**Mississippi Early Childhood System: Analysis Report**

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**INTRODUCTION**

Mississippi (MS) is home to 331,312 children from birth to age eight. [[1]](#endnote-2) For children, families, and communities across MS these early years hold tremendous potential and opportunity for the future. Early life experiences are critical in fostering a child’s early brain development and laying the foundation for lifelong success. Families of all kinds need extra support when raising young children. To ensure that all parents and children in MS are prepared to thrive, and that the long- term economic future of the state is bright, early childhood programs and systems must be high-quality, accessible, and affordable.

*"Having a heart for children helps you to do your job and thrive because, you know, we have the capacity to do something positive or something negative, so it’s important that we make smart choices that we can help our children." – early childhood center director.*

*“The toddler years are so challenging, but they’re so much fun because they learn so many things and they are like little sponges.” - Mississippi mother of a three-year-old in Jackson.*

Recognizing the great importance of early childhood education and development programs and services, the state of Mississippi (MS) established the[**MS State Early Childhood Advisory Council (SECAC)**](https://mssecac.org/)to serve the children and families of Mississippi. SECAC exists to support a coordinated system of quality care and education with comprehensive supports to enable school success and lifelong learning.  A core responsibility of this group of leaders is to conduct periodic statewide needs assessments on the quality and availability of early childhood education and development programs from birth to school entry. Another core responsibility is to identify opportunities for, and barriers to, collaboration and coordination across early childhood education programs and services. In support of these efforts, SECAC partnered with [Start Early](https://www.startearly.org/what-we-do/policy-advocacy/consulting/) to develop the Mississippi Early Childhood System Asset Map.

The MS Early Childhood System Asset Map has two parts:

1. Programs Profiles – available at mssecac.org
2. Analysis Report – included in this document, see below

This asset map will inform the creation of a strategic vision, which will articulate a path for improvement towards a comprehensive, aligned, high-quality system of early childhood development and care. SECAC will release this strategic vision in January 2023.

**Methodology**

This asset map was produced in partnership between the Mississippi State Early Childhood Advisory Council and [Start Early](https://www.startearly.org/). Start Early collaborated with MS SECAC leaders to outline the content of the asset map, and MS SECAC members provided guidance, review, and feedback throughout the process. Start Early gathered policy information and data from a range of sources, including public state and federal websites and reports, interviews with state agency leaders, and data requests to relevant state agencies. Critically as part of the process, MS families and early childhood professionals shared their experiences, insights and ideas through surveys, focus groups and interviews, and they will continue to be engaged to create the strategic vision.

More than **1 Million Neural Connections** formed every second in the first years of life[[2]](#endnote-3)

**13% Return on Investment** for every dollar spent on high-quality early learning[[3]](#endnote-4)

**$673 million** estimate of the impact on the MS economy annually due to gaps in childcare[[4]](#endnote-5)

Total population of children, 2020[[5]](#endnote-6)

* Children 0-2 years old: 107,959
* Children 3-5 years old: 111,060
* Children 0-8 years old: 331, 312
* Children under 18 years old: 731,558

Children 0-4 years old by race/ethnicity, 2020[[6]](#endnote-7)

* Non-Hispanic American Indian and Alaskan Native: <0.5%
* Non-Hispanic Asian: 1%
* Non-Hispanic Black: 41%
* Hispanic or Latino: 6%
* Non-Hispanic Native Hawaiian and Pacific Islander: <0.5%
* Non-Hispanic White: 48%
* Non-Hispanic Two or More Race Groups: 3%

Children 0-5 years old in poverty by race and ethnicity[[7]](#endnote-8)

* Total= 66,000
* Black or African American: 42,000 (63.6%)
* Non-Hispanic White: 17,000 (25.8%)
* Other (includes American Indian, Asian and Pacific Islander, Hispanic or Latino, and Two or more races): 7,000 (10.6%)

**Overview of the Analysis Report**

Building on the data from the program profiles, the purpose of this second part of the asset map is to highlight key areas of strength and opportunity across the Mississippi early childhood system and the programs serving children from birth to eight and their families. The analysis is organized into five cross-cutting categories:

* Health, Mental Health, & Nutrition
* Quality Care & Education
* Support for Young Children with Special Needs
* Early Childhood Workforce
* Funding & Systems Coordination

Each category includes key analysis and insights about the strengths and opportunities across Mississippi’s system, including data from program profiles, quotes from parents and providers about their experiences of the system, and additional information on access and quality. Taken together, these themes will inform SECAC’s development of a strategic vision for a comprehensive, aligned, high-quality system of early childhood development and care.

**ANALYSIS REPORT**

**Community Experiences**

Many families described the assets of their communities, including parks, playgrounds, libraries, museums, and nature preserves, as well as their rich cultural history. Parents also talked about the social fabric of their communities, and the importance of being able to lean on neighbors and volunteers for support.

*“Our community as a whole everybody works together to better the community, to volunteer. We have so many different volunteer groups that help out in the community. It being so small, if I ever have a need or if I’m ever wondering something I can just reach out and find that information so fast because the community, it’s like we’re all part of a big team in our community.”* Mother of three children, ages 5, 9 and 10

However, some families—particularly those in rural communities—shared how they have limited access to child-friendly programs, facilities and events. Some parents shared how they have to drive out of their town or even their county to visit a library or museum with their child. Some families also shared that if their communities do have programming available to children such as art or music classes, sports, or after school programming, it is often geared for older children and youth and there is not as much for children under age 6.

*[When a parent was asked what they would like to see in their community]**“More events and programs for kids. I think it’d be amazing to have like a children’s museum or if we can build up our nature center to kind of be a children’s museum. If there was just like a two-hour event every other Saturday that was focused on kids, different activities, I think that’d be really great. […] More playgrounds and different types of playgrounds […], a children's theater, [and] sports facilities.”*

**Health, Mental Health & Nutrition**

*Mississippi promotes the health, mental health, and nutrition of young children and families through a diverse set of programs and funding such as Medicaid and CHIP, home visiting, and SNAP and WIC. Mississippi has strengths to build on and opportunities for improvement as it seeks to support the health and well-being of children and create a comprehensive system of early childhood development.*

Strengths:

1. **Most children in Mississippi are covered by health insurance.** In 2022, 424,503 children were enrolled in Medicaid and 41,547 were enrolled in CHIP. Approximately 5% of children under age 6 were not covered by health insurance in 2019.[[8]](#endnote-9)
2. **Many families report having a positive experience with their child’s health care services.** 93% of families who completed the survey indicated that they had a good to excellent experience with their child’s health care services. In focus groups, families had great things to say about their child’s pediatrician.
3. **Access to the Healthy Families Mississippi Home Visiting Program has expanded.** The program now can serve 750 families. Two additional counties and the MS Band of Choctaw Indians have been added since 2020. Many families reported in the interviews and focus groups they would like to have more parent support and opportunities to learn about child development to make sure their child is on track, both of which are key components of the Healthy Families model. This program also provides support for healthy pregnancies and could help improve birth outcomes for both mothers and babies.
4. **Infants and postpartum women have good access to nutrition support through WIC.** WIC covers almost 100% of eligible infants and 92% of women in the first year after birth. WIC offers access to breastfeeding support 24 hours a day through an app that connects women to live lactation consultants. WIC also now offers eWIC cards that allow families to purchase healthy foods at grocery stores and other retailers near them.
5. **Programs including the Child Access to Mental Health and Psychiatry (CHAMP) pilot and Head Start are already helping families with children to connect to mental health care.** CHAMP helps families and their primary care providers connect with behavioral health care specialists via telehealth to discuss conditions such as ADHD, Autism Spectrum Disorder and depression. The program, which is one of 32 similar programs happening in other states, started in 2018 by covering 24 counties but during the COVID-19 pandemic it was expanded statewide. Head Start and Early Head Start programs also support the mental health of children, families and staff including providing resources on trauma, substance use disorder and child mental health and social-emotional well-being. Head Start also has a 24-hour crisis and support hotline for caregivers which offers free counseling and resources on topics such as parent support, natural disasters, child abuse and domestic violence.[[9]](#endnote-10)

Opportunities:

1. **Many postpartum women, other parents and caregivers do not have access to health care**. Most women with low income are only eligible for Medicaid during pregnancy and for two months after birth. Other states extend eligibility to 12 months postpartum. Income eligibility requirements for Medicaid for parent and caretaker relatives with dependent children under age 18 are extremely low (<$382 per month or $4584 per year for a two-person household). Without enacting Medicaid expansion, an estimated 110,000 uninsured adults fall into a “coverage gap” in which their income is too low to qualify for Affordable Care Act marketplace assistance but too high to be Medicaid eligible. An estimated 28% of these adults in the coverage gap are parents with children at home.[[10]](#endnote-11)
* *“Like I have tried to apply for Medicaid. My kids are on Medicaid because they’re on child support and I’m a single mom and they get approved for Medicaid. I can’t. I’ve tried. I mean I make enough money to barely pay my bills and what I need to, to take care of my kids and I can’t, so I’ve no health insurance, none whatsoever.”*
1. **Many parents and providers expressed a desire for greater mental health supports for children and families.** In a survey of Mississippi families, 13% of families reported seeking or receiving social-emotional, mental health or behavioral services; of these families, 61% stated it was a “big problem” to get the services they needed. Furthermore, many parents and providers who participated in focus groups for this project stated that they would recommend additional funding be spent on both maternal and child mental health care.
* *“[We need] more mental health services. More of an SEL focus on communities, especially in the last couple of years we've seen families go through a ton of trauma, and the education system isn't necessarily being responsive to that.”*
* *“A month ago, I literally lost my marbles, like lost it...And when I had her I had bad, bad, bad postpartum depression. Everybody sees me with a smile. You see me like that because you have to put a mask on. […] Once I get her breast-fed sometimes it’s one o'clock in the morning and I get her to lay down and try to go sit on the porch and cry my eyes out. I’ve been doing that three times a week since I had her. But I struggle.”*
* *“My gynecologist said I can refer you to a psychologist and to a counselor, but, you know, when you apply for Medicaid and you’re on Medicaid, pregnant […] they don’t offer that kind of program and you have to pay out of pocket.”*
1. **Mississippi has one of the highest rates of food insecurity for children,[[11]](#endnote-12) yet many low-income children and families eligible for nutrition support through WIC and SNAP are not receiving it.** While coverage for eligible infants by WIC was nearly 100% in 2018, it is estimated that only 55.4% of eligible pregnant women, 49% of eligible toddlers and 30% of eligible 4-year-olds were receiving WIC.[[12]](#endnote-13) Only 71% of eligible families were receiving SNAP in 2018, compared to 81% nationally and with 6 states in the 96%-100% range.[[13]](#endnote-14) Several families in the focus groups and interviews reported significant challenges with accessing SNAP services.
2. **Families have reported not receiving timely notifications for appointments to enroll in programs such as Medicaid and SNAP.**
* *“I would get an appointment reminder after my appointment was supposed to have already happened, and that's happened with, like, a Medicaid appointment and with food stamps before. Specifically with food stamps, we applied in January when I was looking for a job, and the two appointment reminders I got were for after it came in the mail. I never got a phone call telling me, ‘You have an appointment.’ So then, they just dismiss the case, and we have to appeal it.”*

**Data Visuals:**

* Maternal mortality rate - 33.2 deaths per 100,000 live births. The mortality rate for Black women is 3x the rate for White women. 86% of pregnancy related deaths occurred postpartum, including 37% after 6 weeks.[[14]](#endnote-15)
* 11.8% Low birth weight babies (16.3% for Black or African American babies)[[15]](#endnote-16)
* Infant mortality rate is 8.8 per 1000 live births[[16]](#endnote-17)
* 67.4 active primary care physicians per 100,000 population, compared to 94.4 nationally;[[17]](#endnote-18) 1 Obstetrician/Gynecologist per 9,300 residents, compared to national average of 1 to 7,758 residents; 1 Pediatrician per 2,783 residents, compared to national average of 1 to 1,429 residents[[18]](#endnote-19)
* 19% of Adults living in households with children felt down, depressed or hopeless for more than half of the days or nearly every day over two weeks[[19]](#endnote-20)
* 15.6% of women ages 15-44 are uninsured, a significant decline from 26.6% in 2010.[[20]](#endnote-21)
* 6% of children birth to 18 are uninsured[[21]](#endnote-22)
* 5% of women received late or no prenatal care[[22]](#endnote-23)
* 23% of children in MS experience food insecurity, compared to the national average of 15.2%.[[23]](#endnote-24)

**Quality Care and Education**

*Early childhood programs such as Head Start, Pre-K, and child care provide quality care and education to children and families in centers, schools, and homes across Mississippi. Leveraging the system’s strengths and improving access to, quality of, and affordability of care and education is essential to child well-being and the state’s economy.*

Strengths:

1. **Access to publicly funded Pre-K has increased in recent years.** This has been due in large part to the proportion of Mississippi 4-year-olds enrolled in Early Learning Collaboratives (ELC), which rose from 3% (1,142 children) in 2016-17 to 7% (2,601 children) in 2020-21.[[24]](#endnote-25) Due to the success of the ELCs, the legislature doubled the funding to $16 million for 2021-2022, which added 3,220 seats to serve approximately 6,110 4-year olds (16%) across the state.[[25]](#endnote-26)
2. **Mississippi has been recognized as one of the top six states for high-quality Pre-K.** The National Institute for Early Education Research (NIEER) recognized Mississippi in its latest report on pre-K quality as one of only five states whose state-funded pre-K program meets all 10 quality standards for early childhood education.[[26]](#endnote-27) Although Mississippi discontinued its quality rating system and has yet to develop a replacement, surveys show strong support for proposals to assess quality of early childhood programs.[[27]](#endnote-28)
3. **Child care professionals in Mississippi are taking the lead in exploring a new system of quality improvement.** The W.K. Kellogg Foundation and partners are convening licensed and home-based providers to create recommendations for a new quality improvement system for child care in the state. These recommendations will be shared with the Mississippi Department of Human Services (MDHS).[[28]](#endnote-29)
4. **Some programs are exemplars for data collection**. Head Start has a searchable database of program-level data, including demographic information of children, the number experiencing homelessness or foster care, and those receiving services such as health care, special education, and family services. Early Learning Collaboratives report data to MDE at the beginning and end of the school year, including demographics, kindergarten readiness assessment scores and comprehensive learning and development assessment scores using the Brigance tool. ELCs and Head Start programs also collect CLASS quality assessment data. Local Education Agencies (LEAs) also share Title I preschool data with MDE through the MSIS system, including demographic data and family income status. Child assessment scores (Brigance, kindergarten readiness assessment) are reported to MDE separately. Healthy Families also collects data through the FamilyWise system, including demographic data, the number of home visits conducted, and 19 performance measures across 6 categories including maternal and newborn health, school readiness and achievement, and coordination and referrals.
5. **Families feel connected to their child care provider, and providers are committed to supporting early learning for those in their care**. Parents who participated in the survey and interviews shared how providers play a key role in nurturing their child and supporting their child’s development. Providers expressed a strong commitment to supporting children and families and a passion for teaching, despite the challenges they face.

*“We’re educators of love. And education to me, an educator teaches every aspect. We nourish the whole child. We nourish their spirit, we nourish their mind, we nourish them physically, and emotionally. We get the whole picture of a child.”*

Opportunities:

1. **Child care is inaccessible for many families across the state.** Almost half of all families in Mississippi (48%) live in a child care desert, including 60% of rural families who live in areas without enough licensed child care providers.[[29]](#endnote-30) Many programs also report waitlists. Although demand for child care decreased during the early stages of the COVID-19 pandemic, it appears to be rising again. Waitlists are more common for parents and caregivers seeking full-time care for children ages 0-4, and the most common for families seeking infant care.[[30]](#endnote-31)

*“We got on the list when I was three months pregnant and we like barely had a spot by the time that it was time to put her in.”*

*“When we had young children, we moved from a bigger town to a very rural area. And the difference in childcare going from having options with degreed teachers and qualified staff and schedules that made sense [...] let’s just say, it was shocking and the options are not there either like in rural communities. They’re just not there. You kind of have one or two options and that’s it. We live in a county where we only have a couple of pre-K classrooms and Head Start and it’s just, we just don’t have a lot of options.”*

1. **Child care is unaffordable for typical families in Mississippi**. The U.S. Department of Health and Human Services advises that child care should amount to no more than 7% of a household's budget, although many families spend well beyond that. While CCPP vouchers help many eligible families afford child care, not all eligible families can be served with the current funding. Also many families with incomes above 85% of SMI who are ineligible for CCPP report that affording child care is still very challenging.

***“****I know there are programs for families with lower incomes, but if there [was] childcare at a discounted rate, you know, even for families who may be in the middle of a middle income status.”* -Single mom of two children, ages 3 and 9

**How is the child care crisis impacting Mississippi’s state economy?**

A recent report the U.S. Chamber of Commerce Foundation found that **Mississippi is losing $673 million annually because of gaps in child care.[[31]](#endnote-32)** The U.S. Chamber of Commerce Foundation recently partnered with the Children’s Foundation of Mississippi and the Mississippi Economic Council to survey parents on how child care impacts their ability to participate in the workforce. Parents noted that the lack of child care forced them to voluntarily or involuntarily leave their jobs, decrease work hours, reject opportunities to work additional hours and turn down new job opportunities.

**Employers lose approximately $553 million per year due to worker absences and employee turnover.** More than half of parents reported missing work due to child care issues in 2021. Employers are experiencing increased costs in the form of overtime and additional hiring and training costs. Additionally, Mississippi loses $120 million in taxes every year due to child care issues. When parents leave the workforce because they don’t have access to child care, Mississippi revenues from income tax decline. Parents often have to reduce spending as well which leads to a decrease in sales tax revenue.

1. **Parents and providers report barriers to applying for CCPP, including lack of understanding about the program, meeting the work requirement during enrollment, and difficulty with paperwork.** CCPP provides critical assistance in the form of vouchers for tens of thousands of families to help cover the cost of child care each year. However, several parents who were interviewed were unsure if they qualified for CCPP based on their income or if they would be able to provide the proper documentation. One focus group of mothers discussed the challenges of meeting the 25 hour a week work requirement to apply for CCPP when they don’t yet have child care to interview for a job or maintain employment. Some states allow eligibility for 90 days for parents to search for and secure employment. Providers also shared that parents and grandparents often need support completing the paperwork and submitting the necessary documents. The child support enforcement requirement has also been an issue of public concern.

*“If you’re a single mom, until you can actually get your kids into some kind of childcare how are you supposed to work? It’s hard to prove that you work 25 hours a week when you’re not able to because you don’t have help with your kids.  […]  They should be able to take your kids in and give you a month’s time to turn in some kind of paperwork that you are working 25 hours a week. I have a friend who has kids who’s gone here who’s lost her job, you know, things like that and she can’t get them back in here to be able to get a job because she can’t prove she works 25 hours, you know, but she is a single mom with no family.” -Gulf Coast Mother*

*“We know that families don’t have internet in the home. We know that families may have a phone today but not tomorrow. We know that some families, the navigating through different websites is just a challenge. […] We have somebody on staff who helps with […] the certificates. Knowing the challenges that family have, it could be their technology may be the challenge. They’re not technically capable of going to the website and submitting all the documents. So we actually have on staff a full-time person who’s dedicated […] to help families apply for the grant. She goes to the waiting list, calls the family, the family comes in with all of their documents and then she assists them with applying for the grant and getting all their documents submitted at that time.”*

1. **Parents expressed they want more support with parenting, child development, and connecting to community resources.** The Healthy Families Mississippi home visiting program provides in-home services to assist familieswith parenting skills, developmental screening, access to community supports and services, and building healthy support networks. Head Startprograms also engage parents and caregivers as the child’s most influential teachers, and offer services to support family goals. Recruitment and enrollment to these and other programs could be increased. Access to parent groups and other parenting and developmental supports and resources could be expanded, and awareness of the supports available through CCR&Rs, Help Me Grow and other community-based organizations could be increased.

*“If people are struggling to figure out how do you work on [] if your kid might have a developmental delay, like maybe that is where a place like parenting classes could help. I mean like is there a mom’s group where you can come together […] and even have some experts come and talk about here’s things to look for physical development, here’s things to look for [] social emotional learning, you know, that kind of stuff?” -*Mother of a 2-year-old living in Jackson, MS

1. **Publicly-funded pre-K is still not accessible to many children statewide**. Mississippi has made great strides towards expanding access to high quality publicly funded pre-K in recent years, particularly through the expansion of Early Learning Collaboratives. It is difficult to determine a non-duplicated count of 3- and 4-year-olds enrolled in pre-K across the full landscape of publicly funded programs (i.e. ELCs, Head Start, special education pre-K, CCPP, Title I pre-k) without an integrated data system, but there are still gaps in the number of children programs are able to reach.

**Data Visuals:**

* In Mississippi, the average cost of infant care is $5,436 per year, or 11.7% of a median family’s income for one child. Care for two children—an infant and a 4-year-old—costs an average of $10,220 per year, or 21.9% of a typical family’s household budget.[[32]](#endnote-33)
* 31.79 % of children met the benchmark score on the kindergarten readiness test in 2021.[[33]](#endnote-34)
* 73% of kindergarteners entering public school were previously enrolled in child care, Head Start, public or private pre-k[[34]](#endnote-35)
* 99% of children enrolled in Healthy Families Mississippi home visiting program had a timely screen for developmental delays.[[35]](#endnote-36)

**Support for Young Children with Special Needs**

*Strengths:*

1. **Programs across the early childhood system incorporate policies, professional development, and quality improvement efforts that aim to better support young children with special needs.** In addition to programs that solely serve children with disabilities and delays (early intervention and early childhood special education), certain broader early childhood programs have policies that prioritize enrollment for young children with special needs, such as the Child Care Payment Program, Head Start, Healthy Families Mississippi, and some Title I programs. Providers also have access to supports that aim to improve their service of children with special needs. For example, child care providers have access to supports such as two Child Care Resource & Referral (CCR&R) centers dedicated to children with special needs, onsite technical assistance, a special needs credential they can earn, and free developmental and autism screenings offered by CCR&Rs. Also, all Head Start programs must have a Disabilities Coordinator, and [Head Start Performance Standards](https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-subpart-f-additional-services-children-disabilities) specifically outline services for children with disabilities and their parents.
2. **The professional development of early intervention providers is guided by professional competencies.**First Steps has adopted the[Early Intervention Service Provider Competencies for Mississippi’s Comprehensive System of Personnel Development](https://msdh.ms.gov/msdhsite/_static/resources/2937.pdf). All professional development that counts for EI providers’ continuing education must align to these competencies. This is significant considering that MS does not have a set of competencies that guide the professional development of early childhood educators more broadly.
3. **First Steps promotes the use of an evidence-based model of early intervention.**The Routines-Based Early Intervention (RBEI) model is widely recognized as an effective model that supports children’s development and learning in the context of daily routines and activities through home visits with the family. MSDH and local First Steps early intervention programs provide early intervention providers with periodic RBEI trainings.
4. **Preschool children with special needs are more frequently served in inclusive environments compared to neighboring states.** Compared to both the national averages and the averages of Southeastern states, Mississippi serves more children with special needs ages 3-5 in their regular early childhood program and serves less children in some other location, separate class, separate school, or residential facility separate from their typically developing peers. This higher level of inclusion is bolstered by initiatives such as the competitive grant started by MDE’s Offices of Special Education and Early Childhood, which supports school districts to create blended prekindergarten classrooms with children with disabilities learning in an inclusive environment alongside their non-disabled peers.
* *“If you cannot take them to preschool, then they do have a speech therapist that will go and see them twice a week at his daycare, but at the preschool you get the speech pathologist along with a special instructor that helps for three hours, which is preferred.”*

*Opportunities:*

1. **Access to early intervention services for Mississippi’s infants and toddlers is low compared to neighboring states.** As of fall 2020, Mississippi serves 1.5% of its population of children ages birth through two. Compared to other states in the South and Southeast (Louisiana, Alabama, Arkansas, Tennessee, Georgia, South Carolina, North Carolina, Florida), only Arkansas serves a smaller percentage of its infant-toddler population. This was also the case pre-pandemic in fall 2019.
2. **Mississippi has comparable eligibility criteria to neighboring states for early intervention, but it could be less restrictive.**Although federal law allows states to serve children at risk for developmental delay, Mississippi does not; however, other Southeastern states do not serve at-risk children either. Mississippi’s definition of developmental delay is comparable to other Southeastern states; however, there are 21 other states in the U.S. who have a less restrictive definition.
3. **Families report challenges getting timely access to early intervention services for their children.** Some families report challenges getting timely referrals to First Steps when they have concerns about their child’s development. Others have had challenges getting the evaluation done with First Steps, receiving the services, and receiving consistent communication from case managers. These challenges are partially reflected in the monitoring data that First Steps reports to the federal government. MS’s early intervention program reported that 88.81% of eligible infants and toddlers with an Individualized Family Service Plan (IFSP) received an initial evaluation, assessment, and IFSP meeting within the required timeline of 45 days from the point of referral. Comparatively, Southeastern states average 94.03% compliance with the 45-day timeline, and nationally the average is 95.8%. As First Steps works diligently to ensure families and children receive their services in a timely manner, they struggle with turnover and consistent vacancies in Early Intervention case manager positions employed by the MSDH, which may contribute to delays.
* *“But at six months, you know, she wasn’t really sitting up, she wasn’t -- she was barely rolling over. […] And I started mentioning it to her pediatrician and she just kind of brushed me off and just, you know, so that was kind of irritating. And then at her nine month checkup she still wasn’t sitting up and I really voiced something may be going on and then she -- again, I got brushed off.  So, you know, I hate that that did happen because when we, we waited until 12 months and that’s when her pediatrician at the time sent us to a neurologist [...] So, that was pretty frustrating -- I should have just stepped in, mother’s instinct.”*
* *“When I connected with First Steps, it was a little bit rocky at first I think because the first meeting the person I was meeting with was extremely late and didn’t bother to call me […] I’m a working mom.  And so I had taken time off to have this meeting.”*
* *“But then I will say like I actually didn’t hear again from the early intervention people, I just continued going to the physical therapy. And then when we left [city] in July, her physical therapist was like, ‘[…] the early intervention coordinator should be following up with you to set them up in [city] because I told them you were moving’...I know a lot of people who work in early intervention and education and whatever are overworked and so maybe we just sort of fell by the wayside.”*
1. **Young children with special needs receive their services more frequently in clinical settings, or outside their “natural environment,” compared to neighboring states.**As of fall 2020, Mississippi served 20.48% of children and families in early intervention outside of the natural environment. Services delivered outside of the natural environment are typically delivered in clinical settings that families must travel to, rather than in the home or a community-based setting. Compared to other states in the South and Southeast, only Tennessee served a greater percentage of its early intervention participants outside of the natural environment. This was also true in fall 2019 before the COVID-19 pandemic. Although children in Early Childhood Special Education do tend to receive their services more often in inclusive environments, there is a disproportionately large percentage of children who receive their services in a service provider location (14.69%) compared to the Southeastern average (10.15%) and the national average (9.14%).
2. **Early care and education providers report needing more support to adequately serve children with special needs in their care.** Although providers state their commitment to the value of inclusion, providers particularly in community-based settings expressed their desire for resources to better implement inclusion and serve children with special needs, including mental health needs. Suggested resources include funding, training, coaching, and access to technical assistance providers.
* *“Our public schools both districts here have done away with their self-contained pre-K classrooms.  And while I understand the need for that or the want to be able to do and support full inclusion, there’s not a place for these children to go now… Don’t get me wrong there, but with full ratios which I have to have to pay my bills, meeting the needs of special needs kids is not always possible.”*
* *“Childcare has a hard time serving typical developing, so you add on those layers of behaviors and needs on top of it…They feel like they’re getting these children that have such profound needs without the know-how and knowledge of how to assist them.”*
* *“I know Head Start has network of mental health support, but I don’t feel like private childcare providers do.”*

**Data visuals:**

Percentage of Infant/Toddler Population Served in Southeastern States, Fall 2020

* Mississippi: 1.50%
* Louisiana: 2.69%
* Arkansas: 0.89%
* Tennessee: 3.38%
* Georgia: 2.31%
* South Carolina: 3.82%
* Florida: 2.35%
* North Carolina: 2.49%
* Alabama: 2.03%

Percentage of Children Receiving Early Intervention Services Outside Natural Environment in Southeastern States, Fall 2019 & 2020

|  |  |  |
| --- | --- | --- |
|  | Fall 2019 (pre-pandemic) | Fall 2020 (post-pandemic) |
| Mississippi | 12.64% | 20.48% |
| Louisiana | 0.25% | 0.12% |
| Arkansas | 2.73% | 2.97% |
| Tennessee | 16.71% | 21.09% |
| Georgia | 1.22% | 1.87% |
| South Carolina | 6.27% | 6.56% |
| Florida | 9.94% | 9.67% |
| North Carolina | 0.50% | 0.96% |
| Alabama | 0.47% | 0.06% |

**Early Childhood Workforce**

*Mississippi’s early childhood workforce – including teachers, center directors, and other professionals and providers – plays a critical, frontline role in caring for, educating, and supporting children and families across the state. The system has both strengths and opportunities to ensure the workforce has the staffing, compensation, and professional learning needed to best serve young children.*

Strengths:

1. **Early childhood professionals have access to many affordable training opportunities.** Each early childhood education funding stream includes funds that may be used for annual professional development. State agencies provide access to training. For example, the Mississippi Department of Education (MDE) offers online courses, webinars, and instructional videos, as well as an Early Learning Specialized Boot Camp for educators who need to acquire twelve hours of approved early childhood coursework to teach in school-based pre-k classrooms.  The Mississippi Department of Human Services (MDHS) provides access to trainings directly, such as for the renewal of the Director credential, as well as through the Child Care Resource and Referral Agencies and the MS Early Childhood Inclusion Center. The MS State Department of Health offers training regarding child care licensing regulations, health and safety. Head Start and the Early Learning Collaboratives offer coaching for teachers as well as training. In addition, MS Thrive provides access to free training modules and resources for teachers and families.
* *“One of the few good things that came out of COVID is so much more access to online schooling, so that’s helped us with staffing because some of our teachers […] would have had to go back to school, […] it’s just easier and faster to do it online and then I can work full-time and do it online instead of having to go to class so much.”*
1. **Mississippi is significantly expanding the number of Child Care Resource and Referral (CCR&R) Agencies throughout the state**, including at least 10 in each of 4 state regions. CCR&Rs support both families and child care providers. For providers, they coordinate and host trainings. They also identify regional early childhood specialists and refer child care professionals to them for technical assistance when requested. CCR&R agencies can serve an important role in supporting the workforce and state quality improvement efforts.
2. **Child Care Strong grants have provided child care programs with critical funding that has supported the workforce.** These stabilization grants, available through the federal American Rescue Plan Act, are allowed to be used for regular staff pay, benefits, premium pay (bonuses and/or raises), employee recruitment, and retention. Many providers in the focus groups and interviews reported these funds have been critical to addressing staff shortages, and they will need similar sustainable funding to address staffing needs long term.

Opportunities:

1. **Child care programs have a severe staffing shortage.** Staffing shortages and high turnover rates have been problems for many years, however, the problem has gotten worse during the pandemic. Several directors in the focus groups reported they cannot open to full capacity because they cannot staff all their classrooms, exacerbating the shortage of child care for working families. They also reported many of the new staff they hire are inexperienced and with little prior training in child development or early care and education, and little commitment to staying in the field. Without adequate and stable staffing, increasing access and improving quality are not possible.
* *“I think my biggest challenge in this field though is staffing and finding people that have a passion for childcare in order for the children to get what they really, really need.”*
* *“It’s turnover I think maybe within the last year, I went through about 14 teachers. I hired 17 and went through like 14.”*
1. **Compensation is too low to attract and retain professionals in the child care field.** 100% of the providers in the focus groups and interviews said that increasing staff compensation, including wages and benefits like health insurance, should be a priority of system improvement. Directors are frustrated with not being able to offer their staff more for doing such important and challenging work, even when they exceed the minimum required credentials.
	* + *“What things would make my job difficult? I guess not being able to pay the employees what they deserve and you’re going to have a high turnover because of that.”*
		+ *“So we’re saying our staff here are well compensated so we don’t have that high turnover like we normally see in daycares.”* – from a university-based Child Development Center, where staff wages and benefits are paid by the university.
		+ *“Honestly, at this point you can go to, you know, maybe Chick-Fil-A and get more that what teachers are getting right now in early childhood. … I don’t ever think they could pay us our worth, but I definitely think it should be more than what it is.”*
		+ *“Well, most of the time when I get teachers and they get their degree, guess what? The school takes them.”*
2. **Data about early childhood professionals is limited or unavailable to inform policymakers about the needs of the workforce.** The Mississippi Department of Education collects data about preschool teachers in school-based programs and Head Start collects data about their staff including demographics, degrees and certifications. However, data is not collected about other professionals in the field, including child care professionals, directors, direct service providers for early intervention, and home visitors. Mississippi does not have a professional development registry to help professionals plan their career pathways and track their education, credentials, and training online. Without a professional development registry or other system for collecting data about the early childhood workforce, it is challenging for policy makers to know how to strengthen the pipeline of diverse, early educator talent.
3. **Coaching, mental health consultation and other on-the-job supports for early care and education professionals are not widely available.** On-the-job supports, such as coaching, help professionals transfer knowledge from training to practice and improve the quality of their programs. Coaching is available in Head Start programs and Early Learning Collaboratives but is currently less available in other programs. Also, early care and education professionals want more direct support in the classroom to assist them in working with children with special needs and challenging behaviors. CCR&R expansion will help address this need.
* *“I miss the Mississippi Building Block program because we had assistants that could come in, that could help us, that could show us, you know, not just us but the individual teachers. We’re learning that we needed that.”*
* *“I love conferences, don’t get me wrong, [...] but I still think having someone to be there … like a mental health therapist … they know what to do and then they can tell the teacher and help the teacher figure it out ...”*
* *“I would love to see a better network of what childcare providers should do to provide mental health support.  I know Head Start has a network of mental health support, but I don’t feel like private childcare providers do.”*
1. **Mississippi does not have an established set of professional competencies or an incentivized career lattice for early care and education professionals.** These could help provide a foundation for a coordinated and aligned professional development system that effectively prepares professionals to enter the field and that supports the pathways for career advancement with resources and increasing compensation. Several programs (e.g. Early Learning Collaboratives, Healthy Families) have high staff qualification requirements and degreed staff, however, expanding access to these programs and implementing them with high quality, will require developing and supporting new and existing talent.
* *“It just makes a difference when you’ve got a staff that has gone through early childhood classes versus a staff that you had to try to just on-the-job train.”*

**Data Visuals:**

* Average Annual Wages in MS:
	+ Child Care Worker $19,490 ($16,900- $20,770)[[36]](#endnote-37)
	+ Preschool teachers (non- Special Education, all settings) $26,860[[37]](#endnote-38)
	+ Preschool/Child Care Administrator $39,350[[38]](#endnote-39)
	+ Preschool teachers (school-based settings) $42,952[[39]](#endnote-40)
	+ Kindergarten Teachers $46,610[[40]](#endnote-41)
	+ Cashier $20,920, Dishwasher $20,310[[41]](#endnote-42)
* The poverty rate for all early educators is 25.1%, higher that for MS workers in general 12.4%.[[42]](#endnote-43)

**Funding & System Coordination**

*Coordination of both funding and services across agencies and programs is essential to creating an aligned, comprehensive, and well-resourced early childhood system in Mississippi. Building on strengths and making improvements at the systems-level can lead to improved access, quality, effectiveness, and child and family experiences.*

Strengths:

1. **State agencies do share some funding to support programs that serve Mississippi’s children and families**. For example, the Mississippi State Department of Health (MSDH) receives funding from the Mississippi Department of Education to support the First Steps Early Intervention Program. First Steps also works with the Mississippi Division of Medicaid to bill for targeted case management. Another example of coordination of funding is the transfer of $30 million in TANF funding from the Mississippi Department of Human Services (MDHS) to the Mississippi Department of Child Protection Services (MDCPS) for child welfare.
2. **Government agencies strive to collaborate to connect children and families to the services they need across the early childhood system.** For example, MDCPS works with MDHS to refer children in the welfare system to the Child Care Payment Program, and MDHS is able to prioritize their eligibility and use Child Care & Development Block Grant funding to pay for their child care. The Mississippi Division of Medicaid coordinates with other agencies that have early childhood program to identify young children that may be Medicaid and CHIP-eligible.[[43]](#endnote-44)
3. **Publicly and privately funded nongovernmental organizations aim to connect children and families with needed services and support**. CCR&Rs help connect families to child care, early intervention, and additional resources they may need; and they are significantly expanding to at least 10 sites in each of 4 regions in the state. MS Thrive has maintained a resource map to assist families with finding early care and education programs, health and early intervention providers in their community. Help Me Grow, available in the Jackson area also offers a model for how communities may support families in accessing various services. The fundamental philosophy of this program is to build collaborations across various sectors, including health care, early care, education, and family support. Families are offered screenings and then linked with needed programs and services.
4. **ELCs are a successful model of braiding early childhood funding streams and supporting coordination at the local level.** ELCs leverage state and local funds, including the federal early care and education dollars in the community (i.e. Head Start, Title I, CCPP) to offer high quality pre-k, with highly qualified staff, common curriculum, shared professional development, coordinated enrollment and family support activities. ELCs could be a model for expanding access to high quality pre-k or to infant toddler care, if there were more state or federal funds to do so.

Opportunities:

1. **Early childhood data systems are mostly not integrated and connected.** Mississippi does have a State Longitudinal Data System called LifeTracks, which is meant to provide linkages between early childhood, K-12, postsecondary education, and the workforce. However, policymakers report not having sufficient access to this data system to be able to use it to answer critical policy questions. Additionally, key data systems that should be connected to facilitate smooth transitions for children and families are not connected. For example, the Mississippi Infant-Toddler Intervention (MITI) system, which is the early intervention data system, is not linked to the Mississippi Student Information System, which is the data system used by MDE to store student data including children ages 3-5 in early childhood special education.
2. **Mississippi could contribute significant state funding to key early childhood programs but does not. At the same time, MS does not spend down all it could to help families.** Although Mississippi is not obligated to contribute state funding to the early intervention program, it does allocate $390,000 of state funds to First Steps, or 23% of total early intervention funding in MS. Comparatively, this state contribution is small and likely not sufficient. For example, state funding represents 64% of total early intervention funding on average nationally, and state funding represents 51% of total early intervention funding on average for Mississippi’s neighbor states in the Southeast in which state funding data is available (Alabama, Arkansas, Florida, Georgia, Louisiana, North Carolina).[[44]](#endnote-45) Unlike other states, Mississippi also does not contribute state funding to home visiting or to Early Childhood Special Education (Part B 619). Furthermore, even for programs that do have significant federal and state funding, there is difficulty spending down this funding that could serve as critical supports for families with young children. For example, MS currently has accumulated $47 million in unspent TANF block grant funds.
3. **Critical funding for programs is temporary or not sustainable.** For example,MDCPS previously received Social Security Block Grant funding through a Memorandum of Understanding with MDHS, but that funding was no longer made available this year. Early intervention previously received a set-aside from the Tobacco Trust Fund, but that was discontinued this year. MDE was able to use Individuals with Disabilities Education Act funding to pilot a grant that supported inclusive, blended classrooms for preschool children with special needs, there is no guarantee that it will continue. Child Care Strong funding, through the federal American Rescue Plan Act,has temporarily lowered costs for families and allowed centers to offer premium pay for staff and make updates to their facilities. However, this funding will soon come to an end even as center directors continue to report the need for increased funding, with staff pay rates, employment benefits and the need to increase staff education as the most common reasons.[[45]](#endnote-46)

*“The first two years I lived out of my daycare. […]I couldn’t afford to go get another apartment, you know. […] And then I was staying open until 11:30 and I had parents getting there late. And then I’m having to be right back for 5:00 a.m., no Lord, okay. I would go to my cousin’s house, take my shower. When I’m at the center, okay, I’ve got a bathroom, I’ve got a sink. I could wash my face, get up, brush my teeth.”*

1. **Although state agencies do collaborate to serve children and families, they could collaborate more consistently and systematically.** Certain early childhood programs have categorical eligibility or require automatics referrals for children and families who participate in public programs administered by other agencies and organizations. For example,children in foster care and children in families receiving TANF and SNAP are automatically eligible for Head Start programs. The Child Abuse Prevention and Treatment Act (CAPTA) mandates that children in welfare receive an automatic referral to early intervention. Multiple early childhood programs prioritize enrollment for children with identified disabilities of developmental delays. All of these examples are opportunities for state agencies and organizations that administer these programs to collaborate, share data, and consistently connect families to the other public programs and supports for which they qualify.

**How do families experience Mississippi’s early childhood system?**

20% of the total MS population lived in poverty in 2019[[46]](#endnote-47)

$27,750/year is the federal poverty level (2022) for a household with 4 people

In addition, many working families in MS struggle to get by, living paycheck to paycheck. One of the ways to capture the challenges of these families is through the ALICE® construct. ALICE®, a widely used tool pioneered by the United Way, stands for Asset-Limited, Income-Constrained, Employed. It highlights households who earn above the Federal Poverty Level, but not enough to afford a bare-bones household budget.

50% of MS households were below the ALICE® threshold in 2019 (% below poverty, plus another 31% Below ALICE threshold)[[47]](#endnote-48)

$55,980/year is the ALICE® threshold for MS families with two adults and two children in child care in 2019[[48]](#endnote-49) With recent inflation and cost-of-living increases, this threshold is likely higher in 2022.

|  |
| --- |
| **AVERAGE ALICE® HOUSEHOLD SURVIVAL BUDGET****For a Family of Four in 2019 (2 Adults, 2 Children in Child Care)[[49]](#endnote-50)** |
| Housing | $713 | Transportation | $835  |
| Health Care | $812  | Food | $812  |
| Child Care | $531  | Technology  | $75 |
| Taxes | $463 | Miscellaneous | $424 |
| Monthly Total | $4,665 | Hourly wage | $27.99 |

Innovative programs like Employment Equity for Single Moms are providing child care and workforce development supports to moms so they can increase their wages.

* *“I feel like working hard parents are kind of left out…Where are the resources for like the working parent who’s really trying?”*
* “…*Definitely certain healthcare services and someone mentioned for working families cause it’s like you can be right on the edge. You may make five dollars more to be able to get Medicaid and even though you may have a good job, people don’t understand like there are still some challenges there.”*
* *“[For early intervention physical therapy services] We did Thursday mornings at 8:00 and it was for about an hour…I was lucky I had a flexible work schedule. I don’t think that clinic was opened past 5:00 so I don’t think we could have done after hours.”*

**ACKNOWLEDGEMENTS**

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47. United Way. United for ALICE: Mississippi State Overview 2019. Retrieved on June 22,2022 from <https://www.unitedforalice.org/state-overview/mississippi> [↑](#endnote-ref-48)
48. United Way. United for ALICE: Mississippi Household Budgets 2019. Retrieved on June 22,2022 from <https://www.unitedforalice.org/household-budgets/mississippi> [↑](#endnote-ref-49)
49. United Way. United for ALICE: Mississippi Household Budgets 2019. Retrieved on June 22,2022 from <https://www.unitedforalice.org/household-budgets/mississippi> [↑](#endnote-ref-50)