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Child TRENDS

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District of Columbia Early Childhood Risk and Reach Assessment

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INTRODUCTION

Recent data collected on the well-being of children and families in the District of Columbia highlight the importance of providing high-quality early childhood programs and services to young children. According to the most recent American Community Survey, almost one-third (29 percent) of children under the age of 18 in the District of Columbia live below the federal poverty threshold, one of the highest percentages of children in poverty among all the states.[1] Almost half of all D.C. fourth-grade students scored "below basic" on the 2009 National Assessment of Educational Progress (NAEP) (56 percent in reading and 44 percent in mathematics). According to the National Center for Education Statistics, a student who scores "below basic" fails to demonstrate "partial mastery of prerequisite knowledge and skills that are fundamental for proficient work at each grade level.[2] This low level of achievement continues through high school; only 57 percent of high-school students in DC received a diploma in 2006, the most recent year evaluated.[3] In addition, the District of Columbia has a high rate of special education needs, with 19 percent of the total student body in public schools enrolled in special education.[4]

Early childhood education is an important part of the District's educational reform strategy. The District of Columbia's Office of the State Superintendent of Education, Division of Early Childhood Education (OSSE/ECE) is committed to providing children access to high-quality early childhood opportunities, which have the potential to substantially improve children's social and academic outcomes. OSSE/ECE works in partnership with community-based organizations and other government agencies to deliver valuable services to young children and their families, including licensed child care, pre-kindergarten, child care subsidies, early literacy programs, and professional development supports for early childhood educators. OSSE's Office of Special Education also houses the District of Columbia's Early Intervention Strong Start Program, which provides additional services to the early childhood community.

In the current fiscal climate, many states and local communities are working to maximize resources by targeting early childhood investments to the children and families who stand to receive the greatest benefit from such programs. OSSE/ECE aims to help the District of Columbia make best use of limited resources by conducting a scan of neighborhoods with the highest levels of risk and ensuring that public programs and resources are directed in ways that address the needs of these communities.

The *District of Columbia Early Childhood Risk and Reach Assessment 2011* is the third annual report that analyzes family risk indicators that affect children in the District of Columbia, as well as the reach of early childhood programs designed to mitigate those risks. This report provides an update to the *Early Childhood Risk and Reach Assessment for Fiscal Year 2009*[i] and includes maternal education as an additional indicator of risk. Additional reach programs analyzed in the *Risk and Reach Assessment* for 2011 include Head Start/Early Head Start, home visiting programs, and IDEA Part C early intervention services.

This report is not meant to provide a comprehensive account of all early childhood programs in the District of Columbia. Rather, this annual report is meant to be a continued exploration of the reach of programs supported by OSSE/ECE. This information can be used to help communities within the District of Columbia better understand their early care and education programming needs, particularly in high-need areas. The data in this report can also inform future decisions regarding early care and education investments and help the Division of Early Childhood Education meet its goal of reaching all children with quality early childhood services.

RISK AND REACH FINDINGS

The findings on risk and reach in the District of Columbia are presented in two parts. First, we identify family risk indicators that can potentially affect child outcomes. The prevalence of children "at-risk" in the District of Columbia is analyzed by calculating the percentage of children in the various risk categories by Ward. Second, we examine the number of children and families who are served or who can be served through various early childhood programs supported by OSSE's Division of Early Childhood Education. These "reach" data are also presented by Ward.

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[i] The first two versions of the District of Columbia Risk and Reach Assessment provided data for the previous federal fiscal year, which ends September 30th (i.e., fiscal year 2010 started October 1, 2009 and ended September 30th, 2010). This report includes data from the 2010 and 2011 calendar years; therefore, the title of the report has been modified.

Family Risk Indicators

There are a wide range of factors that can affect developmental outcomes for children. This report focuses on eleven family risk indicators by Ward. These family risk indicators were identified using data from the 2005-2009 American Community Survey 5-Year Estimates, 2008 Vital Statistics data, 2009 data from the District of Columbia Child and Family Services Agency, the 2010 Decennial Census, and 2010 District of Columbia Income Maintenance Administration data. These specific indicators of risk were chosen based on the most recently available data collected at the Ward level within the District of Columbia. Below, a brief review of the literature relating each risk indicator to child outcomes is provided, followed by a brief summary of estimates of children and families affected by each risk indicator in the District of Columbia (see Table 1). To provide further information about indicators of risk in the District, data available at the census tract level on seven of the 11 risk indicators described below are provided in Appendix B.

Percentage of children under age five living in families below the poverty level

The federal poverty definition consists of a series of thresholds based on family size and composition. In 2010, the preliminary estimates of weighted average poverty thresholds for a family of four was $22,314.[5] Research indicates that children who are raised in poverty are at a higher risk of being exposed to risk factors that might impair brain development and affect their social and emotional development. These risks can include environmental toxins, inadequate nutrition, maternal depression, parental substance abuse, trauma and abuse, violent crime, divorce, low quality child care, and decreased cognitive stimulation (originating in part from exposure to a limited vocabulary as infants).[6-8]

Based on the 2005-2009 American Community Survey 5-Year Estimates, Wards 7 and 8 had the highest percentage (44. percent and 59 percent, respectively) of children under age five living in families below the federal poverty threshold, in comparison to the national estimate of 21.2 percent.[1] In contrast, Wards 3 and 4 had the lowest percentages, at 2 percent and 10 percent respectively.

Percentage of births to single mothers

Children born to unmarried mothers are more likely to grow up in a single-parent household, experience instability in living arrangements and have socio-emotional problems.[9-12] These children are also more likely to live in poverty. Based on the most recent American Community Survey (2005-2009), 55 percent of children ages 0-5 living below the poverty level are in single-mother headed households.[1] As children born to single mothers reach adolescence, they are also more likely to have low educational attainment, have sex at younger ages, and have a premarital birth.[9,12]

According to National Vital Statistics data , the national estimate of births to single mothers was 41 percent in 2008.[13] The Wards in the District of Columbia with the highest percentage of births to single mothers in 2008 were Wards 7 and 8 with 86 percent and 89 percent, respectively. Ward 3 had the lowest percentage, at 6 percent.

Percentage of births to teenage mothers

Compared to children born to older mothers, children of teen mothers are more likely to have a low birth weight and to be born prematurely.[14] These children are also at a higher risk of having academic and behavioral problems in school. In addition, teen mothers are more likely than their peers without children to drop out of school, receive public assistance, and have an income below the poverty level.[14]

According to the National Vital Statistics System at the Centers for Disease Control and Prevention, Ward-level data in the District of Columbia indicate that Wards 7 and 8 had the highest percentages of births to teenage mothers, at 19 percent and 20 percent, respectively. The lowest percentages were in Wards 2 and 3, at 6 percent and 1 percent, respectively. The national average of births to teenage mothers in 2008 was 10 percent.[13]

Percentage of low birth weight infants

Infants born at a low birth weight (under 2,500 grams, or 5 pounds, 5 ounces) are more likely than heavier infants to experience delayed motor and social development. Low birth weight infants are also at increased risk of long-term disability and impaired development. Children ages four to 17 who were born at a low birth weight are more likely to be enrolled in special education classes, repeat a grade, or fail school than children with a normal birth weight.[15] Infants born at a very low birth weight (less than 1,500 grams, or 3 pounds, 4 ounces) have a one-in-four chance of dying before age one. Factors that may result in babies with low and very low birth weight include smoking during pregnancy, low

maternal weight gain or low pre-pregnancy weight, maternal or fetal stress, infections, or experiencing violence during pregnancy.[15]

The national average of low birth weight infants born in 2008 was 8 percent, a decrease of less than 1 percent from 2007 according to National Vital Statistics data. In the District of Columbia in 2008, Wards 5, 6, 7, and 8 had the highest percentages of low birth weight infants, all between 10 and 14 percent. The remaining Wards all had percentages of low birth weight infants that ranged from seven percent to 8 percent.[13]

Percentage of births to mothers who did not receive adequate prenatal care

Prenatal visits are important for the health of both the infant and the mother. Health care providers can educate expectant mothers on important health issues such as diet and nutrition, exercise, immunizations, weight gain, and abstaining from drugs and alcohol. Expectant parents can also receive instruction by health professionals on nutrition for their newborn, breastfeeding, illness prevention, and the new emotional challenges of caring for a newborn infant.[16]

Using the Kessner Criteria for Adequacy of Prenatal Care, adequate prenatal care is defined using two criteria: 1) care was initiated in the first trimester and 2) the number of prenatal visits was proportional to the weeks of gestation.[17] In the year 2008, less than three-fourths (71.0 percent) of women in the 27-state reporting area[ii] began prenatal care in the first trimester of pregnancy and seven percent of mothers began care late (third trimester) or had no prenatal care at all.[13] District of Columbia Ward-level data from the National Vital Statistics system for 2008 indicated that Wards 7 and 8 had the highest percentage of births to mothers who did not receive adequate prenatal care (51 percent and 51 percent, respectively). Ward 3 had the lowest percentage of births to mothers who did not receive adequate prenatal care in 2008 (14 percent).

Percentage of births to mothers with less than 12 years of formal education

Higher levels of parental education attainment are strongly associated with positive outcomes for children in areas such as school readiness, educational achievement, incidence of low birth weight, health-related behaviors including smoking and binge drinking,[18,19] and pro-social activities such as volunteering.[20] Children of more educated parents are also likely to have access to greater material, human, and social resources.[21,22]

National Vital Statistics data indicate that in 2008, 77.8 percent of women who gave birth in the U.S. had completed a secondary education (high school diploma or higher), and 24.5 percent had an advanced education (bachelor's degree or higher). Research shows that infants and toddlers whose mothers have less than a high school diploma score lower on cognitive assessment than infants and toddlers whose mothers have a Bachelor's degree or higher.[22] In the District of Columbia, Wards 1 and 4 have the highest percentages of births to mothers with less than 12 years of formal education (high school graduates), at 30 percent and 28 percent, respectively. Ward 3 has the lowest percentage of births to mothers with less than a high school diploma at two percent.

Infant mortality rate per 1,000 live births

Infant mortality is associated with a variety of factors including maternal health, the quality of- and access to medical care, socioeconomic status, and public health practices. With the exception of 2002 and 2005, the infant mortality rate has statistically remained the same or decreased significantly each successive year from 1958 through 2008.

In 2008, the national infant mortality rate was seven infant deaths per 1,000 live births according to National Vital Statistics data.[23] In the District of Columbia in the year 2008, Wards 7 and 8 had the highest rates of infant mortality at 17 deaths per 1,000 live births in both Wards. The lowest rates were in Wards 2 and 3 at three and five deaths, respectively, per 1,000 live births.

Percentage of children in families receiving aid through Temporary Assistance for Needy Families (TANF)

Many families with incomes below the poverty threshold receive support from Temporary Assistance for Needy Families (TANF), which succeeded the Aid to Families with Dependent Children Program (AFDC) in 1997 as part of federal

[ii] These national data are restricted to those states that adopted the 2003 electronic revised birth certificate. The District of Columbia continues to use the 1989 paper version of the birth certificate. For more information, see the Expanded Data from the New Birth Certificate, 2008 at http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_07.pdf

welfare reform. Each state is responsible for setting the benefit levels and benefits for TANF recipients, which vary widely across states.[24]

According to the District of Columbia Income Maintenance Administration, the highest percentages of children from birth through age one in families receiving aid through TANF in 2010 were in Wards 7 and 8, at 13 percent and 15 percent, respectively. The lowest percentage was in Ward 3 at 0 percent. The highest percentage of children age two to five in families receiving aid through TANF in 2010 were also in Wards 7 and 8, at 44 percent and 50 percent, respectively. The lowest percentage was in Ward 3 at 0 percent.

Percentage of children in families receiving aid through Supplemental Nutrition Assistant Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) provides eligible low-income families with benefits to purchase food. Recipients are given a card linked to an Electronic Benefit Transfer account that can be used at grocery stores and other food retailers. In 2008, the name of the program was changed from the federal Food Stamp Program to emphasize nutrition and the importance of healthy food.[25]

Wards 7 (16 percent) and 8 (17 percent) had the highest percentages of children from birth through age one receiving aid through SNAP in the District of Columbia according to 2010 Income Maintenance Administration data. The lowest percentage was in Ward 3 at 0 percent. The highest percentages of children age two to five receiving aid through SNAP were in Wards 7 and 8, at 57 and 61 percent, respectively.

Percentage of children in families receiving aid through Medicaid/State Children's Health Insurance Program (SCHIP)

In the District of Columbia, Medicaid is a healthcare program that compensates qualified individuals for medical services they receive. It often helps pay for medical services for residents who are low-income and disabled. Medicaid recipients can be of any age, race, or sex.[26] Over the past decade, new federal and state rules, including the State Children's Health Insurance Program (SCHIP), have led to major expansions in medical coverage for low-income, uninsured children. Until the recent passage of the 2010 Patient Protection and Affordable Care Act, which includes provisions for national health care for young children, SCHIP has marked the most significant expansion of health insurance coverage for young children in the U.S. since 1965, when Medicare and Medicaid were established. In the District of Columbia, SCHIP is called the DC Healthy Families program. This program is part of the DC Department of Health Care Finance and provides free health insurance for qualifying District residents and their children.[27]

Income Maintenance Administration data from 2010 on the percentage of children in families receiving aid through Medicaid/SCHIP were not available for this report. Data available as of 2009 indicate that the highest percentage of children in families receiving this aid in the District of Columbia was 69 percent in Ward 7. The lowest percentage was in Ward 3 at five percent.

Number of substantiated cases of abuse and neglect

Children are considered victims of abuse and neglect if an investigation by the state child welfare agency classifies their case as substantiated child maltreatment. A substantiated case is one in which an allegation of maltreatment or risk of maltreatment was supported or founded according to state law or policy.[28] Child abuse and neglect include both sexual and physical abuse, which are often associated with physical injuries, delayed physical growth, and neurological damage.[29] Child abuse and neglect are also associated with psychological and emotional problems, such as aggression, depression, and post-traumatic stress disorder.[30] In addition, child abuse alone is related to an increased risk of substance abuse, eating disorders, obesity, suicide, and sexual promiscuity later in life.[31] Acts of child abuse and neglect are influenced by a number of factors, including lack of knowledge of child development, substance abuse, other forms of domestic violence, and mental illness.[32] Although child abuse and neglect occur in families at all economic levels, they are more common in families with lower incomes.[32]

The highest number of new substantiated cases of abuse and neglect in the District of Columbia in 2009 was in Ward 8, at 671 substantiated cases. The lowest number was in Ward 3 at four substantiated cases. Of those cases that were reported, 174 did not report the child's home Ward.

TABLE 1. Family Risk Indicators by Ward

Ward	# of Children Under 5*	% Population Under 5*	% Children Under 5 Living in Families Below Poverty Level**	% Births to Single Mothers ***	% Births to Teen Mothers ***	% Low Birth Weight Infants ***	% Births to Mothers who Did Not Receive Adequate Prenatal Care ***	% of Births to Mothers with Less than 12 Years of Formal Education ^	Infant Mortality Rate per 1,000 Live Births ^	% of Children in Families Receiving Aid Through TANF ^^	% Children in Families Receiving Aid Through SNAP (Food Stamps) ^^	% Children in Families Receiving Aid Through Medicaid/ SCHIP ^^^	# of Substan-tiated Cases of Abuse & Neglect ^^^^
	Population Characteristics												
1	3,480	4.6%	23.0%	57.2%	9.9%	7.5%	38.2%	29.6%	6.1	23.7%	38.5%	60.3%	147
2	2,021	2.5%	15.1%	29.5%	5.6%	8.5%	26.3%	12.6%	2.9	11.5%	18.3%	s	86
3	3,377	4.4%	2.4%	6.2%	0.7%	7.4%	13.7%	1.8%	5.1	0.3%	0.9%	5.1%	4
4	4,783	6.3%	10.2%	59.0%	9.7%	8.5%	40.2%	27.7%	10.2	20.8%	35.7%	64.8%	140
5	3,735	5.0%	23.3%	71.2%	16.4%	10.9%	43.4%	18.7%	6	39.9%	53.3%	59.2%	343
6	3,902	5.1%	17.5%	44.6%	8.0%	10.3%	29.3%	10.5%	8	26.4%	32.1%	64.5%	79
7	4,758	6.7%	44.1%	85.8%	18.6%	13.9%	50.8%	20.5%	17.2	57.4%	73.2%	68.5%	360
8	6,557	9.3%	58.7%	89.1%	19.9%	14.0%	50.7%	23.1%	17.7	64.5%	78.2%	62.5%	671
TOTAL	**32,613**	**5.4%**	**28.1%**	**61.0%**	**12.2%**	**10.4%**	**38.5%**	**19.9%**	**10.9**	**35.4%**	**46.9%**	**65.1%**	**2,004**
National Average	**20,860,344**	**6.9%**	**21.2%**	**41%**	**10%**	**8%**	**NA**	**22%**	**7**	**NA**	**NA**	**NA**	**NA**

* Data are from the 2010 Census
** Data are from the 2005-2009 American Community Survey
*** Data are from 2008 Vital Statistics Data, DC Department of Health and NeighborhoodInfo DC at the Urban Institute
^ Data are from the 2008 Department of Health
^^ Data are from 2010 Income Maintenance Administration, DC Department of Human Services and NeighborhoodInfo DC at the Urban Institute
^^^ Data are from the 2009 Income Maintenance Administration, DC Department of Human Services
^^^^ Data are from DC Child and Family Services Agency for fiscal year 2009. 174 cases were missing the child's home Ward.
s = Data suppressed for this indicator because it does not produce a reliable estimate.
NA = Data not available

Child Outcomes

As mentioned previously, the risk indicators included in this assessment have been shown to significantly impact developmental outcomes for children, particularly those that relate to later academic achievement. For example, analyses of a sample of 1298 children from the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care and Youth Development showed that low maternal education and low family income had significant negative effects on reading, math, and vocabulary achievement in first grade.[33] Studies have also found that children born to teen mothers have lower math, reading and/or vocabulary scores than do children of older mothers.[34,35] In addition, adolescent children of teen mothers have lower high school completion rates than do children born to mothers age 22 and older.[36] It is also well documented that low birth weight infants are at a higher risk for cognitive impairment and academic failure later in life.[37-40] This evidence suggests that children in the District of Columbia who experience one or more of these indicators in early childhood are likely to be at higher risk for academic difficulties in elementary or secondary school.

The data presented in Tables 2 and 3 highlight student proficiency in reading, math, science, biology, and composition as measured by the District of Columbia Comprehensive Assessment System (DC CAS). Table 2 shows the percent of students considered proficient in reading and math as well as a combined percentage of the two scores in District of Columbia Public Schools (DCPS). According to the 2011 DC CAS scores for elementary schools across the District,

the mean percent of DCPS students who were proficient was 42.4 percent. Ward 8 had the lowest percentage of students considered proficient in both reading and math (26.7 percent and 23.8 percent, respectively). Ward 3 had the greatest percentage of students proficient in both reading and math (82.6 percent and 83.1 percent, respectively). When reading and math proficiency percentages were combined, Wards 7 and 8 had the lowest percentages at 29.5 percent and 25.2 percent, respectively. Ward 3 had a significantly higher percentage of students proficient in reading and math than all other Wards, with 82.8 percent of students falling in this category. The next highest proficiency percentages were in Wards 2 and 4, with 52.5 percent and 52.3 percent, respectively, of students proficient in reading and math.

TABLE 2. Percent of Students Proficient in DCPS by Ward, 2011

Ward	Reading	Math	Combined Reading and Math
1	40.5%	49.4%	45.0%
2	55.5%	49.5%	52.5%
3	82.6%	83.1%	82.8%
4	52.4%	52.3%	52.3%
5	39.9%	40.7%	40.3%
6	39.5%	39.7%	39.6%
7	31.8%	27.2%	29.5%
8	26.7%	23.8%	25.2%
TOTAL	**42.9%**	**41.8%**	**42.4%**

Data are from the District of Columbia Assessment and Accountability Data Reports, 2011

Table 3 shows the percent of students considered proficient in reading and math in District of Columbia Public Charter Schools (PCS). The mean percent of students proficient in PCS was 45.8 percent. Ward 2 had the lowest percentage of students considered proficient in both reading and math (27.8 percent and 25.0 percent, respectively). Ward 6 had the highest percentage of students considered proficient in reading with 61.6 percent. Ward 1 had the greatest percentage of proficient students in math with 62.9 percent. When reading and math proficiency percentages were combined, Ward 2 had the lowest percentage of students proficient (26.4 percent). Wards 1 and 6 had the greatest percentages of children considered proficient in reading and math (55.6 percent and 60.0 percent, respectively).

TABLE 3. Percent of Students Proficient in PCS by Ward, 2011

Ward	Reading	Math	Combined Reading and Math
1	48.2%	62.9%	55.6%
2	27.8%	25.0%	26.4%
3	n/a	n/a	n/a
4	52.5%	39.2%	45.9%
5	48.9%	45.7%	47.3%
6	61.6%	58.5%	60.0%
7	34.7%	29.8%	32.2%
8	36.2%	39.0%	37.6%
TOTAL	**46.8%**	**44.8%**	**45.8%**

Data are from the District of Columbia Assessment and Accountability Data Reports, 2011

The DC CAS scores vary greatly across Wards, with combined proficiency percentages in DCPS ranging from 25.2 percent to 82.8 percent. In PCS, combined reading and math percentages ranged from 26.4 percent to 60.0 percent.

These data suggest that resources should be targeted to those Wards most in need of programming that supports school readiness and positive academic and social development. The following sections of this Risk and Reach assessment provide further information about where these programs already exist, and where they might be expanded to reach additional children.

Early Childhood Reach Programs

The early childhood programs described below are considered "reach" programs because they represent the extent to which OSSE/ECE is reaching the relevant population of the District and providing services to meet the needs of very young children. Data on the use of each program described below were obtained from several sources: OSSE/ECE, OSSE Division of Special Education, and through interviews with home visiting program administrators conducted in 2010 under a previous contract with OSSE/ECE. Pre-kindergarten data for the 2010-2011 school year were collected during a capacity audit of the District of Columbia's pre-kindergarten programs conducted by Child Trends.

OSSE/ECE's Compliance and Integrity Division (Child Care Licensing Unit) regulates the licensing of child development facilities, defined as locations where a child development program is provided for infants and children, away from the child's home, less than 24 hours a day for each infant and child. The facility may be a child development center or an infant care center, but does not include public or private elementary or secondary schools.[41] A child development home is defined as an early care and education program that operates in a private residence and provides care for up to six infants and children at a given time, with no more than two infants in the group.[41] Many child development programs in the District of Columbia participate in the Child Care Subsidy Program, which consists of federal funding provided to states via block grants to support low-income families with child care so that parents can work or attend school. Federal guidelines allow states to assist families in paying for child care if the family's income falls below 85 percent of state median income (SMI) and if they need child care to support employment and/or education and training. The federal eligibility level is a maximum but not a requirement, and many states set their eligibility levels lower than 85 percent of SMI.[42] The District of Columbia sets its eligibility for child care subsidies at 85 percent of the median income. Eligible families that receive child care subsidies may choose to use them for family child care or center-based care, although families may also use child care subsidies for relative care, defined in DC child care licensing regulations as "care of a child by that child's parent, step-parent, grandparent, brother, sister, step-brother, step-sister, uncle, or aunt, said relationship having been established by blood, marriage, or adoption, or by that child's legal guardian".[43]

It is important to note that children served by child development centers and homes in each Ward may not reside in that Ward. Families often travel to locations outside of their residential area for child care. For this reason, this report focuses on the total capacity of child development programs within Wards to serve children and not on the specific number of children being served at any one site. In addition, it should be noted that the District of Columbia child development center and home licensing regulations define "infant" as a child younger than twelve (12) months of age, a "toddler" as an individual older than twelve (12) months but younger than twenty-four (24) months of age, and a "child" or "children" as an individual or individuals from two (2) to fifteen (15) years of age. Child development center and home capacity data are reported as the number of slots available for infants and toddlers (0-2 years of age) and the number of slots available for older children (3-15 years of age). Therefore, the total capacity of child development centers and homes includes slots for school-age children.

Licensed child development centers by Ward

The data in Table 4 include the total number of child development centers in each Ward. Data on the number of child development centers by zip code are available in Appendix C. Analysis of risk and reach together could not be completed on the zip code level, as risk indicator data and population figures were not available at this level.

Licensed child development programs that are federally funded through Head Start or Early Head Start are excluded from the total number of centers presented in Tables 4 and 5. The capacity of these programs to serve income-eligible children is reported separately in Table 10.

In 2011, the greatest number of licensed child development centers were located in Ward 2 (61 centers), whereas the fewest were located in Wards 1 and 7 (24 and 30 centers, respectively).Likewise, the capacity to serve children under the age of 15 in child development centers was greatest in Ward 2 (3,814 slots), and lowest in Ward 7 (1,871 slots). The

capacity in Ward 2 was high considering the relatively low number of resident children in this Ward as compared to other Wards in the city (see Table 1). This is most likely due to the high concentration of businesses in that area that house child care programs.

TABLE 4. Child Development Center Reach Data – Ward Level, 2011

Ward	# of Children Under Age 3*	# of Children Ages 3-5*	# of Licensed Child Development Centers**	# of Infants/ Toddler (0-2) Slots**	# of Older Children (3-15) Slots**	Total Capacity**
1	2,846	1,858	24	513	1,795	2308
2	1,257	913	61	1029	2,785	3814
3	2,757	2,505	34	173	2,509	2682
4	3,102	2,304	46	568	2,350	2918
5	2,783	2,108	34	284	2,093	2377
6	2,755	1,929	39	667	1,627	2294
7	2,529	3,299	30	340	1,531	1871
8	4,251	4,126	38	755	2,211	2966
TOTAL	**22,280**	**19,042**	**305**	**4,329**	**16,901**	**21,230**

* Data are from the 2005-2009 American Community Survey 5-year estimates

** Data are from the District of Columbia Office of the State Superintendent of Education Early Care and Education Administration, February 2011. Due to fluctuations in the number of operating child development centers and their corresponding enrollment, these numbers are subject to change.

The data in Table 5 show the total number of child development centers providing care to subsidy-receiving families in each Ward. In 2011, the greatest number of centers was located in Ward 8 (36 centers), whereas the fewest was located in Ward 3 (2 centers). Similarly, the capacity to serve children in centers receiving subsidies was greatest in Ward 8 (2,324 slots) and lowest in Ward 3 (282 slots). These numbers are not surprising, as the largest number of children under age five living in families below the poverty level reside in Ward 8 (3,849 children) and the smallest number reside in Ward 3 (80 children).

TABLE 5. Child Development Centers Providing Care to Subsidy-Receiving Families Reach Data – Ward Level, 2011

Ward	# of Children 0-5 Living Below the Poverty Level*	# of Licensed Child Development Centers**	# of Infants/ Toddler (0-2) Slots**	# of Older Children (3-15) Slots**	Total Capacity**	# of Centers Serving:			
						I	T	P	SAC
1	800	24	550	1574	2124	17	22	23	17
2	305	16	261	722	983	10	10	16	13
3	80	2	173	109	282	1	1	2	2
4	490	33	542	2359	2901	19	19	33	19
5	869	26	270	2233	2503	15	16	23	20
6	682	26	360	1292	1652	5	15	28	21
7	2096	30	442	1545	1987	19	23	29	24
8	3849	36	753	1571	2324	28	18	32	19
TOTAL	**9171**	**193**	**3351**	**11405**	**14756**	**114**	**124**	**186**	**135**

* Data are from the 2005-2009 American Community Survey

**Data are from the District of Columbia Office of the State Superintendent of Education
Early Care and Education Administration, September 2011. Due to fluctuations in the number of operating child development centers and their corresponding enrollment, these numbers are subject to change.

I = infants (< 12 Months) T= toddlers (> 12 months but < 36 months) P = preschoolers (36 months to five years) SAC = school-age children

Licensed child development homes by Ward

As noted earlier, a child development home is defined as an early care and education program that operates in a private residence and provides care for up to six infants and children at a given time, with no more than two infants in the group.[41] The data in Table 6 include the total number of licensed child development homes in each Ward for 2011. The number of available slots for both infants and toddlers (ages 0-2) and older children (ages 3-15) are given in addition to the total capacity for each Ward.

In 2011, 151 child development homes were in operation in the District of Columbia (Table 6). Thirty-five homes were in Ward 4, with a total of 191 slots available for both infants and older children. This is the largest number of available slots in all Wards. The lowest number of available slots was in Ward 3, which had three homes and 15 slots for infants and older children.

TABLE 6. Child Development Homes Reach Data – Ward Level, 2011

Ward	# of Children Under Age 3*	# of Children Ages 3-5*	# of Child Development Homes**	# of Infants/ Toddler (0-2) Slots**	# of Older Children (3-15) Slots**	Total Capacity**
1	2,846	1,858	6	12	18	30
2	1,257	913	4	8	12	20
3	2,757	2,505	3	3	12	15
4	3,102	2,304	35	71	120	191
5	2,783	2,108	21	41	66	107
6	2,755	1,929	29	57	93	150
7	2,529	3,299	30	59	103	162
8	4,251	4,126	23	45	77	122
TOTAL	**22,280**	**19,042**	**151**	**296**	**501**	**797**

* Data are from the 2005-2009 American Community Survey

** Data are from the District of Columbia Office of the State Superintendent of Education

Early Care and Education Administration, February 2011. Due to fluctuations in the number of operating child development homes and their corresponding enrollment, these numbers are subject to change.

The data in Table 7 indicate the total number of child development homes providing care to subsidy-receiving families in each Ward. In 2011, there were 86 homes providing care to subsidy-receiving families, with Ward 8 having the greatest number of homes (20 homes). Ward 3 had the lowest number of homes (0). Ward 7 had the greatest capacity to serve children in subsidy-receiving families (114 children), while Ward 3 had the lowest (zero children). As with centers, these numbers are not surprising, as the largest number of children under age five living in families below the poverty level reside in Ward 8 (3849 children) and the smallest number reside in Ward 3 (80 children).

"Going for the Gold" Tiered Rate Reimbursement System

The District of Columbia's quality rating and improvement system (QRIS) "Going for the Gold" rewards programs that go beyond minimum requirements to provide higher quality care for infants, toddlers, preschool-age, and school-age children. The goals of the "Going for the Gold" system are to increase the quality of care for children and families in District of Columbia, to help consumers be more informed about child care options, to increase compensation for providers, to bring new providers into the subsidy system, and to increase subsidy slots. This is a voluntary system reserved only for those programs that serve families who receive child care subsidies. In this system, differential reimbursement rates for child development centers and child development homes are tied to specified indicators of program quality .[44] Participants receive higher reimbursement rates based on their ability to meet these criteria. The "Going for the Gold" system has three tiers: Gold, Silver, and Bronze. The Gold tier represents the highest level of quality achievement, which is equivalent to national accreditation by the National Association for the Education of Young Children and receives the highest reimbursement rates.[44]

TABLE 7. Child Development Homes Providing Care to Subsidy-Receiving Families Reach Data – Ward Level, 2011

Ward	# of Children 0-5 Living Below the Poverty Level*	# of Licensed Child Development Homes**	# of Infants/ Toddler (0-2) Slots**	# of Older Children (3-15) Slots**	Total Capacity**	# of Homes Serving:			
						I	T	P	SAC
1	800	2	4	6	10	2	2	2	2
2	305	2	4	6	10	2	2	2	2
3	80	0	0	0	0	n/a	n/a	n/a	n/a
4	490	13	26	52	78	12	13	13	12
5	869	13	26	52	78	12	13	13	12
6	682	14	28	55	83	12	14	14	12
7	2096	22	44	70	114	20	22	20	20
8	3849	20	40	140	80	7	20	20	15
TOTAL	**9171**	**86**	**172**	**381**	**453**	**67**	**86**	**84**	**75**

*Data are from the 2005-2009 American Community Survey

**Data are from the District of Columbia Office of the State Superintendent of Education

Early Care and Education Administration, September 2011. Due to fluctuations in the number of operating child development homes and their corresponding enrollment, these numbers are subject to change.

I = infants (< 12 Months) T= toddlers (> 12 months but < 36 months) P = preschoolers (36 months to five years) SAC = school-age children

Quality indicators for child development centers are:

- Accreditation
- Compliance with licensing regulations
- Director qualifications and training
- Staff qualifications and training
- Staff compensation
- Parent involvement and consumer satisfaction
- Learning environment

Quality indicators for child development homes are:

- Accreditation
- Compliance with licensing regulations
- Child Development Home Provider (CDHP) qualifications and training
- Parent involvement and consumer education
- Home environment and home evaluation

In 2011, there were a total of 63 Gold, 39 Silver, and 88 Bronze child development centers in the District of Columbia (see Table 8). As mentioned previously, all of the programs participating in the QRIS provide early care and education services to families receiving child care subsidies. Fifty-eight percent of the child development centers in Ward 1 are Gold, 12.5 percent are Silver, and 29.2 percent are Bronze. In Ward 2, 43.8 percent of the child development centers are Gold, 25.0 percent are Silver, and 31.3 percent are Bronze. Ward 3 has two centers participating in Going for the Gold, and both have a Gold rating. In Ward 4, 30.3 percent of the centers participating in Going for the Gold are Gold, 27.3 are Silver, and 42.4 percent are Bronze. Of the 26 centers participating in Going for the Gold in Ward 5, 19.2 percent are Gold, 19.2 percent are Silver, and 61.5 percent are Bronze. In Ward 6, 15.4 percent of the centers participating in Going for the Gold are Gold, 7.7 percent are Silver, and 80.8 percent are Bronze. Ward 7 has 30 centers participating in Going for the Gold; 16.7 percent are Gold, 40.0 percent are Silver, and 43.3 percent are Bronze. In Ward 8, 44.4 percent of centers participating in Going for the Gold are Gold, 11.1 percent are Silver, and 33.3 percent are Bronze. Overall, Ward 8 had the highest percentage of Gold centers (25.4 percent) and Ward 3 had the lowest percentage of Gold centers (3.2 percent). Ward 7 had the highest percentage of Silver centers (30.8 percent) and Ward 3 had the lowest percentage of Silver centers (0.0 percent). Ward 6 had the highest percentage of Bronze centers (23.9 percent) and Ward 3 had the lowest percentage of Bronze centers (0.0 percent).

TABLE 8. "Going for the Gold" Tiered Rate Reimbursement Data for Centers – Ward Level, 2011

Ward	# of Child Development Centers Providing Services to Subsidy-Receiving Families**	Tiered Rate Reimbursement Level		
		Gold	Silver	Bronze
1	24	14	3	7
2	16	7	4	5
3	2	2	0	0
4	33	10	9	14
5	26	5	5	16
6	26	4	2	21
7	30	5	12	13
8	36	16	4	12
TOTAL	193	63	39	88

Data are from the District of Columbia Office of the State Superintendent of Education, Division of Early Childhood Education, September 2011

There were a total of 11 Gold, 6 Silver, and 69 Bronze child development homes participating in "Going for the Gold" (see Table 9). Wards 1 and 2 have two child development homes; one that is Silver and one that is Bronze. Ward 3 has zero child development homes participating in Going for the Gold. In Ward 4, all of the child development homes participating in Going for the Gold are Bronze. In Ward 5, 7.7 percent of child development homes participating in Going for the Gold are Gold, and 92.3 percent are Bronze. Of the 14 child development homes participating in Going for the Gold in Ward 6, 21.4 percent are Gold, 14.3 percent are Silver, and 64.3 percent are Bronze. In Ward 7, 9.0 percent of the child development homes participating in Going for the Gold are Gold, 9.0 percent are Silver, and 81.8 percent are Bronze. In Ward 8, 25.0 percent of the child development homes participating in Going for the Gold are Gold, 0.0 percent are Silver, and 75.0 percent are Bronze.

It should be noted that the Office of the State Superintendent of Education is currently revising the "Going for the Gold" quality standards and requirements for program eligibility. A pilot of the revised system will be launched in FY2012.

TABLE 9. "Going for the Gold" Tiered Rate Reimbursement Data for Homes – Ward Level, 2011

Ward	# of Child Development Homes Providing Services to Subsidy-Receiving Families	Tiered Rate Reimbursement Level		
		Gold	Silver	Bronze
1	2	0	1	1
2	2	0	1	1
3	0	0	0	0
4	13	0	0	13
5	13	1	0	12
6	14	3	2	9
7	22	2	2	18
8	20	5	0	15
TOTAL	86	11	6	69

Data are from the District of Columbia Office of the State Superintendent of Education, Office of Early Childhood Education, September 2011

Head Start/Early Head Start

The Head Start program was created in 1965 by President Lyndon Johnson as part of the War on Poverty. Head Start promotes school readiness for children age three to five in low-income families by offering educational, nutritional, health, social and other services. Programs also actively engage parents in their children's learning and help them in making progress toward their own educational, literacy and employment goals. Head Start is federally-funded, but is

administered by local grantees and public and private non-profit and for-profit agencies that must adhere to national program guidelines (the Head Start Performance Standards) to ensure that programs provide a wide array of comprehensive services for families and children. Local Head Start programs conduct a needs assessment of each child's and family's needs and strengths at the beginning of the program and use this to tailor and guide services.[45]

Early Head Start, launched in 1995, provides support to low-income infants, toddlers up to age three, pregnant women and their families. The mission of Early Head Start is to promote healthy prenatal outcomes for pregnant women, to enhance the development of very young children, and to promote healthy family functioning. According to the 2010 Program Information Report (PIR), Early Head Start has 1,008 programs which provide child development and family support services in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands and served over 133,000 children under the age of three for fiscal year 2010.[46]

There are five local Head Start/Early Head Start grantees in the District of Columbia (indicated in light teal in Table 10). Two of the grantees, Edward C. Mazique and United Planning Organization, have multiple sites. Table 10 indicates the capacity and enrollment for each grantee/site for both Head Start and Early Head Start, as well as the Ward in which the program is located. The United Planning Organization sites serve the most children (in both Head Start and Early Head Start), distributed across several Wards (1, 4, 5, 6, 7, 8). The Rosemount Center, located in Ward 1, serves the most Head Start children at an individual site. As mentioned previously, it is important to remember that programs may serve children who live outside of the Ward in which the program is located. Additionally, Head Start/Early Head Start programs are based on income eligibility, so these programs have specific limitations as to the number of children they are able to enroll.

TABLE 10. Head Start/Early Head Start Programs, 2011

Program	HS Capacity	HS Actual Enrollment	EHS Capacity	EHS Actual Enrollment	Ward(s) in which Program is Located
Bright Beginnings	46	46	14	14	2
Edward C. Mazique					
EC Mazique Municipal Child Development Center	48	45	n/a	n/a	1
EC Mazique Wardman Court Child Development Center	n/a	n/a	32	24	1
EC Mazique Parent Child Center Inc.*	160	77	160	110	2
EC Mazique Tyler House Child Development	n/a	n/a	39	24	2
Kennedy Institute	n/a	n/a		65	5
Rosemount	193	193	116	39 (in centers) 77 (in homes)	1
United Planning Organization					
UPO ECDC @ Banneker Day Care Center	16	16	6	6	1
UPO ECDC @ Dance Institute of Washington	27	26	22	20	1
UPO ECDC @ Benning Park Child Development	24	19	8	8	7
UPO ECDC @ Paradise Early Childhood Center	16	16	0	0	7
UPO ECDC @ Atlantic Terrace Child Development Center	22	20	8	8	8
UPO ECDC #8 Juanita Thornton	16	16	36	32	6
UPO ECDC @ Edgewood Child Development Center	14	14	25	16	6
UPO ECDC @ Randall Day Care Center	16	16	8	0	6
UPO ECDC #1	32	32	38	37	4
UPO @ Developing Families Center	0	0	41	0	5
TOTAL	**630****	**536**	**553*****	**480**	**n/a**

Data are from the District of Columbia Head Start Collaboration Office, 2011

*The total capacity of this site is 160 slots. These 160 slots can be filled by both Head Start children (age 3-5) and Early Head Start children (age 0-3).

**This estimation of total Head Start capacity assumes that the 160 slots at EC Mazique Parent Child Center are to be filled by ONLY Head Start children (age 3-5).

***This estimation of total Early Head Start capacity assumes that the 160 slots at EC Mazique Parent Child Center are to be filled by ONLY Early Head Start children (age 0-3).

Pre-kindergarten programs for three- and four-year-olds

Created in 2008, the *Pre-k Enhancement and Expansion Act* provides funding to ensure high-quality pre-kindergarten programs are universally available for three- and four-year-old children in the District of Columbia by 2014. The legislation also mandates that all pre-k programs (both those currently in existence as well as incoming programs) must be accredited by a "nationally recognized accrediting body approved by OSSE" by September 1, 2014.[47] Pre-kindergarten programs are currently available to children and families through DC Public Schools (DCPS), public charter schools (PCS), community-based organizations (CBOs), and Head Start classrooms in DCPS. In fiscal year 2010, $20 million were approved by the DC City Council to enable 1,000 new children to enroll in pre-k programs, to expand quality improvement efforts through the Pre-K Program Assistance Grant Fund, and to increase teacher qualifications through the Higher Education Incentive Grant Program.[48]

OSSE/ECE is charged with overseeing the implementation of the *Pre-K Enhancement and Expansion Act*, which consists of the following activities:

Quality improvement

- Conducting a baseline quality assessment of a sample of pre-k classrooms in DC's public schools, public charter schools, and CBOs. These data will be used as the point of comparison for future quality assessments.
- Implementing a program evaluation that utilizes nationally recognized assessment tools to gauge program quality, including program structure, language and literacy environment, quality of instructional support, classroom climate, and classroom management.
- Developing high-quality content standards for all pre-k programs that must be met by September 1, 2014.
- Administering the Program Assistance Grant Fund, a five-year grant program to assist pre-kindergarten programs in meeting the required high-quality standards.
- Implementing a quality improvement process for pre-k programs that fail to meet the required high-quality standards by September 1, 2014, which may include a reduction of elimination of local funding; denial of licensure; or revocation of licensure.

Program expansion

- Expanding access to high-quality programs at a rate that will make pre-k universally available by 2014.

Program operation and administration

- Developing and overseeing a monitoring, assessment, and accountability process for all programs within the pre-k education system
- Developing and administering the technical assistance program across all pre-k education services
- Conducting an annual capacity audit of pre-k programs to determine the number of children for whom pre-k is not available, the current capacity of all existing pre-k programs, and the manner in which Head Start programs are incorporated in the early education delivery system.

The data in Table 11 include the total number of pre-kindergarten slots, the total number of children enrolled, and enrollment as a percentage of capacity in public pre-kindergarten programs in DCPS, PCS, and OSSE-funded slots in Community-Based Organizations by Ward for the 2010-2011 school year. Collectively, these entities provided pre-kindergarten education to 9,891 four-year-old children in the District of Columbia, or 99.2 percent of the total capacity at these sites. Wards 2 and 7 were over 100 percent of capacity, with percentages of 105.8 and 111.1, respectively. Ward 1 had the lowest percentage of capacity at 87.8 percent.

The data in Tables 12, 13, and 14 include the number of pre-kindergarten programs by sector with the total capacity as well as number of children enrolled by Ward for the 2010-2011 school year. Of the three sectors, DCPS served the most children, with 5,279 children enrolled in pre-k, which was 101.5% of their total capacity (see Table 12). Wards 2, 5, and 7 were all over 100 percent of capacity, with percentages of 110.2, 109.2, and 117.8, respectively. Ward 1 had the lowest percent of capacity, with 89.7 percent of their available slots filled with enrolled children.

TABLE 11. Pre-K Programs in DCPS, PCS, and Community-Based Organizations by Ward, 2011

Ward	Total # of Pre-K Programs	Total Capacity of Pre-K	Total # of Children Enrolled	% of Capacity
1	17	1,118	981	87.8%
2	10	497	526	105.8%
3	8	364	346	95.1%
4	23	1,536	1,537	99.9%
5	25	1,483	1,454	98.0%
6	21	1,705	1,685	98.8%
7	23	1,532	1,702	111.1%
8	23	1,732	1,660	95.8%
TOTAL	**155**	**9,967**	**9,891**	**99.2%**

Data are from the 2011 Pre-K Capacity Audit, Child Trends

TABLE 12. Pre-K Programs in DCPS by Ward, 2011

Ward	# of Children Ages 3 and 4*	# of Pre-K Programs in DCPS**	# of Slots Available**	# of Children Enrolled**	% of Capacity
1	1,481	6	474	425	89.7%
2	639	6	265	292	110.2%
3	1,762	8	364	346	95.1%
4	1,623	12	808	806	99.8%
5	1,490	10	545	595	109.2%
6	1,358	12	1,035	998	96.4%
7	2,308	16	808	952	117.8%
8	2,792	15	901	865	96.0%
TOTAL	**13,453**	**85**	**5,200**	**5,279**	**101.5%**

*Data are from the 2005-2009 American Community Survey
**Data are from the 2011 Pre-K Capacity Audit, Child Trends

As shown in Table 13, pre-k programs in PCS served a total of 4,116 children, which was 96.3% of their total capacity. Wards 2, 4, 6, and 7 were all over 100 percent of capacity, with percentages of 100.9, 100.4, 102.8, and 103.6, respectively. As with DCPS, Ward 1 had the lowest percent of capacity, with 80.4 percent of their PCS pre-k slots filled.

TABLE 13. Pre-K Programs in PCS by Ward, 2011

Ward	# of Children Ages 3 and 4*	# of Pre-K Programs in DCPCS**	# of Slots Available**	# of Children Enrolled**	% of Capacity
1	1,481	6	448	360	80.4%
2	639	3	232	234	100.9%
3	1,762	0	0	0	N/A
4	1,623	10	692	695	100.4%
5	1,490	13	890	811	91.1%
6	1,358	8	618	635	102.8%
7	2,308	7	724	750	103.6%
8	2,792	7	667	631	94.6%
TOTAL	**13,453**	**54**	**4,271**	**4,116**	**96.3%**

*Data are from the 2005-2009 American Community Survey
**Data are from the 2011 Pre-K Capacity Audit, Child Trends

In 2011, OSSE funded a total of 496 pre-kindergarten slots in 30 classrooms across multiple Community-Based Organizations (see Table 14).

TABLE 14. Pre-K Slots Funded by OSSE in Community-Based Organizations, 2011

Ward	Total Number of OSSE-funded Pre-K Classrooms	Total Pre-K Capacity of OSSE-funded Pre-K Classrooms	Total Pre-K Enrollment OSSE-funded Pre-K Classrooms	% of Capacity
1	12	196	196	100.00%
2	0	0	0	100.00%
3	0	0	0	100.00%
4	2	36	36	100.00%
5	3	48	48	100.00%
6	3	52	52	100.00%
7	0	0	0	100.00%
8	10	164	164	100.00%
TOTAL	**30**	**496**	**496**	**100.00%**

Data are from the District of Columbia Office of the State Superintendent of Education, Office of Early Childhood Education, 2011

Home visiting programs

Home visiting programs are typically designed to match at-risk parents with trained professionals who provide information and support during pregnancy and throughout a child's first three years. These voluntary, home-based programs are most often used with vulnerable families to affect parenting practices and child development positively.[49]

The content of individual home visiting programs varies, but most programs provide medical/health services, parenting classes, nutrition information, or prenatal services. Some programs also provide mental health services, which can range from screenings and referrals to direct services such as play-therapy, parent-child observations, and interventions such as counseling. Family planning services, which include activities such as contraceptive planning and optimal birth spacing, and developmental screenings or services for children can also be provided.[50]

As of 2010, there were 11 home visiting programs operating in the District of Columbia (see Table 15). The majority of the home visiting programs were concentrated in Wards 5, 6, 7, and 8. Ward 3, the Ward with the highest per capita income, served the fewest number of home visiting programs, with only three programs operating in this area.

Of the 11 agencies, five served fewer than 100 families with their home visiting program (with three programs reporting they served approximately 60 families), and four others served between 101 and 400 families. The Healthy Families/Thriving Communities (HFTC) Collaborative served 1,700 families, the largest client population of the home visiting programs in the District of Columbia. The organization with the smallest client population, Parents as Teachers (PAT) Heroes at Home (not shown in Table 15), served 112 families in the metropolitan area in 2010, but only 12 families in the District of Columbia proper through their site at Walter Reed Army Medical Center. Three home visiting programs, the Family Place, Mary's Center Healthy Start, Healthy Families program, and the Perry School's HIPPY program, received funding from OSSE in fiscal year 2011 to serve additional families. The Family Place served 43 families, Mary's Center served an additional 40 families, and the Perry School served an additional 60 families as a result of this funding.

TABLE 15. Home Visiting Programs by Ward, 2010

Program	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Number of Families Served
Children's National Medical Center: Generations Program						×	×	×	50
Department of Health's Healthy Start Program					×	×	×	×	330
Department of Mental Health's Healthy Start Program					×	×	×	×	60
The Family Place	×				×				43
Healthy Babies Project	×	×		×	×	×	×	×	250
Healthy Families/Thriving Communities Collaboratives	×	×		×	×	×	×	×	1700
Mary's Center Father-Child Program	×	×	×	×	×	×	×	×	60
Mary's Center Healthy Start Healthy Families Program	×	×	×	×	×	×	×	×	271
Perry School's HIPPY Program	×				×	×	×	×	120
Washington Hospital Center's Healthy Foundations and Teen Alliance for Prepared Parenting Program	×	×	×	×	×	×	×	×	150

Data are from phone interviews conducted with home visiting program directors in 2010.1 Additional data obtained from the Office of the State Superintendent of Education, FY2011

Early Intervention Services (Part C of the Individuals with Disabilities Education Act)

Early intervention (EI) is the process of providing health, educational, and therapeutic services to children age birth to five with developmental delays or disabilities. EI services include, but are not limited to: specialized instruction, physical therapy, occupational therapy, speech and language services, cognitive therapy, and psychological services. EI also includes service coordination to help families navigate the process.

EI for infants and toddlers (birth to age three) is mandated by Part C of the Individuals with Disabilities Education Act (IDEA) and is often referred to just as "Part C." The Office of the State Superintendent of Education (OSSE) serves as the lead agency in the District for the Administration of IDEA Part C. Part C services in the District of Columbia are coordinated and administered through OSSE's Strong Start Early Intervention Program). Services for children with disabilities from age three to 21 are regulated by Part B of IDEA. OSSE also serves as the lead administration agency for IDEA Part B in the District.[51]

The DC Strong Start Early Intervention Child Find Program locates, identifies and refers children birth through two years of age who may have a disability or developmental delay. Children must meet one of the following criteria to be eligible for Part C EI services in the District of Columbia: 1) the child is diagnosed with a disability at birth; 2) the child expresses a 50 percent delay in one or more of five areas of development (cognitive, adaptive, physical and motor, communication, and social and/or emotional); or 3) the child does not have a 50 percent delay, but has received a clinical recommendation for services. Child Find sites are also tasked with increasing public awareness about the DC Early Intervention Program through community events, informing DC residents and hospital personnel about the DC EIP, and training pediatric physicians about identification and the referral process for DC EIP.[52] Table 16 shows the number and percentage of children in each Ward receiving Part C early intervention services. The largest number of children (66) is in Ward 4, and the smallest number of children (17) is in Ward 2. The largest percentage of children receiving early intervention is in Ward 1 (1.6%), and the smallest percentages are in Wards 2 and 3, 0.8 percent in each.

TABLE 16. Children 0-3 receiving IDEA Part C Early Intervention services, 2010

Ward	# of Children 0-3 Receiving IDEA Part C Services	% of Children under age 5 Receiving IDEA Part C Services
1	57	1.6%
2	17	0.8%
3	26	0.8%
4	66	1.4%
5	54	1.4%
6	42	1.1%
7	54	1.1%
8	62	0.9%
TOTAL	**378**	**1.2%**

Data are from the Office of the State Superintendent of Education, Division of Special Education, 2010

ASSIGNMENT OF RISK LEVELS

Each Ward was assigned an average risk level (ARL) based on the concentration of children affected by each of the specified risk factors. Wards were assigned an ARL of "1" for low risk, "2" for moderate risk, and "3" for high risk. For each indicator, the top third of Wards with the highest percentages of children affected by the risk indicator received a ranking of three, and the bottom third with the lowest percentages of children affected by the risk indicator received a ranking of one. The individual risk levels for each indicator were then totaled to determine the total risk level for each Ward. These total risk levels were then averaged (by thirteen) to determine the overall ARL of each Ward. Appendix A contains the risk level assignments for each indicator by Ward. Appendix B presents a similar risk analysis at the census tract level (using eight of the eleven risk indicators, as these were the only ones available at the census tract level). Census-tract analyses illustrate that there are pockets within each Ward that do not match the overall risk categorization of the Ward. For example, there is a pocket of higher risk in Ward 6, which is categorized as a moderate risk Ward. Likewise, there are several pockets of low risk within Ward 7, considered overall a high-risk Ward (see Appendix B, Table 2).

Ward-level findings on risk level

Table 17 contains the District of Columbia's eight Wards by ARL. ARL's are based on data from the 2010 Decennial Census, 2005-2009 American Community Survey data, 2008 Vital Statistics data, 2008 Department of Health data, 2010 Income Maintenance Administration data, and FY2009 Child and Family Services Agency data. Based on the risk analyses, Wards 2 and 3 were low risk, Wards 1, 4, and 6 were moderate risk, and Wards 5, 7 and 8 were high risk. Figure 1 illustrates the levels of risk in each Ward, with green indicating low risk, yellow indicating moderate risk, and red-orange indicating high risk.

TABLE 17. Wards by Average Risk Level

Low Risk Wards	Average Risk Level	Moderate Risk Wards	Average Risk Level	High Risk Wards	Average Risk Level
2	1.36	1	1.92	5	2.58
3	1.00	4	1.92	7	2.92
		6	1.83	8	3.00

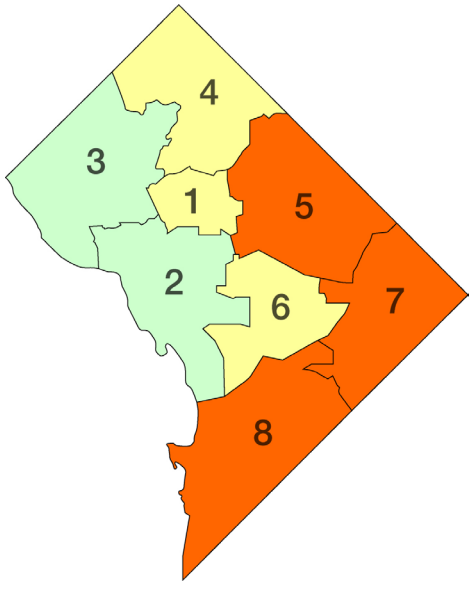


FIGURE 1. Wards by Average Risk Level

ANALYZING RISK AND REACH DATA TOGETHER

In order to determine the areas in the District most likely to benefit from early childhood services, an average risk level was developed to identify those Wards with the highest risk levels and, therefore, the greatest need for early childhood investments. These data were analyzed in conjunction with data on early childhood program capacity at the Ward level to determine the reach of ECE programs and services and to determine potential future improvements in service delivery.

As stated above, children served by child development centers and homes in each Ward may not reside in that Ward. Total capacity of each center and home is reported, not the specific number of children served at that location. Further, the number of children living in each Ward is an estimate based on the 2010 Decennial Census.

Child Care Risk and Reach by Ward

The following sections analyze center- and home-based care capacity to present a comprehensive picture of the availability of these types of care by Ward. For example, low-risk Wards 2 and 3 have the highest center-based total capacity, while moderate-risk Ward 6 and high-risk Wards 7 and 8 have the lowest center-based total capacity. Similarly, moderate-risk Wards 4 and 6 and high-risk Ward 7 have the highest home-based total capacity, while low-risk Wards 2 and 3 and moderate-risk Ward 1 have the lowest. In general, lower-risk Wards have higher center-based total capacity, while higher-risk Wards have higher home-based total capacity. This may be due in part to the fact that home-based providers may not reside in lower-risk Wards, therefore there is simply less home-based care available in these areas. Similarly, higher income families living in lower-risk Wards may use family child care homes less often than center-based care. Research supports this assertion, as family child care, specifically family, friend, and neighbor care, is the most common child care arrangement for children from low-income families and is less common for children from more affluent families.[53]

Child development centers

Wards with the highest average risk level are 5, 7, and 8, yet none of the child development centers in these Wards have enough total capacity to reach many of the children under age five. Ward 7 has the lowest total center capacity and the lowest percentage of children able to be served by center-based care of all eight Wards (32.1 percent) (see Table 18). Ward 8 has the second lowest total percentage of children able to be served by center-based care (35.4 percent). When analyzing the data by age group, low-risk Ward 3 has the lowest percentage of infants and toddlers able to be served by center-based care (6.3%), while low-risk Ward 2 has the greatest percentage (81.9 percent). Capacity data were not available specifically for children age three to five, so capacity data for all older children (ages 3-15) are presented below. These slots may or may not be filled by children age three to five. Ward 2 has the greatest percentage of older children able to be served (305.0 percent), and Ward 7 has the lowest percentage (46.4 percent).

TABLE 18. Percentage of Children Able to be Served by Center-Based Care, 2011

Ward	# of Children Under Age 3*	# of Children Ages 3-5*	# of Infants/ Toddler (0-2) Slots**	% of Children Ages 0-2 Able to be Served	# of Older Children (3-15) Slots**	% of Children Ages 3-15 Able to be Served	Total % of Children Able to be Served
1	2,846	1,858	513	18.0%	1,795	96.6%	49.1%
2	1,257	913	1,029	81.9%	2,785	305.0%	175.8%
3	2,757	2,505	173	6.3%	2,509	100.2%	51.0%
4	3,102	2,304	568	18.3%	2,350	102.0%	54.0%
5	2,783	2,108	284	10.2%	2,093	99.3%	48.6%
6	2,755	1,929	667	24.2%	1,627	84.3%	49.0%
7	2,529	3,299	340	13.4%	1,531	46.4%	32.1%
8	4,251	4,126	755	17.8%	2,211	53.6%	35.4%
TOTAL	**22,280**	**19,042**	**4,329**	**19.4%**	**16,901**	**88.8%**	**51.4%**

*Data are from the 2005-2009 American Community Survey

**Data are from the District of Columbia Office of the State Superintendent of Education Early Care and Education Administration, 2011

Several Wards do not have the capacity to serve all low-income children age birth to five in centers that provide care to subsidy-receiving families. Low-risk Ward 3 and high-risk Wards 7 and 8 can provide center-based care to 68.8 percent, 76.8 percent, and 60.4 percent of children in subsidy-receiving families, respectively. Ward 3 has the lowest number of children living below the poverty level (80 children) of all eight Wards, however, there are not enough slots in centers providing care to subsidy-receiving families to serve all of these children. This is not the case for Wards with lower numbers of children living below the poverty level, such as in Wards 2 and 4, where over 100 percent of low-income children can be served by child development centers that serve subsidy-receiving families.

Ward 8 has the highest number of centers (36) participating in the "Going for the Gold" Tiered Rate Reimbursement System and has the most centers with a Gold rating. Centers must receive child care subsidies to be eligible for participation in the tiered rate reimbursement system, indicating that Ward 8 also has the highest number of child development centers receiving child care subsidies. Wards 4 and 7 also have high numbers of centers participating in "Going for the Gold," 33 centers and 30 centers. Wards 2 and 3 have the fewest number of centers participating in "Going for the Gold. Ward 3 has two centers and Ward 2 has 16, which may be because Wards 2 and 3 have the lowest number of children under age five in families living below the federal poverty threshold and the need for child care subsidies is lower.

Child development homes

Research shows that family child care and home-based care is commonly used among low-income families.[53] In the District of Columbia, the largest number of child development homes is in Ward 4, which has a moderate average risk level. Ward 6, which also has a moderate risk level, has more child development homes than Wards 5 and 8, which are both high risk level Wards. Wards 7 and 8 also have the largest number of homes receiving child care subsidies, and in turn, the highest number of homes participating in the "Going for the Gold." Additionally, Ward 8 has the most homes with a Gold rating. In this Ward, there are fewer child development homes than most other moderate to high risk Wards, yet many more children under the age of five live in this community.

TABLE 19. Percentage of Children Able to be Served by Home-Based Care, 2011

Ward	# of Children Under Age 3*	# of Children Ages 3-5*	# of Infants/ Toddler (0-2) Slots**	% of Children Ages 0-2 Able to be Served	# of Older Children (3-15) Slots**	% of Children Ages 3-15 Able to be Served	Total % of Children Able to be Served
1	2,846	1,858	12	0.4%	18	1.0%	0.6%
2	1,257	913	8	0.6%	12	1.3%	0.9%
3	2,757	2,505	3	0.1%	12	0.5%	0.3%
4	3,102	2,304	71	2.3%	120	5.2%	3.5%
5	2,783	2,108	41	1.5%	66	3.1%	2.2%
6	2,755	1,929	57	2.1%	93	4.8%	3.2%
7	2,529	3,299	59	2.3%	103	3.1%	2.8%
8	4,251	4,126	45	1.1%	77	1.9%	1.5%
TOTAL	**22,280**	**19,042**	**296**	**1.3%**	**501**	**2.6%**	**1.9%**

* Data are from the 2005-2009 American Community Survey

** Data are from the District of Columbia Office of the State Superintendent of Education Early Care and Education Administration

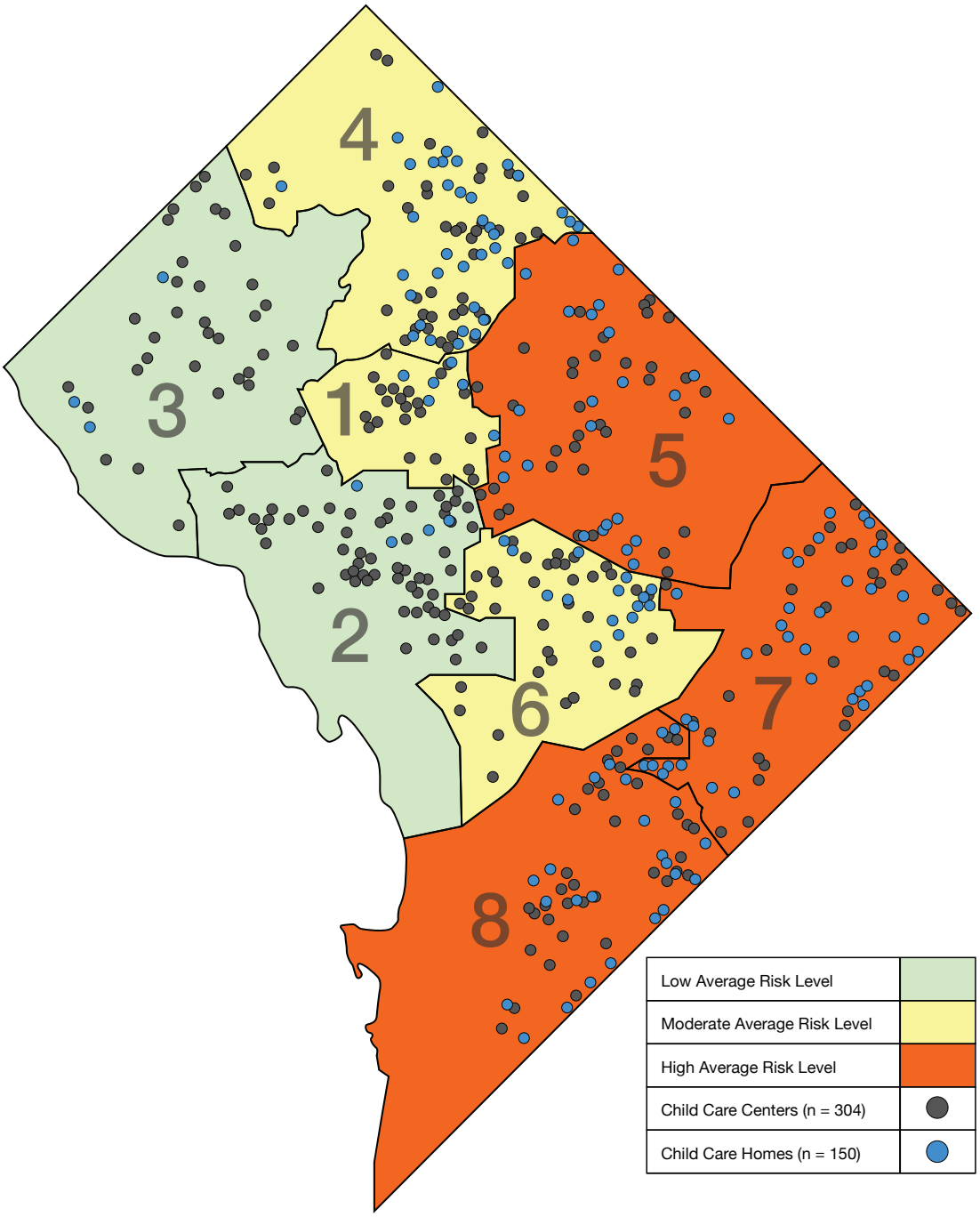
Despite the fact that Wards 1 and 5 have a similar number of young children, Ward 1 has only six child development homes, significantly fewer than Ward 5. Wards 2 and 3 have the lowest number of child development homes and as a result, serve the fewest number of children through this type of care. However, Ward 3 also has a low average risk level and the fewest number of children living in poverty.

Overall, the District has the total capacity to serve 1.9% of children in home-based care. Ward 4 can serve the highest percentage of children in home-based care (3.5 percent), and Ward 3 can serve the lowest percentage (0.3 percent). Wards 4 and 7 have the highest percentage of infants and toddlers able to be served by home-based care (2.3 percent for both Wards), while Ward 1 has the lowest percentage (0.4 percent). Wards 4 and 6 have the highest percentage of older children able to be served by home-based care, with 5.2 percent and 4.8 percent, respectively.

In total, 4.3 percent of children living in families below the poverty level can be served by homes that provide care to subsidy-receiving families. As evidenced above, Ward 3 has no child development homes that provide care to subsidy-receiving families. With the exception of Ward 3, moderate-risk Ward 1 and low-risk Ward 2 have the highest percentages of children living in poverty able to be served by homes that provide care to subsidy-receiving families (1.3 percent and 1.6 percent, respectively). Wards 4 and 6 have the highest percentages of children living below the poverty level that can be cared for by child development homes serving subsidy-receiving families, at 13.3 percent and 12.8 percent, respectively.

A visual representation of this data is shown in Figure 2, which displays a map of the locations of child care centers and homes across the District. As with Figure 1, risk levels are indicated by color.

FIGURE 2. Child care centers and homes by Ward, 2011



Head Start/Early Head Start Program Risk and Reach by Ward

In an effort to expand pre-k services throughout the District, during the 2010-2011 school year DCPS recently began utilizing a blended model for Head Start; that is, pre-k and Head Start children are integrated in the same classroom. The blending of federal Head Start and local funds in these classrooms enables DCPS schools to provide Head Start's comprehensive services (e.g., health services, nutrition, and parent education) to eligible three- and four-year old children and their families. The exact number of children enrolled in Head Start programs in DCPS classrooms cannot be determined on the individual Ward level due to the use of this blended model.[54] However, since Head Start is targeted for low-income children and families, assessing the availability of pre-k programs in Title I schools, may provide some insight into how prevalent Head Start funding is within individual Wards.[55] Table 20 shows the number and percentage of Title I schools in each Ward.

All DCPS schools that have pre-kindergarten programs in high risk Wards 5, 7, and 8 receive Head Start funding. Ward 1, a moderate risk level Ward, has fewer Title I schools than Wards 5, 7, and 8, but also has 100 percent of its pre-k programs in Title I schools. Other moderate risk level Wards—Wards 4 and 6, have 83.3 percent and 61.5 percent of their pre-k programs in Title I schools. Ward 2, which has a low average risk level, only has six pre-k programs, but four (66.7 percent) of them are in Title I schools. Not surprisingly, Ward 3, the lowest risk Ward, has eight pre-k programs in DCPS, but none of them are in Title I schools. Overall, the greatest number of DCPS pre-k programs in Title I schools are in Wards 7 and 8, with 16 and 15 programs, respectively.

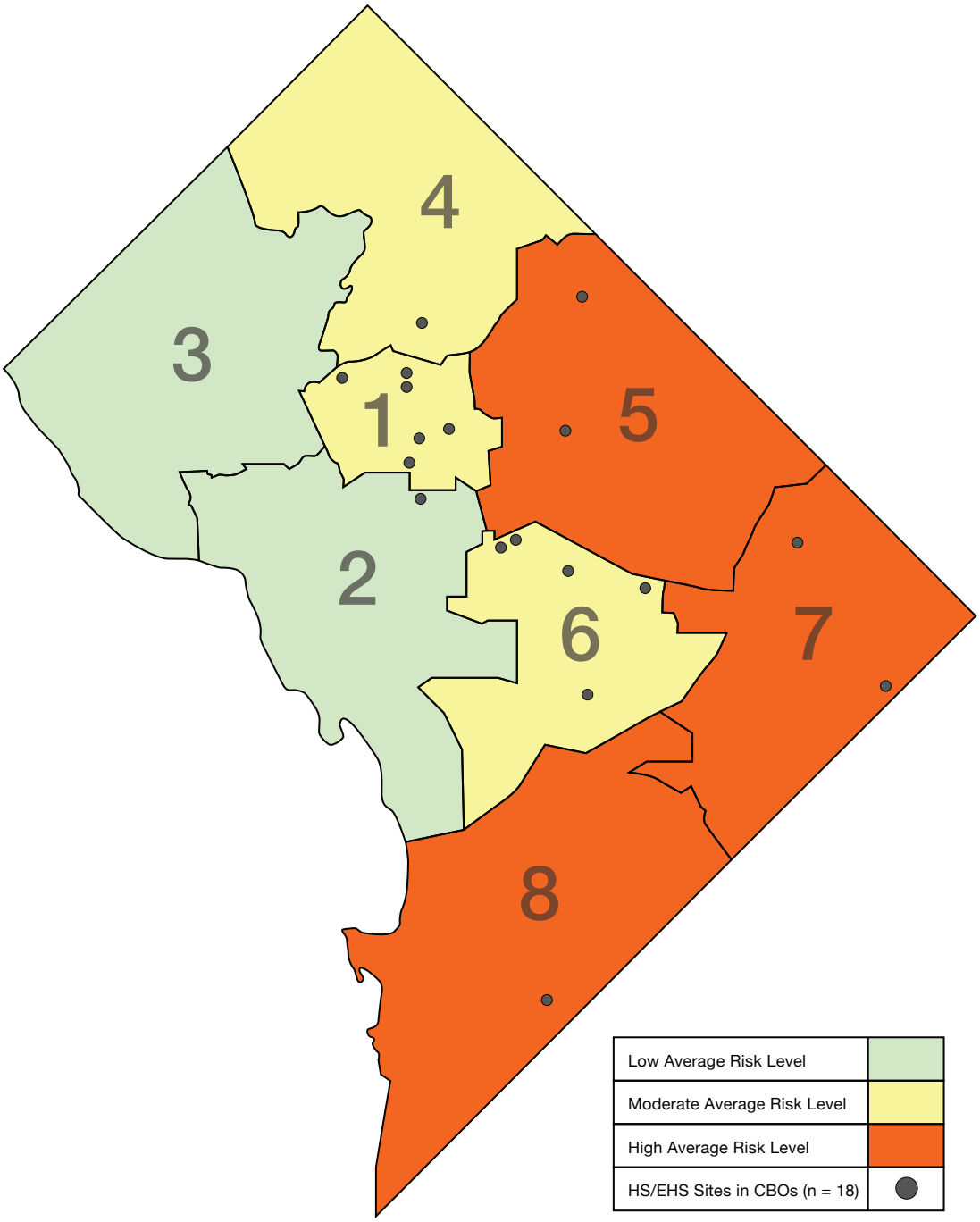
TABLE 20. Prevalence of Head Start Funding Across Wards

Ward	# of Pre-K Programs in DC Public Schools	# of Title I DCPS Schools by Ward[54]	% of Title I DCPS Schools with Pre-K Programs that receive Head Start funds
1	6	6	100.0%
2	6	4	66.7%
3	8	0	0.0%
4	12	10	83.3%
5	10	10	100.0%
6	13	8	61.5%
7	16	16	100.0%
8	15	15	100.0%
TOTAL	**86**	**69**	**80.2%**

Head Start services are not only available to income eligible children in DCPS schools, but as indicated in Table 10 above, several local grantees receive Head Start and Early Head Start funding and serve children centers-based settings. High risk Wards 5, 7, and 8 served the lowest number of children in Head Start/Early Head Start centers, with 65 children, 43 children, and 28 children enrolled, respectively. Ward 1 served the most children with 458 children enrolled, which can partially be attributed to the 193 children served by the Rosemount center. Ward 3 has no Head Start/Early Head Start grantee programs.

Figure 3 displays a map of the locations of Head Start/Early Head Start grantee sites across the District of Columbia. As with Figures 1 and 2, risk levels are indicated by color. The map illustrates that Head Start /Early Head Start centers are most concentrated in Wards 1 and 6.

FIGURE 3. Head Start/Early Head Start Sites in CBOs by Ward, 2011



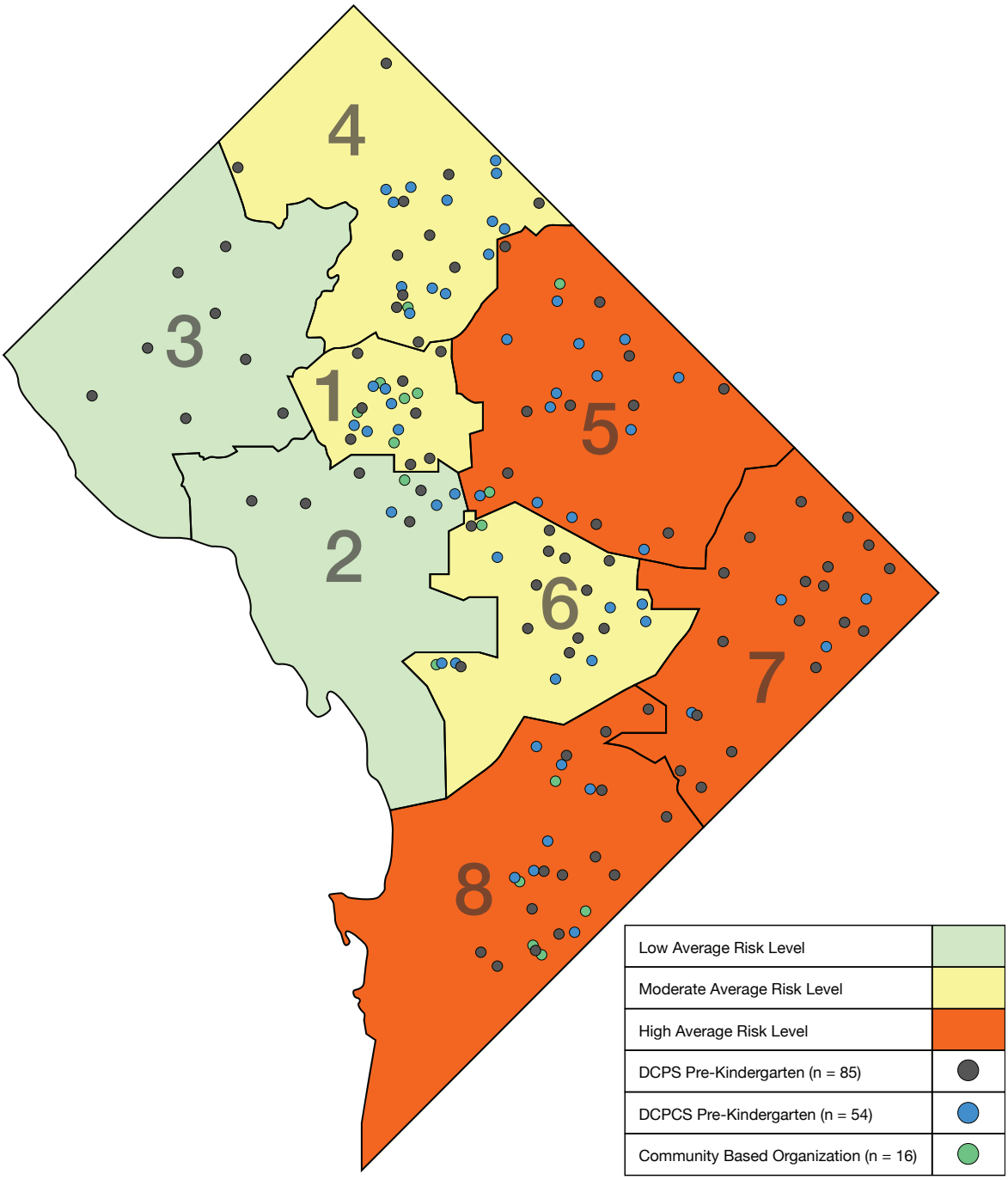
Pre-K Program Risk and Reach by Ward

Wards 7 and 8 have the highest number of children enrolled in public pre-kindergarten programs operated by DCPS, PCS, and CBOs, whereas Ward 3 has the lowest. Children in Wards 7 and 8, which are high risk Wards, may be more likely to be enrolled in publicly-funded programs than children in Ward 3 due to a higher population of children under the age of five living in families below the poverty threshold.

Of the CBOs receiving funding from OSSE for pre-kindergarten programs, the most slots are funded in moderate-risk Ward 1 (with 196 slots) and high-risk Ward 8 (with 164 slots). Although the 2008 *Pre-K Enhancement and Expansion Act* has increased the capacity for pre-k across the District of Columbia for three- and four-year-olds, the majority of this expansion has been within the District of Columbia Public Schools and Public Charter Schools, as reported in Tables 12 and 13.

A visual representation of this data is shown in Figure 4, which displays a map of the locations of pre-kindergarten programs across the District. As before, risk levels are indicated by color.

FIGURE 4. Pre-kindergarten Programs by Ward, 2011



Home Visiting Program Risk and Reach by Ward

The Children's National Medical Center Generations Program and the DC Departments of Health and Mental Health target home visiting services to families in Wards 5, 6, 7, and 8, Wards with moderate to high average risk levels. The Mary's Center programs and the Washington Hospital Center's Healthy Foundations and Teen Alliance for Prepared Parenting Program serve families that reside in all eight Wards of the District. The Perry School Community Services Center, which operates the HIPPY program, was created to address poverty-related issues in the North Capitol Street area; therefore this program serves families in only two Wards (1 and 5). Ward 3 has the fewest families receiving home visiting services, most likely due to its low average risk level.

Early Intervention Services Risk and Reach by Ward

The highest numbers of children receiving Part C early intervention services are in Wards 1, 4, 5, 7, and 8. Wards 5, 7, and 8 are all Wards with high risk levels, and Wards 1 and 4 are moderate risk-level Wards. The Wards with the lowest risk levels, Wards 2 and 3 also have the lowest numbers of children receiving these services.

CHANGES IN RISK AND REACH OVER TIME

As mentioned previously, this report is part of an endeavor to inform the District of Columbia's efforts to reach children most at risk for school failure with programs and services in early childhood. Changes that have occurred since the *District of Columbia Early Childhood Risk and Reach Assessment for Fiscal Year 2009* in regard to the District of Columbia's population of children birth to age five, Ward risk levels, and early childhood programming available in the District should be noted.

Preliminary data from the 2010 U.S. Census show that the population of children birth to age five decreased in Wards 1, 5, 7, and 8 by an average of 452 children. The population of children age birth to age five increased in Wards 2, 3, 4, and 6 by an average of 471 children. In addition to these population shifts, the percentage of children under five living in families below the federal poverty level decreased in Wards 1, 2, 4, and 6 by an average of 3.8 percent and increased in Wards 3, 5, 7, and 8 by an average of 10.1 percent.

The most substantial change in the ARL by Ward occurred in Ward 2, where the ARL decreased from 1.73 to 1.20. This decrease resulted in Ward 2 moving from a moderate risk level to a low risk level. This ARL is also lower than Ward 2's ARL in the *Risk and Reach Assessment for Fiscal Year 2008*. The ARLs of the other seven Wards were more consistent across the three assessments; Wards 1, 4, and 6 remained moderate risk level Wards, and Wards 5, 7, and 8 remained high risk level Wards. Ward 3 also remained a low risk level Ward.

Since the *2009 Risk and Reach Assessment*, the number of child development centers has decreased by 26 centers across all eight Wards of the District of Columbia (see Table 21). The largest decrease was in Ward 8, which had 45 centers in the 2009 assessment and 38 in the current assessment. Wards 1, 2, 3, 6, and 7 all decreased by approximately six centers between the two assessments. The number of centers in Wards 4 and 5 increased since the 2009 assessment. Ward 4 went from having 40 centers in Fiscal Year 2009 to 46 centers in the current assessment. Ward 5 had 32 centers in the last report and 34 centers in this 2011 assessment. The total capacity to serve children birth to age five in the District of Columbia decreased by 1,322 slots (see Table 22). Despite this overall decrease, Wards 4 and 5 both increased their child care center capacity by 334 and 78 slots, respectively.

TABLE 21. Change in Number of Centers over Time

Total # of Centers					
Ward	FY 2008 # of Licensed Child Development Centers	FY2009 # of Licensed Child Development Centers	% Change from FY2008 to FY2009	2011 # of Licensed Child Development Centers	% Change from FY2009 to 2011
1	29	31	6.90%	24	-22.58%
2	72	67	-6.94%	61	-8.96%
3	33	36	9.09%	34	-5.56%
4	38	40	5.26%	46	15.00%
5	36	32	-11.11%	34	6.25%
6	44	45	2.27%	39	-13.33%
7	35	35	0.00%	30	-14.29%
8	43	45	4.65%	38	-15.56%
TOTAL	**330**	**331**	**0.30%**	**305**	**-7.85%**

TABLE 22. Change in Center Capacity over Time

Total Center Capacity					
Ward	FY 2008 Total Center Capacity	FY2009 Total Center Capacity	% Change from FY2008 to FY2009	2011 Total Center Capacity	% Change from FY2009 to 2011
1	2,348	2,859	21.76%	2,308	-19.27%
2	4,424	4,266	-3.57%	3,814	-10.60%
3	2,433	2,619	7.64%	2,682	2.41%
4	2,386	2,584	8.30%	2,918	12.93%
5	2,641	2,299	-12.95%	2,377	3.39%
6	2,494	2,603	4.37%	2,294	-11.87%
7	2,005	2,050	2.24%	1,871	-8.73%
8	2,645	3,272	23.71%	2,966	-9.35%
TOTAL	**21,376**	**22,552**	**5.50%**	**21,230**	**-5.86%**

The total number of child development homes in the District of Columbia also decreased since the *2009 Risk and Reach Assessment* (see Table 23). The largest decreases were in Wards 5 and 7; the number of child development homes in Ward 7 decreased by 12, and the number of homes in Ward 5 decreased by 19. The total number of slots available to children 0-5 in child development homes, however, increased or stayed the same in the majority of Wards (see Table 24).

TABLE 23. Change in Number of Homes over Time

Total # of Homes					
Ward	FY2008 # of Child Development Homes	FY2009 # of Child Development Homes	% Change from FY2008 to FY2009	2011 # of Child Development Homes	% Change from FY2009 to 2011
1	10	8	-20.00%	6	-25.00%
2	7	4	-42.86%	4	0.00%
3	4	4	0.00%	3	-25.00%
4	36	35	-2.78%	35	0.00%
5	27	40	48.15%	21	-47.50%
6	31	30	-3.23%	29	-3.33%
7	45	42	-6.67%	30	-28.57%
8	30	28	-6.67%	23	-17.86%
TOTAL	**190**	**191**	**0.53%**	**151**	**-20.94%**

TABLE 24. Change in Home Capacity over Time

Total Homes Capacity					
Ward	FY2008 Total Home Capacity	FY2009 Total Home Capacity	% Change from FY2008 to FY2009	2011 Total Home Capacity	% Change from FY2009 to 2011
1	48	39	-18.75%	30	-23.08%
2	31	20	-35.48%	20	0.00%
3	20	19	-5.00%	15	-21.05%
4	169	165	-2.37%	191	15.76%
5	135	100	-25.93%	107	7.00%
6	153	145	-5.23%	150	3.45%
7	222	182	-18.02%	162	-10.99%
8	146	128	-12.33%	122	-4.69%
TOTAL	**924**	**798**	**-13.64%**	**797**	**-0.13%**

There was an overall decrease in the number of child development centers receiving subsidies and participating in "Going for the Gold" since the 2009 Risk and Reach report, although the difference is slight in Wards 3 and 4 (a difference of three centers in both Wards) (see Table 25). In Ward 7, the number of Gold- and Silver-rated centers decreased, but the number of Bronze-rated centers increased. In Ward 8, the number of Gold- and Silver-rated centers decreased, but the number of centers rated Silver increased. Since the 2009 report, the number of child development homes receiving subsidies increased or stayed the same in Wards 2, 3, 4, and 6 (see Table 26). The overall number of child development homes participating in "Going for the Gold" decreased. However, the number of Gold-rated homes in Ward 5 increased, and only decreased slightly (by an average of one home) in Wards, 6, 7, and 8. The number of bronze-rated child development homes increased in Wards 2, 4, and 6.

TABLE 25. Change in Total Number of Centers Participating in Going for the Gold over Time

Ward	FY2008 # of Licensed Child Development Centers Participating in Going for the Gold	FY2009 # of Licensed Child Development Centers Participating in Going for the Gold	% Change from FY2008 to FY2009	2011 # of Licensed Child Development Centers Participating in Going for the Gold	% Change from FY2009 to 2011
1	21	25	19.05%	24	-4.00%
2	22	22	0.00%	16	-27.27%
3	2	4	100.00%	2	-50.00%
4	27	26	-3.70%	33	26.92%
5	26	26	0.00%	26	0.00%
6	27	29	7.41%	26	-10.34%
7	29	31	6.90%	30	-3.23%
8	38	43	13.16%	36	-16.28%
TOTAL	**192**	**206**	**7.29%**	**193**	**-6.31%**

TABLE 26. Change in Total Number of Homes Participating in Going for the Gold over Time

Ward	FY2008 # of Licensed Child Development Homes Participating in Going for the Gold	FY2009 # of Licensed Child Development Homes Participating in Going for the Gold	% Change from FY2008 to FY2009	2011 # of Licensed Child Development Homes Participating in Going for the Gold	% Change from FY2009 to 2011
1	1	3	200.00%	2	-33.33%
2	3	1	-66.67%	2	100.00%
3	0	0	0.00%	0	0.00%
4	2	11	450.00%	13	18.18%
5	2	15	650.00%	13	-13.33%
6	6	13	116.67%	14	7.69%
7	10	28	180.00%	22	-21.43%
8	9	22	144.44%	20	-9.09%
TOTAL	**33**	**93**	**181.82%**	**86**	**-7.53%**

There are several factors that may have affected the overall decrease in the number of child development centers and homes since the *2009 Risk and Reach Assessment*. For example, these data were collected at multiple time points, which may have resulted in discrepancies in the data. Also, the current economic climate may have led families to utilize more informal arrangements for child care (such as a family member, friends, or neighbors) in order to save money on these expenses. This in turn may have forced child care centers to close. In addition, the increase in funding for public pre-kindergarten programs may have resulted in a shift from private child care centers to pre-kindergarten for many of the District of Columbia's 3- and 4-year-old children. Compared to the *2009 Risk and Reach Assessment*, 1,122 more children were enrolled in pre-kindergarten programs in District of Columbia Public Schools and District of Columbia Public Charter Schools in the 2010-2011 school year. Families may prefer to enroll their children in these programs because they are free of cost and are focused on preparing children for successful entry into the public school system.

The number of children enrolled in pre-kindergarten programs in DCPS and PCS increased across seven of the eight Wards (all except Ward 1). Increases were the greatest in Wards 8 (402 more children), 6 (381 more children), and 4 (303 more children). There was a slight increase in the number of children enrolled in pre-k in Wards 2 (11 children) and 3 (52 children), and a decrease in Ward 1 (18 children). The number of slots in OSSE-funded pre-kindergarten classrooms in CBOs increased since the *2009 Risk and Reach Assessment* from 492 slots to 496 slots.

Home visiting, Head Start/Early Head Start, and Part C early intervention program usage was not analyzed in the *2009 Risk and Reach Assessment*. Therefore, changes over time cannot be summarized in this assessment.

LIMITATIONS AND FUTURE DIRECTIONS

Although this report provides insight into how the District of Columbia is reaching its early childhood population, there are a number of limitations that should be considered. As mentioned previously, it is difficult to determine accurately whether child development programs within specific Wards are actually serving children who reside in those locations. This difficulty arises because children often attend early childhood programs outside of their immediate neighborhood. In order to remedy this situation in future reports, data on children's home addresses would need to be included within the analyses.

More detailed examinations at the census tract level for population figures and risk indicators would provide more insight into where there may be pockets of need within otherwise low or moderate risk Wards. Additionally, examining the distribution of reach programs and resources within the highest risk census tracts would provide more detailed information about individual Wards. Along those same lines, differentiating between the usage of services within Wards by those who actually live in the Ward and those who live elsewhere would be helpful in future work. This information can aid policymakers in targeting resources within and across Wards.

Data from the 2010 U.S. Census show that more than half of the growth in the total population of the United States between 2000 and 2010 was due to the increase in the Hispanic population. In the District of Columbia, the Hispanic population increased by over 21 percent between 2000 and 2010.[56] Due to this growing population of mono- and bilingual Spanish-speaking families, the enrollment of English Language Learners (ELL) in DC Public Schools and DC Public Charter Schools has increased substantially over the last decade. In order to support these students, OSSE currently oversees professional development opportunities for educators who work with English Language Learners. Data on the number of children under age five in each Ward who are non-native English speakers were not available for this assessment. If these data are available in the future, OSSE/ECE can better determine what additional resources may be needed to address the needs of ELL students in early childhood.

Federal initiatives have also influenced the development of programming intended to support the education, health, and well-being of children in the District of Columbia. In late 2010, the DC Promise Neighborhood Initiative (DCPNI) won a $500,000 grant to plan a Promise Neighborhood in the Parkside-Kenilworth community in Ward 7 of the District of Columbia. DCPNI is working to develop partnerships between the Cesar Chavez Public Charter School for Public Policy (the Promise Neighborhood applicant agency), neighborhood public schools, private corporations, community residents, service providers, expert partners and funders to build a "pipeline" of services and supports for the children of Parkside/Kenilworth. These services will include prenatal care, medical and dental services, counseling, tutoring, and out-of-school-time programs.[57] The District of Columbia Promise Neighborhood will also include a $12-million Educare site that is expected to open early in 2012 in Ward 7. Educare, funded by a group of public and private partners, aims to serve 175 infants, toddlers, preschoolers and their families. The hope is that this school will inspire improvement across DC in other early childhood programs through the use of evidence-based practices.[58] Future editions of this *Early Childhood Risk and Reach Assessment* could include analyses of these new initiatives to examine the effects they have on both risk and reach within Ward 7 and its surrounding areas.

The data for this assessment were collected from a variety of agencies and organizations in the District of Columbia. The development of a coordinated data system across agencies such as the DC Department of Health, OSSE/ECE and Special Education will ensure reliable data and streamline data collection processes. Aligning these data with information collected in the K-12 public school system will allow the District of Columbia to better track children's progress towards positive developmental outcomes from birth through adolescence.

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APPENDICES

Legend:

Low Average Risk Level	
Moderate Average Risk Level	
High Average Risk Level	

Appendix A. Combined Risk Indicators by Ward.

TABLE 1. Combined Risk Indicators by Ward.

Ward	% Children Under 5 Living in Families Below Poverty Level **	Risk Level	% Births to Single Mothers ***	Risk Level	% Births to Teen Mothers ***	Risk Level	% Low Birth Weight Infants ***	Risk Level
1	23.0%	2	57.2%	2	9.9%	2	7.5%	1
2	15.1%	1	29.5%	1	5.6%	1	8.5%	1
3	2.4%	1	6.2%	1	0.7%	1	7.4%	1
4	10.2%	1	59.0%	2	9.7%	2	8.5%	1
5	23.3%	2	71.2%	3	16.4%	3	10.9%	2
6	17.5%	1	44.6%	2	8.0%	2	10.3%	2
7	44.1%	3	85.8%	3	18.6%	3	13.9%	3
8	58.7%	3	89.1%	3	19.9%	3	14.0%	3
TOTAL	**28.1%**	**2**	**61.0%**	**2**	**12.2%**	**2**	**10.4%**	**2**

** Data are from the 2005-2009 American Community Survey
*** Data are from 2008 Vital Statistics Data, DC Department of Health and NeighborhoodInfo DC at the Urban Institute

TABLE 1. Combined Risk Indicators by Ward, Continued.

Ward	% Births to Mothers who Did Not Receive Adequate Prenatal Care ***	Risk Level	% of Births to Mothers with Less than 12 Years of Formal Education ***	Risk Level	Infant Mortality Rate per 1,000 Live Births ^	Risk Level	% of Children Under 5 in Families Receiving Aid Through TANF ^^	Risk Level
1	38.2%	2	29.6%	3	6.4	1	14.50%	2
2	26.3%	2	12.6%	2	11.0	1	34.90%	1
3	13.7%	1	1.8%	1	1.1	1	0.30%	1
4	40.2%	3	27.7%	3	16.6	2	16.00%	1
5	43.4%	3	18.7%	2	18.2	3	25.10%	2
6	29.3%	2	10.5%	1	6.4	2	33.40%	2
7	50.8%	3	20.5%	3	18.2	3	34.00%	3
8	50.7%	3	23.1%	3	18.1	3	33.30%	3
TOTAL	**38.5%**	**3**	**19.9%**	**2**	**10.9**	**2**	**35.4%**	**2**

*** Data are from 2008 Vital Statistics Data, DC Department of Health and NeighborhoodInfo DC at the Urban Institute
^ Data are from the 2008 Department of Health. Maternal education level was unknown for 4.2% of the sample.
^^ Data are from 2010 Income Maintenance Administration, DC Department of Human Services and NeighborhoodInfo DC at the Urban Institute

TABLE 1. Combined Risk Indicators by Ward, Continued.

Ward	% Children Under 5 in Families Receiving Aid Through SNAP (Food Stamps) ^^	Risk Level	% Children in Families Receiving Aid Through Medicaid/ SCHIP ^^^	Risk Level	# of Sub-stantiated Cases of Abuse & Neglect ^^^^	Risk Level	Average % Proficient on DC CAS*^	Risk Level
1	22.40%	2	60.30%	3	147	1	50.3%	2
2	48.40%	1	s	s	86	1	39.5%	3
3	0.60%	1	5.10%	1	4	1	82.8%	1
4	25.40%	2	64.80%	3	140	1	49.1%	2
5	33.90%	3	59.20%	3	343	2	43.8%	3
6	42.60%	2	64.50%	3	79	1	49.8%	2
7	45.40%	3	68.50%	3	360	2	30.9%	3
8	42.00%	3	62.50%	3	671	3	31.4%	3
TOTAL	**46.9%**	**2**	**65.1%**	**3**	**2004**	**3**	**44.1%**	**3**

^^ Data are from 2010 Income Maintenance Administration, DC Department of Human Services and NeighborhoodInfo DC at the Urban Institute
^^^ Data are from the 2009 Income Maintenance Administration, DC Department of Human Services
^^^^ Data are from DC Child and Family Services Agency for fiscal year 2009. 174 cases were missing the child's home Ward.
*^ Data are from District of Columbia Assessment and Accountability Data Reports, 2011
s = Data suppressed for this indicator and Ward because it does not produce a reliable estimate.

Appendix B. Average Risk Levels by Census Tract

Of the 188 census tracts in the District, the average risk level could not be determined for 16 of them, as data were suppressed for census tracts where data was available for less than 5 risk indicators. Of the remaining 172 census tracts, 57.6 percent (99) were considered low-risk census tracts. Approximately 29.7 percent (51) of census tracts were considered moderate-risk, and only 12.8 percent (22) were categorized as high-risk.

TABLE 1. Average Risk Level by Census Tract

Low Risk Census Tracts	Average Risk Level	Moderate Risk Census Tracts	Average Risk Level	High Risk Census Tracts	Average Risk Level	Census Tracts for Which Average Risk Level Could Not be Determined	
1.00	1.00	**17.01**	1.88	**60.02**	3.00	**2.01**	s
2.02	1.00	**21.01**	2.00	**73.02**	2.38	**18.01**	s
3.00	1.00	**21.02**	1.75	**74.03**	2.50	**53.02**	s
4.00	1.00	**22.02**	1.75	**74.07**	2.50	**54.01**	s
5.01	1.17	**28.02**	1.75	**74.08**	2.63	**54.02**	s
5.02	1.00	**30.00**	2.13	**74.09**	2.38	**57.01**	s
6.00	1.00	**31.00**	1.75	**75.03**	2.43	**57.02**	s
7.01	1.00	**32.00**	1.88	**75.04**	2.63	**62.01**	s
7.02	1.33	**37.00**	2.00	**78.03**	2.38	**62.02**	s
8.01	1.00	**43.00**	1.75	**88.04**	2.50	**63.02**	s
8.02	1.00	**46.00**	1.75	**89.03**	2.38	**68.04**	s
9.01	1.00	**47.00**	2.13	**89.04**	2.38	**73.01**	s
9.02	1.17	**48.02**	1.75	**91.02**	2.50	**73.08**	s
10.01	1.17	**49.01**	1.75	**96.01**	2.63	**86.00**	s
10.02	1.00	**64.00**	2.33	**96.02**	2.38	**89.05**	s
11.00	1.00	**68.01**	1.88	**97.00**	2.38	**98.09**	s

Low Risk Census Tracts	Average Risk Level	Moderate Risk Census Tracts	Average Risk Level	High Risk Census Tracts	Average Risk Level	Census Tracts for Which Average Risk Level Could Not be Determined
12.00	1.00	**71.00**	1.88	**98.01**	2.38	
13.01	1.17	**73.04**	2.29	**98.06**	2.43	
13.02	1.00	**74.01**	2.25	**98.08**	2.38	
14.01	1.17	**74.04**	1.88	**99.04**	2.50	
14.02	1.00	**74.06**	2.25	**99.05**	2.67	
15.00	1.00	**75.02**	2.13	**99.07**	2.50	
16.00	1.00	**76.01**	2.25			
17.02	1.25	**76.04**	2.17			
18.03	1.63	**76.05**	2.25			
18.04	1.63	**77.07**	2.13			
19.01	1.50	**77.08**	1.88			
19.02	1.38	**77.09**	1.75			
20.01	1.57	**78.04**	2.25			
20.02	1.63	**78.06**	2.17			
22.01	1.50	**78.07**	2.00			
23.01	1.63	**78.08**	2.29			
23.02	1.60	**78.09**	2.14			
24.00	1.57	**79.01**	2.25			
25.01	1.50	**79.03**	2.00			
25.02	1.63	**87.01**	1.88			
26.00	1.00	**87.02**	1.88			
27.01	1.25	**88.02**	2.00			
27.02	1.25	**88.03**	2.13			
28.01	1.25	**91.01**	1.75			
29.00	1.25	**92.03**	2.00			
33.01	1.25	**95.01**	1.75			
33.02	1.38	**96.03**	1.75			
34.00	1.38	**98.02**	2.17			
35.00	1.63	**98.03**	2.33			
36.00	1.50	**98.04**	2.25			
38.00	1.50	**98.07**	1.88			
39.00	1.14	**99.01**	2.00			
40.01	1.17	**99.02**	2.29			
40.02	1.00	**99.03**	2.17			
41.00	1.00	**99.06**	2.13			
42.01	1.00					
42.02	1.17					
44.00	1.13					
48.01	1.67					
49.02	1.63					
50.00	1.38					
51.00	1.20					
52.01	1.38					
52.02	1.67					

Low Risk Census Tracts	Average Risk Level	Moderate Risk Census Tracts	Average Risk Level	High Risk Census Tracts	Average Risk Level	Census Tracts for Which Average Risk Level Could Not be Determined
53.01	1.13					
55.00	1.17					
56.00	1.00					
58.00	1.00					
59.00	1.13					
60.01	1.25					
61.00	1.29					
63.01	1.25					
65.00	1.00					
66.00	1.00					
67.00	1.14					
68.02	1.25					
69.00	1.00					
70.00	1.33					
72.00	1.63					
76.03	1.50					
77.03	1.63					
80.01	1.25					
80.02	1.38					
81.00	1.14					
82.00	1.17					
83.01	1.00					
83.02	1.00					
84.02	1.25					
84.10	1.63					
85.00	1.63					
90.00	1.25					
92.01	1.50					
92.04	1.63					
93.01	1.25					
93.02	1.50					
94.00	1.50					
95.03	1.38					
95.04	1.38					
95.05	1.38					
95.07	1.50					
95.08	1.38					
95.09	1.63					
96.04	1.67					

s = Data suppressed for these census tracts because they had data for less than five risk indicators.

Table 2 shows the average risk level of each census tract and the Ward in which that tract is located. Census tracts indicated with asterisks are those that cut across multiple Wards. Not surprisingly, high-risk Wards 5, 7, and 8 have the most high-risk census tracts. Ward 8, which received the highest average risk level, was the only Ward that had no low-risk census tracts and the only Ward that had more high-risk census tracts (11) than moderate-risk census tracts (10).

Although Ward 7 is considered a high-risk Ward, 64.0 percent (16) of its census tracts were moderate-risk. Further, over half of the census tracts (53.8 percent) were low-risk in Ward 5, another high-risk Ward.

Of the remaining Wards, Ward 6 was the only one that had any high-risk census tracts—only 60.02. The majority of the other census tracts in Ward 6 were low-risk (72.4 percent). The other moderate-risk Wards 1 and 4 also had a majority of low-risk census tracts, with 71.4 percent and 82.6 percent, respectively. Ward 3, a low-risk Ward, was the only one with all low-risk census tracts. Ward 2, another low-risk Ward, only had four census tracts that were moderate-risk, three of which also cut across a moderate-risk Ward.

TABLE 2. Average Risk Level of each Census Tract, by Ward.

Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
5.01*	1.00	3.00*	14.01	23.02	46.00*	68.04*	73.01
27.01	2.01	4.00	14.02	33.01	47.00*	76.03	73.02
27.02	2.02	5.01*	15.00	33.02	48.02*	76.04	73.04
28.01	3.00*	5.02	16.00	34.00*	58.00*	76.05*	73.08
28.02	41.00	6.00	17.01	46.00*	59.00	77.03	74.01
29.00	42.01*	7.01	17.02	86.00*	60.01*	77.07	74.03
30.00	42.02	7.02	18.01	87.01	60.02	77.08	74.04
31.00	43.00*	8.01	18.03	87.02	61.00*	77.09	74.06
32.00	47.00*	8.02	18.04	88.02	62.01*	78.03	74.07
34.00*	48.01*	9.01	19.01	88.03	62.02*	78.04	74.08
35.00	48.02*	9.02	19.02	88.04	63.01	78.06	74.09
36.00	49.01	10.01	20.01	89.03	63.02	78.07	75.02
37.00	49.02	10.02	20.02	89.04	64.00	78.08	75.03
38.00	50.00	11.00	21.01	89.05	65.00	78.09	75.04
39.00	51.00	12.00	21.02	90.00	66.00	79.03	76.01
40.01	52.01	13.01	22.01	91.01	67.00	96.01	76.05*
40.02	52.02	13.02	22.02	91.02	68.01	96.02	97.00
42.01*	53.01	14.01*	23.01	92.01	68.02	96.03	98.01
43.00	53.02	14.02*	24.00	92.03	68.04*	96.04	98.02
44.00	54.01		25.01	92.04	69.00	99.01	98.03
48.01*	54.02		25.02	93.01	70.00	99.02	98.04
	55.00		26.00	93.02	71.00	99.03	98.06
	56.00		95.05	94.00	72.00	99.04	98.07
	57.01		95.07	95.01	79.01	99.05	98.08
	57.02			95.03	80.01	99.06	98.09
	58.00			95.04	80.02	99.07	
	60.01*			95.08	81.00		
	61.00*			95.09	82.00		
	62.01*				83.01		
	62.02*				83.02		
					84.02		
					84.10		
					85.00		
					86.00*		

Source: DC Office of Planning/State Data Center

TABLE 3. Combined Risk Indicators by Census Tract

Census Tract	% Children Under 5 Living in Families Below Poverty Level*	Risk Level	% Births to Single Mothers^	Risk Level	% Births to Teen Mothers ^	Risk Level	% Low Birth Weight Infants^	Risk Level	% Births to Mothers who Did Not Receive Adequate Prenatal Care ^	Risk Level
1	0.0%	1	11.8%	1	0.0%	1	8.2%	1	6.9%	1
2.01	s	s	s	s	s	s	s	n/a	s	s
2.02	0.0%	1	2.4%	1	0.0%	1	4.3%	1	15.2%	1
3	0.0%	1	6.0%	1	0.0%	1	2.2%	1	11.0%	1
4	0.0%	1	0.0%	1	0.0%	1	0.0%	1	9.1%	1
5.01	0.0%	1	7.7%	1	0.0%	1	10.0%	1	23.3%	2
5.02	0.0%	1	3.4%	1	0.0%	1	5.9%	1	5.9%	1
6	0.0%	1	3.1%	1	0.0%	1	5.9%	1	20.6%	1
7.01	0.0%	1	5.9%	1	1.9%	1	9.3%	1	15.4%	1
7.02	0.0%	1	20.7%	1	2.8%	1	16.7%	2	31.4%	2
8.01	0.0%	1	9.6%	1	0.0%	1	5.3%	1	11.1%	1
8.02	0.0%	1	2.7%	1	2.4%	1	0.0%	1	7.7%	1
9.01	9.6%	1	1.9%	1	0.0%	1	7.3%	1	14.8%	1
9.02	0.0%	1	0.0%	1	0.0%	1	14.3%	2	4.8%	1
10.01	2.5%	1	3.4%	1	0.0%	1	10.5%	2	17.2%	1
10.02	0.0%	1	0.0%	1	0.0%	1	3.3%	1	13.3%	1
11	4.1%	1	5.3%	1	2.2%	1	8.7%	1	15.6%	1
12	0.0%	1	16.7%	1	1.7%	1	6.9%	1	12.5%	1
13.01	4.5%	1	11.5%	1	0.0%	1	13.2%	2	15.8%	1
13.02	0.0%	1	5.1%	1	0.0%	1	4.3%	1	8.7%	1
14.01	0.0%	1	4.0%	1	0.0%	1	9.7%	1	3.3%	1
14.02	0.0%	1	8.6%	1	2.3%	1	4.5%	1	15.4%	1
15	3.9%	1	1.4%	1	0.0%	1	6.1%	1	8.9%	1
16	0.0%	1	22.7%	1	3.4%	1	3.4%	1	14.8%	1
17.01	0.0%	1	57.7%	2	10.2%	1	20.3%	3	38.0%	2
17.02	10.5%	1	57.1%	2	7.5%	1	12.5%	2	15.8%	1
18.01	s	s	s	s	s	s	s	s	s	s
18.03	0.0%	1	56.4%	2	3.9%	1	8.8%	1	52.9%	3
18.04	35.8%	2	64.6%	2	8.3%	1	6.4%	1	47.3%	3
19.01	14.2%	1	61.1%	2	22.7%	2	8.0%	1	47.5%	3
19.02	0.0%	1	61.9%	2	0.0%	1	4.2%	1	27.3%	2
20.01	0.0%	1	72.2%	3	9.8%	1	4.9%	1	41.2%	2
20.02	0.0%	1	67.2%	3	16.5%	2	2.5%	1	37.3%	2
21.01	8.7%	1	70.7%	3	12.1%	1	14.3%	2	49.6%	3
21.02	4.6%	1	68.8%	3	7.7%	1	3.8%	1	54.6%	3
22.01	0.0%	1	66.2%	2	11.6%	1	10.1%	2	41.9%	2
22.02	8.6%	1	74.1%	3	20.3%	2	3.1%	1	46.7%	3

Census Tract	% Children Under 5 Living in Families Below Poverty Level*	Risk Level	% Births to Single Mothers^	Risk Level	% Births to Teen Mothers ^	Risk Level	% Low Birth Weight Infants^	Risk Level	% Births to Mothers who Did Not Receive Adequate Prenatal Care ^	Risk Level
23.01	14.5%	1	59.0%	2	11.1%	1	17.8%	2	50.0%	3
23.02	s	s	50.0%	2	0.0%	1	30.0%	3	20.0%	1
24	0.0%	1	64.6%	2	8.0%	1	8.0%	1	39.7%	2
25.01	62.0%	2	57.1%	2	11.7%	1	13.3%	2	35.2%	2
25.02	2.5%	1	72.6%	3	12.1%	1	5.7%	1	46.0%	3
26	14.9%	1	17.4%	1	0.0%	1	0.0%	1	17.4%	1
27.01	17.7%	1	44.4%	2	7.5%	1	7.5%	1	27.8%	2
27.02	0.0%	1	45.9%	2	1.1%	1	6.3%	1	33.3%	2
28.01	31.8%	1	65.0%	2	8.9%	1	4.5%	1	45.1%	2
28.02	21.4%	1	73.5%	3	14.0%	2	6.0%	1	39.0%	2
29	22.6%	1	66.7%	2	11.1%	1	6.2%	1	38.9%	2
30	56.8%	2	75.0%	3	14.8%	2	9.3%	1	46.8%	3
31	7.6%	1	67.5%	3	17.2%	2	11.5%	2	44.7%	2
32	18.8%	1	73.4%	3	12.1%	1	7.8%	1	52.0%	3
33.01	4.9%	1	47.5%	2	7.0%	1	4.7%	1	41.0%	2
33.02	16.8%	1	57.7%	2	3.0%	1	6.1%	1	40.6%	2
34	53.6%	2	51.5%	2	8.3%	1	2.8%	1	28.1%	2
35	7.5%	1	82.9%	3	11.9%	1	11.9%	2	63.9%	3
36	14.0%	1	56.6%	2	13.8%	2	6.3%	1	41.2%	2
37	25.2%	1	77.6%	3	16.7%	2	8.3%	1	47.3%	3
38	0.0%	1	46.9%	2	9.6%	1	12.3%	2	32.8%	2
39	4.9%	1	18.2%	1	4.2%	1	4.2%	1	23.9%	2
40.01	0.0%	1	10.3%	1	2.9%	1	8.8%	1	9.4%	1
40.02	0.0%	1	15.8%	1	4.8%	1	4.8%	1	14.3%	1
41	0.0%	1	0.0%	1	0.0%	1	0.0%	1	5.6%	1
42.01	0.0%	1	13.3%	1	0.0%	1	8.8%	1	17.6%	1
42.02	0.0%	1	18.8%	1	0.0%	1	0.0%	1	28.6%	2
43	0.0%	1	41.9%	2	8.8%	1	8.8%	1	46.7%	3
44	7.3%	1	28.1%	1	1.4%	1	7.1%	1	27.9%	2
46	0.0%	1	66.0%	2	10.0%	1	12.0%	2	52.2%	3
47	72.4%	3	85.1%	3	14.1%	2	9.0%	1	52.4%	3
48.01	0.0%	1	56.0%	2	13.8%	2	17.2%	2	44.0%	2
48.02	60.2%	2	59.4%	2	13.9%	2	11.1%	2	43.8%	2
49.01	67.0%	3	64.7%	2	8.8%	1	5.9%	1	40.6%	2
49.02	23.4%	1	59.5%	2	11.1%	1	13.3%	2	47.6%	3
50	0.0%	1	44.7%	2	8.1%	1	7.2%	1	37.3%	2
51	s	s	33.3%	1	20.0%	2	0.0%	1	20.0%	1
52.01	41.7%	2	29.6%	1	8.2%	1	11.5%	2	21.1%	1

Census Tract	% Children Under 5 Living in Families Below Poverty Level*	Risk Level	% Births to Single Mothers^	Risk Level	% Births to Teen Mothers ^	Risk Level	% Low Birth Weight Infants^	Risk Level	% Births to Mothers who Did Not Receive Adequate Prenatal Care ^	Risk Level
52.02	0.0%	1	s	s	0.0%	1	0.0%	1	60.0%	3
53.01	0.0%	1	10.5%	1	6.7%	1	13.3%	2	22.2%	1
53.02	s	s	s	s	s	s	s	s	s	s
54.01	s	s	s	s	s	s	s	s	s	s
54.02	s	s	s	s	s	s	s	s	s	s
55	11.5%	1	3.0%	1	0.0%	1	10.5%	2	16.2%	1
56	26.3%	1	4.5%	1	0.0%	1	8.7%	1	13.0%	1
57.01	s	s	s	s	s	s	s	s	s	s
57.02	s	s	s	s	s	s	s	s	s	s
58	0.0%	1	9.7%	1	0.0%	1	7.5%	1	21.1%	1
59	0.0%	1	46.2%	2	7.7%	1	0.0%	1	15.4%	1
60.01	0.0%	1	42.1%	2	0.0%	1	8.7%	1	39.1%	2
60.02	100.0%	3	100.0%	3	35.3%	3	29.4%	3	60.0%	3
61	76.5%	3	16.7%	1	0.0%	1	6.7%	1	13.3%	1
62.01	0.0%	1	s	s	0.0%	1	28.6%	3	0.0%	1
62.02	s	s	s	s	s	s	s	s	s	s
63.01	23.4%	1	40.0%	2	3.3%	1	6.7%	1	34.5%	2
63.02	s	s	s	s	s	s	s	s	s	s
64	68.6%	3	95.7%	3	25.5%	3	9.8%	1	50.0%	3
65	0.0%	1	4.0%	1	0.0%	1	0.0%	1	11.1%	1
66	0.0%	1	6.7%	1	0.0%	1	0.0%	1	5.3%	1
67	0.0%	1	7.1%	1	0.0%	1	10.4%	2	18.8%	1
68.01	0.0%	1	35.0%	2	14.9%	2	19.1%	2	12.2%	1
68.02	0.0%	1	33.3%	1	2.6%	1	23.7%	3	22.9%	1
68.04	s	s	100.0%	3	0.0%	1	0.0%	1	s	s
69	0.0%	1	13.8%	1	2.9%	1	2.9%	1	9.4%	1
70	0.0%	1	12.5%	1	2.4%	1	12.2%	2	25.0%	2
71	28.5%	1	75.0%	3	16.7%	2	10.4%	2	53.5%	3
72	0.0%	1	50.0%	2	0.0%	1	28.6%	3	16.7%	1
73.01	3.2%	1	s	s	2.2%	1	6.6%	1	33.0%	2
73.02	55.4%	2	86.6%	3	22.2%	2	11.1%	2	49.2%	3
73.04	47.7%	2	93.2%	3	25.3%	3	5.5%	1	55.4%	3
73.08	s	s	s	s	s	s	s	s	s	s
74.01	91.0%	3	91.1%	3	24.6%	2	8.8%	1	48.0%	3
74.03	78.8%	3	90.2%	3	21.9%	2	14.1%	2	54.3%	3
74.04	61.6%	2	82.3%	3	28.8%	3	9.1%	1	54.4%	3
74.06	71.8%	3	98.6%	3	20.3%	2	14.9%	2	68.9%	3
74.07	66.8%	3	90.6%	3	14.0%	2	10.5%	2	52.2%	3

Census Tract	% Children Under 5 Living in Families Below Poverty Level*	Risk Level	% Births to Single Mothers^	Risk Level	% Births to Teen Mothers ^	Risk Level	% Low Birth Weight Infants^	Risk Level	% Births to Mothers who Did Not Receive Adequate Prenatal Care ^	Risk Level
74.08	71.8%	3	95.3%	3	16.7%	2	18.2%	2	54.5%	3
74.09	32.3%	1	90.4%	3	25.9%	3	18.5%	2	52.8%	3
75.02	37.7%	2	91.6%	3	26.1%	3	10.9%	2	42.7%	2
75.03	56.6%	2	91.1%	3	26.7%	3	20.0%	2	68.8%	3
75.04	94.1%	3	91.7%	3	16.9%	2	21.5%	3	60.4%	3
76.01	30.2%	1	88.3%	3	18.3%	2	11.3%	2	49.2%	3
76.03	0.0%	1	77.8%	3	14.8%	2	5.6%	1	43.2%	2
76.04	14.0%	1	77.3%	3	14.6%	2	20.8%	3	44.4%	2
76.05	42.8%	2	75.9%	3	21.3%	2	19.7%	2	47.3%	3
77.03	27.4%	1	84.6%	3	17.8%	2	8.4%	1	54.9%	3
77.07	55.3%	2	86.2%	3	13.3%	2	18.3%	2	51.0%	3
77.08	55.8%	2	89.6%	3	23.5%	2	7.8%	1	53.3%	3
77.09	0.0%	1	90.0%	3	4.3%	1	4.3%	1	23.5%	2
78.03	38.5%	2	90.9%	3	22.9%	2	12.5%	2	58.1%	3
78.04	72.0%	3	90.5%	3	22.1%	2	14.3%	2	51.6%	3
78.06	24.3%	1	79.1%	3	24.5%	2	14.3%	2	61.0%	3
78.07	10.0%	1	81.4%	3	12.8%	2	8.5%	1	50.0%	3
78.08	75.8%	3	81.7%	3	22.7%	2	18.2%	2	41.5%	2
78.09	45.1%	2	87.7%	3	16.7%	2	5.0%	1	50.0%	3
79.01	37.6%	2	88.3%	3	14.5%	2	15.9%	2	50.9%	3
79.03	51.0%	2	86.7%	3	12.5%	1	12.5%	2	57.1%	3
80.01	0.0%	1	27.6%	1	2.5%	1	2.5%	1	29.7%	2
80.02	0.0%	1	43.2%	2	4.9%	1	14.8%	2	29.3%	2
81	3.0%	1	8.8%	1	2.2%	1	2.2%	1	11.4%	1
82	0.0%	1	4.8%	1	3.8%	1	15.4%	2	11.5%	1
83.01	0.0%	1	27.3%	1	6.7%	1	10.0%	1	17.2%	1
83.02	0.0%	1	4.0%	1	0.0%	1	9.4%	1	9.7%	1
84.02	0.0%	1	21.2%	1	2.8%	1	5.6%	1	20.0%	1
84.1	11.4%	1	73.7%	3	14.3%	2	4.8%	1	47.4%	3
85	0.0%	1	62.9%	2	12.8%	2	6.4%	1	47.6%	3
86	s	s	s	s	s	s	s	s	s	s
87.01	0.0%	1	65.6%	2	17.1%	2	11.4%	2	50.0%	3
87.02	0.0%	1	82.6%	3	19.2%	2	3.8%	1	54.5%	3
88.02	14.8%	1	83.1%	3	23.7%	2	17.1%	2	47.7%	3
88.03	45.0%	2	71.4%	3	16.7%	2	0.0%	1	41.9%	2
88.04	22.9%	1	88.4%	3	31.1%	3	22.2%	3	68.4%	3
89.03	41.4%	2	88.9%	3	26.3%	3	10.5%	2	51.5%	3
89.04	49.0%	2	83.3%	3	26.5%	3	11.8%	2	62.3%	3
89.05	s	s	s	s	s	s	s	s	s	s

Census Tract	% Children Under 5 Living in Families Below Poverty Level*	Risk Level	% Births to Single Mothers^	Risk Level	% Births to Teen Mothers ^	Risk Level	% Low Birth Weight Infants^	Risk Level	% Births to Mothers who Did Not Receive Adequate Prenatal Care ^	Risk Level
90	22.2%	1	61.9%	2	3.3%	1	6.7%	1	29.6%	2
91.01	31.8%	1	71.9%	3	12.3%	1	10.8%	2	41.8%	2
91.02	58.5%	2	86.0%	3	37.8%	3	17.8%	2	56.1%	3
92.01	51.6%	2	57.1%	2	5.9%	1	11.8%	2	42.9%	2
92.03	0.0%	1	74.4%	3	14.0%	2	11.6%	2	37.1%	2
92.04	0.0%	1	78.4%	3	7.7%	1	0.0%	1	54.5%	3
93.01	24.3%	1	56.4%	2	14.0%	2	7.0%	1	21.6%	1
93.02	0.0%	1	52.4%	2	0.0%	1	14.3%	2	36.8%	2
94	10.8%	1	54.3%	2	3.9%	1	13.7%	2	29.5%	2
95.01	8.4%	1	75.3%	3	15.8%	2	6.6%	1	44.6%	2
95.03	12.7%	1	47.1%	2	9.1%	1	22.7%	3	15.0%	1
95.04	36.9%	2	55.6%	2	5.0%	1	10.0%	1	35.3%	2
95.05	10.6%	1	64.9%	2	8.7%	1	17.4%	2	27.0%	2
95.07	19.6%	1	37.5%	2	0.0%	1	10.5%	2	64.3%	3
95.08	0.0%	1	61.8%	2	15.4%	2	7.7%	1	25.0%	2
95.09	18.2%	1	73.7%	3	18.2%	2	6.8%	1	31.7%	2
96.01	71.2%	3	87.5%	3	30.0%	3	16.0%	2	48.6%	3
96.02	95.6%	3	90.9%	3	10.0%	1	18.6%	2	59.6%	3
96.03	14.6%	1	86.9%	3	15.6%	2	9.4%	1	52.7%	3
96.04	55.1%	2	89.5%	3	8.7%	1	8.7%	1	45.0%	2
97	84.4%	3	81.5%	3	24.1%	2	17.2%	2	45.7%	2
98.01	80.0%	3	89.5%	3	30.0%	3	20.0%	2	61.1%	3
98.02	54.1%	2	87.8%	3	19.5%	2	9.8%	1	60.6%	3
98.03	54.8%	2	79.6%	3	26.2%	3	14.8%	2	48.0%	3
98.04	37.4%	2	93.1%	3	19.0%	2	14.3%	2	46.6%	3
98.06	58.4%	2	88.9%	3	13.1%	2	21.4%	3	51.4%	3
98.07	35.3%	2	88.0%	3	13.1%	2	8.2%	1	34.6%	2
98.08	39.3%	2	83.1%	3	20.0%	2	15.7%	2	46.7%	3
98.09	s	s	s	s	s	s	s	s	s	s
99.01	47.6%	2	72.7%	3	0.0%	1	26.7%	3	28.6%	2
99.02	100.0%	3	76.7%	3	30.3%	3	6.1%	1	40.7%	2
99.03	51.9%	2	88.5%	3	14.3%	2	14.3%	2	50.0%	3
99.04	79.8%	3	100.0%	3	24.2%	2	27.3%	3	55.6%	3
99.05	56.5%	2	92.5%	3	28.1%	3	14.0%	2	57.8%	3
99.06	28.0%	1	75.0%	3	8.7%	1	17.4%	2	52.9%	3
99.07	48.9%	2	91.2%	3	20.3%	2	25.4%	3	53.3%	3
TOTAL	25.7%	1	61.0%	2	12.2%	1	10.4%	2	38.5%	2

* Data are from the 2005-2009 American Community Survey

^ Data are from 2008 Vital Statistics Data, DC Department of Health and NeighborhoodInfo DC at the Urban Institute

s = Data suppressed for this indicator and census tract because it does not produce a reliable estimate.

TABLE 3. Combined Risk Indicators by Census Tract, Continued.

Census Tract	% of Deaths that were Infants ^	Risk Level	% of Children in Families Receiving Aid Through TANF ^	Risk Level	% Children in Families Receiving Aid Through SNAP (Food Stamps) ^	Risk Level
1	0.0%	1	s	s	s	s
2.01	s	s	s	s	s	s
2.02	0.0%	1	s	s	s	s
3	0.0%	1	s	s	s	s
4	0.0%	1	s	s	s	s
5.01	0.0%	1	s	s	s	s
5.02	0.0%	1	s	s	s	s
6	0.0%	1	s	s	s	s
7.01	0.0%	1	s	s	s	s
7.02	0.0%	1	s	s	s	s
8.01	0.0%	1	s	s	s	s
8.02	0.0%	1	s	s	s	s
9.01	0.0%	1	s	s	s	s
9.02	0.0%	1	s	s	s	s
10.01	0.0%	1	s	s	s	s
10.02	0.0%	1	s	s	s	s
11	0.0%	1	s	s	1.4%	1
12	0.0%	1	s	s	s	s
13.01	0.0%	1	s	s	s	s
13.02	0.0%	1	s	s	s	s
14.01	6.6%	2	s	s	s	s
14.02	0.0%	1	s	s	s	s
15	0.0%	1	s	s	s	s
16	0.0%	1	2.3%	1	5.6%	1
17.01	0.0%	1	44.1%	2	67.6%	3
17.02	0.0%	1	15.1%	1	23.3%	1
18.01	s	s	s	s	s	s
18.03	0.0%	1	32.5%	1	76.1%	3
18.04	0.0%	1	23.3%	1	50.8%	2
19.01	4.5%	1	16.6%	1	26.2%	1
19.02	0.0%	1	17.5%	1	42.5%	2
20.01	6.3%	1	57.7%	2	s	s
20.02	3.2%	1	25.7%	1	44.4%	2
21.01	6.3%	1	47.3%	2	82.2%	3
21.02	10.6%	2	28.3%	1	45.7%	2
22.01	2.2%	1	33.2%	1	61.4%	2
22.02	5.6%	1	33.0%	1	53.4%	2

Census Tract	% of Deaths that were Infants ^	Risk Level	% of Children in Families Receiving Aid Through TANF ^	Risk Level	% Children in Families Receiving Aid Through SNAP (Food Stamps) ^	Risk Level
23.01	4.2%	1	31.5%	1	51.6%	2
23.02	0.0%	1	s	s	s	s
24	4.2%	1	88.6%	3	s	s
25.01	0.0%	1	12.5%	1	20.2%	1
25.02	5.1%	1	24.9%	1	43.3%	2
26	0.0%	1	s	s	s	s
27.01	2.8%	1	11.7%	1	22.6%	1
27.02	3.2%	1	2.8%	1	9.7%	1
28.01	0.0%	1	17.0%	1	27.7%	1
28.02	0.0%	1	33.9%	2	54.7%	2
29	0.0%	1	12.0%	1	24.1%	1
30	0.0%	1	53.3%	2	72.2%	3
31	0.0%	1	28.5%	1	46.5%	2
32	4.9%	1	41.5%	2	68.5%	3
33.01	0.0%	1	12.2%	1	12.2%	1
33.02	0.0%	1	27.4%	1	34.7%	2
34	0.0%	1	13.4%	1	19.6%	1
35	3.1%	1	11.9%	1	20.3%	1
36	3.2%	1	20.7%	1	42.0%	2
37	0.0%	1	59.2%	2	84.9%	3
38	0.0%	1	22.1%	1	33.6%	2
39	0.0%	1	s	s	2.2%	1
40.01	9.5%	2	s	s	s	s
40.02	0.0%	1	s	s	s	s
41	0.0%	1	s	s	s	s
42.01	0.0%	1	s	s	s	s
42.02	0.0%	1	s	s	s	s
43	0.0%	1	46.0%	2	68.0%	3
44	4.2%	1	6.8%	1	12.2%	1
46	2.9%	1	33.8%	2	49.7%	2
47	1.4%	1	48.7%	2	63.9%	2
48.01	0.0%	1	s	s	s	s
48.02	0.0%	1	33.1%	1	39.8%	2
49.01	0.0%	1	35.0%	2	57.3%	2
49.02	0.0%	1	22.6%	1	47.6%	2
50	6.7%	2	5.0%	1	24.3%	1
51	0.0%	1	s	s	s	s
52.01	7.4%	2	21.2%	1	26.9%	1

Census Tract	% of Deaths that were Infants ^	Risk Level	% of Children in Families Receiving Aid Through TANF ^	Risk Level	% Children in Families Receiving Aid Through SNAP (Food Stamps) ^	Risk Level
52.02	s	s	50.0%	2	50.0%	2
53.01	0.0%	1	5.9%	1	7.1%	1
53.02	s	s	s	s	s	s
54.01	s	s	s	s	s	s
54.02	s	s	s	s	s	s
55	2.8%	1	s	s	s	s
56	0.0%	1	s	s	s	s
57.01	0.0%	1	s	s	s	s
57.02	s	s	s	s	s	s
58	0.0%	1	s	s	s	s
59	0.0%	1	20.0%	1	30.0%	1
60.01	0.0%	1	5.8%	1	9.3%	1
60.02	s	s	s	s	s	s
61	0.0%	1	s	s	14.7%	1
62.01	s	s	s	s	s	s
62.02	s	s	s	s	s	s
63.01	0.0%	1	3.0%	1	6.0%	1
63.02	s	s	s	s	s	s
64	0.0%	1	s	s	s	s
65	0.0%	1	s	s	s	s
66	0.0%	1	s	s	s	s
67	0.0%	1	1.6%	1	s	s
68.01	5.0%	1	72.5%	3	90.2%	3
68.02	0.0%	1	14.5%	1	20.8%	1
68.04	s	s	s	s	s	s
69	5.3%	1	9.3%	1	12.7%	1
70	0.0%	1	s	s	s	s
71	0.0%	1	28.8%	1	35.9%	2
72	0.0%	1	37.5%	2	50.0%	2
73.01	s	s	s	s	s	s
73.02	0.0%	1	78.1%	3	94.8%	3
73.04	3.6%	1	96.8%	3	s	s
73.08	s	s	s	s	s	s
74.01	4.8%	1	59.9%	2	71.3%	3
74.03	4.8%	1	73.3%	3	89.2%	3
74.04	3.8%	1	24.9%	1	32.2%	1
74.06	0.0%	1	48.5%	2	60.1%	2
74.07	14.3%	3	35.3%	2	49.6%	2

Census Tract	% of Deaths that were Infants ^	Risk Level	% of Children in Families Receiving Aid Through TANF ^	Risk Level	% Children in Families Receiving Aid Through SNAP (Food Stamps) ^	Risk Level
74.08	19.0%	3	64.7%	2	78.2%	3
74.09	11.0%	2	57.4%	2	70.2%	3
75.02	0.0%	1	45.3%	2	54.5%	2
75.03	3.3%	1	94.5%	3	s	s
75.04	2.1%	1	76.9%	3	89.4%	3
76.01	1.6%	1	75.7%	3	88.6%	3
76.03	0.0%	1	21.8%	1	27.7%	1
76.04	6.5%	2	s	s	s	s
76.05	0.0%	1	52.2%	2	74.8%	3
77.03	4.2%	1	23.4%	1	31.9%	1
77.07	0.0%	1	50.5%	2	64.8%	2
77.08	0.0%	1	30.8%	1	39.3%	2
77.09	4.0%	1	49.3%	2	66.9%	3
78.03	4.3%	1	80.4%	3	97.3%	3
78.04	0.0%	1	50.0%	2	62.0%	2
78.06	8.5%	2	s	s	s	s
78.07	0.0%	1	83.0%	3	s	s
78.08	1.8%	1	85.6%	3	s	s
78.09	3.0%	1	80.2%	3	s	s
79.01	3.0%	1	62.4%	2	75.5%	3
79.03	0.0%	1	s	s	s	s
80.01	0.0%	1	31.2%	1	36.4%	2
80.02	0.0%	1	11.5%	1	13.5%	1
81	8.3%	2	s	s	1.7%	1
82	0.0%	1	s	s	s	s
83.01	0.0%	1	6.6%	1	7.4%	1
83.02	0.0%	1	7.6%	1	8.4%	1
84.02	3.6%	1	42.9%	2	51.4%	2
84.1	0.0%	1	18.3%	1	20.8%	1
85	0.0%	1	29.4%	1	38.8%	2
86	s	s	s	s	s	s
87.01	0.0%	1	39.3%	2	52.5%	2
87.02	0.0%	1	38.1%	2	51.4%	2
88.02	1.9%	1	36.7%	2	47.6%	2
88.03	0.0%	1	68.5%	3	82.9%	3
88.04	12.1%	2	60.0%	2	82.1%	3
89.03	3.0%	1	56.8%	2	70.0%	3
89.04	4.4%	1	52.5%	2	70.2%	3
89.05	s	s	s	s	s	s

Census Tract	% of Deaths that were Infants ^	Risk Level	% of Children in Families Receiving Aid Through TANF ^	Risk Level	% Children in Families Receiving Aid Through SNAP (Food Stamps) ^	Risk Level
90	0.0%	1	7.6%	1	15.3%	1
91.01	0.0%	1	46.9%	2	61.5%	2
91.02	1.9%	1	78.9%	3	93.5%	3
92.01	0.0%	1	22.2%	1	27.5%	1
92.03	6.5%	2	36.6%	2	52.5%	2
92.04	0.0%	1	28.3%	1	40.4%	2
93.01	0.0%	1	20.6%	1	28.7%	1
93.02	0.0%	1	29.3%	1	61.0%	2
94	3.0%	1	29.1%	1	37.3%	2
95.01	3.4%	1	35.8%	2	55.8%	2
95.03	0.0%	1	18.6%	1	33.3%	1
95.04	0.0%	1	19.6%	1	27.4%	1
95.05	2.9%	1	17.3%	1	25.5%	1
95.07	5.6%	1	23.2%	1	32.1%	1
95.08	0.0%	1	8.4%	1	14.8%	1
95.09	4.3%	1	26.3%	1	36.5%	2
96.01	0.0%	1	77.8%	3	92.0%	3
96.02	5.6%	1	68.7%	3	87.7%	3
96.03	6.3%	1	29.8%	1	35.0%	2
96.04	0.0%	1	s	s	s	s
97	0.0%	1	72.2%	3	85.7%	3
98.01	0.0%	1	47.0%	2	48.5%	2
98.02	6.7%	2	s	s	s	s
98.03	4.8%	1	s	s	s	s
98.04	8.7%	2	38.8%	2	51.0%	2
98.06	3.3%	1	97.8%	3	s	s
98.07	2.9%	1	47.6%	2	55.5%	2
98.08	5.6%	1	69.4%	3	93.0%	3
98.09	0.0%	1	s	s	s	s
99.01	0.0%	1	33.3%	1	83.3%	3
99.02	0.0%	1	79.2%	3	s	s
99.03	5.9%	1	s	s	s	s
99.04	0.0%	1	s	s	s	s
99.05	13.9%	3	s	s	s	s
99.06	6.7%	2	60.4%	2	75.0%	3
99.07	0.0%	1	70.1%	3	82.4%	3
TOTAL	2.2%	1	32.1%	1	42.7%	2

* Data are from the 2005-2009 American Community Survey

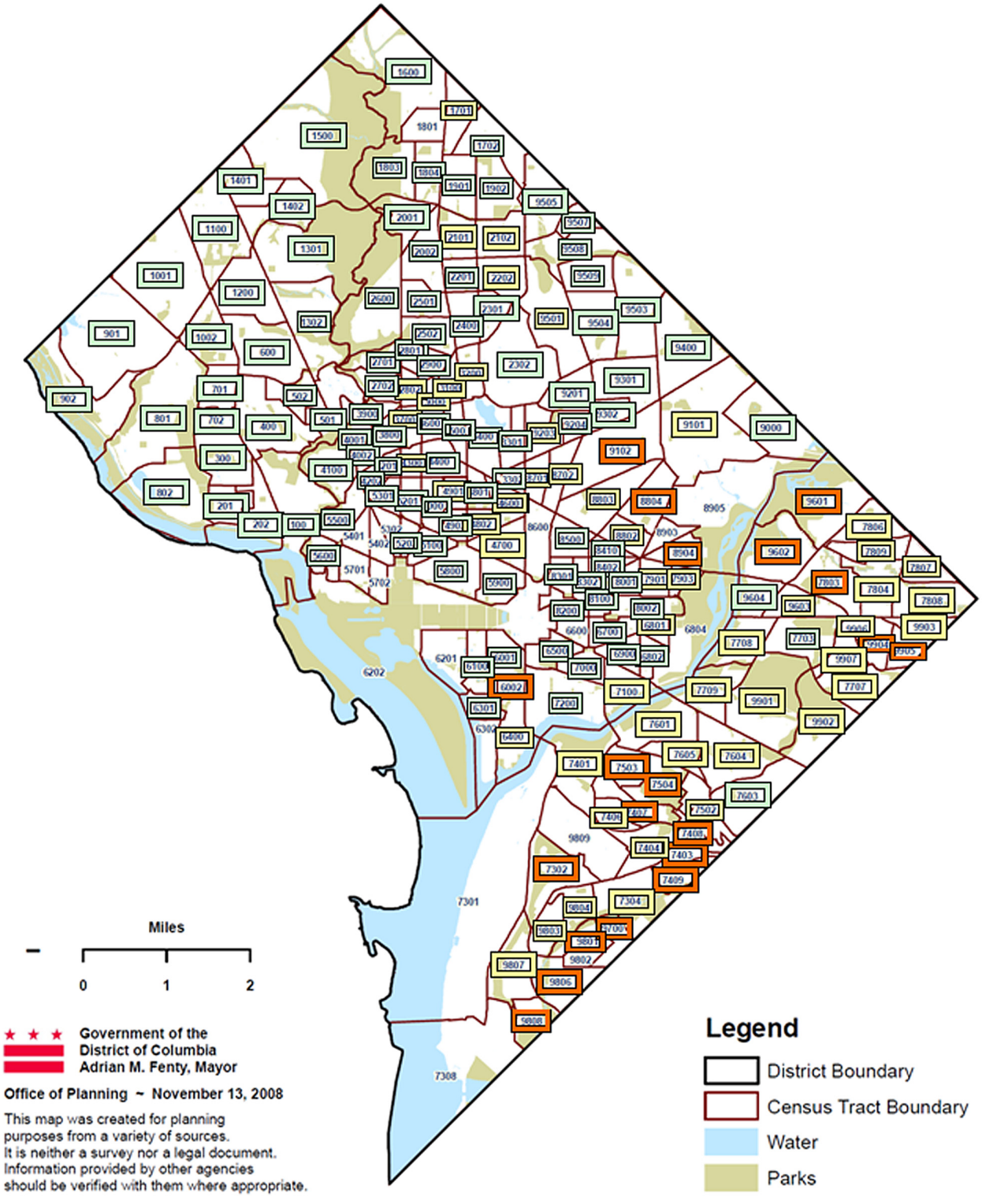
^ Data are from 2008 Vital Statistics Data, DC Department of Health and NeighborhoodInfo DC at the Urban Institute

"% of Deaths that were Infants" was the most comparable data that could be obtained at the census tract level for "Infant Mortality Rate per 1,000 Live Births" indicator.

"% of Births to Mothers with Less than 12 Years of Formal Education," "% Children in Families Receiving Aid Through Medicaid/SCHIP," and "# of Substan-tiated Cases of Abuse & Neglect" indicators were not available at the census tract level.

s = Data suppressed for this indicator and census tract because it does not produce a reliable estimate.

FIGURE 1. Census Tracts in the District of Columbia.[59]



Appendix C. Child Development Centers and Homes by Zip Code

Child Development Centers by Zip Code

The largest number of child development centers is in zip codes 20011, 20020, and 20019 (see Table 1). Zip code 20011 has significantly more capacity to serve children 0-5 in centers with 2736 slots. The next largest capacity is in zip code 20032 at 2115 slots. Zip code 20036 has the fewest child development centers (3) and zip codes 20012 and 20037 each have 4 centers. Zip code 20012 also has the lowest capacity to serve children in child development centers at 183 slots. The number of child development centers increased in 12 of 22 zip codes since the *2009 Risk and Reach Assessment*. The largest increase was in zip code 20011, which went from 36 centers in the 2009 assessment to 41 centers in the current assessment. The number of child development centers in zip code 20020 decreased the most, from 38 centers in the 2009 assessment to 26 centers in this 2011 Risk Reach assessment.

TABLE 1. Child Development Center Reach Data – Zip Code Level, 2011

Zip Code	# of Child Development Centers*	# of Infants/ Toddler (0-2) Slots*	# of Older Children (3-5) Slots*	Total Capacity*
20001	20	345	835	1180
20002	21	296	778	1074
20003	9	40	440	480
20004	5	146	202	348
20005	5	62	249	311
20006	5	112	202	314
20007	13	73	754	827
20008	9	75	843	918
20009	10	262	932	1194
20010	9	159	770	929
20011	41	503	2233	2736
20012	4	6	177	183
20015	9	49	604	653
20016	16	67	904	971
20017	8	83	508	591
20018	13	115	955	1070
20019	25	318	1143	1461
20020	26	408	1152	1560
20024	5	73	218	291
20032	24	516	1599	2115
20036	3	47	155	202
20037	4	80	177	257
TOTAL	**284**	**3,835**	**15,830**	**19,665**

Data are from the District of Columbia Office of the State Superintendent Division of Early Childhood Education, 2011

Child Development Homes by Zip Code

Zip codes 20019, 20011, and 20020 have the largest number of child development homes and the largest total capacity to serve children 0-5 in this type of care setting (163 slots, 146 slots, and 131 slots, respectively). Zip code 20004 has zero child development homes and several zip codes (20003, 20005, 20009, 200013, and 20015, and 20018) have one or two homes. Since the *2009 Risk and Reach Assessment*, the number of child development homes has increased in zip codes 20001, 20011, and 20017 and decreased in 20002, 20003, 20009, 20010, 20018, 20019, and 20032. The number of child development homes has stayed the same in zip codes 20004, 20005, 20012, 20015, 20016, and 20020 since the 2009 assessment.

TABLE 2. Child Development Homes – Zip Code Level, 2011

Zip Code	# of Child Development Homes**	# of Infants/ Toddler (0-2) Slots**	# of Older Children (3-5) Slots**	Total Capacity**
20001	6	12	18	30
20002	18	35	57	92
20003	2	4	6	10
20004	0	0	0	0
20005	1	2	3	5
20009	1	2	3	5
20010	4	8	12	20
20011	28	55	91	146
20012	8	18	32	50
20013	1	2	3	5
20015	1	2	3	5
20016	3	3	12	15
20017	7	14	21	35
20018	2	3	7	10
20019	30	59	104	163
20020	25	49	82	131
20032	13	26	43	69
TOTAL	**150**	**294**	**497**	**791**

* Data are from the District of Columbia Office of the State Superintendent Division of Early Childhood Education, 2011