

Executive Summary

Infants & Toddlers in the District of Columbia: A Needs Assessment

Infants & Toddlers in the District of Columbia: A Needs Assessment is a report commissioned by the DC State Board of Education. The report examines the current state of early education of infants and toddlers in the District of Columbia, highlights the importance of the years from birth to three and of public investment in programs for young children; and provides recommendations to the Office of the State Superintendent of Education (OSSE) and the DC Council.

The period from birth to three is the most vulnerable and most important time in a child's development. For infants and toddlers, experiences and relationships during these first three years have a profound impact on brain development – the development of cognitive achievements, linguistic, social and emotional capacities.¹

The importance of early learning experiences should not be underestimated. Physical, intellectual, and social learning occur in everyday experiences, which include the interaction between caregivers and infants engaged in the daily rituals of talking, exploring, playing, and cuddling, create incredible opportunities for early learning.² In the District, 37.6% of children under three years of age live in low income families, compared with 43.4% nationwide.³ The achievement gap for children starts early in life and is often difficult to reverse. Birth to Three therefore, must be viewed as part of a continuum of learning, alongside Pre-K to 12 and post-secondary education.

The report looks at the importance of addressing the needs of infants and toddlers. This includes demographic data, gaps in research, an overview of the current landscape in the District, and strengths and weaknesses of current policies. In the District, early care and education is funded through multiple funding streams. For infants and toddlers, they include Early Head Start, child care, early intervention, home nursing programs, as well as health and family support services. Yet, accessibility, affordability and quality care is scarce.

Accessibility:

- 6,453 children under four years old are on child care waiting lists
- The supply of quality infant toddler care is particularly acute in low-income communities, such as Wards 5, 7 and 8
- Only 4 percent of eligible children (from birth to age three) receive Early Head Start Services.

Affordability:

- The average annual fee paid for infant care in a licensed child development center in the District is \$12,000
- For a District family at the media income of \$36,238, quality infant care in a center-based program can take up to 57% of the total family income before taxes

Quality Care:

- The percentage of nationally accredited facilities in the District is improving
- The salaries of caregivers are low, at an average of \$22,850

Recommendations:

- Develop an overall strategy for providing services to children from birth to three
- Analyze and maximize the contributions from potential funding sources
- Implement uniform standards and more structured professional credentialing to support specialized care
- Advocate for programs for children from birth to three and include all relevant stakeholders in the process

¹ Mary B. Lerner, Richard E. Behrman, Marie Young, and Kathleen Reich, "Caring for Infants and Toddlers: Analysis and Recommendations," *Caring for Infants and Toddlers*, Volume 11, Number 1, Spring/Summer, 2001.

² ZERO TO THREE, *Everyday Ways to Support Your Baby's and Toddler's Early Learning*, www.zerotothree.org/schoolreadiness

³ NCCP, 2008



The District of Columbia

State Board of Education

**BIRTH TO THREE
IN THE DISTRICT OF COLUMBIA**

A Needs Assessment

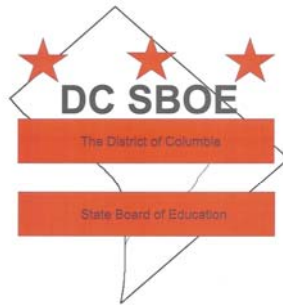
Prepared by HyeSook Chung, MSW
For the District of Columbia State Board of Education
October 9, 2008

District of Columbia
State Board of Education

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**Improving Educational Outcomes for
All Residents of the District of Columbia**



BIRTH TO THREE IN THE DISTRICT OF COLUMBIA

A Needs Assessment

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I. INTRODUCTION

The 2006 report titled, *No Time to Wait: Ensuring a Good Start for Infants and Toddlers in the District of Columbia* (“*No Time to Wait*”), prepared for the Mayor’s Advisory Committee on Early Childhood Development (“MACECD”), addressed the status, and needs, of programs for infants and toddlers in the District of Columbia (“the District”). This report, commissioned by the District’s State Board of Education (the “Board”), revisits the policy recommendations for infant and toddler care addressed in *No Time to Wait*, and provides (1) an update on the status of programs and policies concerning infants and toddlers in the District, (2) recommended action steps for the Board to enhance the quantity, and quality, of early learning services offered to infants and toddlers in the District, and (3) a broader early care and education framework to support a birth to five agenda.¹

II. THE IMPORTANCE OF ADDRESSING THE NEEDS OF INFANTS AND TODDLERS

A. The Unique Needs of Infants and Toddlers

The period from ages zero to three is the most vulnerable and most important time in a child’s development. The importance of developing and implementing quality early childhood programs is rooted in sound science: children are born with billions of neurons, and the connections between these neurons are rapidly modified and “hardwired” as children grow, experience the world, and establish relationships with caregivers. “Hardwired” connections are responsible for all of a child’s major cognitive and emotional functions, including vision, hearing, language, social-emotional development, and movement.²

For infants and toddlers, experiences and relationships during these first three years have a profound impact on brain development – more specifically, the development of cognitive achievements, linguistic, social and emotional capacities.³ When teachers and parents fail to support an infant or toddler’s biologically inherent desire to learn, grow, and succeed, his/her motivation is diminished. Accordingly, ensuring that infants and toddlers have good health, strong families, and positive early learning experiences will lay the foundation for success throughout their lives.

The importance of early learning experiences should not be underestimated. Physical, intellectual, and social learning occur in everyday experiences – the interaction between caregivers and infants engaged in the daily rituals of talking, exploring, playing, and cuddling create incredible opportunities for early learning.⁴ Early learning experiences can build the intellectual and academic skills necessary to enter school and life ready to learn and engage, which provides a compelling reason to invest in the early learning experiences of infants and toddlers.

Babies and toddlers need (1) nurturing relationships and responsive care, and (2) safe and stimulating environments. Children who do not have quality relationships and early learning experiences fail to develop their full potential.

¹ Early care and education includes (1) quality child care programs in a variety of settings, (2) Early Head Start and Head Start, (3) quality pre-k for all offered in diverse settings, and (4) early identification and services for children with special needs.

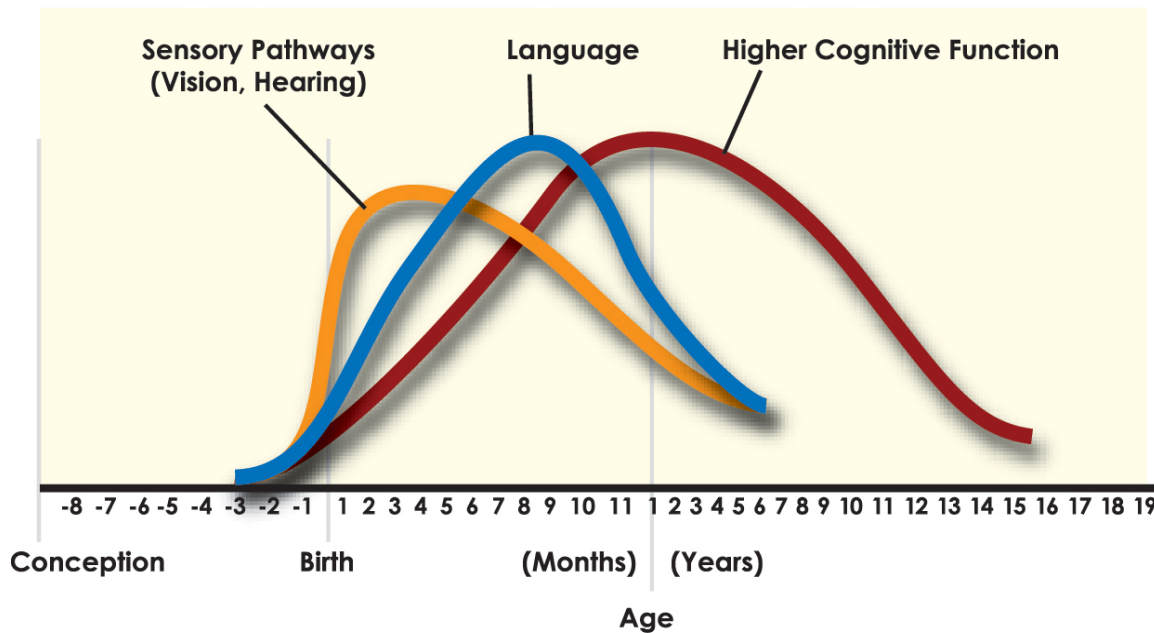
² Nelson, C.A., “The Developing Brain,” In Shonkoff, J. P., & Phillips, D. A. (Eds), *From Neurons to Neighborhoods: The Science of Early Childhood Development*, National Academy Press, 2000.

³ Larner, M.B, Behrman, R.E., Young, M., and Reich, K., “Caring for Infants and Toddlers: Analysis and Recommendations,” *Caring for Infants and Toddlers*, Volume 11, Number 1, Spring/Summer, 2001.

⁴ ZERO TO THREE, Everyday Ways to Support Your Baby’s and Toddler’s Early Learning, www.zerotothree.org/schoolreadiness

Human Brain Development

Synapse Formation Dependent on Early Experiences



Source: Nelson (2000)

1. Quality Relationships

People, and their relationships with them, are critically important in the care and development of infants and toddlers.⁵ Caregivers and parents need to be warm and nurturing, as they are caring for the overall well-being of infants and toddlers. Caregivers and parents not only provide food and physical safety; but they nurture and reassure the infant's attachment to caregivers – they respond to their immediate needs; they offer positive early learning experiences, and they surround the child with early language.⁶ Thus, quite different than preschoolers, infants and toddlers need smaller group size, an effort to ensure continuity of care because of the importance of the formative bonds from consistent relationships.⁷

2. Stimulating Early Learning Experiences

Early language and literacy (reading and writing) development in the first three years of life is closely linked to a child's earliest learning experiences.⁸ Early learning experiences that expose infants and toddlers to books, paper and interaction with caregivers are the foundation in which language, reading and writing development take place. This understanding of early literacy development coincides the existing research supporting the critical role of early learning experiences in shaping brain development.⁹

⁵ ZERO TO THREE and Ounce of Prevention Fund, *Starting Smart: How Early Experiences Effect Brain Development*, 2nd Edition, 2000.

⁶ Ibid.

⁷ Ibid.

⁸ Rosenkoetter, S. and Barton, L.R., "Bridges To Literacy: Early Routines That Promote Later School Success", *ZERO TO THREE Journal*, February/March 2002.

⁹ Ibid.

Nelson, C. A., "The Developing Brain," J.P. Schonkoff & D.A. Phillips (Eds.) *From neurons to neighborhoods: The science of early childhood development* (188). Washington, DC, US: National Academy Press, 2000.

Research supports the notion that learning through experiences begins in early infancy.¹⁰ Language, reading and writing skills develop at the same time and are intimately linked. Early literacy development is a continuous developmental process that begins in the first years of life. Early literacy skills develop in real life settings through positive interaction with literacy materials and other people.¹¹

The notion that babies and toddlers can “read” is an interesting concept that provides a different way of thinking of early learning experiences. Watching your baby and learning how s/he communicates through sounds, facial expressions, and gestures are important ways to help her learn about language and the written word.¹² It is not a structured form of learning, as infants and toddlers do not necessarily need formal classes and other activities that push older children to read and write words. In fact, classroom settings can even make infants and toddlers feel uncomfortable when they are pushed to do something they do not enjoy or that is beyond their ability.

B. The Heightened Needs of Infants and Toddlers in Low-Income Families

Access to quality early learning experiences is absolutely necessary for all infants and toddlers, but critically important for low-income, at-risk infants and toddlers. Young children in low-income families lack access to the type of supports and opportunities that their more affluent peers receive. It takes at least twice the official federal poverty level, or \$35,200 for a family of three in 2008, for families to provide the basic necessities that their young children need to thrive.¹³ Because low-income families have limited resources, young children in those families confront a greater variety of stresses on a daily basis than those in middle and upper income families.¹⁴

Low-income children may have more limited vocabularies, be read to less often, and live in homes with fewer books.¹⁵ Without the strong start that they need prior to entering kindergarten to reduce the preparation gap and ensure their path to success, low-income children often fall further behind than their peers once they are in school.¹⁶ For low-income preschoolers, it is absolutely critical that the preparation gap between children with the language and literacy skills and those who do not are equalized by the time they enter kindergarten. Special focus is needed to ensure they do not fall further behind and are able to maintain the pace of their peers.

Before entering kindergarten, the average cognitive score of preschool-age children in the highest socioeconomic group is 60% above the average score of children in the lowest socioeconomic group.¹⁷ And by age 4, children who live below the poverty line are 18 months behind what is normal for their age group; by age 10 that gap is still present. The gap is even larger for children living in the poorest families.¹⁸ Infant and toddlers can close the academic gaps with the help of teachers that create early learning environments that is supportive and nurturing, encourage communication, and who are sensitive to their interaction with these children.¹⁹

The achievement gap for low-income young children starts early in life and is difficult to reverse. What science tells us about brain development, along with what we know from economic analysis, makes it clear that investing in high-quality early care and learning is essential to reducing this gap. States, as well as

¹⁰ McLane, J.B. and McNamee, G.D., “The Beginnings of Literacy,” *Zero to Three Journal*, September 1991.

¹¹ Ibid.

¹² Rosenkoetter, S. and Barton, L.R., “Bridges To Literacy: Early Routines That Promote Later School Success”, *ZERO TO THREE Journal*, February/March 2002.

Hart, B., & Risley, T. R., *Meaningful differences in the everyday experience of young American children*, 1995.

¹³ EHS and HS Partnerships, *Building a Birth to Five Head Start Program*, TA Paper #8, EHSNRC @ ZERO TO THREE, 2005.

¹⁴ Cauthen, N.K. and Sarah Fass, S., *Ten Important Questions About Child Poverty and Family Economic Hardship*, National Center of Children in Poverty, May 2008.

¹⁵ Hart, B and Todd R. Risley, T.R., *Meaningful Differences in the Everyday Experience of Young Children*, 1995.

¹⁶ Denton, K and West, J., *Children’s Reading and Mathematics Achievement in Kindergarten and First Grade*, National Center for Education Statistics, 2002.

¹⁷ Klein, L and Knitzer, J, *Promoting Effective Early Learning: What Every Policymaker and Educator Should Know*, January 2007.

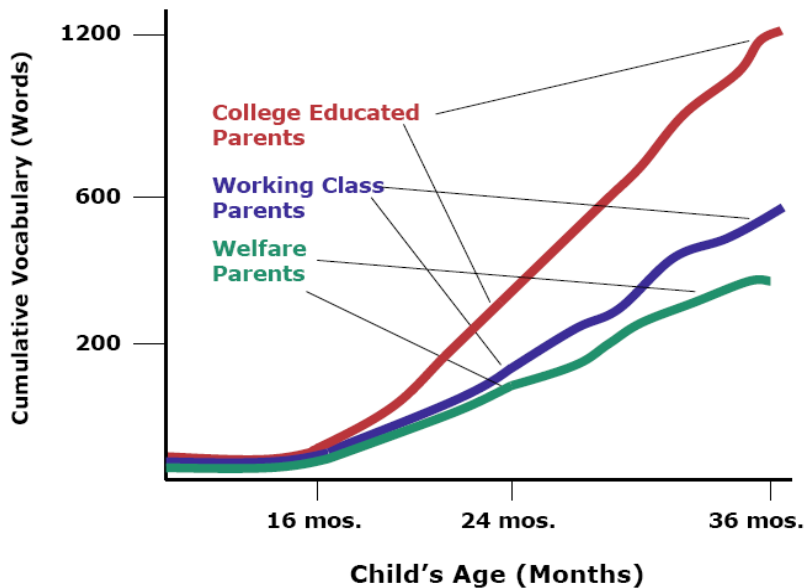
¹⁸ Ibid.

¹⁹ Goldstein, A., Katie Hamm, K, and Schumacher, R., *Supporting Growth and Development of Babies in Child Care: What does the Research Say?*, ZERO TO THREE and CLASP, June 2007.

communities, make important choices about how much they invest in early care and education that can improve the odds for healthy early childhood development. Early school success for low-income young children also depends on efforts to increase family economic security.²⁰ Strategies to help young children with the social, emotional, language, and academic skills required to succeed in the early school years are critical across all early care and learning settings, including center and home based services, and family child care settings.

Comprehensive and continuous early education programs and services can change the odds for low-income infants and toddlers. Decreasing the preparation gap is dependent on the multiple factors, including quality of care, quality of staff, and overall relationships with caretakers.²¹ If language is taught in the context of nurturing and emotionally supportive classrooms, infants and toddlers can learn positive early learning experiences and are able to catch up. Caretakers and their interaction with children in early learning settings can have a profound impact on the social, emotional, physical and overall quality of care.²²

Disparities in Early Vocabulary Growth



Source: Hart & Risley (1995)

C. The Importance of Quality Child Care Programs

Aside from the home, early care and education are the environments in which most early development and learning occurs. This is due to the fact that 61% of children under the age of 4, including 44% of children under 1, are in some form of regularly scheduled care (i.e. center based care).²³

Research consistently proves that high quality early care and education are associated with outcomes that all parents desire for their children, ranging from early competence in reading and math, and positive relationships with peers and caregivers. Quality infant and toddler care is equally important to a single mother working to transition off welfare as it is to a busy professional mother rushing home to pick up her infant before the child care center closes – both struggle to balance their children’s developmental needs and the demands of their employers. Care for infants and toddlers has often been viewed as “babysitting” while parents work,

²⁰ Cauthen N.K., and Dinan, K.A., *Making Work Supports Work Project*, National Center for Children in Poverty, September 2008.

²¹ Mead, S., *Open the Preschool Door, Close the Preparation Gap*, Progressive Policy Institute, September 2004.

²² Schumacher, R. and Hoffmann, E., *Continuity of Care: Charting Progress for Babies in Child Care*, Research-Based Rationale, CLASP, August 2008.

²³ ZERO TO THREE, *The Infant and Toddler Set-Aside of the Child Care and Development Block Grant: Improving Quality Child Care for Infants and Toddlers Fact Sheet*, January 2005.

when it should be perceived as a means of providing early care and education experiences necessary to ensure that children who enter kindergarten are ready to succeed.

In addition, research consistently proves that children who are enrolled in high quality early care and education demonstrate greater mathematical ability, thinking and attention skills, and experience fewer behavioral challenges. Outcomes were particularly significant for low-income children.²⁴ Studies show that quality early learning experiences can help low-income infants and toddlers enter school better prepared for PreK programs. Additional studies demonstrates that low-income children who enroll in quality early care and education programs score higher on reading, vocabulary, math and cognitive tests, are less likely to be held back a grade, and are less likely to be arrested as youths, and are more likely to attend college than their peers who did **DO** not enroll in quality early care and education programs.²⁵

D. The Multiple Benefits of Investing in Programs Addressing the Needs of Infants and Toddlers

1. Economic Benefits

A variety of studies regarding the economic impact of investments in very young children, that the economic benefits of these investments far outweigh the original cost.

First, investing in young children increases the likelihood of becoming economically productive citizens in their adult years. It is clear that high quality early education is essential to prepare them for the modern workplace at every skill level, beginning from the child's earliest years and continuing through adulthood.²⁶ Early childhood success can lead to higher college graduation rates, lower crime rates, and reduce needs for emergency services.²⁷ Children growing up in poverty are less likely to succeed in school, are less productive as adults and in the labor market, have lifelong healthy related problems, commit crimes and engage in other activities.

Leading economists such as Dr. James Heckman, Nobel Laureate and Professor of Economics at the University of Chicago, have conducted extensive research on the value of investing in early childhood programs (birth to five) and have found that funds invested early in a child's life yield extraordinary public returns. In fact, research has shown that for every dollar invested in early childhood programs, savings of \$3.78 to \$17.07 can be expected.²⁸ While many of these savings directly benefit individuals, the public reaps far more of the benefits in terms of reduced crime, abuse, neglect, and welfare dependency while increasing educational performance and job training, leading to higher incomes and a better quality and more productive workforce. By investing early, we can build upon skills and have a longer timeframe in which to recoup the benefits of our investment. Participation in high quality early care and education increases future workforce participation and lifelong earning power through the reduction of special education placement, grade retention, teen pregnancy, and raising high school and college graduation rate.

Second, high quality early care and education provide short (and long) term benefits to the District's economy by enabling parents and caregivers to seek the training they need to earn more, which in turn increases income tax revenues and ultimately improves the quality of life for everyone who lives and works in the District.²⁹ Sixty-four percent of children under age 13 in Washington, DC, live with a single, working parent or with two working parents. These parents are regular consumers of the early care and education industry. Together, these families account for approximately 13 percent of labor force participants and earn over \$1.7

²⁴ Campbell, F., Craig Ramey, C., Sparling, J., Lewis, I., Burchinal, M., Pungello, E., and Miller-Johnson, S., *Early Learning, Later Success: The Abecedarian Study*, Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center, 1999; Barnett, W.S., Jung, K., Wong, V, Cook, T., and Lamy, C., *Effects of Five State Prekindergarten Programs on Early Learning*, National Institute for Early Education Research, 2007

²⁵ Ibid.

²⁶ America's Edge, *The Mounting Crisis--A Call To Action: Sustaining America's Competitive Edge Through Quality Education*, August 2008.

²⁷ Campbell, F., Ramey, C., Sparling, J., Lewis, I., Burchinal, M., Pungello, E., and Miller-Johnson, S., *Early Learning, Later Success: The Abecedarian Study*, Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center, 1999.

²⁸ Heckman, J.J., and Dimitriy V. Masterov, D.V., *The Productivity Argument for Investing in Young Children*, October 2004.

http://ced.org/docs/summary/summary_heckman.pdf.

²⁹ Ibid.

billion annually in the District.³⁰ Reliable child care programs and assistance can lead low-income parents ensure a transition from welfare to work, and remain in stable employment. In this sense, quality early care and education is a critical factor in local economic development, as supported by the report released in April 2007, titled *Ensuring a Vibrant City: The Economic Impact of the Early Care and Education Industry in the District of Columbia*.

2. Improved Individual Achievement in Education and Reduced Burden on the Education System

Positive early learning experiences between birth to age three boost a child's healthy development and contribute to future success in school. Children who have a better start in life are less likely to be held back or need disciplinary intervention. Impacts on young children's access to attentive, nurturing care should be a key criterion when policymakers and advocates judge policies that affect adults with care giving responsibilities.³¹

3. Health Benefits (and Related Economic Benefits)

Meeting the educational needs of young children pays an additional dividend in the form of improved long-term health outcomes, and in cost savings associated with those improved outcomes. As discussed above, social experiences in early childhood are linked to brain, cognitive and behavioral development. Brain, cognitive and behavioral development, in turn, are strongly linked to an array of health outcomes.³² These health outcomes have been documented, and include (1) reduced occurrence of child injuries, child abuse/maltreatment, depressive symptoms, health-damaging behaviors and use of marijuana, and (2) an increase in health-promoting behaviors, such as improved eating habits and hygiene.³³

III. SUMMARY OF PERTINENT DATA CONCERNING INFANTS AND TODDLERS IN THE DISTRICT

Pertinent data concerning infants and toddlers in the District is collected in the "Data Appendix" submitted with this report. There are two categories of data contained in the appendix: (1) demographic data depicting underlying social and economic conditions that affect infants and toddlers in the District, and (2) data concerning the implementation of, and availability of, services directed to infants and toddlers. Both categories of data are briefly summarized below.

A. Pertinent Demographic Data

The demographic data reveal two key considerations that must be taken into account in formulating any strategy for improving services to infants and toddlers: (1) Poverty: a substantial percentage of infants and toddlers in the District live in poverty, and suffer the adverse consequences associated with poverty; and (2) Inequality: poverty (and its attendant consequences) is distributed unevenly, as there are very clear correlations between poverty and (a) race/ethnicity, and (b) geography.

In the District, 37.6% of children under 3 live in "low-income"³⁴ families, as compared with 43.4% nationwide; and 24% live in "poor" families, as compared with 21.5% nationwide.³⁵ In the District, as elsewhere, young children disproportionately bear the burdens of poverty. In comparison, only 33.6% of adults (ages 18 and up) live in low-income households, and only 15.6% are poor (as compared with 30.5% and 12.5% nationwide).³⁶ These figures somewhat understate the poverty facing many infants and toddlers in the

³⁰ Insight Center for Economic Development, *Ensuring a Vibrant City: The Economic Impact of the Early Care and Education Industry in the District of Columbia*, 2007.

³¹ Thompson, R.A., *Development in the First Years of Life*, Caring for Infants and Toddlers, VOLUME 11, NUMBER 1 - SPRING/SUMMER 2001.

³² Robert Wood Johnson Foundation, Commission to Build a Healthy America, *Issue Brief 1: Early Childhood Experiences and Health*, June 2008.

³³ *Ibid.*

³⁴ The term "low income" means less than 200% of the federal poverty level, and the term "poor" means less than 100% of the federal poverty level. In 2008, the federal poverty level is \$21,200 for a family of four.

³⁵ 2008 Current Population Survey, U.S. Census Bureau.

³⁶ 2008 Current Population Survey, U.S. Census Bureau.

District, as the federal poverty level is *not* regionally adjusted to reflect disparities in the cost of living, and the Washington area has the fourth highest cost of living of the twenty largest metropolitan areas (trailing only New York, Los Angeles, and San Francisco).³⁷ Accordingly, poverty and child poverty in the District are far worse than the basic income-to-poverty statistics (assembled by the Census office), based on the federal poverty level, would appear to indicate.

In this sense, the true level of poverty facing infants and toddlers is better reflected in other statistics, which are daunting. In the District, 52% of children are born to single mothers, which is well documented as the single largest factor contributing to childhood poverty. In the District, moreover, only 40% of low income children under 6 have at least one parent who is employed full-time for the entire year (as compared with 51% nationwide), and 36% of them do not have *any* parent employed *at all* (as compared with 20% nationwide).

There is a correlation between race and poverty. In the District, the population of children in low income households consists almost entirely of Black and Hispanic children, as 57% of Black children and 64% of Hispanic children live in low income households, compared with only 2% of (non-Hispanic) white children.³⁸ Of those children in low-income families, 75% are Black, 23% Hispanic and 2% white (as compared with 36% white nationally).³⁹

There is also a correlation between geography and poverty. In Ward 3, only 7% of children live in low income families, as compared with 70% in Ward 8, 62% in Ward 1 and 61% in Ward 7. In Wards 7 and 8, over 80% of children are born to single mothers, as compared with only 7% in Ward 3.⁴⁰ Poverty correlates with other risk factors for young children, as those wards with higher poverty levels also have, for example, lower percentages of mothers receiving adequate prenatal care, higher percentages of infant mortality and low birth weight babies, and a lower degree of “food security” (as exemplified by less access to nutritious food options and higher rates of obesity).⁴¹

³⁷ Goods and services that would average a cost of \$1.00 nationally would cost \$1.38 in the Washington metropolitan area. Cost of Living Table, Data Appendix, page 2. An income of \$42,000 in the District is, accordingly, the functional equivalent of an income of \$30,000 in a more typical region.

³⁸ 2008 Current Population Survey, U.S. Census Bureau.

³⁹ 2008 Current Population Survey, U.S. Census Bureau.

⁴⁰ Birth, and Mothers Giving Birth, by Ward Table, Data Appendix, page 4

⁴¹ Exposure to Multiple Risk Factors Among Children Under 6 Table and Food Security Data (by Ward) Table, Data Appendix, pages 5 and 6.

B. Data Concerning the Availability and Quality of Services

While the data is limited in many respects (shortcomings in the available data are discussed in the next section), there is some data available concerning the availability, affordability, and quality of care for infants and toddlers.

1. Access to Services

The 348 licensed child care centers in the District only offer a total of 149 infant slots. These centers have the capacity to serve only 3,893 children younger than age two, yet there are an estimated 13,000 children younger than age two in the District. By comparison, 325 of the 348 centers serve children from age three to age five.⁴² According to Early Care and Education Administration (“ECEA”), there are 6,458 children under 4 on child care waiting lists.

In the District, as in the nation⁴³ as a whole, there is a substantial shortage of available child care slots for infants and toddlers. The supply is so small that low-income parents do not have options for center-based care for infants and toddlers. Child Ratios for infant care are much lower than care for PreK. And with the increased investments in the District for PreK there will be a push to increase the supply of PreK slots. Increasing PreK slots will be more lucrative for center-based programs, and could have negative consequences for families with infants and toddlers in need of quality care.

This is greater than 20% of the *entire population* of children under 4 in the District, and a considerably higher percentage of children under 4 who require child care (i.e., children who reside in households in which all parents are employed).⁴⁴ The supply of quality infant toddler care is particularly acute in low-income communities, as seen in Wards 5, 7 and 8.

Other services available to more specific categories children and their families are currently underutilized. First, there are an estimated 2,000 at-risk families in the District who could benefit from home visiting services, and less than 30 percent of that group receives them.⁴⁵ Second, and more importantly, only 4 percent of eligible children (from birth to age three) receive Early Head Start services.⁴⁶ Additionally, it should be noted that, according to the IDEA Infant and Toddler Coordinators Association, the District of Columbia is one of only a few states that does not dedicate any state or local funds for early intervention (IDEA Part C) services.

2. Affordability

The average annual fee paid for infant care in a licensed child development center in the District is \$12,000 and for preschool aged children it is \$8,750.⁴⁷ For a District family at the median income of \$36,238, quality infant care in a center based program can take up to 57 percent of the total family income before taxes.⁴⁸ Cost is, accordingly, a major barrier to quality child care.

Subsidized care is available for needy families. The District, has the highest income eligibility criteria for child care subsidies allowable by federal law (85% of the state median income, or 242% of the federal poverty level in DC.) District families earning less than \$34,699 may receive public support to enable them to

⁴² Based on the 2006 ECEA numbers.

⁴³ Although 45 states and DC invest in PreK programs, only 10 percent of all three and four year olds are served by state-funded prekindergarten programs. Care for infants and toddlers are even further behind. Public support for children for infants and toddlers are very limited. Many working families with infants and toddlers do not have access to affordable quality early learning opportunities for children younger than 3 -- and Early Head Start serves less than 3 percent of all eligible children. See, generally, The Trust for Early Education and ZERO TO THREE, *Building Bridges from Prekindergarten to Infants and Toddlers: A Preliminary Look at Issues in Four States*, April 2004.

⁴⁴ Child Care and Early Learning table, Data Appendix, page 6

⁴⁵ The Special Task Force on Strategic planning for Infant and Toddler Development, Mayor’s Advisory Committee on Early Childhood Development, *No Time to Wait: Ensuring a Good Start for Infants and Toddlers in the District of Columbia*, 2006..

⁴⁶ *Ibid.*

⁴⁷ Insight Center for Community Economic Development, *Ensuring a Vibrant City: The Economic Impact of the Early Care and Education Industry in the District of Columbia*, April 2007.

⁴⁸ *Ibid.*

pay just 7 percent of their total income for early care and education service. If the family makes over \$34,000, however, it receives significantly less public support and must pay 34 percent of its income on early care and education services. This steep rise in quality early care and education costs may be a barrier for families to move toward self-sufficiency for District families.⁴⁹

In 2006-2007, ECEA served 22,377 children or 71% of the 31,500 eligible children (of all ages) through DC's Child Care Subsidy Program. This large percentage of children served makes DC one of the highest ranking jurisdictions in the nation. The average percentage of children served in jurisdictions around the country is only 15% to 20% of the children who are eligible for services.⁵⁰

3. Quality

The Quality Training Assessment Project found that out of twenty-four indicators, almost half were rated "minimal" or "below minimal" for all four years.⁵¹

Compared to the national market, the percentage of child care facilities accredited in the District is relatively high – 102 of the 338 center-based providers (30%) in DC are nationally accredited by either National Association for the Education of Young Children ("NAEYC") or the Council of Accreditation; and 49 of the 200 family home providers (25%) are nationally accredited by either the National Association of Family Child Care Providers or the Council on Accreditation.⁵² The District's Child Care Subsidy program had 151 center based providers in 2007, of which 125 providers (83%) were nationally accredited.

Provider: child ratios are generally good, as 20% of centers comply with applicable NAEYC recommended guidelines, largely as a result of implementing a tiered reimbursement system, which encourages providers to meet higher standards.⁵³

The District does not have a central system implemented to credential infant/toddler caregivers, and there is no infant/toddler specialist network available to provide assistance to caregivers. The District does track the number of Child Development Associate ("CDA") credential awards to District providers, however, which appear to be improving.⁵⁴

There is no consistent/primary caregiver requirement. There is not yet a set of early learning guidelines in place, although they are under development. Caregiver salaries are low, at an average of \$22,850.

⁴⁹ Insight Center for Community Economic Development, *Ensuring a Vibrant City: The Economic Impact of the Early Care and Education Industry in the District of Columbia*, April 2007.

⁵⁰ Early Care and Education Administration, District of Columbia Office of the State Superintendent of Education, *Citizen's Guide to The District of Columbia Child Care and Development Block Grant State Plan 2010-2011*, September 2008.

⁵¹ The Special Task Force on Strategic planning for Infant and Toddler Development, Mayor's Advisory Committee on Early Childhood Development, *No Time to Wait: Ensuring a Good Start for Infants and Toddlers in the District of Columbia*, 2006.

⁵² Early Care and Education Administration, Office of State Superintendent, *Citizen's Guide to The District of Columbia Child Care and Development Block Grant State Plan 2010-2011*, September 2008.

⁵³ Insight Center for Community Economic Development, *Ensuring a Vibrant City: The Economic Impact of the Early Care and Education Industry in the District of Columbia*, April 2007.

⁵⁴ 241 providers were awarded the CDA in 2007, which is the highest annual number since ECEA began tracking the CDA awards in 2000. To date, the District has 1,994 early care and education professionals who have earned a CDA credential. The District has the highest total number of awardees of any major city in the country. Early Care and Education Administration, Department of Human Services, *The Early Childhood Landscape in the District of Columbia, Quick Fact Sheet*, October 2007.

IV. GAPS IN RESEARCH

A. Basic Demographic Data

District-wide demographic statistics are easily obtainable and are updated annually by the Census Department. What is more difficult to collect is current demographic data broken down by ward. Due to the significant demographic disparities among the various wards, this information is essential in assessing the needs of families with young children. NeighborhoodInfo DC, a Partnership of the Urban Institute and the Washington DC Local Initiatives Support Corporation (LISC), collects key demographic data by ward, but, unfortunately, much of it is based on the 2000 Census and is not updated annually. While the information collected by this source is quite valuable and provides a generally accurate depiction of conditions in the various wards, it is difficult to track demographic trends from year to year, and there is some risk that the 2000 census data, is no longer entirely accurate.

B. Data Concerning the Availability and Quality of Services

The ECEA publishes “child care profiles” for each ward, which contain valuable information concerning the availability of, and demand for, child care. There are, however, some significant gaps and discrepancies in the information:

- The population data contained in the profiles is derived from the 2000 Census, and is not updated annually.
- It is not clear whether the very important statistic of children on waiting lists, by ward, is based on the ward of residence, or the ward in which child care is sought; the profile for Ward 2 (which includes the downtown and Mall areas in which many parents are employed, but relatively few children reside) indicates that there are more children under 4 on waiting lists than there are children residing in the ward, which suggests that the waiting lists are based on the locality in which child care is sought (rather than residence of the children), and that the waiting lists might even include children who are residents of Virginia and Maryland whose parents are employed in the District.
- While some data is available specifically for infants and toddlers, other data (such as estimates of the number of children residing in households in which all parents are employed) are available only for much broader age ranges, making it difficult to assess the specific need for child care slots for infants and toddlers.
- While the total number of child care slots is recorded, as well as the number of infant slots, it is not clear how “infant” is defined, nor how many toddler slots are available.

V. THE CURRENT LANDSCAPE OF INFANT AND TODDLER SERVICES IN THE DISTRICT

A. Government Programs

In the District, early care and education is funded through multiple funding streams, which address different policy goals. For infants and toddlers, they include Early Head Start, child care, early intervention, home nursing programs, as well as health and family support services. It is only in recent years that there has been an effort to connect unified service delivery to provide a more comprehensive early care and education systems.

In the District, the agency with primary responsibility for serving the needs of families with young children is the ECEA. The ECEA is now a division of the Office of the State Superintendent of Education (“OSSE”). Until recently, it had been within the purview of the Department of Human Services, and, in many respects, is still transitioning from one department to the other.

The mission of the ECEA is to provide leadership and to coordinate and implement early care and education services for children. These services are designed to be “provided” through a single, comprehensive, District-wide, multi-disciplinary, culturally sensitive and responsive system of public and private sector

partnerships.”⁵⁵

The ECEA serves as the lead state agency that administers the Child Care and Development Fund (“CCDF”) Block Grant⁵⁶ State Plan. The purpose of the District’s CCDF State Plan is to increase the availability, accessibility, affordability, and quality of early care and education services. Most of the Block Grant (75%) must be used for direct early care and education services for children. A minimum of 4% of the funding is required to be used for activities to improve quality.

The ECEA provides support for, and collaborates with, other public and private child and family advocacy organizations to formulate a continuum of services and care for District children 5 years of age and younger. The ECEA administers, or oversees, a variety of services for families with young children. These programs and services include:

- The District’s “Child Care Subsidy Program,” a comprehensive, subsidized child care program for eligible children and families. The program provides subsidized child care to eligible children 6 weeks through age 12 or through age 18 if a child has a disability.
- ECEA contracts with the Washington Child Development Council (WCDC) to provide child care resource and referral information to parents about infant and toddler, preschool, out-of-school-time, and weekend and evening services available in the District.
- *Going for the Gold*, a quality rating system for child care centers reimburses providers based on the quality of services as determined by their tier classification. The percentage of accredited centers has increased from 5 to 20 percent as a result of implementing this tiered reimbursement system.
- ECEA also implements Scholarship programs for national accreditation of centers and homes, and a scholarship program for individuals seeking professional early childhood development credentials. The Higher Education Scholarship program has been eliminated.
- The Infants and Toddlers with Disabilities Program (ITD), a prevention and intervention strategy that promote the identification and screening of infants and toddlers for developmental delays up to 3 years of age.
- ECEA, in partnership with the Department of Health, finalized new Child Development Facilities regulations on April 27, 2007.

The ECEA works closely with the MACECD, which is composed of professionals, advocates and DC Government staff who are concerned about the needs of DC’s children and families. Mayor Adrian Fenty charged the MACECD with “driving systemic quality improvement in early care and education policy.” ECEA staff members serve as liaisons between the agency and the MACECD. Every other month between September and May, the MACECD holds open public meetings.

While it is not directed to infants and toddlers, *per se*, it should be noted that the District offers free prekindergarten to all 4-year olds (although demand currently exceeds the supply). In July 2008, the City Council passed the Pre-K Enhancement and Expansion Act of 2008, which seeks to ensure that all children, ages three and four in the District receive high quality pre-kindergarten (Pre-K) programs by 2014. The legislation requires that the OSSE conduct a Capacity Audit and a Baseline Quality Assessment to develop a plan for implementing universal access to Pre-K. The Capacity Audit will identify existing Pre-K programs in the city and assess the quality of each individual program. The Baseline Quality Assessment will evaluate the quality of Pre-K programs in community-based organizations, charter and public schools. The Assessment will also examine the areas of program structure, levels of language and literacy experiences and teacher instructional experiences and student interaction. An “Assistance Fund” will provide funding to help improve the quality of existing Pre-K programs. The council set aside \$900,000 in current year funds to immediately

⁵⁵ See, generally, the ECEA’s “Citizen’s Guide to The District of Columbia Child Care and Development Block Grant State Plan 2010-2011” (September 2008), available online at http://www.osse.dc.gov/seo/frames.asp?doc=/seo/lib/seo/pdf/2010_2011_citizen_guide_final.pdf.

⁵⁶ The Child Care and Development Fund Block Grant is the primary source of federal funding for child care subsidies for low-income working families and funds to improve child care quality. In FY 2006, nearly 500,000 infants and toddlers received CCDBG-funded child care assistance in an average month, comprising approximately 28 percent of all children receiving CCDBG. The District serves 39% of children under the age 3. Matthews, H., *Infants and Toddlers in the Child Care and Development Block Grant Program*, Center for Law and Social Policy, August 4, 2008. Funds earmarked to improve the quality of infant and toddler care comprise only about 1 percent of federal and state CCDBG spending. Clasp, 2008.

begin the expansion through the Pre-K Incentive Program in the form of increased funding for existing programs, starting in the fall of 2008.

B. Important Programs Supporting Infants and Toddlers

There are a variety of nongovernment groups in the District working with government agencies, as well as independently, to improve the continuum of services available to families with young children. Two particularly important initiatives that affect early childhood programs are described below.

1. Universal School Readiness Stakeholder Group

This is a collaborative of over 200 early education and K-12 organizations. The group is currently **working** to develop a citywide consensus on school readiness and learning standards for all four-year-olds to insure that all children enter kindergarten ready to learn. The group has been instrumental in convening early care and education stakeholders and will continue to play a role in convening the preliminary dialogue to ensure a birth to five agenda.

2. The Early Childhood Leadership Institute

The Early Childhood Leadership Institute of the University of the District of Columbia supports professionals with the assistance in pursuing college credentials, provides workshops, and organizes certification of trainers. UDC awards the Child Development Associate credential (CDA) to qualified child care providers. In the District, it is the only CDA program that offers the option of specialization in infant/toddler care. This program is an important avenue for early childhood workers to pursue professional training and obtain professional credentials. There are approximately 200 child care providers currently enrolled at the CDA program at UDC, Southeastern University and Trinity University (180 of these providers are enrolled at UDC).⁵⁷ All three programs have waiting lists.

VI. STRENGTHS AND WEAKNESSES OF CURRENT POLICIES AND SUGGESTIONS FOR IMPROVEMENT

As noted above, underlying socioeconomic conditions (e.g., large percentage of children residing in low income households, high cost of living, large percentage of children born to single mothers, large percentage of children without a parent employed full time, and socioeconomic inequality) create enormous obstacles to adequately meet the needs of young children and their families. These conditions have persisted for some time, will likely continue, and it would be unfair to evaluate the District's child care agencies based on metrics that are related more to the underlying socioeconomic conditions, rather than any failure to devise or implement appropriate policies. In assessing the strengths and weaknesses of current policies, it is thus important to evaluate the District's policies on their own merits.

A. Formal Coordination

One criterion for evaluating early childhood programs and policies is the extent to which programs are formally coordinated to provide an early care and education infrastructure capable of sustaining quality programs for children birth to five. In this respect, the District is well-positioned as the District clearly has a single agency (the ECEA) with responsibility for coordinating early childhood programs and policies. The District benefits from effectively functioning contemporaneously as state, county and city, which largely precludes the lack of coordination and duplication of efforts that is problematic in other jurisdictions.

⁵⁷ Department of Human Services Early Care and Education, *The Early Childhood Landscape in the District of Columbia*, 10/16/2007.

B. Commitment to Meeting the Demand for Services

The District should be lauded for achieving the very high participation rate in subsidized child care of 71% of all eligible children. Additionally, the District has the highest income eligibility criteria for child care subsidies allowable by federal law (85% of the state median income, or 242% of the federal poverty level in the District), which allows a greater number of children to qualify for subsidized care than might otherwise qualify.

As noted above, however, there is a shortage of child care slots in the district. The supply problem is more a function of (1) the high cost of running infant classrooms with low staff to child ratios, and (2) the lack of sufficient subsidies to help low income families meet that cost, rather than any institutional or policy failure. The supply of child care will increase as the funds available to purchase that supply increase.

C. Development and Implementation of Standards and Quality Metrics

Where current policies clearly fall short is in the implementation of program standards and quality rating systems. The child care infrastructure in the District (as in many other locales) is a sprawling, decentralized array of child care centers and home-based care (some accredited, most not) varying widely both in the manner, and quality, of care. Specific curriculum standards, as well as quality metrics, are needed to ensure that the children in these facilities are receiving quality care.

First, there is no specific strategy that has emerged for promoting early learning opportunities for infants and toddlers, or any specific early learning guidelines applicable to programs for infants and toddlers (such as an entry assessment system that would permit population-wide measures of "school readiness"). Prekindergarten has been successful, by in large, because it is the central strategy for promoting early learning for 3-year and 4-year olds. But in contrast, there is no analogous strategy or guidelines that have emerged for promoting early learning opportunities for infants and toddlers.

Second, there is no comprehensive policy for measuring quality of services – linking reimbursement rates to national accreditation is a positive step that has produced some results, but it is not the same as developing a formal set of quality standards. These standards should include the implementation of a consistent/primary caregiver requirement, which is not currently in place.

D. Professional Development

An area where policies have improved in recent years, but still have much room for improvement, is encouraging the professional development of caregivers. The District does not have, and should have, a central system implemented to credential for infant/toddler caregivers. The only CDA program with an infant/toddler specialization is at UDC. But the CDA program only allows recipients to become a teacher with additional education and/or experience.⁵⁸ There should be a clear career path that leads to degrees and credentials. If possible, the District should coordinate with local higher education institutions to encourage the expansion of programs for infant/toddler caregivers (such as awarding associates' degrees in child development). Additionally, the District does not have, and should have, an infant/toddler specialist network available to provide assistance to caregivers.

VII. INNOVATIVE STATE STRATEGIES

There are a wide variety of approaches and initiatives to improve care for young children that have been implemented in other jurisdictions. The following is a description of selected state efforts to (1) coordinate, support, and focus the public will, and (2) create a statewide birth to 5 agenda.

⁵⁸ Council of Professional Recognition, State Child Care Licensing Regulations that include the CDA Credential, printed October, 2008. http://www.cdacouncil.org/res_lic.htm

A. Illinois

Illinois's prenatal-to-five system is comprehensive and new programs and initiatives are developed and **integrated** with the existing system. The goal is to both expand access and improve **quality**. Funding for infrastructure supports – monitoring, technical assistance, training, program evaluation, and professional development – are incorporated into the Preschool for All budget to ensure that programs can meet high quality standards.

During the 2006 legislative session, Illinois became the first state to include 3-year-olds in their efforts to provide access to preschool for all 3- and 4-year-olds whose families choose to participate. The Early Childhood Block Grant grew by \$45 million in fiscal year 2007, and by an additional \$30 million in fiscal year 2008, for a total of \$348 million, with an 11 percent set-aside (\$38.3 million) for child development programs serving at-risk children from birth to age 3. Over the past two fiscal years, Illinois also added \$37 million to raise child care reimbursement rates, \$13 million for Early Intervention services to support services to infants and toddlers with developmental delays or at risk of delay, and \$6 million to expand mental health services for children ages birth to 18.⁵⁹

B. Kansas

In May 2008, the Kansas Legislature passed their state budget for FY 2009, including significant funding increases for early childhood. The budget includes \$11.1 million to establish the Kansas Early Childhood Block Grant, administered by the Kansas Children's Cabinet & Trust Fund, which will be used to support high quality programs for children birth to age five. At least 30 percent of this funding will be set aside for programs serving infants and toddlers. The FY 2009 budget also provides \$1 million for early intervention services for infants and toddlers, as well as \$2.3 million for newborn screening

Nationally, only 16 states set the income eligibility limit for child care subsidies at or above 200% of the federal poverty level. Only 8 states require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. And 17 states allocate state or federal funds for a network of infant/toddlers specialists that provide assistance to child care providers.⁶⁰

X. CONCLUSION: AN AGENDA FOR A CONTINUUM OF SERVICES FOR INFANTS AND TODDLERS IN THE DISTRICT OF COLUMBIA

Experiences in the school and home will ultimately ensure whether young children, from birth to five, will succeed in school. Young children will ultimately succeed when what they experience in the home, how they are taught in the classrooms, and what they are expected to know is consistent, equally important and linked across early years and early grades.

We cannot afford to wait until kindergarten to ensure public investments reduce preparation gaps, to ensure children are entering school ready and prepared to learn. School readiness investments must be viewed as supports for the healthy, well-rounded development of infants and toddlers, who are mastering the social, emotional, and cognitive skills required for success in school and beyond.

The achievement gap for low-income young children starts early in life and can be difficult to reverse. What science tells us about brain development, along with what we know from economic analysis, makes it clear that investing in high-quality early care and learning is essential to reducing this gap. The District is making important choices about how much it invests in early care and education strategies that can improve the odds for healthy early childhood development. Research is clear that early school success for low-income young children also depends on efforts to increase family economic security.⁶¹ Strategies to help young children with the social and emotional, language, and academic skills they need to succeed in the early school years are critical across all early care and education settings, starting with infants and toddlers. Of special concern are infants and toddlers who experience multiple risks beyond poverty and economic hardship.⁶²

⁵⁹ NCCP, State Profiles, Illinois

⁶⁰ Stebbins, H. and Knitzer, J., Early Childhood Policies, Highlights from the Improving the Odds for Young Children Project, June 2007.

⁶¹ National Center for Children in Poverty, <http://nccp.org/topics/earlycareandlearning.html>

⁶² Douglas-Hall, A., and Chau, M., "Basic Facts about Low-Income Children Birth to Age 18, NCCP, October 2008.

The District has been an advocate of children and has tried to increase the access for quality care for infants and toddlers. Though the question of access has not been fully resolved, it is clear that the District must focus on quality. We know what works, and the District has tried many programs to support infants and toddlers (i.e. subsidies, Early Intervention, home visiting, etc.) The District has tried many efforts to increase infant toddler slots, and clearly there have been successes. What has lacked is a clear commitment to a birth to three policies to ensure the continuum of quality of care to ensure a birth to five agenda.

Based on the limited research and overview provided, we know the importance of the early years and the implications of poverty, and have pertinent data concerning the status of infants and toddlers in the District. The next step is to formulate early care and education objectives and policies based on the needs assessment. The recommendations presented here are intended to facilitate this process rather than to constitute a conclusive or exhaustive list, and restricted by the limited data available. I hope this needs assessment reflects the complexities in planning for a comprehensive birth to five system and encourages the DC State Board of Education to be strategic, thoughtful and provide clear direction in the support of infant and toddlers.

A proposed early childhood agenda for the SBOE can be summarized in four points: (a) development of a supportive and coherent governance structure, (b) analysis of funding sources, (c) development and implementation of quality rating systems and early learning guidelines, and professional credentialing system, and (d) advocacy and public involvement.

A. Development of an Overall Approach to Infant and Toddler Programs

The first step should be to develop an overall paradigm for programs for infants and toddlers. Although overall responsibility for early childhood programs resides with the ECEA, the actual services provided to infants and toddlers are provided by a wide variety of providers funded from many different sources. ECEA's challenge is to develop and implement a coherent approach to infant and toddler care and education from these disparate resources.

The transition of ECEA from the Department of Human Services to the OSSE presents certain risks and opportunities. The principal opportunity is to develop a new approach for the provision of services to infants and toddlers that is analogous to those for children in other age groups already within the purview of the OSSE. Just as there are uniform standards and goals for elementary school education (grades one through five), and emerging standards for early education (preschool-kindergarten), there should similarly be a standard approach to, and set of objectives for, the care and early education opportunities offered to infants and toddlers.

The risk is that, as additional resource are devoted pre-K, and preschool children are moved from disparate child care programs into more formalized pre-K programs, the child care programs in which those children were formerly placed could lose access to funding. Infants and toddlers might simply be left behind in the process. Instead, infants and toddlers must be every bit as much of a priority as children of any other age group that are serviced by the OSSE. The District needs more focused direction to ensure an expansion of high-quality birth to three early care and education programs is coordinated with the development and implementation of PreK, with a potential goal of the eventual expansion of PreK to infants and toddlers.

B. Analysis of Funding Sources

A comprehensive analysis is needed to provide an assessment of how the District of Columbia is utilizing federal and state funding sources to assist infants and toddlers, as well as how these resources are being made available to families with young children. For many families, access to quality child care remains out of reach. A thorough analysis is needed of how families in the District are currently accessing and utilizing the child care subsidies that are available, and how that access might be improved. This analysis should include EHS, which is an underutilized resource, as well as Part C (to ensure the early identification of infants and toddlers with special needs). This analysis should also include the potential of public/private partnerships as a source of funding.

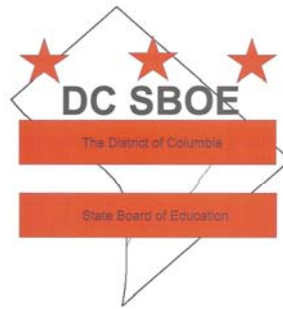
C. Implementation of Uniform Standards, Quality Metrics and More Structured Professional Credentialing

Most importantly, the District needs to employ strong accountability measures to drive continuous quality improvements across all programs serving young children. As discussed in more detail above, this principally means (1) the development and implementation of early learning standards, (2) the development and implementation of infant-toddler specialist network, and (3) the implementation of a more formalized infant toddler credentialing process (as well as additional professional supports) for caregivers. Following these steps should enable the District to build an efficient, well-coordinated early childhood infrastructure capable of sustaining quality programs for infants and toddlers.

D. Public Advocacy and Inclusion

Finally, the goals of any action agenda for infants and toddlers needs to be a collective process to ensure an integrated early childhood system, to include all District agencies and groups expanding the efforts through the involvement of the larger early childhood community. All important stakeholders should be included in the process, including parents, programs, caregivers, funders, and public representatives.

Advocacy is a key part of this process, as it is imperative to create public knowledge and public action in support of the expansion of high-quality of early care and education services, including infant/toddler programs. While the value of education for older children is not seriously disputed, and the value of pre-K programs has (recently) generally been acknowledged, the same cannot necessarily be said for programs for infants and toddlers. There is still, unfortunately, a need to “sell” the value of such programs to the general public, as well as to decision makers in government, which is why a substantial portion of this report is devoted to making the case for early childhood programs for infants and toddlers.



SELECT BIRTH TO THREE RESOURCES

INFANTS AND TODDLERS IN THE DISTRICT OF COLUMBIA

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Linking Economic Development and Child Care

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INFANT TODDLER RESOURCES

Brazelton Touchpoints Center, is a framework focusing on key points in the development of infants, toddlers and their families.

<http://www.touchpoints.org>

Center on the Social and Emotional Foundations for Early Learning (CSEFEL), is a national center created to help Head Start and other child care programs identify and implement practices with demonstrated effectiveness in promoting children's social and emotional competence as well as in preventing and addressing challenging behaviors.

<http://csefel.uiuc.edu>

Child Care Aware, is a program of NACCRRRA and helps parents find the best information on locating quality child care and child care resources in their community.

<http://childcareaware.org/>

Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services administers federal funds to states, territories, and tribes to assist low-income families in accessing quality child care for children when the parents work or participate in education or training.

<http://www.acf.hhs.gov/programs/ccb/>

Maternal and Child Health Bureau, Department of U.S. Health and Human Services, provides links to resources, publications, websites, and federal and state programs relating to the health and well-being of infants, children, adolescents, pregnant women, and their families. MCHB provides a list of child health links, including children with special needs.

<http://www.mchb.hrsa.gov>

National Child Care Information Center, "Mental Health Needs of Young Children," lists federal agencies and national organizations that have information about early childhood mental health (ECMH), professional development on ECMH issues, and general mental health topics.

<http://www.nccic.org/poptopics/ecmhealth.html>

The Program for Infant Toddler Caregivers (PITC) framework is designed to help child care managers and caregivers become sensitive to infants' cues, connect with their family and culture, and develop responsive, relationship-based care.

<http://www.pitc.org/>

National Birth to Five Policy Initiatives

The Birth to Five Policy Alliance is a group of six foundations and 13 organizations working to promote innovative and successful state policy.

www.birthtofivepolicy.org

The Build Initiative is a multi-state partnership that helps states plan for coordinated system of programs, policies and services that responds to the needs of young children and their families.

<http://www.buildinitiative.org/>

The Maternal and Child Health Bureau launched the Early Childhood Comprehensive Systems Initiative (ECCS) to support all 50 states and the territories in their efforts to build and integrate early childhood service systems. Project THRIVE at the National Center for Children in Poverty provides policy support to the ECCS initiative.

<http://www.state-eccs.org/>

The State Early Childhood Policy Technical Assistance Network is a group of experts (researchers, consultants, policy makers, and practitioners) on early childhood issues available to help state decision makers design early childhood policies.

<http://www.finebynine.org/>

Smart Start is North Carolina's public-private early childhood initiative to ensure that young children enter school healthy and ready to succeed.

<http://www.smartstart-nc.org/national/main.htm>

Smart Start's National Technical Assistance Center and the Build Initiative, "Building Connections Resources: State Case Studies of Early Childhood System Building," June 2006. The six systems are: Colorado Consolidated Child Care Pilot Programs, Iowa Community Empowerment Initiative, Minnesota Early Childhood Initiative, Smart Start North Carolina, Smart Start Oklahoma, and Vermont's Building Bright Futures.

The case study report is at http://www.buildinitiative.org/docs/State_Case_Studies_Final.doc

The matrix (4 pages) is at http://www.buildinitiative.org/docs/Cross-State_Matrix_Final.doc

50-State Data on Young Children

National Center for Children in Poverty (NCCP), "Improving the Odds for Young Children," 2008.

<http://nccp.org/projects/improvingtheodds.html>

National Conference of State Legislatures (NCSL) works in cooperation with Statenet to provide up-to-date, real time information about early care and education bills that have been introduced in the fifty states and the District of Columbia.

<http://www.ncsl.org/programs/cyf/cc.htm>

National Conference of State Legislatures, "Early Care and Education State Budget Actions FY 2007 and FY 2008," visiting, 2008.

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Kids Count Data Center contains state- and city-level data for more than 100 measures of child well-being.

<http://www.kidscount.org/datacenter/about.jsp>

Quality Rating and Improvement Systems

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<http://www.naeyc.org/accreditation/>

National Infant & Toddler Child Care Initiative, "Designing Quality Rating Systems Inclusive of Infants and Toddlers," 2007.

www.nccic.org/itcc/PDFdocs/qrsdesignelements.pdf

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<http://www.uncg.edu/hdf/facultystaff/ScottLittle/ScottLittle.html>

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National Association for the Education of Young Children, "Early Childhood Workforce Systems Initiative".

<http://www.naeyc.org/policy/ecwsi/default.asp>

National Infant & Toddler Child Care Initiative, "Credentials for the Infant/Toddler Child Care Workforce: A Technical Assistance Tool for Child Care and Development Fund Administrators."

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Partnerships and Collaboration

National Governors Association, "Partnering with the Private and Philanthropic Sectors: A Governor's Guide to Investing in Early Childhood," 2008.

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National Child Care Information Center, "Partnerships, Alliances, and Coordination Techniques (PACT)," provides state, territory, and tribal policy-makers—particularly Child Care and Development Fund (CCDF) Administrators and their partners—the resources, training, and technical assistance they need to build more comprehensive and collaborative early care and education systems for better serving children and families.

<http://www.nccic.org/pact/index.html>

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Center for Law and Social Policy, "All Together Now: State Experiences in Using Community-Based Child Care to Provide Pre-kindergarten," 2005.

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Child Health and Development Institute of Connecticut, Inc., "A Development Plan for Early Care and Education Data and Research Systems," November 2006.
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<http://www.talaris.org>

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<http://www.jstor.org/pss/1602811>

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New York Zero to Three Network, "Unequal from the Start: A Check-up on New York's Infants and Toddlers."
<http://www.winningbeginningny.org/>

NATIONAL ORGANIZATIONS SUPPORTING INFANTS AND TODDLERS

Center for Law and Social Policy (CLASP)

CLASP works to promote policies that support both child development and the needs of low-income working parents.
<http://childcareandearlyed.clasp.org/>

Building on the Promise: State Initiatives to Expand Access to Early Head Start for Young Children and their Families Highlights state policies that support the healthy growth and development of infants and toddlers in child care settings.
<http://childcareandearlyed.clasp.org/2008/08/family-child-ca.html>

Charting Progress for Babies in Child Care: Policy Framework Summary
This report highlight state policies that support the healthy growth and development of infants and toddlers in child care settings and to build an online resource to help states implement these policies.
<http://childcareandearlyed.clasp.org/babiesinchildcare.html>

Early Head Start Participants, Programs, Families and Staff in 2006, June 2008.
http://www.clasp.org/process_search.php?skip=0

Ensuring Quality Care for Low-Income Babies: Contracting Directly with Providers to Expand and Improve Infant and Toddler Care.
http://childcareandearlyed.clasp.org/infants_and_toddlers/index.html

Starting Off Right: Promoting Child Development from Birth in State Early Care and Education Initiatives, July 2006
Describes state strategies to improve early care and education infants and toddlers and supports for their families.
www.clasp.org/ChildCareAndEarlyEducation/StartingOffRight/5008_Clasp.pdf

Title I and Early Childhood Programs: A Look at Investments in the NCLB Era.
www.clasp.org/publications/ccee_paper2.pdf

CLASP also analyzes the latest state-by-state spending from the Child Care Development Block Grant, Temporary Assistance for Needy Families funds spent on child care, and the Head Start Program Information Report.

National Women's Law Center

The National Women's Law Center works to improve the quality, affordability, and accessibility of child care, with a special emphasis on ways to expand public and private financing of the changes needed to achieve these goals.

This link has specific information of their child care activities:

<http://www.nwlc.org/display.cfm?section=childcare>

Following fact sheets and reports can be found on their website:

- Summary of the Starting Early Starting Right Act
- Summary of Higher Education Act
- Low-Income Women and Their Families: How They Benefit from Affordable Quality Child Care and Struggle to Find It.

ZERO TO THREE

ZERO TO THREE is a national nonprofit organization that informs, trains and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers.

An Emerging Strategy to Support Caregivers In Providing High Quality Care to Infants and Toddlers

http://www.zerotothree.org/site/PageServer?pagename=ter_pub_nitcci

Building Early Childhood Systems Resources

http://www.zerotothree.org/site/PageServer?pagename=ter_pub_building

Creating Connections for Babies

http://www.zerotothree.org/site/PageServer?pagename=ter_pub_creatingconnections

Our Babies and Toddlers in the Policy Picture: A Self-Assessment Checklist for States is based on research about effective policies and best practices in states. Checklist questions can help states evaluate their current services and policies for infants and toddlers and plan for a comprehensive, coordinated system, 2007.

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State Policy Roundup: Progress of Infant-Toddler Issues Across the United States, December 2006 and July 2007

<http://www.zerotothree.org/site/Search?query=state+policy+roundup&x=0&y=0&inc=10>

National Infant and Toddler Child Care Initiative (at ZERO TO THREE)

The National Infant & Toddler Child Care Initiative at ZERO TO THREE is a project of the Child Care Bureau, Administration for Children and Families, Department of Health and Human Services. It began in 2002 and is designed to support State and Territory Child Care Development Fund (CCDF) administrators in their efforts to effect system-wide improvements in infant and toddler child care.

Includes State profiles that provide demographic information about children birth to three and their families, as well as the child care system that serves them. <http://nccic.org/itcc/>

Creating a System of High-Quality Child Care for Babies and Toddlers: Linking to good Start, Grow Smart Infant/Toddler Early Learning Guidelines, 2007.

www.nccic.org/itcc/PDFdocs/itelg.pdf

Designing Quality Rating Systems Inclusive of Infants and Toddlers, National Infant and Toddler Child Care Initiative

<http://nccic.org/itcc/publications/index.htm>

Early Learning Guidelines for Infants and Toddlers: Recommendations for States offers recommendations and examples to states as they develop or refine research-based early learning guidelines for infants and toddlers, 2008.

<http://nccic.org/search/index.cfm?do=search.basic&sessionid=1BDD7BFCFCC59B4FE69A1AAE3A9E821C&search=dc>

The National Center for Children in Poverty (NCCP) is public policy center dedicated to promoting the economic security, health, and well-being of America's low-income families and children.

<http://nccp.org/topics/earlycareandlearning.html>

Helping the Most Vulnerable Infants, Toddlers and Their Families, Pathways to Early School Success, Issue Brief No. 1.

http://www.nccp.org/publications/pub_669.html

How Maternal, Family and Cumulative Risk Affect Absenteeism in Early Schooling Facts for Policymakers
February 2008

http://nccp.org/publications/pub_802.html

The Influence of Maternal & Family Risk on Chronic Absenteeism in Early Schooling, January 2008.

http://nccp.org/publications/pub_792.html

Project THRIVE is a public policy analysis and education initiative at NCCP to promote healthy child development and to provide policy support to the State Early Childhood Comprehensive Systems (ECCS) initiatives funded by the Maternal and Child Health Bureau.

<http://nccp.org/projects/thrive.html>

Promoting Effective Early Learning: What Every Policymaker and Educator Should Know, National Center for Children in Poverty, January 2007.

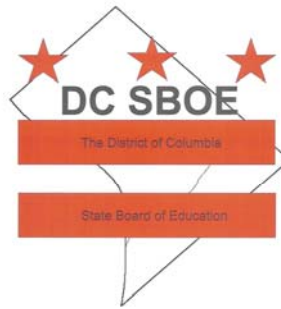
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State Early Childhood Policies, Helene Stebbins and Jane Knitzer, June 2007.

http://nccp.org/publications/pub_725.html

State Indicators for Early Learning, Project Five, National Center for Children in Poverty, June 2008.

http://www.nccp.org/publications/pub_822.html



BIRTH TO THREE IN THE DISTRICT OF COLUMBIA

DATA APPENDIX

CURRENT STATUS IN THE DISTRICT

I. THE POPULATION

A. Population of Young Children¹

US Total number of children
 Under 6: 24,784,219
 Under 3: 12,573,577

DC Total number of children:
 Under 6: 43,291
 Under 3: 23,543

B. Annual Births

DC: 8,017²

C. Population by Ward³

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Total population	71,995	68,714	67,972	72,174	70,033	57,829	54,683	56,879
Children 0-2	2,405	1,069	1,731	2,358	2,076	1,402	2,182	3,226
Children 3-4	1,590	590	962	1,713	1,450	879	1,686	2,463

¹ 2008 Current Population Survey, U.S. Census Bureau.

² For the period from July 1, 2005 Through July 1, 2006. U.S. Census Bureau, Population Division, Estimates of the Components of Population Change, 2007.

³ Early Care and Education Administration, Child Care Profiles, March 2007, data derived from U.S. Census (2000)

II. ECONOMIC STATUS AND EMPLOYMENT

A. Children Under 3 in Poor and Low-income Families In The United States and DC⁴

US	43.4% of children under 3 live in low-income families (2007) 21.5% of children under 3 live in poor families (2007)
DC	37.6% of children under 3 live in low-income families (2007) 24.5% of children under 3 live in poor families (2007)

B. Children (under 18) and Poverty (by Ward)⁵

		Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Median income		\$36,902	\$44,742	\$71,875	\$46,408	\$34,433	\$41,554	\$30,533	\$25,017
% of Children	In poor families	34.40%	25.80%	3%	16%	28%	36.40%	36.90%	50.80%
	In low-income families	62%	52%	7%	35%	50%	57%	61%	72%

C. Cost of Living - Top 20 Metropolitan Areas⁶

Metro Area	Index
Houston, TX	90.0
St. Louis, MO-IL	90.2
Dallas, TX	90.7
Atlanta, GA	96.1
Tampa, FL	97.9
Phoenix, AZ	99.8
U.S.	100.0
Detroit, MI	100.7
Chicago, IL	110.5
Minneapolis, MN	110.6
Miami, FL	115.9
Riverside, CA	119.3
Baltimore, MD	122.1
Seattle, WA	123.4
Philadelphia, PA	123.5
Boston, MA	134.8
San Diego, CA	135.0
Washington, DC	138.4
Los Angeles, CA	148.1
San Francisco, CA	170.9
New York, NY (Manhattan)	220.3

⁴ 2008 Current Population Survey, U.S. Census Bureau. For all purposes herein, the term "low-income " means less than 200% of the federal poverty level, and the term "poor" means less than 100% of the federal poverty level. In 2008, the federal poverty level is \$21,200 for a family of four.

⁵ Early Care and Education Administration, Child Care Profiles, Updated March 2007; data is derived from U.S. Census, 2000.

⁶ "ACCRA Cost of Living Index" Council for Community and Economic Research, 2nd Quarter 2008.

D. Low-income Children Under Age 6 With Employed Parents:⁷

	US	DC
Percentage of Low-income Children with at least One Parent Employed Full-Time Full-Year	51%	40%
Percentage of Low-income Children with a Parent Employed only Part-Time or Part-Year	29%	24%
Percentage of Low-income Children with NO Employed Parent	20%	36%

E. Average Percentage of Families Receiving TANF in DC (FY 2006): 14%⁸

III. RACE AND CORRELATION WITH ECONOMIC STATUS

A. Racial Composition of the Population of Children Under 6⁹

	US	DC
White (non-Hispanic)	54%	29%
Black (non-Hispanic)	14%	55%
Asian (non-Hispanic)	4%	1%
Bi/Multi-Racial (non-Hispanic)	4%	2%
American Indian (non-Hispanic)	1%	
Hispanic (all races)	24%	14%

B. Percentage of Children Under 3 in Low-income Families, by Race¹⁰

	US	DC
White (non-Hispanic)	30%	2%
Black (non-Hispanic)	65%	57%
Asian (non-Hispanic)	26%	
Bi/Multi-Racial (non-Hispanic)	41%	
American Indian (non-Hispanic)	65%	
Hispanic (all races)	64%	64%

C. Racial Composition of Population of Children Under 3 in Low-Income Families¹¹

	US	DC
White (non-Hispanic)	36%	2%
Black (non-Hispanic)	21%	75%
Asian (non-Hispanic)	3%	
Bi/Multi-Racial (non-Hispanic)		
American Indian (non-Hispanic)	1%	
Hispanic (all races)	36%	23%

NOTE: Although a disproportionately high percentage of American Indian, Hispanic, and black children are in low-income families, white children comprise the largest group of low-income infants and toddlers nationally.

D. Births, by Race, DC¹²

⁷ NCCP, District of Columbia and National, Early Childhood Profiles, 2008 (National and state data were calculated from the 2006-08 American Community Surveys, U.S. Census).

⁸ Child Care Bureau, Administration for Children and Families, ACF, FFY 2006 CCDF Data Tables (Final Data, July 2008). http://www.acf.hhs.gov/programs/ccb/data/ccdf_data/06acf800/table16.htm

⁹ 2008 Current Population Survey, U.S. Census Bureau.

¹⁰ 2008 Current Population Survey, U.S. Census Bureau.

¹¹ 2008 Current Population Survey, U.S. Census Bureau.

¹² D.C. Children's Trust Fund, Every Kid Counts in the District of Columbia; 14th Annual Fact Book, 2007 ("2007 Fact Book") (using 2006 Data).

	DC
White (non-Hispanic)	25%
Black (non-Hispanic)	58%
Other (non-Hispanic)	14%
Hispanic (all races)	3%

IV. HEALTH INDICATORS

A. Births, and Mothers Giving Birth, by Ward¹³

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
BIRTHS	1,070	594	780	1,254	908	867	1,088	1,379
% of live births in DC	13%	7%	10%	16%	11%	11%	14%	17%
Births to single mothers, 2005	561	174	42	651	612	395	909	1,106
as a % of live births	52%	29%	5%	52%	67%	45%	84%	80%
% of births to single mothers in DC	13%	4%	1%	15%	14%	9%	20%	25%
Births to teen mothers (under 20), 2005	106	23	2	111	115	81	197	240
as a % of live births	10%	4%	0%	9%	13%	9%	18%	17%
% of births to teen mothers in DC	12%	3%	0%	13%	13%	9%	23%	27%
Births to child mothers (under 18), 2005	34	11	2	45	41	26	91	100
as a % of live births	3%	2%	0%	4%	5%	3%	8%	7%
% of births to child mothers in DC	10%	3%	0%	13%	12%	7%	26%	29%
births with adequate prenatal care, 2005	572	406	654	707	427	556	471	612
as a % of live births	62%	73%	85%	65%	57%	72%	52%	53%
% of births with adequate prenatal care in DC	13%	9%	15%	16%	10%	13%	11%	14%

B. Infant Mortality and Birthweight (by Ward)¹⁴

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Low birthweight babies (under 5.5 lbs.), 2005	91	52	58	135	122	98	153	171
as a % of live births	9%	9%	7%	11%	13%	11%	14%	12%
% of low birthweight births in DC	10%	6%	7%	15%	14%	11%	17%	19%
Infant Deaths (under 1 year)	13	4	1	10	14	18	17	14
Rate (per 1,000 live births)	12.1	6.4	1.5	8.8	15.0	20.6	16.9	9.5
% of infant deaths in DC	14%	4%	1%	11%	15%	19%	18%	15%

The foregoing data demonstrate:

- Wards 5, 6, 7 and 8 the highest infant mortality rates in DC
- Wards 4, 7 and 8 have the highest percentage of low birthweight babies in DC
- Wards 1, 2 and 3 have the lowest percentage low birthweight babies, and lowest infant mortality rates, in DC

¹³ 2007 Fact Book (using 2006 Data). Note that there is minimal to no variance from the 2005 data.

¹⁴ 2007 Fact Book (using 2005 data as to birthweight, and 2004 data as to infant mortality).

C. Vaccination Rates: 3 or more shots for Diphtheria, Tetanus, Pertussis¹⁵

- US: 95.8%
- DC: 94.8%

NOTE: DC surpassed the national vaccination rate in 2004, but has fallen slightly below the national average in 2005 and 2006.

D. Access to Care

1. Percentage of Children Under Age 6 Who Have A “Medical Home”:¹⁶

	% Have a medical home	% Do not have medical home
US	55.9%	44.1%
DC	41.5%	48.5%

2. Percentage of Children Under 6 With Health Insurance¹⁷

	% with health insurance	% without health insurance
US	90%	10%
DC	94%	6%

E. Exposure to Multiple Risk Factors Among Children Under 6:¹⁸

	# of Risk Factors		
	0	1-2	3+
US	58%	32%	10%
DC	43%	34%	23%

F. Medicaid¹⁹ Enrollment of Children Under 6:²⁰

	US	DC
Children Under 6 Eligible for Medicaid	11,784,317	28,636
Children Under 6 who are Medicaid Beneficiaries	10,950,481	27,368
% of eligible children Under 6 who are Medicaid Beneficiaries	92.9%	95.6%

G. Food Security Data (by Ward)²¹

¹⁵ 2007 Fact Book (data source: U.S. Immunization Survey).

¹⁶ Data Resource Center for Child and Adolescent Health, “Child and Adolescent Health Measurement Initiative: 2003 National Survey of Children’s Health.” The term “medical home” is defined therein, as per the American Academy of Pediatrics (AAP), as having “a personal doctor or nurse from whom they receive family-centered, accessible, comprehensive, culturally sensitive and coordinated health care.”

¹⁷ NCCP, DC State Early Childhood Profile, p. 2

¹⁸ NCCP, District of Columbia and National, Early Childhood Profiles, 2008 (National and state data were calculated from the 2006 American Community Survey, U.S. Census). Risk factors include any combination of the following: (1), living with single parent, (2) living in poverty, (3) parents with limited English skills, (4) parents have less, than a high school education, and (5) parents have no paid employment.

¹⁹ Medicaid is a federally sponsored health care program administered by the states and DC. It is generally available to families with children living in households with incomes between 100 and 185 percent of the federal poverty level, or \$20,650 to \$38,203 for a family of four in June 2007. As part of Medicaid, DC also administers the State Children’s Health Insurance Program (SCHIP) – established to expand coverage for poor and near-poor children.

²⁰ Centers for Medicare and Medicaid Services, Medicaid Statistical Information System (MSIS) reports (data for FY 2004, revised in 2007).

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
People per Supermarket	36,667	11,471	12,292	37,501	23,868	34,044	35,270	NA
Percentage of Missing Grocery Staples from Stores, by Ward	13%	5%	5%	3%	5%	14%	23%	34%
Obesity Prevalence	21.2%	10.5%	6.6%	27.9%	23.3%	28.6%	42%	35.8%
Children and Youth in Poverty for every Summer Food Site	90	71	38	62	118	104	139	161
Farmer's markets	5	6	4	2	3	3	3	2
Reliance on Supplemental Food (lbs. per person per year)	11.67	24.99	0.22	9.49	12.31	9.30	7.66	15.54
Overall Food Security "Scorecard"	C-	C+	B	C+	C	B-	C	D-

V. CHILD CARE AND EARLY LEARNING

A. Supply and Demand of Child Care for Young Children (by Ward)²²

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Total population, 2000	71,995	68,714	67,972	72,174	70,033	57,829	54,683	56,879
Children 0 thru 2	2,405	1,069	1,731	2,358	2,076	1,402	2,182	3,226
Children 3 thru 4	1,590	590	962	1,713	1,450	879	1,686	2,463
% of Children in poverty	34.40%	25.80%	3%	16%	28%	36.40%	36.90%	50.80%
% of children who are Low-income	62%	52%	7%	35%	50%	57%	61%	72%
Total Licensed Child Care center slots	2,148	4,658	2,432	2,517	2,314	2,903	2,130	2,611
Licensed Child Care center slots for children under 2	279	1071	73	352	370	319	192	313
Licensed Child Care center slots for children 2-4	494	1630	1265	780	810	871	596	940
Licensed home care slots	29	33	21	184	181	207	236	136.00
Licensed infant care slots	429	1,090	136	533	427	510	363	398
Children who need services (est. number of children under 6 with all parents working)	2,850	1,214	2,029	2,419	2,478	1,831	2,897	4,256
Children under 4 on waiting lists	1,319	2,682	458	178	497	378	429	517

NOTE: The Mayor's Advisory Committee on Early Childhood Development (MACEDC) report, revealed nearly 10,000 District children under the age of three years lacked access to quality care. This report highlighted the

²¹ Dana Conroy and Shana McDavis-Conway, "Healthy Food, Healthy Communities: An Assessment and Scorecard of Community Food Security In the District of Columbia," July 2006, presented to the public by the Mayor's Commission on Food and Nutrition. The foregoing report defines "food security" as (1) Affordable healthy food in all neighborhoods, (2) A cohesive network of nutrition programs, (3) Low rates of diet-related diseases, (4) Safe and nutritious food in stores, assistance programs and homes, and (5) Fresh, delicious food for everyone, regardless of income.

²² Early Care and Education Administration, Child Care Profiles, Updated March 2007 (population data from 2000 Census). NOTE: there are some flaws and inconsistencies in the manner in which this data is recorded. For example, some data apply to children 0-2, others for children 0-5 or 0-3, making comparisons difficult. Additionally, it appears that some data (i.e., children with all parents working) are based on the ward of residency, where others are based on the ward where child care is sought. This creates the anomaly that Ward 2 (which contains the downtown and Mall areas where many parents are employed but relatively few children reside) appears to have only 1,214 children who need services, but has 4,658 licensed Child Care center slots and a waiting list of 2,682 children under 4.

challenges facing families particularly in wards 1, 5, 7 and 8 in accessing birth to three health and early care and education services.

B. Child Care Capacity in DC

Number of centers ²³	348
Number of nationally accredited child care centers	102
Percent of child care centers that are accredited	31.4%
Number of family child care homes	208
Number of nationally accredited family child care homes	49
Percent of family child care homes that are accredited	25%
Total number of child care spaces available in Licensed child care	21,516
Number of Children slots (2 years and older)	17,713
Number of Infant/Toddler slots (6 weeks to 2 years old)	3,803
Total number of infant toddler slots in licensed family child care homes	1,019
Number of children slots (2 years and older)	612
Number of Infant/Toddler slots (6 weeks to 2 years old)	407
Child Care Demand ²⁴	
Percentage of requests for infant and toddler care	62%
Percentage of requests for pre-school age care	24%
Percentage of requests for full-time care	97%
Percentage of requests for part-time care	3%
Percentage of requests for before and after-school care	27%
Percentage of requests for non-traditional hour care	30%
Workforce	
Number of child care workers (excludes self-employed providers)	1,660

C. Child Care and Development Fund

Average Monthly Percentages of Children In Care By Age Group (FFY 2006)²⁵

<u>Age</u>	<u>Percentage in Child Care</u>
0 to 1	6%
1 to 2	14%
2 to 3	19%

²³ OSSE, *The Early Childhood Landscape in the District of Columbia, Quick Fact Sheet*, October 2007 (Department of Human Services)

²⁴ National Association of Child Care Resource and Referral Agencies, *Most Recent Child Care Data by State, 2008 Child Care in the State of the District of Columbia*, www.naccrra.org/randd/data/docs/DC.pdf

²⁵ Child Care Bureau, Administration for Children and Families, ACF, FFY 2006 CCDF Data Tables (Final Data, July 2008). http://www.acf.hhs.gov/programs/ccb/data/ccdf_data/06acf800/table9.htm

D. Enrollment in Government Early Childhood Programs 2006²⁶

Program	Ages	US	DC
Early Head Start	0-2	83,173	430
Head Start	3-5	899,308	3,415
State Pre-K	3-5	935,087	NA
Special ED / Part C	0-2	299,848	308
Special ED / Part C	3-5	706,401	754
CCDF Subsidized Child Care	0-2	505,062	1,366
CCDF Subsidized Child Care	3-5	640,675	1,383

E. Infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: Fall 2007²⁷

	Birth up to 12	1 year	2 years	Birth to 2 years old
DC	22	75	174	271

F. Child Care Affordability

The average annual fee for full-time child care for an infant in center-based care is **\$10,400**²⁸

G. Child Care Quality

1. Provider Salaries in DC

Average income for full-time, year-round child care provider **\$22,850**²⁹

2. Regulation and Governmental Accreditation

a. DC Regulations For Child Care Centers Compared To Recommended Best Practices

- Nation: Only 8 states meet recommended child care licensing standards for toddlers (18 Month Olds)³⁰
- DC meets the recommended child care standards for staff child ratios and maximum class size³¹
- DC meets or exceeds NAEYC Standard in 6 of 7 age categories
- DC meets or exceeds NAEYC Standard in 6 of 7 age categories
- Minimum Pre-Service Qualification: CDA credentialing and experience

²⁶ National Center for Children in Poverty, United States State Early Childhood Profile, Pg.3

²⁷ U.S. Department of Education, Office of Special Education Programs, Part C Data, Tables for OSEP State-Reported Data, Table 8-1-8, IDEAData.org. http://www.ideadata.org/arc_toc9.asp#partcCC

²⁸ Insight Center for Community Economic Development, *Ensuring a Vibrant City: The Economic Impact of the Early Care and Education Industry in the District of Columbia*, April 2007.

²⁹ National Association of Child Care Resource and Referral Agencies, Most Recent Child Care Data by State, 2008 Child Care in the State of the District of Columbia, www.naccrra.org/randd/data/docs/DC.pdf

³⁰ NCCP, DC Early Childhood Policies, p.1

³¹ NCCP, DC Early Childhood Policies, p.9

b. Provider Credentialing in DC³²

Early Learning Guidelines for 0-3³³: OSSE is in the process of finalizing the guidelines for birth to three.

Infant/Toddler Caregiver Credential³⁴: NO³⁵

Consistent/Primary Caregiver Requirement³⁶: NO

Infant/Toddler Specialist Network³⁷: NO

Infant/Toddler Child Development Associate (CDA) [Council of Professional Recognition]

81 issued in 2006

74 issued in 2005

56 issued in 2002

16 issued in 1998

3. Staff to Child Ratios³⁸

Center Child: Staff Ratios and Maximum Group Size Requirements ³⁹		
Age of Children	Child: Staff Ratio	Maximum Group Size
6 weeks	4:1	8
9 months	4:1	8
18 months	4:1	8
27 months	4:1	8
3 years	8:1	16

In Family Child Care the staff-to-child ratios are 1:5 (with no more than two under the age of 2) ⁴⁰

³² US Dept of Health and Human Services, ACF, National Infant and Toddler Child Care Initiative, State profiles, <http://nccic.org/itcc/>

³³ 24 states have early learning standards or developmental guidelines for infants and toddlers, 2008. NCCP, United States State Early Childhood Profile, p.3

³⁴ US Dept of Health and Human Services, ACF, National Infant and Toddler Child Care Initiative, State profiles, <http://nccic.org/itcc/>
16 states have an infant/toddler credential, 2007. NCCP, United States State Early Childhood Profile, Pg.3.

³⁵ US Dept of Health and Human Services, ACF, National Infant and Toddler Child Care Initiative, State profiles, <http://nccic.org/itcc/>.
The Part C/DC Early Intervention Program does have a credential for early intervention practitioners.

³⁶ 23 states require, through regulation, that infants and toddlers in child care centers be assigned a consistent primary caregiver, 2005. NCCP State Early Childhood Policies, Pg. 16

³⁷ 9 states allocate state or federal funds for a network of infant/toddlers specialists that provide assistance to child care providers, 2007. NCCP, United States State Early Childhood Profile, p.3.

³⁸ The NAEYC Accreditation represents the mark of quality in early childhood education. To achieve NAEYC Accreditation, early childhood education programs volunteer to be measured against the most robust and rigorous national standards on education, health and safety. Today, nearly 9,000 NAEYC accredited early childhood education programs serve families around the nation. NAEYC accredited programs invest in early childhood education because they believe in the benefits to children and families. Early childhood experiences—from birth to age 8—have an enormous impact on children's lifelong learning and positively contribute to their health and development. Early childhood education programs with the mark of quality benefit children with greater readiness for and success in school. Ratios indicate a standard in which quality is measured.

³⁹ State Profile – District of Columbia, Demographic Information, National Child Care Information and Technical Assistance Center.

⁴⁰ Child Development Homes, Health Regulation and Licensing Administration, District of Columbia.
<http://hrla.doh.dc.gov/hrla/cwp/view,A,1384,Q,572295.asp> NOTE: A child development home is a child development program that operates in a private residence for up to a total of five children and infants, with no more than two infants in the group.