This Kids Count report examines statewide trends from 1990 to 1994 in the well-being of Massachusetts' children. The statistical portrait is based on indicators of well-being in five areas: (1) economic well-being of children and their families, including child poverty rate, family income, job loss, earnings of male high school dropouts and graduates, employed women with children, licensed day care slots, Public Assistance Program recipients, and job training opportunities; (2) family life including births to unmarried women, teen birth rates, children's living arrangements, and substitute care; (3) health outcomes, including teen births, prenatal care adequacy, low birthweight infants, premature births, infant mortality rate, uninsured residents, and Medicaid-eligible children not receiving early and periodic screening, diagnosis, and treatment (EPSDT) services; (4) education outcomes, including students whose first language is not English, grade retention, suspension rates, special education students, and high school dropout rates; and (5) safety and security figures, including injury-related deaths of children 19 and under, juvenile offenses, and numbers of maltreated children. Findings indicate a growing disparity between white children and children of color, and between rich and poor, in almost every indicator of well-being. Despite a history of progressive policy, recent trends suggest an erosion of the relative status of Massachusetts' children. Included with the report is a Citizen Action Kit, which provides information on the impact of federal budget cuts and welfare reform, computer resources, and a Call to Action. (KDFB)
Massachusetts KIDS COUNT 1994 is a publication of the Massachusetts Advocacy Center, the Massachusetts Committee for Children and Youth, and the Massachusetts Councils for Children, and was supported by a grant from the Annie E. Casey Foundation.
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Data Notes

1. Unless indicated otherwise, the data contained in this report is drawn from
Massachusetts Children and Youth: A Status Report, which is being
prepared by the Massachusetts Department of Public Health based on U.S.
Census Bureau data and other published documents. The choice of data
presented herein was made solely by the authors.

2. Unless otherwise noted, in the figure headings the term children means those
under 18 years of age.
CREDITS

The following individuals assisted in the preparation of this report.

Jetta Bernier, Executive Director, Massachusetts Committee for Children and Youth

Stephen R. Bing, Executive Director, Massachusetts Advocacy Center

James Jennings, Director, William Monroe Trotter Institute, University of Massachusetts, Boston

Hubert E. Jones, Senior Fellow, John W. McCormack Institute for Public Affairs, University of Massachusetts, Boston

Pamela S. Kading, Vice President for Community Investments, United Way of Massachusetts Bay

Edwin Melendez, Director, Mauricio Gaston Institute for Latino Community Development and Public Policy, University of Massachusetts, Boston

John Mudd, Project Manager, Massachusetts Advocacy Center

Wendy Mullin, President, Massachusetts Councils for Children

Jacqueline Principe, KIDS COUNT Analyst, Massachusetts Health Research Institute

Paul H. Wise, M.D., M.P.H., Director, Harvard Institute for Reproductive and Child Health, Harvard Medical School

Editor: Franna Diamond

Design and Production: John Madama, North Atlantic Graphics

Photography/Art: Betsy Bassett: 56; Jessica Cunha: 57; Justine Ellement: Cover (left) 2, 4, 5(left), 17, 18; Jerusha Foster: Credits; Patricia Garrity: Foreword, 5(right), 6, 23, 30, 42, 43, 44, 45; Stan Grossfeld: 3, 11, 12, 13, 14, 28, 29, 39, 51, 54; Steve Johnson: 22, 26, 31, 34, 36; Michael Lutch: 24, 25; John Madama: Cover (right), 27; Bob Sheehan: 8, 40; Somerville Media Action: 7, 10, 15, 46, 48, 49, 52, 53, 57.

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Massachusetts Committee for Children and Youth
14 Beacon Street
Suite 706
Boston, MA 02108

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Massachusetts KIDS COUNT 1994 is part of a four-year data analysis, community organizing, and advocacy project known as ALL OUR CHILDREN: THE MASSACHUSETTS AGENDA. A collaborative effort initiated by the Massachusetts Advocacy Center, the Massachusetts Committee for Children and Youth, and the Massachusetts Councils for Children, ALL OUR CHILDREN is a strategy to create an annual action plan that is grounded in data, respectful of diversity, inclusive of all community sectors, and committed to concrete improvements in the quality of life for all children in the Commonwealth. Supported by grants from the Annie E. Casey Foundation and The Boston Foundation, this initiative has already achieved several goals.

First, the most comprehensive sourcebook of data ever compiled on our state's children is now being prepared by the Massachusetts Department of Public Health (DPH). Volume I of Massachusetts Children and Youth: A Status Report brings together statewide information about every aspect of children's lives. Volume II describes selective data according to 27 regional areas, and by city and town. With initial support from the Casey Foundation, the Department has now developed the capacity to update this important data on an ongoing basis.

Second, this Massachusetts KIDS COUNT 1994 report, derived largely from Volume I of the DPH sourcebook, is a compilation of data which highlights the most telling and compelling facts about the social, economic, physical, and educational well-being of children in our state. It is meant to be a succinct, accessible document, providing a meaningful portrait of what the data says about the lives of children. Intended for both policymakers and citizens, this report seeks to challenge a number of popularly held myths about children's status, and to enrich local and state discussion about ways to improve their life chances.

Third, an independent and broad-based CHILDREN'S ADVOCACY BOARD (CAB) has been created that brings together experts in critical areas affecting children with leaders from academia, business, citizen groups, communities of color, elder advocates, the media, service providers, religious organizations, and youth groups. The CAB's goal is to create a powerful, effective, and well-organized constituency committed to social change for children across Massachusetts.

Fourth, the Massachusetts Agenda for Children, developed by the CHILDREN'S ADVOCACY BOARD, binds together data with action, and embraces a vision for children in which four basic areas are addressed: economic security; community-based family support services; quality and equality in education; and provision of health care entitlements. Members of the CAB, individually and through their state and local constituencies, will work to implement the Agenda through administrative negotiations, legislative advocacy, and public education. Finally, a plan to expand the grassroots constituency for children through the efforts of the Massachusetts Councils for Children and media/public education strategies aimed at putting our issues squarely on the public agenda have also been developed. These include a "Convention on Children" planned for 1995 to evaluate our progress, refine strategies for change, and celebrate the growing constituency for children.

Clearly, we are embarked on a bold, ambitious, and idealistic course, but it is a necessary one given the documented decline in the relative status of Massachusetts children since 1990. We challenge all citizens of our state to join with us now in collective actions to ensure better lives and futures for all our children.
"Many Americans share broad and deep hopes of a land where every child born has a decent opportunity for education, medical care, and employment, where poverty is a thing of the past... We cannot stand idly by and expect our dreams to come true under their own power. The future is not a gift; it is an achievement.”

Robert F. Kennedy
All our children have enormous potential, and each and every one of them deserves to grow up in a decent, supportive, and nurturing environment in which their dreams can become real.

We are in this together. They are all our children. Not just those in the inner city, or those with a different skin color, or who speak a foreign language, or who have a disability, or who are less educated, or poor. For our own as well as our children’s sake, together we must face key facts and work to improve their lives.

There are many more poor white children in Massachusetts than any other race. There are more white women on welfare; more white teenage mothers; more white young people with drug and alcohol problems; more white girls and boys with sexually transmitted diseases; and more white youth who turn violence on themselves in suicide.

But we must also recognize and overcome the intense needs of minority groups in our society. Hispanics do have the highest teen pregnancy rates in Massachusetts. Blacks do have the highest rate of infant mortality. Blacks and Hispanics have a higher poverty rate than whites, and their children grow up in poverty disproportionately.

What we describe in the following pages is a sobering picture of the status of children in the Commonwealth of Massachusetts. The data in this report document a growing disparity between white children and children of color, and between rich and poor, in almost every indicator of child well-being. That this disparity is already well-known to both policymakers and the public – and that inaction and indifference continue – is alarming.

On some issues, Massachusetts does rank comparatively well in relation to other states. While that is commendable, it should provide no satisfaction and no justification for complacency. We may rank better than other states, but lower than Third World countries. Although all races and ethnic groups may have progressed, we still have unacceptable disparities among minority and white children in too many areas. And overall, despite a history of progressive policy on their behalf, recent years have seen an erosion in the relative status of children in our state. Once a national model for its approach to children’s services, Massachusetts has fallen from first to tenth place in the national KIDS COUNT project rankings.

In some areas, like nutrition for low-income pregnant women, nursing mothers, and young children, the Commonwealth has made a commitment to care for all – and we have achieved great progress. We can make changes and improve conditions, if we want to. We can make government, and our society, work for all of us, including all our children.

This Massachusetts KIDS COUNT 1994 report analyzes disturbing and preventable trends of deterioration in the status of young people. Information is drawn from a variety of public documents and the comprehensive DPH sourcebook, Massachusetts Children and Youth: A Status Report, which presents for the first time a complete picture of the conditions of Massachusetts children. It should be of use to policymakers, legislators, the media, and the general public, who together must provide a better environment for all children in this “Commonwealth.”

Here, we want to focus the public’s attention on discrete indicators showing how much work needs to be done. We believe our state has the means to address these issues. We hope this report and the complementary Massachusetts Agenda for Children will help create the commitment to make the future brighter, more secure, and full of promise for our youngest residents. Indeed, we must do this. To fail would be to deny the legacy of concern that has characterized Massachusetts from its very beginnings.
“All families today need and use support in raising children; to define the ‘needy’ family as the exception is to deny the simplest facts of contemporary family life.”

The Carnegie Council on Children
Who are all our children? Within Massachusetts the overall population is increasingly older, with fewer children. We are also a more diverse community, especially among children. And within each ethnic group, there are many different national heritages.

The number of children under age 18 in the Commonwealth has decreased from 1,875,764 to 1,361,021 since 1970 – a 27.4% decline.
The proportion of children in Massachusetts has decreased from 33.2% of the overall population in 1960 to 22.6% in 1990, a decline of 31.9%.
In 1990, over four-fifths of children under age 18 were white. Of the 17.5% of children who were not white, 7.9% were Hispanic; 6.3% were black; and 3% were Asian. Demonstrating the increasing racial and ethnic diversity among children in the Commonwealth, the highest percent of non-white children was among infants less than 1 year (19.6%), and lowest among 18-19 year olds (16%).

The diversity of our population is increasing significantly. The proportion of non-white children has grown from 2.8% in 1960 to 11.1% in 1990.

*This trend data does not count Hispanic children as non-white.
Non-White Births by Race/Ethnicity

Birth data shows some of the diversity within groups: “Black” people include African Americans and Haitians; “Hispanic” people are Puerto Rican, Dominican, and Central American; and “Asians” include Chinese, Vietnamese, Cambodians, and others from Southeast Asia.

"As the 1980s came to an end, the United States was confronted with a worrisome paradox: despite the largest economic expansion in the nation's history, the relative economic position of children had never been worse."

Paul H. Wise, M.D., M.P.H.
How do our children live? For far too many, poorly. And poverty rates vary dramatically. More white children, but a significantly higher proportion of black and Hispanic children, are poor. Moreover, even during the years of greatest economic growth in the Commonwealth, the gap between rich and poor families increased. To fully understand the economic environment in which our children live, we need to look to the world in which their parents work.

Over the past six years, Massachusetts lost many jobs; only recently have a few been regained. Wages have declined markedly during the past decade – especially for under-educated high school dropouts, and even for high school graduates. In sum, there are fewer jobs today than in 1988, and without some post-secondary education or technical training, the jobs that do exist are not attainable – or pay poorly.

More women, both married and single, are entering the labor force. Even though many of them are poor and have very young children, the supply of subsidized day care, job training, and Adult Basic Education (ABE) and English as a Second Language (ESL) programs has not kept pace with the need. During the recession, the state’s welfare ‘safety net’ had to help sustain greater numbers of needy families. For parents in such circumstances to raise themselves and their children out of poverty will require a significant increase in the education and training opportunities available to them.

The poverty rate for Massachusetts children increased by more than 10% from 1985 to 1991.
In 1989, 181,507 children under 18 lived in poverty – representing 13.6% of all children in Massachusetts. There were three times as many poor white as poor black children. Distributed among these racial categories were 49,643 Hispanic children who may be of any race.

*Hispanic persons may be of any race

Data: 1989
Minority children experience much higher poverty rates: nearly one out of every two Hispanic children, over one out of every three black children, and one out of every four Asian children, were poor in 1989; by comparison, only one out of every nine white children was poor.

*Hispanic persons may be of any race

Data: 1989
The income gap between rich and poor families in Massachusetts grew significantly during the “boom” years of the 1980s.

- **Income for Top Fifth**
  - 1981: $69,361
  - 1989: $77,602
  - Percent change = (+)11.9%

- **Income for Bottom Fifth**
  - 1981: $9,109
  - 1989: $7,991
  - Percent change = (-)12.3%
From 1988 to 1992, annual average employment was reduced by nearly 350,000 jobs; from 1992 to 1993, less than 50,000 positions were gained – most of which were part-time or low-paying service sector jobs.

Mean real earnings in constant dollars for both young male dropouts and high school graduates have declined drastically over the past two decades; for young black males, the situation is even worse.

The proportion of women with children under age six who are in the labor force has increased nearly 140% from 1970 to 1990; the proportion with children ages 6 to 17 increased nearly 50%.
In 1990, nearly 274,000 children under six years old had both or their only parent in the labor force.

In 1993, there were 88,000 group and 61,000 fan. 'v day care slots throughout the Commonwealth, for a combined total of only about 150,000 spaces. There were less than 25,000 total subsidized day care slots in FY94 for low-income children whose parents work, attend school, or participate in job training.
With the decline in the economy, more and more children and their mothers require a variety of public welfare programs to survive.
There are still relatively few opportunities for poor men and women to get the basic education and occupational training they need to prepare for the jobs that can raise them and their children out of poverty. And nearly 14,000 people are waiting for adult basic education.

Training


Education

“At our best level of existence, we are part of a family, and at our highest level of achievement, we work to keep the family alive.”

Maya Angelou
Who are the parents of our children? Family circumstances significantly shape both the environment in which children grow up, and – ultimately – their life chances. Teenagers, parents who are not married, and those who are under-educated are often unable to provide for their own or their children’s basic physical and emotional needs. Although some eventually overcome the obstacles of early and/or single parenthood through later education and employment opportunities, children in such families are often at a disadvantage during critical phases of their development. Children living in single-parent families, particularly those headed by women, are at a much greater risk of being poor than those living with two parents. Even single parents who are economically secure face special challenges raising children. And too many Massachusetts children do not live with either of their parents. All of these factors are far-reaching and deep, affecting children’s health, behavior, academic achievement, and – most importantly – their capacity to envision a better future.

Births to Unmarried Women in Massachusetts

One of every four births in Massachusetts in 1991 was to an unmarried mother, a remarkable increase of 260% since 1970. Contrary to public perception, however, most of the growth in the number of births to unmarried mothers was attributable to women over 20 years old.
Birth Rates for Women Ages 15-19 and 15-44

Of all births in the Commonwealth in 1991, only 8% were to women ages 15-19. The Massachusetts teen birth rate declined 14.6% from 1970 to 1991, to 33.4 births per 1,000 teenage women—nearly half the national teen birth rate (62 per 1,000).
More than three-quarters of all infants born in 1991 were white; nearly 10% were Hispanic; 7.6% were black; and 3.7% were Asian. Over half the infants born to teenage mothers (under 20) were white; a quarter were Hispanic; 15.1% were black; and less than 3% were Asian.

### Births to Teenagers

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>&lt; 18 years</th>
<th>&lt; 20 years</th>
<th>TOTAL Births</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>White*</td>
<td>1,217</td>
<td>46.0</td>
<td>3,836</td>
</tr>
<tr>
<td>Black*</td>
<td>451</td>
<td>17.1</td>
<td>1,059</td>
</tr>
<tr>
<td>Hispanic</td>
<td>836</td>
<td>31.6</td>
<td>1,769</td>
</tr>
<tr>
<td>Asian*</td>
<td>77</td>
<td>2.9</td>
<td>194</td>
</tr>
<tr>
<td>Other*</td>
<td>58</td>
<td>2.2</td>
<td>145</td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
<td>—</td>
<td>11</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,643</td>
<td>100.0</td>
<td>7,014</td>
</tr>
</tbody>
</table>

*non-Hispanic

**Data:** 1991
Only about half of babies born to women age 19 and older had mothers with any education beyond high school; 32.1% had mothers with a high school diploma; and 12.7% had mothers who did not even graduate from high school. Among babies born to women age 18 or under, 32% had mothers who had completed less than the tenth grade.
In 1990, more than one in five children lived in a single-parent family; according to the 1994 national KIDS COUNT Data Book, in 1991 this figure was one in four. Of the approximately 284,000 children living in single-parent families in 1990, 88% lived with their mothers, and 12% with their fathers – a 95.5% increase in the latter since 1970. An estimated 41,923 children under age 18 were not living with either parent, an increase of 74.4% since 1970.
Almost three-quarters of female-headed families with children under age 18 were white; 15.3% were black; 1.6% were Asian; and 9.9% were of other races.

While only 18.1% of all white families were female-headed, 53.2% of all black families and 49.8% of all Hispanic families were headed by single women.
About 12,300 Massachusetts children under age 18 were in Department of Social Services (DSS) substitute care in July 1992. Although adolescents (ages 12-17) constituted the largest group – 38%, the fastest growing age group in substitute care were children under 6 years old – 35%. The median length of time children spent in DSS placement was 1.9 years, a 27% increase since 1988.
"All children deserve to grow up healthy, not blind, deaf, anemic, humiliated by rotten teeth, handicapped by preventable diseases, or born with birth defects because their mothers lacked prenatal care."

Marian Wright Edelman
Over 1.7 million babies were born in Massachusetts between 1970 and 1991. Fortunately for all of us, the majority of them had a healthy start. However, a significant number suffered infant mortality, prematurity, and low birthweight. While some tragedies are not avoidable, in many cases both lives and dollars spent on expensive after-the-fact high technology might have been saved had lower cost, primary health care measures been in place.

The foundation for infant and childhood health is established before a woman even conceives. If she begins a pregnancy in good health and continues to get proper attention, the chances for her newborn are greatly enhanced. But if she is in poor health because of poverty and/or because she has not had access to the health care system, her baby could be at risk as well. In order to give all our children equal opportunity to be born healthy, we need to ensure the availability of adequate community health networks for all women.

All women also need early and ongoing comprehensive, coordinated, and culturally-sensitive prenatal care between conception and delivery, and all children need similarly appropriate health services from birth on. A variety of highly effective preventive public health programs have been developed at both the federal and state levels which recognize society’s interest in ensuring maternal and child health, but they are neither universally available to all who need them, nor do they systematically reach even all of those to whom benefits have been targeted. The result has been a penny-wise, pound-foolish approach which too often ignores potential long-term health problems which could have either been prevented altogether or detected and treated early, before they became chronic and were passed on to the next generation.

In 1991, 88,176 babies were born to Massachusetts residents, a 5.8% decline since 1970. Less recognized, the number of teen births (to women under age 20) declined even more dramatically, 31.6% over the same time period – almost five and a half times as much as the decrease in the overall birth rate.
In 1991, 2,835 infants were born in Massachusetts to mothers who received inadequate – or no – prenatal care. While only 2.1% of white women fell into this category, 10% of black, 6.4% of Hispanic, and 4.9% of Asian women received inadequate or no prenatal care.

<table>
<thead>
<tr>
<th>Maternal Race/Ethnicity and Age</th>
<th>Adequacy of Prenatal Care</th>
<th>Intermediate Care</th>
<th>Inadequate Care or No Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N*</td>
<td>%</td>
<td>N*</td>
</tr>
<tr>
<td>White** 20+ years</td>
<td>56,298</td>
<td>87.2</td>
<td>7,126</td>
</tr>
<tr>
<td>&lt; 20 years</td>
<td>2,482</td>
<td>65.0</td>
<td>1,062</td>
</tr>
<tr>
<td>Black** 20+ years</td>
<td>3,628</td>
<td>64.3</td>
<td>1,480</td>
</tr>
<tr>
<td>&lt; 20 years</td>
<td>509</td>
<td>48.4</td>
<td>409</td>
</tr>
<tr>
<td>Hispanic 20+ years</td>
<td>4,643</td>
<td>69.8</td>
<td>1,598</td>
</tr>
<tr>
<td>&lt; 20 years</td>
<td>1,053</td>
<td>60.4</td>
<td>566</td>
</tr>
<tr>
<td>Asian** 20+ years</td>
<td>2,260</td>
<td>73.2</td>
<td>693</td>
</tr>
<tr>
<td>&lt; 20 years</td>
<td>79</td>
<td>40.9</td>
<td>89</td>
</tr>
<tr>
<td>Other** 20+ years</td>
<td>511</td>
<td>65.0</td>
<td>225</td>
</tr>
<tr>
<td>&lt; 20 years</td>
<td>80</td>
<td>55.2</td>
<td>57</td>
</tr>
<tr>
<td>TOTAL 20+ years</td>
<td>67,340</td>
<td>83.4</td>
<td>11,122</td>
</tr>
<tr>
<td>&lt; 20 years</td>
<td>4,203</td>
<td>60.5</td>
<td>2,183</td>
</tr>
</tbody>
</table>

*Births with known adequacy, maternal race, and age: N = 87,687
** non-Hispanic
Data: 1991

70

BEST COPY AVAILABLE
Overall, the percentage of women who received prenatal care in their first trimester has declined, from 88.9% in 1980 to 85.8% in 1991. Women under 20 years old were substantially less likely to receive early prenatal care; of this age group, only 69.1% did in 1980, and only 65.8% in 1991.
The percentage of white women receiving adequate prenatal care increased from 82.7% in 1980 to 85% in 1992; the percentage of black women receiving adequate prenatal care declined from 73.2% to 66.3% during the same time period.

Low birthweight is defined as less than 2,500 grams (5.5 pounds), and puts infants at increased risk for mortality as well as for a variety of acute and chronic medical conditions. In 1991, 5,200 low birthweight babies were born in Massachusetts – representing 5.9% of all births; but 8.2% of births to teen mothers, about 40% higher than the average for all ages.
Low Birthweight by Level of Prenatal Care and Race/Ethnicity

The percentage of low birthweight deliveries declines with increased adequacy of prenatal care. Among women who received late or no prenatal care, 13.5% of babies born in 1992 were low birthweight. In contrast, only 5.3% of women who received adequate prenatal care delivered low birthweight babies. However, in all categories of prenatal care adequacy, black women had the highest percentages of low birthweight infants – 17.8% of those with late or no care, and 11.6% of those with adequate care.

Premature births occur before 37 weeks gestation, and put infants at risk for low birthweight, respiratory distress, developmental delay, and other harmful conditions. Of all births in 1991, 6.8% were premature. Black women had premature babies more than twice as often as white women; Hispanic women 43% more often. Of births to teen mothers, 8.9% were premature.

<table>
<thead>
<tr>
<th>Mother's Age</th>
<th>Number and Percent of Premature Births by Race/Ethnicity</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White*  Black*  Hispanic  Asian*  Other*</td>
<td>#  %  #  %  #  %  #  %  #  %</td>
</tr>
<tr>
<td>&lt; 18 years</td>
<td>88  7.3  64  14.3  96  11.5  11  14.5  5  8.6</td>
<td>264  10.0</td>
</tr>
<tr>
<td>18-19 years</td>
<td>194  7.4  70  11.6  79  8.5  5  4.3  6  6.9</td>
<td>354  8.2</td>
</tr>
<tr>
<td>TOTAL &lt; 20</td>
<td>292  7.4  134  12.7  175  9.9  16  8.3  11  7.6</td>
<td>628  8.9</td>
</tr>
<tr>
<td>20+ years</td>
<td>3,836  5.9  729  12.9  548  8.2  191  6.2  56  7.0</td>
<td>5,360  6.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4,128  6.0  863  12.9  723  8.6  207  6.3  67  7.1</td>
<td>5,988  6.8</td>
</tr>
</tbody>
</table>

*non-Hispanic

Data: 1991
Infant mortality is defined as the death of a child under one year old, and is considered a highly sensitive indicator of a community’s general well-being. While the infant mortality rate in Massachusetts dropped nearly 37% from 1980 to 1991, the overall rate of 6.5 (deaths per 1,000 live births), masks profound and persistent racial and ethnic disparities.

The 1991 infant mortality rate for black babies was 15.0 – almost three times as high as for white babies (5.5). For Hispanic babies, it was 9.4 – nearly twice as high as for whites.
Approximately 8% of all Massachusetts residents did not have health insurance in 1989; 91,000 of them – 20% of all uninsured – were children under 18 years old.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Individuals</th>
<th>Percent of Uninsured</th>
<th>Percent of Age Group Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 and Under</td>
<td>91,000</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>18 - 64</td>
<td>350,000</td>
<td>77</td>
<td>9</td>
</tr>
<tr>
<td>65 and Above</td>
<td>7,000</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Not Sure/Refused</td>
<td>7,000</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>455,000</td>
<td>101*</td>
<td>8</td>
</tr>
</tbody>
</table>

*Does not equal 100% due to rounding.
Data: 1989

A statewide survey of low-income families in 1990-91 found that nearly 200,000 children under age 12 were hungry or at-risk of hunger.

Data: 1991

N = 330
In 1992, of the nearly 400,000 Medicaid-eligible children ages 0-20 who should have been receiving early and periodic screening, diagnosis, and treatment (EPSDT) services, over 64% received none, and less than 2% were even referred for some type of corrective treatment.

"In the next decade, children will continue to come to school as they are today, increasingly brown and black, certainly poorer and more than likely not ready for school.... We must embrace the notion that all children can and will learn and that, to a great extent, it is the school and not the children who will make the difference."

Dr. Peter J. Negroni
Superintendent, Springfield Public Schools
Around 860,000 children were enrolled in public schools in Massachusetts in 1992-93, far fewer than in 1980, when over a million children attended public schools. Only about three-quarters of these students will ultimately graduate, and alarming trends show that many school systems are not coping well with an increasingly diverse population. Rather, a variety of exclusionary practices have developed that do not serve all our children well and result in lifelong negative consequences for minority students in particular.

Retention at grade level – once considered a useful way to assure remedial help, but now widely acknowledged as a predictor for dropping out of school – is used more frequently in racial and ethnic minority populations. So are school suspension practices, especially for out-of-school suspensions. And although 17.4% of all Massachusetts children receive some form of special education services, the type of program they receive and the degree to which they are mainstreamed varies widely depending upon their race and ethnic background.

In sum, grade retention, suspension, and segregated special education placements – taken separately and/or together – can all culminate in experiences that are extremely harmful to minority students, and contribute to pushing out this rapidly growing segment of the Massachusetts school community. Accordingly, it is not surprising that dropout rates show dramatic differences by race and ethnicity. If these patterns remain unaddressed, they will produce serious problems for the Commonwealth in the future.

Educational denial has many social costs. Young adults who do not finish school are three times as likely to live in impoverished households. These former students become entrapped in marginal, low-paying, and often part-time jobs, and utilize public assistance and other public services to an extent disproportionate to their numbers in the general population. In addition, significant costs in lost tax revenue, crime and crime prevention, and unemployment and welfare expenditures are all attributable to students who do not complete public education.

Of the overall Massachusetts school population in 1992-93, 8.5% of students were Hispanic; 8.0% were black; and 3.8% were Asian or Native American.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White*</td>
<td>79.8%</td>
</tr>
<tr>
<td>Black*</td>
<td>8.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8.5%</td>
</tr>
<tr>
<td>Asian/Native American*</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

*non-Hispanic

Data: 1992-93
Students Ages 3-21 Whose First Language is Not English

Of total public school enrollment, 96,981 students spoke English as a second language; half of these students were Hispanic.

<table>
<thead>
<tr>
<th>Language</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>49,430</td>
</tr>
<tr>
<td>Portuguese</td>
<td>12,575</td>
</tr>
<tr>
<td>Chinese</td>
<td>5,812</td>
</tr>
<tr>
<td>Khmer</td>
<td>5,174</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>4,304</td>
</tr>
<tr>
<td>Cape Verdean</td>
<td>3,537</td>
</tr>
<tr>
<td>French</td>
<td>2,652</td>
</tr>
<tr>
<td>Haitian Creole</td>
<td>2,231</td>
</tr>
<tr>
<td>Russian</td>
<td>1,497</td>
</tr>
<tr>
<td>Greek</td>
<td>1,296</td>
</tr>
<tr>
<td>Italian</td>
<td>1,034</td>
</tr>
<tr>
<td>Laotian</td>
<td>869</td>
</tr>
<tr>
<td>Other</td>
<td>6,570</td>
</tr>
</tbody>
</table>

N = 96,981
Data: 1992-93
### Students Retained in Grade by Race/Ethnicity

<table>
<thead>
<tr>
<th>Grade Level Grouping</th>
<th>Number Retained</th>
<th>Number Enrolled</th>
<th>Percent Retained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades PK-3</td>
<td>5,645</td>
<td>292,928</td>
<td>1.9%</td>
</tr>
<tr>
<td>Grades 4-5</td>
<td>379</td>
<td>129,856</td>
<td>0.3%</td>
</tr>
<tr>
<td>Grades 6-8</td>
<td>2,246</td>
<td>183,097</td>
<td>1.2%</td>
</tr>
<tr>
<td>Grades 9-12</td>
<td>9,464</td>
<td>230,170</td>
<td>4.1%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (non-Hispanic)</td>
<td>10,159</td>
<td>673,172</td>
<td>1.5%</td>
</tr>
<tr>
<td>Black (non-Hispanic)</td>
<td>3,378</td>
<td>65,226</td>
<td>5.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3,402</td>
<td>67,076</td>
<td>5.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>646</td>
<td>29,157</td>
<td>2.2%</td>
</tr>
<tr>
<td>Native American</td>
<td>149</td>
<td>1,420</td>
<td>10.5%</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>10,784</td>
<td>429,550</td>
<td>2.5%</td>
</tr>
<tr>
<td>Female</td>
<td>6,950</td>
<td>406,501</td>
<td>1.7%</td>
</tr>
<tr>
<td><strong>TOTAL Grades PK-12</strong></td>
<td><strong>17,734</strong></td>
<td><strong>836,051</strong></td>
<td><strong>2.1%</strong></td>
</tr>
</tbody>
</table>

Data: 1991-92

---

Black and Hispanic students were retained in grade almost three and a half times more often than white students.
Black and Hispanic children were suspended from school at almost twice the rate as white students. Minority children also experienced out-of-school suspension far more frequently than in-school suspension; only whites have similar in- and out-of-school suspension rates.
Special Education Students by Program and Race/Ethnicity

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White*</td>
</tr>
<tr>
<td>502.1 Modified</td>
<td>13,739</td>
</tr>
<tr>
<td>502.2 Integrated</td>
<td>61,029</td>
</tr>
<tr>
<td>502.3 25%-60% Separate</td>
<td>16,387</td>
</tr>
<tr>
<td>502.4 Separate Teacher</td>
<td>16,649</td>
</tr>
<tr>
<td>502.41 Separate Facility</td>
<td>1,829</td>
</tr>
<tr>
<td>502.5 Day School</td>
<td>2,975</td>
</tr>
<tr>
<td>502.6 Residential</td>
<td>744</td>
</tr>
<tr>
<td>502.7 Home or Hospital</td>
<td>562</td>
</tr>
<tr>
<td>502.8 Pre-School</td>
<td>5,622</td>
</tr>
<tr>
<td>TOTAL</td>
<td>119,536</td>
</tr>
</tbody>
</table>

Percent within Race/Ethnicity:
- White*: 17.4%
- Black*: 20.6%
- Hispanic: 16.8%
- Asian*: 4.9%
- Native American*: 13.7%
- TOTAL: 17.1%

*non-Hispanic
Data: 1991-92

Over half of Hispanic, and nearly half of black, special education students were placed in programs that separated them from non-special education students 25% or more of the school day. Less than a third of white special education students were placed in such settings.

Dropout Rates by Grade and Race/Ethnicity

<table>
<thead>
<tr>
<th>Grade</th>
<th>Number Enrolled</th>
<th>Number of Dropouts</th>
<th>Annual Rate</th>
<th>Projected 4-Year Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 9</td>
<td>62,685</td>
<td>2,348</td>
<td>3.7%</td>
<td>15%</td>
</tr>
<tr>
<td>Grade 10</td>
<td>58,425</td>
<td>2,723</td>
<td>4.7%</td>
<td>-</td>
</tr>
<tr>
<td>Grade 11</td>
<td>55,555</td>
<td>2,559</td>
<td>4.6%</td>
<td>-</td>
</tr>
<tr>
<td>Grade 12</td>
<td>53,505</td>
<td>1,652</td>
<td>3.1%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number Enrolled</th>
<th>Number of Dropouts</th>
<th>Annual Rate</th>
<th>Projected 4-Year Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>117,368</td>
<td>5,333</td>
<td>4.5%</td>
<td>17%</td>
</tr>
<tr>
<td>Female</td>
<td>112,802</td>
<td>3,949</td>
<td>3.5%</td>
<td>13%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnic Group</th>
<th>Number Enrolled</th>
<th>Number of Dropouts</th>
<th>Annual Rate</th>
<th>Projected 4-Year Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White*</td>
<td>186,880</td>
<td>5,711</td>
<td>3.1%</td>
<td>12%</td>
</tr>
<tr>
<td>Black*</td>
<td>18,156</td>
<td>1,352</td>
<td>7.4%</td>
<td>26%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>16,681</td>
<td>1,858</td>
<td>11.1%</td>
<td>36%</td>
</tr>
<tr>
<td>Asian*</td>
<td>7,914</td>
<td>335</td>
<td>4.2%</td>
<td>16%</td>
</tr>
<tr>
<td>Native American*</td>
<td>539</td>
<td>26</td>
<td>4.8%</td>
<td>18%</td>
</tr>
<tr>
<td>TOTAL Grades 9-12</td>
<td>230,170</td>
<td>9,282</td>
<td>4.0%</td>
<td></td>
</tr>
</tbody>
</table>

*non-Hispanic
Data: 1991-92

Overall during the 1991-92 school year, 9,282 students in grades 9-12 dropped out of public schools in Massachusetts. Projected four-year dropout rates are: 36% of Hispanic students; 26% of blacks; 18% of Native Americans; 16% of Asians; and 12% of whites. This means that more than a third of ninth grade Hispanic students, and more than a quarter of ninth grade black students, are projected to drop out of Massachusetts public schools before they have a chance to graduate.
"The solution of adult problems tomorrow depends in large measure upon the way our children grow up today. There is no greater insight into the future than recognizing when we save our children, we save ourselves."

Margaret Mead
The safety and security of children is a serious concern to all families and communities in Massachusetts. Firearms and motor vehicle accidents are the leading contributors to injury-related deaths among children 19 years old and under. In addition, far too many of our children encounter difficulties with the criminal justice system.

Nationally, only 16% of arrests are of people under age 18. However, juvenile crime is a major problem in the Commonwealth and for the institutions created to prevent and correct juvenile misbehavior. Trend data show an increase in the number of children committed to the Department of Youth Services (DYS) over a thirteen year period, with a marked 7% increase between 1992 and 1993. Moreover, of new DYS commitments during 1993, 41.9% involved offenses against persons.

As alarming as the data on injury-related death and juvenile offenses are, it is important to note that children are overwhelmingly the victims of violence rather than its perpetrators. In 1992, over 7,000 children were physically or sexually abused.

The injury-related death, juvenile offense, and child abuse data presented here represent preventable tragedies. These situations can and must be addressed through adequate violence prevention programs and a strong social services structure.

**Injury-Related Deaths of Children 19 and Under**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Vehicle Related</td>
<td>352</td>
</tr>
<tr>
<td>Homicide</td>
<td>160</td>
</tr>
<tr>
<td>Suicide</td>
<td>81</td>
</tr>
<tr>
<td>Drowning</td>
<td>54</td>
</tr>
<tr>
<td>Fire/Burn</td>
<td>41</td>
</tr>
<tr>
<td>Suffocation</td>
<td>30</td>
</tr>
<tr>
<td>Undetermined Intent</td>
<td>20</td>
</tr>
<tr>
<td>All Other</td>
<td>89</td>
</tr>
</tbody>
</table>

Between 1989 and 1991, 827 children lost their lives from injuries. The leading cause of death was motor vehicle accidents, with homicide and suicide the second and third leading causes.
Significant racial disparities exist in homicides and suicides. While half of all homicide deaths occurred to blacks, more than 90% of suicides were among white youth.

**Homicides**

- White*: 29
- Black*: 66
- Hispanic: 23
- Asian*: 6
- Other*: 1

N = 125
* non-Hispanic
Data: 1989-91

**Suicides**

- White*: 66
- Black*: 3
- Hispanic: 2
- Asian*: 1
- Other*: 0

N = 72
* non-Hispanic
Data: 1989-91
The presence of firearms in the community contributed significantly to injury-related deaths among children. At least some of these 125 deaths were unintentional, and almost all were wholly preventable.

N = 125
*non-Hispanic
Data: 1989-91

N = 125
*non-Hispanic
Data: 1989-91

Massachusetts KIDS COUNT 51
In 1991, there were 10,947 juvenile offenses recorded, with crimes against property the most common, and crimes against persons the least common. The vast majority of offenses – 71.8% – were committed by white children.
Despite the fact that the overwhelming number of offenses are committed by white youth, new commitments to the Department of Youth Services show a disturbing trend in racial disparity.

Massachusetts data with regard to racial disparities in DYS settings mirrors national data, which also demonstrate that minorities are more likely than white youth to be arrested and detained for the same charges.


Data: 1991
During 1992, the Massachusetts Department of Social Services (DSS) received 89,592 reports alleging that 61,412 individual children had been maltreated. Of those cases investigated, 24,601 – 51.3% – of the allegations were supported. DSS opened cases on 12,115 families, 68% because of supported investigations of maltreatment; and 32% as a result of voluntary requests for services, court-ordered CHINS (Children in Need of Services), and other referrals.
In cases of children found to be maltreated, 6,562 involved physical abuse; 2,450 sexual abuse; and 2,192 emotional abuse. More than half of all DSS-supported cases involved white children; 18% black children; 16% Hispanic children; and 10% Asian and other race/ethnicities.

N = 29,511. Percents do not add to 100 due to rounding.

Data: 1992
“The old notion that people can ‘keep themselves to themselves’ and not be touched by what is happening to their neighbors, or even to people who live a hundred miles off, is a most dangerous mistake.”

George Bernard Shaw
In this Massachusetts KIDS COUNT 1994 report, we have presented demographic data, facts on the economic well-being of children and their parents, information on family life, health and educational outcomes, and numbers relating to children's safety and security. We have shown both troubling disparities by factors such as race, ethnicity, and class; and how changes in our state's social, economic, and political structures have contributed to a collective deterioration in the status of young people generally across the Commonwealth.

Data, by its very nature, documents concrete, quantifiable events. Accordingly, many attempts to describe the status of children through data collection and analysis focus on problems, failures, and negative consequences. What we cannot do at this time is document the strengths, assets, and unrealized potential we know all our children possess. We cannot show who, among the 125 children killed by firearms between 1989 and 1991, might have been teachers, artists, scientists, or doctors. We cannot demonstrate who, among the under- and unemployed, might make significant contributions to society as workers, parents, or community leaders. Nor can we prove, through the mere presentation of trend data, how much more productive and healthy our communities would be if all our children were protected from the ravages of poverty, abuse and neglect, and inadequate support systems.

What we can unequivocally state, however, is that we are failing miserably to provide the fundamental opportunities all children need and deserve, and that our failure represents a terrible loss to the individual children themselves, their families, and all of us. That we can do better is clear. Whether we will do better in 1995, and beyond, depends upon judgments that must be made by every resident of the Commonwealth. The purpose of Massachusetts KIDS COUNT 1994 is to enlighten – and help shape – such a public discourse.
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</tbody>
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