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**INTRODUCTION**

Denver Great Kids Head Start (DGKHS) serves as the grantee for the federal Head Start Program and is managed by the Office of Children’s Affairs. DGKHS serves 1,153 eligible children and their families through contracts with six community providers, including: Catholic Charities, Clayton Early Learning, Denver Public Schools, Family Star Montessori, Mile High Early Learning Centers, and Volunteers of America. In addition, it provides supplemental comprehensive Head Start services in the areas of health, dental and mental health; disabilities services; and nutrition, through contracts with Denver Health and Hospitals Authority, Sewall Child Development, and Nutrition Consultants respectively.

The mission of Denver Great Kids Head Start is: to prepare Head Start children to enter kindergarten confidently with the social, physical, emotional and cognitive skills and the competencies necessary for continuing school success. Accordingly, there is a great emphasis on school readiness and deliberate efforts on the part of the city Head Start office to use data to drive program development and continuous improvement.

The Community Assessment is a comprehensive report providing in-depth information on how Denver children and their families are faring using a variety of indicators – looking at the actual numbers as well as the places with high or low concentrations of factors. This resource addresses both opportunities and challenges in Denver and is intended to be used to inform programs, services, and investments in children and youth.

**HEAD START REGULATIONS**

According to the 45 Code of Federal Regulations (CFR) Chapter XIII, each Head Start (HS) grantee must conduct a Community Assessment within its service area at least once every five years.

This Assessment must include:

- The demographic make-up of Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition;
- Other child development and child care programs that serve Head Start eligible children, including publicly funded state and local preschool programs, and the approximate number of Head Start eligible children served by each;
- The estimated number of children with disabilities four years old and younger, including types of disabilities and relevant services and resources provided to these children by community agencies;
- Data regarding the education, health, nutrition and social service needs of Head Start eligible children and their families;
- The education, health, nutrition and social service needs of Head Start eligible children and their families as defined by families of Head Start eligible children and by institutions in the community that serve young children; and
- Resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.
DATA

The most complete census of the United States population is conducted once every 10 years. The data collected from Census 2010 provides the best count of the population currently available for the country, states, and counties. The American Community Survey provides estimates of yearly population changes along with additional social, demographic, and economic data. These data sets, however, are estimates based on a sample of the population and are not as robust as the basic population data collected during the decennial census.

Census tracts are statistical areas defined by the U.S. Census Bureau and generally have a population between 1,200 and 8,000 people with the optimal size of 4,000 people. They are continuous areas that vary in size based on population density. Census tracts are frequently used throughout this document as the statistical unit from which demographic data are aggregated and displayed within Denver neighborhoods. Census tract data are only available in five-year estimates from the U.S. Census and are significantly less accurate than estimates for larger population areas.

Neighborhood data (aggregated from census tracts) are available using five-year averages of the data and contain errors. Caution should be used when interpreting the results in any detail. The data and maps provided in this document are intended to give a general impression of variation by neighborhood and not exact counts of people.

The data used in this report are the most current from the best available sources and include the U.S. Census Bureau, the Colorado Department of Public Health and Environment, and other reliable publications and resources. Data describing the same phenomena may differ due to the source, method of collection, time period, aggregations, or margin of error. All sources used in the document are clearly cited.

The Office of Children’s Affairs uses data to help understand who Denver’s children are and where they live. These data help policy makers, advocates, and community partners form a common understanding of the challenges and opportunities faced by Denver’s children and youth. In order to improve outcomes for all our children, it is necessary to appreciate the environmental contexts that shape how they experience the world.

Many factors influence a child’s chances for success. Differences in school quality, the presence of positive adult role models, neighborhood safety, access to healthy foods, health insurance, a medical home, and quality early care and education experiences all have varying impacts on child outcomes. It is easier for some children to overcome obstacles throughout their development when those obstacles are not cumulative and persistent. Children who live in low-income or chronically disadvantaged neighborhoods often experience significantly lower outcomes in health, early childhood education, K-12 education, and post-secondary success than their more affluent peers.
2016 Child Well-Being Index

Using the poverty measure alone to determine advantage and disadvantage by place is inadequate. Rather, it is the culmination of factors together that present significant challenges to children and families. For example, two children, both from low-income families, may have very different opportunities for success depending on a variety of other factors they also experience. One child may have two parents who graduated high school and are employed, live in a mixed income neighborhood, attend school regularly and have access to healthy foods and a medical home. The other child may live in a home with a single-parent who has not graduated high school and is unemployed. This child also may lack adequate and dependable health care, live in an area of concentrated poverty and a food desert, with high rates of violent crime. The child with fewer obstacles to overcome in everyday experiences is likely to have more opportunities for both academic and life success.

Consistent patterns of advantage and disadvantage are apparent in the maps provided throughout the 2016 Community Assessment. It is possible to statistically aggregate key indicators to highlight areas of cumulative disadvantage. These areas can then be used to identify and focus on societal and systemic problems that limit opportunity for children in Denver. Unpacking the complex barriers that our children face will ultimately lead to solutions for meaningful change to improve outcomes for all Denver's children.

Eleven indicators that measure differences in education, health, and community opportunities were statistically aggregated to provide a snapshot of opportunity for Denver children by neighborhood (Figure 1). Each of these indicators and maps are discussed fully and cited in the 2016 Status of Denver’s Children: A Community Resource document available on-line through the Office of Children’s Affairs website. These indicators include:

- **Births to Women without a High School Diploma**
  Low educational attainment of parents is associated with several risk factors that impact child well-being including a higher risk for living in poverty.

- **Teen Births**
  Teen pregnancy can compromise the well-being of both teen mothers and their children. Teen mothers are less likely than older mothers to receive adequate, timely prenatal care, putting them at risk for pregnancy complications. Children born to teen mothers are more likely to drop out of school, become teen parents themselves, or be incarcerated as an adult.

- **Overweight or Obese Children**
  A child’s health is a key determinant to success in most other aspects of their lives. One of the challenges currently facing Denver is the number of children who are at an unhealthy weight. Childhood obesity is less about how much a child weighs and more about the long-term impact of obesity on a child’s overall health in addition to its social impact on the broader community.

- **Kindergarteners NOT Ready for Reading**
  To ensure that all Denver children will be successful in school and life, they must develop the skills necessary at each stage in the life-cycle. Children need to enter school ready to learn. There is a clear geographic distribution by Denver neighborhood of children not prepared for reading success by the end of kindergarten.
Third Graders NOT Reading at Grade Level

The ability to read at grade level by the end of third grade is an important benchmark for future academic success. Research shows that third grade students who are not reading at grade level may struggle throughout their academic careers and are at risk for dropping out or graduating high school not college or career ready.

Ninth Graders Chronically Absent

No matter the grade or school, students must participate regularly to benefit. The more school time that is missed by children, the harder it is to keep up with the coursework. According to the report by Attendance Works, students’ test scores on the National Assessment for Educational Progress (NAEP) who missed more school than their peers who attended regularly were consistently lower. This is true for every age and every racial or ethnic category analyzed.

Adults without a High School Diploma

Adults with a high school diploma generally report better life outcomes for themselves and their children. In addition to earning more money, high school graduates tend to live longer and are less likely to fall into poverty and rely on public assistance. Positive role models and a strong network of caring, informed adults are important assets in a community.

Children in Single-Parent Families

Single-parent families often struggle to provide basic needs for their families with only one income. The number of children living in single-parent homes in Denver has decreased ten percent since 2013 but some neighborhoods have higher proportions of children living in vulnerable single-parent families than other neighborhoods.

Child Poverty

Children living in poverty often experience the negative conditions of substandard housing, homelessness, inadequate nutrition, food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods, and under-resourced schools. They are also at-risk for negative outcomes such as low academic achievement, dropping out of high school, abuse and neglect, behavioral and physical health problems, and developmental delays.

Violent Crime

Children who are living in high-crime neighborhoods and exposed to violence have the potential to suffer lasting physical, mental and emotional harm. They are also at risk for juvenile delinquency, further victimization, and involvement with the child welfare system.
Unemployment

In many ways, the labor market and job stability determine the resources that parents have available to spend on care for their children. In addition, job related stress, job loss, and financial insecurity can negatively impact the entire household. These external factors related to the labor force may affect children’s development.

Figure 1: Denver’s 2016 Child Well-Being Index
EARLY HEAD START AND HEAD START IN DENVER

In Denver, there are three Early Head Start grantees that serve children birth through age two and two Head Start grantees, the Rocky Mountain Service Employment and Redevelopment (RMSER) and Denver Great Kids Head Start (DGKHS) that serve children ages three through five. During the 2015-2016 school year, 2,229 children were served across all Early Head Start and Head Start programs in Denver with combined enrollment totals for Early Head Start (392 children), DGKHS (1,153 children), and RMSER (684 children). RMSER serves 15 neighborhoods in Denver's northwest region, while DGKHS serves the 63 remaining neighborhoods.

The five Early Head Start and Head Start grantees collectively served 23 percent of the eligible population in 2015 (Figure 2). The need for service is far greater than Head Start resources alone can meet. Other programs that help serve these and other eligible children include the Colorado Child Care Assistance Program, the Colorado Preschool Program, the Denver Preschool Program, and Denver Public Schools early childhood programs.

Figure 2: Early Head Start and Head Start Program Enrollment vs. Estimated Need in Denver

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GRANTEE PROFILE

<table>
<thead>
<tr>
<th>Delegate Agency</th>
<th>Funded Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Charities</td>
<td>224</td>
</tr>
<tr>
<td>Clayton Educare</td>
<td>236</td>
</tr>
<tr>
<td>Denver Public Schools</td>
<td>302</td>
</tr>
<tr>
<td>Family Star</td>
<td>37</td>
</tr>
<tr>
<td>Mile High</td>
<td>269</td>
</tr>
<tr>
<td>Volunteers of America</td>
<td>85</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>1,153</strong></td>
</tr>
</tbody>
</table>

Table 1: Delegate Agency Funded Enrollment

Denver Great Kids Head Start (DGKHS) contracts with six delegate agencies (preschool providers) and three vendors (comprehensive service providers) to provide high quality preschool and direct services to 1,153 children and their families (Table 1). Preschool providers operate 33 center locations with 74 classrooms.

---

The map in Figure 3 provides the reference for neighborhood and center names used throughout this report. The RMSER area identifies the area not served by Denver Great Kids Head Start. Also illustrated are the Denver Great Kids Head Start delegate center locations, as well as Denver neighborhoods served by DGKHS.

Figure 3: Map of Denver Neighborhoods and Head Start Service Areas for the 2015-2016 School Year
DENVER GREAT KIDS HEAD START ENROLLMENT

Denver Great Kids Head Start (DGKHS) programs offer early childhood education, mental health and disability, medical and oral health, and family and community support services to ensure that all children in the DGKHS service area have opportunities for future success in school and life.

Figure 4: DGKHS Children by Age

DGKHS primarily serves three- and four-year-old children in Head Start. In the 2015-2016 school year, 67 two-year-old, 615 three-year-old, 800 four-year-old, and seven five-year-old children participated in the program (Figure 4).

Approximately 24 percent of these children were enrolled for two years.2

KINDERGARTEN BOUND HEAD START STUDENTS

In the 2015-2016 school year, 44 percent of DGKHS students planned to enter kindergarten in the next school year. This varies by delegate agency. Denver Public Schools, for example, primarily serves four-year-old children in their Head Start program with 86 percent planning on attending kindergarten classes the following school year (Figure 5).3

According to Teaching Strategies Gold assessment scores, of the 468 four-year-old students that were assessed and participated in DGKHS programs the entire school year, 80 percent were kindergarten ready in language development, 91 percent kindergarten ready in cognitive development, and 70 percent kindergarten ready in mathematics. Compared to the fall term, the increased percent of children ready for kindergarten after participating in DGKHS by the spring is dramatic (Figure 6).4

Figure 5: Kindergarten Bound Rate by Delegate 2015-2016 School Year

Figure 6: GOLD Readiness for Kindergarten Entry for DGKHS Pre-K Children

---

**DGKHS Turnover Rate**

Children that stay in the DGKHS program the entire school year benefit from consistent participation. Year-end results from the Teaching Strategies GOLD® school-readiness assessment used in Denver Great Kids Head Start programs show that the children who participate in the program from fall to spring demonstrate significant progress towards school readiness (see Figures 86-89). These positive results are evident for most children tested regardless of primary language, disability, or gender. Unfortunately, for a variety of reasons, 25 percent (370 children) left the program and did not re-enroll in the 2015-2016 school year (Figure 7).\(^5\)

![Figure 7: 2015-2016 DGKHS Turnover Rate by DGKHS and Delegate Agency](image)

**Eligibility**

Eligibility for Head Start is determined by two major categories: categorical eligibility and income eligibility. For participation in Denver Great Kids Head Start, eligibility factors include the following:

- Age (must be three by October 1st);
- Children living within the DGKHS Service Area (refer to map);
- Categorically eligible (public assistance, SSI, foster care, homeless); and
- Income eligible (income below 100 percent of the Federal Poverty Level (FPL), income between 100 percent and 130 percent of FPL, and over 130 percent of FPL).

The breakdown of Denver Great Kids Head Start students for the 2015-2016 school year by eligibility is illustrated in Figure 8.\(^6\)

![Figure 8: Type of Eligibility 2015-2016](image)

---


\(^6\) Ibid.
Children are most sensitive to the negative impacts of living in poverty when they are young and their brains are developing. Research shows that when young children are raised in poverty the negative impact can extend well into adulthood.7

According to latest U.S. Census Bureau estimates, approximately 9,500, or 21 percent, of Denver children under age five were living in poverty in 2015. The poverty rate for Denver children under the age of five is higher than the state average of 17 percent (Figure 9).8

Figure 9: Children Age Four and Younger in Poverty

---


2015-2016 Enrollment in DGKHS

To understand the city’s investment in children by neighborhood, the total amount of per-pupil funding is mapped in Figure 10. The locations of students for the 2015-2016 school year are plotted over the total investment by the neighborhood in which they live. DGKHS program centers (illustrated by the yellow stars) and total dollars by neighborhood are serving children primarily in areas of highest need (see the 2016 Child Well-Being Index on page 6).

Figure 10: Enrollment Map of Head Start Students
DENVER CHILDREN AND FAMILIES

TOTAL POPULATION

Denver is experiencing significant population growth. In the five years since 2010, the number of people living in Denver has increased by 78,000, according to the U.S. Census Bureau. The demographic composition of the people moving into Denver will dramatically impact the income distribution, the housing market, and the ethnic and racial composition and characteristics of Denver neighborhoods. These demographic changes necessitate thoughtful changes to the policies, programs, and services the city controls for all Denver residents to have the best opportunity to thrive.

Figure 11: Total Population Trends in Denver

Analysis of the U.S. Census Bureau data show that the United States is undergoing a dramatic shift in the racial and ethnic composition of the population. There has been rapid growth of new minority groups composed of Hispanics, Asians, and multiracial populations. William Frey, a demographer with the Brookings Institution, states that over the next 40 years each of these minority groups is expected to double in size.

Denver’s population mirrors these national trends. In 2015, the total population of Denver County was estimated at 682,545 people (Figure 11). Hispanics, representing the largest ethnic group in Colorado, comprised 31 percent of the total county population (Table 2).

Table 2: Population Characteristics for Denver, Colorado and the United States, 2015

<table>
<thead>
<tr>
<th></th>
<th>Denver</th>
<th>Colorado</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Total Population</td>
<td>682,545</td>
<td>100.0%</td>
<td>5,456,574</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>207,847</td>
<td>30.5%</td>
<td>1,164,278</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>365,869</td>
<td>53.6%</td>
<td>3,737,243</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>62,563</td>
<td>9.2%</td>
<td>213,389</td>
</tr>
<tr>
<td>Non-Hispanic American Indian</td>
<td>3,522</td>
<td>0.5%</td>
<td>26,239</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>22,997</td>
<td>3.4%</td>
<td>158,584</td>
</tr>
<tr>
<td>Non-Hispanic Pacific Islander</td>
<td>363</td>
<td>0.1%</td>
<td>8,499</td>
</tr>
<tr>
<td>Non-Hispanic Other Race</td>
<td>2,120</td>
<td>0.3%</td>
<td>13,900</td>
</tr>
<tr>
<td>Non-Hispanic Two or More Races</td>
<td>17,264</td>
<td>2.5%</td>
<td>134,442</td>
</tr>
</tbody>
</table>

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DENVER’S ASIAN POPULATION

Nationwide, the largest growth in the Asian population took place after 1965 and was primarily due to changes in U.S. immigration policies. As of 2010, eighty-five percent of U.S. Asians were first- or second- generation Americans.\(^\text{12}\)

In Denver, the Asian population has grown 48 percent since 2005 (Figure 12).\(^\text{13}\)

The maps in Figure 13 illustrates the distribution of the Asian population by census tract and Denver neighborhood over time.\(^\text{14}\)


DENVER’S BLACK POPULATION

For most of U.S. history, blacks represented the largest minority group in the nation. As of the 2000 Census, Hispanics represented the largest minority. In 2015, the U.S. Census estimated nine percent of Denver’s population to be black. This is lower than 12 percent nationally.

In Denver, the black population grew 17 percent since 2005 (Figure 14).

The maps in Figure 15 illustrate the distribution of the black population by census tract and Denver neighborhood over two time periods.

Figure 15: Maps of Denver’s Black Population

---


DENVER’S HISPANIC POPULATION

Waves of immigrants arriving in the 1970’s to 1990’s added to the long-standing population of Hispanic people in the U.S. and more than tripled their numbers nationwide. The most recent population growth, however, is due to natural increase rather than immigration.\(^\text{19}\)

Denver’s Hispanic population has grown nine percent since 2005 (Figure 16).\(^\text{20}\)

The maps in Figure 17 illustrate the distribution of the Hispanic population by census tract and Denver neighborhood over time.\(^\text{21}\)

---


Denver’s Non-Hispanic White Population

Nationwide, the white population is the largest racial group. However, white growth has slowed due to low immigration and fertility rates. The white population is moving within the country from large metropolitan coastal areas into areas in the South and West. By 2010, 64 percent of the U.S. population was white. By 2040, whites will become a minority of the total population.22

Denver’s Non-Hispanic white population has grown 35 percent since 2005 (Figure 19).23

The maps in Figure 20 illustrate the distribution of the non-Hispanic white population by census tract and Denver neighborhood over time.24

Figure 19: Denver’s Non-Hispanic White Population over Time

Figure 20: Maps of Denver’s Non-Hispanic White Population

---

CHILD POPULATION

The number of children under age 18 living in Denver increased four percent since 2005. After a significant drop in 2010, the number of children in Denver is again increasing (Figure 21). In 2015, approximately 140,700 children were estimated to be living in Denver.\textsuperscript{25}

Figure 21: Denver Children under Age 18 Trends

Five-year estimates from the U.S. Census Bureau provide the data for census tract and neighborhood-level analysis. In 2005-2009, an average of 132,500 children under 18 were living in Denver. In the 2010-2014 time period, 133,500 children under 18 were estimated to be living in Denver neighborhoods (Figure 22).\textsuperscript{26}

Figure 22: Map of Denver Children under Age 18


CHILDREN UNDER AGE FIVE

Single-year estimates for the U.S. Census Bureau illustrate an 11 percent decline in the number of Denver children under age five from 2007 to 2015 (Figure 23).²⁷

Figure 23: Children under Age Five

According to the five-year estimates from the American Community Survey, in the 2005-2009 period, an average of 50,000 children under age five were living in Denver neighborhoods. By the 2010-2014 period, there were 44,000 children under age five estimated to be living in Denver (Figure 24).²⁸

Figure 24: Children under Age Five


**Child Population by Race/Ethnicity**

Denver’s population is diverse. In Denver, 33 percent of children under age 18 were categorized as non-Hispanic white in 2015. The largest ethnic group in Denver is Hispanic with 48 percent of children reported to be of Hispanic origin of any race.\(^{29}\)

Including the Hispanic ethnicity in any racial category, white children make up 71 percent of Denver’s child population, followed by 11 percent of black children. Asian children make up three percent, and American Indian, one percent (Figure 25).\(^{30}\)

In the 2015-2016 school year, Hispanic students made up 60 percent of the Denver Great Kids Head Start (DGKHS) student body. There is some variation of students by ethnicity and race by delegate agency as illustrated in Figures 26 and 27.\(^{31}\)

---

**Figure 25:** Denver's 2014 Child Population by Race

- **White:** 71%
- **Black:** 11%
- **Hispanic:** 48%
- **Other:** 14%
- **American Indian:** 1%
- **Asian:** 3%

**Figure 26:** 2015-2016 Number of Students by Ethnicity by Delegate Agency

<table>
<thead>
<tr>
<th>Delegate Agency</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>DGKHS</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>31%</td>
<td>69%</td>
</tr>
<tr>
<td>DPS</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>Mile High Montessori</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>Clayton</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>VOA</td>
<td>14%</td>
<td>86%</td>
</tr>
<tr>
<td>Family Star</td>
<td>49%</td>
<td>51%</td>
</tr>
</tbody>
</table>

**Figure 27:** DGKHS Students by Race

<table>
<thead>
<tr>
<th>Delegate Agency</th>
<th>Native American</th>
<th>Asian</th>
<th>Black</th>
<th>White</th>
<th>Multi-Racial</th>
<th>Other Race</th>
<th>Unspecified Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>DGKHS</td>
<td>4%</td>
<td>26%</td>
<td>51%</td>
<td>13%</td>
<td>3%</td>
<td></td>
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<tr>
<td>Catholic Charities</td>
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<tr>
<td>Clayton</td>
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<td>26%</td>
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<tr>
<td>DPS</td>
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<td></td>
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<tr>
<td>Family Star</td>
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<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mile High Montessori</td>
<td>20%</td>
<td>36%</td>
<td>51%</td>
<td>8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOA</td>
<td>11%</td>
<td>86%</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---


Children in Immigrant Families

Children in immigrant families are defined as children under age 18 who are either foreign-born or who have at least one foreign-born parent, regardless of citizenship status or year of arrival in the United States.

In 2014, 40 percent (55,000) of Denver’s children were living in immigrant families (Figure 28). Thirty-two percent of the children in immigrant families in Denver originate from Latin America. Data from the U.S. Census Bureau indicate the majority, or 90 percent, of children in immigrant families are U.S. citizens and only three percent of their parents have been in the country less than five years.

The distribution of children in immigrant families varies across Denver neighborhoods. The maps in Figure 29 illustrate the proportion of children in immigrant families over two time periods.

Figure 29: Children in Immigrant Families

![Figure 29: Children in Immigrant Families](image)

Source: U.S. Census Bureau, American Community Survey 2010 and 2014 Five-Year Estimates

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CHILDREN OF COLOR

Denver is made up of a majority of children who reported to be of a race/ethnicity other than non-Hispanic white. In other words, children of color, mixed race/ethnicity, and others made up 67 percent (93,700) of the total child population in Denver in 2015. Not unlike other urban centers, Denver has a higher proportion of children of color than Colorado and the United States as a whole (Figure 30). The maps highlight the areas in Denver neighborhoods where children of color make up the majority of the child population over two time periods (Figure 31).

Figure 30: Proportion of Children of Color in Denver over Time

![Chart showing the proportion of children of color in Denver over time.]  

Figure 31: Neighborhoods with less than 50 percent Non-Hispanic White Children over Time

![Maps showing neighborhoods with less than 50 percent Non-Hispanic White Children over two time periods.]  

Source: U. S. Census Bureau, American Community Survey 2009 and 2013 Five-Year Estimates

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**LANGUAGE**

According to the U.S. Census Bureau, 40,000 children, or 42 percent, under the age of 18 spoke a language other than English at home in 2015 (Figure 32).38 The change in the percentage of non-English speakers by neighborhood over time is illustrated in the maps in Figure 33.39

---


CHILDREN IN FOSTER CARE

The children that are in foster care represent a high-risk population whose negative life circumstances necessitated their placement into the child welfare system. Some of the challenges they face that may impact their chances for success in school include:

- Low birth weight;
- Abusive homes;
- Increased hunger and poor nutrition;
- Frequently changing schools;
- Exposure to environmental hazards such as drugs, alcohol, and violence;
- Lack of home support in reading and language development;
- Single-parent homes; and
- Less involved home-school connections.\(^\text{40}\)

Consequently, children and youth in foster care are more likely than their peers to have lower test scores, repeat grades, require special education services, exhibit behavior problems, have lower attendance, and drop out of school.

The number of out-of-home placements (foster care, kinship/relative care, congregate care) by month for children birth through age 18 is illustrated in Figure 34.\(^\text{41}\)

The average number of children placed in 2015 was 815.

Children in foster care are categorically eligible for Head Start programs and therefore qualify for enrollment. The intensive Head Start support for both the child and the foster family helps mitigate the negative effects caused by the challenging life experiences these children often experience.

Figure 34: Children in Foster Care

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\(^\text{41}\) Denver Department of Human Services. (2016, February 22). Number of Youth in Foster Care as of 1-31-2016.
**EARLY CHILDHOOD**

Research shows that the most critical period in a child's development occurs within the first five years of life. The quality of learning experiences at home and school during this period often has a life-long impact on later school success, behavior, and health. Data show that children in high-quality early learning programs demonstrate higher cognitive outcomes as well as non-cognitive skills that are critical for future school success. These benefits of high-quality early learning programs are evident in children from all socio-economic backgrounds but are particularly strong for children in low-income families.\(^{42}\)

The U.S. Census Bureau estimates 65 percent of Denver children age five and younger have all available parents in the labor force in 2015. This means that approximately 34,000 young children in Denver need care during the day while their parents work.\(^{43}\)

Ensuring that quality child care and preschool is affordable and accessible for all families and children who need it is essential to preparing Denver children for kindergarten and future success.

**LICENSED CHILD CARE IN DENVER**

According to the Colorado State Office of Early Childhood licensed facilities list, there were 581 licensed child care facilities in the City and County of Denver as of June 30, 2016. These facilities include day care centers, homes, preschools, neighborhood youth organizations, and school-aged child care (Table 3).\(^{44}\)

<table>
<thead>
<tr>
<th>Type of Child Care Facility</th>
<th>Number of Facilities in Denver</th>
<th>Total Number of Children Each Provider Type is Licensed to Serve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Care Center</td>
<td>249</td>
<td>19,642</td>
</tr>
<tr>
<td>Day Care Home</td>
<td>149</td>
<td>1,030</td>
</tr>
<tr>
<td>Neighborhood Youth Organization</td>
<td>10</td>
<td>2,019</td>
</tr>
<tr>
<td>Preschool</td>
<td>51</td>
<td>3,103</td>
</tr>
<tr>
<td>School-Age Child Care</td>
<td>122</td>
<td>11,267</td>
</tr>
</tbody>
</table>

**QUALITY CHILD CARE**

In general, the higher the quality rating, the more the program is committed to providing a high quality early learning experience for children. This effort may include:

- Highly trained and educated teaching staff;
- Strong and knowledgeable leadership;
- Strong foundational business administration practices;
- Highly interactive and valued partnerships with families;
- Quality learning environment for children that incorporates curriculum, informed instruction, lower teacher/child ratios, and consistent health and safety practices; and
- Incorporation of resources and opportunities for collaboration related to child health.\(^{45}\)

The levels of quality represent the following characteristics:

- Level 1: providers follow licensing standards
- Level 2: providers show they have completed quality activities to promote positive experiences for children
- Levels 3, 4, and 5: providers have demonstrated various quality investments and have earned cumulative points \(^{46}\)


All licensed child care centers, homes, and preschools in Denver, are rated for quality according to the Colorado Office of Early Childhood. Neighborhood Youth Organizations and School-Age Child Care facilities were not rated in this dataset. Of 249 day care centers, 35 percent were rated a Level 4 or 5, the highest levels of quality (Figure 35). Thirty-seven percent of licensed preschools were rated a Level 4 or 5. Day care center and preschool locations and their quality ratings are mapped over the Child Well-Being Index (described on page 6) in Figure 36.47

Figure 35: Day Care Center Quality Ratings

Figure 36: Day Care Center Locations and Quality Ratings

**Preschool**

Children enrolled in quality preschool programs are less likely to repeat grades, need special education, engage with law enforcement, and are more likely to graduate from high school, earn more money, and own homes as adults. Quality in programs, however, is an essential factor necessary to achieve the desired outcomes that matter for lasting impacts.

After a significant increase in 2014, the percentage of three- and four-year-old children enrolled in preschool in Denver in 2015 has declined to 60 percent in 2015 (Figure 37). Sixty-nine percent of those in publicly funded preschool programs and 31 percent are in privately funded (family-pay) programs.

Research shows that high quality early learning programs benefit all children and better prepare at-risk children for kindergarten. Unfortunately, 65 percent of children in low-income families attend preschool compared to 90 percent of children in more educated, wealthier families across the nation.

Mirroring these trends, a higher percent of three- and four-year-old children living in higher-income neighborhoods in Denver participated in preschool programs more often than their peers in low-income neighborhoods (Figure 38).

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DENVER PRESCHOOL PROGRAM

The Denver Preschool Program (DPP) provides Denver families with tuition support to help pay for high quality preschool for their four-year-old to attend preschool the year before kindergarten. According to DPP, 5,070 children received tuition support from the program during the 2015-2016 school year. Since 2007, Denver Preschool Program has distributed $80 million in tuition credits to 41,258 children. There are more than 250 preschools that participate in the program with 77 percent earning a high-quality level in Colorado Shines during the 2015-2016 school year; 88 percent of DPP children were enrolled in these top-rated schools.52

COLORADO PRESCHOOL PROGRAM

The state funded Colorado Preschool Program (CPP) provides high-quality early childhood education programs to at-risk three- and four-year-old children across Colorado. Denver Public Schools received funding for 4,024 preschool slots for the 2016-2017 school year.53 The average funding statewide per slot was $3,603 in 2014-2015. This is lower than the national average of state preschool spending per slot of $4,679.54

The at-risk factors include poverty as measured by free or reduced-price meal eligibility, parents without a high school degree, teen parents, homelessness, parental substance abuse, and abusive home environments. Poverty is the most prevalent risk factor accounting for more than 80 percent of CPP enrolled children statewide.55

DENVER PUBLIC SCHOOLS EARLY CHILDHOOD EDUCATION

The number of children participating in early childhood education programs through Denver Public Schools (DPS) has more than doubled since 2000 (Figure 39).56 In the 2015-2016 school year, 6,180 Denver three- and four-year-old children participated in DPS early education programs.

Figure 39: Number of Children Enrolled in DPS Preschool Programs

52 Denver Preschool Program, November 2016.
55 Ibid.
COLORADO CHILD CARE ASSISTANCE PROGRAM

The Colorado Child Care Assistance Program (CCCAP) provides child care support to eligible parents with newborns to children through age 12 and youth with special needs up to age 18. Denver CCAP is administered by the Denver Department of Human Services and is funded by a mix of federal, state, and county dollars.

The income eligibility for Denver’s CCAP program is currently 225 percent of the federal poverty level. The amount CCAP pays towards care is set up on a sliding scale based on a family’s size and monthly income. Participating families are responsible for a portion of the cost. Denver CCAP currently serves parents in income eligible families who are:

- Employed or self-employed and earn at least minimum wage;
- Attending high school or working towards a GED or participating in ESL, college for a first bachelor’s degree or a vocational program; and/or
- Currently searching for a job.

Denver reimburses participating local child care providers according to a tiered reimbursement structure. The program is also supported with funding through the passage of Measure 2A. Denver Human Services, in partnership with the Denver Early Childhood Council, is wrapping up the second year of the Denver Quality Care Initiative Program (DQCIP) grant. The grant, which focuses on child care quality improvement, has provided DHS with very useful feedback from the community through a variety of focus groups, interviews and site visits. DHS is putting the information collected to use in a variety of improvement efforts for families and child care providers.57

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FAMILY, FRIEND, AND NEIGHBOR CHILD CARE

Informal child care in the home of trusted family or community members is called family, friend, and neighbor (FFN) child care and is the most common form of non-parental child care in the United States. Because this type of care is not monitored or licensed, the quality of care children are receiving is unknown. It is estimated that half of all young children under age six spend time in family, friend, and neighbor care nationally.⁵⁸

These early learning years are critical to preparing children to enter school ready to learn. The need to support FFN providers to improve child outcomes is a recognized strategy both nationally and locally. However, identifying FFN providers that need or want support is difficult.

Drawing from current research around FFN care in the United States, several indicators were identified as key to understanding which factors often characterize FFN providers and which factors measure a child’s readiness for school.⁵⁹ Indicators can be combined to highlight geographic areas in Denver where FFN providers are likely prevalent and may need additional support to improve outcomes for the children for whom they care (Figure 40).

The key indicators include:

- Children with all available parents in the labor force;
- People in poverty;
- Three- and four-year-old children not in preschool;
- Adults without a high school diploma;
- Hispanic or Latino origin;
- Kindergarteners not ready for reading; and
- Children living in immigrant families.

Figure 40: Family, Friend, and Neighbor Child Care Analysis

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**HEALTH**

**EARLY PRENATAL CARE**

Prenatal care is the first step to keeping women and their newborns healthy. Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care can lead to the diagnosis of many health problems that occur during pregnancy and may result in successful treatment. During these visits, doctors can also educate mothers on what they can do to ensure that their baby has a healthy start to life. Exposure to maternal stress and toxic substances such as tobacco, drugs, and alcohol can affect development before a child is born, impacting the child’s academic, social, and physical outcomes throughout their life. Free and low-cost clinics are in Denver for those who need it (Figure 58).

The percentage of women receiving early prenatal care in Denver has improved to 81 percent and, as of 2015, is higher than the state percentage of 80 percent of women receiving early care during pregnancy (Figure 41). Disparities exist, however, between women of different race and ethnicity. Women of color (black, Hispanic, and American Indian), had lower rates of early prenatal care than white and Asian women (Figure 42).

There is variation by neighborhood. Women living in high-income neighborhoods received early prenatal care more often than women living in low-income neighborhoods (Figure 43).

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63 *ibid.*

Figure 43: Map of Women Receiving Early Prenatal Care

Births to Women Receiving Early Prenatal Care

- 67% - 72%
- 73% - 78%
- 79% - 82%
- 83% - 87%
- 88% - 91%

- Head Start Program Locations
- Head Start Administrative Offices
- RMSER Area Boundary
- Denver Neighborhoods

Source: Health Statistics Section, Colorado Department of Public Health and Environment, Five-Year Averages 2011-2015
WOMEN WHO SMOKED DURING PREGNANCY

Centers for Disease Control and Prevention research has shown that smoking during pregnancy causes health problems for both mothers and babies. Problems can arise as complications during pregnancy, premature births, low-birth-weight infants, stillbirths, or Sudden Infant Death Syndrome (SIDS). In addition to reducing the babies’ lung functions, nicotine may reduce the amount of blood in the fetal cardiovascular system and is further transferred to nursing infants through the smoking mother’s breast milk.  

In 2015 in Denver, four percent of new mothers reported smoking during pregnancy. This rate is significantly lower than the state rate of seven percent. Despite the lower rate in Denver, there is dramatic variation by race/ethnicity and neighborhood (Figures 44 and 45). The highest rates are generally in high poverty, low-opportunity neighborhoods, further contributing to the health risks of children living in them.

Figure 44: Denver Women Who Smoked During Pregnancy

Figure 45: Map of Women who Smoked While Pregnant


BIRTHS

The Colorado Department of Public Health and Environment reported 9,361 births to Denver women in 2015 (Figure 46). The number of births has declined two percent since 2010.68

Figure 46: Number of Denver Births

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>9,584</td>
</tr>
<tr>
<td>2011</td>
<td>9,431</td>
</tr>
<tr>
<td>2012</td>
<td>9,236</td>
</tr>
<tr>
<td>2013</td>
<td>9,316</td>
</tr>
<tr>
<td>2014</td>
<td>9,330</td>
</tr>
<tr>
<td>2015</td>
<td>9,361</td>
</tr>
</tbody>
</table>

BIRTHS BY RACE/ETHNICITY

Birth data from the Colorado Department of Public Health and Environment describe the diversity in Denver’s child population. Trends show that the proportion of births in Denver to non-Hispanic white women has increased to 49 percent in 2015. The number of births to Hispanic women has decreased to 28 percent and births to black women down to ten percent (Figure 47).69

Figure 47: Proportion of Denver Births by Race/Ethnicity 2007-2015

69 Ibid.
The Hispanic birth rate is declining dramatically. The rate per 1,000 Hispanic women dropped from 74 in 2013 to 60 in 2015 (Figure 48).  

The number of births in 2015 by neighborhood is illustrated in the map in Figure 49.

---

**Figure 48: Denver Birth Rates by Race/Ethnicity 2015**

![Map showing Denver birth rates by race/ethnicity 2015](image_url)

**Figure 49: Number of Births by Neighborhood**

![Map showing number of births by neighborhood 2015](image_url)

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71 Ibid.
LOW BIRTH WEIGHT BIRTHS

Babies born at a low birth weight have a high probability of experiencing developmental problems. Poverty, poor prenatal nutrition, smoking, stress, infections and exposure to violence can increase the risk of a baby being born with low birth weight. The number of children born at low birth weight in Denver has remained around nine percent over the last five years. Variation exists by race/ethnicity (Figure 50) and neighborhood (Figure 51).72

Figure 50: Low Birth Weight Trends by Race/Ethnicity in Denver

![Graph showing low birth weight trends by race/ethnicity in Denver.]

Figure 51: Low Birth Weight Babies

![Map showing low birth weight babies by neighborhood in Denver.]

THREE RISK-FACTOR BIRTHS

Babies born to young women under age 25 who are unmarried and without a high school diploma are often at risk for poor education, social, and economic outcomes throughout their lives.

In Denver, three risk-factor births have declined 45 percent since 2010 with 309, or three percent, births to women in this risk category in 2015 (Figure 52).73

Some neighborhoods have a higher proportion of three risk-factor births (Figure 53).74

Figure 52: Three Risk-Factor Births

Figure 53: Map of Three Risk-Factor Births


**TEEN BIRTHS**

Teen pregnancy can compromise the well-being of both teen mothers and their children. Teen mothers are less likely than older mothers to receive adequate, timely prenatal care, putting them at risk for pregnancy complications. Children born to teen mothers are more likely to drop out of school, become teen parents themselves or be incarcerated as an adult. The teen birth rate in Denver has been on the decline over the last two decades. In 2015, the Denver rate of births to women between the ages of 15 and 19 was 26 per 1,000.\(^{75}\)

In Denver, approximately four percent of all births are to teens between the ages of 15 and 19. The proportion of these teen births varies by race and ethnicity. According to the Colorado Department of Public Health and Environment, 62 percent of all teen births in Denver are to Hispanic women. Trends of teen births by race and ethnicity are illustrated in Figure 54.\(^{76}\) Teen births by Denver neighborhood are illustrated in Figure 55.\(^{77}\)

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\(^{75}\) Colorado Department of Public Health and Environment. (2010-2015). General Fertility Rate for All Ages - Total Live Births per 1,000 Women Ages 15-44. Denver: Health Statistics Section.


**Births to Women with No High School Diploma**

Low educational attainment of parents is associated with several risk factors that impact child well-being including a higher risk for living in poverty. In Denver, 15 percent of births were to women with less than a high school diploma or GED in 2015. Although this rate is decreasing in Denver, there is significant variation by race/ethnicity. The highest rate by race/ethnicity is among Hispanic women, with 33 percent of births to women without a high school diploma (Figure 56). There is also significant variation by geography (Figure 57).

Figure 56: Births to Women with less than 12 Years Education

![Image of birth rates by race/ethnicity and education level]

Figure 57: Map of Births to Women with less than 12 years Education

![Image of map showing birth rates by neighborhood]

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FAMILY AND SCHOOL-BASED HEALTH CARE CENTERS

Access to a primary care in a nearby clinic is essential for all families to maintain healthy living. Providers can monitor health, manage chronic conditions and assist patients with diagnosis and treatment of medical conditions. These services are available to all Denver residents through the network of family health centers across Denver. These centers are conveniently located in neighborhoods of highest need where access might otherwise be difficult due to transportation or cost.

School-Based Health Centers in Denver Public Schools provide a convenient option for care for Denver students. Services available include primary care, mental health, reproductive health education and insurance enrollment assistance (Figure 58).[80]

Figure 58: Family and School-Based Health Care Centers

HEALTH INSURANCE

UNINSURED CHILDREN

The ability for all children to see a health care provider for routine exams, screenings, immunizations, and care when sick is essential for healthy growth and development. Unfortunately, too many children live in families without health insurance due to high costs, limited access to providers, or enrollment barriers.

The U.S. Census Bureau reports approximately four percent of children in Colorado and Denver were without health insurance in 2015 (Figure 59). Estimates for the uninsured population are available from the U.S. Census Bureau at the census tract level and differences between places within Denver are apparent (Figure 60).

Figure 59: Uninsured Children

![Figure 59: Uninsured Children](image)

Figure 60: Uninsured Population by Neighborhood

![Figure 60: Uninsured Population by Neighborhood](image)

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**MEDICAID**

Medical Assistance, or Medicaid, is a public health insurance program available for children age 18 and younger in families earning 142 percent of the federal poverty level or less. The number of children receiving medical assistance in Denver has increased to 76,610 by September 2016 (Figure 61).83

Figure 61: Denver Children Under 19 Receiving Medicaid

**CHILD HEALTH PLAN PLUS**

The Child Health Plan Plus (CHP+) is a low-cost, public health insurance program for children age 18 and younger in families earning between 142 percent and 260 percent of the federal poverty level. As of September 2016, 7,338 children received CHP+ benefits (Figure 62).84

Figure 62: Denver Children Age 18 and Younger Receiving CHP+ Benefits

ELIGIBLE BUT NOT ENROLLED IN PUBLIC HEALTH INSURANCE

Many children live in families whose annual incomes qualify them to participate in publicly financed health insurance programs such as CHP+ or Medicaid. Despite meeting eligibility requirements, many children are not enrolled. The Colorado Health Institute calculates the number of children eligible for these valuable health insurance programs but not enrolled (EBNE). With effort, Colorado has decreased the number of eligible but unenrolled children by 41 percent since 2008. Denver has done a great job of enrolling eligible children with a decrease of 67 percent eligible but not enrolled children since 2008 (Figure 63).85

Figure 63: Children Eligible but not enrolled in CHP+ or Medicaid

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IMMUNIZATIONS

Vaccines protect children from potentially deadly diseases. Due to the high number of children vaccinated, many diseases, such as polio, measles, rubella, mumps, and pertussis, which were once a widespread threat, are now rare in the United States. Failure to vaccinate children results in the risk of contracting and spreading preventable diseases. The Center for Disease Control lists three important reasons to vaccinate children:

1. Weaker child immune systems may not be strong enough to fight the disease resulting in severe illness at times resulting in death.
2. Children under age one are vulnerable to disease when their prenatal protection from their mother expires.
3. Immunizing children helps to protect the health of the broader community by protecting others that cannot be vaccinated for medical reasons.86

Colorado law requires that any child attending a child care center or school to be up to date with required vaccines. In addition to required immunization, optional vaccines such as the influenza and pertussis (DTaP) vaccine help prevent illness that often can be transmitted in child care settings where children engage in close contact with other children and staff.

Under current Colorado law, parents can sign an exempt form opting out of the required vaccines for religious or personal beliefs or medical reasons. Because of this option, some schools in Denver have a high proportion of students without up-to-date immunizations. Schools with a high percentage of exemptions are more likely to experience an outbreak of a vaccine prevented disease, such as measles. Depending on the disease, the immunization rate necessary to protect the public varies. Generally, research shows that a minimum of 90 percent of the population needs to be vaccinated to have a lower risk for outbreak. Because of the highly infectious nature of pertussis and measles, 94 percent of the population should be vaccinated to protect the community.87

School exemption rates are mapped over the 2016 Child Opportunity Index in Figure 64.

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CHILDREN WITH DISABILITIES

Under the federal Individuals with Disabilities Education Act (IDEA) school-aged children and youth ages three through 21 are provided special education and related services through the school system. To qualify for these services, an evaluation is performed to see if the child has a disability defined in the IDEA legislation and to identify what special education and related services the child needs.

IDEA lists categories under which children may be eligible for services. These categories include:

- Autism;
- Deaf-blindness;
- Deafness;
- Hearing impairment;
- Intellectual disability;
- Multiple disabilities;
- Orthopedic impairment;
- Specific learning disability;
- Speech or language impairment;
- Traumatic brain injury; or
- Visual impairment.88

SPECIAL EDUCATION IN DENVER PUBLIC SCHOOLS

In Denver, more than 9,500 (11 percent) students were enrolled in special education classes in Denver Public Schools in 2015.89 Special education programs are designed for children with disabilities and special needs and support services are offered through the public-school system at no cost to families.

CHILDREN WITH DISABILITIES IN DENVER GREAT KIDS HEAD START

There were 214, or 12 percent of children with an Individual Education Plan (IEP) participating the DGKHS programs during the 2015-2016 school year (Figure 66). Primary disability type of Denver Great Kids Head Start students is illustrated in the graph in Figure 66. Speech or language impairments and developmental delays make-up most the disability types.90 Head Start mandates that at least ten percent of enrollment opportunities in Head Start must be provided to children with disabilities.

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FOOD INSECURITY

Children in food-insecure households, or households that struggle to afford food for their families, are at an increased risk for numerous health problems and added emotional and physical stress that may affect a child’s ability to succeed in school. Feeding America reports that the national average for a meal costs $2.89. Due to the higher costs of living in Denver, an average meal costs $3.11. For a household struggling to afford housing, utilities, child care, and other necessary expenses, the additional burden of expensive food can have a significant impact on a family’s budget.

Although food-insecurity is linked to poverty, measuring need from poverty alone is insufficient. Many food-insecure children live in households with incomes above the federal poverty level and above the eligibility for federal nutrition programs such as SNAP and the Free and Reduced-Price Lunch program. In Denver, approximately 73 percent of food insecure children are likely income-eligible for federal nutrition assistance (185 percent of the federal poverty line), leaving 27 percent of food insecure children likely not eligible for federal assistance.92

To improve the estimate of food-insecure children, Feeding America has published a model estimate of food-insecurity for children. The following indicators were used to calculate estimates of child food-insecurity at the county, congressional district and state levels:

- Unemployment rates;
- Child-poverty rates;
- Median income for families with children;
- Homeownership rates for families with children;
- African American children; and
- Hispanic children.93

In 2014, approximately 26,000 children, or 20 percent, were counted as food-insecure in Denver. The number of food-insecure children has decreased 27 percent from 2009 to 2014 (Figure 67). In Colorado, the number decreased 17 percent.94

The City and County of Denver offered summer and snacks and supper meal programs that fed children 149,423 meals in 2015.95 This program, along with other community partner programs, including Food Bank of the Rockies and Denver Public Schools, help ensure that no child need suffer hunger in Denver.

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92 Ibid.
93 Ibid.
94 Ibid.
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

The Supplemental Nutrition Assistance Program (SNAP), formerly the Federal Food Stamp Program, helps mitigate the negative impacts of food insecurity on children and adults. This federally funded program provides eligible households with coupons or cards that can be used to purchase food at participating local grocery stores or markets. In Denver, the program is administered by Denver Human Services. As of October 2015, nearly 41,000 children under the age of 19 were receiving SNAP benefits in Denver (Figure 68).96

The Denver Department of Human Services reports the average number of children ages birth through age 18 receiving SNAP benefits within Denver neighborhoods at the end of 2015 (Figure 70).97

Figure 68: Denver Children under Age 19 Receiving SNAP Benefits

![Figure 68: Denver Children under Age 19 Receiving SNAP Benefits](image_url)

Figure 69: People Receiving SNAP Benefits

![Figure 69: People Receiving SNAP Benefits](image_url)

FOOD DESERTS

Increases in diet-related diseases and obesity are major public health problems in cities across America. Limited access to supermarkets, grocery stores, and other sources of healthy and affordable food may make it harder for some Denver residents to eat a balanced diet.

A definition of a food desert is provided in the 2008 Farm Bill as an “area in the United States with limited access to affordable and nutritious food, particularly such an area composed of predominately lower-income neighborhoods and communities.” In other words, food deserts are geographic areas where access to affordable, healthy food options is limited. In addition, food deserts often contain a higher proportion of fast-food restaurants and convenience stores with an insufficient selection of fresh fruits and vegetables.

Cities across the nation, including Denver, are combating food deserts through community planning projects such as farmer’s markets, community gardens, local food promotion, youth agriculture, culinary training programs and improved nutritional guidelines in schools. The Denver Office of Economic Development created a map of Denver areas where low to moderate income families with no vehicle live more than ¼ miles from a full-service grocery store. These underserved grocery areas are highlighted in green in the map in Figure 70.

Figure 70: Underserved Grocery Retail Areas in Denver

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100 Denver Office of Economic Development, January 2015.
MENTAL HEALTH

For children to have the best chance for success in life and school, they need to be healthy. Mental health is an important component of overall health. Children who are mentally healthy have “a positive quality of life and can function well at home, in school, and in their communities”. Children’s mental disorders can affect children of all ages, gender, and ethnic and racial backgrounds. Mental health disorders in children include:

- Attention deficit/hyperactivity disorder (ADHD);
- Behavior disorders;
- Mood and anxiety disorders;
- Substance abuse disorders; and
- Tourette syndrome.

Several factors can contribute to the development of mental disorders in children including family history, biological factors, toxic stress, and adverse childhood experiences, such as exposure to violence or substance abuse.

The results of the Colorado Child Health Survey show that the prevalence of ADD/ADHD, anxiety, behavioral, and depression disorders has risen for children four through 14 in Colorado since 2012.

Anxiety is the most prevalent mental disorder with eight percent of children in this age group suffering (Figure 71).

MENTAL HEALTH SERVICES IN DGKHS

Beginning in August of 2010, DGKHS received two grants from the Colorado Health Foundation. These grants increased the capacity of DGKHS to provide on-site mental health consultation, parent and staff training and intervention services and allowed DGKHS to sustain on-site mental health services that have made a significant impact on children and their families as demonstrated through the social/emotional domain of the Teaching Strategies GOLD, and other measures.

Unfortunately, due to a change in strategies, additional funding from the Colorado Health Foundation is no longer available. DGKHS has had to gradually decrease on-site services to prolong funding while at the same time pursue other funding sources which are vital to positive outcomes for children and their families. The drop in average monthly hours a mental health professional spends on-site is illustrated in the graph in Figure 72.

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102 Ibid.


**Drug and Alcohol Abuse**

The use of drugs and alcohol by youth have serious consequences to their growth and development and lead to increased risk of addiction, involvement with the criminal justice system, poor school performance, and dropping out of school. A total number of 250 incidents involving alcohol and 269 incidents involving drugs were reported by Denver Public Schools during the 2014-2015 school year.\(^{106}\)

Trends in risky drug and alcohol use behaviors are self-reported through the Health Kids Colorado Survey and summarized in Table 4.\(^{107}\)

Table 4: Trends in Drug and Alcohol Use

<table>
<thead>
<tr>
<th>Percentage of Denver High School Students who...</th>
<th>2013</th>
<th>2015</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have smoked a cigarette</td>
<td>22.6%</td>
<td>18.6%</td>
<td></td>
</tr>
<tr>
<td>Used chewing tobacco, snuff, or dip in the past 30 days</td>
<td>3.6%</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>Drank alcohol in the past 30 days</td>
<td>36.8%</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>Binge drank in the past 30 days</td>
<td>19.6%</td>
<td>15.2%</td>
<td></td>
</tr>
<tr>
<td>Used marijuana</td>
<td>49.0%</td>
<td>46.3%</td>
<td></td>
</tr>
<tr>
<td>Used cocaine</td>
<td>7.1%</td>
<td>6.5%</td>
<td></td>
</tr>
<tr>
<td>Used heroine</td>
<td>3.0%</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Used methamphetamines</td>
<td>3.5%</td>
<td>2.3%</td>
<td></td>
</tr>
<tr>
<td>Used ecstasy</td>
<td>7.6%</td>
<td>5.4%</td>
<td></td>
</tr>
<tr>
<td>Used prescription drugs without a doctor’s prescription</td>
<td>11.1%</td>
<td>9.5%</td>
<td></td>
</tr>
</tbody>
</table>


CHILD ABUSE AND NEGLECT

Safe, stable and nurturing relationships and environments are best for children to grow and develop to their full potential. Unfortunately, some children suffer physical, sexual or emotional abuse or neglect. Child abuse and neglect can have severe effects on children’s cognitive, social-emotional, language, mental health, and behavioral development that can last well into adulthood. Adults who were neglected or abused as children are a greater risk for substance abuse, eating disorders, mental health issues and chronic disease.\(^\text{108}\)

Young children under the age of four are at greatest risk for the most severe consequences of abuse and neglect. These negative outcomes include disrupted brain development, improper development of the nervous system, serious physical injury or death.\(^\text{109}\)

Individual, family, and community factors contribute to the risk of child abuse and neglect. The Centers for Disease Control and Prevention lists these risk factors by group.

Individual Risk Factors include:
- Parents’ lack of understanding of children’s needs, child development and parenting skills;
- Parents’ history of child maltreatment;
- Substance abuse or mental health issues;
- Young age of parents, low educational attainment, single-parenthood, low-income; and
- Non-biological, transient caregivers in the home.

Family Risk factors include:
- Social isolation;
- Family disorganization, dissolution, and violence;
- Parenting stress, poor parent-child relationships, and negative interactions.

Community Risk Factors include:
- Community Violence; and
- Concentrated neighborhood disadvantage and poor social connections.\(^\text{110}\)

Data available from the Division of Child Welfare Services with the Colorado Department of Human Services tracks the rate of substantiated incidences of maltreatment per 1,000 children for Denver and Colorado over time (Figure 73).\(^\text{111}\)

Figure 73: Rate of Child Abuse and Neglect

![Graph showing the rate of child abuse and neglect in Colorado and Denver from 2004 to 2014.](image-url)


\(^\text{109}\) Ibid.


OVERWEIGHT AND OBESITE CHILDREN

A child’s health is a key determinant to success in most other aspects of their lives. One of the challenges currently facing Denver is the number of children who are overweight or obese. Childhood obesity is less about how much a child weighs and more about the long-term impact of obesity on a child’s overall health in addition to its social impact on the broader community.

Childhood obesity is the result of consuming too many calories and not getting enough physical activity. Overweight children are those whose body mass index (BMI) falls between the 85th - 94th percentile of normal weight for height. Obese children are those whose BMI is at or above the 95th percentile of normal weight for height or higher. These children are at risk for developing serious, long-term health problems such as diabetes and heart disease. Denver Public Schools together with Denver Health collects BMI data for Denver Public School students between the ages of three and 18. According to this source, 31 percent of Denver children were measured as overweight or obese (16 percent obese and 15 percent overweight).112

The graph in Figure 74 describes overweight and obese students for each school year. The percentage of students at an unhealthy weight status remained flat for the last six school years. However, due to the annual growth of Denver Public School enrollment, the number of children at an unhealthy weight is most likely increasing.

Figure 74: DPS Students at an Unhealthy Weight (Overweight or Obese) by School Year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>33%</td>
<td>30%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>Obese</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DGKHS BODY MASS INDEX (BMI)

Of the enrolled children in Denver Great Kids Head Start (DGKHS), 19 percent of the children were overweight or obese during the 2015-2016 school year. Five percent in DGKHS programs were underweight. Underweight is defined as a BMI less than fifth percentile for child’s age and sex. The percentage of DGKHS children at a healthy weight has improved since the 2014-2015 school year (Figure 75).113

Figure 75: DGKHS Students BMI

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Healthy</td>
<td>75%</td>
<td>76%</td>
<td>70%</td>
<td>72%</td>
<td>76%</td>
</tr>
<tr>
<td>Overweight</td>
<td>15%</td>
<td>12%</td>
<td>14%</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Obese</td>
<td>6%</td>
<td>8%</td>
<td>11%</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Typically, Colorado communities with high rates of obesity face limited access to healthy and affordable foods, recreational facilities, safe neighborhoods, and preventive health care. Children living in poverty or in low-income families are more likely to be overweight or obese than their more affluent peers.114

Mirroring national trends, the number of students in Denver Public Schools with an excessive weight varies by race/ethnicity. Among black and Hispanic students, the percentage of students overweight or obese was higher than their white peers. Older children are more often overweight or obese than younger children. Thirty-two percent of male students were overweight or obese compared to 29 percent of female students (Figure 76).115

Maternal poverty, consumption of sugar, and stress were identified as prenatal risk-factors leading to higher rates of obesity in Hispanic children in a study published in the Journal of Community Health.116

A map illustrating the percentage of children ages two through 20 who are overweight or obese is provided in Figure 77.117

![Figure 76: DPS Students Overweight or Obese by Race/Ethnicity, Gender, and Age, 2014-2015 School Year](image)

![Figure 77: Students at an Excessive Weight by Census Tract](image)


EDUCATION

DENVER PUBLIC SCHOOLS

STUDENT POPULATION

In the 2015-2016 school year, 91,429 students were enrolled in 199 Denver Public Schools consisting of three Early Childhood Education schools, 93 elementary, 18 ECE-8, four ECE-12, 28 middle, 14 grades 6-12, and 39 high schools (Figure 78).118

The largest proportion, or 56 percent, of Denver Public School students was Hispanic or Latino compared to 23 percent classified as non-Hispanic white in the 2015-2016 school year. Black students made up 14 percent of the school population (Table 6).119

Figure 78: Student Enrollment

![Student Enrollment Graph](image)

Table 6: DPS Enrollment by Race/Ethnicity

<table>
<thead>
<tr>
<th>DPS Student Profile</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>586</td>
<td>.6%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>2,981</td>
<td>3.3%</td>
</tr>
<tr>
<td>Black</td>
<td>12,583</td>
<td>13.8%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>51,252</td>
<td>56.1%</td>
</tr>
<tr>
<td>White (Not Hispanic)</td>
<td>20,671</td>
<td>22.6%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>198</td>
<td>.2%</td>
</tr>
<tr>
<td>Two or More</td>
<td>3,158</td>
<td>3.5%</td>
</tr>
<tr>
<td>All Students</td>
<td>91,429</td>
<td>100%</td>
</tr>
</tbody>
</table>


**LANGUAGE**

**LANGUAGES IN DPS**

Over 120 languages are spoken in Denver Public Schools. The languages, other than English, spoken by the most students in DPS include Spanish, Vietnamese, Arabic, Somali, Amharic, Nepali, and Russian.\(^{120}\)

**LANGUAGES IN HEAD START**

The primary languages of DGKHS families spoken at home were English and Spanish. African, Mid-Eastern and S. Asian languages spoken in the home have steadily increased since the 2008-2009 school year (Figure 79).\(^{121}\)

Figure 79: DGKHS Primary Language at Home

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English Language Learners

In the 2015-2016 school year, approximately 33,650 (37 percent) Denver Public School students, including early childhood children, were English Language Learners (Figure 80).²²

Figure 80: English Language Learners by School

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FREE AND REDUCED-PRICE LUNCH ELIGIBILITY

The Colorado Department of Education provides annual district-level data on those children eligible for free or reduced-price meals. Free lunch eligibility is set at 130 percent of the federal poverty level (approximately $31,590 for a family of four) and reduced-price lunch eligibility is at 185 percent of the federal poverty level (approximately $44,955 for a family of four).123

Figure 81: Trends in Free and Reduced-Price Lunch in Denver

![Trends in Free and Reduced-Price Lunch in Denver](image)

In Denver, 68 percent of public school students qualified for free or reduced-price lunch in the 2015-2016 school year (Figure 81).124 The proportion of free or reduced-price lunch students by Denver neighborhood is illustrated in Figure 82.

Figure 82: Students Eligible for Free or Reduced-price Lunch by home neighborhood

![Students Eligible for Free or Reduced-price Lunch by home neighborhood](image)


**CHRONIC ABSENTEEISM**

One well-supported strategy to improve outcomes for children and contribute to the overall well-being of Denver neighborhoods is to ensure that students attend school every day. The benefits of consistent school attendance include improved academic achievement, increased graduation rates, reduced juvenile justice costs, and decreased poverty.125

No matter the grade or school, students must participate regularly to benefit. The more school time missed by children, the harder it is to keep up with the coursework. Children miss school throughout the school year for a variety of reasons. These may include chronic illness, involvement with the juvenile justice system, housing issues, family responsibilities, bullying, unsafe conditions, or lack information on the importance of attending school. According to the report by Attendance Works, students’ test scores on the National Assessment for Educational Progress (NAEP) who missed more school than their peers who attended regularly were consistently lower. This is true for every age and every racial or ethnic category analyzed.126

The Attendance Works report also summarizes the current research around chronic absenteeism and lists what we know so far:

- Poor attendance in the first month of school can predict chronic absence for the entire year;
- Absenteeism in kindergarten can affect whether a child develops the grit and perseverance needed to succeed in school;
- Absenteeism in preschool and kindergarten can influence whether a child will be held back in third grade;
- Absenteeism in middle and high school can predict dropout rates;
- Absenteeism influences not just chances for graduating but also for completing college;
- Improving attendance is an essential strategy for reducing achievement gaps;
- When students reduce absences, they can make academic gains; and
- Research points to effective strategies for improving attendance.127

Chronic absenteeism is typically defined as missing ten percent or more of the school year and is tracked by grade and school. In Denver, nearly 26,700 students, or 27 percent, were chronically absent in the 2015-2016 school year. This means that about one in four Denver students was absent for at least ten percent of the time that they were enrolled and missed out on a significant amount of valuable instruction time.

The highest instances of chronic absenteeism occur in the early grades and then again in middle and high school, rising to 51 percent of 12th graders missing ten percent or more of the school year (Figure 83).128

![Figure 83: Chronic Absenteeism by Grade in DPS](chart)

---


128 Denver Public Schools. Department of Planning and Analysis. 2015-2016 School Year.
The map in Figure 84 illustrates the percentage of preschool children in Denver Public School programs that are chronically absent by school. Unfortunately, it is apparent that many schools with a high percentage of chronically absent children are in areas of high need. Too often, children who need the support of preschool to prepare to succeed in kindergarten are not attending regularly.

Figure 84: Chronic Absences in Preschool

---

Full-Day Kindergarten

The skills learned in quality full-day kindergarten programs provide children the time and support they need to master the academic and social skills necessary for future achievement and life success.

Full-day kindergarten programs benefit children in the following ways:

- Contributes to increased school readiness;
- Leads to higher academic achievement;
- Improves student attendance;
- Supports literacy and language development;
- Benefits children socially and emotionally; and
- Decreases costs by reducing retention and remediation rates.\(^\text{130}\)

As the benefits of participation in full-day kindergarten programs were more recognized, the number of children attending full-day kindergarten in Colorado and in Denver has increased. Denver’s participation rate has consistently been higher than the participation rate for Colorado over time. (Figure 85).\(^\text{131}\)

Denver Public Schools offers full-day kindergarten programs to children and their families. The half-day kindergarten program is free to all families and the full-day option is free to those eligible for free or reduced-price lunch. For families earning more than 185 percent of the federal poverty level, tuition payments are determined based on a sliding scale.

Figure 85: Full-Day Kindergarten Enrollment


ACHIEVEMENT

Achievement gaps begin long before they are measured by standardized tests in the third grade. Disparities in academic skills are apparent in preschool and kindergarten, but begin even earlier in a child’s life. Studies show that these disparities are associated with family income, parental education, family structure, neighborhood conditions and exposure to language and other educational experiences. Factors including a child’s health, nutrition, and exposure to emotional stress and violence are also known to impact a child’s early cognitive and social development.\(^\text{132}\)

Head Start programs primarily serve the most vulnerable children in Denver. When the children enter the program, they are given an assessment that measures their competency in several important domains. These assessments are used to measure progress towards school readiness throughout the academic year and show that Head Start program participation clearly begins to close the achievement gaps for these disadvantaged children.

FALL 2014-SPRING 2015 TEACHING STRATEGIES GOLD

*Teaching Strategies GOLD\(^\circ\)* is an assessment system for children from birth through kindergarten and measures the knowledge, skills, and behaviors that are most predictive of school success. *Teaching Strategies GOLD\(^\circ\)* (TS Gold) blends ongoing, authentic, observational assessment across all areas of development and learning with intentional, focused, performance-assessment tasks for selected literacy and numeracy objectives.

Head Start program administrators can use TS Gold reports to:
- Collect and gather child outcome data as one part of a larger accountability system;
- Guide program planning and professional development opportunities; and
- Inform strategic investments to close learning gaps.

Head Start preschool providers can use the TS Gold reports to:
- Observe and document children’s development and learning over time;
- Plan instruction to support children’s needs;
- Identify children who might benefit from additional support, screening, or further evaluation; and
- Report and communicate progress with family members and others.

The following graphs illustrate the percentage of three-, four-, and five-year-old children in Denver Great Kids Head Start (DGKHS) programs who meet or exceed social, physical, and academic expectations for their age as defined by TS Gold’s “Widely Held Expectations.” Overall, those students who participated in the DGKHS program for a full program year demonstrated significant growth across all domains in all categories of students analyzed from fall 2015 through spring 2016 (Figure 86).\(^\text{133}\)

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Footnotes:

\(^{133}\) Denver Great Kids Head Start. (June 2016). *TS Gold Analysis: Fall 2015-Spring 2016.* TS Gold Data provided by the Colorado Department of Education.
Children with an Individual Education Plan (IEP) consistently exhibit remarkable growth in all domains from fall to spring. Although fewer students with an IEP are meeting or exceeding Widely Held Expectations than their peers without an IEP, their growth dramatically reduces the significant gaps apparent at the start of the program year (Figure 87).\textsuperscript{134}

Figure 87: DGKHS Children with an IEP in ANY Checkpoint 2015-2016

Based on the TS Gold Assessment results, we know that children make gains in all educational domains after participating in DGKHS programs. The gaps in literacy and mathematics, however, are wide between students of Hispanic origin compared to students who are not when they are measured in the fall. Graphs comparing the number of students meeting or exceeding expectations in these domains from fall to spring illustrated that the gaps close at the completion of the program (Figures 88 and 89).

Figure 88: Number of DGKHS Students Meeting or Exceeding Expectations in Literacy by Ethnicity

Figure 89: Number of DGKHS Students Meeting or Exceeding Expectations in Mathematics by Ethnicity

\textsuperscript{134} Denver Great Kids Head Start. (June 2016). \textit{TS Gold Analysis: Fall 2015-Spring 2016}. TS Gold Data provided by the Colorado Department of Education.
CHILDREN READING AT GRADE LEVEL AT THE END OF KINDERGARTEN

To focus attention and resources on the importance of development of early literacy skills, the Colorado Legislature passed the Colorado Reading to Ensure Academic Development Act (the READ Act) in 2012. The READ Act assesses the literacy development for students in kindergarten through third grade by measuring phonemic awareness, phonics, vocabulary development reading fluency and reading comprehension.

The map in Figure 90 illustrates the variability of kindergarten students who are not proficient on this assessment in kindergarten by the neighborhoods in which they live.¹³⁵

Figure 90: Kindergarteners Not Reading at Grade Level

¹³⁵ Denver Public Schools. (2016). Percent of DPS kindergarteners who were reading below level by the end of kindergarten in 2015-2016.
THIRD GRADE READING

To ensure that all Denver children have what they need to be successful in school and life, they need the tools that will enable success at each stage in their development. It is essential that children enter school ready to learn and the ability to read at grade level by the end of third grade is an important marker for future academic success. Beginning in fourth grade, children transition from learning how to read to reading to learn. Unfortunately, 68 percent, or nearly 4,000 Denver Public School third graders were not meeting expectations on the English Language Arts (ELA) PARCC assessment in the spring of 2016. In five Denver neighborhoods, 90 percent or more of students were not meeting expectations on the ELA (Figure 91).

In five Denver neighborhoods, 90 percent or more of students were not meeting expectations on the ELA (Figure 91).

![Third Graders Not Proficient in Reading](image_url)

Figure 91: Third Graders Not Proficient in Reading

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137 Denver Public Schools. Department of Planning and Analysis. 2015-2016 School Year.
PARCC ASSESSMENTS

In the 2014-2015 school year, Colorado transitioned to a new state-wide assessment for public school students. The Colorado Measures of Academic Success (CMAS) PARCC assessments were administered to Colorado students and are intended to measure the level at which Colorado students meet the Colorado Academic Standards and the Common Core State Standards. The new CMAS PARCC assessments are not comparable to prior TCAP or CSAP assessments.

Denver Public School students meet or exceed expectations on the English Language Arts assessment (ELA) less often than students overall in Colorado in all grades assessed (Figure 92).\(^\text{138}\)

Figure 92: DPS and Colorado Students Meeting Expectations on the ELA 2015-2016

![Chart showing percentage of students meeting or exceeding expectations in ELA assessments for DPS and Colorado students](chart1)

The percentage of Denver Public School students meeting or exceeding expectations has improved slightly since 2015 on the ELA (Figure 93).\(^\text{139}\)

Figure 93: DPS Students Meeting or Exceeding Expectations on the PARCC ELA Assessment

![Chart showing percentage of students meeting or exceeding expectations in ELA assessments for DPS students](chart2)


\(^{139}\) Ibid.
Denver Public School students meet or exceed expectations on the Math assessment less often than students overall in Colorado in most subjects assessed (Figure 94).\textsuperscript{140}

Figure 94: 2015-2016 Colorado and DPS Students Meeting Expectations on the PARCC Math Assessment

The percentage of Denver Public School students meeting or exceeding expectations has improved slightly since 2015 on the PARCC Math Assessment except in 6th grade (Figure 95).\textsuperscript{141}

Figure 95: DPS Students Meeting or Exceeding Expectations on the PARCC Math Assessment


\textsuperscript{141} Ibid.
**FAMILY ECONOMICS**

**INCOME**

In 2015, the median family (with child) income in Denver was $63,869, which is $2,932 higher than in 2014. Denver’s median family income is approaching the national figure but still below the state median income of $76,594 (Figure 96). \(^{142}\)

Figure 96: Median Family (With Child) Income

<table>
<thead>
<tr>
<th>Year</th>
<th>Denver</th>
<th>United States</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>$59,500</td>
<td>$48,000</td>
<td>$67,500</td>
</tr>
<tr>
<td>2006</td>
<td>$62,000</td>
<td>$50,500</td>
<td>$72,000</td>
</tr>
<tr>
<td>2007</td>
<td>$64,500</td>
<td>$53,000</td>
<td>$76,500</td>
</tr>
<tr>
<td>2008</td>
<td>$67,000</td>
<td>$55,500</td>
<td>$80,000</td>
</tr>
<tr>
<td>2009</td>
<td>$69,500</td>
<td>$58,000</td>
<td>$83,500</td>
</tr>
<tr>
<td>2010</td>
<td>$72,000</td>
<td>$60,500</td>
<td>$86,000</td>
</tr>
<tr>
<td>2011</td>
<td>$74,500</td>
<td>$63,000</td>
<td>$89,500</td>
</tr>
<tr>
<td>2012</td>
<td>$77,000</td>
<td>$65,500</td>
<td>$92,000</td>
</tr>
<tr>
<td>2013</td>
<td>$79,500</td>
<td>$68,000</td>
<td>$94,500</td>
</tr>
<tr>
<td>2014</td>
<td>$82,000</td>
<td>$70,500</td>
<td>$97,000</td>
</tr>
<tr>
<td>2015</td>
<td>$84,500</td>
<td>$73,000</td>
<td>$99,500</td>
</tr>
</tbody>
</table>

**UNEMPLOYMENT**

In many ways, the labor market and job stability determine the resources that parents have available to spend on care for their children. In addition, job related stress, job loss, and financial insecurity can negatively impact the entire household. These external factors related to the labor force may affect children’s development. \(^{143}\) In Denver the unemployment rate has dropped significantly since 2010. The unemployment rate was 3.2 percent in August, 2016, with approximately 12,300 people estimated to be unemployed (Figure 97). \(^{144}\)

Figure 97: Denver Unemployment Rate

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The Annie E. Casey Foundation uses the percentage of children living in families where no parent has full-time, year-round employment as one measure of family economic security. Many families piece together part-time employment to make ends meet. Furthermore, without a good education and relevant job skills, it is difficult for parents to earn a living wage to support their families.

In 2014, 31 percent (43,000) of Denver children lived in families where no parent had full-time, year-round employment (Figure 98).

Figure 98: Children Living in Families Where No Parent Has Full-Time, Year-Round Employment

Five-year estimates of unemployment rates illustrate the variation in employment by neighborhood (Figure 99). 

Figure 99: Unemployment Maps over Time

Source: U. S. Census Bureau, American Community Survey 2009 and 2014 Five-Year Estimates


Of two-parent families with children in DGKHS, 23 percent were not employed in 2015-2016. This is the largest percentage of unemployed parents in two-parent families since the 2008-2009 school year (Figure 100). Forty-three percent of parents in single-parent families were not employed (Figure 101).147

---


---

**Figure 100: Employment Status of DGKHS Two-Parent Families**

<table>
<thead>
<tr>
<th>Year</th>
<th>Both Parents/Guardians Employed</th>
<th>One of Two Parent/Guardian Employed</th>
<th>Neither of Two Parent/Guardian Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2009</td>
<td>8%</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>2009/2010</td>
<td>67%</td>
<td>12%</td>
<td>25%</td>
</tr>
<tr>
<td>2010/2011</td>
<td>73%</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>2011/2012</td>
<td>62%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>2012/2013</td>
<td>72%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>2013/2014</td>
<td>71%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>2014/2015</td>
<td>71%</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>2015/2016</td>
<td>63%</td>
<td>14%</td>
<td>12%</td>
</tr>
</tbody>
</table>

**Figure 101: Employment Status of DGKHS Single-Parent Families**

<table>
<thead>
<tr>
<th>Year</th>
<th>Single-Parent Employed</th>
<th>Single-Parent Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2009</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>2009/2010</td>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>2010/2011</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>2011/2012</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>2012/2013</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>2013/2014</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>2014/2015</td>
<td>49%</td>
<td>51%</td>
</tr>
<tr>
<td>2015/2016</td>
<td>43%</td>
<td>57%</td>
</tr>
</tbody>
</table>
CHILDREN IN POVERTY

Children living in poverty often experience the negative conditions of substandard housing, homelessness, inadequate nutrition, food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods, and under-resourced schools. Consequently, they are at-risk for negative outcomes such as low academic achievement, dropping out of high school, abuse and neglect, behavioral and physical health problems, and developmental delays.\(^{148}\)

Poverty is defined by the federal government as $24,300 annual income for a family of four and does not consider variations in the cost of living by place or necessary expenses such as housing, health care, child care, or transportation.\(^{149}\) The federal poverty measure underestimates what it costs to support a family.

According to the Self-Sufficiency Standard for Colorado 2015 by the Colorado Center on Law and Policy, it costs approximately $73,749 to meet the basic needs of a family of four in Denver (two adults, an infant and preschooler).\(^{150}\) In other words, the cost to meet basic needs for a family of this type in Denver is approximately three times the federal poverty level.\(^{151}\)

After the significant drop in children under age 18 in poverty from 2013 to 2014, rates have risen in 2015. Child poverty increased from 22 percent to 24 percent. Approximately 33,000 children were living in poverty in 2015 (Figure 102).\(^ {152}\)

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Poverty is not equally distributed throughout Denver’s neighborhoods, as illustrated in Figure 103.\textsuperscript{153}

Figure 103: Children in poverty in Denver

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximately 26 percent, or 34,500 children were estimated to be living below the poverty line during this period.</td>
<td>Approximately 28 percent, or 36,500 children were estimated to be living below the poverty line during this period.</td>
</tr>
</tbody>
</table>

Source: U. S. Census Bureau, American Community Survey 2009 and 2014 Five-Year Estimates

**RATIO OF POVERTY TO INCOME TRENDS**

Many working families in Denver struggle to make ends meet. An estimated 61,500 children, or 45 percent, of Denver’s children live in families with incomes below 200 percent of the federal poverty level (FPL), or less than $48,600 annual income for a family of four.\textsuperscript{154} The percentage of children living in families above 200% of poverty has grown to 55% in 2015 (Figure 104).

Figure 104: Children Living In Families by Ratio to Poverty


CHILD POVERTY BY RACE/ETHNICITY

Children of color are more often in poverty than non-Hispanic white and Asian children and children of two or more races according to the U.S. Census Bureau, five-year estimates. Over time in Denver, the proportion of children in poverty has risen for every category of children except non-Hispanic white and those reporting being two or more races (Figure 105).155

Figure 105: Child Poverty by Race/Ethnicity

AREAS OF CONCENTRATED POVERTY

All children need strong families and supportive communities to realize their full potential. Unfortunately, too many Denver children are living in high-poverty areas that have the potential to negatively impact their chances for success. Approximately one quarter of Denver’s children live in areas of concentrated poverty, defined as census tracts with a poverty rate of 30 percent and higher. Critical resources for their family’s healthy growth and development are often out of reach.

Children living in areas of concentrated poverty are more likely to experience stress, have unmet basic needs, lower test scores, be exposed to violence, struggle with a lack positive role models, and are more likely to drop out of school. The impacts may be greatest for younger children.156

The growth of children living in areas of concentrated poverty since 2000 is dramatic and consistent across all people, children and racial and ethnic groups in Denver. Children, however, are more likely to live in areas of concentrated poverty than poor adults, and people of color, live in these areas more often than non-Hispanic white people. Concentration of poverty is highest for Hispanics, with one-third living in high-poverty areas (Figure 106).157

Figure 106: People Living in Areas of Concentrated Poverty by Race/Ethnicity and Age Group

More neighborhoods are experiencing concentrated poverty since the 2005-2009 period, with more children living in those areas. In Denver, approximately 25 percent, or 34,000 children under age 18 lived in areas of concentrated poverty in 2010-2014 (Figure 107).\(^{158}\)

Figure 107: Areas of Concentrated Poverty

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**SINGLE-PARENT FAMILIES**

Single-parent families often struggle to provide basic needs for their families with only one income. In 2015, 53,000 children, or 39 percent of children under age 18, lived in single-parent households in Denver (Figure 108). The distributions of children living in single-parent families from 2005-2009 and 2010-2014 are illustrated on the maps in Figure 109.

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Figure 108: Children Living in Single-Parent Families

![Graph showing the percentage of children living in single-parent families from 2005 to 2015 in Denver and Colorado. The graph indicates a decrease in the percentage of children living in single-parent families over time.](image)

Figure 109: Children in Single-Parent Families

![Maps illustrating the distribution of children living in single-parent families in Denver and Colorado from 2005 to 2015. The maps show a decreasing trend in the percentage of children living in single-parent families over the years.](image)

Source: U.S. Census Bureau, American Community Survey 2005 and 2014 Five-Year Estimates

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**DGKHS Families**

More than half, or 53 percent of all families participating in DGKHS were single-parent families in the 2015-2016 school year (Figure 110).\(^{161}\)

Figure 110: DGKHS Families by Type

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HOMELESS FAMILIES

The McKinney-Vento Homeless Education program objectives are to increase access to education and provide stability and opportunity for educational success for children and youth experiencing homelessness. The overall intent of the McKinney-Vento Education for Homeless Children and Youth grant is to remove all educational barriers facing homeless children and youth with emphasis on educational enrollment, attendance, and success.

In Denver, the number of homeless students increased 41 percent from the 2013-2014 school year to the 2014-2015 school year. This is a substantial increase of more than 900 homeless children attending Denver Public Schools (Figure 111).\(^\text{162}\)

Figure 111: Homeless School-Aged Children in Denver

![Homeless Education Data Chart]

HOMELESS CHILDREN IN DENVER GREAT KIDS HEAD START

Mirroring the jump in child homelessness in Denver, the number of children participating in DGKHS in families who were homeless has increased 46 percent since the previous school year. Sixteen percent, or 232 children, were reported living in homeless families in the 2015-2016 school year (Figure 112).

Twenty-five percent of these families that experienced homelessness acquired housing during the 2015-2016 enrollment year.\(^\text{163}\)

Figure 112: DGKHS Homeless Children and Families


PUBLIC ASSISTANCE

The number of children under age 18 living in families receiving public benefits in the form of Supplemental Security Income (SSI), cash public assistance income, or Supplemental Nutritional Assistance Program (SNAP) benefits, has declined in Denver since 2013. The U.S. Census Bureau estimates that approximately 49,500 Denver children, or 28 percent, were living in families receiving public assistance benefits in 2015. This is higher than the Colorado rate of 19 percent (Figure 113).164 The comparison of children in households receiving benefits from 2006-2010 and 2010-2014 is illustrated in Figure 114.165

Figure 113: Children Living in Households Receiving Public Assistance

![Chart showing percentage of children in Denver and Colorado households receiving public assistance benefits from 2007 to 2015.]

Figure 114: Children in Households Receiving Public Benefits

![Maps showing the distribution of children in households receiving public benefits in Denver and Colorado in 2006-2010 and 2010-2014.]

Source: U.S. Census Bureau, American Community Survey 2010 and 2014 Five-Year Estimates

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CHILDREN ENROLLED IN WIC

Federal grants are available to States for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These funds can be used for food, health care referrals and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who may be at nutritional risk.\textsuperscript{166}

In Denver, approximately 15,600 children under age five were enrolled in WIC. This is a 15 percent decrease in the number of children participating in WIC since 2011 (Figure 115).\textsuperscript{167}

The number of children participating in DGKHS that receive public assistance benefits was down in all program areas in 2015-2016, including SNAP, SSI, TANF, and WIC (Figure 116).\textsuperscript{168}


Educational Attainment of Adults

Research shows that educational attainment is the most important social characteristic for predicting earnings.\textsuperscript{169} The U.S Bureau of Labor Statistics reports, on average nationally, workers without a high school diploma earned $493 per week compared to $678 with a high school diploma, $738 with some college, $798 with an Associate’s degree, and $1,137 with a Bachelor’s degree in 2015.\textsuperscript{170} Figure 117 illustrates the breakdown of educational attainment by degree for Denver adults over time.\textsuperscript{171}

Figure 117: Educational Attainment of Adults in Denver Over Time

![Chart showing educational attainment over time.]

Adults with a high school diploma generally report better life outcomes for themselves and their children. In addition to earning more money, high school graduates tend to live longer and are less likely to fall into poverty and rely on public assistance.\textsuperscript{172} Positive role models and a strong network of caring, informed adults are important assets in a community. There is evidence that the educational outcomes of children are impacted by the absence of educated, affluent adults in their communities.\textsuperscript{173} The maps in Figure 118 illustrate where in our city there are higher percentages of adults in the community without a high school diploma over two time periods.\textsuperscript{174}

Figure 118: Maps of Adults in the Community without a High School Diploma

![Maps showing educational attainment by neighborhood.]


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Parents of children in Denver Great Kids Head Start programs generally have lower educational attainment levels than that of the general population. Approximately one-third, or 32 percent, of parents did not have a high school diploma during the 2015-2016 school year compared to 14 percent city-wide. Over time, the educational level of parents has generally increased while the percentage of parents without a high school diploma has decreased as illustrated in Figure 119.175

Figure 119: Educational Attainment Levels of DGKHS Parents

In 93 percent of DGKHS two-parent families, neither parent participated in job training or school in 2015-2016. In six percent of two-parent families, one parent was participating in job training or school. This is trending down recent years (Figure 120). Seventeen percent of parents in single-parent families were participating in job training or school. This number is significantly lower than the previous school year and trending down since the 2011-2012 school year (Figure 121).176

Figure 120: DGKHS Two-Parent Families in Job Training or School

Figure 121: DGKHS Single-Parent Families in Job Training or School

176 Ibid.
In addition to earning more money, high school graduates tend to live longer and are less likely to fall into poverty and rely on public assistance. There is also evidence that the educational outcomes of children are impacted by the absence of educated, affluent adults in their communities. The map in Figure 122 illustrates where in our city there are higher percentages of adults in the community without a high school diploma.

Figure 122: Adults without a High School Diploma

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**CRIME**

Unsafe, high-crime neighborhoods may expose children to violence which can cause a number of problems. According to the National Survey of Children’s Exposure to Violence, children who are living in high-crime neighborhoods and exposed to violence have the potential to suffer lasting physical, mental and emotional harm. They are also at risk for juvenile delinquency, further victimization, and involvement with the child welfare system.¹⁸⁰

In a nation-wide study of 300 metropolitan areas, data show that higher income neighborhoods have lower violent crime rates than do high-poverty areas. One theory of why crime is higher in low-income areas compared to high-income areas is that people choose to participate in criminal activities when the expected return of the crime outweighs the risk of arrest. In neighborhoods where the residents are more likely to intervene to stop crime, participate in neighborhood associations, and pick up trash and clean graffiti, the perceived risk of being caught is higher and therefore the crime rates are lower.¹⁸¹

Several factors contributing to poor student achievement in schools in high crime neighborhoods have been identified and include:

- Higher mobility rate of low-income children and families;
- Disruptive behavior of classmates;
- Provide an alternative pathway to hard work at school;
- Make it more difficult to recruit high-quality teachers; and
- Increase absenteeism in schools.¹⁸²

For children exposed to high rates of crime (Figures 123 and 124) and domestic violence (Figure 125), mitigating the impact is important to future success in school and life. The highest rates of crime in Denver include areas in and around the central business district.¹⁸³

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¹⁸³ Denver Police Department. 2015 Neighborhood Crime rates per 1,000 people by Denver neighborhood.
Research shows that violent crime in the community around elementary and middle schools is a barrier to overall child well-being. Exposure to violent crime doubles the likelihood that a child will perpetuate violence.

Additionally, children exposed to violent crime can suffer post-traumatic stress disorder, anxiety, and depression. The mental health consequences of exposure to violent crime can hinder cognitive development and educational attainment.\(^{184}\)

Figure 124: Violent Crime Rate

![Violent Crime Rate Map](image1)

Figure 125: Domestic Violence

![Domestic Violence Rate Map](image2)

The Denver Great Kids Head Start Community Assessment can be downloaded from the Office of Children’s Affairs website:

www.denvergov.org/childrensaffairs

For more information on any topic or data included in this document please contact:

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