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A Data Profile of Young Dual Language Learners in the United States and Implications for Early Childhood Programs

FACT SHEET

AUGUST 2025

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Dual Language Learners (DLLs) are young children who have at least one parent who speaks a language other than English at home,[1] meaning when they enroll in English-speaking preschool, kindergarten, or other early childhood programs, their brains are using multiple language systems that are developing at different rates.[2] Research shows that to effectively support DLLs' early learning trajectories, the design of these programs must be responsive to their particular cognitive, socioemotional, and language development needs.[3] Nationwide, there are 7.1 million young children ages 0 to 5 who are DLLs, comprising 33 percent of all children in this age group (see Table 1). This large population is extremely diverse, bringing language skills and cultural assets among other important strengths to their schools and communities. As described below, these children are also disproportionately likely to face multiple risk factors that make them important targets for preschool and other early childhood services.

DLLs and their families benefit from access to high-quality early childhood programs and services, such as early childhood education and care (ECEC), home visiting, and infant and early childhood mental health services.[4] These programs can support the early language development, future academic success, and long-term health and well-being of DLLs, while also providing integration-related supports for their parents, such as help navigating potentially unfamiliar early childhood, health, and social service systems. However, data show that children who live in households where a language other than English is spoken by a parent or primary caregiver have more limited access to early childhood services than peers in households where only English is spoken, despite making up a significant portion of the target populations that early childhood services aim to support.[5]

This fact sheet highlights key characteristics of the country's DLL children and the households in which they reside, underscoring both their diversity and certain factors that may hinder their access to early childhood services. These characteristics should be considered in the design and implementation of early childhood services to ensure they are equipped to support the well-being and future success of all children and their families. This

BOX 1
Explore DLL Data

This fact sheet is part of a series of fact sheets on key characteristics of Dual Language Learner (DLL) children and their households nationwide and in the 30 states with the most DLLs. These fact sheets are available on the Migration Policy Institute website at: www.migrationpolicy.org/research/data-profile-dual-language-learners.

Additional data on DLLs ages 0–5 and 0–8, across the United States and in all 50 states, are also available at: www.migrationpolicy.org/programs/data-hub/charts/us-state-profiles-young-dlls.

information is based on Migration Policy Institute (MPI) analysis of data from the U.S. Census Bureau's American Community Survey (ACS) for the 2019–23 period, pooled.

DLL children live in all 50 states and the District of Columbia, comprising more than 20 percent of young children in more than half of all states.

- In the 2019–23 period, the number of DLLs was highest in top immigrant destination states[6] such as California (1.5 million), Texas (1.1 million), and New York and Florida (each with more than 500,000), as can be seen in Table 1.
- In some states with smaller numbers, DLLs were nonetheless a significant share of all children ages 0 to 5; for example, 45 percent of all young children in Nevada, 42 percent in Rhode Island, and 40 percent in New Mexico were DLLs.

TABLE 1

DLL and Non-DLL Children (ages 0 to 5) in the United States, by Size of State DLL Population, 2019–23

Rank	State	Total Children	Non-DLLs	DLLs	DLL % of All Children
	United States	**21,754,000**	**14,624,000**	**7,130,000**	**33%**
1	California	2,579,000	1,066,000	1,514,000	59%
2	Texas	2,238,000	1,160,000	1,078,000	48%
3	New York	1,239,000	685,000	554,000	45%
4	Florida	1,282,000	740,000	542,000	42%
5	New Jersey	599,000	317,000	282,000	47%
6	Illinois	814,000	548,000	266,000	33%
7	Arizona	473,000	283,000	190,000	40%
8	Washington	507,000	322,000	184,000	36%
9	Pennsylvania	786,000	610,000	176,000	22%
10	Georgia	730,000	557,000	173,000	24%
11	Massachusetts	405,000	239,000	166,000	41%
12	North Carolina	681,000	522,000	159,000	23%
13	Virginia	562,000	412,000	149,000	27%
14	Maryland	410,000	270,000	139,000	34%
15	Ohio	772,000	661,000	112,000	14%
16	Michigan	635,000	535,000	100,000	16%
17	Colorado	366,000	268,000	98,000	27%
18	Nevada	208,000	114,000	94,000	45%
19	Minnesota	393,000	304,000	90,000	23%
20	Indiana	472,000	392,000	80,000	17%
21	Connecticut	210,000	134,000	77,000	37%

TABLE 1 (cont.)

DLL and Non-DLL Children (ages 0 to 5) in the United States, by Size of State DLL Population, 2019–23

Rank	State	Total Children	Non-DLLs	DLLs	DLL % of All Children
22	Tennessee	464,000	392,000	72,000	16%
23	Oregon	246,000	178,000	68,000	28%
24	Utah	281,000	212,000	68,000	24%
25	Wisconsin	370,000	310,000	60,000	16%
26	Oklahoma	281,000	227,000	54,000	19%
27	New Mexico	130,000	78,000	52,000	40%
28	Missouri	413,000	363,000	49,000	12%
29	South Carolina	327,000	280,000	47,000	14%
30	Kansas	205,000	167,000	38,000	18%
31	Kentucky	301,000	262,000	38,000	13%
32	Louisiana	325,000	287,000	38,000	12%
33	Iowa	221,000	186,000	36,000	16%
34	Alabama	325,000	291,000	34,000	10%
35	Nebraska	145,000	113,000	32,000	22%
36	Hawaii	90,000	59,000	31,000	35%
37	Arkansas	207,000	177,000	30,000	14%
38	Idaho	137,000	111,000	26,000	19%
39	Rhode Island	63,000	36,000	26,000	42%
40	Delaware	62,000	45,000	17,000	27%
41	Alaska	56,000	42,000	14,000	25%
42	District of Columbia	46,000	32,000	14,000	30%
43	Mississippi	196,000	182,000	14,000	7%
44	New Hampshire	72,000	62,000	11,000	15%
45	North Dakota	58,000	51,000	8,000	13%
46	South Dakota	67,000	60,000	7,000	10%
47	Maine	72,000	66,000	6,000	8%
48	Montana	65,000	60,000	5,000	8%
49	West Virginia	99,000	95,000	4,000	5%
50	Wyoming	37,000	32,000	4,000	12%
51	Vermont	32,000	29,000	3,000	8%

Note: The data in this fact sheet are for children residing in homes with at least one parent present and for whom poverty status is determined.

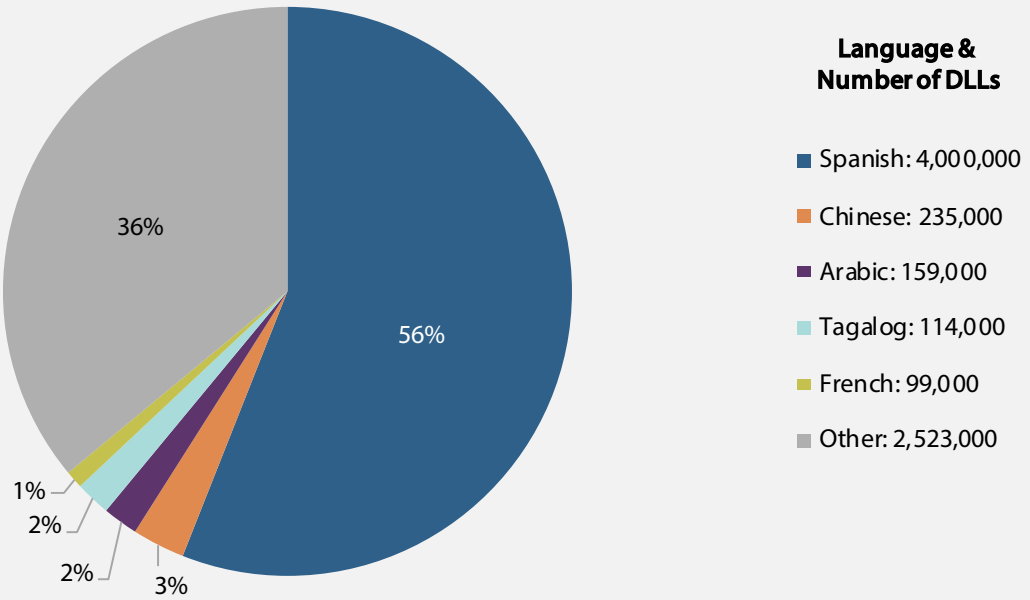
Source: Migration Policy Institute (MPI) tabulation of data from the U.S. Census Bureau's 2019–23 American Community Survey (ACS), pooled.

Language barriers likely keep the families of many DLLs from accessing early childhood services on their behalf.

- Of the 7,130,000 DLL children ages 0 to 5 living in the United States in 2019–23, 42 percent had at least one Limited English Proficient (LEP) parent, meaning the parent reported speaking English less than "very well" in the ACS (either "well," "not well," or "not at all").
- Nationwide, 18 percent of DLLs lived in linguistically isolated households, which the U.S. Census Bureau defines as households in which all members who are age 14 or older speak a non-English language and speak English less than "very well."[7]
- LEP parents may find it difficult to identify and enroll their children in early childhood programs and may face challenges in communicating with program staff members.[8]
- DLLs in the United States come from families that speak a wide range of languages. In 2019–23, 56 percent of DLLs lived in households that reported speaking Spanish, with the other 44 percent living in households reporting speaking languages other than English or Spanish, including but not limited to Chinese, Arabic, Tagalog, and French (see Figure 1).

FIGURE 1

Top Non-English Languages Spoken in DLLs' Households in the United States, 2019–23



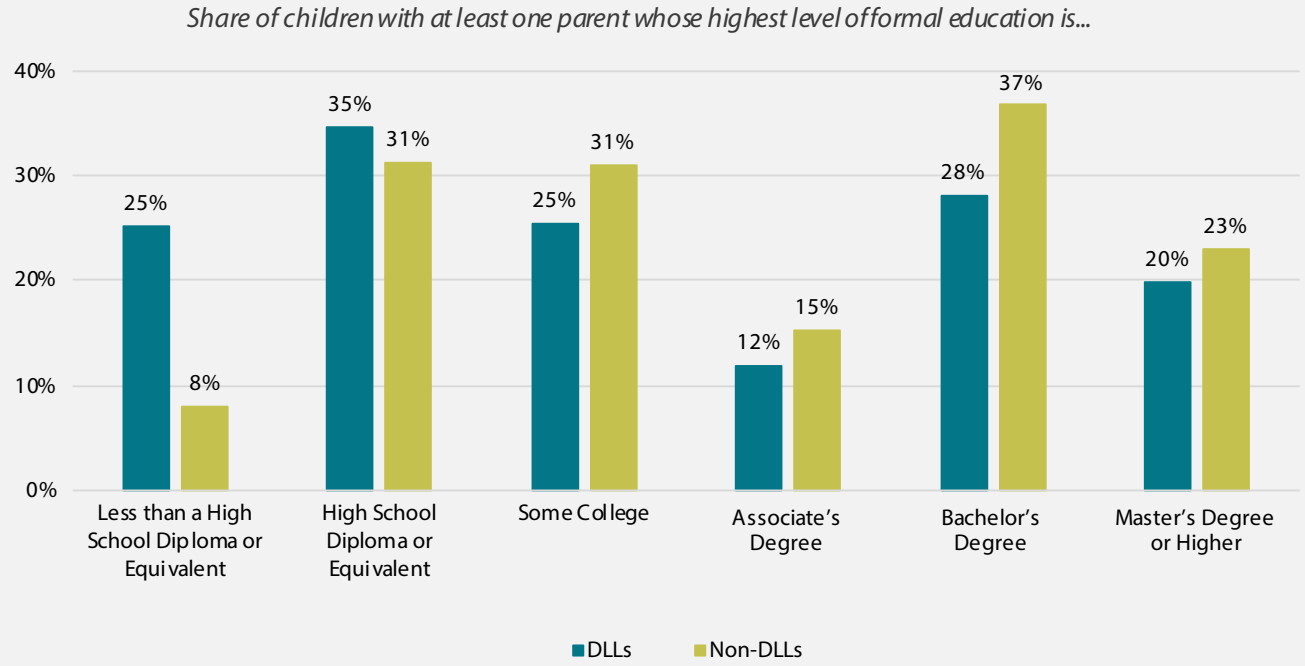
Notes: Languages spoken are self-reported in the ACS. Shares may not add up to 100 percent due to rounding. "Chinese" includes Mandarin, Cantonese, and other Chinese languages. "Tagalog" includes Filipino. "French" includes French, Patois, and Cajun.
Source: MPI tabulation of data from the U.S. Census Bureau's 2019–23 ACS, pooled.

DLLs comprise a strikingly disproportionate share of young children whose parents have a low level of formal education, making them a significant target for early childhood services.

- In 2019–23, 25 percent of DLLs had at least one parent whose highest level of education was less than a high school diploma or equivalent. This was the case for 8 percent of non-DLLs (see Figure 2).
- While DLLs comprised about one-third of children ages 0 to 5 in the United States, they comprised 60 percent of all children from this age group who had at least one parent whose highest level of education was less than a high school diploma or equivalent.
- An extensive body of research shows a correlation between parental educational attainment and a child's academic achievement.[9] ECEC program participation can therefore play a particularly important role in supporting the future educational success of DLLs whose parents have limited formal education.

FIGURE 2

Parental Education Levels of Children Ages 0 to 5 in the United States, by DLL Status, 2019–23



Source: MPI tabulation of data from the U.S. Census Bureau's 2019–23 ACS, pooled.

DLLs living in low-income households are an important target for early childhood services.

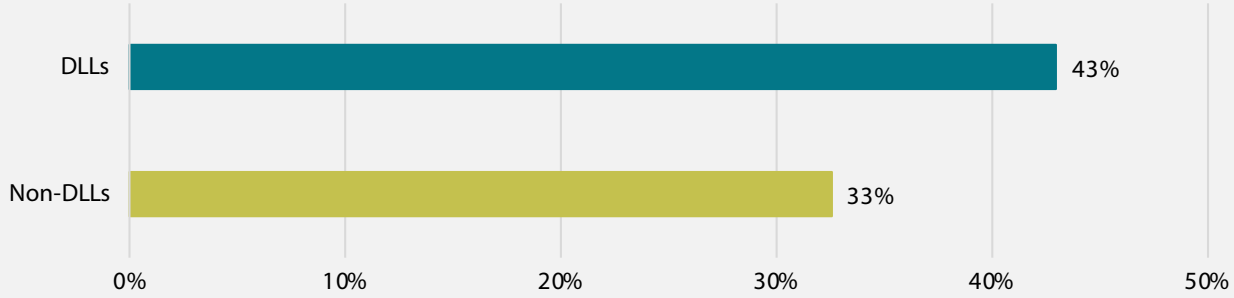
- Nationwide, DLL children are more likely than their non-DLL peers to live in low-income households; 43 percent of DLL children resided in low-income households in 2019–23, compared to 33 percent of non-DLL children (see Figure 3). These are households with an annual income below 200 percent of the federal poverty line.
- Although DLLs comprised about one-third of children ages 0 to 5 in the United States, they made up 39 percent of all young children living in low-income households. Research shows that children

experiencing poverty, particularly during the early years of their development, are at risk of negative cognitive, academic, social, health, and long-term economic outcomes.[10] It also shows that high-quality ECEC programs can help mitigate the adverse effects of child poverty by promoting cognitive, social, and emotional development.[11]

- Early childhood programs such as Head Start and Early Head Start prioritize enrolling children from low-income families, using the U.S. Department of Health and Human Services' Poverty Guidelines and Section 645 of the *Head Start Act* to determine income eligibility for participation.[12] This focus on serving low-income families, coupled with DLLs' disproportionate likelihood to live in a low-income household, makes these children a significant target population for such early childhood services.

FIGURE 3

Share of Children Ages 0 to 5 in the United States Who Reside in Low-Income Households, by DLL Status, 2019–23



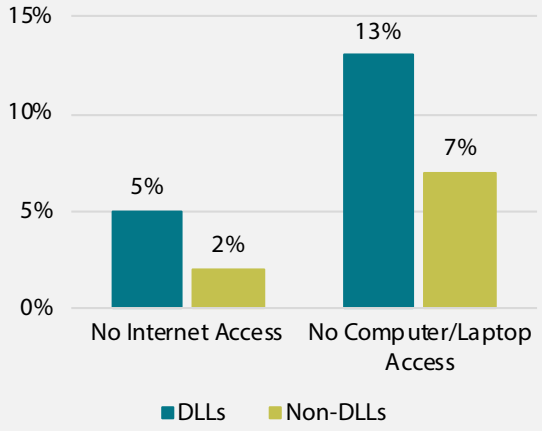
Source: MPI tabulation of data from the U.S. Census Bureau's 2019–23 ACS, pooled.

Limited access to the internet and digital devices is a significant barrier that can keep some DLLs' families from accessing early childhood services.

- In 2019–23, 5 percent of DLL children nationwide lived in a household with no access to the internet, and 13 percent in a household with no access to a computer or laptop at home, as compared to 2 percent and 7 percent of the households of non-DLLs (see Figure 4). With limited digital access, it may be difficult for parents and caregivers to connect with early childhood programs and resources.
- DLLs made up 50 percent of all children ages 0 to 5 in the United States whose households had no access to the internet, despite comprising only one-third of children in this age group.

FIGURE 4

Internet and Computer/Laptop Access in the Households of Children Ages 0 to 5 in the United States, by DLL Status, 2019–23



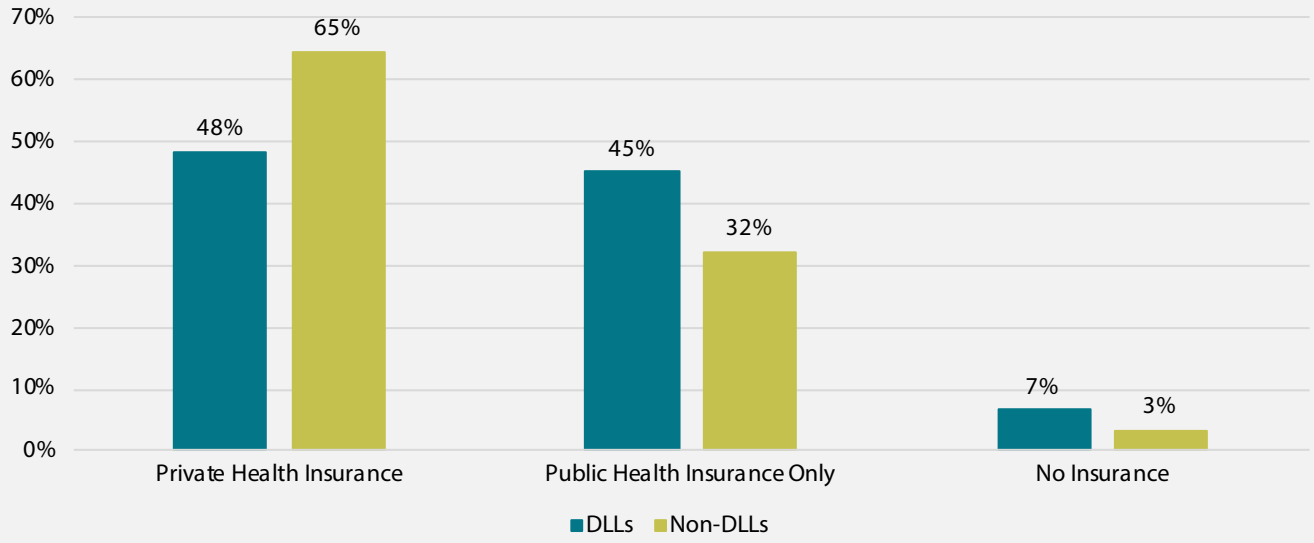
Source: MPI tabulation of data from the U.S. Census Bureau's 2019–23 ACS, pooled.

Limited health insurance coverage is another barrier that can hinder some DLLs' access to important early childhood services.

- In 2019–23, DLL children in the United States were more likely than non-DLLs to live in a household without health insurance (7 percent versus 3 percent), as shown in Figure 5.
- Without health insurance, parents may not have access to early childhood health services provided by pediatric physicians or have the opportunity to be referred to services such as early intervention (a system of services that support babies and toddlers up to age 3 with development delays or disabilities) or home visiting (a service delivery strategy in which a trained professional visits families in their homes to provide support, guidance, and resources).
- Nationwide, 48 percent of DLLs' households had access to private health insurance, in comparison to 65 percent of non-DLLs' households.

FIGURE 5

Health Insurance Access in the Households of Children Ages 0 to 5 in the United States, by DLL Status, 2019–23



Source: MPI tabulation of data from the U.S. Census Bureau's 2019–23 ACS, pooled.

Endnotes

1 Multiple terms are used to refer to Dual Language Learners in research, policy, and education, including but not limited to multilingual learners, emergent bilinguals, and bilingual learners.
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3 Linda Espinosa, *Early Education for Dual Language Learners: Promoting School Readiness and Early School Success* (Washington, DC: Migration Policy Institute, 2013).
4 Julia Gelatt, Gina Adams, and Sandra Huerta, *Supporting Immigrant Families' Access to Prekindergarten* (Washington, DC: Urban Institute, 2014); Caitlin Katsiaficas, *Supporting Immigrant and Refugee Families through Home Visiting: Innovative State and Local Approaches* (Washington, DC: Migration Policy Institute, 2020); Maki Park, Lillie Hinkle, Katherine Habben, and Emma Heidorn, *Supporting Immigrant and Refugee Families through Infant and Early Childhood Mental Health Services* (Washington, DC: Migration Policy Institute, 2024).
5 Maki Park, Jacob Hofstetter, and Ivana Tú Nhi Giang, *Overlooked but Essential: Language Access in Early Childhood Programs* (Washington, DC: Migration Policy Institute, 2022).
6 Data on the size of the immigrant population of different states can be found at the Migration Policy Institute (MPI) Data Hub, "Immigrant Population by State, 1990-Present," accessed April 25, 2025.
7 Data on linguistically isolated households exclude individuals living in group quarters.
8 Park, Hofstetter, and Giang, *Overlooked but Essential*.
9 Robert Crosnoe, *Two-Generation Strategies and Involving Immigrant Parents in Children's Education* (Washington, DC: Urban Institute, 2010); Thomas Gabe and Gene Falk, *Parents' Work and Family Economic Well-Being* (Washington, DC: Congressional Research Service, 2006); U.S. General Accounting Office, *Early Childhood Programs: Parent Education and Income Best Predict Participation* (Washington, DC: U.S. General Accounting Office, 1994); Lynn A. Karoly and Gabriella C. Gonzalez, "Early Care and Education for Children in Immigrant Families," *The Future of Children* 21, no. 1 (2011): 71–101; National Research Council, *Hispanics and the Future of America* (Washington, DC: The National Academies Press, 2006); National Academies of Sciences, Engineering, and Medicine, *Promoting the Educational Success of Children and Youth Learning English: Promising Futures* (Washington, DC: The National Academies Press, 2017).
10 Zakia Redd, Dana Thomson, and Kristin Anderson Moore, "Poverty Matters for Children's Well-Being, but Good Policy Can Help" (research brief, Child Trends, Rockville, MD, May 15, 2024); National Academies of Sciences, Engineering, and Medicine, "Chapter 3: Consequences of Child Poverty," in *A Roadmap to Reducing Child Poverty* (Washington, DC: The National Academies Press, 2019).
11 Lawrence J. Schweinhart, and David P. Weikart, "Effects of the Perry Preschool Program on Youths through Age 15," *Journal of the Division for Early Childhood* 4, no. 1 (1981): 29–39; Craig T. Ramey and Sharon Landesman Ramey, "Early Childhood Education That Promotes Lifelong Learning, Health, and Social Well-Being: The Abecedarian Project and Its Replications," *Medical Research Archives* 11, no. 11 (2023); U.S. Department of Health and Human Services, Administration for Children and Families, *Head Start Impact Study: Final Report* (Washington, DC: U.S. Department of Health and Human Services, 2010).
12 U.S. Department of Health and Human Services, "Poverty Guidelines and Determining Eligibility for Participation in Head Start Programs," updated February 13, 2025.

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Acknowledgments

This fact sheet was produced with support from the Alliance for Early Success. It is part of a series of fact sheets on Dual Language Learners (DLLs) nationwide and in the 30 states with the most DLLs, which can be found on the Migration Policy Institute (MPI) website: www.migrationpolicy.org/research/data-profile-dual-language-learners. This is an update on a 2022 MPI fact sheet series authored by Ivana Tú Nhi Giang and Maki Park.

The authors thank their MPI colleagues for their assistance with this project, including Margie McHugh for her review and guidance, Jeanne Batalova for her analysis of the American Community Survey data included in this fact sheet, Andrés Villalba for their research support, Lauren Shaw for her editing expertise, and Michelle Mittelstadt for strategic outreach.

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Design: Sara Staedicke, MPI
Layout: Liz Hall

Suggested citation: Habben, Katherine and Victoria Kim. 2025. *A Data Profile of Young Dual Language Learners in the United States and Implications for Early Childhood Programs*. Washington, DC: Migration Policy Institute.

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