

Early Head Start and Head Start Community Needs Assessment of the District of Columbia

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This report was prepared by Child Trends on behalf of the
Office of the State Superintendent of Education

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Acknowledgements

The authors are grateful to the many families, Early Head Start (EHS) and Head Start (HS) teachers and educators, and stakeholders who granted us their time and energy for this community needs assessment. In addition to sharing their perspectives on EHS and HS, the teachers and educators who participated in our focus groups and surveys often connected us with additional respondents to enrich our study.

Similarly, the stakeholders who participated in conversations often connected us with other stakeholders. Stakeholders who contributed their knowledge to the report represented the following:

- The families and early childhood workforce of the District of Columbia
- Child and Family Services Agency (CFSA), Office of Well Being
- DC Public Schools (DCPS), Division of Early Childhood Education
- Department of Human Services (DHS), Subsidized Child Care Program
- Early Head Start, Quality Improvement Network (QIN)
- Easterseals (QIN Hub Grantee)
- Head Start State Collaboration Advisory Board
- Head Start State Collaboration Office
- Homeless Education State Coordinator
- Hurley and Associates (Grantee)
- OSSE, Capital Quality
- OSSE, DC Early Intervention Program
- OSSE, Part B-619 (Transition from Part C to B)
- OSSE, Division of Health and Wellness
- OSSE, Subsidized Child Care Program
- United Planning Organization (QIN Hub Grantee)

Together, the perspectives and efforts of families, EHS and HS participants, teachers and educators, and stakeholders helped us identify the strengths, challenges, and possibilities for DC's EHS and HS system.

The authors also wish to thank many individuals for their contributions to this report. We are grateful for the thoughtful review of this report by Dr. Tamara Halle of Child Trends, which helped us convey our findings succinctly and effectively. We also are deeply appreciative of the OSSE, who not only funded this needs assessment, but supported us through the process of conducting the assessment. We especially thank Dr. Kathryn Kigera, Michael Rowe, and Lizbeth White from OSSE, who were true "research to practice and policy" partners. They shared their perspectives on the project design, helped us organize our in-person focus groups, and provided thoughtful recommendations and coordination of collaborators for our data collection process and this report.

Executive Summary

The federally funded Early Head Start (EHS) and Head Start (HS) programs have provided early childhood education opportunities and comprehensive supports for low-income children and families since 1995 and 1965, respectively. This report examines the strengths and needs of children and families served by EHS and HS in the District of Columbia. In alignment with the Head Start Program Performance Standards (HSPPS), which require grantees to conduct a community needs assessment every five years, this report will present information about the number of eligible children and families and their demographics, including children experiencing homelessness, children in foster care, and children with disabilities and developmental delays; the strengths and needs of the eligible population of children and families; and the resources available to these children and families. The report will conclude with considerations for the DC Office of the State Superintendent of Education (OSSE)—who oversees early childhood programs throughout DC—on approaches for allocating resources to best support the needs of EHS- and HS-eligible families.

Early Head Start and Head Start program participants

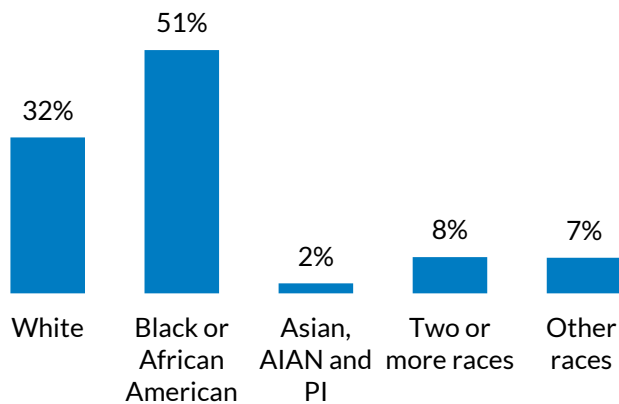
The District of Columbia's (DC) Early Head Start (EHS) and Head Start (HS) programs are offered through child care providers and pre-K programs, including child care centers, community-based organizations, family child care homes, DC Public Schools (DCPS), and a small number of programs at charter schools administered by United Planning Organization (UPO). In addition, four agencies offer the EHS Home-Based (EHS-HB) option, which provides home visiting services to children and families across the city.

Eligible children and families

In 2018, there were an estimated 45,490 children from birth to age 5 living in DC.ⁱ According to estimates from 2014-2018, 23 percent of children in this age range were living below 100 percent of the federal poverty line (FPL). For these young children, access to high-quality early care and education is a particularly important resource to support their healthy development and well-being. EHS and HS programs were designed to promote school readiness for children from low-income families, including children experiencing homelessness, children in foster care, and children with special needs, and to provide comprehensive services and supports to parents and caregivers.

The District of Columbia is a city of racial and ethnic diversity. The majority of DC residents are people of color, a trend that will be true across the nation by 2044.ⁱⁱ The same is true for children from birth to age 5 in DC, the majority (51%) of whom are Black (Figure A).ⁱⁱⁱ

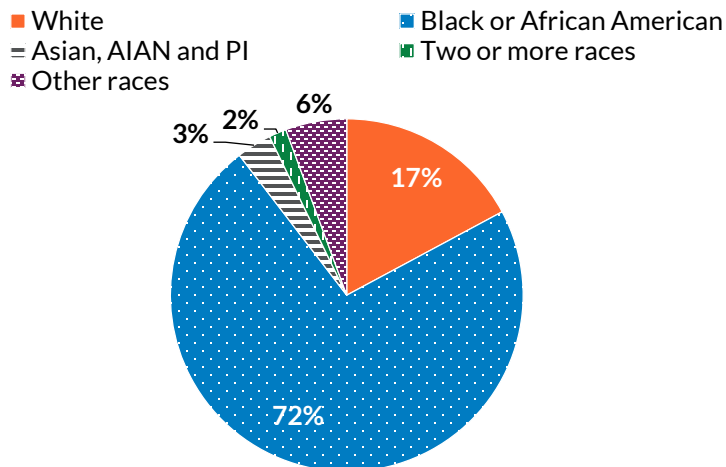
Figure A. Percentage of children birth to age 5 in DC, by race



Source: IPUMS USA 5-year data. (2014–2018).ⁱ

The District of Columbia—like many other cities in our nation—struggles with a long history of economic and racial inequality. In fact, in DC, residents who identify as Black or African American¹ are disproportionately represented (72%) among households living below 100 percent of the FPL (Figure B).ⁱ This disparity is even greater for DC’s youngest residents: 85 percent of children from birth to age 5 living in poverty in DC are Black or African American.

Figure B. Population under 100 percent of the FPL in DC, by race

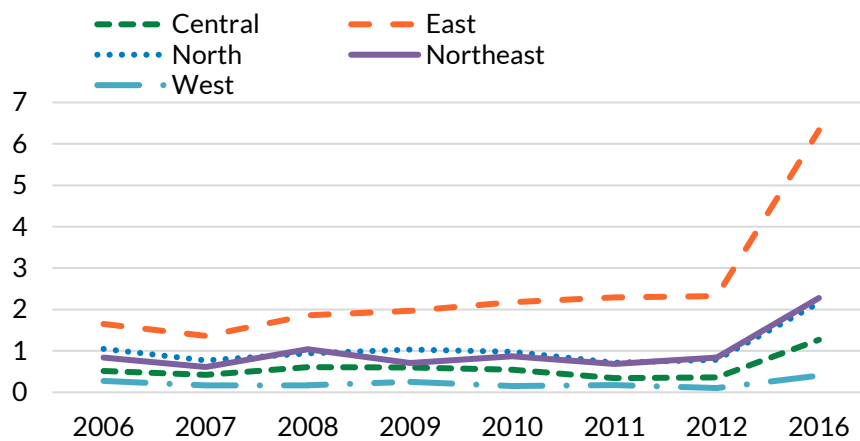


Source: IPUMS USA 5-year data (2014–2018)ⁱ

Families experiencing poverty face a range of challenges, including employment and housing instability. Housing instability has become a major challenge for families in certain parts of DC as the city increasingly gentrifies and rents rise. From 2006 to 2014, eviction rates increased across DC, with particularly high increases in the eastern parts of the city (Figure C).^{iv}

¹ The Census questionnaire uses “Black or African American” instead of “Black.”

Figure C. Mean eviction rate trend by Public Use Microdata Area (PUMA) in DC



Source: Eviction Lab National Database (2018).^{iv}

In addition to income eligibility, EHS and HS programs can reserve slots for children and pregnant women experiencing homelessness and for children in foster care. In addition, the HSPPS mandates that programs serve children with disabilities in at least 10 percent of its funded slots.^v In 2017, DC served 846 children with disabilities, 461 children experiencing homelessness, and 35 children in foster care through EHS and HS.^{vi}

In DC, during the 2018-2019 program year, there were 5,486 funded HS slots and 1,766 funded EHS slots.^{vi} DCPS served most HS children while UPO served the majority of EHS children. A total of 5,462 children ages 3 to 5 enrolled in HS, while a total of 4,209 children enrolled in EHS.^{vi,2} Pregnant women are also served by EHS and HS programs. In total, grantees served 126 pregnant women during the 2018-2019 program year.^{vi}

Strengths and needs

Information about the strengths and needs of Early Head Start (EHS) and Head Start (HS) programs comes from interviews with EHS and HS teachers, families, and key stakeholders.

Strengths

- Family and community strengths.** EHS and HS programs in the District of Columbia (DC) are situated in strong, tight-knit communities where neighbors support one another. Teachers often have the opportunity to work with multiple children from the same family and stay connected with families as children get older. In addition, EHS and HS families refer one another to the program, thereby facilitating enrollment. Families, many of whom are deeply invested in their children's learning and development, find opportunities to engage with their EHS and HS programs and to learn from their children's teachers. Programs are also often situated in communities that have a wealth of resources available to support families through community-based organizations (CBO) and social service agencies.
- Program strengths.** Parents and caregivers identified EHS and HS teachers, staff, and curricula as key strengths of the program. EHS and HS also offer supportive services to children and families, including

² Enrollment totals do not match total funded slots. As children transition out of EHS and HS and slots open up, programs are able to serve additional children.

health screenings and services for children and connecting families with resources to assist with housing and employment.

- **Systems-level strengths.** Departments and agencies that serve families and children in DC share strong coordination. This facilitates information sharing and ensures that families are connected with the resources they need. For EHS teachers in particular, the Quality Improvement Network (QIN) provides critical support for their work; other agencies and departments also felt as though they had strong relationships with the QIN.

Challenges

- **Family and community challenges.** Families served by EHS and HS face a range of challenges. Most notably, many families struggle to find secure and stable housing, particularly in light of rising rents stemming from gentrification. Parents and caregivers also expressed concerns about safety in their communities. In addition, families face challenges with accessing transportation and stable physical and mental health care. Finally, EHS and HS teachers noted emerging challenges with substance use in the home when children are present, in light of DC's decision to legalize marijuana in 2015.
- **Program challenges.** Teachers and program staff are working to adjust to growth in the number of children and families whose primary language is not English, with increases noted particularly in the number of children and families who speak Spanish. While teachers have some supports available for translation, they noted a need for more on-site program staff who speak Spanish to more effectively meet the day-to-day needs of children and families. Teachers also expressed an interest in expanded professional development opportunities, particularly those that address working with children and families experiencing trauma and with children who have behavioral challenges.
- **Systems-level challenges.** Stakeholders expressed a need for more support to connect with families whose contact information changes frequently, including families experiencing homelessness and children in the foster care system. In addition, stakeholders indicated a need for more child care slots across DC that meet the needs of children with special needs and infants and toddlers. Parents and caregivers echoed this need, sharing challenges with finding open child care slots. Parents and caregivers also had some challenges navigating the child care subsidy and voucher system. Finally, stakeholders, parents, and caregivers noted some challenges with siloed services or being asked to submit the same information multiple times during the enrollment process.

Program needs and future planning considerations

The District of Columbia (DC) has long been a leader in access to early childhood education opportunities for its residents. To continue supporting children and families and to meet their changing needs, we highlight several key considerations for the Office of the State Superintendent of Education (OSSE).

- **Continue to expand the number of child care slots available in DC, particularly at sites that accept subsidy.** Early Head Start (EHS) and Head Start (HS) are meeting the needs of children and families across DC, and OSSE and DC have grants and initiatives underway aimed at increasing slots. However, further expansion efforts or investment in child care partnerships could help meet enrollment needs for children and families.
- **Require standardized data reporting at multiple intervals throughout the school year.** To better capture the changes that families experience between enrollment and the rest of the EHS and HS year across programs, requiring Program Information Report (PIR) updates throughout the year would ensure that family information is up to date.

- **Conduct a professional development needs assessment that examines differences across sites and wards.** Surveying EHS and HS teachers and program staff can inform new professional development opportunities. In addition, surveying families about their needs may also provide insight into emerging areas where programs may require additional professional development (e.g., needs that change in the aftermath of COVID-19).
- **Offer additional training and professional development opportunities focused on trauma and behavioral challenges.** EHS and HS teachers expressed an interest in more training focused on addressing trauma and behavioral challenges in the classroom.
- **Support programs with additional resources for communicating with linguistically diverse children and families.** As the number of children and families who speak Spanish and other languages grows within programs, prioritizing the hiring of teachers and staff who speak these languages will help programs better meet their needs.
- **Seek out partnerships to expand availability and access to mental health services for young children and families.** Partnering with institutes of higher education, developing contracts with mental health providers, and exploring telehealth options may help provide programs with the mental health resources they need to meet the needs of families.
- **Seek out partnerships to provide additional support for transportation for families.** Some families, especially those in wards 7 and 8 and families of children with special needs, face challenges with accessing transportation. Seeking out partnerships with community organizations that can provide transportation or provide funding for transportation may help fill this need.
- **Seek out partnerships with community-based economic development initiatives to ensure an EHS and HS voice in changes.** Families face many challenges, including challenges finding stable employment. Partnering with community-based economic development initiatives can help ensure that the needs of EHS and HS families and providers are reflected in plans for community economic development.
- **Coordinate with health care providers to support access to services for families and information sharing.** There can be a gap in communication between health care providers and families. Training EHS and HS program staff to support families with communication could help fill this gap, as could providing information to health care providers about EHS and HS.
- **Share findings from this community needs assessment with key stakeholders, including EHS and HS teachers and families.** Sharing information will allow for collaborative planning around next steps to further support communities and families served by EHS and HS in DC.
- **Monitor and assess the impact of COVID-19 on children, families, and teachers.** Report recommendations reflect broader needs identified by the community prior to the COVID-19 pandemic. Ongoing monitoring and assessment of program and family needs can identify new areas for support during the pandemic and in its aftermath.

Introduction

The federally funded Early Head Start (EHS) and Head Start (HS) programs have provided early childhood education opportunities and comprehensive supports for low-income children and families since 1995 and 1965, respectively. While the programs are funded by the federal government, they are administered at the local level through grants provided to state and local agencies. In the District of Columbia (DC), 11 grants provide funding for children in EHS and HS. During the 2018-2019 school year, DC's largest HS provider was DC Public Schools (DCPS), which extended the HS model to all students who attend any DCPS Title 1 school.³ Beginning in the 2010-2011 school year, DCPS began offering the Head Start Schoolwide Model (HSSWM), which allows DCPS to use a mixed delivery system in which children funded through HS dollars and children funded through other sources of pre-K funding receive the same comprehensive services.

In 2015, the DC Office of the State Superintendent of Education (OSSE) leveraged the Early Head Start-Child Care Partnerships (EHS-CCP) grant to create the Quality Improvement Network (QIN). The QIN oversees access to EHS services for children and families served in child care centers and family child care homes in DC.^{vii} The QIN delegates oversight of the grant to United Planning Organization (UPO) and to Easterseals DC MD VA (Easterseals). Easterseals oversees the family child care homes⁴ participating in the QIN in alignment with EHS, but is not part of the federally funded EHS portion of the QIN.

This report examines the strengths and needs of children and families served by EHS and HS in DC. In alignment with the Head Start Program Performance Standards (HSPPS), which require grantees to conduct a community needs assessment every five years, this report will present information about the number of eligible children and families and their demographics, including children experiencing homelessness, children in foster care, and children with disabilities and developmental delays; the strengths and needs of the eligible population of children and families; and the resources available to these children and families. The report will conclude with considerations for the DC Office of OSSE, who oversees early childhood programs throughout DC, on approaches for allocating resources to best support the needs of EHS- and HS-eligible families.

History of Early Head Start and Head Start in DC

The District of Columbia (DC) has long been a leader in access to early childhood education opportunities for its residents. Like many cities in the nation, DC provides early childhood education through a mixed-delivery system that includes community-based organizations (CBOs), family child care providers, and school-based programs. Children and families can access Early Head Start (EHS) and Head Start (HS) services in all three of these settings. CBOs offer both EHS and HS programs, and family child care providers offer EHS programs through Early Head Start-Child Care Partnerships (EHS-CCPs). School-based HS has been offered through DCPS as part of DC's universal pre-K program. In 2008, DC passed the Pre-K Expansion and Enhancement Amendment Act, which established the basis for creating a universally accessible pre-K system in DC.^{viii} The Act included HS programs as one type of designated provider for pre-K services. The Pre-K Expansion and Enhancement Amendment Act has helped make DC a national leader in both pre-K enrollment and spending. During the 2017-2018 school year, 72 percent of 3-year-olds and 86

³ Title 1 status is defined by the proportion of children who are eligible for free or reduced-price meals in a school. Title 1 funds are available for schoolwide improvements to educational programming if the proportion of children is 40% or higher, or targeted support for at-risk students if the proportion is 35% to 40%. For more information, see: <https://dcps.dc.gov/Title1>.

⁴ DC uses the term "child development homes." To be consistent with Head Start Program Performance Standards, this report uses the terms "family child care" and "family child care providers."

percent of 4-year-olds were served through DC's pre-K system, compared to a national average of 5 percent and 32 percent, respectively, for government-funded preschool programs.^{ix}

Since 2010, DC has experienced a particularly large increase in the number of young children living in the city, with the population of children under age 5 growing by over 35 percent.^x In addition, 23 percent of children under age 5 in DC live in poverty.ⁱ Mayor Muriel Bowser's budget for fiscal year 2019 included a \$9 million, three-year Access to Quality Child Care Expansion Grant which aimed at creating 1,000 infant and toddler child care slots.^{xi} As of August 2020, more than \$7.9M has been issued in sub-grants, which will create over 1,200 slots.

EHS and HS provide services to children and families who live below the federal poverty level (FPL), as well as children experiencing homelessness, children in foster care, and children with disabilities. The Head Start Program Performance Standards (HSPPS) require that HS programs ensure that 10 percent of funded enrollment slots are filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA).^v In 2018-2019, DC's largest HS grantee, DCPS, collectively served more than this threshold, with 990 slots (18% of all HS slots) held by children with Individualized Education Programs (IEPs). HS standards also require that grantees prioritize young children experiencing homelessness or receiving foster care services for enrollment. These standards also have provisions in place to remove barriers to enrollment for these families, such as providing a grace period for submitting required paperwork. In addition, programs can set aside slots specifically to serve these families. In the 2018-2019 program year, DC HS and EHS served 617 children experiencing homelessness and 56 children in foster care.ⁱ In 2018, 13 percent of children under age 6 in DC were experiencing homelessness and 18 percent of those children were served by either HS/EHS or McKinney-Vento⁵ funded early childhood education programs in 2018.^{xii}

Overview of programs in DC

The District of Columbia (DC) holds 11 grants for Early Head Start (EHS) and Head Start (HS) programs, overseen by seven grantees, some of whom have delegates. In 2018-2019 the grantees were:

- The Office of the State Superintendent of Education (OSSE)
- Bright Beginnings, Inc.
- Centronia, Inc.
- District of Columbia Public Schools (DCPS)
- Edward C. Mazique Parent Child Center, Inc.
- Rosemount Center, Inc.
- United Planning Organization

As mentioned above, DC, like many states and cities, has a mixed-delivery early childhood education system. Families have access to programs offered through community-based organizations, family child care settings, and DCPS and public charter schools. DC has a universal pre-K program for children age 3 through kindergarten entry, which has included HS programs offered through DCPS, the largest HS provider.

Need for a community needs assessment

Head Start Program Performance Standards (HSPPS) require grantees to conduct a community needs assessment at least once every five years "... to design a program that meets community needs and builds

⁵ More information on the McKinney-Vento program can be found on pg. 73 in the resources section of this report.

upon strengths and resources.”^v According to HSSPS Section 1302.11, the needs assessment must include at minimum:

“(i) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:

(A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));

(B) Children in foster care; and

(C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;

(ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;

(iii) Typical work, school, and training schedules of parents with eligible children;

(iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

(v) Resources that are available in the community to address the needs of eligible children and their families; and,

(vi) Strengths of the community.”^v

This report addresses the community needs assessment (CNA) requirement for the Office of the State Superintendent of Education (OSSE), as well as a broad view of the DC community at large.

Community needs assessment approach

The community needs assessment is guided by a set of research questions focused on understanding the demand for Early Head Start (EHS) and Head Start (HS) services, which families are enrolled in services, and the strengths and needs of enrolled families (Table 1).

Table 1. Core research questions

Core Question	Sub-questions
What is the demand for EHS and HS programs in DC?	How many children and pregnant women are eligible for EHS and HS programs in each ward?
	What are the demographic and socioeconomic characteristics of these eligible individuals?
Who is served by EHS and HS programs in DC?	How many children are enrolled in EHS and HS programs in each ward?
	What are the demographic and socioeconomic characteristics of these children?

Core Question	Sub-questions
What are the strengths of enrolled families and their communities?	What resources are available for families in the community?
	How do families support their children's learning and development?
	How do communities support families and support children's learning and development?
What are the needs of enrolled families?	What challenges do families face?
	What services are available to families to address these challenges?
	How well do these services meet the needs of families?
	What services do families need but are unavailable or challenging to access?

To address these questions, we conducted two main research activities: a review of secondary data and original qualitative research. More detail about these activities is provided in the Overview of Community Needs Assessment Methodology section of this report.

Navigating this report

This report begins with an overview of early childhood education programs in DC, including information about EHS and HS programs. Next, it describes the project's methodology, presents findings from secondary analysis and qualitative research, and concludes with recommendations for EHS and HS in DC.

Overview of Early Childhood Education Programs in DC

The District of Columbia (DC) has a population of over 700,000 residents, and children under the age of 5 are its fastest growing population.^{xiii} DC has a population of more than 45,000 children under the age of 5;⁶ of this population, over 28,000 children are ages birth to 3, and nearly 17,000 children are between the ages of 3 and 4.^{xiii} DC borders Virginia to the southwest and Maryland to the northwest, northeast, and southwest. It is divided into eight geographical regions called wards. DC has a natural, physical boundary within the city that includes the Anacostia River. The Anacostia River runs through DC, with Wards 1-6 located north and east of the river and Wards 7 and 8 located south and west of the river. DC's wards are socioeconomically and demographically different from each other. Notably, most Ward 7 and 8 residents are Black, while Ward 3 is majority white.^{xiv} These demographics are consistent for newborns and young children as well (Table 7). Further, the majority (60%) of families experiencing homelessness⁷ are located in Wards 7 and 8.^{xiii} The median income of households and the population of children under age 5 also varies across wards. Figure S on pg. 43 illustrates this trend. Nearly half of the young children in DC live in Wards 4, 5, 7, and 8.^{xiii}

⁶ Population numbers come from 2017 5-year estimates from the Census American Community Survey (ACS).

⁷ These data come from the Kids Count Data Center and use the United States Department of Housing and Urban Development (HUD)'s definition of homelessness. This definition does not include families living doubled-up in one home, who are included in the McKinney-Vento definition of homelessness used by other data in this report. The HUD definition likely underestimates the total number of children and families experiencing homelessness in this regard.

Early learning programs

Children and families in the District of Columbia (DC) are served by a range of early learning programs, overseen by the Office of the State Superintendent of Education's (OSSE) Division of Early Learning (DEL). The DEL is charged with ensuring all children from birth through kindergarten entry have access to high-quality learning opportunities and are prepared for kindergarten. Initiatives to support quality include Capital Quality, DC's quality rating and improvement system (QRIS) and the early learning standards (see: Initiatives and their Relationship to Early Head Start and Head Start).

Office of the State Superintendent of Education Division of Early Learning

OSSE serves as the liaison between DC and the U.S. Department of Education.^{xv} The DEL comprises the assistant superintendent of early learning and her direct team, as well as five units: Early Intervention Part C and Part B, Licensing and Compliance, Operations and Grants Management, Policy Planning and Research, and Quality Initiatives (Appendix A).^{xvi} The management of the Quality Improvement Network (QIN) is housed in the Quality Initiatives unit.

Early Intervention Part C and Part B

DC's Early Intervention Part C program, Strong Start, provides early intervention services for infants and toddlers who have developmental delays or disabilities and their families. Children that present a "25 percent or more delay in at least one of the developmental domains or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay or disability"^{xiii} are eligible for Part C early intervention services. Strong Start conducts intake and screening for children and works with families to develop an individualized family service plan (IFSP). Additionally, Strong Start coordinates services to meet children's needs. Once a child turns 3, and provided that eligibility for Part B has been determined, families can elect to continue to receive services until the first day of school following the child's fourth birthday through the IFSP coordinated by Strong Start, or they can transition to receive services through Part B, which is administered by DCPS through Early Stages.^{xvii} Between December 2017 and December 2018, nearly 2,000 children received Part C services and about 1,800 children received Part B services.^{xiii}

On July 1, 2018, eligibility criteria for Part C was expanded to a 25 percent delay in one area. Previously, children identified with either a 25 percent delay in two areas or a 50 percent delay in one area were found eligible. This expansion in eligibility criteria saw an increase in the number of referrals to and number of children served by Strong Start between FY18 and FY19, when the change went into effect. In FY19, 325 children were found eligible and received services under the new criteria that previously would not have been eligible.^{xx} From September 2018 to June 2019, approximately 7 percent of children ages 3 through 5 enrolled in public pre-K in DC were receiving special education services.^{xviii}

The DEL also houses coordination for Part B-619, the transition from Part C to Part B services. The Individuals with Disabilities Education Act (IDEA) requires families to have a smooth transition from Part C to Part B services; the Early Intervention Part C and Part B team oversees this transition. Of the children who were eligible to receive Part C services during the 2018-2019 program year, 157 children continued services under Part B.^{xix}

From October 2017 to September 2018, 5,140 children received developmental screening through DCPS and Early Stages.^{xx} Of those, children, 1,169 (23%) received recommendations for further evaluation.^{xx} All children attending DCPS receive screenings conducted by teachers as part of the school district's policy on

universal developmental screening for children enrolled in pre-K. Early Stages screens children ages 3 through 5 who are not enrolled in DCPS. If a child has an existing screening, Early Stages documents and reviews that screening.

Licensing and Compliance

The Licensing and Compliance team issues licenses to DC's child development centers and family child care homes, monitors sites to ensure they comply with licensing and Child Care and Development Fund (CCDF) regulations, and provides technical assistance to facilities.^{xvi}

"All child care programs operating in the District of Columbia must comply with the established child care requirements. Child care requirements ensure that programs are meeting the minimum standards for care in the District of Columbia. Programs must maintain substantial compliance. Child care licensing requirements that are checked in a program's compliance history include:

- Ownership, organization, and administration
- Supervision of children
- Condition of equipment and materials
- Discipline practices
- Child/staff ratios
- Environment indoor and out doors
- Staff qualification and training development
- Criminal background checks
- Menus and food served"^{xxi}

Operations and Grants Management

The Operations and Grants Management team administers DC's federal Child Care and Development Block Grant (CCDBG) and supports other administrative tasks such as overseeing sub-grants as part of the QIN. It oversees the use of funds and establishes policies for eligibility for subsidized child care and reimbursement rates for child care providers.^{xvi}

Policy, Planning, and Research

The Policy, Planning, and Research team provides leadership for the implementation of policies and regulations related to child care, pre-K, early intervention, and child care subsidies.^{xvi} In addition, the team is responsible developing DC's CCDF state plan, as well as monitoring, reporting, and compliance.

Quality Initiatives

The Quality Initiatives team manages all of the DEL's programs related to child care quality. This includes Capital Quality—DC's Quality Rating and Improvement System (QRIS)—as well as the QIN (for more information on the QIN, see the Initiatives and their Relationship to Early Head Start and Head Start section of this report). In addition to monitoring quality, these programs provide professional development and technical assistance to support quality early learning opportunities.^{xvi} The team oversees grant programs for educators, DC's Child Care Resource and Referral (CCR&R) service centers, and the Shared Services Business Alliance Grant to support family child care homes, among other programs.

Early Head Start and Head Start program participants

The District of Columbia's (DC) Early Head Start (EHS) and Head Start (HS) programs are offered through child care providers, including child care centers, community-based organizations, family child care homes, DC Public Schools (DCPS), and a small number of programs at charter schools administered by United Planning Organization (UPO). In addition, four agencies offer the EHS Home-Based (EHS-HB) option, which provides home visiting services to children and families across the city. Total EHS and HS enrollment for FY 2018 was 6,676 (Table 2).^{ix}

Table 2. FY 2018 Head Start and Early Head Start Enrollment

Program	EHS Home-Based	EHS Center-Based	Head Start Center	Total Enrollment
DCPS	N/A	N/A	5,224	5,224
Bright Beginnings	64	104	45	213
CentroNía	48	24	N/A	72
Rosemount	77	39	N/A	116
Edward C. Mazique Parent Child Center	N/A	180	N/A	180
UPO (More detailed information on UPO's Quality Improvement Network [QIN] programs is listed in Table 3)	—	—	—	671 ⁸
Educare of Washington DC	N/A	72	85	—
AppleTree Early Learning Center PCS Douglass Knolls	N/A	N/A	32	—
AppleTree Early Learning Center PCS Parkland	N/A	N/A	31	—
AppleTree Early Learning Center PCS Oklahoma Avenue	N/A	N/A	35	—
Azeeze Bates	N/A	32	N/A	—
Ballou High School	N/A	16	N/A	—
Christian Tabernacle	N/A	32	N/A	—
C.W. Harris Elementary School	N/A	16	N/A	—
Dunbar High School	N/A	<10	N/A	—
Edgewood	N/A	24	N/A	—
Fredrick Douglass	N/A	40	N/A	—
Luke C. Moore High School	N/A	<10	N/A	—
Roosevelt High School	N/A	16	N/A	—
Woodson High School	N/A	<10	N/A	—
Spanish Education Development Center	N/A	36	N/A	—
Anacostia High School	N/A	24	N/A	—
Paradise	N/A	16	N/A	—
Atlantic Gardens	N/A	16	N/A	—

⁸ This represents the total enrollment for all UPO programs listed.

Program	EHS Home-Based	EHS Center-Based	Head Start Center	Total Enrollment
Healthy Babies	52	n/a	N/A	—
Home-Based Program	72	N/A	N/A	—
OSSE Quality Improvement Network	n/a	200	N/A	200
Total Enrollment by Model	313	911	5,452	6,676

Source: OSSE Fiscal Year 2018 Pre-K Report.^{ix}

HS and EHS are offered through child care sites—including community-based organizations (CBOs), child development centers, and family child care homes—as well as at school-based sites. The EHS-HB program also provides EHS services for children and pregnant women in their homes.

Child care sites

Community-based organizations

CBOs are nonprofit organizations that provide services to improve a community's health and well-being. CBOs often directly provide child care as part of the services they offer and/or provide supports to child care teachers and educators and programs. OSSE partners with CBOs to offer EHS and HS programs to children and families. CBOs that provide child care directly are often also able to connect families to other services. In many cases, EHS teachers and educators refer families to services like mental health and housing support that CBOs provide.

Child development centers

Child development centers offer EHS and HS in a center-based child care setting. While some child development centers are affiliated with CBOs and schools, others are independent centers that offer EHS and HS services to children and families.

Family child care homes

In addition to child care centers, families can access child care, including EHS, through child development homes, also referred to as family child care homes. A subset of family child care homes are part of DC's Early Head Start-Child Care Partnerships (EHS-CCP) through the Quality Improvement Network (QIN), overseen by UPO and Easterseals. These homes offer EHS programs to eligible children and families and receive support from the QIN.

School-based programs and universal prekindergarten

Families can also access HS services and a select number of EHS services in schools. As discussed earlier in the report, DC has a universal pre-K model, which offers full-day pre-K to all children ages 3 through kindergarten entry in public and charter school settings.

District of Columbia Public Schools

District of Columbia Public Schools (DCPS) is DC's largest HS provider. In 2019, DCPS served 2,081 of DC's children in HS slots, which is around 90 percent of all the federally funded HS slots in DC.^{xxii} All children who attend pre-K in Title 1 DCPS schools have access to services provided through the Head Start School-wide

Model (HSSWM), which extends comprehensive services offered by HS to over 5,000 students each year.^{xxii} Families access DCPS's HS program, as well as non-HS pre-K programs, by applying to DCPS's lottery system through My School DC. Families can apply to up to 12 pre-K programs for the chance of a lottery match and/or waitlist offer.^{xxiii} How a family ranks their list of preferred schools and whether they qualify for any school preferences (e.g., preference for siblings to attend same school) can impact a family's lottery results. Enrollment in K-12 slots also takes place through the lottery; however, unlike in the K-12 lottery, families are not guaranteed a pre-K enrollment slot at their neighborhood school. In addition, UPO offers a select number of EHS programs at DCPS schools separate from DCPS's HS grant.

Following DCPS's HS grant reapplication process in 2020, DCPS decided to voluntarily relinquish their HS grant. DC Schools Chancellor Lewis D. Ferebee cited a need to focus on addressing safety concerns in its pre-K system as a reason for giving up the grant.^{xxiv} In an email from the Chancellor on April 15, 2020, DCPS noted that this decision would not decrease the number of pre-K slots available during the 2020-2021 school year. In addition, the email stated that DCPS will continue to provide wraparound services to families through schools and through partnerships with community organizations. However, DCPS will no longer offer some of the services provided through the grant, including instructional coaching.^{xxiv}

Charter schools

Charter schools do not offer HS to children and families; however, a select number of EHS programs under UPO's grant operate in within charter school programs.

Home visiting programs

The EHS-HB model provides services through home visits to support pregnant women and families with children under the age of 3. In this model, home visitors meet with families weekly and work with them to support their children's development through parent-child interactions, children's daily routines, and materials available in the household.^{xxv} In DC, four entities offer home visiting services through EHS-HB: Bright Beginnings, CentroNía, Rosemount Center, and UPO.^{xxvi}

Bright Beginnings

Bright Beginnings offers services to support children and families experiencing homelessness. In 2018, Bright Beginnings served 64 children and pregnant women through EHS-HB.^{xxvii}

CentroNía

CentroNía provides a range of early childhood education opportunities and supports to teachers, including EHS-HB. In 2018, CentroNía served 56 low-income children and pregnant women through EHS-HB, with 10 percent of their slots reserved for families of children with disabilities.^{xxvii}

Rosemount Center

Rosemount Center provides early childhood development and family support services, including EHS-HB. In 2018, Rosemount Center served 56 children and pregnant women who were at or below 100 percent of the federal poverty level (FPL), with 10 percent of slots reserved for families of children with disabilities.^{xxvii}

United Planning Organization

United Planning Organization (UPO) is DC's second largest EHS and HS provider. In addition to offering services through child care centers and family child care homes, UPO administers EHS-HB. In 2018, UPO

served 72 children and pregnant women at or below 100 percent of the FPL through EHS-HB, with 10 percent of slots reserved for families of children with disabilities.^{xxvii}

DC early childhood initiatives and their relationship to Early Head Start and Head Start

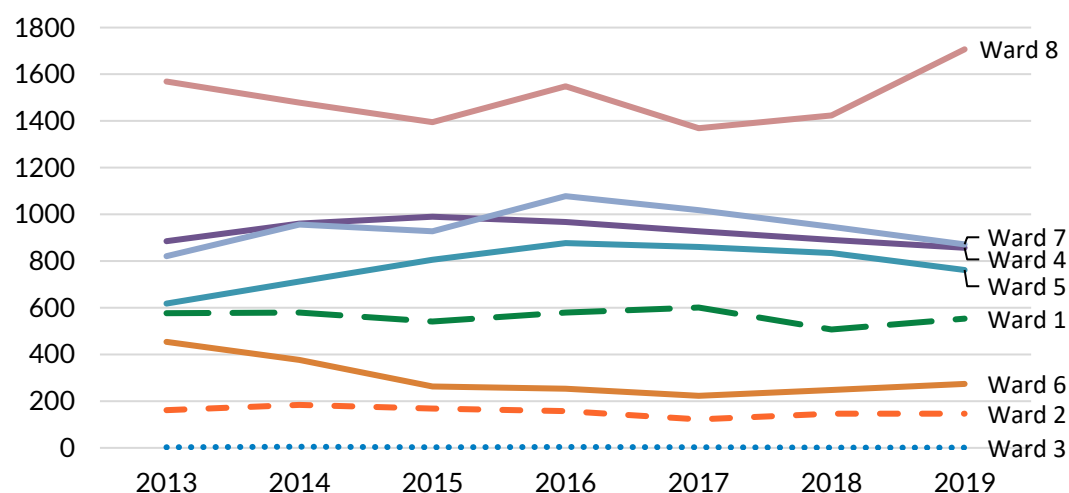
There are several early childhood initiatives in the District of Columbia (DC) that intersect with Early Head Start (EHS) and Head Start (HS) and provide important context to understand how EHS and HS fit into DC's broader early childhood landscape: subsidy, the Quality Improvement Network (QIN), DC's enhanced quality rating and improvement system (QRIS; Capital Quality), and the Pre-K Enhancement and Expansion Program.

Subsidy

DC ranks first in the nation in highest child care costs: The average cost of infant care is \$2,020 per month and the average cost of care for a four-year-old is \$1,593 per month—less than \$2,000 under the total monthly household income federal poverty level (FPL) for a family of four.^{xxviii} Families that are low-income, working or in school, and/or receive Temporary Assistance for Needy Families (TANF)/food stamps; however, are eligible to receive assistance with paying for child care through the Office of the State Superintendent of Education (OSSE) or the Department of Human Services' (DHS) subsidy program. The subsidy program provides families with child care vouchers, which can be used to cover the costs of care for licensed family child care homes, or relative or in-home care.^{xxix} Through the subsidy program, families never have to pay more than 7 percent of their annual household income to cover the cost of child care.^{xiii} HS and EHS prioritize serving families that are eligible for subsidies. In addition, subsidy-eligible families who receive EHS services through Early Head Start-Child Care Partnerships (EHS-CCP) (see QIN section below) must apply for and receive subsidies when enrolling in care.

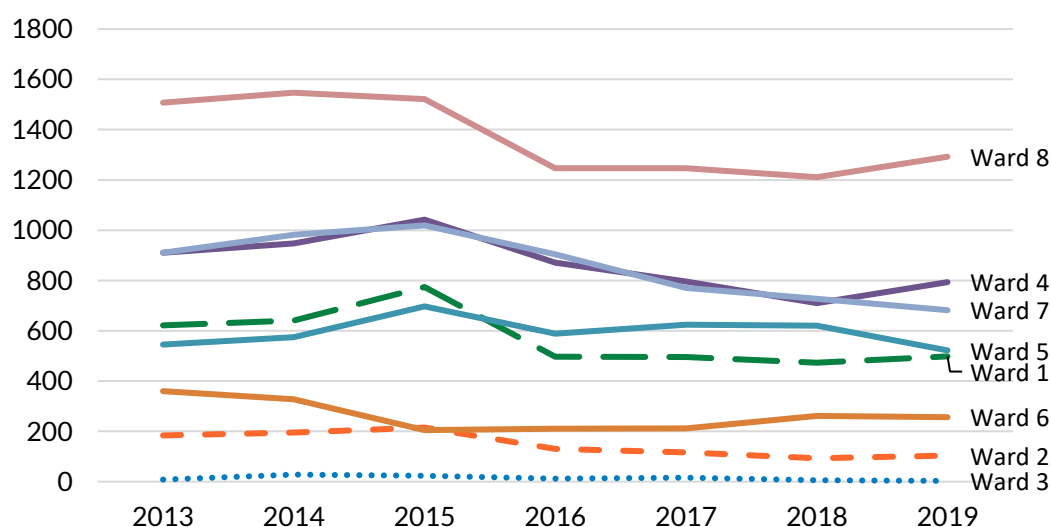
Most subsidy recipients reside in Wards 8, 4, and 7. The number of subsidy recipients in Ward 4 increased slightly in 2019 (Figures D1 and D2). Subsidy eligibility is determined in one of two ways depending on a family's child care site. In most cases, DHS conducts eligibility intake for families at their site; however, a subset of child development center-based providers designated as Level II providers are able to conduct eligibility determination and intake onsite using OSSE's eligibility requirements.^{xxx}

Figure D1. Infants and toddlers receiving subsidies and enrolled in a child care program



Source: KIDSCOUNT, Office of the State Superintendent of Education (2019).^{xxxi}

Figure D2. Pre-K children receiving subsidies and enrolled in a child care program



Source: KIDSCOUNT, Office of the State Superintendent of Education (2019).^{xxxi}

Quality Improvement Network (QIN)

The QIN was established in 2015 through OSSE's leveraging of the EHS-CCP grant. The QIN builds capacity, increases access, and enhances the quality of care for infants and toddlers. During the 2018-2019 program year, the QIN included one hub, United Planning Organization (UPO), which supported 16 child development centers offering EHS services in Wards 1, 4, 5, 6, 7, and 8. (Table 3)^{xxxiii} The QIN recently partnered with Easterseals to oversee the hub specifically tasked with supporting family child care homes in the QIN, however enrollment information for these sites was not available at the time of this report.

Table 3. Overview of UPO QIN sites

Site	Number of classrooms	Total enrollment	Total number of families	Children with Medicaid/CHIP during enrollment
Bell Teen Parent and CDC	5	25	25	25
Big Mama's	4	16	14	16
Board of Child Care	4	20	16	20
Christian Tabernacle/HUB	4	25	21	25
Community Education	2	11	11	11
Jubilee Jumpstart	4	12	11	11
Kennedy Institute	5	11	11	11
Love and Care	7	10	10	10
Loving Care	10	57	50	56
Southeast Children Fund I	7	21	17	21
Southeast Children Fund II	7	36	33	35
Sunshine Early Learning Center	8	10	10	10
UPO total	67	254	229	251

Source: Early Childhood Learning & Knowledge Center. (n.d.). 2018-2019 Program Information Report.^{vi}

There were 254 children served by UPO QIN programs during the 2018-2019 program year, most whom were between birth and age two. Most enrolled children (89%) were reported to be non-Hispanic Black, followed by Hispanic or Latino (11%). In addition, the vast majority (89%) of enrolled children spoke English, followed by Spanish (10 percent) and other languages (1%).

UPO QIN sites received child care subsidies for all enrolled children. In addition, all enrolled children at UPO QIN sites had had health insurance (99% were enrolled in Medicaid or the Children's Health Insurance Program [CHIP]). The percentage of children with health insurance coverage did not change between the time of enrollment and the end of enrollment. All children also had an ongoing source of continuous, accessible health care, excluding urgent care centers and emergency room settings, both at the beginning and the end of the enrollment.

The number of all QIN children whose schedule of age-appropriate preventive and primary health care was up to date (according to the relevant state's Early Periodic Screening, Diagnosis, and Training [EPSDT] schedule for well child care) increased by 101 percent (79 children) between time of enrollment and end of enrollment. This increase may indicate that families were connected to providers for health care services during the programs. Similarly, the number of QIN children who have been determined by a health care professional to be up to date on all appropriate immunizations increased by 287 percent (132 children) between the time of enrollment and the end of enrollment. For dental services, the number of children who received continuous dental care was 21 percent across all sites both at the beginning and the end of the enrollment.

Regarding mental health services that extend beyond routine communication or screenings, six percent of QIN children were served by an on-site mental health professional through consultation, assessment, or referral. For developmental screenings, 83 percent of newly enrolled QIN children completed the required screenings within 45 days for developmental, sensory, and behavioral concerns. Eleven percent of the screened, newly enrolled children were identified as needing follow-up assessment or formal evaluation to

determine if the child had a disability or developmental delay. Eight percent of enrolled QIN children had an Individualized Family Service Plan (IFSP). Most of these children were determined eligible for an IFSP prior to the enrollment year. Information about enrolled children's primary disability or developmental delay diagnosis or services is unavailable.

Most enrolled children were part of single-parent families (93%). Nearly half of those single parents were employed (48%) and 31 percent were in job training or school at the time of enrollment. The highest level of education attained by QIN parents was a high school degree or GED for 61 percent of families and less than a high school degree for 19 percent of families. For 87 percent of families, at least one parent completed some level of education during the program year. Of those parents who completed some level of education during the program year, 54 percent obtained their high school diploma or GED; 20 percent completed a training, license, or certification program; and 14 percent completed a grade level. Less than one percent of QIN families reported active military or veteran status among parents. Most QIN single-parent families described the mother as the primary caregiver.

Most QIN families were reported to have been receiving TANF, The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP) at the time of enrollment. The number of families receiving these benefits did not vary significantly between the beginning of the enrollment year and the end of the enrollment year. On the other hand, just 5 percent of families received Supplemental Security Income (SSI) both at the beginning and the end of the enrollment year. Eleven percent of families were reported to have been experiencing homelessness. Of the families reported to have been experiencing homelessness, 19 percent secured housing during the enrollment year.

Early learning standards

[DC's 2019 Early Learning Standards](#) outline benchmarks for learning for infants, toddlers, two-year-olds, preschoolers, and for children transitioning out of pre-K and kindergarten. The standards align with the Common Core Standards for English Language Arts and Mathematics (2010), Next Generation Science Standards (2013), and Head Start Early Learning Outcomes Framework: Ages Birth to Five (2015).^{xxxiv} The standards are intended to guide child care teachers and educators in selecting curriculum and developmentally appropriate assessments for children, planning activities and instruction to help children progress toward benchmarks, and planning professional development opportunities for staff.^{xxxiv} They cover nine areas of development:

- "Approaches to learning/logic and reasoning
- Communication and language
- Literacy
- Mathematics
- Science and engineering
- Social studies
- The arts
- Social and emotional development
- Physical development, health, and safety"^{xxxiv}

Capital Quality/Enhanced Quality Rating and Improvement System (QRIS)

OSSE's Capital Quality is a QRIS system that provides information to families about early care and education quality so they can make informed choices about care.^{ix} For child care practices for children ages birth to 5, Capital Quality includes standards through the Continuous Quality Improvement Plan (CQIP).^{ix} Child care center staff can be trained on how to implement, assess, and use these indicators for quality improvement through technical assistance and support from quality facilitators.^{ix} All programs with a subsidy agreement, including all HS programs with the exception of school-based programs, are required to participate in Capital Quality.^{xxxv} In addition to monitoring quality, Capital Quality works with child care program directors to support quality at their centers.^{xxxv}

Enhanced Pre-K (Pre-K Enhancement and Expansion Amendment Act of 2008)

As mentioned earlier in the report, in 2008, DC adopted the Pre-K Enhancement and Expansion Amendment Act, which provides free, universal pre-K to all age-eligible children in DC.^{ix} This expansion has resulted in DC pre-K serving more 3-year-olds and 4-year-olds than the national average. On average, 5 percent of the nation's 3-year-olds and 32 percent of the nation's four-year-olds are served by publicly funded preschool programs; in DC, 72 percent of 3-year-olds and 86 percent of 4-year-olds are served by pre-K.^{ix} DC also invests more funding into pre-K, averaging \$13,334-\$13,744 per child in comparison to the nation's average of \$5,008 per child.^{ix} OSSE assesses pre-K programs using the Classroom Assessment Scoring System (CLASS), which is an observational measure of classroom quality based in research. During the 2017-2018 school year, most pre-K classrooms in DC exceeded the quality threshold in two of the assessment's three domains: Emotional Support (94%) and Classroom Organization (83%).^{ix} While the majority of classrooms scored below the threshold for the assessment's third domain, Instructional Support, scores on that domain increased by 21 percent from the 2016-2017 school year to the 2017-2018 school year.^{ix}

Wellness guidelines

DC passed the Healthy Tots Act in 2014, focused on supporting child care facilities with offering high-quality wellness programs and serving healthy meals. In addition to strengthening nutrition standards and providing additional local reimbursement for child care providers who participate in the federal Child and Adult Food Care Program (CACFP), the Act provides technical assistance and resources focused on wellness.^{xxxvi} To provide a structure for the wellness areas highlighted in the Act, OSSE developed wellness guidelines for early childhood development facilities focused on six areas

- "Promoting effective nutrition and healthy eating education
- Serving tasty, healthy meals
- Promoting physical activity
- Enhancing facility environmental sustainability
- Ensuring wellness professional development for staff
- Partnering with families to promote facility wellness"^{xxxvii}

Wellness guidelines encompass but extend beyond DC's child care licensing requirements. OSSE's Division of Health and Wellness has [developed a guide for child development facilities](#) to guide them through the process of making a health and wellness plan to meet the standards.

Annual review of significant changes

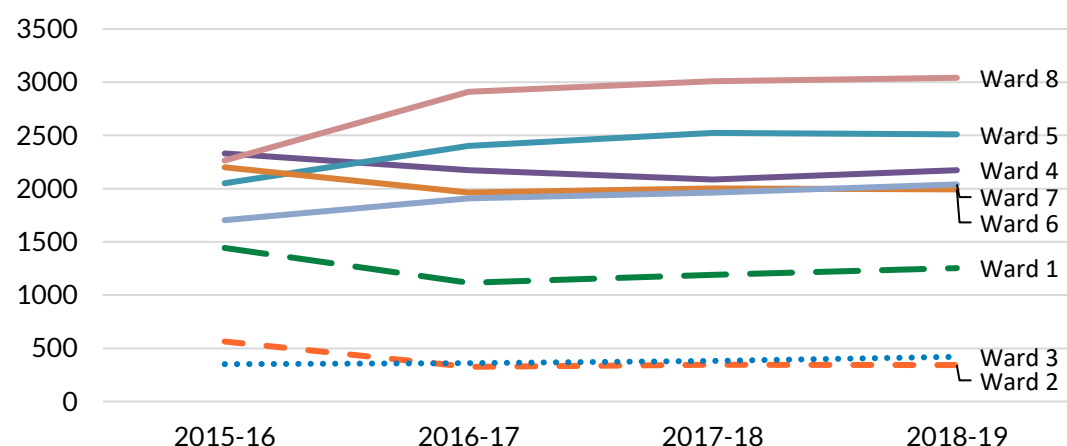
Over the last five years, the District of Columbia (DC) has maintained a high level of pre-K availability and enrollment that has remained relatively stable. During this time, DC has continued a trend toward demographic changes and gentrification, which has caused strain on Early Head Start (EHS) and Head Start (HS) teachers and educators and families (see Strengths and Needs).

Availability of publicly funded pre-K

Overall, all of DC's wards have high utilization rates of public pre-K. Enrollment in pre-K is offered through a lottery system. In each ward, available pre-K slots are at, over, or close to 100 percent capacity.^{ix} Additionally, most wards have enrollment rates of at least 1,000 children except for Wards 2 and 3.^{ix} Wards 2 and 3 both have enrollment rates under 500 children and the least amount of public pre-K classroom options, in terms of both number and variety. For example, Wards 2 and 3 have zero public charter pre-K classrooms.^{ix} During the 2019-2020 school year, one Pre-K Expansion and Enhancement Program provider operated in Ward 2 and one operated in Ward 3 with multiple sites.

Enrollment rates have remained relatively stable over the past five years, with Wards 8 and 5 maintaining the highest rates of enrolled children (Figure E).

Figure E. Pre-K enrollment by ward in DC

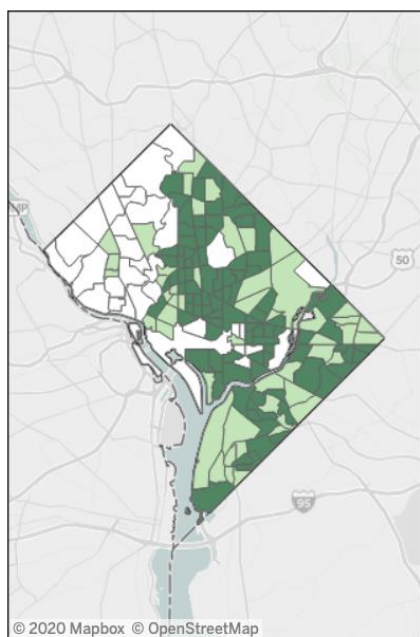


Note. Pre-K programs include preschool (PK3) and pre-kindergarten (PK4).
Source: KIDSCOUNT. (n.d.) Office of the State Superintendent of Education.^{xxxviii}

Rates of change in community demographics

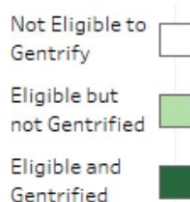
Between the years 2000 and 2013, 20,000 DC residents experienced displacement due to gentrification.^{xxxix} DC has the highest rate of gentrification in the US with regard to the percentage of vulnerable neighborhoods experiencing gentrification in the last decade.^{xxxix} Figure F shows the distribution of gentrification across the city. DC's highest concentrations of gentrification exists in central, northeast, and southeast DC.

Figure F. Rates of gentrification across DC



Teacher/Educator Perspective

"The majority of our centers are subsidy-voucher families. That is our mission, our organization's mission. But we could, honestly, be 100% private because of all of the families that have moved into the neighborhood. And we've been there for 16 years." —Focus Group Participant



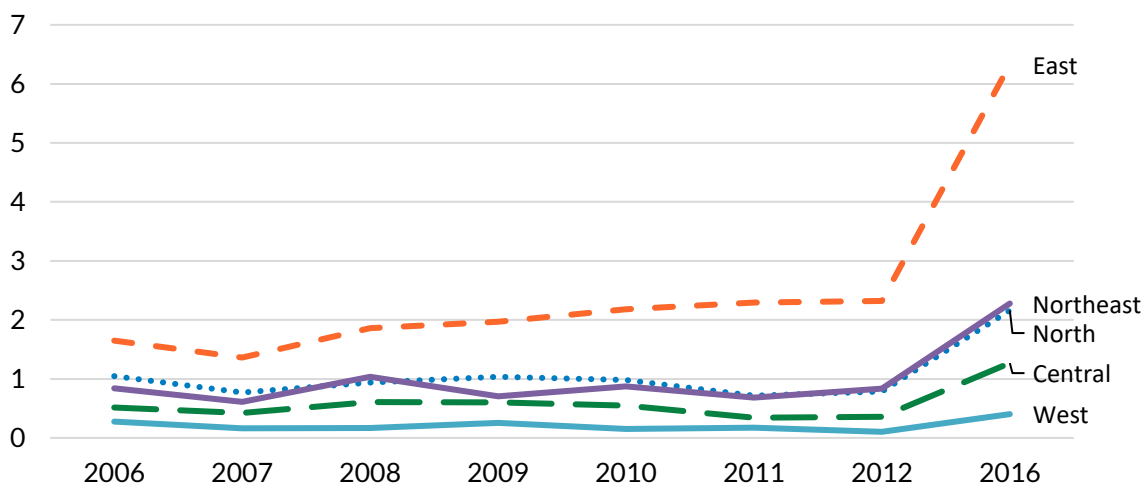
Eligible to Gentrify: Tract median household income AND share of housing built in prior 20 years both less than metro-wide values in first year of decade

Gentrified: Eligible AND change in tract share of residents with college degree greater than metro-wide value AND any increase in real house prices between first and last year of decade

Source: Enterprise. (2019).^{xi}

Additionally, eviction rates increased across the District from 2006 to 2016 (Figure G).^{iv} The eastern region of the city had the highest rate in this period, with the steepest increase (284%).^{iv} Northern areas of the city had the second highest eviction rate in 2006 and experienced a 106 percent increase by 2016.^{iv}

Figure G. Mean eviction rate trend by Public Use Microdata Area (PUMA) in DC



Source: Eviction Lab National Database. (2018).^{iv}

Overview of Community Needs Assessment Methodology

The rest of the report presents key findings from the community needs assessment (CNA) review of secondary data and qualitative data activities. Through these research activities, we aimed to explore the early childhood systems in DC, with a focus on Early Head Start (EHS) and Head Start (HS), and to learn more about who is enrolled in and eligible for services. In addition, we aimed to get firsthand perspective on these systems, how they are working for families, and how they could be strengthened to better meet families' needs. In the sections below, we first share our methodology for the project. We then share findings and analysis from our quantitative data activities, followed by an exploration of strengths and needs of Early Head Start (EHS) and Head Start (HS) families through conversations with parents and caregivers, EHS and HS teachers and educators, and stakeholders. Finally, we share recommendations for strengthening HS and EHS moving forward.

Quantitative methods: Review of secondary data

To understand the demographics of the District of Columbia (DC), as well as enrollment and eligibility for Early Head Start (EHS) and Head Start (HS), our team analyzed existing data from a range of national and local sources. Table 4 provides an overview of the main data sources we used for this task, along with the information we obtained from each source and its corresponding research questions. Data sources marked with an asterisk have not yet been shared or analyzed due to competing demands on departments because of coronavirus (COVID-19).

A research analyst cleaned and analyzed the data below using R Statistical Software, and all analysis codes underwent comprehensive review by a senior data scientist.

Table 4. Information collected from each data source along with research questions addressed

Data Source(s)	Research Question(s) Addressed	Information
Program Information Report (PIR)	<ul style="list-style-type: none">• How many children are enrolled in HS and EHS programs in each ward?• What are the demographic and socioeconomic characteristics of these children?	<ul style="list-style-type: none">• Number of children enrolled in each HS and EHS program• Information about HS and EHS program
American Community Survey (ACS): five-year estimate (2014 – 2018) from IPUMS USA	<ul style="list-style-type: none">• How many children and pregnant women are eligible for HS and EHS programs in each ward?• What are the demographic and socioeconomic characteristics of these eligible individuals?	<ul style="list-style-type: none">• Number of children birth to age 5 and pregnant women living in poverty• Number of children and pregnant women in each ward

Data Source(s)	Research Question(s) Addressed	Information
Office of the State Superintendent of Education Performance Oversight Responses (from KIDSCOUNT.org) , 2020	How many children and pregnant women are eligible for HS and EHS programs in each ward?	Subsidized child care enrollment by ward
DC Department of Health (from KIDSCOUNT.org) , 2014	What are the demographic and socioeconomic characteristics of these eligible individuals?	Births by race and by ward
IDEA, Part B, 2019 and Part C, 2018		Children birth to age 5 with disabilities in DC
Eviction Lab, 2018		Number of evictions and eviction filing rate by PUMA in DC, 2006 – 2016
Enterprise, 2019		Gentrification trends in DC
Consolidated State Performance Report Part I and II – U.S. Department of Education, 2017, 2018		Number of children ages 3–5 experiencing homelessness in Local Education Agencies (LEA)
US Department of Education Office of Planning, Evaluation and Policy Development, 2020		Number of children under 6 experiencing homelessness in DC
DC Child and Family Services Agency, 2016 (from KIDSCOUNT.org)		Number of children birth to age 5 in foster care in DC, 2006 – 2015
DC Department of Human Services Economic Security Administration, 2016 (from KIDSCOUNT.org)		Number of families receiving SNAP and TANF by ward

Additional methodology details

Estimating Early Head Start and Head Start eligibility

We used income as a proxy measurement of eligibility for EHS and HS. Although EHS and HS use a range of criteria to determine eligibility (see Appendix B for criteria used by the Quality Improvement Network (QIN), data used in secondary data analysis were deidentified. Consequently, we were unable to match information from different datasets to unique individuals to understand eligibility across multiple variables at the same time. For example, we analyzed poverty data from the Census and will be analyzing homelessness data from HMIS. Both datasets de-identify their data and therefore could not be used to identify which families are both in poverty and experiencing homelessness. While there are limitations to using income as a proxy to measure the true demand for HS and EHS, it is the best available estimate.

American Community Survey

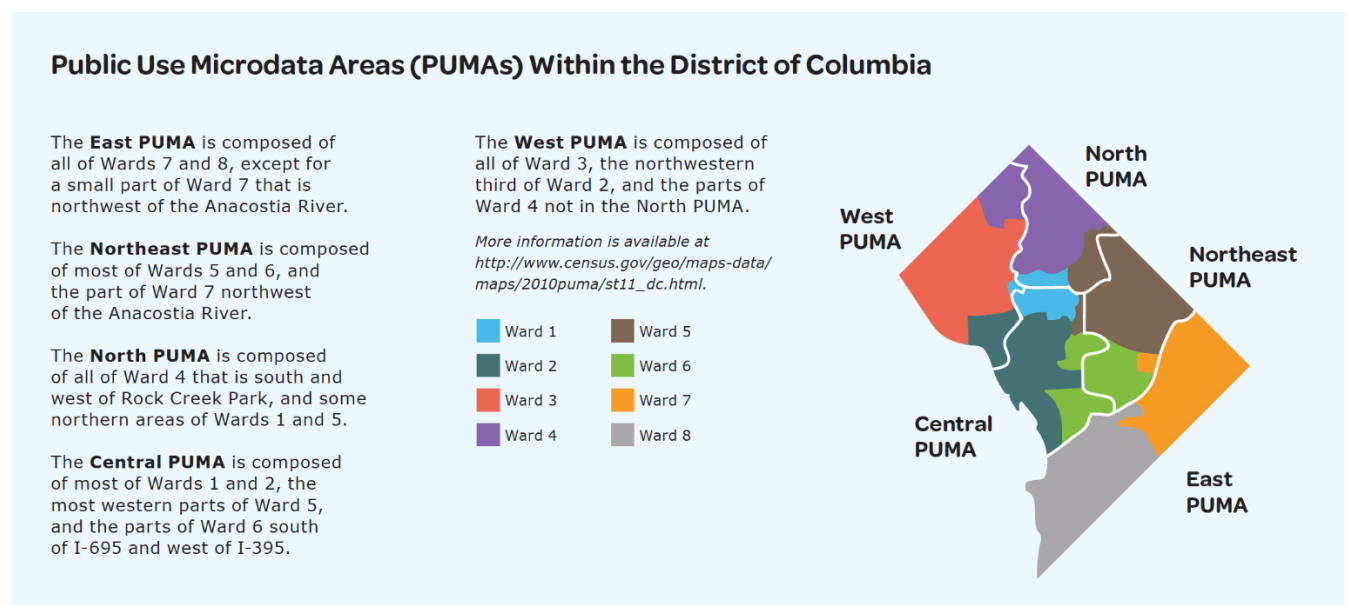
The 2018 American Community Survey (ACS) was the primary data we used to identify the demand for EHS and HS programs in DC. ACS is a survey conducted by the US Census Bureau on a representative sample of the population to gather demographic information, including age, income, race, and ethnicity. We used five-year estimates from the survey's 2018 data,⁹ obtained from [IPUMS USA](https://nces.ed/ipeds/data/ipedsusa/) (housed in the Minnesota Population Center, University of Minnesota), which presents the ACS data in microdata form. Microdata provides information at individual and household levels, rather than aggregating data, like the data provided through the [Data.Census.Gov website](https://data.census.gov/). This allowed us to examine various demographic variables which were not available on the Census website. Moreover, IPUMS USA has more accurate poverty data compared to the raw Census data since it uses different adjustments to calculate estimates. IPUMS data on poverty is also more complete (4% rate of missing data) compared with raw Census data (9 percent missing rate).

When calculating the estimates (i.e., proportion of the population meeting certain criteria), we used the survey weights from IPUMS USA accompanying the ACS datasets. As discussed in the next section, IPUMS USA data does have a limitation regarding the geographic unit at which we were able to analyze the data.

Geographic unit of analysis

Although our goal was to present all secondary analysis findings broken down at the ward level, the data from IPUMS USA (ACS) was not available at the ward level. To address this challenge, we used Public Use Microdata Areas (PUMAs) as a proxy for wards. PUMAs contain at least 100,000 people and are built on census tracts and counties in 2010 Census.^{xli} They are used by Census Bureau to distribute ACS data. PUMAs do not perfectly align with each ward, as the figure below shows, but they provide a close approximation in most wards (Figure H).^{xlii}

Figure H. Overlay of PUMAs and wards in DC



Source: Child Trends. (2015). *Infants and Toddlers in the District of Columbia* ^{xliii}

⁹ While one-year estimates are also available, they are not as reliable as five-year estimates because of their smaller sample size.

Suppression

Throughout the section describing the IPUMS USA (ACS) data, there will be footnotes on some variables stating that the results were suppressed (i.e., categories such as age and race were combined, or estimates were simply not presented) due to small population sizes. When the number of individuals in certain demographic groups are too small (e.g., the number of pregnant women below 100 percent of the federal poverty level (FPL) in West PUMA), statistical methods used to weight data are not able to produce reliable estimates. In addition, presenting information about small subsets of the population can potentially lead to concerns about privacy. For additional information on our data suppression methods, please see the technical appendix.

Qualitative methods: Original qualitative research

To add depth and context to the information gathered through our review of secondary data, our research team conducted a set of qualitative research activities aimed at learning about the perspectives of Early Head Start (EHS) and Head Start (HS) families, teachers and educators, and stakeholders in DC (Appendix D). Research activities include focus groups, ecomapping, surveys, and interviews. We describe each activity below:

- **Focus groups.** Focus groups are facilitated interviews with people in group settings about a topic of interest. They harness the power of group dynamics to spur conversation, leading to broader perspectives and discoveries about the topic of interest. Our team conducted 5 focus groups with EHS and HS teachers and educators: Three focus groups with a total of 32 participants working in EHS settings and two focus groups with a total of 14 participants working in HS settings within District of Columbia Public Schools (DCPS). In addition, we conducted five focus groups with a total of 17 parents and caregivers who attend different program settings: two focus groups for EHS, two focus groups for family child care, and one focus group for HS. We conducted one focus group in person, but switched to virtual focus groups for the others due to coronavirus (COVID-19). More information about focus group participants is provided in the Strengths and Needs section of this report.
- **Ecomapping.** [Ecomaps](#) visually depict influential relationships, affiliations, organizations, activities, and spheres of influence in an individual's life. They are most commonly used by social workers to identify strengths and challenges in a client's life for clinical/therapeutic services, helping to reveal how relationships and other influences are interrelated and positively or negatively affect a client's life. For this project, our team facilitated ecomapping sessions with 25 EHS and 14 HS providers to better understand the individuals, services, and departments they interact with and the strength of those relationships.
- **Surveys.** Teachers and educators and parents/caregivers who participated in focus groups or case studies completed a survey prior to participation to provide demographic information, information about the wards in which they live and/or work, and information about the length of time they have been involved with EHS and/or HS, among other topics. Parents/caregivers also answered questions about the services outside of EHS and HS that they use.
- **Interviews.** To gain a deeper understanding of agencies and departments in DC serving children and families during the early childhood years, including EHS- and HS-eligible families, our team conducted interviews with key stakeholders to hear about their work; the coordination between their agency or department and other agencies and departments in DC; and their perceptions of the strengths and needs of EHS and HS families, families eligible for the services they provide, and early childhood education teachers and educators.

- **Case studies.** In addition to focus groups, our team planned to conduct additional case studies focused specifically on the experiences of families experiencing homelessness, families involved with the foster system, and families of children with disabilities or developmental delays. In these case studies, parents and caregivers would have: participated in an initial interview to share their experiences with child care and other services; completed a week-long time diary activity with questions texted throughout each day about their activities, experience with child care, modes of transportation used, and overall feelings about the day; and a final interview with an ecomapping activity at the end of the week. Because of COVID-19, we were only able to conduct one case study. To protect the confidentiality of the participating parent, findings from the case study are not included in this report.

Table 5. Qualitative research activities

Participants	Research Activities				
	Survey	Focus Group	Interview	Ecomapping	Daily Diary
Parents/caregivers	X	X	X ^a	X ^a	X ^a
EHS and HS teachers and educators	X	X		X	
Key stakeholders (Appendix D)			X		

Note. ^a Planned activities were not completed due to the outbreak of COVID-19.

Overview of Children and Families Eligible for Early Head Start and Head Start

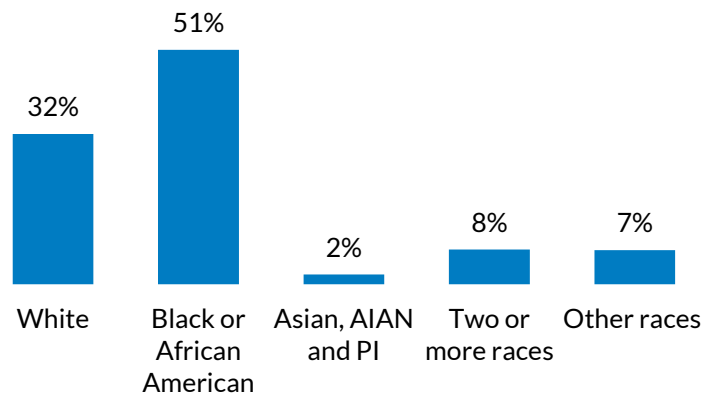
The following section describes the characteristics and demographic composition of families eligible for Early Head Start (EHS) and Head Start (HS) in DC. This report uses income as a proxy for EHS and HS eligibility. While there are criteria other than income that may make a family eligible to receive EHS or HS services (e.g., children experiencing homelessness are categorically eligible for EHS and HS), income was the best available proxy given the limitations of data on other criteria at the ward and PUMA level.

Demographics of the District of Columbia

In 2018, there were an estimated 45,490 children birth to age 5 living in the District of Columbia (DC).ⁱ According to estimates from 2014-2018, 23 percent of children in this age range were living below 100 percent the federal poverty line (FPL). For these young children, access to high quality early care and education is particularly important as a resource to support their healthy development and well-being. Early Head Start (EHS) and Head Start (HS) programs were designed to promote school readiness for children from low-income families, including children experiencing homelessness, children in foster care, and children with special needs, and to provide comprehensive services and supports to parents and caregivers.

DC represents a city of racial and ethnic diversity. Most DC residents are people of color, a trend which will be true across the nation by 2044.ⁱⁱ The same is true for children birth to age 5 in DC, the majority (51%) of whom are Black (Figure I).ⁱ

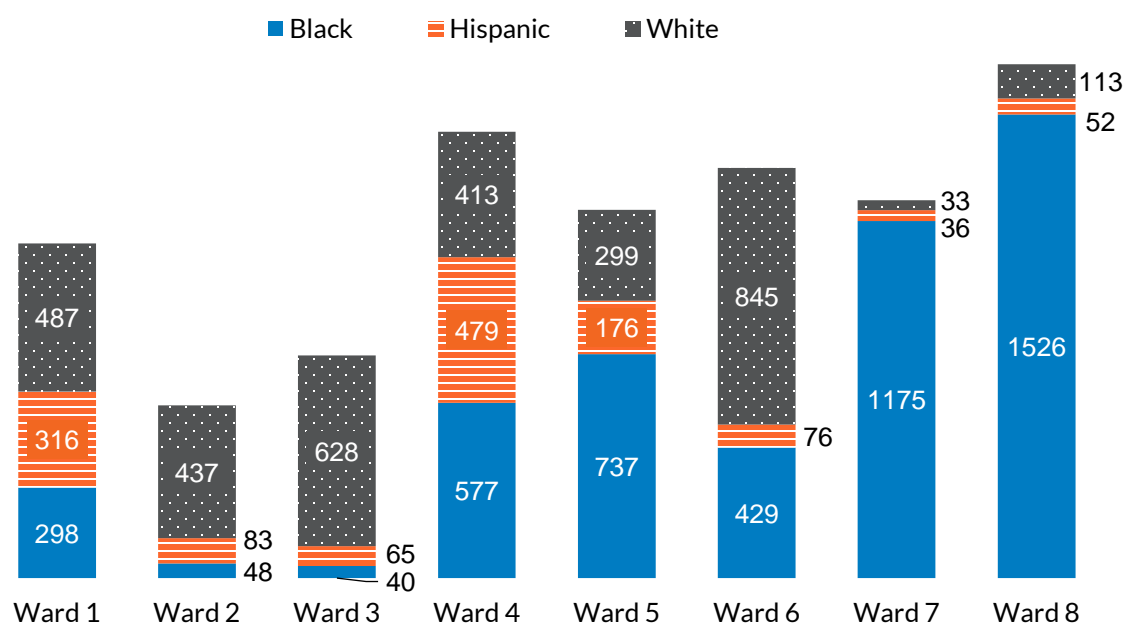
Figure I. Percentage of children birth to age 5 in DC, by race



Source: IPUMS USA 5-year data. (2014–2018).ⁱ

Between 2001 and 2014, most women who gave birth in Wards 7 and 8 were Black. This was also true in Wards 5 and 6 in 2001; however, by 2014 a higher proportion of white and Hispanic women gave births in those wards.¹⁰ Similarly, in Ward 4, Black women accounted for over 50 percent of births in 2001; however, this decreased by more than 10 percent in 2014 (Figure J).^{xliii}

Figure J. Births by race and ethnicity in each DC ward, 2014



Note. Data in this figure comes from KIDSCOUNT, which reports race and ethnicity together. Data on Hispanic women includes Hispanic women of any race.

¹⁰ Data for this analysis comes from KIDSCOUNT, which reports race and ethnicity separately. Data on Hispanic women includes Hispanic women of any race.

Teacher/Educator Perspective

"I think the strength of our families [and] the community is that it is very tightknit and it's also diverse." —Focus Group Participant

When examining data by ethnicity, most children birth to age 5 living in households in poverty were non-Hispanic. Hispanic (Mexican, Puerto Rican, Cuban or Other) children represented 14% of children birth to age 5 living in poverty (Table 6).¹¹

Table 6. Children birth to age 5 living in households below 100 percent FPL by ethnicity

Ethnicity	Overall population	Children birth-5 living in households below 100% FPL	Children Birth-5	Total population living below 100% FPL
	%	% ^a	%	%
Hispanic (Mexican, Puerto Rican, Cuban, Other)	10.90%	13.70%	16.75%	9.78%
Not Hispanic	89.10%	86.30%	83.25%	90.22%

Note. ^a The estimate of Hispanic children is not as reliable as other estimates in this section due to the small sample size in ACS (<30).
Source: IPUMS USA 5-year data (2014–2018).ⁱ

The demographics of children living in DC vary across Public Use Microdata Areas (PUMAs). The population in the East PUMA, for example, is over 90 percent Black; the population in the West PUMA is over 80 percent white. North, Northeast, and Central PUMAs, in contrast, are more racially diverse (Table 7).

Table 7. Race of overall population by PUMA in DC

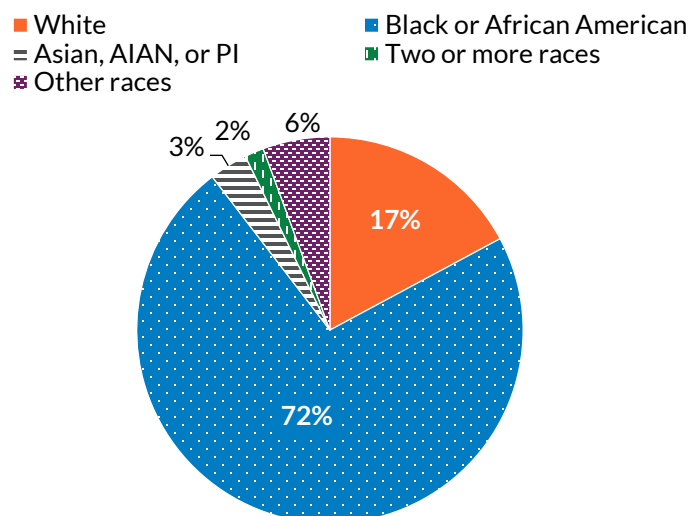
Race in DC	West	North	Northeast	East	Central
White	80.08%	29.71%	40.57%	3.90%	60.24%
Black or African American	6.84%	47.90%	51.78%	92.01%	25.21%
Asian, AIAN, or PI	7.08%	3.14%	2.55%	0.64%	7.87%
Two or more races	3.69%	3.67%	2.99%	1.43%	3.16%
Other races	2.31%	15.59%	2.11%	2.02%	16.47%

Note. Public Use Microdata Area (PUMA) is a geographical boundary used by Census Bureau to distribute Census data. Although PUMAs do not perfectly align with each ward, they provide a close approximation in most wards (see Figure H for the map overlaying PUMAs and wards in DC).
Source: IPUMS USA 5-year data (2014 – 2018)ⁱ

¹¹ This trend is similar to that of children birth to age 5 regardless of households' poverty status, where 17 percent of children identify as Hispanic.

The District of Columbia, like many other cities in our nation, struggles with a long history of economic and racial inequality. In fact, in DC, residents who identify as Black¹² are disproportionately represented (72%) among households living below 100 percent of the federal poverty level (FPL; Figure K).ⁱ This disparity is even greater for DC's youngest residents: 85 percent of children birth to age 5 living in poverty in DC are Black.ⁱ

Figure K. Racial composition of population living below 100 percent FPL in DC



Source: IPUMS USA 5-year data (2014–2018).ⁱ

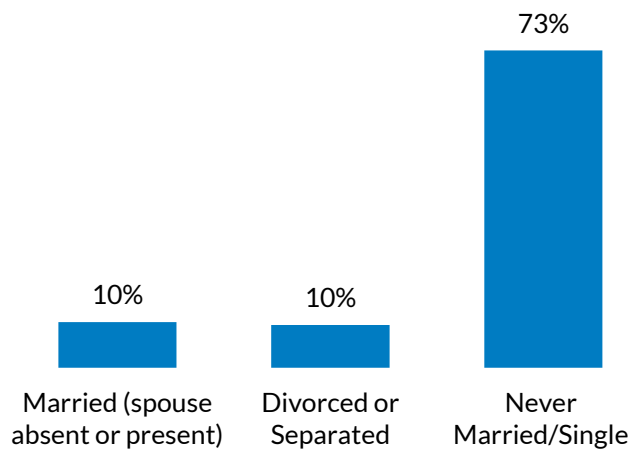
Most mothers of children birth to age 5 living below 100 percent FPL (80%) reported that they primarily speak English. Spanish was the most commonly reported language after English.

Family and household characteristics

In the District of Columbia (DC), most mothers of children birth to age 5 living in poverty reported either being single or never married (Figure L).ⁱ

¹² The Census questionnaire uses “Black or African American” instead of “Black.”

Figure L. Marital status of mothers of children birth to 5 living below 100 percent FPL



Note. Proportions will not add up to 100% since some children did not have corresponding values for mothers' characteristics, perhaps because they did not live with their mothers (e.g., looked after by grandparents, in foster care, etc.). Married category includes married mothers living with a spouse or living apart from a spouse for any reasons other than separation.

Source: IPUMS USA 5-year data (2014–2018).ⁱ

Maternal employment is important for families' overall economic well-being, particularly for low-income families. Furthermore, low-income single mothers who are not employed report higher levels of stress than their employed peers. Among families with children birth to age 5 living in poverty in DC, most mothers reported either not being in the labor force or being unemployed (Table 8).¹³

Table 8. Employment status of mothers of children birth to 5 living below 100 percent FPL

Employment Status	DC %
Employed	25.21%
Unemployed	22.52%
Not in Labor Force	45.00%

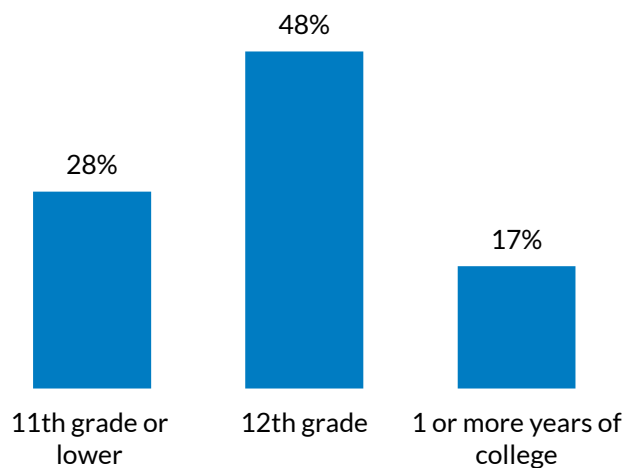
Note. Proportions will not add up to 100% since some children did not have corresponding values for mothers' characteristics, perhaps because they did not live with their mothers (e.g., looked after by grandparents, in foster care, etc.).

Source: IPUMS USA five-year data (2014–2018).ⁱ

Most low-income mothers of young children in DC have completed at least a high school degree. However, over 25 percent of low-income mothers have less than a high-school education (Figure M).ⁱ

¹³ According to IPUMS USA's definition, "Not in labor force" means that someone is neither working nor seeking work. "Unemployed" indicates that the person is out of work but is seeking employment.

Figure M. Educational attainment among mothers of children birth to 5 living below 100 percent FPL



Note. Proportions will not add up to 100% since some children did not have corresponding values for mothers' characteristics, perhaps because they did not live with their mothers (e.g., looked after by grandparents, in foster care, etc.).
Source: IPUMS USA 5-year data (2014–2018).ⁱ

Household characteristics

Housing

Young children are at the greatest risk of entering the shelter system during their first year of life. According to the [U.S. Department of Education \(2020\)](#), 7,211 out of 54,099 children (13%) under age 6 in DC are experiencing homelessness, of which 18 percent are served by either HS/EHS or McKinney-Vento funded early childhood education programs in 2018.

The Point-in-Time (PIT) count from January 22, 2020^{xliv} reported that, out of 6,380 persons experiencing homelessness on that day, 1,422 were children. Of these children, 1,143 were in emergency shelter (25% of all persons in emergency shelter) and 279 were in transitional housing (23 percent of all persons in transitional housing). Five years old was the median age of children experiencing homelessness. The number of children experiencing homelessness decreased by 10.7 percent since 2019's PIT count.

Public supports

Public support systems are an important resource for families in DC living below the federal poverty line; however, not all families are able to access these resources. For example, disparities exist across wards in terms of access to food. More than half of DC's food deserts exist in Ward 8. They are concentrated in the Anacostia (Ward 8), Barry Farm (Ward 8), Mayfair (Ward 7), and Ivy City (Ward 5) neighborhoods. Neither

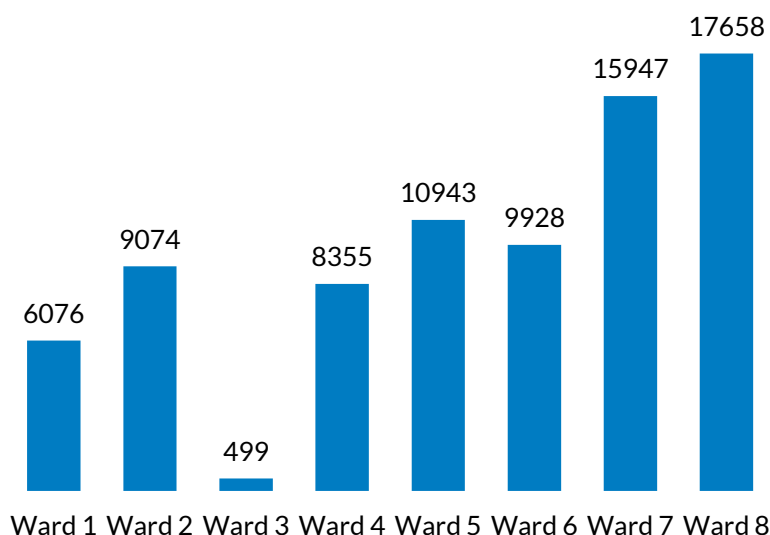
Parent Perspective

"[My center] had families come in and do job applications and apply for any type of government assistance or help them, so I feel like if they did that, then they also refer [parents and caregivers] to the WIC program and any other outside programs." —Focus Group Participant

Ward 2 (note that Ward 2 is very small in geographic size) nor Ward 3 contain areas that are considered a food desert.^{xliv}

In total, among households living in poverty with children birth to age 5 in DC, 77 percent received food stamps (or the Supplemental Nutrition Assistance Program [SNAP]). Data from 2014 on the distribution of food stamps by ward indicate that families with the highest levels of food insecurity live in food deserts. Specifically, most families accessing SNAP benefits lived in Wards 7 and 8 (Figure N).^{xlvi}

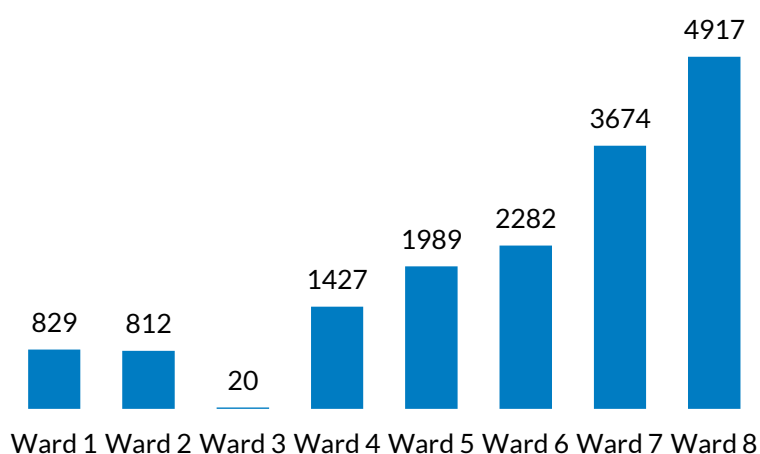
Figure N. Yearly average of families receiving SNAP by ward in DC, FY 2014



Source: DC Department of Human Services, Economic Security Administration. (2015).^{xlvi}

The geographic trends in SNAP distribution were similar among households accessing Temporary Assistance for Needy Families (TANF) benefits: Most families accessing these benefits lived in Wards 7 and 8 (Figure O).^{xlvi}

Figure O. Monthly average of families receiving TANF by ward in DC, FY 2015



Source: DC Department of Human Services, Economic Security Administration. (2017).^{xlvi}

Child characteristics

Physical health and well-being

Disparities in children's physical health exist across DC. Children who are most vulnerable to issues with their physical health and well-being, like being underweight or experiencing delays in physical development, live in Wards 7 (12%), 8 (12%), and 6 (8%), while Ward 3 has the fewest number of children who are vulnerable to these health concerns (3%).^{xlviii}

Additionally, according to data from 2010, asthma rates were most prevalent in Wards 7 and 5.^{xlix} Further, Black children in DC were reported as having the highest prevalence of both current and lifetime asthma.^{xlix} Children under 5 had the highest number of emergency room visits for asthma in DC.^{xlix} Finally, although Ward 8 does not have the highest prevalence of current or lifetime asthma, in 2010, it had the highest rate and probability of asthma deaths.^{xlix}

Another major concern for young children is lead poisoning, which can have detrimental effects on children's development and health. While much of the literature on DC's lead poisoning crisis dates back to the early 2000s,^l a more recent 2016 report in *The Washington Post* stated that 3 DCPS elementary schools in Northeast (Ward 7) and Southeast (Ward 8) were found to have high lead poisoning rates.^{li}

Unfortunately, outcomes for children born prematurely are not longitudinally tracked which creates challenges in attempts to fully measure how different forms of support affect their early childhood wellbeing.^{xiii} We do, however, know that children who are born premature experience motor, cognitive, and emotional and behavioral problems at higher rates than children born at term.^{lii} They are at higher risk for anxiety and depression, problems with attention and hyperactivity, and social problems, among other challenges.^{lii}

Disability status

Between 2018 and 2019 there were 1,895 children ages 3 to 5 served under IDEA, Part B in DC.^{liii} Among children served, the most commonly reported developmental concerns were general developmental delays, speech or language delays, and autism spectrum disorders.¹⁴ Of those children served under IDEA, Part B, 68 percent were Black or African American, followed by Hispanic or Latino (19 percent) and white (9 percent).¹⁵ Few (20 percent) were English Language Learners. There were 222 teachers employed full-time to work with children age 3 to 5 under IDEA, Part B, and majority (84 percent) were fully certified.

Under IDEA, Part C, there were 941 children birth to age 5 served between 2017 and 2018. The majority (75 percent) were ages 1 to 3.^{liv} Children under Part C share a similar racial and ethnic composition, with Black being the largest group (48 percent) followed by Hispanic or Latino (17 percent). For children birth through 3, the third largest racial group was two or more races.

In terms of providing supports to children with disabilities and developmental delays, DC is maintaining its requirement of enrolling 10 percent of children eligible for Part C.^{ix} Some sectors are serving a greater number of students eligible for special education. For example, DCPS has the highest enrollment of children in special education in DC at 14 percent.^{ix}

¹⁴ Due to data suppression and confidentiality, data are not available at the Ward or region level.

¹⁵ IDEA Part B and C data reports race and ethnicity separately. Data on Hispanic or Latino children includes Hispanic or Latino children of any race, and vice versa.

Parent Perspective

"Within a year or so, [my child] has mastered some of her goals...in her IEP, so they gave her some new goals to do. She's learning—she still needs the service, but she's improving, and that's all I ever wanted for her to do is improve." —Focus Group Participant

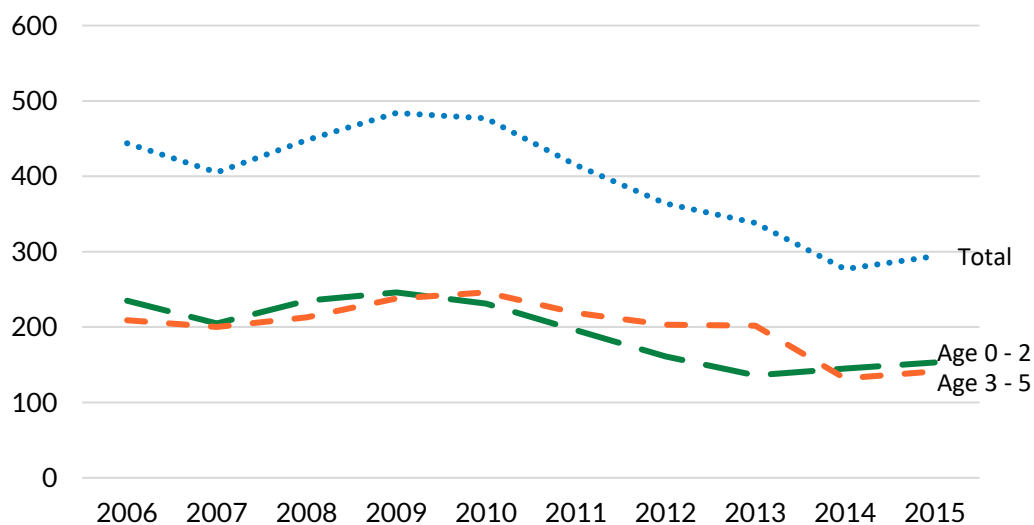
Foster care

In DC, the number of children in foster care has declined by 47 percent since 2008.^{lv} While nationally the number of children in foster care hit a historic low in 2012, rates have been slowly increasing since then. Despite this fact, a report by the Chronicle of Social Change found that at least half the states in the United States saw their foster care capacity decrease from 2012 to 2017.^{lvi}

In DC, the number of children birth to 5 in foster care hit its lowest level in 2014 and slightly increased in 2015 (Figure P).^{lvii} Children under age 5 account for approximately 26 percent of all children in foster care in DC.^{lv} In 2016 and 2017, there were 161 and 177 families with children birth to 5 who were involved with foster care.^{xiii} While there is limited information on the demographics of children from birth to age 5, more broadly (across children of all ages), the majority (67%) of youth involved in foster care are African American.^{lv}

More than 50 percent of child welfare cases in DC are concentrated in Wards 7 and 8.^{xiii} Further, 40 percent of families who have child welfare cases in DC receive TANF support; 20 percent of these families have children who have a reported disability or developmental delay.^{xiii}

Figure P. Number of children birth to age 5 in foster care by age in DC



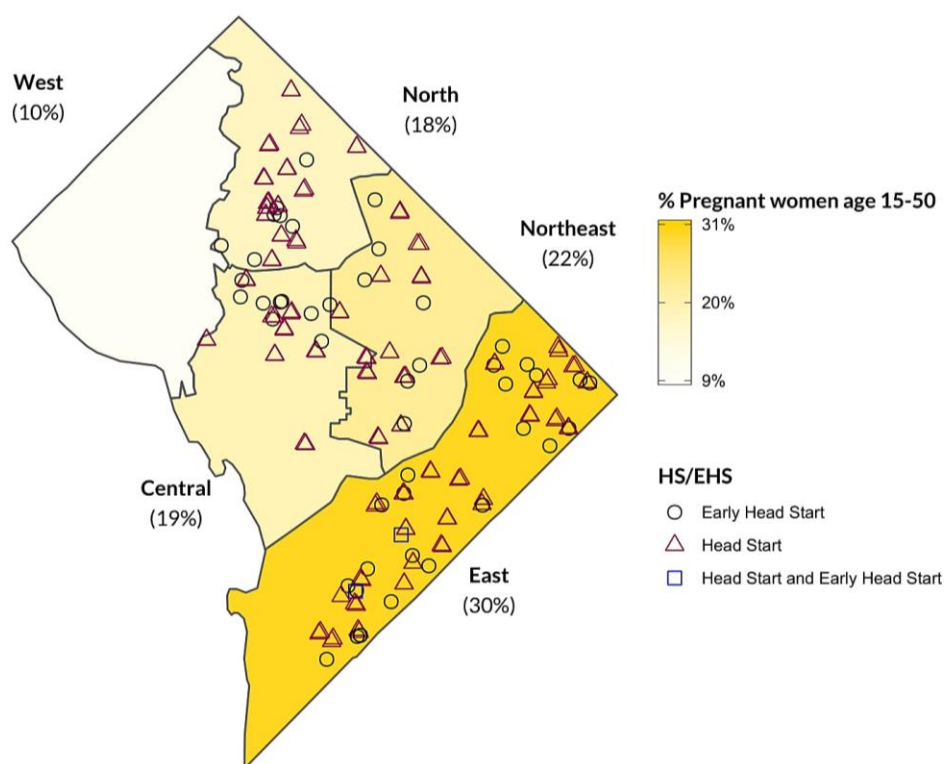
Source: DC Child and Family Services Agency. (2016).^{lvii}

Pregnant women

Among pregnant women ages 18-41 living in poverty in DC, approximately one third are between the ages of 18 and 24 (Table 9). While half of all pregnant women in DC report being married, most pregnant women ages 18-24 (84%) identified as never married/single. Figure Q shows the map of EHS and HS locations with the proportion of pregnant women age 18 to 24 in each PUMA. East PUMA (consists of most of Ward 7 and all of Ward 8) has the highest concentration of pregnant women (30%) while West PUMA (consists of all of Ward 3 and parts of Ward 2 and 4) had the lowest number of pregnant women (10%). Consistent with that trend, there are no EHS and HS programs in West PUMA and the largest number of programs is in East PUMA (77 programs, 46%).

Additionally, Black non-Hispanic pregnant women and infants in DC experience worse maternal and infant health outcomes than white pregnant women and infants. Between 2012-2016, the infant mortality rate for infants born to Black non-Hispanic mothers was 11.49 percent, while the rate was 2.55 percent for white infants and 5.33 percent for Hispanic infants.^{xiii} New initiatives from the Mayor's office such as the annual Maternal and Infant Health Summit through Thrive by Five DC have been instated to reduce disparities in maternal and infant health outcomes.^{xiii}

Figure Q. Locations of EHS and HS and the distribution of pregnant women regardless of poverty status in each DC PUMA



Note. There were 168 HS and/or EHS programs in the ECLK data, which include duplicated records (e.g., same program name, same program type [HS or EHS], or same address, but different funding sources). There were also 10 programs that had different facility names and grants but had the same address. Programs at the same locations have several symbols stack on top of each other.

Source for the proportion of pregnant women: IPUMS USA 5-year data. (2014–2018).ⁱ

Source for the EHS and HS locations: Early Childhood Learning & Knowledge Center. (n.d.).^{lviii}

Table 9. Pregnant women and households with pregnant women living below 100 percent FPL by age in DC

Age	Pregnant women	Households with pregnant women living below 100% FPL
	%	%
18-24	33.62%	30.32%
24-41	66.38%	69.68%

Note. Poverty status is based on the household income, and there were small number of women in the same households in this dataset. We used "women who gave birth in the past 12 months" as a surrogate to pregnant women in DC. The age groups were divided to ensure an adequate sample of women and households in each category.

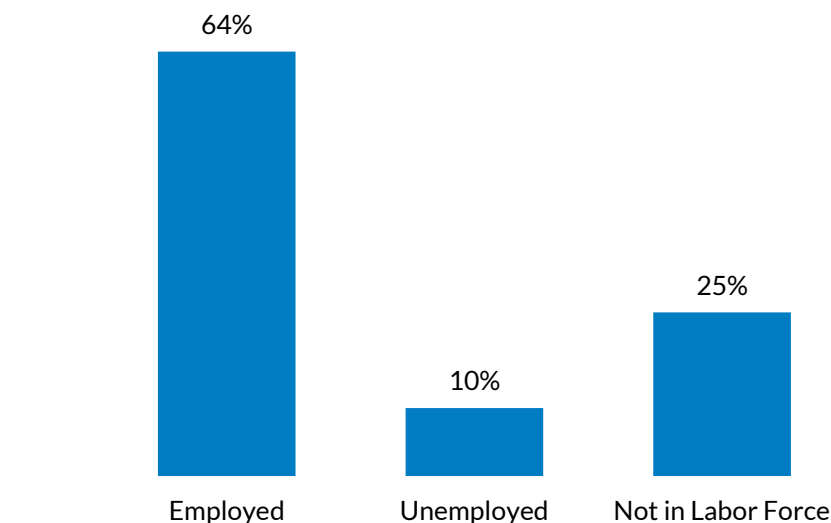
Source: IPUMS USA five-year data (2014–2018).ⁱ

Overall, the teen birth rate in DC has dropped tremendously in the past few years.^{lix} Teens (ages 15-19) in DC accounted for about five percent of all births between 2011 and 2015, following a similar downward trend in national teen birth rate estimates. Teens in Wards 7 and 8 had the highest birth rates; in these wards, nearly 1 out of every 10 teens gave birth between 2011 and 2015.

Most pregnant women living in poverty in DC are Black, reflecting a history of economic and racial inequality experienced in DC as in many cities across the United States.¹⁶ When looking at the total population of pregnant women in DC, regardless of poverty status, about half of women are Black (49%).^x Most pregnant women in DC did not identify as Hispanic among both pregnant women living in poverty and pregnant women regardless of poverty levels.ⁱ

More than half of pregnant women below 100 percent FPL in DC were not in labor force (57%). When looking at the total population of pregnant women, regardless of poverty level; however, more than half of women were employed (64%; Figure R).ⁱ

Figure R. Employment status of all pregnant women in DC



Note. Missing responses (0.6 percent) were removed.

Source: IPUMS USA 5-year data (2014–2018).ⁱ

¹⁶ Percentage was not reported due to small sample size.

Most pregnant women living below 100 percent FPL in DC reported their highest level of education completed as 12th grade or lower (Table 10).ⁱ Pregnant women in DC overall had higher rates of college-level education.

Table 10. Educational attainment of all pregnant women in DC

Educational attainment	%
11th grade or lower	10.19%
12th grade	25.57%
One or more years of college	64.24%

Source: IPUMS USA five-year data (2014–2018).ⁱ

Overview of Children and Families Served by Early Head Start and Head Start

The following section presents information about children and families eligible for and enrolled in Early Head Start (EHS) and Head Start (HS).

Enrollment

In the District of Columbia (DC), during the 2018-2019 program year, there were 5,410 funded Head Start (HS) slots and 1,408 funded Early Head Start (EHS) slots.^{ix,17} District of Columbia Public Schools (DCPS) served most HS children, while United Planning Organization (UPO) served most EHS children. A total of 5,475 children ages 3 to 5 enrolled in HS, while a total of 1,596 children enrolled in EHS (Table 11 and Table 12).¹⁸ Pregnant women are also served by EHS and HS programs. In total, grantees served 111 pregnant women during the 2018-2019 program year.

Table 11. EHS enrollment by grantee and by age¹⁹

Early Head Start grantee name	Less than one year old	One year old	Two years old	Three years old	Total EHS enrollment, children	Pregnant women	Total EHS enrollment, children and women
Bright Beginnings Inc. ^a	105	98	71	0	274	16	290
CentroNia, Inc.	56	31	20	15	122	21	143
Edward C. Mazique Parent Child Center, Inc.	83	58	67	0	208	0	208

¹⁷ The HS and EHS enrollment count here are slightly different from the count in Table 2. FY 2018 Head Start and Early Head Start Enrollment because the data sources are different.

¹⁸ Enrollment totals do not match total funded slots. As children transition out of EHS and HS and slots open up, programs are able to serve additional children.

¹⁹ Because this data is publicly available, we did not suppress values under 10 as we did with Census data earlier in the report.

Early Head Start grantee name	Less than one year old	One year old	Two years old	Three years old	Total EHS enrollment, children	Pregnant women	Total EHS enrollment, children and women
Office of the State Superintendent of Education ^b	64	104	87	0	255	0	255
Rosemount Center, Inc.	54	45	44	0	143	19	162
United Planning Organization	199	190	205	0	594	55	649
Total EHS enrollment	561	526	494	15	1,596	111	1,707

Note. ^a Bright Beginnings Inc. receives two different EHS grants that are combined in this table. ^b In the 2018-2019 program year, the Office of the State Superintendent of Education had an additional 137 EHS slots funded through a federal expansion grant. These additional seats are not reflected in the PIR data but were supplied by the Office of the State Superintendent of Education for this report.
Source: Early Childhood Learning & Knowledge Center. (n.d.). 2018-2019 Program Information Report.^{vi}

Table 12. HS enrollment by grantee by age and income eligibility

Head Start grantee name	Two years old	Three years old	Four years old	Five years and older	Total HS enrollment
Bright Beginnings Inc.	32	35	15	0	82
District of Columbia Public Schools ^a	149	2310	2703	20	5182
United Planning Organization	0	102	108	0	210
Total HS Enrollment	181	2,447	2,826	20	5,474

Note. ^a District of Columbia Public Schools (DCPS) receives two different HS grants that are combined in this table.
Source: Early Childhood Learning & Knowledge Center. (n.d.). 2018-2019 Program Information Report.^{vi}

In the Program Information Report (PIR), each enrollee is reported under one primary type of EHS and HS eligibility, though many fall under multiple categories. However, DCPS, the largest HS grantee, does not collect data or report on income eligibility. Due to this missing data on income eligibility, we do not know the total number of HS children eligible based on income in the 2018-19 program year (Table 14). Data from EHS grantees show that income was the primary type of eligibility for 935 children and women and that EHS programs served 32 children over the program's income eligibility threshold (Table 13). In addition to income, receipt of public assistance was reported as the primary type of eligibility for 376 children and women and 1,861 children enrolled in EHS and HS, respectively. Some children and women were eligible for EHS and HS based on their housing status and involvement with the child welfare system (see section below on Priority Populations). Finally, EHS programs and HS programs, excluding DCPS HS programs which are free for all enrolled children, received child care subsidies for 666 and 53 enrolled children, respectively.

Table 13. EHS income eligibility and funding

Early Head Start grantee name	Total EHS enrollment, children ^c	Total EHS enrollment, children and pregnant women	Income eligibility ^b	Children receiving child care subsidy
Bright Beginnings Inc. ^a	274	290	82	91
CentroNia, Inc.	122	143	107	<10

Early Head Start grantee name	Total EHS enrollment, children ^c	Total EHS enrollment, children and pregnant women	Income eligibility ^b	Children receiving child care subsidy
Edward C. Mazique Parent Child Center, Inc.	208	208	48	193
Office of the State Superintendent of Education	392	392	112	255
Rosemount Center, Inc.	143	162	144	>10 ^d
United Planning Organization	594	649	442	255
EHS total	1,733	1,844	935	666

Note. ^a Bright Beginnings Inc. receives two different EHS grants that are combined in this table. ^b Income eligibility numbers are based on enrollees' primary type of eligibility. It is likely that a greater number of enrolled children or women meet EHS income eligibility requirements than indicated given that those whose primary type of eligibility was reported as receipt of public assistance, status as a foster child, or status as experiencing homelessness could also have household incomes below the federal poverty line. ^d Number was greater than 10 but suppressed to avoid calculation on the <10 number based on the total.

Source: Early Childhood Learning & Knowledge Center. (n.d.). 2018-2019 Program Information Report.^{vi}

Table 14. HS income eligibility and funding

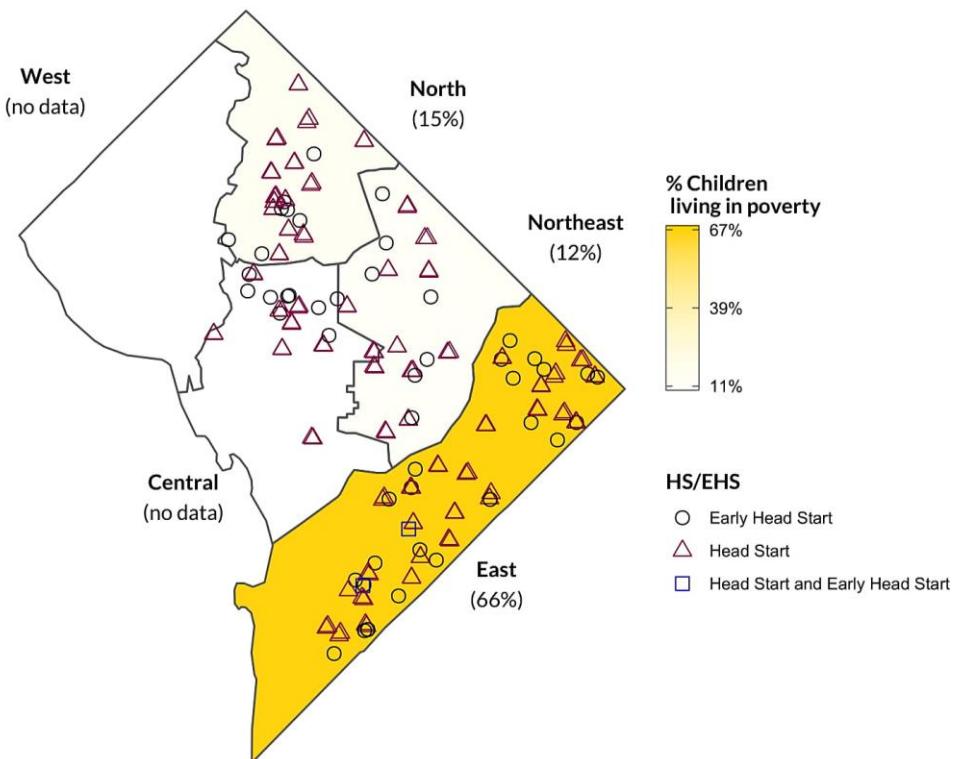
Head Start grantee name	Total HS enrollment	Income eligibility ^b	Children receiving child care subsidy
Bright Beginnings Inc.	82	20	33
District of Columbia Public Schools ^a	5,182	N/A	N/A
United Planning Organization	210	45	20
HS total	5,474	65	53

Note. ^a District of Columbia Public Schools (DCPS) receives two different HS grants that are combined in this table. Additionally, DCPS does not collect data or report income eligibility and does not receive child care subsidies for any enrolled children as DCPS HS services are offered without charge. ^b Income eligibility numbers are based on enrollees' primary type of eligibility. It is likely that a greater number of enrolled children meet HS income eligibility requirements than indicated given that those whose primary type of eligibility was reported as receipt of public assistance, status as a foster child, or status as experiencing homelessness could also have household incomes below the federal poverty line.

Source: Early Childhood Learning & Knowledge Center. (n.d.). 2018-2019 Program Information Report.^{vi}

Figure S shows the map of EHS and HS locations with the proportion of children living in poverty by Public Use Microdata Area (PUMA; see page 27 for a detailed description of PUMAs). East PUMA (consists of most of Ward 7 and all of Ward 8) has the highest concentration of children living in poverty (66%) while West PUMA (consists of all of Ward 3 and parts of Ward 2 and 4) and Central PUMA (consists of most of Wards 1 and 2 and parts of Wards 5 and 6) had too small of a number of children living in poverty that it had to be suppressed (not reported) on this map. Consistent with that trend, there are no EHS and HS programs in West PUMA and fewer programs in Central PUMA (27 programs, 16%), and the largest number of programs in East PUMA (77 programs, 46%). There were total of 168 EHS and HS programs, and those include duplicated records (e.g. same program name, same program type (HS or EHS), but different funding sources). However, distribution of the programs didn't change across PUMAs even after removing some of the duplicates.

Figure S. Locations of EHS and HS and the distribution of children birth to 5 living in poverty in each DC PUMA



Note. There were 168 HS and/or EHS programs in the ECLK data, which include duplicated records (e.g. same program name, same program type [HS or EHS], same address, but different funding sources). There were also 10 programs that had different facility names and grants but had the same address. Programs at the same locations have several symbols stack on top of each other.
Source for the proportion of children: IPUMS USA 5-year data (2014–2018).ⁱ
Source for the EHS and HS locations: Early Childhood Learning & Knowledge Center. (n.d.).^{lviii}

Race and ethnicity

Early Head Start (EHS) and Head Start (HS) grantees served a significant number of children of color. Non-Hispanic/Latino Black or African American children constitute the largest population of children served by the grantees at 4,666 children (Table 15). Hispanic children of all races are the second highest served population at 1,611.

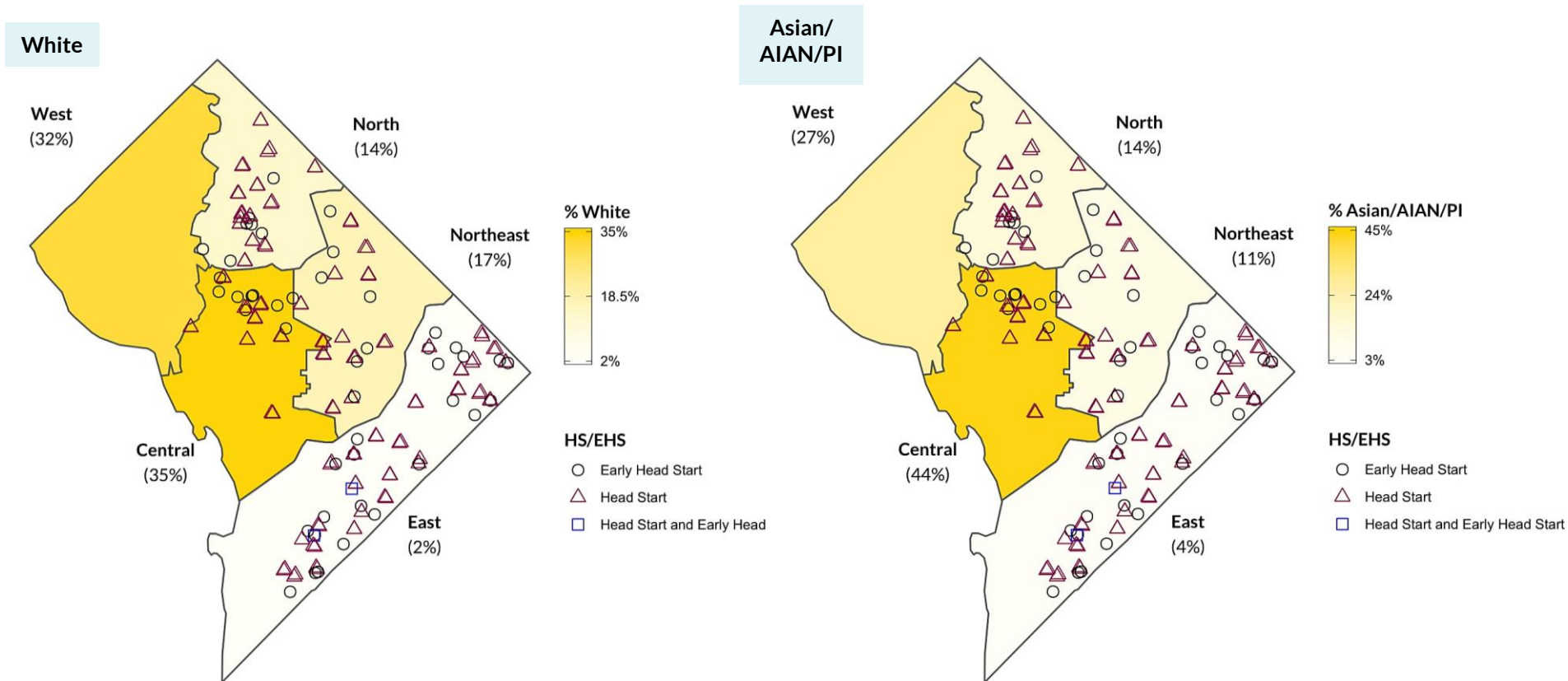
Table 15. Race and ethnicity of participants

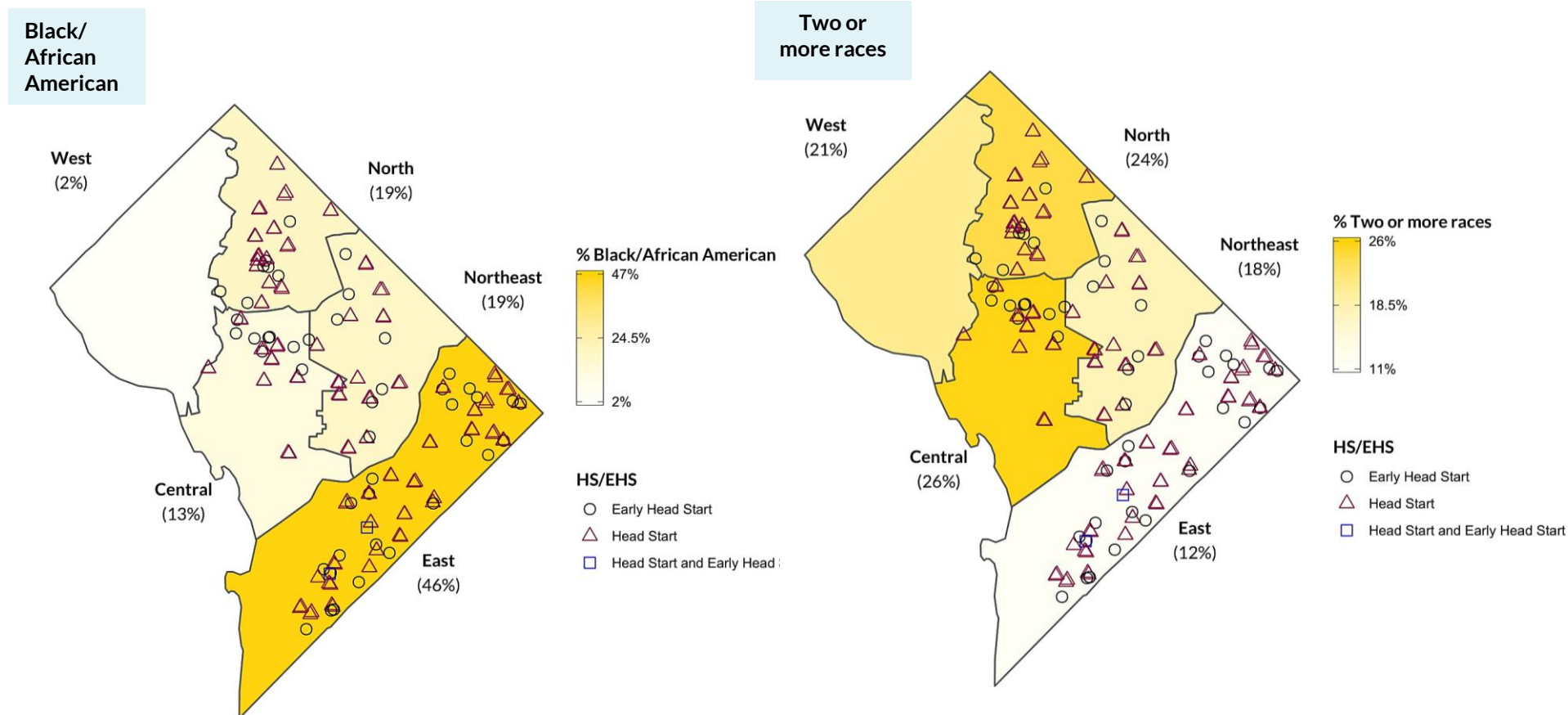
Type	Non-Hispanic American Indian/Alaskan	Non-Hispanic Asian	Non-Hispanic Black or African American	Non-Hispanic Native Hawaiian/Pacific Islander	Non-Hispanic white	Non-Hispanic Biracial or Multi-Racial	Non-Hispanic Other Race	Non-Hispanic Unspecified Race	Hispanic or Latino origin
EHS total	<10	<10	1,139	<10	<10	19	<10	<10	532
HS total	<10	82	3,527	<10	651	125	<10	<10	1,079
DC total	N/A	N/A	4,666	NA	NA	144	NA	NA	1,611

Source: Early Childhood Learning & Knowledge Center. (n.d.). 2018-2019 Program Information Report.^{vi}

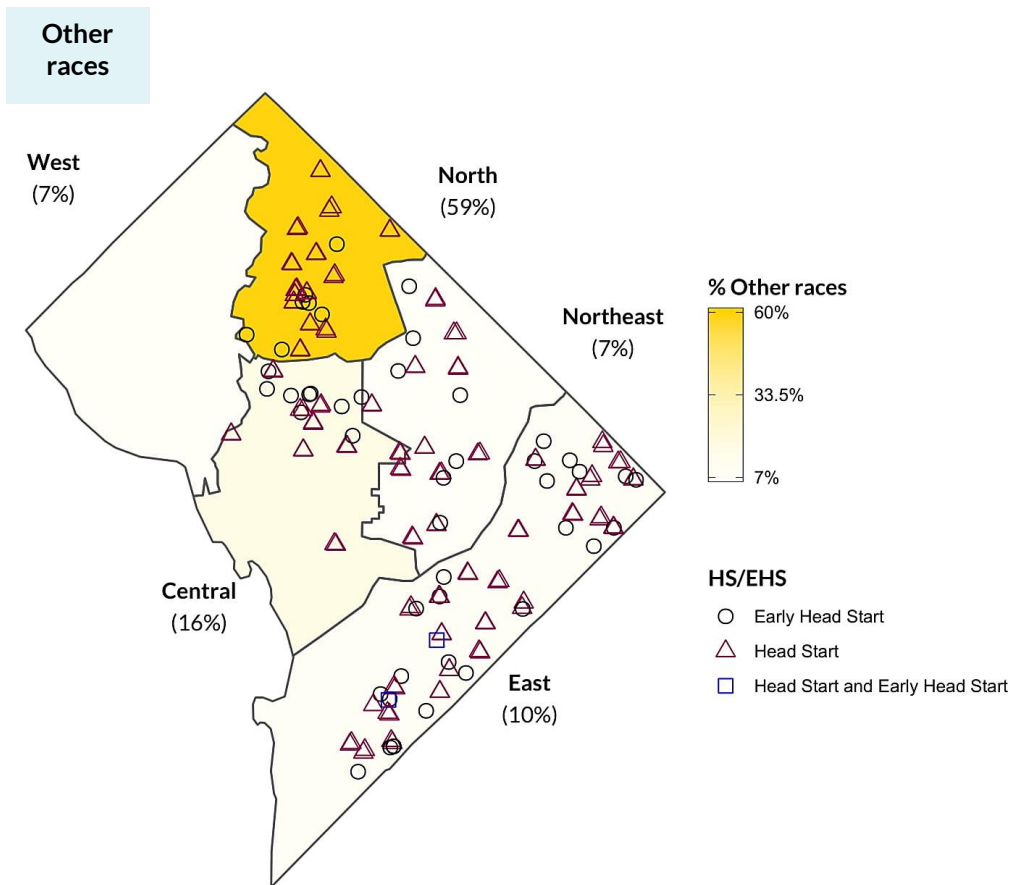
The following maps show the location of Early Head Start (EHS) and Head Start (HS) sites by Public Use Microdata Area (PUMA; see page 27 for a detailed description of PUMAs) overlaid on the distribution of the population in the District of Columbia (DC) by different racial and ethnic identities (Figures T1-T3). West PUMA (consists of all of Ward 3 and parts of Wards 2 and 4), which has the highest concentration of white residents, had no EHS and HS programs. Central PUMA (consists of most of Wards 1 and 2 and parts of Wards 5 and 6), which also had high concentration of white residents, as well as Asian, American Indian and Alaskan Native (AIAN), and Pacific Islander (PI) residents had the second smallest number of programs (27, 16%). On the other hand, East PUMA (consists of most of Ward 7 and all of Ward 8) which has the highest concentration of Black or African American population, had the largest number of EHS and HS programs (77 programs, 46%). Lastly, North PUMA (consists mostly of Ward 4 and parts of Wards 5 and 1), which had the largest proportion of Hispanic population (41 percent), had the second largest number of EHS and HS programs (35 programs, 21%).

Figure T1. Locations of EHS and HS in each DC PUMA by race



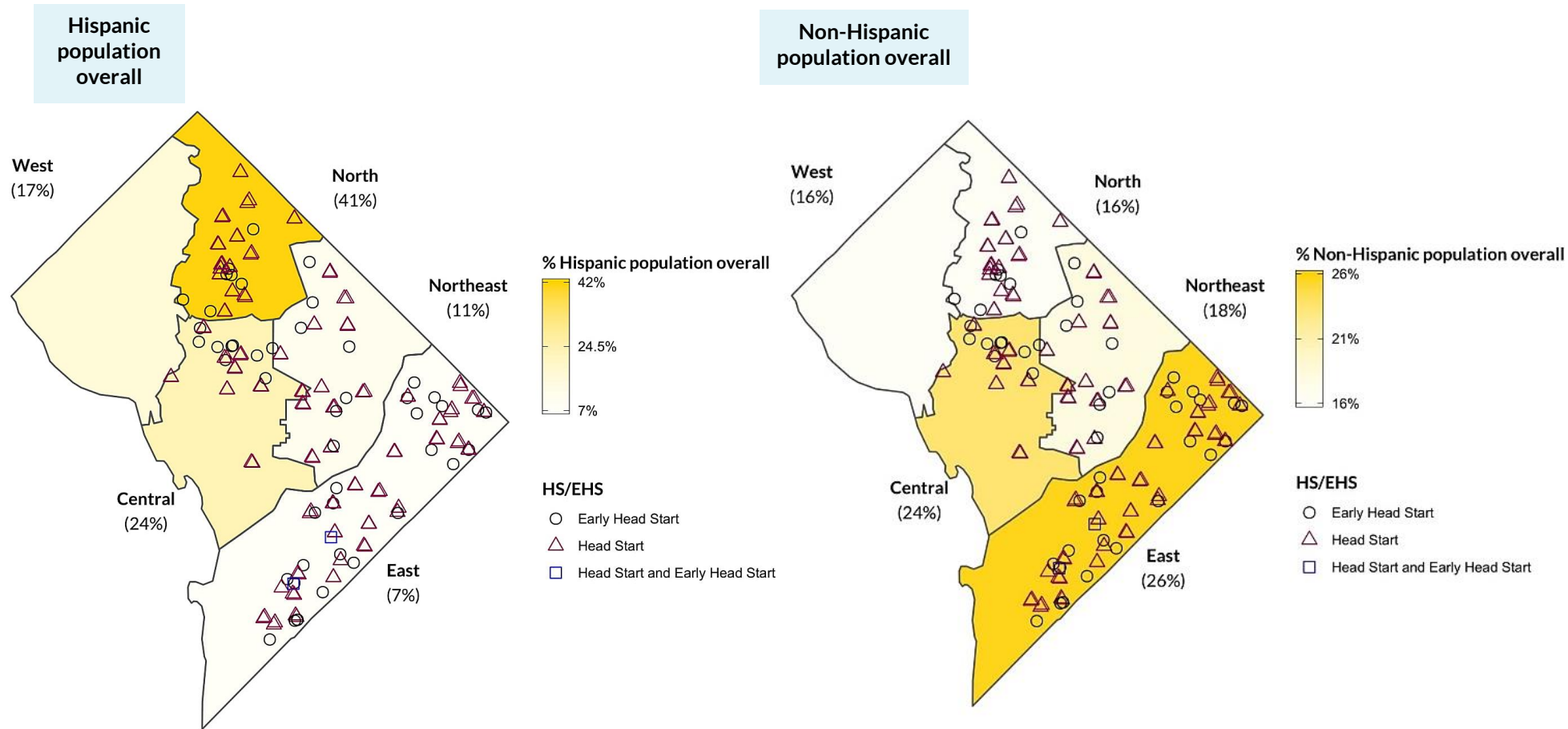


Note. There were 168 HS and/or EHS programs in the ECLK data, which include duplicated records (e.g. same program name, same program type [HS or EHS], same address, but different funding sources). There were also 10 programs that had different facility names and grants but had the same address. Programs at the same locations have several symbols stack on top of each other.
Source for the proportion of population: IPUMS USA 5-year data (2014–2018).ⁱ
Source for the EHS and HS locations: Early Childhood Learning & Knowledge Center. (n.d.).^{lviii}



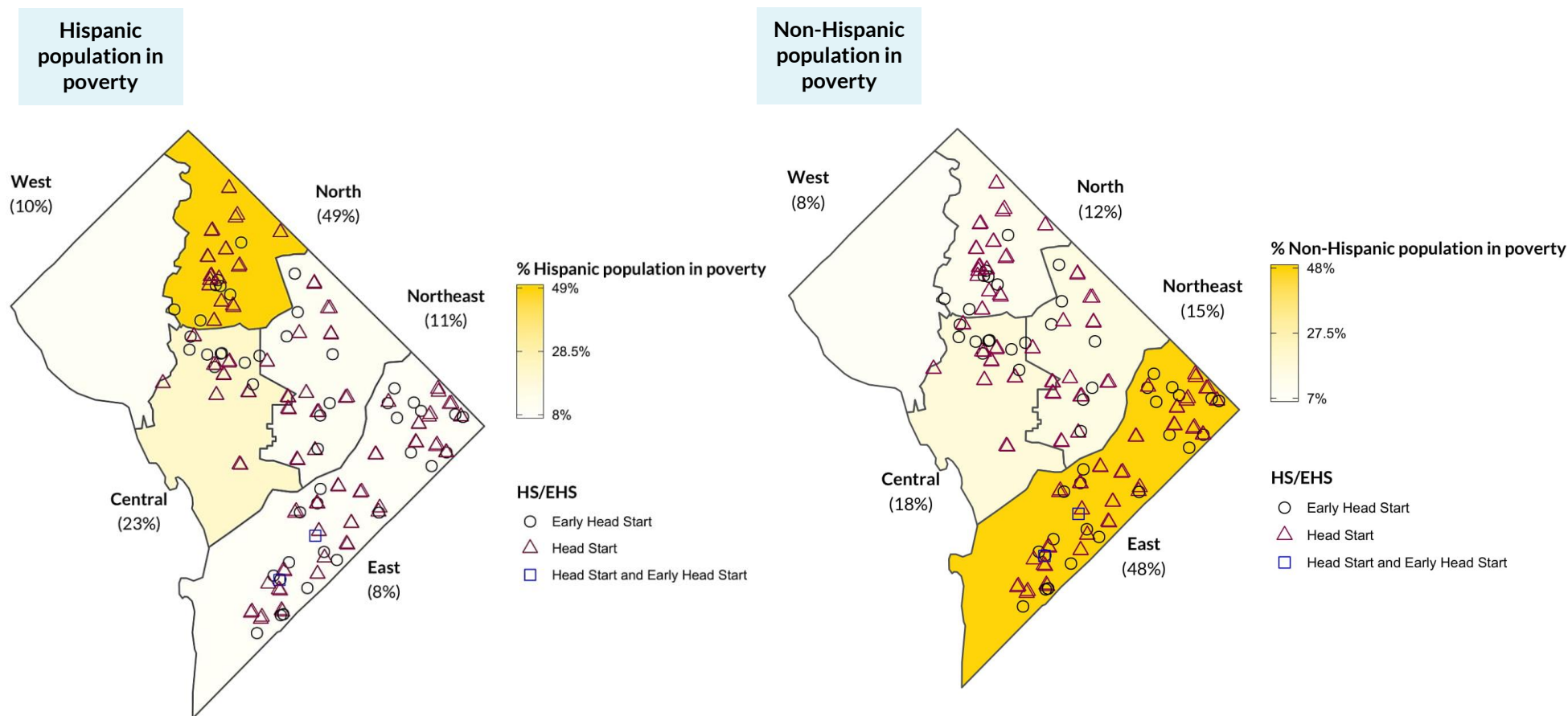
Note. There were 168 HS and/or EHS programs in the ECLK data, which include duplicated records (e.g. same program name, same program type [HS or EHS], same address, but different funding sources). There were also 10 programs that had different facility names and grants but had the same address. Programs at the same locations have several symbols stack on top of each other.
Source for the proportion of population: IPUMS USA 5-year data (2014–2018).ⁱ
Source for the EHS and HS locations: Early Childhood Learning & Knowledge Center. (n.d.).^{lviii}

Figure T2. Locations of EHS and HS in each DC PUMA by ethnicity



Note. There were 168 HS and/or EHS programs in the ECLK data, which include duplicated records (e.g. same program name, same program type [HS or EHS], same address, but different funding sources). There were also 10 programs that had different facility names and grants but had the same address. Programs at the same locations have several symbols stack on top of each other.
Source for the proportion of population: IPUMS USA 5-year data (2014–2018).ⁱ
Source for the EHS and HS locations: Early Childhood Learning & Knowledge Center. (n.d.).^{lviii}

Figure T3. Locations of EHS and HS and the distribution of Hispanic and non-Hispanic population living in poverty in each DC PUMA



Note. There were 168 HS and/or EHS programs in the ECLK data, which include duplicated records (e.g. same program name, same program type [HS or EHS], same address, but different funding sources). There were also 10 programs that had different facility names and grants but had the same address. Programs at the same locations have several symbols stack on top of each other. The percentages won't add up to 100 due to the rounding error.

Source for the proportion of population: IPUMS USA 5-year data (2014–2018).ⁱ

Source for the EHS and HS locations: Early Childhood Learning & Knowledge Center. (n.d.).^{lviii}

Language

The most common primary language among children enrolled in Early Head Start (EHS) and Head Start (HS) is English, with a total of 5,491 children speaking that language (Table 16). The second most spoken language among enrolled children is Spanish, with a total of 1,380 children speaking that language. Additional languages spoken by enrolled children include Caribbean languages, Middle Eastern/South Asian languages, East Asian languages, European and Slavic languages, and African languages, as well as unspecified languages and other languages.

Table 16. Primary language of enrolled children.

Type	English	Spanish	Caribbean Langs.	Middle Eastern/South Asian Langs.	East Asian Langs.	European and Slavic Langs.	African Langs.	Other Langs.	Unspecified Langs.
EHS	1,123	487	<10	68	<10	<10	20	<10	<10
HS	4,368	893	<10	23	31	56	95	<10	<10
DC total	5,491	1,380	N/A	91	N/A	N/A	115	N/A	N/A

Note. No children were reported to speak Central/South American/Mexican languages or Native American/Alaskan/Pacific Islander languages.
Source: Early Childhood Learning & Knowledge Center. (n.d.). 2018-2019 Program Information Report.^{vi}

Teacher/Educator Perspective

We had a sharp increase in the Spanish population, Hispanic population this year and we've always had different African dialects in that community. [Also] French and Amharic and ASL, American sign language.

Child development and health

District of Columbia (DC) Early Head Start (EHS) and Head Start (HS) serves children with a variety of health needs, disabilities, and developmental delays. In total, 335 children received a mental health referral, although only a small portion of children were reported to have received mental health services.^{vi} Of the 1,018 children with an Individualized Education Program (IEP) enrolled in HS, the most frequently reported primary disabilities were speech impairment and non-categorical developmental delays, at 385 and 460 enrolled children, respectively. Other developmental concerns included autism and health impairment.^{vi} All children with IEPs were reported as having received services for their developmental concern.^{vi}

Support services

Many families served by Early Head Start (EHS) and Head Start (HS) receive support from federally funded social service programs (Table 17).^{vi} The services that most families receive include Temporary Assistance for Needy Families (TANF; 2,169 families at time of enrollment), Supplemental Nutrition Assistance Program (SNAP; 1,574 families at time of enrollment), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC; 1436 families at time of enrollment).^{vi} By the end of the enrollment

year, the number of families receiving TANF benefits increased by six percent while the number receiving SNAP and WIC benefits decreased by six percent and four percent, respectively.^{vi} EHS and HS provided family support services to 4,240 families at the time of enrollment. Of the various support services provided, the most accessed services included parenting education, health education, emergency or crisis intervention, mental health services, and adult education, as shown in Table 18. Other support services also frequently accessed by families during the program year included housing assistance, job training, and substance abuse prevention.

Table 17. Number of families receiving benefits

Type	TANF benefits at enrollment	TANF benefits at end of enrollment year	SSI benefits at enrollment	SSI benefits at end of enrollment year	Receiving WIC benefits at enrollment	WIC benefits at end of enrollment year	SNAP benefits at enrollment	SNAP benefits at end of enrollment year
EHS total	511	491	65	64	852	765	589	505
HS total	1,658	1,809	130	129	584	582	985	1,003
DC total	2,169	2,300	195	193	1,436	1,347	1,574	1,508

Source: Early Childhood Learning & Knowledge Center. (n.d.). 2018-2019 Program Information Report.^{vi}

Table 18. Top five family support services accessed during the program year

Type	Parenting education	Health education	Emergency/crisis intervention	Mental health services	Adult education	Total number of families receiving at least one service (at enrollment)	Total number of families receiving at least one service (end of enrollment)
EHS total	1,003	474	767	217	360	1,228	1,269
HS total	1,185	799	387	566	69	3,012	2,502
DC total	2,188	1,273	1,154	783	429	4,240	3,771

Source: Early Childhood Learning & Knowledge Center. (n.d.). 2018-2019 Program Information Report.^{vi}

Priority populations

Families experiencing homelessness and child welfare involvement are categorically eligible for Early Head Start (EHS) and Head Start (HS) services. In total, 617 children experiencing homelessness were enrolled in EHS and HS during the 2018-2019 program year. 435 were served by either District of Columbia Public Schools (DCPS) or Bright Beginnings, an agency focused specifically on working with children and families experiencing homelessness. Furthermore, 56 children were reported as involved in the foster care system and 29 children are reported to have been referred to EHS or HS by a child welfare agency.

Table 19. Children in priority populations served

Type	Children experiencing homelessness served	% of children served experiencing homelessness	Children involved in the foster care system served	% of children served in foster care	Children served who were referred by a child welfare agency	Children with special needs (IEP/IFSP)
EHS total	309	19.36%	23	1.44%	20	—
HS total	308	5.64%	33	0.60%	<10	1,018
DC total	617	8.73%	56	0.79%	N/A	1,018

Source: Early Childhood Learning & Knowledge Center. (n.d.). 2018-2019 Program Information Report. **Error! Bookmark not defined.**

Strengths and Needs

The following section presents findings from qualitative research activities aimed at better understanding the strengths and needs of the Early Head Start (EHS) and Head Start (HS) community through the experience of EHS and HS teachers and educators, parents and caregivers, and key stakeholders (Appendix D).

Participant demographics

Prior to focus group participation, Early Head Start (EHS) and Head Start (HS) teachers and educators (e.g., child development center directors, family support specialists) completed surveys (Appendix C) which gathered basic demographic information and information about their experiences with EHS and HS. Below, we share information about parents, teachers and educators, and staff that participated in qualitative research activities. To protect confidentiality, we have suppressed counts and percentages for categories with fewer than 10 responses.

Parent and caregiver demographics²⁰

Parents and caregivers represented Wards 1, 2, 5, 7, and 8, with most parents and caregivers coming from Ward 8. They had lived in their neighborhood anywhere from less than a year to over 10 years; the largest percentage of parents had lived in their neighborhood between three and five years. Many parents and caregivers received some type of subsidy or financial assistance to assist with housing costs.

Most parents and caregivers had between one and three of their children living in their home with them. For child care, most parents and caregivers used center-based and/or pre-K programs. A subset of participating parents and caregivers had a child with special needs and/or had experienced homelessness at some point while their child was in child care.

Parents and caregivers had participated in a range of family engagement activities in the last year through their EHS or HS program. The top five engagement activities in which parents and caregivers reported participating were:

²⁰ Sixteen participants responded to the survey. Most response options for parents and caregivers had fewer than five responses. Data included in this section represents responses with at least five responses; in some cases, only one response option can be presented within a category because of sample sizes.

- Parent policy council or committee
- Parent-child group activities
- Parent-teacher conferences
- Social events
- Volunteering in the class or at the center

Parents and caregivers indicated that they were interested in receiving a range of supports or resources from their EHS or HS program. The top six resources that parents and caregivers were interested in accessing were:

- WIC – Special Supplemental Food Program for Women and Children
- Parenting workshops
- Support with food stamps or SNAP
- Child development workshops
- Support with securing or maintaining permanent housing
- Food pantries

Demographically, most parents and caregivers who participated in focus groups were Black or African American and not Hispanic or Latino. The median age of participants was 28. Most participants either had completed high school or received their GED or had completed some college or vocational training.

Teacher and educator demographics

Teachers and educators who participated in focus groups were employed at child development centers, community-based organizations (CBOs), and DC Public Schools (DCPS) (Table 20). Some teachers and educators participated in both the focus groups and ecomapping sessions and submitted two surveys; data presented below is differentiated by type of session.

Table 20. Employment by type

Teachers and educators' current employer type	Focus group		Ecomapping	
	Count	% ^b	Count	%
Child development center	23	52.27%	20	51.28%
Child development home ^a	<10	N/A	<10	N/A
DC Public Schools campus	13	29.55%	13	33.33%
Other	<10	N/A	<10	N/A
Missing	<10	N/A	<10	N/A

Note. ^aSurvey used DC's language to refer to child care providers who care for children in their home. This type of site is referred to as "family child care" or "family child care home" throughout the majority of this report. ^bPercentages are not included for categories with fewer than 10 responses to prevent calculating the total number based on the percentage.

Teachers and educators working in DCPS schools implement the Head Start School-wide Model (HSSWM) and provide the same services to children in their classrooms regardless of HS eligibility or enrollment status. Consequently, the information they shared about their work reflects their broader experience with the pre-K system.

Teachers and educators worked in a variety of different wards (Table 21). Focus groups had the highest representation from teachers and educators who worked in Ward 8, with teachers and educators working in Ward 6 representing the second largest number of participants. Ecomapping sessions had the highest number of participants from Ward 5, with the second largest number of participants from Ward 4. Nearly one third of providers did not respond to the question.

Participating teachers and educators were also racially diverse (Table 21). A small percentage of participants reported that they identified as Hispanic or Latino.

Table 21. Race of participating teachers and educators

Race of teachers and educators	Focus group		Ecomapping	
	Count	%	Count	%
White	<10	N/A	<10	N/A
Black or African American	16	36.36%	14	35.90%
Asian	11	25.00%	12	30.77%
Two or more races	<10	N/A	<10	N/A
Other	<10	N/A	<10	N/A
Missing or declined	<10	N/A	<10	N/A

Finally, we asked teachers and caregivers about languages spoken by the families that they worked with to have a deeper understanding of participating families (Table 22). Families spoke a range of languages, with English being the most common language and Spanish being the second most common.

Table 22. Languages spoken at home by families in teachers and educators' programs

Languages spoken at home by families in teachers and educators' programs	Focus group		Ecomapping	
	Count	%	Count	%
English	42	95.45%	37	94.87%
Spanish	23	52.27%	19	48.72%
French	<10	N/A	10	25.64%
Chinese	<10	N/A	<10	N/A
Amharic	8	18.18%	11	28.21%
Vietnamese	<10	N/A	<10	N/A
Other	<10	N/A	<10	N/A
Missing	<10	N/A	<10	N/A

Note. Teachers and educators could choose multiple languages.

Strengths of the Early Head Start and Head Start community

Strengths related to Early Head Start (EHS) and Head Start (HS) discussed in focus groups and interviews fall under three primary domains: (1) Family and community strengths, including strengths that families and communities bring to the program; (2) Program strengths, including the type of setting that the programs offer to families and services provided; and (3) Systems-level strengths, including connections with outside services and departments and the structure of the early childhood system. Focus group findings include perspectives from EHS and HS teachers and educators, several child development center directors, and EHS and HS staff (e.g., family support specialists). We collectively refer to this group of participants as “teachers

and educators” to protect the confidentiality of the small number of other EHS and HS staff and directors who participated in the groups. When findings were specific to one group of participants (e.g., HS teachers working in school-based settings), we specify the group to contextualize the information. In addition, findings include perspectives from parents, caregivers, and key stakeholders.

Family and community strengths

Parents and caregivers pointed to the supportiveness of their communities as a strength. In addition, teachers and educators highlighted several strengths that they felt families brought to EHS and HS, which facilitated enrollment at their programs. These strengths include strong connections between families and the program, and teachers and educators’ ability to support children’s development.

Strong and supportive communities

When asked about the strengths of the communities they live in, parents and caregivers—particularly those living in Ward 8—pointed to the support they receive from neighbors. Some parents noted that when something bad happens in the community, neighbors come together afterward to support one another.

This sense of community extended to the relationships that individual teachers and educators were able to form with families as well. These relationships often lasted beyond a child’s time in EHS or HS. One teacher/educator explained,

“Our families kind of recruit other family members to join our program...so we've had some children that are probably now like 16 or 17 years of age, but their younger cousins come to the [site], their younger brothers and sisters, so you get to see them grow, and they come back and visit. So I think that that's something that's really positive because we get to see we're just nourishing their children as they grow.

This teacher/educator added that they had been invited to elementary school programs and high school graduations, noting that parents wanted to keep them informed about their children’s wellbeing over the years. These longstanding community roots fostered a sense of connection to the program by families and a sense of community among families and teachers and educators.

In some wards, teachers and educators also pointed to the diversity of families in their community as benefitting the program. Some of the diversity was the result of gentrification (see Early Head Start and Head Start Community Needs section), which teachers and educators noted had some negative impact on families. In some cases, however, shifting demographics led to EHS and HS supporting cross-cultural relationships among families in their programs. One teacher/educator noted that her program created a welcoming environment for families across a diverse range of backgrounds, highlighting their linguistic diversity.

“We have a really diverse school. So, in my class, we have parents who speak French, speak Spanish, speak Chinese. So, we are a really diverse school overall, and I think that our parents, for the most part, really think of [site] as kind of a family place... there's not a lot of people who stay back. We have families that sit in the entryway for hours after drop-off and things, so it's very open.

Referrals to Early Head Start and Head Start and enrollment

While some wards have experienced increased cultural and linguistic diversity due to new residents, in other wards, teachers and educators shared that families have deep roots in the community, which fostered relationships that supported program enrollment and new families’ transition into programs and service engagement. For example, one teacher/educator identified that in their community, generations of families had attended the same site:

“ And my families—multiple generations have gone to this [site]. So, the teachers who have been there really know the families because they've taught many generations of the same family, and so the families trust us with their children.

In addition to fostering a sense of trust, close communities also fostered recruitment and enrollment in EHS and HS programs. As one teacher/educator noted,

“ A lot of our families come from [area in DC] and they know each other. All of our referrals come from our families. They refer their family members and their friends to us, which is really amazing, and so they kind of know how to advocate and network and understand the resources in the community.

Some parents and caregivers noted that they found their programs through word-of-mouth or recommendations from neighbors and family members.

Families as a support system

Teachers and educators also cited the importance of drawing on parents to support entering EHS and HS program participants who did not have prior relationships with others. In particular, they noted the value of beginning the connection and relationship building process early. When asked to reflect on program strengths, one teacher/educator shared,

“ Our relationship base with our parents actually starts once the parent starts in our program. They [are] able to get connected with another parent, kind of as an ambassador. They kind of walk them through the program, any questions. We, of course, have a great staff, but the best resource are other parents. They're going through the exact same thing.

Teachers and educators identified parents as an incredibly important asset to the EHS/HS program, who play a key role in connecting other families to and engaging them in program services. Parents and caregivers also spoke about the support they received from other families in the program. As one parent shared,

“ I was able to meet other parents as well, which was really nice, and they're all super helpful and always there to lend a helping hand or give information of how to connect us with resources.

Family involvement and investment in children's learning and development

Teachers and educators also highlighted families' investment in their children's education and development. While they noted that it was difficult for some parents to fully engage with the EHS/HS program due to competing work and personal responsibilities, teachers and educators also discussed how families strengthened the program once they were engaged and their openness to collaborating with staff.

One teacher/educator noted,

“ A strength that I see in a lot of our families is the willingness to learn from the educators in the building, so they may not know everything to support their child but they're willing to learn from us and get the resources from us and actually use them at home...sometimes those conversations aren't easy conversations, but they're willing and they're showing up.

Fostering a sense of trust was noted as a key component to building relationships with parents. As one teacher/educator noted,

“It's really difficult to trust and to really just hand over your most personal possession [your child] to someone that you maybe spoke a word with. So, that's something that we really like to look at and really like to build on every single day.

In cases where teachers and educators struggled to connect with families due to barriers, they noted that many families still had a desire to engage with the program. When discussing parents in their program, one teacher/educator noted,

“They want to come and be involved in [the program], but I think there's a lot of limitations with that...if you're working, you work non-traditional hours, you work evenings, you're sleeping during the [day]...They want [to be engaged] but we struggle with how can we accommodate families when they need that, but we have to work it out.

In parent and caregiver focus groups, work schedules came up as a participation barrier for working parents, particularly fathers. For cases in which families faced barriers with engagement due to schedule conflicts or challenges with trust, teachers and educators discussed alternative ways to connect. For example, teachers and educators mentioned how they connect with parents who work nontraditional hours over video chat or meet with families offsite at locations like libraries if they are hesitant to engage in a home visit. As one teacher/educator noted, there is a need to, “think outside the box, because it's not that they don't want to participate, it's that they can't.”

Parents and caregivers shared that they had a lot of opportunities to be involved with their children's programs, including movie nights, parent meetings, and parent trainings. Some parents also noted that their child care providers extended opportunities to be involved with program decisions. As one parent shared,

“[The director of the center] the daycare director, she always makes it her business to make sure that the parents are very involved in every decision that's made at the daycare ... I love that about it. She makes sure she reaches out and she speaks to the parents and either let us know what she's doing or she involves us in it.

Resource availability in the community

Stakeholders pointed to resources available in the community, outside of EHS and HS programs, as a strength. These resources include CBOs that offer services like mental health and employment support, charter and private school options in addition to DCPS, child care centers, and the presence of social services agencies. These resources were especially present in Wards 7 and 8.

Teachers and educators also noted that they felt connected to outside organizations and systems that supported their work with children and families (e.g., health care systems, food pantries). As one teacher/educator put it,

“...that's the plus about Head Start. It's about the relationship building that could take place in the community to bring resources in-house.

The resources discussed earlier in this report represent a range of services and systems available to support children, families, and teachers and educators (e.g., housing supports, food assistance). In focus groups, however, teachers and educators also spoke about their connections with organizations in the community that helped them support family engagement, offered tutoring and summer camps for families, and provided resources like diapers. In addition, teachers and educators noted that they had access to resources from the Department of Behavioral Health, including trainings. Family child care providers were connected with farmers markets through a partnership facilitated by EasterSeals that allows them to provide produce to families. Parents and caregivers highlighted this partnership as a helpful community service they could access.

Parents and caregivers also spoke about ways in which their EHS and HS programs helped connect them to available community resources. They shared that teachers and educators had connected them to resources including housing and resource support organizations, organizations that have engagement specialists who can help with navigating job search and training or medical requirements.

Program strengths

Parents and caregivers highlighted the strengths that their children's EHS and HS teachers and educators bring to the classroom and the supportive services provided to their children through the program. Teachers and educators and stakeholders noted several program-level strengths, including resources and services that EHS and HS provide to parents and how these services empower families.

Early Head Start and Head Start teachers and educators and curriculum

In general, parents and caregivers spoke highly of the teachers and educators who worked with their children, including EHS and HS program directors, in some cases. They described staff as warm, supportive, communicative, welcoming, and expressing genuine care for children. Parents and caregivers who attended family child care sites described their providers as being like family and shared that they appreciated the home-like environment that the sites provided. They also shared that their providers had a lot of experience working with children, which they appreciated.

Many parents expressed a high level of trust in the staff at their EHS or HS site. One parent provided an example:

“What I see when I walk in [the center] is the same thing that I see when I walk in there and [the staff] don't see me walk in there. So, their behavior is unchanging, the way they treat my child when I'm in their presence...what I'm seeing in front of me is not something made up. My kids are genuinely loved. When they're at school, I feel okay and I feel that they're safe.

Some parents and caregivers did express frustration about teachers and educators being on cell phones or feeling that some staff were not very warm, particularly when greeting families in the morning. In addition, some parents and caregivers expressed interest in a better understanding of what was going on during the day in the classroom.

In addition, parents and caregivers appreciated the activities that teachers and educators did with their children. They described activities and curriculum as developmentally appropriate and supportive of children's fine motor skill development, vocabulary, and ability to manage emotions. One parent shared an example of the vocabulary their child had developed:

“I had painted [my child's] room one day while they were in school, and he came home, he said 'Oh, mommy, the room is absolutely gorgeous.' I was like, 'What?'...I like that they are broadening their vocabulary, like words that I know that I don't use, but when I hear them say it, it makes me know, you know, you need to start using other words.

Parents and caregivers also appreciated that programs would enroll children who were not yet toilet trained and worked on this skill with the children.

Supportive services for children

Parents and caregivers highlighted the range of resources available through EHS and HS to support their children, noting these as a strength of the programs. They found it helpful that programs supplied diapers and wipes and provided lunch, noting these supports helped with their budget, particularly when children were infants and young toddlers. Parents and caregivers also pointed to screenings and assessments that children received as a supportive service. As one parent shared,

“ My children were given diapers, wipes...they did dental screenings, they did vision screenings, they did behavioral assessments—I mean everything, everything that you know, you could think of a child would need checked, they checked.

Several parents and caregivers attending family child care sites mentioned that they had not received vision or hearing tests for their children, or that they were sometimes asked to bring diapers and wipes for their children. Home facilities are locally funded but use the EHS model.

Parents and caregivers of children with special needs specifically noted that they were receiving support from teachers and educators and from specialists to meet their children's needs. They mentioned receiving services like speech therapy and occupational therapy, and working with social workers to address needs. One parent shared the progress their child had made in their program:

“ I have been trying to get [my child] to eat out of—pick his spoon up and bring it to his mouth, and with the therapy and the teachers and all, they got him to do that...They are doing things that I can't do or have a difficulty doing, and they share with me how to get him to do it and what I should do.

Parents and caregivers of children in HS also appreciated that once they had an Individualized Education Program (IEP) for their child, their child could enroll in DCPS pre-K partway through the year, even if the child was not yet three years old. This provided children with the opportunity to adjust to a new setting and then complete PK-3 the following year.

Family resources and empowerment

Teachers and educators spoke highly of both the services they were able to provide to families directly through EHS and HS and the services that they were able to connect families to through community partnerships. Direct services mentioned in focus groups and ecomapping included material resources provided to families (e.g., diapers and food); family outreach services (e.g., home visits); access to a family support liaison or specialist; and parent cafes or coffee hours. Teachers and educators also talked about their ability to refer families out to services, including services for children (e.g., vision care), supportive services for parents (e.g., mental health services and parenting workshops offered through CBOs), and resources to support families' economic needs such as referrals to employment opportunities and support with finding housing and addressing issues with housing.

EHS and HS programs that were part of larger CBOs had the added benefit of having family support programs and services that were onsite or existed within the larger network of the organization. For example, teachers and educators who worked through these organizations discussed being able to connect families to housing programs and domestic violence counseling services that their organizations directly offered.

This system of services and supports provided an environment where teachers and educators felt families were empowered and able to advocate for themselves. One teacher/educator, when discussing young parents, noted,

“ The Parent Policy Council empowers them a lot. [It] gives them a voice.

Another teacher/educator spoke to the overall role they felt their work played in supporting and empowering parents. While discussing their interactions with parents and their role in supporting parents, one teacher/educator mentioned,

“ They [parents] meet so many brick walls and closed doors, but sometimes they close those doors or they build those brick walls themselves because of how they're treated. So basically, supporting them and empowering them...[building] self-esteem that they can do it for themselves. They can be their own advocate, they can be their child's advocate so that they can get things done for themselves.

Finally, in some wards that were experiencing gentrification, teachers and educators noted an increase in financial and social capital available to families in the program. At school-based sites, teachers noted an increase in funds available to parent-teacher organizations (PTOs), which could be used to help families pay for activities or events. In addition, teachers noted that PTOs had become more active in raising money and hosting events as new, higher-income parents joined the school.

Systems-level strengths

Parents, caregivers, teachers and educators, and stakeholders discussed systems-level strengths, including support from the Quality Improvement Network (QIN) and coordination across agencies.

Support for Early Head Start teachers and educators from the Quality Improvement Network

EHS teachers and educators also noted their connection with the QIN as a strength. The QIN not only connected teachers and educators with direct resources, but QIN staff provided guidance when they had questions about where to refer families or how to support families. As one teacher/educator noted,

“ I'm not from DC. I don't know about all the agencies, so I really had to rely on other people to direct me and — now I get on the phone and I talk to doctors on the phone, I help people with housing. If the parent says that, 'I have mold in my house,' I'm like, 'Well, let me see who I can call to help you.'...the QIN has really helped us because before that I didn't really know where to go.

Stakeholders also noted that they had strong relationships with the QIN, which facilitated coordination of the services their agencies provided to children in the classroom.

Coordination and alignment across departments

Stakeholders discussed the ease of coordination across agencies, particularly in departments that were housed together within the Office of the State Superintendent of Education (OSSE) or within DCPS. Stakeholders also pointed to alignment between early childhood quality and regulatory systems in DC and Head Start Program and Performance Standards (HSPPS). For example, they noted that Capital Quality, DC's Quality Rating and Improvement System (QRIS), had intentionally aligned quality standards with HSPPS.

Stakeholders also noted that they experienced successful coordination across departments overall. Several stakeholders mentioned close collaboration with the QIN, which shares information about child care vacancies to support placing families in child care. Coordination between departments that oversee subsidy and child care vouchers and departments that works with families on other needs also was mentioned in conversations. For example, families who apply for Temporary Assistance for Needy Families (TANF) are

referred through DHS to obtain child care vouchers.^{lx} Stakeholders also discussed collaboration between the Department of Behavioral Health and the Child and Family Services Agency, particularly for mental health services and consultation; with the Child and Family Services agency for early intervention and Child Find; and with DC Public Libraries for early literacy activities. Other coordination activities include the State Early Childhood Development Coordinating Council, which convenes early childhood stakeholders to promote coordination and communication and to discuss early childhood initiatives and policy.^{lxi}

Finally, stakeholders noted strengths in collaboration between OSSE, DCPS departments, and outside organizations that support children and families. For example, some agencies who partnered with CBOs offered onsite services directly to families in their communities on certain days of the week.

Service coordination strengths were also apparent in parent and caregiver focus groups. Parents and caregivers appreciated that early intervention screenings and services were provided onsite so that they did not have to go elsewhere to receive services. They also spoke about the ease of transition between Part C and Part B. As one parent shared,

“ [Early Stages] helped me with...finding a school to accommodate all [my child's] services she needed in her IEP and then came to me and asked me how did I feel about it...It was really easy; it was the easiest process I ever had to do for any of my kids.

Needs of the Early Head Start and Head Start community

During focus groups and ecomapping sessions, our research team asked parents, caregivers, teachers and educators, and stakeholders about the challenges that families faced and the challenges that they encountered during the course of their work. The identified challenges can be separated into three categories: (1) Family challenges, including barriers that families encounter and challenges teachers and educators face when building relationships with families; (2) Program challenges, including challenges with professional development; and (3) Systems-level challenges, including challenges with outside systems or departments.

Family and community challenges

Across focus groups, participants highlighted challenges that families face when they attempt to access secure and stable housing and transportation. Parents and caregivers also discussed concerns about safety in their communities. In addition, teachers and educators discussed language barriers that they faced when they attempted to build relationships with families and meet their needs, as well as other barriers to connecting with families.

Housing

As noted earlier in this report, DC has experienced rapid gentrification over the last decade. This has led to changes at the community level, including rising rents, as higher-income residents move into DC neighborhoods. Gentrification has happened at the highest rates in central, northeast, and southeast DC;^{xi} In addition, eviction rates have rose across the city.**Error! Bookmark not defined.**

In both focus groups and ecomapping sessions, teachers and educators highlighted the challenges families face regarding safe, stable, and affordable housing. In some cases, families were forced to remain in communities where they did not want to live, because they were unable to afford market rate housing. Teachers and educators noted that these challenges often stem from gentrification in the city:

“ I also have families who do not want to continue to live in [area of the city] but they don't have a choice because the waiting lists across the city are so long. ...this is obviously one of the consequences of gentrification for us.

Parents and caregivers also expressed frustration about not being able to move. Some parents and caregivers shared that they had concerns about safety in their neighborhoods, but that they were unable to move because of housing prices. In the focus group survey, 38 percent of parents and caregivers said that they had considered moving out of DC in the last five years due to housing prices. During focus groups, some participants said that they were staying in DC despite the housing prices because of the benefits and safety net available—including child care services, job training and placement programs, and support for utility payments. Their perceptions are the supports available in DC are more extensive than what is available in the neighboring states of Maryland or Virginia.

In addition to a lack of affordability, teachers and educators noted that waitlists for subsidized housing are extensive. Teachers and educators felt that it was next to impossible for families to secure a housing voucher or get placed in a subsidized unit. In an extreme example, a teacher/educator shared a story about someone she knew who had been on a waitlist for subsidized housing for over 20 years. In the absence of supports like housing vouchers, teachers and educators have noticed an increase in evicted families. In one case, a teacher/educator mentioned that they regularly see families being thrown out of apartment buildings:

“ We would see people's furniture and all of their belongings thrown out on the street...with little kids crying because all of their things are on the street, and people are just grabbing up all of their belongings.

Teachers and educators described these incidents as “heartbreaking” for staff and “traumatic” for children and families.

Avoiding eviction by securing alternative housing and/or emergency support was also identified as a challenge. A commonly shared reason for this challenge was the inability for parents to attend appointments at housing support agencies, particularly if a parent was employed. One teacher/educator shared,

“ The hours [at housing agencies] are limited, extremely limited. So, if [families] are working or if they're really trying to just really get connected, that's been a problem.

Rising housing rates also have a negative effect on teachers and educators. Stakeholders mentioned that they were informed that teachers and educators, especially those who work in family child care settings, are struggling to maintain their businesses in the face of increasing rent costs. They also noted that child development centers face challenges when rents in the buildings where they are housed rise. Finally, in both stakeholder conversations and focus groups with providers, participants mentioned that rising housing prices are sometimes pushing EHS and HS teachers and educators outside of DC.

Community safety

Some parents and caregivers, especially those who lived in Ward 8, expressed concerns about safety in their neighborhoods. Concerns included the amount of traffic in certain areas, fears about going to parks because of drug activity, and gun violence. One parent shared specific concerns about gun violence:

“ I have a [toddler and] I don't feel comfortable taking a walk around the block because at any point anything can happen. And it's like, you don't have to be involved or know what's going on to get hit.

Parents and caregivers in this area of DC also shared frustration about the length of time it takes for police to show up when there is an incident. They also shared that while there are police in the community, they did not feel that police were taking action to prevent violence.

Transportation

In addition to housing, EHS and HS teachers and educators highlighted transportation as a significant challenge facing EHS and HS families. These frustrations include challenges with accessing public transportation and rideshare services like taxis, Uber, and Lyft. Teachers and educators noted that transportation sometimes posed challenges for children's attendance and retention in EHS and HS settings and engagement in EHS and HS activities more generally. While transportation is difficult for most families to access, families living in Wards 7 and 8 were particularly impacted. One teacher/educator, while discussing parents' ability to attend policy council meetings located in Northwest DC, noted,

“ [Many families] were using taxis for a minute, but the taxis won't take them from Ward 7 over to Northwest. A lot of issues [with families] getting in and once [drivers] see them, then like children, they're like, "No, I don't want to take you"...we're working things out but...it can get complicated when people don't have their own transportation. Just the cost and the timing of getting from one part of the city to another.

This teacher/educator also noted that negotiating picks-ups for multiple children without personal transportation and having younger children that needed to be transported in car seats also limits family's ability to engage with programs.

To the extent that they could, many teachers and educators indicated that their sites made efforts to, in the words of one teacher/educator, “accommodate families who still want to continue to bring their child to our center, but they can't because of transportation.” However, in some cases, teachers and educators noted that the logistics were not feasible, and families had to find other child care options.

Parents and caregivers also expressed an interest in having better parking at their child care sites. They noted concerns about dropping children off on busy streets and said that they would prefer sites to have parking lots behind the building where they could safely drop children off. In addition, one stakeholder noted that parking prices can be cost-prohibitive for EHS and HS teachers and educators who drive to their sites.

Access to health care and mental health services

While teachers and educators noted that they have options for referring families to health and mental health services, teachers and educators also noted that families struggled with accessing health care, and that health care providers often did not address families' needs. In some cases, families were not able to consistently visit a provider, as one teacher/educator shared:

“ Healthcare's a big issue because I know with us, a lot of our families go to clinics and they don't have a set physician. Whatever's easy for them to get to, so when you're asking them for lots of information, they're kind of limited for help and information when you're looking at wellbeing checks and things like that because they're seeing different people every time they go to a clinic.

When parents interacted with the health care system, teachers and educators noted that they felt doctors did not communicate with parents in a way parents understood, and consequently, did not provide the support parents needed to understand their children's health. This lack of communication leads parents to not review health documents that healthcare providers share with them. One teacher/educator shared an example:

“ More recently we had a child that did not pass the vision, so we were looking for glasses, how to get [the child] access to that...[HS/EHS staff] sat on the phone with the doctor with the parent just going through everything and asking the doctor to explain at least what do you suggest, what are my next steps? Because a lot of parents, from what I see as well, don't review the health certificate. They don't know their child has a vision issue, asthma or suspected asthma, so that's something that is really important that we try to kind of advocate with the parent on.

Teachers and educators and stakeholders also noted that parents and children struggle to access mental health services. Teachers and educators noted that parents are often open to receiving help, but struggle to access services or that they experience turnover with service providers. Coupled with transportation challenges and other barriers to accessing services, families can have difficulty accessing the support they need. In the words of one teacher/educator,

“ A lot of them will admit to it and say that they do need help [with their mental health], but it's just inconvenient. Or maybe they were getting services somewhere and the [service provider] turnover rate was really high... And it's also difficult for them to get to where they need to go, in addition to dropping maybe multiple children off... it's not necessarily an unwillingness to get help, it's just too hard for [them].

Finding a service provider can also be trying. Stakeholders highlighted challenges with finding providers that accept Medicaid and offer mental health services for young children, as well as challenges with finding providers that offer services to both children and families who speak Spanish.

Substance use

Teachers and educators discussed substance abuse challenges among families, which they noted was on the rise since DC's decriminalization of marijuana in 2015. They described having children show up for child care smelling like marijuana and their interactions with parents who showed up to drop off or pick up their children while high. Many teachers and educators expressed frustration about the situation. As one teacher/educator put it,

“ [Parents] don't understand. [They'll say] 'Oh, my baby had another asthma attack.' Did you smoke last night? 'Yeah, but--.' Duh.

In ecomapping sessions, teachers and educators further expressed concerns about drug use, noting it as a source of friction regarding their relationship with parents. Teachers and educators noted that it would be helpful to provide more education to parents on the effects of secondhand marijuana smoke on their children.

Program challenges

Program challenges primarily consisted of teachers and educators' inability to access supports for working with children and families whose primary language is not English and the content and format of professional development. Teachers and educators expressed frustration about repetitive professional development classes, topics they wished they had access to, and challenges with coaches and onsite professional development.

Capacity to communicate with linguistically diverse families

While teachers and educators in some wards mentioned the strengths that came from having a racially and linguistically diverse group of enrolled children and families, they also discussed language barriers they faced when communicating with parents. Teachers and educators noted several languages in particular that

they were seeing more often in their EHS and HS settings, including Amharic, French, Vietnamese, Tagalog and Spanish. As one teacher/educator noted,

“ We had an increase in the Spanish population, Hispanic population this year and we've always had different African dialects in that community...but this year with the spike in the Hispanic population we've struggled and we've used the same few teachers [to communicate with children].

In focus groups, teachers and educators mentioned using multiple informal and formal strategies to support the diverse language needs of families and children. These strategies included using web-based tools like Google translate, drawing on the skills of other staff members or community and/or family members, accessing phone-based translation services, and using translators who speak the language needed. However, teachers and educators emphasized a need for more staff who spoke the languages children spoke—particularly Spanish—to provide the necessary support in the classroom for those students. One teacher/educator shared,

“ I know no Spanish and my aides knows no Spanish so it's very difficult. And I was fortunate in the past to have an aide that could speak Spanish and I noticed the difference in the children ...having that Spanish speaking aide. But now that I don't have [the aide] it's a struggle.

Another teacher/educator reflected on her students' progress across the year, comparing students in classrooms who had a Spanish speaking adult versus those in classrooms without a Spanish speaking adult. She concluded that children in classrooms that lacked a Spanish speaking adult struggled at the end of the year with expressing themselves in English. In some cases, these children were not able to speak a complete sentence in English. The teacher/educator contrasted this experience with children in classrooms with a Spanish speaking adult and reflected that she “could see the movement and they were speaking English on their own by the end of the year, speaking those full sentences.”

In the absence of having staff that speak the language of children and families, utilization of other staff members (even if not educationally trained) was a common strategy. In addition to students, one teacher shared that she also requested assistance from her school's Spanish teacher when testing and assessments were required. Unsurprisingly, these more informal, ad hoc strategies were challenging to implement. When asked about drawing on Spanish speaking staff members for support, a teacher/educator stated,

“ It's hard to utilize them when they have their own classes to deal with, and that's something that we're struggling with, getting the support to translate for us on the spot.

Although teachers and educators mentioned that there was a phone-based language line available to support translation, and that programs can access translators when they request them, they expressed a need for more on-site, formal support from teachers and educators or specialists to support their daily work with children.

Need for more training and coaching opportunities

Teachers and educators discussed the need for training tailored to the different levels of expertise that staff hold. In general, teachers and educators expressed that professional development opportunities could be more effective if they were differentiated by teachers and educators' skill level and interest in topics. Without this differentiation, the time spent in professional development activities was viewed as “wasteful.” One teacher/educator shared,

“ I'm sitting in the same session as—my colleague's a first-year teacher, and I feel bad for her because she's not getting what she really needs, because she really needs some classroom management help...it's so hard...why do we all group together? We don't do that to kids.

This teacher/educator expressed frustration with participating in trainings on topics she had already mastered or that did not relate to her interests or skills. When asked about preferences for professional development options and differentiated trainings, teachers and educators offered two suggestions. These suggestions touched on one of the barriers identified above—the need for more tailored support—and another that was mentioned less explicitly—the considerable time it took to travel to trainings. The first suggestion was online, self-paced professional development opportunities. The second suggestion required an in-person presence, but also included opportunities for teachers and educators to make their own choices about which of many sessions they were interested in attending and the option to earn credit toward licensing requirements for their jobs. As one teacher/educator observed,

“ *Being able to go to those big conferences and [that] offer [continuing education credits]...to get what you need to get. Then we have more control and more choice over what we do, it's not being dictated to us because like I said, you know what you need. Every teacher knows.*

Teachers and educators also expressed interest in support that was more tailored to coaching. One teacher/educator noted the following about their experience with coaching,

“ *I think the other thing with the coaches is that they are given an agenda to follow. So, when they come to our school, instead of looking specifically to see what our school needs, they're giving us a broad topic that may not be specifically for our school. You may have a school that may want to work on developing their in-classroom environment and in another school, it's wonderful with that. But then if you start talking at the beginning of the year talking about trauma and you got teachers that need to get their classroom environment together, then how is that helping me?*

Need for further training on working with children who have special needs

As mentioned earlier in the report, EHS and HS programs are mandated reserve at least 10 percent of slots for children with special needs, and some of DC's programs serve a higher percentage of these children. Teachers and educators expressed interest in training around behavioral and mental health issues and support for families caring for children with special needs. When discussing behavioral and mental health, one teacher/educator stated,

“ *DC has not done a great job of recognizing mental health and behavioral health issues in the District...I've been at [site] for about seven years now, and since I first came to now, every year we see more and more of these issues come up...it's behavior, and it's like social, emotional stuff and across the board...I've tried to connect with so many different programs in the District to find something to fill in that gap that we have...if there's some way to get support in that realm where DC doesn't have that or doesn't have it yet or something, I think that would be really helpful.*

With respect to families caring for children with special needs, the sense was that the issues were broad, and trainings did not take the variation of needs into account. As one teacher/educator noted,

“ *I also work with a special needs population, ...I feel like we sometimes have not been trained in things—it's not specific enough. I need training for a child who needs speech help in a classroom. It's very different for a [child] who has autism.*

Teachers and educators also noted that they did not feel coaches were able to support their ability to work with children who have special needs. In the words of one teacher/educator,

“ Our coaches don't—at least the coaches that I've worked with in the last several years—they don't have a lot of experience with specific learning disabilities or specific challenges...those are the people I'm supposed to go to for help, but they don't really know. I don't know what else to do.

Stakeholders also noted that they felt teachers and educators could benefit from additional training on screening and referring children to early intervention. In particular, they noted that some teachers and educators need support on knowing the steps to take in the classroom before determining if that child should be referred for services.

Systems-level challenges

Stakeholders discussed challenges including reaching families and the availability of childcare slots and decentralization of services. In addition, parents and caregivers highlighted challenges with finding available child care slots, child care affordability, and the subsidy or voucher process.

Reaching families

Stakeholders shared concerns about their ability to reach families with the greatest needs and ensure they engaged with services and enroll in programs. In particular, stakeholders highlighted challenges with being able to stay connected to families experiencing homelessness, families of children involved in the foster care system, and other families in situations where their contact information may change frequently. Stakeholders also noted that systems and services were not always successful at family engagement. Regarding special education and early intervention services, stakeholders suggested that systems could improve communication with parents to help them better understand the importance of receiving services for their children.

For families with preschool-aged children, stakeholders noted challenges with the enrollment lottery process. Some of these challenges related to information available to parents. One stakeholder noted that they felt families did not know which schools had HS programs or HSSWM services available; another noted that they did not feel parents understood all the services available to them through these models, beyond early childhood education. Another noted that the system needed to better communicate with parents about the differences in programs between private child care, charter schools, and DCPS so that parents could make the best choices based on the needs of their children. Stakeholders also noted that families experienced confusion about not being guaranteed a pre-K spot in their neighborhood school. Teachers and educators noted that systems' challenges with communicating to parents were particularly pronounced for parents who did not speak English.

Finally, stakeholders emphasized that through the subsidy program improving its communication, more families would be encouraged to apply.

Child care availability for special populations

Challenges around child care availability relate to the number of slots available broadly, as well as opportunities available for children with special needs. Stakeholders noted a general need for more child care spots for infants and toddlers across DC, with one stakeholder stating that they have noticed this need specifically in Wards 7 and 8.

Parents and caregivers shared that they had challenges with finding slots in child care sites when their children were first enrolling. Some noted that they were put on waitlists, and others said they had trouble finding enrollment openings at sites that were convenient to where they worked. As one parent shared,

“ When I was pregnant with my two-year-old...about five months or 20 weeks in, I started to apply for daycare centers within the city to have her on a waiting list because everybody had waiting lists...I was considering my source of transportation, where I was going to be working, and all of those things.

Another parent echoed this challenge, noting,

“ [Enrollment] was really hard because at the time, for [my child's] age, everybody was booked. They kept telling me to check back in October, check back in a couple of months. It was a job to try and find daycare.

For children with special needs, stakeholders noted challenges with finding child care teachers and educators who could offer the appropriate therapeutic services to meet children's needs. As a result, one stakeholder noted that children are using temporary daycare options longer than they should, rather than finding a program in which they can enroll.

Affordability and the voucher process

Parents and caregivers expressed frustration that many child care sites did not take vouchers, noting that sites they felt were high quality did not always accept subsidy. Some felt that finding child care was not about parent choice but was rather about enrolling in whatever space was available that would take subsidy. As one parent noted,

“ [It would be helpful] to have programs that are suitable for the low-income families in the city. That way, we don't have to search high and low for a place to send our children because of the affordability.

In addition, parents and caregivers had trouble navigating the voucher process. They shared that the voucher locations were only open at certain times that did not always work with their schedules, and that they allowed a limited number of walk-ins. Some parents and caregivers also felt that the voucher requirements were burdensome. As one parent shared,

“ I work five hours, Monday through Friday, but...they told me that if I wanted my child to go to daycare, I would have to go back to school... they said that if I did not go to school, I couldn't enroll in the daycare or I would have to find work that was eight hours, Monday through Friday.²¹

Some parents and caregivers, in contrast, did feel that the voucher process was fairly straightforward or that staff working in the voucher or subsidy agency gave helpful guidance about what paperwork and documents they needed to submit.

Decentralization of services

While stakeholders discussed strengths with service coordination for children across agencies related to EHS and HS, they also noted challenges with decentralization of services for families with high needs. Stakeholders stated that families may need to be connected to an array of services to meet the challenges they face—for example, domestic violence, substance abuse, and housing instability—and that these services tend to be siloed. These siloed services can make it difficult to fully meet families' needs. One stakeholder noted that parents would be better served by a “one-stop shop” where they could access all the resources they need, adding that in some cases, parents are finding things out piecemeal through methods like word of mouth and online searches.

²¹ Original quote: “Yo trabajo las cinco horas, de lunes a viernes, pero...me dijeron de que si quería que el niño fuera a daycare, tenía que regresar a la escuela...ellos dijeron que si no iba a la escuela, no podía entrar al daycare o que me buscara un trabajo de ocho horas, de lunes a viernes.”

Parents also noted some challenges with service coordination across departments, particularly during enrollment. They shared challenges with gathering all the required paperwork for enrollment in a timely manner, including vaccine records, pay stubs, and other paperwork, as well as being asked to provide the same information multiple times during the process. Parents and caregivers did note that the enrollment process was generally smooth once they submitted all the required paperwork.

They also reported challenges with lack of coordination related to screenings that their children received after enrollment, noting that children and families get asked the same questions multiple times across different screenings.

Summary and Recommendations

History to present overview

The District of Columbia (DC) is a leader in providing access to early childhood education opportunities to children and families. The city's Early Head Start (EHS) and Head Start (HS) programs are part of a network of early childhood education sites and options working to meet the needs of children and families, particularly low-income children and families, children with special needs, children experiencing homelessness, and children in foster care. Access to comprehensive early childhood education, like EHS and HS will be critical to provide comprehensive educational, nutritional, and health services, as well as parenting programming, to assist families. Gentrification, which has led to rising rent costs, has rapidly changed the landscape of DC, which presents new challenges to housing stability for many families in DC's wards. The population of children under age five in DC has also been growing. While some of this growth has occurred in more affluent wards of DC, large proportions of DC's children live in wards in the city with low average family income levels. In fact, 23 percent of DC's children under age five live in poverty. The findings from this report provide information about current successes of EHS and HS in DC, as well as opportunities to increase support available for families.

Overview of current programs and successes

Early Head Start (EHS) and Head Start (HS) in the District of Columbia (DC) meet the needs of many eligible children and families. In terms of enrollment, the programs reached 6,676 children and pregnant women during the 2018-2019 program year.^{ix} In addition, the Head Start School Wide Model (HSSW) extended HS services to children and families in Title 1 DC Public Schools (DCPS) pre-K programs, regardless of HS enrollment eligibility. This extension allowed the program to benefit families with high need across the city.

Teachers and educators and stakeholders highlighted several strengths within the program at the family, community, and systems levels. Many families who are enrolled in EHS and HS are engaged with the program and with their children's learning and development. Teachers and educators discussed the close-knit communities in which they work and the strong relationships they are able to build with some parents and caregivers in their programs. Families enrolled in EHS and HS had access to an array of services provided through the program and other agencies in DC with which they were connected. In addition, resources in the community provided by community-based organizations (CBOs) helped meet families' needs. EHS and HS were also seen as programs that empowered parents to advocate for themselves.

At the program level, some teachers and educators noted that their programs benefitted from increased diversity in their classrooms, cross-cultural connections between families, and additional resources that sometimes resulted from the process of gentrification. While gentrification presented many challenges for

families, there were instances in which increases in affluent families in wards provided new financial and material resources to EHS and HS sites.

At the systems level, stakeholders pointed to strong coordination across departments and early childhood systems in DC. This coordination facilitated smooth referrals for families and children across services, as well as an ability to connect with families and to coordinate services provided to families onsite at their program. Teachers and educators and stakeholders also pointed to the Quality Improvement Network (QIN) as a strong systems-level support for EHS teachers and educators. Stakeholders felt they had close relationships with the QIN as well and were able to coordinate services.

Program needs and future planning considerations

There are considerable concerns about shifts in the District that destabilize access to resources for economically disadvantaged families. These shifts can be viewed as a double-edged sword. On the one hand, investment and interest in communities has brought about improvements. On the other hand, there is concern that as improvements are made, and property values and rents rise, families who can no longer afford the rising property values and rents will be pushed out.

In one stakeholder interview, for example, we learned about centers being shut down in wards that are becoming more affluent but rebuilding in higher need areas of the city like Wards 7 and 8. Wards 7 and 8, however, have experienced high gentrification rates in recent years compared to other parts of DC. As a result, there is a need to view the findings from this report with an understanding that communities have been and continue to be differentially impacted by gentrification in DC. The need for EHS and HS is not in question. It is, however, necessary to consider policies and supports in EHS and HS that promote the provision of high-quality care and inclusion with attention given to the different needs and levels of resource for varying wards in the city. In addition, future considerations and planning for program needs should examine the impact of District of Columbia Public Schools (DCPS) no longer receiving the federal HS grant. This will likely affect HS locations and services provided to children and families in parts of DC.

More generally, an assessment of the demographic, social, and economic characteristics of DC's population indicates a strong need for EHS and HS services, as demonstrated by the number of income-eligible families. The following considerations and recommendations reflect findings from secondary data and qualitative analysis, as well as the structure of DC's early childhood system. They aim to inform additional ways to strengthen DC's EHS and HS services.

Continue to expand the number of child care slots available in DC, particularly at sites that accept subsidy.

EHS and HS are meeting the needs of children and families across DC, but there is still a need for more child care capacity in the city. Stakeholders, parents, and caregivers expressed challenges with finding child care slots for infants, toddlers, and children with special needs. Parents and caregivers noted in particular that many sites did not accept subsidies or vouchers. The Office of the State Superintendent of Education (OSSE) has existing grants to expand slots through the Early Head Start Expansion grant and the Early Head Start-Child Care Partnership grant, and DC has set and exceeded a goal of expanding child care slots in the city. However, further expansion efforts or investment in child care partnerships could help meet enrollment needs for children and families. Recommendations include:

- Expand outreach to child care providers and increase incentives for accepting children receiving subsidy or vouchers.

- Survey parents who work to examine where child care slots may need to be expanded—while some parents prefer child care located near their home, others prefer to have child care options near their workplace.
- Seek out expanded partnership funding and opportunities between EHS and HS and existing child care sites to offer more enrollment options to low-income families.

Require standardized data reporting at multiple intervals throughout the school year.

Program Information Report (PIR) data collected at EHS and HS enrollment provides baseline information about the characteristics of families served by programs. However, families' needs change throughout the year, and teachers and educators noted that families did not always report information about children's needs at the start of their enrollment. Asking programs to send updated data to OSSE for all families bi-annually or quarterly would help deepen understanding about families' needs, and how those needs change throughout the year. Recommendations include:

- Require programs to update data at regular intervals for all families, not just updating as needs change for specific families.

Conduct a professional development needs assessment that examines differences across sites and wards.

DC's wards are socio-economically and demographically distinct, and the challenges that children and families face differ within and across communities. Teachers and educators expressed an interest in more flexible and less repetitive professional development requirements that allow them to tailor their professional development to their program's needs. Teachers and educators also expressed an interest in more training options for topics that align with their needs. An improved understanding of teachers and educators' training needs would help OSSE tailor training opportunities. Recommendations include:

- Conduct surveys to identify areas in which teachers and educators, directors, and program staff feel they need additional training have sufficient training, and feel training could be better differentiated.
- Review family needs to determine additional and emerging areas for training. For example, sites may need additional training to support health and economic needs of families that emerge in response to coronavirus (COVID-19).

Offer additional training and professional development opportunities focused on trauma, behavioral challenges, and supporting children with special needs.

Teachers and educators noted an increase in children and families experiencing trauma in their programs. Trauma stems from a variety of experiences, some of which are becoming more pronounced as DC gentrifies. For example, housing instability and eviction, on the rise as rents increase across DC, can lead to uncertainty and trauma for children and families. Teachers and educators felt they could benefit from additional training in addressing trauma and managing associated behaviors in the classroom. Teachers and educators also indicated that they could benefit from the support of EHS and HS program staff (e.g., classroom coaches, family support specialists) who have expertise in this area. In addition, while teachers and educators had strong relationships with early intervention services, they also said they were interested in having additional training on how to support children with special needs in the classroom more broadly. Recommendations include:

- Develop mechanisms to collect data and track the numbers of children/families experiencing trauma.
- Expand available trainings and required trainings for teachers and educators to identify and address trauma.
- Prioritize hiring teachers and educators who have expertise in trauma-informed care.
- Offer additional classes or trainings for parents on the effects of trauma on children and on disrupting the cycle of trauma.
- Expand available trainings and required trainings for teachers on supporting children with special needs, including referral and assessment and supporting children in the classroom.

Support programs with additional resources for communicating with linguistically diverse children and families.

DC has services available to support communication between teachers and educators and families, including phone-based translation support and translators that attend meetings and events (e.g., parent policy council meetings). Teachers and educators, however, expressed that increasing the number of teachers and educators at sites who speak the primary languages of children served, particularly Spanish, would improve their ability to meet the needs of children and families on a day-to-day basis. Recommendations include:

- Prioritize hiring EHS and HS teachers and educators, including coaches and family support specialists, who speak Spanish and other languages represented in classrooms.
- Train EHS and HS staff on how to select and administer appropriate developmental assessments to meet the language needs of children and families.

Seek out partnerships to expand availability and access to mental health services for young children and families.

Teachers and educators noted that many children and families have unmet mental health needs. This finding was supported by information from stakeholders on the lack of mental health providers with early childhood expertise and challenges with finding mental health providers that accept Medicaid. Some of these needs are met by CBOs that provide mental health support; however, access can be strengthened by partnering with other organizations addressing this need and with institutes of higher education. Recommendations include:

- Partner with institutes of higher education who may be able to place social work graduate students, therapists, and psychologists in programs as part of their practicum requirements.
- Implement training for teachers and educators in sites with high needs related to child and family mental health.
- Partner with mental health providers, including providers who offer telehealth services to reach families with transportation challenges, for steady and ongoing consultation with families.

Seek out partnerships to provide additional support for transportation for families.

EHS and HS offer transportation assistance to help families attend policy council meetings. In addition, some CBOs provide transportation assistance programs to families, including public transit fare as needed. However, challenges with transportation remain, particularly for families in Wards 7 and 8 and families of

children with disabilities. In Wards 7 and 8, providers noted that ridesharing services, particularly Uber and Lyft, refused rides to families. For families of children with disabilities or developmental delays, they may need to attend programs outside of their immediate community to meet the specific needs of their children. As a result, they may struggle with the length of time it takes to travel and the cost of transportation to these programs. Families also may face challenges with transit accessibility. Recommendations include:

- Explore partnerships with community organizations that can provide transportation or support transportation costs for families.
- Develop relationships, explore community partnership programs, and/or the development of EHS and HS accounts with services like Lyft.

Seek out partnerships with community-based economic development initiatives to ensure an Early Head Start and Head Start voice in changes.

Families with children under age five experience high rates of unemployment. Data demonstrates higher employment rates for pregnant women, which drop when these women give birth and raise children under age five. This drop indicates a need for a strong focus on expanding economic opportunities for families with young children. Partnerships with community and economic development initiatives focused on expanding employment and other opportunities in these communities could help to ensure that EHS and HS families and teacher and educator voices are reflected in these efforts. For example, facilitating the involvement of families and teachers and educators in stakeholder advisory groups or community meetings may help ensure that their needs are reflected in the process. Recommendations include:

- Identify community and economic development initiatives in DC communities and designate EHS and HS staff to develop partnerships so that program staff and families have the opportunity to provide input on these initiatives.
- Work with families and teachers and educators to develop recommendations or considerations related to EHS and HS needs for initiatives to consider.

Coordinate with health care providers to support access to services for families and information sharing.

Teachers and educators pointed to challenges that families have accessing medical care and receiving care from health care providers. Challenges include families not being able to see a single health care provider consistently, and health care providers communicating information in ways that are difficult for families to understand. This is an area in which family support specialists and case managers may be able to provide support. Recommendations include:

- Provide training for family support specialists and case managers on how to best communicate with medical providers.
- Coordinate with medical providers to educate them about EHS and HS requirements and the needs of families.

Share findings from this community needs assessment with key stakeholders, including Early Head Start and Head Start teachers and educators and families.

DC's EHS and HS systems are embedded in a broad, blended public early childhood education system that serves a large proportion of DC's children and families. The dissemination of this report's findings will help ensure that findings and recommendations be operationalized. Recommendations include:

- Collaborate with service providers, EHS and HS teachers and educators, and families to make suggestions on policy and procedure changes.
- Plan collaboratively with service providers, EHS and HS teachers and educators, and families on how to implement changes that best meet the needs within their programs, communities, and wards.

Monitor and assess the impact of COVID-19 on children, families, and teachers and educators.

On March 11, 2020, DC declared a public health emergency in response to COVID-19. At the time of this report, it is unknown what the short-term and long-term impacts of the pandemic will be on DC's EHS and HS programming and the children and families enrolled. OSSE has implemented [a number of supports](#) to assist EHS and HS programs, as well as children and families, during this emergency. Existing efforts include:

- Weekly calls to address ways in which OSSE can support the work of EHS and HS staff
- Bi-weekly working groups with providers on areas for support
- Virtual learning communities for educators, as well as virtual trainings and enhanced virtual technical assistance
- The development of resource lists based on community input
- Sharing links to resources for children and families
- Guidance on COVID-19 topics, including health and safety and reopening

The recommendations outlined in this report reflect the broader needs identified by the community prior to the pandemic. However, data examined in this report points to several additional recommendations related to supporting families and EHS and HS sites with COVID-19 challenges as the situation evolves and changes. Recommendations include:

- Continue to provide guidance to programs on how to reopen safely and to develop plans for possible closures and staff absences as the situation changes and evolves.
- Continue to assess short-term family needs and develop plans for how to address these needs remotely as they change.
- Assess the long-term challenges for families, including job loss and housing loss, to determine additional supports that may need to be in place as families return to in-person child care.

Resources

Housing and homelessness supports

The following resources provide information regarding housing services and support, meals, education, transportation, and other support programs for families experiencing homelessness in DC.

- [Community Partnership for the Prevention of Homelessness information](#)
- [DC Housing Search](#)
- [DC Coalition for the Homeless: Housing and Employment Assistance programs](#)
- [OSSE Homeless Education Program Information and Resources](#)
- Uniting Planning Organization (UPO)
 - [Housing Counseling](#)
 - [Shelter Hotline](#)
 - [Shelter Plus Care Program](#)

Foster care

The following resources provide information regarding family counseling, advocacy services, and parenting practices for both birth parents and resource parents (i.e., parents of children in foster care) in DC.

- [Adoptions Together](#) and [FamilyWorks Together](#)
- [Child and Family Services Agency](#)
- [Children's Law Center](#)
- [Foster and Adoptive Parent Advocacy Center](#)
- [Family Link Program](#)

Children with disabilities or developmental delays

The following resources provide information regarding education, benefits, health care, and peer support for families of infants and toddlers with disabilities or families who have concerns about the development of their infant or toddler in DC.

- [Strong Start DC Early Intervention Program](#) (Birth through Three, Part C)
- [Early Stages](#) (Three through Five, Part B)
- [Supplemental Security Income \(SSI\)](#)
- [Heath Services for Children with Special Needs \(HSCSN\)](#)
- [Parent Advocate Leaders Group](#)
- [Male Caregivers Advocacy Support Group](#)
- [Advocates for Justice and Education](#)

Health and wellness

The 2014 Healthy Tots Act supports child development facilities by providing healthy nutrition to children and offering high quality wellness programs. Resources including the Health and Wellness Guidelines, as well as a step by step guide to meet the guidelines from OSSE's Division of Health and Wellness, can be found [on OSSE's website](#).

COVID-19

COVID-19 resources for childcare providers, children, and families are available through [OSSE's website](#).

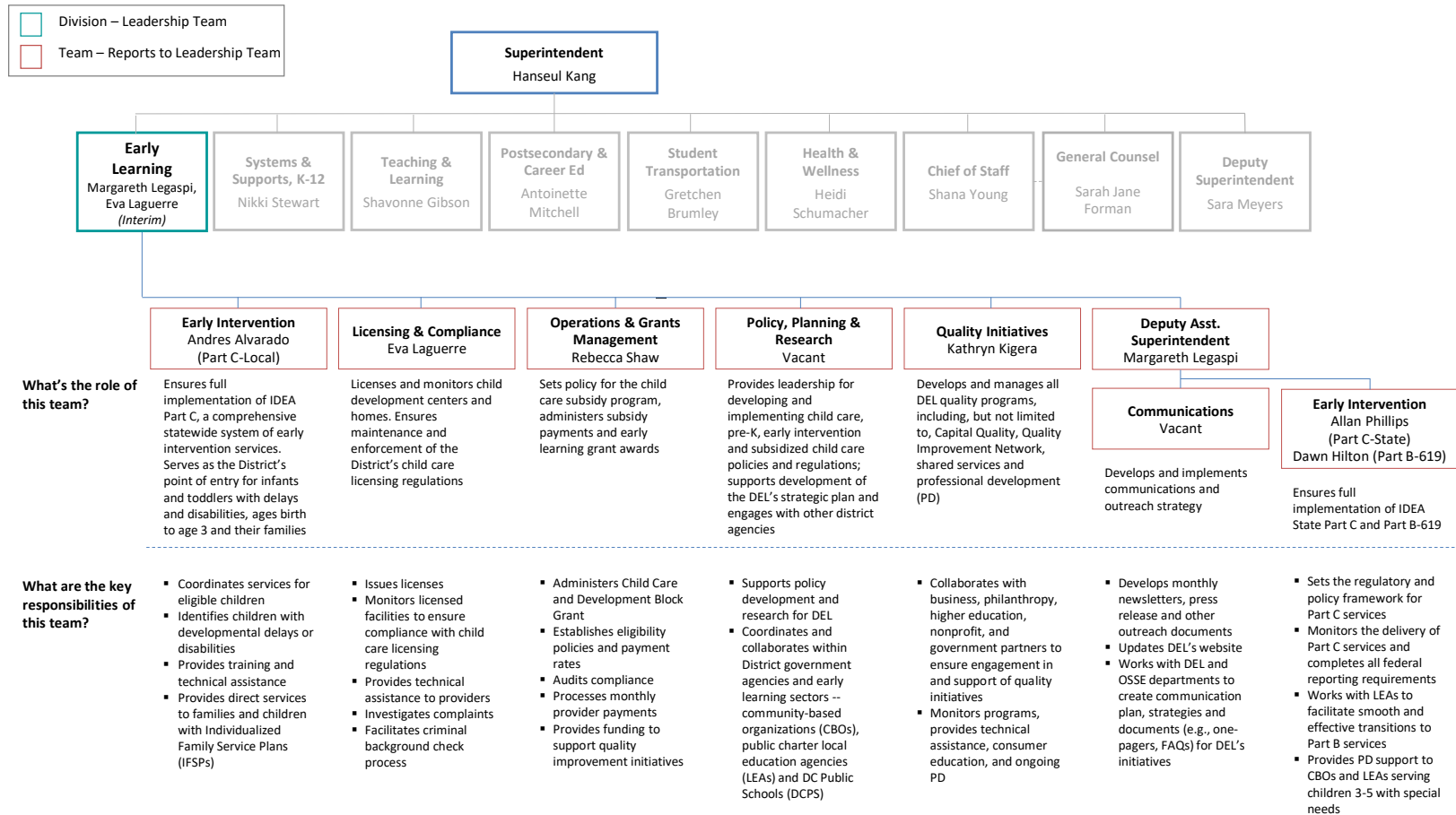
Resources for parents

The following resources provide information regarding healthcare, nutrition and food assistance, and other family support programs for families and children in DC. Family supports include case management, adult education opportunities, parenting education, support for victims of domestic violence, and mental health services.

- Healthcare
 - Primary physician care
 - [Medicaid](#)
 - [Children and Youth with Special Health Care Needs Program](#)
 - [School Health Services Program](#)
 - [DC Health and Wellness Center](#)
 - Dental Care
 - [Oral Health Program](#)
 - Other healthcare and mental health programs
 - [DC Healthy Start Project](#)
 - [DC Health Breast Feeding Program](#)
 - [Department of Behavioral Health – Children, Youth, and Family Services](#), including:
 - Healthy Futures Program (Early Childhood Mental Health Consultation Program)
 - Parent Infant Early Childhood Enhancement Program (PIECE)
 - [Department of Behavioral Health School Behavioral Health Program](#)
 - [Healthy Babies Project](#)
 - [Mary's Center](#)
 - [Project LAUNCH \(Linking Actions for Unmet Needs in Children's Health\)](#)
- Nutrition and food
 - Food assistance

- [WIC Program](#)
 - [WIC Clinics](#) and [WIC-Farmers' Market Nutrition Program \(Get Fresh\)](#)
 - [Supplemental Nutrition Assistance Program \(SNAP\)](#)
 - [Produce Plus Program](#)
 - [Electronic Benefits Transfer \(EBT\)](#)
 - [Food Pantries, Soup Kitchens, and Food Banks](#)
- Healthy eating programs
 - [National School Lunch Program \(NSLP\)](#)
 - [Free and Reduced Price Meals \(FARM\) Eligibility](#)
 - [SNAP-Ed for Nutrition Education and Obesity Prevention](#)
 - [Healthy Tots](#)
- Family supports programs and resources
 - Community-based programs
 - [Collaborative Solutions for Communities](#)
 - [Families First DC Success Centers](#)
 - [Far Southeast Family Strengthening Collaborative](#)
 - [Georgia Avenue Family Support Collaborative](#)
 - [East River Family Strengthening Collaborative](#)
 - [Edgewood/Brookland Family Support Collaborative](#)
 - [Fatherhood Education Empowerment and Development \(FEED\) Program](#)
 - Domestic violence support
 - [DC Family Violence Prevention and Services Program](#)
 - [Mary's Center](#)
 - Home visiting and case management
 - [The Family Place](#)
 - [Mary's Center](#)
 - GED education
 - [DC ReEngagement Center](#)
- Transportation:
 - [Transportation Services](#)

Appendix A: OSSE Department of Early Learning Organizational Chart



Source: Office of the State Superintendent of Education. (2020, May 8). OSSE Organizational Chart.

Appendix B: QIN Selection Criteria

 Office of the State Superintendent of Education

Quality Improvement Network

Improving Early Learning Across
Washington, DC



Child's Name: _____ DOB: _____ Sibling: ☐ Yes ☐ No

Determination Date: _____ Enrollment Year: _____

1. Family Name: _____ Number in Family: _____

2. Child meets age requirement for classroom. ☐ Yes ☐ No

3. Income Qualification: (**choose one below**) 1305.6 (b)(iii)

☐ SSI/SSDI- Any Head Start Household Member 100

☐ TANF - Head Start Act 645 (B)(iii) Training/Employed 100

☐ Foster Care 100

☐ Homeless/Shelter - HS Act 645. (B)(i) 100

☐ Income meets 100% or below Guideline HS Act 645.(B)(i) 10

☐ Income meets 101% to 130% Guideline HS Act 645. (B) (iii) (II) 5

***SSI, TANF, and Foster Care children automatically qualify as low-income applicants and are eligible for the program (1305.2 -L). Homelessness automatically qualifies for program (Improving HS for School Readiness Act 2007)**

SELECTION CRITERIA

Available Points	Income Qualification (Points from above)	Check all that apply
50	HIGH RISK	
(5)	<input type="checkbox"/> Teen Parent	<input type="checkbox"/>
(5)	<input type="checkbox"/> Incarcerated Parent	<input type="checkbox"/>
(5)	<input type="checkbox"/> Substance Abuse/Addiction/Domestic Violence	<input type="checkbox"/>
(5)	<input type="checkbox"/> Child Abuse/Child Service involved 1305.6(b)	<input type="checkbox"/>
(5)	<input type="checkbox"/> Parental Loss by Death	<input type="checkbox"/>
(5)	<input type="checkbox"/> Chronic Illness/Health Impairment	<input type="checkbox"/>
(5)	<input type="checkbox"/> Mental Health Concern	<input type="checkbox"/>
(5)	<input type="checkbox"/> Immigrant	<input type="checkbox"/>
(5)	<input type="checkbox"/> Military Family	<input type="checkbox"/>
(5)	<input type="checkbox"/> Guardianship: <input type="checkbox"/> Single Parent <input type="checkbox"/> Temporary Custody <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	<input type="checkbox"/>
15	Disability with IEP and/or IFSP 1305.6 (c)	<input type="checkbox"/>
15	Pregnant mom	<input type="checkbox"/>
10	<input type="checkbox"/> Children previously enrolled in another Early Head Start/Head Start Program	<input type="checkbox"/>
10	<input type="checkbox"/> Sibling of current children enrolled in Early Head Start/Head Start Program	<input type="checkbox"/>
		<input type="checkbox"/>
TOTAL NUMBER OF POINTS		

Completed by: _____ Date Completed: _____ CD Initial: _____

ERS-ENR-103
ERSEA - PC Approval Date: February 7, 2019

Selection Priority Criteria Process Form
REV 02/2019

Appendix C: Teacher and Educator Pre-Focus Group Survey and Parent and Caregiver Pre-Focus Group Survey

Teacher and educator pre-focus group survey

Introduction: Thank you for taking the time to complete our survey. These questions will help us to learn about your experiences as Head Start and Early Head Start staff. The survey will be followed by a group conversation that will provide an opportunity to discuss more about your experiences offering services to children and families.

Voluntary and confidential: Your responses to this survey will only be seen by Child Trends researchers, and otherwise will remain confidential. For the purposes of this study, information from all surveys and focus group discussions will be presented in summary form. Any reports or presentations will not include individual names or identifiable information.

When asked on official forms, I identify my race as:
(please check all that apply)

American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian and Other Pacific Islander	
White	
Other (please write) _____	
Prefer not to say	

When asked on official forms, I identify my ethnicity as:

Hispanic or Latino	
Not Hispanic or Latino	
Other (please write) _____	
Prefer not to say	

Check all that apply	I speak...							
	English	Spanish	French	Chinese	Vietnamese	Amharic	Other: _____	Other: _____
Speak very well								
Speak well								
Speak not well								
Speak not at all								

Check all that apply	The families that I work with speak...							
	English	Spanish	French	Chinese	Vietnamese	Amharic	Other: _____	Other: _____
I work with families who, at home, speak...								

I have obtained the following degrees and/or credentials (check all that apply):

Less than a high school diploma/GED	
High School Diploma/GED	
Some college or vocational training	
*Associate degree	
*Bachelor's degree or equivalent	
*Master's degree and/or doctoral degree	
*Child Development Associate (CDA)	
Other (please write) <hr/>	

- a. If you marked YES for any of the degrees and/or credentials with a STAR beside it, what field was your degree in?

The Head Start or Early Head Start center where I work is in Ward:

1	2	3	4	5	6	7	8	Do Not Know

I have been in my current Head Start or Early Head Start position and with my current employer for:

Less than a year	
1-3 years	
3-5 years	
6 or more years	

Additional work outside of Head Start or Early Head Start:

I have another job outside of Head Start or Early Head Start in the early care and education field.	
I have another job in a different field.	
None of the above	

I am currently employed at a:

Child development center	
Child development home	
DC Public Schools campus	
DC public charter school campus	
Health care facility	
Other (please write)	

I have worked in the field of early care and education for:

Less than a year	
1-3 years	
3-5 years	
6 or more years	

I work with children ages (check all that apply):

0-24 months (0-2 years)	
24-30 months (2-2.5 years)	
30-36 months (2.5-3 years)	
36-48 months (3-4 years)	
48-60 months (4-5 years)	
Other (please write)	

In the past year, I have worked directly with one or more children who:

Was referred for special education services (e.g., speech therapy)	
Was evaluated/tested for a developmental delay or disability	
Received special education services (e.g., speech therapy)	
Was supported directly in my classroom/program with special education services (e.g., speech therapy)	
Other (please write)	

Notes and comments

Notes and comments

In the past year, I have worked directly with one or more families who:

Experienced temporary homelessness	
Experienced chronic homelessness	
Needed a referral to support services (e.g., counseling, food pantry, etc.)	
Was taking care of a young child in foster care	
Other (please write)	
<hr/>	

Notes and comments:

If you are interested in being contacted about this project in the future, please share your name and preferred contact information:

Name:

Phone Number:

Email:

Parent and caregiver pre-focus group survey

Introduction: Thank you for taking the time to complete our survey. We are surveying parents whose children are enrolled in childcare or prekindergarten to learn about your experiences.

Voluntary and confidential: Your responses to this survey will only be seen by researchers and otherwise will remain confidential. For the purposes of this study, information from all surveys and focus groups will be summarized and presented together in summary form. Study reports and presentations will not include individual names or identifiable information.

When asked on official forms, I identify my race as: (Check all that apply)

American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Other (please write)	
Prefer not to say	

When asked on official forms, I identify my ethnicity as:

Hispanic or Latino	
Not Hispanic or Latino	
Other (please write)	
Prefer not to say	

What is your age? _____

☐ Prefer not to say

What is your educational background?

Less than a high school diploma/GED	
High school diploma/GED	
Some college or vocational training	
Associate degree	
Bachelor’s degree or equivalent	
Master’s degree and/or Doctoral degree	
Other (please write)	
Prefer not to say	

On average, about how many hours a week do you work? _____

☐ Prefer not to say

What is your yearly household income?

Less than \$10,000	
\$10,000-\$15,000	
\$15,001-\$20,000	
\$20,001-\$30,000	
\$30,001-\$40,000	
\$40,001-\$50,000	
\$50,001-\$60,000	
Above \$60,000	
Prefer not to say	

On average, about how much do you make per hour? _____

☐ Prefer not to say

I currently live in ward:

1	2	3	4	5	6	7	8	I don't know	Prefer not to say

If you do not know which ward you live in, please write the name of your neighborhood:

How long have you lived in your current neighborhood?

Less than a year	
1-2 years	
3-5 years	
6-10 years	
More than 10 years	
Prefer not to say	

Within the past 5 years, have you moved or considered moving out of D.C. because the cost of housing is too high?

Yes	
No	
Prefer not to say	

Do you receive any type of subsidy or financial assistance to help with the cost of your current housing situation?

Yes	
No	
Prefer not to say	

What languages do you speak? How well do you speak these languages? (Check all that apply)

	English	Spanish	French	Chinese	Vietnamese	Amharic	Other: _____	Other: _____
Speak very well								
Speak well								
Speak not well								
Speak not at all								

The following section refers to information about your child(ren).

How many of *your* children live in your home? _____

How many *other* children live in your home? (If none, write "0") _____

For each of your children who lives with you, please write their age in years. If an infant under the age of 12 months lives with you, please write "<1".

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8

How many of your children under school age are enrolled in childcare or prekindergarten? _____

In the table above, please draw a circle around each child under school age enrolled in childcare or prekindergarten.

For each child enrolled in childcare or prekindergarten, when asked on official forms, I identify my child’s race as: (Check all that apply for each child.)

Race	Child			
	1	2	3	4
American Indian or Alaska Native				
Asian				
Black or African American				
Native Hawaiian or other Pacific Islander				
Pacific Islander				
White				
Other (please write)				
Prefer not to say				

For each child enrolled in childcare or prekindergarten, when asked on official forms, I identify my child's ethnicity as:

Ethnicity	Child			
	1	2	3	4
Hispanic or Latino				
Not Hispanic or Latino				
Other (please write) _____				
Prefer not to say				

Which childcare or prekindergarten arrangements do you use? (Check all that apply)

Center-based childcare	<input type="checkbox"/>
Home-based or family childcare	<input type="checkbox"/>
Pre-kindergarten (PK3 or PK4)	<input type="checkbox"/>
In-home childcare (nanny, babysitter, etc.)	<input type="checkbox"/>
My child(ren)'s siblings provide childcare	<input type="checkbox"/>
Other relatives provide childcare	<input type="checkbox"/>
My friends or neighbors provide childcare	<input type="checkbox"/>
Other (please write) <hr/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Head Start and OSSE are very concerned with ensuring that families in special circumstances get the support they need. The next few questions will help them understand what circumstances families face in order to better support them.

Does your child(ren) have any special needs or disabilities?

Yes	
No	
Prefer not to answer	

Has your family ever experienced homelessness while enrolled in childcare or prekindergarten?

Yes	
No	
Prefer not to answer	

Has your child(ren) ever been placed in foster care while enrolled in childcare or prekindergarten?

Yes	
No	
Prefer not to answer	

Do you have access to any of the following forms of technology at home? (Check all that apply)

Computer with internet	
Computer without internet	
Cell phone with internet	
Cell phone without internet	
Tablet with internet	
Tablet without internet	
Landline phone	

In the past year have you participated in any committees or activities at your childcare or prekindergarten site? (Check all that apply)

Parent policy councils or committees	<input type="checkbox"/>
Volunteering in your child's class or center	<input type="checkbox"/>
Programs for men/fathers	<input type="checkbox"/>
Parent-child group activities	<input type="checkbox"/>
Social events (family nights, classroom parties, etc.)	<input type="checkbox"/>
Parent-teacher conferences	<input type="checkbox"/>
Attending field trips	<input type="checkbox"/>
Other (please write) <hr/>	<input type="checkbox"/>
None	<input type="checkbox"/>

We are interested in understanding what type of resources are available to you through your childcare or prekindergarten site. (Check all that apply)

Resource	Would you be interested in participating in or using this resource?	In the past year, has this resource been offered to you or have you received a referral?	If this resource or referral was offered to you in the past year, did you participate or use the service?
Adult support services			
Adult education (e.g., GED, literacy, English language)			
Job training			
Parenting workshops			
Child development workshops			
Child support services			
Support for child's disability			
Health and development screenings			
Dental care			
Mental health support			
Immunizations			
Nutrition resources			

Resource	Would you be interested in participating in or using this resource?	In the past year, has this resource been offered to you or have you received a referral?	If this resource or referral was offered to you in the past year, did you participate or use the service?
Housing services			
Emergency shelter			
Temporary shelter or housing			
Permanent housing (e.g., Rapid Re-Housing, vouchers or subsidies, Permanent Supportive Housing)			
Financial support services			
Welfare support (cash assistance, TANF)			
Unemployment insurance support			
Child support			
Supplemental Security Income (SSI) or Social Security Retirement, Disability, or Survivor's benefits			
Payments for providing foster care			

Resource	Would you be interested in participating in or using this resource?	In the past year, has this resource been offered to you or have you received a referral?	If this resource or referral was offered to you in the past year, did you participate or use the service?
Bill assistance (e.g., energy, rent, etc.)			
Food access			
Food pantry			
Food stamps, SNAP			
WIC – Special Supplemental Food Program for Women, Infants, and Children			
Family wellbeing			
Domestic violence services			
Mental health or substance abuse services			
General health services			
Other (please write-in any additional resources)			

Resource	Would you be interested in participating in or using this resource?	In the past year, has this resource been offered to you or have you received a referral?	If this resource or referral was offered to you in the past year, did you participate or use the service?

How do you typically learn about these resources mentioned above (direct resources and referrals)? How would you prefer to learn about these resources? (Check all that apply)

	I learn about resources this way	I would like to learn about resources this way
By email		
By phone call		
Through flyers at my childcare center or school		
From the family engagement specialist/family liaison, in-person		
From my child's teachers, in-person		
From other center or school staff, in-person		
From other parents		

	I learn about resources this way	I would like to learn about resources this way
Other (please write) <hr/>		
None		

What other resources *in your community* have you used? (Please list the name(s) of the organization(s).)

Notes and comments:

If you are interested in being contacted about this project in the future, please share your name and preferred contact information:

Name:

Phone Number:

Email:

Appendix D: List of Stakeholder Agencies

Agencies listed below provided insight that shaped this report through interviews, sharing secondary data, and connecting our team with families and additional key stakeholders.

- The families and early childhood workforce of the District of Columbia
- Child and Family Services Agency (CFSA), Office of Well Being
- DC Public Schools (DCPS), Division of Early Childhood Education
- Department of Human Services (DHS), Subsidized Child Care Program
- Early Head Start, Quality Improvement Network (QIN)
- Easterseals (QIN Hub Grantee)
- Head Start State Collaboration Advisory Board
- Head Start State Collaboration Office
- Homeless Education State Coordinator
- Hurley and Associates (Grantee)
- OSSE, Capital Quality
- OSSE, DC Early Intervention Program
- OSSE, Part B-619 (Transition from Part C to B)
- OSSE, Division of Health and Wellness
- OSSE, Subsidized Child Care Program
- United Planning Organization (QIN Hub Grantee)

ⁱ Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., & Matthew Sobek (2020). IPUMS USA: Version 10.0 [2014–18 American Community Survey five-year estimates]. Minneapolis, MN: IPUMS, 2020. <https://doi.org/10.18128/D010.V10.0>

ⁱⁱ Colby, S. L. & Ortman, J. M. (2015, March 3) *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*. United States Census Bureau.

ⁱⁱⁱ KIDSCOUNT, DC Department of Health (2014) Infant Mortality Report. Retrieved from

<https://datacenter.kidscount.org/data/tables/7450-births-by-race-ethnicity-by-ward#detailed/3/any/false/869,36,868,867,133,38,35,18,17,16/2159,2157,2664,2160,2973,2319,2322/14539>

^{iv} Desmond, M., Gromis, A., Edmonds, L., Hendrickson, J., Krywokuski, K., Leung, L., and Porton, A. Eviction Lab National Database: Version 1.0. Princeton University. Retrieved from www.evictionlab.org.

^v Head Start Program Performance Standards, 45 CFR § 1302.14

^{vi} Early Childhood Learning & Knowledge Center. (n.d.). 2018-2019 Program Information Report [Data file]. Retrieved on February 28, 2020 from <https://hses.ohs.acf.hhs.gov/pir/>.

^{vii} Office of the State Superintendent. (2020). Early Head Start-Child Care Partnership (EHS-CCP) Annual Report. District of Columbia Office of the State Superintendent.

^{viii} An Act in the Council of the District of Columbia. (n.d.). Retrieved from <https://code.dccouncil.us/dc/council/laws/docs/17-202.pdf>

^{ix} Office of the State Superintendent of Education. (2018). Fiscal Year 2018 Pre-K Report. Washington: District of Columbia Office of the State Superintendent of Education.

^x United States Census Bureau. (2018). ACS 5-Year Survey. Accessed through Annie E. Casey Foundation Kidscount Data Center.

^{xi} T. Dewan-Czarnecki (personal communication, May 14, 2020) sharing the most recent publicly available update.

^{xii} Yamashiro, A. & McLaughlin, J. (2020). U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Early Childhood Homelessness State Profiles 2020: Data Collected in 2017-2018, Washington, DC.

- xiii Preschool Development Grant, Birth Through Five Needs Assessment (Rep.). (2019). Washington, DC: District of Columbia Office of the State Superintendent of Education. Retrieved from osse.gov: <https://osse.dc.gov/page/preschool-development-grant-birth-through-five-pdg-b-5-grant-competition>
- xiv DC Health Matters. (2020). 2020 Demographics. Retrieved from dchealthmatters.org: <https://www.dchealthmatters.org/index.php?module=demographicdata&controller=index&action=index>
- xv Office of the State Superintendent of Education (n.d.) *About: Office of the State Superintendent of Education*. Retrieved from dc.gov: <https://osse.dc.gov/page/about-osse>
- xvi Office of the State Superintendent of Education. (2020, May 8). OSSE Organizational Chart.
- xvii Children's Law Center. (n.d.). Overview: Early Intervention/Special Education Services for Children Ages 0 to 5. Children's Law Center.
- xviii Office of the State Superintendent of Education. (2019). Defendants' August 30, 2019 Report on Numerical and Programmatic Requirements. Civil Action No. 05-1437 (RCL).
- xix District of Columbia. (2020). *IDEA Part C - Exiting Process Release 8.0, Year: 2018-19*.
- xx Office of the State Superintendent of Education. (2019, February 4). Responses to Fiscal Year 2018 Performance Oversight Questions. Prepared by Lewis D. Ferebee, Acting Chancellor.
- xxi Office of the State Superintendent of Education. (n.d.). *Licensure and Certification for Educators*. Retrieved from dc.gov: <https://osse.dc.gov/page/licensure-and-certification-educators>
- xxii District of Columbia Public Schools. (2019). Community Assessment Report.
- xxiii My School DC. (n.d.). Retrieved from My School DC: The Public School Lottery Web site: <https://www.myschooldc.org/>
- xxiv Truong, D. & Cardoza, K. (2010, April 15). D.C. Public Schools Lose Millions in Federal Funding for Head Start. WAMU. Retrieved from wamu.org: <https://wamu.org/story/20/04/15/d-c-public-schools-loses-millions-in-federal-money-for-head-start/>
- xxv Head Start Early Childhood Learning and Knowledge Center. (2020, April 27). Programs: Home-Based Option. Retrieved from Head Start ECLKC Website: <https://eclkc.ohs.acf.hhs.gov/programs/article/home-based-option>
- xxvi District of Columbia Home Visiting Council. (n.d.). Home Visiting Programs in DC. Retrieved from District of Columbia Home Visiting Council Web Site: <https://www.dchomevisiting.org/dc-home-visiting.html>
- xxvii District of Columbia Home Visiting Council. (2019). 2018 Annual Report of the District of Columbia Home Visiting Council. Washington.
- xxviii Economic Policy Institute. (2019). The cost of child care in Washington, DC. Retrieved from epi.org: <https://www.epi.org/child-care-costs-in-the-united-states/#/DC>
- xxix Office of the State Superintendent of Education. (2020, February 14). Responses to Fiscal Year 2019 Performance Oversight Questions. Prepared by Hanseul Kang, State Superintendent of Education.
- xxx Office of the State Superintendent of Education. (n.d.) *Child Care Subsidy/Voucher Program*. Retrieved from dc.gov: <https://osse.dc.gov/service/child-care-subsidyvoucher-program>
- xxxi Office of the State Superintendent Performance Oversight Responses (through KIDSCOUNT). (2020) Retrieved from kidscount.org: <https://datacenter.kidscount.org/data/tables/9063-subsidized-child-care-enrollment-by-ward#detailed/3/any/false/1729,37,871,870,573,869,36/4824,5332/18042,18043>
- xxxii Office of the State Superintendent Performance Oversight Responses (through KIDSCOUNT). (2020) Retrieved from kidscount.org: <https://datacenter.kidscount.org/data/tables/9063-subsidized-child-care-enrollment-by-ward#detailed/3/any/false/1729,37,871,870,573,869,36/4824,5332/18042,18043>
- xxxiii Office of the State Superintendent. (2020). Early Head Start-Child Care Partnership (EHS-CCP) Annual Report. District of Columbia Office of the State Superintendent.
- xxxiv Office of the State Superintendent of Education. (2019). District of Columbia Early Learning Standards 2019. Retrieved from dc.gov: <https://osse.dc.gov/publication/district-columbia-early-learning-standards-dc-els>.
- xxxv Parker, P., & Reid, M. (2020, April 6). Head Start/Early Head Start Stakeholder Discussion. (C. Lloyd, Interviewer)
- xxxvi Office of the State Superintendent of Education. (n.d.) A Step by Step Guide for Implementing Wellness Guidelines in Child Development Facilities. Prepared by Sheena King & Suzanne Henley, Division of Wellness, OSSE.
- xxxvii Office of the State Superintendent of Education. (n.d.) Wellness Guidelines for Child Development Facilities. Retrieved from dc.gov: <https://osse.dc.gov/page/healthy-tots-act>.
- xxxviii KIDSCOUNT, Office of the State Superintendent of Education (OSSE), Performance Oversight Responses and Annual Pre-Kindergarten Reports, year not specified. Retrieved from <https://datacenter.kidscount.org/data/tables/9370-public-pre-k-enrollment-by-ward?loc=10&loct=3#detailed/3/any/false/1740,1639,1600,1536/any/18494>
- xxxix Nation Community Reinvestment Coalition. (2019, March 19). Shifting Neighborhoods: Gentrification and cultural displacement in American cities. Retrieved from NCRC: <https://nrcr.org/gentrification/>
- xl Enterprise (2019). Gentrification Comparison Tool. Retrieved from <https://www.enterprisecommunity.org/policy-and-advocacy/policy-development-and-research/gentrification-comparison-tool>.
- xli United States Census Bureau. (2018, April 10). *Public Use Microdata Areas (PUMAs)*. United States Census Bureau. <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/pumas.html>
- xlii Murphey & Cooper. (2015). Infants and Toddlers in the District of Columbia: A Statistical Look at Needs and Disparities. Retrieved from <https://www.childtrends.org/wp-content/uploads/2015/12/2015-28DC-Infants-Toddlers.pdf>
- xliiii KIDSCOUNT, DC Department of Health (2014) Infant Mortality Report. Retrieved from <https://datacenter.kidscount.org/data/tables/7450-births-by-race-ethnicity-by-ward#detailed/3/any/false/869,36,868,867,133,38,35,18,17,16/2159,2157,2664,2160,2973,2319,2322/14539>
- xliv The Community Partnership for The Prevention of Homelessness. (January 22, 2020). 2020 *Point-in-Time Count*.

-
- ^{xlv} Smith, R. (2017). Food access in DC is deeply connected to poverty and transportation. DC Policy Center. Retrieved from <https://www.dcpolicycenter.org/publications/food-access-dc-deeply-connected-poverty-transportation/>
- ^{xlvi} KIDSCOUNT, DC Department of Human Services, Economic Security Administration (2015). Families, Children, and Adults receiving SNAP by Ward. <https://datacenter.kidscount.org/data/tables/7320-families-children-and-adults-receiving-snap-by-ward#detailed/3/any/false/869,36,868,867,133/3539,3538,3537/14385>
- ^{xlvii} KIDSCOUNT, DC Department of Human Services, Economic Security Administration (2017). Families, Children, and Adults receiving TANF by Ward. Retrieved from <https://datacenter.kidscount.org/data/tables/7316-families-children-and-adults-receiving-tanf-by-ward#detailed/3/any/false/573,869,36,868,867,133/3539,3538,3537/14382>
- ^{xlviii} Raise DC. (2020). Ward-Level EDI Outcomes: Early Childhood Data in DC's Eight Wards. Retrieved from raised.org: <https://www.raisedc.org/ourchildren/wards>
- ^{xlix} District of Columbia Department of Health (2013). District of Columbia Community Health Needs Assessment, Volume 2.
- ⁱ District Department of the Environment (2010). Strategic Plan for Lead-Safe and Healthy Homes.
- ⁱⁱ Stein, P. (2016, Apr 21). Elevated lead levels found in water at three DC schools. *Washington Post*. Retrieved from https://www.washingtonpost.com/local/education/elevated-lead-levels-found-in-water-at-three-dc-schools/2016/04/21/05014212-07fc-11e6-b283-e79d81c63c1b_story.html
- ⁱⁱⁱ Hornman, J., de Winter, A. F., Kerstjens, J. M., Bos, A. F., & Reijneveld, S. A. (2016). Emotional and Behavioral Problems of Preterm and Full-Term Children at School Entry. *Pediatrics*, 137(5), e2015-2255. DOI: <https://doi.org/10.1542/peds.2015-2255>
- ^{lii} U.S. Department of Education, EDFacts Data Warehouse (2018/2019). IDEA Part B Child Count and Educational Environments Collection. Data extracted as of July 11, 2018/2019 from file specifications 002 and 089.
- ^{liii} U.S. Department of Education, EDFacts Metadata and Process System (EMAPS) (2018). IDEA Part C Child Count and Settings Survey. Data extracted as of July 11, 2018.
- ^{lv} Metropolitan Washington Council of Governments (2018). Annual Report on Foster Care. Retrieved from <https://www.mwcog.org/documents/2018/06/29/annual-report-on-foster-care-adoption-foster-care/>
- ^{lvi} Kelly, J., Heimpel, D., Loudenback, J., Renick, C., Phagan-Hansel, K., Green, E., Pham, S., & Zarate, M. (2017). The Foster Care Housing Crisis. *The Chronical of Social Change: Children and Youth Front and Center*. Retrieved from <https://imprintnews.org/wp-content/uploads/2017/10/The-Foster-Care-Housing-Crisis-10-31.pdf>
- ^{lvii} DC Child and Family Services Agency (2016). Children in Foster Care by Age. Retrieved from <https://datacenter.kidscount.org/data/tables/7820-children-in-foster-care-by-age?loc=10&loct=3#detailed/3/any/false/1556,1444,1382,1119,1118,874,637,636,635,634/4525,557,558,559,560,561,562,563,564,565,566,567,568,569,570,571,572,573,574,575,576,1204,214/15090>
- ^{lviii} Early Childhood Learning & Knowledge Center. (n.d.). Head Start Center Locator [Data file]. Retrieved on February 28, 2020 from <https://eclkc.ohs.acf.hhs.gov/center-locator?latitude=38.907&longitude=-77.037&city=Washington&county=District%20of%20Columbia&state=DC>
- ^{lix} DC Health Matters (2019). Teen Birth Rate 15-19. Data from the District of Columbia Department of Health. Retrieved from <http://www.dchealthmatters.org/indicators/index/view?indicatorId=430&periodId=457&localeId=130951>
- ^{lx} Office of the State Superintendent of Education. (n.d.). State Early Childhood Development Coordinating Council (SECDCC). Retrieved from dc.gov: <https://osse.dc.gov/service/state-early-childhood-development-coordinating-council-secdcc>
- ^{lxi} Office of the State Superintendent of Education. (n.d.). State Early Childhood Development Coordinating Council (SECDCC). Retrieved from dc.gov: <https://osse.dc.gov/service/state-early-childhood-development-coordinating-council-secdcc>