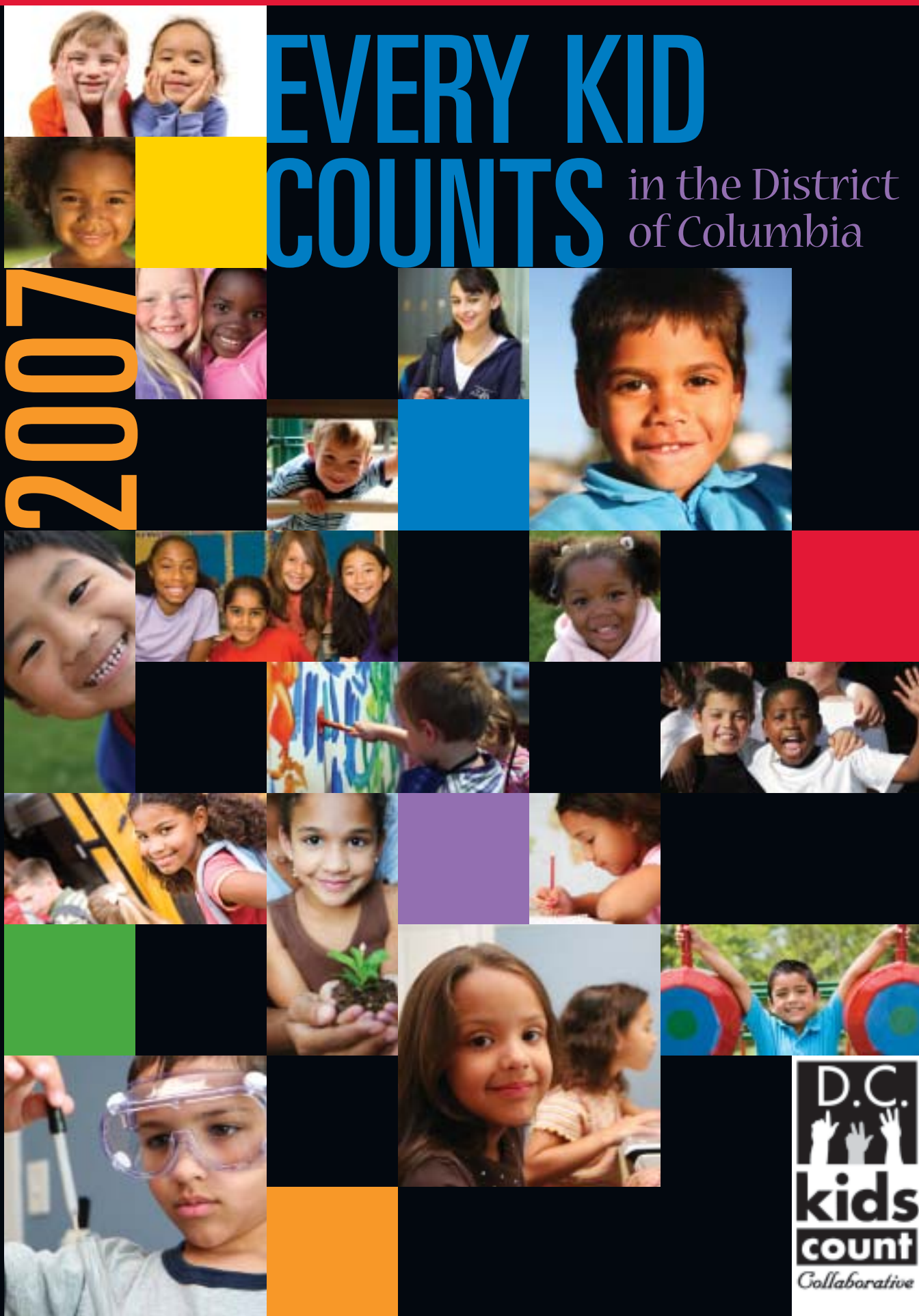


EVERY KID COUNTS

in the District
of Columbia

2007



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We appreciate your comments!

Every KID COUNTS in the District of Columbia: 14th Annual Fact Book 2007 Survey

Please help us provide a high-quality Fact Book that meets your needs for information on the status of children in the District of Columbia. Complete the following User Survey and mail or fax it back to us at: D.C. CHILDREN'S TRUST FUND, 1200 G Street, NW, Suite 800, Washington, DC 20005; 202-434-8781 (fax), 202-434-8780 (phone).

1. Which of the following best describes your line of work?

- ☐ Education
- ☐ Research
- ☐ Private Business
- ☐ Elected Official
- ☐ Non-Profit Organization
- ☐ Government Agency
- ☐ Media
- ☐ Other
- ☐ Health Care

2. Which of the following best describes your job duties?

- ☐ Administrator
- ☐ Service Provider
- ☐ Marketing/Public Relations
- ☐ Elected Official
- ☐ Researcher/Analyst
- ☐ Reporter
- ☐ Educator/Trainer
- ☐ Other

3. How are you planning to use the 2007 Fact Book?

(check all that apply)

- ☐ Research
- ☐ Program Development
- ☐ Advocacy
- ☐ Policy/Planning Development
- ☐ Grant Writing
- ☐ Articles/Public Education
- ☐ Needs Assessment/Resource Allocation
- ☐ General Information
- ☐ Other

4. How often do you plan to use the 2007 Fact Book?

- ☐ Daily
- ☐ Occasionally
- ☐ Weekly
- ☐ Monthly
- ☐ Once

5. Please rate the usefulness of the following aspects of the 2007 Fact Book on a scale from 1 to 5.

(1=Excellent, 2=Very Good, 3=Good, 4=Fair, 5=Poor)

Format of the 2007 Fact Book

1 2 3 4 5

Selected Indicators

1 2 3 4 5

Ward Charts

1 2 3 4 5

Neighborhood Charts/Maps

1 2 3 4 5

Data Definitions and Sources

1 2 3 4 5

6. What topics or information would you like to see included in future Fact Books?

(Please be as specific as possible.)

Thank you for your valuable feedback!



EVERY KID COUNTS

in the District of Columbia

14th ANNUAL FACT BOOK 2007

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D.C. CHILDREN'S TRUST FUND

A Resource for Strengthening Families and Protecting Children

Dear Colleague:

We are pleased to provide the Every KID COUNTS in the District of Columbia, 14th Annual Fact Book, 2007. The Fact Book is a comprehensive data source for indicators of child well-being in the District, providing up-to-date accurate data in the areas of population trends, economic security, family attachment, and community support, homeless children and families, child health, safety and personal security, education, and selected indicators by ward, neighborhood cluster, and region.

This publication continues to reflect the input of an expanded number of partners and contributors. With the help of the Urban Institute's Neighborhood Info D.C., the Collaborative has continued to expand the information we report in the Fact Book to include data on older youth aged 19-24 and additional data on child abuse and neglect. The book and data indicators are organized according to the Administration's six citywide goals for children and youth, mirroring the format of the Children's Budget and the Positive Youth Development Strategy. The goal of the organization is to make it easier to see the impact of current efforts and match outcomes to the resources allocated to each goal. To our new and on-going partners and contributors, thank you for your diligent work. Due to the Collaborative's access to more numerous local resources, the data contained in this Fact Book is more comprehensive than the data presented in the 2007 National KIDS COUNT Data Book, released in June by the Annie E. Casey Foundation. Selected data in this book, therefore, may show improvement and/or decline in some of the indicators of child well-being that were not captured in the national book.

Based on the data in this book and in the previous years' books, we continue to be alarmed by the pattern of entrenched poverty in the District of Columbia, the continued poor performance of public school students on standardized tests, the high number of youth entering the child welfare and/or juvenile justice systems, youth violence, and the number of children living in single-headed households without community support. Children who live in single-headed households are more likely to live in poverty. Failure to lift residents out of poverty is negatively affecting the gains made in other areas of child wellbeing. It is time for the District of Columbia to be more intentional in supporting these families. Such support should include respite care. Presented in this book is information on five protective factors that must be in place in homes and in the community to ensure that children are in safe nurturing relationships. We urge you to examine the data and recommendations, and use them to support and guide your efforts to enhance the conditions for children and families in the community and in their homes.

Please note that this book has companion publications, which include an executive summary, a comparison of child wellbeing data by race and ethnicity, and booklets that summarize data for each ward in the City.

To ensure continual enhancement of the data provided, please complete and return the enclosed user survey (page 1). Your responses will greatly assist us in our efforts to provide a high quality fact book year after year, which meets your needs for information on the status of D.C.'s children. To order more copies of the Fact Book or to inquire about joining the D.C. KIDS COUNT Collaborative, please contact Ms. Grenetta Wells, Project Director, at (202) 434-8777 or gwells@dccf.org. Also, please visit our D.C. KIDS COUNT website at www.dckidscount.org. The entire contents of the Fact Book, as well as other KIDS COUNT related information, are available on our website.

Sincerely,

Kinaya C. Sokoya, Executive Director
DC Children's Trust Fund



1200 G Street, N.W. • Suite 800 • Washington, D.C. 20005
Telephone: 202-434-8780 • Fax: 202-434-8781 • E-mail: info@dccf.org • Website: www.dccf.org



Purpose of the Fact Book

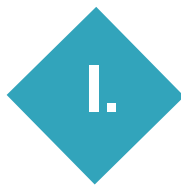
This Fact Book is the 14th annual report produced by the D.C. KIDS COUNT Collaborative on the lives of children and their families in the District of Columbia. The purpose of the Fact Book is to provide data annually about the well-being of children in the District of Columbia and to place these statistics within a meaningful context. Ten of the indicators presented were selected by the Annie E. Casey Foundation and the Center for the Study of Social Policy to mirror those reported in the National KIDS COUNT Data Book that the Casey Foundation produces annually. The D.C. KIDS COUNT Collaborative has continued to expand the original list to include additional indicators that are relevant to the District. We encourage suggestions for additions from our readers, which we will try to fill if the needed data are available.

This publication aims to provide a broad perspective on the status of children and youth in the District. We seek to inform and educate our readers about the issues affecting children and their families in the District. We encourage community residents, policymakers, professionals, and others who work with or on behalf of children and families to create conditions that foster the optimal health and development of children and youth.

As usual, we stress the importance of family and community in the lives of our children. We at D.C. KIDS COUNT believe that an approach based on systems theory is needed to affect real change in the District. Accordingly, children, families, communities, and government institutions are viewed as an interconnected whole. Thus, when family support systems are dysfunctional in one area, the entire system may be impacted. In devising solutions to the problems facing children and youth in the District, the interactions and relationships among and between the components of the system must be understood and the systemic impact of any changes considered.

We urge community leaders to use this report, in conjunction with previous reports, for formulating strategic plans and enacting policies that support children, youth and families in the District. We hope that the Fact Book will serve as a catalyst for service providers, business leaders, local government, funders, and community members to continue efforts to collectively address the issues presented in this report so that, ultimately, all families in this great city can function optimally.





INTRODUCTION

This is the 14th edition of the KIDS COUNT Annual Fact Book for the District of Columbia. The Fact Book brings together a variety of indicators describing the wellbeing of the District's children and their families. We update existing indicators each year and add new indicators as they become available. For instance, this year's Fact Book presents a new positive indicator, participation in D.C.'s youth summer employment program.

The Annie E. Casey Foundation provides funding to all 50 states, the U.S. Virgin Islands, and the District of Columbia to produce annual state-level KIDS COUNT reports. In addition, the Foundation publishes a national-level report every year describing the wellbeing of children across the United States.

This year's Fact Book is organized to reflect the six citywide goals for children and youth in the District of Columbia. The Children's Budget Report and the Positive Youth Development Strategy are also structured according to the six goals so that citizens of the District can track efforts under way to support children and youth and assess the resulting impact of these efforts.

This Fact Book begins with a Report Card, which provides an easy-to-read summary of how the District compares to last year on selected indicators of child wellbeing. The Report Card shows whether each indicator changed for the better, became worse, or remained the same compared to the previous year's report. Some new indi-



cators were added or revised for this year's report, however, and may not be comparable to previous years.

Of the 47 indicators in this year's Report Card, 27 changed for the better, 10 changed for the worse, and 10 indicators did not change at all. This is an improvement compared to the 2006 Report Card where only 13 indicators improved and 15 indicators changed for the worse.

Following the Report Card is the Recommendations and Strategies section, developed by the D.C. KIDS COUNT Collaborative and based on data in the Fact Book. The recommendations are summarized in another easy-to-read table and the supporting text describes what the collaborative would like to see

accomplished in support of District's children and their families in the coming years.

The next section, Major Trends and Changes, is the executive summary of the Fact Book. It provides a quick overview of the main body of the report.

Section IV, Selected Indicators on Child Well-Being in the District of Columbia, contains the majority of information on the welfare of children in the District. This section presents and discusses the data in detail, mainly for the District as a whole, along with figures and tables showing trends. The indicators are organized into six subsections, drawn from the Mayor's six citywide goals for the children and youth: A) Children are ready for

school; B) Children and youth succeed in school; C) Children and youth are healthy and practice healthy behaviors; D) Children and youth engage in meaningful activities; E) Children and youth live in healthy, stable and supportive families; and F) All youth make a successful transition to adulthood.

While section IV discusses the wellbeing of children across the city (that is, on average), section V compares several of the data indicators, such as child health, mortality, and child welfare, for children across the eight District wards and across racial and ethnic groups.

The following section, section VI, presents maps showing the geographic concentrations of infant mortality, low-weight births, percent of change in births from 2000 to 20045, deaths for 1- to 19-year olds, and births to teenage mothers in the city's 39 neighborhood clusters. Accompanying the maps are data tables with the values of the indicators in each neighborhood cluster.

Throughout the Fact Book, we describe the sources of our data as well as define what the indicators mean. In compiling the indicators, we obtained data from a variety of reliable District and federal sources and endeavored to use the most recent data available. Data for the 2007 KIDS COUNT Fact Book were compiled from many sources, including the D.C.

Department of Employment Services, the D.C. Child and Family Services Agency; the D.C. Department of Health, State Center for Health Statistics Administration; the D.C. Administration for HIV/AIDS; the D.C. Bureau of Sexually Transmitted Disease Control; the D.C. Income Maintenance Administration; the District of Columbia Courts; the D.C. Early Care and Education Administration; D.C. Public Schools; the D.C. Public Charter School Board; the Community Partnership for Prevention of Homelessness; the D.C. State Education Office; the U.S. Bureau of the Census; and the U.S. Centers for Disease Control and Prevention. Some of the data we presented are complicated and may require a more thorough explanation

than is provided in the main text. In these cases, the reader is referred to section VII, where we define and describe the limitations of the more complicated data sources.

Finally, we note that the figures reported in this Fact Book may not always match those shown for District of Columbia in the national KIDS COUNT Data Book published by the Annie E. Casey Foundation. The data sources for similar indicators may differ across the two reports, particularly where we rely on data from District agencies and the national book uses data supplied by federal sources. These two sources sometimes use different methods for collecting and compiling data, and neither source is necessarily superior to the other.



Washington, D.C.'s "Report Card" for 2007

The District's Report Card, inaugurated in 2000, is meant to provide a quick snapshot of the changes shown by several key indicators for the year, rather than a complete summary of the situation. Before reaching any conclusions based on information contained in the Report Card, readers are advised to consult the full text.

The Report Card shows the most recent year for which we have data on each indicator and whether that indicator has increased, decreased, or stayed the same from the previous reported year. Additional columns indicate whether the

change was for the better, for the worse, or has remained the same. For some indicators, like employed residents of the District, an increase will generally be a change for the better. In other cases, such as share of mothers receiving inadequate care, it will be a change for the worse. For a few indicators, such as children receiving food stamps, a decrease will usually indicate an improving situation, with more children and their families rising out of poverty. But a decrease might also mean that some children and families are not getting the economic assistance they may need.



Washington, D.C.'s "Report Card" for 2007

Changes Since 2006 Fact Book on Indices of Children's Well-Being

Indicator (Year of Latest Data in Parentheses)	Increased (+), Decreased (-), or Same (=)	Changed for the Better	Changed for the Worse	No Change
Children Are Ready for School				
3+DTP Vaccination Rate (2006)**	=			X
Kindergarten Students Starting School with Full Vaccinations (2006)	+	X		
Head Start and Early Head Start Enrollment (2006)	+	X		
Preschool and Pre-Kindergarten Enrollment (2006)	+	X		
Children and Youth Succeed in School				
Overall Public School Enrollment (2006)**	=			X
DCPS Student Enrollment (2006)	-		X	
Public Charter Student Enrollment (2006)	+	X		
DCCAS Reading Test - DCPS and Public Charter Schools (2006)**	=			X
DCCAS Math Test - DCPS and Public Charter Schools (2006)	+	X		
Combined Math/Reading Scores on SAT (2007)	+	X		
Children and Youth Are Healthy and Practice Healthy Behaviors				
Percent of Mothers with Adequate Prenatal Care (2005)	+	X		
Percent of Low-Birth Weight Infants (2005)**	=			X
Infant Mortality Rate (2005)	+		X	
Sexually Transmitted Diseases in Persons Under 20 (2006):				
Chlamydia	-	X		
Gonorrhea	-	X		
Syphilis	+		X	
AIDS Cases Diagnosed in Children 12 & Under (2006)	-	X		
AIDS Cases Diagnosed in Youth 13-19 (2006)	-	X		
Children and Youth Engage in Meaningful Activities				
Passport-to-Work Summer Youth Program enrollment (2007)	+	X		
Juvenile Cases Referred to Superior Court (2006):				
For All Causes	+		X	
For Alleged Offenses Against Persons	+		X	
For Alleged Acts Against Public Order	+		X	
For Alleged Property Crimes	+		X	
Children and Youth Live in Healthy, Stable, and Supportive Families				
Child Population (2006)**	=			X
New Births (2005)**	=			X
Number of Jobs (2007)	+	X		
Employed Residents (2006)	+	X		
Unemployment Rate (2006)	-	X		
Poverty Rate - Overall (2006)*	=			X
Poverty Rate - Children (2006)*	=			X
Children Applied and Eligible for Federal Assistance (2007)				
TANF	-	X		
Medicaid/SCHIP	-	X		
Food Stamps	-	X		
Children Served by Subsidized Child Care (2007)				
DCPS After Care for All	-		X	
Early Care and Education Administration	-		X	
Homelessness in the District (2007)				
Literally homeless	-	X		
Permanently-supportive housing	+	X		
Families applying for shelter	-	X		
Number of children and youth in foster care (2006)	-	X		
Percent of Births to Single Mothers (2005)**	=			X
Percent of Births to Teenage Mothers (2005)**	=			X
Cases Brought Against Parents in Superior Court (2006):				
For Child Abuse	+		X	
For Child Neglect	-	X		
All Youth Make a Successful Transition to Adulthood				
Sexually Transmitted Diseases in Young Adults 20-24 (2006):				
Chlamydia	-	X		
Gonorrhea	-	X		
Syphilis	-	X		
AIDS Cases Diagnosed in Young Adults 20-24 (2006)	-	X		

*No change based upon statistical significance for CPS derived measure

**Changed by only one person or one case, or by no more than one point or one percent

A PROTECTIVE FACTORS APPROACH

For years, researchers have been studying risk factors for many social problems, including child abuse and neglect. This “risk factors” approach looks for characteristics that are common among families experiencing abuse and neglect—thus identifying families that might be “at risk” for abuse or neglect. In contrast, a “protective factors” approach looks for attributes that might serve as buffers, helping parents who might otherwise be at risk of abusing or neglecting their children to find alternative resources, supports, or coping strategies that allow them to parent effectively, even under stress. This is particularly important for parents who, as children, experienced abusive parenting.

In keeping with the goal of focusing on strengths instead of deficits, the Strengthening Families approach uses a logic model for reducing child abuse and neglect based on building resiliency rather than reducing risk. An early scan of existing research revealed several protective factors linked to a lower incidence of child abuse and neglect. When these factors are present, child maltreatment appears to be less likely to occur.

Protective factors related to families include:

- ◆ Parental resilience
- ◆ An array of social connections
- ◆ Adequate knowledge of parenting and child development
- ◆ Concrete support in times of need, including access to necessary services, such as mental health

The protective factor related to children is:

- ◆ Healthy social and emotional development

This list of factors was determined after discussions with a national advisory panel and researchers and practitioners in the child abuse and neglect prevention, early childhood, and family support fields. The factors are not unique to this framework; they are addressed by many current child abuse and neg-

lect prevention efforts. Prior to this study, they had not been used to describe prevention practices in early care and education programs. While the identified protective factors may also be linked to other positive outcomes for young children, this study was concerned only with the link between the factors and a lower incidence of child abuse and neglect.

Although this approach builds on high-quality early care and education programs, adopting the broad goals of healthy child development and high-quality early care and education is not enough. High-quality care doesn’t necessarily reduce the incidence of child abuse and neglect unless it includes specific strategies designed to work with families in particular ways. For example: An effective universal strategy against child abuse and neglect must include an “early warning system” that can immediately and effectively address risky situations. Many high-quality early care and education programs do not serve this function well, even though they employ excellent child development strategies.

A focus on protective factors does not ignore the relevance of risk factors in identifying families at risk of abuse and neglect. Early care and education programs should be well aware of the risk factors correlated with abuse and neglect. Focusing on protective factors, however, is more consistent with a universal, early intervention approach to child abuse and neglect prevention because:

- ◆ Protective factors are positive attributes that strengthen all families, not just those at risk; thus, programming based on protective factors can reach families who are at risk without making them feel singled out or judged.
- ◆ Working with families based on risk generally requires risk assessment, which is beyond the scope of most early care and education programs. It also sets up a relationship with families dominated by stigma and a sense of failure.

- ◆ By focusing on protective factors—which are attributes that families themselves often want to build—programs develop a partnership with parents that encourage them to seek out program staff if they are in need of extra support. This can be an important way to help parents change or prevent behaviors or circumstances that may place their families at risk that they otherwise might be reluctant to disclose.
- ◆ When programs work with families to build protective factors, they also help families build and draw on their natural support networks, which will be critical to their long-term success.

This is an excerpt from “Protecting Children by Strengthening Families: A Guidebook for Early Childhood Programs”, The Center for the Study of Social Policy.

What Kwanzaa Means To Me

Kwanzaa is holiday that is very dear to me,
It is seven days to celebrate Afro-tradition and Ancestry.

Even through hate crimes and discrimination is on the rise,
We have love for each other and Kwanzaa,
to help keep our eyes on the prize,
just to name a few in order to support and improve our race,
you know what we have to do.

Think Black, Talk Black, Act Black, Create Black,
Vote Black, and Live Black
to help our race, because if we don't racism will show its ugly face,
Kwanzaa is one of my favorite holidays that I like and it's near,
I love my race and I love this time of year.

*Steven D. Moultrie
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Moten Elementary School
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Washington, DC 20020*

II.

The 14th Annual Every KID COUNTS in the District of Columbia Fact Book

2007 RECOMMENDATIONS & STRATEGIES

The 2007 recommendations and strategies were developed based on a review of the 2006 recommendations and research completed by the D.C. KIDS COUNT Collaborative partner agencies. We strongly believe that concerted joint efforts can make these recommendations a reality for the betterment of children, youth, and families in the District of Columbia. Due to a change in administration, many of the 2006 recommendations are still pending. These recommendations have been repeated in this issue of the Fact Book.

The Collaborative recommends that the following strategies be incorporated in all services offered:

- ◆ Service provided should be culturally competent and linguistically accessible;
- ◆ Offer services and programs for families that foster parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

I. Children are Ready for School

- ◆ Provide funding to bring family support services to families served by early learning centers;
- ◆ Support enhanced professional development of infant and toddler childcare providers.

II. Children and Youth Succeed in School

- ◆ Ensure that all schools have adequate school health and mental health services;
- ◆ Provide supports to increase the test scores of students in reading and math in comparison to other urban areas;
- ◆ Provide supports to decrease the achievement gap between ethnic groups of students on standardized tests;
- ◆ Develop a system to collect and publish accurate data on graduation rates;
- ◆ Provide high quality professional development for teachers and principals;
- ◆ Increase funding for community tutorial and mentoring programs;
- ◆ Open the schools during the summer months to educate children and youth who are falling behind and offer enriching educational experiences to further the achievement of children and youth who are performing well;
- ◆ Require schools to develop engagement strategies to increase parent involvement.

III. Children and Youth are Healthy and Practice Healthy Behaviors

- ◆ Increase prenatal care for vulnerable women, including teens, single mothers, women with HIV/AIDS, and women who abuse substances;
- ◆ Continue to promote abstinence and safe sex programs;
- ◆ Enhance public education activities on sexually transmitted diseases and HIV/AIDS;
- ◆ Support the creation of a trauma and injury registry at the Department of Health to increase understanding of how and why children and youth get hurt;
- ◆ Re-establish physical education classes in public schools.

IV. Children and Youth Engage in Meaningful Activities

- ◆ Expand nonviolent conflict resolution education programs;
- ◆ Increase neighborhood safety to enable children and youth to use neighborhood playgrounds without fear;
- ◆ Increase the number of children served by out-of-school programs;



- ◆ Increase the opportunity for youth to have college preparedness experiences during the summer months;
- ◆ Enhance training for out-of-school program personnel.

V. Children and Youth Live in Healthy, Stable, and Supportive Families

- ◆ Develop a citywide social-ecological plan to prevent child abuse and neglect;
- ◆ Educate the public, including new immigrants and non-English speaking residents, on the child abuse and neglect laws;
- ◆ Continue to cross-train child maltreatment, domestic violence, family violence, and animal cruelty providers to address the intersection of these types of violence;
- ◆ Provide families with support to foster the five protective factors for child well-being;
- ◆ Encourage the participation and involvement of fathers in all family support programs;

- ◆ Establish and/or expand respite care services for parents of children with special needs and single heads-of-household;
- ◆ Increase substance abuse treatment programs for adolescents and parents;
- ◆ Develop a continuum of services for the unemployed and underemployed, including literacy, job training and readiness, and job placement services;
- ◆ Increase the number of affordable housing units for low- and middle-income families;
- ◆ Continue to provide housing with necessary case management and clinical support for persons struggling with addictions, HIV, and mental illness.

VI. All Youth Make a Successful Transition to Adulthood

- ◆ Increase shelter and housing options for all homeless youth;
- ◆ Develop strategies for serving underage youth who are living on their own;
- ◆ Expand life skills education programs, including information on non-violent conflict resolution and healthy relationships;
- ◆ Increase the number of weeks and the number of youth in the summer work experience program;
- ◆ Create a psycho-social PINS (Persons in Need of Supervision) program to include safe houses for youth in jeopardy;
- ◆ Support efforts to provide juvenile offenders access to quality legal representation.



III.

MAJOR TRENDS AND CHANGES SINCE LAST YEAR'S REPORT

As in previous years, several indicators of the well-being of the District's children and their families have worsened since the 2006 Fact Book, while others have improved. Changes in the indicators presented here should always be interpreted in the larger policy and program context of the city. For example, an increase in the number of paternity cases filed could indicate a growing problem, but it may also mean that more mothers are asserting their rights by filing claims through the courts.

The 14th Annual KIDS COUNT Fact Book is organized to reflect the six citywide goals for children and youth in the District of Columbia. The new Children's Budget Report and the Positive Youth Development Strategy are also structured according to the six goals so citizens of the District can track efforts under way to support children and youth across documents and assess the resulting impact of these efforts. The six citywide goals are as follows:

- Children are ready for school
- Children and youth succeed in school
- Children and youth are healthy and practice healthy behaviors
- Children and youth engage in meaningful activities
- Children and youth live in healthy, stable, and supportive families
- All youth make a successful transition to adulthood

The 14th Annual KIDS COUNT Fact Book contributes to the understanding of how children and youth

are faring in the District by showing trends in data supporting these six goals. The data provide the context to understand how children and youth are thriving now and to judge what progress has been made toward reaching each goal.

The following is a summary of trends and changes in the indicators for the six categories of child well-being. These indicators are reported and discussed in greater detail in section IV.

Children Are Ready for School

The picture of whether children are ready for school is mostly positive. Immunization rates remained stable after dropping last year, indicating that not as many young children received their basic immunizations as in years previous. At the start of the 2006-07



school year, however, the District met the CDC target of having more than 95 percent of all kindergarteners (public and private) vaccinated for the first time. In addition, enrollment in Head Start, preschool, and pre-kindergarten classes all increased.

◆ The 3+DTP vaccination rate in the District remained approximately the same as reported last year, with 94.8 percent of District children receiving essential infant vaccinations in 2006. The District's 3+DTP vaccination rate remained well below the recent high of 98.0 percent in 2004, and it has fallen below the national average. Nonetheless, the percentage of District kindergarteners who started the school year fully immunized is at its highest level of the past five years. At the start of the 2006-07 school year, 98 percent of all private and public kindergarteners were fully immunized, surpassing the CDC's recommended target of 95 percent. This is the first time the District has met the CDC goal for all seven recommended vaccinations.

◆ Enrollment in Head Start is at its highest level of the past five years, and enrollment in public preschool and prekindergarten classes has steadily increased over the past six years. Head Start and Early Head Start enrollment increased 9 percent between the 2005-06 and 2006-07 school years. Over half these children came from families with incomes below the federal poverty level. All D.C. Public School (DCPS) elementary schools

offer prekindergarten classes and, between 2005–06 and 2006–07, DCPS preschool enrollment increased 16 percent and prekindergarten enrollment increased 3 percent. Enrollment in prekindergarten programs at Public Charter School Board (PCBS) schools increased 38 percent between 2005 and 2006.

Children and Youth Succeed in School

Indicators of whether children and youth succeed in school showed some improvement this year. Overall public school enrollment may be leveling off after years of decline, with DCPS enrollment continuing to decrease and public charter school enrollment continuing to increase. To be able to learn, children must be well fed, and the District attempts to ensure this by providing a free, universal breakfast program for all DCPS students, as well as free and reduced-price lunches for all income-eligible students. On average, District public school students continued to perform poorly on local assessment tests, although test scores did improve compared to last year. Average SAT scores for District high school seniors also increased.

- ◆ Overall, 72,378 students were enrolled in DCPS and public charter schools in the District during the 2006–07 school year. The overall public school enrollment number remained stable compared to last year, with only a minimal decrease (0.5 percent) from 2005–06. DCPS student enrollment continued to decline, however, down 5 percent from the previous school year and down 20 percent since the 2001–02 school year. Public charter school enrollment continued to increase, countering some of the DCPS decline, growing by 13 percent from the previous school year and 85 percent from the 2001–02 school year.

- ◆ In the 2006–07 school year, 83 percent of all public charter school students were African American, compared with 81 percent of all DCPS school students. Public charter schools had a slightly greater proportion of Hispanic students compared with DCPS schools, 13 versus 11 percent, respectively.
- ◆ Good nutrition is essential to the educational success of children and youth. In the 2006–07 school year, 56 percent of DCPS and public charter students were eligible for free or reduced-price lunches, a large decrease from the previous year when 73 percent of the public school students were eligible. Still, there has been no consistent trend for eligible students in recent years. DCPS offered the Universal Breakfast Program in 2006–07 for the second consecutive year.
- ◆ In spring 2007, 37 percent of all DCPS and public charter school students tested at a proficient or advanced level in the D.C. Comprehensive Assessment System (DCCAS) reading assessment test, a 1 percentage point increase over 2006 results. Four of the seven DCPS grades showed improvements in reading test scores between 2006 and 2007, compared to six of the seven Public Charter School Board grades, and one of the seven Board of Education (BOE) school grades. Students from PCSB schools tested higher than their DCPS or BOE school peers in six of the seven grades, the second consecutive year that PCSB students tested higher in most grades.
- ◆ In spring 2007, 32 percent of all DCPS and public charter students tested at a proficient or advanced level in the DCCAS math assessment test, a 5 percentage point increase from 2006. Six of the seven DCPS and PCSB grades

showed improvements in math test scores, compared with four of the seven BOE grades. As with reading scores, students from PCSB schools tested higher than their DCPS and BOE counterparts in five of the seven grades tested in 2007.

- ◆ The average SAT score of public school college-bound seniors in the District increased slightly from last year, countering a national decrease in SAT scores. The national average score for public school students on the newly designed SAT math, reading, and writing sections decreased for the second consecutive year in 2007—down 7 points from 2006. In contrast, the average SAT score for DCPS and public charter college-bound high school seniors in the District increased 13 points in 2007. Yet, the average score for District students (1,217) was significantly lower than the national average score of 1,534. The largest disparity between the nation and the District is on the math portion of the SAT.

Children and Youth Are Healthy and Practice Healthy Behaviors

Indicators of whether children and youth are healthy and practice healthy behaviors were mostly positive. In 2005, the share of mothers who received adequate prenatal care increased countering a two year negative trend, and low-weight births remained stable. Cases of three common sexually transmitted diseases decreased for youth under age 20, and the number of new AIDS cases diagnosed in children age 12 and younger remained small and steady in 2006. Infant mortality rates increased, reaching the highest level since 2000. Deaths to children and teenagers also rose.

- ◆ The share of mothers who received adequate prenatal care increased to 64 percent between 2004 and

2005, while the percentage of those receiving inadequate care fell to 15 percent in the same period. Wards 2 and 3 had the highest proportion of mothers receiving adequate care at 73 and 85 percent, respectively. Inadequate care levels ranged across the city. Only 2 percent of births in Ward 2 received inadequate care, while in Wards 5 and 7, 22 percent of births received inadequate care.

- ◆ Low-weight births remained stable in 2005, making up 11.1 percent of all births in the District. This is nearly identical to the percentages in the previous two years and follows an overall declining trend beginning in the early 1990s.
- ◆ Infant mortality increased in 2005 for the second consecutive year. Deaths to infants under age 1 increased to 13.6 deaths per 1,000 live births, up from 11.8 deaths per 1,000 births in 2004. This is the highest level of infant mortality since 2000.
- ◆ Deaths to children and teenagers rose 28 percent in 2004. There were 78 deaths to children and youth age 1 to 19 compared with 61 deaths in 2003. This rate comprised a 50 percent increase in deaths to children age 1 to 14 and a 17 percent increase in deaths to older teenagers age 15 to 19.
- ◆ The total number of diagnosed cases of chlamydia, gonorrhea, and syphilis among youth under age 20 decreased for the second year in a row in 2006; for the first time in four years, the number of chlamydia cases also fell. The number of gonorrhea cases decreased between 2005 and 2006, continuing a downward trend.
- ◆ The number of new AIDS cases diagnosed in children 12 years old and younger remained small and steady in 2006. New AIDS diagnoses for District youth age 13 to

19 in 2006 declined to fewer than five cases in 2006, the lowest level since 2001.

Children and Youth Engage in Meaningful Activities

Unfortunately, little information is collected on the positive activities of young people. Therefore, this year's Fact Book tracks indicators of children and youth not meeting this goal, namely those children and youth involved in cases brought to D.C. Superior Court. Juvenile crimes committed in the District remained virtually unchanged in 2005. For the first time, however, this year's Fact Book presents a new, positive indicator, participation in D.C.'s youth summer employment program.

- ◆ The number of youth participating in the Passport-to-Work Summer Youth Program has more than doubled since 2003, with 12,729 youth enrolled in 2007. Participation has been rising steadily since 2003, when only 5,494 youth took part

in the summer jobs program. Nonetheless, the most recent participation levels are still considerably lower than in 1993 and 1994, when more than 17,000 young people were enrolled each summer.

- ◆ The number of juvenile cases referred to D.C. Superior Court increased in 2006 after holding steady in 2005, resuming an upward trend that started in 2002. Crimes against persons accounted for most of the increase and remained the largest share of juvenile crimes. This continued a shift from earlier years, when crimes against property and public order crimes constituted the largest shares of charges against juveniles.
- ◆ Violent deaths to older teenagers rose in 2004, matching the levels of the late 1990s. There were 43 violent deaths to teenagers age 15 to 19, an increase of 23 percent from 2003. Violent deaths made up 90 percent of all deaths to this age group.



Children and Youth Live in Healthy, Stable, and Supportive Families

This section has three indicator categories: population, economic security, and family attachment and support. The population gains made by the District since 2000 are holding steady. Census estimates, as well as birth rates, show that the child population has remained stable and the adult population in the District is on the rise. Economic security, essential to providing a stable and supportive environment for children, also seemed to improve. With an increase in the numbers of jobs and employed residents, and a corresponding decrease in the unemployment rate, District residents appear to have an improved level of economic security. In addition, fewer children are receiving federal economic assistance, such as TANF, Medicaid/SCHIP, and food stamps. Nonetheless, the data cannot tell analysts whether these trends reflect an improvement in status for longtime District residents or are the result of new, wealthier residents moving into the city. Further, a major area of concern continues to be the lack of improvement in the city's poverty rate, particularly among families with children. Child neglect cases also increased this year.

Population

- ◆ Revised estimates show that 114,881 children lived in the District in 2006, virtually the same as the last full census count in 2000 and only 1 percent lower than the 2005 estimate. The number of adults did not change substantially between 2005 and 2006, but has risen 2 percent since 2000.
- ◆ Almost three-fourths of children living in the District were African American in 2006 (71 percent of all children under 18 years old). Over the past seven years, the number of white children has increased 31 percent and the number of

black children has decreased 5 percent. While their total share of the population is relatively small, the number of Hispanic children of any race (11,072 children in 2006) increased 3 percent between 2000 and 2006, while children of other races (including non-Hispanic Asian and Pacific Islander children) increased 15 percent.

- ◆ The District reported 7,940 births in 2005, a level essentially unchanged from 2004. The annual number of births has increased 4 percent between 2000 and 2005. The share of births to non-Hispanic African-American women has been falling since 2002, while the number of births to non-Hispanic white women has been gradually rising.

Economic security

- ◆ The number of jobs in the District of Columbia grew for the ninth year in a row, reaching 698,900 jobs in June 2007, an increase of 1 percent from June 2006. As in past years, the growth was fueled by an increase in private-sector jobs. The number of employed District residents increased for the second year in a row, with 297,000 residents employed in 2006, an increase of 1 percent from 2005. The District's unemployment rate fell for the second year in a row, dropping by half a percentage point to 6.0 percent in 2006.
- ◆ Overall poverty in the District held steady in 2006. The 2006 estimated poverty rate for all people was 20.3 percent (± 0.9 percentage points), or 115,839 people. Child poverty also remained high in 2006, with 36.9 percent of all children (± 2.4 percentage points) and 44.4 percent of all African-American children (± 3.1 percentage points) living below the federal poverty level. These poverty rates were unchanged from the previous year.

- ◆ The number of District children benefiting from federal assistance programs continued to decrease in 2006. The number of children in families who applied and were deemed eligible for TANF subsidies decreased for the third consecutive year to 28,212 children in June 2006, the lowest level since 1991. The number of children and youth who applied and were deemed eligible for Medicaid and SCHIP also decreased in 2007, to 69,7000 children, continuing a downward trend that started in 2005. The number of children in families who applied and were deemed eligible for food stamps decreased slightly in 2007, to 36,740 children, the second consecutive decline in the past two years.
- ◆ The number of children served by subsidized child care through the D.C. Public Schools (DCPS) After Care for All program and programs offered by the District's Early Care and Education Administration (ECEA) fell in 2007. In 2007, DCPS After Care for All served 8,517 children, a decrease of 17 percent from 2006. Similarly, the number of children served by ECEA programs fell to 11,721 children in 2007, a slight decrease of 1 percent compared to 2006 and continuing a decline that began in 2005.
- ◆ The literally homeless population decreased 7 percent in 2007, while the number of formerly homeless residing in permanently supported housing increased. The literally homeless population in the Washington region decreased to 5,757 people in 2007. People in families made up 41 percent of the literally homeless population; children represented 26 percent of the literally homeless. Part of the reduction in the number of literally homeless can be attributed to the increase in individuals living in permanently supportive housing; this

share grew 10 percent between 2006 and 2007.

- ◆ A total of 2,114 families applied for emergency shelter in the District in 2006, down 28 percent from 2005 and the second consecutive yearly decrease. Despite the decline, the number of families seeking shelter in 2006 was still much higher than in 2000. Families applying for shelter in 2006 included an estimated 3,332 children, a 45 percent drop from 6,100 children in 2005.



Family attachment and support

Several indicators of family attachment and support improved this year. Children in foster care and births to teenage mothers decreased, a positive change, but the share of children living in single-female-headed households remained high.

- ◆ In 2007, more than half (56 percent) of all children in the District lived in single-female-headed households, while another 38 percent of children lived in married-couple families. These numbers were not significantly different from last year. Children in households headed by a single woman were more likely to be poor than those in other family types—54 percent of children in a single-female-headed family lived below the federal poverty level in 2006, compared with 11 percent of children living in married-couple

families. Half of all grandparents who lived with their grandchildren in the District were responsible for their grandchildren's care in 2006, and 41 percent of these grandfamilies lived below the federal poverty level.

- ◆ The number of District children and youth in foster care decreased 9 percent between fiscal years 2005 and 2006, continuing the decline from the previous year. Of the 2,313 children in foster care in 2006, 74 percent lived within a family setting.
- ◆ The share of births to single mothers was 56 percent in 2005, the same as in 2004. While it is good news that births to single mothers did not increase, the share of births to single mothers has decreased annually for more than a decade. Births to teenage mothers dropped slightly in 2005, reversing the increase that occurred in 2004.
- ◆ The number of court cases filed with the D.C. Superior Court for child abuse increased 6 percent between 2005 and 2006—the first increase in three years. Cases filed for child neglect, however, decreased by 37 percent (or 289 cases) between 2005 and 2006.
- ◆ In 2006, the number of court filings for orders of protection against domestic violence increased 6 percent, reaching 3,960 new requests. A majority of the filings were for a temporary order of protection, and virtually all of those were granted by the court. In 2006, 4,175 cases for protection against domestic violence were adjudicated by a judge, a decrease of 370 cases (or 8 percent) from 2005.
- ◆ The share of young adults in the foster care system has risen in recent years. Young adults age 19 to 21 accounted for 12 percent of the foster care population in 2006, up from 8 percent in 2003.
- ◆ In 2004, there were 67 deaths to young adults age 20 to 24 in the District, a 34 percent decrease from 102 deaths in 2003. Most of these 2004 deaths occurred to males and were violent (i.e., homicides, accidents, or suicides), and homicide remained the leading cause of death for young adults. In 2004, 73 percent of all deaths to young adults were violent deaths; more than half (55 percent) were the result of an assault.

All Youth Make a Successful Transition to Adulthood

The Fact Book examines indicators related to young adults age 20 to 24 to try to measure how well they have made the transition to adulthood. The number of new AIDS cases remained stable for this age group but continues an upward trend. On a positive note, reported levels of infection for sexually transmitted diseases decreased in 2006. The number of deaths to young adults decreased, but violent deaths still made up the greatest share of deaths to adults age 20 to 24.

- ◆ Chlamydia cases fell 13 percent between 2005 and 2006 for young adults, reversing an upward trend. The number of gonorrhea cases also dropped 15 percent between 2005 and 2006, the lowest number among young adults since 1999.
- ◆ The number of new AIDS cases for young adults age 20 to 24 remained fairly steady compared with 2005 but continued an upward trend from 1999. In 2006, 32 new AIDS cases were diagnosed for young adults in 2006, continuing a steady trend of about 33 new cases diagnosed each year since 2003.
- ◆ The share of young adults in the foster care system has risen in recent years. Young adults age 19 to 21 accounted for 12 percent of the foster care population in 2006, up from 8 percent in 2003.
- ◆ In 2004, there were 67 deaths to young adults age 20 to 24 in the District, a 34 percent decrease from 102 deaths in 2003. Most of these 2004 deaths occurred to males and were violent (i.e., homicides, accidents, or suicides), and homicide remained the leading cause of death for young adults. In 2004, 73 percent of all deaths to young adults were violent deaths; more than half (55 percent) were the result of an assault.



SELECTED INDICATORS OF CHILD WELL-BEING in the District of Columbia

The 14th Annual KIDS COUNT Fact Book is organized to reflect the six citywide goals for children and youth in the District of Columbia. The new Children's Budget Report and the Positive Youth Development Strategy are also structured according to the six goals so citizens of the District can track efforts under way to support children and youth across documents and assess the resulting impact of these efforts. The six citywide goals are as follows:

- Children are ready for school
- Children and youth succeed in school
- Children and youth are healthy and practice healthy behaviors
- Children and youth engage in meaningful activities
- Children and youth live in healthy, stable, and supportive families
- All youth make a successful transition to adulthood

The 14th Annual KIDS COUNT Fact Book contributes to the understanding of how children and youth are faring in the District by showing trends in data supporting these six goals. The data provide the context to understand how children and youth are thriving now and to judge what progress has been made toward reaching each goal.

Children Are Ready for School

The first of the six goals states that all children in the District should be prepared for school. To attend public

school in the District of Columbia, children must be up to date with their immunizations. In this Fact Book, we track vaccination rates for one of the most common vaccinations received by 3-year-olds and, for the first time, we report the rates of recommended immunizations for children starting kindergarten.

Quality preschool and kindergarten programs can also help children prepare for later educational success. In the District of Columbia, kindergarten attendance is mandatory (starting at age 5). The city also offers opportunities such as Head Start, preschool, and prekindergarten classes for children to begin school even earlier.

1. The 3+DTP vaccination rate in the District remained virtually unchanged in 2006, after a 3.6 percentage point decrease in 2005. (*Table 1*)

The federal Centers for Disease Control and Prevention (CDC) conduct the U.S. National Immunization Survey each year to determine the rates of immunization for major childhood diseases in all states and the District of Columbia. (See Section VII, "A Few Words About the Data" for further detail on the survey.) The U.S. National Immunization Survey tracks the coverage of several vaccinations. The vaccination most commonly given to young children is called "3+DTP" and protects against diphtheria, tetanus, and pertussis (whooping cough). It is generally given in three or more doses to children from 19 to 35 months old.

Table 1

Vaccination Coverage – 3 or More Shots for Diphtheria, Tetanus, Pertussis DC and the United States 1999 - 2006

	District of Columbia	United States
1999	94.4	95.9
2000	90.8	94.1
2001	91.6	94.3
2002	94.2	94.9
2003	96.5	96.0
2004	98.0	95.9
2005	94.4	96.1
2006	94.8	95.8

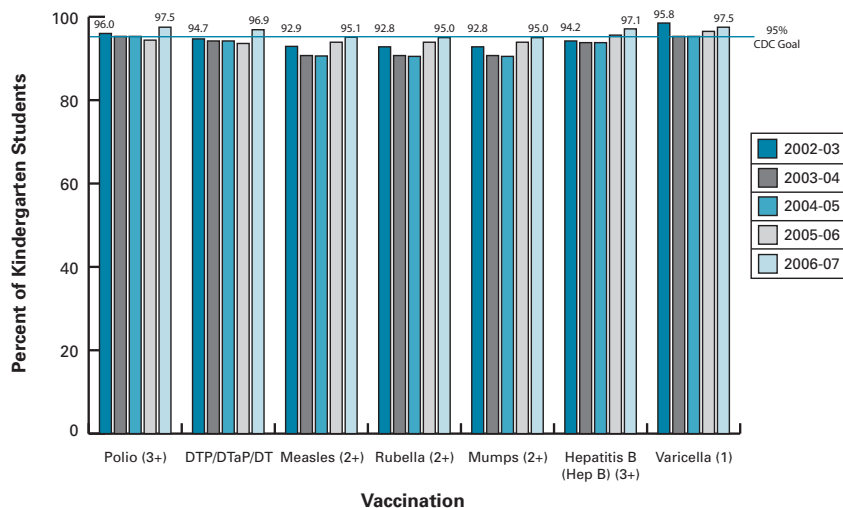
Source: U.S. National Immunization Survey

The 3+DTP vaccination rate in the District increased 0.4 percentage points in 2006, to 94.8 percent of District children. Despite the slight increase, the District's vaccination rate remained well below the recent high of 98.0 percent of children vaccinated in 2004; it was also lower than the 2006 national vaccination rate of 95.8 percent. While the District surpassed the national vaccination rate in 2004, it has fallen below the national average in the past two years.

The *It's Wise to Immunize Program*—a partnership of the D.C. Department of Health, the District of Columbia Public Schools, the Children's Government and External Affairs Division, and the Children's School Services School Nurses Program—works to increase the immunization

Figure 1

Share of Kindergarten Students Starting School with Full Vaccination Coverage District of Columbia



Source: CDC, School Immunization Assessment Survey

rates of children living in the District. The program provides a hotline to determine children's immunization status, an express immunization bus that travels to neighborhoods, and family-related fun events to promote getting immunized.

2. The percentage of District kindergarteners who started the school year fully immunized is at its highest level of the past five years. (Figure 1)

Vaccinations protect children from spreading or contracting preventable diseases. Obtaining complete vaccination coverage during early childhood is an integral part of preparation for kindergarten. The CDC, through the School Immunization Assessment Survey, collects data on the vaccination rates of children enrolled in kindergarten from each state and the District of Columbia. At the start of the 2006–07 school year, the District met the CDC target of having more than 95 percent of kindergarteners with the following vaccinations: hepatitis B vaccine; diphtheria and tetanus toxoids and pertussis vaccine (DTP/DTaP/DT); poliovirus vaccine;

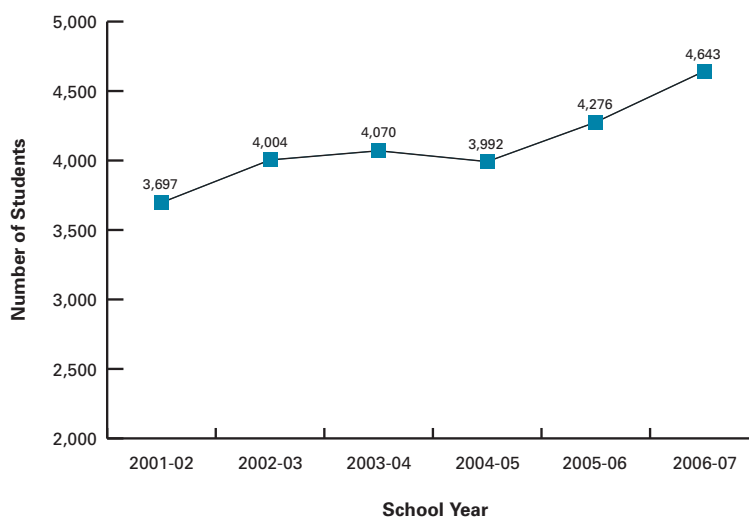
measles, mumps, and rubella (MMR) vaccine; and varicella vaccine. Of the 6,396 kindergarteners in public, private, and parochial schools in the District, only 117, or 2 percent of, kindergarteners were not vaccinated at the start of the school year. As shown in figure 1, 2006–07 was the first

school year since the CDC has collected vaccination data on kindergarteners that the District met the CDC goal for all seven recommended vaccinations. While the percentage of kindergarten students ready for school with a complete immunization record fell during the 2003–04 and 2004–05 school years, the school years 2005–06 and 2006–07 showed notable improvements. Indeed, the percentage of kindergarteners fully vaccinated in time for start of school reached the highest level of the past five years.

The District of Columbia Public Schools (DCPS), D.C. Department of Health, and the Mayor's Office have made concerted efforts to ensure that public school students are receiving the recommended physical and oral health services. DCPS requires all students to have their immunization records up to date before starting the school year (unless parents submit statements that immunizations violate their religious tenets). The D.C. Department of Health operates five immunization express clinics, drop-in centers where children can receive required vaccinations without charge, regardless of family income.

Figure 2

Head Start and Early Head Start Enrollment District of Columbia



Source: D.C. Department of Human Services, Early Care and Education

3. Enrollment in Head Start is at its highest level in the past five years. (Figure 2)

Head Start, established in 1964 and supported by federal funds, is administered by the Administration on Children, Youth, and Families in the Department of Health and Human Services. Head Start serves children up to age 5 and focuses on school readiness for low-income families through preschool and prekindergarten programs. Head Start in the District offers programs to low-income children through seven different organizations, including D.C. Public Schools and Edward C. Mazique Parent Child Center. According to the Early Care and Education Administration, there are more than 100 Head Start campuses in the District located at DCPS schools, D.C. Park and Recreation facilities, and other child care organizations.

Head Start and Early Head Start enrollment reached 4,643 children in

school year 2006–07, an increase of 9 percent over the 2005–06 school year and a total increase of 946 children, or 25.6 percent, since school year 2001–02. During the 2006–07 school year, nearly half the enrolled children came from families with incomes below the federal poverty level, and most children enrolled were 3 or 4 years old.

4. Enrollment in public preschool and prekindergarten classes has steadily increased over the past six years. (Figure 3)

DCPS has recently become one of the few school systems in the country that offers all-day prekindergarten classes for all income levels in every elementary school. Research shows that children who attend preschool and prekindergarten are better prepared for elementary school and consistently perform better in later grades. Preschool typically enrolls students that are 3 years old, while prekindergarten admits 4-year-old students.

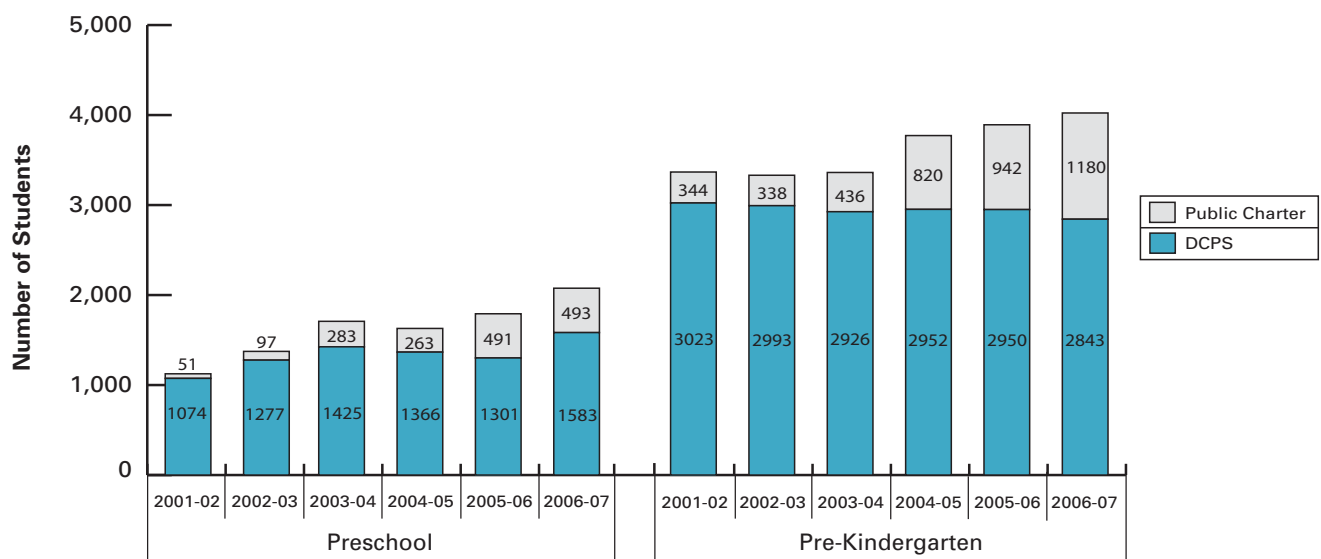
Kindergarten, starting at age 5, is mandatory in the District.

Enrollment in DCPS preschool and prekindergarten has steadily increased over the past six years. During the 2006–07 school year, 2,076 children were enrolled in preschool and 4,023 were enrolled in prekindergarten. Compared with 2005–06, preschool enrollment increased 16 percent and prekindergarten enrollment increased 3 percent. Compared with 2001–02, preschool and prekindergarten enrollment increased 85 percent and 19 percent, respectively.

While the majority of early education students attend DCPS programs, enrollment in public charter school programs has grown dramatically over the past six years as well. Enrollment in prekindergarten programs at Public Charter School Board schools increased 38 percent between 2005 and 2006, and enrollment more than quadrupled from 174 students in 2001–02 to 898 students in 2005–06.

Figure 3

**Number of Children Enrolled in Preschool and Pre-Kindergarten
School Year 2001-02 - 2006-07
District of Columbia**



Source: Office of the State Superintendent of Education, October Audited

The increasing enrollment of early education students in public charter schools is a result of the expansion of preschool and prekindergarten programs in the District's public charter schools.

The number of prekindergarten students is higher than the number of preschool students for every school year because all public elementary schools offer pre-K and not all public elementary schools offer preschool. In 2006, 62 percent of DCPS elementary schools offered preschool classes, and 100 percent of DCPS elementary schools had kindergarten classes.

One caveat to the universal pre-K classes is that while every DCPS elementary school is now required to have a prekindergarten classroom, enrollment is not guaranteed for every District child because attendance is not mandatory. Instead, enrollment is on a first-come, first-served basis.

Children and Youth Succeed in School

The second goal for children and youth is that they succeed in school. The Fact Book reports enrollment trends in the DCPS and public charter schools, as well as the racial and ethnic composition of public school students. Since good nutrition is a prerequisite for school success, the Fact Book tracks the number of students eligible for free and reduced price lunch. We also report standardized test scores that federal No Child Left Behind (NCLB) legislation requires of all public school students, which reflect students performance. Finally, we provide the average District SAT test scores of college-bound students compared to how they have performed in the past.

Changes to the District's Public School System

The District's public school system was significantly reorganized in 2007

(codified in the D.C. Council's passing of the District of Columbia Public Education Reform Amendment Act of 2007), intended to revamp school operations and improve school performance. The mayor is now directly responsible for the District of Columbia Public Schools, which had previously been the under the control of the D.C. Board of Education. The mayor created three new positions as part of the public school reorganization. The mayor established a new deputy mayor for education, who will be responsible for an education strategy that incorporates DCPS, public charter schools, the voucher program, and the University of the District of Columbia. The mayor also appointed a new chancellor of D.C. public schools, responsible for all DCPS public schools, and a new executive director of the Office of Public Education Facilities Modernization, who is responsible for modernizing DCPS buildings. These functions were previously the responsibility of the superintendent of schools, a position that was eliminated as part of the reorganization. Lastly, the Mayor appointed the first ombudsman for the District's educational system. The ombudsman is now the "face of customer service" for DCPS, the D.C. Public Charter School Board, the University of the District of Columbia, and the Office of the State Superintendent of Education, addressing questions, comments, and problems from parents and students.

During the summer of 2007, the D.C. Board of Education was dissolved and replaced with the D.C. State Board of Education. The new board now works directly with the Office of the State Superintendent of Education, or OSSE (formerly called the State Education Office, or SEO) on issues focused around school and student achievement. The new D.C. State Board of Education has nine members: five elected members from various areas of the city and four

members appointed by the Mayor and confirmed by the City Council. OSSE's new state-level functions include setting quality standards for all education programs, providing resources and supports to meet the standards, and holding all pertinent agencies accountable for implementing the standards.

In addition, the former Board of Education relinquished its chartering authority over its charter schools in the District. Thus, in the 2007–08 school year, the Public Charter School Board (PCSB) will be the sole organization responsible for the administration and governance of all the District's charter schools.

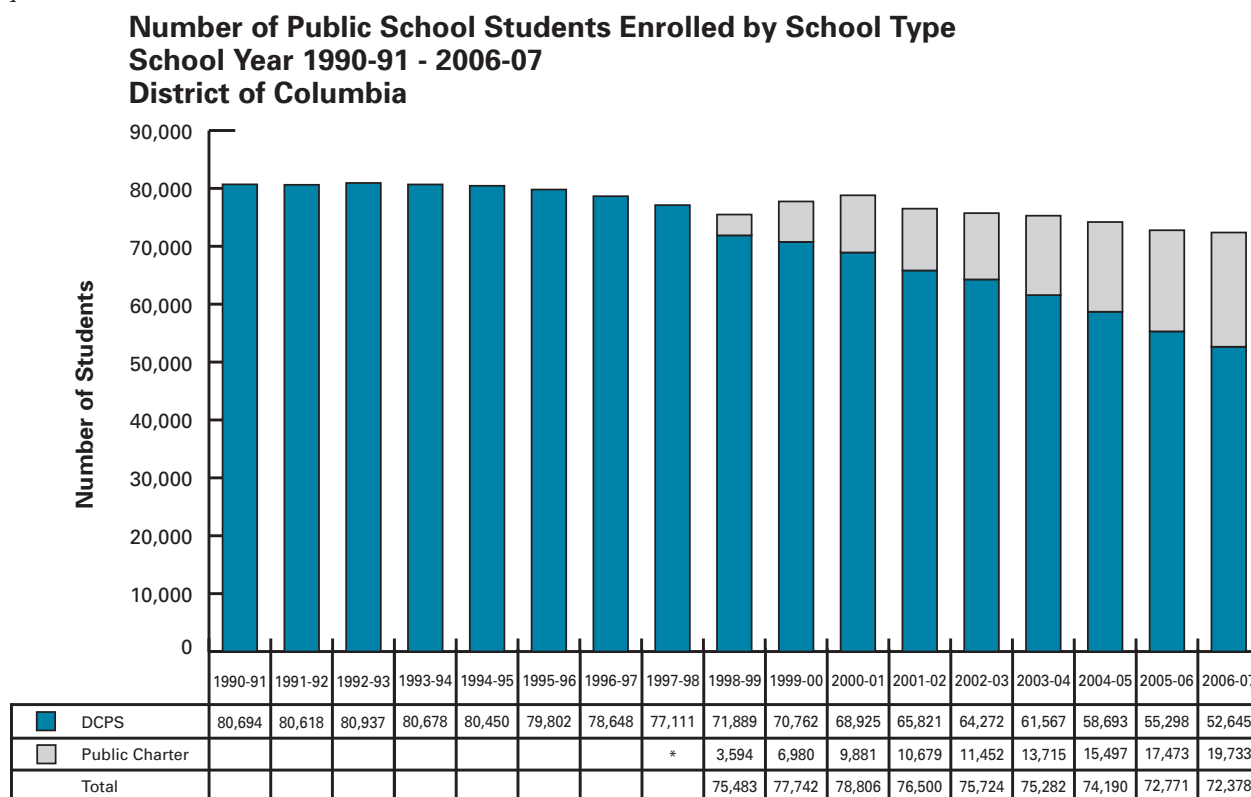
1. Overall public school enrollment may be leveling off after declining the past six years. (Figure 4)

The District's public school system includes two school systems: the District of Columbia Public Schools and public charter schools. Overall, 72,378 students were enrolled in DCPS and public charter schools in the District during the 2006–07 school year. The 2006–07 enrollment remained stable compared with last year, a minimal decrease of 0.5 percent, or 393 students, from the previous school year. This was the smallest enrollment decrease in the past six years. Between 1990 and 1994, the District's total student population hovered around 80,000 students, but student enrollment began declining in the later half of the 1990s. Enrollment trends indicate that fewer students are attending DCPS schools and more students are attending public charter schools.

2. Enrollment in DCPS schools continued to decline. (Figure 4)

There were 166 DCPS schools and special programs as of the 2006–07 school year: 104 elementary schools, 20 middle and junior high schools, 22

Figure 4



Source: School Year 1990-91 through 2000-01, Kids Count Archives; School Years 2001-02 through 2006-07, Office of State Superintendent of Education, October Audited Enrollment Data
 *1996-97 Enrollment data for public charter, not available.

senior high schools and academies, and 20 alternative or special education centers, which house programs such as special education and the District's School to Aid Youth (STAY) program for youth returning to high school.

The latest figures from the OSSE indicate that DCPS student enrollment has continued to decline. In the 2006-07 school year, 52,645 students were enrolled, a reduction of 2,653 students (or 5 percent) from the previous school year and a decline of 20 percent since the 2001-02 school year. This dramatic decline has been mostly, but not entirely, offset by increases in public charter school enrollment. A smaller part of the enrollment decline can be attributed to the drop in the population of school-age children in the District since the 1990s.

In response to the continued drop in student enrollment, DCPS has been planning to consolidate its school facilities, including closing as many as 24 schools. The consolidation plan also paves the way for enhanced academic curriculum and programs across many DCPS schools, including Montessori, gifted and talented, and science, technology, engineering & mathematics (STEM) schools. The Renew, Revitalize and Reorganize plan, announced November 28, 2007, by the mayor and chancellor, is also expected to result in considerable savings to the school system in administrative and maintenance costs.

- Public charter school enrollment continued to increase, countering some of the DCPS decline. (Figure 4)

As of October 2006, there were 72 public charter school campuses in the District, an increase from 65 campuses in 2005. The passage of the District of Columbia School Reform Act of 1995 created the charter school system in the District. The first charter schools authorized by the District's Board of Education (BOE) opened in fall 1997; the first schools authorized by the Public Charter School Board began operating the following year. Public charter schools are publicly funded based on student enrollment, and District students do not pay tuition to attend. Charter schools receive the same per pupil stipend and per pupil facilities funding from the District as DCPS schools. School year 2006-07 was the last year that two organizations, the BOE and PCSB, had authority to grant charters. With the

start of the 2007–08 school year, the PCSB will be the sole governing authority for all charter schools in the District.

Since the inception of public charter schools in 1997, enrollment has increased annually, absorbing most of the loss in student population from DCPS schools. As of the 2006–07 school year, 19,733 students were enrolled in public charter schools, an increase of 13 percent (or 2,260 students) from last year (see figure 4). Public charter school enrollment has almost doubled since the 2001–02 school year, increasing 85 percent.

4. Public charter schools had a slightly greater share of African-American and Hispanic students than DCPS schools. (Figure 5)

The racial breakdown of the student populations was very similar between DCPS and public charter schools, with public charter schools having slightly larger shares of African-American and Hispanic students than DCPS. In the 2006–07 school year, 83 percent of all public charter school students were African American, com-

pared with 81 percent of all DCPS students. Public charter schools also had a slightly higher proportion of Hispanic students than DCPS, 13 percent versus 11 percent. The higher proportion of Hispanic students in public charter schools can be partially attributed to one public charter school in particular, the Carlos Rosario International Public Charter School, where 76 percent of the students are Hispanic. Students attending Carlos Rosario accounted for more than one-third (39 percent) of all Hispanics enrolled in public charter schools in 2006–07.

The share of white public school students that attended a DCPS school was 6 percent compared with 3 percent of white students attending public charter schools in 2006–07. An Urban Institute report, *Housing in the Nation's Capitol 2006*, shows that the District's public schools largely mimic the racial residential segregation of the city. Ward 3 elementary schools are more likely to have a higher share of white students than schools in other wards. For instance, schools located in neighborhoods west of Rock Creek Park on average are a little more than

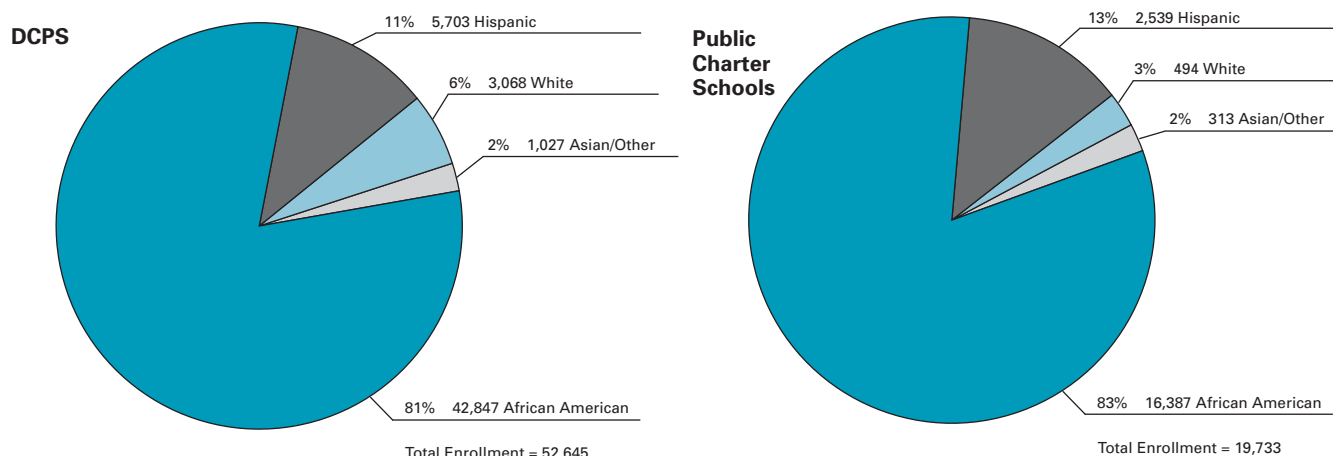
33 percent white and 42 percent African American, while elementary schools east of the Anacostia River are 98 percent African American. The majority of white DCPS students live and attend schools in Ward 3.

5. The number of public school students eligible for free or reduced-price lunches decreased in the 2006–07 school year. (Figure 6)

The Food and Nutrition Service of the U.S. Department of Agriculture (USDA) has operated the National School Lunch Program (NSLP) since 1946, reimbursing states and the District of Columbia for serving free and reduced-price lunches to all eligible school children attending public, private, and parochial schools. The purpose of the program is to ensure that school children do not go hungry and thus are provided with the best opportunity to learn. Income eligibility for the program is based on the federal poverty level and is updated annually. In 2006, the income eligibility for a student from a family of four receiving free lunches was \$26,000, while the income eligibility for a stu-

Figure 5

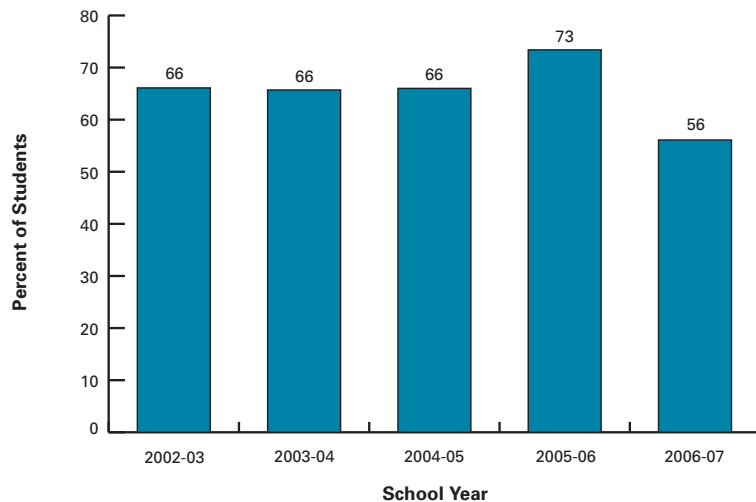
Racial/Ethnic Composition of Public School Enrollment in DC School Year 2006-07



Source: Office of the State Superintendent of Education

Figure 6

Percent of DCPS and DC Public Charter School Students Eligible for Free and Reduced Price Lunch School Years 2002-03 - 2006-07



Source: Office of State Superintendent of Education
Note: Data include DCPS and public charter school students

dent from a family of four receiving reduced-priced lunches was \$37,000.

Although USDA funds the NSLP, the program was administered locally by 53 District local education agencies in 2006, along with their regular school lunch programs. DCPS administered school lunch programs for all its students, while 46 public charter schools and 6 private schools administered their own programs separately. Across all these food programs, 6.98 million lunches were served to District students during the 2006–07 school year. More than three-quarters (78 percent)

of these meals went to students who were eligible for free or reduced-price lunches through the NSLP.

The percentage of students receiving free or reduced-price lunches is often used to indicate the share of school children in or near poverty, since student participation has an income requirement based on the federal poverty level. The Office of the State Superintendent of Education tracks school feeding program eligibility for DCPS and public charter school students. As of November 2006, 56 percent of DCPS and public charter

school students were eligible for free or reduced-price lunches (see figure 6). This was a dramatic decrease of 17 percentage points from the previous year, when 73 percent of public school students were eligible for free or reduced-price lunches.

There has been no consistent trend in the share of public students eligible for free and reduced-price lunches in recent years. The share of students eligible remained steady at about 66 percent between 2002 and 2004, before rising in 2005 and dropping in 2006. The recent decline may reflect a real drop in the share of public school students in poverty in 2006, but it also may be a result of fluctuations in families' incomes and student enrollment during the school year, which are not fully represented in the single point-in-time data presented in figure 6 (see Section VII, "A Few Words About the Data," for further explanation).

6. DCPS offered the Universal Breakfast Program for the second consecutive year.

During the 2006–07 school year, 3.2 million breakfasts were served by DCPS, public charter, and private schools in the District. For the second straight year, DCPS offered free breakfast to all DCPS students who arrived before the start of the school day through its Universal Breakfast Program. Before the introduction of the Universal Breakfast Program in the

Table 2

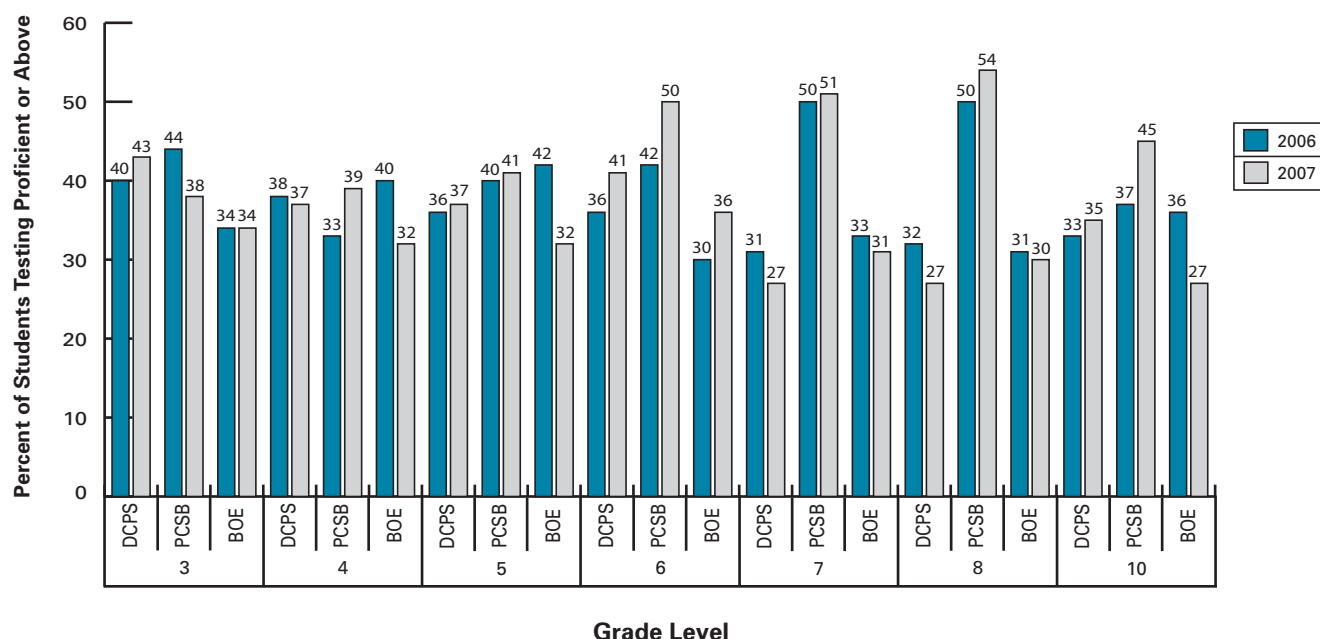
Percent of Public School Students Testing Proficient or Above in Reading & Math Spring 2006 & 2007

	All Public School Students		DCPS Students		Public Charter Schools			
					PCSB Students		BOE Students	
	2006	2007	2006	2007	2006	2007	2006	2007
Reading	36%	37%	35%	36%	43%	47%	34%	31%
Math	27%	32%	26%	29%	36%	45%	22%	26%

Note: All public school students includes DCPS, PCSB, and BOE students
Source: D.C. Public Schools, Public Charter School Board, and Board of Education.

Figure 7

Percent of Public School Students Testing Proficient or Above in Reading by Grade Level Spring 2006 & 2007



Source: D.C. Public Schools, Public Charter School Board, and Board of Education

2005–06 school year, free and reduced-price breakfasts were served to qualifying DCPS children, following the same income requirements as free and reduced-price lunches. Concern arose, however, that children who received free breakfasts might be stigmatized as being poor, which could reduce participation. To eliminate any possible stigma, and to ensure that all students receive the good nutrition necessary to perform well in school, the free breakfast program now serves all DCPS students, regardless of income.

According to the Food Research and Action Center (FRAC), during the 2005–06 school year, the DCPS school breakfast program had an average daily participation of 14,509 for all students and 11,894 for low-income students. Further, FRAC reports that DCPS reached 47.2 percent of low-income children with free

school breakfasts during the 2005–06 school year.

- In spring 2007, 37 percent of all DCPS and public charter school students tested at a proficient or advanced level in reading. (Table 2 & Figure 7)**

According to the federal No Child Left Behind Act, public schools must meet basic proficiency standards, which affect whether schools meet their Adequate Yearly Progress (AYP) requirements. AYP is based in part on the percentage of students performing at a “proficient” or “advanced” level of the D.C. Comprehensive Assessment System (DCCAS), the local exam that debuted in spring 2006. (See Section VII, “A Few Words About the Data,” for further explanation about the schools and students tested.)

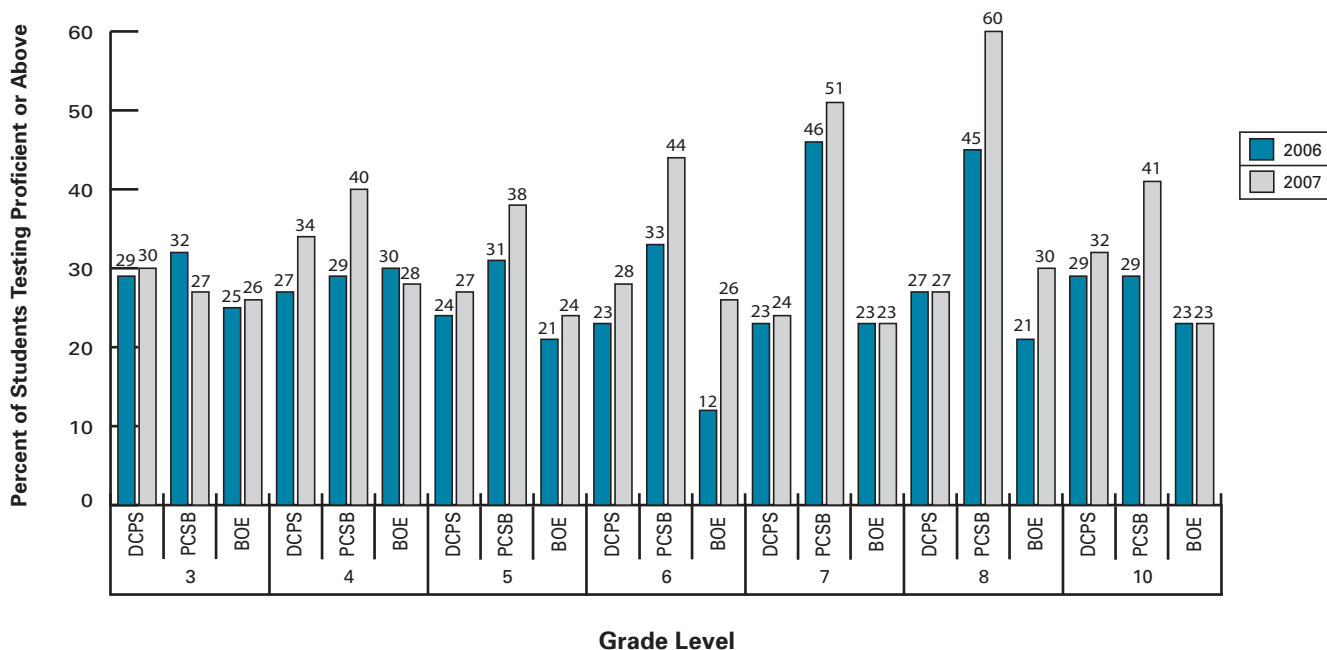
On average, 37 percent of all public school students (which includes

DCPS and public charter school students) tested proficient or advanced across the seven grades (3rd–8th and 10th) on the reading test in spring 2007, a 1 percentage point increase from spring 2006. But the average share of students earning a proficient or advanced score varied between DCPS and public charter students. Of the DCPS students tested in 2007, 36 percent of students scored proficient or above, an increase of 1 percentage point from 2006. Of the PCSB students tested in 2007, 47 percent of students scored proficient or above on the reading test, an increase of 4 percentage points from 2006. Of the BOE charter school students tested in 2007, 31 percent of students scored proficient or above on the reading test, a decrease of 3 percentage points from 2006.

The percentage of students that test proficient or above in reading also varies widely across individual grade

Figure 8

Percent of Public School Students Testing Proficient or Above in Math by Grade Level Spring 2006 & 2007



Source: D.C. Public Schools, Public Charter School Board, and Board of Education

levels. Students from PCSB schools tested higher than their DCPS and BOE counterparts in six of the seven grades tested. While the difference in these test scores varies by only a few percentage points in the early grades (3–5), the difference in test scores between PCSB students and both BOE and DCPS students in the later grades is more than substantial. For example, the share of DCPS 8th grade students scoring proficient or above in reading was 27 percent in 2007, while the percent of PCSB 8th grade student scoring proficient or advanced was 54 percent.

For the first time, we can also compare the DCCAS scores between years, because the DCCAS test was first administered in spring 2006. (Previously, District schools administered the Stanford-9 test.) Four of the seven DCPS grades showed improvements in the share of students scoring proficient or above in reading, compared with six of the seven PCSB grades and one of seven BOE grades.

8. In spring 2007, 32 percent of all DCPS and public charter school students tested at a proficient or advanced level in math, an increase of 5 percentage points from spring 2006. (Table 2 & Figure 8)

On average, 32 percent of all public school students (which includes DCPS and public charter school students) tested proficient or advanced across the seven grades (3rd–8th and 10th) on the math test in spring 2007, a 5 percentage point increase from spring 2006. The average share of students earning a proficient or advanced score, however, again varied between DCPS and public charter students on average. Of the DCPS students tested in 2007, 29 percent of students scored proficient or above, an increase of 3 percentage points from 2006. Of the PCSB students tested in 2007, 45 percent of students scored proficient or above on the math test, an increase of

9 percentage points from 2006. Of the BOE charter school students tested in 2007, 26 percent of students scored proficient or above on the math test, a decrease of 4 percentage points from 2006.

The percentage of students that tested proficient or above in math also varied widely across individual grade levels. As with reading scores, students from PCSB schools tested higher than their DCPS and BOE counterparts in five of the seven grades tested. While the difference in these test scores varies by only a few percentage points in the early grades (3–5), the gap between the scores of students attending PCSB schools and students attending DCPS or BOE schools is largest among 6th through 8th graders, with a score gap of more than 10 percentage points. The smallest discrepancy in students scoring proficient or above was among 3rd graders, with 30 percent of DCPS, 27 percent of PCSB,

and 26 percent of BOE students achieving these score standards.

Many grade levels across the District's schools made improvements in the percentage of student scoring proficient or above in math. Six of the seven DCPS and PCSB grades showed improvements in the share of students scoring proficient or above in math, compared with four of the seven BOE grades. The greatest improvements in the percent of students scoring proficient or above were achieved by PCSB 8th graders, achieving an increase of 15 percentage points, and BOE 6th graders, achieving an increase of 14 percentage points.

9. The average SAT score of public school college-bound seniors in the District increased slightly from 2006 score levels, a contrast to the national decrease in SAT scores. (Figure 9)

The SAT was reformatted in 2006 and now has three sections, a revised

verbal section (now called the reading section), a math section, and a new writing section, which requires writing an essay. The possible score for each section is 800 points, with the new maximum score 2,400 (instead of the former 1,600). The College Board (responsible for the test) reported that the scores from the class of 2007 (from all types of schools) fell 7 points nationwide, on average.

According to the College Board, a record number of students took the SAT: 1.49 million, up from 1.47 million the year before. In addition, nearly 4 in every 10 test takers were minority students. Officials credit the increasing number of test takers nationally as a result of more people recognizing the importance of postsecondary education. The number of public school college-bound seniors in the District from the class of 2007 taking the SAT was 1,534.

In contrast to national trends of decreases in scores on all three SAT

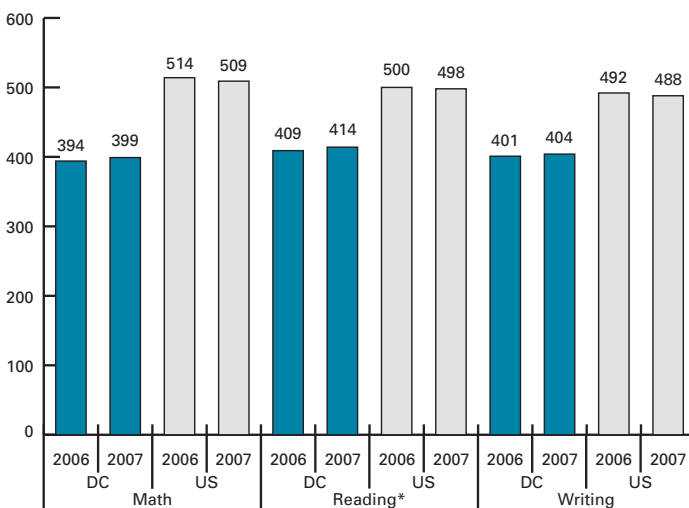
sections, college-bound seniors graduating in the class of 2007 from the District's public schools scored higher on the math, reading, and writing sections of the SAT than the class of 2006. The average SAT for the District's college-bound public school seniors was 1,217. The average math score rose from 394 to 399, the average reading score rose from 409 to 414, and the average writing score rose from 401 to 404. While the average SAT score of college-bound public school seniors decreased 11 points nationally, the average score for the District's students rose 13 points. Yet, the District scores still remained well below the national SAT scores. The largest disparity between the nation and the District is on the math portion of the SAT, where public school students in the District earned an average score of 399, 110 points below the national average of 509.

Children and Youth Are Healthy and Practice Healthy Behaviors

The third goal is that children and youth are healthy and practice healthy behaviors. Good health for children starts before birth. Pregnant mothers who receive adequate prenatal care have a better chance of delivering healthy babies, so the Fact Book tracks the levels of care mothers receive during their pregnancy. The Fact Book also reports trends in low-weight births (under 5.5 pounds), which puts infants at greater risk of death within the first month of life and an increased risk of developmental disabilities and illness throughout their life. Very low birth weight infants (those about 3.3 pounds) are also at higher risk for SIDS, or Sudden Infant Death Syndrome. The Fact Book also provides data about the number of infant, child, and youth deaths in the District. Finally, the Fact Book tracks trends in the sexual health of District youth including common sexually transmitted diseases and AIDS.

Figure 9

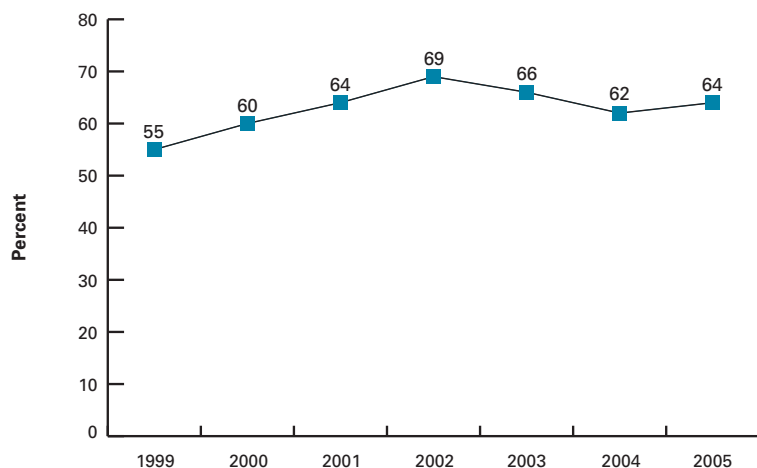
**SAT Math and Verbal Scores for College-Bound Public School Seniors, Class of 2007
DC and Nation
2006 - 2007**



Source: The College Board, Summary Reporting Service
*Formerly the Verbal Section. Renamed after the SAT revision in 2006.

Figure 10

**Percentage of Births to Mothers Receiving Adequate Prenatal Care
District of Columbia
1999 - 2005**



Source: D.C. Department of Health, State Center for Health Statistics Administration

since 2001. In 2005, wards 2 and 3 had the highest proportion of mothers receiving adequate care at 73 and 85 percent, respectively.

While levels of adequate care increased, the level of intermediate care stayed approximately the same. The percentage of births receiving intermediate care in the District remained at 21 percent in 2005. Levels of intermediate care were fairly consistent across the city, with wards 7 and 8 having the highest levels at 26 percent each.

The percent of those who received inadequate care fell to 15 percent in 2005. This is a drop of 2 percentage points since 2004, but still an increase of 6 percentage points since 2003. Inadequate care levels ranged across the city. Only 2 percent of births in Ward 2 received inadequate care, while in Wards 5 and 7, 22 percent of births received adequate care.

2. Low-weight births remained stable in 2005. (Figure 11)

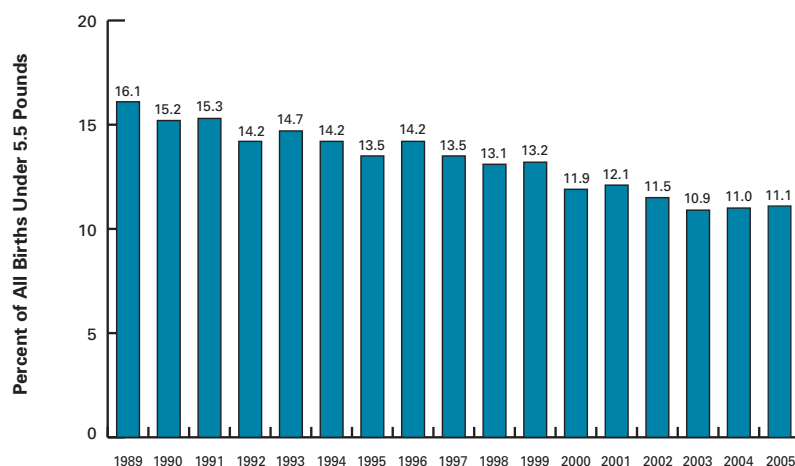
Low-weight births, those infants born weighing 5.5 pounds or less, were 11.1 percent of all births in the District of Columbia in 2005. This percentage is nearly identical to those in the previous two years and follows an overall declining trend beginning in the early 1990s. Due to advances in medical technology, we expect to see a plateau of low-weight births over time. Even the smallest infants have a high chance of survival with access to this improved care.

3. Infant mortality increased in 2005 for the second consecutive year. (Figure 12)

In 2005, deaths to the District's youngest children rose for the second consecutive year. According to data from the D.C. State Center for Health Statistics, deaths to infants under age 1 increased to 13.6 deaths per 1,000 live births, up from 11.8 deaths per 1,000

Figure 11

**Percent of Low-Weight Birth Infants in DC
1990-2005**



Source: D.C. Department of Health, State Center for Health Statistics Administration

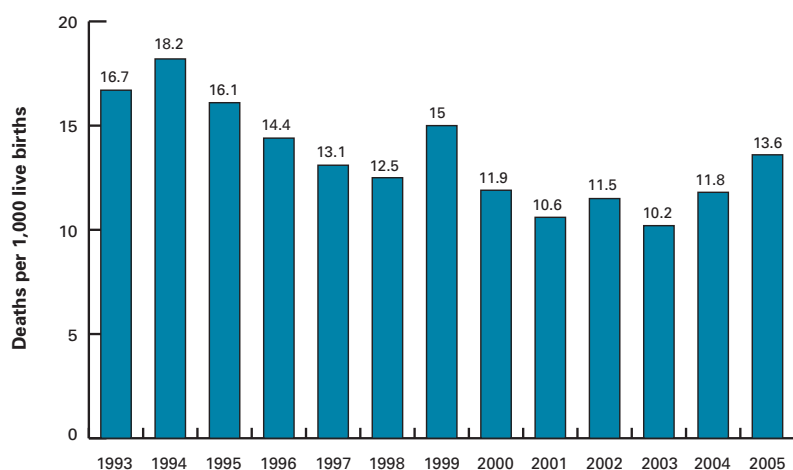
1. The share of mothers who received adequate prenatal care increased, while the percentage of those receiving inadequate care fell in 2005. (Figure 10)

In 2005, the percentage of births to mothers who received an adequate

level of prenatal care increased to 64 percent, up from 62 percent in 2004. After a peak of 69 percent in 2002, the percent of mothers who received adequate levels of prenatal care dropped to 66 percent in 2003. By 2004, the percentage had decreased further to 62 percent, the lowest level

Figure 12

Infant Mortality Rate Under One-Year Old in DC 1993-2005



Source: D.C. Department of Health, State Center for Health Statistics

births in 2004. This is the highest level of infant mortality since 2000.

4. Deaths to children and teenagers rose by 28 percent in 2004. (Figure 13)

(Note that the information reported here is identical to the narrative in last year's Fact Book since updated data from the D.C. Department of Health, State Center for Health Statistics were not available for this report.)

After a small drop in 2003, there were 17 more cases of children and teenage deaths in 2004 or an increase of 28 percent. There were 78 deaths to youth age 1 to 19 years old compared to 61 in 2003. This was due to 14 more deaths to children age 1 to 14 (a 50 percent increase), and 7 more deaths to older teenagers (a 17 percent 120 increase) than the previous year.

5. The share of obese high school students in the District decreased between 1999 and 2005, and the District's share was lower than the national average.

sentative sample of teenagers.

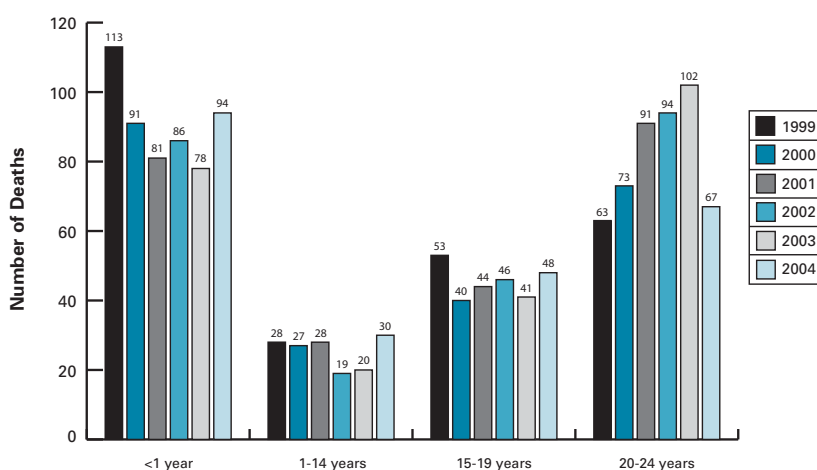
According to the 2005 NYRBS, 11 percent of District high school students were overweight in 2005, a 2 percentage point decrease from 13 percent of students in 1999. The shares of overweight students in the District were slightly lower than the national averages of 13 percent for 2005 and 11 percent for 1999. (Data from the next NYRBS will not be released until 2008.)

In 2007 the Trust for America's Health issued a report, *F as in Fat 2007*, examining trends in obesity-related legislative actions and policies across the United States. The report showed that the District requires physical and health education in school, as well as levies snack taxes on food with low nutritional value. These efforts are minimal, however, compared with other states' efforts to reduce obesity. More stringent and effective policies used by other states include setting nutritional standards for school meals beyond those set by the U.S. Department of Agriculture, conducting body mass index screenings, and

Last year's Fact Book reported the obesity results of a survey administered by the Center for Disease Control and Prevention. The survey, called the National Youth Risk Behavior Survey (NYRBS), is conducted every two years and provides a nationally repre-

Figure 13

Number of Child and Teen Deaths by Age Group in DC 1999-2003



Source: D.C. Department of Health, State Center for Health Statistics Administration

setting nutritional standards for competitive foods, such as vending machine snacks.

6. Chlamydia cases among youth under age 20 fell in 2006, the first drop in four years, while gonorrhea cases continued a downward trend. (Figure 14)

The total number of diagnosed cases of chlamydia, gonorrhea, and syphilis among youth under age 20 decreased for the second year in a row in 2006, and for the first time in four years, the number of chlamydia cases also fell. A total of 1,869 youth cases of these three sexually transmitted diseases were diagnosed in 2006, 219 fewer cases than in 2005, a drop of 10 percent. The largest contributor to this decline was a 10 percent drop in chlamydia cases, which decreased to their lowest level since 2003. Gonorrhea cases also fell 12 percent. In addition, syphilis cases among youth rose slightly between 2005 and 2006.

The numbers cited above include only *diagnosed* cases of sexually transmitted diseases, so they do not include all persons who may be infected. According to the Centers for Disease Control and Prevention, in 2004, 75 percent of women and 50 percent of men infected with chlamydia and 80 percent of women and 10 percent of men infected with gonorrhea exhibited no symptoms. Persons who do not show symptoms and do not receive regular medical examinations may be infected but not reported to the District government.

7. The number of new AIDS cases diagnosed in children 12 and younger remained small and steady in 2006. (Figure 15)

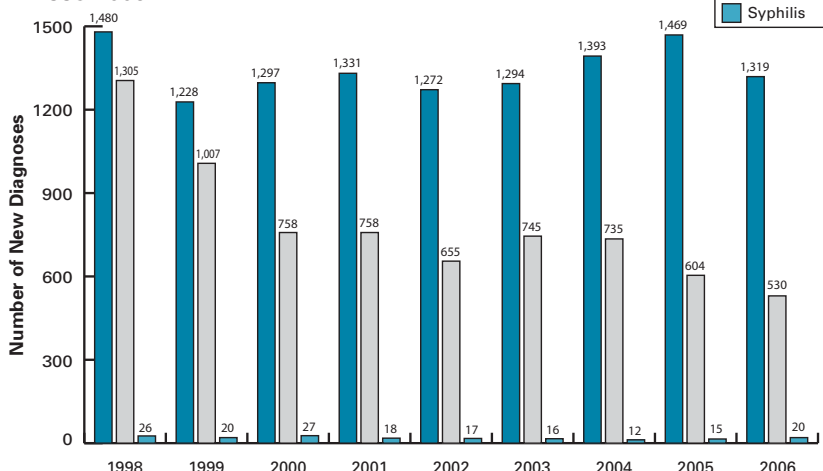
According to the D.C. Administration for HIV Policy and Programs, there were fewer than five new AIDS cases diagnosed among children age 12 and

younger in 2006, a slight decrease from the six cases reported in the previous year. (For confidentiality reasons, the exact figure is not shown when the number of cases is fewer than five.) This marks nearly a decade of fewer than 10 newly diagnosed AIDS cases per year among children age 12 and

younger in the District, a distinct improvement from the 1990s. Nonetheless, the District's AIDS rate for younger children was well above the national average in 2005. The Centers for Disease Control and Prevention reported that the AIDS rate for children 12 and younger in

Figure 14

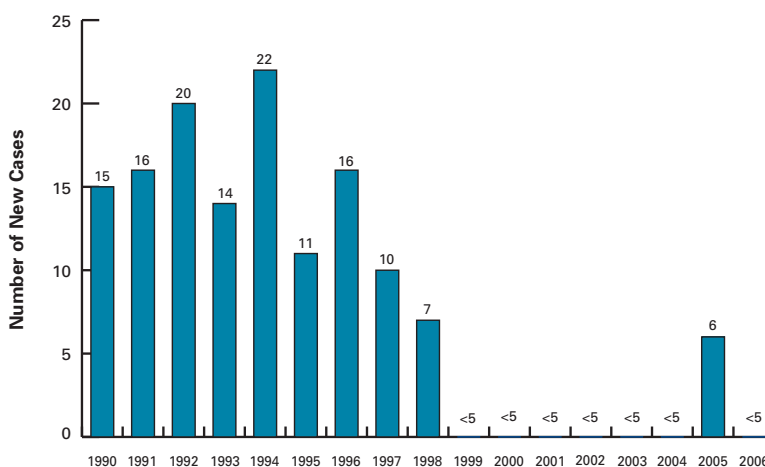
Cases of Chlamydia, Gonorrhea, and Syphilis Diagnosed in People Under Age 20 in DC 1998-2006



Source: D.C. Bureau of STD Control, Surveillance Unit

Figure 15

AIDS Cases Diagnosed Among Children 12-Years Old and Younger in DC 1990 - 2006



Source: Government of the District of Columbia, Department of Health, Administration for HIV Policy and Programs, Bureau of Surveillance and Epidemiology; HARS database

*Data revised from 2006 Kids Count Fact Book

Note: Numbers not shown for years with fewer than 5 new cases

the District of Columbia was 45.0 cases per 100,000 children, while the national rate was a much lower 2.7 cases per 100,000 children.

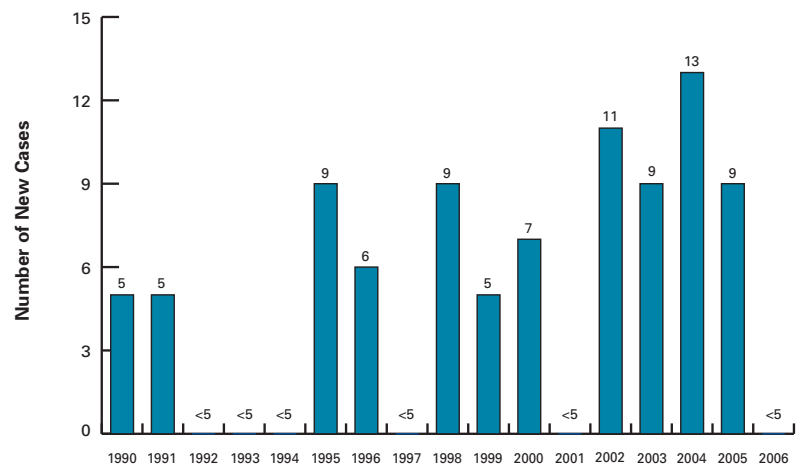
The most common way young children contract AIDS is through infection from their pregnant mothers who are HIV positive. The dramatic decline in the number of cases since the mid-1990s is due largely to the widespread use of Zidovudine or AZT in pregnant women who test positive for HIV. This procedure began in 1994, when clinical trials in the U.S. and abroad showed that this medication reduced mother-child transmission of HIV by two-thirds.

The D.C. Administration for HIV Policy and Programs also collects information on a child's ward of residence when he or she is first diagnosed with AIDS. The latest ward analysis as of 2004 indicated that the largest percentage of District children age 12 and younger infected with AIDS, 27 percent, lived in Ward 8. Ward 5 had the next largest percentage at 18 percent, followed by Ward 1, which was home to 16 percent of infected children. Wards 6 and 7 both had shares of 11 percent, and the remaining wards had less than 10 percent.

8. New AIDS diagnoses for District youth age 13 to 19 in 2006 declined to fewer than five, the lowest level since 2001. (Figure 16)

According to D.C. Administration for HIV Policy and Programs, fewer than five new AIDS cases were diagnosed among youth age 13 to 19 in 2006. (For confidentiality reasons, the exact figure is not shown when the number of cases is fewer than five.) This represented a significant drop from 2002 to 2005, when there had been nine or more new youth AIDS cases each year, including a high of 13 new cases in 2004. The number of newly diag-

Figure 16 AIDS Cases Diagnosed Among Children 13- to 19- Years Old in DC 1990 - 2006



Source: Government of the District of Columbia, Department of Health, Administration for HIV Policy and Programs, Bureau of Surveillance and Epidemiology; HARS database.

*Data revised from the 2006 Kids Count Fact Book

Note: Numbers not shown for years with fewer than 5 new cases.

nosed youth AIDS cases in recent years has been slightly higher than in the 1990s, although the numbers have fluctuated from year to year.

To address the challenge of lowering the incidence of HIV among young people in the District, the D.C. Department of Health's Administration for HIV Policy and Programs created a three-year initiative, the District of Columbia 2007–2010 Youth and HIV Prevention Initiative. The initiative promotes raising awareness, access to HIV testing, condom availability, quality HIV prevention education, and counseling and support services. As part of this plan, five non-District agency organizations were awarded funding for 2007 targeting all wards within the District, with some organizations receiving up to half a million dollars. These organizations will be focusing on providing HIV capacity building training, social marketing (i.e. HIV/AIDS awareness marketing campaigns that target youth), and primary care and support services.

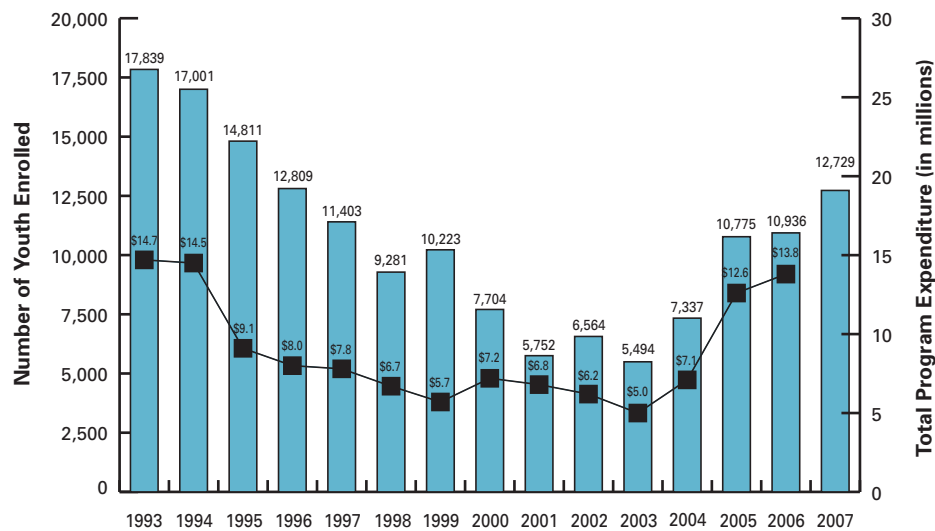
Children and Youth Engage in Meaningful Activities

The fourth citywide goal is that children and youth engage in meaningful activities. Unfortunately, little information is collected on the positive activities of young people, so the Fact Book continues to track indicators of children and youth *not* meeting this goal, in particular, youth involved in cases brought before the D.C. Superior Court. For the first time, however, this year's Fact Book presents a new, positive indicator: participation in D.C.'s youth summer employment program. We look forward to including more data on children and youth participating in positive activities in future Fact Books.

1. The number of youth participating in the Passport-to-Work Summer Youth Program in 2007 was more than double the number in 2003, but current enrollment is still lower than in the early 1990s. (Figure 17)

Figure 17

Number of Youth Enrolled and Total Expenditure in Summer Youth Employment Program

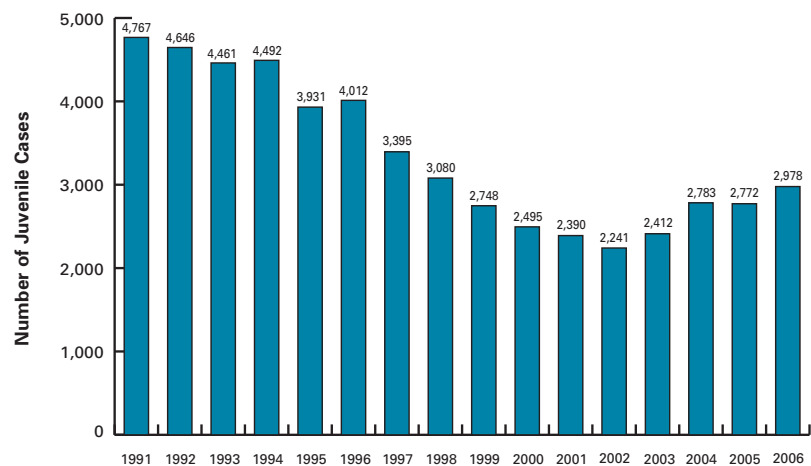


Source: D.C. Department of Employment Services
Note: Program expenditure for 2007 not yet known

The District's Children's Budget for fiscal year 2008 allocates almost \$65 million for programs supporting the goal of engaging children and youth in meaningful activities. While the funding is spread among several District agencies, the largest allocation, \$25 million, is reserved for the Department of Employment Services (DOES). DOES uses about half these dollars to fund and administer the Passport-to-Work Summer Youth Program. This six-week program offers District youth the opportunity to gain valuable workforce experience and earn the federal minimum wage of \$5.85 an hour. Any young person age 14–21 living in the District is eligible after filing an application with DOES. Youth indicate a preference of occupations from the following career clusters: arts, design, entertainment, and media; building & grounds cleaning and maintenance; community and social services; construction trades; education, training, and library science; health care support; hospitality

Figure 18

Total Number of Juvenile Cases Referred to DC Superior Court 1991-2006



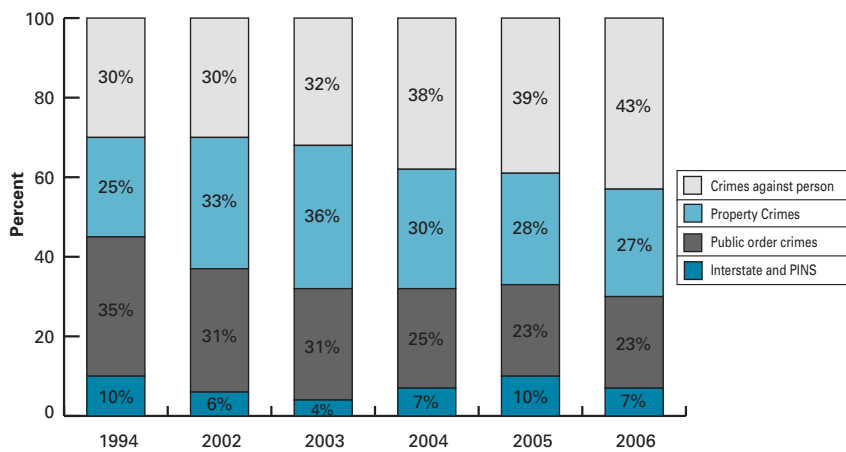
Source: District of Columbia Courts, 1991-2006 Annual Reports

and tourism; office and administrative support; and sports and physical education. Youth are then placed in various agencies and organizations across the District.

The number of youth participating in the Passport-to-Work Summer Youth Program was 12,729 in 2007, the largest level since 1996. Participation has been rising steadily since 2003,

Figure 19

**Change in Proportion of Charges Against Juveniles in DC
1994 and 2002-2006**



Sources: District of Columbia Courts, provided by Research and Development Division, District of Columbia Courts.

when only 5,494 youth took part in the summer jobs program. Nonetheless, the most recent participation levels are still considerably lower than in 1993 and 1994, when more than 17,000 young people were enrolled each summer.

The level of expenditure correlates with the number of youth served by the program. Thus, the fluctuations in participation and expenditure tend to rise or fall in similar patterns. In recent years, the participation increase reflects the almost threefold increase in expenditures, from \$5 million in 2003 to \$13.8 million in 2006.

2. The number of juvenile cases referred to D.C. Superior Court increased in 2006 after holding steady last year, resuming an upward trend that started in 2002. Crimes against persons accounted for most of the increase and continued to constitute the largest share of juvenile crimes. (Figures 18 and 19)

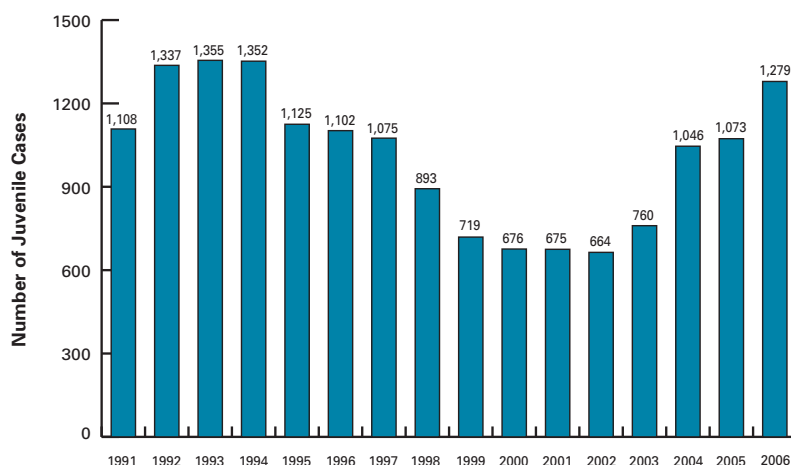
In 2006, 2,978 new criminal cases were filed against juveniles under 18 years old in D.C. Superior Court,

in 2002. Nevertheless, the current number of juvenile cases is much lower than the number filed annually in the early 1990s. Between 1991 and 1994, the average number of juvenile cases was 4,592 a year. (Note that cases brought before D.C. Superior Court are not necessarily committed by District residents and do not include crimes committed by District youth in other jurisdictions.)

The increase in juvenile cases in 2006 was largely attributable to an increase in crimes against persons (mostly assaults and robberies). Crimes against persons made up the largest share, 43 percent, of all juvenile crimes in 2006 (1,279 cases in total), an increase of 4 percentage points from 2005. This continued a shift from earlier years when crimes against property and public order crimes were the largest shares of charges against juveniles. Property crimes and crimes against the public order were 27 and 23 percent, respectively, of all charges against juveniles in 2006. The share of juvenile referrals for Interstate Compact and Persons in Needs of Supervision

Figure 20

**Number of Juvenile Cases
Referred to DC Superior Court for Offenses Against Persons
1991-2006**



Sources: District of Columbia Courts, 1991-2003 Annual Reports, 2004-2006 data provided by Research and Development Division, District of Columbia Courts

(PINs) decreased in 2006, making up 7 percent of all juvenile cases. More detail on changes in specific types of juvenile cases are provided below. For fuller explanation of the categories of crimes, refer to section VII, “A Few Words About the Data.”

Decreasing juvenile crime is a priority for the District. Recently, the District has implemented policies that seek to reduce the number of youth in secure confinement through the offering of alternative discipline solutions, such as home monitoring. Currently, District law mandates that Oak Hill Youth Center, the secure detention facility for juveniles, close by March 2009 to make way for better detention options. The Department of Youth Rehabilitation Services (DYRS) implemented the Juvenile Detention Alternative Initiative (JDAI) in July 2005. The JDAI, sponsored in various areas of the nation by the Annie E. Casey Foundation, works to reduce the reliance on juvenile incarceration with the goal of increasing overall public safety. According to DYRS, since the implementation of JDAI, the number of youth securely detained at Oak Hill Youth Center has declined 33 percent on average daily and the rate of juvenile arrests has dropped 15 percent. Further, from January 2006 through June 2007, 90 percent of arrested juveniles successfully completed alternative detention-based programs, and only 8 percent of those juveniles were rearrested.

3. **The number of juvenile cases referred to D.C. Superior Court for offenses against persons increased in 2006, making it the fourth consecutive yearly increase and the highest number since 1994. (Figure 20)**

District youth under age 18 were charged with 1,279 offenses against persons in 2006, a 19 percent increase from 2005 and the fourth consecutive yearly increase in such cases. The

number of juveniles referred to D.C. Superior Court for offenses against persons in 2006 was double the number in 2002, and it has reached levels that have not been recorded since the early 1990s.

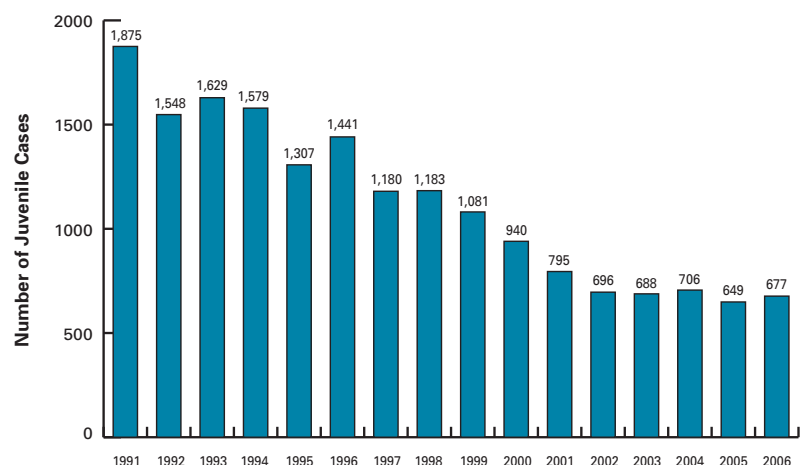
The increase was largely driven by a rise in assault and robbery cases. Assault cases made up over two-thirds of all juvenile offenses against persons in 2006 (or 859 cases), and these cases increased by 28 percent from 2005. Charges against juveniles for robbery (by force or by threat of force or violence) made up one-quarter of cases in 2006 (or 318 cases) and increased by 16 percent. Sexual abuse, carjacking, and other acts against persons made up less than 8 percent of all juvenile offenses against persons in 2006. (The number of homicides committed by youth were not specified in the 2006 data.)

4. **The number of juvenile cases referred to D.C. Superior Court for acts against public order remained steady in 2006, staying at a recent low level. (Figure 21)**

In 2006, 677 juvenile cases were referred to the D.C. Superior Court for acts against public order, a slight increase of 28 cases, or 4 percent, from 2005. Public order crimes include a variety of offenses. Drug sale, distribution, and manufacture cases continued to make up the largest share (34 percent) of public order cases against juveniles in 2006, as they have in previous years. The number of such drug cases dropped for the third consecutive year, however, from 278 to 233 cases between 2004 and 2006, a 16 percent decline. Weapons offenses accounted for 26 percent of juvenile acts against the public order in 2006 and increased for the third consecutive year, from 143 to 177 cases between 2004 and 2006. Drug possession or use was the third-largest share of public order cases against juveniles in 2006, with a total of 109 cases (16 percent of public order cases), an increase from 96 cases in 2005. The remaining new cases in 2006 were distributed among disorderly conduct, obstruction of justice, other drug law violations, and other unspecified violations.

Figure 21

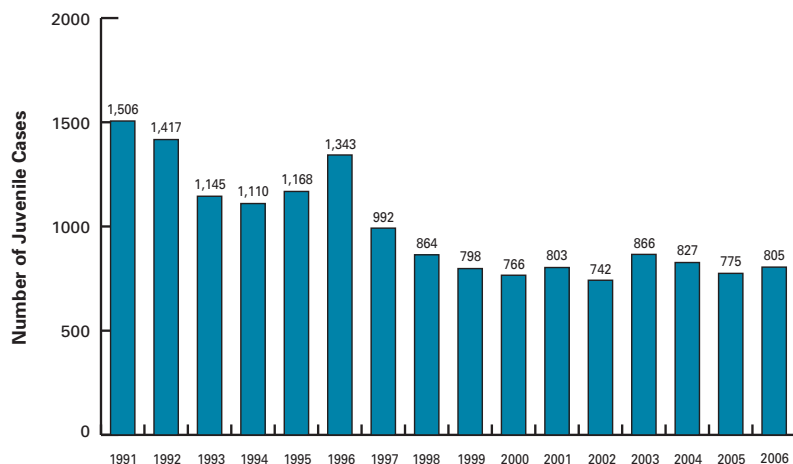
Number of Juvenile Cases Referred to DC Superior Court for Acts Against Public Order 1991-2006



Sources: District of Columbia Courts, 1991-2003 Annual Report and 2004-2006 data provided by Research and Development Division, District of Columbia Courts

Figure 22

Number of Juvenile Cases Referred to DC Superior Court for Acts Against Property 1991-2006



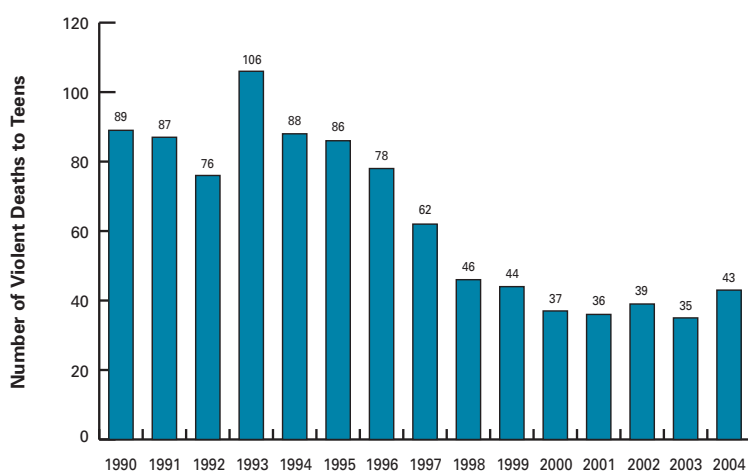
Sources: District of Columbia Courts, 1991-2003 Annual Reports and 2004-2006 data provided by Research and Development Division, District of Columbia Courts

ny theft, which includes shoplifting, purse-snatching, and thefts from motor vehicles. Larceny theft accounted for 52 percent of juvenile property cases filed (416 cases) in 2006, up from 47 percent in 2005.

Unauthorized use of a vehicle, that is, automobile theft or joy riding, was 20 percent of juvenile property crimes in 2006 (165 cases), down from 29 percent in 2005. This is the fourth consecutive year that unauthorized vehicle use cases decreased: they made up 75 percent of all juvenile acts against property in 2003. In addition, both property damage (104 cases) and burglary (57 cases) increased slightly, making up 20 percent of juvenile property cases in 2006. The remaining cases were distributed among stolen property, unlawful entry, and other unspecified offenses.

Figure 23

Violent Deaths to Teens Age 15- to 19-Years Old (Accidents, Suicides and Murders) 1990 - 2004



Source: D.C. Department of Health, State Center for Health Statistics Administration

6. Violent deaths to older teens rose in 2004. (Figure 23)

(Note that the information reported here is identical to the narrative in last year's Fact Book since updated data from the D.C. Department of Health, State Center for Health Statistics were not available for this report.)

Violent deaths to teenagers increased to levels matching those in the late 1990s. Violent deaths to teenagers age 15 to 19 rose to 43 cases in 2004, an increase of eight cases or 23 percent compared to 2003. It is the largest number of teen murders, accidents, and cases of suicides since 1999, and violent deaths make up 90 percent of all deaths to this age group. While the previous five years showed an overall decline, there was a slight rise in 2002. After dropping again in 2003, the 2004 increase reverses that trend. While high, these figures are still half the number of deaths that were seen in the mid-1990s.

5. The number of juvenile cases referred to D.C. Superior Court for acts against property increased slightly in 2006. (Figure 22)

There were 805 cases of property crimes committed by juveniles in the

District in 2006, a 3 percent increase from 2005. Continuing a trend from prior years, the majority of juvenile property crimes has shifted from unauthorized vehicle use to larceny theft. As in 2005, the largest share of property crimes in 2006 was for larce-

Children and Youth Live in Healthy, Stable, and Supportive Families

The fifth goal of children and youth living in healthy, stable, and supportive families encompasses the greatest number of indicators in the Fact Book. The first section describes the demographics of the District of Columbia—that is, the population of adults and children living in the District and their racial and ethnic makeup. The next section tracks the economic security of families in the District or the changes in resident employment, application and eligibility for programs providing financial assistance, poverty rates, and homelessness. The final section reports on the different family structures in which children live in the District—that is, married families and families

headed by a single woman or a single man, and the poverty rates for each family type. The final section also shows the number of instances where District courts or agencies had to intervene to protect individuals in families in cases of child abuse and neglect and to issue orders of protection for domestic violence victims.

Population

Changes in the population of the District may be the result of either new residents moving into the District or current residents having more children and growing as families. Therefore, this section includes the number of births in the District.

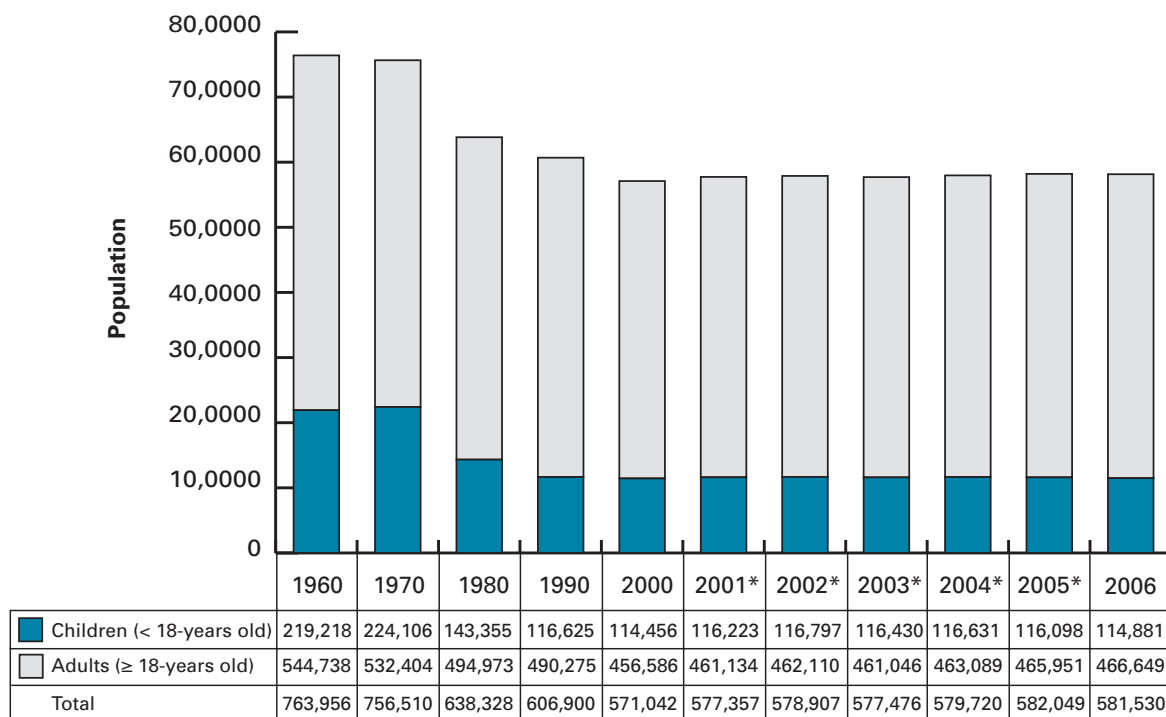
1. After decades of decline, the number of children in the District has stabilized over the past six years. (Figure 24)

After declining during the 1980s and 1990s, the number of children in the District has remained fairly steady since 2000. The Census Bureau estimated that 114,881 children under 18 years old lived in the District in 2006, virtually the same as the last full census count in 2000 and only 1 percent lower than the 2005 estimate of 116,098 children. The number of adults also did not change substantially between 2005 and 2006, but it has increased by 2 percent since 2000.

The Census Bureau recently revised the District's 2001 through 2005 population estimates after the D.C. Office of Planning contested the Bureau's estimates as too low based on new housing construction, tax filings, and the conversion of vacant buildings into occupied units. As a result, the

Figure 24

Population of Children and Adults in DC 1960-2006

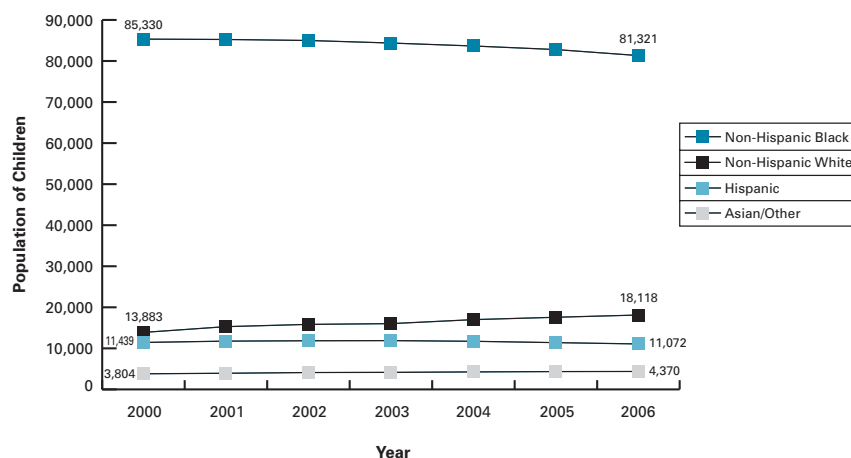


Source: U.S. Census Bureau, Population Estimates Program

*Data revised from 2006 Kids Count Fact Book.

Figure 25

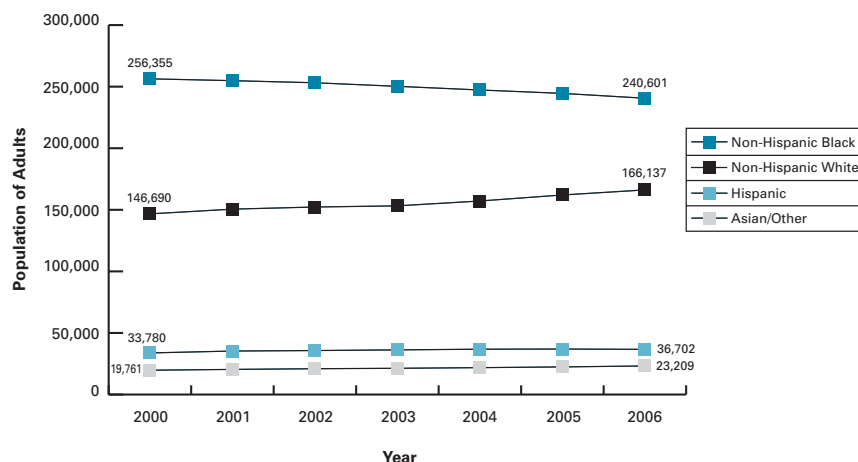
**Number of Children by Race/Ethnicity
2000-2006 in the District**



Source: Population Estimates, U.S. Census Bureau

Figure 26

**Number of Adults by Race/Ethnicity
2000-2006 in the District**



Source: Population Estimates, U.S. Census Bureau

estimated numbers of children were revised upwards between 3 and 7 percent a year from the estimates reported in last year's Fact Book. For instance, the Census increased its 2002 estimate from 109,524 to 116,797 children (the greatest increase during the period), and its 2005 estimate from 112,837 to 116,098 children (the smallest increase). The estimates for the adult population were also raised

between 1 and 6 percent a year between 2001 and 2005.

2. Approximately 7 of 10 children living in the District in 2006 were African American. The number of white children has steadily increased between 2000 and 2006, while the number of African-American children has steadily decreased. (Figures 25 and 26)

Almost three-fourths of the children living in the District were non-Hispanic African-American in 2006 (71 percent of all children under 18 years old), although the number of white children has increased and the number of black children has declined over the past seven years. According to the Census Bureau's population estimates, the number of non-Hispanic white children grew from 13,883 in 2000 to 18,118 by 2006, a 31 percent increase, while the number of non-Hispanic African-American children decreased from 85,330 children in 2000 to 81,321 children, a decline of 5 percent. The number of Hispanic children (regardless of race) is relatively small in the District (11,072 children in 2006), but the number of Hispanic children increased 3 percent between 2000 and 2006. The number of non-Hispanic Asian and Pacific Islander children, non-Hispanic American Indian or Alaskan Natives, and non-Hispanic children of two or more races increased 15 percent during the same period, totaling 4,370 children in 2006.

The majority of adults living in the District were also non-Hispanic African-American adults, although they made up only a slight majority (52 percent) in 2006. Similar to the child trends, the number of black adults decreased 6 percent between 2000 and 2006 and the number of white adults increased 13 percent during the same period. The number of Hispanic adults was relatively small in the District, although the numbers increased 9 percent between 2000 and 2006, and the number of non-Hispanic Asian and Pacific Islander adults, non-Hispanic American Indian or Alaskan Natives adults, and non-Hispanic adults of two or more races increased 17 percent during the same period, totaling 23,209 adults in 2006.

3. The District reported approximately the same number of total births between 2004 and 2005, sustaining the increase in births since 2000. Births to white mothers continued to remain steady, while births to black mothers continued to fall. (Figure 27)

The D.C. State Center for Health Statistics reported 7,940 births in 2005 (the latest available data), a number that is essentially unchanged from the 2004 total number of births (7,937). The 2005 number is the largest number of births in the District since 1996. The trend in births fluctuated up and down slightly between 1999 and 2003, although there appears to be a rising trend in the past three years. Since 2000, births in the city have increased 4 percent.

The increase in births over the past five years has been concentrated west of Rock Creek Park, while decreases in births have been in wards 7 and 8, east of the Anacostia River. For instance between 2000 and 2005, births in Ward 3, which has a sizeable white population, grew 10 percent. Ward 4, which is in the upper tip of the District and spans Rock Creek Park, increased 27 percent. Meanwhile, in Ward 8, the number of births decreased 10 percent between 2000 and 2005. Ward 8 has historically had the greatest number of children and is predominantly African American. (See Table 5 for the full list of total births by ward.)

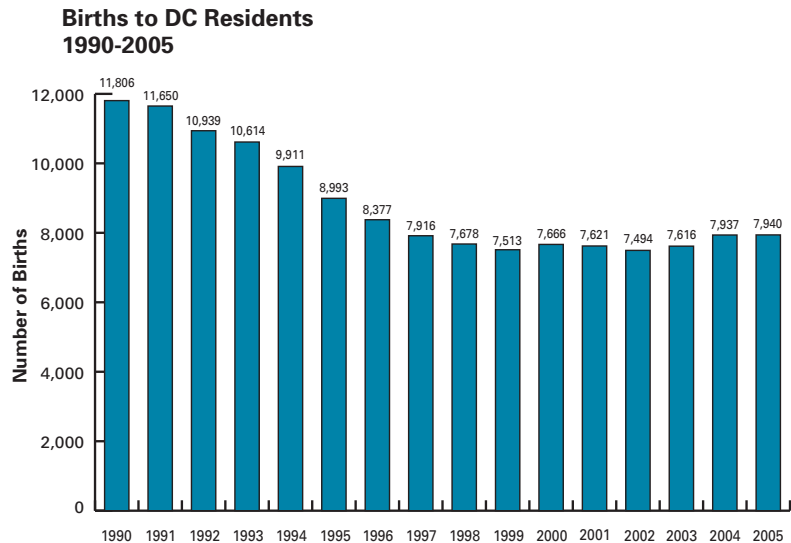
Births to non-Hispanic white women continued to remain steady. In 2005, one-quarter (25 percent) of all District births were to non-Hispanic white mothers, the same as the previous year. The share of births to non-Hispanic African-American women declined from 59 to 58 percent between 2004 and 2005. The share of births to non-Hispanic African-American women has been falling since 2002. The share of births to Hispanic mothers

increased from 13 percent in 2004 to 14 percent in 2005. Asians and women of other races accounted for 3 percent of births in 2005, the same as in the previous year.

Economic security

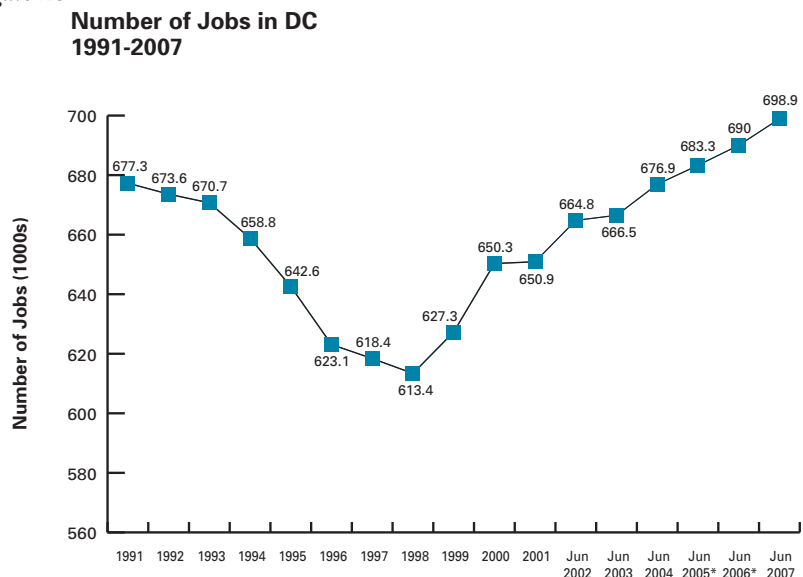
In order for children and youth to live in stable families, adults heading the families need economic security. This section tracks the economic health of District residents including the number of jobs and employed residents, as

Figure 27



Source: D.C. Department of Health, State Center for Health Statistics Administration

Figure 28



Source: D.C. Department of Employment Services, Labor Market Information & Research

Note: 1991-2001 data are the averaged annual number of jobs, and 2002-2007 data are the number of jobs in June of each year.

* Data revised from 2006 Kids Count Fact Book.

well as unemployment rates and poverty rates. This section also reports trends in federally subsidized program assistance such as TANF (or welfare), Medicaid/SCHIP, and food stamp subsidies, as well as the number of children enrolled in subsidized child care that allows poor families with young children to work. In addition, this section reports on the number of homeless individuals and families and the number of families applying for shelter, indications of families in the most dire need.

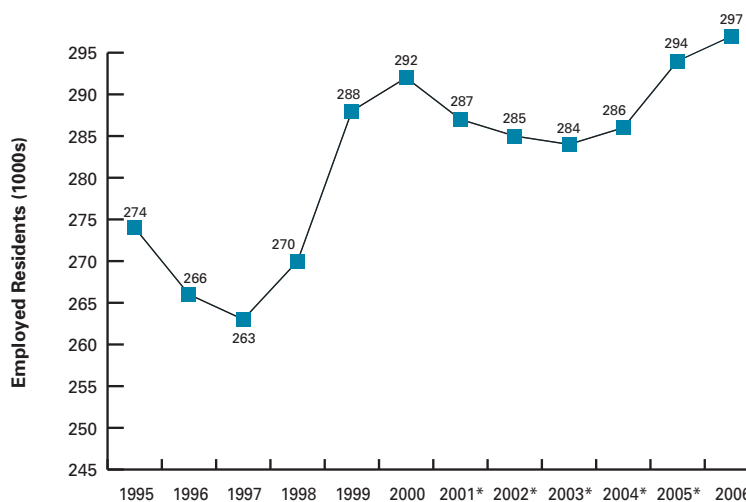
4. The total number of jobs in the District of Columbia increased for the ninth year in a row. (Figure 28)

According to the D.C. Department of Employment Services, the number of jobs in the District continued to grow, reaching 698,900 jobs in June 2007 (an increase of 1 percent from last year). The increase in job growth—which began in 1999—is a positive trend for the city because more jobs signal better financial strength and greater job opportunities for District residents. While jobs located in the District will not necessarily go to city residents—these jobs may be filled by people living in the suburbs—the related increase in the number of employed District residents and the decrease in the District’s unemployment rate suggests that more local jobs are going to District residents than has been the case in the past.

As in past years, the growth in jobs was fueled by an increase in private-sector jobs. Private-sector jobs totaled 465,500 in June 2007, an increase of 2 percent from June 2006, while the number of government jobs (local and federal) stayed approximately the same at 233,300 jobs, a slight decrease of less than 1 percent. Private-sector jobs continue to outnumber government jobs two to one. The increase in private-sector jobs as of June 2007 was the result of service industry increases, including professional and business

Figure 29

Number of Employed Residents in DC 1995-2006



Source: U.S. Bureau of Labor Statistics, LAUS
*Data Revised 2006 Kids Count Fact Book

services (namely legal and administrative services) and financial activities (mainly insurance and credit intermediation).

5. The number of employed District residents increased slightly in 2006. (Figure 29)

The number of employed District residents grew to 297,000 in 2006, increasing 1 percent from 2005. The increase in employed residents mirrors the increase in the number of new jobs in the District and the decrease in unemployment rate. Nationally, the number of employed residents increased 2 percent between 2005 and 2006, and regionally, the number of employed residents also increased 2 percent.

Although the District continues to experience strong job growth, the number of employed African-American residents and employed residents with only a high school diploma or less continued to fall, according to a 2007 study by the DC Fiscal Policy Institute. In addition, the wage gap between low-wage workers

and the District’s top earners is greater than ever before. These employment and wage gaps perpetuate the marked income gap between the city’s rich and poor, which disproportionately affects the District’s children, since they are more likely to live in poor or African-American families.

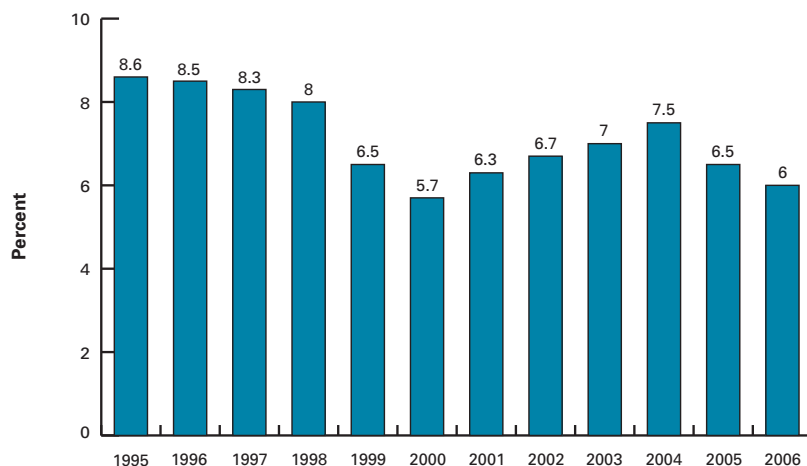
6. The District’s unemployment rate dropped to 6 percent in 2006, decreasing for the second year in a row. (Figure 30)

According to the U.S. Bureau of Labor Statistics, the District’s estimated unemployment rate dropped from 6.5 percent in 2005 to 6.0 percent in 2006, the lowest unemployment rate since 2001. The District’s unemployment rate is still well above the national average for 2006 (4.6 percent), as well as the average for the Washington, D.C., metropolitan region (3.1 percent).

Unemployment rates vary considerably across the city. The D.C. Department of Employment Services reports that in August 2007, Ward 8’s unemployment rate was 15.2 percent

Figure 30

Unemployment Rate for DC 1995 - 2006



Source: U.S. Bureau of Labor Statistics, LAUS

(the highest of all the wards) compared with Ward 3's unemployment rate of 1.5 percent (the lowest of the wards). However, between August 2006 and August 2007, all the wards' unemployment rates declined. In Ward 3, where the unemployment rate was already very low, the decline was 0.1 percentage points, while the decline in Ward 8 was 0.8 percentage points.

7. Overall poverty in the District increased in 2005 and remained approximately the same in 2006. (Table 3)

To determine the District's poverty rate, we used the Census Bureau's Current Population Survey (CPS). Because CPS data are based on a sample rather than the entire population, estimates from the CPS are subject to uncertainty from sampling error. To deal with this uncertainty, we applied two techniques. First, we report two-year averages of poverty rates, which increases the sample size, thereby reducing potential inaccuracies. Second, we perform statistical tests to calculate confidence intervals around

poverty estimates to determine if there is statistically meaningful change between years. (For a fuller explanation of all issues related to the CPS, including the confidence intervals noted in the text and shown in the figures, readers are referred to section VII, "A Few Words About the Data.")

The 2006 estimated poverty rate (an average of the 2005 and 2006 CPS estimates) for all people living in the District was 20.3 percent (± 0.9 percentage points), or 115,839 persons

living below the federal poverty level. The 2005 estimated poverty rate (an average of the 2004 and 2005 estimates) was 19.8 percent (± 0.9 percentage points), or an estimated 107,040 persons living in poverty. The difference between the 2006 and 2005 estimates was not statistically meaningful, meaning there was no real change in the poverty rate between the two periods.

It is not possible for the CPS to determine updated poverty levels in the different neighborhoods in the city. Previous research using the decennial census suggests that poverty has been increasing in already poor neighborhoods, primarily those east of the Anacostia River in wards 7 and 8.

8. One of three children in the District continue to live in poverty. (Table 3)

More than one-third of all children in the District live in poverty, a share that has remained steady over the past few years. The 2006 child poverty rate (an average of the 2005 and 2006 poverty rates) was 36.9 percent (± 2.4 percentage points) of all children under the age of 18 living in the District, or 43,033 living below the federal poverty level. The estimated 2005 child poverty rate (an average of the 2004 and 2005 CPS estimates) was 35.5

Table 3

Estimated Poverty Rates with Confidence Intervals in DC 2006

	2006
Total population	20.3% (± 0.9)
Children	36.9 (± 2.4)
Non-Hispanic black children	44.4 (± 3.1)
Non-Hispanic white children	11.9 (± 3.5)
Hispanic children	30.4 (± 6.0)
Non-Hisp Asian, Native American, Alaskan, and mixed-race children	20.5 (± 11.9)

Note: The confidence intervals or the range that the estimated rate falls in are shown in the ().

*The 2006 estimated poverty rates are averages of the 2005 and 2006 CPS estimates.

Source: 2005 and 2006 Current Population Estimates (CPS), US Census

percent (± 2.3 percentage points), or 39,831 children living below the federal poverty level. The 2005 and 2006 estimates were not statistically different, indicating that there was no meaningful change in poverty rates between the two periods.

While the percentage of children living in poverty has not changed over the past three years, the fact that one in three District children are poor is troubling, as is the fact that children are over two times more likely than adults to live in poverty. Research shows that child poverty is linked with other negative outcomes, such as poor nutrition in infancy, increased chances of poor school performance, emotional distress, and unwed childbirth in adolescence.

9. More than one-third of African-American children continue to live in poverty. (Table 3)

A greater share of African-American children live in poverty than other racial and ethnic groups. The 2006 two-year average poverty rate for non-Hispanic African-American children indicates that 44.4 percent (± 3.1 percentage points) lived below the federal poverty level. In comparison, 30.4 percent (± 6.0 percentage points) of Hispanic children, 11.9 percent (± 3.5 percent) of non-Hispanic white children, and 20.5 percent (± 11.9 percentage points) of all other non-Hispanic children (which includes Asian, Native American, Alaskan, and mixed-race children) lived below the federal poverty level in 2006. None of the 2006 estimates were statistically different from the 2005 two-year estimates, meaning there was no significant change in any of the child racial and ethnic categories between the two periods.

10. The number of children in families who applied and were deemed eligible for TANF subsidies decreased for the third consecutive year, to the lowest level since 1991. (Figure 31)

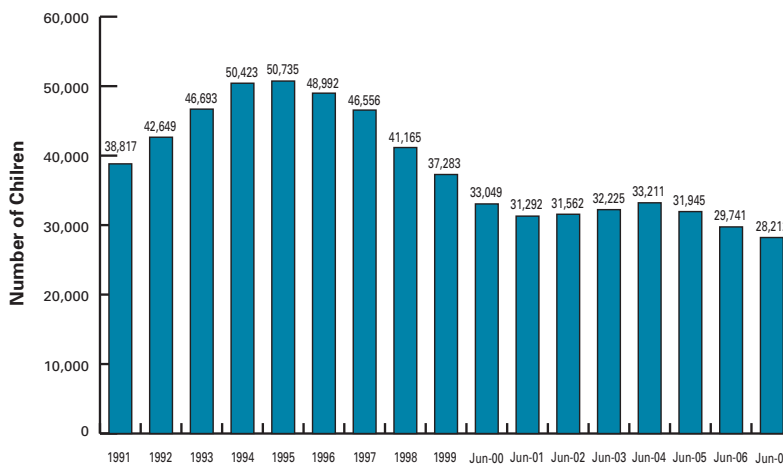
In 1996, Temporary Assistance for Needy Families (TANF), more informally referred to as “welfare,” replaced the earlier cash assistance program, Aid to Families with Dependent Children (AFDC). The federal TANF program has more stringent program

accepted work expense and child care deductions) does not exceed the monthly TANF payment level. This means that a family of four, as of June 2007, could be eligible to receive a maximum benefit of up to \$498 a month, although not all eligible families receive the maximum amount owing to their income or resources.

As of June 2007, 28,212 children applied for and were deemed eligible for TANF subsidies, according to the D.C. Department of Human Services,

Figure 31

Number of Children Applied for and Eligible for TANF Assistance in DC 1991-2007



Source: Income Maintenance Administration, D.C. Department of Human Services

Note: 1991-1999 data are the averaged annual number of children, and 2000-2007 data are the number of children eligible in June of each year.

requirements to receive cash assistance than AFDC, such as work requirements and a 60-month (or five-year) time limit to receive the subsidy. The District, like other states, can make exceptions to these federal standards, which are explained below. To determine if families are eligible to receive TANF assistance, a complex set of income, resource, and expense calculations are made. Generally, families are deemed eligible if a family's net income for the month (minus the

Income Maintenance Administration, which administers the TANF program. This total was a decrease of 5 percent, or 1,529 children, from June 2006, and is the third consecutive annual decrease. The 2007 caseload is the lowest level of any year recorded in previous Fact Books. Within the District, wards 7 and 8 represented the largest shares of TANF caseloads at 22 and 29 percent of all caseloads, respectively.

The District has implemented several nonpunitive policies to assist families receiving TANF. Children continue to receive their portion of the benefits even if their parent was sanctioned for not meeting work participation requirements. There are also exceptions to the five-year time limitation. In households where children receive the cash assistance and adults do not (i.e., child-only cases), these children are not subject to the five-year time limit. For adults that are recognized as

(TEP), which helps TANF recipients find jobs. In fiscal year 2007, TEP had 5,067 participants, of which 2,570 participants obtained unsubsidized employment.

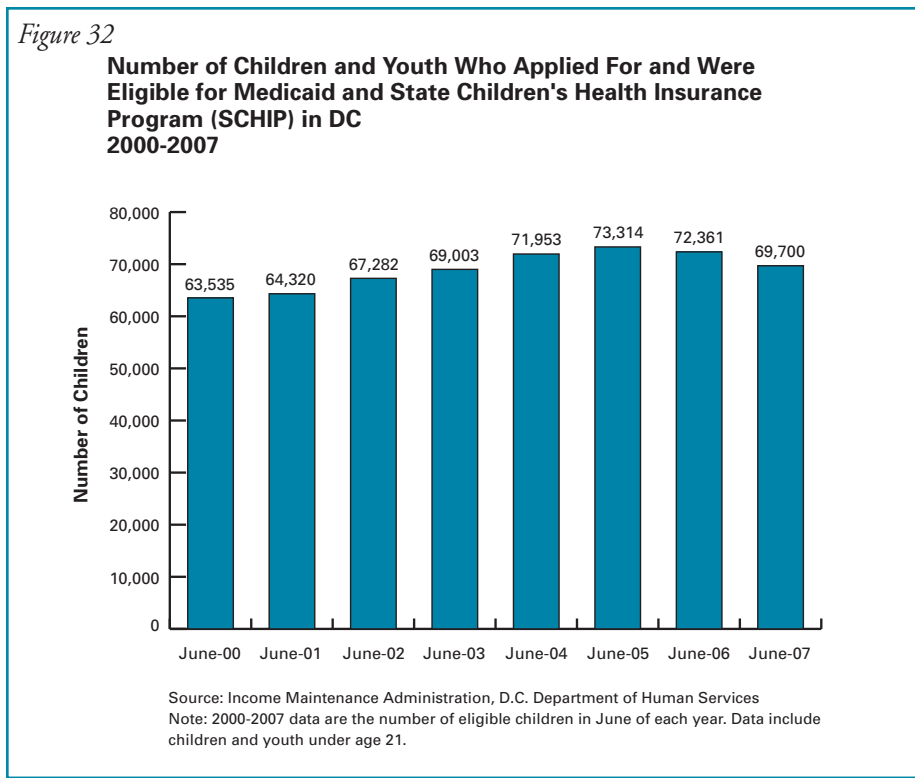
11. The number of children and youth who applied and were deemed eligible for Medicaid or SCHIP decreased in 2007, continuing a downward trend since 2005. (Figure 32)

on their own. Medicaid is also available to those who are age 65 and older or who are disabled, and there are special provisions called Medicaid “spend-down” for families with incomes over the limit but with a certain amount of medical bills.

As part of the Medicaid program, the District also administers the State Children’s Health Insurance Program (SCHIP). SCHIP is a federally funded program that was established in August 1997 to expand health insurance to children whose families earn too much money to be eligible for Medicaid but not enough to purchase private insurance. SCHIP is available to families with incomes up to 200 percent of the federal poverty level, or \$41,300.

SCHIP was the single largest expansion of health insurance coverage for children since the initiation of Medicaid in the mid-1960s. Unlike Medicare, however, SCHIP’s federal funding was initially capped for 10 years and was accordingly up for reauthorization in 2007. In July 2007, the House and Senate passed bills that reauthorized SCHIP, allocating \$60 billion over five years and providing an estimated coverage of 70 percent of all children from families with incomes below 200 percent of the federal poverty level. President Bush vetoed the reauthorization bill, in favor of a health care tax proposal that would use tax deductions to offset the cost of health care coverage. Congress has failed to override President Bush’s veto, but it is likely that they will try to pass a similar bill to reauthorize SCHIP later in 2007.

The data in figure 31 include children and youth under age 21 in both the Medicaid and the SCHIP programs. As of June 2007, 69,700 children and youth in families applied and were deemed eligible for Medicaid or SCHIP, according to the D.C. Department of Human Services,



unable to work due to physical disabilities, mental health problems, learning disabilities, or substance abuse problems, the District implemented the Program on Work, Employment, and Responsibility (POWER), which is financed through local funds and is not subject to the federal time limit. Other recipients can be exempted from work participation requirements because of a temporary medical condition or because they are needed to care for a young child or disabled family member. In addition, the District created the TANF Employment Program

Medicaid is a federally sponsored health care program administered by the District of Columbia. Medicaid is generally available to families with children living in households with incomes between 100 and 185 percent of the poverty level, or \$20,650 to \$38,203 for a family of four in June 2007, depending on the age of the children. Medicaid-eligible families include many working poor families who do not have health insurance provided by their employers and who cannot afford adequate medical care

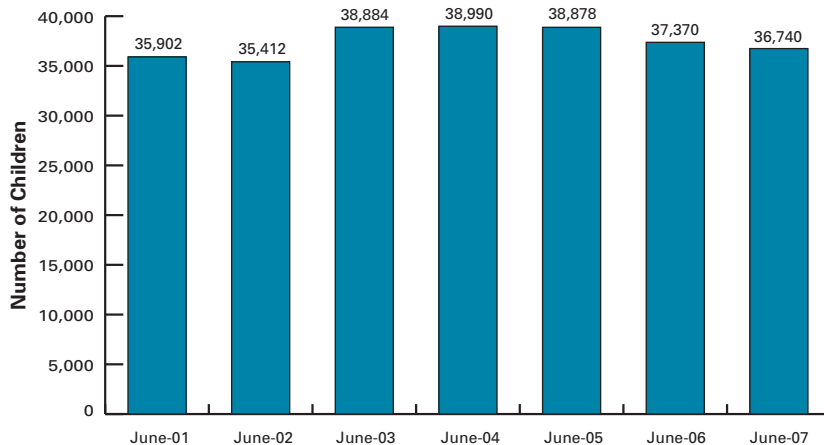
Income Maintenance Administration. This was a decrease of 2,661 children, or 4 percent, from June 2006. Up until 2006, Medicaid and SCHIP

caseloads had been steadily growing. The most recent data mark the second consecutive year that the Medicaid and SCHIP rolls have decreased.

12. The number of children in families who applied and were deemed eligible for food stamps decreased slightly in 2007, the second decrease in two years. (Figure 33)

Figure 33

Number of Children Applied and Eligible for Food Stamps in DC 2001-2007



Source: Income Maintenance Administration, D.C. Department of Human Services
Note: 2001-2007 data are the number of children eligible in June of each year.

The Food Stamp Program attempts to ensure that low-income households have access to a healthy diet by providing them with electronic benefits that can be used like cash at most grocery stores. To qualify for food stamp benefits, most households must have a gross monthly income at or below 130 percent of the federal poverty level, or \$26,856 for a family of four. In addition, most able-bodied adult applicants must meet specific work requirements. The number of children in families on the food stamp rolls decreased again this year, although the change was small. As of June 2007, 36,740 children in families applied and were deemed eligible for food stamp benefits, according to D.C. Department of Human Services, Income Maintenance Administration,

Table 4

Subsidized Child Care Programs in DC 2000 - 2007

Program Area	2000	2001	2002	2003*	2004	2005	2006	2007**
D.C. Public Schools After Care for All								
Number of children served	7,000	12,350	10,000	7,040	7,145	7,617	10,302	8,517
Number of school sites	56	100	130	62	61	60	84	59
Early Care and Education Administration								
Number of children served (subsidy)	7,653	11,451	11,947	11,396	10,001	14,060	11,854	11,721
Number of OST children served							328	773
Number of family child care homes	112	124	140	144	124	129	146	146
Number of child development centers	216	222	235	231	228	148	209	214
Number of in-home providers	15	14	7	9	3	4	2	0
Number of relative providers	34	31	33	53	52	56	87	105
Number of children served (out-of-school time)							328	773
Number of OST grantees							3	7
Total number of children served	11,653	23,801	21,947	18,736	17,146	21,677	22,484	21,011

Source: DCPS AFA; DPR Summer Program; DHS/ECEA Child Care Subsidy Program and OST Grantees

Note: ** The number of children served by subsidized child care through DCPS and ECEA fell in 2007. All data are preliminary as of 11/21/07. Data pending include children served in DCPS AFA and Dept of Parks and Recreation Summer Programs. *2003 does not include summer program

which administers the Food Stamp Program. This number fell by less than 2 percent from June 2006. This decrease in food stamp caseloads mirrors the similar decrease in SCHIP, Medicaid, and TANF recipients, noted above.

In the District, the largest number of food stamp recipients in 2007 resided in wards 7 and 8 at 22 and 28 percent, respectively, of all food stamp recipients. Ward 3 represented less than 1 percent of all food stamp recipients. (See the tables in section V for a complete listing of ward-level 2007 caseloads.)

13. The number of children served by subsidized child care through DCPS and ECEA fell in 2007. (Table 4)

Many poor, working families in the District of Columbia must rely on subsidized child care programs supported by the Department of Human Services Early Care and Education Administration (ECEA). By using these services, parents can obtain extended hours of care for their children at a lower cost.

Table 4 reports the number children served by the two main subsidized child care providers in the District. The *D.C. Public Schools (DCPS) After Care for All* program serves children who are of school age up to 12 years old at public school sites. Children in this program either attended subsidized after-school care (i.e., aftercare) during the school year or child care provided during the summer months when school is out. The numbers of children served are a snapshot at the highest attendance month for each year. In 2007, DCPS aftercare served 8,517 children, a decrease of 17 percent from 2006, but an increase of 12 percent from 2005. Corresponding with the decrease in enrollment was the decrease of school site participants: in 2007, 59 school sites hosted after-

care programs, compared with 84 sites in 2006.

The second set of subsidized child care programs reported in Table 4 are offered by the Early Care and Education Administration. ECEA's programs serve children from 6 weeks through 12 years old and disabled children up to 18 years old. The numbers of children served represent the total unduplicated count of children who received subsidized child care at any time during the year. Like *DCPS After Care for All*, the number of children served by ECEA programs fell to 11,721 children in 2007, a slight decrease of 1 percent compared to 2006 and a continuation of a decreasing trend since 2005.

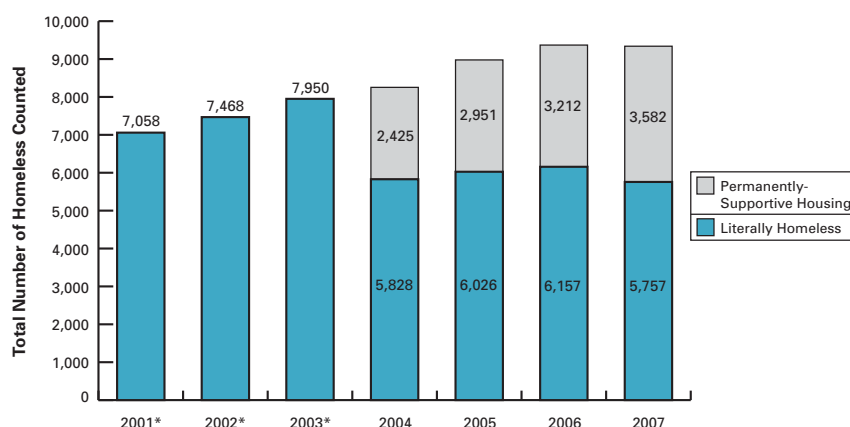
14. The literally homeless population decreased 6.5 percent in 2007, while the number of formerly homeless residing in permanently supported housing increased. (Figure 34)

The Homeless Services Planning and Coordinating Committee (HSPCC) of the Metropolitan Washington Council of Governments has taken a

yearly snapshot of homeless people in the region since 2001. The HSPCC attempts to count the entire homeless population in the region during one day in January of each year. The month of January was selected because people are most likely to be in shelters at this time of the year, rather than living on the streets, and are therefore easier to count. Their survey includes two baseline numbers: the literally homeless and the formerly homeless, or those in permanently supported housing. The literally homeless are those who are on the streets, in emergency shelters temporarily, in transitional supportive housing, and in precarious housing at imminent risk of loss and are looking into shelters. The formerly homeless are people who live in permanent supportive housing but who, because of extreme poverty or serious mental or physical disabilities, would be at risk of becoming homeless again without this housing. In the past, we have reported the number of literally homeless and the number of formerly homeless (permanently supported homeless) together as the total homeless population. Starting with this year's Fact Book, however, we distinguish between these two

Figure 34

Snapshot of the Number of Homeless in DC January 2001- January 2007



Source: Data provided by Community Partnership for the Prevention of Homelessness & Metropolitan Washington Council on Governments, The Homeless Services Planning and Coordinating Committee.

*2001 - 2003: Literally homeless and permanently - supported breakdowns unavailable.

populations. (Data on the number of literally and permanently supported homeless are only available from 2004 onwards.)

In January 2007, the number of literally homeless decreased 7 percent from January 2006. The HSPCC reported a total of 5,757 literally homeless persons in the District in January 2007, 400 fewer persons than in January 2006. The January 2007 numbers were a decrease of 71 people, or 1 percent, since January 2004.

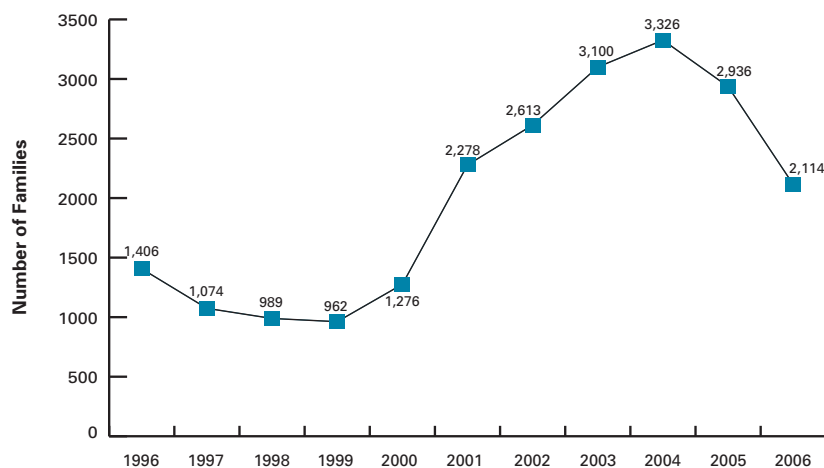
Part of the reduction in the number of literally homeless in 2007 can be attributed to the increase of individuals in permanently supportive housing. In 2007, there were 3,582 formerly homeless individuals and persons in families residing in permanent supportive housing. This increase of 12 percent over 2006 continued the positive trend since 2005, and it supports the District's 10-year plan to eradicate homelessness by increasing the supply of permanent supportive housing.

Within the entire metropolitan area where HSPCC surveys (defined as Washington, D.C., Montgomery County, Prince George's County, Alexandria, Arlington County, Fairfax County/City and Falls Church, Loudoun County, Prince William County, and Frederick County), there were a reported population of 11,762 literally homeless in 2007, representing a 3 percent reduction from 2006. This reduction in the region was partly driven by the 7 percent drop in the number of literally homeless in the District from 2006 to 2007. Since 2004, however, the metropolitan region has experienced a 6 percent increase in the literally homeless population.

HSPCC also collects information on the number of homeless families. Homeless families are defined as homeless individuals linked to a dependent under the age of 18.

Figure 35

Homeless Families Applying for Shelter at Central Intake in DC 1996- 2006



Source: The Community Partnership for the Prevention of Homelessness

Persons in families composed 41 percent (4,851 persons) of the overall literally homeless population in the metropolitan region. As members of homeless families, children represented 26 percent of the 11,762 total of all people counted as literally homeless in 2007 within the metropolitan region.

Of the District's homeless population (5,757 people), about 25 percent suffered from either chronic substance abuse, severe mental illness, or other chronic health problems. These statistics reflect the significant subpopulation of special-needs individuals within the overall homeless population. HSPCC also reports the number of chronically homeless individuals, defined as single adults with a disabling condition that have been homeless for one year or more. This number fell slightly between 2006 and 2007 to 1,760 persons, but the number increased 17 percent between 2004 and 2007.

While it is a valuable indicator of the level of homelessness in the city, the HSPCC estimate is only a single point-in-time count of the number of

persons who were homeless on a specific day. Since people may move in and out of homelessness, the number of people who may have been homeless at any time during the year is likely to be three to five times higher than this estimate, according to experts.

15. The number of families applying for shelter in the District decreased in 2006 for the second year in a row but was still much higher than in 2000. (Figure 35)

Families seeking shelter through city-funded services must apply at the District's central intake facility, the Virginia Williams Family Resource Center. The number of families applying for shelter captures not only families who are already homeless and living in nonpermanent housing (i.e., in a transitional shelter), but also those living in a crowded situation that puts them at future risk of homelessness. According to the Community Partnership for the Prevention of Homelessness (CPPH), the agency managing the central intake facility, the number of families applying for

emergency shelter decreased for the second year in a row. The number of families decreased 28 percent, from 2,936 families in 2005 to 2,114 families in 2006, although the number is still much higher than in 2000. Families applying for shelter in 2006 included an estimated 3,332 children, a 45 percent drop from 6,100 children in 2005. Of the children, 36 percent were 5 years old or younger.

Of the 2,114 families applying for shelter during 2006, 442 families were provided with emergency shelter apartments or alternative services through the central intake facility. Most families applying for shelter are precariously housed in overcrowded living situations. The Virginia Williams Family Resource Center works with many of these overcrowded families to help them find affordable housing and improve their current living situation. Many of these families find housing solutions that meet their needs better than emergency shelter. Some families are instead given assistance via homeless prevention programs such as the Community Care Grant and the rental assistance program. In 2006, 205 families were successfully placed in fair-market housing through the Community Care Grant, and another 652 persons in families received rental assistance from CPPH.

As of January 2007, however, 175 families still remained on the emergency shelter waiting list. (The number of families on the list frequently changes because families are constantly coming on and off the list based on the severity of their need for emergency shelter.) The 442 families served with emergency shelter in 2006 were deemed to have the greatest need of assistance and, for the most part, to have exhausted all other housing options, such as living with relatives.

Family attachment and support

This final section under the fifth goal describes the types of families children

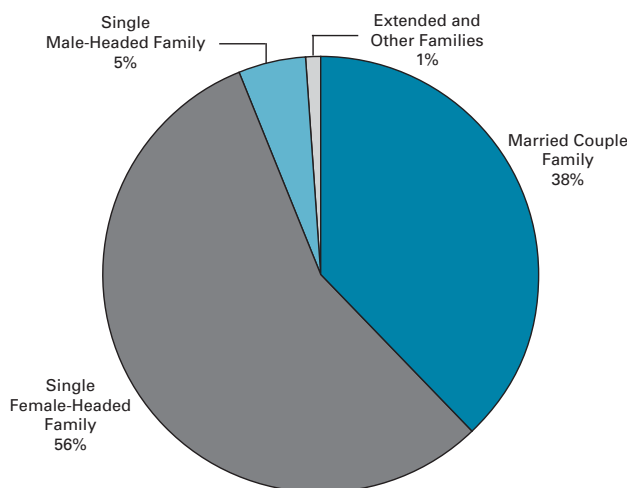
live in—that is, married couples, households headed by single women and men, or other nonfamilial situations such as foster care or institutionalized care. This is important to understand as households headed by single women tend to be poorer than other families on average. This section also describes instances where the courts or District agencies had to intervene to protect children from abuse or neglect and partners from domestic violence.

16. Over half of all children in the District continued to live in single-female-headed households. (Figure 36)

section VII, “A Few Words About the Data.”) This statistic includes children living with single mothers as well as those living in households headed by a female relative, such as a grandmother or aunt. Another 38 percent of children (± 3.6 percentage points) lived in married-couple families, and another 5 percent of all children (± 5.1 percentage points) lived in a family headed by a single male. The remaining 1 percent (± 5.6 percentage points) lived with nonrelatives, including foster care arrangements. The shares of children living in these family arrangements did not differ meaningfully from the estimates in 2006.

Figure 36

Share of Children Under Age 18 by Family Type 2007



Source: Current Population Survey, U.S. Census Bureau
2006 and 2007 data averaged together

Of the District’s 116,539 children under age 18, 56 percent (± 3.4 percentage points) lived in a family headed by a single woman in 2007 (an estimate based on the average of the 2006 and 2007 Current Population Surveys). (For a fuller explanation of why we average two years worth of estimates together, see

17. Half of all children living in households headed by single women in the District were poor in 2006.

Children living in households headed by a single woman are more likely to be poor than other family types. The Current Population Survey estimated

that 54 percent (± 3.5 percentage points) of children in single-female-headed households lived below the federal poverty level in 2006 (which is the 2005 and 2006 estimates averaged together). This was not statistically different from the 2005 estimate of 52 percent (± 3.4 percentage points), meaning the proportion of children living in poverty in these families has not measurably changed during the past two years.

Children living in married-couple families continue to have low poverty rates; 11 percent of children in these families (± 2.3 percentage points) lived in poverty in 2006. Again, these estimates are not statistically different from the previous period, meaning there has been no real change in the poverty rate for these types of families.

18. Half of all grandparents who lived with their grandchildren in the District were responsible for their grandchildren's care in 2006, and more than one-third of these grandfamilies were living below the federal poverty level.

The phenomenon of grandparents caring directly for their grandchildren has become so widespread that the term "grandfamily" has been coined to refer to this living arrangement. Urban Institute research based on the National Survey of America's Families suggests that grandparents take responsibility for their grandchildren most often through private arrangements within the family, but such arrangements can also come about when child welfare agencies intervene in cases of imminent or ongoing risk of child abuse and neglect.

According to the American Community Survey, 3.6 percent of all persons over 30 years old in the District, or 12,185 persons, were grandparents living with their grandchildren in 2006. Of these grandparents, 50 percent, or 6,099 grandparents, were directly responsible

for caring for their grandchildren. This was higher than the national average of 40 percent. More than a third (41 percent) of District grandparents who were responsible for their grandchildren lived below the federal poverty level.

19. The number of children and youth in foster care decreased between 2005 and 2006. (Figure 37)

According to the D.C. Child and Family Services Agency (CFSA), there were 2,313 children and youth under the age of 22 in the District's foster care system at the end of fiscal year 2006, a decrease of 241 children and youth, or 9 percent, since the end of fiscal year 2005. The District's foster care population has been steadily decreasing since the end of fiscal year 2003, when 2,945 children and youth were in out-of-home placements.

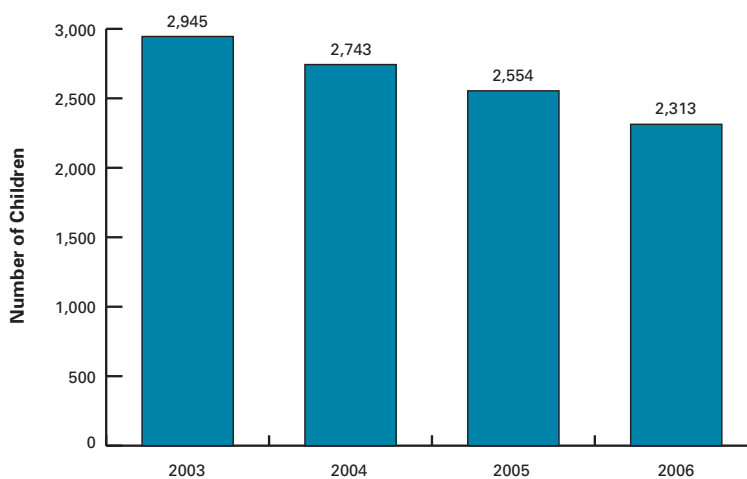
Children served by CFSA can be in two primary placement types: a family setting or a congregate care (group) setting. As of the end of fiscal year

2006, 74 percent of all children in foster care lived in a family setting and 20 percent were placed in a group or congregate setting. The remaining 7 percent of children were placed in "other" placement settings, including children and youth in abscondence, college/vocational settings, correction facilities, hospitals, respite care, and substance abuse treatment centers. Within family-based care, children and youth can be placed in either kinship care (with a family member who agrees and is licensed to care for the child) or with nonkinship or preadoptive foster parents. (This may include relatives who apply for adoption of the child.)

Congregate care placements include traditional and specialized group homes, independent living programs, and residential treatment centers. At the end of fiscal year 2006, 456 children were placed in congregate care facilities, including approximately 123 youth (30 percent) in traditional and specialized group homes. The percentage of youth in group homes has steadily increased since fiscal year

Figure 37

Number of Children and Youth in the Foster Care System in DC FY2003-FY2006

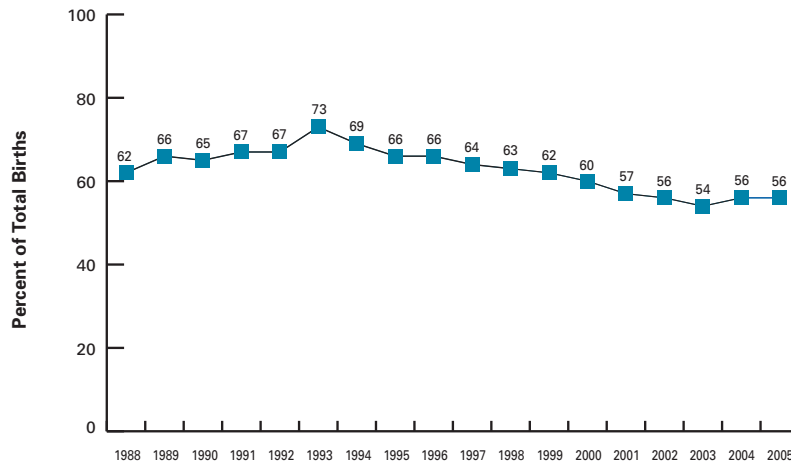


Source: DC Child and Family Services

Note: Ages of children and youth in the foster care system are from 0-22 years old.

Figure 38

**Percent of Births to Single Mothers in DC
1988-2005**



Source: D.C. Department of Health, State Center for Health Statistics Administration

2003, when 10 percent of youth in congregate care were placed in group homes. This may be related to the increasing number of older youth in the District's foster care population. At the end of fiscal year 2006, youth age 15 to 21 made up 43.6 percent of the total population.

20. The share of births to single mothers remained steady in 2005. (Figure 38)

For over a decade, the share of births to single mothers has decreased annually. However, according to vital statistics data from the D.C. State Center for Health Statistics, the share of births to single mothers was 56 percent in 2005, the same amount as in 2004, an increase from the 2003 share of 54 percent. Most 2005 births were to adult single mothers: 81 percent of all births to single mothers were to women age 20 years old or older. Single mothers' average age was 25 years old.

21. Teenage births remained low in 2005. (Figure 39)

Births to teenage mothers dropped slightly in 2005, continuing the

downward trend over the past decade. Mothers under the age of 20 accounted for just 11.0 percent of the District births, a small decrease from 11.2 percent in 2004. As reported last year, the average age of all District mothers remained high, at 28 years old for all women giving birth.

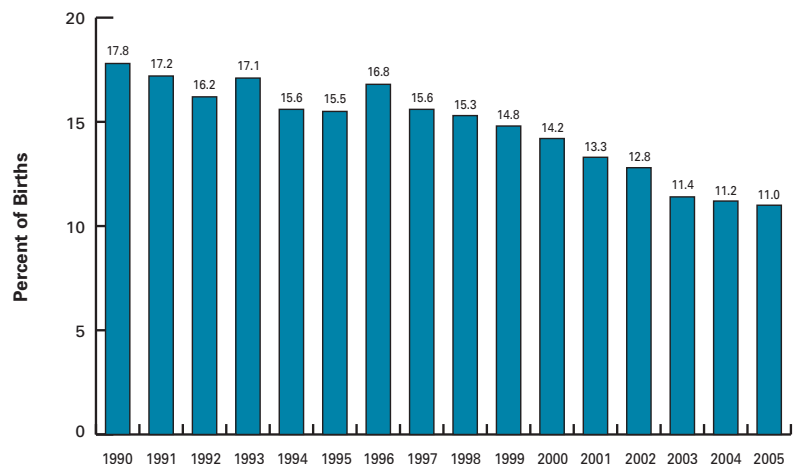
Nationally, teenage births also declined, but the National Center for Health Statistics noted a much slower pace than in previous years. The downward trend in births to teens has been attributed to population loss. Recent population estimates from the Census Bureau, however, note a slight growth in the population of women under age 20 from 2003 to 2005, almost a 3 percent rise. This slight growth may be the reason for slower paced drops in teen births locally and nationally.

22. The number of court cases filed for child abuse increased for the first time since 2003. Child neglect cases decreased sharply in 2006. (Figures 40 and 41)

In 2006, the number of child abuse cases filed in D.C. Superior Court increased 6 percent to 150 cases, up from 142 cases in 2005. This is the first time in three years that court-filed child abuse cases have increased. Cases filed for child neglect, however, decreased sharply from the previous year. The number of child neglect cases in 2006 was 502, a decrease of 37 percent (or 289 cases) from 2005.

Figure 39

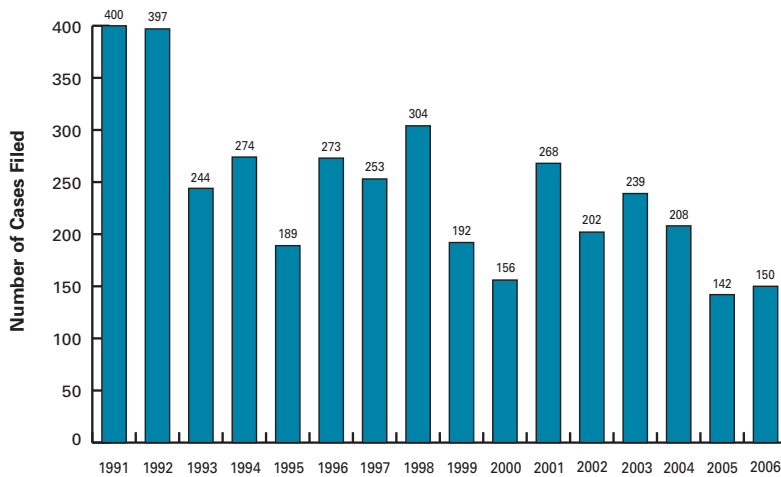
**Percent of Births to Mothers Under Age 20 in DC
1990-2005**



Source: D.C. Department of Health, State Center for Health Statistics Administration

Figure 40

Cases Filed for Child Abuse in DC 1991 - 2006



Source: District of Columbia Courts, 1991-2004 Annual Reports
2005 - 2006 data provided by the Research & Development Division, District of Columbia Courts

In addition to calls from the general public, any person or agency involved in the care and treatment of children under the age of 18 are considered “mandated reporters” when child abuse or neglect is suspected. (See section VII, “A Few Words About the Data” for further explanation.)

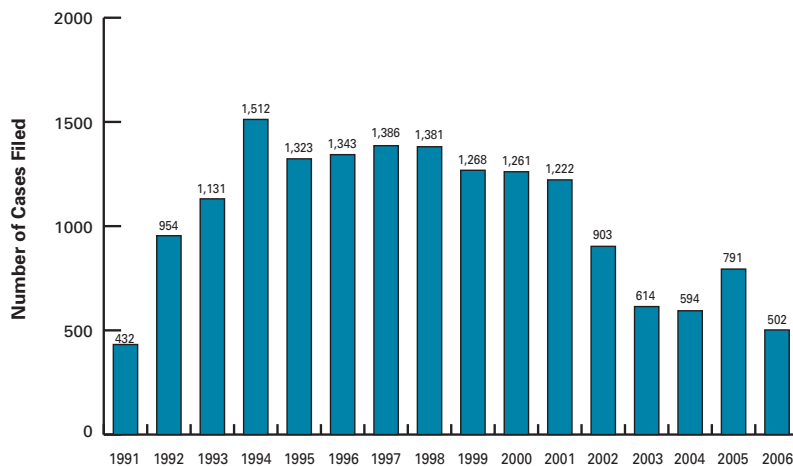
After receiving a hotline call, CFSA conducts an investigation to determine the nature, extent, and cause of child maltreatment and to assess the possible risk to a child if left in the current situation. When CFSA’s Child Protective Services conducts an investigation, they determine whether the report is “substantiated” or “unfounded.” Once that determination is made, the investigation is considered complete. A “substantiated” report means the investigation has determined that child abuse or neglect has occurred, leading CFSA to various actions and interventions, depending on the situation.

In fiscal year 2006, CFSA received 2,441 hotline calls alleging child physical or sexual abuse and 3,180 calls alleging neglect. These numbers exclude all calls or referrals related to child fatalities. The number of hotline calls alleging abuse decreased from 2005 by 2 percent (49 calls), while the number of calls alleging neglect increased 10 percent (289 calls) from 2005. Of these hotline calls, CFSA substantiated 427 cases of child physical abuse, 158 cases of child sexual abuse, and 1,128 cases of child neglect.

Comparing the number of hotline calls received alleging child abuse or neglect (5,621) to the number of substantiated investigations (1,713) of abuse and neglect, to the number of new child abuse and neglect cases filed in the D.C. Superior Court (652), it is clear that most alleged reports of child abuse or neglect do not culminate in court cases. According to CFSA, most abuse and neglect cases that reach D.C. Superior Court involve the

Figure 41

Cases Filed for Child Neglect in DC 1991 - 2006



Source: District of Columbia Courts, 1991-2004 Annual Reports
2005 - 2006 data provided by the Research & Development Division, District of Columbia Courts

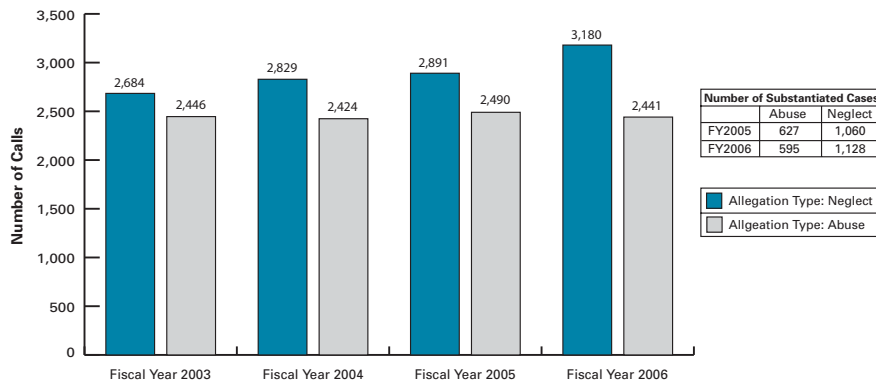
The number of child neglect cases in 2006 remains well below the numbers recorded earlier this decade.

23. In 2006, 2,441 hotline calls were received for suspected child physical or sexual abuse, and 3,180 calls were received for suspected child neglect. (Figure 42)

Court cases filed for child abuse and neglect represent only one part of a system designed to protect the safety and well-being of children in the District. The CFSA maintains a 24-hour hotline (202-671-SAFE) for reporting suspected child abuse or neglect. Anyone can call to report suspected cases of child abuse or neglect.

Figure 42

Hotline Calls Received for Suspected Child Abuse and Neglect Fiscal Years 2003 - 2006



Source: Child and Family Services Agency

*Notes: Abuse includes both sexual and physical abuse.

removal of a child from home and placement in foster care. In instances where CFSA assesses that children can remain safely in their own homes, the agency refers low- and moderate-risk cases to the Healthy Families/Thriving Communities Collaboratives or provides “in home services” to higher risk

cases. The HFTC Collaboratives’ Family Support workers and the CFSA social workers work closely with families of abused or neglected children to ensure the safety and wellbeing of children and to avert the additional trauma to the child of removal from the family.

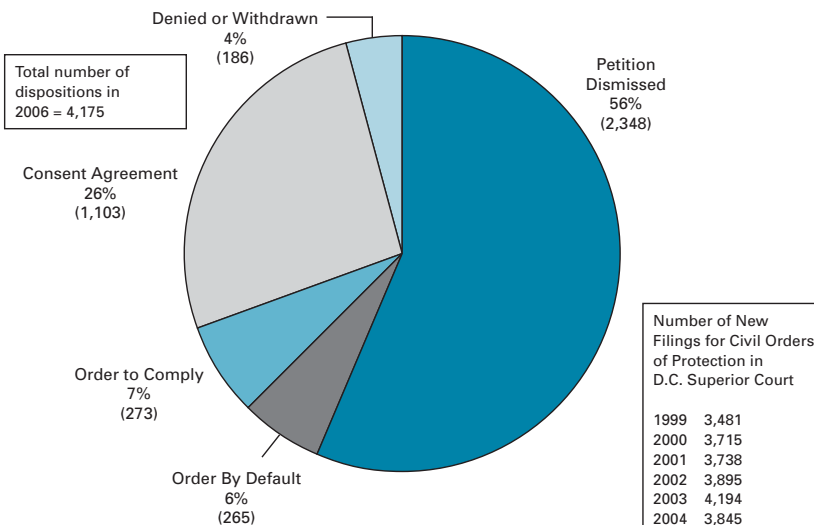
24. In 2006, the number of court filings for orders of protection against domestic violence increased for the first time in two years. The number of adjudicated protection cases decreased 5 percent from 2004. (Figure 43)

In 2006, 3,960 new requests for civil orders of protection against domestic violence were filed with the D.C. Superior Court, an increase of 212 filings, or 6 percent, from 2005. A majority of filings were for a temporary order of protection (88 percent) and virtually all of those (91 percent, or 2,988 filings) were granted by the court.

In 2006, 4,175 cases for protection against domestic violence were adjudicated by a judge, a decrease of 370 cases (or 8 percent) from 2005. (Adjudicated cases include those filed in the current year as well as cases filed in prior years.) The proportion of dismissals increased 8 percentage points from 2005 to 57 percent of all adjudicated cases in 2006. Orders by default and orders to comply decreased in 2006 to 6 and 7 percent, respectively, of adjudicated cases. Orders of consent agreement increased to 26 percent of adjudicated cases in 2006. Orders that were denied by the judge or withdrawn by the parties decreased slightly to 4 percent in 2006, down from 6 percent of adjudicated cases in 2005.

Figure 43

Disposition of Civil Orders of Protection Against Domestic Violence D.C. Superior Court 2006



Source: D.C. Superior Court, Domestic Violence Unit

All Youth Make a Successful Transition to Adulthood

In response to the sixth goal for children and youth, the Fact Book now examines indicators related to young adults age 20 to 24 to try to measure how well they have made the transition to adulthood. Specifically, we include indicators for the most commonly diagnosed sexually transmitted diseases, AIDS diagnoses, foster care, and causes of death.

1. Chlamydia cases fell in 2006, reversing an upward trend, and the number of gonorrhea cases in 2006 was the lowest among young adults since 1999. (Figure 44)

2. The number of new AIDS cases for young adults age 20 to 24 remained fairly steady compared with 2005. (Figure 45)

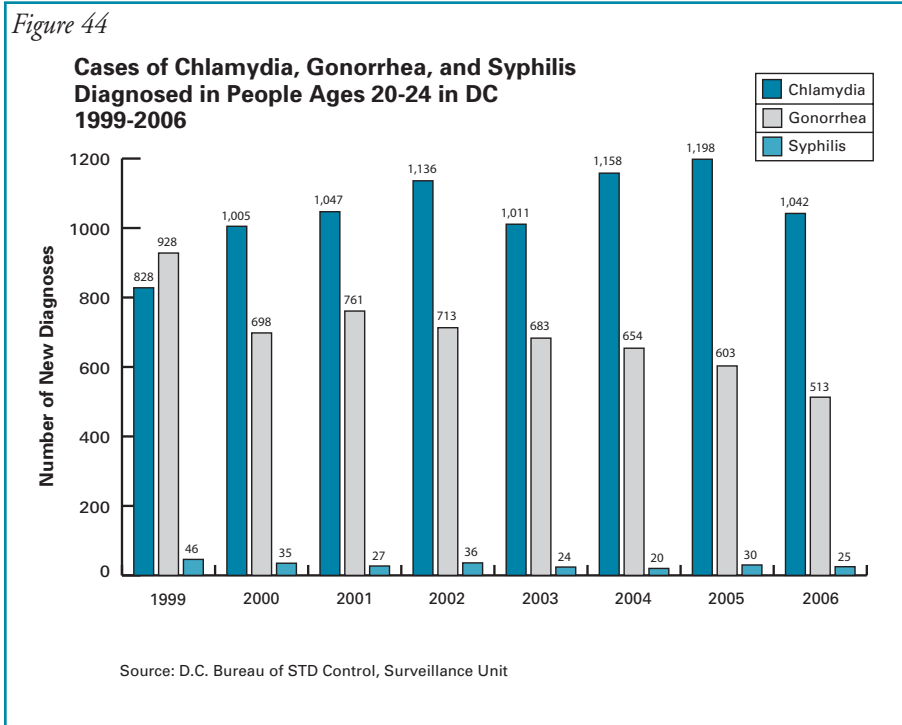
According to the Centers for Disease Control and Prevention (CDC), since

2004, half the national population of new AIDS infections diagnosed every year is people under the age of 25. In the District, according to the D.C. Administration for HIV Policy and Programs, 32 new AIDS cases were diagnosed for young adults in 2006, continuing a steady trend of about 33 new cases diagnosed each year since 2003. While this was a 6 percent decrease from last year, it was a 78 percent increase over the low levels of 1999.

In addition to its efforts to promote HIV/AIDS awareness and prevention among District youth, the D.C. Department of Health's Administration for HIV Policy and Programs has targeted programming for District young adults in its three-year initiative, the *District of Columbia 2007–2010 Youth and HIV Prevention Initiative*.

3. Young adults age 19 to 21 accounted for 12 percent of the foster care population in 2006.

The D.C. CFSA is unique in that it allows young adults up to the age of 21 to remain in the foster care system.

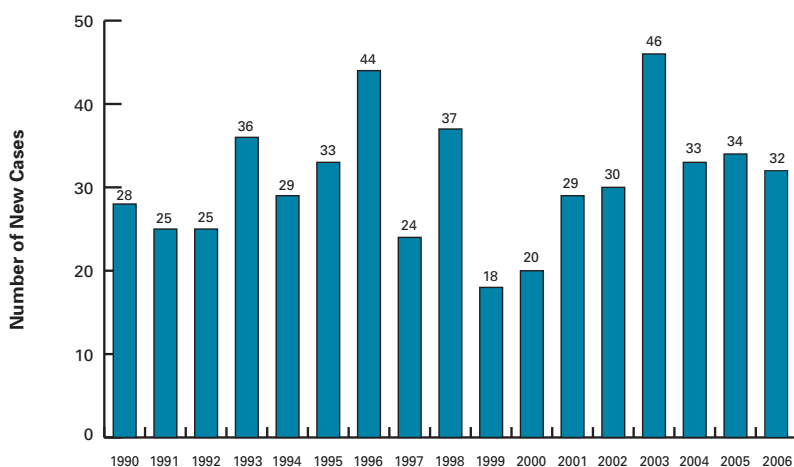


A total of 1,580 cases of chlamydia, gonorrhea, and syphilis were reported among young adults age 20 to 24 in the District in 2006. This 2006 total number is a decrease of 14 percent from the total number in 2005, driven by falling numbers of diagnosed cases for all three diseases.

The number of diagnosed cases of chlamydia had been steadily increasing since 1999; the number of diagnoses, however, dropped by 13 percent between 2005 and 2006. The number of gonorrhea cases decreased by 15 percent between 2005 and 2006 and by 45 percent between 1999 and 2006, resulting in the smallest number diagnosed since 1999. While the scale is smaller, the number of syphilis cases for young adults decreased by 17 percent between 2005 and 2006.

Figure 45

AIDS Cases Diagnosed Among People 20-24 Years Old in DC 1990-2006



Source: Government of the District of Columbia, Department of Health, Administration for HIV Policy and Programs, Bureau of Surveillance and Epidemiology; HARS database, 9/2006.
*Data revised from 2006 Kids Count Fact Book

CFSA is committed to preparing young adults who may have grown up in the foster care system for life on their own. The agency provides training programs and independent living programs designed to teach necessary life skills. Further, CFSA provides tuition assistance for those students interested in attending college. Temporary allowance may also be provided to help with the transition from being a student to life as a working adult.

At the end of fiscal year 2006, 272 young adults age 19 to 21 were cared for in the CFSA population. While the number of young adults in foster care has decreased slightly since 2005 (275), the share of young adults in the foster care system has risen in recent years. Between 2003 and 2006, the share of young adults in foster care rose from 8 to 12 percent.

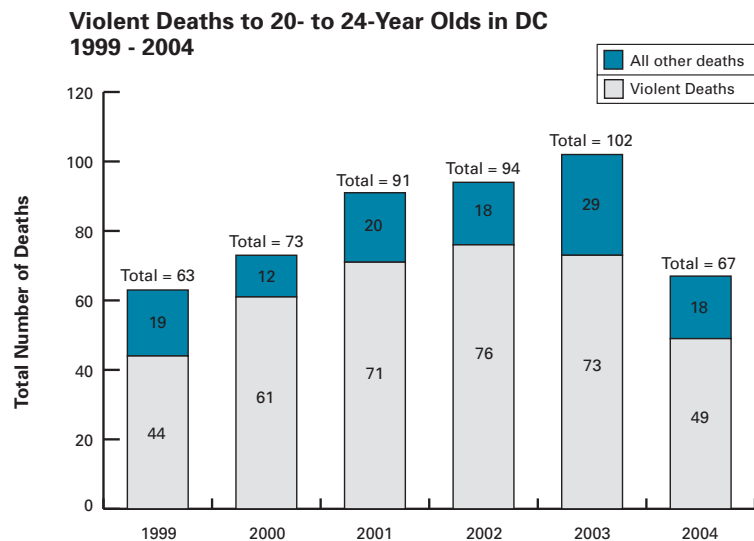
4. The number of deaths to young adults age 20 to 24 dropped by one-third in 2004. Homicide remained the leading cause of death for young adults in the District. (Figure 46)

(Note that the information reported here is identical to the narrative in last year's Fact Book since updated data from the D.C. Department of Health, State Center for Health Statistics were not available for this report.)

In 2004, there were 67 deaths to young adults age 20 to 24 in the District, a 34 percent decrease from 102 deaths in 2003. The D.C. State Center for Health Statistics reported that deaths to young adults averaged 150 deaths a year between 1990 and 1995, with a peak of 170 deaths in 1995. As the decade progressed, young adult deaths declined by more than half to 63 deaths in 1999. After 1999, however, the trend reversed and deaths to young adults rose again. By 2003 the number totaled 102, still less than a decade previous but the highest

total in recent years. The decrease in 2004 represents a welcome change from this upward trend. Most of the 2004 deaths to young adults in the District were males and most were violent (i.e., homicides, accidents, or suicides). Between 1999 and 2004, nearly 90 percent of the deaths to young adults were male victims and 76 percent were violent. In 2004, 73 percent of all deaths to young adults were violent deaths; more than half (55 percent) were the result of an assault.

Figure 46



Source: D.C. Department of Health, State Center for Health Statistics Administration



SELECTED INDICATORS BY WARD AND RACE/ETHNICITY

In this section, we compare the District's eight wards with the city as a whole and with each other on various measures of child wellbeing. We also compare these selected indicators by race and ethnicity. The indicators shown here are among the few for which we could obtain usable data at the ward level for those where racial data were collected.

There are two tables plus a map. The map on this page shows the locations of each of the eight wards as of 2002. The tables present statistics on certain indicators—both numbers of children affected and rates, usually in terms of percentages—for the city as a whole and for each ward or each racial/ethnic group.

Comparing the Wards

The table on page 55 compares the city total to the eight wards. The first three rows are general demographic indicators (estimated population, children under 18, and live births). The rest are indicators of children's health and wellbeing and those receiving public assistance.

To compare the health indicator data, please note the following pattern for many of the indicators (using total number of births to single mothers as an example):

- ◆ First we list the total number of births to single mothers: 4,448 in the entire city, 561 in Ward 1.
- ◆ Second, the percentage of all live births in the city or ward that were to single mothers: 56 percent of all

LOCATIONS OF WARDS IN THE DISTRICT OF COLUMBIA



births in the city were to single mothers, as were 52 percent of those in Ward 1.

- ◆ Third, the percent of all single births in the city or ward that occurred in that location: 100 percent occurred in the city as a whole, and 13 percent of them occurred in Ward 1.

Indicators by Race and Hispanic Ethnicity

The table on page 56 shows how each race/ethnicity groups ranks among the others. The indicators are formed in the same way as the ward table. In many areas, the racial/ethnic gap is stark compared to the ward divisions, while in others it is more modest.



TABLE 5

Comparing District Wards on Indicators of Child Health, Mortality and Child Welfare Reciprocity Washington, D.C.

	District of Columbia	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Total Population, 2000	572,059	72,978	69,351	73,804	74,939	71,504	68,038	70,545	70,900
% of Total Population	100%	13%	12%	13%	13%	12%	12%	12%	12%
Children Under 18, 2000	114,332	13,029	5,445	8,725	15,332	15,272	11,739	19,425	25,364
% of Population that is under 18	20%	18%	8%	12%	20%	21%	17%	28%	36%
% of City's Child Population	100%	11%	5%	8%	13%	13%	10%	17%	22%
Babies Born Alive, 2005	7,940	1,070	594	780	1,254	908	867	1,088	1,379
% of Live Births in City	100%	13%	7%	10%	16%	11%	11%	14%	17%
Health and Mortality Indicators									
Births to Single Mothers, 2005	4,448	561	174	42	651	612	395	909	1,106
% of Live Births	56%	52%	29%	5%	52%	67%	45%	84%	80%
% of Births to Single Mothers in City	100%	13%	4%	1%	15%	14%	9%	20%	25%
Births to Teen Mothers (Under 20), 2005	875	106	23	2	111	115	81	197	240
% of Live Births	11%	10%	4%	0%	9%	13%	9%	18%	17%
% of Teen Births in City	100%	12%	3%	0%	13%	13%	9%	23%	27%
Births to Child Mothers (Under 18), 2005	350	34	11	2	45	41	26	91	100
% of Live Births	4%	3%	2%	0%	4%	5%	3%	8%	7%
% of Child Births in City	100%	10%	3%	0%	13%	12%	7%	26%	29%
Percent of Births with Adequate Care, 2005	4,405	572	406	654	707	427	556	471	612
% of Live Births	64%	62%	73%	85%	65%	57%	72%	52%	53%
% of Child Births in City	100%	13%	9%	15%	16%	10%	13%	11%	14%
Low Birthweight Babies (Under 5.5 Pounds), 2005	880	91	52	58	135	122	98	153	171
% of Live Births	11%	9%	9%	7%	11%	13%	11%	14%	12%
% of Low Birthweight Births in City	100%	10%	6%	7%	15%	14%	11%	17%	19%
Infant Deaths (Under 1 Year), 2004	94	13	4	1	10	14	18	17	14
Rate (per 1,000 Live Births)	11.8	12.1	6.4	1.5	8.8	15.0	20.6	16.9	9.5
% of Infant Deaths in the City	100%	14%	4%	1%	11%	15%	19%	18%	15%
Deaths to Children and Youth, 2004	78	1	1	1	5	9	16	19	26
% of Child and Youth Deaths in the City	100%	1%	1%	1%	6%	12%	20%	24%	33%
Deaths to Teens (15-19), 2004	48	1	0	0	4	8	6	12	17
% of Teen Deaths in the City	100%	2%	0%	0%	8%	17%	13%	25%	35%
Teen Murders, 2004	37	1	0	0	3	4	5	9	15
% of Teen Murders in the City	100%	3%	0%	0%	8%	11%	14%	24%	41%
Welfare Indicators (June 2007)									
Total Number of Children Eligible for TANF	28,212	1,950	2,144	20	2,178	3,789	3,772	6,306	8,053
% of Children Receiving TANF	100%	7%	8%	0%	8%	13%	13%	22%	29%
Total Number of Children Receiving Food Stamps	36,740	2,730	2,897	36	3,097	4,846	4,782	8,240	10,112
% of Children Receiving Food Stamps	100%	7%	8%	0%	8%	13%	13%	22%	28%
Children Who Applied and Were Eligible for Medicaid/SCHIP	69,700	6,838	10,613	267	7,674	8,492	7,500	13,002	15,304
% of Children Receiving Medicaid/SCHIP	100%	10%	15%	0%	11%	12%	11%	19%	22%

Sources: U.S. Census Bureau, 2000; District of Columbia State Center for Health Statistics, 2005; D.C. Department of Human Services, IMA; NeighborhoodInfo DC, Urban Institute

Note: Due to lack of geographical data columns may not add to the total.

TABLE 6

Comparing Racial and Ethnic Groups on Indicators of Child Health, Mortality and Child Welfare Reciprocity Washington, D.C.

	Total	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic* Other	Unknown
Total Population, 2006	581,530	184,255	321,922	47,774	27,579	-
% of Total Population	100%	32%	55%	8%	5%	-
Children Under 18, 2006	114,881	18,118	81,321	11,072	4,370	-
% of Population that is under 18	20%	10%	25%	23%	16%	-
% of City's Child Population	100%	16%	71%	10%	4%	-
Babies Born Alive, 2005	7940	2,014	4,554	1,132	220	20
% of Live Births in City	100%	25%	58%	14%	3%	0%
Health and Mortality Indicators						
Births to Single Mothers, 2005	4448	110	3527	766	30	15
% of Live Births to Race/Ethnicity Group	56%	5%	77%	68%	14%	75%
% of Births to Single Mothers in City	100%	2%	79%	17%	1%	0%
Births to Teen Mothers (Under 20), 2005	875	5	734	134	1	1
% of Live Births to Race/Ethnicity Group	11%	0%	16%	12%	0%	5%
% of Teen Births in City	100%	1%	84%	15%	0%	0%
Births to Child Mothers (Under 18), 2005	350	3	300	47	0	0
% of Live Births to Race/Ethnicity Group	4%	0%	7%	4%	0%	0%
% of Child Births in City	100%	1%	86%	13%	0%	0%
Births with Adequate Care, 2005	4405	1721	2003	536	139	6
% of Live Births to Race/Ethnicity Group	64%	86%	54%	54%	72%	30%
% of Child Births in City	100%	39%	45%	12%	3%	0%
Low Birthweight Babies (Under 5.5 Pounds), 2005	880	142	638	81	16	3
% of Live Births to Race/Ethnicity Group	11%	7%	14%	7%	7%	15%
% of Low Birthweight Births in City	100%	16%	73%	9%	2%	0%
Infant Deaths (Under 1 Year), 2004	94	11	75	4	2	2
Rate (per 1,000 Live Births)	11.8	5.6	16.1	3.9	7.4	125.0
% of Infant Deaths in the City	100%	12%	80%	4%	2%	2%
Deaths to Children and Youth, 2004	78	2	75	1	0	0
% of Child and Youth Deaths in the City	100%	3%	96%	1%	0%	0%
Deaths to Teens(15-19), 2004	48	0	48	0	0	0
% of Teen Deaths in the City	100%	0%	100%	0%	0%	0%
Teen Murders, 2004	37	0	37	0	0	0
% of Teen Murders in the City	100%	0%	100%	0%	0%	0%
Welfare Indicators (June 2007)**						
Total Number of Children Eligible for TANF	28,212	45	27,382	737	48	40
% of Children Receiving TANF	100%	0%	97%	3%	0%	0%
Total Number of Children Receiving Food Stamps	36,740	81	35,133	1,442	84	102
% of Children Receiving Food Stamps	100%	0%	96%	4%	0%	0%

Sources: U.S. Census Bureau Population Estimates, 2006; District of Columbia State Center for Health Statistics, 2005; Department of Human Services, IMA; NeighborhoodInfo DC, Urban Institute
 *The non-Hispanic other category includes multiple races.

**The racial categories for the welfare indicators are white, black, Hispanic, other, and unknown. They are not explicitly ethnically-exclusive (i.e. non-Hispanic white, non-Hispanic black, etc.) as for the other indicators. Racial breakdowns were calculated by applying proportions obtained from July 2007 TANF and Food Stamp client data to June 2007 totals; racial breakdowns were not available for Medicaid recipients.





SELECTED INDICATORS OF CHILD WELL-BEING BY NEIGHBORHOOD CLUSTER

In this section, we present five maps and data tables on selected indicators of child well-being at the neighborhood level. The maps are infant mortality rate, percent of low-weight births, deaths among children age 1- to 19-years old, percent of births to mothers under the age of 20, and the percent change in births. Maps 1 and 3 (infant mortality rate and deaths among children age 1- to 19-years old) are identical to the maps in last year's Fact Book since updated neighborhood-level data from the D.C. Department of Health, State Center for Health Statistics were not available for this report.

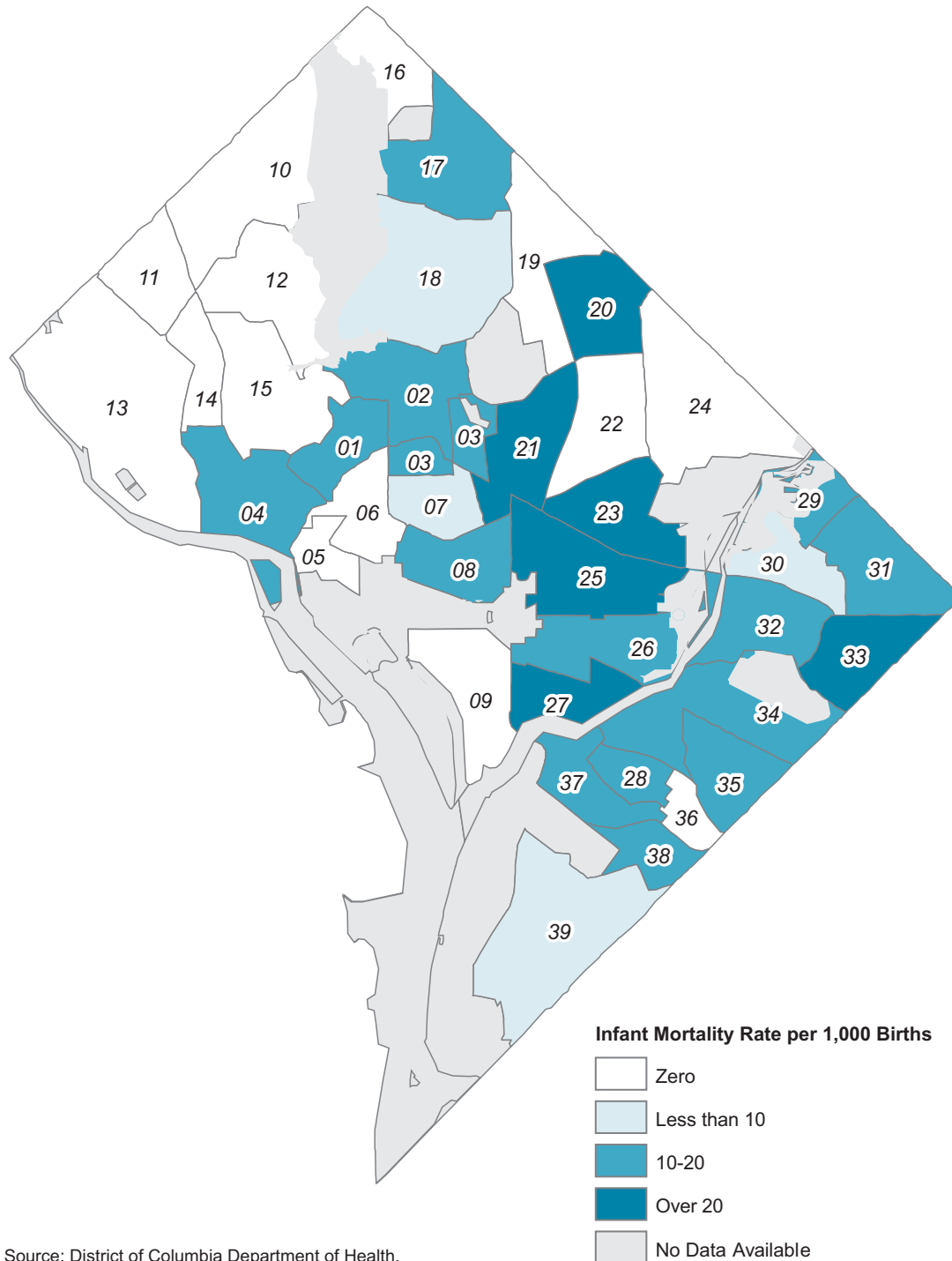
The neighborhood-level data reported here are based on 39 neighborhood clusters into which the District has been divided by the D.C. Office of Planning. The Mayor's office developed and released 39 Strategic Neighborhood Action Plans (SNAPs) based on these cluster designations. The following tables list these clusters and the three to five neighborhoods they encompass. The report, tables, and maps refer to clusters by number and neighborhood names. Since not all neighborhoods clusters follow census tract boundaries, the report and maps use groupings of census blocks and tracts defined by the Office of Planning to approximate official cluster areas.

The cluster-level data in this section provide an opportunity for members of the community to review the situation of children in their own neighborhoods.

Each cluster is identified with a number on the maps. These cluster numbers can be used in connection with the table accompanying each map. The table shows the ward in which the cluster is located, the cluster number, and the names of the individual neighborhoods contained in each cluster. (Cluster boundaries sometimes overlap ward boundaries, and in such cases the ward containing the largest part of the cluster is given as its location.)

With these clearly marked and shaded maps, along with the detailed data charts accompanying each, readers will be able to identify where in the city specific problems exist and determine what level of each problem exists in their own neighborhood. Equipped with this information, we hope that they will be in a position to act and advocate more

MAP 1
Infant Mortality Rate by Neighborhood Cluster
Washington, D.C.
2004

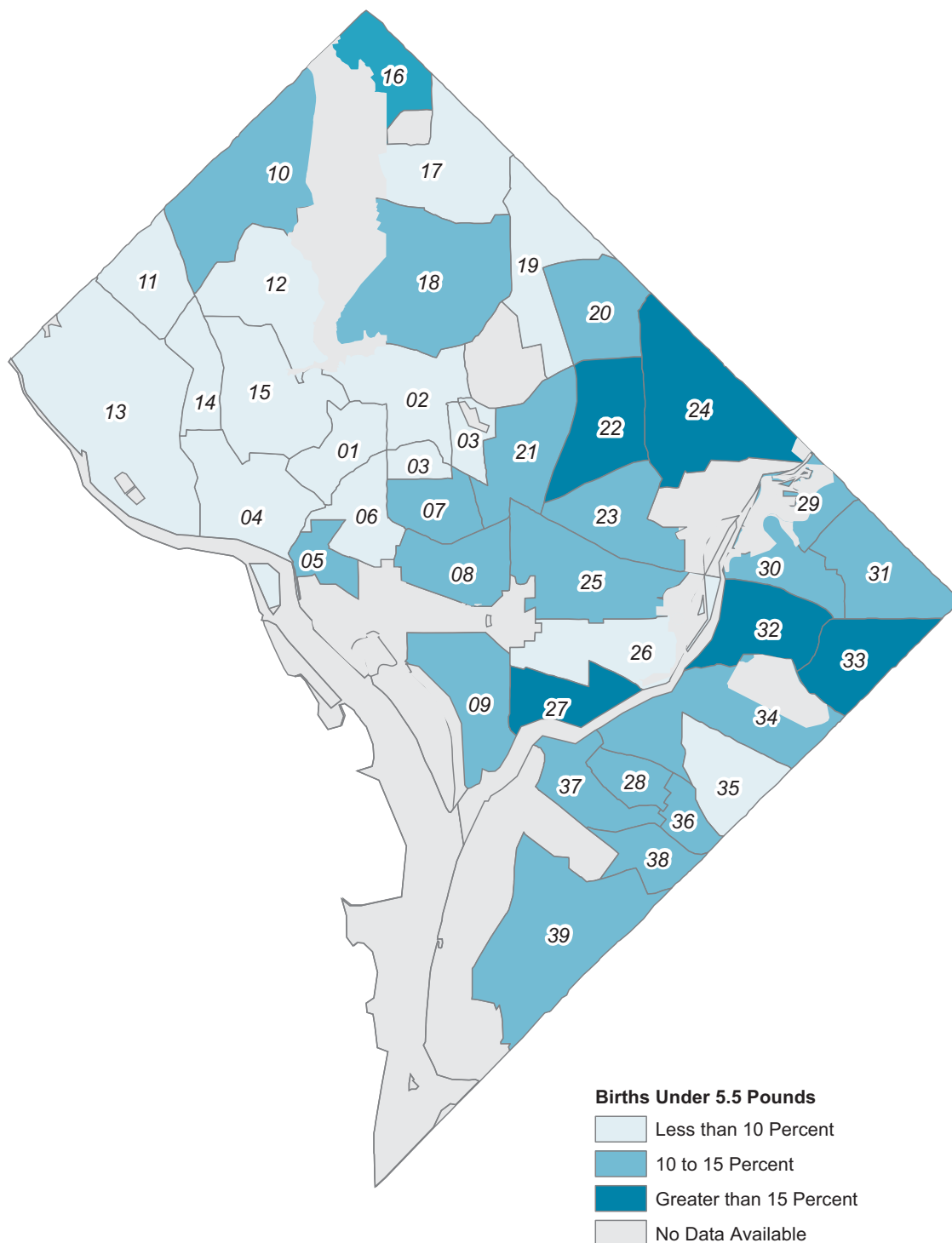


Source: District of Columbia Department of Health,
 State Center for Health Statistics Administration, 2005

Ward	Neighborhood Cluster Number	Neighborhood Cluster Name	2004 Infant Mortality Rate (per 1,000 Live Births)
1	01	Kalorama Heights, Adams Morgan, Lanier Heights	11
1	02	Mt. Pleasant, Columbia Heights, Park View	13
1	03	Howard University, Ledroit Park, Cardozo/Shaw	10
2	04	Georgetown, Burleith/Hillandale	11
2	05	West End, Foggy Bottom, GWU	0
2	06	Dupont Circle, Connecticut Ave., K St.	0
2	07	Logan Circle, Shaw	7
2	08	Downtown, Chinatown, Penn Quarters, Mt. Vernon Square, North Capitol St.	16
6	09	Southwest Employment Area, Waterfront, Fort McNair, Buzzard Point	0
4	10	Hawthorne, Barnaby Woods, Chevy Chase	0
3	11	Friendship Heights, Tenleytown, American University Park	0
3	12	North Cleveland Park, Forest Hills, Van Ness	0
3	13	Springs Valley, Palisades, Wesley Heights, Foxhall Crescent, Foxhall Village, Georgetown Reservoir	0
3	14	Cathedral Heights, McLean Gardens, Glover Park	0
3	15	Cleveland Park, Woodley Park, Massachusetts Heights, Normanstone Terrace	0
4	16	Colonial Village, Shepard Park, North Portal Estates	0
4	17	Takoma, Brightwood, Manor Park	14
4	18	Brightwood Park, Crestwood, Petworth	9
4	19	Lamond Riggs, Fort Totten, Queens Chapel, Pleasant Hill	0
5	20	North Michigan Park, Michigan Park, University Heights	24
5	21	Edgewood, Bloomingdale, Truxton Circle, Eckington	23
5	22	Brookland, Brentwood, Langdon	0
5	23	Ivy City, Arboretum, Trinidad, Carver Langston	24
5	24	Woodridge, Fort Lincoln, Gateway	0
6	25	Union Station, Stanton Park, Kingman Park	21
6	26	Capitol Hill, Lincoln Park	20
6	27	Near Southeast, Navy Yard	55
8	28	Historic Anacostia	16
7	29	Eastland Gardens, Kenilworth	19
7	30	Mayfair, Hillbrook, Mahanings Heights	9
7	31	Deanwood, Burrville, Grant Park, Lincoln Heights, Fairmont Heights	14
7	32	River Terrace, Benning, Greenway, Dupont Park	20
7	33	Capitol View, Marshall Heights, Benning Heights	24
7	34	Twining, Fairlawn, Randle Highlands, Penn Branch, Fort Davis Park	10
7	35	Fairfax Village, Naylor Gardens, Hillcrest, Summit Park	12
8	36	Woodland/Fort Stanton, Knox Hill, Garfield Heights	0
8	37	Sheridan, Barry Farms, Buena Vista	20
8	38	Douglass, Shipley Terrace	10
8	39	Congress Heights, Bellevue, Washington Highlands	7

Source: District of Columbia Department of Health, State Center for Health Statistics Administration, 2004

MAP 2 **Percent of Low-Weight Births by Neighborhood Cluster** **Washington, D.C.** **2005**

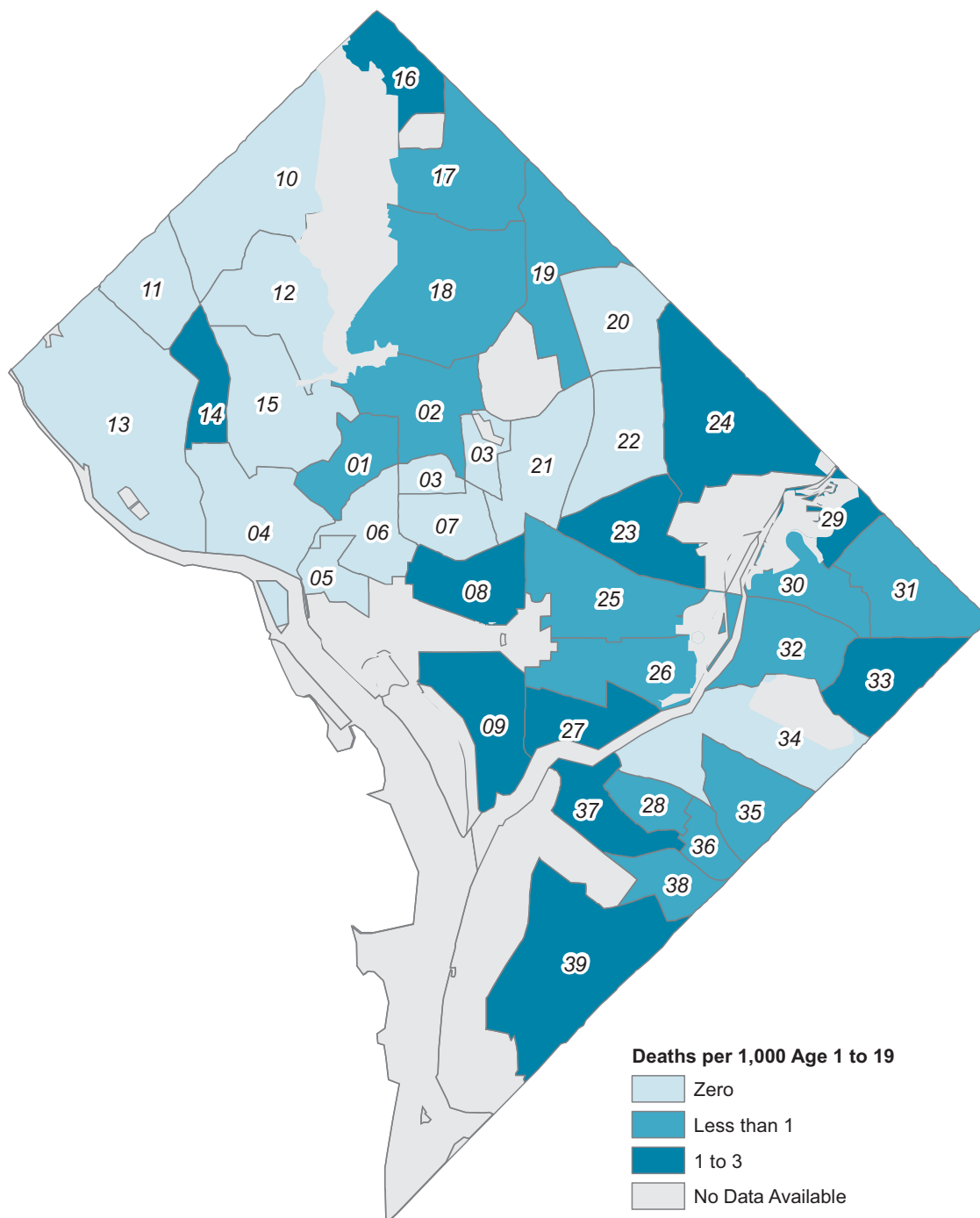


Source: District of Columbia Department of Health,
 State Center for Health Statistics Administration, 2005

Ward	Neighborhood Cluster Number	Neighborhood Cluster Name	2005		
			Total Number of Births	Number of Low-Weight Births	Percent of Low-Weight Births
1	01	Kalorama Heights, Adams Morgan, Lanier Hights	153	11	7.2%
1	02	Mt. Pleasant, Columbia Heights, Park View	825	73	8.8%
1	03	Howard University, Ledroit Park, Cardozo/Shaw	111	7	6.3%
2	04	Georgetown, Burleith/Hillandale	183	10	5.5%
2	05	West End, Foggy Bottom, GWU	27	4	13.1%
2	06	Dupont Circle, Connecticut Ave., K St.	108	10	9.7%
2	07	Logan Circle, Shaw	287	30	10.5%
2	08	Downtown, Chinatown, Penn Quarters, Mt.Vernon Square, North Capitol St.	128	19	14.8%
6	09	Southwest Employment Area, Waterfront, Fort McNair, Buzzard Point	111	14	12.6%
4	10	Hawthorne, Barnaby Woods, Chevy Chase	180	20	11.1%
3	11	Friendship Heights, Tenleytown, American University Park	169	11	6.5%
3	12	North Cleveland Park, Forest Hills, Van Ness	134	13	9.7%
3	13	Springs Valley, Palisades, Wesley Heights, Foxhall Crescent, Foxhall Village, Georgetown Reservoir	182	15	8.2%
3	14	Cathedral Heights, McLean Gardens, Glover Park	94	5	5.3%
3	15	Cleveland Park, Woodley Park, Massachusetts Heights, Normanstone Terrace	109	6	5.5%
4	16	Colonial Village, Shepherd Park, North Portal Estates	44	8	18.2%
4	17	Takoma, Brightwood, Manor Park	326	31	9.5%
4	18	Brightwood Park, Crestwood, Petworth	708	75	10.6%
4	19	Lamond Riggs, Fort Totten, Queens Chapel, Pleasant Hill	133	13	9.8%
5	20	North Michigan Park, Michigan Park, University Heights	74	11	14.9%
5	21	Edgewood, Bloomingdale, Truxton Circle, Eckington	252	27	10.7%
5	22	Brookland, Brentwood, Langdon	127	22	17.3%
5	23	Ivy City, Arboretum, Trinidad, Carver Langston	235	32	13.6%
5	24	Woodridge, Fort Lincoln, Gateway	125	22	17.6%
6	25	Union Station, Stanton Park, Kingman Park	413	42	10.2%
6	26	Capitol Hill, Lincoln Park	203	18	8.9%
6	27	Near Southeast, Navy Yard	52	9	17.3%
8	28	Historic Anacostia	175	25	14.3%
7	29	Eastland Gardens, Kenilworth	47	7	14.9%
7	30	Mayfair, Hillbrook, Mahaning Heights	106	15	14.2%
7	31	Deanwood, Burrville, Grant Park, Lincoln Heights, Fairmont Heights	229	32	14.0%
7	32	River Terrace, Benning, Greenway, Dupont Park	213	33	15.5%
7	33	Capitol View, Marshall Heights, Benning Heights	249	38	15.3%
7	34	Twining, Fairlawn, Randle Highlands, Penn Branch, Fort Davis Park	199	24	12.1%
7	35	Fairfax Village, Naylor Gardens, Hillcrest, Summit Park	90	9	10.0%
8	36	Woodland/Fort Stanton, Knox Hill, Garfield Heights	47	5	10.6%
8	37	Sheridan, Barry Farms, Buena Vista	198	23	11.6%
8	38	Douglass, Shipley Terrace	167	21	12.6%
8	39	Congress Heights, Bellevue, Washington Highlands	604	78	12.9%

Source: District of Columbia Department of Health State Center For Health Statistics Administration, 2005.

MAP 3 **Mortality Rates for 1- to 19-Year Olds by Neighborhood Cluster** **Washington, D.C.** **2004**

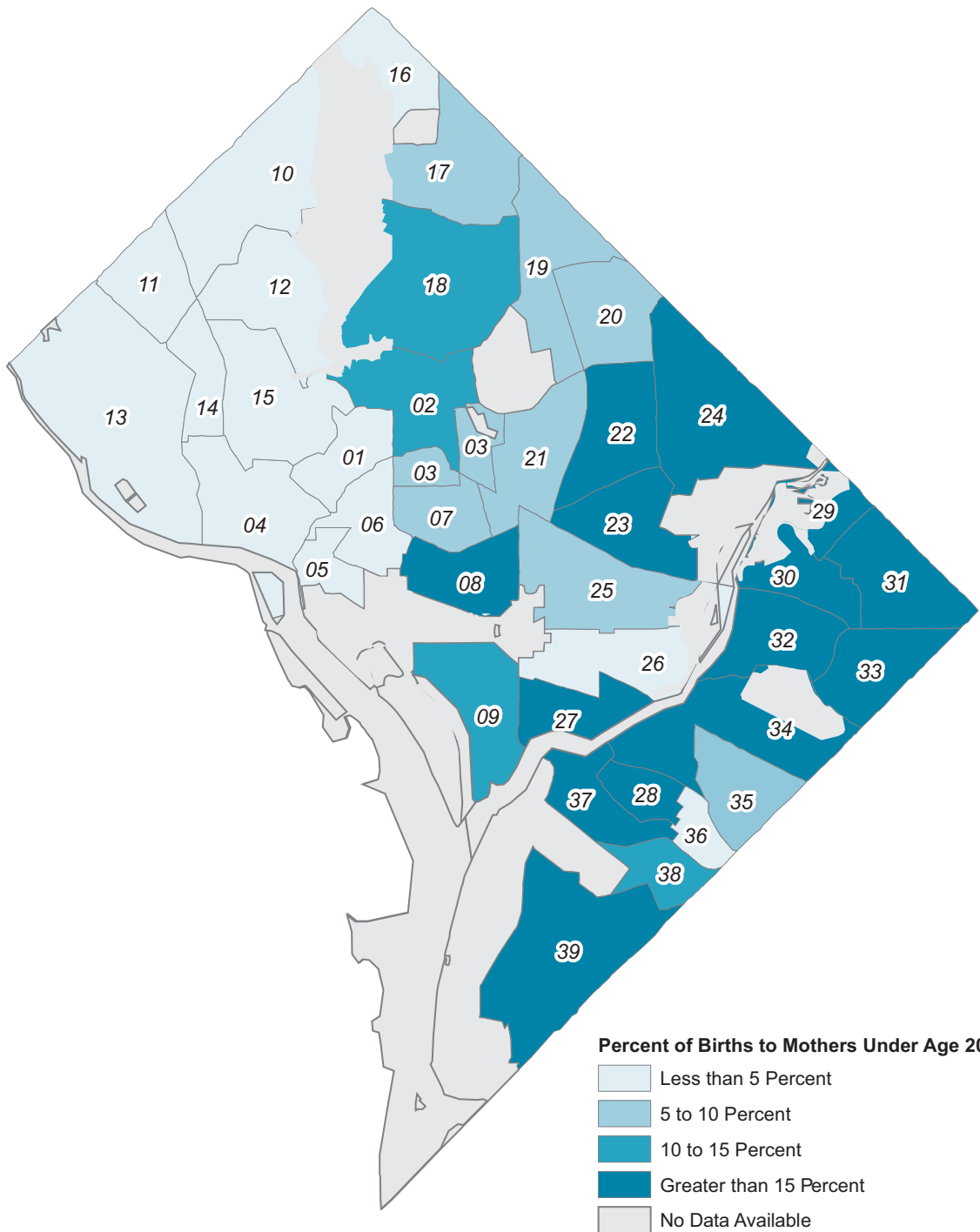


Sources: District of Columbia Department of Health,
State Center for Health Statistics Administration,
2005 and Bureau of the Census, 2000

Ward	Neighborhood Cluster Number	Neighborhood Cluster Name	2004 Death Rate Age 1 to 19 (per 1,000)
1	01	Kalorama Heights, Adams Morgan, Lanier Hights	0.5
1	02	Mt. Pleasant, Columbia Heights, Park View	0.1
1	03	Howard University, Ledroit Park, Cardozo/Shaw	0.0
2	04	Georgetown, Burleith/Hillandale	0.0
2	05	West End, Foggy Bottom, GWU	0.0
2	06	Dupont Circle, Connecticut Ave., K St.	0.0
2	07	Logan Circle, Shaw	0.0
2	08	Downtown, Chinatown, Penn Quarters, Mt.Vernon Square, North Capitol St.	1.5
6	09	Southwest Employment Area, Waterfront, Fort McNair, Buzzard Point	2.0
4	10	Hawthorne, Barnaby Woods, Chevy Chase	0.0
3	11	Friendship Heights, Tenleytown, American University Park	0.0
3	12	North Cleveland Park, Forest Hills, Van Ness	0.0
3	13	Springs Valley, Palisades, Wesley Heights, Foxhall Crescent, Foxhall Village, Georgetown Reservoir	0.0
3	14	Cathedral Heights, McLean Gardens, Glover Park	1.1
3	15	Cleveland Park, Woodley Park, Massachusetts Heights, Normanstone Terrace	0.0
4	16	Colonial Village, Shepard Park, North Portal Estates	1.3
4	17	Takoma, Brightwood, Manor Park	0.3
4	18	Brightwood Park, Crestwood, Petworth	0.3
4	19	Lamond Riggs, Fort Totten, Queens Chapel, Pleasant Hill	0.4
5	20	North Michigan Park, Michigan Park, University Heights	0.0
5	21	Edgewood, Bloomingdale, Truxton Circle, Eckington	0.0
5	22	Brookland, Brentwood, Langdon	0.0
5	23	Ivy City, Arboretum, Trinidad, Carver Langston	1.0
5	24	Woodridge, Fort Lincoln, Gateway	1.7
6	25	Union Station, Stanton Park, Kingman Park	0.9
6	26	Capitol Hill, Lincoln Park	0.8
6	27	Near Southeast, Navy Yard	2.4
8	28	Historic Anacostia	0.5
7	29	Eastland Gardens, Kenilworth	2.0
7	30	Mayfair, Hillbrook, Mahaning Heights	0.5
7	31	Deanwood, Burrville, Grant Park, Lincoln Heights, Fairmont Heights	0.7
7	32	River Terrace, Benning, Greenway, Dupont Park	0.8
7	33	Capitol View, Marshall Heights, Benning Heights	1.4
7	34	Twining, Fairlawn, Randle Highlands, Penn Branch, Fort Davis Park	0.0
7	35	Fairfax Village, Naylor Gardens, Hillcrest, Summit Park	0.5
8	36	Woodland/Fort Stanton, Knox Hill, Garfield Heights	0.8
8	37	Sheridan, Barry Farms, Buena Vista	1.8
8	38	Douglass, Shipley Terrace	0.2
8	39	Congress Heights, Bellevue, Washington Highlands	1.3

Sources: District of Columbia Department of Health, State Center for Health Statistics Administration, 2004
U.S. Bureau of the Census, 2000

MAP 4
Percent of Births to Mothers Under Age 20 by Neighborhood Cluster
Washington, D.C.
2005

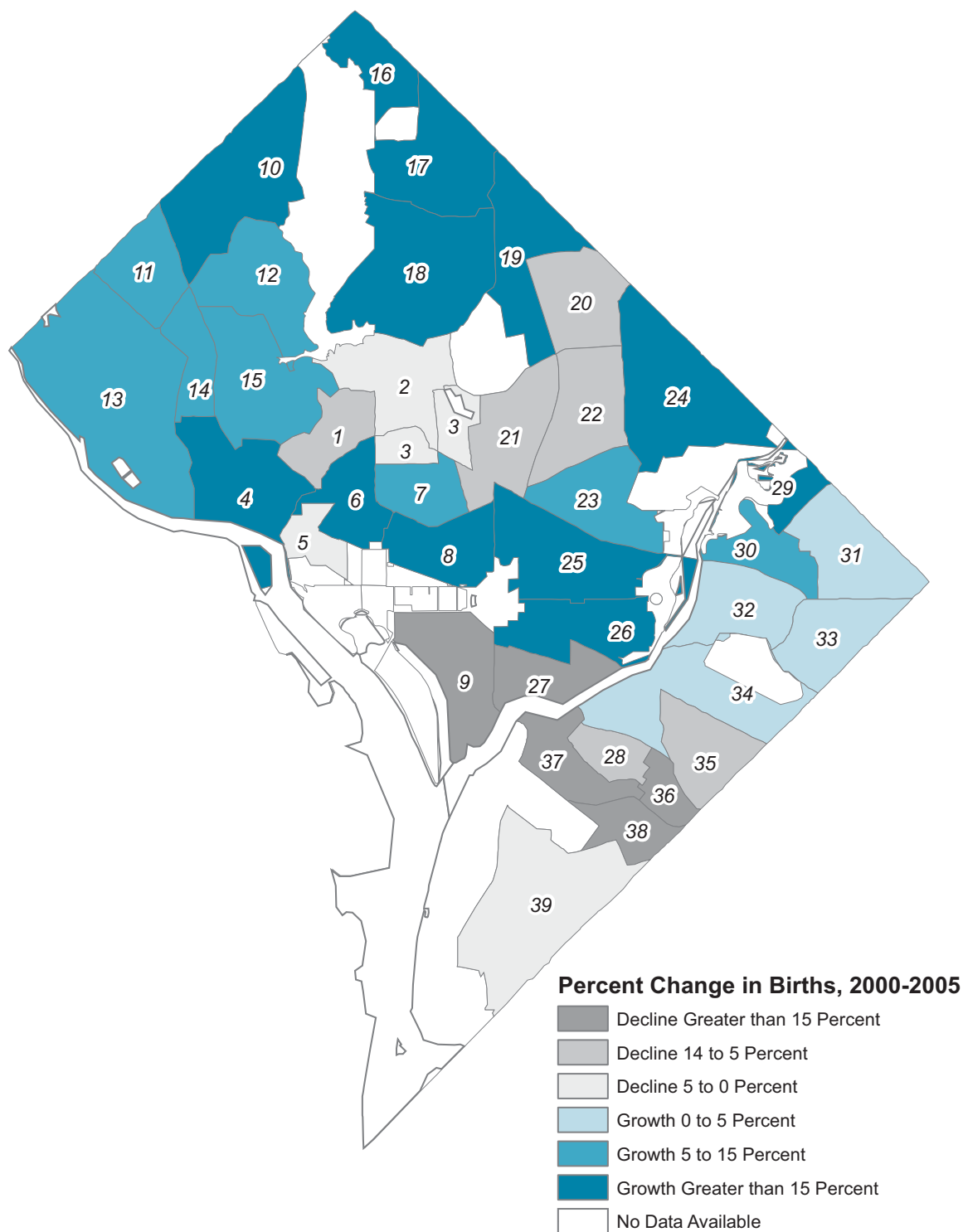


Source: District of Columbia Department of Health,
 State Center for Health Statistics Administration, 2005

Ward	Neighborhood Cluster Number	Neighborhood Cluster Name	2005		
			Total Number of Births	Number of Births to Teen Mothers (Under 20 Years Old)	Percent of Births to Teen Mothers (Under 20)
1	01	Kalorama Heights, Adams Morgan, Lanier Heights	153	5	3.3%
1	02	Mt. Pleasant, Columbia Heights, Park View	825	93	11.3%
1	03	Howard University, Ledroit Park, Cardozo/Shaw	111	9	8.1%
2	04	Georgetown, Burleith/Hillandale	183	0	0.0%
2	05	West End, Foggy Bottom, GWU	27	1	4.8%
2	06	Dupont Circle, Connecticut Ave., K St.	108	1	0.6%
2	07	Logan Circle, Shaw	287	19	6.6%
2	08	Downtown, Chinatown, Penn Quarters, Mt.Vernon Square, North Capitol St.	128	21	16.4%
6	09	Southwest Employment Area, Waterfront, Fort McNair, Buzzard Point	111	15	13.5%
4	10	Hawthorne, Barnaby Woods, Chevy Chase	180	1	0.6%
3	11	Friendship Heights, Tenleytown, American University Park	169	0	0.0%
3	12	North Cleveland Park, Forest Hills, Van Ness	134	0	0.0%
3	13	Springs Valley, Palisades, Wesley Heights, Foxhall Crescent, Foxhall Village, Georgetown Reservoir	182	1	0.5%
3	14	Cathedral Heights, McLean Gardens, Glover Park	94	0	0.0%
3	15	Cleveland Park, Woodley Park, Massachusetts Heights, Normanstone Terrace	109	0	0.0%
4	16	Colonial Village, Shepherd Park, North Portal Estates	44	2	4.5%
4	17	Takoma, Brightwood, Manor Park	326	25	7.7%
4	18	Brightwood Park, Crestwood, Petworth	708	83	11.7%
4	19	Lamond Riggs, Fort Totten, Queens Chapel, Pleasant Hill	133	8	6.0%
5	20	North Michigan Park, Michigan Park, University Heights	74	7	9.5%
5	21	Edgewood, Bloomingdale, Truxton Circle, Eckington	252	24	9.6%
5	22	Brookland, Brentwood, Langdon	127	22	17.5%
5	23	Ivy City, Arboretum, Trinidad, Carver Langston	235	36	15.3%
5	24	Woodridge, Fort Lincoln, Gateway	125	19	15.2%
6	25	Union Station, Stanton Park, Kingman Park	413	30	7.3%
6	26	Capitol Hill, Lincoln Park	203	8	3.9%
6	27	Near Southeast, Navy Yard	52	11	21.2%
8	28	Historic Anacostia	175	33	18.9%
7	29	Eastland Gardens, Kenilworth	47	10	21.3%
7	30	Mayfair, Hillbrook, Mahanings Heights	106	20	18.9%
7	31	Deanwood, Burrville, Grant Park, Lincoln Heights, Fairmont Heights	229	41	17.9%
7	32	River Terrace, Benning, Greenway, Dupont Park	213	35	16.4%
7	33	Capitol View, Marshall Heights, Benning Heights	249	56	22.7%
7	34	Twining, Fairlawn, Randle Highlands, Penn Branch, Fort Davis Park	199	45	22.7%
7	35	Fairfax Village, Naylor Gardens, Hillcrest, Summit Park	90	5	5.6%
8	36	Woodland/Fort Stanton, Knox Hill, Garfield Heights	47	2	4.3%
8	37	Sheridan, Barry Farms, Buena Vista	198	48	24.2%
8	38	Douglass, Shipley Terrace	167	23	13.8%
8	39	Congress Heights, Bellevue, Washington Highlands	604	109	18.1%

Source: District of Columbia Department of Health State Center For Health Statistics Administration, 2005.

MAP 5 **Percent Change in Births from 2000 to 2005 by Neighborhood Cluster** **Washington, D.C.**



Source: District of Columbia Department of Health,
State Center for Health Statistics Administration, 2005

Ward	Neighborhood Cluster Number	Neighborhood Cluster Name	Total Births in 2000	Total Births in 2005	Change in Percent
			Number	Number	2000-05
1	01	Kalorama Heights, Adams Morgan, Lanier Heights	169	153	-9.5%
1	02	Mt. Pleasant, Columbia Heights, Park View	860	825	-4.1%
1	03	Howard University, Ledroit Park, Cardozo/Shaw	115	111	-3.6%
2	04	Georgetown, Burleith/Hillandale	156	183	17.3%
2	05	West End, Foggy Bottom, GWU	28	27	-1.7%
2	06	Dupont Circle, Connecticut Ave., K St.	88	108	22.1%
2	07	Logan Circle, Shaw	270	287	6.3%
2	08	Downtown, Chinatown, Penn Quarters, Mt.Vernon Square, North Capitol St.	103	128	24.3%
6	09	Southwest Employment Area, Waterfront, Fort McNair, Buzzard Point	133	111	-16.5%
4	10	Hawthorne, Barnaby Woods, Chevy Chase	153	180	17.6%
3	11	Friendship Heights, Tenleytown, American University Park	156	169	8.3%
3	12	North Cleveland Park, Forest Hills, Van Ness	121	134	10.8%
3	13	Springs Valley, Palisades, Wesley Heights, Foxhall Crescent, Foxhall Village, Georgetown Reservoir	167	182	9.0%
3	14	Cathedral Heights, McLean Gardens, Glover Park	89	94	5.6%
3	15	Cleveland Park, Woodley Park, Massachusetts Heights, Normanstone Terrace	98	109	11.1%
4	16	Colonial Village, Shepherd Park, North Portal Estates	31	44	41.9%
4	17	Takoma, Brightwood, Manor Park	244	326	33.6%
4	18	Brightwood Park, Crestwood, Petworth	574	708	23.3%
4	19	Lamond Riggs, Fort Totten, Queens Chapel, Pleasant Hill	105	133	26.7%
5	20	North Michigan Park, Michigan Park, University Heights	81	74	-8.6%
5	21	Edgewood, Bloomingdale, Truxton Circle, Eckington	279	252	-9.7%
5	22	Brookland, Brentwood, Langdon	140	127	-9.3%
5	23	Ivy City, Arboretum, Trinidad, Carver Langston	222	235	5.9%
5	24	Woodridge, Fort Lincoln, Gateway	108	125	15.7%
6	25	Union Station, Stanton Park, Kingman Park	358	413	15.4%
6	26	Capitol Hill, Lincoln Park	160	203	26.9%
6	27	Near Southeast, Navy Yard	70	52	-25.7%
8	28	Historic Anacostia	194	175	-9.8%
7	29	Eastland Gardens, Kenilworth	37	47	27.0%
7	30	Mayfair, Hillbrook, Mahaning Heights	99	106	6.8%
7	31	Deanwood, Burrville, Grant Park, Lincoln Heights, Fairmont Heights	223	229	2.8%
7	32	River Terrace, Benning, Greenway, Dupont Park	208	213	2.4%
7	33	Capitol View, Marshall Heights, Benning Heights	238	249	4.6%
7	34	Twining, Fairlawn, Randle Highlands, Penn Branch, Fort Davis Park	198	199	0.5%
7	35	Fairfax Village, Naylor Gardens, Hillcrest, Summit Park	100	90	-10.0%
8	36	Woodland/Fort Stanton, Knox Hill, Garfield Heights	56	47	-16.1%
8	37	Sheridan, Barry Farms, Buena Vista	243	198	-18.5%
8	38	Douglass, Shipley Terrace	210	167	-20.5%
8	39	Congress Heights, Bellevue, Washington Highlands	626	604	-3.5%

Source: District of Columbia Department of Health State Center for Health Statistics Administration, 2000 and 2005

A FEW WORDS ABOUT THE DATA

Data Definitions and Sources

(in alphabetical order)

We attempted to define our indicators clearly and adequately in the Fact Book and to indicate data sources in the text and in all figures and tables. However, some data sources may need more description, and certain limitations to the data may need to be discussed. Therefore, in this section we provide additional information on definitions, sources, and data limitations for a number of the indicators presented. The D.C. KIDS COUNT Fact Book strives to report the most recent data available. For some indicators, like those on the District's economy and the TANF, Food Stamp, and Medicaid programs, the data published are from 2007. Some health data, such as common sexually transmitted diseases and vaccinations, are from 2006.

Vital statistics data (which include all indicators pertaining to births and deaths) are collected by the D.C. Department of Health, State Center for Health Statistics Administration. All indicators pertaining to births are current as of 2005. All indicators pertaining to deaths, with the exception of the District-wide infant mortality rate, are current only as of 2004 because the most current 2005 data were not released in time for this report. Vital statistics are reported with a longer delay than other sources because birth and death records must be collected on all District residents, regardless of where they were at the time of the birth or death. These data must be gathered through an interstate network and are not available until the second year following their collection.

Wherever possible, we provide ward-level statistics for data reported (see sections V and VI). Data not presented in this man-

ner are generally not available for subareas of the city, such as wards or neighborhoods.

Births to All D.C. Mothers

How Defined: Birth records are part of the vital statistics system and are collected for all District residents, even if the mother gives birth in another jurisdiction.

Source: D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2005.

Births to Single Mothers

How Defined: The annual number and percentage of births to mothers who did not report themselves as married when registering for the birth.

Source: D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2005.

Births to Teenage Mothers

How Defined: The annual number and percentage of births to mothers under 20 years old.

Source: D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2005.

Further Information: Note that mothers who are 18 or 19 years old, included in this indicator, are legally adults.

Births with Adequate Prenatal Care

How Defined: The annual number and percentage of infants born to mothers who received adequate, intermediate, or inadequate care, as defined by the Kessner criteria, shown in the adjoining table.

Source: Department of Health, State Center for Health Statistics Administration. Kessner criteria for individual births were calculated by the Urban Institute. Data are current as of 2005.

Limitations: Reporting of prenatal care is voluntary, usually at the mother's discretion, and while many hospitals link doctor's office visit records with self-reported data, the level of reporting varies widely from year to year. In 2005, prenatal care levels could be determined for 87 percent of all births to mothers living in the District.

Child Abuse and Neglect Cases

How Defined: The annual number of new cases filed with the D.C. Superior Court alleging child abuse or neglect.

Source: Research and Development Division, District of Columbia Courts. Data are current as of 2006.

Limitations: All cases of child abuse or neglect do not make it to court; the majority of court cases involve the removal of a child from a home. Many more cases of suspected child abuse or neglect are monitored and resolved by the Child and Family Services Agency (CFSA) without resorting to formal legal proceedings. Both measures rely on persons reporting possible abuse or neglect to an official agency, and therefore likely understate the extent of the problem. These indicators serve better as measures of the change in the incidence of abuse and neglect over time, rather than as measures of the exact magnitude of the problem in a particular year.

D.C. Public School (DCPS, PCS, & BOE) Enrollment

How Defined: The number of children enrolled as of the official audited count conducted by the Office of the State Superintendent of Education (OSSE).

Source: OSSE. Data are current as of the 2006-07 school year.

Limitations: OSSE conducted the first student audit in October 2001. Thus, data on student enrollment from school years prior to 2001-02 are from the Kids Count archives.

Foster Care

How Defined: The number of children and young adults under the supervision of the D.C. Child and Family Services Agency.

Source: D.C. Children and Family Services Agency. Data are from the 2006 fiscal year (October 1, 2005-September 30, 2006).

Limitations: These figures are the total number of children and young adults served by CFSA during the entire fiscal year. This includes persons placed in temporary care, which will often last less than the full year.

Free and Reduced Price Lunch

How Defined: The percent of students eligible for free and reduced priced lunch is based on the numbers reported by the LEAs to the Office of the State Superintendent of Education (OSSE) on the November claim for reimbursement. OSSE insures that the LEAs receive the federal funds for the National School Lunch program. The LEA reports the eligibility numbers after they take their fall enrollment count of students and eligible student for free or reduced price lunch. DCPS is one LEA, while each individual public charter school is its own LEA.

Source: Office of the State Superintendent of Education. Data are current as of 2006-07 school year.

Limitations: According to OSSE, the percent of students eligible for free and reduced price lunch fluctuates during the school year because of changes in a family's income and the fluctuations in student enrollment. These percentages only represent the free and reduced priced eligibility at one specific time during the 2006-07 school year (November 2006).

Hotline Calls for Abuse and Neglect

How Defined: The number of calls received to the D.C. CFSA 24-hour hotline reporting suspected child abuse (sexual and physical abuse) or neglect.

Source: D.C. Children and Family Services Agency. Data are from the 2006 fiscal year (October 1, 2005-September 30, 2006).

Further Information: Anyone can call the CFSA hotline (202-671-SAFE) if they wish to report a suspected case of child abuse or neglect. DC Code 16-2301(9)(23) defines child abuse or neglect as "the intentional, physical or mental injury, sexual abuse, negligent treatment, or maltreatment of any child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate the child's health or welfare is harmed or threatened." Anyone involved in the care and treatment of children under 18 is considered a "mandated reporter" of suspected child abuse and neglect. Mandated reporters include chiropractors, counselors, day care workers, dentists, law enforcement officers, licensed nurses, medical examiners, mental health professionals, physicians, psychologists, registered nurses, school officials, social workers, and teachers.

Homeless Children and Families

How Defined: Data are a yearly point in time snapshot of the literally homeless and those in permanently supported housing (or the formerly homeless). The literally homeless are those who are on the streets, in emergency shelters temporarily, in transitional supportive housing, and in precarious housing at imminent risk of loss and are looking into shelters. The formerly homeless are people who live in permanent supportive housing but who, because of extreme poverty or serious mental or physical disabilities, would be at risk of becoming homeless again without this housing. In the past, we have reported the number of literally homeless and the number of formerly homeless (permanently-supported homeless) together as the total homeless population, but starting with this year's Fact Book, we make the distinction between these two populations.

The Homeless Services Planning and Coordinating Committee (HSPCC) of the Metropolitan Washington Council of Governments has produced a regional report of homelessness every year since 2001. For the District, The Community Partnership performs the actual count of the number of homeless, and similarly, each neighboring jurisdiction does their own count.

The Community Partnership for the Prevention of Homelessness (CPPH), the agency managing the District's central intake facility, the Virginia Williams Family Resource Center, reports the total number of families that applied for emergency shelter each year.

Source: The Homeless Services Planning and Coordinating Committee of the Metropolitan Washington Council of Governments and the Community Partnership for the Prevention of Homelessness. The snapshot data of the literally and formerly homeless are as current as of January 2007. The number of families applying for shelter is as current as 2006.

Limitations: The count of the number of persons who were literally homeless or permanently-support homeless is an estimate from a single point-in-time on a specific day. Since people may move in and out of homelessness, the number of persons who may have been homeless at any time during the year is likely to be three to five times higher than this estimate, according to experts.

Infant Mortality Rate

How Defined: The number of deaths to infants under age 1 per 1,000 live births. Note that this is not a percentage.

Source: D.C. Department of Health, State Center for Health Statistics Administration. City-wide data are current as of 2005; however, 2005 neighborhood-level data were not available for this report.

Juvenile Cases

How Defined: The annual number of new cases filed against juveniles (under age 18) in the D.C. Superior Court. The court classifies cases filed against juveniles in

seven categories: acts against persons, acts against property, acts against the public order, drug law violations, persons in need of supervisions, interstate compacts, and 67 other offenses. Drug law violations are included as part of the “acts against the public order” category.

Source: Data provided by Research and Development Division, District of Columbia Courts. Data are current as of 2006.

Low-Birth Weight Babies

How Defined: The annual number of babies weighing under 5.5 pounds (2,500 grams) at birth.

Source: D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2005.

If the total family income is less than the threshold amount, then every person in the family, including all children, is considered poor. Poverty thresholds are adjusted annually for changes in the cost of living as reflected in the Consumer Price Index (CPI-U). The poverty thresholds are the same for all parts of the country—they are not adjusted for regional, state, or local variations in the cost of living. (For a detailed discussion of the poverty definition, see U.S. Census Bureau, Current Population reports, “Poverty in the United States: 1999,” p. 60–210.)

Source: The U.S. Census Bureau, Current Population Survey (CPS).

Limitations: The federal poverty rate is one of the most widely used and recognized measures of economic security nationally and is therefore very useful in tracking the

Women (WOW) Self-Sufficiency Standard indicates that most families in the Washington, D.C., region must earn three to four times the federal poverty level to meet basic needs like housing, child care, health care, food, transportation and taxes.

The U.S. Census Bureau collects national poverty data every 10 years. To obtain poverty rates for years between decennial censuses, we use the U.S. Census Bureau’s Current Population Survey (CPS). Results from the CPS are not directly comparable to those from the decennial census, as in the past the CPS has often yielded considerably lower poverty estimates. This is mainly because the CPS is based on a smaller sample and less effort is made to reach respondents than in the decennial census. Poor people are generally harder to contact, and thus are more likely to be missed in the CPS.

However, the CPS expanded its sample in 2002 from 50,000 to 80,000 people to add more households with children. Furthermore, the CPS collects a greater amount and more detailed information on households, income, and employment, information important to the determination of poverty levels. For these reasons, the CPS has been considered the most reliable source of poverty estimates between decennial censuses.

Unlike most other data in this report, the CPS provides estimates based on a sample of the population, which introduces uncertainty from sampling error. To reduce the uncertainty we averaged two years worth of population estimates (which increases the sample size thus reducing potential inaccuracies), as well as performing statistical tests to determine whether differences between poverty rates from different years could be attributed to sampling error and therefore were not meaningful. We also report the confidence interval to indicate the precision of a particular CPS-derived estimate. Confidence intervals are shown as “ \pm (number of percentage points),” and they provide a range in which the true value most likely falls. For example, the CPS estimated poverty rate for children in the District in 2006 was 36.9 percent (± 2.4 percentage points). This means that the true poverty rate fell between 34.5 and 39.3 percent.



Poverty Rate

How Defined: The number of children living in families with incomes below the federal poverty level. The Social Security Administration (SSA) developed the original poverty definition in 1964, which federal interagency committees subsequently revised in 1969 and 1980.

Poverty status is based on a family’s total income with the poverty threshold appropriate for the family size and composition.

economic well-being of children and families over time. It should be noted, however, that many experts—including Mollie Orshansky, who developed poverty levels decades ago—believe them to be based on outdated concepts and far too low. For instance, in 2004, the poverty threshold for a single parent with one child under 18 was only \$13,020—slightly over \$1,000 per month—while the threshold for a two-parent, two-child family was \$19,157. In comparison, the recently revised Wider Opportunities for

All confidence intervals in this report were calculated at a 90-percent confidence level.

Sexually Transmitted Diseases

How Defined: The number of reported cases of Chlamydia, Gonorrhea, and Syphilis. The number of syphilis cases includes early (primary and secondary), latent (unknown), and congenital cases.

Source: D.C. Bureau of Sexually Transmitted Disease Control, Surveillance Unit. Data are current as of 2006.

Student Performance

How Defined: The percentage of public school students in grades 3 through 8 and grade 10 who performed at the proficient or advanced levels on the District of Columbia Comprehensive Assessment System (DCCAS) exam.

Sources: D.C. Public Schools, Academic Performance Database System; the D.C. Board of Education; and the D.C. Public Charter School Board. Data are current as of school year 2006–07.

Further information: The DCCAS replaced the Stanford-9, a national test that had been given each year to District public school students, in the spring of 2006. The No Child Left Behind (NCLB) Act requires states to categorize student performance according to four levels: below basic, basic, proficient, and advanced. The NCLB Act's Adequate Yearly Progress (AYP) requirements specify that all students in the state must be performing at the proficient or advanced levels no later than 12 years after the new standards have been put in place. (For more detail on AYP requirements, see: <http://www.ed.gov/nclb/accountability/schools/accountability.html>.) The student performance measures presented in the Fact Book are intended to track progress towards meeting the District's AYP goals.

TANF (Welfare), Food Stamp, and Medicaid Cases

How Defined: The number of children who were listed on the Temporary Assistance to Needy Families (TANF), Food Stamp, and Medicaid rolls as being eligible to receive benefits in a given time period (month and year).

Source: D.C. Department of Human Services, Income Maintenance Administration. Data are current as of June 2007.

Limitations: The data do not indicate the number of children who are eligible to receive benefits out of the entire District population, only among those children whose families have formally applied for benefits in each program.

Vaccination Rate

Sample: The CDC conducts surveys in each geography across the nation through

a quarterly random-digit dial sample. In 2006, the national response rate of the survey was 64.5 percent, with 21,055 people or 70.4 percent of the respondents matched to provider-reported vaccination records.

Source: Center for Disease Control, National Immunization Survey. Data are current as of 2006.

Violent Deaths

How Defined: The annual number of deaths from violent causes (accident, homicide, or suicide) to older teenagers (15 to 19) and young adults (20 to 24).

Source: D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2004. The most current 2005 data were not released in time for this report.





ACKNOWLEDGMENTS

Congratulations are extended to advocates of the District's Children, including individuals, families, neighborhoods, organizations and communities who have advocated for children and who have made the publication of this annual Fact Book possible.

We are particularly grateful to the following people and organizations, which contributed their efforts this year:

Peter Tatian, Jennifer Comey, Elizabeth Guernsey, and Betsy Chang of the Urban Institute, for their expert data collection, analysis, reporting, and dedication;

Grenetta Wells, Assistant Director of D.C. Children's Trust Fund and Project Director, D.C. KIDS COUNT Project, for her text contributions and for editing and managing the production of the Fact Book;

Kinaya C. Sokoya, Executive Director, D.C. Children's Trust Fund for the Prevention of Child Abuse for her skillful editing and contributions to the production of the Fact Book;

Alison Dixon of Image Prep Studio for the design and layout of the Fact Book;

Dr. Fern Johnson-Clarke, Chief, Research and Statistics Division, and Biva Chowdhury of the D.C. Department of Health, State Center for Health Statistics Administration; Mary Levy, Consultant to Parents United for the D.C. Public Schools; Dileep Rajan of the D.C. State

Education Office; Kim Beverly, Statistical Officer, Research and Development Division, District of Columbia Courts; Brian Campbell, D.C. Department of Human Services, Income Maintenance Administration; Darlene Mathews and Tom Frederickson from The Community Partnership for the Prevention of Homelessness; Paul Roddy, Director, Domestic Violence Unit, D.C. Superior Court; Nolana Woolfork and Titilola Jolaosho, Epidemiologists, D.C. Administration for HIV/AIDS, Epidemiology Division; Gonzalo Saenz of the D.C. Department of Health, Bureau of STD Control, Surveillance Unit; Peter Tatian, Senior Research Associate, The Urban Institute, NeighborhoodInfo DC; Ellen Yung-Fatah of the Early Care and Education Administration of the D.C. Department of Human Services; Sarah Latterner and Renee Evans of the Nutrition Services Department of the D.C. State Education Office; Jim Myerberg from D.C. Public Schools; Virginia Monteiro and Kate Gaughen of D.C. Child and Family Services Agency; Penelope Spain of Mentoring ToDAY for contributing the excellent data without which the Fact Book could not exist.

Members of the D.C. KIDS COUNT Collaborative for Children and Families for their continued support and assistance with dissemination of the Fact Book: Linda Wilson from the D.C. Child and Family Services Agency; Elva Anderson of Children's National



Medical Center; Susie Cambria, Deputy Director Public Policy, DC Action for Children; Dr. Fern Johnson-Clarke from D.C. Department of Health; Nicole Streeter, Legislative Council, Council President Vincent C. Gray; Cesar Watts of D.C. Learns; Nechama Masliansky, Director of Advocacy and Social Justice, So Other Might Eat; Latisha Atkins, Community Services Director, East River Family Strengthening Collaborative; Dr. Michael Williams, Washington Hospital Center; Audrey Fields, D.C. Public Library; Marc Clark, Health Operations HIV/AIDS Education Program, D.C. Public Schools; Ellen Yung-Fatah, Early Care and Education Administration, D.C. Department of Human Services; JoAnne Hurlston, Associate Director for Membership Services, D.C. Public Charter School Association; Janice Sullivan, Director, Metropolitan Police Department's Office of Youth Violence Prevention; Peter Tatian, Senior Research Associate, The Urban Institute, NeighborhoodInfo D.C.; and Jennifer Comey, The Urban Institute.



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