large proportion^b of Hispanic children, focusing on characteristics that shape access to and availability of ECE programs. We find that roughly one in five providers serve a high proportion of Hispanic children (also referred to as high-Hispanic-serving), in which 25 percent or more of the children enrolled are Hispanic. Collectively, our findings suggest many ways in which providers—and home-based providers in particular—are likely responding to the needs of Hispanic families, as well as possible areas of unmet need.

About the Study

Parents consider a variety of factors when selecting an ECE program. We selected provider or program characteristics likely to influence access to and availability of care. These include such factors as the number and timing of hours of care offered and flexibility in payment for (and hours of) care. Additionally, we examined the extent to which providers have refused to care for a child either because of a lack of space or due to children's behavioral issues. We compared these indicators of access and availability for programs that are high-Hispanic-serving with those that are low-Hispanic-serving (i.e., those programs for which less than 25 percent of the children enrolled are Hispanic).

We used data from the National Survey of Early Care and Education (2012) to examine variation among these characteristics across three provider types: (1) center-based; (2) listed, home-based (*generally* including those providers who care for children with whom they have no prior relationship); and (3) unlisted, home-based (*generally* including relatives, friends, and neighbors who provide care to children with whom they had a prior relationship). (See data box for more information.) For simplicity, we refer to each of these types as providers.

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

^b 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 Hispanic residents. High-Hispanic-serving indicates providers for which greater than 25 percent of the children enrolled are Hispanic. Low-Hispanic-serving refers to those providers for which less than 25 percent of the children enrolled are Hispanic.

Key Findings

Our analysis reveals several interesting differences between high- and low-Hispanic-serving providers on key indicators of accessibility and flexibility. We also find that the emerging portrait of providers varies for centers versus listed, home-based providers.

In general, high-Hispanic-serving centers are on par with, or perform worse than, low-Hispanic-serving centers in 5 of the 7 indicators examined (indicators are listed and defined in Data Source and Methodology section). For example, most high-Hispanic-serving center-based providers do not offer full-time hours, care during evening and weekend hours, or flexible care hours. These findings may signal a disconnect between the availability of ECE services and the needs of Hispanic families,⁶ as research suggests that providers who offer a greater range of hours of care and more flexibility may be better able to meet the needs of low-income families.^{7,8}

In contrast, listed, home-based providers may be helping to fill the gap. Our findings suggest that High-Hispanic-serving, listed, home-based providers are on par with, or perform better than, their low-Hispanic-serving peers on all seven indicators of access and availability.

More specifically, we find that:

- **Nationally, roughly 1 in 5 providers serve a high proportion of Hispanic children; this proportion ranges from 20–22 percent across the three provider types.** High-Hispanic-serving providers are more likely to be in high-poverty communities and urban areas than their counterparts.
- **Just under half of high-Hispanic-serving centers offer full-time hours, a lower rate than low-Hispanic-serving centers.** In contrast, most listed, home-based providers—both high- and low-Hispanic-serving—offer full-time care schedules.^c
- **Few providers, whether high- or low-Hispanic-serving, offer weekend or evening hours, regardless of ECE type.** However, high-Hispanic-serving, listed, home-based providers are more likely to offer these hours than their low-Hispanic-serving counterparts.
- **Most high- and low-Hispanic serving, listed, home-based providers offer flexible care hours.** On the other hand, high-Hispanic-serving centers are less likely to offer flexible hours relative to low-Hispanic-serving centers. High- and low-Hispanic-serving, unlisted, home-based providers are similarly likely to offer flexible care hours.
- **Both high-Hispanic-serving centers and listed, home-based providers are less likely to charge fees for late pick-up than their low-Hispanic-serving peers.** Still, just over half of high-Hispanic-serving, listed, home-based providers and 41 percent of high-Hispanic-serving centers charge a late pick-up fee. High- and low-Hispanic-serving, unlisted, home-based providers are similarly likely to charge a fee for late pick-up.
- **The majority of high-Hispanic-serving, center-based and listed, home-based providers have denied enrollment to children because of lack of available child care slots; this is also true of their counterparts who serve fewer Hispanic children.** However, high-Hispanic-serving centers providers are less likely to have turned a child away because of behavioral problems than their low-Hispanic-serving counterparts.

About This Brief

This brief complements other efforts from the National Research Center on Hispanic Children & Families to better understand the early care and education experiences of Latino children, as well as the access, availability, and use of early care and education in Latino communities. Earlier briefs examined predictors of quality in high-Hispanic-serving centers, as well as national patterns of early care use among Hispanic children in the United States. This and other briefs in the series use data from the National Survey of Early Care and Education (NSECE)—a set of four integrated, nationally representative surveys that describe the early care and education landscape in the United States.⁹

Related briefs

Mendez, J.L., Crosby, D.A., Guzman, L., & Lopez, M. (2017). Centers Serving High Percentages of Young Hispanic Children Compare Favorably to Other Centers on Key Predictors of Quality. Bethesda, MD: The National Center for Research on Hispanic Families & Children.

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/>.

^c Sample size limitations prevented us from comparing high- and low-Hispanic-serving, unlisted, home-based providers.

Definitions

High-Hispanic-serving indicates that 25 percent or more of the children served by the provider are Hispanic. We selected 25 percent as the provider classification cutoff for two reasons. First, one in four children entering kindergarten today is Latino,¹¹ so providers classified as serving a high proportion of Hispanic children should serve at least the same proportion as are representative of the group among the general population. Second, a higher threshold would likely restrict the identification of providers to those in geographic regions with high concentrations of Latinos. The 25 percent criterion is applied to all providers, regardless of the number of children served. For example, a home-based provider who serves four children, one of whom is Hispanic, is considered to serve a high proportion of Hispanic children—the same delineation used for a provider who serves 100 children, 25 of whom are Hispanic. Additionally, although we limit the sample to providers who care for children from birth to age 5, the Hispanic proportion threshold is based on the total number of children (through age 13) served by the providers.

Community poverty density classifies high-poverty communities as those in which 20 percent or more of households have incomes below the federal poverty line.

The following definitions correspond to the seven indicators examined in this study.

Full-time week indicates that a provider offers care eight or more hours per day, Monday through Friday.

Offers weekend or evening hours identifies providers who offer care during the evening, overnight, **or** on the weekend, regardless of other hours offered.

Flexible schedule indicates that a provider offers parents the option to use services on a schedule that varies from week to week.

Flexible pay denotes that the provider allows parents to pay for services on a schedule that varies from week to week, or allows them to pay for only the care that they use. A total of 2,604 of the 7,393 center-based providers were omitted from the analysis because they reported one of the following: “Not applicable,” “program does not charge parents,” “program does not have a rate that charges full-time care for all ages,” or “don’t know/refused.” For listed, home-based providers, this question was only asked of a segment of providers determined by the number of children served and/or their prior relationship with the children. Of the 3,867 listed, home-based providers, 374 were not administered this question and were excluded from our analysis of this variable. Unlisted, home-based providers were asked a slightly different question and were also excluded from this analysis.

Late fee identifies providers who charge a penalty for late pick-up. This question was not asked of 365 (of 3,867) listed, home-based or 1,685 (of 1,919) unlisted, home-based providers who care only for children with whom they had a prior relationship (and likely were not charging for care). These cases were omitted from the analysis.

Denied due to behavioral problems indicates that the provider had denied care for a child due to behavioral problems (in the past three months for center-based providers and the past 12 months for home-based providers).

Denied due to lack of space represents that the provider denied care for a child due to lack of space (in the past three months for center-based providers and the past 12 months for listed and unlisted home-based providers). Providers who indicated that they placed a child on a waitlist were combined with those who indicated that they denied a child due to lack of space. This question was not asked of listed or unlisted home-based providers who cared only for children with whom they had a prior relationship; these cases were omitted from the analysis.

Data Source and Methodology

Data for this brief come from the 2012 National Survey of Early Care and Education (NSECE). Specifically, we use data from the Quick Tabulation and Public Use Files for center-based providers; listed, home-based providers; and unlisted, home-based providers. Our sample is comprised of 7,393 center-based providers; 3,867 listed, home-based providers; and 1,919 unlisted, home-based providers serving children ages 5 and under.

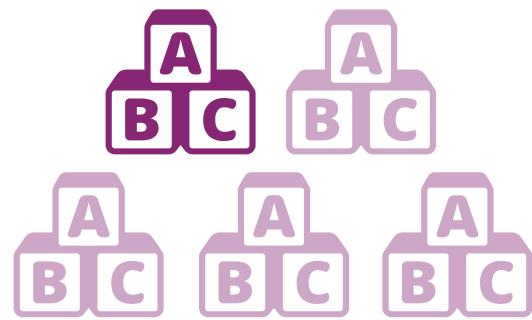
The center-based sample includes Head Start and pre-kindergarten programs, as well as community-based centers. The listed, home-based sample is a nationally representative sample of providers who provide home-based care and appear in publicly available childcare provider lists. This includes home-based providers who care for children with whom they have no prior relationship, but may also include relatives, friends, and neighbor care providers who registered on publicly available lists (for example, to receive child care subsidies). Unlisted, home-based providers are individuals that were identified through the NSECE household survey as providing care for children under age 13, a category that generally includes relatives, friends, and neighbors who provide care for children with whom they have a prior relationship. According to the NSECE, there were approximately 3.8 million home-based providers in 2012, serving children from birth to age 5, and not yet in kindergarten. Most of these providers were unlisted, with 3.7 million unlisted, home-based providers and 117,900 listed, home-based providers. About one million home-based providers were paid, including 115,000 listed and 919,000 unlisted providers.¹⁰

We conducted descriptive analyses on selected characteristics of providers who serve Hispanic children, by type of provider and the proportion of Hispanic children served. These results are highlighted in figures 1 through 5; the full set of results is shown in Table 1. All analyses were conducted in STATA and were weighted to be nationally representative of providers serving children under age 5. For each provider type, we conducted tests of difference between providers serving a “high” and “low” proportion of Hispanic children; significant group differences are noted at the $p < .05$ level in the text, the figures, and the table.

Findings

Roughly 1 in 5 ECE providers serves a high proportion of Hispanic children. Twenty-two percent of center-based; 20 percent of listed, home-based; and 21 percent of unlisted, home-based providers serve a high proportion of Hispanic children (see Figure 1). Among high-Hispanic-serving providers, the majority (ranging from 68–83 percent across the three provider types) are in urban areas (see Table 1). Just over one-quarter of high-Hispanic-serving centers and roughly one-third of high-Hispanic-serving, listed and unlisted home-based providers are in high-poverty communities (see Table 1).

Figure 1: Roughly one in five ECE providers serve a high proportion of Hispanic children.



Hispanic children make up 25% or more of all enrolled children for one fifth of all providers (center-based; home based, listed; and home-based, unlisted)

Source: National Survey of Early Care and Education, 2012, Quick Tabulation Files.

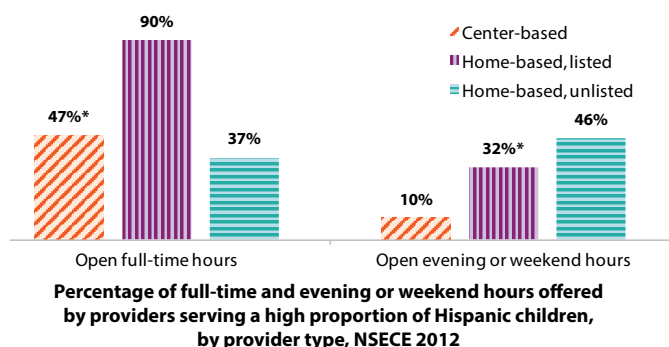
Note: Home-based, listed refers to those providers who care for children in a home-based setting, identified through publicly available lists. Home-based, unlisted providers are identified through the household rosters and generally include relatives and friends who care for children, but may also include those providers who care for children with no prior relationship.

Most of the children served by high-Hispanic-serving providers are Hispanic. On average, 60 percent of children served by high-Hispanic-serving centers are Hispanic; the average is 63 percent for listed, home-based providers and 88 percent for unlisted, home-based providers (analyses available from author). In sharp contrast, low-Hispanic-serving providers serve few, if any, Hispanic children; the average Hispanic makeup of children in these settings ranges from 0 to 6 percent across the three provider types.

Less than half of high-Hispanic-serving, center-based providers offer full-time hours. Forty-seven percent of high-Hispanic-serving centers offer care Monday through Friday for at least eight hours a day, compared with 58 percent of low-Hispanic-serving centers (see Figure 2). In contrast, the vast majority (90

percent) of high-Hispanic-serving, listed, home-based providers offer full-time hours, and are as likely to do so as their low-Hispanic-serving counterparts (93 percent). Among high-Hispanic-serving, unlisted, home-based providers—those most likely to include friend and relative care—37 percent provide full-time hours, compared with 21 percent of those that serve a low proportion of Hispanic children. However, we are unable to determine whether these estimates are statistically different from each other due to sample size constraints (see Table 1).

Figure 2: Many high-Hispanic-serving providers do not offer full-time hours or care during weekend or evening hours.



Source: National Survey of Early Care and Education, 2012, Quick Tabulation Files.

Note: Home-based, listed refers to those providers who care for children in a home-based setting, identified through publicly available lists. Home-based, unlisted providers are those identified through the household roster and generally include relatives and friends who care for related children, but may also include those providers who care for children with whom they have no prior relationship.

* Significant at the $p < 0.05$ level when compared with similar programs that serve a low density of Hispanic children.

The majority of high-Hispanic-serving providers do not provide care during evening or weekend hours (Figure 2). Ten percent of high-Hispanic-serving centers; 32 percent of listed, home-based providers; and 46 percent of unlisted, home-based providers offer care during evenings or weekends. No differences were found between high- and low-Hispanic-serving centers or unlisted, home-based providers in the provision of evening or weekend hours. However, high-Hispanic-serving, listed, home-based providers are more likely to provide care during these times than their low-Hispanic-serving peers (see Table 1).

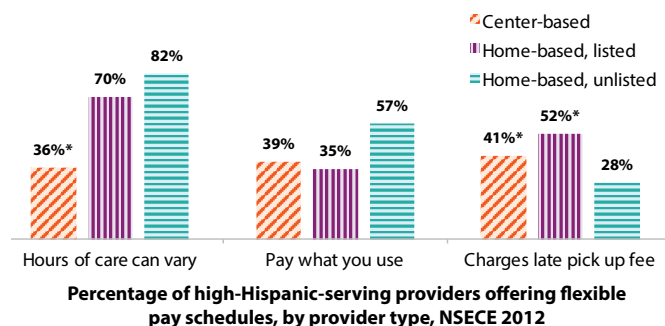
Many high-Hispanic-serving providers offer flexible features for schedules and payment, but many also charge fees for late pick-up. In settings with a high proportion of Hispanic children, more than one-third of center-based providers (36 percent) and the vast majority of both listed and unlisted home-based providers (70 percent and 82 percent, respectively) allow parents to

vary care schedules from week to week (see Figure 3). These percentages are comparable to those among low-Hispanic-serving, home-based providers, but lower relative to low-Hispanic-serving centers.

Roughly one-third of high-Hispanic serving centers and listed, home-based providers allow parents to pay for only the hours they use. Low-Hispanic-serving providers are just as likely to allow parents to pay for varying hours (see Table 1).

High-Hispanic-serving, center-based and listed, home-based providers are less likely to charge late fees than their low-Hispanic-serving counterparts. Forty-one percent of high-Hispanic-serving, center-based providers; half of listed, home-based providers (52 percent); and roughly one-quarter of unlisted, home-based (28 percent) providers charge fees to parents for picking up their children late (see Figure 3). High- and low-Hispanic-serving, unlisted, home-based providers are equally likely to charge late fees to parents (see Table 1).

Figure 3: Many high-Hispanic-serving providers offer flexible care hours and “pay what you use” arrangements, but many also charge for late pick-up.



Source: National Survey of Early Care and Education, 2012, Quick Tabulation Files.

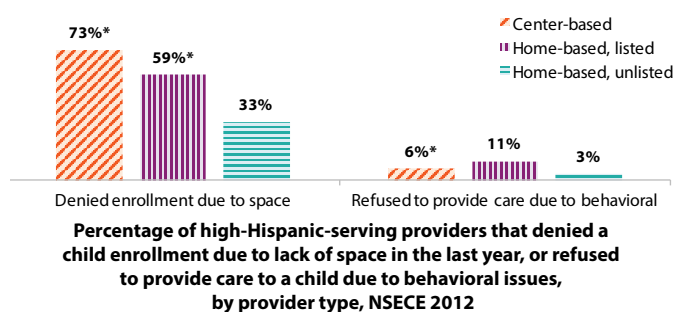
Note: Home-based, listed refers to those providers that care for children in a home-based setting, identified through publicly available lists. Home-based, unlisted providers are those identified through the household rosters and generally include relatives and friends who care for related children, but may also include those providers who care for children with whom they have no prior relationship. Analysis excludes those home-based providers who only care for children with whom they have a prior relationship. Analysis of “pay what you use” is also limited to centers that charge parents fees for services (also see databox).

* Significant at the $p < 0.05$ level when compared with similar programs that serve a low density of Hispanic children.

The majority of high-Hispanic-serving centers and listed, home-based providers have denied care or placed a child on a waitlist because of lack of space. Roughly seven in ten high-Hispanic-serving centers; six of ten listed, home-based providers; and three of ten unlisted, home-based providers have denied enrollment to a child or placed a child on a waitlist due to lack of space (see Figure 4). High-Hispanic-serving, center-based

providers are more likely (73 percent) to have turned children away due to space restraints than their low-Hispanic-serving counterparts (65 percent). However, high-Hispanic-serving, listed, home-based providers are less likely (59 percent) to have turned away a child due to space than their low-Hispanic-serving counterparts (81 percent) (see Table 1). High- and low-Hispanic-serving, unlisted, home-based providers are equally likely to have turned away a child for this reason.

Figure 4: Many high-Hispanic-serving providers have denied enrollment due to lack of space; few have refused to provide care to a child because of behavior problems.



Source: National Survey of Early Care and Education, 2012, Quick Tabulation Files.

Note: Home-based, listed refers to those providers who care for children in a home-based setting, identified through publicly available lists. Home-based, unlisted providers are those identified through the household rosters and generally include relatives and friends who care for children, but may also include those providers who care for children with whom they had no prior relationship. Analysis excludes those home-based providers who only care for children with whom they have a prior relationship (also see databox).

* Significant at the $p < 0.05$ level when compared with similar programs that serve a low proportion of Hispanic children.

Few high-Hispanic-serving providers refused to provide care to a child due to behavioral problems in the last three months. Among high-Hispanic-serving providers, 6 percent of centers; 11 percent of listed, home-based providers; and 3 percent of unlisted, home-based providers report refusing to provide care to a child because of a behavioral problem (see Figure 4). This pattern is also present among low-Hispanic-serving providers. However, low-Hispanic-serving centers are more likely to have refused to provide care due to behavioral problems than their high-Hispanic-serving counterparts (see Table 1).

Summary and Implications

This brief provides an overview of how ECE providers in the United States who serve a large proportion of Hispanic children are faring in term of indicators of access and availability—a key focus of public policy and investment aimed at reducing inequalities in ECE participation and racial/ethnic gaps in school readiness. Our findings suggest that ECE providers—and particularly listed, home-based providers—are responding to some of the unique needs of Hispanic families, and point to some areas where their needs may be unmet.

Of the seven indicators of access and availability examined for this study, high-Hispanic-serving centers perform better on two, less well on three, and are on par with their peers serving a lower proportion of Hispanic children on two indicators. This stands in sharp contrast to earlier research suggesting that high-Hispanic-serving centers performed better than, or on par with, their low-Hispanic-serving peers on 6 of 7 indicators of quality. Policies and public investments that seek to increase the accessibility and availability of ECE centers for Hispanics and other groups who have been historically under-enrolled in ECE programs may want to support centers in ways that allow them to expand their hours of operations or increase their ability to provide full-time care.

It is troubling that less than half of ECE centers that serve a high proportion of Hispanic children provide full-time care. This points to a critical area of unmet need and a barrier to increasing access to and use of center-based programs for Latino children. Granted, centers serving a low proportion of Hispanic children do not perform markedly better on this count. That is, a sizeable proportion of centers nationwide do not provide care for at least eight hours a day, Monday through Friday.¹² Moreover, less than 10 percent of centers, both high- and low-Hispanic-serving, provide care during evening and weekend hours.

The dearth of full-time care during nonstandard hours is of particular concern for Hispanic families and children. The majority of children from low-income Latino households include at least one adult who is employed full-time.¹³ Additionally, over one-quarter of Hispanics work nonstandard hours, many of whom are employed in the service, maintenance, and agricultural industries—sectors with more variable, unpredictable work schedules.¹⁴ Listed, home-based providers—those most likely to include formal family child care—may be helping to fill this gap, as the vast majority offer full-time hours and many offer nonstandard hours. However, listed, home-based providers make up a small proportion of all home-based providers, and therefore represent a small portion of providers serving Hispanic children. Although roughly 20 percent of each provider category serves a high proportion of

Hispanic children, home-based care is the most common type of care arrangement and the vast majority of home-based providers are unlisted. Thus, while the offerings of listed, home-based providers are promising in meeting the needs of families, they are likely touching few Hispanic children.

Charging fees for late pick-up or denying provision of care due to a lack of space or behavioral problems are also reflective of a provider's flexibility and responsiveness to families. Here, there is also a mixed picture among providers who serve a high proportion of Hispanic children. On one hand, center-based providers and listed, home-based providers who serve a high proportion of Hispanic children are less likely to charge fees for late pick-up than their counterparts that serve a low proportion of Hispanic children. This can be especially beneficial to low-income parents and those with little control over their schedules. Listed, home-based providers that serve a high proportion of Hispanic children are less likely to deny enrollment due to lack of space than their low-Hispanic-serving counterparts. It is unclear whether this is due to the greater availability of listed, home-based providers in Hispanic communities, less demand for those providers serving a large proportion of Hispanic children, or greater willingness on the part of the ECE providers to accommodate families. This is a topic for exploration in future research.

Today, roughly 1 in 5 ECE providers in the United States serve a high proportion of Hispanic children. Given Hispanic residential patterns, most high-Hispanic-serving providers are located in urban areas. While the majority of Hispanics have historically gravitated toward major cities like Los Angeles, Miami, and New York, rural and suburban communities have seen a notable growth in their Hispanic populations in recent years, particularly in Southeastern and Midwestern states.¹⁵ Future research should examine whether the availability and supply of ECE providers matches the need in communities with newer populations of Hispanics, and whether the availability and need for ECE providers varies by family and community characteristics (e.g., country of heritage, parental nativity status, and language spoken in the home).

It will also be important for future research to examine the funding sources of centers and listed, home-based providers that serve a large proportion of Hispanic children, to see how funding shapes accessibility and availability. Future work could also improve our understanding of why some providers effectively reach a high proportion of Hispanic children. For example, does the racial/ethnic makeup of children in centers reflect the communities in which the providers are located, provider outreach efforts, the ease of their enrollment process, or other factors?

Public investment in ECE is intended, in part, to increase the accessibility of care for families, especially those with low incomes, to help close racial/ethnic and economic school readiness gaps. Likewise, child care subsidies are intended to support parents' work. Flexibility in care is a key component of this support, as many parents have varying or nonstandard work schedules; thus, this angle will be important for future policy research. Additional research is also needed to explore which characteristics of accessibility and flexibility are particularly attractive to Hispanic families and can best promote their further engagement in ECE.

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. (2017). America's children: Key national indicators of well-being, 2017, Table POP3. Washington, DC: Government Printing Office. Retrieved from <http://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, DC: U.S. Department of Commerce, U.S. Census Bureau. Retrieved from <https://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, DC: 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://scholarworks.bgsu.edu/cgi/viewcontent.cgi?article=1021&context=ncfmr_family_profiles.

^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>.

Table 1. Select Characteristics of Providers, by Provider Type and the Proportion of Hispanic Children Served

| Characteristic | High-Hispanic-serving Providers ^a | Low-Hispanic-serving Providers ^b | Significance Testing |
|--------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------|------------------------------------|
| | % | % | High Proportion vs. Low Proportion |
| Hispanic proportion | | | |
| Center-based | 22.3 | 77.7 | — |
| Listed, home-based | 20.0 | 80.1 | — |
| Unlisted, home-based | 21.1 | 78.9 | — |
| Community poverty density | | | |
| Center-based | 28.3 | 17.5 | ✓ |
| Listed, home-based | 33.8 | 14.0 | ✓ |
| Unlisted, home-based | 33.8 | 22.8 | ✓ |
| Urbanicity | | | |
| Center-based | 68.4 | 50.0 | ✓ |
| Listed, home-based | 71.3 | 47.0 | ✓ |
| Unlisted, home-based | 83.4 | 65.4 | ✓ |
| Full-time week offered | | | |
| Center-based | 46.7 | 58.0 | ✓ |
| Listed, home-based | 90.4 | 92.9 | |
| Unlisted, home-based | 37.2 | 20.6 | ‡ |
| Evening and weekend hours offered | | | |
| Center-based | 9.5 | 8.3 | |
| Listed, home-based | 32.4 | 20.2 | ✓ |
| Unlisted, home-based | 45.5 | 51.7 | |
| Offer flexible schedules or hours | | | |
| Center-based | 35.5 | 48.0 | ✓ |
| Listed, home-based | 70.3 | 73.3 | |
| Unlisted, home-based | 81.9 | 85.0 | |
| Parents can pay for and use varying number of hours | | | |
| Center-based | 38.5 | 41.1 | |
| Listed, home-based | 34.8 | 28.7 | |
| Unlisted, home-based | 57.1 | 55.2 | |
| Program charges parents for picking up children later^c | | | |
| Center-based | 41.2 | 60.1 | ✓ |
| Listed, home-based | 52.0 | 63.0 | ✓ |
| Unlisted, home-based | 28.0 | 16.4 | |

— Not applicable.

‡ Sample size does not support significance testing.

✓ Significant difference between two group comparisons at the $p < 0.05$ level. “High Proportion vs. Small Proportion” refers to differences between providers serving a large proportion of Hispanic children to those providers serving a small proportion of Hispanic children.

^a Program in which 25% or more of children served are Hispanic.

^b Program in which less than 25% of children served are Hispanic.

^c Analysis excludes those home-based providers who only care for children with whom they have a prior relationship. Analysis of “pay what you use” is also limited to centers who charge parents fees for services (also see Databox).

Source: National Survey of Early Care and Education, 2012, Quick Tabulation Files.

Table 1 cont. Select Characteristics of Providers, by Provider Type and the Proportion of Hispanic Children Served

| Characteristic | High-Hispanic-serving Providers ^a | Low-Hispanic-serving Providers ^b | Significance Testing |
|-------------------------------------------------------------|----------------------------------------------|---------------------------------------------|------------------------------------|
| | % | % | High Proportion vs. Low Proportion |
| Denied a child due to space restrictions^c | | | |
| Center-based | 72.5 | 64.5 | ✓ |
| Listed, home-based | 58.6 | 81.0 | ✓ |
| Unlisted, home-based | 32.7 | 35.0 | |
| Denied a child due to behavior problems | | | |
| Center-based | 6.3 | 9.6 | ✓ |
| Listed, home-based | 10.6 | 13.7 | |
| Unlisted, home-based | 3.3 | 1.4 | |

— Not applicable.

‡ Sample size does not support significance testing.

✓ Significant difference between two group comparisons at the $p < 0.05$ level. “High Proportion vs. Small Proportion” refers to differences between providers serving a large proportion of Hispanic children to those providers serving a small proportion of Hispanic children.

^a Program in which 25% or more of children served are Hispanic.

^b Program in which less than 25% of children served are Hispanic.

^c Analysis excludes those home-based providers who only care for children with whom they have a prior relationship. Analysis of “pay what you use” is also limited to centers who charge parents fees for services (also see Databox).

Source: National Survey of Early Care and Education, 2012, Quick Tabulation Files.

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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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