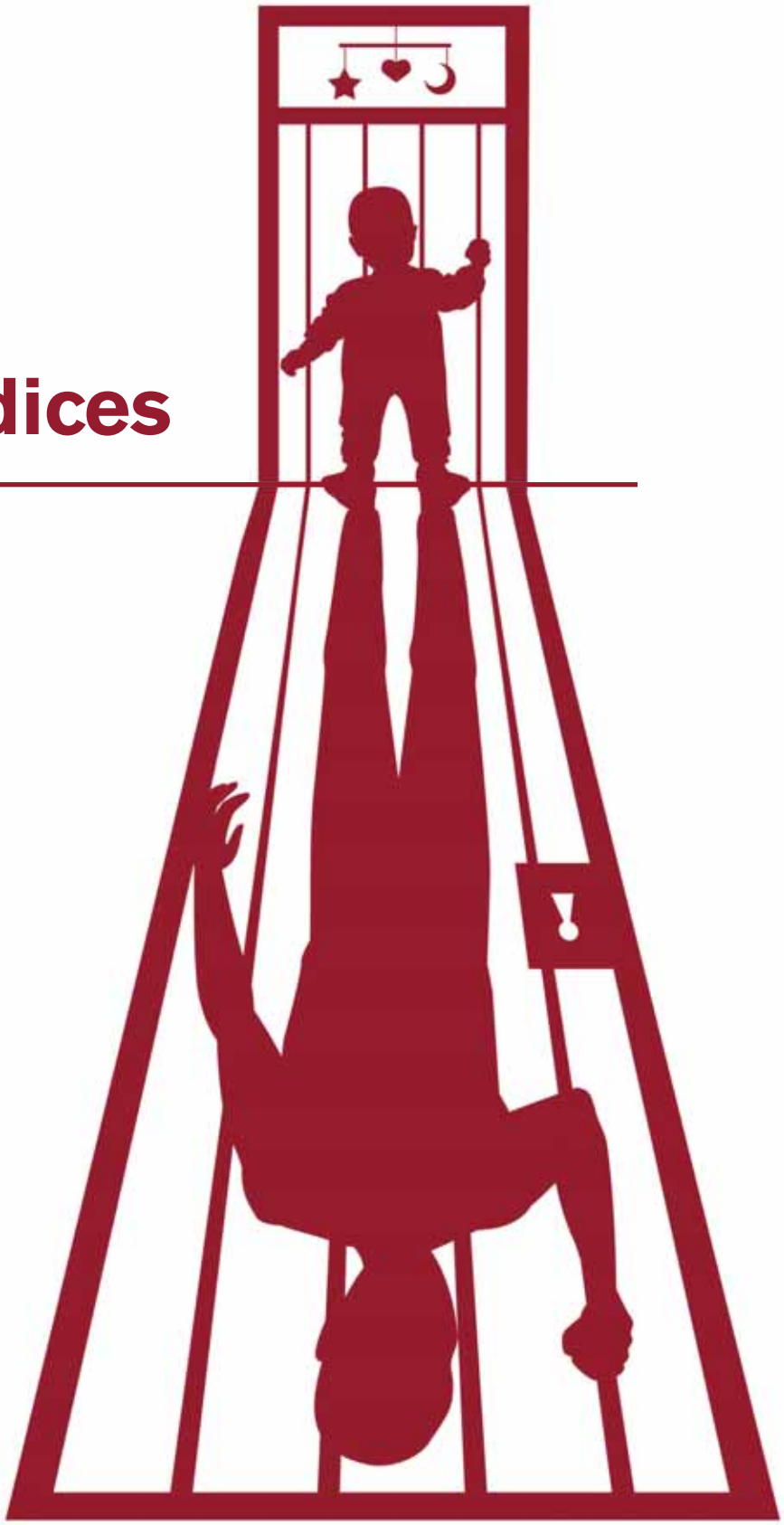
Appendices



Examples of Promising Approaches to Help Children Avoid and Escape the Pipeline

The Abecederian Project

The Abecedarian Project was a carefully controlled scientific study of the potential benefits of early childhood education for poor children. It provided high quality, early educational full-day, full-year intervention programs to children from low-income families from infancy through age 5. Low teacher-student ratios enabled students to receive individualized attention. Emotional support and cognitive stimulation were at the core of the educational experience. Children's progress was monitored over time with follow-up studies conducted at ages 12, 15 and 21. These studies consistently found that low-income children who participated in this project had higher scores on reading and math tests, and more advanced language skills than those children who did not participate in the project. Abecedarian children also were more likely to attend four-year colleges and delay parenthood. The program also benefited the mothers of children who participated in the project. They achieved higher educational and employment status than mothers whose children were not in the program. These results were especially pronounced for teen mothers.

For additional information, visit http://www.fpg.unc.edu/~abc/

Amachi Program

The Amachi Program provides school-based, community-based and church-based mentorship support to the children of incarcerated parents primarily through faith-based congregations in the children's own neighborhoods. Amachi partners with over 75 secular and faith-based institutions to screen mentors, monitor relationships and provide stipends to participating churches and organizations. Faith institutions work with human service providers and public agencies (particularly justice institutions) to identify children of prisoners and match them with caring adults. The Amachi Training Institute provides hands-on training for local organizations mentoring children of incarcerated parents. Currently there are 273 programs in 48 states that use the Amachi model or were inspired by it. They have partnered with more than 6,000 churches and served more than 60,000 children.

For additional information, visit http://www.amachimentoring.org/index.html

The Arizona Families F.I.R.S.T. (AFF) program

The Arizona Families F.I.R.S.T. (AFF) program is one of the successful examples of Comprehensive Family Treatment. It is administered by the Department of Economic Security in partnership with the Department of Health Services to promote permanency for children and stability in families, protect the health and safety of abused and/or neglected children, and promote economic security for families. AFF provides an array of structured family-centered interventions to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse. AFF programs also include concrete support services such as child care, transportation and housing. Some residential programs also allow children to remain with their parents during treatment. Evaluations of the AFF programs have shown positive results. Among the 3,931 clients participating in AFF during fiscal year 2006, 98 percent had not experienced a subsequent substantiated report of abuse or neglect after enrollment in the AFF program.

Programs that adopt the Comprehensive Family Treatment approach provide services for parents and their children to help break the cycle of parental alcohol and drug dependence and help families stay together. They are a cost-saving alternative to foster care. Such programs typically provide the following services or referrals for these services: substance abuse treatment, children's early intervention services, family counseling, legal services, medical care, mental health services, nursery and preschool, parenting skills training, pediatric care, prenatal care, sexual abuse therapy, relapse prevention, transportation, and job/vocational training or GED classes. These services are offered by a number of providers. Evaluations of such programs show positive outcomes for mothers and their children such as a decrease in alcohol abuse and decline of arrests.

For additional information, visit http://www.azdes.gov/dcyf/first/

Beech Acres Parenting Center

Beech Acres Parenting Center (Cincinnati, Ohio) offers a variety of services and information to strengthen families for children. These services include parenting education classes, a once-a-year conference on practical parenting called For the Love of Kids, mediation services for families facing the challenges of divorce or conflicts between parents and teens, and a wide range of programs designed for families of children with mental health issues, serious behavior problems, or drug and alcohol addiction.

Three of their programs that specifically focus on children at risk are Therapeutic Mentoring, Treatment Foster Care and the KONNECT project.

Beech Acres' Therapeutic Mentoring Program is a community-based service specifically designed to meet the individual needs of children at risk. Mentors help youth identify and attain their mutually agreed upon treatment goals. Mentors also guide youth through their daily experiences. Through these relationships, youth are

also encouraged to identify their career goals, develop character and engage community resources. Therapeutic Mentoring is complemented by Family Mentoring, which provides assistance to the entire family.

Treatment Foster Care provides temporary or emergency substitute family care for emotionally, sexually or physically abused children. This program enables children to experience safe, loving and nurturing home environments. Foster parents are licensed and trained, and share in the goal of stabilizing children and reunifying families.

The KONNECT project (Konnecting Our Neighborhoods and Nurturing Each Child Together) offers one-to-one mentorship for children ages 4–15 with one or both parents in state or federal prison. Through quality weekly mentorship, KONNECT aims to improve the child's academic success, self concept, and social interactions and values. It is a partnership between Beech Acres and S.O.A.R. Development Corporation of Word of Deliverance Ministries for the World. Beech Acres provides the mentorship recruiting and training for the program. In 2005, KONNECT had over 50 mentors and mentees.

For additional information, visit www.beechacres.org

Big Brothers Big Sisters

Big Brothers Big Sisters is the oldest and largest youth mentoring program in the United States. Through the program, at-risk youth, ages 6–18, are paired in one-on-one professionally supported mentoring relationships with adult volunteers in a community-based or school-based setting. In both cases, the volunteer and the young person meet for one hour a week to talk, or read together or just do something fun. These intentionally unstructured meetings are meant to cultivate relationships that will help the youth navigate through everyday challenges. Research shows that youth participating in the program are less likely to use illegal drugs, skip school or engage in violent acts. In 2005, more than 84 percent of teachers polled reported Little Brothers and Sisters in school-based mentoring programs improved in at least one academic subject. More than 80 percent of both Bigs and parents said Littles in community-based mentoring improved their self-confidence. In 2005, the organization served 234,000 youth across 50 states including 10,000 children with at least one incarcerated parent.

For additional information, visit
http://www.bbbs.org/site/c.diJKKYPLJvH/b.1539751/k.BDB6/Home.htm

Black Babies SMILE (Start More Infants Living Equally Healthy)

Black Babies SMILE (BBS) is a maternal and infant health program aimed at reducing the rate of infant mortality among African Americans in Montgomery County, Maryland. Any African American woman living in Montgomery County is eligible to receive the program's free services, including nurse visitation and case man-

agement. The program was created in 1999 in response to increasing concerns about the lack of health care in the African American community. The African American Health Program, which administers BBS, partners with churches, clinicians' offices and early childhood programs to provide maternal and infant health services. BBS offers education and training to women before pregnancy, nurse management during pregnancy, and campaigns to keep infants safe after pregnancy. Nurse management focuses on providing services that are culturally competent, strength-based and comprehensive. Nurses, together with the mothers, create a care plan for the infants to ensure their safety and continued good health.

Currently, Black Babies SMILE serves more than 150 mothers and 90 infants. The average age of the mothers is 27. Over 70 percent of participating mothers are single parents and unemployed. Since the program's inception, no pre-term or low-birthweight babies have been born to mothers enrolled for prenatal care.

For additional information, visit www.onehealthylife.org

Boston Ten Point Coalition

The Coalition is an ecumenical group of Christian clergy and lay leaders working to mobilize the Christian community around issues affecting Black and Latino youth, especially those at risk for violence, drug abuse and other destructive behaviors.

The Coalition aims at making the local church more effective in rebuilding communities. It also seeks to build partnerships with community-based, governmental and private sector institutions, which are also committed to the revitalization of the families and communities. The Ten Point Plan calls upon churches and faith-based agencies in the Roxbury, Dorchester, Mattapan and Jamaica Plain communities of Boston to work collaboratively to develop a ten point action plan aimed at reducing violence and helping youth to develop more positive and productive life styles.

Among the services provided by the Ten Point Coalition is a community re-entry initiative that provides mentoring and basic services to ex-offenders who were labeled high-impact players and are considered least likely to succeed on their own as they prepare to re-enter community life. Preliminary results demonstrated a 10 percent recidivism rate with ex-offenders who normally exhibit an average 44 percent recidivism rate.

The Second Chance/Adopt a School program is another successful example of the Ten Point Coalition's work. In partnership with the Boston Police Department's Youth Violence Strike Force and Boston School Police, clergy and volunteers from area churches make anti-violence presentations at local schools. Trained volunteers also provide counseling on topics such as peer conflict and gang mediation. Teams make weekly visits to the homes of youth at high risk for criminal behavior before they actually get into trouble.

For additional information, visit www.bostontenpoint.org

CASASTART

CASASTART (Striving Together to Achieve Rewarding Tomorrows) was developed by the National Center on Addiction and Substance Abuse at Columbia University. It is a community-based, school-centered program designed to keep high-risk 8- to 13-year-old youths free of substance abuse and criminal involvement. The program coordinates services by bringing together key stakeholders in community schools, law enforcement agencies, social services, and health agencies. CASASTART uses a positive youth development framework and intensive case managers, each of whom serves 15 children and their families. CASASTART is composed of eight components designed to reduce neighborhood, family, peer group and individual risk factors. Program sites are able to adapt the program to fit their specific needs and strengths. The style and level of implementation across the sites is not uniform. Initially the program was first implemented in six cities; CASASTART currently operates in nearly 40 schools around the country.

Assessment of CASASTART programs operating in Austin, Texas; Bridgeport, Connecticut; Memphis, Tennessee; Savannah, Georgia; and Seattle, Washington, demonstrated that one year after program completion, compared with youths in the control group, CASASTART youths were *less* likely to: use gateway and stronger drugs; be involved in drug trafficking; commit violent offenses; and be negatively influenced by peers or to associate with delinquent peers. Children in the program were *more* likely to be promoted to the next grade in school.

For additional information, visit http://www.casacolumbia.org

The Comer School Development Program

The Comer School Development Program (SDP) is the organization charged with implementing the Comer Process in school communities. The Comer Process, a school- and system-wide intervention formulated by Dr. James P. Comer, Maurice Falk Professor of Child Psychiatry at the Yale University School of Medicine's Child Study Center, aims to bridge child psychiatry and education.

School Development Programs, also known as Comer Schools, merge child and adolescent development outcomes into the curriculum. Teachers shape classes around ways to advance overall development, not just achieve certain test scores. Another unique feature of Comer Schools is their emphasis on parent involvement in major school decisions. Each school forms management teams composed of administrators, teachers and parents to handle routine tasks and serious concerns. All major school decisions are made by this group. SDP also brings together school personnel, parents and students to take responsibility for children's individual development and, consequently, their readiness to learn. These teams meet to address specific concerns with student behavior. They also discuss how to make the school environment more conducive to learning.

Relationships are key to the students' success. SDP does not just focus on cognitive development, but on all developmental pathways. School districts fully adopting SDP have been able to significantly increase student academic performance in math, reading and writing. Over the past 25 years, SDP has been used in over 1,000 schools. The program is now in place in more than 50 school districts nationwide.

For additional information, visit http://www.schooldevelopmentprogram.org/

El Paso County Department of Human Services

The El Paso County Department of Human Services in Colorado ensures that the County's residents are able to live and grow in an environment free of extreme poverty, abuse or neglect. It has a common philosophy that begins with a vision to eliminate poverty and family violence and builds on the community's capacity to serve families before calling upon government; it emphasizes prevention, early intervention, protection and family strengths. Department staff provide integrated services in a culturally respectful, competent manner based on specific principles of service delivery. Each division has its primary function but also links with other divisions for increased effectiveness, efficiency and child and family services. Primary service areas provided through public/private community partnerships include:

Prevention: Supporting economic self-sufficiency and independence, and preventing the need for more intensive services.

Preservation: Assisting families, youth and children in need, maintaining children in their own homes or with relatives and working to keep fathers involved with their children.

Protection: Protecting at-risk or abused and/or neglected children, youth and adults and providing permanency in the form of family reunification, guardianship or adoption.

Administrative Services: Providing services in support of the direct client services and benefit programs.

For additional information, visit http://dhs.elpasoco.com/

Every Child Succeeds

Every Child Succeeds (Ohio) is designed to ensure an optimal start for children by providing education, support and counseling services to mothers. To date ECS has served more than 8,500 families with over 177,500 home visits. Based on scientific principles correlating appropriate brain stimulation during the first three years with the achievement of full social, mental and physical development, ECS maximizes the development of high-risk children. The program provides intensive home visitation for first-time, high-risk mothers and their infants for three years. ECS strives to decrease abuse and neglect, reduce unintentional injuries, strengthen the parent-child relationship, improve utilization of diagnostic services, encourage health promotion, link families with primary care services and promote an optimal environment for learning and emotional growth.

While enrolled in this program, home visitors, who are recruited and trained, visit families two to three times per month for the first year. If needed, the program also offers mothers monthly visits during the second and third years. During the visits, home visitors provide information, training on infant health, development, environmental safety and parenting, and access to health and human services. Parents are also given a chance to meet other first-time parents. More than 20 community agencies provide home visitation services through the Every Child Succeeds program.

Preliminary findings include: ECS prenatal referrals have increased from 40 percent when the program began to almost 60 percent at the present time. Ninety-three percent of ECS infants function at developmentally normal levels. Ninety-eight percent of mothers in the ECS program have a medical home. Of mothers with smoking histories, 79 percent quit or drastically reduce tobacco use during pregnancy. Of the 29 percent of mothers who enter ECS with clinically significant levels of depression, half are no longer depressed after nine months in the program; and observational data suggest that the ECS injury prevention component significantly reduces hazards to the child.

For additional information, visit www.everychildsucceeds.org

Federation of Families for Children's Mental Health (FFCMH)

This national family-run organization provides leadership and technical assistance to family-run and other child services and focuses on building and sustaining family-professional partnerships. FFCMH helps to engage families of children with emotional, behavioral and mental challenges at all levels of program planning, implementation and evaluation. The Federation pays particular attention to the development of partnerships between family-run, youth-centered organizations and mental health services and juvenile and criminal justice systems. In addition, the Federation provides advocacy at the national level for the rights of children and youth with emotional, behavioral and mental health challenges and their families. Currently the Federation has chapters or state organizations in 48 states.

For additional information, visit http://www.ffcmh.org/

Functional Family Therapy, Multisystemic Therapy and Multidimensional Treatment Foster Care

While there was a general consensus among researchers in 1990 that "nothing worked" for serious juvenile offenders, research over the last 15 years has proven that three treatment models are particularly effective for at-risk youthful offenders and their families: Functional Family Therapy (FFT), Multisystemic Therapy (MST) and Multidimensional Treatment Foster Care (MTFC).

All three programs are evaluated as "model programs" by the Blueprints for Violence Prevention Initiative at the University of Colorado. All three programs offer

comprehensive, family-focused interventions aimed at the avoidance of incarceration or other institutionalization of youth.

The effectiveness of Functional Family Therapy was recognized by the Office of Juvenile Justice and Delinquency Prevention, the Center for Substance Abuse Prevention, the Centers for Disease Control and Prevention and the U.S. Surgeon General's Report on Youth Violence. The program targets youth, ages 10 to 18, and their families, whose problems range from acting out to conduct disorder to alcohol/substance abuse. FFT can be provided in a variety of contexts, including schools, child welfare, probation, parole/aftercare, mental health, and as an alternative to incarceration or out-of-home placement. Intervention ranges from, on average, eight to 12 one-hour sessions up to 30 sessions of direct service for more difficult situations.

Multisystemic Therapy provides treatment on a highly individualized basis that addresses the factors in a youth's environment contributing to behavior problems. MST services are delivered in the natural environment (e.g., home, school, community). The treatment plan is designed in collaboration with family members. The typical duration of home-based MST services is approximately four months, with multiple therapist-family contacts occurring each week. Studies show these programs produce long-term reductions in recidivism and decrease psychiatric symptoms and drug use.

Multidimensional Treatment Foster Care is an alternative to regular foster care, group or residential treatment, and incarceration for youth who have problems with chronic disruptive behavior. The MTFC treatment model can be implemented by any agency or organization providing services to children with serious behavior problems and their families. The intervention occurs in multiple settings and ranges from behavioral parent training and support, to foster parents, to school-based academic support and medication management. There are three versions of MTFC serving children 3 to 5, 6 to 11 and 12 to 17 years old.

All three programs are highly cost-effective. A cost-benefit analysis by the Washington State Institute for Public Policy found that, for every dollar spent, these three models ultimately save $6.85 (FFT), $8.38 (MST) and $14.07 (MTFC).

For additional information, visit:

FFT: http://www.fftinc.com/
MST: http://www.mstservices.com/
MTFC: http://www.mtfc.com/

The Incredible Years Series

The Incredible Years Series (IYS) are research-based, proven effective approaches for reducing children's aggression and behavior problems and increasing social competence at home and at school. The Incredible Years Training Series offers comprehensive curricula designed to promote social competence and prevent, reduce and treat aggression and related conduct problems in young children (ages 4 to 8

years). The interventions that make up this series—parent training, teacher training and child training programs—are guided by developmental theory concerning the role of multiple interacting risk and protective factors (child, family and school) in the development of conduct problems.

The IYS programs have been highly evaluated by a number of studies, including six randomized control group evaluations of the parenting series by the program developer and the University of Washington, as well as five independent replications by other investigators. These evaluations indicated significant changes, such as increases in parent use of effective limit-setting by replacing spanking and harsh discipline with non-violent discipline techniques and increased monitoring of children, reductions in parental depression and increases in parental self-confidence, increases in positive family communication and problem solving, reduced conduct problems in children's interactions with parents, and increases in their positive effect and compliance to parental commands.

For additional information, visit www.incredibleyears.com

King County System Integration Initiative

The King County System Integration Initiative was initiated in March 2004 to improve the coordination and integration of the child welfare and juvenile justice systems in King County, Washington. Child protection and well-being were seen as a shared responsibility of communities, agencies, individuals, institutions (formal and informal) and families. Similarly, responsibility for guidance and accountability for delinquent youth requires the engagement of many supportive entities. Achievement of desired outcomes for children and youth being served by child welfare and juvenile justice agencies requires concerted effort and communication among many organizations and individuals, and the active engagement and support of their families.

The King County System Integration Initiative aims to reform the culture, policies, practices, programs and protocols that currently make up a sometimes fragmented method of service delivery. With the consultative and facilitative support of the Child Welfare League of America (CWLA), it engaged in a comprehensive, strategic planning process to improve the coordination and integration of the juvenile justice, child welfare, and other relevant youth-serving systems. CWLA developed a five-phase strategic planning framework to help guide states and local jurisdictions in efforts to establish a more coordinated, integrated child welfare and juvenile justice system that more effectively impacts outcomes for dual jurisdiction youth and families. In 2007, the King County Systems Integration Initiative continued to progress through the persistent efforts of a dedicated group of youth-serving professionals. The Executive Committee and several subcommittees and task force groups have finalized additional critical components that will reshape the way in which King County reacts to dual jurisdiction youth.

This effort brought together a comprehensive representation of county and state officials and personnel to conduct a thorough examination of data (both existing and that which must be developed to better inform effective services), information sharing processes, information management systems, program and fiscal resources, and applicable federal and state statutes. The initiative developed a set of protocols designed to support coordination and integration of case planning and service delivery for children and young people connected to multiple systems—with a primary focus on child welfare and juvenile justice systems.

For additional information, visit
http://www.cwla.org/programs/juvenilejustice/jjkingcounty.htm

Life Long Family Connections, Families for Teens and The California Permanency for Youth Project

Youth permanency programs across the country provide long-lasting support to youth leaving foster care. Such programs search for family members or other adults with whom youth feel safe and connected. Often youth get reconnected with extended families, sometimes staff they have known and liked in the past. At other times, new connections are made.

Life Long Family Connections for Adolescents in Massachusetts is a statewide initiative operated by Massachusetts Families for Kids with the state of Massachusetts. The program uses seven approaches to develop lifelong relationships for adolescents in the foster care system. All components are youth-driven, strengths-based and culturally competent. Staff members help youth make connections that will remain intact after they leave care. One key component is the *Speak Out Team*, comprised of teens and young adults who were once adopted or are currently in foster care who talk to policymakers and practitioners about their need for a permanent family, offer support to older youth still in care and help to train staff on permanency planning for older youth.

Families for Teens, operated by the New York City Administration for Children and Families, works to ensure that no child ages out of foster care without a life-long connection to a caring adult committed to functioning in a parental capacity. The city requires that youth be involved in efforts to identify committed adults with whom they would like to be connected with whether through reunification, adoption, guardianship or custody. Special attention has been focused on youth in residential treatment and other congregate care settings.

The California Permanency for Youth Project (CPYP) is a project of the Public Health Institute. Its Task Force—a statewide group with broad representation, including public and private organizations, youth and founders—provides technical assistance to 14 counties to develop a youth permanence plan that includes the following target areas: administrative practices, permanency practice, identification of the project target group, staff development, partnerships, involvement of youth in finding their own permanency, and integration with other initiatives.

For additional information, visit
http://www.csrox.org/programs/family-connections.php
http://www.nyc.gov/html/acs/html/home/home.shtml
http://www.cpyp.org

Missouri Department of Social Services, Division of Youth Services

The state of Missouri is widely considered to have the best juvenile correctional system in the nation. It closed its youth prisons in 1983 and divided the state into five regions so that confined juveniles would remain within driving distance of their homes. Each region has two facilities, housing no more than 40 youths each. One serves as a day treatment clinic to prevent the escalation of criminal behavior; the other is a lock-up for more serious offenders. Instead of punishment, the state focuses on intensive individual and family counseling, academic and vocational education, and behavior modification.

While many states are adding mental health treatment as an occasional service, Missouri infuses mental health into every aspect of its correctional programs. Comprehensive treatment services include case management, family therapy, residential care, juvenile court diversion, intensive case supervision, school-based day treatment and aftercare.

From the first day of entering a Missouri DYS (Department of Youth Services) facility, youth spend virtually every moment with a team of 10 other teens. They eat together, study together, live together—all under the supervision of two trained youth specialists. Any time a youth is troubled about anything, they can call a meeting of the team to discuss the problem and work out solutions.

DYS youth also show promising educational progress. In 2002, 75 percent of the youth made more progress than a typical public school student and 222 youth earned their GEDs. Moreover, Missouri's success has not come at the expense of the budget. In 2002, DYS spent $103 per youth, while Louisiana spent $270 per youth, Maryland spent $192, and Florida spent $271. All three states have youth recidivism rates dramatically higher than Missouri's.

The most recent DYS recidivism report, compiled in February 2003, shows that 70 percent of youth released in 1999 avoided recommitment to a correctional program within three years. The state has flatly disproved traditional concerns that public safety will be compromised if services and treatment are emphasized over incarceration.

For additional information, visit http://www.dss.mo.gov/dys/index.htm

Nurse-Family Partnership

The Nurse-Family Partnership provides home visits by licensed nurses to first-time mothers (primarily young and single) throughout their pregnancies and during the first two years of the babies' lives. The program primarily targets low-income women and those facing other risk factors, whose children are extremely at risk. The nurses assist families in becoming economically self-sufficient by helping mothers plan future pregnancies, continue their education and find jobs. The client's partners, extended family and friends, are encouraged to participate in the home visits. Nurse-Family Partnership Implementing Agencies provide services at the community, city, county or state level and are administered by a range of public and nonprofit entities including state and county departments of public health, community-based health centers, nursing associations and hospitals. Among the multiple positive program effects found in the first trial of children at age 15 were a 48 percent reduction in child abuse or neglect, and a 90 percent reduction in those identified as needing supervision for incorrigible behavior. A 2005 RAND study reported a net benefit to society of $34,148 per participant, with the bulk of the savings accruing to government, which equates to a $5.70 return per dollar invested in the Nurse-Family Partnership. The Nurse Family Partnership is currently established in more than 290 counties in 23 states. Funding for the program comes from a variety of sources, including Temporary Assistance for Needy Families, Medicaid and child abuse prevention dollars.

For additional information, visit http://www.nursefamilypartnership.org

Olweus Bullying Prevention Program

The violence and victimization that occur in schools today negatively affect both individual students and the overall school environment. They decrease student performance, attendance, safety and well-being. The Olweus Bullying Prevention Program (BPP) seeks to decrease school violence by focusing on school-wide, classroom and individual interventions and involvement of parents. It offers a comprehensive approach designed for use in elementary, middle or junior high schools.

School policies, rules against bullying behaviors, and predetermined consequences are part of the school-wide interventions. The anonymous bully/victim questionnaire provides schools with rich data that show where increased supervision of school violence "hot spots" is needed. School-wide interventions focus on assessment, staff training and the development of coordinated supervision systems. Classroom-level interventions consist of regular class meetings where students and teachers discuss bullying and peer relations.

The program provides guidance for individual interventions for children who bully others, for children who are bullied, and for those who watch the bullying of their peers. The sessions also involve parents of these children. The commitment of school teachers and administrators to implement BPP is a vital part of the success of the program.

The Olweus Bullying Prevention Program in the U.S. also includes a community component that encourages schools to work with community violence prevention programs to take their anti-bullying messages beyond the schoolyard boundaries.

BPP has resulted in substantial reductions in both boys' and girls' reports of bullying, victimization, and overall anti-social behavior (i.e., vandalism, fighting, truancy, etc.). It also has led to significant improvements in classroom order, social relationships and attitudes toward school and academics.

For additional information, visit www.clemson.edu/olweus

Operation Ceasefire

Operation Ceasefire is considered a national model for effective and dramatic youth and gang violence reduction. In one year, after record high levels of youth homicides, the youth homicide rate (ages 15–24) in Boston, Massachusetts, dropped by two-thirds, a phenomenon called "the Boston Miracle." Similar success has been achieved in other cities (Indianapolis; Minneapolis; Stockton, California; High Point and Winston-Salem, North Carolina; Portland, Oregon; and Rochester, New York).

This happened when a broad coalition of federal, state, and local governmental agencies, nonprofit community service organizations, businesses, religious leaders, parents and resident stakeholders came together and agreed on "Operation Ceasefire," a coordinated city-wide strategy to deter youth and gang firearm violence. The strategy included regular meetings of law enforcement officers with groups responsible for the violence to reiterate that violence would not be tolerated. This element of the program reversed the street pressure in which groups egged on their members to commit violence. Community and faith leaders sent a loud, clear and consistent moral message to gangs, as fellow community members, that the killing was wrong and must stop. Participants and evaluators reported that the message was effective even with the most hardened offenders. This confirmation made the position of the community clear, validated any subsequent steps by law enforcement, and made it impossible for violent offenders to believe that they had community support. Finally, working with community partners, cities built a network of extensive services, targeted first at the core group of members of violent groups and gangs. These youths and young adults, in effect, "moved to the front of the line" for services. This measure focuses help on any violent offenders who will take it.

For additional information, visit
http://ojjdp.ncjrs.org/pubs/gun_violence/profile21.html

PACE Center for Girls

PACE Center for Girls (Florida) provides a non-residential delinquency prevention program in 21 locations statewide, targeting the unique needs of females 12–18 who are identified as dependent, truant, runaway, ungovernable, delinquent or in need

of academic skills. PACE accepts referrals from the juvenile justice system, the Department of Children and Families, school personnel, community services agencies, parents, family members and friends as well as self-referrals. Its purpose is to intervene and prevent school withdrawal, juvenile delinquency, teen pregnancy, substance abuse and welfare dependency.

The success of the PACE program is based on two key factors: a focus on understanding the relationship between victimization and female juvenile crime, and a strength-based approach that focuses on the unique potential of each girl, not on mistakes or poor choices she has made. Components of the PACE program include: academic education, individualized attention, gender-specific life management skills, mental health treatment, parental involvement, community volunteer opportunities and a three-year, comprehensive follow-up program.

In fiscal year 2005–2006, PACE provided quality social and educational services for 2,312 Florida girls and their families. Currently there are 19 PACE centers, three outreach programs and a pre-teen center operating in Florida.

For additional information, visit http://www.pacecenter.org

Parent Institute for Quality Education

The Parent Institute for Quality Education (California) offers a free nine-week parent involvement education course to help parents understand how they can become an integral part of their children's education. PIQE is a culturally sensitive parent training program taught by credentialed teachers trained by PIQE. Classes are offered in the parent's primary language so that they can feel comfortable and confident in their interactions with other parents and the instructor. The program's intent is to provide parents with information, knowledge, skills and a personal commitment to improve the conditions surrounding the educational and personal development of their children.

Since the program started in Sherman Elementary School in San Diego, California, in October 1987, more than 375,000 parents from 1,500 elementary, middle and high schools, in districts within San Diego, Los Angeles, Fresno, San Jose, Orange, Riverside, San Bernardino, Monterey, Sacramento, Stanislaus, Alameda, San Francisco and Shasta counties, have graduated from PIQE's parent involvement training classes. In addition, approximately 20,000 parents have participated in PIQE's follow-up "coaches" program, which provides one-on-one information to parents during a four-month period about how to access school services and promote the aims of PIQE for parent involvement.

For additional information, visit http://www.piqe.org/

Perry Preschool Project

The Perry Preschool Project (PPP) provides disadvantaged children with the opportunity to receive high-quality early childhood education. Children ages three and four who come from low-income families are eligible for the program. The program lasts for two years and operates for 2.5 hours each day, Monday through Friday. In addition to providing quality education, teachers also make periodic home visits. The project offers a developmentally centered curriculum that engages children as active, self-initiated learners; small classroom settings with 20 children and at least two staff who are trained in early childhood development and education and actively communicate with parents; sensitivity to the specific needs of disadvantaged children and their families, which includes providing meals and recommending other social service agencies; and ongoing monitoring and evaluation of both teachers' activities and children's behaviors and development.

The longitudinal study conducted in 2005 found that adults at age 40 who had participated in the preschool program had higher earnings, were more likely to hold a job, had committed fewer crimes, and were more likely to have graduated from high school than adults who did not have preschool. Overall, the study documented a return to society of more than $16 for every tax dollar invested in the early care and education program.

For additional information, visit
http://www.highscope.org/Research/PerryProject/perrymain.htm

State Reentry Services for Youth

Reintegration back into school and the community is a critical transition for youth who have been adjudicated. Studies have established that lower recidivism rates are directly related to youths' positive level of engagement with their community. Youth returning from incarceration have many needs that must be addressed, including educational, mental health, vocational and recreational. Because there are multiple state agencies involved, the likelihood of information being delayed or even lost is great. Parents and family members must also be integral partners in this process. Many states have developed effective strategies for assisting adjudicated youth.

The West Virginia Division of Corrections designed a reentry program to include academic and vocational education assessment and opportunities, substance abuse treatment, sex offender treatment, crime victim awareness training, cognitive restructuring and life skills planning. The program targets high-risk convicted felons and parolees ages 18–24.

The West Virginia Division of Juvenile Services has a Reentry Court Program currently being implemented in several counties throughout the state. Collaborative partnerships with various local government agencies, community service organizations and faith-based organizations are used to provide institutional and community-based

transition services to offenders ages 14–21 who are returning to the northeastern region of the state.

The New York City school system places students who are in residential/detention placement on a parallel list to facilitate tracking and to ensure that students are not removed from school enrollment during the residential/detention period.

Kentucky requires that each school district have a "bridge coordinator" who facilitates and manages cross-agency and parental involvement in transitioning adjudicated children back into school. The Kentucky Department of Juvenile Justice's reentry initiative provides institutional and community-based services to male offenders ages 14–16 returning to counties throughout the state. The transitional services include employment training and job placement, educational services, vocational training, substance abuse treatment, mental health treatment, healthcare services, counseling, family support services, community support services, housing assistance, mentoring, aftercare planning and services, monitoring and supervision, and intensive case management.

For additional information, visit http://www.reentry.gov/sar/welcome.html and see "A Summary of Best Practices in School Reentry for Incarcerated Youth Returning Home," by Virginia's JustChildren.

Wings of America

Wings of America (WOA) aims to increase the self-esteem, health, wellness and leadership skills of American Indian and Alaskan Native youth. Through youth development programs incorporating running, Wings has found a unique way to help Indian youth overcome their life challenges, and to nurture and maintain their proud heritage. Running has an integral place in the spiritual and ceremonial traditions of American Indian people.

WOA coordinates several programs throughout the year. In addition to sponsoring cross-country teams in events around the country, WOA also coordinates mini-running and fitness camps for youth ages 6–14. The week-long camps incorporate traditional Native American games, fitness and running exercises, substance abuse prevention and nutrition education to teach youth about positive and healthy life choices.

Overall, WOA participants have lower rates of arrests and substance abuse. They also attain higher levels of education and maintain healthier lifestyles. Ninety-nine percent of Wings' participants graduate from high school. Ninety-four percent of participants enter a 2- or 4-year college.

For additional information, visit www.wingsofamerica.org

Wraparound Milwaukee

Wraparound Milwaukee is a unique type of managed care program operated by the Milwaukee County Behavioral Health Division. It is designed to provide comprehensive, individualized and cost-effective care to children with complex mental health and emotional needs. Wraparound Milwaukee is one of over 10 "wraparound" programs across the country.

Wraparound Milwaukee serves families living in Milwaukee County who have a child with serious emotional or mental health needs, is referred through the Child Welfare or Juvenile Justice System and is at immediate risk of placement in a residential treatment center, juvenile correctional facility or psychiatric hospital.

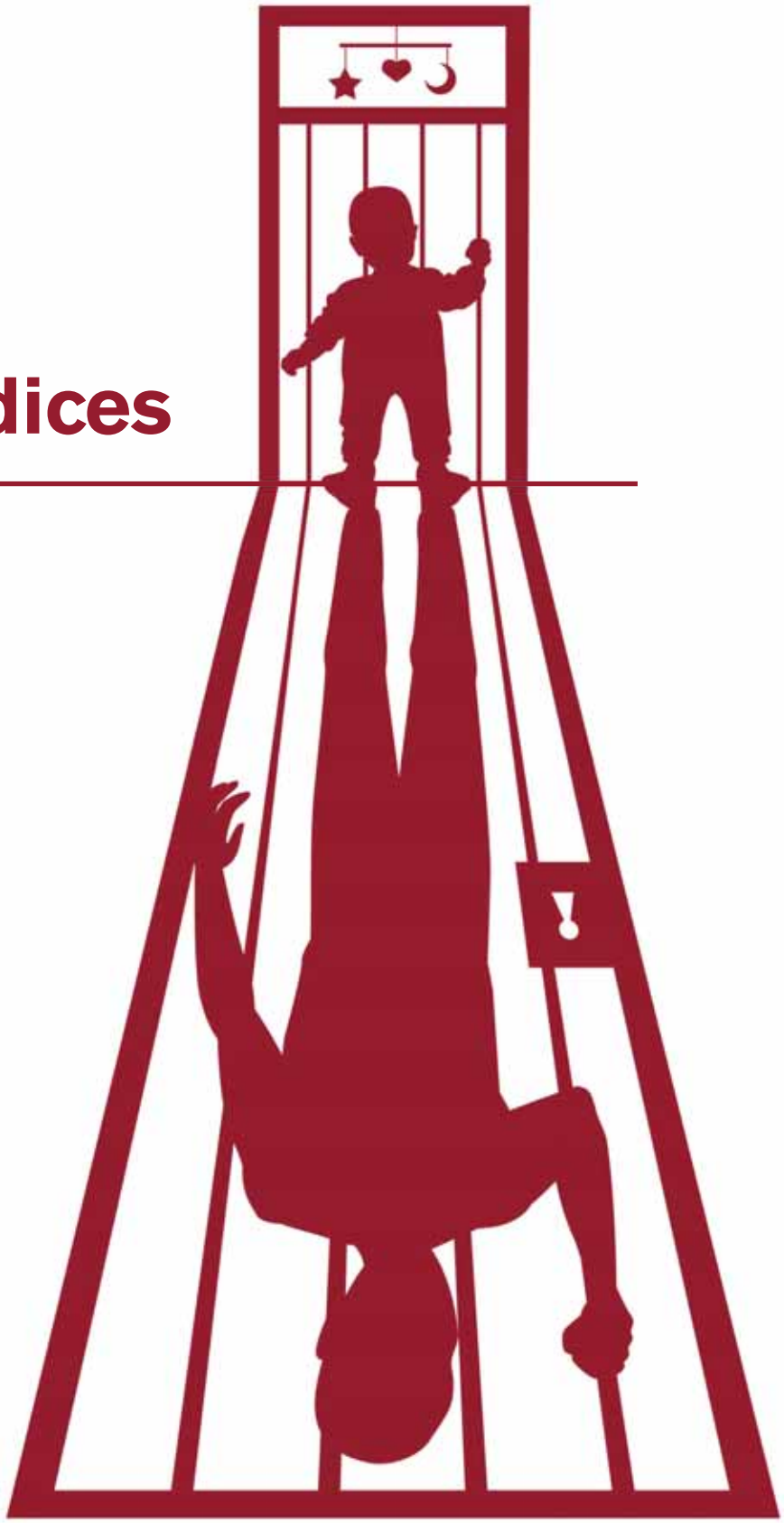
The program serves more than 800 youth, the majority of whom are adjudicated delinquent. Seventy percent of Wraparound Milwaukee's population is male. Sixty-five percent are African American, 28 percent are Caucasian, and 7 percent are Hispanic. Most of the youth live below the poverty line and come from female-led, single parent homes. In 2002, the average age at intake was 13.2.

Wraparound Milwaukee emphasizes the importance of parental choice and family independence. In addition to partnering with families, the program also closely works with several other government agencies including juvenile justice, child welfare and education, allowing families to receive various services and resources at one central location.

Another essential element of the Wraparound program is the Care Coordination program. Each child and family is assigned a care coordinator who meets with the family, completes a strength-based evaluation and develops a care plan. The coordinator also serves as a liaison between the family and the Wraparound Milwaukee Provider Network, completing all formal authorization requests. Care plans are revised every 90 days and include such activities as peer groups, recreation activities, parenting classes and mentoring relationships.

For additional information, visit
http://www.milwaukeecounty.org/display/router.asp?docid=7851

Appendices



Selected Research on Risk Factors Contributing to the Cradle to Prison Pipeline

Cradle to Prison Pipeline Indicators	Impact on Poor and Minority Children
Poverty	
• In 2005, almost 13 million children, more than one in six, lived in poverty.[1] • Fourth-graders in U.S. public elementary schools with the highest poverty levels have significantly lower reading scores compared to their counterparts in schools with lower poverty levels.[2] • Being raised in poverty contributes to a greater likelihood of involvement in crime and violence.[3] • Low family income has repeatedly been associated with self-reported teen violence and convictions for violent offenses.[4]	• In 2005, more than one in three Black children–3.8 million–lived in poverty; almost 3 in 10 Hispanic children–4.1 million–and 1 in 10 White, non-Hispanic children–4.3 million–were poor.[5] • The poverty rate for Black and Hispanic children is far higher than it is for White children. Thirty-four percent of Black children were living in poverty in 2005, as were 28 percent of Hispanic children and 10 percent of White, non-Hispanic children.[6] • From 2000 to 2005, the number of Black children living in extreme poverty increased by 22 percent from 1.6 million to over 1.9 million. The number of Hispanic children living in extreme poverty increased by 45 percent, from 1.2 million to 1.7 million.[7] • The income levels for Black and Hispanic families with children were about half the level of White families with children in 2005. The median income for White, non-Hispanic families with children was $66,235 compared to $31,705 for Black families and $36,403 for Hispanic families with children.[8] • Black and Hispanic workers holding the same educational credentials as White workers experience higher unemployment rates.[9] • In 2005, 29.2 percent of Black and 23.7 percent of Latino children lived in families that were hungry or at risk of hunger.[10]

Selected Research on Risk Factors Contributing to the Cradle to Prison Pipeline (continued)

Cradle to Prison Pipeline Indicators	Impact on Poor and Minority Children
Family and Community	
• Being born to a teenage mother is a strong predictor of later delinquency.[11] • Economic hardship and stressful life events are associated with a lack of parent-child involvement and attachment.[12] • A lack of parental involvement and interaction with children may increase children's future risk of violence.[13] • Social disorganization and concentrated poverty within the community lead to residents' decreased willingness to intervene when children are engaging in antisocial/unlawful acts.[14]	• A Black child is more than twice as likely as a White, non-Hispanic child to live with a single parent, almost three times as likely to live with neither parent, and almost twice as likely to be born to a teenaged mother.[15]
Health Care	
• About 1 in 12 babies born in the United States–8.1 percent, or over 331,000 babies, in 2004–is low birthweight. This rate has been increasing steadily since 1984.[16] • A child born at low birthweight is about 50 percent more likely to score below average on measures of both reading and mathematics at age 17.[17] • A child born at very low birthweight is more likely to experience educational disadvantages that can persist into early adulthood.[18] • Adolescents with elevated blood lead levels at birth report higher levels of delinquency and anti-social behavior.[19] • A history of lead poisoning has been associated with male adult criminality.[20] • Children with disabling asthma have almost twice as many restricted activity days and lost school days as children with impairments due to other types of chronic conditions.[21]	• Black and Hispanic babies are more likely than White babies to be born to mothers who did not receive early prenatal care.[23] • The percentage of Black babies born at low birthweight, putting them at risk for a range of postnatal complications, is almost twice that of White babies.[24] • Black children are 69 percent more likely than White children to be uninsured. Latino children are more than three times as likely as White children to be without health insurance.[25] • Black and Mexican-American children living in older housing (pre-1946) are more likely to have elevated blood lead levels than White children living in comparable housing—22 and 13 percent as opposed to seven percent.[26] • Minority children with asthma were more likely to have inadequate care to control their asthma due to socioeconomic factors as well as disparities in physician

Selected Research on Risk Factors Contributing to the Cradle to Prison Pipeline (continued)

Cradle to Prison Pipeline Indicators	Impact on Poor and Minority Children
Health Care (continued)	
• More than 1 in 8 teens ages 12-17 is a current tobacco user; 1 in 6 teens is a current alcohol user, including 1 in 10 who is a binge drinker.[22]	prescribed treatment, preventive treatment, and lack of patient access to quality health care.[27] • Black children and children from poor families are not only more likely to have asthma than White or Latino children and children from higher income families, they also are more likely to suffer from disabling asthma.[28] • Tobacco and alcohol use are most common among White, non-Hispanic teens ages 12-17, and least common among Black teens in the same age group. Alcohol use among Hispanic teens is similar to that among White, non-Hispanic teens.[29]
Early Childhood	
• At-risk toddlers not enrolled in a quality child care and development program were more likely to become chronic law breakers as adults than their peers who were in the program.[30] • Even mild undernourishment, the kind most frequently found in the United States, impairs cognitive function and can do so throughout the life of a child.[31] • Children participating in high quality early education had lower rates of juvenile delinquency, fewer arrests, and fewer juvenile court petitions than children who did not participate in the program.[32] • At-risk children who participated in a high quality early education program were more likely than their peers who did not participate in the program to own their own homes at age 40; men who participated in the program were more likely to be living with their children.[33]	• 45 percent of Latino and 50 percent of Black three- to five-year-olds are read to every day compared to 68 percent of White children.[35] • Only one-third of Black and two-fifths of Latino kindergarteners have home computers.[36] • In a study of entering kindergarteners in Fall 1998, 15 percent of Black and Hispanic children were in the top quartile on reading readiness, compared to 30 percent of White children. Ten percent of the Black children, 14 percent of the Hispanic children, and 32 percent of the White children were in the top range in math. On a general knowledge test, only 6 percent of Blacks and 12 percent of Hispanics were in the top quartile, compared to 34 percent of Whites.[37]

Selected Research on Risk Factors Contributing to the Cradle to Prison Pipeline (continued)

Cradle to Prison Pipeline Indicators	Impact on Poor and Minority Children
Early Childhood (continued)	
• Children who have graduated from Head Start are less likely to repeat a grade, less likely to need special education, and more likely to graduate from high school than their peers who have not participated in Head Start.[34]	
Education	
• Low academic achievement and academic failure in the elementary grades increase the risk for later violent behavior.[38] • Research shows that repeating a grade can result in negative academic outcomes for those retained compared to those with similar academic problems who are not retained. Among those negative outcomes is a significantly increased dropout rate.[39] • Numerous studies demonstrate that students who are suspended or expelled are more likely than their peers to drop out of school altogether.[40] • One study found that being suspended or expelled is one of the top three school-related reasons for dropping out.[41] • Higher suspension rates are associated with higher rates of juvenile incarceration.[42] • One study found that more than 30 percent of sophomores who dropped out of school had been suspended, a rate three times that of peers who stayed in school.[43] • Two-thirds of adult prisoners in 2003 had less than a regular high school diploma, more than twice the rate found in the general adult population.[44]	• Among fourth graders, 41 percent of Whites are reading at grade level compared to 16 percent of Latinos and 13 percent of Blacks. In math, 39 percent of White eighth graders perform at grade level compared to 13 percent of Latinos and 9 percent of Blacks.[45] • 9.3 percent of White students have been retained in grade at least once, compared to 18.0 percent of American Indian, 17.5 percent of Black, and 13.2 percent of Hispanic students.[46] • 14.6 percent of White students have been suspended or expelled in grades seven through 12 compared to 38.2 percent of Native Americans, 35.1 percent of Blacks, and 19.6 percent of Latinos.[47] • Black youth represent a disproportionate percent of students who are suspended; they also are disproportionately incarcerated.[48] • In 1999, 59 percent of Black men in their early thirties who had dropped out of high school had prison records.[49] • Black children are more than twice as likely as White, non-Hispanic children to be placed in programs for mental retardation, and two-thirds more likely to be placed in programs for emotional disturbance.[50]

Selected Research on Risk Factors Contributing to the Cradle to Prison Pipeline (continued)

Cradle to Prison Pipeline Indicators	Impact on Poor and Minority Children
Education (continued)	
	• Black 10-year-olds are almost twice as likely as White, non-Hispanic 10-year-olds to be two or more years behind modal grade level for their age. Black 16-year-olds are more than twice as likely as their White, non-Hispanic peers to be two or more years behind.[51]
Child Abuse and Neglect	
• Low family income is the single best predictor of child abuse and neglect. Children who live in families with annual incomes less than $15,000 are 22 times as likely to be abused or neglected as children living in families with annual incomes of $30,000 or more.[52] • Abused and neglected children are up to six times as likely to be delinquent and up to three times as likely to be arrested as an adult as children who are not abused or neglected.[53] • Children involved in the juvenile justice system are more likely to have a history of child abuse and neglect than children outside the system. Abuse rates ranging from 25 percent to 66 percent have been reported in studies of youth in the juvenile justice system.[54] • Children in foster care have higher rates of grade retention, lower scores on standardized tests, and higher absenteeism, tardiness, truancy and dropout rates.[55] • 15-year-old students in out-of-home care are about half as likely as other students to have graduated from high school five years later; significantly higher percentages of those in care have dropped out (55 percent) or been incarcerated (10 percent).[56]	• Black children make up 16 percent of the child population, yet they represent 23 percent of substantiated cases of child abuse and neglect and 32 percent of children in foster care.[59] • Children of color enter foster care at higher rates, even when their families have the same characteristics as comparable White children and families.[60] • Children of color remain in foster care for longer periods of time—a median stay of 17 months for African American children versus nine months for White children.[61] • African American children in foster care have a much lower probability than White children for reunification and adoption. Analyses of national data show that White children are four times as likely as African American children to be reunified and twice as likely to be adopted.[62]

Selected Research on Risk Factors Contributing to the Cradle to Prison Pipeline (continued)

Cradle to Prison Pipeline Indicators	Impact on Poor and Minority Children
Child Abuse and Neglect (continued)	
• Youth in foster care are at a higher risk for homelessness, unemployment, public assistance, and juvenile or adult court involvement after leaving care.[57] • Young adults who have been in foster care suffer from post-traumatic stress disorder (PTSD) at nearly five times the rate of the general population, and higher even than rates reported among American war veterans.[58]	
Mental Health	
• The U.S. General Accountability Office reported that thousands of families have relinquished custody of their children to the child welfare or juvenile justice systems so they could get treatment.[63] • A report by the House Committee on Government Reform found that two-thirds of the youth detention facilities in 47 states held youth waiting for mental health services who had not been charged with a crime. Over a six-month period in 2003, nearly 15,000 incarcerated youth waited for mental health services.[64] • Recent studies have consistently found 65 to 70 percent of youth in the juvenile justice system have at least one diagnosable mental health disorder; approximately one-fourth have disorders so severe that their ability to function is significantly impaired.[65] • A national study of children ages 2 to 14 who are involved in the child welfare system, either at home or in foster care, found that nearly half had clinically significant emotional or behavioral problems but only about one-quarter received specialized mental health treatment.[66]	• Black and Hispanic children in foster care are less likely than White children in care to receive specialized mental health services.[67] • Poor families underutilize mental health services, often reflecting lack of access and appropriateness of available services. The 1999 Surgeon General's Report on Mental Health noted that the relationship between the underutilization of mental health services and poverty is especially significant for minority children and families.[68]

Selected Research on Risk Factors Contributing to the Cradle to Prison Pipeline (continued)

Cradle to Prison Pipeline Indicators	Impact on Poor and Minority Children
Juvenile Delinquency	
• Compared to individuals arrested as adults but not arrested as juveniles, those arrested as juveniles were two to six times as likely to be arrested as adults.[69] • Income has a significant effect on youth participation in serious criminal activity (including using a weapon, robbery, assault, or selling hard drugs). Youth from low-income households have an increased likelihood of participating in serious crimes compared to those from high-income households.[70]	• In 2005, Black juveniles ages 10-17 were more than twice as likely as White juveniles to be arrested. Black juveniles were almost five times as likely as White juveniles to be arrested for violent offenses, and twice as likely to be arrested for drug offenses.[71] • Although they represent just 39 percent of the U.S. juvenile population, minority youths represent 60 percent of committed juveniles.[72] • Black juveniles are nearly four times as likely as White juveniles to be in secure residential placement. Hispanic juveniles are almost twice as likely as Whites to be in such placement; American Indian juveniles more than twice as likely.[73]

[1] U.S. Department of Commerce, Bureau of the Census, "Income, Poverty, and Health Insurance Coverage in the United States: 2005," *Current Population Reports*, P60-231 (August 2006), Table B-2.

[2] U.S. Department of Education, National Center for Education Statistics Common Core of Data, "Public Elementary/Secondary School Universe Study," 1999-2000, at http://nces.ed.gov/pubs2004/pirlspub/9.asp?nav=2.

[3] Robert J. Sampson and Janet L. Lauritsen, "Violent Victimization and Offending: Individual-, Situational-, and Community-Level Risk Factors," *Understanding and Preventing Violence,* Vol. 3, *Social Influences*, Albert J. Reiss and Jeffrey A. Roth, eds. (Washington, D.C.: National Academy Press, 1994), pp. 1-114.

[4] Bill Henry, Avshalom Caspi, Terrie E. Moffitt and Phil A. Silva, "Temperamental and Familial Predictors of Violent and Nonviolent Criminal Convictions: Age 3 to Age 18," *Developmental Psychology*, Vol. 32, No. 4 (1996), pp. 614-623.

[5] U.S. Department of Commerce, Bureau of the Census, "Income, Poverty, and Health Insurance Coverage in the United States: 2005," *Current Population Reports*, P60-231 (August 2006), Table B-2.

[6] U.S. Department of Commerce, Bureau of the Census, "Income, Poverty, and Health Insurance Coverage in the United States: 2005," *Current Population Reports*, P60-231 (August 2006), Table B-2.

[7] U.S. Department of Commerce, Bureau of the Census," Table 2: Age, Sex, Household Relationship, Race and Hispanic Origin by Ratio of Income to Poverty Level: 2000," at http://pubdb3.census.gov/macro/032001/pov/new02_003.htm; U.S. Department of Commerce, Bureau of the Census, "Table POV01: Age and Sex of All People, Family Members and Unrelated Individuals Iterated by Income-to-Poverty Ratio and Race: 2005, Below 50% of Poverty–Black Alone," at http://pubdb3.census.gov/macro/032006/pov/new01_50_06.htm; and U.S. Department of Commerce, Bureau of the Census, "Table POV01: Age and Sex of All People, Family

Members and Unrelated Individuals Iterated by Income-to-Poverty Ratio and Race: 2005, Below 50% of Poverty–Hispanic Origin," at http://pubdb3.census.gov/macro/032006/pov/new01_50_09.htm. Calculations by Children's Defense Fund.

[8] U.S. Census Bureau, "Table FINC-03. Presence of Related Children Under 18 Years Old–All Families, by Total Money Income in 2005, Type of Family Work Experience in 2003, Race and Hispanic Origin of Reference Person," at http://pubdb3.census.gov/macro/032006/faminc/new03_000.htm.

[9] U.S. Department of Labor, Bureau of Labor Statistics. "Table 7: Employment status of the civilian noninstitutional population 25 years and over by educational attainment, sex, race, and Hispanic or Latino ethnicity," at http://stats.bls.gov/cps/cpsa2006.pdf.

[10] Mark Nord, Margaret Andrews and Steven Carlson, *Household Food Security in the United States, 2005*, Economic Research Report No. 29, U.S. Department of Agriculture, Economic Research Service (November 2006), Table 6.

[11] Amy Conseur, Frederick P. Rivara, Robert Barnoski and Irvin Emanuel, "Maternal and perinatal risk factors for later delinquency," *Pediatrics*, Vol. 99, No. 6 (June 1997), pp. 785-790.

[12] U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, OJJDP Fact Sheet #103 (April 1999), "Highlights of Findings from the Rochester Youth Development Study."

[13] David P. Farrington, "Early Predictors of Adolescent Aggression and Adult Violence," *Violence and Victims*, Vol. 4, No. 2 (1989), pp. 79-100.

[14] Robert J. Sampson, Stephen W. Raudenbush and Felton Earls, "Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy," *Science*, Vol. 277 (August 15, 1997), pp. 918-924.

[15] U.S. Department of Commerce, Bureau of the Census, March 2006 Current Population Survey, America's Families and Living Arrangements, Table C2, at http://www.census.gov/population/www/socdemo/hh-fam/cps2006.html; and U.S. Department of Health and Human Services, National Center for Health Statistics, *National Vital Statistics Reports*, Vol. 55, No. 1 (September 29, 2006), Table 14. Calculations by Children's Defense Fund.

[16] U.S. Department of Health and Human Services, National Center for Health Statistics, "Births: Final Data for 2004," *National Vital Statistics Reports*, Vol. 55, No. 1 (September 29, 2006), Tables 32 and 34.

[17] Naomi Breslau, Nigel S. Paneth and Victoria C. Lucia, "The lingering academic deficits of low birthweight children," *Pediatrics*, Vol. 114, No. 4 (October 2004), pp. 1035-1040.

[18] Maureen Hack, Daniel J. Flannery, Mark Schluchter, Lydia Cartar, Elaine Borawski and Nancy Klein, "Outcomes in young adulthood for very-low-birth-weight infants," *The New England Journal of Medicine*, Vol. 36, No. 3 (January 17, 2002), pp. 149-157.

[19] David C. Bellinger, "Lead," *Pediatrics*, Vol. 113, No. 4 (April 2004), pp. 1016-1022.

[20] *Ibid*., citing Deborah W. Denno, *Biology and Violence: From Birth to Adulthood* (New York: Cambridge University Press, 1990).

[21] Paul W. Newacheck and Neal Halfon, "Prevalence, impact, and trends in childhood disability due to asthma," *Archives of Pediatrics and Adolescent Medicine*, Vol. 154 (March 2000), pp. 287-293.

[22] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Statistics, "2005 National Survey on Drug Use and Health: Detailed Tables," at http://oas.samhsa.gov/NSDUH/2k5NSDUH/tabs/Sect2peTabs1to57.htm, Tables 2.27B and 2.53B.

[23] U.S. Department of Health and Human Services, National Center for Health Statistics, *National Vital Statistics Reports*, Vol. 55, No. 1 (September 29, 2006), Tables 26a and 26b.

[24] U.S. Department of Health and Human Services, National Center for Health Statistics, *National Vital Statistics Reports*, Vol. 55, No. 1 (September 29, 2006), Table 23.

[25] U.S. Department of Commerce, Bureau of the Census, Revised 2006 Annual Social and Economic Supplement to the Current Population Survey (revised April 2007). Calculations by Children's Defense Fund.

[26] U.S. Department of Health and Human Services, *Healthy People 2010*, 2nd Ed. (November 2000), Vol. 1, pp. 8-21.

[27] Alexander N. Ortega, Peter J. Gergen, A. David Paltiel, Howard Bauchner, Kathleen D. Belanger and Brian P. Leaderer, "Impact of site of care, race, and Hispanic ethnicity on medication use for childhood asthma," *Pediatrics*, Vol. 109, No. 1 (January 2002), pp. e109-e114; Edwin D. Boudreaux, Stephen D. Emond, Sunday Clark and Carlos A. Camargo, Jr., "Race/ethnicity and asthma among children presenting to the emergency department: Differences in disease severity and management," *Pediatrics*, Vol. 111, No. 5 (May 2003), pp. e615-e621; and Lara J. Akinbami and Kenneth C. Schoendorf, "Trends in childhood asthma: Prevalence, health care utilization, and mortality," *Pediatrics*, Vol. 110, No. 2 (August 2002), pp. 315-322.

[28] U.S. Department of Health and Human Services, National Center for Health Statistics, "Summary Health Statistics for U.S. Children: National Health Interview Survey, 2005," *Vital and Health Statistics*, Series 10, No. 213 (2006), Table 1; and Newacheck and Halfon, "Prevalence, impact, and trends in childhood disability due to asthma."

[29] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Statistics, "2005 National Survey on Drug Use and Health: Detailed Tables," at http://oas.samhsa.gov/NSDUH/2k5NSDUH/tabs/Sect2peTabs1to57.htm, Tables 2.27B and 2.53B.

[30] Lawrence J. Schweinhart, The *High/Scope Perry Preschool Study Through Age 40: Summary, Conclusions, and Frequently Asked Questions* (Ypsilanti, Michigan: High/Scope Educational Research Foundation. 2005).

[31] Kathleen S. Gorman, "Malnutrition and Cognitive Development: Evidence from Experimental/Quasi-Experimental Studies among the Mild-to-Moderately Malnourished," *The Journal of Nutrition*, Vol. 125 (1995), pp. 2239S-2244S; and Ruth Morley and Alan Lucas, "Nutrition and Cognitive Development," *British Medical Journal*, Vol. 53, No. 1 (1997), pp. 123-134.

[32] Lawrence J. Schweinhart, *The High/Scope Perry Preschool Study Through Age 40: Summary, Conclusions, and Frequently Asked Questions* (Ypsilanti, Michigan: High/Scope Educational Research Foundation. 2005).

[33] *Ibid.*

[34] W. Steven Barnett, "The Battle Over Head Start: What the Research Shows," Science and Public Policy congressional briefing on the impact of Head Start (September 13, 2002).

[35] Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being 2007* (2007), Table ED1.

[36] Valerie E. Lee and David T. Burkam, *Inequality at the Starting Gate: Social Background Differences in Achievement as Children Begin School* (Washington, D.C.: Economic Policy Institute, 2002).

[37] U.S. Department of Education, National Center for Education Statistics, *America's Kindergartners*, Early Childhood Longitudinal Study–Kindergarten Class of 1998-99, NCES 2000-070 (February 2000), Tables 2, 3 and 4.

[38] U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Predictors of Youth Violence*, NCJ 179065 (April 2000), p. 4.

[39] Jay P. Heubert and Robert M. Hauser, Eds., *High Stakes: Testing for Tracking, Promotion and Graduation,* Board on Testing and Assessment, Commission on Behavioral and Social Sciences and Education, National Research Council (Washington, D.C.: National Academy Press, 1999), p. 129.

[40] Terry Keleher, "Racial Disparities Related to School Zone Tolerance Policies," Testimony to the U.S. Commission on Civil Rights, February 18, 2000. Applied Research Center, at http://www.arc.org/content/84/36/.

[41] Ruth B. Ekstrom, Margaret R. Goertz, Judith M. Pollack and Donald A. Rock, "Who Drops Out of High School and Why? Findings from a National Study," *Teachers College Record*, Vol. 87, No. 3 (Spring 1986), pp. 356-373.

[42] Russell Skiba, Ada Simmons, Lori Staudinger, Marcus Rausch, Gayle Dow and Renae Feggins, "Consistent Removal: Contributions of Discipline to the School-Prison Pipeline," Paper presented at the School-to-Prison Pipeline Conference, The Civil Rights Project, May 16-17, 2003, at http://www.civilrightsproject.ucla.edu/research/pipeline03/Skibbav3.pdf.

[43] Ruth B. Ekstrom, Margaret R. Goertz, Judith M. Pollack and Donald A. Rock, "Who Drops Out of High School and Why? Findings from a National Study," *Teachers College Record*, Vol. 87, No. 3 (Spring 1986), pp. 356-373, Table 1.

[44] U.S. Department of Education, National Center for Education Statistics, *Literacy Behind Bars: Results from the 2003 National Assessment of Adult Literacy Prison Survey* (May 2007), Table 3-1. Calculations by Children's Defense Fund.

[45] U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress, *The Nation's Report Card: Mathematics 2005* (October 2005), Figure 2, at http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006453; and U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress, *The Nation's Report Card: Reading 2005* (October 2005), Figure 2, at http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006451.

[46] U.S. Department of Education, National Center for Education Statistics, *Status and Trends in the Education of Blacks* (September 2003), Supplemental Table 3.2.

[47] U.S. Department of Education, National Center for Education Statistics, *Status and Trends in the Education of Blacks* (September 2003), Supplemental Table 3.2.

[48] Russell Skiba, Ada Simmons, Lori Staudinger, Marcus Rausch, Gayle Dow and Renae Feggins, "Consistent Removal: Contributions of Discipline to the School-Prison Pipeline," Paper presented at the School-to-Prison Pipeline Conference, The Civil Rights Project, May 16-17, 2003, at http://www.civilrightsproject.ucla.edu/research/pipeline03/Skibbav3.pdf.

[49] Becky Pettit and Bruce Western, "Mass Imprisonment and the Life Course: Race and Class Inequality in U.S. Incarceration," *American Sociological Review*, Vol. 69, No. 2 (April 2004), pp. 151-169.

[50] U.S. Department of Education, Office for Civil Rights, 2004 Elementary and Secondary School Civil Rights Survey, unpublished tabulations. Calculations by Children's Defense Fund.

[51] U.S. Department of Commerce, Bureau of the Census, "School Enrollment–Social and Economic Characteristics of Students: October 2005," Table 2, at http://www.census.gov/population/www/socdemo/school/cps2005.html. Calculations by Children's Defense Fund.

[52] U.S. Department of Health and Human Services, Administration for Children, National Center on Child Abuse and Neglect, *Executive Summary of the Third National Incidence Study of Child Abuse and Neglect* (1996), at http://www.childwelfare.gov/pubs/statsinfo/nis3.cfm.

[53] Cathy S. Widom and Michael G. Maxfield, *An Update on the "Cycle of Violence,"* U.S. Department of Justice, National Institute of Justice (February 2001); Carolyn Smith and Terence P. Thornberry, "The Relationship Between Childhood Maltreatment and Adolescent Involvement in Delinquency," *Criminology*, Vol. 33, No. 4 (1995), pp. 451-481; and Matthew T. Zingraff, Jeffrey Leiter, Kristen A. Myers and Matthew C. Johnsen, "Child Maltreatment and Youthful Problem Behavior," *Criminology*, Vol. 31, No. 2 (1993), pp. 173-202.

[54] Randy K. Otto, Jonathan J. Greenstein, Michael K. Johnson and Robert M. Friedman, "Prevalence of Mental Disorders Among Youth in the Juvenile Justice System," in Joseph J. Cocozza, Ed., *Responding to the Mental Health Needs of Youth in the Juvenile Justice System* (November 1992), pp. 7-48; and Richard Wiebush, Raelene Freitag and Christopher Baird, *Preventing Delinquency Through Improved Child Protection Services*, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (July 2001).

[55] National Conference of State Legislatures, Children's Policy Institute, *Educating Children in Foster Care* (December 2003).

[56] Cheryl Smithgall, Robert Matthew Gladden, Eboni Howard, Robert Goerge and Mark Courtney, *Educational Experiences of Children in Out-of-Home Care* (Chapin Hall Center for Children at the University of Chicago, 2004).

[57] Peter J. Pecora, Jason Williams, Ronald C. Kessler, A. Chris Downs, Kirk O'Brien, Eva Hiripi, and Sarah Morello, *Assessing the Effects of Foster Care: Early Results from the Casey National Alumni Study* (December 2003), at <http://www.casey.org/Resources/Publications/NationalAlumniStudy.htm>.

[58] *Assessing the Effects of Foster Care: Mental Health Outcomes from the Casey National Alumni Study* (no date), at http://www.casey.org/Resources/Publications/NationalAlumniStudy.htm.

[59] U.S. Department of Commerce, Bureau of the Census, *Statistical Abstract of the United States: 2007* (2006), Table 14; U.S. Department of Health and Human Services, Administration for Children and Families, *Child Maltreatment 2005* (2007), Table 3-11; and U.S. Department of Health and Human Services,

Administration for Children and Families, AFCARS Report 13, *Preliminary FY 2005 Estimates as of September 2006* (October 2006), at http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.pdf. Calculations by Children's Defense Fund.

[60] Robert B. Hill, *Synthesis of Research on Disproportionality in Child Welfare: An Update* (Casey-CSSP Alliance for Racial Equity in the Child Welfare System, October 2006), at http://www.caseyfamilyservices.org/pdfs/0226_CC_BobHillPaper_FINAL.pdf.

[61] Dorothy E. Roberts, *Racial Disproportionality in the U.S. Child Welfare System: Documentation, Research on Causes, and Promising Practices*, The Annie E. Casey Foundation (August 20, 2002), at http://www.chs-wa.org/AECFDRobertsDispWorkingPaper4.pdf.

[62] Robert B. Hill, *Synthesis of Research on Disproportionality in Child Welfare: An Update* (Casey-CSSP Alliance for Racial Equity in the Child Welfare System, October 2006), at http://www.caseyfamilyservices.org/pdfs/0226_CC_BobHillPaper_FINAL.pdf.

[63] U.S. General Accounting Office [sic], *Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services*, GAO-03-397 (April 2003), at http://www.gao.gov/new.items/d03397.pdf; and U.S. General Accounting Office [sic], *Child Welfare and Juvenile Justice: Several Factors Influence the Placement of Children Solely to Obtain Mental Health Services*, GAO-03-865T (July 2003), at http://www.gao.gov/new.items/d03865t.pdf.

[64] U.S. Congress, House of Representatives, Committee on Government Reform, Minority Staff Special Investigations Division, *Incarceration of Youth Who Are Waiting for Community Mental Health Services in the United States* (July 2004), at http://oversight.house.gov/documents/20040817121901-25170.pdf.

[65] Kathleen Skowyra and Joseph J. Cocozza, *A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs Involved with the Juvenile Justice System*, National Center for Mental Health and Juvenile Justice (June 2006), at http://www.ncmhjj.com/Blueprint/pdfs/ProgramBrief_06_06.pdf.

[66] Barbara J. Burns, Susan D. Phillips, H. Ryan Wagner, Richard P. Barth, David J. Kolko, Yvonne Campbell and John Landsverk, "Mental health need and access to mental health services by youths involved with child welfare: A national Survey," *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 43, No. 8 (August 2004), pp. 960-970.

[67] Michael S. Hurlburt, Laurel K. Leslie, John Landsverk, Richard P. Barth, Barbara J. Burns, Robert D. Gibbons, Donald J. Slymen and Jinjin Zhang, "Contextual Predictors of Mental Health Service Use Among Children Open to Child Welfare," *Archives of General Psychiatry*, Vol. 61 (December 2004), pp. 1217-1224.

[68] U.S. Department of Health and Human Services, Office of the Surgeon General, *Mental Health: A Report of the Surgeon General* (1999), at http://www.surgeongeneral.gov/library/mentalhealth/home.html; and U.S. Department of Health and Human Services, Office of the Surgeon General, *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General* (2001), at http://www.surgeon-general.gov/library/mentalhealth/cre/sma-01-3613.pdf.

[69] Guyonne Kalb and Jenny Williams, *The Relationship between Juvenile and Adult Crime*, Melbourne Institute Working Paper No. 4/02 (April 2002), Melbourne Institute of Applied Economic and Social Research, The University of Melbourne, Australia, at http://www.melbourneinstitute.com/wp/wp2002n04.pdf.

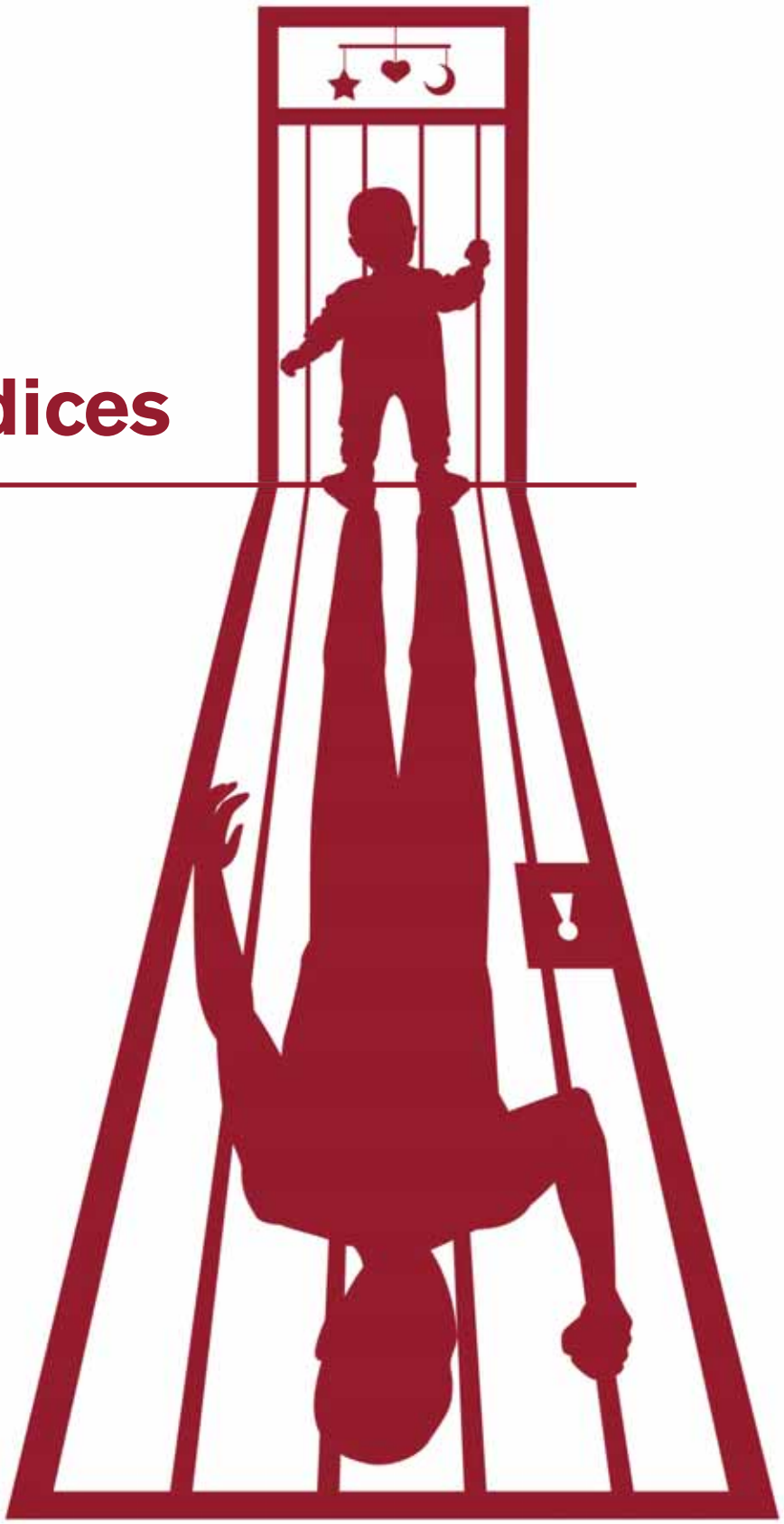
[70] David Bjerk, "Measuring the Relationship between Youth Criminal Participation and Household Economic Resources," *Journal of Quantitative Criminology*, Vol. 23 (2007), pp. 23-39.

[71] U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, "Juvenile Arrest Rates by Offense, Sex, and Race (1980-2005)," at http://ojjdp.ncjrs.org/ojstatbb/crime/excel/JAR_20070222.xls. Calculations by Children's Defense Fund.

[72] U.S. Department of Commerce, Bureau of the Census, Annual Estimates of the Population, 2003, at http://www.census.gov/popest/national/asrh/NC-EST2006-asrh.html; and U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Census of Juveniles in Residential Placement Databook, at http://www.ojjdp.ncjrs.org/ojstatbb/cjrp/. Calculations by Children's Defense Fund.

[73] U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Census of Juveniles in Residential Placement Databook, at http://www.ojjdp.ncjrs.org/ojstatbb/cjrp/. Calculations by Children's Defense Fund.

Appendices



13 million poor children—1 in 6—were living in the United States in 2006. Since 2000, the number of poor children has increased by 1.2 million.

Table 1A: Population and Poverty

	All Children, 2006		Poor Children			
			2005-2006		1999	
	Number	Percent of total population	Number	Percent of children in the state	County with highest child poverty rate	Percent of children in the county
Alabama	1,114,301	24.2%	253,108	23.0%	Perry County	49.2%
Alaska	181,434	27.1	26,445	15.1	Wade Hampton Census Area	29.6
Arizona	1,628,198	26.4	311,863	19.5	Apache County	43.0
Arkansas	691,186	24.6	164,545	24.3	Phillips County	45.6
California	9,532,614	26.1	1,697,024	18.1	Tulare County	33.0
Colorado	1,169,301	24.6	180,080	15.7	Costilla County	32.4
Connecticut	818,286	23.3	88,582	11.0	New Haven County	13.3
Delaware	203,366	23.8	31,565	15.8	Sussex County	15.3
District of Columbia	114,881	19.8	36,678	32.6	District of Columbia	31.7
Florida	4,021,555	22.2	689,315	17.5	Hamilton County	36.0
Georgia	2,455,020	26.2	484,525	20.2	Hancock County	45.4
Hawaii	298,081	23.2	33,155	11.4	Hawaii County	21.7
Idaho	394,280	26.9	58,441	15.1	Butte County	28.5
Illinois	3,215,244	25.1	543,373	17.1	Alexander County	39.1
Indiana	1,577,629	25.0	276,950	17.9	Crawford County	25.7
Iowa	710,194	23.8	95,696	13.7	Page County	22.3
Kansas	695,837	25.2	106,645	15.6	Sheridan County	27.9
Kentucky	999,531	23.8	223,296	22.8	Owsley County	56.4
Louisiana	1,090,001	25.4	298,228	27.8	East Carroll Parish	56.8
Maine	280,994	21.3	48,492	17.6	Washington County	23.0
Maryland	1,360,531	24.2	129,551	9.7	Baltimore city	31.0
Massachusetts	1,448,884	22.5	177,620	12.4	Suffolk County	25.2
Michigan	2,478,356	24.5	445,142	18.3	Lake County	29.2
Minnesota	1,257,264	24.3	151,605	12.2	Beltrami County	22.4
Mississippi	759,405	26.1	220,420	29.5	Holmes County	52.4
Missouri	1,416,592	24.2	259,551	18.6	Pemiscot County	43.6
Montana	217,848	23.1	37,134	17.3	Roosevelt County	41.8
Nebraska	445,033	25.2	63,022	14.4	Rock County	36.6
Nevada	634,520	25.4	87,111	13.9	Mineral County	21.9
New Hampshire	297,625	22.6	27,988	9.6	Coos County	11.9
New Jersey	2,089,338	23.9	244,074	11.8	Hudson County	22.4
New Mexico	508,930	26.0	127,823	25.6	Luna County	47.1
New York	4,514,342	23.4	888,344	20.0	Bronx County	41.7
North Carolina	2,155,387	24.3	429,169	20.2	Halifax County	33.3
North Dakota	144,934	22.8	18,234	13.0	Sioux County	45.2
Ohio	2,770,035	24.1	508,703	18.7	Vinton County	28.3
Oklahoma	894,034	25.0	212,672	24.3	Harmon County	38.2
Oregon	856,259	23.1	141,001	16.8	Malheur County	26.0
Pennsylvania	2,804,873	22.5	464,686	16.9	Philadelphia County	31.6
Rhode Island	237,451	22.2	35,456	15.1	Providence County	22.7
South Carolina	1,039,653	24.1	226,292	22.1	Allendale County	48.1
South Dakota	194,681	24.9	31,857	16.8	Buffalo County	61.8
Tennessee	1,442,593	23.9	322,483	22.7	Hancock County	37.7
Texas	6,493,965	27.6	1,527,262	23.9	Starr County	59.5
Utah	791,198	31.0	93,049	11.9	San Juan County	34.9
Vermont	133,389	21.4	17,459	13.2	Orleans County	19.0
Virginia	1,806,847	23.6	216,399	12.2	Clifton Forge city	39.8
Washington	1,526,267	23.9	231,026	15.4	Okanogan County	29.0
West Virginia	389,071	21.4	96,386	25.2	McDowell County	53.0
Wisconsin	1,312,530	23.6	191,952	14.9	Menominee County	39.9
Wyoming	121,794	23.6	14,092	12.0	Fremont County	24.4
United States	73,735,562	24.6	13,285,569	18.3	Buffalo County, South Dakota	61.8

Sources: U.S. Department of Commerce, Bureau of the Census, Estimates of the Population by Selected Age Groups for the United States and States, and for Puerto Rico: July 1, 2006 (SC-EST2006-01), at <http://www.census.gov/popest/states/asrh/SC-EST2006-01.html>; U.S. Department of Commerce, Bureau of the Census, American Community Survey, 2006, Table B17001, at <http://factfinder.census.gov/>; and U.S. Department of Commerce, Bureau of the Census, 2000 Census of Population and Housing, Summary File 3 (SF3), at <http://factfinder.census.gov>. Calculations by Children's Defense Fund.

More than half of all poor children live in ten states.

Table 1B: Child Poverty

Ten states with the greatest number of poor children, 2005-2006

	Number	Percent
California	1,697,024	18.1%
Texas	1,527,262	23.9
New York	888,344	20.0
Florida	689,315	17.5
Illinois	543,373	17.1
Ohio	508,703	18.7
Georgia	484,525	20.2
Pennsylvania	464,686	16.9
Michigan	445,142	18.3
North Carolina	429,169	20.2

Ten states (and the District of Columbia) with the highest child poverty rates, 2005-2006

	Number	Percent
District of Columbia	36,678	32.6%
Mississippi	220,420	29.5
Louisiana	298,228	27.8
New Mexico	127,823	25.6
West Virginia	96,386	25.2
Oklahoma	212,672	24.3
Arkansas	164,545	24.3
Texas	1,527,262	23.9
Alabama	253,108	23.0
Kentucky	223,296	22.8
Tennessee	322,483	22.7

Black and Hispanic babies are more likely than White, non-Hispanic babies to be born to mothers who did not receive early prenatal care.

Table 2: Prenatal Care, 2004

Percent of babies born to mothers who received early prenatal care or late or no prenatal care

	Early Prenatal Care*				Late or No Prenatal Care**			
	Total, all races	White, non-Hispanic	Black, non-Hispanic	Hispanic	Total, all races	White, non-Hispanic	Black, non-Hispanic	Hispanic
Alabama	84.0%	90.1%	77.2%	53.4%	3.7%	1.7%	4.5%	21.2%
Alaska	80.7	85.4	85.2	78.1	4.5	3.5	–	5.7
Arizona	76.3	87.2	77.8	67.1	7.5	3.1	6.9	11.1
Arkansas	82.3	85.4	76.1	71.7	4.4	3.2	6.9	8.3
California	87.1	90.7	83.5	85.0	2.6	1.9	3.5	3.1
Colorado	80.2	86.2	72.0	69.7	4.5	2.8	6.8	7.3
Connecticut	87.2	92.3	77.4	75.6	1.9	1.2	4.5	3.1
Delaware	85.1	90.0	81.7	69.5	3.6	2.0	4.3	9.9
District of Columbia	77.8	91.8	72.8	68.6	6.0	2.2	8.0	5.9
Florida								
Georgia	83.9	90.3	79.4	70.6	4.0	2.3	5.0	8.6
Hawaii	81.8	85.2	87.4	80.2	3.7	3.0	–	3.0
Idaho	71.6	74.9	70.6	55.6	5.7	4.5	–	11.0
Illinois	85.5	90.8	74.2	80.3	2.7	1.5	6.3	3.1
Indiana	80.8	84.3	68.5	62.6	4.0	2.9	7.6	8.9
Iowa	88.4	90.0	76.3	76.6	2.2	1.9	5.3	4.4
Kansas	86.5	89.8	78.3	72.7	2.6	1.8	4.8	5.8
Kentucky	74.5	76.0	68.6	56.4	5.4	4.8	8.9	11.0
Louisiana	85.5	91.5	77.4	84.3	2.9	1.4	5.0	3.1
Maine	88.5	88.9	80.2	77.8	1.6	1.6	–	–
Maryland	82.3	90.2	74.7	64.1	3.9	1.9	6.4	7.2
Massachusetts	89.6	92.2	80.4	82.3	2.2	1.5	5.5	3.6
Michigan	85.9	89.8	71.9	78.6	3.0	2.0	7.1	4.4
Minnesota	86.3	90.4	74.0	69.9	2.3	1.4	5.2	5.2
Mississippi	84.4	90.6	77.6	77.6	2.7	1.4	4.0	7.4
Missouri	88.2	90.2	80.4	80.0	2.3	1.8	4.8	3.3
Montana	83.2	86.4	93.6	80.2	2.9	1.9	–	–
Nebraska	82.9	86.0	72.5	70.9	3.3	2.5	5.8	6.5
Nevada	75.0	83.8	68.8	64.6	7.3	4.3	10.6	10.5
New Hampshire								
New Jersey	79.1	88.4	63.3	66.5	4.7	2.3	10.6	6.9
New Mexico	69.4	76.5	66.9	67.6	8.3	5.5	7.1	9.1
NewYork (excluding New York City)	77.2	82.3	61.3	61.0	4.4	3.1	9.6	7.3
New York City	79.9	88.3	74.1	78.1	4.9	2.1	7.6	5.4
North Carolina	84.0	90.4	76.5	69.9	2.9	1.5	4.7	5.6
North Dakota	85.7	88.7	81.1	78.8	2.8	1.9	–	–
Ohio	87.8	89.9	78.6	79.0	2.4	1.9	4.9	4.2
Oklahoma	78.1	82.3	72.2	64.6	4.7	3.7	6.4	7.2
Oregon	80.5	84.0	73.6	69.3	4.1	3.3	6.8	6.2
Pennsylvania	73.2	78.4	55.9	56.4	6.7	5.1	12.7	10.8
Rhode Island	90.0	92.5	82.4	87.5	1.5	1.0	3.3	2.1
South Carolina	68.0	75.5	60.1	46.8	7.5	5.0	10.0	15.6
South Dakota	77.9	83.4	63.6	63.2	4.0	1.9	–	9.6
Tennessee	69.8	76.8	54.2	40.8	8.2	5.1	14.5	23.8
Texas	81.8	88.2	78.4	77.3	4.5	2.6	5.3	5.9
Utah	80.0	83.7	60.5	64.6	4.5	3.4	17.3	8.5
Vermont	90.0	90.4	71.7	76.8	1.5	1.4	–	–
Virginia	85.6	90.5	79.0	71.8	3.4	1.9	5.0	7.3
Washington	71.4	75.1	66.0	61.0	6.1	4.8	8.8	8.9
West Virginia	86.0	86.4	76.2	77.2	2.1	2.0	5.3	–
Wisconsin	85.3	88.7	76.9	72.0	2.9	2.3	5.1	5.1
Wyoming	85.2	87.0	83.3	79.3	3.1	2.6	–	4.2

*Care begun in the first trimester (first three months) of pregnancy.

**Care begun in the last trimester (last three months) or pregnancy, or not at all.

–Number of births too small to calculate a reliable rate.

Note: Prior to 2003, information on start of prenatal care was obtained from the mother. Starting in 2003, some states began to use medical records for this information. These two methods produce different results, and hence the data from these two systems cannot be combined to produce national estimates of prenatal care. In addition, two states (Florida and New Hampshire) switched systems during 2004; no annual percentages can be calculated for these states. Finally, New York City's vital statistics system is separate from that of the rest of New York State. New York State switched to the new system for 2004; New York City used the old system. No overall percentages can be calculated for New York.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, *National Vital Statistics Reports*, Vol. 55, No. 1 (September 29, 2006), Tables 26a and 26b.

Black babies are about twice as likely as Hispanic or White, non-Hispanic babies to be born at low birthweight. Since 1984, the incidence of low birthweight has increased by 21 percent. The United States now ranks 22nd out of 29 industrialized nations in the world.

Table 3: Low Birthweight,[1] 2004

	Total, all races[2]		White non-Hispanic		Black non-Hispanic		Hispanic	
	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	10.4%	48	8.5%	47	15.1%	38	6.8%	23
Alaska	6.0	1	5.1	1	–	–	5.4	2
Arizona	7.2	16	7.3	26	12.0	10	6.8	23
Arkansas	9.3	43	8.1	44	15.5	41	6.0	4
California	6.7	8	6.3	8	12.4	11	6.1	7
Colorado	9.0	39	8.7	49	14.6	35	8.6	42
Connecticut	7.8	19	6.7	14	12.7	12	8.5	41
Delaware	9.0	39	7.4	31	13.8	24	6.2	10
District of Columbia	11.1	50	5.6	2	14.1	31	7.8	36
Florida	8.5	35	7.3	26	13.1	16	7.0	25
Georgia	9.3	43	7.4	31	14.0	28	6.0	4
Hawaii	7.9	21	6.2	6	10.2	1	7.9	37
Idaho	6.8	10	6.6	13	–	–	7.0	25
Illinois	8.4	34	7.3	26	14.6	35	6.7	22
Indiana	8.1	26	7.5	35	13.6	20	6.3	11
Iowa	7.0	13	6.9	15	11.0	5	6.1	7
Kansas	7.3	17	7.0	19	13.7	22	6.3	11
Kentucky	8.8	38	8.4	46	13.3	18	7.2	28
Louisiana	10.9	49	8.0	42	15.2	39	7.7	35
Maine	6.4	4	6.4	11	–	–	–	–
Maryland	9.3	43	7.4	31	13.2	17	7.3	31
Massachusetts	7.8	19	7.2	24	11.8	8	8.6	42
Michigan	8.3	30	7.1	22	14.5	34	6.4	16
Minnesota	6.5	6	6.0	4	10.5	2	6.3	11
Mississippi	11.6	51	8.7	49	15.5	41	7.4	32
Missouri	8.3	30	7.3	26	14.0	28	6.6	20
Montana	7.6	18	7.6	37	–	–	8.6	42
Nebraska	7.0	13	7.0	19	11.8	8	5.9	3
Nevada	8.0	22	7.8	39	13.8	24	6.3	11
New Hampshire	6.8	10	6.9	15	–	–	–	–
New Jersey	8.3	30	7.2	24	13.7	22	7.2	28
New Mexico	8.1	26	8.0	42	14.7	37	8.2	38
New York	8.2	28	6.9	15	13.0	14	7.5	33
North Carolina	9.0	39	7.7	38	14.2	32	6.4	16
North Dakota	6.6	7	6.4	11	–	–	–	–
Ohio	8.5	35	7.5	35	14.0	28	7.0	25
Oklahoma	8.0	22	7.8	39	13.0	14	6.6	20
Oregon	6.0	1	6.0	4	10.6	3	5.2	1
Pennsylvania	8.2	28	7.1	22	13.5	19	9.3	45
Rhode Island	8.0	22	7.3	26	11.0	5	8.3	39
South Carolina	10.2	47	7.9	41	15.3	40	6.3	11
South Dakota	6.9	12	6.9	15	–	–	–	–
Tennessee	9.2	42	8.2	45	13.8	24	6.0	4
Texas	8.0	22	7.4	31	13.9	27	7.2	28
Utah	6.7	8	6.3	8	10.8	4	7.6	34
Vermont	6.4	4	6.3	8	–	–	–	–
Virginia	8.3	30	7.0	19	12.8	13	6.4	16
Washington	6.2	3	5.7	3	11.1	7	6.1	7
West Virginia	9.3	43	9.1	51	14.3	33	–	–
Wisconsin	7.0	13	6.2	6	13.6	20	6.4	16
Wyoming	8.6	37	8.5	47	–	–	8.4	40
United States	8.1		7.2		13.7		6.8	

[1] Birthweight less than 2,500 grams (5 lbs. 8 oz.).

[2] Includes races other than White and Black.

–Number of low birthweight births too small to calculate a stable rate.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, *National Vital Statistics Reports*, Vol. 55, No. 1 (September 29, 2006), Table 35. Ranks calculated by Children's Defense Fund.

There were 9.4 million uninsured children and teens living in the United States in 2006, 700,000 more than in 2005.

Table 4A: Uninsured Children
Uninsured children and teens younger than 19, 2004-2006

	Estimated number	Percent
Alabama	74,000	6.3%
Alaska	19,000	9.8
Arizona	282,000	16.5
Arkansas	71,000	9.7
California	1,330,000	13.2
Colorado	176,000	14.3
Connecticut	63,000	7.2
Delaware	26,000	12.0
District of Columbia	10,000	7.8
Florida	755,000	17.8
Georgia	315,000	12.2
Hawaii	17,000	5.5
Idaho	47,000	11.4
Illinois	354,000	10.4
Indiana	150,000	9.0
Iowa	47,000	6.2
Kansas	51,000	7.0
Kentucky	88,000	8.4
Louisiana	127,000	11.0
Maine	19,000	6.4
Maryland	133,000	9.2
Massachusetts	89,000	5.8
Michigan	147,000	5.6
Minnesota	92,000	6.9
Mississippi	119,000	14.9
Missouri	124,000	8.3
Montana	33,000	14.3
Nebraska	35,000	7.4
Nevada	112,000	16.8
New Hampshire	21,000	6.6
New Jersey	254,000	11.5
New Mexico	95,000	17.7
New York	384,000	8.0
North Carolina	280,000	12.3
North Dakota	15,000	9.5
Ohio	216,000	7.4
Oklahoma	131,000	13.9
Oregon	108,000	12.0
Pennsylvania	242,000	8.1
Rhode Island	16,000	6.3
South Carolina	109,000	9.9
South Dakota	18,000	8.9
Tennessee	129,000	8.5
Texas	1,413,000	20.7
Utah	107,000	12.8
Vermont	9,000	6.3
Virginia	174,000	9.1
Washington	122,000	7.6
West Virginia	35,000	8.5
Wisconsin	81,000	5.8
Wyoming	12,000	9.5
United States, 2006	9.4 million	12.1

Note: The 2006 U.S. percentage and number of uninsured are from the 2007 Current Population Survey (CPS) Annual Social & Economic Supplement (ASEC) conducted by the U.S. Census Bureau. The estimated percentage of uninsured children in each state is an average of the percentage of uninsured children in that state over three years. Three-year averages are used because of small sample sizes in some states. In March of 2007, the Census Bureau changed the way health coverage was determined and issued revised data for the 2005 and 2006 ASEC. Prior to that revision, errors in weighting were corrected in the 2005 ASEC. The average percentage of uninsured children in this table is based on the revised and corrected 2005 ASEC, the revised 2006 ASEC, and the 2007 ASEC. The estimated number of uninsured in each state is calculated by applying that average percentage to the most recent Census estimates of children younger than 19 in the states.

Sources: U.S. Department of Commerce, Bureau of the Census, Revised 2005, Revised 2006, and 2007 Annual Social and Economic Supplement to the Current Population Survey; and U.S. Department of Commerce, Bureau of the Census, Estimates of Persons by Race/Ethnicity and State for Single Year of Age as of July 1, 2006. Calculations by Children's Defense Fund.

Seven out of 8 uninsured children have at least one working parent.

Table 4B: Uninsured Children
Of the 9 million uninsured children:

Race/Ethnicity*	Percentage of the uninsured	Uninsured number**
Hispanic	38.9%	3.4 million
White	37.5	3.3 million
Black	16.0	1.4 million
Asian/Pacific Islander	4.5	389,000
American Indian	1.6	140,000
Other (multi-racial)	1.6	136,000
Total	100.1	8.7 million

Age	Percentage of the uninsured	Uninsured number
Birth through age 5	29.1%	2.5 million
Age 6 through age 12	31.7	2.8 million
Age 13 through age 18	39.2	3.4 million
Total	100.0	8.7 million

Income	Percentage of the uninsured	Uninsured number	Upper limit, annual income for family of 4
100% poverty & below	31.9%	2.8 million	$ 20,650
Over 100% through 200%	32.5	2.8 million	41,300
Over 200% through 300%	18.3	1.6 million	61,950
Total, 300% and below	82.8	7.2 million	61,950
Over 300% through 400%	7.1	617,000	82,600
Over 400%	10.2	887,000	–
Total	100.0	8.7 million	

Family Structure	Percentage of the uninsured	Uninsured number
Two parents in household	54.5%	4.8 million
Single parent household	37.3	3.3 million
Child has no parent in household	8.2	720,000
Total	100.0	8.7 million

Parental Work Status***	Percentage of the uninsured	Uninsured number
At least one working parent	86.8%	7.0 million
No working parent	13.2	1.1 million
Total	100.0	8.0 million***

Citizenship	Percentage of the uninsured	Uninsured number
Child is a U.S. citizen	87.4%	7.6 million
Child is not a U.S. citizen	12.6	1.1 million
Total	100.0	8.7 million

Note: Children are ages birth through 18.
* Hispanic children are in a separate category and are not included in the White and Black categories.
** Numbers may not add to total because of rounding.
*** Of children who have at least one parent in the household.

Sources: U.S. Department of Commerce, Bureau of the Census, Revised 2006 Annual Social and Economic Supplement (ASEC) to the Current Population Survey (revised April 2007); and *Federal Register*, Vol 72, No. 15 (January 24, 2007), pp. 3147-3148.
Calculations by Children's Defense Fund.

About 7 out of 10 public school fourth graders cannot read or do math at grade level; for Black, American Indian, and Hispanic children, these rates are dramatically higher.

Table 5: Reading and Math Achievement of 4th Graders
Percent of fourth-grade public school students performing below grade level, 2005

	Reading						Math					
	Total	White	Black	Hispanic	Asian, Pacific Islander	American Indian, Alaska Native	Total	White	Black	Hispanic	Asian, Pacific Islander	American Indian, Alaska Native
Alabama	78%	68%	92%	–	–	–	79%	70%	93%	–	–	–
Alaska	74	64	76	81%	81%	91%	66	56	80	77%	64%	85%
Arizona	76	63	88	89	64	–	72	57	87	86	57	–
Arkansas	71	63	90	79	–	–	66	58	90	75	–	–
California	78	63	89	90	65	77	72	54	88	86	49	73
Colorado	64	54	82	83	58	–	61	51	82	82	58	–
Connecticut	61	53	88	85	51	–	57	47	89	85	43	–
Delaware	65	54	85	78	45	–	64	50	85	82	30	–
District of Columbia	89	30	92	88	–	–	91	22	95	89	–	–
Florida	70	61	87	75	57	–	64	51	84	72	34	–
Georgia	74	63	88	86	43	–	70	57	88	78	43	–
Hawaii	77	63	79	73	81	–	73	58	84	79	75	–
Idaho	67	63	–	89	–	–	59	56	–	83	–	–
Illinois	70	58	91	86	56	–	68	56	91	86	34	–
Indiana	70	65	88	89	–	–	62	55	87	79	–	–
Iowa	67	64	88	85	60	–	63	60	85	83	–	–
Kansas	67	63	90	86	45	–	53	48	76	70	29	–
Kentucky	70	67	85	–	–	–	73	71	91	–	–	–
Louisiana	80	68	91	–	–	–	76	62	91	–	–	–
Maine	64	65	–	–	–	–	61	61	–	–	–	–
Maryland	68	55	88	79	45	–	62	47	86	74	41	–
Massachusetts	56	49	80	89	53	–	51	43	82	86	36	–
Michigan	69	62	90	–	–	–	63	54	92	–	–	–
Minnesota	62	57	90	82	72	–	53	46	85	85	60	–
Mississippi	82	69	93	–	–	–	81	68	93	–	–	–
Missouri	68	62	86	79	–	–	69	63	91	90	–	–
Montana	64	61	–	64	–	87	61	59	–	70	–	83
Nebraska	67	60	90	88	–	–	64	56	93	90	–	–
Nevada	79	72	90	88	76	–	74	62	90	87	58	–
New Hampshire	61	61	–	–	–	–	53	52	–	83	–	–
New Jersey	62	54	85	81	43	–	54	45	83	75	26	–
New Mexico	79	64	76	86	–	92	81	66	94	87	–	91
New York	66	57	83	83	50	–	64	51	87	83	39	–
North Carolina	70	61	87	83	69	–	60	48	83	74	37	–
North Dakota	65	62	–	–	–	91	59	57	–	–	–	87
Ohio	65	59	90	76	–	–	57	49	84	79	–	–
Oklahoma	74	70	90	83	–	78	72	64	89	84	–	79
Oregon	70	66	85	90	65	–	63	58	88	86	46	–
Pennsylvania	64	58	85	81	53	–	59	50	87	84	–	–
Rhode Island	70	64	85	89	71	–	69	63	91	91	61	–
South Carolina	74	64	89	71	–	–	64	47	87	70	–	–
South Dakota	67	63	–	–	–	86	60	55	–	–	–	87
Tennessee	73	67	89	87	–	–	72	65	91	74	–	–
Texas	71	56	85	81	53	–	60	40	82	72	28	–
Utah	65	62	–	86	70	–	63	59	–	87	67	–
Vermont	62	62	–	–	–	–	57	56	–	–	–	–
Virginia	63	55	85	74	47	–	60	50	86	78	36	–
Washington	65	60	80	86	60	–	58	52	74	83	54	–
West Virginia	74	74	85	–	–	–	74	75	83	–	–	–
Wisconsin	67	62	90	80	66	–	60	52	93	84	71	–
Wyoming	66	62	–	84	–	–	58	55	–	69	–	–
United States	70	61	88	85	60	81	65	53	87	81	46	78

–Data not reported; number of students too small to calculate a reliable rate.

Sources: U.S. Department of Education, National Assessment of Education Progress, *The Nation's Report Card: Reading 2005* (2005), Figure 11 and Table A-4; and U.S. Department of Education, National Assessment of Education Progress, *The Nation's Report Card: Mathematics 2005* (2005), Figure 11 and Table A-4. Calculations by Children's Defense Fund.

The suspension rate among Black public school students is three times that for White students; the rates are also higher for American Indian and Hispanic students.

Table 6: Out-of-School Suspensions, by Race/Ethnicity, 2004
Suspensions per 100 students

	Total, all races	White, non-Hispanic	Black, non-Hispanic	Asian	American Indian, Alaska Native	Hispanic
Alabama	9.6	5.5	17.1	3.5	3.9	3.5
Alaska	6.2	5.2	10.9	4.9	7.6	6.2
Arizona	5.6	4.5	10.6	2.6	9.7	5.9
Arkansas	6.6	5.0	12.6	2.8	6.4	4.2
California	7.4	6.2	16.9	3.3	9.0	7.6
Colorado	6.2	4.6	14.2	3.4	8.9	8.5
Connecticut	6.5	3.2	16.8	2.1	3.5	12.8
Delaware	10.5	7.5	17.1	3.3	5.7	8.8
District of Columbia	3.7	0.3	4.3	0.0	0.0	0.9
Florida	9.2	6.9	16.8	2.9	6.2	6.8
Georgia	9.6	5.2	16.1	3.2	3.0	6.1
Hawaii	3.5	3.4	5.1	3.5	2.7	3.4
Idaho	3.6	3.4	3.4	1.5	4.1	4.8
Illinois	6.2	3.8	14.5	1.8	4.3	5.6
Indiana	8.6	6.6	20.9	2.2	3.9	8.7
Iowa	3.7	3.0	16.1	2.6	4.4	3.6
Kansas	5.8	3.9	17.4	3.1	5.9	8.8
Kentucky	7.0	6.7	10.5	2.4	4.5	4.5
Louisiana	11.9	6.9	17.7	3.7	8.5	6.3
Maine	4.8	4.7	9.0	2.6	5.8	4.1
Maryland	7.2	5.4	10.9	2.0	7.2	4.8
Massachusetts	5.7	4.5	10.7	3.8	4.6	9.1
Michigan	7.7	6.1	15.1	2.9	6.5	8.1
Minnesota	4.0	2.6	16.3	3.3	8.7	6.0
Mississippi	10.1	5.9	13.9	4.8	15.5	4.8
Missouri	6.0	4.1	14.7	2.3	4.7	4.8
Montana	4.6	3.7	4.7	2.5	12.7	5.1
Nebraska	3.8	2.6	13.5	2.1	11.6	4.7
Nevada	6.9	5.6	14.4	4.3	7.7	7.1
New Hampshire	5.9	5.7	9.1	2.2	8.6	11.8
New Jersey	5.6	3.9	11.9	1.5	3.3	6.8
New Mexico	5.3	3.7	7.4	1.7	7.5	5.7
New York	4.0	3.5	7.1	1.0	5.2	3.0
North Carolina	11.1	6.8	20.2	3.5	10.0	7.8
North Dakota	1.7	1.3	4.1	0.5	6.4	3.6
Ohio	6.1	4.1	16.1	2.2	3.0	5.8
Oklahoma	5.8	4.7	15.2	2.3	4.4	6.7
Oregon	5.9	5.7	8.8	2.6	9.5	6.6
Pennsylvania	6.5	3.8	20.6	2.0	3.0	11.6
Rhode Island	10.1	8.8	17.5	5.9	8.6	13.0
South Carolina	11.8	7.4	19.3	2.0	5.3	5.9
South Dakota	2.6	1.7	5.5	2.8	8.4	3.9
Tennessee	8.8	5.8	18.5	3.4	5.4	5.8
Texas	5.2	3.0	11.9	1.9	3.3	5.3
Utah	2.6	2.2	5.5	4.0	7.3	5.0
Vermont	5.2	5.2	5.4	2.7	1.2	4.5
Virginia	7.3	4.9	14.5	2.3	4.6	6.2
Washington	6.0	5.4	11.7	3.7	10.4	6.9
West Virginia	10.7	10.3	19.9	2.1	7.9	7.9
Wisconsin	5.1	3.2	18.4	2.8	9.6	8.1
Wyoming	3.7	3.4	6.2	1.7	7.6	6.0
United States	6.8	4.8	15.0	2.8	7.2	6.5

Source: U.S. Department of Education, Office for Civil Rights, 2004 Elementary and Secondary Civil Rights Survey.
Calculations by Children's Defense Fund.

Black students are more likely than any other students to be in special education programs for children with mental retardation or emotional disturbance.

Table 7: Special Education Enrollment, by Race/Ethnicity, 2004
Percent of students in special education programs

	Mental Retardation						Emotional Disturbance					
	Total, all races	White, non-Hispanic	Black, non-Hispanic	Asian	American Indian, Alaska Native	Hispanic	Total, all races	White, non-Hispanic	Black, non-Hispanic	Asian	American Indian, Alaska Native	Hispanic
Alabama	1.7%	1.1%	2.8%	0.4%	1.4%	0.5%	0.3%	0.3%	0.3%	0.1%	0.1%	0.1%
Alaska	0.5	0.4	0.5	0.3	0.8	0.4	0.5	0.4	0.9	0.2	0.5	0.3
Arizona	1.2	1.1	1.9	0.6	1.2	1.2	0.7	0.9	1.3	0.2	0.7	0.3
Arkansas	2.5	2.0	4.7	0.6	1.5	1.4	0.2	0.2	0.1	0.0	0.2	0.1
California	0.8	0.7	1.1	0.7	0.8	0.8	0.4	0.5	0.9	0.1	0.6	0.2
Colorado	0.5	0.5	1.1	0.3	0.7	0.6	1.0	1.1	1.9	0.3	1.6	0.7
Connecticut	0.6	0.4	1.0	0.3	0.3	0.8	1.0	0.8	1.6	0.1	1.5	1.7
Delaware	2.0	1.4	3.3	1.0	0.3	1.9	0.7	0.6	1.0	0.1	1.1	0.3
District of Columbia	2.0	0.2	2.3	0.0	0.0	0.7	2.2	0.3	2.6	0.0	0.0	0.6
Florida	1.3	0.9	2.7	0.5	0.9	0.9	1.2	1.2	2.0	0.1	0.9	0.6
Georgia	2.0	1.4	3.1	0.5	1.3	1.0	1.4	1.4	1.8	0.3	1.7	0.4
Hawaii	1.0	0.6	0.7	1.1	0.4	1.1	1.2	1.6	1.3	1.1	0.9	1.9
Idaho	0.8	0.7	1.2	0.4	0.9	1.0	0.4	0.5	1.2	0.1	0.3	0.2
Illinois	1.4	1.1	2.9	0.7	0.9	1.1	1.3	1.2	2.1	0.4	0.8	0.7
Indiana	3.3	3.1	5.4	0.7	2.8	1.8	1.3	1.3	2.0	0.2	1.2	0.4
Iowa	3.4	3.3	5.2	4.6	2.1	3.4	0.6	0.6	1.3	1.8	0.6	0.3
Kansas	1.1	1.0	2.4	0.5	1.1	0.9	0.8	0.8	1.6	0.2	1.1	0.4
Kentucky	3.7	3.7	4.5	0.7	2.5	1.8	0.9	0.7	2.0	0.2	0.4	0.3
Louisiana	1.7	1.0	2.5	0.5	1.0	0.6	0.7	0.4	1.0	0.0	0.3	0.3
Maine	0.7	0.7	0.6	0.1	1.0	0.5	1.4	1.5	1.5	0.3	1.4	1.2
Maryland	0.7	0.5	1.1	0.3	0.4	0.4	0.8	0.7	1.2	0.1	0.8	0.3
Massachusetts	2.0	1.2	5.1	0.9	2.1	4.6	1.0	0.9	2.0	0.2	1.3	1.4
Michigan	1.6	1.3	3.3	0.8	1.5	1.3	1.2	1.1	1.5	0.3	1.2	0.7
Minnesota	1.8	1.7	2.8	1.0	2.6	2.3	1.9	1.7	4.0	0.4	5.9	1.2
Mississippi	1.3	0.7	1.8	0.4	0.4	0.5	0.2	0.3	0.2	0.0	0.4	0.1
Missouri	1.2	1.0	2.2	0.4	0.5	0.7	0.8	0.7	1.4	0.1	0.4	0.4
Montana	1.2	1.0	1.2	0.8	2.6	1.5	0.6	0.6	1.3	0.2	0.8	0.7
Nebraska	2.3	2.3	3.3	1.0	3.8	1.9	0.8	0.7	1.9	0.2	2.6	0.2
Nevada	0.5	0.4	1.0	0.5	0.8	0.5	0.6	0.7	1.2	0.2	0.9	0.2
New Hampshire	0.7	0.7	1.0	0.4	2.3	1.2	1.1	1.1	0.8	0.2	0.7	0.5
New Jersey	0.7	0.6	1.5	0.3	0.8	0.6	0.7	0.6	1.4	0.1	0.5	0.5
New Mexico	0.6	0.5	0.7	0.6	0.6	0.6	0.9	1.2	2.1	1.5	0.9	0.7
New York	0.7	0.5	1.3	0.3	1.3	0.7	1.2	0.9	2.3	0.2	2.4	1.2
North Carolina	2.2	1.3	4.1	0.6	3.7	1.2	0.8	0.6	1.4	0.0	0.8	0.2
North Dakota	1.3	1.2	1.8	0.7	2.3	2.0	1.3	1.2	2.7	0.4	2.4	1.2
Ohio	2.5	2.2	4.0	0.7	2.5	2.2	0.8	0.7	1.6	0.2	0.6	0.6
Oklahoma	1.2	1.1	2.7	0.7	1.0	0.9	0.8	0.9	1.3	0.3	0.7	0.3
Oregon	0.7	0.7	1.4	0.5	0.9	0.7	0.8	0.9	1.7	0.2	0.8	0.4
Pennsylvania	1.3	1.2	2.1	0.5	1.3	1.6	1.1	1.0	1.8	0.3	1.1	1.1
Rhode Island	1.0	0.9	1.4	0.8	0.8	1.1	1.2	1.2	1.8	0.1	1.6	1.1
South Carolina	2.2	1.3	3.7	0.5	0.7	1.0	0.8	0.6	1.1	0.1	0.5	0.2
South Dakota	0.9	0.8	2.2	0.6	1.4	1.0	0.5	0.5	0.7	0.1	0.8	0.4
Tennessee	1.4	0.9	2.9	0.3	1.2	0.5	0.4	0.4	0.4	0.1	0.4	0.1
Texas	0.8	0.6	1.5	0.4	0.6	0.7	0.9	1.1	1.3	0.2	1.5	0.6
Utah	0.7	0.7	1.3	0.4	0.9	0.7	0.5	0.5	1.7	0.3	0.7	0.4
Vermont	1.4	1.5	1.2	0.2	2.7	0.2	1.8	1.9	0.5	0.1	1.6	1.4
Virginia	1.5	0.8	3.4	0.5	1.1	0.7	0.9	0.9	1.4	0.2	0.6	0.6
Washington	0.6	0.6	1.0	0.4	1.0	0.7	0.5	0.5	1.3	0.2	0.7	0.2
West Virginia	3.4	3.4	4.2	0.2	1.1	1.8	0.6	0.6	0.8	0.1	0.0	0.4
Wisconsin	1.5	1.3	2.8	1.0	3.8	1.5	1.8	1.7	2.6	0.2	5.3	1.0
Wyoming	1.1	1.1	0.6	0.9	1.1	1.0	1.3	1.2	2.4	0.2	2.1	1.3
United States	1.3	1.2	2.6	0.6	1.2	0.9	0.9	0.9	1.5	0.2	1.1	0.5

Source: U.S. Department of Education, Office for Civil Rights, 2004 Elementary and Secondary School Civil Rights Survey, unpublished tabulations. Calculations by Children's Defense Fund.

Black public school students are least likely to be in programs for the gifted and talented, one-third as likely as Asian students; American Indian and Hispanic students are about half as likely as Asian students to be in the programs.

Table 8: Enrollment in Programs for Gifted and Talented Students, by Race/Ethnicity, 2004
Percent of students in programs for gifted and talented

	Total, all races	White, non-Hispanic	Black, non-Hispanic	Asian	American Indian, Alaska Native	Hispanic
Alabama	4.8%	6.3%	2.4%	9.4%	4.9%	2.3%
Alaska	4.1	5.8	2.1	4.5	1.0	2.3
Arizona	5.9	8.4	3.5	13.9	4.0	3.3
Arkansas	9.9	11.2	7.1	10.6	4.7	5.8
California	8.4	12.0	4.6	14.6	6.5	5.1
Colorado	6.7	7.9	5.2	9.6	4.5	3.9
Connecticut	3.0	3.5	1.7	5.7	1.7	1.4
Delaware	4.6	6.1	2.2	11.5	3.4	1.7
District of Columbia	0.0	0.0	0.0	0.0	0.0	0.0
Florida	4.5	5.7	2.0	8.8	4.6	4.0
Georgia	8.9	13.6	3.7	18.8	7.6	2.6
Hawaii	5.7	7.7	2.9	5.5	4.3	2.6
Idaho	3.9	4.4	1.7	6.9	1.2	0.9
Illinois	5.4	6.7	2.5	13.1	5.4	2.8
Indiana	7.1	7.7	3.8	15.5	6.7	3.8
Iowa	8.5	9.0	4.6	13.5	3.6	3.7
Kansas	3.3	3.9	1.1	5.5	1.5	1.0
Kentucky	13.0	14.2	5.2	20.2	6.6	4.6
Louisiana	3.9	5.5	1.9	11.7	2.6	4.2
Maine	3.0	3.1	1.3	3.8	0.8	1.2
Maryland	13.8	17.0	6.7	33.8	9.8	14.5
Massachusetts	0.8	0.8	0.7	1.9	0.9	0.8
Michigan	3.9	4.1	3.0	10.1	1.4	2.7
Minnesota	8.1	8.3	5.2	13.7	3.8	4.5
Mississippi	6.0	9.1	3.3	10.7	3.7	5.0
Missouri	3.8	4.3	1.7	9.0	2.0	1.4
Montana	5.6	6.0	2.8	9.9	2.9	3.3
Nebraska	11.4	12.8	6.4	17.0	4.6	4.5
Nevada	1.9	2.8	0.8	2.8	1.0	0.8
New Hampshire	2.3	2.3	0.6	5.8	0.9	1.0
New Jersey	6.9	8.4	3.3	12.2	3.3	3.4
New Mexico	10.7	12.6	9.6	13.6	2.2	11.4
New York	2.2	3.4	0.8	1.7	1.4	0.4
North Carolina	10.9	15.7	3.9	16.5	6.3	3.0
North Dakota	3.1	2.8	2.3	8.1	7.0	1.5
Ohio	7.4	7.6	6.5	13.6	5.6	3.5
Oklahoma	14.0	16.6	7.7	23.6	11.3	7.0
Oregon	7.1	8.0	3.6	11.6	3.6	1.8
Pennsylvania	4.8	5.3	2.7	9.5	2.2	1.8
Rhode Island	1.8	2.0	1.5	2.2	0.9	1.2
South Carolina	12.7	17.8	5.9	21.6	8.3	5.1
South Dakota	2.2	2.4	1.2	3.3	1.3	0.6
Tennessee	3.3	2.9	4.5	7.9	2.9	1.6
Texas	8.0	11.2	4.9	16.4	7.1	5.6
Utah	4.6	4.5	5.1	11.7	2.6	4.4
Vermont	0.8	0.8	0.4	0.2	0.0	0.0
Virginia	12.1	14.9	4.6	24.5	8.3	6.7
Washington	3.8	4.2	1.4	5.0	1.6	1.8
West Virginia	2.2	2.2	1.4	9.3	3.9	1.6
Wisconsin	6.8	7.8	2.0	6.7	4.6	2.4
Wyoming	3.2	3.5	1.5	3.6	0.7	1.2
United States	6.7	7.9	3.5	11.9	5.2	4.3

Source: U.S. Department of Education, Office for Civil Rights, 2004 Elementary and Secondary School Civil Rights Survey, unpublished tabulations. Calculations by Children's Defense Fund.

Over 880,000 children were victims of abuse and neglect in 2005. Almost 2 out of 3 were victims of neglect.

Table 9: Child Abuse and Neglect, 2005
Child abuse and neglect, total substantiated victims, 2005

	Child victims of abuse and neglect		Type of abuse or neglect (percentage distribution)[2]					
	Number	Rate[1]	Neglect	Medical neglect	Physical abuse	Sexual abuse	Psychological maltreatment	Other
Alabama	9,029	8.3	44.5%	NR	40.5%	23.5%	0.7%	NR
Alaska	2,693	14.3	61.8	3.7%	14.6	4.5	29.4	NR
Arizona	6,119	3.9	75.0	NR	21.3	6.2	0.9	NR
Arkansas	8,124	12.0	55.7	3.3	19.3	29.2	1.3	0.0%
California	95,314	9.8	70.8	NR	12.7	7.4	17.9	0.1
Colorado	9,406	8.0	63.2	1.7	17.3	10.1	5.1	8.1
Connecticut	11,419	13.7	74.1	3.1	7.1	4.6	30.5	3.7
Delaware	1,960	10.0	28.0	2.0	27.8	9.3	22.6	10.4
District of Columbia	2,840	25.2	84.2	NR	16.1	5.7	NR	NR
Florida	130,633	32.1	30.2	1.6	12.0	4.0	1.8	69.2
Georgia	47,158	20.0	70.3	5.0	10.4	4.6	21.4	1.1
Hawaii	2,762	9.2	15.0	2.2	11.1	5.6	0.9	89.6
Idaho	1,912	5.1	71.9	1.6	18.0	6.1	0.4	7.4
Illinois	29,325	9.0	66.2	2.7	26.5	18.9	0.1	NR
Indiana	19,062	11.9	70.6	2.5	13.8	21.3	NR	NR
Iowa	14,016	20.9	78.5	1.0	13.4	5.8	0.7	9.9
Kansas	2,775	4.1	21.4	2.9	21.7	23.4	15.4	25.0
Kentucky	19,474	19.9	85.0	NR	12.4	5.1	0.6	NR
Louisiana	12,366	10.8	76.2	NR	27.7	7.2	3.4	0.2
Maine	3,349	12.1	65.9	NR	22.4	12.7	44.9	NR
Maryland	14,603	10.4	61.8	NR	26.7	13.4	0.3	NR
Massachusetts	35,887	24.6	91.1	NR	14.1	2.7	0.2	0.0
Michigan	24,603	9.7	75.1	1.8	17.9	4.8	2.2	2.6
Minnesota	8,499	6.9	76.4	1.6	16.9	10.7	0.8	NR
Mississippi	6,154	8.2	56.6	2.9	21.2	15.0	11.0	0.5
Missouri	8,945	6.5	51.7	3.8	27.5	26.2	6.2	2.1
Montana	2,095	10.2	74.3	2.4	10.7	6.9	20.4	0.4
Nebraska	6,630	15.4	83.1	0.0	14.0	8.9	5.5	NR
Nevada	4,971	8.0	82.8	1.7	17.8	4.3	7.9	NR
New Hampshire	941	3.1	66.4	2.6	20.4	19.7	1.0	NR
New Jersey	9,812	4.5	49.6	9.4	33.4	8.8	1.5	0.1
New Mexico	7,285	14.9	70.4	2.4	14.5	5.3	22.1	0.2
New York	70,878	15.6	91.5	4.1	11.2	3.9	0.7	24.8
North Carolina	33,250	15.5	64.3	1.5	3.5	3.8	0.4	26.6
North Dakota	1,547	11.3	80.1	NR	16.7	7.7	53.3	NR
Ohio	42,483	15.4	55.0	0.0	20.9	18.6	9.9	NR
Oklahoma	13,941	16.3	82.4	3.5	18.3	6.4	22.6	NR
Oregon	12,414	14.6	30.8	2.5	8.6	8.7	2.8	58.9
Pennsylvania	4,353	1.5	3.5	2.0	32.4	62.5	1.1	NR
Rhode Island	3,366	13.7	82.9	2.5	14.2	5.0	0.3	2.4
South Carolina	10,759	10.5	69.8	4.0	30.0	8.4	1.3	0.2
South Dakota	1,442	7.7	87.0	NR	13.0	4.1	3.7	NR
Tennessee	18,376	13.2	53.3	2.0	33.3	20.4	0.5	NR
Texas	61,994	9.8	70.7	4.4	23.4	11.9	1.5	NR
Utah	13,152	17.7	20.7	0.4	14.7	19.3	42.5	19.2
Vermont	1,080	8.1	5.6	1.9	48.4	46.5	1.1	NR
Virginia	6,469	3.5	59.8	2.7	27.4	15.0	1.1	0.0
Washington	7,932	5.3	83.1	NR	16.5	6.0	NR	NR
West Virginia	9,511	24.9	54.9	1.2	27.2	4.7	22.8	7.9
Wisconsin	9,686	7.5	28.4	NR	12.7	37.8	0.3	25.0
Wyoming	853	7.5	71.0	1.6	7.0	7.4	13.2	6.0
United States	883,647	12.0	63.0	2.0	16.5	9.4	6.9	15.6

[1] Number of child victims per 1,000 children.

[2] Totals may be greater than 100 percent because some victims were subject to multiple types of maltreatment.

NR – no data reported by state.

Note: Because of differences in definitions and reporting requirements, data may not be comparable from state to state.

Source: U.S. Department of Health and Human Services, Administration on Children, Youth and Families, *Child Maltreatment 2005* (2007), Tables 3-3 and 3-6. Calculations by Children's Defense Fund.

506,000 children were in foster care in 2005. The percentage of Black children in care was more than twice their proportion of the child population.

Table 10: Foster Care, FY 2000 – FY 2005
Number of children in care on last day of year

							Children in care, FY 2003, by race/ethnicity (percent)							
	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	Black non-Hispanic	Hispanic	White non-Hispanic	American Indian, Alaska Native	Asian	Native Hawaiian, Pacific Islander	Two or more races	Unknown or missing
Alabama	5,621	5,859	5,883	6,079	5,934	6,913	49.9%	1.5%	47.6%	0.2%	<.1%	0.0%	0.0%	0.2%
Alaska	2,193	1,993	2,072	2,040	1,825	1,791	7.5	2.6	24.7	63.7	0.4	0.0	0.0	1.2
Arizona	6,475	6,050	6,173	7,469	9,119	9,685	8.7	35.9	46.0	2.5	0.2	0.1	0.1	2.0
Arkansas	3,045	2,959	2,971	3,014	3,097	3,230	31.0	3.5	57.5	0.2	<.1	<.1	<.1	0.3
California	112,807	107,168	100,451	97,261	92,344	81,174	29.0	39.4	25.4	0.8	1.3	0.4	0.4	0.5
Colorado	7,533	7,138	9,209	8,754	8,196	8,213	12.0	33.0	50.4	1.3	0.5	<.1	<.1	0.3
Connecticut	6,996	7,440	6,007	6,742	6,803	7,032	33.4	28.1	33.6	0.1	0.2	<.1	<.1	1.0
Delaware	1,098	1,023	886	814	849	962	59.7	6.5	33.7	0.1	0.0	0.0	0.0	0.0
District of Columbia	3,054	3,339	3,321	3,092	2,608	2,505	85.1	2.3	0.2	<.1	0.2	0.0	0.0	11.6
Florida	36,608	32,477	31,963	30,677	28,864	29,312	42.4	9.0	45.8	0.2	0.2	<.1	<.1	0.5
Georgia	11,204	13,175	13,149	13,578	14,216	13,965	51.1	4.0	41.3	<.1	0.1	<.1	<.1	0.4
Hawaii	2,401	2,584	2,762	2,886	2,953	2,766	1.1	1.7	9.0	0.4	14.3	29.2	29.2	7.9
Idaho	1,015	1,114	1,246	1,401	1,565	1,818	1.7	14.1	72.5	9.3	0.0	0.2	0.2	0.5
Illinois	29,565	28,202	24,344	21,608	19,931	19,431	67.7	5.6	24.4	0.1	0.1	0.0	0.0	2.0
Indiana	7,482	8,383	8,478	8,815	9,778	11,257	34.3	5.5	55.6	0.2	<.1	<.1	<.1	0.3
Iowa	5,068	5,202	5,238	5,011	5,384	6,794	12.3	5.0	71.0	2.1	0.8	0.1	0.1	7.7
Kansas	6,569	6,409	6,190	5,781	6,060	5,835	21.3	4.9	65.5	1.0	0.3	<.1	<.1	4.5
Kentucky	6,017	6,165	6,814	6,895	7,000	7,287	17.5	0.7	74.6	0.2	0.1	<.1	<.1	3.1
Louisiana	5,406	5,024	4,829	4,541	4,397	4,833	56.7	0.9	40.3	0.4	0.3	0.0	0.0	0.6
Maine	3,191	3,226	3,084	2,760	2,584	2,309	1.7	2.7	82.5	1.1	0.4	<.1	<.1	10.1
Maryland	13,113	12,564	12,026	11,521	11,111	10,867	75.3	1.5	20.3	0.2	0.3	<.1	<.1	1.4
Massachusetts	11,619	11,568	12,510	12,608	12,562	12,197	18.0	24.7	49.4	0.1	1.8	<.1	<.1	3.4
Michigan	20,034	20,896	21,251	21,376	21,173	20,498	50.7	4.0	40.6	1.0	0.2	0.2	0.2	0.2
Minnesota	8,530	8,167	8,052	6,770	6,540	6,978	21.7	6.9	49.8	12.3	1.5	<.1	<.1	1.5
Mississippi	3,292	3,443	2,686	2,721	2,989	3,269	50.9	1.0	40.2	<.1	0.1	<.1	<.1	6.8
Missouri	13,181	13,394	13,029	11,900	11,681	11,344	34.2	1.9	62.3	0.3	0.2	<.1	<.1	0.8
Montana	2,180	2,008	1,912	1,866	2,030	2,222	1.3	5.7	52.4	33.4	0.2	0.0	0.0	4.4
Nebraska	5,674	6,254	5,724	5,148	6,292	6,231	15.4	7.9	65.0	8.8	0.3	<.1	<.1	1.6
Nevada	1,615	2,959	3,291	3,525	4,050	4,670	23.5	14.7	54.1	0.9	0.6	0.9	0.9	1.6
New Hampshire	1,311	1,288	1,291	1,217	1,236	1,178	3.9	5.0	82.9	0.5	<.1	<.1	<.1	3.9
New Jersey	9,794	10,666	11,442	12,800	12,702	12,042	60.5	6.4	23.7	0.1	0.3	<.1	<.1	7.2
New Mexico	1,912	1,757	1,885	2,122	2,150	2,316	5.0	52.0	29.8	7.5	<.1	0.1	0.1	3.1
New York	47,118	43,365	40,753	37,067	33,445	30,420	47.2	18.9	18.6	0.2	0.4	0.0	0.0	14.6
North Carolina	10,847	10,130	9,527	9,534	10,077	10,698	43.1	6.1	45.9	2.1	0.3	0.2	0.2	0.2
North Dakota	1,129	1,167	1,197	1,238	1,314	1,364	2.5	4.0	60.6	28.1	1.4	0.2	0.2	0.0
Ohio	20,365	21,584	21,038	19,323	18,004	17,442	44.3	2.7	48.3	0.2	0.1	<.1	<.1	1.0
Oklahoma	8,406	8,674	8,812	9,226	10,572	11,393	17.0	8.8	46.4	12.6	<.1	0.1	0.1	0.1
Oregon	9,193	8,966	9,101	9,117	10,048	11,021	7.5	9.9	58.5	8.8	0.7	0.2	0.2	14.0
Pennsylvania	21,631	21,319	21,410	20,845	21,944	21,691	48.5	8.2	39.3	0.1	0.5	0.0	0.0	3.3
Rhode Island	2,302	2,414	2,383	2,357	2,414	2,509	18.5	18.3	54.1	1.1	1.9	0.0	0.0	2.0
South Carolina	4,525	4,774	4,818	4,801	4,635	4,757	54.5	2.2	40.5	0.1	0.2	<.1	<.1	0.2
South Dakota	1,215	1,367	1,396	1,537	1,582	1,712	1.8	5.8	30.9	55.8	0.1	0.1	0.1	0.0
Tennessee	10,144	9,679	9,359	9,487	9,590	9,017	33.1	2.8	60.4	0.1	0.2	0.0	0.0	1.5
Texas	18,190	19,739	21,353	21,880	24,529	28,883	25.6	36.8	33.2	0.2	0.4	0.0	0.0	0.7
Utah	1,805	1,957	2,025	2,033	2,108	2,285	3.9	21.4	65.8	6.0	1.1	1.3	1.3	0.4
Vermont	1,389	1,382	1,526	1,409	1,432	1,436	1.6	1.1	96.2	<.1	0.2	<.1	<.1	0.7
Virginia	6,789	6,866	7,109	7,046	6,869	7,022	45.5	4.9	44.4	<.1	0.3	<.1	<.1	0.6
Washington	8,945	9,101	9,669	9,213	9,368	10,068	11.3	12.7	58.3	8.9	0.7	0.3	0.3	1.1
West Virginia	3,388	3,298	3,220	4,069	3,990	4,331	6.6	1.2	79.4	0.0	<.1	<.1	<.1	4.9
Wisconsin	10,504	9,497	8,744	7,824	7,812	8,109	44.0	7.6	40.1	2.4	1.1	<.1	<.1	1.0
Wyoming	815	965	929	1,055	1,209	1,263	3.6	7.6	82.1	1.9	0.3	0.0	0.0	3.6
United States	544,303	536,138	524,538	511,853	508,965	506,345	35	17	39	2	1	0	0	3

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, at <http://www.acf.hhs.gov/programs/cb/stats_research/afcars/statistics/entryexit2005.htm>; and U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Welfare Outcomes 2003: Annual Report* (2006), at <http://www.acf.hhs.gov/programs/cb/pubs/cwo03/cwo03.pdf>. Calculations by Children's Defense Fund.

One in 14 teens ages 16 to 19 are school dropouts. Dropping out increases the risk of unemployment, arrest and incarceration.

Table 11: Youth at Risk

	Dropouts,[1] 2004-2005		Youth unemployment rate[2], 2004	Number of juvenile arrests[3], 2005	Juveniles in juvenile and adult corrections facilities, 2000		
	Number	Percent			Juvenile facilities	Adult facilities	Total
Alabama	21,973	9.5%	15.7%	11,484	1,731	236	1,967
Alaska	4,014	9.3	22.5	4,532	357	37	394
Arizona	28,488	9.2	21.1	50,371	1,872	898	2,770
Arkansas	11,734	7.8	24.1	12,380	898	353	1,251
California	134,361	6.8	20.8	217,158	14,644	1,604	16,248
Colorado	19,005	8.2	20.6	46,030	2,013	159	2,172
Connecticut	6,849	4.0	16.4	20,811	894	452	1,346
Delaware	3,540	9.1	9.9	7,449	91	14	105
District of Columbia	1,281	8.3	30.4	347	46	39	85
Florida	74,528	8.5	15.4	120,082	6,320	1,455	7,775
Georgia	48,857	10.4	16.3	28,429	4,125	910	5,035
Hawaii	1,863	3.1	15.0	8,261	193	10	203
Idaho	7,047	8.5	16.9	9,864	597	72	669
Illinois	44,482	6.8	18.0	37,470	3,903	868	4,771
Indiana	27,472	8.7	14.4	34,293	2,895	571	3,466
Iowa	8,058	5.4	12.2	19,926	1,215	74	1,289
Kansas	8,765	6.2	15.2	6,555	1,159	111	1,270
Kentucky	18,351	9.0	21.7	13,857	1,531	186	1,717
Louisiana	21,258	8.4	21.2	23,806	2,396	632	3,028
Maine	4,465	6.7	13.9	7,112	389	4	393
Maryland	21,287	7.2	14.6	49,297	1,782	295	2,077
Massachusetts	14,292	4.9	13.4	14,841	2,250	195	2,445
Michigan	35,240	6.5	18.9	45,934	4,364	778	5,142
Minnesota	11,358	4.2	12.4	46,818	1,819	112	1,931
Mississippi	14,299	9.0	20.7	11,372	1,431	369	1,800
Missouri	22,961	7.8	17.4	26,874	2,434	372	2,806
Montana	3,535	7.2	11.0	6,493	365	69	434
Nebraska	4,617	5.1	12.6	15,219	1,405	49	1,454
Nevada	12,764	10.7	13.0	15,749	889	218	1,107
New Hampshire	3,761	5.8	12.3	8,417	417	27	444
New Jersey	24,843	5.5	13.8	59,154	2,189	110	2,299
New Mexico	11,394	9.6	18.9	9,696	553	312	865
New York	60,976	6.5	16.3	48,377	6,896	1,739	8,635
North Carolina	37,043	8.9	19.2	47,488	2,172	743	2,915
North Dakota	1,417	4.5	10.9	6,599	285	6	291
Ohio	37,380	6.4	16.3	41,082	3,954	606	4,560
Oklahoma	18,148	9.7	12.2	19,813	1,480	89	1,569
Oregon	12,207	6.8	22.3	28,107	1,497	207	1,704
Pennsylvania	39,345	6.5	18.4	101,608	6,219	440	6,659
Rhode Island	3,544	7.7	14.5	5,286	365	6	371
South Carolina	19,607	9.3	16.8	27,736	1,705	527	2,232
South Dakota	2,801	6.8	10.3	3,096	965	126	1,091
Tennessee	24,309	8.2	14.4	34,316	2,548	142	2,690
Texas	98,338	7.8	18.5	173,568	7,811	3,420	11,231
Utah	10,289	7.1	17.0	26,481	1,202	168	1,370
Vermont	1,505	4.9	11.8	1,599	120	18	138
Virginia	20,985	5.6	10.9	32,980	3,107	405	3,512
Washington	24,110	7.3	21.9	35,315	2,280	198	2,478
West Virginia	7,337	8.8	16.0	3,033	477	25	502
Wisconsin	16,070	5.6	11.9	69,037	1,837	618	2,455
Wyoming	2,148	8.0	11.2	6,548	392	56	448
United States	1,114,301	7.3	17.0	1,582,068	112,479	21,130	133,609

1 Youth ages 16-19 not enrolled in school and not high school graduates.

2 Youth ages 16-19.

3 Data incomplete for the District of Columbia, Florida, Illinois and New York.

Sources: U.S. Department of Commerce, Bureau of the Census, 2005 American Community Survey, Table C14005; U.S. Department of Labor, Bureau of Labor Statistics, "Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, marital status, and detailed age, 2004 annual averages," at <http://stats.bls.gov/gps/home.htm>; U.S. Department of Labor, Bureau of Labor Statistics, 2004 Annual Averages, Table 3, "Employment status of the civilian noninstitutional population by age, sex, and race," *Employment and Earnings*, January 2005; U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States 2005* (October 2006), Tables 41 and 69; and U.S. Department of Commerce, Bureau of the Census, 2000 Census of Population and Housing, SF1. Calculations by Children's Defense Fund.

States spend on average almost 3 times as much per prisoner as per public school pupil.

Table 12: Cost Per Prisoner and Cost Per Pupil

	Cost per pupil, 2000-2003	Cost per prisoner, FY 2003	Ratio, per prisoner to per pupil
Alabama	$ 6,300	$ 9,320	1.5
Alaska	9,870	36,240	3.7
Arizona	6,282	18,222	2.9
Arkansas	6,482	16,408	2.5
California	7,552	28,914	3.8
Colorado	7,384	23,108	3.1
Connecticut	11,057	27,383	2.5
Delaware	9,693	22,350	2.3
District of Columbia	11,847		
Florida	6,439	20,236	3.1
Georgia	7,774	15,644	2.0
Hawaii	8,100	21,934	2.7
Idaho	6,081	21,763	3.6
Illinois	8,287	23,441	2.8
Indiana	8,057	25,512	3.2
Iowa	7,574	27,205	3.6
Kansas	7,454	24,496	3.3
Kentucky	6,661	21,096	3.2
Louisiana	6,922	9,980	1.4
Maine	9,344	37,687	4.0
Maryland	9,153	23,649	2.6
Massachusetts	10,460	52,637	5.0
Michigan	8,781	28,260	3.2
Minnesota	8,109	29,971	3.7
Mississippi	5,792	10,309	1.8
Missouri	7,495	17,921	2.4
Montana	7,496	17,009	2.3
Nebraska	8,074	19,035	2.4
Nevada	6,092	16,496	2.7
New Hampshire	8,579	27,948	3.3
New Jersey	12,568	32,606	2.6
New Mexico	7,125	33,557	4.7
New York	11,961	27,785	2.3
North Carolina	6,562	23,487	3.6
North Dakota	6,870	27,543	4.0
Ohio	8,632	26,538	3.1
Oklahoma	6,092	8,825	1.4
Oregon	7,491	25,441	3.4
Pennsylvania	8,997	30,451	3.4
Rhode Island	10,349	41,441	4.0
South Carolina	7,040	15,415	2.2
South Dakota	6,547	12,509	1.9
Tennessee	6,118	13,227	2.2
Texas	7,136	16,642	2.3
Utah	4,838	37,567	7.8
Vermont	10,454	42,625	4.1
Virginia	7,822	19,046	2.4
Washington	7,252	31,261	4.3
West Virginia	8,319	36,594	4.4
Wisconsin	9,004	26,846	3.0
Wyoming	8,985	38,967	4.3
United States	8,044	22,523	2.8

Sources: U.S. Department of Education, National Center for Education Statistics, *Digest of Education Statistics 2005* (July 2006), Table 166; U.S. Department of Commerce, Bureau of the Census, State Government Finances: 2003, at <http://www.census.gov/govs/www/state.html>, extracted May 2006; and U.S. Department of Justice, Bureau of Justice Statistics, *Prison and Jail Inmates at Midyear 2003* (May 2004), NCJ 203947, Table 2. Calculations by Children's Defense Fund.

Minority youth ages 10 to 17 are far more likely to be confined in juvenile or adult correctional facilities than are White, non-Hispanic youth.

Table 13: Disproportionate Minority Confinement, 2000

	Population ages 10-17			Juveniles in juvenile and adult corrections facilities			Ratio, minority percent confined to minority percent of population
	Total	Minority	Minority as percent of total	Total	Minority	Minority as percent of total	
Alabama	512,085	185,134	36.2%	1,967	1,104	56.1%	1.55
Alaska	89,355	35,252	39.5	394	253	64.2	1.63
Arizona	594,692	282,101	47.4	2,770	1,889	68.2	1.44
Arkansas	311,560	85,477	27.4	1,251	638	51.0	1.86
California	4,036,968	2,521,012	62.4	16,248	12,551	77.2	1.24
Colorado	494,862	152,607	30.8	2,172	1,220	56.2	1.82
Connecticut	374,200	108,221	28.9	1,346	954	70.9	2.45
Delaware	87,243	29,700	34.0	105	74	70.5	2.07
District of Columbia	47,071	41,819	88.8	85	84	98.8	1.11
Florida	1,668,799	731,512	43.8	7,775	4,580	58.9	1.34
Georgia	958,500	414,108	43.2	5,035	3,234	64.2	1.49
Hawaii	132,624	113,245	85.4	203	175	86.2	1.01
Idaho	170,631	24,746	14.5	669	133	19.9	1.37
Illinois	1,439,044	547,603	38.1	4,771	2,812	58.9	1.55
Indiana	707,908	117,592	16.6	3,466	1,347	38.9	2.34
Iowa	342,622	31,522	9.2	1,289	355	27.5	2.99
Kansas	328,711	66,607	20.3	1,270	572	45.0	2.22
Kentucky	449,659	56,270	12.5	1,717	557	32.4	2.59
Louisiana	565,627	251,802	44.5	3,028	2,306	76.2	1.71
Maine	147,490	7,240	4.9	393	33	8.4	1.71
Maryland	611,461	261,446	42.8	2,077	1,475	71.0	1.66
Massachusetts	671,935	157,965	23.5	2,445	1,112	45.5	1.94
Michigan	1,178,581	298,752	25.3	5,142	3,051	59.3	2.34
Minnesota	601,406	95,895	15.9	1,931	835	43.2	2.72
Mississippi	353,903	168,845	47.7	1,800	1,243	69.1	1.45
Missouri	658,896	130,062	19.7	2,806	1,150	41.0	2.08
Montana	113,230	16,955	15.0	434	150	34.6	2.31
Nebraska	209,749	32,495	15.5	1,454	606	41.7	2.69
Nevada	216,660	91,677	42.3	1,107	597	53.9	1.27
New Hampshire	145,340	8,367	5.8	444	53	11.9	2.05
New Jersey	919,244	362,564	39.4	2,299	1,768	76.9	1.95
New Mexico	236,775	154,842	65.4	865	675	78.0	1.19
New York	2,098,833	919,817	43.8	8,635	6,155	71.3	1.63
North Carolina	861,985	311,133	36.1	2,915	1,666	57.2	1.58
North Dakota	78,467	9,257	11.8	291	148	50.9	4.31
Ohio	1,317,063	253,443	19.2	4,560	2,129	46.7	2.43
Oklahoma	411,482	137,525	33.4	1,569	744	47.4	1.42
Oregon	389,047	79,409	20.4	1,704	633	37.1	1.82
Pennsylvania	1,366,472	276,433	20.2	6,659	3,857	57.9	2.87
Rhode Island	112,021	28,149	25.1	371	201	54.2	2.16
South Carolina	459,719	193,364	42.1	2,232	1,413	63.3	1.50
South Dakota	97,094	17,220	17.7	1,091	718	65.8	3.72
Tennessee	627,828	161,091	25.7	2,690	1,189	44.2	1.72
Texas	2,607,947	1,430,561	54.9	11,231	7,581	67.5	1.23
Utah	316,287	49,378	15.6	1,370	388	28.3	1.81
Vermont	72,433	3,532	4.9	138	18	13.0	2.65
Virginia	781,196	272,130	34.8	3,512	2,088	59.5	1.71
Washington	693,628	179,700	25.9	2,478	1,189	48.0	1.85
West Virginia	189,438	12,094	6.4	502	84	16.7	2.61
Wisconsin	646,932	113,362	17.5	2,455	1,344	54.7	3.13
Wyoming	63,806	8,638	13.5	448	129	28.8	2.13
United States	32,568,509	12,039,671	37.0	133,609	79,260	59.3	1.60

Source: U.S. Department of Commerce, Bureau of the Census, 2000 Census of Population and Housing, SF1. Calculations by Children's Defense Fund.

2,825 children and teens were killed by firearms in 2004. Black teens are 8 times as likely as White teens to be victims of firearm homicides; White teens are about twice as likely as Black teens to commit suicide with a firearm.

Table 14A: Firearm Deaths of Children and Teens, by Age, Manner, and Race/Hispanic Origin, 2004

	Under 1	Ages 1-4	Ages 5-9	Ages 10-14	Ages 15-19	Total under age 20
All races	7	51	61	239	2,467	2,825
Accident	1	14	13	35	80	143
Suicide	0	0	0	59	787	846
Homicide	6	36	45	139	1,578	1,804
Undetermined intent	0	1	3	6	22	32
White	4	17	33	149	1,365	1,568
Accident	1	6	6	31	57	101
Suicide	0	0	0	49	676	725
Homicide	3	11	26	66	617	723
Undetermined intent	0	0	1	3	15	19
Black	3	30	25	77	1,014	1,149
Accident	0	7	7	2	19	35
Suicide	0	0	0	8	74	82
Homicide	3	22	16	65	914	1,020
Undetermined intent	0	1	2	2	7	12
American Indian, Alaska Native	0	3	2	8	44	57
Accident	0	1	0	2	4	7
Suicide	0	0	0	1	23	24
Homicide	0	2	2	4	17	25
Undetermined intent	0	0	0	1	0	1
Asian, Pacific Islander	0	1	1	5	44	51
Accident	0	0	0	0	0	0
Suicide	0	0	0	1	14	15
Homicide	0	1	1	4	30	36
Undetermined intent	0	0	0	0	0	0
Hispanic*	3	7	13	33	518	574
Accident	0	0	2	3	7	12
Suicide	0	0	0	2	97	99
Homicide	3	7	11	27	412	460
Undetermined intent	0	0	0	1	2	3

*Persons of Hispanic origin can be of any race.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, WISQARS, at <http://www.cdc.gov/ncipc/wisqars>, accessed December 2006. Calculations by Children's Defense Fund.

Each day, nearly 8 children and teens were killed by firearms in 2004.

Table 14B: Firearm Deaths of Children and Teens, by Manner, 2002-2004

	Total*			Homicide*			Suicide			Accident			Undetermined Intent		
	2002	2003	2004	2002	2003	2004	2002	2003	2004	2002	2003	2004	2002	2003	2004
Alabama	68	59	52	36	34	31	22	17	16	10	7	4	0	1	1
Alaska	18	26	22	7	10	7	10	13	15	1	2	0	0	1	0
Arizona	101	64	76	58	38	43	30	21	25	8	3	6	5	2	2
Arkansas	39	27	16	18	11	8	12	9	4	6	5	3	3	2	1
California	406	429	468	337	355	406	54	55	49	13	15	10	2	4	3
Colorado	53	32	48	20	20	23	30	10	24	1	1	1	2	1	0
Connecticut	15	12	11	10	10	9	4	1	2	1	1	0	0	0	0
Delaware	10	10	9	4	6	7	3	3	1	3	0	1	0	1	0
District of Columbia	36	28	40	34	28	39	1	0	0	1	0	1	0	0	0
Florida	120	109	111	81	81	76	33	23	30	5	3	5	1	2	0
Georgia	104	83	89	65	58	57	28	24	27	9	1	4	2	0	1
Hawaii	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0
Idaho	19	13	16	3	4	3	12	9	10	4	0	3	0	0	0
Illinois	146	158	143	127	131	123	15	20	17	3	7	3	1	0	0
Indiana	69	54	56	31	32	33	28	15	19	9	6	4	1	1	0
Iowa	17	12	16	6	1	2	9	11	13	2	0	1	0	0	0
Kansas	17	26	26	6	10	13	9	13	12	2	3	1	0	0	0
Kentucky	33	34	40	12	9	18	13	13	20	6	10	2	2	2	0
Louisiana	100	88	88	70	57	54	19	22	25	10	8	8	1	1	1
Maine	3	9	10	0	1	0	3	7	10	0	1	0	0	0	0
Maryland	92	80	71	77	67	61	14	13	9	1	0	1	0	0	0
Massachusetts	25	22	32	22	17	26	1	5	6	2	0	0	0	0	0
Michigan	100	79	104	60	49	57	36	25	34	4	2	8	0	3	5
Minnesota	29	40	39	9	17	15	18	19	24	1	3	0	1	1	0
Mississippi	58	38	43	28	23	23	21	8	15	7	7	4	2	0	1
Missouri	72	53	61	45	32	38	25	18	21	2	1	2	0	2	0
Montana	15	14	12	2	5	1	10	9	10	1	0	1	2	0	0
Nebraska	11	17	15	5	6	4	6	10	9	0	1	2	0	0	0
Nevada	25	27	27	19	13	18	6	12	7	0	1	2	0	1	0
New Hampshire	4	5	4	1	0	1	3	3	3	0	1	0	0	1	0
New Jersey	32	36	48	24	35	41	5	1	7	3	0	0	0	0	0
New Mexico	32	35	28	15	18	11	16	15	17	1	1	0	0	1	0
New York	91	131	89	74	94	69	14	32	16	3	5	4	0	0	0
North Carolina	71	100	70	47	59	40	21	33	22	1	7	5	2	1	3
North Dakota	5	7	10	0	4	1	4	2	6	1	1	1	0	0	2
Ohio	83	75	80	52	49	46	22	21	28	6	5	5	3	0	1
Oklahoma	38	34	29	13	12	13	22	21	13	3	1	3	0	0	0
Oregon	36	15	21	14	7	12	17	7	6	2	0	3	3	1	0
Pennsylvania	113	130	132	73	81	87	35	41	39	4	4	5	1	4	1
Rhode Island	10	6	4	8	4	2	2	1	2	0	0	0	0	1	0
South Carolina	40	50	44	26	36	19	9	10	18	4	3	6	1	1	1
South Dakota	7	9	10	0	0	1	4	8	7	2	1	2	1	0	0
Tennessee	79	58	73	47	32	30	22	19	29	8	6	10	2	1	4
Texas	220	244	236	140	146	144	72	85	79	7	10	10	1	3	3
Utah	17	25	15	3	3	4	14	18	11	0	4	0	0	0	0
Vermont	2	4	3	1	1	0	1	2	2	0	1	1	0	0	0
Virginia	72	83	76	50	58	50	17	22	21	4	2	4	1	1	1
Washington	40	48	49	17	17	18	21	25	27	1	3	4	1	3	0
West Virginia	20	14	12	7	7	4	10	6	8	3	1	0	0	0	0
Wisconsin	49	63	43	24	31	14	23	26	27	2	5	1	0	1	1
Wyoming	4	11	8	1	2	2	2	7	4	0	2	2	1	0	0
United States	2,867	2,827	2,825	1,830	1,822	1,804	828	810	846	167	151	143	42	44	32

*Total firearm deaths and homicide firearm deaths exclude firearm deaths by legal (police or corrections) intervention.

Sources: U.S. Department of Health and Human Services, National Center for Health Statistics, Table III: Deaths from 358 Selected Causes, 2002-2003; and U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Injury Prevention and Control, WISQARS, at <http://www.cdc.gov/ncipc/wisqars/>, data accessed January 2007. Calculations by Children's Defense Fund.