2022 Denver Great Kids Head Start Community Assessment Update
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A NOTE FROM AL MARTINEZ, EXECUTIVE DIRECTOR OF DENVER GREAT KIDS HEAD START

Dear Friends,

On behalf Denver Great Kids Head Start and the Office of Children’s Affairs, I am pleased to share our 2022 Community Assessment Update Report. These data provide a comprehensive overview of the health and well-being of children in Denver, particularly the Head Start eligible population. It is our intent that this report will be widely used by program planners in their design of various early childhood programs and interventions. Finally, these data will provide Denver Great Kids Head Start with an overview of ECE need indicators to prepare our Head Start continuation grant application.

Sincerely,

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

INTRODUCTION

Denver Great Kids Head Start (DGKHS) 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. 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 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 advantaged peers.

The DGKHS Community Assessment is a resource that is intended to be used to inform programs, services, and investments in children and youth as they relate to 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, counties, and census tracts. 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 best available sources and include the U.S. Census Bureau, the Colorado Department of Public Health and Environment, and other reliable publications and resources. Data describing the same phenomena may differ due to the source, method of collection, time period, aggregations, or margin of error. All sources used in the document are clearly cited.
HEADCASE RENAGLES

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 2022 Denver Great Kids Head Start Community Assessment. It is possible to statistically aggregate key indicators to highlight areas of cumulative disadvantage. These areas can then be used to identify and focus on societal and systemic problems that limit opportunity for children in Denver. Unpacking the complex barriers that our children face will ultimately lead to solutions for meaningful change to improve outcomes for all Denver’s children. The eleven indicators that measure differences in education, health, and community opportunities were statistically aggregated to provide a snapshot of opportunity for Denver children by neighborhood (Figure 1). These indicators include:

- Births to Women without a High School Diploma
- Teen Births
- Overweight or Obese Children
- Kindergarten Readiness
- Third Graders Not Reading at Grade Level
- Ninth Graders Chronically Absent
- Adults without a High School Diploma
- Children in Single-Parent Families
- Child Poverty
- Violent Crime
- Unemployment

The map in Figure 1 illustrates the Denver Great Kids Head Start delegate center locations over the Child Well-Being Index.
Denver Great Kids Head Start is the Head Start grantee serving the entirety of the City and County of Denver. Total funded enrollment for Head Start is 1,312 slots. Denver Great Kids Head Start is also one of four Early Head Start grantees in Denver with a funded enrollment of 32 Early Head Start slots. Early Head Start and Head Start grantees collectively served approximately 31 percent of the eligible population in 2019 (Figure 2). The need for service is far greater than Head Start resources alone can meet. Other programs that 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**

Denver Great Kids Head Start (DGKHS) contracts with 7 delegate agencies (preschool providers) and three major vendors (comprehensive service providers) to provide high-quality preschool and direct services to 1,312 children and their families (Table 1).

**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.

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DGKHS primarily serves three- and four-year-old children in Head Start. In the 2021-2022 school year, two pregnant women, 11 children under age one, 14 one-year-old, 126 two-year-old, 548 three-year-old, 606 four-year-old, and 63 five-year-old children participated in the program (Figure 3).²

**Kindergarten Bound Head Start Students**

In the 2021-2022 school year, 41 percent of DGKHS students planned to enter kindergarten in the next school year (Figure 4).³

<table>
<thead>
<tr>
<th>Year</th>
<th>Kindergarten Bound Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021/22</td>
<td>41%</td>
</tr>
<tr>
<td>2020/21</td>
<td>42%</td>
</tr>
<tr>
<td>2018/19</td>
<td>44%</td>
</tr>
<tr>
<td>2017/18</td>
<td>44%</td>
</tr>
<tr>
<td>2016/17</td>
<td>45%</td>
</tr>
<tr>
<td>2015/16</td>
<td>41%</td>
</tr>
<tr>
<td>2014/15</td>
<td>46%</td>
</tr>
<tr>
<td>2013/14</td>
<td>44%</td>
</tr>
<tr>
<td>2012/13</td>
<td>41%</td>
</tr>
<tr>
<td>2011/12</td>
<td>42%</td>
</tr>
</tbody>
</table>

Figure 4: Kindergarten Bound Rate

**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. These positive results are evident for most children tested regardless of primary language, disability, or gender. Unfortunately, for a variety of reasons, 23 percent left the program and did not re-enroll in the 2021-2022 school year (Figure 5).⁴

<table>
<thead>
<tr>
<th>Year</th>
<th>Turnover Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021/22</td>
<td>28%</td>
</tr>
<tr>
<td>2020/21</td>
<td>28%</td>
</tr>
<tr>
<td>2019/20</td>
<td>24%</td>
</tr>
<tr>
<td>2018/19</td>
<td>25%</td>
</tr>
<tr>
<td>2017/18</td>
<td>23%</td>
</tr>
<tr>
<td>2016/17</td>
<td>23%</td>
</tr>
<tr>
<td>2015/16</td>
<td>23%</td>
</tr>
<tr>
<td>2014/15</td>
<td>23%</td>
</tr>
<tr>
<td>2013/14</td>
<td>23%</td>
</tr>
<tr>
<td>2012/13</td>
<td>23%</td>
</tr>
<tr>
<td>2011/12</td>
<td>23%</td>
</tr>
</tbody>
</table>

Figure 5: DGKHS Turnover Rate

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⁴ Ibid.
**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 eligibility for Denver Great Kids Head Start students over the last 10 school years is illustrated in Figure 6.5

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**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

Figure 7: Children Age Four and Younger in Poverty

According to U.S. Census Bureau estimates, approximately 6,000, or 14 percent, of Denver children under age five were living in poverty in 2019. The poverty rate for Denver children under the age of five was higher than the state average of 11 percent (Figure 7).⁷

**ENROLLMENT IN DGKHS**

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 8. Children served by DGKHS programs generally live in areas of lowest opportunity (shaded in dark blue) in Denver.

Figure 8: 2022 DGKHS Students

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TOTAL POPULATION

Over the last decade, Denver was experiencing significant population growth. In the years since 2010, the number of people living in Denver has increased by more than 111,000, according to the U.S. Census Bureau. Since 2019, however, the overall population in Denver has declined.8

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.

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. Over time, 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.9

Denver’s population mirrors these national trends. In 2020, the total population of Denver County was estimated at 715,522 people (Figure 9). Hispanics, representing the largest ethnic group in Colorado, comprised 28 percent of the total county population (Table 2).10

![Figure 9: Total Population Trends in Denver](image)

<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>715,522</td>
<td>100%</td>
<td>5,773,714</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>199,460</td>
<td>28%</td>
<td>1,263,390</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>388,764</td>
<td>54%</td>
<td>3,760,663</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>61,098</td>
<td>9%</td>
<td>221,310</td>
</tr>
<tr>
<td>Non-Hispanic American Indian</td>
<td>3,740</td>
<td>1%</td>
<td>33,768</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>27,198</td>
<td>4%</td>
<td>195,220</td>
</tr>
<tr>
<td>Non-Hispanic Pacific Islander</td>
<td>1,395</td>
<td>0%</td>
<td>9,005</td>
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<tr>
<td>Non-Hispanic Other Race</td>
<td>3,746</td>
<td>1%</td>
<td>29,560</td>
</tr>
<tr>
<td>Non-Hispanic Two or More Races</td>
<td>30,121</td>
<td>4%</td>
<td>260,798</td>
</tr>
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</table>

Table 2: Population Characteristics for Denver, Colorado, and the United States, 2020

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10 U.S. Census Bureau. (n.d.). American Community Survey 2020: Hispanic or Latino and Not Hispanic of Lation by Race, Table P2.
The growth in the non-Hispanic white population in Denver has outpaced all other racial and ethnic groups in number. The graph in Figure 10 shows the change in population over time as well as the number of people by race/ethnicity. Like the total population, the Non-Hispanic White and Hispanic groups declined from 2019 to 2020.\textsuperscript{11}

Figure 10: Growth in the Denver's Population by Race/Ethnicity

![Denver's Population by Race/Ethnicity](image)

\textsuperscript{11} U.S. Census Bureau. (n.d.). American Community Survey 2020: Hispanic or Latino and Not Hispanic or Latino by Race, Table P2.
DENVER’S ASIAN POPULATION

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

Figure 3: Denver's Asian Population over Time

![Denver's Asian Population Chart](image)

In Denver, the Asian population has grown 42 percent since 2010 (Figure 11).\(^\text{13}\) The map in Figure 12 illustrates the distribution of the Asian population by census tract for Denver.\(^\text{14}\)

Figure 12: Map of the Asian Population in Denver

![Map of Denver's Asian Population](image)


\(^{13}\) U.S. Census Bureau. (n.d.). *American Community Survey 2010-2019 Single-Year Estimates. Table B03002, and 2020 Decennial Census Table P2*.

DENVER'S BLACK POPULATION

For most of U.S. history, Blacks represented the largest minority group in the nation. As of the 2000 Census, however, Hispanics represented the largest minority. In 2020, the U.S. Census counted nine percent of Denver's population to be Black. This is lower than 12 percent nationally. In Denver, the Black population grew four percent since 2010 (Figure 13).  

Figure 13: Denver's Black Population over Time

The map in Figure 14 illustrates the distribution of the Black population by census tract for Denver.

Figure 14: Map of the Black Population in Denver

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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.\textsuperscript{18}

Denver’s Hispanic population has grown three percent since 2010 but has declined slightly since 2019 (Figure 15).\textsuperscript{19}

Figure 15: Denver’s Hispanic Population over Time

The map in Figure 16 illustrates the distribution of the Hispanic population by census tract for Denver.\textsuperscript{20}


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. As of 2010, 64 percent of the U.S. population was white. By 2040, whites will become a minority of the total population.  

Denver’s Non-Hispanic white population has grown 23 percent since 2010 (Figure 17).

Figure 17: Denver's Non-Hispanic White Population over Time

The map in Figure 18 illustrates the distribution of the non-Hispanic white population by census tract for Denver.

Figure 18: Maps of Denver's Non-Hispanic White Population

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FOREIGN-BORN POPULATION

Denver is a diverse city. As of 2019, the U.S. Census Bureau estimated over 95,500 people, or 13 percent of the total population in Denver to be foreign-born. Of these, 48 percent were naturalized U.S. citizens and 52 percent were not. Not all residents that are not naturalized U.S. citizens are in Denver illegally.

The proportion of Denver residents are identified by country of origin on the graph in Figure 19. The largest foreign-born population in Denver originated from Latin America.

The proportion of the foreign-born population by Denver neighborhood is represented in the map in Figure 20.

---

**Child Population**

The number of children in Denver began a steady decline since 2015 (Figure 21). In 2020, 134,460 children were living in Denver.\(^{26}\)

Figure 61: Denver Children under Age 18 Trends

**Children Under Age Five**

Single-year estimates for the U.S. Census Bureau illustrate a three percent decline in the number of Denver children under age five since 2010 (Figure 22). As of 2019, approximately 42,000 children under age five lived in Denver.\(^{27}\)

Figure 22: Children under Age Five

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\(^{26}\) U.S. Census Bureau. (n.d.). *U.S. Census Bureau. 2020 Decennial Census. Table P1.*

CHILDPopulation by Race/Ethnicity

Denver’s child population is diverse. Including the Hispanic ethnicity in any racial category, White children make up 70 percent of Denver’s child population, followed by 10 percent of Black children. Asian children make up three percent, and American Indian, one percent (Figure 23).28

In Denver, 35 percent of children under age 18 were categorized as non-Hispanic white in 2019. The largest ethnic group in Denver is Hispanic with 46 percent of children reported to be of Hispanic origin of any race. The percentage of Hispanic children is going down in Denver, while the percentage of non-Hispanic White children is rising (Figure 24).29

29 Ibid.
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 2019, 32 percent (45,000) of Denver’s children were living in immigrant families (Figure 25).30

Seventy-one percent of the children in immigrant families in Denver originate from Latin America, four percent from Europe, 12 percent from Asia, and 12 percent from Africa. Most children (95 percent) in immigrant families are U.S. citizens. Only one percent of their parents have been in the country less than five years.31

Figure 25: Children in Immigrant Families

LANGUAGE

According to the U.S. Census Bureau, 35,000 children, or 37 percent, ages 5-17 spoke a language other than English at home in 2019 (Figure 26).32

Figure 76: Children Who Speak a Language Other Than English at Home

31 Ibid.
CHILDREN IN FOSTER CARE

Children 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.33

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) for children under age 18 for Colorado and Denver is illustrated in Figure 27.34

Figure 27: Children Under Age 18 in Out-Of-Home Placement

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YOUTH EXPERIENCING HOMELESSNESS

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 was 2,124 (Figures 28 and 29).  

![Figure 28: School-Aged Children in Denver Experiencing Homelessness Trends](image)

![Figure 29: McKinney-Vento Education of Children and Youth Program 2019-2020](image)

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**Youth 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.36

**Special Education in Denver Public Schools**

In Denver, approximately 10,800 (12 percent) students were enrolled in special education classes in Denver Public Schools in the 2021-2022 school year.37 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.

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**EARLY CHILDHOOD**

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 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.

Ensuring that high-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.  

**CHILDREN UNDER AGE SIX**

There are approximately 49,000 children under the age of six in Denver. The number of children under age six by neighborhood is illustrated in Figure 30. 

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LICENSED CHILD CARE IN DENVER

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. 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.

In 2019, Colorado was cited as the third least affordable state in the nation for center-based infant care costing families an estimated $15,881 per year. This is approximately 48.3 percent of a single-parents median income and 15.5 percent of a married-couple family. Child care was also unaffordable for many families in Colorado for toddlers and school-aged care.40

Table 3: 2019 Child Care Statistics

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<th>Denver</th>
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<tbody>
<tr>
<td>Number of children under age six41</td>
<td>49,237</td>
</tr>
<tr>
<td>Percent of children under the age of six with all available parents in the workforce42</td>
<td>66.8%</td>
</tr>
<tr>
<td>Average monthly child care tuition for an infant and a preschooler43</td>
<td>$2,674.65</td>
</tr>
<tr>
<td>Percent of the population that lives in a child care desert (Colorado)</td>
<td>51%</td>
</tr>
</tbody>
</table>

A rough estimate of the ratio of children under age six to licensed child care slots by neighborhood is illustrated in the map in Figure 31.

There are some neighborhoods in Denver in the northeast and southwest where licensed child care options are limited compared the estimated eligible population.44

Figure 31: Licensed Child Care Capacity by Neighborhood

According to the Colorado Department of Early Childhood, there were a reported 496 licensed child care facilities in operation in Denver as of October 2022. The breakout of child care facilities by type over time are illustrated in the graph in Figure 32. There are approximately 34,766 licensed child care slots in day care centers, school-aged centers, day care homes, and preschools (Figure 33).45
CHILD CARE DESERTS

The increasing need for all adults 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 the United States live in neighborhoods classified as child care deserts. The graph in Figure 34 illustrates the higher percentage of low-income and people of color living in child care deserts more frequently that white people. 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.

The lack of options for licensed child care unfortunately may force 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, have a disability, are in immigrant families, or have inflexible job schedules.

Figure 34: Proportion of People Living in a Child Care Desert

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**Preschool**

Children enrolled in high-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. The Colorado Office of Early Childhood measures quality based on how a program supports its children, families, and professionals. Quality in programs is an essential factor necessary to achieve the desired outcomes that matter for lasting impacts.

Since 2006, the proportion of children participating in preschool in Denver has increased to 66 percent in 2019 (Figure 35). Fifty-nine percent of those in publicly funded preschool programs and 42 percent are in privately funded (family-pay) programs. Research shows that high-quality early learning programs benefit all children and better prepare at-risk children for kindergarten. Unfortunately, 65 percent of children in low-income families attend preschool compared to 90 percent of children in more educated, wealthier families across the nation.

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Mirroring these trends, a greater number of three-and four-year-old children living in higher-income neighborhoods in Denver participated in preschool programs than their peers in low-income neighborhoods (Figure 37).  

Figure 97: Map of Denver Three- and Four-Year-Old Children in Preschool

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THE DENVER PRESCHOOL PROGRAM

The Denver Preschool Program (DPP) makes preschool possible for all Denver 4-year-olds—regardless of income or neighborhood—through tuition support and access to information to ensure all Denver children are ready to succeed in kindergarten. During the 2020-2021 school year, DPP’s preliminary data found that DPP distributed more than $15.14 million dollars in tuition credits to their unique beneficiaries. While DPP continued to serve a sizable proportion of Denver’s families during the COVID-19 pandemic, in April 2020, nearly half of DPP providers expressed concern about their long-term stability and faced the possibility of having to close permanently.

DPP distributed nearly in emergency grants to community site child care centers and family child care homes in April 2020 to cover their immediate needs and increased financial supports to providers in 2020-2021 thereby sustaining operations without sacrificing quality. Additionally, with the mix of in-person vs. virtual learning demand during 2020-2021, DPP created the Distance Learning Pilot which provided funding to schools to support their efforts in offering distance learning to families that wanted to keep their children home. This points to DPP’s commitment to its core value of Intentional Inclusivity, to seek ways to be innovative to ensure equitable opportunity for all children to participate in early childhood education.52

COLORADO PRESCHOOL PROGRAM

The state funded Colorado Preschool Program (CPP) provides high-quality early childhood education programs to at-risk three-, four-, and five-year-old children across Colorado. Statewide, the total authorized CPP positions were 20,160 for the 2020-2021 school year. Denver Public Schools received funding for 4,363 preschool slots for the 2019-2020 school year.53 The average funding statewide per slot was $4,013.54

The at-risk factors include poverty as measured by free or reduced-price meal eligibility, need for 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 nearly 74 percent of CPP enrolled children statewide.55

52 Denver Preschool Program, December 2021.
55 Ibid.
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. In the 2020-2021 school year, 5,058 Denver three- and four-year-old children participated in DPS early education programs.56

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;
- Currently searching for a job; and/or
- Participating in the Colorado Works/TANF program.57

57 Denver Department of Human Services (May, 2018).
**HEALTH**

A child’s health is a key determinant to success in most other aspects of their lives. Access to a medical home and regular dental care are critical services every child needs to perform well in school.

Tracking other indicators such as early prenatal care, birth outcomes, maternal behaviors, access to health care, children with disabilities, food insecurity, overweight and obese children, mental health and drug and alcohol abuse, can tell us a great deal about some of the challenges that children and families may face in Denver. Identifying the type of health supports children and families need and where they live is a good first step in improving outcomes for all Denver’s children.

**EARLY PREGNATAL 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.

The percentage of women receiving early prenatal care in Denver has declined slightly to 82 percent and is higher than the state percentage of 81 percent of women receiving early care during pregnancy (Figure 38).

---


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 39).  

![Figure 39: Births to Women with Early Prenatal Care by Race/Ethnicity](image)

There is variation by neighborhood. Women living in high-income neighborhoods received early prenatal care at higher rates than women living in low-income neighborhoods (Figure 40).  

![Figure 110: Map of Women Receiving Early Prenatal Care](image)

---


BIRTHS

The Colorado Department of Public Health and Environment reported 8,515 births to Denver women in 2020. The number of births has declined 11 percent over the last decade (Figure 41).63

![Number of Denver Births](image)

**Figure 121: Number of Denver Births**

BIRTHS BY MOTHER’S RACE/ETHNICITY

Birth data from the Colorado Department of Public Health and Environment describe the diversity in Denver’s child population. The number of births to Hispanic women increased to 29 percent and births to Black women rose slightly to 12 percent. Births to white women remained at 48 percent (Figure 42).64

![Proportion of Denver Births by Race/Ethnicity of Mother 2010-2020](image)

**Figure 42: Proportion of Denver Births by Race/Ethnicity of Mother 2010-2020**

---


64 Ibid.
The Hispanic birth rate is declining dramatically. The rate per 1,000 Hispanic women dropped from 124.2 in 2007 to 55.7 in 2020 (Figure 43).65

![Graph showing birth rates by race/ethnicity from 2007 to 2020.](image)

Figure 133: Denver Birth Rates by Race/Ethnicity

The number of births in 2020 by neighborhood is illustrated in the map in Figure 44.66

![Map showing number of births by neighborhood in Denver in 2020.](image)

Figure 44: Number of Births by Neighborhood

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66 Ibid.
**INFANT MORTALITY**

Infant mortality is the death of a child before they turn one-year-old. The rate is per 1,000 live births. The national Centers for Disease Control and Prevention uses the infant mortality rate as a key indicator of the overall health of a community. The five leading causes of infant death are birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome, and injuries. In Colorado, the rate is 4.8 per 1,000 live births. In Denver, the rate is 5.5 per 1,000 or 47 infant deaths in 2020.

There are wide disparities by race/ethnicity and geography. Black infant mortality rates are significantly higher than any other population group in Denver. Hispanic infant mortality rates are increasing and as of 2020, at 7.2 per 1,000 live births (Figures 45). The proportion of infant deaths by neighborhood is disturbing with most occurring in our low-income communities of color (Figure 46).

---


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.

Figure 47: Births to Denver Teens Ages 15-19 by Race/Ethnicity

In Denver, approximately four percent of all births are to teens between the ages of 15 and 19. The proportion of these teen births varies by race and ethnicity. According to the Colorado Department of Public Health and Environment, the greatest percent of teen births (per population group) in Denver are to American Indian women with a rate of 8.4 percent. Trends of teen births by race and ethnicity are illustrated in Figure 47.70

Teen births by Denver neighborhood are illustrated in Figure 48.71

Figure 48: Map of Teen Births by Denver Neighborhood

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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 five percent of children in Denver were without health insurance in 2019 (Figure 49). 72

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 50). 73

Figure 49: Uninsured Children

Figure 50: Map of the Uninsured People by Neighborhood

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MEDICAID

Medical Assistance, or Medicaid, is a public health insurance program available for children age 18 and younger in families earning 142 percent of the federal poverty level or less. Fifty-five percent of Denver children received medical assistance in 2019 (Figure 51).74

CHILDF 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. Seven percent of children were enrolled in CHP+ in 2019 (Figure 52).75

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**FOOD INSECURITY**

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 impact well-being for both children and adults. The effects of food insecurity can include serious health complications, necessitate a choice between food and other living expenses such as housing and healthcare, and impact a child's ability to learn and grow. Although the rate of food insecurity has been declining in Denver, 11 percent, or 76,340 people, were estimated to be food insecure in 2018 (Figure 53).\(^76\)

Figure 143: Feeding America, Map the Meal Gap 2020

![Food Insecurity Rate in Denver](chart)

Feeding America reports that the national average for a meal costs $3.09. Due to the higher costs of living in Denver, an average meal costs $3.64. 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 24 percent of people are above the SNAP and other nutrition programs threshold of 200 percent FPL. This means that 76 percent of people are below the 200 percent threshold.

In 2018, approximately 76,340 people (including 17,570 children), were estimated to be food-insecure in Denver.\(^77\)

In addition to the number of people suffering from food insecurity identified each year, researchers at Feeding America have also projected the impact of the Covid-19 pandemic on people (Figure 54).\(^78\)

Figure 54: Projected Impact of the Covid-19 Pandemic on Food Insecurity

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\(^77\) Ibid.

**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. The 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 map in Figure 55 was developed by the Denver Department of Public Health and Environment and represents the percent of the population in each Denver neighborhood that does not live within a 10-minute walk of a full-service grocery store. A full-service grocery store is defined based on the having healthy options, such as produce, available as well as on the size of the store.

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80 Denver Department of Public Health & Environment, Division of Community and Behavioral Health, 2020.
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.81

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 56).82

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

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

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

Community risk factors include:
- Community violence; and
- Concentrated neighborhood disadvantage and poor social connections.83

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82 Incidence of maltreatment of children younger than 18 (including physical abuse, sexual abuse, emotional abuse and/or neglect). The value is the number of unique substantiated cases per 1,000 children. Data Source: Division of Child Welfare Services, Colorado Department of Human Services. The Annie E. Casey Foundation. Child Abuse (Rate per 1,000) 2010-2020. Retrieved from Kids Count Data Center: [http://datacenter.kidscount.org/](http://datacenter.kidscount.org/).
**FAMILY ECONOMICS**

**INCOME**

In 2019, the median family (with child) income in Denver was $90,340, which is higher than in 2018. Denver’s median family income has grown 101 percent in the last decade in contrast to national median family income growth at 37 percent and Colorado at 45 percent (Figure 57).84

Figure 57: 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.85 In Denver the unemployment rate dropped significantly since 2010, spiked during the CoVid-19 pandemic, and is returning to a more normal rate as the economy begins to recover. The unemployment rate in Denver was 5.2 percent in September 2021, with approximately 22,600 people estimated to be unemployed (Figure 58).86

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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.\(^87\)

Over the last decade, the child poverty rate in Denver has declined. In 2019, 15 percent, or 20,000, of children under age 18 were living in poverty (Figure 59).\(^88\)

Poverty is defined by the federal government as $27,750 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. The federal poverty measure underestimates what it costs to support a family.

The 2022 Federal Poverty Guidelines based on household size (Table 4)\(^89\):

<table>
<thead>
<tr>
<th>Persons in Family/Household</th>
<th>Poverty Guideline</th>
<th>TANF Eligible (30% FPL)</th>
<th>Extreme Poverty (50% FPL)</th>
<th>130% FPL</th>
<th>133% FPL</th>
<th>185% FPL</th>
<th>Low-Income (200% FPL)</th>
<th>300% FPL</th>
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<tr>
<td>1</td>
<td>$13,590</td>
<td>$4,077</td>
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<td>$86,266</td>
<td>$93,260</td>
<td>$139,890</td>
</tr>
</tbody>
</table>

Table 4: Federal Poverty Guidelines

---


According to the *Self-Sufficiency Standard for Colorado 2018* published by the Colorado Center on Law and Policy, it costs approximately $83,940 to meet the basic needs of a family of four in Denver (two adults, an infant and preschooler).\(^9\) In other words, the cost to meet basic needs for a family of this type in Denver is more than three times the federal poverty level.

Poverty is not equally distributed throughout Denver's neighborhoods, as illustrated in Figure 60.\(^{31}\)

Figure 170: Children in poverty in Denver


RATIO OF POVERTY TO INCOME TRENDS

Many working families in Denver struggle to make ends meet. An estimated 43,000 children, or 33 percent, of Denver’s children live in families with incomes below 200 percent of the Federal Poverty Level (FPL), or less than $53,000 annual income for a family of four. The percentage of children living in families above 200 percent of poverty has grown to 67 percent in 2019 (Figure 61).  

Figure 61: Children Living in Families by Ratio of Income to Poverty

CHILD POVERTY BY RACE/ETHNICITY

Over time in Denver, the proportion of children in poverty has gone down from 28 percent to 18 percent for all children from the 2010-2014 time period to the 2015-2019 time period. Children of color, however, are more likely to be in poverty than non-Hispanic white children according to the U.S. Census Bureau five-year estimates (Figure 62).

Figure 62: Denver Child Poverty by Race/Ethnicity


SINGLE-PARENT FAMILIES

Single-parent families often struggle to provide basic needs for their families with only one income. In 2019, 44,000 children, or 33 percent, lived in single-parent households in Denver (Figure 63).\(^\text{94}\)

Figure 63: Children Living in Single-Parent Families

![Graph showing percentage of children living in single-parent families over time.](Image)

Educational Attainment of Adults

Research shows that educational attainment is the most important social characteristic for predicting earnings.\(^\text{95}\) Figure 64 illustrates the breakdown of educational attainment by degree for Denver adults over time.\(^\text{96}\) 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.

Figure 184: Educational Attainment of Denver Adults

![Graph showing educational attainment by degree from 2010 to 2019.](Image)

---


The median earnings for adults over the age of 25 increased substantially with higher levels of educational attainment. The lowest earnings are $31,345 for adults without a high school diploma. The greatest earnings are reported for adults with the highest levels of education earning an average of $75,214 per year (Figure 65).\(^{97}\)

![Graph showing earnings based on educational attainment](image)

Figure 65: Earnings based on Educational Attainment

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 or rely on public assistance.\(^{98}\)

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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 map in Figure 66 illustrates where there are higher percentages of adults in the community with a bachelor’s degree or higher for Denver.

Figure 196: Denver Adults with a Bachelor's Degree or Higher

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HOUSING

Housing, and the availability of affordable housing is an important issue facing Denver and many other U.S. cities. Data is available to help policy makers and other community advocates better understand how some housing issues impact children.

CROWDED HOUSING

Research clearly shows that children growing up in crowded housing is an important component of social inequality. Academic achievement, behavior and health are negatively impacted by the experience of living in crowded housing conditions.\(^{101}\)

![Figure 67: Children Living in Crowded Housing](image)

The U.S. Census Bureau defines crowded housing as housing with more than one person per room. According to this source, the number of children living in crowded housing fluctuates in Denver from year to year but holds around 15 percent, or 20,000 children (Figure 67).\(^{102}\)

CHILDREN LIVING IN COST BURDENED HOUSING

Families that spend more than 30 percent of their income on housing and related expense are considered to be cost burdened. This is concerning for low-income families, where income for all the household expenses is limited. In cost burdened households, money for other necessary expenses, such as food or health care, may not be available. In Denver, 36 percent, or 50,000 children, lived in cost burdened households in 2019 (Figure 68).\(^{103}\)

![Figure 68: Children Living in Cost Burdened Housing](image)


\(^{103}\) The Annie E. Casey Foundation. *Children living in households with a high housing cost burden in Denver*. Retrieved from Kids Count Data Center: http://datacenter.kidscount.org/
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 2010.

Figure 69: Children Living in Households Receiving Public Assistance

The U.S. Census Bureau estimates that approximately 23,000 Denver children, or 17 percent, were living in families receiving public assistance benefits in 2019. This is higher than the Colorado rate of 16 percent (Figure 69).  

The percentage of children in households receiving benefits in Denver is illustrated in Figure 70.

Figure 200: Map of Children in Households Receiving Public Benefits


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.106

In Denver, 13,358 children under age five were enrolled in WIC in 2019. This is a 27 percent decrease in the number of children participating in WIC since 2011 (Figure 71).107

Figure 211: Children Under Age Five Enrolled in WIC


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

www.denvergov.org/childrensaffairs

The Denver Great Kids Head Start Community Assessment Update for 2022 was produced in partnership with Denver Human Services. For more information on any topic or data included in this document please contact:

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