

think differently.
for their future...2016 follow-up.



Child Weight Surveillance in Preschools in Hartford Connecticut

Completed May, 2016 for the City of Hartford Department of Families Children, Youth, and Recreation

UConn
HEALTH

HUSKY NUTRITION
PUBLIC HEALTH AND
HEALTH POLICY

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City of Hartford - Department of Families Children, Youth, and Recreation

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SUMMARY OF KEY FINDINGS

The City of Hartford actively supports initiatives to reduce rates of childhood obesity, especially among Hartford's preschool age children. In collaboration with the Husky Nutrition Evaluation Team at UConn Health, the City of Hartford released its first child weight surveillance report focused on preschool age children in 2012. As a follow up, during May of 2016 the Husky Nutrition Evaluation Team measured the weights and heights of a statistically representative sample of preschool children enrolled in center and school based care in Hartford as part of the city's preschool obesity prevention initiative; 2051 children from 40 early care programs throughout Hartford were measured. Analyses of the 2016 data found:



2016 Surveillance

- 32% of preschool age children are overweight or obese
- Preschool children who are Hispanic or Latino are significantly more likely to be overweight or obese than non-Hispanic children
- 35% of children who are Hispanic or Latino are overweight or obese
- 28% of children from African American or Black backgrounds are overweight or obese
- 29% of other children, primarily Caucasian or Asian are overweight or obese
- 3.1% of children are extremely obese (120% of the 95th Percentile)

Changes between 2012 and 2016 Surveillance

- Percent of children categorized as overweight or obese decreased from 37% in 2012 to 32% in 2016
- Average BMI percentile significantly decreased by four percentile points
- Weight gap between Hispanic/Latino children and other children in Hartford widened between 2012 and 2016



Obesity is among the most serious chronic conditions faced by children in the United States. The rate of overweight and obesity of preschool children in Hartford, even with the decrease between 2012 and 2016, is over twice the expected national norms, with Latino children the most severely affected. Public and private agencies and families can continue to lead the way to significantly further decrease obesity among Hartford children under the age of five by carefully evaluating the childhood obesity efforts already started; redoubling the effort for those programs that work; and improving access to good food, physical activity, and wellness education and health care for these families.

BACKGROUND

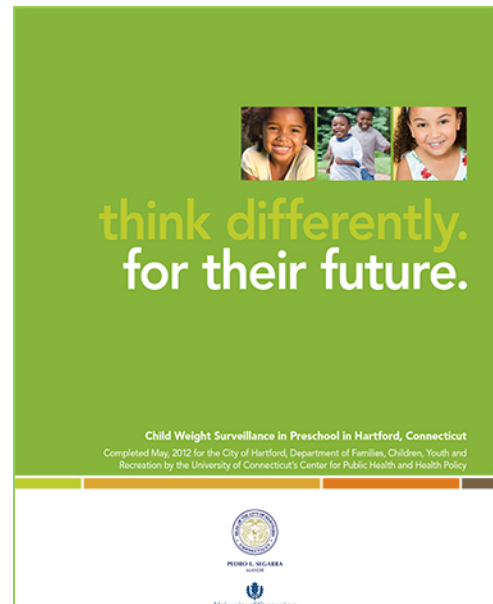
In 2012, 37% of 3-5-year-old children enrolled in center or school based early child care in Hartford were classified as overweight or obese[1]. With 75% of Hartford's 3-5 year olds enrolled in center or school-based early care programs, this alarming rate of obesity mobilized the city and, in particular, the Department of Families, Children, Youth, and Recreation (DFCYR) to respond. To raise awareness within Hartford, the Mayor called a press conference and released the child weight surveillance report, *"think differently. for their future."*

Many targeted policies, programs, and initiatives followed with the aim of bringing the occurrence of overweight and obesity among 3-5-year-old children closer to the 15% prevalence expected by the Center for Disease Control[2] or the U.S. prevalence estimate of 23% [3]. In response, DFCYR launched initiatives within the early child care system to promote good nutrition and physical activity. For the DFCYR run early care programs, DFCYR hired a dietitian to provide staff education, evaluate menus, and provide food and nutrition education materials to programs. DFCYR consulted with physical activity experts to train recreation staff on age-appropriate physical activity lessons that the recreation staff then instituted in DFCYR programs. The DFCYR also shared the citywide report with early child care administrators for 69 early child care programs in Hartford and provided the programs with their own weight surveillance results. To further assist early care programs throughout Hartford, DCFYR sought and expanded upon collaborations with other municipal departments, not-for-profit organizations, and educational institutions to bring additional educational programming, technical assistance, resources, and support for research and evaluation.

Some of these collaborations include:

Promoting Healthy Eating and Nutrition Education

- With the Hartford Food System, the "Little City Sprouts," a garden-based food and nutrition education program geared to preschool children (<http://www.hartfordfood.org/programs/little-city-sprouts>)
- With the Husky Nutrition Programs at UConn Health, implementation of Husky READS to introduce preschool children to MyPlate and Husky Nutrition to inform parents about sugar sweetened beverages (<http://www.publichealth.uconn.edu/husky-reads.html>).
- With the Hispanic Health Council (www.hispanichealth.org), the continuation of food, nutrition, and physical activity focused puppet shows
- With the Connecticut Department of Public Health (<http://www.ct.gov/dph/cwp/view.asp?a=3137&q=393114>)) and St. Joseph's University (<http://www.usj.edu/outlook/winter-2013/news-from-our-five->



schools/school-of-health-and-natural-sciences), enhancements to current food and nutrition education offerings for staff

- With the Hartford Food System and UConn Cooperative Extension System, a citywide gardening and nutrition fair

Promoting Physical Activity for Preschool Children

- With the City Recreation division, the expansion of recreational staff consulting to early child care programs
- With SoccerShots (<https://www.soccershots.org/ct/>), a citywide soccer program for preschool age Hartford children to provide structured activity opportunities

Promoting Best Practices in Nutrition and Physical Activity Policy and Practice

- With the Husky Programs at UConn Health, the evaluation of citywide early child care policies for wellness content and delivery of policy support workshops and mentoring to improve the wellness policies for early care programs participating in the School Readiness Council
- With the Connecticut Department of Public Health, the expansion of training in Hartford of “I Am Moving, I am Learning,” a proactive approach to addressing childhood obesity in Head Start programs, and NAP SACC (<https://gonapsacc.org/>) trainings to support obesity prevention best practices and wellness policies in home and center based early child care

Also, DFCYR actively participated in the development and leadership of citywide planning efforts to reduce childhood obesity such as the Hartford Foundation sponsored, and Connecticut Children's Medical Center led, Hartford Child Wellness Alliance.

To inform progress in these efforts, DFCYR, with support from the Connecticut SNAP-Ed program at UConn Health, conducts periodic BMI surveillance of 3-5-year-old children enrolled in center or school based early childcare programs in Hartford. The following report updates findings for 2016 and compares progress over the four years since the first data collection in 2012.

SURVEILLANCE PROTOCOL

In April of 2012, DFCYR contracted with The Husky Nutrition Evaluation Team at UConn Health to measure a statistically representative sample of preschool children enrolled in center and school based early care programs in Hartford. In May of 2016, The Husky Nutrition Evaluation Team used the same protocol as in 2012 to provide an updated estimate of childhood obesity and identify change in BMI, if any. In 2012, a prevalence estimate for overweight and obesity with 95% certainty \pm 3% required participation of at least 35 of 66 listed preschools licensed in the city and the measurement of 1,379 children under age six. In 2016, the evaluation team increased the sample to 2,051 children from 40 centers to enable the measurement of change

in age-adjusted BMI from 2012 to 2016 with the same degree of certainty as in 2012. Appendix A lists the 40 sites randomly selected for surveillance.

Mayor Luke Bronin sent a letter to all sites stating his support of the study (see Appendix B). In addition, Jane Crowell, Assistant Director for the Division of Young Children, and Ann Ferris, Professor emerita, Medicine and Public Health at UConn Health, discussed the surveillance plan with early care program administrators at a monthly meeting of the Hartford's School Readiness Council. Catalina Quesada, Husky Nutrition Education Specialist, led the UConn Health team that conducted the measurements. Before the surveillance began, she visited each site to discuss scheduling and logistics and then she and other staff led teams of trained undergraduates to conduct the surveillance. Both the 2012 and 2016 measurements were completed in May to account for seasonal variations in weight. Although the team measured all children in eligible classrooms, the data for the reported analyses did not include children who were not in the age range or did not reside in Hartford.



Data Collected

Survey staff measured height using a stadiometer (Shorrboard® portable measuring board, model 420, Shorr Products, Olney, MD) using standard protocols[4]. All children were in stocking feet, and care was taken to assure that hair ornaments, hats, or hair did not artificially increase the measurement. Weights were obtained using an electronic self-calibrating digital scale (Physicians Remote Read Digital Scale 349KL, Healthometer, Bridgeview, IL) without shoes or bulky clothing. Weight data were reported as raw numbers and adjusted for average weight of clothing. The research staff set up a private area for measuring children and collected all measurements three times. Children who were non-cooperative or anxious about being measured were excluded from the survey.

Before the measurement day, Ms. Quesada or a member of her staff completed a student profile list from school records containing center name; classroom; and child's name, date of birth, ethnicity, and city of residence. On the day of the survey, to ensure the least disruption of classroom activities, the team divided into two groups: one to escort the children from the classroom to the measurement station, and a second to conduct measurements. Staff recorded data on a survey sheet (Appendix C) that remained in the child's file in the childcare center. The team leader transferred the essential information from these sheets to a Microsoft Access® file that contained the center name, classroom, and the child's decimal age.¹ All identifying information remained in the child's center file.

The University of Connecticut Health Center's Office of Research Compliance reviewed the protocol and all communications and deemed this protocol as exempt from human subject research with a HIPAA waiver.

¹ The Microsoft Access® program calculated decimal age on the day of the measurement from the date of birth. Once the calculation was completed, no record remained on the electronic file of the date of birth.

Analyses

Analyses used the Reference Standards of the Center for Disease Control and Prevention (CDC) to classify the weight status of children (Figure 1). The CDC Reference Standards use body mass index (BMI), a measure of body weight to height as an indirect indicator of body fat. Because children are both attaining height and gaining weight, the static BMI cut-off used with adults cannot be used for children. For children, “BMI percentile,” also known as “BMI-for-age,” is used to indicate the relative position of the child's BMI adjusted for sex and age. The percentile shows a child's BMI relative to U.S. children who participated in national surveys from 1963-65 to 1988-94 [2]. The CDC Reference Standards classifies children's weight status into 4 groups using BMI percentile:

- underweight (BMI < 5th percentile)
- normal weight (BMI > 5th but < 85th percentile)
- overweight (BMI > 85th but < 95th percentile), and
- obese (> 95th percentile)[5]. (See Figure 1.)

Obesity is further examined in this report using two cut-points for what is referred to as “severe” or “extreme” obesity. One analysis explores the prevalence of obesity that exceeds the 99th percentile of the CDC growth charts; the second looks at BMI at or above 120% of the sex-specific 95th percentile on the CDC BMI-for-age growth charts [6,7].

Descriptive statistics (means, frequencies) were calculated to describe the data. Chi-square analyses were used to compare weight distributions by age group, race/ethnicity, and year. Multivariate regression models, which included the covariates age, gender, year, and race/ethnicity, examined changes in BMI percentile by time and race/ethnicity.

RESULTS

All early childcare centers and school based programs, except for one, participated in the surveillance project. The tables below provide a summary of enrollment (Table 1) and demographics (Table 2) comparing data from 2012 and 2016.

Table 1. Enrollment Summary*

Year	2012	2016
Total Enrollment	1,589	2,284
Absent	284	212
> 5 years old	3	2
Not Hartford residents	170	453
Child Uncooperative/Data Incomplete	9	19
Total Usable Measurements	**1,120	1,598
Number of Sites	35	40

* If all children were not available in the classroom, the survey team returned to classroom a maximum of two times to capture as many children as possible.

**Post-hoc analysis confirmed adequacy of sample size to predict overweight and obesity with 95% confidence.

Between 2012 and 2016, the average BMI percentile (controlled for year, age group, gender, and ethnicity) significantly decreased by 4.1 percentile points (Table 3). In 2012, 37% of the children were classified as overweight or obese, with 17% classified as overweight and 20% as obese. In 2016, the percent of children classified as overweight or obese declined to 32%, evenly divided between the classifications of overweight and obese. Although the decline is encouraging, these percentages are much higher than the CDC's expected prevalence of 10% of the population as overweight and 5% as obese (Figure 1). The combined prevalence of overweight and obesity in Hartford is still twice as high as the CDC guidelines for age and gender specific BMI.

In both 2012 and 2016, girls were just as likely as boys to be overweight or obese. In 2012, 4-5 year old children were more likely to be overweight or obese than the 3-4 year old children; however, in 2016 that difference was no longer evident.

In both 2012 and 2016, children designated as Hispanic/Latino were heavier than non-Hispanic children. In 2016, more than one-third of children from Hispanic/Latino backgrounds were overweight or obese (35%) compared to 28% of children from African-American/Black backgrounds, and 29% of children who were from Asian or Caucasian backgrounds. Despite the significant decrease in average BMI percentile observed for all demographic groups since 2012, the smallest reduction was found among children from Hispanic/Latino backgrounds (Table 3). In turn, the weight gap between Hispanic/Latino children and other children in the city widened between 2012 and 2016.

Table 2. Gender, Age, and Ethnicity.

Year	2012	2016
	Percent	Percent
Gender, Female	51	50
Ethnicity		
African-American/Black	54	41
Hispanic/Latino	37	47
Asian or Caucasian	3	11
Unknown	7	1
Age		
3-4 years old	27	32
4-5 years old	73	68

Figure 1. Overall BMI Percentiles:
CDC Expected versus Hartford Actual

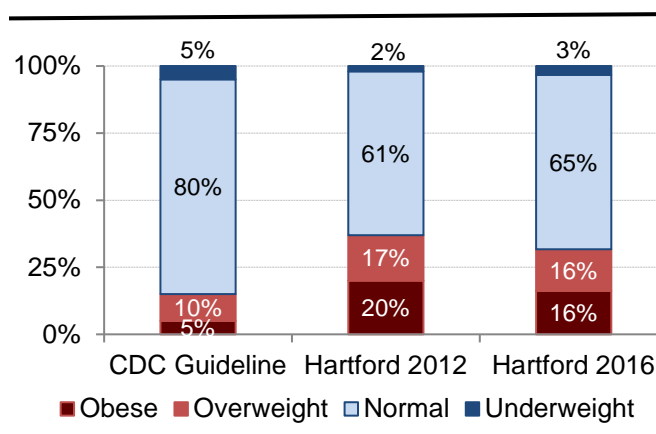


Table 3. Ethnic Differences in Mean BMI 2012-2016.

<i>BMI percentile adjusted for age and gender</i>				
Race/Ethnicity	2012	2016	Difference	P-Value
AA/Black	65.4	61.2	4.2	0.017
Hispanic/Latino	72.0	68.1	3.9	0.046
Other	65.6	61.2	4.4	0.280

In both 2012 and 2016, Hispanic/Latino children were significantly ($p<0.01$) more likely to be “extremely obese” than African American and other ethnicities (Table 4). In 2016, 9.2% of children from Hispanic/Latino families were classified as extremely obese, using the $\geq 99^{\text{th}}$ percentile cutoff, compared to 6.1% of children from African-American/Black or 5.1% from families who were primarily Caucasian or Asian. Using a more conservative definition ($\geq 120\%$ of the gender specific 95th percentile on the CDC BMI-for-age-growth charts), extreme obesity has remained stable at 2% nationally[6]. The prevalence of extreme obesity, using this definition, is close to the national average for non-Hispanic/Latino children in Hartford but Hispanic/Latino are at almost double the national average at 3.9%.

Table 4. Children who are “super obese” by two definitions.

	> 120% of the 95th percentile for age and gender		$\geq 99^{\text{th}}$ percentile for age and gender	
Year	2012	2016	2012	2016
Race/Ethnicity	n (%)	n (%)	n (%)	n (%)
AA/Black	12 (2)	18 (2.7)	36 (6.1)	40 (6.1)
Hispanic/Latino	21 (5.2)	29 (3.9)	43 (10.6)	69 (9.2)
Other	2 (1.9)	2 (1.1)	3 (2.8)	9 (5.1)

When looking at how closely the profile of individual centers followed the CDC expectation of 15% of the children being overweight or obese, in one out of 35 centers met that expectation in 2012 and in 2016, three out of 40 centers met that expectation.

Table 5 divides all of the centers into five segments (quintiles) and shows how the overall percentage of children in each center has shifted downward between 2012 and 2016. In 2012, using 30% of children being overweight or obese as a reference point and just including children with Hartford addresses, eight of the 35 (23%) centers had less than 30% overweight or obese children. In 2016, the proportion almost doubled with 17 out of 40 (43%) sampled centers having populations where less than 30% of the children were overweight or obese.

Table 5. Range of percent of children classified as overweight or obese by center quintiles.

	Percent range of children with Hartford residence classified as overweight or obese	
Quintile	2012 (n=35)	2016 (n=40)
1	12 – 27	9 – 24
2	28 – 31	26 – 29
3	32 – 37	29 – 34
4	39 – 46	35 – 44
5	47 – 59	44 – 64

COMMENTARY

Hartford children continued to weigh more than the CDC expected average weight and actual U.S. average weight, the latter of which shows a consistent, small but downward trend in obesity for 2-5-year-old children [3, 7]. Ogden et al. [6], using data available from the National Health and Nutrition Examination Survey (NHANES), examined obesity trends in children, ages 2-5 from 1988 to 2014. The rate of obesity increased from 7.2% in 1988 to 13.9% in 2003-2004 and had since shown a significant downward trend to 9.4% in 2013-2014. Hartford data showed the same downward trend in obesity, starting at 20% in 2012 and decreasing to 16.2% in 2016; 70% higher than the national average.

What is more troubling are the number of children who are extremely obese and have a weight in relationship to height that CDC defines as close to biologically implausible[8]. These are children for whom obesity interferes with mobility and who are at highest risk for lifelong obesity and early onset of diabetes and heart disease. There are two common ways to categorize children as “extremely obese.” One way denotes children whose age and gender specific BMI is in the top 1% of children nationally. In Hartford, 7.4% of children were in that category, with significantly more children from Hispanic/Latino families (9.2%) than from African-American families (6.1%) fitting the profile. Using a more conservative definition ($\geq 120\%$ of the gender specific 95th percentile on the CDC BMI-for-age-growth charts)[8], extreme obesity has remained stable at 2%[6]. The prevalence of extreme obesity, using this definition, is close to the national average for non-Hispanic/Latino children in Hartford but Hispanic/Latino are at almost double the national average at 3.9%.

RECOMMENDATIONS

Almost all US cities share the same burden of preschool obesity as Hartford. However, because almost 75% of 3-5-year-old Hartford children are enrolled in center-based care, more than most U.S. cities, Hartford has a unique opportunity to further reduce the prevalence of obesity by continued investments in programs in the preschool environment.

DFCYR has made great strides in promoting environmental change within the early childcare centers, and some centers within the city provide a "health oasis" for children living in an environment that promotes obesity. The next steps require the cooperation of federal, state, and municipal agencies to enhance regulations and policies in support of these efforts[9]; the medical community to provide early intervention and family centered care, particularly for those children identified at extremely obese[10, 11]; and the education and research community to assist with determining planning and program effectiveness. To further reduce obesity in preschool children will require that DFCYR and the early childcare community in Hartford do the following:

- ✓ Continue and expand current efforts for improvements in the food, nutrition, and physical activity environment already underway in the early childcare centers and schools in Hartford.
- ✓ Institute more programs that target infants, toddlers, and their parents to prevent the development of obesity at an earlier point in the life cycle.

- ✓ Expand participation in the Child and Adult Care Food Program (CACFP) for breakfast, lunch, and snacks to all qualified programs.
- ✓ Provide consistent staff and food provider education on meeting federal regulations for meals served and appropriate serving sizes for preschool children.
- ✓ Work with the state to more closely monitor compliance with meeting CACFP guidelines and link that compliance to licensing.
- ✓ Partner with medical providers to be more proactive in identifying and treating children at risk to become or currently are obese and to provide coordinated care, especially for those children classified as “extremely obese.”
- ✓ Continue to improve physical activity access and good food access at all center and school based early childcare centers in Hartford.
- ✓ Frame current interventions and programs within the belief systems and cultures of families using early childcare in the city and assure that children and their families not be stigmatized for their beliefs or weight status.
- ✓ Partner with the education, research, and medical community to develop and evaluate the effectiveness of programs and interventions introduced in the early childcare system in the city.
- ✓ Expand the digitization and analyses of data that may help explain the correlates and consequences of childhood obesity.
- ✓ Continue to independently monitor the prevalence of child BMI in the early care system.



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APPENDIX

Site	Street Address	Zipcode
Capital Prep Magnet School	1304 Main Street	06103
Catholic Charities: Paraiso Infantil Child Care	45 Wadsworth Street	06106
Catholic Charities: SS Cyril & Methodist Child Development Center	45 Groton Street	06106
CREC River Street Preschool Early Learning Center	34 Sequassen Street	06106
CRT Douglas Street Early Care Center	170 Douglas Street	06114
CRT Grace Street Early Care Center	37 Grace Street	06106
CRT Jobs Corp Early Care Center	100 William Shorty Campbell Boulevard	06106
CRT Locust Street Early Care Center	261 Locust Street	06114
CRT Sigourney Mews	206 Collins Street	06105
CRT Thomas Ritter Child Development Center	555 Windsor Street	06120
CRT Children's Learning Center	211 Laurel Street	06105
Hartford Area Seventh-Day Adventist Preschool	474 Woodland Street	06112
Hartford DCFYR: Asylum Hill Early Learning Center	814 Asylum Street	06105
Hartford DCFYR: Hyland Early Learning Center	355 New Britain Avenue	06106
Hartford DFCYR: Metzner Early Learning Center	680 Franklin Avenue	06114
Hartford DFYR: Pequeñin Children Multicultural Readiness Academy	1396 Park Street	06106
Hartford Neighborhood Centers Early Learning Childcare Center	38 Lawrence Street	06106
HPS: Dr. James Naylor CCSU Leadership Academy	639 Franklin Avenue	06114
HPS: E.B.Kennelly School	180 White Street	06114
HPS: Environmental Sciences Magnet School at Mary Hooker	440 Broadview Terrace	06106
HPS: Expeditionary Learning Academy at Moylan School	101 Catherine Street	06106
HPS: Montessori Magnet (Moylan/McDonough Campuses)	101 Catherine Street	06106
HPS: Parkville Community School	47 New Park Avenue or 1755 Park Street	06106
HPS: Sr. Frank Simpson Waverly	55 Waverly Street	06112
HPS: Asian Studies Academy at: Belizzi School	215 South Street	06114
HPS: Breakthrough II Magnet School	395 Lyme Street	06112
HPS: Breakthrough Magnet School	290 Brookfield Street	06106
HPS: Hartford Pre-Kindergarten Magnet School	121 Cornwall Street	06112
HPS: Museum Academy at Wish School	350 Barbour Street	06120
HPS: Sarah J Rawson Elementary School	260 Holcomb Street	06112
Kings Chapel Early Care and Education Center	400 Woodland Street	06112
Mount Olive Child Development Center	30 Battles Street	06120
Pride and Joy Learning Academy (Wethersfield)	449 Silas Deane Hwy	06109
Salvation Army, The Right Place	121/123 Sigourney Street	06105
Salvation Army: Hartford North End Preschool and Family Resource Center	100 Nelson Street	06143
State of Connecticut General Assembly: Capitol Child Development Center	450 Broad Street	06106
Trinity College Community Child Center - Clemens Building	300 Summit Street	06106
Village for Families and Children Early Learning Center	105 Spring Street	06105
Women's League Child Development Center	1695 Main Street	06120
YWCA: Growing Tree Early Learning Academy	195 Garden Street	06105