

2004 KidsCount in Colorado!



Good Beginnings Count

Ready for school. Ready for life.

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For 20 years, the Colorado Children's Campaign has been the leading voice for children in Colorado. With compelling, solid data in one hand and unrivaled expertise and advocacy skills in the other, we create hope and opportunity, one million Colorado children at a time.

Goals of the Colorado Children's Campaign

RESEARCH AND INFORMATION: Provide credible, actionable information to the people of Colorado.

ADVOCACY: Stimulate dialogue on children's issues; provide leadership in creating a statewide consensus about the best ways to improve the lives of children; and advocate for children in order to promote long-term solutions to their health, education and safety needs.

SUSTAIN PROVEN PROGRAMS: Build systems of support for proven community programs and promote government accountability for addressing the needs of vulnerable children in effective, efficient ways.

CHANGE INITIATIVES: Create and disseminate innovative models for community programs.

Focus Areas of the Colorado Children's Campaign

EARLY CHILDHOOD EDUCATION (ECE): Improve the child development and school readiness of low-income children from birth to age 5.

K-12 EDUCATION: Create a holistic strategy for addressing the academic needs of high-risk children in grades K-12. Expand the range of public and private educational options that are available for low-performing, low-income students.

CHILD HEALTH: Expand enrollment in health care programs and increase access to health care services for moderate and low-income children and youth.

YOUTH DEVELOPMENT: Increase the availability of after-school and youth violence prevention programs for at-risk youth. Increase the availability of high quality ECE programs in communities with high rates of youth crime and violence.



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The **KidsCount in Colorado!** project is directed by Kaye Boeke.

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Good Beginnings Count

**READY FOR SCHOOL.
READY FOR LIFE.**

The reasons Colorado children are prepared—or not—for school are many. Through **KidsCount in Colorado!**, the Colorado Children's Campaign (CCC) shares data on the more than 1.1 million children and youth in Colorado's 64 counties, focusing on those indicators in the first years of a child's life that are linked to his or her success in school, and ultimately, in life. This report continues CCC's commitment to "school readiness"—and to the CCC's mission of creating hope and opportunity in Colorado—one million children at a time.

The information and data in this edition of **KidsCount in Colorado!** is intended to be used by parents, community leaders, voters, and decision-makers to better understand the importance of the wide range of factors that can improve a child's chances of success. The data are also intended to help in creating new collaboratives, prioritizing policy, building awareness, allocating resources, monitoring performance, understanding local and state trends, and initiating a serious school readiness dialogue in Colorado.

Are Colorado's Children Off to a Good Start?

School readiness begins with a healthy birth and parents' commitment to their child's success. The data in the table below capture the circumstances into which babies in Colorado and the nation as a whole are born. The rankings show how Colorado compares with the other states.

Key Birth Indicators		1991	2001	1991 Rank	2001 Rank
Percent of total births that are to teens	Colorado	11.8	10.9	23	25
	United States	12.9	11.3		
Percent of total births to women who were already mothers	Colorado	22.3	19.8	18	22
	United States	24.6	20.9		
Percent of total births to unmarried women	Colorado	23.6	25.0	11	4
	United States	29.5	33.5		
Percent of total births to mothers with less than 12 years of education	Colorado	18.8	21.9	23	38
	United States	23.9	21.7		
Percent of total births to mothers receiving late or no prenatal care	Colorado	4.8	4.7	28	42
	United States	5.8	3.7		
Percent of total births to mothers who smoked during pregnancy	Colorado	17.8	9.1	20	11
	United States	17.8	12.0		
Percent low birth weight births	Colorado	8.2	8.5	42	39
	United States	7.1	7.7		
Percent preterm births	Colorado	10.1	11.6	21	23
	United States	10.8	11.9		
Total number of births	Colorado	53,813	67,007		

Source: The Right Start 2004, Annie E. Casey Foundation

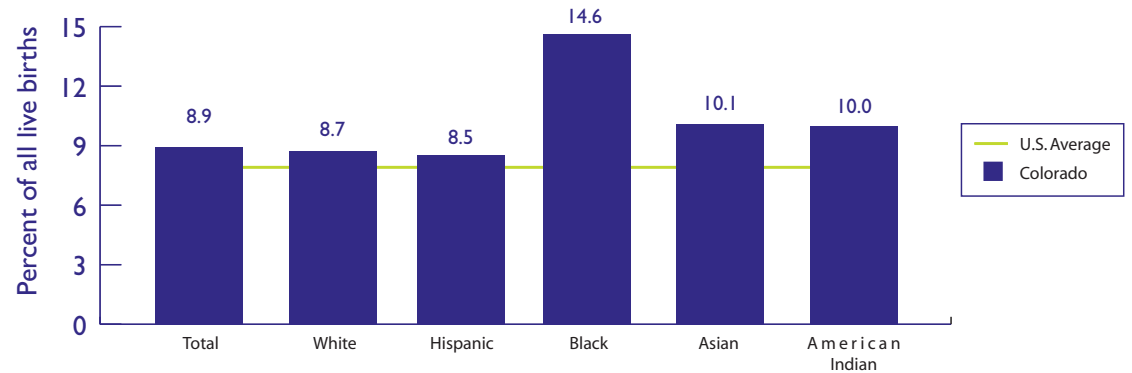


Low Birth Weight Babies

Babies born at a low birth weight have a high probability of experiencing developmental problems and suffering from serious illnesses, both of which can inhibit learning and require a lifetime of specialized care. Low birth weight babies may encounter early problems in school related to their developmental delays and are more likely to need special education services.

Colorado consistently has one of the highest percentages in the nation of babies born at a low birth weight. Only nine other states experienced a larger percentage of low birth weight births than Colorado in 2002. In addition, Black babies are significantly more likely to be born at a low birth weight.

Low Birth Weight Births: US and Colorado by Race, 2002



Source: Colorado Department of Public Health and Environment and National Center for Health Statistics



Good Health Counts

Good health for pregnant women and in children's early years of life gives children an enormous advantage. Having good health allows children to grow, learn and develop, and build a strong foundation for later learning.

OFF TO A HEALTHY START

Good health at birth is a step toward success in school and in life. Expecting mothers who receive good prenatal care and who maintain good health during pregnancy are important influences on their child's positive future development. Once born, access to adequate health care through well-child visits and care during illness is critical for a child's future physical, social, and academic success. Good mental health, complete and timely immunizations, good oral health, maintenance of a healthy body weight and adequate sleep also influence school success.

Health Insurance and Health Care Access

In addition to a healthy start at birth, ongoing access to health care is an important factor in children's educational success. Uninsured children are three and one-half times more likely than insured children to go without needed health care, including medical care, dental care, eyeglasses, and mental health care. They are six times more likely to lack a usual source of health care. Untreated health problems result in missed school days and a lack of engagement in the classroom, with a consequence of missed learning opportunities.

Many Colorado children and youth do not have health insurance:

- An estimated 14 percent of all Colorado children have no health insurance, compared to 12 percent nationally. This translates into one of every seven Colorado children.
- More than half of Colorado's uninsured children are eligible for, but not enrolled in, Medicaid or the Child Health Plan *Plus* (CHP+).
- Colorado's eligibility guidelines for public health insurance are among the most restrictive in the nation, with maximum eligibility at 185 percent of the federal poverty level.
- One-third of uninsured children did not see a doctor in the past year.

School-based health centers increase access to health care by providing services in an environment that is comfortable for children and by providing care specifically tailored to meet the emotional and physical needs of children and adolescents. School-based health centers work to reduce health and social problems that impede learning. School-based health centers were accessible to 7.6 percent of Colorado's more than 750,000 public school students as of the fall of 2002, and students made more than 83,000 visits during the 2002-2003 school year. Nearly 15,000 of these visits were for mental health services.

Social and Emotional Development

Responsive care is crucial to a child's social and emotional development. Renowned child psychiatrist Dr. Bruce Perry points out that without this responsive care, children don't learn the connection between rewards and social relationships. Children who have not learned to attach to their parents often will not care about their teachers' attempts to engage with them. For example, if a preschool teacher reprimands a child who is criticized or ignored at home, the teacher's reprimand may not bother the child. Or, if a preschool teacher compliments a child, the child may not feel rewarded by the praise. This detachment makes it difficult to motivate or set limits with the child.

A child's social and emotional growth may be hindered by neglect and abuse. Neglect, far more common than child abuse, may cause children to be socially withdrawn or have learning problems. Infants under one year of age are the most common victims, constituting 10 percent of all victims of maltreatment. Neglect is linked to many short-term and

long-term negative outcomes, including language deficits, reduced cognitive function, attention deficit disorders, lower grades, lower standardized test scores, lower rates of grade promotion, and shortfalls in physical health.

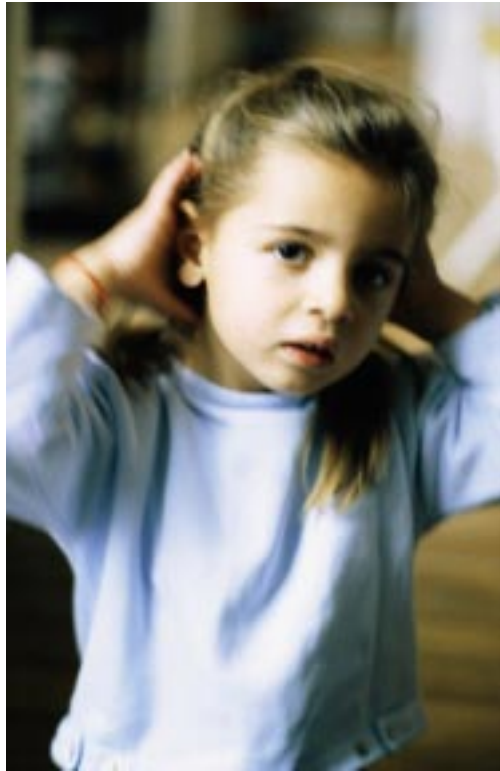
Research shows that children who witness violence as early as two years of age have long-lasting memories of the event. Children exposed to violence who do not receive intervention until two years or more after the incident tend to have significant learning problems, aggressive or withdrawn behavior, and depression. The effects of such risks highlight the importance of preventive services, screening, and early intervention for young children and their families.

Mental health is essential to overall health. Children may experience social and emotional development problems in varying levels of severity and impact from birth throughout childhood. Emotional and behavioral problems in young children can lead to school failure, child abuse, delinquency, and mental illness.



Mental health issues for children are a growing concern:

- 22,690 children ages 5 to 15 in Colorado have a mental disability.
- Nearly 11 percent of children and adolescents experience a diagnosable mental health condition that causes significant functional impairment. In Colorado, children and adolescents experience more than one-third of the severe mental health needs of all Coloradans.



A great deal is known about risks that can impact a child's development, and mental health and emotional development problems in young children can be recognized and successfully treated. When appropriate interventions occur early, the likelihood of success is greater and the long-term costs are likely to be lower.

Immunizations

It is estimated that for every dollar spent on three of the most common immunizations, \$21 are saved in later medical and related costs. Childhood immunizations not only protect individual children, but also protect others from exposure to preventable illness and disease. Positive outcomes of immunizations for children include higher school attendance and better overall health. Physical and developmental problems associated with not receiving immunizations may lead to problems adapting to school or conditions such as blindness or deafness.



Colorado lags behind the rest of the nation on toddler immunizations:

- Approximately 68 percent of Colorado toddlers are fully immunized against diphtheria, tetanus, pertussis, measles, and polio, compared with 79 percent of toddlers nationwide.
- In the most recent data from the Centers for Disease Control and Prevention, Colorado ranks *last* in the percentage of toddlers that are fully immunized.

Source: Centers for Disease Control and Prevention



Oral Health

Good oral health is critical to maintaining the general health, development, and well-being of every child. Most Colorado children have good oral health; however, tooth decay (dental cavities or caries) is the most common chronic disease among children ages 5 to 17—five times more prevalent than asthma.

Poor dental care in young children often leads to conditions that could have been prevented, such as gingivitis, tooth decay, and other dental problems. This frequently results in poor nutrition and pain. These conditions hinder school readiness because they can result in impaired speech development, high rates of school absenteeism, an inability to concentrate due to pain, impeded growth and development, and overall poor health.

Oral health considerations for children include:

- 80 percent of tooth decay is found in just 25 percent of children, most of whom are from low-income and minority families.
- 61 percent of all Colorado children have cavities by the 3rd grade.
- 7.8 million hours of school a year are missed due to preventable dental problems.

Overweight and Obesity

Childhood obesity is associated with negative health outcomes later in life, such as cardiovascular disease, high blood pressure, stroke, and diabetes. Along with physical health issues, overweight children often suffer limitations in quality of life, such as decreased mobility and an increased likelihood of depression. Peers may tease obese children, leading to difficulties in adapting to the school environment. Obesity is linked with chronic health problems that may hinder school attendance. Furthermore, research has shown that active children are less likely to abuse drugs and alcohol or become teen parents.

In most cases, childhood obesity can be prevented or reversed. Prevention measures include quality physical education in schools, recreation programs offering physical activities, providing healthy food choices and appropriate portion sizes, and the reduction of sedentary activities, such as prolonged television viewing.

The Pediatric Nutrition Surveillance System demonstrates that while the prevalence of overweight and obese children is lower in Colorado than nationally, it is an emerging issue:

- In Colorado, 22 percent of children between the ages of 2 and 5 were either overweight or obese in 2002.
- Hispanic children are disproportionately more likely to be overweight or obese in Colorado.

Sleep Deprivation

Sleep deprivation is an emerging health issue for children. In today's environment, it is difficult for children to get the recommended 8-9 hours of sleep each night. Insufficient sleep among children is associated with a number of behavioral problems including hyperactivity and poor concentration in school as children try to compensate for their sleep deprivation.

Sleep deprivation among children results from a variety of sources including: 1) hectic, overbooked after-school schedules, 2) unpredictable bedtime routines, 3) late night TV, and 4) TV/video games in the child's bedroom. In addition, there is emerging evidence that sleep in children can be disrupted by noisy breathing and snoring. Enlarged tonsils and adenoids may be contributing to poor quality sleep in some children. In children with Attention Deficit Hyperactivity Disorder (ADHD) who also snore or breathe loudly at night it has been estimated that the ADHD symptoms of *one third of these children* are caused by snoring/loud breathing at night. Thus, treatment of the snoring (removal of tonsils and adenoids) could improve ADHD symptoms and school performance in some children.

Noisy breathing and snoring in small children is not normal. If a child is having behavioral and cognitive problems and has significant snoring/noisy breathing at night, a medical evaluation would be appropriate.

In Colorado, 7.8 million hours of school are lost annually due to preventable oral pain.

Source: Colorado Department of Public Health and Environment

Families and Communities Count

School readiness is traditionally thought of in terms of cognitive learning, such as knowing numbers, colors, and the alphabet. However, many components factor into school readiness—beginning with loving parents and including basic social and emotional skills, good physical health, and a supportive environment for the child.

THE EARLY YEARS

From birth, babies are shaped by interactions with parents, siblings, and other adults. These interactions and the baby's own temperament will play a significant role in the eventual school readiness of the child.

Early childhood is a period of active, not passive, learning. Stimulation and interactions in a child's early years are critical to brain development. As a result of life experiences, the brain's physiology changes, and by age three roughly 85 percent of the brain's core structure is formed. Loving, nurturing contact lays the foundation upon which children build in order to learn their ABCs and their multiplication tables. Nurturing is crucial for emotional, social, and intellectual development.

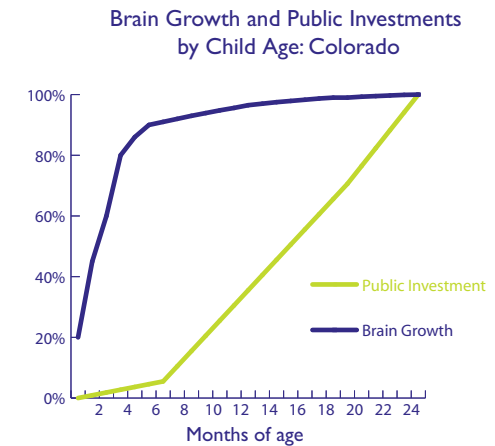
Families play a primary role in raising healthy, school-ready children. However, most young children spend a substantial portion of their days with other caregivers while their parents are at work or in school. As a result, nonparental caregivers can play a major role in a child's early development.

In Colorado, almost 60 percent of children under age 6 have both parents in the work force, and 39 percent of babies and toddlers are in child care 35 or more hours per week.

Non-parental caregivers can provide important adult-child relationships that promote children's healthy development and early learning. One key to nurturing early childhood development is a close and dependable relationship with at least one caregiver who offers security, responsive interaction, and encouragement for exploration.

Through relationships with extended family, siblings, and care providers, a child learns about trust, dependability, and consequences. Positive, supportive relationships with the adults in their lives also teach children how to communicate, express needs and wants, and influence the world around them. Interactions with other people

help their brains grow, and thus, early relationships help form the basis for success in school. Parents and caregivers give children confidence to explore their world by providing them with a secure base and by fostering a sense of competence.



Source: Early Learning Left Out, 2004

"While 85 percent of a child's core brain structure is formed by age three, less than four percent of public investments in education and development have occurred by that time."

— Early Learning Left Out, 2004

School readiness is having the social, emotional, and cognitive development children need to ensure they are ready to learn and that families and communities contribute to children's success.



COMMUNITY INVESTMENTS

Dr. Bruce Perry points out how our culture has become less and less child-focused and more compartmentalized. The number of people that young children are consistently exposed to has shrunken dramatically over the ages. For example, the number of people in the average American household has shrunken from 10 in 1850 to fewer than 3 people currently. When people lived in hunter-gatherer clans, the ratio of caregivers to every child under the age of 6 was four adults for every one child. Now we consider one adult to every four children (1:4) an ideal ratio for infants and even 1:8 for preschoolers in a child care setting.

Despite the importance of the early years, most public investments in education and development occur after, rather than during, the first years of life. For every dollar spent on school-age children, Colorado invests only 19 cents on our youngest children. This is less than one-fifth the investment, even though these formative years are the most critical time for laying the foundation for learning.

FAMILY ECONOMICS

The likelihood of school success is significantly reduced when children face poverty, lack health care services, lack good nutrition, and are being raised by a parent or parents struggling to get by.

Childhood poverty may affect a child's success in school and throughout life. When compared to more affluent children, poor children are more likely to demonstrate low academic achievement, drop out of school, become teen parents and have health and emotional problems, and, as adults, earn less and be unemployed more frequently. Poverty is particularly detrimental for children under age 5 and is associated with fewer total years of schooling, school failure, more physical health problems, and lower nutrition. Studies have shown that when parents' income improves, their children stay in school and complete more years of education.



2004 Poverty Guidelines	
size of family	annual income
1	\$9,310
2	\$12,490
3	\$15,670
4	\$18,850
5	\$22,030
6	\$25,210
7	\$28,390
8	\$31,570

For each additional person, add \$3,980

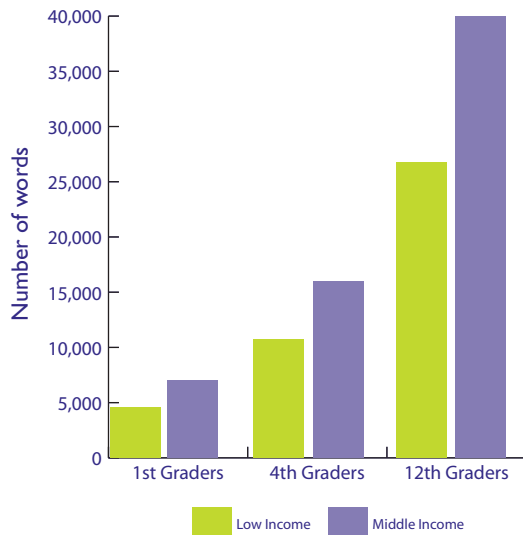
Source: U.S. Department of Health and Human Services

Poverty levels are defined by the federal government. A family lives in poverty if the combined income of all family members is less than the federal poverty level (FPL). In 2004, a family of four is below the FPL if its annual family income is less than \$18,850. Most public programs set eligibility at a multiple of the FPL. For example, public school children qualify for free lunches if their family income is less than 130 percent of the FPL—\$24,505 for a family of four. Research shows that economic hardship does not drop off until family incomes reach at least twice the poverty level—\$37,700 for a family of four.

A child's literacy skills and language acquisition are influenced by the poverty status of the family. By 1st grade, low-income children have a vocabulary one-third smaller than their middle-income counterparts, and they never catch up. High-quality early learning programs, especially preschool, can overcome the effects of poverty.



Child Vocabulary by Family Income



Source: Hart and Risley, 1995.

Average number of words heard at home per hour by 1- and 2-year-olds learning to talk:

Low-income child
620

Middle-income child
1,250

High-income child
2,150

Source: Hart & Risley, 1995

Education Counts

In order to build a strong foundation of knowledge and skills needed to succeed in the 21st century workforce, today's children need a high-quality education that starts in the prekindergarten years.

EARLY LEARNING PROGRAMS

The quality of early childhood education matters.

Engaged parents know how to give their children the nurturing, conversations, challenges, and opportunities to express themselves that prepare them for formal education. However, low income parents often work so many hours that their opportunities to engage with their children are reduced. Also, they very likely faced challenges in school themselves and don't know how to prepare their children for success in school.

For our most at-risk youth, educational success depends, in large part, on children's experiences before they ever start kindergarten. Low-income children who participate in high-quality, well-run early learning programs are less likely to drop out of school, repeat grades, become teen parents, need special education, or get in future trouble with the law.

Research tells us that the positive effects of child care derive from the quality of the experiences it provides to children. Yet, care at many child care centers has been found to be mediocre to poor.

High/Scope Perry Preschool Project: An Update

A 2004 update of this early learning program shows that low-income children receiving high quality early care at the age of 3 are still receiving benefits at the age of 40.

Components of the program:

- Random assignment to preschool group in 1962
- Two years of early learning beginning at age 3
- Active learning environment
- Low student-teacher ratios (1:5)
- Weekly home visits by the teachers
- Highly educated (Bachelor's degrees) teachers

The results for the preschool group:

- More of them graduated from high school
- More of them are employed at age 40
- Earn considerably more, raising them out of poverty
- More likely to own a home, car and have a savings account
- Fewer arrests and jail sentences

*Estimated return on investment:
17 dollars for every dollar invested*

Source: High Scope Educational Research Foundation

Other Well-Known, Scientifically Rigorous Studies of High-Quality Early Care

The Carolina Abecedarian Project

Low-income children who were in high-quality early childhood care and education from infancy through age 5 benefited in significant ways:

- Higher cognitive scores from the toddler years to age 21 than their peers who were not in high-quality programs
- More likely to attend college than their peers

Chicago's Child-Parent Centers Program

Low-income children who participated when they were 3 or 4 years old were:

- More likely to finish high school than their peers not in the program
- Less likely to be held back a grade than their peers
- Less likely to be arrested as youths than those who did not participate in the program

Source: Pinney and Gottlieb, 2003

A Closer Look at Childcare and Aggressiveness

A 2001 research study reporting that child care leads to aggression in young children received much media attention. Two of the researchers on the project attest that the results were inaccurately portrayed. Upon closer study, the results did not hold up:

- Among kindergarten children with extensive child care experience, the children exhibited average or normal amounts of aggression.
- Even though 17 percent of the children with extensive child care experiences had elevated levels of aggression, this is a typical percentage for children of this age.
- "Aggression" in this study included not only fighting behaviors, but also behaviors like "clowning around," seeking adult attention, talking a lot, and other extroverted social behaviors.



The Colorado Preschool Program

In Colorado, the Colorado Preschool Program (CPP) provides half-day preschool for children ages 3–5 who lack overall learning readiness due to individual and family risk factors (see list). These risk factors increase the likelihood that children will drop out of school at an early age, will need special services, or will become teen parents—costing an estimated \$2,500 to \$4,000 per child per year in additional spending in grades K–12. By enrolling Colorado's at-risk children in CPP and providing early intervention and support, such problems can be prevented. CPP produces good outcomes for at-risk children.

CPP helps close the achievement gap between low and high performing students and saves money. In 70 percent of Colorado's school districts, CPP graduates scored higher on the 3rd grade CSAP than their peers district-wide. The percentage of higher scores is particularly significant considering that the children eligible to participate in CPP must be "at-risk."

Risk Factors for Colorado Preschool Program Participation

A four-year-old needs only one risk factor to be eligible while a three-year-old must have three of the following risk factors to be eligible.

- Low income
- Homelessness or frequent relocation
- An abusive adult residing in the home
- Drug or alcohol abuse in the child's family
- Parents were teenagers and unmarried at time of child's birth
- Parents did not complete high school
- Poor social skills
- In need of language development
- Receiving services from Human Services as a neglected or dependent child

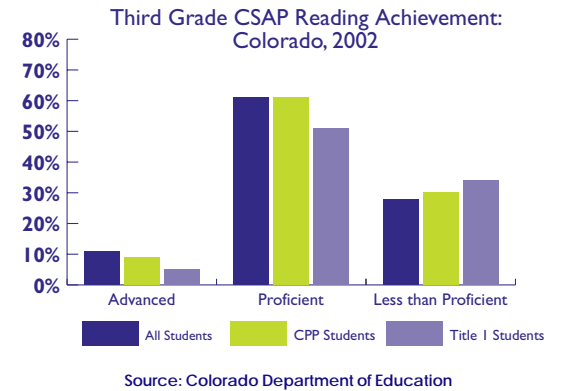
Source: Colorado Department of Education



Analysis of the 2002 3rd grade CSAP reading scores shows that at-risk children in Colorado benefit from participating in high-quality early childhood education programs. The accompanying graph shows a comparison of the average scores on the 3rd grade CSAP reading scores of CPP graduates, children participating in Title I programs, and children across Colorado. Seventy percent of CPP graduates scored proficient or above on the 3rd grade CSAP, compared to 56 percent of children participating in

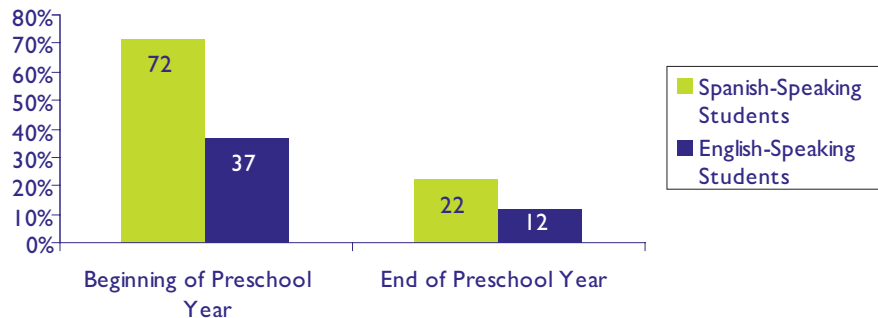
Title I programs. Title I targets funds to schools based on students with the highest poverty levels, thus students in Title I schools are likely to be poor and have risk factors in their lives similar to CPP children.

CPP helps close the gap for children who face language challenges. When provided with a high-quality early education experience in CPP, Spanish-speaking children realized a 69 percent improvement in their linguistic skills.



In the 2003-04 school year, CPP served 9,050 students. An additional 5,635 children identified as eligible for the program applied to school districts to participate in CPP, but could not be served due to the limited number of available slots. CPP has the capacity to serve only 12 percent of Colorado's 4-year-olds. Based solely upon children eligible for free and reduced-price lunch, we know that 35 percent of all 4-year-olds—approximately 21,000 children—are eligible for CPP, and the number increases when other eligibility factors are taken into consideration.

Preschoolers Scoring Six Months or More Below Their Chronological Age on Linguistic Skills by Native Language: Fort Lupton, 2000



Source: Colorado Department of Education

Prekindergarten

National trends show states are increasing their attention on prekindergarten for at-risk 3- and 4-year-olds. Whether through ballot initiatives, court mandates, or legislative actions, programs funded by states are on the rise, with more than two dozen states providing prekindergarten for at least some of their state's children not yet enrolled in kindergarten.

For example, voters in Florida overwhelmingly passed a constitutional amendment in November 2002 requiring the state to create a voluntary universal prekindergarten program for all 4-year-olds to be implemented at the beginning of the 2005 school year. In New Jersey, the Supreme Court mandated universal preschool and full-day kindergarten in high-risk districts for all 3- and 4-year-olds saying, well-planned, high quality preschool "will have significant and substantial positive impact on academic achievement in both early and later school years." In addition, the Massachusetts Legislature this year approved the creation of a new, independent Department of Early Education and Care for the express purpose of ensuring universal access to high quality preschool is available for all children.

In Colorado, because of the ongoing work of the Early Childhood State Systems Team, the Early Childhood and School Readiness Commission, the School Readiness Indicators Task

Force, and the 2004 legislature's continued funding and implementation of the CPP program, the state is on the precipice of making sweeping changes to the state's early care and education system in order to ensure high quality early childhood programs are available and accessible to all at-risk 3- and 4-year-olds.

KINDERGARTEN

Kindergarten typically covers many of the skills and concepts that provide an important foundation for learning throughout the elementary school years. The Early Childhood Longitudinal Study found that children participating in a full-day kindergarten program who were at risk of school failure (i.e. mother's education is less than high school, single-parent family, receipt of welfare assistance, and primary home language is other than English) made gains that helped close the gap between themselves and their more advantaged peers in terms of basic reading skills—such as recognizing letters.

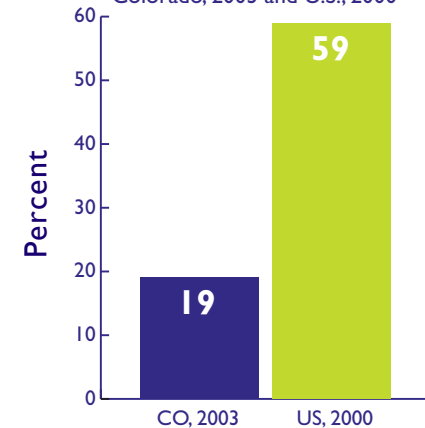
Children in full-day kindergarten programs receive additional instructional time and have been shown to make great academic, developmental, and social gains during the kindergarten year.

- One study found that full-day kindergartners exhibited more independent learning, classroom involvement, and productivity in work with peers than half-day kindergartners.

- Several studies have indicated that full-day kindergarten programs are particularly beneficial for low-income and minority students, as measured by improved language proficiency and literacy skills.

Colorado recognizes the importance of kindergarten. While Colorado's public school districts are not mandated to offer kindergarten, all of them do. In the 2002-03 school year, 55,913 children attended a public kindergarten program. Of these kindergartners, 10,372 attended a full-day program, with the remainder attending half-days.

Kindergarten Students in Full-Day State Funded Programs:
Colorado, 2003 and U.S., 2000



Source: Colorado Department of Education and U.S. Census Bureau

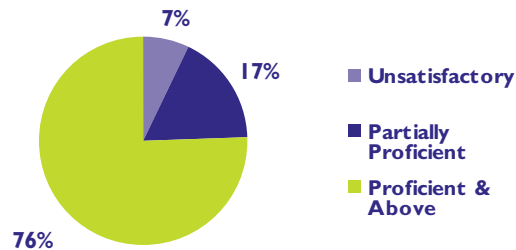
The percent of Colorado kindergartners in full-day programs is almost 70 percent lower than the percent of U.S. kindergartners in full-day programs.

ELEMENTARY AND BEYOND

The first years of school continue the educational process that began at birth. By the end of the 3rd grade, the path to success or failure in school has been charted for many children. Competence in reading in the early grades is one of the strongest predictors for later success in school.

- Nearly one-fourth of Colorado's 3rd graders failed to achieve proficiency in reading on the 2003 CSAP reading test.

Third Grade Reading CSAP: Colorado, 2003



Source: Colorado Department of Education

Reading Achievement

Reading independently by the end of 3rd grade is a national and state educational priority.

- Three-quarters of children who are poor readers in 3rd grade remain poor readers in 9th grade.
- Colorado law requires that by the end of 3rd grade, children in public schools are fluent readers with a full range of reading strategies.

Reading to children encourages cognitive development—the process of knowing, including both awareness and judgment.

- In a recent longitudinal study, children's reading skills at the beginning of kindergarten were related to their home literacy environment. Children from "literacy rich" homes (i.e., those who are read to, sung to, and who have more children's books in the home) demonstrated higher reading knowledge and skills than other children. This relationship existed whether the families' incomes were above or below poverty.

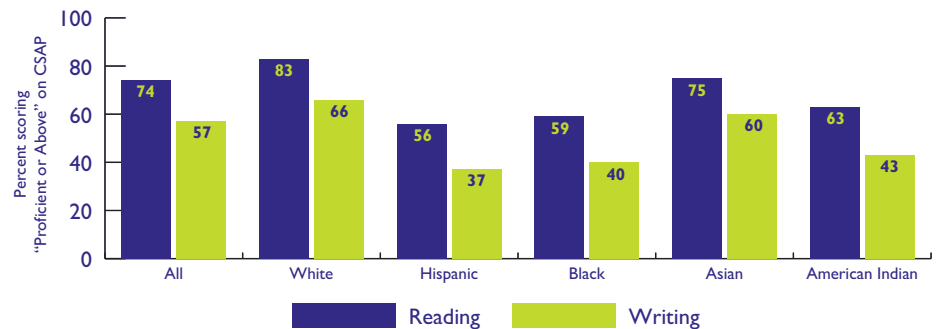
- Other controlled studies show that high school seniors who were provided with more reading and language experiences in their preschool years had higher overall levels of reading competency than other students.

Reading and writing achievement disparities exist between racial and ethnic groups. Lower-than-average performance of poor and minority students is one of the most pressing problems in Colorado's education system.

Students who are reading below grade level are more likely to be held back.

- Being held back in 9th grade is a strong predictor of dropping out of high school.
- U.S. Census Bureau data shows that 13 percent of Colorado's teens are high school dropouts, compared with 10 percent of teens nationally.

3rd Grade Reading and Writing Proficiency: CO, 2003



Source: Colorado Department of Education

Students Mastering English

Learning English is critical to children's ability to participate fully in Colorado's educational system. At the same time, children who grow up speaking more than one language have a valuable skill for our global economy. More than 35,600 Colorado K-3 students are learning English as their second language, with 85 percent of these students speaking Spanish as their first language. Many additional children are proficient in English as their second language in these grades.

English Language Learners: Colorado, 2002-03

Grade Level	# of Students Enrolled	# of Students who are English Language Learners	% of Students who are English Language Learners
K	53,872	8,986	17%
1	56,739	9,499	17%
2	55,734	8,743	16%
3	55,996	8,434	15%
Total K-3	222,341	35,662	16%

Source: Colorado Department of Education

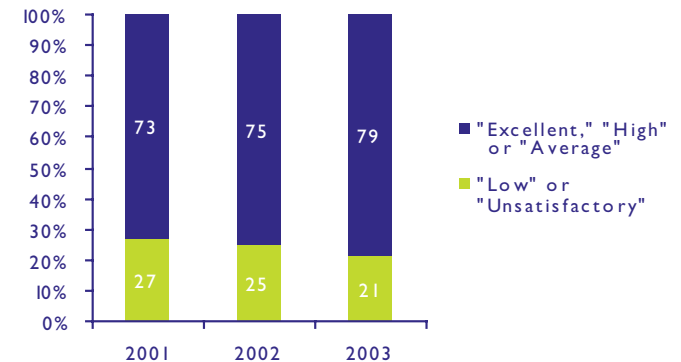
Underperforming Schools

Colorado law requires that schools rated "Unsatisfactory" on CSAP tests for three consecutive years be converted to charter schools, allowing them to customize the mission, curriculum, and teaching methods to the unique needs of the students. In 2002, the rating thresholds were set, with the lowest two percent of schools receiving an "unsatisfactory" rating, and the next lowest 25 percent scoring schools receiving a "low" rating.

The ratings in 2003 showed:

- Of Colorado's 952 elementary schools, 200, or 21 percent, were rated "Low" or "Unsatisfactory." These schools were found across the state.
- Fewer elementary schools were rated "Low" or "Unsatisfactory" in 2003 than in 2001 or 2002.

Elementary School Accountability Ratings: Colorado, 2001 - 2003



Source: Colorado Department of Education

Class Sizes

In smaller classes, students tend to receive more individualized attention, leading to increased academic achievement. The clearest evidence of the positive effects of small class size is in the primary grades. In particular, research shows that primary grade children can benefit significantly when class size is reduced from an average of 25 to an average of 15 students. In a 4-year, large-scale study, small class size improved the performance of all children, including low-income children and, especially, minority children.

In 1999, the average class size in Colorado elementary schools was 23 students, which was 10 percent larger than the average elementary school classroom in the U.S.

Ready for school. Ready for life.

School readiness means that children are prepared to succeed in school. Students who start out behind are more likely to stay behind, and to eventually drop out of school, get into trouble with the law, and have emotional difficulties.

The troubling news is that at least one of every three children enters school "unready" to learn, according to a 2002 kindergarten and 1st grade teacher survey conducted by Educare Colorado and the Colorado Children's Campaign. The good news is that children can adapt and grow, and when children who are at risk for school failure experience a positive change in their lives, their capacity to learn and grow can improve as well.

If a child who once went to school hungry gets a nourishing meal each morning, he will likely be more alert in class. If a child who cannot see well receives eyeglasses, she will get more out of her lessons. If a child's stressful home situation is addressed, he may be able to concentrate better in school. If a child receives good dental care relieving oral pain, she may be able to focus better in class.

The readiness of our children for school and for life will benefit us all. Ready for school means ready for life.





County Data

POPULATION

2002 Total Population (#)
 2002 Children Under 18 (#)
 2002 Children Under 9 (#)
 2002 Children Under 5 (#)
 2002 Live Births (#)

VULNERABLE FAMILIES

2002 Births to Single Women (%)
 2002 Births to Moms with no High School Diploma (%)
 2002 Teen Births (rate per 1,000 females teens 15-17)
 2002 Repeat Teen Births (%)
 2002 Three Risk Factor Births (%)
 2002 Out-of-Home Placements (rate per 1,000)
 2003 Child Abuse and Neglect (rate per 1,000)

FAMILY ECONOMICS

2002 Children Enrolled in TANF (rate per 1,000)
 2002 Children Under 5 Receiving WIC (%)
 2002 Children Qualifying for Free or Reduced Lunch (%)
 2000 Median Household Income (\$)
 2000 Children in Poverty (%)

CHILD AND MATERNAL HEALTH

2002 Low Birth Weight Births (%)
 2002 Early Prenatal Care (%)
 2002 Women Smoking During Pregnancy (%)
 2002 Infant Mortality (rate per 1,000)
 2002 Child Deaths (rate per 100,000)
 2002 Teen Deaths - Injuries (rate per 100,000)

EDUCATION

2002 High School Graduates (%)
 2002 High School Dropouts (%)

Colorado	Adams	Alamosa	Arapahoe	Archuleta	Baca	Bent	Boulder	Broomfield
4,512,066	372,766	15,423	510,861	10,947	4,413	6,095	278,266	41,977
1,149,619	105,227	4,190	133,879	2,656	1,009	1,390	63,168	12,370
569,365	54,694	1,924	64,435	1,134	457	652	30,690	6,020
321,040	31,016	1,081	35,803	601	238	367	17,375	3,308
68,420	7,369	216	7,840	124	33	66	3,656	703
26.8	33.6	42.1	25.7	29.8	21.2	39.4	17.8	16.4
22.3	31.8	19.4	18.4	14.5	15.2	27.3	17.4	10.5
25.9	44.0	28.0	17.6	19.2	27.3	23.4	16.8	*
21.3	24.6	21.2	20.2	21.4	*	33.3	22.3	18.9
8.7	11.8	12.5	6.6	6.5	9.1	9.1	5.6	3.8
12.2	13.6	22.7	10.2	4.2	14.3	20.8	7.7	4.2
7.4	12.7	25.1	7.3	13.1	0.0	18.9	10.5	4.8
17.5	11.0	42.8	14.5	10.2	25.8	30.0	9.0	3.7
17.5	22.2	61.7	23.7	23.4	47.7	49.7	17.5	6.1
28.0	31.3	54.5	20.3	32.8	46.0	55.5	14.6	NA
47,505	48,307	30,538	55,359	38,241	29,274	28,252	58,601	NA
12.2	13.2	26.2	8.0	20.6	26.5	30.7	8.9	NA
8.9	9.6	8.8	9.4	7.3	18.2	9.1	6.9	9.0
77.9	74.7	78.7	78.6	49.2	84.8	83.3	85.5	86.6
8.2	8.9	9.7	8.3	16.1	*	22.7	3.0	3.4
6.0	6.8	*	5.2	0.0	0.0	0.0	4.9	4.3
21.1	20.5	*	17.5	*	0.0	0.0	18.6	*
56.4	51.7	*	44.2	*	0.0	0.0	43.4	*
81.8	82.6	79.8	90.6	94.3	75.9	84.0	87.6	NA
2.6	2.5	5.9	1.3	0.9	9.3	4.8	2.5	NA

* One or two reported events.

County Data

POPULATION

2002 Total Population (#)	2002 Children Under 18 (#)	2002 Children Under 9 (#)	2002 Children Under 5 (#)	2002 Live Births (#)
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VULNERABLE FAMILIES

2002 Births to Single Women (%)	2002 Births to Moms with no High School Diploma (%)	2002 Teen Births (rate per 1,000 females teens 15-17)	2002 Repeat Teen Births (%)	2002 Three Risk Factor Births (%)	2002 Out-of-Home Placements (rate per 1,000)	2003 Child Abuse and Neglect (rate per 1,000)
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FAMILY ECONOMICS

2002 Children Enrolled in TANF (rate per 1,000)	2002 Children Under 5 Receiving WIC (%)	2002 Children Qualifying for Free or Reduced Lunch (%)	2000 Median Household Income (\$)	2000 Children in Poverty (%)
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CHILD AND MATERNAL HEALTH

2002 Low Birth Weight Births (%)	2002 Early Prenatal Care (%)	2002 Women Smoking During Pregnancy (%)	2002 Infant Mortality (rate per 1,000)	2002 Child Deaths (rate per 100,000)	2002 Teen Deaths - Injuries (rate per 100,000)
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EDUCATION

2002 High School Graduates (%)	2002 High School Dropouts (%)
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Colorado	Chaffee	Cheyenne	ClearCreek	Conejos	Costilla	Crowley	Custer	Delta
4,512,066	16,738	2,217	9,553	8,427	3,758	5,835	3,785	29,282
1,149,619	3,211	598	2,108	2,574	911	1,072	825	6,914
569,365	1,401	250	998	1,164	417	487	371	3,156
321,040	767	130	548	617	223	257	193	1,676
68,420	133	30	113	97	53	46	32	317
26.8	30.8	16.7	11.5	38.1	52.8	39.1	37.5	29.7
22.3	15.0	16.7	8.0	12.4	22.6	15.2	15.6	26.5
25.9	*	*	*	17.5	42.9	*	*	27.6
21.3	30.4	*	0.0	26.7	*	0.0	0.0	15.5
8.7	6.8	10.0	2.7	6.2	11.3	*	9.4	8.8
12.2	15.0	6.6	12.6	8.0	34.6	2.0	10.7	10.2
7.4	8.8	3.5	6.2	8.7	7.3	1.9	1.2	7.9
17.5	9.0	11.7	11.5	38.6	69.9	67.6	12.3	24.7
17.5	24.2	100.6	14.8	16.1	6.6	37.7	11.0	27.3
28.0	26.1	27.5	20.2	66.4	76.2	60.1	24.8	40.7
47,505	35,706	37,620	54,838	25,296	21,135	26,953	36,205	33,356
12.2	17.0	18.1	9.5	30.8	38.1	29.6	22.5	19.8
8.9	9.0	10.0	15.0	9.3	9.4	*	15.6	7.6
77.9	80.5	86.7	88.5	71.1	77.4	73.9	68.8	70.0
8.2	14.3	*	12.4	8.2	5.7	19.6	34.4	13.9
6.0	0.0	0.0	0.0	30.9	*	0.0	0.0	*
21.1	0.0	0.0	0.0	0.0	0.0	*	0.0	*
56.4	0.0	0.0	0.0	*	*	0.0	0.0	*
81.8	95.6	90.0	79.3	86.0	71.1	72.2	100.0	86.9
2.6	1.2	0.4	2.1	1.4	2.4	0.0	0.0	2.3

* One or two reported events.

County Data

POPULATION

2002 Total Population (#)	4,512,066	562,418	1,880	208,676	45,938	541,495	21,993	47,562	47,447
2002 Children Under 18 (#)	1,149,619	131,223	409	64,670	11,168	147,003	6,181	9,645	12,947
2002 Children Under 9 (#)	569,365	73,273	183	34,601	5,999	72,869	2,668	4,302	6,515
2002 Children Under 5 (#)	321,040	45,404	101	19,134	3,627	40,661	1,338	2,227	3,762
2002 Live Births (#)	68,420	10,301	22	3,919	793	8,571	218	414	855

VULNERABLE FAMILIES

2002 Births to Single Women (%)	26.8	34.3	18.2	6.3	21.3	24.7	15.1	40.6	25.1
2002 Births to Moms with no High School Diploma (%)	22.3	37.8	13.6	2.3	33.2	15.7	6.4	22.0	32.9
2002 Teen Births (rate per 1,000 females teens 15-17)	25.9	58.6	*	4.1	31.1	23.4	12.7	23.9	28.4
2002 Repeat Teen Births (%)	21.3	20.2	0.0	13.0	18.2	22.1	*	16.7	18.1
2002 Three Risk Factor Births (%)	8.7	13.1	*	1.2	8.1	6.7	5.5	11.4	8.2
2002 Out-of-Home Placements (rate per 1,000)	12.2	22.6	16.9	1.3	2.5	9.1	5.2	25.4	9.7
2003 Child Abuse and Neglect (rate per 1,000)	7.4	6.6	17.1	0.9	2.0	6.1	7.8	10.4	7.9

FAMILY ECONOMICS

2002 Children Enrolled in TANF (rate per 1,000)	17.5	41.6	19.8	0.9	1.4	22.0	3.5	21.1	12.5
2002 Children Under 5 Receiving WIC (%)	17.5	6.0	31.3	2.5	13.9	24.9	3.8	36.8	20.9
2002 Children Qualifying for Free or Reduced Lunch (%)	28.0	64.3	34.7	1.9	21.5	24.2	10.9	35.6	22.7
2000 Median Household Income (\$)	47,505	41,657	32,126	91,210	61,760	66,082	48,991	34,504	48,713
2000 Children in Poverty (%)	12.2	20.8	20.1	2.4	9.5	7.0	11.7	18.5	11.1

CHILD AND MATERNAL HEALTH

2002 Low Birth Weight Births (%)	8.9	9.7	*	9.5	9.5	9.6	6.0	9.4	7.4
2002 Early Prenatal Care (%)	77.9	69.0	36.4	92.8	69.0	77.4	85.8	84.3	61.6
2002 Women Smoking During Pregnancy (%)	8.2	6.6	*	2.9	2.9	8.0	11.5	31.2	12.5
2002 Infant Mortality (rate per 1,000)	6.0	7.5	0.0	5.1	3.8	6.7	*	7.2	10.5
2002 Child Deaths (rate per 100,000)	21.1	27.6	0.0	25.1	*	19.4	*	*	50.7
2002 Teen Deaths - Injuries (rate per 100,000)	56.4	49.0	0.0	34.5	*	69.7	*	*	111.9

EDUCATION

2002 High School Graduates (%)	81.8	67.0	100.0	94.4	81.7	80.7	88.2	83.3	78.4
2002 High School Dropouts (%)	2.6	3.9	0.0	0.4	2.7	3.0	1.6	2.6	2.1

Colorado	Denver	Dolores	Douglas	Eagle	El Paso	Elbert	Fremont	Garfield
4,512,066	562,418	1,880	208,676	45,938	541,495	21,993	47,562	47,447
1,149,619	131,223	409	64,670	11,168	147,003	6,181	9,645	12,947
569,365	73,273	183	34,601	5,999	72,869	2,668	4,302	6,515
321,040	45,404	101	19,134	3,627	40,661	1,338	2,227	3,762
68,420	10,301	22	3,919	793	8,571	218	414	855
26.8	34.3	18.2	6.3	21.3	24.7	15.1	40.6	25.1
22.3	37.8	13.6	2.3	33.2	15.7	6.4	22.0	32.9
25.9	58.6	*	4.1	31.1	23.4	12.7	23.9	28.4
21.3	20.2	0.0	13.0	18.2	22.1	*	16.7	18.1
8.7	13.1	*	1.2	8.1	6.7	5.5	11.4	8.2
12.2	22.6	16.9	1.3	2.5	9.1	5.2	25.4	9.7
7.4	6.6	17.1	0.9	2.0	6.1	7.8	10.4	7.9
17.5	41.6	19.8	0.9	1.4	22.0	3.5	21.1	12.5
17.5	6.0	31.3	2.5	13.9	24.9	3.8	36.8	20.9
28.0	64.3	34.7	1.9	21.5	24.2	10.9	35.6	22.7
47,505	41,657	32,126	91,210	61,760	66,082	48,991	34,504	48,713
12.2	20.8	20.1	2.4	9.5	7.0	11.7	18.5	11.1
8.9	9.7	*	9.5	9.5	9.6	6.0	9.4	7.4
77.9	69.0	36.4	92.8	69.0	77.4	85.8	84.3	61.6
8.2	6.6	*	2.9	2.9	8.0	11.5	31.2	12.5
6.0	7.5	0.0	5.1	3.8	6.7	*	7.2	10.5
21.1	27.6	0.0	25.1	*	19.4	*	*	50.7
56.4	49.0	0.0	34.5	*	69.7	*	*	111.9
81.8	67.0	100.0	94.4	81.7	80.7	88.2	83.3	78.4
2.6	3.9	0.0	0.4	2.7	3.0	1.6	2.6	2.1

* One or two reported events.

County Data

POPULATION

2002 Total Population (#)	4,512,066	4,916	13,455	14,047	810	8,055	1,609	531,679	1,585
2002 Children Under 18 (#)	1,149,619	1,042	2,908	2,841	156	1,611	391	130,667	381
2002 Children Under 9 (#)	569,365	505	1,415	1,261	81	691	167	60,322	171
2002 Children Under 5 (#)	321,040	292	821	744	45	372	88	32,778	84
2002 Live Births (#)	68,420	73	160	172	9	81	8	6,541	22

VULNERABLE FAMILIES

2002 Births to Single Women (%)	26.8	17.8	20.6	18.6	*	51.9	50.0	20.5	27.3
2002 Births to Moms with no High School Diploma (%)	22.3	8.2	8.8	7.6	*	32.1	*	13.0	18.2
2002 Teen Births (rate per 1,000 females teens 15-17)	25.9	0.0	*	*	0.0	49.4	0.0	12.2	0.0
2002 Repeat Teen Births (%)	21.3	0.0	23.1	*	0.0	*	0.0	19.1	0.0
2002 Three Risk Factor Births (%)	8.7	0.0	2.5	4.7	*	21.0	*	5.9	*
2002 Out-of-Home Placements (rate per 1,000)	12.2	7.6	8.4	9.9	48.5	19.9	5.0	8.9	2.5
2003 Child Abuse and Neglect (rate per 1,000)	7.4	0.0	2.7	10.4	19.2	12.0	15.7	6.9	0.0

FAMILY ECONOMICS

2002 Children Enrolled in TANF (rate per 1,000)	17.5	11.7	9.6	7.9	27.1	56.5	27.8	11.2	13.1
2002 Children Under 5 Receiving WIC (%)	17.5	0.0	11.0	23.2	0.0	43.8	37.3	13.7	24.6
2002 Children Qualifying for Free or Reduced Lunch (%)	28.0	8.5	15.0	13.7	20.0	51.6	29.7	14.8	40.0
2000 Median Household Income (\$)	47,505	53,910	47,958	37,898	37,815	26,176	33,178	60,357	32,811
2000 Children in Poverty (%)	12.2	5.3	11.3	10.9	24.0	29.0	23.1	6.7	16.1

CHILD AND MATERNAL HEALTH

2002 Low Birth Weight Births (%)	8.9	5.5	10.0	9.3	*	13.6	*	8.3	13.6
2002 Early Prenatal Care (%)	77.9	87.7	82.5	93.6	100.0	69.1	75.0	87.1	81.8
2002 Women Smoking During Pregnancy (%)	8.2	8.2	14.4	5.2	0.0	23.5	*	7.6	*
2002 Infant Mortality (rate per 1,000)	6.0	*	0.0	0.0	*	0.0	0.0	3.5	0.0
2002 Child Deaths (rate per 100,000)	21.1	0.0	0.0	0.0	0.0	*	0.0	11.0	0.0
2002 Teen Deaths - Injuries (rate per 100,000)	56.4	0.0	347.6	0.0	0.0	*	0.0	42.3	0.0

EDUCATION

2002 High School Graduates (%)	81.8	96.9	95.3	83.8	100.0	64.6	95.7	78.0	94.3
2002 High School Dropouts (%)	2.6	1.3	1.4	2.5	0.0	1.8	0.6	2.6	0.0

Colorado	Cilpin	Grand	Cunnison	Hinsdale	Huerfano	Jackson	Jefferson	Kiowa
4,512,066	4,916	13,455	14,047	810	8,055	1,609	531,679	1,585
1,149,619	1,042	2,908	2,841	156	1,611	391	130,667	381
569,365	505	1,415	1,261	81	691	167	60,322	171
321,040	292	821	744	45	372	88	32,778	84
68,420	73	160	172	9	81	8	6,541	22
26.8	17.8	20.6	18.6	*	51.9	50.0	20.5	27.3
22.3	8.2	8.8	7.6	*	32.1	*	13.0	18.2
25.9	0.0	*	*	0.0	49.4	0.0	12.2	0.0
21.3	0.0	23.1	*	0.0	*	0.0	19.1	0.0
8.7	0.0	2.5	4.7	*	21.0	*	5.9	*
12.2	7.6	8.4	9.9	48.5	19.9	5.0	8.9	2.5
7.4	0.0	2.7	10.4	19.2	12.0	15.7	6.9	0.0
17.5	11.7	9.6	7.9	27.1	56.5	27.8	11.2	13.1
17.5	0.0	11.0	23.2	0.0	43.8	37.3	13.7	24.6
28.0	8.5	15.0	13.7	20.0	51.6	29.7	14.8	40.0
47,505	53,910	47,958	37,898	37,815	26,176	33,178	60,357	32,811
12.2	5.3	11.3	10.9	24.0	29.0	23.1	6.7	16.1
8.9	5.5	10.0	9.3	*	13.6	*	8.3	13.6
77.9	87.7	82.5	93.6	100.0	69.1	75.0	87.1	81.8
8.2	8.2	14.4	5.2	0.0	23.5	*	7.6	*
6.0	*	0.0	0.0	*	0.0	0.0	3.5	0.0
21.1	0.0	0.0	0.0	0.0	*	0.0	11.0	0.0
56.4	0.0	347.6	0.0	0.0	*	0.0	42.3	0.0
81.8	96.9	95.3	83.8	100.0	64.6	95.7	78.0	94.3
2.6	1.3	1.4	2.5	0.0	1.8	0.6	2.6	0.0

* One or two reported events.

County Data

POPULATION

- 2002 Total Population (#)
- 2002 Children Under 18 (#)
- 2002 Children Under 9 (#)
- 2002 Children Under 5 (#)
- 2002 Live Births (#)

VULNERABLE FAMILIES

- 2002 Births to Single Women (%)
- 2002 Births to Moms with no High School Diploma (%)
- 2002 Teen Births (rate per 1,000 females teens 15-17)
- 2002 Repeat Teen Births (%)
- 2002 Three Risk Factor Births (%)
- 2002 Out-of-Home Placements (rate per 1,000)
- 2003 Child Abuse and Neglect (rate per 1,000)

FAMILY ECONOMICS

- 2002 Children Enrolled in TANF (rate per 1,000)
- 2002 Children Under 5 Receiving WIC (%)
- 2002 Children Qualifying for Free or Reduced Lunch (%)
- 2000 Median Household Income (\$)
- 2000 Children in Poverty (%)

CHILD AND MATERNAL HEALTH

- 2002 Low Birth Weight Births (%)
- 2002 Early Prenatal Care (%)
- 2002 Women Smoking During Pregnancy (%)
- 2002 Infant Mortality (rate per 1,000)
- 2002 Child Deaths (rate per 100,000)
- 2002 Teen Deaths - Injuries (rate per 100,000)

EDUCATION

- 2002 High School Graduates (%)
- 2002 High School Dropouts (%)

	Colorado	Kit Carson	Lake	La Plata	Larimer	Las Animas	Lincoln	Logan	Mesa
2002 Total Population (#)	4,512,066	8,047	7,924	46,245	263,423	15,873	6,139	21,978	122,342
2002 Children Under 18 (#)	1,149,619	2,057	2,167	10,222	61,918	3,702	1,304	5,301	30,058
2002 Children Under 9 (#)	569,365	894	1,127	4,474	29,161	1,685	548	2,587	14,035
2002 Children Under 5 (#)	321,040	483	637	2,378	16,057	889	277	1,400	7,665
2002 Live Births (#)	68,420	78	117	449	3,298	164	58	263	1,553
2002 Births to Single Women (%)	26.8	20.5	41.9	27.8	24.1	52.4	36.2	36.1	21.7
2002 Births to Moms with no High School Diploma (%)	22.3	21.8	35.0	11.6	13.9	25.6	27.6	19.0	19.0
2002 Teen Births (rate per 1,000 females teens 15-17)	25.9	21.7	26.7	9.9	15.9	30.5	*	21.3	23.1
2002 Repeat Teen Births (%)	21.3	30.8	31.3	*	18.5	13.2	*	35.7	21.2
2002 Three Risk Factor Births (%)	8.7	10.3	12.8	6.2	7.2	17.1	15.5	12.2	6.6
2002 Out-of-Home Placements (rate per 1,000)	12.2	8.2	9.0	5.0	8.7	19.7	46.2	19.6	19.2
2003 Child Abuse and Neglect (rate per 1,000)	7.4	8.4	0.9	8.6	5.5	4.5	8.0	13.3	8.5
2002 Children Enrolled in TANF (rate per 1,000)	17.5	13.6	12.0	11.9	14.0	50.5	17.4	18.5	24.1
2002 Children Under 5 Receiving WIC (%)	17.5	31.2	38.3	19.6	14.0	42.0	45.6	31.3	7.4
2002 Children Qualifying for Free or Reduced Lunch (%)	28.0	39.9	47.3	25.3	17.8	54.4	26.5	36.8	37.2
2000 Median Household Income (\$)	47,505	35,066	41,490	38,487	49,758	28,730	33,205	34,724	37,138
2000 Children in Poverty (%)	12.2	19.9	12.8	16.5	8.1	25.1	18.4	15.9	15.3
2002 Low Birth Weight Births (%)	8.9	9.0	13.7	9.4	7.7	9.8	6.9	8.7	7.9
2002 Early Prenatal Care (%)	77.9	79.5	73.5	62.8	79.2	73.8	74.1	76.4	84.2
2002 Women Smoking During Pregnancy (%)	8.2	9.0	3.4	10.9	11.2	12.8	17.2	13.7	19.2
2002 Infant Mortality (rate per 1,000)	6.0	0.0	*	*	4.9	0.0	*	0.0	10.3
2002 Child Deaths (rate per 100,000)	21.1	0.0	*	*	16.9	*	0.0	*	17.5
2002 Teen Deaths - Injuries (rate per 100,000)	56.4	*	0.0	*	35.5	*	0.0	0.0	50.2
2002 High School Graduates (%)	81.8	91.3	59.8	70.2	89.2	67.5	73.8	82.9	72.1
2002 High School Dropouts (%)	2.6	0.5	7.1	3.2	2.0	2.5	2.3	2.5	5.1

* One or two reported events.

County Data

POPULATION

2002 Total Population (#)	2002 Children Under 18 (#)	2002 Children Under 9 (#)	2002 Children Under 5 (#)	2002 Live Births (#)
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VULNERABLE FAMILIES

2002 Births to Single Women (%)	2002 Births to Moms with no High School Diploma (%)	2002 Teen Births (rate per 1,000 females teens 15-17)	2002 Repeat Teen Births (%)	2002 Three Risk Factor Births (%)	2002 Out-of-Home Placements (rate per 1,000)	2003 Child Abuse and Neglect (rate per 1,000)
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FAMILY ECONOMICS

2002 Children Enrolled in TANF (rate per 1,000)	2002 Children Under 5 Receiving WIC (%)	2002 Children Qualifying for Free or Reduced Lunch (%)	2000 Median Household Income (\$)	2000 Children in Poverty (%)
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CHILD AND MATERNAL HEALTH

2002 Low Birth Weight Births (%)	2002 Early Prenatal Care (%)	2002 Women Smoking During Pregnancy (%)	2002 Infant Mortality (rate per 1,000)	2002 Child Deaths (rate per 100,000)	2002 Teen Deaths - Injuries (rate per 100,000)
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EDUCATION

2002 High School Graduates (%)	2002 High School Dropouts (%)
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Colorado	Mineral	Moffat	Montezuma	Montrose	Morgan	Otero	Ouray	Park
4,512,066	863	13,321	24,281	35,536	27,900	19,772	3,943	15,790
1,149,619	170	3,684	6,499	9,292	8,382	5,176	872	3,653
569,365	72	1,640	3,028	4,468	4,309	2,466	365	1,699
321,040	33	938	1,656	2,426	2,395	1,370	182	895
68,420	4	182	339	440	481	296	29	179
26.8	*	29.1	36.9	33.2	35.1	48.3	31.0	12.8
22.3	0.0	23.1	23.0	30.2	39.9	27.4	13.8	3.9
25.9	0.0	17.6	27.1	22.6	39.3	51.8	0.0	*
21.3	0.0	*	25.5	15.3	28.2	23.9	0.0	*
8.7	0.0	6.6	10.0	11.1	13.9	15.5	*	1.7
12.2	5.6	13.2	12.8	15.4	17.9	14.5	4.5	8.3
7.4	0.0	24.4	7.4	6.2	16.8	11.8	0.0	4.3
17.5	30.1	9.9	31.9	16.9	30.3	38.2	3.3	2.4
17.5	0.0	25.5	28.2	38.0	36.9	57.2	10.6	10.0
28.0	23.0	23.7	42.1	37.9	49.9	55.3	17.6	14.7
47,505	36,124	43,186	33,305	36,303	35,648	29,939	43,707	54,396
12.2	19.3	12.0	23.8	19.6	18.0	26.8	11.3	8.8
8.9	0.0	7.7	9.4	7.0	8.5	11.5	*	12.3
77.9	*	80.2	56.6	67.3	67.2	79.1	65.5	87.2
8.2	0.0	23.1	10.0	11.8	10.6	12.5	*	11.2
6.0	0.0	0.0	*	*	14.6	10.1	0.0	0.0
21.1	0.0	*	*	*	0.0	0.0	0.0	*
56.4	0.0	*	*	*	187.7	*	0.0	284.1
81.8	84.6	81.7	64.2	75.7	79.7	80.5	91.7	87.7
2.6	2.5	4.6	4.8	3.9	4.5	2.4	1.2	1.0

* One or two reported events.

County Data

POPULATION

2002 Total Population (#)	4,512,066	4,530	16,297	14,220	147,286	6,075	12,590	20,687	6,214
2002 Children Under 18 (#)	1,149,619	1,187	2,760	4,208	37,506	1,522	3,412	4,608	1,698
2002 Children Under 9 (#)	569,365	573	1,289	2,110	18,152	625	1,609	2,073	809
2002 Children Under 5 (#)	321,040	312	738	1,192	10,025	332	897	1,150	458
2002 Live Births (#)	68,420	54	155	241	2,056	71	173	200	94

VULNERABLE FAMILIES

2002 Births to Single Women (%)	26.8	18.5	11.0	29.5	45.7	14.1	41.6	15.5	36.2
2002 Births to Moms with no High School Diploma (%)	22.3	33.3	14.2	41.9	30.3	9.9	19.1	4.0	34.0
2002 Teen Births (rate per 1,000 females teens 15-17)	25.9	*	0.0	64.3	37.7	*	21.1	*	35.2
2002 Repeat Teen Births (%)	21.3	*	*	23.2	24.3	*	24.0	*	*
2002 Three Risk Factor Births (%)	8.7	9.3	4.5	17.0	18.2	*	8.7	2.5	9.6
2002 Out-of-Home Placements (rate per 1,000)	12.2	2.5	1.1	10.6	28.9	12.2	9.7	2.1	22.4
2003 Child Abuse and Neglect (rate per 1,000)	7.4	6.8	2.8	6.9	9.6	21.7	4.2	6.3	16.5

FAMILY ECONOMICS

2002 Children Enrolled in TANF (per 1,000)	17.5	4.4	1.4	37.2	22.1	7.5	49.9	3.3	47.3
2002 Children Under 5 Receiving WIC (%)	17.5	36.2	6.3	39.4	38.6	24.2	25.1	5.1	70.4
2002 Children Qualifying for Free or Reduced Lunch (%)	28.0	30.7	0.8	53.6	48.2	20.1	50.3	9.2	76.0
2000 Median Household Income (\$)	47,505	34,253	62,190	30,905	33,673	40,409	32,646	53,966	24,912
2000 Children in Poverty (%)	12.2	16.6	6.0	26.1	20.2	14.3	25.9	7.7	28.1

CHILD AND MATERNAL HEALTH

2002 Low Birth Weight Births (%)	8.9	7.4	11.6	10.0	8.1	12.7	9.8	7.0	6.4
2002 Early Prenatal Care (%)	77.9	81.5	85.8	70.5	79.2	78.9	72.3	93.5	75.5
2002 Women Smoking During Pregnancy (%)	8.2	13.0	*	5.8	16.2	14.1	11.0	6.5	6.4
2002 Infant Mortality (rate per 1,000)	6.0	*	0.0	12.4	8.8	*	0.0	*	0.0
2002 Child Deaths (rate per 100,000)	21.1	0.0	0.0	*	41.7	0.0	0.0	*	0.0
2002 Teen Deaths - Injuries (rate per 100,000)	56.4	0.0	378.3	*	42.5	0.0	0.0	0.0	0.0

EDUCATION

2002 High School Graduates (%)	81.8	85.0	93.1	77.1	82.3	89.3	81.4	90.6	80.3
2002 High School Dropouts (%)	2.6	0.0	0.8	3.8	3.9	1.1	2.9	1.0	1.9

Colorado	Phillips	Pitkin	Prowers	Pueblo	Rio Blanco	Rio Grande	Routt	Saguache
4,512,066	4,530	16,297	14,220	147,286	6,075	12,590	20,687	6,214
1,149,619	1,187	2,760	4,208	37,506	1,522	3,412	4,608	1,698
569,365	573	1,289	2,110	18,152	625	1,609	2,073	809
321,040	312	738	1,192	10,025	332	897	1,150	458
68,420	54	155	241	2,056	71	173	200	94
26.8	18.5	11.0	29.5	45.7	14.1	41.6	15.5	36.2
22.3	33.3	14.2	41.9	30.3	9.9	19.1	4.0	34.0
25.9	*	0.0	64.3	37.7	*	21.1	*	35.2
21.3	*	*	23.2	24.3	*	24.0	*	*
8.7	9.3	4.5	17.0	18.2	*	8.7	2.5	9.6
12.2	2.5	1.1	10.6	28.9	12.2	9.7	2.1	22.4
7.4	6.8	2.8	6.9	9.6	21.7	4.2	6.3	16.5
17.5	4.4	1.4	37.2	22.1	7.5	49.9	3.3	47.3
17.5	36.2	6.3	39.4	38.6	24.2	25.1	5.1	70.4
28.0	30.7	0.8	53.6	48.2	20.1	50.3	9.2	76.0
47,505	34,253	62,190	30,905	33,673	40,409	32,646	53,966	24,912
12.2	16.6	6.0	26.1	20.2	14.3	25.9	7.7	28.1
8.9	7.4	11.6	10.0	8.1	12.7	9.8	7.0	6.4
77.9	81.5	85.8	70.5	79.2	78.9	72.3	93.5	75.5
8.2	13.0	*	5.8	16.2	14.1	11.0	6.5	6.4
6.0	*	0.0	12.4	8.8	*	0.0	*	0.0
21.1	0.0	0.0	*	41.7	0.0	0.0	*	0.0
56.4	0.0	378.3	*	42.5	0.0	0.0	0.0	0.0
81.8	85.0	93.1	77.1	82.3	89.3	81.4	90.6	80.3
2.6	0.0	0.8	3.8	3.9	1.1	2.9	1.0	1.9

* One or two reported events.

County Data

POPULATION

2002 Total Population (#)	2002 Children Under 18 (#)	2002 Children Under 9 (#)	2002 Children Under 5 (#)	2002 Live Births (#)
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Colorado	San Juan	San Miguel	Sedgwick	Summit	Teller	Washington	Weld	Yuma
4,512,066	564	7,152	2,744	26,639	22,048	4,909	202,875	9,941
1,149,619	98	1,284	614	4,889	5,481	1,204	56,650	2,696
569,365	42	637	288	2,680	2,352	526	28,558	1,211
321,040	24	362	160	1,559	1,240	269	16,309	654
68,420	4	73	26	364	238	39	3,572	143

VULNERABLE FAMILIES

2002 Births to Single Women (%)	2002 Births to Moms with no High School Diploma (%)	2002 Teen Births (rate per 1,000 females teens 15-17)	2002 Repeat Teen Births (%)	2002 Three Risk Factor Births (%)	2002 Out-of-Home Placements (rate per 1,000)	2003 Child Abuse and Neglect (rate per 1,000)
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26.8	*	15.1	23.1	22.3	19.3	23.1	30.9	32.9
22.3	*	5.5	19.2	22.3	10.1	12.8	30.3	33.6
25.9	0.0	0.0	*	21.1	9.5	0.0	46.2	28.7
21.3	0.0	0.0	0.0	30.0	*	*	24.0	0.0
8.7	*	0.0	*	6.0	2.9	*	12.1	11.2
12.2	63.1	3.9	11.3	3.8	16.6	22.6	12.4	16.3
7.4	20.6	0.0	11.5	2.9	2.6	29.8	6.0	6.4

FAMILY ECONOMICS

2002 Children Enrolled in TANF (per 1,000)	2002 Children Under 5 Receiving WIC (%)	2002 Children Qualifying for Free or Reduced Lunch (%)	2000 Median Household Income (\$)	2000 Children in Poverty (%)
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17.5	28.3	2.0	6.7	3.0	7.9	10.1	10.0	14.1
17.5	10.6	13.2	24.7	12.0	17.3	24.2	5.2	39.1
28.0	53.2	15.6	43.5	11.4	15.9	38.6	39.1	41.8
47,505	30,564	49,270	29,763	57,200	52,304	33,193	42,555	34,613
12.2	30.0	12.6	19.5	8.0	10.8	18.5	14.3	18.9

CHILD AND MATERNAL HEALTH

2002 Low Birth Weight Births (%)	2002 Early Prenatal Care (%)	2002 Women Smoking During Pregnancy (%)	2002 Infant Mortality (rate per 1,000)	2002 Child Deaths (rate per 100,000)	2002 Teen Deaths - Injuries (rate per 100,000)
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8.9	*	6.8	*	12.1	8.0	*	7.4	4.9
77.9	*	76.7	76.9	80.8	82.8	84.6	72.8	81.8
8.2	0.0	5.5	15.4	4.1	11.3	15.4	5.1	9.1
6.0	0.0	0.0	0.0	*	0.0	0.0	5.9	0.0
21.1	0.0	0.0	0.0	*	*	*	20.5	0.0
56.4	0.0	*	0.0	*	0.0	*	74.3	*

EDUCATION

2002 High School Graduates (%)	2002 High School Dropouts (%)
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81.8	84.6	91.5	94.3	84.2	84.6	87.3	79.5	92.0
2.6	1.9	0.5	0.5	2.5	1.8	2.0	2.9	2.4

* One or two reported events.

School Readiness Indicators Project

Colorado is part of a 17-state initiative to develop a set of statewide school readiness indicators to inform public policy for young children and their families. Colorado's indicators look broadly at the child and his or her family, school, and community. The indicators are based on the most current research from experts in the fields of education, health, mental health, child development, evaluation, community planning, and child advocacy. The indicators reflect state systems (government investments in programs and policies for young children and families), as well as child and systems outcomes. (Child outcomes include indicators that monitor the physical, social, emotional, and cognitive development of children. Systems outcomes include indicators that monitor the services and supports available to young children and their families.)

For more information, visit:

www.schoolreadinesscolorado.org

www.gettingready.org

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Resources

Child Trends Databank (online).
www.childtrends.org

Colorado Health Information Dataset,
Colorado Department of Public Health and Environment (online);
www.cdphe.state.co.us/cohid/

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www.voicesforamericaschildren.org

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Data Definitions for County Data Table

The Colorado Children's Campaign relies on data from federal, state, and local agencies. These sources are the final authority relating to the quality of any data.

Please note that all vital statistics data are reported by place of residence, not place of birth or death. As of March 1, 2004, all vital statistics data were geocoded to the correct county of residence. The total numbers by county since 1990 have changed as a result of this process—more for some counties than others.

For more information, see <http://www.cdphe.state.co.us/cohid/birthgeo.html>.

Population

Population by age (number)

Population by age provided by the Colorado Demography Section, Colorado Department of Local Affairs.

Live births (number)

Live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Vulnerable Families

Births to single women (percent)

Births to unmarried women per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Births to moms with no high school diploma (percent)

Births to women who have no high school diploma or equivalent degree per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Teen births (rate per 1,000)

Live births to girls ages 15-17 per 1,000 Colorado female teens of that age (age-specific fertility rate) provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Repeat teen births (percent)

Births to women age 19 and younger who had a previous live birth per 100 live births to women age 19 and younger provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Three risk factor births (percent)

Births to unmarried women under 25 years of age with less than a high school education per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Children in out-of-home placements (rate per 1,000)

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

Child abuse and neglect (rate per 1,000 children)

Unique substantiated cases of maltreatment of children younger than 18 (including physical abuse, sexual abuse, emotional abuse, and/or neglect) in 2003 per 1,000 children less than 18 years of age in a county provided by Colorado Central Registry, Colorado Department of Human Services. Note: This indicator differs from prior KidsCount reports to be consistent with the Colorado Department of Public Health and Environment's Maternal and Child Health County Data Sets. Beginning with 2003 data, the numerator is the number of children for whom maltreatment was substantiated.

Family Economics

Children enrolled in TANF (rate per 1,000)

Number of children under age 18 receiving Temporary Assistance to Needy Families provided by the Colorado Department of Human Services. The rate is the monthly average number of children receiving TANF during 2002 per 1,000 children. Calculations performed by the Colorado Children's Campaign.

Children under 5 receiving WIC (percent)

Number of infants and children under age 5 receiving services from the Special Supplemental Nutrition Program for Women, Infants, and Children provided by the Colorado Department of Public Health & Environment. The rate is the monthly average number of children served by WIC per 100 children less than 5 years of age. **Note:** Some county WIC programs provide services to children from other counties. Gilpin, Hinsdale, and Mineral counties do not have a WIC program and children in these counties are served by neighboring counties. Children in Conejos, Costilla, Denver, Mesa, Rio Grande, and Weld counties are served both by WIC and CSFP (Commodities Supplemental Food Program), with relatively few being served by WIC.

Children qualifying for free or reduced rate lunch (percent)

Percent of children in public school who qualify for free or reduced rate school lunches in school year 2001-2002 provided by the Colorado Department of Education. Public school children qualify for free lunches if their family's income is less than 130% of the federal poverty level. Public school children qualify for reduced rate lunches if their family's income is less than 185percent of the federal poverty level.

Median household income (dollars)

Median household income in 2000 provided by the US Census Bureau, Small Area Income and Poverty Estimates (SAIPE).

Children under 18 in poverty (percent)

Number of children under age 18 living in families with incomes below poverty level in 2000 per 100 children living in families provided by the US Census Bureau, Small Area Income and Poverty Estimates (SAIPE).

Child and Maternal Health**Low birth weight births (percent)**

Babies born weighing 5.5 pounds or less (less than 2,500 grams) per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Births to mothers receiving early prenatal care (percent)

Births in which prenatal care was initiated in the first trimester of her pregnancy per 100 live births with known start of prenatal care provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Births to women smoking during pregnancy (percent)

Births in which women reported smoking during pregnancy on infant's birth certificate per 100 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment. Please note that this data is most likely underreported on birth certificates across the state due to mothers knowing they shouldn't smoke during pregnancy.

Infant mortality (rate per 1,000)

Deaths during the first year of life per 1,000 live births provided by the Health Statistics Section, Colorado Department of Public Health & Environment.

Child deaths (rate per 100,000)

Deaths per 100,000 children age 1 to 14 in Colorado provided by the Health Statistics Section, Colorado Department of Public Health & Environment. Includes deaths from natural causes (such as illness or congenital defects) and injuries (including motor vehicle deaths, homicides, and suicides).

Teen deaths due to injuries (per 100,000)

Deaths due to intentional and unintentional injuries per 100,000 teens age 15 to 19 in Colorado provided by the Health Statistics Section, Colorado Department of Public Health & Environment. Includes deaths due to homicide, suicide, and accidents.

**Education****High school graduates (percent)**

The 2001-2002 graduation rate is based on all students reported by school districts who were enrolled in 9th grade in the 1997-98 school year. The rate includes students who transferred into, and excludes students who transferred out of, the class of 2002. The membership base of a school can be adjusted for a student reported as a dropout during the prior school year if the school has documentation that the student entered an education program subsequently. The 2001-2002 graduation rate provided by the Colorado Department of Education.

High school dropouts (percent)

The percentage of all students enrolled in grades 7-12 who left school during the school year and are not known to have transferred to other public or private schools provided by the Colorado Department of Education. In accordance with a 1993 legislative mandate, the drop-out rate calculation excludes expelled students.



**Creating Hope and Opportunity in Colorado,
One Million Kids at a Time**

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