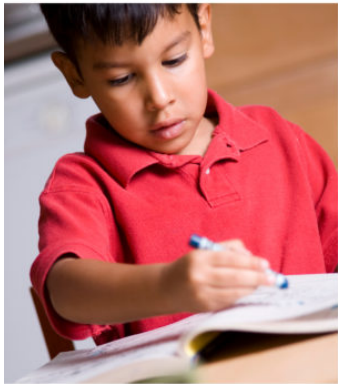


# Adams County Head Start Community Needs Assessment

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**December, 2020**

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## Executive Summary

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This report was commissioned by Adams County Head Start (ACHS) to evaluate needs among the Head Start-eligible population in Adams County, Colorado, and to determine what resources are currently available and what resources are needed to fill gaps.

### Adams County profile

Adams County is home to over 36,000 children ages birth to five, among the highest rates of young children in any county in Colorado. About half of the young child population in Adams County is Hispanic, and the second largest racial group are white children. Adams County has a larger population of Hispanic children under 5 than any county in Colorado except Denver.

### *Income and poverty*

Many families in the county struggle economically. Children under 6 have a poverty rate almost twice as high as that for all residents, with 1 in 6 young children (16.4%) below the poverty line. Over 7,000 children under 6 years old in Adams County live at or below the poverty line, which is equal to \$26,200 for a family of four, and 3,000 of these are in extreme poverty, with incomes less than half the federal poverty level. Head Start-eligible families make only one-third the amount necessary to remain financially sustainable.

The county's rate of risk factors for young children exceeds the state average in categories including births to single mothers, teen births, children living in poverty, children enrolled in Medicaid, and English language learners. Households led by single mothers are particularly vulnerable; almost 1 in 4 of these households live in poverty. There were nearly 20,000 food insecure children in Adams county in 2018, or 11.7% of all children. This rate was projected to reach 18.8% in 2020 due to the COVID-19 crisis.

### *Health*

Adams County has the highest risk of socioemotional concerns across the state. Much of this risk comes from living in poverty, including greater levels of stress, lower social supports, higher risk of abuse and neglect. Indicators of maternal health, such as preterm and low weight births, have generally remained the same over the past several

years. Adams County is in the “high” risk category relative to the rest of the state for mental health, and its rate of child abuse is about 25% higher than the state as a whole.

Only one in 20 children under 19 were uninsured in Adams County in 2018, down from 13% a decade earlier. Still, Adams County’s uninsured rate for children is higher than the statewide average of 4.8%.

### ***Housing and homelessness***

Costs for housing have increased dramatically since 2012. In Adams County, rent increased 30% between 2012 and 2016 – 20% higher than the statewide average -- while income increased by only 18% in that time period. For families making under \$20,000 per year, 90% of renter-occupied households and 80% of owner-occupied households were cost-burdened in 2016, meaning they pay more than 30 percent of their income for housing and thus may have difficulty affording necessities such as food, clothing, transportation, and medical care.

In 2019, 466 people in Adams County were identified as homeless, an increase of 196.8% over the previous year. Adams County continues to lead the state in the most number of students meeting the definition of homeless. The increase in homelessness in Adams County has paralleled increases in the cost of living in the county, which is about 20% higher than the national average.

### ***Child care***

Many families across the county are likely in need of some sort of child care: 70% of children ages birth to five in Adams County live in households with all parents working, higher than the statewide average of 64 percent. This equates to a total need for ECE in the county of about \$346 million.

Adams County had about 289 licensed child care providers as of November, 2020, most of which are in child care centers. The majority of slots are not rated high quality. 62% are rated Level 1 or Level 2, while only 28% of slots in the county are rated at higher quality levels (Level 3, 4, or 5).

In addition to Head Start, several other public funding sources are available to help defray the costs of ECE programs, including the Colorado Child Care Assistance Program (CCCAP), the Colorado Preschool Program (CPP), Early Childhood At-Risk

Enhancement (ECARE slots), Special Education, and the Denver Preschool Program (DPP). Public sources, including CPP and CCCAP, cover only about 28 percent of the total current cost of child care, with the remaining 72 percent covered by individual families.<sup>1</sup>

Across all public funding streams, about 6,321 full-time equivalent (FTE) slots are funded in Adams County. A annual total of about \$45 million in public funding is distributed to children in Adams County for ECE. Over half of these dollars are through the Colorado Preschool Program, an amount that is expected to increase in subsequent years with expanded funding.

### Results from interviews and surveys

Interviews and surveys conducted with community organizations, providers, and parents yielded a number of key findings about needs in the county for the Head Start-eligible population. They included the following:

- **Adams County has a high-needs population of children and families.** Many children live near or below the poverty line and exceeds the state’s average on risk factors such as teen births and children enrolled in Medicaid. Only 60% of kindergarten children meet or exceed kindergarten readiness benchmarks, and families are also less likely than the statewide average to hold a college or high school degree.
- **The county has a lack of affordable, high-quality care.** Several programs fund ECE in the county, including Head Start, CPP, and CCCAP. However, much unmet need remains. Over two-thirds of children live in households with all parents working, and are therefore likely to need child care, resulting in an unmet need for child care of over \$320 million. Adams County also lacks enough high-quality slots, with only about one-quarter rated Level 3, 4, or 5.
- **Financial security is a significant concern, especially during the pandemic.** The county’s families face significant economic concerns, and these issues contribute to other problems, such as homelessness, low participation in social services, and

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<sup>1</sup> Franko, Brodsky, Wacker, & Estrada (2017).

low participation in quality child care. These issues are exacerbated during the pandemic, in which many families are underemployed or unemployed.

- **Homelessness remains a significant concern.** Nearly one in every twenty children in the county are homeless. The population experiencing homelessness is shifting, with more children and families needing supports. These children experience significant needs and are often lost within the system. More flexibility is needed for children who are not served by existing supports.
- **Support must be provided for diverse cultures and languages.** Adams County's residents represent a wide range of cultural backgrounds and languages. The county has a continuing need for outreach and services provided in languages other than English. The predominant language is Spanish, but numerous other languages are also spoken throughout the county. Cultural envoys are needed to reach out to these families, to build trust, and to help them navigate the system.
- **Services exist, but a need remains for parent engagement and awareness.** Many high-quality services exist throughout the county. However, an ongoing challenge is ensuring that families are able to take advantage of them. Families may not engage with services for a variety of reasons, including lack of trust; lack of awareness of services available; lack of understanding of how to navigate the system; or concerns among undocumented families.
- **Children in foster care face specific challenges.** Children in foster care have significant needs and are much more likely to face other adverse outcomes, such as homelessness. They frequently do not qualify for certain types of support can fall between the cracks of the system. Moreover, regulations and paperwork issues can make it difficult to serve this population.

## Acknowledgements

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The following made invaluable contributions to the project: parents, community service providers; and child care providers who participated in interviews and surveys; Susana Ramirez; Lisa Jansen Thompson; and Maribel Ochoa. This report was sponsored by Adams County Head Start.



## Introduction

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This report was commissioned by Adams County Head Start (ACHS) to evaluate needs among the Head Start-eligible population in Adams County, and to determine what resources are currently available and what resources are needed to fill gaps. The report fulfills ACHS's requirement to conduct a community needs assessment every five years to ensure that the correct services are provided to the appropriate population.<sup>2</sup>

The needs assessment included the following components:

- A community profile of Adams County, drawing in data on economics, poverty, education, housing and homelessness, and health care.
- Interviews with community organizations
- Surveys with Head Start-eligible parents
- Surveys with child care providers

When possible, data are presented that specifically represent the population of Head-Start eligible families; that is, those who live below the poverty line and have children under 5. When data were not available for that specific group, data on similar populations (such as families with children under 18 living in poverty) are presented.

### About Head Start

Head Start began in 1965 as part of President Lyndon B. Johnson's War on Poverty program. The program was designed to address the disparity in school achievement between children in poverty and children well above the poverty line. Head Start's ultimate goal is to provide children and their families the education and tools to be successful in school as well as later in life.

ACHS serves children three to five years old in families earning less than the federal poverty level (FPL), which is equal to \$21,720 for a family of three or \$26,200 for a family of four. The mission of ACHS is to provide high quality early education for children in partnership with their families and the community.<sup>3</sup> The first ACHS classroom opened in Commerce City in 1965, providing comprehensive early childhood

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<sup>2</sup> <https://eclkc.ohs.acf.hhs.gov/program-planning/article/community-assessment-matrix>

<sup>3</sup> <https://www.adcogov/about-head-start>

education services for children ages 3–5. Adams County became the program’s grantee in 1978.

In the 2018-2019 school year, ACHS served 302 children<sup>4</sup> through 256 slots<sup>5</sup>. In 2018-2019, revenue of \$4,741,021 served five center-based programs across seven cities and one area of unincorporated Adams County in full-day sessions (6.5 hours per day, four and five days per week). Nearly 60 percent of participating families were single parent and 70 percent of families had at least one employed parent/guardian.

The federal Early Head Start (EHS) program serves children younger than age three. There are currently two EHS grantees in Adams County.<sup>6</sup>

**Table 1: Adams County Head Start programs<sup>7</sup>**

Center	# of slots	Program options	Communities Served
Brighton Head Start	48	Full Day and 1020	Brighton
Creekside Head Start	32	1020	Thornton, Federal Heights
Little Star Head Start	48	Full Day and 1020	Federal Heights, Westminster
Rainbow Head Start	64	Full Day and 1020	Westminster, Federal Heights, Unincorporated Adams County
Sunshine Head Start	64	Full Day and 1020	Commerce City
<b>Total</b>	<b>256</b>		

<sup>4</sup> 2019 PIR Indicator Report for Adams County Head Start

<sup>5</sup> Communication from Susana Ramirez

<sup>6</sup> ECLKC Head Start Center Locator, [https://eclkc.ohs.acf.hhs.gov/center-locator?latitude=39.860&longitude=-](https://eclkc.ohs.acf.hhs.gov/center-locator?latitude=39.860&longitude=-105.016&city=Federal%20Heights&county=Adams%20County&state=CO&radius=10&type=2)

[105.016&city=Federal%20Heights&county=Adams%20County&state=CO&radius=10&type=2](https://eclkc.ohs.acf.hhs.gov/center-locator?latitude=39.860&longitude=-105.016&city=Federal%20Heights&county=Adams%20County&state=CO&radius=10&type=2)

<sup>7</sup> Brodsky, A. and Howard, S. (2019). Affordability and Accessibility of Quality ECE Programs in Adams County. Early Childhood Partnership of Adams County.

## Adams County Profile

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### Population and demographics

Located in the Denver metro area, Adams is the state's fifth largest county, with more than 500,000 residents.<sup>8</sup> Adams County is home to the cities of Arvada, Brighton, Commerce City, Federal Heights, Northglenn, Thornton, and Westminster, in addition to the towns of Bennett and Lochbuie, and the unincorporated communities of Henderson, Strasburg and Watkins.

Adams County is home to over 36,000 children ages birth to five<sup>9</sup>, among the highest rates of young children in any county in Colorado. In addition to high concentrations of young children in the western portion of the county, many children are live near the county's southern border with Denver County.

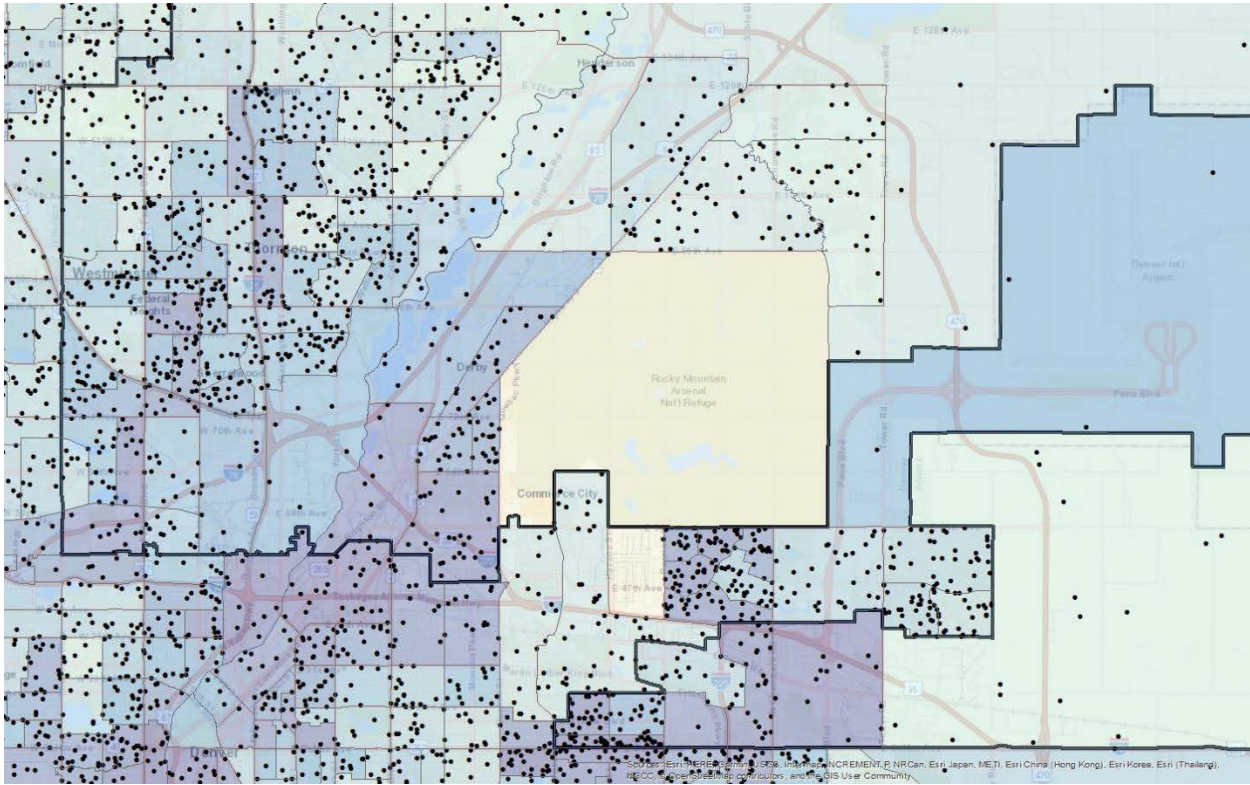
Children under 5 are located primarily in the western portion of the county, closer to the metro Denver area. Thornton contains the highest population of young children, followed by Brighton and Commerce City.

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<sup>8</sup> American Community Survey, 2013-2017 5-year estimates.

<sup>9</sup> Governor's Office, ECLC, Colorado Early Childhood Needs Assessment (2011). Found at [https://www.colorado.gov/pacific/sites/default/files/PF\\_MCH\\_Colorado-Early-Childhood-Needs-Assessment.pdf](https://www.colorado.gov/pacific/sites/default/files/PF_MCH_Colorado-Early-Childhood-Needs-Assessment.pdf)

Figure 1: Children ages birth to five in metro Adams County<sup>10</sup>



In 2015, there were approximately 3,309 Head Start eligible 3-5 year olds in Adams County. Thornton (609) has the highest number of eligible children followed by Westminister (562). Federal Heights (69) has the lowest. In 2015, the program served 16% of eligible HS children within the service area.

### ***Race and ethnicity***

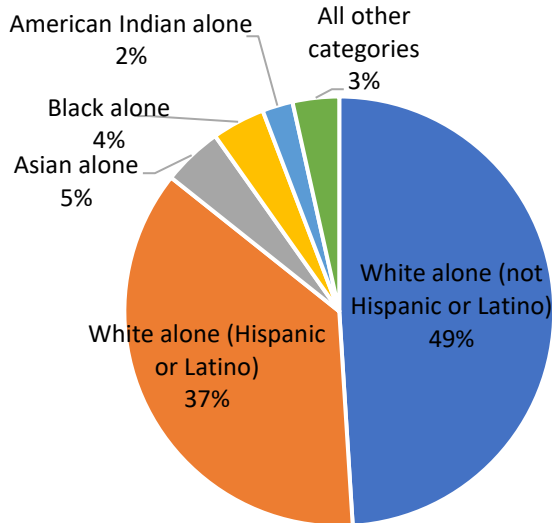
Adams County's population is diverse in many ways. While the majority of residents are native born, the county is home to sizable number of those born outside of the U.S. About 5% of these residents are not citizens, according to Census data.

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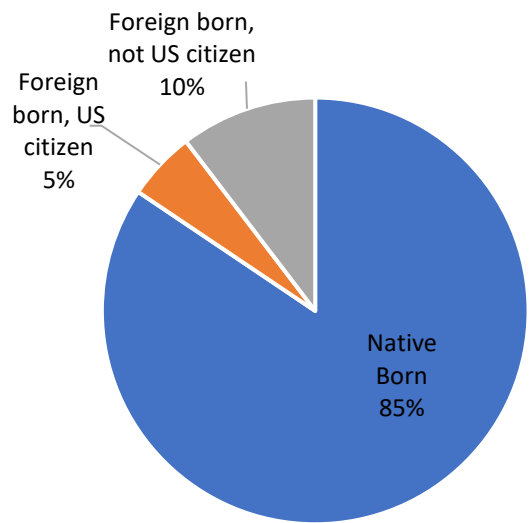
<sup>10</sup> Brodsky and Howard (2019)

White residents make up about half of the population, followed by Hispanic/Latinos.

**Figure 2: Adams County population by race/ethnicity**

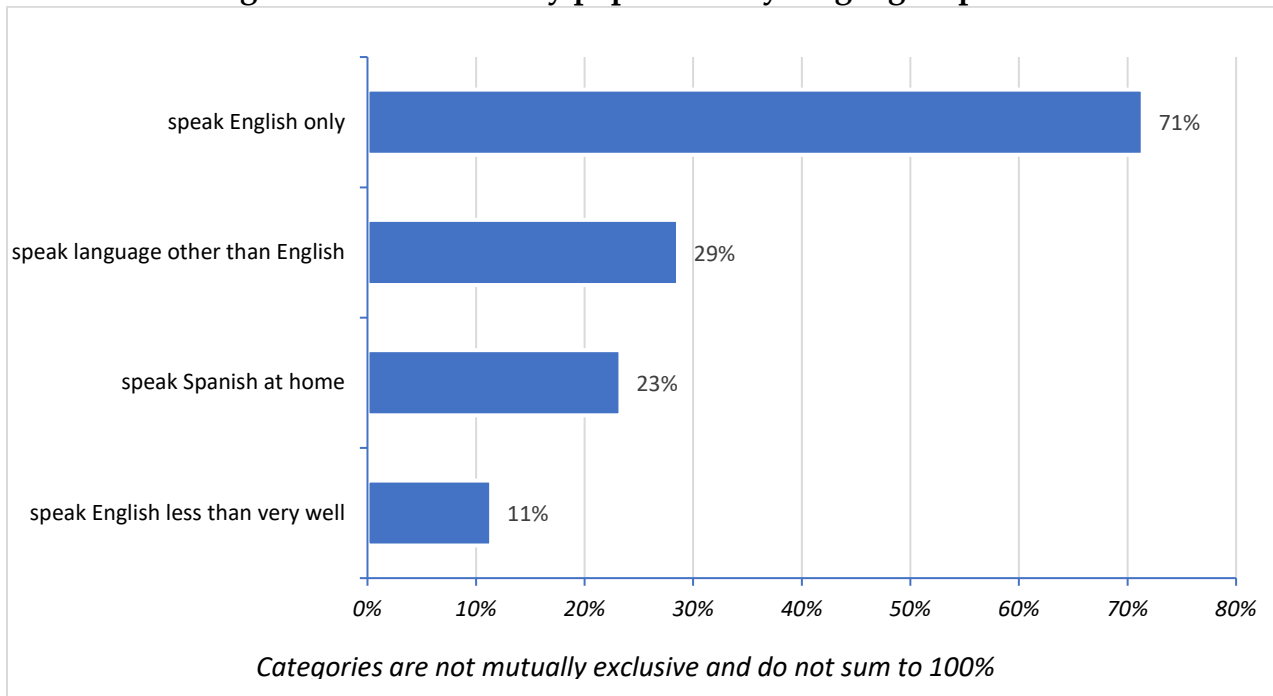


**Figure 3: Adams County population by citizenship status**



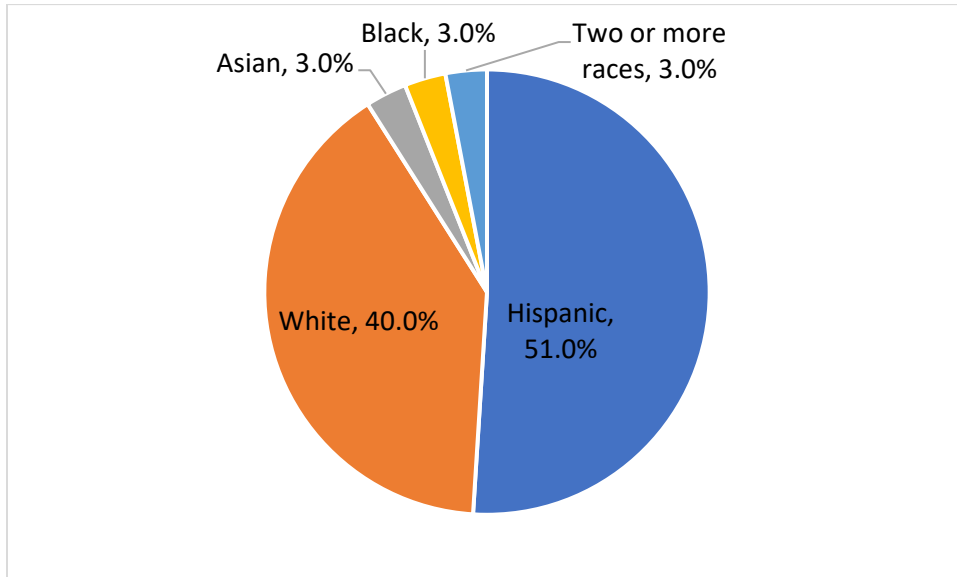
Just under three-quarters of residents speak only English. The majority of the remainder speak Spanish, but many other languages are also represented within the county.

**Figure 4: Adams County population by languages spoken**



The population of children under 5 in Adams County is slightly different than the overall population. About half of the young child population in Adams County is Hispanic, and the second largest racial group are white children. Adams County has a larger population of Hispanic children under 5 than any county in Colorado except Denver.

**Figure 5: Race and ethnicity of children under 5 in Adams County<sup>11</sup>**



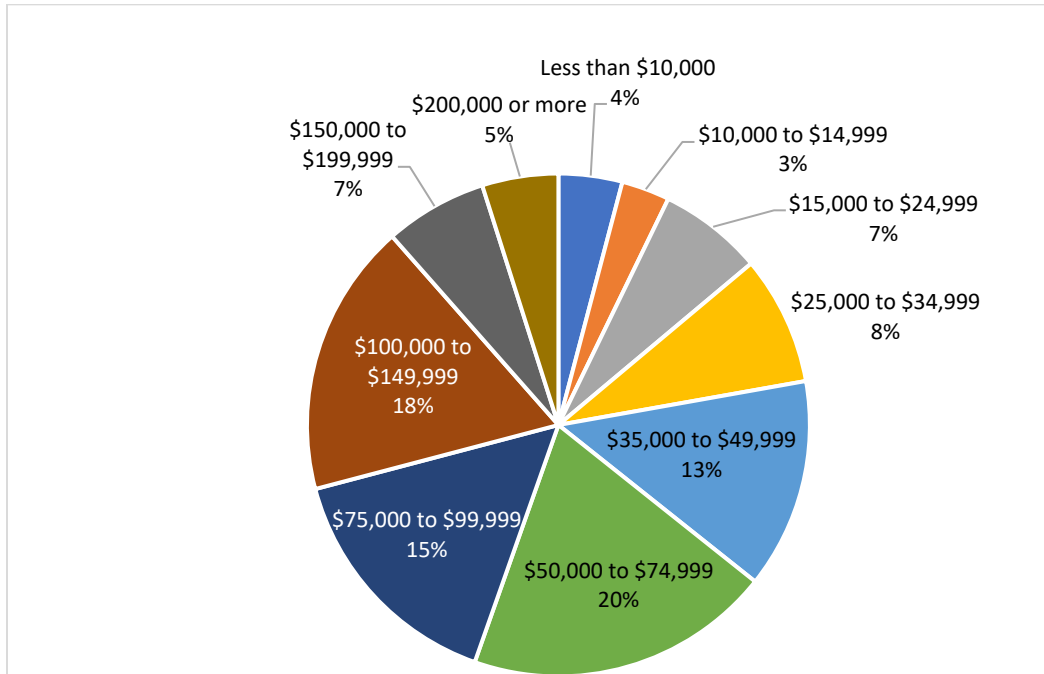
### Income and poverty

Median family income in Adams County is \$76,264, below the state average. The county's overall poverty level is 9%. However, families are more likely to struggle economically: 12.7% of all families, and 10.6% of families with children under 6, were in poverty in the 12 months preceding the ACS survey, compared to 8.5% of all families.<sup>12</sup> (Note that poverty estimates may vary somewhat throughout this report due to varying reporting and analysis methods).

<sup>11</sup> Kids Count data from Census 2010.

<sup>12</sup> U.S. Census QuickFacts for Adams County, July 1, 2019

**Figure 6: Average family income in Adams County, 2019**



Children under 5 have a poverty rate almost twice as high as that for all residents, with 1 in 6 young children (16.4%) below the poverty line. Over 7,000 of children under 5 years old in Adams County live at or below the poverty line, which is equal to \$26,200 for a family of four<sup>13</sup>, and 3,000 of these are in extreme poverty, with incomes less than half the federal poverty level.<sup>14</sup> An additional 2,000 children live in households just above the poverty line that still qualify for support services including cash assistance, although they do not currently qualify for Head Start.

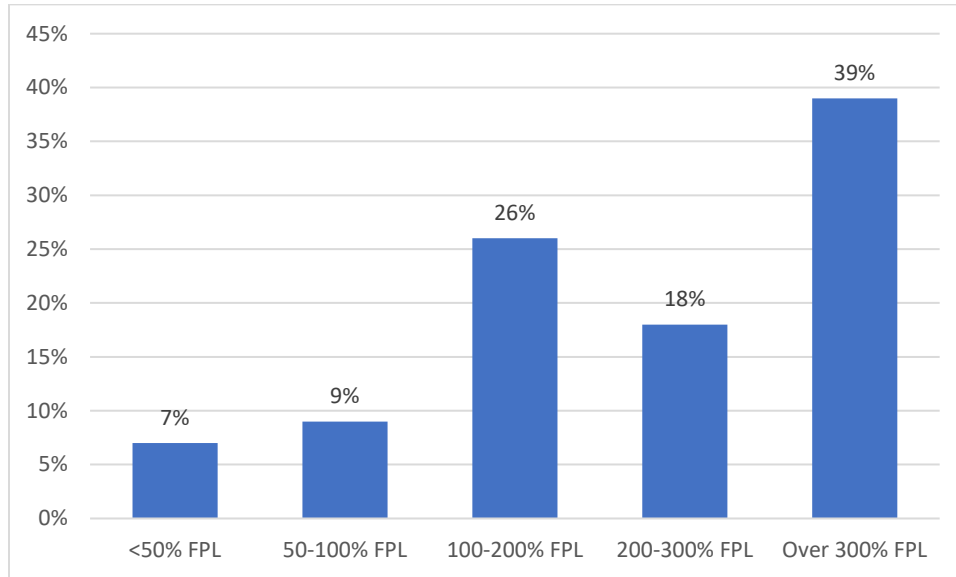
The county's rate of risk factors for young children exceeds the state average in categories including births to single mothers, teen births, children living in poverty, children enrolled in Medicaid, and English language learners. Households led by single

<sup>13</sup> American Community Survey 5-year estimates/Community facts table, Kids Count (2014-2018) and the US HHS Poverty Guidelines, 2020

<sup>14</sup> ACS 2014-2018 5-Year Estimates

mothers are particularly vulnerable; almost 1 in 4 (23.6%) of these households live in poverty.<sup>15</sup>

**Figure 7: Children under 6 by percent of poverty<sup>16</sup>**



Poverty rates for young children were higher than those for the population in general for all ethnic groups. One in four Black children and one in five Hispanic/Latino children live in poverty in Adams County.

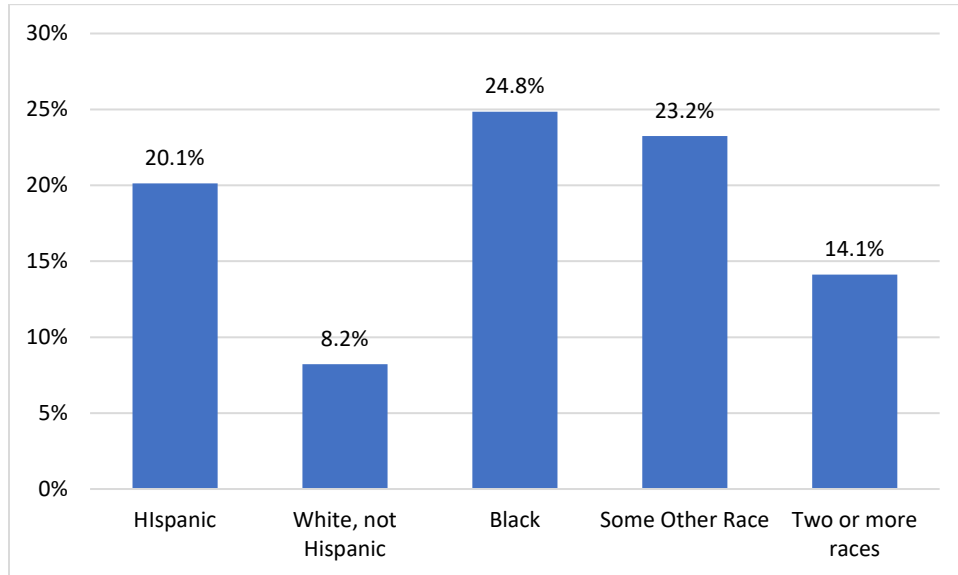
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<sup>15</sup> ACS 2015-2019 5-Year estimates subject tables.

<sup>16</sup> Source: Kids Count, ACS 2014-2018 5-Year Estimates



**Figure 8: Poverty in last 12 months for children under 5 by race/ethnicity**



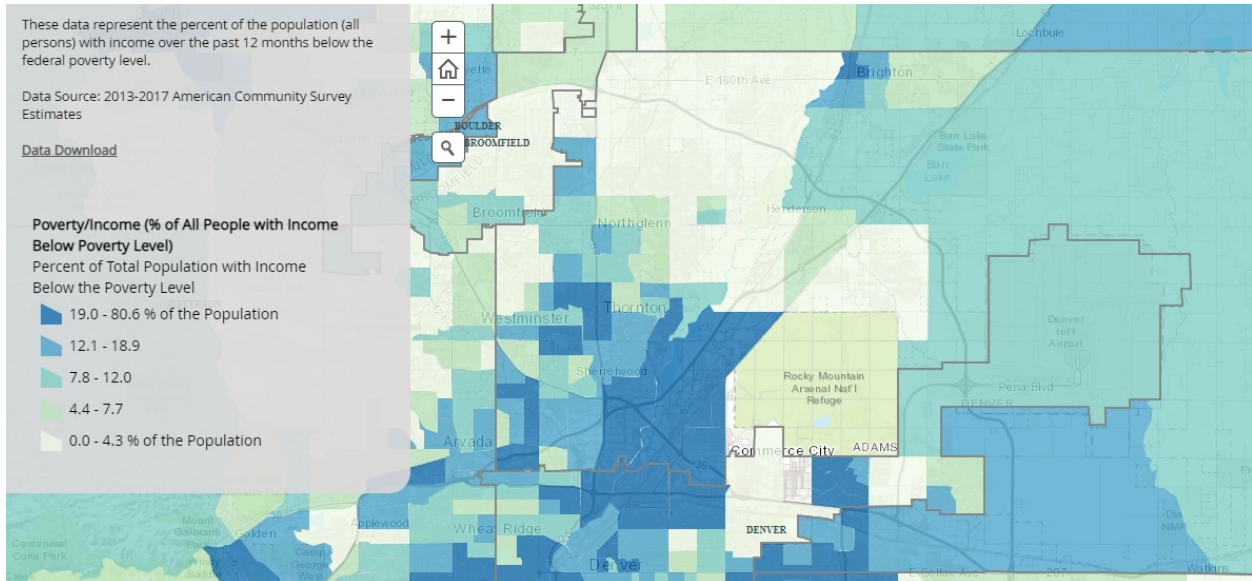
***Location of poverty***

While poverty is endemic in many neighborhoods, it is distributed unequally throughout the county. Figure 9 indicates the distribution of poverty for all age groups across the county, which is indicated by the heavy black line. Darker areas of the map indicate census tracts with higher poverty levels, ranging from less than one percent to over 60 percent across the county. The highest-poverty neighborhoods are in Commerce City, to the south and west of Denver International Airport (DIA); the extreme southwest corner of the county near its border with Denver; and the southern area of Brighton.<sup>17</sup>

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<sup>17</sup> Source: Brodsky and Howard (2019)

**Figure 9: Poverty levels in Adams County**



Patterns of poverty for children under 5 are similar to those for the population in general, although poverty rates for this group are higher. In Commerce City, more than one in four young children live in poverty, and poverty rates for those under 5 exceed 15% in Thornton, Aurora, and Federal Heights. The poverty rate is significantly higher for female-only households with children under five years old. In 2015, more than 1 in 2 female-only households lived in poverty in Northglenn, Commerce City, and Federal Heights. In Brighton, however, only 1 in 4 female-only households lived in poverty.<sup>18</sup>

<sup>18</sup> Head Star grant

**Table 2: Adams County poverty rate for children under 5 by community<sup>19</sup>**

Community	Population under 5 within Adams County	Overall poverty rate	Poverty rate for children under 5	# Children under 5 In poverty (est.) <sup>20</sup>
Thornton	10,685	9.9%	18.0%	1,924
Brighton CCD	8,052	9.4%	14.1%	1,131
Commerce City	5,164	19.4%	28.7%	1,484
Westminster	4,087	4.7%	6.5%	266
Aurora	3,241	8.9%	15.3%	497
Northglenn	2,802	5.4%	8.0%	225
Federal Heights	1,130	11.2%	21.1%	238
All other communities	1,516	N/A	16.4%	249
<b>Totals</b>	<b>36,678</b>	<b>8.9%</b>	<b>16.4%</b>	<b>5,898</b>

### ***Self Sufficiency Standard***

Meeting basic needs can be challenging for many lower-income families. The self-sufficiency standard calculates how much income a family must earn to meet basic needs without public or private assistance based on family composition for a family with one adult and one preschooler was \$53,669 in 2018, over three times the federal poverty level.<sup>21</sup> 28.1% of households in Adams County fall below this standard.

Typical monthly costs for this family in 2018 were as follows<sup>22</sup>:

- Housing: \$1,348
- Child care: \$1,113
- Food: \$392
- Transportation: \$271
- Health care: \$380

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<sup>19</sup> Population Data from 2018 ACS 5-Year Estimates Subject Tables. Percentage of each community’s population that lies in Adams County is from <https://www.adamscountyrep.com/specifcslcommunities>. Poverty rate and no. children under 5 are authors own estimates, based on poverty rate for children under 8 in each community and overall poverty rate for children under 5.

<sup>20</sup> Source: U.S. Census Estimates

<sup>21</sup> [http://www.selfsufficiencystandard.org/sites/default/files/selfsuff/docs/CO18\\_SSS\\_Web.pdf](http://www.selfsufficiencystandard.org/sites/default/files/selfsuff/docs/CO18_SSS_Web.pdf)

<sup>22</sup> <https://cclponline.org/wp-content/uploads/2018/12/adams-county-factsheet.pdf>

- Miscellaneous: \$350
- Taxes: \$835
- Earned Income Tax Credit (EITC): -40
- Child Care Tax Credit: -\$50
- Child Tax Credit: -\$167

**Risk Factors**

Many of the county’s families experience one or more risk factors. Nearly 30% of births in the county are to single women, and 40 percent of families with infants receive nutrition and health services from WIC (the Special Supplemental Nutrition Program for Women, Infants and Children). Furthermore, more than 40 percent of children in the county qualify for free or reduced-price lunch.

According to the Risk, Reach and Resources report by the Colorado Health Institute (CHI), Adams County had the highest risk of socioemotional concerns across the state. Much of this risk comes from living in poverty, including greater levels of stress, lower social supports, higher risk of abuse and neglect.

**Table 3: Adams County population characteristics (2016-2017)<sup>23</sup>**

	Adams County	Colorado
<b>Vulnerable Families</b>		
2016 Births to Single Women	28.0%	22.8%
2016 Births to Women without a HS Diploma/GED	18.6%	11.7%
2016 Teen Births (per 1,000)	26.7%	17.8%
<b>Family Economics and Supports</b>		
Children Qualifying for Free or Reduced-Price Lunch (Fall 2017)	49.4%	41.7%
Median Household Income (2016)	65,442	65,718
Children 18 and Younger in Poverty (2016)	15.1%	13.4%
Children Receiving WIC Program Assistance (2017)	39.3%	30.2%
<b>Education</b>		
Prekindergarten to 12 Student Enrollment (Fall 2017)	84,676	910,280
Kindergarten in a Full Day Program (Fall 2017)	80.2%	78.4%
English Language Learners (Fall 2017)	22.9%	14.1%

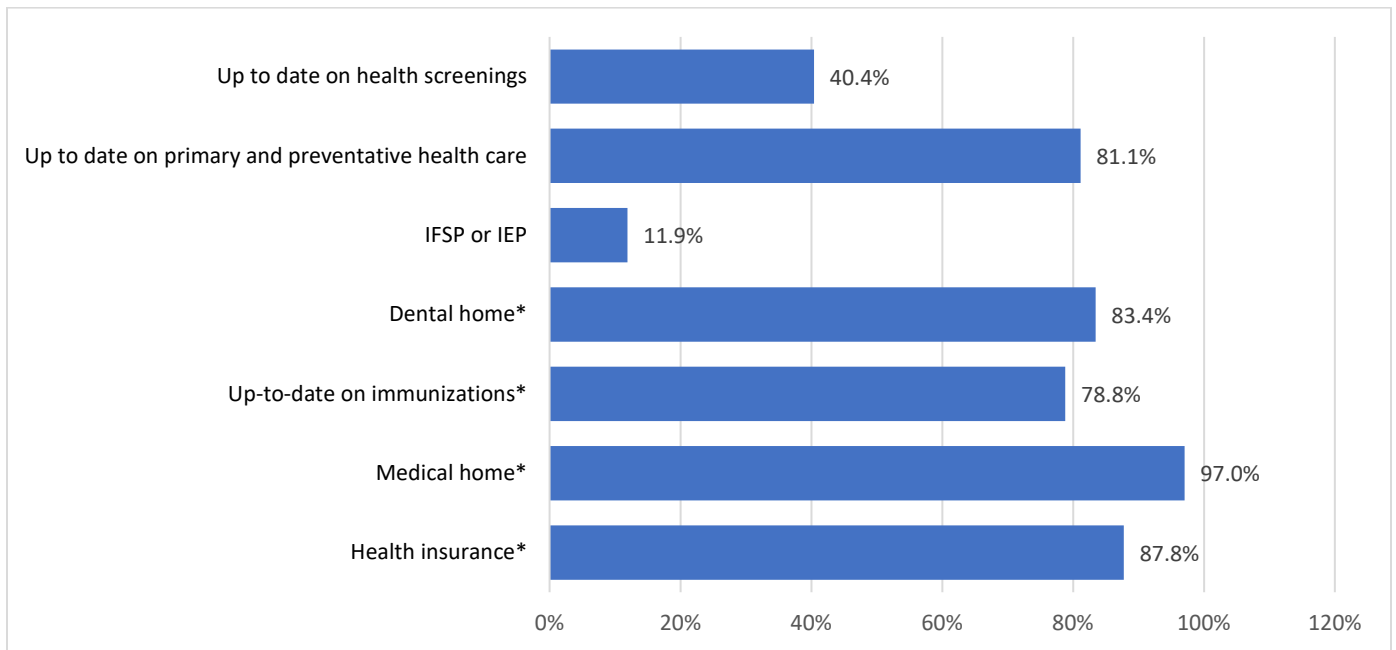
<sup>23</sup> American Community Survey 5-year estimates/Community facts table, Kids Count (2012-2016) and the US HHS Poverty Guidelines, 2018

High School Graduation Rate (2017)	75.1%	79.0%
4 <sup>th</sup> Grade Students Meeting/Exceeding Expectations in English Language Arts (2017)	35.9%	44.1%
Students Meeting/Exceeding Expectations on CMAS Math (2017)	26.7%	32.8%
Students Meeting/Exceeding Expectations on CMAS Science (2017)	25.4%	30.0%

Children who are enrolled in Head Start in Adams County are less likely to meet many health criteria than those in the general population, including being up-to-date on immunizations and having health insurance. However, children in the program made significant progress on several of these indicators throughout the year.

Health outcomes for this population are often lower than the population of young children as a whole. For example, children in ACHS are less likely to be up-to-date on immunizations and have slightly lower rates of health insurance coverage than children in the population as a whole.

**Figure 10: Percentage of ACHS enrolled children with selected health indicators<sup>24</sup>**



*\*Percentage at beginning of enrollment year*

<sup>24</sup> Source: 2019 PIR Indicator Report for Adams County Head Start

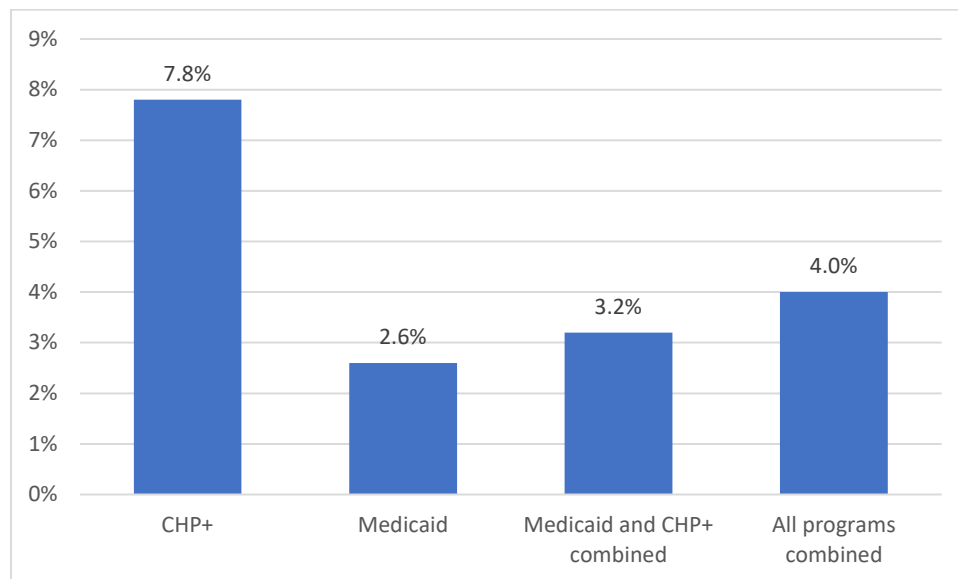
## Health care

### Health Insurance

Publicly funded insurance for low-income families include the Children’s Health Program (CHP+) and Medicaid. 9.3% of children under 18 in the county are enrolled in CHP+, more than the Colorado average of 7.4%. Just over half (54%) of children are enrolled in Medicaid, higher than the Colorado average of 43%. Only one in 20 (5.2%) of children under 19 were uninsured in Adams County in 2018, down from 13% a decade earlier. Still, Adams County’s uninsured rate for children is higher than the statewide average of 4.8%.<sup>25</sup>

While the rates of children with health coverage have increased, many children in low-income families continue to lack coverage. These children may remain unenrolled because their parents do not know how to enroll, do not understand the need for health insurance, or are afraid that a family member without legal documentation might be discovered.<sup>26</sup>

**Figure 11: Percentage of children under 18 eligible but not enrolled for health insurance programs, 2018<sup>27</sup>**



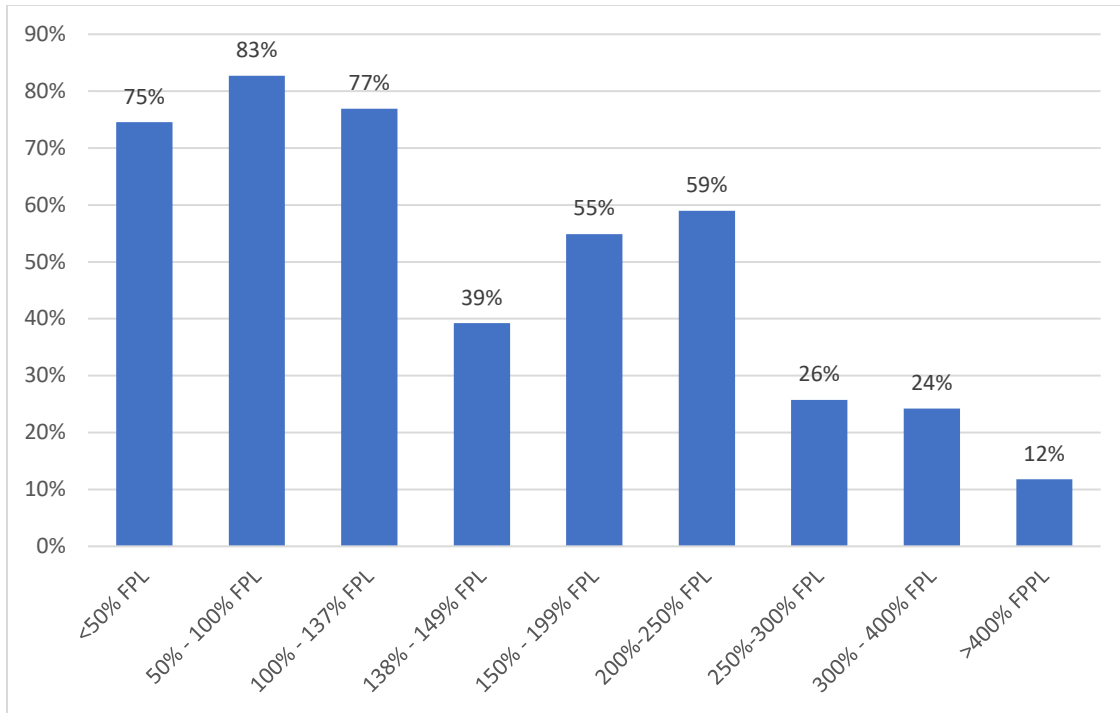
<sup>25</sup> Kids Count, 2018 data

<sup>26</sup> <https://www.coloradohealthinstitute.org/research/colorados-eligible-not-enrolled-population-holding-steady>

<sup>27</sup> Kids Count

While children in poverty are less likely to have health insurance, they are more likely to be covered by public insurance plans: 79% of children in poverty, compared to 34% of children above poverty, are covered in this way.

**Figure 12: Percentage of children under in in families with public insurance<sup>28</sup>**



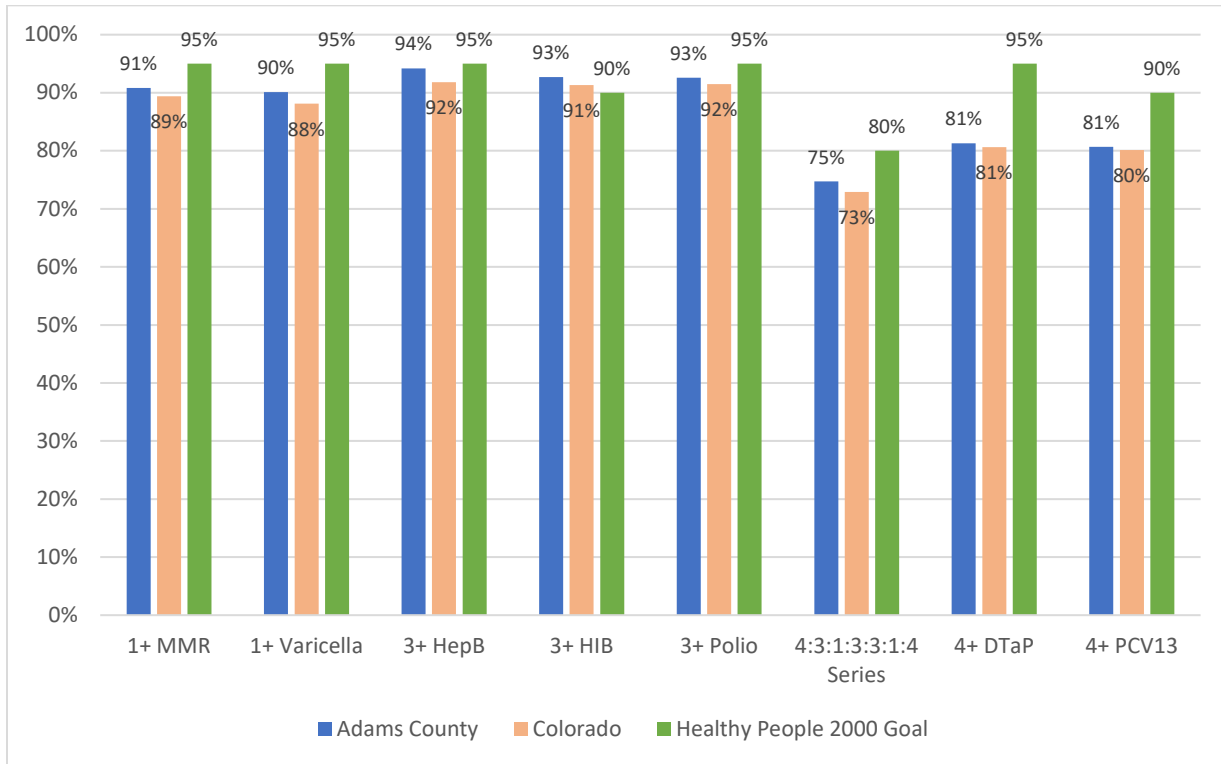
### ***Immunization rates***

Immunization rates in Adams County are at or above statewide averages for most vaccinations. However, there remains room for improvement, as rates are still below the Healthy People 2000 goals released by the Centers for Disease Control. While no immunization data are available specifically for children in poverty in Adams County, in Colorado children below the poverty level had slightly higher rates of vaccination coverage for individual vaccines compared with above the poverty level, possibly due to the Vaccines for Children program (VFC) implemented in Colorado.<sup>29</sup>

<sup>28</sup> ACS 2019 1-Year estimates

<sup>29</sup> [https://www.colorado.gov/pacific/sites/default/files/LPH\\_MCH\\_Issue-Brief-11\\_Childhood-Immunizations.pdf](https://www.colorado.gov/pacific/sites/default/files/LPH_MCH_Issue-Brief-11_Childhood-Immunizations.pdf)

**Figure 13: Immunization rates in Adams County and Colorado, July 1, 2019 – December 31, 2019<sup>30</sup>**



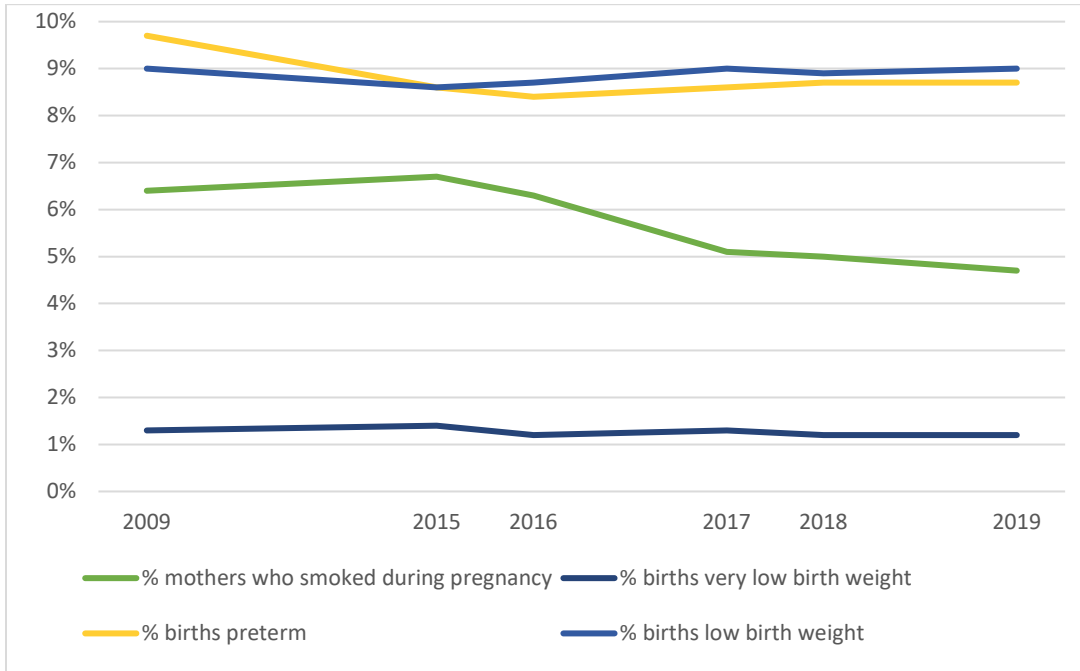
**Maternal and child health**

In 2018, 79.8% of new mothers received early prenatal care in Adams County. This number has been steadily increasing over the past decade, but remains slightly below the statewide rate of 82.1%. Indicators of maternal health, such as preterm and low weight births, have generally remained the same over the past several years, with the exception of mothers who smoked during pregnancy, which has decreased substantially. (Data specifically for Head Start-eligible pregnant mothers were not available).

<sup>30</sup> [https://cohealthviz.dphe.state.co.us/t/DCEED\\_Public/views/CountyRateMaps-Storyboard/CountyRateMapsCombined?iframeSizedToWindow=true&%3Aembed=y&%3Adisplay\\_spinner=no&%3AshowAppBanner=false&%3Aembed\\_code\\_version=3&%3AloadOrderID=0&%3Adisplay\\_count=n&%3AshowVizHome=n&%3Aorigin=viz\\_share\\_link](https://cohealthviz.dphe.state.co.us/t/DCEED_Public/views/CountyRateMaps-Storyboard/CountyRateMapsCombined?iframeSizedToWindow=true&%3Aembed=y&%3Adisplay_spinner=no&%3AshowAppBanner=false&%3Aembed_code_version=3&%3AloadOrderID=0&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link)



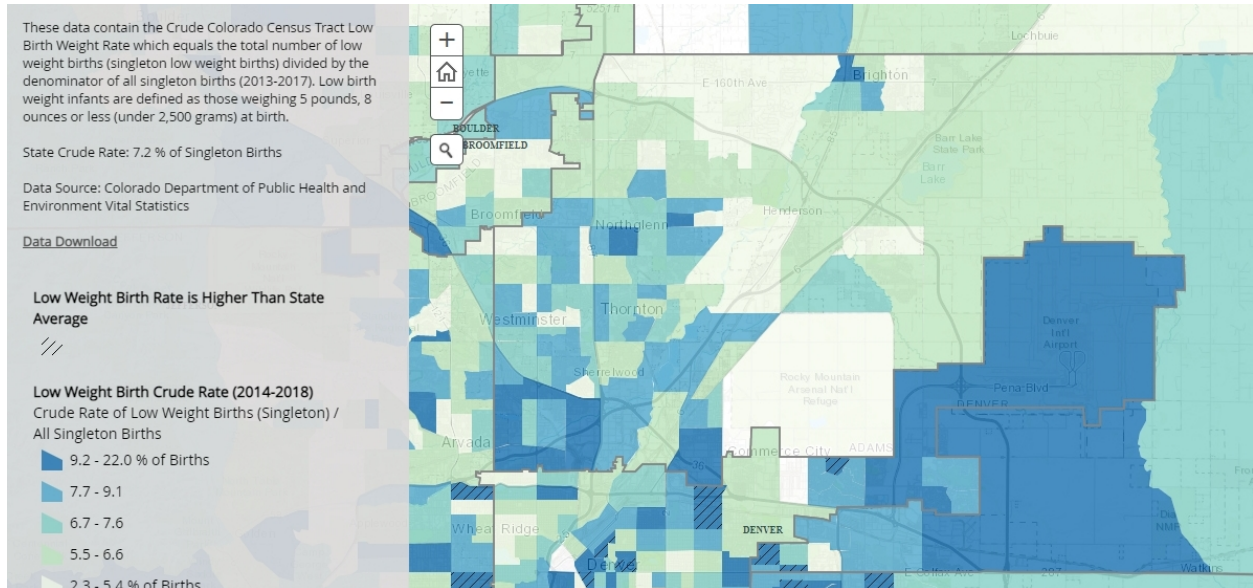
**Figure 14: Maternal health indicators in Adams County, 2009-2019<sup>31</sup>**



The rate of low weight births was highest in the southwestern corner of the county, where rates exceeded 10% of all births.

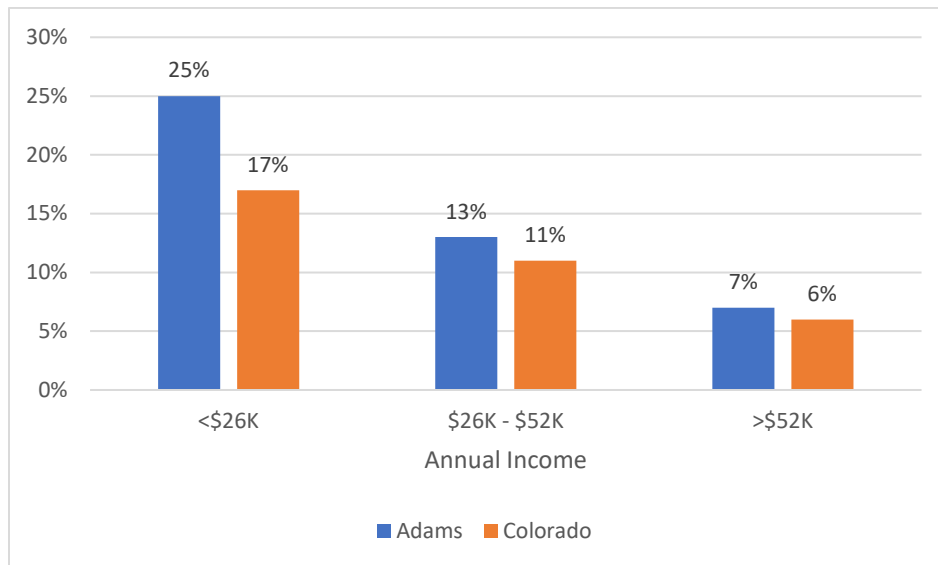
<sup>31</sup> Adams County Births and Deaths 2019, CDPHS Vital Statistics Program

**Figure 15: Low weight birth rate in Adams County**



Mothers with incomes below the poverty level are almost four times as likely to have postpartum depressive symptoms as those at middle and higher income levels.

**Figure 16: Percent of women with postpartum depressive symptoms<sup>32</sup>**



<sup>32</sup> Source MCH County Data Sets from CDHS

## ***Mental health***

Young children can have significant mental health problems, including anxiety disorders, attention-deficit/hyperactivity disorder, conduct disorder, depression, posttraumatic stress disorder, and neurodevelopmental disabilities, such as autism, at a very early age. It is particularly important to diagnose mental health issues in early childhood, because early experiences shape the architecture of the developing brain and lay the foundations of sound mental health.<sup>33</sup>

The Risk, Reach, and Resources report published by the Colorado Health Institute is one of the most comprehensive efforts to assess the mental health risk across the state. Risk is based on family background factors such as maternal age, education, and depression; poverty levels; and mental health factors such as child abuse and neglect and parental concerns. According to the report, Adams County is in the “high” risk level relative to the rest of the state, indicating its families have a high rate of ECMH risk factors including indicators on family background and mental health.

## ***Child abuse and neglect***

Child and abuse and neglect is more likely to occur in families living in poverty and in families with working mothers, absent fathers, or two non-working families.<sup>34</sup> While little data is available specifically for children in poverty, Adams County’s overall rate of child abuse is 12.1 per 1,000, higher than the Colorado average of 9.5.<sup>35</sup>

## **Housing and homelessness**

Costs for housing have increased dramatically since 2012. In Adams County, rent increased 30% between 2012 and 2016 – 20% higher than the statewide average -- while income increased by only 18% in that time period.<sup>36</sup> As a result, the county has seen a dramatic increase in the number of households that are cost-burdened, meaning they pay more than 30 percent of their income for housing and thus may have difficulty affording necessities such as food, clothing, transportation, and medical care.

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<sup>33</sup> <https://developingchild.harvard.edu/science/deep-dives/mental-health/>

<sup>34</sup> <https://www.nber.org/digest/jan00/poverty-and-mistreatment-children-go-hand-hand>

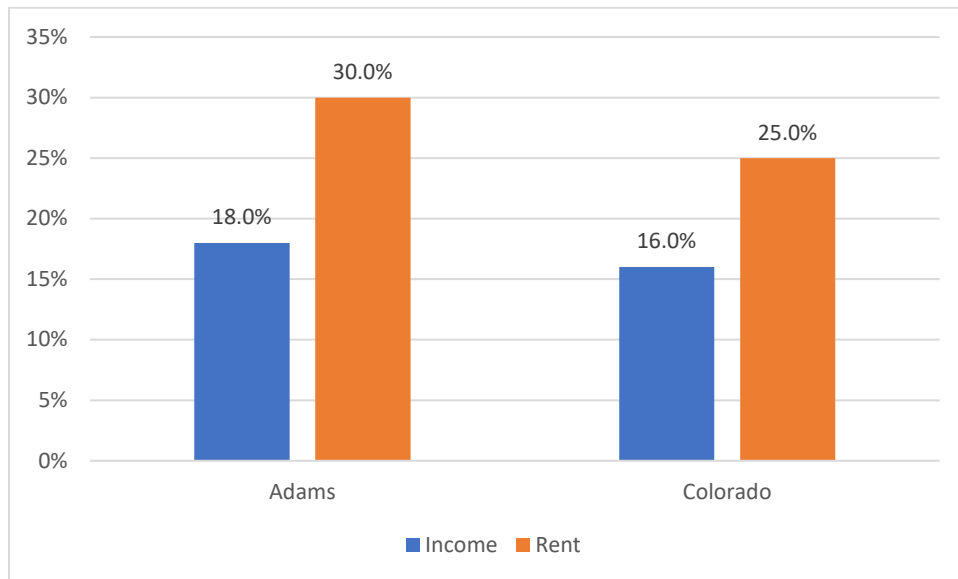
<sup>35</sup> Unique substantiated cases of maltreatment, including physical abuse, sexual abuse, emotional abuse, and/or neglect. *Source: Kids Count.*

<sup>36</sup> *Source: 2018 Community Health Assessment, Tri-County Health*

For families making under \$20,000 per year, 90% of renter-occupied households and 80% of owner-occupied households were cost-burdened in 2016. When families are severely cost-burdened, there is greater difficulty in affording other necessities, and they may begin to rely more heavily on public services. Homeowners in the western incorporated cities of the county are much more likely to be cost burdened than those who live in the eastern half of the county. The situation is not as clear-cut for renters. Areas east of Denver International Airport generally have renter households that are housing cost burdened, but the municipalities in the western areas of Adams County have varying degrees of renters with housing cost burden.<sup>37</sup>

The county’s housing supply has not kept pace with demand, especially for lower-income families. Between 2009 and 2015, the average household size increased from 2.6 to 3.0 people, creating the need for an additional 10,000 housing units in that period.

**Figure 17: Percent change in average monthly income and average monthly rent costs between 2012 and 2016**



### ***Homelessness***

One of the most significant concerns for young families is homelessness. Homeless children have twice the rate of emotional and behavioral issues—including anxiety, depression, and withdrawal. By the time homeless children are eight years old, one in

<sup>37</sup> Adams County 2018 Balanced Housing Plan

three has a major mental disorder. Homeless children are sick at twice the rate of other children. They suffer twice as many ear infections, have four times the rate of asthma, and have five times more diarrhea and stomach problems.<sup>38</sup>

In 2019, 466 people in Adams County were identified as homeless, an increase of 196.8% over the previous year. Adams County continues to lead the state in the most number of students meeting the definition of homeless.<sup>39</sup> The increase in homelessness in Adams County has paralleled increases in the cost of living in the county, which is about 20% higher than the national average. While average income has grown, it has not kept pace with the costs of housing. Because many families earn less than the income necessary for financial sustainability, they struggle to afford housing and are at greater risk of homelessness.

About 3,758 children throughout the county are classified as homeless – 4.5% of the total school population. Most of these children (3,335) are classified as doubled-up due to economic hardship, but others live in hotels or motels, shelters or transitional housing. Fifty-two are unsheltered. Westminster School District has the highest proportion of homeless children per population – almost 9 percent.

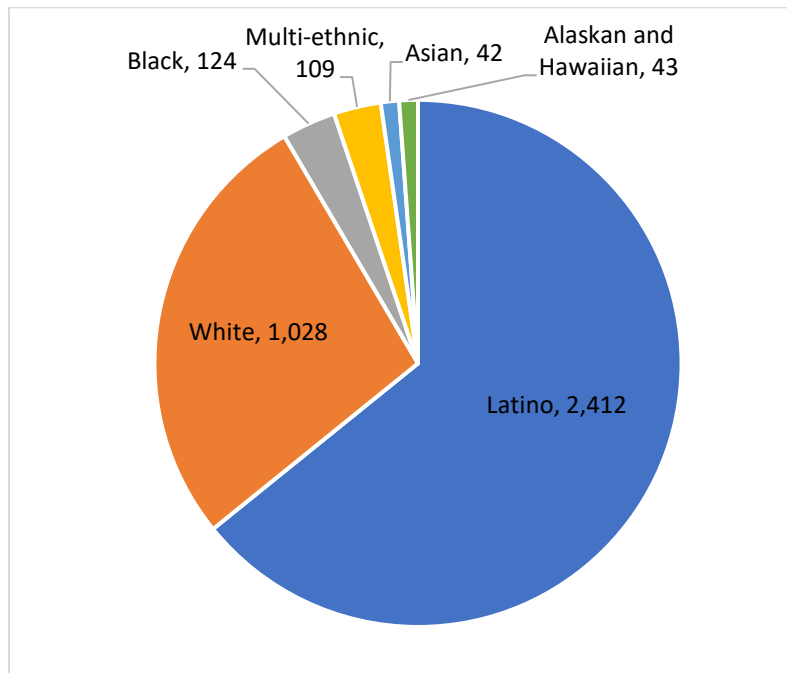
Homeless children are more likely to be Latino, but include all ethnic groups.

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<sup>38</sup> Colorado Department of Education. “Homelessness and Health”.  
[https://cdphe.colorado.gov/sites/cdphe/files/PSD\\_SDOH\\_Homelessness\\_long.pdf](https://cdphe.colorado.gov/sites/cdphe/files/PSD_SDOH_Homelessness_long.pdf)

<sup>39</sup> Homelessness Updates Spring 2019: Report to City Council

**Figure18: Child homelessness by race/ethnic group in Adams County**



***Food Insecurity***

An important measure of access to nutrition is food insecurity. Food insecurity refers to the lack of access to enough food for an active, healthy life for all household members, and limited or uncertain availability of nutritionally adequate foods. Food insecure children are those children living in households experiencing food insecurity.<sup>40</sup>

39% of children in Adams County under 14 are food insecure, as are 9% of pregnant women. There were nearly 20,000 food insecure children in Adams county in 2018, or 11.7% of all children. This rate was projected to reach 18.8% in 2020 due to the COVID-19 crisis. Of these, 75% are likely eligible for nutrition programs. (They have incomes at or below 185% of poverty). Adams County’s child food insecurity rate is higher than the statewide rate of 11.3%, and Feeding America estimates it would cost over \$20 million to provide food for these children.

13,377 children are enrolled in the federal Women, Infants, and Children (WIC) program.<sup>41</sup> The percent of children under 5 enrolled in WIC in Adams County has

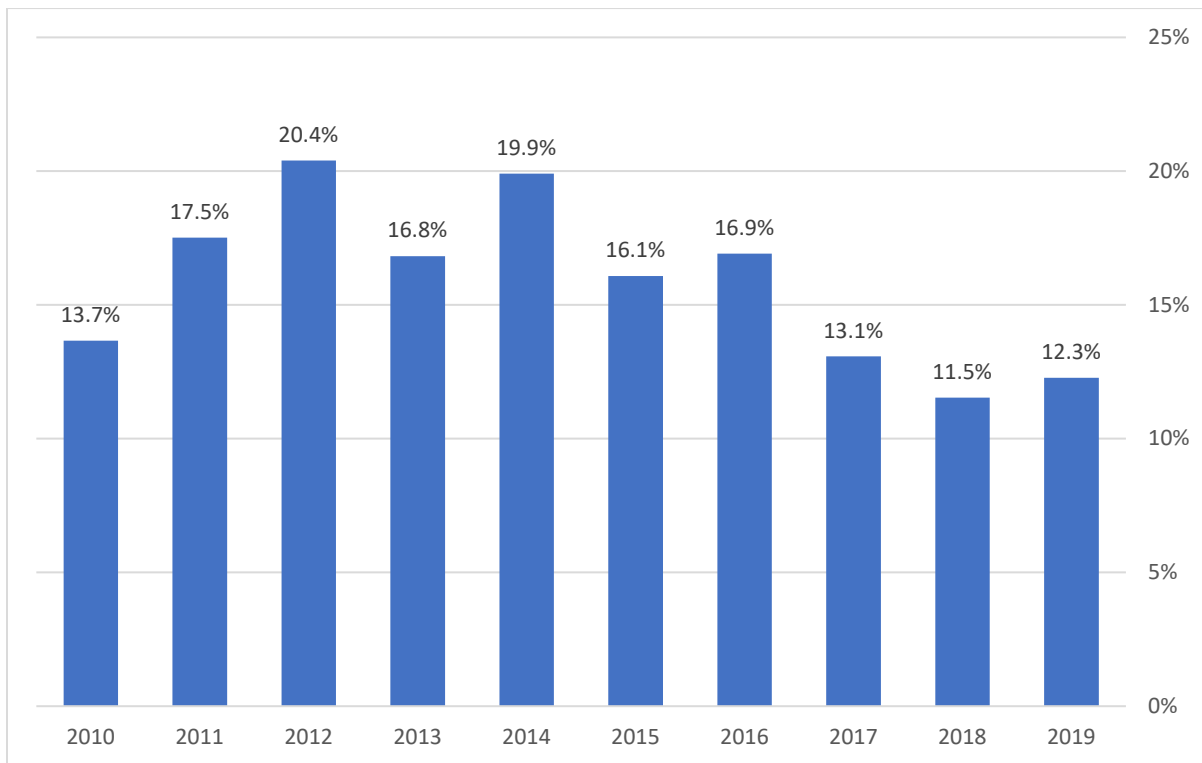
<sup>40</sup> <https://map.feedingamerica.org/county/2016/child/colorado/county/adams>

<sup>41</sup> Kids Count data based on projections from the Colorado State Demography Office.

decreased from 48.1% in 2011 to 37.6% in 2019, paralleling the statewide decline from 36.8% to 29.2% during the same period.<sup>42</sup> Rates of participation in the Supplemental Nutrition Assistance Program (SNAP), also known as the Food Stamp program, increased in the early part of the decade, but decreased between 2014 and 2018 before increasing in 2019.

A higher rate of eligible people are enrolled in SNAP and WIC in Adams County than in the state as a whole. In Adams, 62% of eligible are enrolled in SNAP compared to 58% across the state. 64% eligible for WIC are enrolled, compared to 56% in Colorado.

**Figure 19: Participation rates in SNAP for families with children under 18 in Adams County**



<sup>42</sup> Source: 2018 Community Health Assessment, Tri-County Health

## Economics and quality of life

Adams County has one of the highest rates of population and employment growth in Colorado.<sup>43</sup> Adams County leads the nation in job growth, according to a 2019 report from the U.S. Bureau of Labor Statistics. This push was led by the county's natural resources sector, primarily oil and gas production. Because of the recent opening of the Gaylord Rockies Resort and Conference Center in Aurora, the leisure and hospitality industry also contributed to the growth.<sup>44</sup> The county is home to new economic development, including the Colorado Air and Space Port (CASP), Maar Technologies, and Denver Premium Outlets.<sup>45</sup>

In a 2019 quality of life survey in Adams County, two-thirds of respondents rated it excellent or good, and just over half (53%) rated it as an excellent or good place to raise children. This placed it much below national and state comparison benchmarks.<sup>46</sup> Survey respondents rated the overall quality of services provided by Adams County lower than in other communities across the nation and in Colorado, with half of respondents rating them as good and about one-third rated as fair. Educational opportunities were also much below the national benchmark; public school districts in Adams County were much below the national benchmark and below the Colorado benchmark. Child abuse and neglect was considered a major or moderate problem in Adams County by nearly half of survey respondents. However, the availability of affordable quality health care and affordable quality child care each received excellent or good ratings by about 40% of respondents, similar to national and Colorado benchmarks.<sup>47</sup>

64.1% of children under 6 (27,920 children) had all parents in the labor force, compared to the statewide rate of 62.8%, in 2012-2016.<sup>48</sup> Among families in poverty, rates of unemployment decreased from 37.6% in 2011 to 33.2% in 2019. While full-time

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<sup>43</sup> <http://www.metrodenver.org/do-business/communities/adams/>

<sup>44</sup> <https://www.adcogov.org/news/adams-county-top-job-growth-us-2019>

<sup>45</sup> [https://www.adcogov.org/sites/default/files/AC\\_2019\\_CountyReport.pdf](https://www.adcogov.org/sites/default/files/AC_2019_CountyReport.pdf)

<sup>46</sup> [https://www.adcogov.org/sites/default/files/Survey%20Results\\_1.pdf](https://www.adcogov.org/sites/default/files/Survey%20Results_1.pdf)

<sup>47</sup> [https://www.adcogov.org/sites/default/files/Survey%20Results\\_1.pdf](https://www.adcogov.org/sites/default/files/Survey%20Results_1.pdf)

<sup>48</sup> Kids Count data from American Community Survey 5-Year Estimates



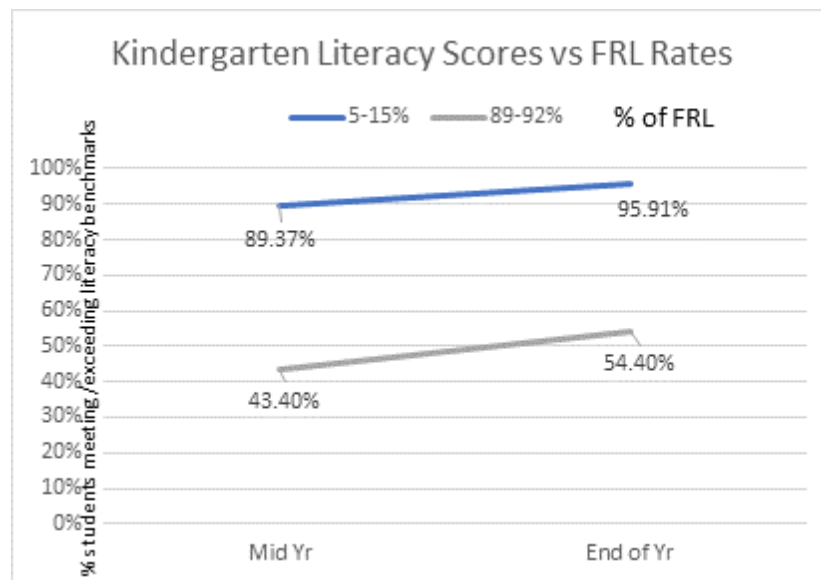
employment rates increased during this time, many parents worked part time -- about 42% of all adults in households in poverty.<sup>49</sup>

## Education

About 8,000 children are enrolled in the ACS categories of “nursery school” or “preschool”, with an additional 7,600 enrolled in kindergarten. In 2014-2018, 43% of children ages 3 and 4 were enrolled in preschool.<sup>50</sup> 40% of 3- and 4-year olds in Adams County were enrolled in preschool, compared to 50.5% for the state as a whole.

Performance on assessments, such as kindergarten literacy, are closely related to poverty levels, as the following figures illustrate. Only 60% of kindergarten children in the county are meeting or exceeding kindergarten readiness benchmarks.

**Figure 20: Kindergarten literacy scores for Adams County school districts<sup>51</sup>**



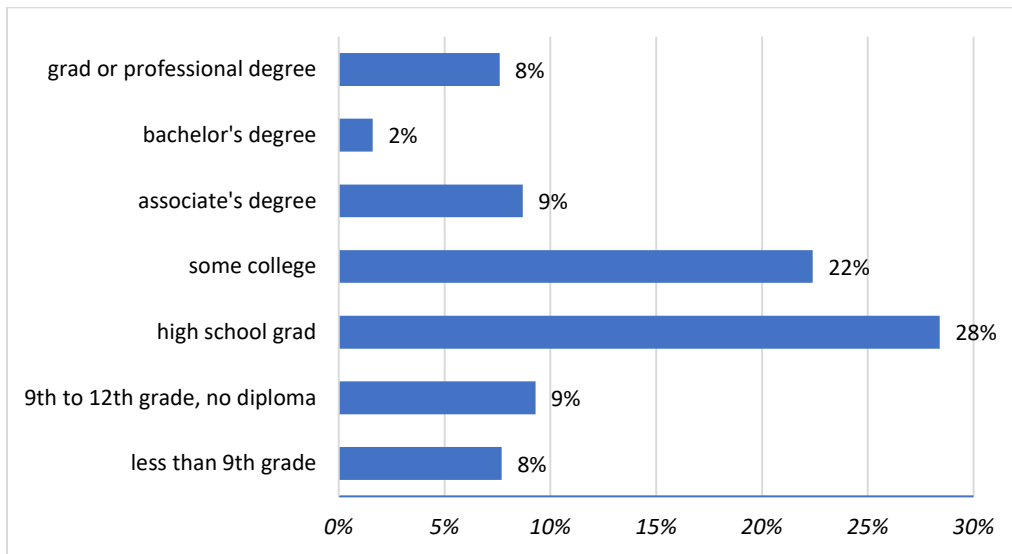
<sup>49</sup> ACS 1 Year Estimates for 2011 and 2019

<sup>50</sup> <https://datacenter.kidscount.org/data/tables/9493-children-ages-3-and-4-enrolled-in-preschool?loc=7&loct=5#detailed/5/1214-1277/false/1692,1691,1607,1572,1485,1376,1201,1074,880,815/any/18649,18650>

<sup>51</sup> Brodsky and Howard (2019)

A relatively small proportion of Adams County’s residents hold a college degree. About a quarter (24%) of residents age 25 or older hold a bachelor’s degree or higher<sup>52</sup>, compared with 39% statewide. And 18% of Adams County residents did not complete high school, nearly twice the state average.<sup>53</sup> Among the Head Start-eligible population, rates are even lower. For example, according to PIR data from 2015, 31% of Head Start families had less than a high school diploma or GED, and 26% of families had an associates/vocational degree.

**Figure 21: Adams County population by educational attainment**

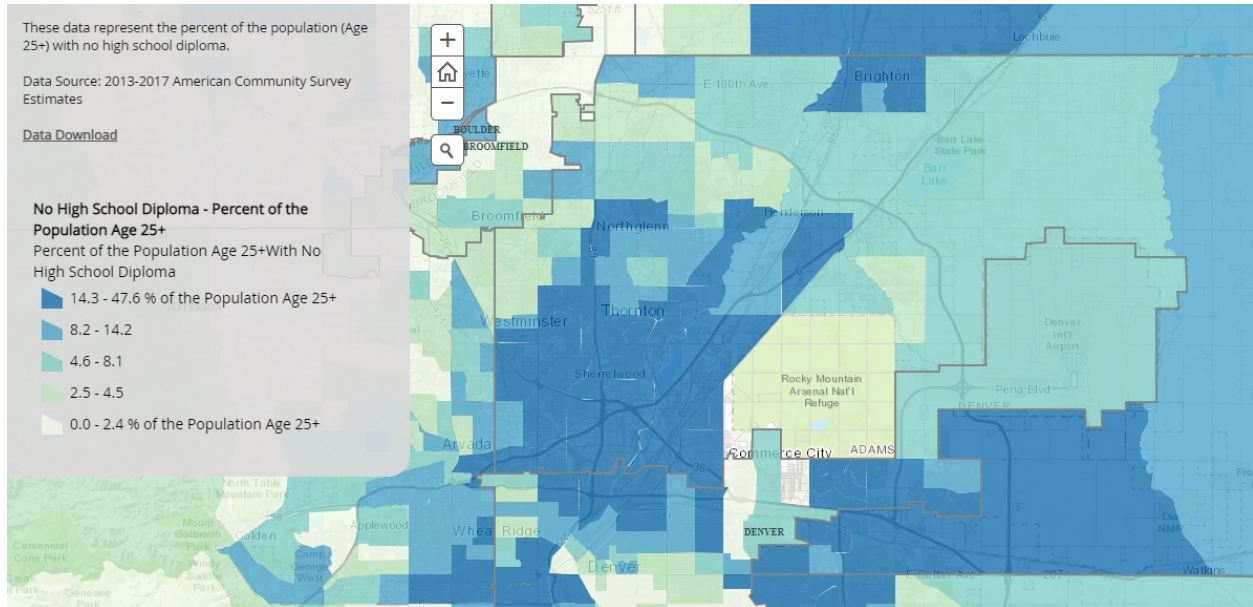


High school graduation rates are lowest in the central and southeastern areas of the county.

<sup>52</sup> American Community Survey, 2019 single-year results

<sup>53</sup> American Community Survey, 2013-2017 5-Year Estimates

**Figure 22: No high school diploma for population age 25+**



### Child care and ECE

Many families across the county are likely in need of some sort of child care: 70% of children ages birth to five in Adams County live in households with all parents working, higher than the statewide average of 64 percent.<sup>54</sup> This percentage varies from 41 percent in Deer Trail School District to 71 percent in Brighton School District.<sup>55</sup>

**Table 4: Percent of children ages birth to five with all parents in labor force<sup>56</sup>**

School District	Percent of Children
District 1 Mapleton	67%
District 12 Five Star Schools	65%
District 14 Commerce City	53%
District 26J Deer Trail	41%
District 27J Brighton	71%
District 28J Aurora	62%
District 29J Bennett	56%

<sup>54</sup> Center for American Progress (2016). Calculating the Hidden Cost of Interrupting a Career for Child Care

<sup>55</sup> Colorado Child Care Market Rate Study (2018)

<sup>56</sup> American Community Survey 1-year estimates, 2018

District 31J Strasburg	64%
District 32J Byers	45%
District 50 Westminster	64%
District RE3J Keenesburg	70%
District RE 50J Wiggins	64%

According to an analysis conducted for the Early Childhood Partnership of Adams County (ECPAC) in late 2018, this equates to a total need for ECE in the county of about \$346 million. This figure is based on an assumption that 75 percent of children birth through five need care, and 50 percent of these would attend half time. Current public funding through the four major public funding streams for ECE in the county (CCCAP, CPP, Head Start, DPP) total only about \$25 million. Thus, there is a vast unmet need for ECE in the county, equal to over \$320 million.<sup>57</sup>

The same ECPAC report also found that availability of child care slots varies across the county. The rural town of Bennet has the most licensed slots per child, while Federal Heights has the worst ratio of children per slot in the Metro area, with only one slot for every ten likely participants. Across the entire county, the rural community of Strasburg has the greatest challenge of access, with over 12 likely participants per slot.

***Licensed child care providers***

Adams County had about 289 licensed child care providers as of November, 2020. These included 102 child care centers, 134 family child care homes, and 53 preschool programs<sup>58</sup>. The majority (70%) are in child care centers. Licensed capacity in child care centers, homes and preschools, as a percentage of children who need care, was only 38.4%, compared to 61.1% for the state as a whole.<sup>59</sup>

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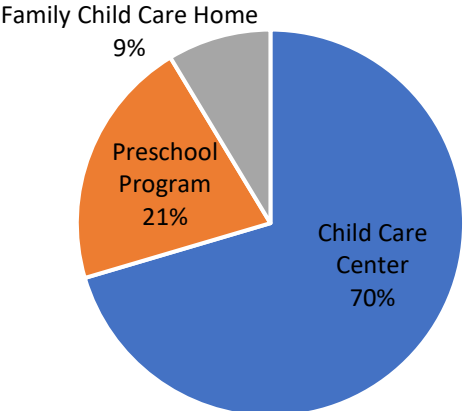
<sup>57</sup> Brodsky and Howard (2019)

<sup>58</sup> Source: Colorado Child Care Licensing database. Accessed November 20, 2020.

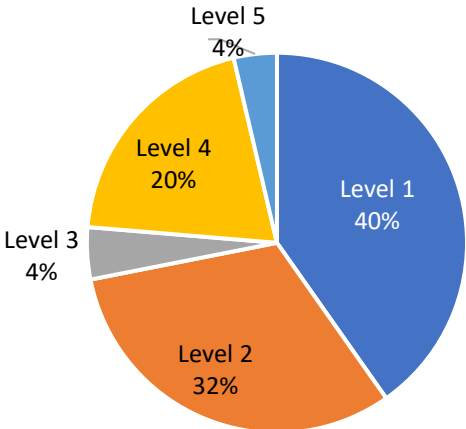
<sup>59</sup> <https://www.coloradokids.org/wp-content/uploads/2018/09/2018-HD35-1.pdf>

The majority of slots are not rated high quality. 62% are rated Level 1 or Level 2, while only 28% of slots in the county are rated at higher quality levels (Level 3, 4, or 5).

**Figure 23: Distribution of licensed child care slots by provider type**

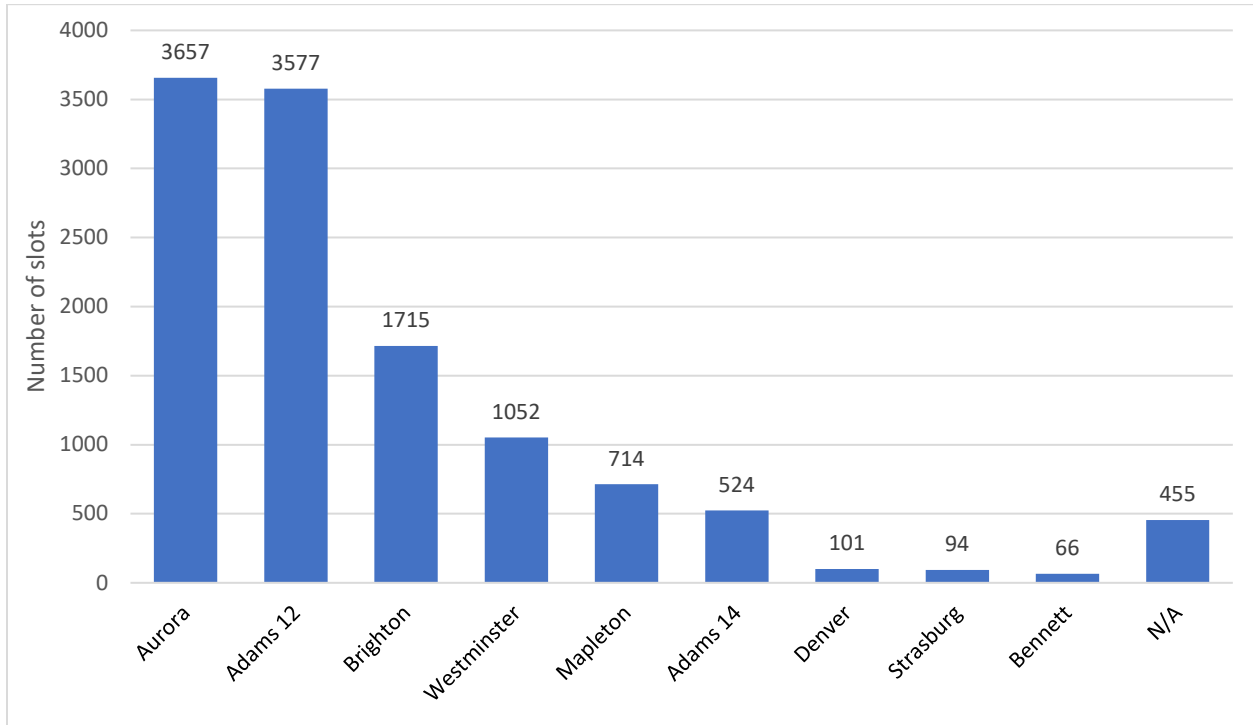


**Figure 24: Licensed slots by quality level**



Slots are primarily located in catchment areas for Adams 12, Aurora, Brighton, and Westminster school districts. These represent all slots that are within the geographic bounds of the school district, even if they are not operated by the school districts. Three providers are identified in the state’s licensing database as within Adams County but in the Denver school district catchment area.

**Figure 25: Licensed slots by school district catchment area**



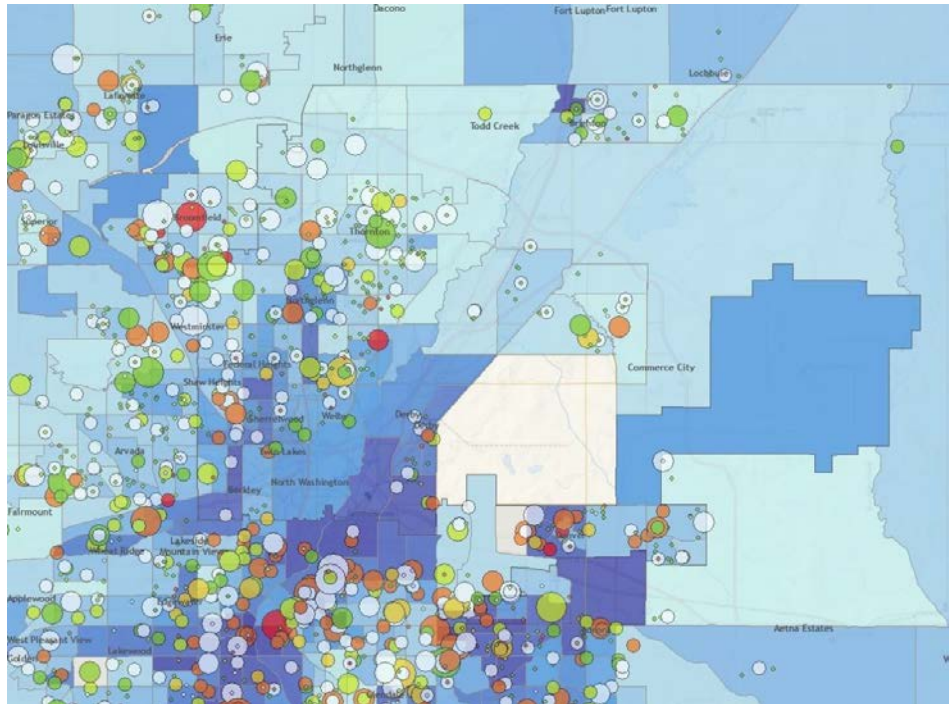
***Geographic distribution of licensed ECE Slots***

Figure 26 displays the distribution of licensed slots across the county. Larger circles indicate sites with greater capacity. The color of each circle reflects its quality rating: red circles have quality rating of Level 1, green circles have quality rating of Level 5, and orange and yellow circles represent intermediate quality levels.<sup>60</sup>

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<sup>60</sup> Brodsky and Howard (2019)

**Figure 26: Licensed settings and quality level**



Availability of quality care also varies throughout the county. For example, for families living or working in the District 1 Mapleton area, 78 percent of the 470 available slots are at quality level 3 or higher. However, for families living or working in the District 27J Brighton area, only about 31 percent of their 1,583 slots are rated quality Level 3 or higher.<sup>61</sup>

Together, the twelve school districts in Adams County operated about 23 percent of all licensed ECE slots in 2018.<sup>62</sup> In total, Adams County has 62 school district preschools and child care centers with 2,462 slots.

### Funding for ECE

In addition to Head Start, several other public funding sources are available to help defray the costs of ECE programs, including the Colorado Child Care Assistance Program (CCCAP), the Colorado Preschool Program (CPP), Early Childhood At-Risk Enhancement (ECARE slots), Special Education, and the Denver Preschool Program (DPP). In Adams County, public sources, including CPP and CCCAP, cover only about

<sup>61</sup> Brodsky and Howard (2019)

<sup>62</sup> CDHS Licensed Facilities Report, August 2018

28 percent of the total current cost of child care, with the remaining 72 percent covered by individual families.<sup>63</sup>

### ***Child Care Assistance Program***

The Child Care Assistance Program (CCCAP) is funded through the federal Care Development Fund (CCDF). The estimated annual funding for CCCAP slots is about \$15 million in 2019-2020.<sup>64</sup>

About 20% of the county’s approximately 300 programs, including six school districts, can provide services to families who receive CCCAP assistance. In 2020-2021, about 1,744 children were served with CCCAP funding, of which half were in programs with high-quality ratings, a higher percentage than the ECE population at large. Funding from CCCAP funds about 14% of the county’s licensed ECE slots. CCCAP reimbursement rates within Adams County vary by quality level and reflect the 75<sup>th</sup> percentile of costs for that age group. For example, in 2018 a child care center at the highest quality level was reimbursed \$53.50 per day for a preschooler, close to the 75<sup>th</sup> percentile market rate of \$53.58.

**Table 5: CCCAP enrollment and authorized slots, October 2020**

School District Catchment Area	CCCAP Enrollment	CCCAP Authorization	Estimated Annual Funding
Adams 12 (Northglenn-Thornton)	570	566	\$4,443,251
Adams 14 (Commerce City)	52	57	\$473,382
Aurora	602	572	\$5,770,478
Bennett	10	4	\$45,713
Brighton	275	259	\$2,274,436
Denver	4	2	\$14,934
Mapleton	99	92	\$1,085,761
Strasburg	1	1	\$8,632
Westminster	60	58	\$445,981
N/A	71	26	\$404,754
<b>Totals</b>	<b>1744</b>	<b>1637</b>	<b>\$14,967,322</b>

<sup>63</sup> Franko, Brodsky, Wacker, & Estrada (2017).

<sup>64</sup> Figures are based on CCCAP amount paid to Adams County providers in October, 2020. A multiplier of 10.75 was used to estimate annual funding, based on previous analyses by the author.



## ***Colorado Preschool Program***

The Colorado Preschool Program, or CPP, has been operating in the state since 1988. Children who are four years old must have at least one risk factor to qualify and children who are three- years-old must have two risk factors, with priority given to four-year-olds.

In the 2019-2020 school year, Adams County had 3,326 CPP slots.<sup>65</sup> While all of the state's CPP funding flows through school districts, some districts contract with local ECE programs to offer CPP at community sites. In 2017, these included District 14 Commerce City, with 33 community slots, and District 27J Deer Trail with six community slots.<sup>66</sup> Districts may face challenges in contracting with community providers if the providers do not have availability or do not meet CPP's quality requirements. Districts cannot contract with family child care homes.

According to the 2019 ECPAC report, about 37 percent of all CPP slots in Adams County are estimated to be in sites with high-quality ratings.<sup>67</sup> About 97 percent of slots are in half-day programs (four days per week for two and one-half hours per day), even though access to full-time slots is essential for families working full-time or pursuing higher education.

In November, 2020, Colorado voters passed Proposition EE, which will fund at least 10 hours of preschool per week for all children, and is estimated to generate \$2 billion for universal preschool over 10 years, although revenue will not be available until the fall of 2023.<sup>68</sup> This will significantly expand upon the preschool already offered by CPP.

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<sup>65</sup> Kids Count Data Center (2020). Annie E. Casey Center Foundation. Accessed at [datacenter.kidscount.org](https://datacenter.kidscount.org)

<sup>66</sup> Zero to Three (2017). Colorado Strengthens Child Care System. Found at <https://www.zerotothree.org/resources/2009-colorado-reforms-child-care-subsidy-program>

<sup>67</sup> Brodsky and Howard (2019)

<sup>68</sup> <https://co.chalkbeat.org/2020/10/19/21524422/voter-guide-proposition-ee-nicotine-tax-preschool-explained>

**Table 6: CPP and ECARE slot allocation by school district, 2020-2021\***

District	CPP Positions	CPP FTE	Half-Day Preschool Positions (ECARE)	Full-Day Preschool Positions (ECARE)	Total CPP + ECARE Positions	Total CPP + ECARE FTE
Adams 12 (Thornton)	542	271	161	0	703	<b>351.5</b>
Adams 14 (Commerce City)	584	292	162	20	766	<b>383</b>
Aurora*	1,418	709	772	0	2,190	<b>1,095</b>
Brighton 27J	420	210	113	0	533	<b>266.5</b>
Bennett	20	10	5	0	25	<b>12.5</b>
Mapleton	322	161	102	0	424	<b>212</b>
Strasburg	22	11	3	0	25	<b>12.5</b>
Westminster	270	135	580	0	850	<b>425</b>
<b>TOTALS</b>	<b>3,598</b>	<b>1,799</b>	<b>1,898</b>	<b>20</b>	<b>5,516</b>	<b>2,758</b>

*\*Includes slots in Arapahoe County*

**Preschool Special Education**

Preschool special education is a state and federally mandated program for three and four year old children who are experiencing challenges in their learning and development and meet state eligibility criteria for special education and related services. Approximately 1,609 children in Adams County are enrolled in preschool special education.

**Table 7: Number of students in preschool special education by district, 2019-2020**

District	# students with disabilities	% of students with disabilities
Mapleton	84	8.6%
Adams 12 (Northglenn-Thornton)	469	10.3%
Adams 14 (Commerce City)	108	12.6%
Brighton	232	10.5%
Westminster	117	10.0%
Aurora	599	11.1%
<b>Totals</b>	<b>1,609</b>	<b>10.6%</b>

### **Denver Preschool Program**

The Denver Preschool Program (DPP) uses sales tax dollars to support tuition and quality improvement for preschool. While the program primarily serves children in Denver, a small number of children in Adams County (about 25, as of December, 2020) receive support from the program. The total estimated funding through DPP for these children is about \$85,000.

### **Total FTE and funding for subsidized child care**

Across all public funding streams, about 6,321 full-time equivalent (FTE) slots are funded in Adams County. This number includes portions of the Aurora School District which lie in Arapahoe County. CPP provides the most slots, followed by CCCAP and preschool special education.

**Table 8: Total FTE for subsidized child care by school district catchment area\***

	Population Under 5	CPP	CCCAP	PSPED	Head Start	DPP	Totals
Adams 12 (Northglenn-Thornton)	17,787	351.5	570	469			<b>1,391</b>
Adams 14 (Commerce City)	2,719	383	52	108			<b>543</b>
Aurora†	16,941	1095	602	599			<b>2,296</b>
Bennett	198	266.5	10				<b>277</b>
Brighton	7,775	12.5	275	232			<b>520</b>
Mapleton	2,357	212	4	84			<b>300</b>
Strasburg	303	12.5	99				<b>112</b>
Westminster	4,012	425	1	117			<b>543</b>
N/A			60		256	25	<b>316</b>
<b>Totals</b>	<b>52,092</b>	<b>2,758</b>	<b>1,673</b>	<b>1,609</b>	<b>256</b>	<b>25</b>	<b>6,321</b>

\*Does not include preschool slots funded by school districts

†Includes portions of Arapahoe County

A annual total of about \$42.5 million in public funding is distributed to children in Adams County for ECE. Over half of these dollars are through the Colorado Preschool Program, an amount that is expected to increase in subsequent years with expanded funding.

**Table 9: Total public funding for ECE by school district**

	CPP <sup>69</sup>	CCCAP <sup>70</sup>	Preschool SPED <sup>71</sup>	Head Start <sup>72</sup>	DPP <sup>73</sup>	Totals
Adams 12 (Northglenn- Thornton)	\$1,470,170	\$4,443,251	\$736,208			\$6,649,629
Adams 14 (Commerce City)	\$1,601,921	\$473,382	\$173,595			\$2,248,897
Aurora <sup>74</sup>	\$4,579,905	\$5,770,478	\$882,613			\$11,232,996
Bennett	\$1,114,653	\$45,713	\$401,568			\$1,561,933
Brighton	\$52,282	\$2,274,436	\$23,007			\$2,349,725
Mapleton	\$886,703	\$1,085,761	\$119,216			\$2,091,679
Strasburg	\$52,282	\$8,632	\$48,105			\$109,019
Westminster	\$1,777,589	\$445,981	\$173,595			\$2,397,164
N/A	\$11,535,504	\$419,688		\$1,841,920	\$85,000	\$13,882,112
<b>Totals</b>	<b>\$23,071,008</b>	<b>\$14,967,322</b>	<b>\$2,557,905</b>	<b>\$1,841,920</b>	<b>\$85,000</b>	<b>\$42,523,155</b>

<sup>69</sup> CPP expenditures are based on average funding of \$4,183 per position. Source: <https://www.cde.state.co.us/cpp/cppfacts>.

<sup>70</sup> CCCAP expenditures are estimated based on CCCAP payments for October, 2020. A multiplier of 10.75 is used to convert from monthly amount paid to annual funding, based on previous analyses by the author in Adams and El Paso county.

<sup>71</sup> Preschool special education expenditures are based on an assumption of 0.5 FTE per pupil revenue. Source: <https://www.cde.state.co.us/cpp/ecguidetofallpupilcount>

<sup>72</sup> Head Start expenditures are based on an average funding per child of \$7,195 in 2017. Source: <https://www.cde.state.co.us/cpp/ecefundinginco>

<sup>73</sup> Total funding based on 25 children at an average tuition funding rate of \$3,400.

<sup>74</sup> Includes portions in Arapahoe County

## Resources Available for Head Start-Eligible Families in Adams County

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A wide variety of resources are available to families of young children at or below the poverty line in Adams County.

### Medical/health services

**Medicaid** is administered through the Adams County Department of Human Services. Family Medicaid is a public health insurance program for qualifying Colorado children 18 years of age and younger and for parents with dependent children.

**Child Health Plan Plus (CHP+)** is low-cost public health insurance for Colorado's uninsured children and pregnant women who earn too much to qualify for Medicaid, but cannot afford private insurance.

**Community Health Services** provides year-round pediatric and adolescent health care services to children birth to 21. CHS also provides school-based health care. School-based health centers bring the doctor's office to the schools so students avoid health-related absences and get support to succeed in the classroom. Services are designed to identify problems early, provide continuity of care, and improve academic success.

**Salud Family Health Centers** provides quality, integrated primary health care services to improve the health of the individuals, families, and communities.

**Clinica Tepeyac** provides culturally competent health care and preventive health services for the medically underserved. Serves uninsured or underinsured, low-income families, providing medical care, preventative care and education that promotes health lifestyles and families.

**Clinca Colorado** provides a medical home to those in need. The clinic's mission is to provide low cost health care for those who are indigent, without health insurance or unable to obtain primary care services.

**Inner City Health** provides quality medical, dental, and counseling services to the medically uninsured and very low-income families of metropolitan Denver and beyond. Programs include adult medical care, prenatal services, pediatric services, dental services and counseling.

**Kids In Need of Dentistry (KIND)** provides high-quality, affordable dental care to children in need throughout Colorado. KIND provides children with comprehensive dental services including oral exams, professional cleanings and dental sealants, fillings, emergency care and specialty services offered on a case-by-case basis.

**Community Reach Center** is a top-tier mental health provider serving the north metro Denver area, and is the designated provider for anyone eligible for Medicaid who resides in Adams County.

**Pennock Center for Counseling** is a nonprofit organization that works to fill the gap in community services by providing needed mental health care for the uninsured, underinsured & working poor.

**Tri-County Health Department** provides essential public health services include providing immunizations, family planning and prenatal care, improving nutrition, conducting restaurant inspections and assuring sanitation.

## **Housing and homelessness**

**Adams County Housing Authority** provides access to both affordable housing and services that offer a solid foundation on which to build economic independence. From affordable apartments to financial education and home ownership counseling, we believe that stability, self-sufficiency, and hope are just a neighborly helping hand away.

**ACCESS Housing** is a homeless shelter and provides transitional living programs and motel vouchers.

**Colorado Coalition of the Homeless** provides housing referrals, shelter information, Medicaid enrollment, assistance with benefits, resource referrals and bus tokens when available.

**Commerce City Housing Authority** can offer rental assistance from the federal government section 8 housing voucher program. This can help pay a portion of monthly rent for individuals, seniors and families.

## Child care

**Adams County Head Start** provides high-quality early education for pre-school age children in partnership with their families and the community

The **Colorado Child Care Assistance Program (CCCAP)** provides child care assistance to participants who meet the income guidelines.

**Colorado Child Care Facility Lookup** provides assistance in finding a licensed child care facility near you.

## Home visiting

**Nurse-Family Partnership** begins during pregnancy and continues through the child's second birthday. Nurses work with low-income mothers to improve the outcomes of pregnancy, infant health and development, and the mother's physical and emotional health during home visits. These visits generally occur every other week and last 60-90 minutes. Specific objectives include improving prenatal nutrition and preparing parents for labor, delivery, and newborn care.

**Parents as Teachers (PAT)** is a home-based parent education and support program (prenatal to age 5) helps parents understand their child's development, giving them the best social, emotional, physical and intellectual start. Certified educators help parents understand their child's development and how to give their child the best social, emotional, physical, and intellectual start. Located in Westminster, the program ( Home Grown Kids) uses an award-winning curriculum that encourages children to build skills through play, reading and songs.

**Head Start/Home Based Program** uses the home instruction curriculum that helps parents prepare their children (ages 3-5) for success in school and beyond. Parents are provided with carefully developed curriculum, books, and materials designed to strengthen their child's cognitive skills, early literacy skills, and social/emotional

**Home Visitation Program (HVP) Colorado** is funded in part through federal investments from the MIECHV program. It provides voluntary, evidence-based home visiting (HV) services to at-risk pregnant women and parents with young children. The HVP which builds upon decades of scientific research provides voluntary, culturally-

appropriate, and individually tailored support to families in their home; including the sharing of information regarding children's health, development, and safety.

## **Emergency support and crisis assistance**

**2-1-1 Help Center** is a statewide community resource connecting individuals and families to critical resources including food, shelter, rental assistance, childcare, and more.

**Adams County Community Development** offers many services and resources for paying bills and that can also help people get back on their feet. One of the primary options is the so called Community Services Block Grant (CSBG). The program provides grants and money for providing emergency assistance to low income people and seniors for rent, heating bills, mortgage, utilities, and they also run a distribution center that offers program activities.

**Adams County Community Resource Office** provides information and referrals, rent, utilities, shelters, clothing and many other areas.

**Adams County Department of Human Services** manages public assistance programs for Adams County residents, including child care, food assistance, Medicaid, TANF and other services.

**Almost Home, Inc.**, located in Brighton, can be called for access and information on financial assistance for paying an apartment, home security deposits, or rental assistance. Aid is available for the unemployed, for low-income, and working poor families in Adams county.

**Aurora Emergency Assistance Center - Catholic Charities** is a non-profit that can offer limited funds and cash grants such expenses as rental assistance. Also, get help for heating bills, prescription medications and other aid, and programs are provided for persons living in Center's area, Adams and Arapahoe Counties Colorado

**Jewish Family Service of Colorado** helps people in need, regardless of their religion. People of all faiths can receive aid. Examples of services and programs they offer include senior services, emergency financial assistance for bills and living expenses, supplemental food assistance, mental health counseling, adult care management, 24/7 homecare, and disability services



The Brighton area **Salvation Army** supports all of Adams County, addressing basic needs such as food, clothing, and shelter. Several other offices are in the region as well. Several emergency assistance programs are available, including some financial resources for rental expenses or utility bills. Other self-sufficiency includes education and job training.

**TANF/Colorado Works** provides temporary cash assistance and other support through the Adams County Department of Human services is provided by TANF with children under 18 years old. In addition to receiving cash for basic needs and paying bills, people will access self-sufficiency programs and will need to be working in short order, and stay current with other regulations.

### **Food security**

**Adams County Food Distribution Center** provides emergency food assistance for Adams County residents in need of immediate emergency food assistance.

**Supplemental Nutrition Assistance Program (SNAP)**, formally known as the food stamp program, provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency and is administered through the Adams County Department of Human Services.

**Food Bank of the Rockies** helps families thrive by efficiently procuring and distributing food and essentials to the hungry through programs and partner agencies. The homeless represent only 10% of food recipients and nearly half of the food they distribute feeds children.

**HOPE Family Resource Center** is a community-supported initiative that offers food, clothing, school supplies, uniforms and other basic living resources for families with students who attend Adams 14.

**Hunger Free Colorado** offers a Hunger Free Hotline, a new, bilingual toll free statewide resource that assists people in locating both public and private food assistance programs - from food pantries to food stamps.

**Neighbor Outreach of Colorado** conducts three food pantries per month in Thornton – one at Holy Cross, one at Regis University North Campus, and a third one at Pine Lakes Ranch. Client households can receive food without proof of residency.

The **Emergency Food Assistance Program (TEFAP)**, also called the USDA Food Commodities, distributes surplus federal government food and groceries to qualified low income residents. This can help Adams County Colorado residents in need of immediate emergency food assistance, and it is supported by numerous volunteers.

**WIC** provides nutrition counseling and vouchers for nutritious foods to income-eligible women who are pregnant or breastfeeding and children from birth through age five. WIC contributes to improved pregnancies and healthier children, resulting in better health and dramatic savings in medical care costs. Through our clinics, WIC also screens for anemia, counsels on the benefits of breastfeeding and offers childhood immunizations

### **Immigrant and undocumented Resources**

The **Colorado Immigrant Rights Coalition** is a statewide, membership-based coalition of immigrant, faith, labor, youth, community, business and ally organizations founded in 2002 to improve the lives of immigrants and refugees by making Colorado a more welcoming, immigrant-friendly state. CIRC achieves this mission through non-partisan civic engagement, public education, and advocating for workable, fair and humane immigration policies.

### **Parenting**

**Circle of Parents** is an evidence-informed model shown to improve the resiliency in children by increasing the Protective Factors in their environment through a support group for caregivers. Groups meet regularly at no cost to any participant.

### **Utility assistance**

**Low-Income Energy Assistance (LEAP)** provides energy assistance from November 1 through April 30. It is administered through the state Department of Human Services and distributes federal funding appropriated through Congress.

### **City services**

The **Commerce City Housing Authority** administers Section 8 Housing Choice vouchers, home rehabilitation and the down payment / closing costs assistance program.

**Anythink Libraries** serves the residents of Adams County, Colo., with branches in Bennett, Brighton, Commerce City, Thornton and the Perl Mack neighborhood of Denver. The library also offers outreach services through Anythink in Motion, the district's bookmobile which visits neighborhoods and communities throughout the county.

### **Protective services**

**Safe-to-Tell** ensures ensure that every Colorado student, parent, teacher and community member has access to a safe and anonymous way to report any concerns to their safety or the safety of others, with a focus on early intervention and prevention through awareness and education.

**Adams County Department of Social Services** responds to a variety of reports of concerns for children in Adams County.

**Alternatives to Family Violence** provides emergency shelter in a confidential location for women and children who are attempting to leave an abusive living situation and would otherwise be left homeless. In addition to Safehouse services, advocates staff the only two 24 -hour crisis lines in Adams County.

## Community Organization Interviews

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In order to better understand the needs of the Head Start-eligible population and resources available to them in the county, a list of community organizations was identified with the help of Adams County Head Start office. Participants from each organization were interviewed by phone. The complete interview protocol appears in Appendix A.

Participants represented a range of stakeholders connected to the community of young children in the county, including:

- school district early childhood directors
- community service organizations
- Head Start and Early Head Start grantees
- home visiting and parenting education providers
- early childhood experts and advocates
- homeless advocates
- human service agencies

### Target populations and resources offered

Together, the participating community service organizations serve a cross-section of the county's young children. The most common characteristics of these organizations' target populations are as follows:

**Lower income and lack of financial security.** Organizations primarily serve lower income families. One representative organization reported that 40-50% of their families are eligible for Medicaid, while 50% are classified as middle class to lower middle class. Another serves "people in crisis who need assistance to push them over the hump. People struggling to pay rent, unemployed and underemployed." However, a portion of the client base includes children who may not be lower income but may be referred by doctors and pediatricians, clinics, and home visitation programs.

**Eligibility for other programs.** Many families targeted by community organizations are eligible for other public programs. These programs include CPP, Medicaid or CHP+, food stamps, TANF, and child care assistance.

**Age.** Organizations contacted primarily serve some combination of children from birth through age 6 (kindergarten).

**Language.** Across the county, organizations serve primarily English and Spanish-speaking families. However, families speak numerous additional languages, among them Vietnamese, Burmese, Arabic, and many others.

**Homelessness.** Many organizations serve families who are homeless, are living with friends, or are about to be evicted.

**Children with special needs or developmental issues.** Many organizations serve special needs children, including children with communication delays; those on the autism spectrum; and younger children with smaller issues such as speech delays. Others serve families with concerns for their children's development and provide prevention work for early intervention.

### Trends in risk categories

Participants were asked how the numbers of various categories of children has changed over the past twelve months.

**Participating families.** Organizations saw different trends in the number of families accessing their services over the past year. For example, a school district ECE program reported that many less children are attending this year, likely due to COVID, and another indicated that families were qualifying for their services at the same rate but families were accessing it less. However, some service providers indicated an increase in self-referrals, but that these tended to be for crisis, short-term services.

**Licensed child care providers.** Most respondents indicated that the number of licensed child care providers in their communities has stayed the same. However, one respondent indicated that a decrease in family child care homes, and another reported that some centers have closed down, especially during pandemic.

**Children with disabilities.** Respondents generally indicated that the number of children with disabilities they served has remained about the same over the past year.

**Children with health issues.** Of those respondents who worked with children with health issues, about half indicated the number had remained the same of the past year, and about half indicated the number had increased.

**Children with mental health issues.** Most respondents indicated that the number of children with mental health issues had increased, and many tied this increase to stresses due to the Covid pandemic.

**Families with incarcerated parent.** Of the respondents who had information about the number of families with incarcerated parents, all but one thought the number had remained constant over the past year.

**Families with social service needs.** The majority of respondents thought families with social service needs had increased over the past year, although some thought this number had stayed about the same.

**Homelessness.** While homelessness is a continuing concern in the county, most respondents saw the number as remaining constant over the past year. One respondent speculated that this could be because the county has put a lot of Covid relief funding into helping families with rent and mortgage assistance. Two respondents, however, reported that number had, in fact, increased. One school district indicated that the population that has grown the fastest is unaccompanied youth (a child not in the physical custody of a parent or guardian).

**Non-English speaking families.** Some respondents reported that the size of this group of families had remained constant, while others indicated it was increasing, depending on the population they served. Several indicated that the number of Spanish-speaking families had remained constant, but the number speaking other languages, including Farsi and other Middle Eastern and Arabic languages, had increased.

## **Needs and access to resources**

Interview participants indicated a wide range of needs among the children and families they served. The following are those needs that were mentioned most frequently and with the greatest urgency.

### ***Income and financial security***

Many families have trouble meeting basic needs, such as housing, rent, and putting food on the table. Better job compensation is essential. One participant observed, “the impacts of poverty create instability in getting needs met. Without that, everything else

is a struggle. However, many families are very resilient and can support families' healthy development."

### ***ECE***

A pressing need for Head Start-eligible families is access to high-quality child care. Head Start is not available in all counties, and transportation is an issue. Another potential barrier for Head Start-eligible families in accessing other sources of child care funding is that Colorado child care policies do not align with federal policies. Families who are eligible for Head Start might not be eligible for CCCAP due to citizenship documentation. Several participants indicated frustration with the county's CCCAP system. The system was seen as hard to access, especially relative to CCCAP systems in nearby counties like Jefferson County and Denver.

One interviewee rated the adequacy of ECE in the county a 7 out of 10. In addition to funding, the county needs more full day spots, whether in Head Start, full day Pre-K, or provided by districts.

### ***Housing and homelessness***

With housing prices increasing in the Denver Metro area, affordable housing is an increasing concern for low-income families, even those who are employed. One participant said, "Adams County has seen tremendous increase in homelessness because of push out of urban core,-- because it's more expensive in the urban core. Most homeless families work in some capacity. Jobs don't provide livable wage or there's no flexibility or options for families to earn income."

The response of the homelessness crisis among families varies by school district and community. Some school districts are more focused on the problem, with more liaisons and more responsiveness to the needs of the community.

There is a shifting perception of homelessness. Traditionally services have focused on individuals, such as veterans and the chronically homeless. However, more resources and supports are needed specifically for families. The fastest-growing homeless population is youth and families, according to one respondent who works closely with the homeless population.

Unaccompanied youth in particular need particular attention. These are children who are on their own, but don't qualify to get their own shelter. Youth in custody are also falling through the cracks and the child welfare system will not take custody of them. These children are not supported through existing support programs such as the McKinney-Vento Homelessness Assistance Act or foster care.

### ***Parental empowerment and engagement***

Many participants highlighted the need for parents to be engaged in making decisions for their children. One interviewee said, "Parents are throwing their hands up in expecting outside systems, like CPP and Medicaid to meet the needs of their kids. There are consequences for children and attention to health care. The process to get support can be long, and some parents want it and others don't."

A consensus view was that many resources were available, but the challenge is in getting the word out to families that resources exist, and connecting children to those resources. "The mindset of service providers is that they really want to help families," said one participant. "Providers are very willing to communicate with each other and share resources to each other." Another saw the community as "close-knit", so if word of mouth is positive, recruitment will work.

Families may not engage with available resources for a variety of reasons, including the following:

- **Trust.** One school district representative said that their district has tried to build trust, but are not there yet. The reputation of the school district is not good and many families choosing not to participate because it's too much work for them to navigate the system.
- **Lack of awareness.** Families may not be aware of programs.
- **Lack of understanding of how to navigate the system.** For example, families in need of medical care may not know they call in their own referral if they don't attend a doctor's office frequently.
- **Lack of awareness of children's needs.** Some families may not have a sense of children's needs, such as speech and cognitive development. There is some confusion among families as to what development means to them. Another



barrier is parents not being able to acknowledge their children need services, which one participant called the “denial stage of the grief cycle”.

- **Concerns among undocumented families.** Families who do not have citizenship may distrust the system and worry that someone in their family will be deported or someone will turn them into child protection. These families are concerned that their needs won't be met, so they don't want to try.
- **Stigmas of accessing public help.** A stigma exists for families accessing public services. For example, families that just lost housing are reluctant to seek public support.

### ***Coordination and systems building***

Partnership and collaboration among organizations was seen as a particular community strength. “Adams county has great community organizations,” said one participant. “They are willing to go above and beyond and shift practices as much as needed to what the community needs.” Another singled out, “experienced, compassionate leaders making sure children get the resources they need.” People work well together and do their best to collaborate when time allows. At the state level, public/private partnerships have been essential in ensuring access to early childhood programming.

Systems building is important to making all the components of the system work together. One participant explained, “If we're looking at increasing resources, there have to be resources for systems building work. Services are only as good as the people who deliver them and what they know about the services available. Any time resources are put towards a direct service, resources also need to be put towards people's time to connect people or the services won't be high quality. Caseloads are high and value of what it takes to coordinate services is not recognized. Care navigation, coordination of services, and attending partner meetings need to be prioritized as well.”

### ***Language support***

More resources are needed to support the county's culturally diverse population. As the county's demographics change, more languages need to be addressed by social service organizations. This includes support for families who want to learn English, and cultural ambassadors to help non-Spanish communities, such as Afghanistan, Iraq, and Ethiopia.

### ***Support for undocumented and immigrant families***

Several participants indicated that undocumented families and children experience difficulty in accessing key services. Some families are reluctant to access services because of their citizenship status, and others lack access to health care, which in turn makes it more difficult to participate in services which require health documentation, such as immunizations.

### ***Technology gap***

Many families do not have tools to support learning in their household, such as computers and Internet access. This technology gap is all the more urgent during the pandemic, when online learning is essential. Even when resources are available, they are not very accessible for families. One participant said, “Barriers are too high technology-wise. If families don’t have that technology or have the skills to use the technology, they’ll be lost. There could be a better system to reach families.” Another suggested that service providers offer a single point of contact to families to help those with difficulty navigating technology.

### ***Health care and insurance***

Many families in the county lack access to health insurance. In addition, one participant indicated that families have difficulty in getting medical needs met outside of work due to work schedules and transportation issues.

### ***Mental health***

Mental health was identified by several participants as a key need in the community, including socioemotional development for young children. While mental health resources or supports are needed in the county, supports do exist and several participants indicated that the system is growing.

Adams County is high risk, but many programs are available, including Core Services, Early Intervention Colorado Part C (Social-Emotional Services), ECMH Specialist and Consultants, EQIT (Expanding Quality in Infant Toddler Care Initiative), HealthySteps, Incredible Years, NFP, PAT, Project LAUNCH, PSPED Part B, Section 619, and Safe Care. However, there may be shortage of mental health services for those who do not speak English.

Total funding for ECMH was \$7.2 million, for a per capita ECMH funding of only \$110 per child aged 0-8, placing it in lower than most other counties in the state.

For example, Adams county ECMH risk is high compared to other counties because of several factors including a high poverty rate, a significant number of children receiving suspensions and expulsions, and a high birth rate among mothers with less than a high school education.<sup>75</sup>

## Foster care

Interview participants were asked specifically about needs for children in foster care. A recurrent theme was that children are often lost within the system, and services are not always well coordinated. One participant from a school district indicated that greater accommodation is needed when students switch districts: “There is not enough follow through. Kids move from placement to placement, and they may have had an IEP in one district but not in another. Lack of continuity pushes them further behind.” This participant also expressed frustration because “every school district and each Head Start program operate independently, and there is no requirement to make space available if kids move. There’s no continuity because they’re separate agencies.” (However, Head Start provides additional points to family needs scales for children with special needs and who were in Early Head Start or came from another Head Start program.)

Consistency of placements is a particular concern for children with developmental or behavioral challenges. Children move frequently; one interviewee works with a child who is on their sixth placement and another on their third. Another significant challenge is in obtaining necessary paperwork from biological parents, and parents managing time in order to bring children to see their biological parents while negotiating work schedules. “Trying to get permission from bio parents for children in foster care is impossible and a huge burden,” said one participant.

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<sup>75</sup> Colorado Health Institute (November 2018). Risk, Reach, and Resources: An Analysis of Colorado’s Early Childhood Mental Health Investments. Colorado Health Institute.

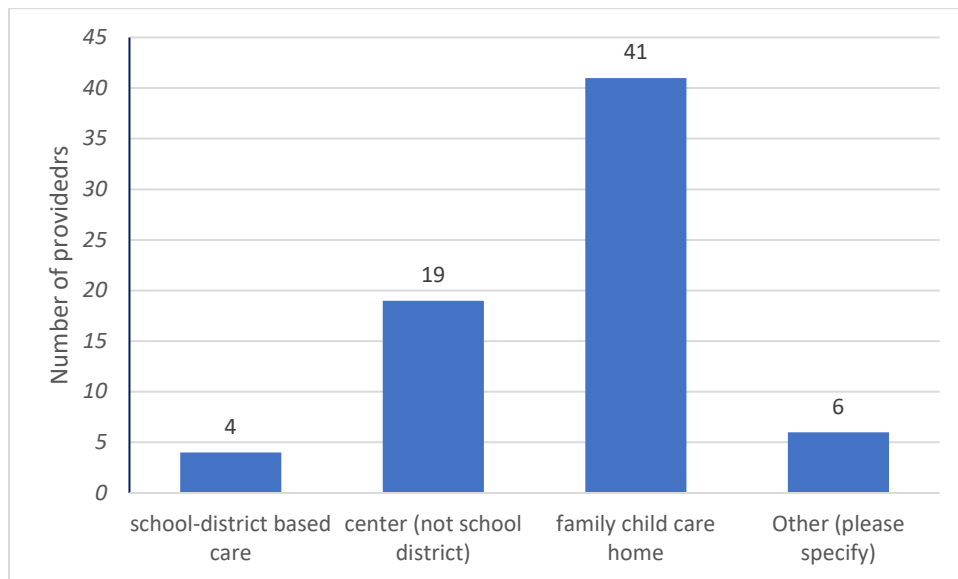
## Provider Survey

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An online survey was administered to licensed providers throughout Adams County. Seventy providers completed the survey online. (The complete survey protocol appears in Appendix B). The majority of respondents were family child care homes, although school district-based care and center care was also represented.

Almost all providers responded that they had no working relationship with Head Start, while three indicated they had a formal written agreement, one indicated that they work together with Head Start, and two indicated they receive information.

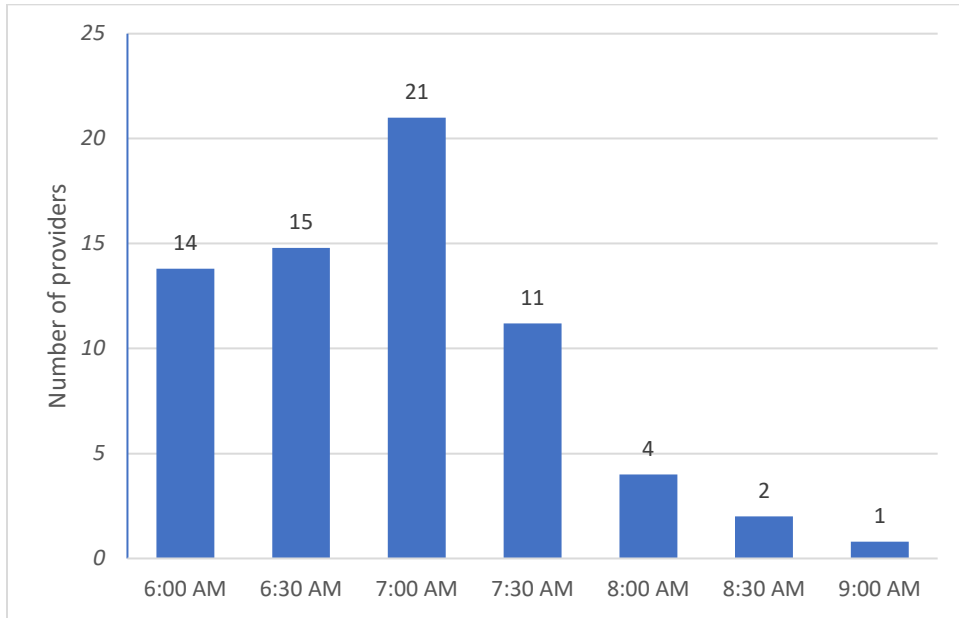
**Figure 27: Provider types of survey respondents**



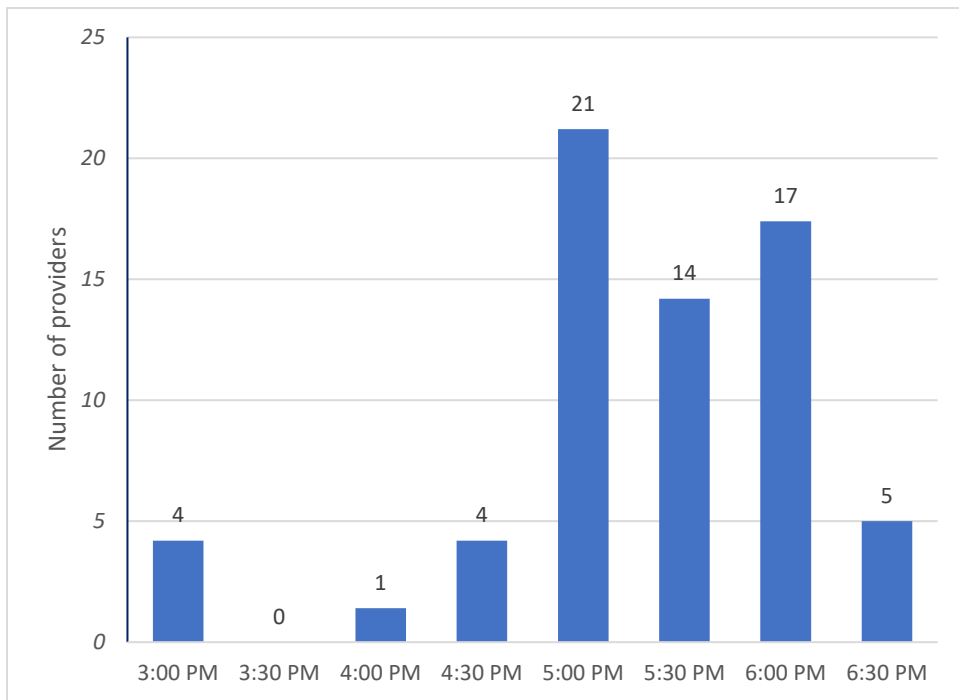
### ***Days and times of operation***

The typical provider opens between 6:00 a.m. and 7:30 a.m. and closes between 5:00 p.m. and 6:00 p.m. each weekday, with a typical open time of about 10 ½ hours per day. Three providers are open on Saturdays and Sundays, three are open for holiday care and five offer overnight care.

**Figure 28: Weekday opening times for responding providers**



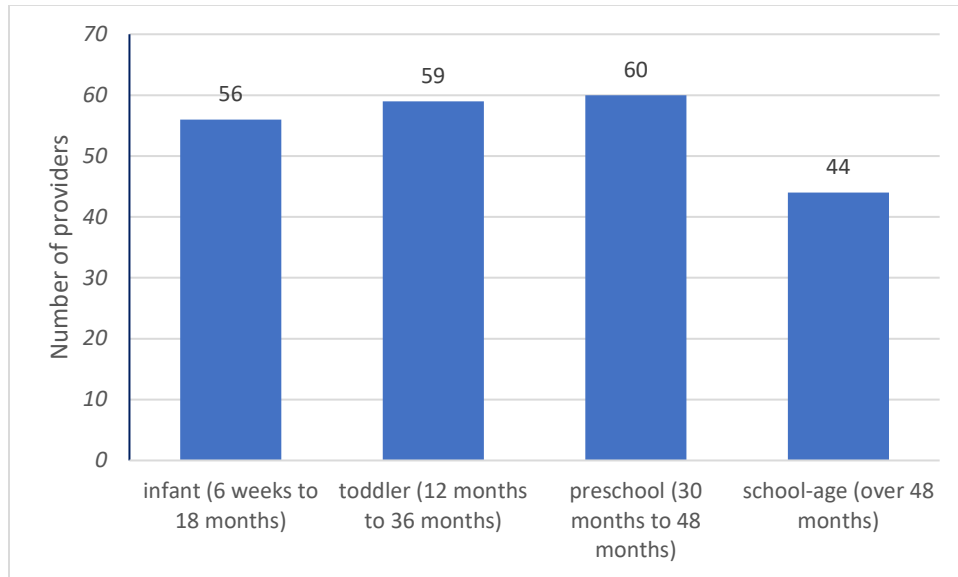
**Figure 29: Weekday closing times for responding providers**



### **Children served**

Responding providers serve a range of ages. Eighty percent of respondents serve infants, toddlers, and preschoolers, and about two-thirds serve school-age children. Fourteen providers (20%) serve a small number of foster children, averaging 1.7 foster children among these providers.

**Table 30: Ages served by responding providers**



### **Community strengths**

In spite of the community’s challenges in serving young children, respondents reported a range of strengths in the community in serving vulnerable families and children. Following are illustrative quotes from respondents about community strengths:

- “Quality care is provided with supports and resources. Also, CCAP, Early Head Start, and the Colorado Preschool Program. I feel our county has a strong outreach program thru ECPAC.”
- “We have a couple of great food banks in the area and I have heard of a few churches providing outreach. Most of the help that I have seen came during the pandemic in the form of the Emergency Care Collaborative.”
- “Child Find is a great resource for families.”
- “By serving vulnerable families and children, I am making sure the families have a safe place they can leave their children while they are working or doing what they need to do to take care of their family and themselves. The children

know they staying in a safe place where they know they will receive meals and have a stable routine.”

### ***Needs among children and families***

Participants indicated needs in the areas of education, health care, and social services.

#### Education

Among the education needs mentioned were adequate pay for teachers, affordable quality care for working families, and navigators and specialists who can help answer questions and provide supports to families. One respondent wrote, “teachers are in short supply and grossly underpaid. Also education teachers are having to buy their own materials for all students and some teachers are not able to afford as many teaching supplies as needed. The schools should be providing these tools to help teachers.”

Other education needs included having the right materials to teach children; varied and affordable preschool options; a bilingual specialist that can support parents with remote/virtual learning; and a county family navigator to answer questions, send families in the right direction, and help them through the process.

#### Health care

Many respondents saw the lack of access to health care and insurance as a key issue among the families they serve. One said, “a lot of low income people or those right at the cusp of being low income cannot afford health care. Its very unfortunate.” Another said, “Health care is a struggle for many. In my experience with families, they are afraid of making too much money and losing their Medicaid because if that happened, then they would not be able to afford conventional health coverage and therefore would just not seek regular health care. We have a good clinic and several great dentists in the area.” Families often have difficulty accessing healthcare and times that work for them, so more alternate hours are needed.

#### Social services

While some respondents felt that current access to social services was adequate, others highlighted the need to reduce bureaucracy and provide additional help for behavioral and mental health needs. Specific needs included extra help for behavioral and

development concerns; virtual mental health support to both parents and children; and less bureaucracy in accessing services.



## Parent Survey

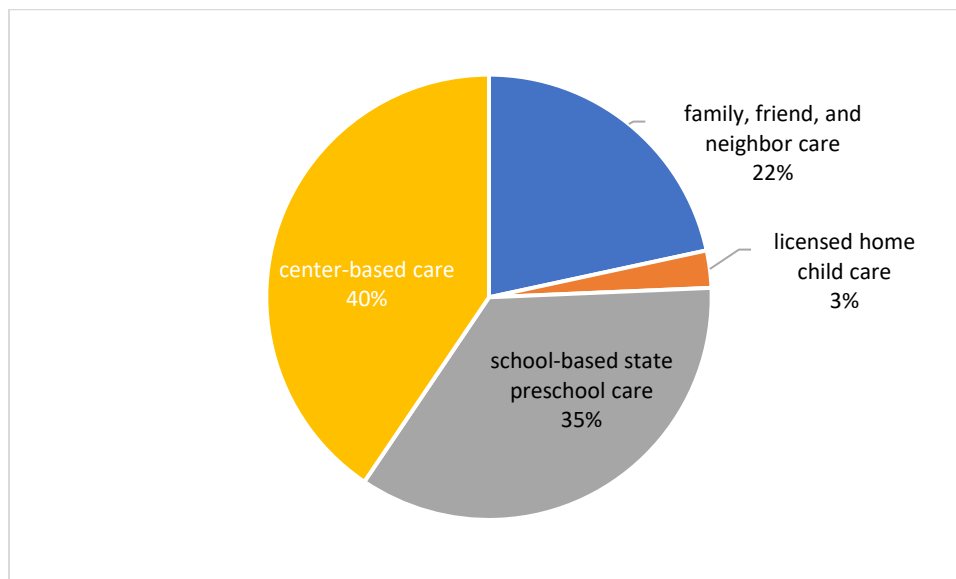
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A survey was administered to Head Start-eligible parents in the county. Parents were first contacted by email to complete an online survey. A random sample of parents who did not respond to the email request were contacted by phone and administered the survey via a live interviewer. In total, 42 parents responded to the survey, including 20 in English and 22 in Spanish. The complete interview protocol appears in Appendix C.

### *Profile of families*

Families use a mixture of center-based care, family, friend, and neighbor care, and school-based care, as depicted in Figure 31. Most responding families have two or more children; one-third have only one child. Two parents provide foster care for children under five.

**Figure 31: Types of care used by survey respondents**



### *Current child care usage*

Children are in care an average of 6.1 hours per day and 3.8 days per week. The average time from home to child care sites is 13 minutes. The majority of families (78%) reported they paid nothing for child care. Two parents receive home-based preschool services, and an additional five (13%) have interest in them.

### ***Need for child care***

Families were asked how much child care they would use in a typical week if it were available for free. Parents who respondent would use, on average, 3.6 days per week of care, and over half (54%) would use 5 days per week. Just under half (43%) of parents reported they need care for full days through the week (Monday-Friday). Relatively few respondents reported a need for other types of care: 12% need part-day, and less than 10% need care after 5:00 PM or on weekends, evenings, or holidays. About half (48%) of respondents said they would use child care more frequently if it was closer.

### ***Needs in health care and social services***

Parents were asked about their primary needs in various categories, including health care, child care, and social service needs. Parents mentioned the following general needs:

- Medical services, including medical clinics closer to home
- Medical services for undocumented families
- More schools in the area
- Free or subsidized preschool and kindergarten
- Assistance paying for utilities
- Parenting information

## Summary of Findings

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A variety of data sources were analyzed for this report. These included existing demographic, educational, and economic data for Adams County; data on current child care availability; community service agency interviews; a provider survey; and a parent survey. Together, these paint a picture of the primary needs in the county for the Head Start-eligible population.

Following are key findings that emerged throughout this process.

### ***Adams County has a high-needs population of children and families.***

Adams County is home to a large population of young children, and many of these children live near or below the poverty line. This population exceeds the state's average on risk factors such as teen births and children enrolled in Medicaid. Only 60% of kindergarten children meet or exceed kindergarten readiness benchmarks, and families are also less likely than the statewide average to hold a college or high school degree. The county has a high need for resources directed at this population.

### ***The county has a lack of affordable, high-quality care.***

Several programs fund ECE in the county, including Head Start, CPP, and CCCAP. However, much unmet need remains. Over two-thirds of children live in households with all parents working, and are therefore likely to need child care, resulting in an unmet need for child care of over \$320 million. Adams County also lacks enough high-quality slots, with only about one-quarter rated Level 3, 4, or 5. Access to care varies across the county, and parents would likely use more care if it was more convenient.

### ***Financial security is a significant concern, especially during the pandemic.***

The county's families face significant economic concerns, and these issues contribute to other problems, such as homelessness, low participation in social services, and low participation in quality child care. These issues are exacerbated during the pandemic, in which many families are underemployed or unemployed.

### ***Homelessness remains a significant concern.***

Nearly one in every twenty children in the county are homeless. The population experiencing homelessness is shifting, with more children and families needing

supports. These children experience significant needs and are often lost within the system. More flexibility is needed for children who are not served by existing supports.

***Support must be provided for diverse cultures and languages.***

Adams County's residents represent a wide range of cultural backgrounds and languages. The county has a continuing need for outreach and services provided in languages other than English. The predominant language is Spanish, but numerous other languages are also spoken throughout the county. Cultural envoys are needed to reach out to these families, to build trust, and to help them navigate the system.

***Services exist, but a need remains for parent engagement and awareness.***

Many high-quality services exist throughout the county. However, an ongoing challenge is ensuring that families are able to take advantage of them. Families may not engage with services for a variety of reasons, including lack of trust; lack of awareness of services available; lack of understanding of how to navigate the system; or concerns among undocumented families.

***A technology gap makes it harder for many families to access services.***

Many families do not have access to technology that allows them and their children to participate fully in available services. These families may also need support in navigating technology. This is a particular problem during the pandemic, when much schooling and other services must be accessed online. Addressing this issue may include providing technology to underserved populations, as well as providing support for those who have difficulty using it.

***Children in foster care face specific challenges.***

Children in foster care have significant needs and are much more likely to face other adverse outcomes, such as homelessness. They frequently do not qualify for certain types of support can fall between the cracks of the system. Moreover, regulations and paperwork issues can make it difficult to serve this population.

## Appendix A: Community Organization Interview Protocol

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1. What services do you offer?
2. What is your target population? What are its characteristics, including:
  - a. income
  - b. ages
  - c. languages spoken
  - d. eligibility for other programs
3. What do you see as the most pressing needs in the population you serve?  
[Prompt for education, child care, health, and social service needs]
4. What are the main barriers to families accessing the services you provide?
5. For each of the following, have they increased or decreased over past year, or has there been no change:
  - a. Number of families contacting your agency
  - b. Number of licensed childcare providers in the community
  - c. Number of families with an incarcerated parent
  - d. Number of children with disabilities
  - e. Number of children with health issues
  - f. Number of families with social service needs
  - g. Number of families with mental health issues
  - h. number of people experiencing homelessness in the community
  - i. Number of non-English speaking families in the community
6. What do you see as the strengths of the community in supporting vulnerable families and children?
7. How adequate are current resources to meet the needs of the community? How available and accessible are these resources to families?
8. What additional resources are needed to meet the need of the population you serve?
9. What are specific challenges for children in foster care in the community?

## Appendix B: Provider Survey Protocol

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1. What hours do you operate? (grid with open and close hours for Mon-Sun)
2. What type of provider are you?
  - a. school-district based care
  - b. center (not school district)
  - c. family child care home
  - d. other (describe)
3. Do you offer any of the following:
  - a. Weekend care
  - b. Holiday care
  - c. Overnight care
4. How many children are currently enrolled in each of the following age groups:
  - a. infant (6 weeks to 18 months)
  - b. toddler (12 months to 36 months)
  - c. preschool (30 months to 48 months)
  - d. school-age (over 48 months)
5. How many children are on your waitlist in each of the following age groups:
  - a. infant
  - b. toddler
  - c. preschool
  - d. school age
6. To your knowledge, do you serve any foster children? If so, how many? Do they have any specific needs not met by existing support services?
7. Describe your relationship with Head Start/Early Head Start. Prompt for:
  - a. collaboration – formal written agreement with Head Start
  - b. coordination – work together with Head Start
  - c. Cooperation – receive information from Head Start
  - d. No working relationship
8. If 6 is a), b), or c):
  - a. What are the most helpful resources you receive from Head Start?
  - b. What resources would be useful from Head Start that you do not receive?
9. What do you see as the strengths of the community in serving vulnerable families and children?
10. What do you see as the most pressing needs for families and children in the community in the following areas:

- a. education
  - b. child care
  - c. health care
  - d. social services
  - e. other (explain)
11. What additional resources are needed in the community to help meet those needs?
- a. education
  - b. child care
  - c. health care
  - d. social services
  - e. other

## Appendix C: Parent Survey Protocol

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1. What ages are your children?
2. Do they currently attend any type of child care offered outside of your home? (If necessary confirm which of the following):
  - a. family, friend, and neighbor care
  - b. licensed home child care
  - c. school district-based care
    - i. (if checked, "which school district?")
  - d. center-based care
3. Do any of your children receive support from each of the following programs to attend child care: (check all that apply)
  - a. Head Start
  - b. CCCAP funding (child care subsidies)
  - c. Colorado Preschool Program funding
  - d. Other public funding
4. How much time are your children currently in care? (specify how many days per week and how many hours per day)
5. If your child is in care, how long does it take (in minutes) from your home to the child care site?
6. Would you use child care more frequently if it were closer to you?
7. How much do you pay for child care (for each child, if more than 1 child)? Do you pay this amount daily, weekly, or monthly?
8. If additional child care were available for free, how much of it would you have need for? (Specify hours per day and days per week).
9. Do you need care for any of the following:
  - a. Full days during the week (Monday – Friday)
  - b. Part day services?
    - i. (if yes: what part of the day?)
  - c. Extended care (after 5:00 PM)
  - d. Weekends
  - e. Evenings
  - f. Holidays
10. Do you receive home-based preschool services? (These are services in which a home visitor comes once a week and works with parents and their children).
  - a. (if no): Do you have interest in home-based preschool services?



11. What are your family's primary needs in the following categories:
- a. health care
  - b. education and child care
  - c. social service needs (if necessary, prompt: such as parenting, transportation, nutrition, employment, housing)

12. Do you provide foster care for any children?

(if yes): how many of these children are under 5 years old