2023 Denver Great Kids Head Start Community Assessment Update
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A NOTE FROM AL MARTINEZ, EXECUTIVE DIRECTOR,

Dear Friends,

On behalf Denver Great Kids Head Start and the Office of Children’s Affairs, I am pleased to share this 2023 Community Assessment Update. This report provides a comprehensive overview of the health and well-being of children in the DGKHS service area, which is the entire City and County of Denver. It features and steers readers to the powerful tools in the Denver Human Services Data Library, which maps a multitude of community, family, and child indicators at the neighborhood level.

Denver Great Kids Head Start will use the information gathered here to guide ongoing program design and delivery refinements and to make decisions about how to target services geographically and across program options to meet community needs. DGKHS and its Delegate Agencies will also use the data and analysis in making their case for ongoing funding of their Early Head Start and Head Start programs.

We hope the information this report presents will be of value to other program planners as they design and refine a variety of services and investments that serve children and youth across our city. We welcome feedback from users of this report about how to improve its utility.

This report is necessarily about data and statistics. But let us never forget that these numbers represent unique and precious children and the families who love them. Each of whom deserves a future filled with possibility and hope and promise.

Sincerely,

Al Martinez, Ph.D.
Denver Great Kids Head Start Executive Director
SECTION I: ABOUT THIS REPORT

This 2023 Community Assessment Update is an annual updating of data from the 2019 baseline edition of the Community Assessment. Denver Great Kids Head Start produces this report annually to comply with federal Head Start regulations detailed below. This 2023 report updates indicators from the 2022 edition when more recent data has become available and includes indicators previously reported that have not been updated.

Children do not grow up in a vacuum; they are members of families, and communities and neighborhoods, the stability and vibrancy of which shape their world and healthy development in countless ways. Accordingly, the structure of this report moves from broad indicators of community health in the City and County of Denver, to indicators related to the status and well-being of children in the city, to even more specific indicators of the population served by the Denver Great Kids Head Start program.

For many indicators, this report shows static versions of interactive maps in the Denver Human Services Data Library. In the Data Library, users can click on any neighborhood shown on these maps to call up neighborhood-specific data related to the indicator. We hope readers will take advantage of the wealth of current data available through this resource.

This report opens with an updated Child Well-Being Index, which aggregates sixteen indicators that measure differences in education, health, and community opportunity by neighborhood to capture a snapshot of the status of Denver children, by neighborhood and the city as a whole.

The next section of the report focuses on individual indicators that affect child well-being, organized into subsections of Demographics, Early Childhood Education, Education, Health, and Family Economic Security. Where data is available, the discussion of various indicators drills down from the city level to the neighborhood level, to those children and families enrolled in Denver Great Kids Head Start during the 2022-2023 program year.

The report ends with an enrollment profile of the children enrolled in Denver Great Kids Head Start as a cohort (across Delegate Agencies).

The resulting comprehensive data set helps build understanding of the environmental contexts that shape how the children of Denver experience their world. What challenges and opportunities do they face in their families, neighborhoods and across our city as they grow into their futures? Considering this question illuminates gaps, needs and priorities that guide the programs and interventions designed to improve child development, health, and other outcomes for all the children of Denver.

Using the poverty measure alone to determine advantage and disadvantage by place is inadequate. Many factors influence a child’s chances for success. Burdened access to healthy foods, health insurance, a medical home, and quality early care and education as well as school quality, the presence of positive adult role models and neighborhood safety all affect child outcomes.

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1 Access the data library from https://storymaps.arcgis.com/collections/d5493e6788214e978f72f0c476f2bf?item=1.
Some children more easily overcome obstacles to their healthy development when those obstacles are not cumulative and persistent. The combination of multiple factors together, especially when sustained over time, poses significant challenges to children and families. Children who live in 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. Children with fewer obstacles to overcome in their everyday experiences are likely to experience more opportunities for both academic and life success.

DATA

The Denver Great Kids Head Start Community Assessment Update for 2023 was produced with extensive support from Denver Human Services. The Denver Human Services Data Library is the source of most of the data indicators in this report as well as the narrative accompanying the presentation of those indicators. The subset of indicators that have another source are cited directly.

The most complete census of the United States population is conducted once every 10 years. The data collected from Census 2020 provide 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 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. This document frequently uses census tracts 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. Readers should use caution when interpreting the results in any detail. The data and maps provided in this document are meant to give a general impression of variation by neighborhood and not exact counts of people.

Readers will note that data from the year 2020 is not available for many indicators.

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

APPLICABLE HEAD START REGULATIONS

Under federal law, the Community Assessment is a tool designed to ensure Head Start programs remain responsive to the needs of the children and families they serve. The Head Start Program Performance Standards (HSPPS) refer to it as the "community-wide strategic planning and needs assessment."2

The HSPPS require the community assessment to use data that describes community strengths, needs, and resources.3 Specifically, “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:

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2 45 CFR §1302.11(b).
3 45 CFR §1302.11(b).
(A) Children experiencing homelessness (when feasible, this data should be gathered in collaboration with McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432(6)(A)).

(B) Children in foster care.

(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 services, 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 by other service providers.

(v) Resources that are available in the community to address the needs of eligible children and their families, as well as gaps in service delivery or lack of accessibility to services; and,

(vi) Strengths of the community.”

The community assessment must address the entire service area, which may include places that are not currently identified for recruitment.

A program must conduct a community assessment at least once over the five-year grant period. In addition, a program must annually review and update the community assessment to reflect any significant changes.  

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4 Ibid.

5 45 CFR §1302.11(b)(2).
SECTION II: CHILD WELL-BEING INDEX

The 2022 Child Well-Being Index statistically aggregates eleven indicators that measure differences in education, health, and community opportunity to provide a snapshot of the well-being of Denver children by neighborhood. These indicators help identify where societal and systemic challenges may be limiting opportunities across the Denver community, highlighting historical themes of resourced and under-resourced neighborhoods (see Figure 1).

The indicators included in this updated 2022 index are:
1. Births to Women without a High School Diploma
2. Teen Births
3. Overweight or Obese Children
4. Kindergarten Readiness
5. Third Graders Not Reading at Grade Level
6. Ninth Graders Chronically Absent
7. Adults without a High School Diploma
8. Children in Single-Parent Families
9. Child Poverty
10. Violent Crime and
11. Unemployment.

Figure 1: Denver Child Well-Being Index 2022
SECTION III: DEMOGRAPHICS

TOTAL POPULATION

Over the last decade, Denver has experienced significant population growth. In the years since 2012, the number of people living in Denver increased by approximately 79,000, according to the U.S. Census Bureau. Since 2019, however, the overall population in Denver has declined. In 2022, the total population of Denver County was estimated at 713,252 people (Figure 2).6

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.

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. The multiracial population was measured at nine million people in 2010 and is now 33.8 million people in 2020, a 276% increase. The Hispanic or Latino population, which includes people of any race, was 62.1 million in 2020. The Hispanic or Latino population grew 23%, while the population that was not of Hispanic or Latino origin grew 4.3% since 2010. Slightly more than half (51.1%) of the total U.S. population growth between 2010 and 2020 came from growth in the Hispanic or Latino population.7

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The graph in Figure 3 shows the change in population over time as well as the number of people in Denver by race/ethnicity. Like the total population, the Non-Hispanic White and Hispanic groups declined from 2019 to 2020.8

Figure 3: Growth in the Denver’s Population by Race/Ethnicity

Table 1 shows population characteristics in Denver as well as for Colorado and the nation.9

Table 1: Population Characteristics for Denver, Colorado, and the United States, 2022

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Colorado</th>
<th>Denver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>333,287,562</td>
<td>5,839,926</td>
<td>713,252</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>63,553,639</td>
<td>1,314,962</td>
<td>205,311</td>
</tr>
<tr>
<td>Non-Hispanic White alone</td>
<td>192,153,076</td>
<td>3,793,270</td>
<td>383,491</td>
</tr>
<tr>
<td>Non-Hispanic Black or African American alone</td>
<td>39,582,961</td>
<td>220,756</td>
<td>61,002</td>
</tr>
<tr>
<td>Non-Hispanic American Indian and Alaska Native alone</td>
<td>1,750,489</td>
<td>23,389</td>
<td>2,400</td>
</tr>
<tr>
<td>Non-Hispanic Asian alone</td>
<td>19,415,251</td>
<td>182,658</td>
<td>26,025</td>
</tr>
<tr>
<td>Non-Hispanic Native Hawaiian and Other Pacific Islander alone</td>
<td>590,339</td>
<td>6,339</td>
<td>553</td>
</tr>
<tr>
<td>Non-Hispanic Some Other Race alone</td>
<td>1,912,680</td>
<td>29,798</td>
<td>3,337</td>
</tr>
<tr>
<td>Non-Hispanic Population of two or more races</td>
<td>14,329,127</td>
<td>268,754</td>
<td>31,133</td>
</tr>
</tbody>
</table>

8 Denver Human Services Data Library citing U.S. Census Bureau, (n.d.). American Community Survey 2020: Hispanic or Latino and Not Hispanic or Latino by Race, Table P2.

9 Denver Human Services Data Library citing U.S. Census Bureau, 2022 Census Table BO3002
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, 85 percent of U.S. Asians were first- or second-generation Americans.\(^{10}\) In Denver, the Asian population has grown 42 percent since 2010 (Figure 4).\(^{11}\)

Figure 4: Denver’s Asian Population over Time

The map in Figure 5 illustrates the distribution of the Asian population by Denver neighborhood.\(^{12}\)

Figure 5: Map of the Asian Population in Denver


\(^{12}\) Ibid.
DENVER’S BLACK POPULATION

For most of U.S. history, black people represented the largest minority group in the nation. As of the 2000 Census, however, Hispanics represented the largest minority.13 In 2020, the U.S. Census estimated 8.5 percent of Denver’s population to be black. This is lower than 12 percent nationally. In Denver, the Black population grew five percent since 2010 (Figure 6).14

The map in Figure 7 illustrates the distribution of the Black population by neighborhood for Denver.15

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15 Ibid.
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.16

Denver’s Hispanic population has grown ten percent since 2010 but has declined slightly since 2019 (Figure 8).17

The map in Figure 9 illustrates the distribution of the Denver’s Hispanic population by neighborhood.18

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18 Ibid.
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 2020, 64 percent of the U.S. population was white, down from 74.7 percent in 2010.19 By 2040, whites will become a minority of the total population.20

Denver’s non-Hispanic white population has grown 23 percent since 2010 (Figure 10).21

Figure 10: Denver’s Non-Hispanic White Population over Time

The map in Figure 11 illustrates the distribution of the non-Hispanic white population by census tract for Denver.22

Figure 11: Map of Denver’s Non-Hispanic White Population

22 Ibid.
FOREIGN-BORN POPULATION

Denver is a diverse city. As of 2021, the U.S. Census Bureau estimated over 101,000 people, or 14 percent of the total population in Denver to be foreign-born. Naturalized U.S. citizens made up 46 percent of the total; the remaining 54 percent were not naturalized.23

Figure 12 identifies the proportion of Denver’s foreign-born population by country of origin. The largest foreign-born population in Denver originated from Latin America.

Figure 13 displays the percent of population that is foreign born by Denver neighborhood. 25

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24 Ibid.
According to the U.S. Census Bureau, over 508,000 people, or 75 percent, primarily spoke English in Denver in 2022. Approximately 16 percent primarily spoke Spanish, and the remaining 8 percent all other languages.26

Sixty-four percent of children ages 5-17 spoke English at home in 2022.27

The variation of people over the age of five who speak Spanish at home in Denver and the surrounding counties is illustrated in Figure 14.28

Figure 14: People Who Speak Spanish at Home by Denver Neighborhood

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27 Ibid.
In 2022, the U.S. Census Bureau estimates there were about 335,000 households in Denver. Of these, approximately 10,267, or 3.1 percent, households were limited English speaking households (Figure 15).  

Figure 16 shows the primary languages spoken by limited English proficient households in Denver in 2022. 

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**Figure 15: Limited English-Speaking Households in Colorado and Denver**

- Limited English Speaking Households
  - Colorado
  - Denver

**Figure 16: Primary Language of Limited English Proficient Households in Denver**

- Limited English Proficient Households in Denver
  - Total: 10,267 Households
  - Spanish: 5,612, 55%
  - Other Indo-Europeoan Languages: 1,326, 13%
  - Asian Languages: 2,108, 20%
  - Other Languages: 1,221, 12%

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30 Ibid.
The U.S. Census Bureau also estimates the languages by household by limited English speaking status. Table 2 shows Census Bureau estimates of the top twelve languages spoken in households in Denver in 2022.31

Table 2: Top Twelve Languages Spoken in Denver

<table>
<thead>
<tr>
<th>Household</th>
<th>Estimate (MOE)</th>
<th>Limited English Speaking Households (MOE)</th>
<th>Percent Limited English</th>
<th>Top Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Households</td>
<td>334,942 (+/-3,779)</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>English only</td>
<td>255,674 (+/-4,746)</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Spanish</td>
<td>49,567 (+/-3,759)</td>
<td>5,612 (+/-1,776)</td>
<td>13%</td>
<td>2</td>
</tr>
<tr>
<td>Other and unspecified languages</td>
<td>5,351 (+/-1,544)</td>
<td>1,063 (+/-789)</td>
<td>22%</td>
<td>3</td>
</tr>
<tr>
<td>Other Indo-European languages</td>
<td>4,684 (+/-1,197)</td>
<td>574 (+/-361)</td>
<td>14%</td>
<td>4</td>
</tr>
<tr>
<td>French, Haitian, or Cajun</td>
<td>3,343 (+/-1,403)</td>
<td>0 (+/-218)</td>
<td>0%</td>
<td>5</td>
</tr>
<tr>
<td>Russian, Polish, or other Slavic languages</td>
<td>3,251 (+/-1,044)</td>
<td>676 (+/-458)</td>
<td>26%</td>
<td>6</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>2,960 (+/-853)</td>
<td>515 (+/-368)</td>
<td>21%</td>
<td>7</td>
</tr>
<tr>
<td>German or other West Germanic languages</td>
<td>2,866 (+/-1,187)</td>
<td>76 (+/-127)</td>
<td>3%</td>
<td>8</td>
</tr>
<tr>
<td>Chinese (incl. Mandarin, Cantonese)</td>
<td>2,569 (+/-888)</td>
<td>792 (+/-504)</td>
<td>45%</td>
<td>9</td>
</tr>
<tr>
<td>Other Asian and Pacific Island languages</td>
<td>1,841 (+/-894)</td>
<td>334 (+/-338)</td>
<td>22%</td>
<td>10</td>
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<tr>
<td>Korean</td>
<td>1,324 (+/-733)</td>
<td>467 (+/-548)</td>
<td>54%</td>
<td>11</td>
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<tr>
<td>Arabic</td>
<td>1,202 (+/-720)</td>
<td>158 (+/-189)</td>
<td>15%</td>
<td>12</td>
</tr>
</tbody>
</table>

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31 Denver Human Services Data Library citing U.S. Census Bureau, American Community Survey, 2022 Single-Year Estimates, Table B16002
CHILD POPULATION IN DENVER

The number of children in Denver has been in a steady decline since 2015 (Figure 17). In 2022, an estimated 127,857 children under age 18 were living in Denver.32

![Denver's Child Population Under Age 18](image1)

32 Denver Human Services Data Library citing U.S. Census Bureau, American Community Survey and Decennial Survey, 2012-2022, Table B09001.

YOUNG CHILDREN

In 2022, an estimated 38,428 children under age 5 lived in Denver. The number of children under age 5 has decreased 18 percent since 2012.33 Figure 18 displays the trend data.

![Denver's Child Population Under Age Five](image2)

33 Ibid.
CHILD POPULATION 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 19).34

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. In recent years, the percentage of Hispanic children in Denver has declined, while the percentage of non-Hispanic White children has increased (Figure 20).35

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35 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 2022, 32% (41,000) of Denver’s children were living in immigrant families (Figure 21).36

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.37

RECENT MIGRANTS/NEWCOMERS TO THE CITY OF DENVER

During the past year, Denver has welcomed newcomers from the southern border at a steady pace, with waves of influx in December of 2022, May of 2023, and October of 2023. Denver is primarily responsible for providing temporary emergency shelter.

As of January 22, 2024, Denver has supported 37,844 migrants at a cost of more than $40 million. Denver is currently operating seven non-congregate migrant shelters for newcomers as well as two congregate shelters for migrants experiencing homelessness. The city is also partnering with the Archdiocese of Denver to provide bridge housing for a limited number of families with children. Currently 4,277 people are being sheltered.

To support migrant sheltering operations, the city has received a reimbursement award of $3.5 million from the State of Colorado. The U.S. Department of Homeland Security has advanced $1.6 million, and approved Denver for reimbursement of up to another $9 million in federal assistance.

Future Community Assessments should be able to provide more specific data about the number of young children in this count and their ongoing needs.38

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**LANGUAGE**

Approximately 36 percent of children ages 5 to 17 in Denver spoke a language other than English at home in 2022. This percentage has been slowly declining since 2017.39

Of the children enrolled in Denver Great Kids Head Start during the 2022-2023 program year, English was the primary language spoken at home for 55 percent, Spanish for 37 percent, and all other language for the remaining 8 percent. Of the DGKHS enrollees in English speaking households, 23 percent were learning another language in addition to English.

During the 2022-2023 program year, 52 percent of children enrolled in Denver Great Kids Head Start programs were dual-language learners.40

**CHILDREN IN OUT OF HOME PLACEMENTS**

This indicator counts the number of children removed from their homes by the Department of Human Services per 1,000 children under 18. Out-of-home placements include family foster care, specialized group homes, residential child care facilities, independent living situations, foster care with relatives, residential treatment centers, detention, legal risk adoptions, medical care, and both emergency and non-emergency placements in receiving or shelters.41

The rate of out-of-home placements has been decreasing in Denver. The rate was 8.1 per 1,000 children under age 18 as of 2020. Figure 22 illustrates the number of out-of-home placements (foster care, kinship/relative care, congregate care) for children under age 18 for Colorado and Denver.42

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

- Low birth weight.
- Abusive homes.

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41 Denver Human Services Data Library

- 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.
- Less involved home-school connections.\textsuperscript{43}

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.

**INFANTS, TODDLERS, CHILDREN AND YOUTH WITH DISABILITIES**

The Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention, special education, and related services to eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers, birth through age 2, with disabilities and their families receive early intervention services under IDEA Part C. Children and youth ages 3 through 21 receive special education and related services under IDEA Part B.\textsuperscript{44} To qualify for these services, an evaluation is completed to determine if the child has a disability defined in the IDEA legislation and to identify what special education or developmental supports and related services the child needs.

Under Part B of IDEA, school-aged children and youth ages three through 21 are provided special education and related services through the school system. IDEA lists the following categories under which children may be eligible for services:

- Autism.
- Deaf blindness.
- Deafness.
- Emotional disturbance.
- Hearing impairment.
- Intellectual disability.
- Multiple disabilities.
- Orthopedic impairment.
- Other health impairment
- Specific learning disability.
- Speech or language impairment.
- Traumatic brain injury.
- Visual impairment.\textsuperscript{45}

Early Intervention (EI) Colorado supports families of children from birth to their third birthday who have developmental delays or disabilities. EI Colorado services include coaching and support to help parents turn everyday interactions and activities into opportunities to help children learn and grow.\textsuperscript{46}


Under Part C of IDEA, an infant or toddler with a disability means an individual under three years of age who needs early intervention services because the child:

(1) Is experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
   (i) Cognitive development;
   (ii) Physical development, including vision and hearing;
   (iii) Communication development;
   (iv) Social or emotional development;
   (v) Adaptive development; or

(2) Has a diagnosed physical or mental condition that
   (i) Has a high probability of resulting in developmental delay; and
   (ii) Includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.\(^\text{47}\)

**SPECIAL EDUCATION IN DENVER PUBLIC SCHOOLS**

In Denver, approximately 11,135 students (13 percent) enrolled in special education classes in Denver Public Schools in the 2022-2023 school year.\(^\text{48}\) Special education programs, offered through the public school system at no cost to families, provide individualized support services to children with disabilities and special needs.

**EARLY INTERVENTION IN DENVER**

In Colorado, local agencies, often Community Centered Boards (CCBs), are responsible for providing early intervention services in their local service area. Rocky Mountain Human Services in the designated Part C agency for Denver.

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SECTION IV: FAMILY ECONOMIC INDICATORS AFFECTING CHILD WELL BEING

INCOME

In 2022, the median family (with child) income in Denver was $106,059, which was higher than in 2021. Denver’s median family income has grown 112% in the last decade in contrast to national median family income growth at 53% and Colorado at 67%. 49

Figure 23: Median Family (With Child) Income in Denver

<table>
<thead>
<tr>
<th>Year</th>
<th>United States</th>
<th>Colorado</th>
<th>Denver</th>
</tr>
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<tr>
<td>2012</td>
<td>$66,927</td>
<td>$50,037</td>
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<td>2013</td>
<td>$69,387</td>
<td>$50,037</td>
<td>$50,037</td>
</tr>
<tr>
<td>2014</td>
<td>$71,837</td>
<td>$50,037</td>
<td>$50,037</td>
</tr>
<tr>
<td>2015</td>
<td>$74,287</td>
<td>$50,037</td>
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<td>2016</td>
<td>$76,737</td>
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<tr>
<td>2017</td>
<td>$79,187</td>
<td>$50,037</td>
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<tr>
<td>2018</td>
<td>$81,637</td>
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<tr>
<td>2019</td>
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<td>$50,037</td>
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<tr>
<td>2020</td>
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</tr>
<tr>
<td>2021</td>
<td>$88,987</td>
<td>$50,037</td>
<td>$50,037</td>
</tr>
<tr>
<td>2022</td>
<td>$91,437</td>
<td>$50,037</td>
<td>$50,037</td>
</tr>
</tbody>
</table>

CHILDREN IN POVERTY

Children living in poverty often experience the negative conditions of substandard housing, homelessness, inadequate nutrition, food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods, and under-resourced schools. Consequently, they are at-risk for negative outcomes such as low academic achievement, dropping out of high school, abuse and neglect, behavioral and physical health problems, and developmental delays. 50

Over the last decade, the poverty rate for children under 18 in Denver has declined. In 2022, 17% of children under age 18, about 21,600 Denver kids, were living in poverty. 51

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.  

According to latest U.S. Census Bureau estimates, approximately 7,200 (19%) of Denver children under age five were living in poverty in 2022 (Figure 25). The poverty rate for Denver children under the age of five is higher than the state average of 11 percent.  

The poverty rate for Denver’s children under 5 has increased in recent years, and the 2022 estimate is the highest rate seen since 2015.  

Poverty is not equally distributed throughout Denver’s neighborhoods, as illustrated in Figure 26.  

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The federal government defines poverty as $30,000 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. Table 3 displays the 2023 Federal Poverty Guidelines based on household size.55

<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>155% FPL</th>
<th>Low Income (200% FPL)</th>
<th>300% FPL</th>
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<tbody>
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<td>$7,290</td>
<td>$18,934</td>
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</tr>
<tr>
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<td>$5,916</td>
<td>$9,860</td>
<td>$26,636</td>
<td>$26,228</td>
<td>$36,482</td>
<td>$38,440</td>
<td>$59,160</td>
</tr>
<tr>
<td>3</td>
<td>$24,860</td>
<td>$7,458</td>
<td>$12,430</td>
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<td>$33,064</td>
<td>$45,991</td>
<td>$49,720</td>
<td>$74,580</td>
</tr>
<tr>
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<td>$9,000</td>
<td>$15,000</td>
<td>$39,000</td>
<td>$39,900</td>
<td>$55,500</td>
<td>$60,000</td>
<td>$90,000</td>
</tr>
<tr>
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<td>$35,140</td>
<td>$10,542</td>
<td>$17,570</td>
<td>$45,682</td>
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<td>$65,009</td>
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</tr>
<tr>
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<td>$12,084</td>
<td>$20,140</td>
<td>$52,364</td>
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<td>$74,318</td>
<td>$80,560</td>
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<td>$22,710</td>
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<tr>
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<td>$93,536</td>
<td>$101,120</td>
<td>$151,680</td>
</tr>
</tbody>
</table>

The Colorado Center on Law and Policy regularly publishes the Self-Sufficiency Standard for Colorado to show how much income a family requires to meet basic needs without public assistance, by county. According to this measure, in 2022, it cost approximately $105,780 annually to meet the basic needs of a family of four in Denver (two adults, an infant, and a preschooler). In other words, the cost to meet basic needs for a family of this type in Denver is nearly four times the federal poverty level.56 The report estimates that 23.7% of households in Denver live below the self-sufficiency standard, compared to a state average of 24.9%.57

Figure 27: Self Sufficiency Standard for Denver, 2022

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57 Ibid.
RATIO OF POVERTY TO INCOME

Many working families in Denver struggle to make ends meet. In 2022, more than 42,000 Denver children (34%) lived in families with incomes below 200% of the Federal Poverty Level (FPL), or less than $55,500 in annual income for a family of four; this was an increase from 2021. The percentage of children living in families above 200 percent of poverty was 66%, a decrease from the prior year (Figure 28).58

Figure 28: Children Living in Families by Ratio of Income to Poverty

CHILDREN IN EXTREME POVERTY

According to the national KIDS COUNT Data Center, in 2022, 12,000 children in Denver (10 percent) under age 18 lived in families with incomes less than 50 percent of the Federal Poverty Level (an income of less than $14,839 for a family of two adults and two children). The 2022 rate of children in extreme poverty in Denver increased from 7 percent in 2021, representing an additional 2,000 children in extreme poverty.59

Statewide in Colorado in 2022, six percent of children lived in families with incomes less than 50 percent of FPL.60

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CHILD POVERTY BY RACE/ETHNICITY

Over time in Denver, the proportion of children in poverty has gone down from 23% to 16% for all children between 2013-2017 and 2018-2022. 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.61

Figure 29: Denver Child Poverty by Race/Ethnicity

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.62

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.63

5.2

Figure 30: Denver Unemployment Rates

Five-year estimates of unemployment rates illustrate the variation in employment by census tract in Denver and surrounding counties (Figure 31).64

Figure 31: Denver Unemployment Rates by Neighborhood

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64 Denver Human Services Data Library citing ESRI and U.S. Census Bureau, American Community Survey. 5-year Estimates. 2017-2021. Tables B23020 and B23025.
**SINGLE-PARENT FAMILIES**

Single-parent families often struggle to provide basic needs for their families with only one income. As they navigate these struggles alone, and with limited resources, high parental stress often results, which in turn, can generate more adverse outcomes among the children of the household. Single mothers in the workforce are particularly affected by a lack of access to affordable and reliable child care. Incomes for single female-led households tend to be lower than the median incomes for married couple households.  

In 2022, 42,000 children, or 34 percent, lived in single-parent households in Denver (Figure 32).  

![Figure 32: Children Living in Single-Parent Families](image)

Of the families enrolled in Denver Great Kids Head Start during the 2022-2023 program year, 61 percent were single-parent families. Within this group, 91 percent were led by mothers.

**EDUCATIONAL ATTAINMENT OF ADULTS**

Adults with a high school diploma generally report better life outcomes for themselves and their children. According to the National Center for Education Statistics, for 25- to 34-year-olds who worked full time, year-round, higher educational attainment was associated with higher median earnings for each year from 2010 through 2021 (in constant 2021 dollars). The median earnings of master’s or higher degree completers ($74,600) were 21 percent higher than the median earnings of bachelor’s degree completers ($61,600); the median earnings of bachelor’s degree completers were 37 percent higher than the median earnings of associate’s degree completers ($45,000); the median earnings of associate’s degree completers were 13 percent higher than the median earnings of high school completers ($39,700); and the median earnings of high school completers were 22 percent higher than the median earnings of those who did not complete high school ($32,500). This pattern of higher earnings associated with higher levels of educational attainment held for both males and females, as well as for those who were White, Black, Hispanic, and Asian.

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.

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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.\textsuperscript{71}

Figure 34 shows the percent of adults over 25 whose highest education completed is less than high school by neighborhood in Denver.\textsuperscript{72}

In the 2022-2023 program year, less than a high school diploma was the highest educational level achieved by 24 percent of families at enrollment in Denver Great Kids Head Start.\textsuperscript{73}

\textsuperscript{70} Denver Human Services Data Library citing U.S. Census Bureau, American Community Survey. Single-year Estimates (2010-2022). Table S1501.


\textsuperscript{73} Denver Great Kids Head Start. 2022-2023 Performance Indicator Report.
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 a key component of social inequality.

The experience of living in crowded housing conditions negatively impacts children’s academic achievement, behavior, and health. Children growing up in crowded homes may take these disadvantages with them throughout their lives. 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 35).

Figure 35: Children Living in Crowded Housing

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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, 37 percent, or 47,000 children, lived in cost burdened households in 2022 (Figure 36).76

Figure 37 shows the percent of cost burdened households by neighborhood.77


77 Denver Human Services Data Library citing ESRI and U.S. Census Bureau, American Community Survey, 5-year estimates. 2017-2021.
CHILDREN AND 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 rose to 1,689 students in the 2021-2022 school year (Figure 38).78

Figure 39 (below) shows the categories that comprise DPS school children experiencing homelessness over time.79

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79 Ibid.
VULNERABILITY TO DISPLACEMENT

To measure vulnerability to displacement, the city uses a vulnerability to displacement index from Denver Economic Development & Opportunity (DEDO). The index includes three components:

- Median household income – is it lower than Denver’s median household income?
- Percent of renters – is it higher than Denver’s percentage of renters citywide?
- Percent of population with less than a bachelor’s degree – do fewer people have a bachelor’s degree than the citywide percentage? 80

Figure 40 below maps vulnerability to displacement scores (0/3, 1/3, 2/3, 3/3) by neighborhood. When our existing residents and local businesses can no longer afford to stay in the neighborhoods they call home, we lose part of our rich cultural heritage and the diversity, inclusiveness, and opportunity for all that we value. 81

Figure 40: Vulnerability to Displacement by Neighborhood, 2021

80 Denver Human Services Data Library citing Community Planning and Development, Blueprint Denver Key Equity Concepts 2020 - Vulnerability to Displacement.
81 Ibid.
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 (TANF), or Supplemental Nutritional Assistance Program (SNAP) benefits, has declined in Denver since 2010. 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 slightly higher than the Colorado rate of 16 percent (Figure 41).82

The distribution of households receiving Public Assistance Income or Food Stamps/SNAP across neighborhoods in Denver is illustrated in Figure 42.83

At the end of the 2022-2023 program year, 49 percent of children served by Denver Great Kids Head Start through its Delegate Agencies were enrolled in SNAP, 11 percent in TANF, and 3 percent in SSI.84

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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.\(^{85}\)

In Denver, 12,853 children under age five, or 31.6 percent, were enrolled in WIC in 2021. This percent had been decreasing since 2011 to stabilize at approximately 31 percent since 2015 (Figure 43).\(^{86}\)

At the end of the 2022-2023 program year, 36 percent of Denver Great Kids Head Start families were enrolled in WIC.\(^{87}\)

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SECTION V: ACCESS TO EARLY CHILDHOOD EDUCATION

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.88

CHILD CARE

Approximately 67 percent of children under the age of six in Denver have all available parents in the workforce (2017-2021).90 In 2020, families paid an estimated $15,600 per year for center-based infant care in Colorado. At that rate, single parents would need to pay 49.5% of their income for center-based infant child care. The annual price of center-based child care for two children would cost a married-couple family living at or below the federal poverty level over 100% of annual household income.91 In 2022, the average monthly child care tuition for an infant and preschooler in Denver was estimated at $3,024.92

According to the Colorado Department of Early Childhood, 487 licensed child care facilities reported operations in Denver as of October 2021. Figure 45 shows the breakout of child care facilities by type and over time.\(^93\)

There are approximately 32,255 licensed child care slots in day care centers, school-aged centers, day care homes, and preschools in Denver (Figure 46).\(^94\)

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\(^93\) Denver Human Services Data Library citing Colorado Department of Early Childhood. Reports and Data: https://www.coloradoofficeofearlychildhood.com/oec/OEC_Resources/?p=Resources&s=Reports-and-Data&lang=en

\(^94\) Ibid.
Figure 47 shows a rough estimate of the ratio of children under age six to licensed child care slots by neighborhood. Some neighborhoods in northeast and southwest Denver indicate limited licensed child care options compared to the estimated eligible population.95

The lack of options for licensed child care may force families to choose between unlicensed child care arrangements or change/decline opportunities for work. 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.

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.96

In 2022, 57 percent of three- and four-year-old children in Denver reported participating in preschool (Figure 48)97

This percentage is higher than other metro counties (including Adams County (39 percent); Arapahoe County (46 percent), Broomfield County (49 percent), Jefferson County (50 percent), Douglas County (46 percent)) and well as the state average (51 percent)98

Of the children participating in preschool in Denver in 2022, 49 percent of those were in publicly funded preschool programs and 51 percent are in privately funded (family-pay) programs (Figure 49).99

The percentage in private-pay preschools has been increasing.

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97 Denver Human Services Data Library citing U.S. Census Bureau, American Community Survey, 2006-2022. Table S1401
Research shows that high-quality early learning programs benefit all children and better prepare at-risk children for kindergarten. Unfortunately, 65 percent of children in low-income families attend preschool compared to 90 percent of children in more educated, wealthier families across the nation. Mirroring these trends, a 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 50).

**Figure 50: Map of Denver Three- and Four-Year-Old Children in Preschool**

CHILD CARE DESERTS

A 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. A higher percentage of low-income and people of color live in child care deserts more frequently than white people. The report defines child care deserts 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.

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**HEAD START ELIGIBLE BUT NOT ENROLLED**

Figure 51 shows the most recent mapping of children under Age 6 living in families below 150% of the Federal Poverty Level that are eligible but not enrolled in Head Start programs in the city. The red stars designate the location of Head Start programs.

**Figure 51: Estimated Children Eligible but Not Enrolled in Head Start**

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**OTHER PROGRAMS THAT SERVICE HEAD START ELIGIBLE POPULATION**

**THE DENVER PRESCHOOL PROGRAM**

The Denver Preschool Program (DPP) began in 2006 as a voter-approved sales tax to provide every child in Denver the opportunity to access quality early education of their families’ choice. According to the DPP Annual report for 2021-2022, DPP delivered more than $18.3M in tuition credits directly to providers on behalf of families. DPP funded 4,706 eligible beneficiaries with average funding for four-year-olds of $788 month. Of the total tuition credits, $9.2 million went to Denver Public Schools preschools and $9 million to community sites.103

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DPP’s scholarship program helps address preschool affordability for families at 300 percent or below the Federal Poverty Level (FPL). DPP awarded $2.3 million in DPP scholarships to 339 recipients in 2021-2022. The recipients had an average monthly family income of $2,500 and an average preschool tuition of $1485 (of which tuition credits covered an average $788 and the scholarships covered an average $700). DPP offered full scholarships to families with the highest financial need.  

In 2021-2022, DPP also piloted the Preschool for 3s program, which paid $2.6 million in tuition credits to 355 three-year old recipients. Of the recipients, 262 were Tier 1 (100 percent of FPL) and 93 were Tier 2 (at or below 185 percent FPL).

**COLORADO PRESCHOOL PROGRAM**

The Colorado Preschool Program serves 3- and 4-year-old identified with certain eligibility risk factors. The CPP statute directs the programs to serve those children with the greatest need, and so designates ten qualifying eligibility factors which may impact a child’s future academic achievement. To qualify for participation, 4-year-old children must be identified with at least one eligibility factor, while 3-year-old children must be identified with at least three factors. School districts are responsible for screening children and determining their eligibility for the program. Eligibility for free or reduced-price lunch (FRL), language development, and poor social skills were the most common qualifying risk factors for children in 2021-22. This has been a long-standing trend.

The General Assembly has expanded CPP multiple times by adding positions through the Early Childhood At-Risk Enhancement (ECARE) program. Statewide, the CPP served 20,160 children through 29,260 total authorized CPP positions in the 2021-2022 school year. About 31 percent of CPP children received full-day services with two positions. The average funding statewide per child was $6,102.

Denver Public Schools received funding for 6,420 positions for the 2022-2023 school year, (4,024 CPP and 2,396 ECARE). This allocation translates to 3,210 full time equivalent positions.

When the new statewide preschool program launched July 1, 2023, the Colorado Preschool Program sunset.

**UNIVERSAL PRESCHOOL COLORADO (UPK)**

Universal Preschool Colorado ensures that every child in the year before they are eligible for kindergarten is eligible for up to half-day (15 hours) of state-funded, voluntary preschool beginning in the 2023-24 school year. Families must apply; the process is not a first-come first-served one. Providers may choose to offer 10-hour programs. Three-year-olds who are low income or have qualifying factors are eligible for part-time (10 hours) preschool programming.

Based on available funding for the 2023-24 school year, families who are low income and have one other qualifying factor are eligible for additional hours stacked on top of the up to 15 hours available to every child in the year before they are eligible for kindergarten, pending eligibility confirmation. Qualifying factors include: Individualized Education Program (IEP), Homelessness, Dual language learner, Foster/Kinship care.

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104 Ibid.
105 Ibid.
108 Colorado Department of Early Childhood (2022) CPP + ECARE Allocations for the Website, retrieved from https://www.cde.state.co.us/cpp/CPP_ECAREslotallocations.
109 Colorado Department of Early Childhood https://cdec.colorado.gov/universal-preschool-family-information
110 Colorado Department of Early Childhood, https://cdec.colorado.gov/universal-preschool-qualifying-factors
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. CCCAP helps families that are homeless, working, searching for work, or in school find low-income child care assistance. Families enrolled in the Colorado Works Program can also use CCCAP services.

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 235 percent of the federal poverty level. The amount Denver 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, 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. 111

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. 112

Denver Great Kids Head Start and its Delegate Agencies work with other child care and preschool programs to advocate for policy changes that improve the early childhood system in Denver and the state. Delegate Agencies blend and braid revenue streams (Colorado Child Care Assistance Program, Denver Preschool Program, Colorado Preschool Program, TANF) to support programming for children, including those who need extended day options.

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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. In the spring of 2021, 37 percent of Denver Public School third graders were meeting expectations on English Language Arts (ELA) PARCC assessment; 63 percent were not.\(^{113}\)

Figure 53 shows the distribution of third graders reading below grade level by neighborhood.\(^{114}\)

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\(^{113}\) Denver Human Services Data Library citing Colorado Department of Education. 2021 CMAS ELA and Math District and School Summary Achievement Results

\(^{114}\) Ibid.
SECTION VI: HEALTH INDICATORS AFFECTING CHILD WELL BEING

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 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.

The percentage of women receiving early prenatal care in Denver has declined slightly to 82 percent and is similar to the state percentage of 81.9 percent of women receiving early care during pregnancy (Figure 54).

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Disparities exist, however, between women of different race and ethnicity. Women of color (Black, Hispanic), had lower rates of early prenatal care than white and Asian women (Figure 55).118

As Figure 56 illustrates, rates vary by neighborhood. Women living in high-income neighborhoods received early prenatal care at higher rates than women living in low-income neighborhoods.119

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BIRTHS

The Colorado Department of Public Health and Environment reported 8,042 births to Denver women in 2022. The number of births has declined 14 percent over the last decade (Figure 57).\textsuperscript{120}

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 declined to 28 percent and births to Black women declined slightly to 11 percent. Births to white women rose 48 percent (Figure 58).\textsuperscript{121}


The Hispanic birth rate is declining dramatically. The rate per 1,000 Hispanic women dropped from 102.7 in 2007 to 55.2 in 2021 (Figure 59).\textsuperscript{122}

Figure 60 shows the number of births in 2021 by neighborhood\textsuperscript{123}

\textsuperscript{122} Denver Human Services Data Library citing Colorado Department of Public Health and Environment. (2007-2021). General Fertility Rate for All Ages - Total Live Births per 1,000 Women Ages 15–44. Denver: Health Statistics Section.

\textsuperscript{123} 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.\(^{124}\)

In Colorado, the rate is 4.5 per 1,000 live births. In Denver, the rate is 4 per 1,000 or 32 infant deaths in 2022.\(^{125}\)

Wide disparities exist by race/ethnicity and geography. Black infant mortality rates are significantly higher than any other population group in Denver. Hispanic infant mortality rates are decreasing, at 4.1 per 1,000 live births and as of 2022 (Figure 61).\(^{126}\)

The proportion of infant deaths by neighborhood is disturbing with most occurring in our low-income communities of color (Figure 62).\(^{127}\)


\(^{126}\) Ibid.

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 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. Figure 63 illustrates trends of teen births by race and ethnicity.128

Environment, the greatest percent of teen births (per population group) in Denver are to American Indian women with a rate of 8.4 percent. Figure 63 illustrates trends of teen births by race and ethnicity.128

Figure 64: Map of Teen Births by Denver Neighborhood

Teen births by Denver neighborhood are illustrated in Figure 64.129


HEALTH INSURANCE

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 prohibitive costs, limited access to providers, or enrollment barriers.

According to 2022 estimates from the U.S. Census Bureau, approximately 49,500, or seven percent, of people were uninsured in Denver.

Five percent of children under the age of 19 in Denver were estimated uninsured in 2022. (Figure 65). 130

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 66). 131

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131 Ibid.
**MEDICAID**

Medical Assistance, or Medicaid, is a public health insurance program available for children ages 18 and younger in families earning 142 percent of the federal poverty level or less. Sixty-one percent of Denver children received Medicaid in 2021 (Figure 67). This increase reflected both changing economic conditions and state and federal policies responding to the COVID-19 pandemic.

**CHILD HEALTH PLAN PLUS**

The Child Health Plan Plus (CHP+) is a low-cost, public health insurance program for children aged 18 and younger in families earning between 142 percent and 260 percent of the federal poverty level. In 2021, 3.7 percent of children were enrolled in CHP+ (Figure 68).

In the Denver Great Kids Head Start Program, 97 percent of children enrolled had health insurance at the end of the 2022-2023 program year. Of this total, 95 percent were enrolled in Medicaid or CHP+.

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ELIGIBLE BUT NOT ENROLLED IN PUBLIC HEALTH INSURANCE

Many Denver residents whose annual incomes qualify them to participate in publicly financed health insurance programs such as CHP+ or Medicaid. Despite meeting eligibility requirements, 15 percent, or approximately 32,700 people, of the eligible population was estimated to be unenrolled.\textsuperscript{135}

The Colorado Health Institute calculates the number of people (ages 0-65) eligible for these valuable health insurance programs but not enrolled (EBNE). In Colorado, the rate of EBNE people was 18 percent statewide in 2019.\textsuperscript{136}

The rate of EBNE for children in Denver (ages 0-18) was 6 percent, compared to 21 percent for adults (ages 19-64). The EBNE rates for children in Denver were 2 percent for Medicaid, 17 percent for CHP+, and 30 percent for Advanced Premium Tax Credits (APTC).\textsuperscript{137}

Denver has had greater success enrolling eligible people in health insurance than other Front Range counties.\textsuperscript{138}

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, 10.5 percent, or 73,930 people, were estimated to be food insecure in 2021 (Figure 69).\textsuperscript{139} The 2021 child (under age 18) food insecurity rate was estimated at 13 percent, representing 17,740 children.

Figure 69: Feeding America, Food Insecurity Rate in Denver

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{food_insecurity_rate.png}
\caption{Feeding America, Food Insecurity Rate in Denver}
\end{figure}

\textsuperscript{135} Denver Human Services Data Library citing Denver's Population Eligible but Not Enrolled in Public Health Insurance: Colorado Health Institute 2019
\textsuperscript{136} Ibid.
\textsuperscript{137} Ibid.
\textsuperscript{138} Ibid.
Feeding America reports the national average for a meal cost in 2021 was $3.59. Due to the higher costs of living in Denver, an average meal costs $4.26 (up from $3.09 and $3.64 respectively in 2019). 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 eligibility for federal nutrition programs such as SNAP and the Free and Reduced-Price Lunch program. In Denver, approximately 28 percent of people are above the SNAP and other nutrition programs threshold of 200 percent FPL.

**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. Figure 70 was developed by the Denver Department of Public Health and Environment and represents the percentage of the population in each Denver neighborhood that does not live within a 10-minute walk of a full-service grocery store. The definition of a full-service grocery store reflects the availability of healthy options, such as produce, as well as on the size of the store.

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140 Ibid.  
141 Ibid.  
143 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 neglected or abused as children are at greater risk for substance abuse, eating disorders, mental health issues and chronic disease.\textsuperscript{144}

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.\textsuperscript{145}

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 71). The rate of unique substantiated cases of abuse and neglect for Denver is increasing substantially and was 14.3 per 1,000 cases as of 2020.\textsuperscript{146}

OUT-OF-HOME PLACEMENTS

This indicator counts the number of children removed from their homes by the Department of Human Services per 1,000 children under 18. Out-of-home placements include family foster care, specialized group homes, residential child care facilities, independent living situations, foster care with relatives, residential treatment centers, detention, legal risk adoptions, medical care, and both emergency and non-emergency placements in shelters. The rate of out-of-home placements has been decreasing in Denver. The rate was 8.1 per 1,000 children under age 18 as of 2020 (Figure 72).\textsuperscript{147}

Figure 72: Out-of-Home Placements

SECTION VII: DENVER GREAT KIDS HEAD START ENROLLMENT

Denver Great Kids Head Start 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.

Key indicators of the children and families enrolled in Denver Great Kids Head Start in the most recent (2022-2023) program year are woven throughout this report.

Denver Great Kids Head Start contracts with seven delegate agencies (preschool or Early Head Start providers) and three vendors of health, mental health, dental health, and nutrition services to provide high-quality, comprehensive Head Start and Early Head Start services to 1,344 children and their families (Table 4).

<table>
<thead>
<tr>
<th>Delegate Agency</th>
<th>Funded Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Charities</td>
<td>231 HS, 8 EHS</td>
</tr>
<tr>
<td>Clayton Educare</td>
<td>208 HS, 16 EHS</td>
</tr>
<tr>
<td>Denver Public Schools</td>
<td>350 HS, 8 EHS</td>
</tr>
<tr>
<td>Family Star</td>
<td>46</td>
</tr>
<tr>
<td>Mile High</td>
<td>321</td>
</tr>
<tr>
<td>Volunteers of America</td>
<td>96</td>
</tr>
<tr>
<td>Sewall</td>
<td>60</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>1,344</strong></td>
</tr>
</tbody>
</table>

Denver Great Kids Head Start primarily serves three- and four-year-old children in Head Start. In the 2022-2023 school year, two pregnant women, eleven children under age one, 14 one-year-olds, 126 two-year-olds, 548 three-year-olds, 606 four-year-olds, and 63 five-year-olds children participated in the program (Figure 73).

Figure 73: Enrollment in DGKHS by Age

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TRANSITIONS

Children that stay in the Denver Great Kids Head Start 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 assessed regardless of primary language, disability, or gender. Unfortunately, for a variety of reasons, 23 percent left during the 2022-2023 program year and did not re-enroll (Figure 74).149

In the 2022-2023 program year, 24 percent of children were enrolled for the second year and 12 percent for three or more years.

In the 2022-2023 school year, 555 Denver Great Kids Head Start preschool students (42 percent of all DGKHS preschool students) planned to enter kindergarten in the next school year.150

ELIGIBILITY

Eligibility for participation in Denver Great Kids Head Start is determined by multiple factors including:

- Age
- 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: SNAP, TANF, SSI, or
- The child is homeless, as defined by the McKinney-Vento Act; or
- The child is in foster/kinship 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 ten school years is illustrated in Figure 75.151

Figure 75: Type of Eligibility - DGKHS

Program Locations Relative to Areas of Lowest Opportunity

Head Start program locations should be accessible to the children that need these programs most. Figure 76 overlays the Denver Great Kids Head Start program locations and the 2021 Child Well Being Index, which aggregates eleven indicators that measure differences in child health, education, and community opportunities.

Children served by Denver Great Kids Head Start programs generally live in areas of lowest opportunity (shaded in dark green) in Denver.

Figure 76: DGKHS Students and Programs Mapped to the 2021 Child Well Being Index

The 2023 Denver Great Kids Head Start Community Assessment Update
is available for download at: Denver Great Kids Head Start - City and County of Denver (denvergov.org)