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Dear Friends,

As the Executive Director of Denver Great Kids Head Start it is critical that we assess both the needs and resources that support Denver families and particularly those families participating in Denver Great Kids Head Start. In response to the community needs as well as resources we have collectively developed new and innovative approaches to school readiness.

Denver Great Kids Head Start continues to be an integral part of the City’s early care and education landscape; as a funder of Head Start delegate and vendor agencies, and as an innovator of programs and interventions designed to support parents in fulfilling their role as their child’s primary educator. Much of our success can be directly attributable to the quality of information we collect and analyze to support our Head Start program. This 2017 Head Start Community Assessment is a compilation of various data sets and will be used to develop future programming.

On behalf of the Office of Children’s Affairs, I am proud to present to our governing body, our Policy Council, our delegate agencies, community partners, the 2017 Head Start Community Assessment Report.

Sincerely,

Al Martinez, Ph.D.
Denver Great Kids Head Start Executive Director
INTRODUCTION

Denver Great Kids Head Start uses data to help understand who Denver’s children are and where they live. These data help Head Start program administrators, policy makers, advocates, and community partners form a common understanding of the challenges and opportunities faced by Denver’s children and youth. 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. To mitigate the impact of disadvantage on children, the City of Denver has established goals to ensure all Denver’s children are prepared to succeed. These include:

- Increasing the number of children who have access to high quality early childhood experiences;
- Increasing the number of Denver third grade students who can read at grade level;
- Decreasing the number of disconnected youth;
- Increasing the number of students who have access to and complete a post-secondary pathway and obtain a job;
- Increasing the percentage of children who are at a healthy weight; and
- Ensuring all their basic needs are met.

Together, these goals address important childhood issues throughout all stages of a child’s development and are useful in understanding the challenges facing Head Start children and families. The 2017 Head Start Community Assessment provides in-depth information on how Denver kids 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 is intended to be used to inform programs, services, and investments in children and youth as they relate Head Start programming in Denver.
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, period, aggregations, or margin of error. All sources used in the document are clearly cited.
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.

To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period. The community assessment must use data that describes community strengths, needs, and resources and include, at a minimum:

(i) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:
   (A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));
   (B) Children in foster care; and
   (C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;

(ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;

(iii) Typical work, school, and training schedules of parents with eligible children;

(iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

(v) Resources that are available in the community to address the needs of eligible children and their families; and,

(vi) Strengths of the community.

In addition:

(2) A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded pre-kindergarten- (including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.

(3) A program must consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program’s eligible funded enrollment. A program must not enroll children from diverse economic backgrounds if it would result in a program serving less than its eligible funded enrollment.
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. 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 2017 Denver Great Kids Head Start Community Assessment document. 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. Denver Great Kids Head Start (DGKHS) program locations are mapped over the index (Figure 2).

These indicators include:

- **Births to Women without a High School Diploma**
  Low educational attainment of parents is associated with a number of 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 Reading at Grade Level**
  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. 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: 2017 Denver Child Well-Being Index and DGKHS Program Locations

Index Based on 11 Indicators:
- Births to Women Without a High School Diploma
- Teen Births
- Overweight or Obese Children
- Kindergarteners Below Grade Level for Reading
- 3rd Graders Not Proficient in Reading
- 9th Graders Chronically Absent
- Adults With Less Than a High School Diploma
- Child Poverty
- Children in Single-Parent Families
- Unemployment Rate
- Violent Crime Rate
**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 2016-2017 school year, 1,844 children were served across all Early Head Start and Head Start programs in Denver with combined enrollment totals for Early Head Start (384 children), DGKHS (1,153 children), and RMSER (307 children). DGKHS is authorized to serve children in all Denver neighborhoods.

The five Early Head Start and Head Start grantees collectively served approximately 26 percent of the eligible population in 2016 (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.

**GRANTEE PROFILE**

<table>
<thead>
<tr>
<th>Delegate Agency</th>
<th>Funded Enrollment</th>
</tr>
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<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 28 center locations with 75 classrooms.

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The map in Figure 3 provides the reference for neighborhood and center names used throughout this report. Also illustrated are the Denver Great Kids Head Start delegate center locations, as well as Denver neighborhoods.

Figure 3: Map of Denver Neighborhoods and Head Start Service Areas for the 2016-2017 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.

DGKHS primarily serves three- and four-year-old children in Head Start. In the 2016-2017 school year, 81 two-year-old, 599 three-year-old, 758 four-year-old, and 29 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 2016-2017 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 88 percent planning on attending kindergarten classes the following school year (Figure 5).³

**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 90-91). These positive results are evident for most children tested regardless of primary language, disability, or gender. Unfortunately, for a variety of reasons, 26 percent (386 children) left the program and did not re-enroll in the 2016-2017 school year (Figure 6).

![Figure 6: 2016-2017 DGKHS Turnover Rate by DGKHS and Delegate Agency](image)

**Eligibility**

Eligibility for participation in Denver Great Kids Head Start (DGKHS) is determined by several factors including:

- Age (must be three by October 1st);
- Children must live in Denver;
- The family’s income is equal to or below the federal poverty line (FPL), or
- The family is eligible for public assistance; including TANF child only payments or,
- The child is homeless, as defined by the McKinney-Vento Act; or
- The child is in foster care; or
- The family’s income is above 100 percent FPL (limitations apply).

The breakdown of Denver Great Kids Head Start students for the 2016-2017 school year by eligibility is illustrated in Figure 7.

![Figure 7: Type of Eligibility 2016-2017](image)

---

5 Ibid.
**Young Children in Poverty in Denver**

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.\(^6\)

According to latest U.S. Census Bureau estimates, approximately 7,200, or 16 percent, of Denver children under age five were living in poverty in 2016. The poverty rate for Denver children under the age of five is higher than the state average of 14 percent (Figure 8).\(^7\)

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It's important that Head Start program locations are accessible to the children that need these programs most. The locations Denver Great Kids Head Start students are mapped over the well-being index (discussed on page 7) in Figure 9. Children served by DGKHS programs generally live in areas of lowest opportunity (shaded in dark purple) in Denver.

Figure 9: 2016-2017 DGKHS Students
DENVER CHILDREN AND FAMILIES

TOTAL POPULATION

Denver is experiencing significant population growth. In the six years since 2010, the number of people living in Denver has increased by 89,000, 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 10: 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 2016, the total population of Denver County was estimated at 693,060 people (Figure 10). 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, 2016

<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>693,060</td>
<td>100%</td>
<td>5,540,545</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>209,341</td>
<td>30.2%</td>
<td>1,181,218</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>374,372</td>
<td>54%</td>
<td>3,796,733</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>63,879</td>
<td>9.2%</td>
<td>220,728</td>
</tr>
<tr>
<td>Non-Hispanic American Indian</td>
<td>3,010</td>
<td>.4%</td>
<td>28,993</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>25,346</td>
<td>3.7%</td>
<td>173,588</td>
</tr>
<tr>
<td>Non-Hispanic Pacific Islander</td>
<td>291</td>
<td>0%</td>
<td>7,397</td>
</tr>
<tr>
<td>Non-Hispanic Other Race</td>
<td>978</td>
<td>.1%</td>
<td>6,313</td>
</tr>
<tr>
<td>Non-Hispanic Two or More Races</td>
<td>15,843</td>
<td>2.3%</td>
<td>125,575</td>
</tr>
</tbody>
</table>

The growth in the non-Hispanic white population in Denver has outpaced all other racial and ethnic groups in number. The graph in Figure 11 shows the change in population over time as well as the number of people by race/ethnicity.\footnote{U.S. Census Bureau. (n.d.). American Community Survey 2006-2016: ACS Demographic and Housing Estimates, Table DP05. Retrieved from American Fact Finder, September 2017: http://factfinder.census.gov.}

Figure 11: Growth in the Denver's Population by Race/Ethnicity
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.\(^{12}\)

In Denver, the Asian population has grown 47 percent since 2006 (Figure 12).\(^{13}\)

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

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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.\(^{15}\) In 2016, the U.S. Census estimated nine percent of Denver’s population to be black. This is lower than 12 percent nationally.\(^{16}\)

In Denver, the black population grew 16 percent since 2006 (Figure 14).\(^ {17}\)

The maps in Figure 15 illustrate the distribution of the black population by census tract and Denver neighborhood over two time periods.\(^ {18}\)

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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.19

Denver’s Hispanic population has grown six percent since 2006 (Figure 16).20

Figure 16: Denver’s Hispanic Population over Time

The maps in Figure 17 illustrate the distribution of the Hispanic population by census tract and Denver neighborhood over time.21

Figure 17: Maps of Denver’s Hispanic Population


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.\(^\text{22}\)

Denver’s Non-Hispanic white population has grown 33 percent since 2006 (Figure 19).\(^\text{23}\)

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

The maps in Figure 20 illustrate the distribution of the non-Hispanic white population by census tract and Denver neighborhood over time.\(^\text{24}\)

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


CHILD POPULATION

After a significant drop during the Great Recession, the number of children in Denver has increased (Figure 21). In 2016, approximately 140,400 children were estimated to be living in Denver.25

Five-year estimates from the U.S. Census Bureau provide the data for census tract and neighborhood-level analysis (Figure 22).26

Source: U.S. Census Bureau, American Community Survey 2010 and 2015 Five-Year Estimates

---

CHILDREN UNDER AGE FIVE

Single-year estimates for the U.S. Census Bureau illustrate a six percent decline in the number of Denver children under age five over the last five years from 2012 to 2016 (Figure 23). As of 2016, approximately 44,000 children under age five lived in Denver.27

Figure 23: Children under Age Five

Maps comparing the percentage of children under age five in Denver living in Denver neighborhoods over time are illustrated in Figure 24.28

Figure 24: Children under Age Five

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CHILD POPULATION BY RACE/ETHNICITY

Denver’s child population is diverse. In Denver, 34 percent of children under age 18 were categorized as non-Hispanic white in 2016. The largest ethnic group in Denver is Hispanic with 48 percent of children reported to be of Hispanic origin of any race.

Including the Hispanic ethnicity in any racial category, white children make up 68 percent of Denver’s child population, followed by 12 percent of black children. Asian children make up three percent, and American Indian, one percent (Figure 25).29

In the 2016-2017 school year, Hispanic students made up 62 percent of the Denver Great Kids Head Start (DGKHS) student body. There is some variation of students by ethnicity by delegate agency as illustrated in Figures 26.

American Indian and black children are overrepresented in DGKHS programs in Denver. Asian, white, and children of other race categories are underrepresented (Figure 27).30

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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 2015, 38 percent (54,000) of Denver’s children were living in immigrant families (Figure 28).\(^\text{31}\)

Seventy-eight percent of the children in immigrant families in Denver originate from Latin America.\(^\text{32}\) The majority, or 90 percent, of children in immigrant families are U.S. citizens.\(^\text{33}\) Three percent of their parents have been in the country less than five years.\(^\text{34}\)

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.\(^\text{35}\)

![Figure 28: Children in Immigrant Families - Trends](image)

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

Source: U.S. Census Bureau, American Community Survey 2010 and 2015 Five-Year Estimates


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 66 percent (93,300) of the total child population in Denver in 2016. Not unlike other urban centers, Denver has a higher proportion of children of color than Colorado and the United States (Figure 30). The maps highlight the areas in Denver neighborhoods where children of color make up more than half of the child population over two time periods (Figure 31).

Figure 30: Proportion of Children of Color Over Time

![Proportion of Children of Color Over Time](image)

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

![Neighborhoods with less than 50 percent Non-Hispanic White Children over Time](image)

Source: U.S. Census Bureau, American Community Survey 2010 and 2015 Five-Year Estimates


LANGUAGE

According to the U.S. Census Bureau, 37,000 children, or 39 percent, under the age of 18 spoke a language other than English at home in 2016 (Figure 32). The variation of people over the age of five who speak a language other than English at home over time is illustrated in the maps in Figure 33.

Figure 32: Children Who Speak a Language Other Than English at Home

Figure 33: Maps of People Who Speak a Language Other Than English at Home

Source: U.S. Census Bureau, American Community Survey 2010 and 2015 Five-Year Estimates

---

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.\(^{40}\)

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.\(^{41}\) The average number of Denver children placed in 2016 was 934.


\(^{41}\) Denver Department of Human Services. (2017, January 27). Number of Youth in Foster Care by Month.
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.

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 had all available parents in the labor force in 2016. This means that approximately 33,000 young children in Denver needed care during the day while their parents work.43 There are approximately 23,500 licensed child care slots in day care centers, day care homes, and preschools in Denver. Using a very rough estimate comparing the number of children under age six needing care during the day to licensed child care slots results in 71 percent of the need fulfilled with licensed care in Denver.

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 569 licensed child care facilities in the City and County of Denver as of January 30, 2017. 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>276</td>
<td>21,578</td>
</tr>
<tr>
<td>Day Care Home</td>
<td>136</td>
<td>943</td>
</tr>
<tr>
<td>Neighborhood Youth Organization</td>
<td>18</td>
<td>2,399</td>
</tr>
<tr>
<td>Preschool</td>
<td>21</td>
<td>991</td>
</tr>
<tr>
<td>School-Age Child Care</td>
<td>118</td>
<td>11,033</td>
</tr>
</tbody>
</table>

Table 3: Licensed Child Care Slots by Facility Type

---

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 Colorado, are rated for quality according to the Colorado Office of Early Childhood. In Denver, of 298 day care centers and preschools, 37 percent were rated a Level 4 or 5, the highest levels of quality (Figure 35).

Compared to Colorado, Denver has a higher percent of day care centers and preschools rated at high levels. Only 21 percent were rated a Level 4 or 5 in all of Colorado as of January 31, 2017.

Day care center and preschool locations and their quality ratings are mapped over the Child Well-Being Index (described on page 7) in Figures 36 and 37.47

A Level 1 rating is assigned to licensed child care centers and preschools that have not been rated.

Figure 35: Day Care Center and Preschool Quality Ratings

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Figure 36: Day Care Centers and Preschool Locations with Quality Ratings Levels 1 and 2

Licensed Day Care Centers and Preschools

Levels of Quality and Capacity
- Level 1
- Level 2
- Children
  - 15 - 35
  - 36 - 75
  - 76 - 120
  - 121 - 200
  - 201 - 300

2017 Child Well-Being Index
- Abundant Opportunity
- Limited Opportunity
- Denver Neighborhoods
- Data not Included

Photo: Children and teacher in a classroom setting, engaged in an activity.
Figure 37: Licensed Child Care Centers and Preschool Locations with Quality Ratings Levels 3-5
CHILD CARE DESERTS

The increasing need for all parents in the home to work to make ends meet has grown with the rising costs of housing, health care, food, and other living expenses. A recent report by the Center for American Progress finds that more than half of the population across 22 states live in neighborhoods classified as child care deserts. In this report, child care deserts are defined as any census tract with more than 50 children under age five that contains either no child care providers, few options, or more than three times as many children as licensed child care slots. This lack of availability for child care unfortunately causes families to choose between unlicensed child care arrangements or change/decline opportunities for work. Furthermore, the locations of nearby quality child care options impact low-income families dramatically if they depend on public transportation or have inflexible job schedules.

The census tracts in Denver identified in the study as child care deserts are highlighted in dark purple in the map in Figure 38. Denver Great Kids Head Start program locations are also illustrated by blue dots.

Figure 38: Child Care Deserts in Denver

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.49

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.50 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 39).

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.

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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.\textsuperscript{51} Quality in programs, however, is an essential factor necessary to achieve the desired outcomes that matter for lasting impacts.

After a significant increase by 2014, the percentage of three- and four-year-old children enrolled in preschool in Denver in 2015 has declined to 53 percent in 2016 (Figure 40). Fifty-seven percent of those in publicly funded preschool programs and 43 percent are in privately funded (family-pay) programs.\textsuperscript{52}

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.\textsuperscript{53}

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 41).\textsuperscript{54}


**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, 4,714 children received tuition support from the program during the 2016-2017 school year. Since 2007, Denver Preschool Program has distributed $92.5 million in tuition credits to 46,000 children. There are more than 250 preschools that participate in the program with 81 percent earning a high-quality level in Colorado Shines during the 2016-2017 school year; 93 percent of DPP children were enrolled in these top-rated schools.55

**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 2017-2018 school year.56 The average funding statewide per slot was $3,748 in 2015-2016. This is lower than the national average of state preschool spending per slot of $4,521.57

The at-risk factors include poverty as measured by free or reduced-price meal eligibility, in need of language development, poor social skills, mobility, children in foster care, 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 63 percent of CPP enrolled children statewide.58

**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 42). In the 2016-2017 school year, 6,161 Denver three- and four-year-old children participated in DPS early education programs.59

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55 Denver Preschool Program (October 2017).
58 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, monthly income, and amount of care utilized. 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.
- Participating in the Colorado Works/TANF program

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.60

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60 Denver Department of Human Services (October, 2017).
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 located in Denver for those who need it (Figure 60).

The percentage of women receiving early prenatal care in Denver has improved to 83 percent and, as of 2016, is higher than the state percentage of 81 percent of women receiving early care during pregnancy (Figure 43).

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 44).

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 45).

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64 Ibid.
Figure 45: Map of Women Receiving Early Prenatal Care
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.66

In 2016 in Denver, four percent of new mothers reported smoking during pregnancy. This rate is lower than the state rate of six percent.67 Despite the lower rate in Denver, there is dramatic variation by race/ethnicity and neighborhood (Figures 46 and 47).68 The highest rates are generally in high poverty, low-opportunity neighborhoods, further contributing to the health risks of children living in them.

Figure 46: Denver Women Who Smoked During Pregnancy

Figure 47: Map of Women Who Smoked While Pregnant

---


**BIRTHS**

The Colorado Department of Public Health and Environment reported 9,269 births to Denver women in 2016 (Figure 48). The number of births has declined three percent since 2010.69

Figure 48: Number of Denver Births

![Number of Denver Births](image)

**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 increased to 50 percent in 2016. The number of births to Hispanic women decreased to 27 percent and births to black women up to 11 percent (Figure 49).70

Figure 49: Proportion of Denver Births by Race/Ethnicity 2007-2015

![Proportion of Denver Births by Race/Ethnicity](image)

---


70 Ibid.
The Hispanic birth rate is declining dramatically. The rate per 1,000 Hispanic women dropped from 113.8 in 2007 to 57 in 2016 (Figure 50).\textsuperscript{71}

\textbf{Figure 50: Denver Birth Rates by Race/Ethnicity 2016}

The number of births in 2016 by neighborhood is illustrated in the map in Figure 51.\textsuperscript{72}

\textbf{Figure 51: Number of Births by Neighborhood}

\textsuperscript{71} Colorado Department of Public Health and Environment. (2007-2016). General Fertility Rate for All Ages - Total Live Births per 1,000 Women Ages 15-44. Denver: Health Statistics Section.

\textsuperscript{72} 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 risen slightly to ten percent in 2016. Variation exists by race/ethnicity (Figure 52) and neighborhood (Figure 53).73

Figure S2: Low Birth Weight Trends by Race/Ethnicity in Denver

Figure S3: Low Birth Weight Babies

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 31 percent since 2012 with 283, or three percent, births to women in this risk category in 2016 (Figure 54).74

Some neighborhoods shaded in dark green in the map have a higher proportion of three risk-factor births (Figure 55).75

---


**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 adults.

In Denver, approximately five 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, the greatest percent of teen births (per population group) in Denver are to Hispanic women with ten percent. Trends of teen births by race and ethnicity are illustrated in Figure 56. Teen births by Denver neighborhood are illustrated in Figure 57.

---

**Figure 56: Births to Teens Ages 15-19 by Race/Ethnicity**

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic</th>
<th>Black</th>
<th>Total Teen Births</th>
<th>White</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>14%</td>
<td>10%</td>
<td>7%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>2013</td>
<td>10%</td>
<td>7%</td>
<td>5%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>2014</td>
<td>10%</td>
<td>7%</td>
<td>5%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>2015</td>
<td>10%</td>
<td>7%</td>
<td>5%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>2016</td>
<td>10%</td>
<td>7%</td>
<td>5%</td>
<td>5%</td>
<td>1%</td>
</tr>
</tbody>
</table>

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**Figure 57: Map of Teen Births by Denver Neighborhood**

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**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, 13 percent of births were to women with less than a high school diploma or GED in 2016. 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 32 percent of births to women without a high school diploma (Figure 58). There is also significant variation by geography (Figure 59).

---

**Figure 58: Births to Women with less than 12 Years Education by Race/Ethnicity**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>20%</td>
<td>17%</td>
<td>15%</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>White</td>
<td>9%</td>
<td>8%</td>
<td>6%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>44%</td>
<td>38%</td>
<td>33%</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>20%</td>
<td>16%</td>
<td>14%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Asian</td>
<td>15%</td>
<td>15%</td>
<td>10%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>24%</td>
<td>21%</td>
<td>19%</td>
<td>27%</td>
<td>23%</td>
</tr>
<tr>
<td>Unknown</td>
<td>15%</td>
<td>16%</td>
<td>21%</td>
<td>23%</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 59: Map of Births to Women with less than 12 years Education**

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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 (see child well-being index on page 7) 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 60).80

Figure 60: Family and School-Based Health Care Centers

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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, some 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 two percent of children in Denver were without health insurance in 2016. Denver has a lower percentage of uninsured children than Colorado at four percent (Figure 61). 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 62).

Figure 61: Uninsured Children

Figure 62: Uninsured Population by Neighborhood

**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 since 2014 to 76,132 by January 2017 (Figure 63).

**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 2017, 9,381 Denver children received CHP+ benefits (Figure 64).

**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). In Colorado, the rate of EBNE children dropped statewide to six percent.

Denver has also done a great job of enrolling eligible children in health insurance with a decrease from 33 percent eligible but not enrolled children in 2008 to six percent in 2016 (Figure 65).

---

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 2017 Child Well-Being Index (described on page 7) in Figure 66.

---

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, approximately 9,700 (11 percent) students were enrolled in special education classes in Denver Public Schools in 2016.89 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 169, or 12 percent of children with an Individual Education Plan (IEP) participating the DGKHS programs during the 2016-2017 school year (Figure 67). Primary disability type of Denver Great Kids Head Start students is illustrated in the graph in Figure 68. 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 $2.94. Due to the higher costs of living in Denver, an average meal costs $3.20. 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 72 percent of food insecure children are likely income-eligible for federal nutrition assistance (185 percent of the federal poverty line), leaving 28 percent of food insecure children likely not eligible for federal assistance. 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. 

In 2015, approximately 23,340 children, or 17.2 percent, were counted as food-insecure in Denver. The number of food-insecure children has decreased 26 percent from 2009 to 2015 (Figure 69). The City and County of Denver offered summer and snacks and supper meal programs that fed children nearly 163,000 meals in 2016. 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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95 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.

According to data from the Denver Department of Human Services, the number of children receiving SNAP benefits over time show a steep increase during the recession and slow decline since 2012. As of February 2017, nearly 38,000 children under the age of 19 were receiving SNAP benefits in Denver (Figure 70).97

Data from the U.S. Census Bureau illustrate the percentage of children by census tract receiving SNAP benefits and the change over time (Figure 71).98

**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 are limited. In addition, food deserts often contain a higher proportion of fast-food restaurants and convenience stores that offer processed foods with high fat and sugar content directly contributing to the obesity problem in Denver.

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 USDA compiled U.S. Census Bureau data to identify food deserts by census tract. These food deserts are low-income areas where the poverty rate is greater than 20 percent or the median family income is less than or equal to 80 percent of the metropolitan area’s median income. They are also areas where a significant number of the people (at least 500 people or 33 percent) live at least one half a mile from the nearest large grocery store or supermarket.

In Denver, 54 percent or nearly 70,000 children live in food deserts (Children ages 0-17 from the 2010 Census of Population and Housing tract-level counts). The map in Figure 72 illustrates the food deserts in dark purple that were identified in this study from the USDA by census tract.

Figure 72: Underserved Grocery Retail Areas in Denver

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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 ages four through 14 in Colorado since 2012. Anxiety is the most prevalent mental disorder with eight percent of children in this age group suffering in 2015 (Figure 73).

Figure 73: Mental Health Disorders of Colorado Children Ages Four Through 14

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102 Ibid.


MENTAL HEALTH SERVICES IN DGKHS

Beginning in August of 2010, DGKHS received two grants from the Colorado Health Foundation totaling over $1.2 million. These grants increased the capacity of DGKHS to provide on-site mental health consultation, parent and staff training and intervention services that allowed DGKHS to sustain on-site mental health services making a significant impact on children and their families as demonstrated through the social/emotional domain of the Teaching Strategies GOLD, and other measures.

Unfortunately, as funder strategies shifted, DGKHS gradually decreased on-site services to prolong funding. Additional funding has been secured from the Caring for Colorado Foundation, Temple Hoyne Buell Foundation and the Tony Grampsas Youth Services Program. Through a blend of Head Start and private funding, DGKHS can support 6.0 FTE to provide on-site mental health services.

The average monthly hours a mental health professional spends on-site is illustrated in the graph in Figure 74.105

![Average Hours Mental Health Professional on DGKHS Site](image)

Figure 74: Average Hours Mental Health Professional on DGKHS Site

**DRUG AND ALCOHOL ABUSE**

<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 methamphetamine</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>

Table 4: Trends in 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

---

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 at greater risk for substance abuse, eating disorders, mental health issues and chronic disease.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.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; and
- Parenting stress, poor parent-child relationships, and negative interactions.

Community Risk Factors include:

- Community violence; and
- Concentrated neighborhood disadvantage and poor social connections.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 75).111

Figure 75: Rate of Child Abuse and Neglect

![Graph showing rate of child abuse and neglect per 1,000 children for Denver and Colorado from 2005 to 2015.]

109 Ibid.
**OVERWEIGHT AND 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 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 Health collects BMI data for children between the ages of two and 17. According to this source, 30 percent of Denver children were measured as overweight or obese (15.7 percent obese and 14.6 percent overweight).\(^{112}\)

The graph in Figure 76 describes overweight and obese students for each school year. The percentage of students at an unhealthy weight status remained flat for the last five school years.

**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 2016-2017 school year. Four percent in DGKHS programs were underweight. Underweight is defined as a BMI less than fifth percentile for child’s age and sex (Figure 77).\(^{113}\)

---


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 who are obese varies by race/ethnicity. Among black and Hispanic students, the percentage of students overweight or obese was higher than their white peers (Figure 7). \(^{115}\)

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 school-aged children who are obese is provided in Figure 79. \(^{117}\)

---


EDUCATION

DENVER PUBLIC SCHOOLS

STUDENT POPULATION

In the 2016-2017 school year, 92,331 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 80). 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 2016-2017 school year. Black students made up 13 percent of the school population (Table 5).

Table 5: 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>592</td>
<td>.6%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>2,980</td>
<td>3.2%</td>
</tr>
<tr>
<td>Black</td>
<td>12,376</td>
<td>13.4%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>51,219</td>
<td>55.5%</td>
</tr>
<tr>
<td>White (Not Hispanic)</td>
<td>21,442</td>
<td>23.2%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>253</td>
<td>.3%</td>
</tr>
<tr>
<td>Two or More</td>
<td>3,469</td>
<td>3.8%</td>
</tr>
<tr>
<td>All Students</td>
<td>92,331</td>
<td>100%</td>
</tr>
</tbody>
</table>

**LANGUAGE**

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, French, Nepali, and Russian.¹²⁰

In the 2016-2017 school year, approximately 30,650 (34 percent) Denver Public School students, including early childhood children, were English Language Learners.¹²¹

The map in Figure 81 illustrates the percentage of English Language Learners by school location.¹²²

*Figure 81: English Language Learners by School*

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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 82).\(^\text{123}\)

Figure 82: DGKHS Primary Language at Home

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 $32,000 for a family of four) and reduced-price lunch eligibility is at 185 percent of the federal poverty level (approximately $45,500 for a family of four).  

In Denver, 68 percent of public school students qualified for free or reduced-price lunch in the 2016-2017 school year (Figure 83).  

The proportion of free or reduced-price lunch students by Denver neighborhood is illustrated in Figure 84.  

Figure 83: Trends in Free and Reduced-Price Lunch Eligibility in Denver

Figure 84: Students Eligible for Free or Reduced-price Lunch by home neighborhood


126 Denver Public Schools. Department of Planning and Analysis. 2016-2017 School Year.
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.¹²⁷

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.¹²⁸

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.¹²⁹

Chronic absenteeism is typically defined as missing ten percent or more of the school year and is tracked by grade and school. In Denver, approximately 24,000 students, or 26 percent, were chronically absent in the 2016-2017 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 49 percent of 12th graders missing ten percent or more of the school year (Figure 85).¹³⁰

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¹³⁰ Denver Public Schools. Department of Planning and Analysis. 2016-2017 School Year.
The map in Figure 86 illustrates the percentage of preschool children in Denver Public School programs that are chronically absent by school mapped over the well-being index (described on page 7). 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.

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.132

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 87).133

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 87: Full-Day Kindergarten Enrollment

---

Student Mobility

Families move for many reasons, including job change, housing type, affordability and size, eviction, domestic problems, neighborhood characteristics, or school choice. No matter the cause, changing schools can have an impact on student success, often negatively impacting student achievement. Students who change schools frequently often face challenges including:

- Lower academic achievement;
- Behavior problems;
- Difficulty making friends; and
- Dropping out.\(^{134}\)

High incidence of student mobility not only impacts the mobile students, but the entire school community. Research shows that in schools and classrooms with high student mobility, teachers often must review materials and spend time on remedial education instead of progressing to new content to catch new students up with the work. In Florida, researchers found that instruction and content was one year behind in highly mobile schools compared to students in more stable schools.\(^{135}\)

Students who change schools during the school year for a reason other than normal grade progression are considered mobile and at risk for negative consequences. The stability rate, however, calculated by the Colorado Department of Education represents the percent of students who remain at a school without interruption throughout the school year. During the 2015-2016 school year, the student stability rate for Denver Public School students was 82 percent. Hispanic students remained in the same school the entire school year more often than any other racial/ethnic group in Denver in 2015-2016. American Indian, black, and Pacific Islander children had significantly lower than average stability rates (Figure 88).\(^{136}\) The stability rate by school is mapped in Figure 89.

![Figure 88: Stability Rate Over Time](image_url)

---


Figure 89: Stability Rate by School

Source: Colorado Department of Education
Mobility/Stability Statistics, 2015-2016
http://www.cde.state.co.us/cdrevail/mobility-stabilitycurrent

2017 Child Well-Being Index

Abundant Opportunity

Limited Opportunity

Denver Neighborhoods

Data not Included
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.\textsuperscript{137}

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 2016-SPRING 2017 TEACHING STRATEGIES GOLD

Teaching Strategies GOLD\textsuperscript{®} 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\textsuperscript{®} (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 2016 through spring 2017 (Figure 90).\textsuperscript{138}

Figure 90: DGKHS All Children in ALL Checkpoint Periods 2016-2017


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 91).

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 92 and 93).

---

**Kindergarten Math**

School readiness determination depends not only on positive interactions and social skills, but on knowledge, attitudes, and approaches to learning. Attitudes and habits developed around math concepts early on including object exploration, sorting, and comparing is key to building math knowledge. Math also supports early literacy through conversations around predictions including how and why questions and other reasoning language. Studies show that early math skills are more predictive of later math achievement than early reading skills, but also of total academic achievement.\(^{140}\)

The map in Figure 94 illustrates the differences in math proficiency in kindergarten in DPS schools by the neighborhood that students live.\(^{141}\)

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\(^{141}\) Denver Public Schools. Department of Planning and Analysis. 2016-2017 School Year.
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, 62 percent, or 3,670 Denver Public School third graders were not meeting expectations on the English Language Arts (ELA) PARCC assessment in the spring of 2017. A significantly greater proportion of children of color (American Indian, black, and Hispanic) were not reading at grade level compared to their non-Hispanic white and Asian peers (Figure 95).

Disparities also exist by geography. In two Denver neighborhoods, 90 percent or more of students were not meeting expectations on the ELA (Figure 96).

Figure 95: Students Meeting or Exceeding Expectations on the Third Grade Reading Assessment by Race/Ethnicity 2016-2017

Figure 96: Third Graders Not Proficient in Reading by Neighborhood

---


144 Denver Public Schools. Department of Planning and Analysis. 2016-2017 School Year.
FAMILY Economics

Income

In 2015, the median family (with child) income in Denver was $68,011, which is significantly higher ($3,499) than in 2015. Denver’s median family income is approaching the national figure but still below the state median income of $78,024 (Figure 97).145

Figure 97: Median Family (With Child) Income

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.146 In Denver the unemployment rate has dropped significantly since 2010.

The unemployment rate was 3.3 percent in February 2017, with approximately 12,700 people estimated to be unemployed (Figure 98).147

Figure 98: Unemployment Rate in Denver


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 2015, 33 percent (46,000) of Denver children lived in families where no parent had full-time, year around employment (Figure 99).

Five-year estimates of unemployment rates illustrate the variation in employment by neighborhood (Figure 100).

Figure 99: Children Living in Families Where No Parent Has Full-Time, Year-Round Employment

Figure 100: Unemployment Maps over Time

---


Of two-parent families with children in DGKHS, 14 percent were not employed in 2016-2017 (Figure 101). Forty-two percent of parents in single-parent families were not employed (Figure 102).\textsuperscript{150}

Figure 101: Employment Status of DGKHS Two-Parent Families

Figure 102: Employment Status of DGKHS Single-Parent Families

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.151

Poverty is defined by the federal government as $24,600 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.152 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).153 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.154

Since the peak at 33 percent of children living in poverty in 2010, rates continue to decline in Denver. In 2016, 20 percent, or 28,000, of children under age 18 were living in poverty (Figure 103).155

Figure 103: Child Poverty Trends

Poverty is not equally distributed throughout Denver’s neighborhoods, as illustrated in Figure 104.  

**Figure 104: Children in poverty in Denver**

![Map showing children in poverty in Denver](image)

Source: U.S. Census Bureau, American Community Survey 2010 and 2015 Five-Year Estimates

**RATIO OF POVERTY TO INCOME TRENDS**

Many working families in Denver struggle to make ends meet. An estimated 56,000 children, or 42 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. The percentage of children living in families above 200 percent of poverty has grown to 58 percent in 2016 (Figure 105).

**Figure 105: Children Living Families by Ratio to Poverty**

![Bar chart showing children living in families by ratio to poverty](image)


---


CHILD POVERTY BY RACE/ETHNICITY

Over time in Denver, the proportion of children in poverty has gone down from 29 percent to 26 percent for all children from the 2006-2010 time period to the 2011-2015 time period. Children of color, however, are more often in poverty than non-Hispanic white children according to the U.S. Census Bureau, five-year estimates. (Figure 106).

Figure 106: 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 18 percent 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 of positive role models, and are more likely to drop out of school. The impacts may be greatest for younger children. 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. The highest proportion of people living in areas of concentrated poverty occurred during the period of the Great Recession (December 2007-June 2009). In the five-year period following, 12 percent of all Denver people lived in these high poverty areas. Children are more likely to live in areas of concentrated poverty than poor adults. People of color live in these areas more often than non-Hispanic white people. Concentration of poverty is highest for Hispanics, with one-quarter living in high-poverty areas (Figure 106).

---


More neighborhoods experienced concentrated poverty during the Great Recession. During the 2006-2010 period, one-quarter of Denver’s children lived in areas of concentrated poverty. In the 2011-2015 period, fewer children were living in these high-risk areas (Figure 107). In Denver, approximately 18 percent, or 25,000 children under age 18 lived in areas of concentrated poverty in 2011-2015 (Figure 108).³⁶²

---


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 109).\(^\text{163}\)

The distributions of children living in single-parent families from 2006-2010 and 2011-2015 are illustrated on the maps in Figure 110.\(^\text{164}\)

Figure 110: Maps of Children in Single-Parent Households

![Maps of Children in Single-Parent Households](image)


DGKHS FAMILIES

More than half, or 52 percent of all families participating in DGKHS were single-parent families in the 2016-2017 school year (Figure 111).\(^\text{165}\)

Figure 111: DGKHS Families by Type

![DGKHS Families by Type](image)


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 program 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 decreased 21 percent from the 2014-2015 school year to the 2015-2016 school year in part due to the improving economy and changing demographics after the end of the Great Recession (Figure 112).166

Figure 112: Homeless School-Aged Children in Denver

<table>
<thead>
<tr>
<th>School Year</th>
<th>Number of Homeless Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>1,071</td>
</tr>
<tr>
<td>2007-2008</td>
<td>1,302</td>
</tr>
<tr>
<td>2008-2009</td>
<td>1,567</td>
</tr>
<tr>
<td>2009-2010</td>
<td>1,508</td>
</tr>
<tr>
<td>2010-2011</td>
<td>1,741</td>
</tr>
<tr>
<td>2011-2012</td>
<td>2,136</td>
</tr>
<tr>
<td>2012-2013</td>
<td>2,063</td>
</tr>
<tr>
<td>2013-2014</td>
<td>2,251</td>
</tr>
<tr>
<td>2014-2015</td>
<td>3,175</td>
</tr>
<tr>
<td>2015-2016</td>
<td>2,519</td>
</tr>
</tbody>
</table>

HOMELESS CHILDREN IN DENVER GREAT KIDS HEAD START

Fourteen percent, or 203 DGKHS children, were reported living in homeless families in the 2016-2017 school year (Figure 113).167

Figure 113: DGKHS Homeless Children and Families

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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 32,450 Denver children, or 23 percent, were living in families receiving public assistance benefits in 2016. This is higher than the Colorado rate of 18 percent (Figure 114).168

Figure 114: Children in Households Receiving Public Benefits

The comparison of children in households receiving benefits from 2006-2010 and 2011-2015 is illustrated in Figure 115.169

Figure 115: Maps of Children in Households Receiving Public Benefits

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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.¹⁷⁰

In Denver, approximately 15,300 children under age five were enrolled in WIC in 2016. This is a 16 percent decrease in the number of children participating in WIC since 2011 (Figure 116).¹⁷¹

Figure 116: Children Under Age Five Enrolled in WIC

The number of children participating in DGKHS that receive public assistance benefits was down in all program areas in 2016-2017, including SNAP, SSI, TANF, and WIC (Figure 117).¹⁷²

Figure 117: DGKHS Families Receiving Public Assistance


Educational Attainment of Adults

Research shows that educational attainment is the most important social characteristic for predicting earnings. Figure 118 illustrates the breakdown of educational attainment by degree for Denver adults over time. Since 2010, the level of adults with college degrees has continued to increase as the percentage of adults with less than a high school diploma has decreased.

The median earnings for adults over the age of 25 increased substantially with higher levels of educational attainment. The lowest earnings are $23,803 for adults without a high school diploma. The greatest earnings are reported for adults with the highest levels of education earning an average of $65,852 per year. Over time, the increase in wages was 14 percent for adults with no high school diploma compared to a 26 percent increase since 2005 for those with graduate degrees (Figure 119).

Figure 118: Educational Attainment of Denver Adults

Figure 119: Median Income for Denver Adults by Educational Attainment

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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. There is evidence that the educational outcomes of children are impacted by the absence of educated, affluent adults in their communities. The maps in Figure 120 illustrate where in our city there are higher percentages of adults in the community without a high school diploma over two time periods.

Figure 120: Maps of Adults in the Community without a High School Diploma

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 of parents did not have a high school diploma during the 2016-2017 school year compared to 13 percent city-wide.

Over time, the educational level of DGKHS parents has generally increased while the percentage of parents without a high school diploma has decreased as illustrated in Figure 121.

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CRIME

High-crime neighborhoods may expose children to violence which can cause several 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.  

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. 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; and
- Increased absenteeism in schools.

For children exposed to high rates of crime, mitigating the impact is important to future success in school and life. Overall crime consists of serious offenses that are reported to the police and include homicide, rape, robbery, aggravated assault, burglary, larceny, auto theft and arson. The highest rates of overall crime in Denver generally include areas in and around the central business district and the airport (Figure 122).

Figure 122: 2016 Overall Crime Rate per 1,000 People

183 Denver Police Department. 2016 Neighborhood Crime rates per 1,000 people by Denver neighborhood.
Violent crimes are offenses to a person which involve force or the threat of force and includes homicide, rape, robbery and aggravated assault. Research shows that violent crime in the community around elementary and middle schools is a barrier to over-all 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.\textsuperscript{184} The rates of violent crime by neighborhood are illustrated in the map in Figure 123.\textsuperscript{185}

Not only are children at risk for witnessing violent crime in their neighborhood, but many experience violence in their own homes. Violence between parents, intimate partners, or other family members is a significant problem nationwide. Researchers have found that exposure to domestic violence can impact the development of children in numerous ways. Children exposed to physical abuse in the home are more likely to be at increased risk for physical abuse themselves and can exhibit aggression towards others. Long term adverse effects can carry on into adulthood.\textsuperscript{186} Children from homes with domestic violence are also reported to display behavioral and emotional problems and are more likely to have issues with substance abuse, violent crime, and adult criminality.\textsuperscript{187}

Domestic violence are crimes where the victim’s relationship to the suspect includes spouse, common-law spouse, boyfriend/girlfriend, same sex relationship and ex-spouse. Domestic Violence rates by neighborhood are illustrated in Figure 124.\textsuperscript{188}

\textsuperscript{185} Denver Police Department. 2016 Neighborhood Crime rates per 1,000 people by Denver neighborhood.
\textsuperscript{188} Denver Police Department. 2016 Neighborhood Crime rates per 1,000 people by Denver neighborhood.
The Denver Great Kids Head Start Community Assessment can be downloaded from the Office of Children’s Affairs website:

www.denvergov.org/childrensa affairs

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

Lisa Piscopo, Ph.D.
Deputy Director
The Office of Children’s Affairs
City and County of Denver
Lisa.Piscopo@denvergov.org