

# MISSISSIPPI EARLY CHILDHOOD SYSTEM ASSET MAP



## STRENGTHS AND OPPORTUNITIES

*Adopted by the Mississippi State Early Childhood Advisory Council on September 29, 2022*





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# Introduction



**Mississippi (MS) is home to 331,312 children from birth to age eight.<sup>1</sup>** 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.

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 \(SECAC\)](#) 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](#) to develop the Mississippi Early Childhood System Asset Map.

**The MS Early Childhood System Asset Map has two parts:**

- 1) Programs Profiles – accessible at [mssecac.org](https://mssecac.org)
- 2) Analysis Report – included in this document, see below

**“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 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. 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.



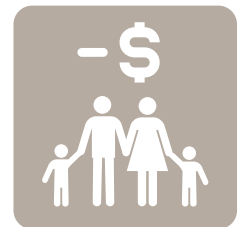
More than  
**1 Million Neural Connections**  
formed every  
second in the first  
years of life<sup>2</sup>



**13% Return on Investment** for  
every dollar spent  
on high-quality  
early learning<sup>3</sup>



**\$673 million**  
estimate of the  
impact on the MS  
economy annually  
due to gaps in  
childcare<sup>4</sup>

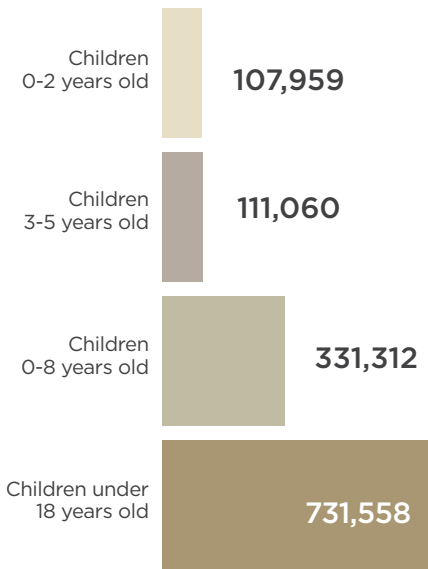


The state of MS  
invests **6 times less**  
than the federal  
government on  
programs for  
young children and  
families in this  
report.

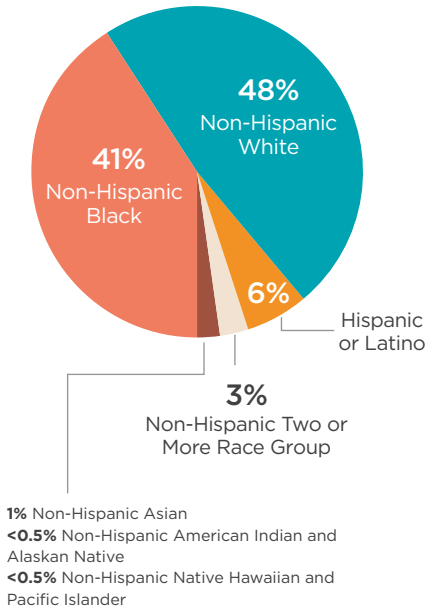


# INTRODUCTION: STRENGTHS AND OPPORTUNITIES

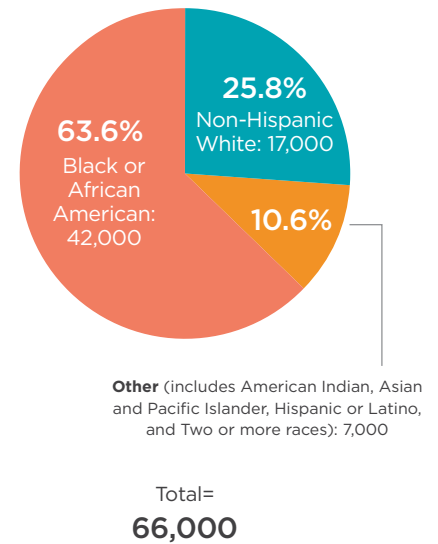
## Total population of children 2020<sup>5</sup>



## Children 0-4 years old by race/ethnicity 2020<sup>6</sup>



## Children 0-5 years old in poverty by race and ethnicity 2019<sup>7</sup>



## Overview of the Strengths and Opportunities Report

Building on the data from the program profiles and focus groups, interviews, and surveys of families and early childhood professionals, 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.

### 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

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.

**“The toddler years are so challenging, but they’re so much fun because they learn so many things and they are like little sponges.”**

- MOTHER OF A THREE-YEAR-OLD IN JACKSON



# STRENGTHS AND OPPORTUNITIES



# Community Experiences



**A**lthough the Mississippi State Early Childhood Advisory Council's work is largely focused on statewide programs and services, it is important to note that many families in focus groups and interviews described the unique assets of their communities. These include 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.

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 must drive out of their town or even their county to visit a library or museum with their child. 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, rather than children under age 6. Many parents expressed a desire for more creative, multidisciplinary ways to support their young children's development through community experiences.

**[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 [...] 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, sports facilities.”**

– MS PARENT

**“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.”**

– MS PARENT

# 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 the Children's Health Insurance Program (CHIP), home visiting, the Supplemental Nutrition Assistance Program (SNAP), the Women, Infant Children (WIC) nutrition program and mental health supports through the Mississippi Department of Mental Health. Supporting the health and well-being not only of children but also their parents and caregivers is a critical component of an effective system of early childhood development.



## Strengths:

- 1. Most children in Mississippi are covered by health insurance.** As of May 2022, 426,027 children were enrolled in Medicaid and 41,547 were enrolled in CHIP.<sup>8</sup> Approximately 5% of children under age 6 were not covered by health insurance in 2019.<sup>9</sup>
- 2. Many families report having a positive experience with their child's health care services.** 93% of families who completed our 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.

**“[Medicaid] sent us a letter, and they said due to COVID, he's automatically reinstated because he was on it before, so that was a lifesaver.”**

– MS PARENT





## Health, Mental Health & Nutrition

(continued)

**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.<sup>10</sup> WIC offers access to breastfeeding support 24 hours a day through an app that connects women to live lactation consultants. WIC now offers eWIC cards that allow families to purchase healthy foods at retailers near them.

**5. The Mississippi Department of Mental Health (DMH) and programs like Head Start are already helping families with children to connect to mental health care.** DMH offers mental health services specifically targeted to families with children, such as Certified Peer Support Specialists who are parents/caregivers with experiencing raising a child with an emotional, mental or behavior disorder, and programs that aim to keep children in a mental health crisis in their communities rather than placed in more restrictive, inpatient care. Head Start programs also support the mental health of children, families and staff including providing resources on child mental health, social-emotional well-being, and trauma. 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.<sup>11</sup>

### Opportunities:

**1. Many postpartum women, 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 most adults are extremely low (<\$382 per month or \$4584 per year for a two-person household).<sup>12</sup> Without enacting Medicaid expansion, an estimated 110,000 uninsured adults, 28% of which are parents, 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.<sup>13</sup>

**“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’ve no health insurance, none whatsoever.”**

- MS PARENT

**2. Many parents and providers expressed a desire for greater mental health supports for children and families.** In our survey of Mississippi

## 15.6%

of women ages 15-44 are uninsured, a significant **improvement from 26.6%** in 2010.<sup>17</sup>

## 33.2

deaths per 100,000 live births is the maternal mortality rate in MS. **For Black women**, the rate is **3 times higher** than White women.<sup>18</sup>

## 86%

of **pregnancy-related deaths occurred postpartum**, including 37% after 6 weeks

## 11.8%

of all babies born in MS are low birth weight babies, compared to **16.3% of Black or African babies**.<sup>19</sup>

**“I’ve no health insurance, none whatsoever.”**

- MS PARENT

## Health, Mental Health & Nutrition

(continued)

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 stated that they would recommend additional funding be spent on both maternal and child mental health care.

**“[We need] more mental health services. [...] 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.”**

- MS EARLY CHILDHOOD PROFESSIONAL

**“And when I had her, I had bad, bad, bad postpartum depression. [...] 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.”**

- MS PARENT



**3. Mississippi has one of the highest rates of food insecurity for children,<sup>14</sup> 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% of eligible pregnant women, and less than half eligible toddlers and 4-year-olds were receiving WIC.<sup>15</sup> Only 71% of eligible families were receiving SNAP in 2018, compared to 81% nationally and with 6 states in the 96%-100% range.<sup>16</sup> Several families in the focus groups and interviews reported significant challenges with accessing SNAP services.

**4. 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 [...] 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.”**

- MS PARENT

**“[We need] more mental health services.”**

- MS EARLY CHILDHOOD PROFESSIONAL

**8.8**

per 1000 live births is the **infant mortality rate in MS**, compared to 5.6 nationally<sup>20</sup>

**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<sup>21</sup>

**23%**

of children in MS experience food insecurity, compared to the **national average of 15.2%**.<sup>22</sup>

**“Once I get her breastfed sometimes... [I] go sit on the porch and cry my eyes out.”**

- MS PARENT

# Quality Care and Education

**Early childhood programs such as Head Start, pre-kindergarten (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 both children and the state's economy thriving.



## 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.<sup>23</sup> Due to the success of the ELCs, the legislature doubled the funding to about \$16 million for 2021-2022, which added 3,220 seats to serve approximately 6,110 four-year olds (16%) across the state.<sup>24</sup> During the 2022 legislative session, an appropriation was made to fund ELCs at a rate of \$24 million, which will serve over 9,000 children.<sup>25</sup>
- 2. Mississippi has been recognized as one of the top five 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.<sup>26</sup> Although Mississippi discontinued its quality rating system, a MS Children's Foundation survey of MS professionals showed strong support for assessing quality of early childhood education programs, including child care and pre-K.<sup>27</sup>

## Quality Care and Education

(continued)

### 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 MS. These recommendations will be shared with the Mississippi Department of Human Services Division of Early Childhood Care and Development (DECCD).<sup>28</sup> Mississippi currently uses the Standard Center Designation to assess quality in child care programs, and DECCD recognized that the Standard Center Designation was not sufficient to help providers meet elements of quality and support parents in making informed decisions. DECCD is currently working to reshape quality support for child care providers. DECCD has begun with hosting a series of townhall meetings and releasing a survey so that child care providers can provide essential feedback on improving the current quality system.



**“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.”**

– MS EARLY CHILDHOOD PROFESSIONAL

**4. Some programs are exemplars for data collection.** Head Start has a searchable database of program-level data, including demographic information of children, those experiencing homelessness or foster care, and those receiving health care, special education, and family services. ELCs and Title I preschool programs collect and report data to MDE, such as child demographics and kindergarten readiness assessment scores, and child assessment scores. ELCs and Head Start also collect Classroom Assessment Scoring System (CLASS) classroom quality assessment data. Healthy Families collects data through the FamilyWise system, including demographic data and 19 performance measures across six 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.

## 31.79 %

of kindergarteners met the benchmark score on the kindergarten readiness assessment at the beginning of the year in the fall of 2021.<sup>32</sup>

## 57.67%

met the benchmark in the spring of 2022.<sup>33</sup>





## Quality Care and Education

(continued)

### Opportunities:

- 1. Child care is inaccessible for many families across the state.** Although demand for child care decreased during the early stages of the COVID-19 pandemic, it appears to be rising again. Many child care programs report waitlists (MDHS has not had a waitlist for the Child Care Payment Program in over four years). Waitlists are more common for families seeking full-time care for children ages 0-4, and the most common for infant care.<sup>29</sup>

**“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.”**

- MS PARENT

- 2. 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; many families spend well beyond that. MDHS uses approximately 85% of federal funding received to provide child care subsidies to families that qualify—well above the federal requirement that states spend at least 70% of funds on direct services. Mississippi has also expanded income eligibility to the highest federal allowance, which is 85% of the state median income level. Even at this level, Mississippi is only given enough federal funding to support approximately 20% of eligible children.

**“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.”**

- MS PARENT

- 3. Parents and providers report barriers to applying for Child Care Payment Program (CCPP), including lack of understanding about the program, meeting the work requirement during enrollment, and difficulty with paperwork.** CCPP provides critical access to child care subsidies for tens of thousands of families throughout the state 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 per week work requirement to apply for CCPP when they do not yet have child care to interview for a job or maintain employment. MDHS DECCD is currently in the process of writing a policy to add a job search period of 90 days for parents during

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

- MS PARENT

## 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**.<sup>31</sup>



## Quality Care and Education

(continued)

the initial eligibility application process. Parents with existing subsidy certifications may also request a period of time for a job search while their current certification is active. 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. The Mississippi State Early Childhood Advisory Council (SECAC) voted unanimously in March 2022 to make a formal recommendation to the governor to remove the Child Support Enforcement Rule as a requirement for the CCPP.

**“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.”**

- MS PARENT

**“We know that families don’t have internet in the home. [...] We know that some families, the navigating through different websites is just a challenge. [...]. 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.”**

- MS EARLY CHILDHOOD PROFESSIONAL

- 4. Parents expressed they want more support with parenting, child development, and connecting to community resources.** Program like home visiting with Healthy Families Mississippi, Head Start, and ELCs embed family supports like parenting skill building, support for reaching family goals, and empowering parents as their child’s most influential teacher. Recruitment and enrollment to these programs could be increased. Access to parent groups and developmental resources could be expanded, and awareness of the supports available through Child Care Resource and Referral Agencies (CCR&Rs), Help Me Grow and other community-based organizations could be raised.

**“If people are struggling to figure out [...] 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?”**

-MS PARENT

**“So we actually have on staff a full-time person who’s dedicated [...] to help families apply for the [Child Care Payment Program].”**

- MS EARLY CHILDHOOD PROFESSIONAL

**73%**

of kindergarteners entering public school were previously enrolled in child care, Head Start, public or private pre-k.<sup>34</sup>

**99%**

of children enrolled in Healthy Families Mississippi home visiting program had a timely screen for developmental delays.<sup>35</sup>

## Quality Care and Education

(continued)

### 5. Publicly funded pre-K is still not accessible to many children statewide.

Although Mississippi has made great strides towards expanding access to high-quality publicly funded pre-K in recent years, there are still gaps in the number of children programs are able to reach. Furthermore, 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 without an integrated data system to fully measure the gaps in access.

#### How is the child care crisis impacting Mississippi's state economy?

A recent report from the U.S. Chamber of Commerce Foundation found that **Mississippi is losing \$673 million annually because of gaps in child care.**<sup>30</sup>

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 due to lack of child care, Mississippi revenues from income tax decline. Parents often must reduce spending as well, which leads to a decrease in sales tax revenue.



## 48%

of Mississippi families live in a child care desert.

## 60%

of rural Mississippi families live in a child care desert.<sup>36</sup>

## Quality Care and Education

(continued)

### Employment Equity for Single Moms

**Innovative programs like Employment Equity for Single Moms (EESM) provide families the support they need to access child care and employment.**

Funded by the W.K. Kellogg Foundation, Hearst Foundation, and the Foundation for a Just Society, Employment Equity for Single Moms provides single moms in Mississippi with the education, training and resources they need to obtain higher paying jobs and access affordable child care. EESM recruits moms through partnerships with other organizations, including its vast network of over 800 child care centers in the state that participate in the Mississippi Department of Human Services (MDHS)-operated Child Care Payment Program.



This multi-faceted project provides supportive case management to mothers to 1) identify available jobs in the community that pay wages that support families; 2) access education and training in order to qualify for higher paying jobs; and 3) access child care so moms can participate in education or training programs and/or go to work. Moms enrolled in the program choose the child care providers that are the best fit for their family. EESM pays for the first three months of child care while case managers help moms enroll in the Child Care Payment Program operated by MDHS. Case managers also help address multiple barriers to employment experienced by mothers including transportation and language barriers. This program is annually reaching 730 moms with young children statewide.



# Support for Young Children with Special Needs

**Infants and toddlers with identified special needs are served by early intervention**, also known as Part C of the Individuals with Disabilities Education Act (IDEA) and known as First Steps in MS. Children ages 3-5 with identified special needs are served by early childhood special education, or Part B 619 of IDEA. Children with special needs are also served in all programs across the MS early childhood system, and supporting them to thrive alongside their typically developing peers in all environments is essential.



## 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.** Programs such as the Child Care Payment Program, Head Start, and Healthy Families Mississippi have policies that prioritize enrollment for young children with special needs. Head Start programs further support children with special needs by requiring programs to have a Disabilities Coordinator who oversees the implementation of the Head Start Performance Standards pertaining to children with disabilities. Child care providers have access to two Child Care Resource & Referral (CCR&R) centers dedicated to children with special needs, a special needs credential they can earn, and free developmental and autism screenings. The Mississippi Early Childhood Inclusion Center also provides onsite technical assistance to early care and education providers when requested.
- 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



## Support for Young Children with Special Needs

(continued)

Comprehensive System of Personnel Development. 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. The Mississippi State Department of Health (MSDH) and local First Steps early intervention programs provide early intervention providers with periodic RBEI trainings.<sup>37</sup>

**4. Preschool children with special needs are more frequently served in inclusive environments compared to neighboring states.** This higher level of inclusion is bolstered by Mississippi Department of Education (MDE) initiatives such as grants to create more inclusive prekindergarten classrooms in school districts and upcoming trainings for school district staff on supporting providers in community-based settings to inclusively serve children with disabilities.<sup>38</sup>

**“Early intervention is huge. If we would not have gotten the services at the time that [my child] got her services, [...] she would be in a wheelchair right now.”** - MS PARENT

**5. When families are able to access early intervention services, they report very positive experiences.** It allows them to afford developmental supports for their child that they were previously paying for out-of-pocket and were potentially going to stop due to high costs. They also see positive impacts on their child's development.

**“[Speech therapy] was something I was paying for out of pocket...[then] the speech pathologist told me about a program called First Steps.”**

- MS PARENT

### Opportunities:

**1. Access to early intervention services for Mississippi's infants and toddlers is lower than most neighboring states.** As of fall 2020, Mississippi served 1.5% of its population of children ages birth through two. From 2017-2020, compared to other states in the Southeast, only Arkansas consistently served a smaller percentage of its infant-toddler population.<sup>39</sup>

**“I really do appreciate First Steps.”**

- MS PARENT



## Support for Young Children with Special Needs

(continued)

**2. Access to services for children ages 0-5 with special needs suffered due to the pandemic.** The pandemic negatively impacted the percentage of infants and toddlers served in early intervention as Mississippi had previously served closer to 2%. Access to early childhood special education services was also negatively impacted by the pandemic.<sup>40</sup>

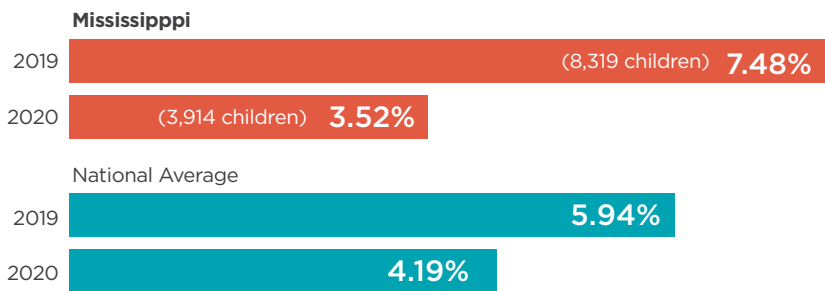
**“But at six months, you know, she wasn’t really sitting up, [...] she was barely rolling over. [...] And I started mentioning it to her pediatrician and she just kind of brushed me off [...] We waited until 12 months and that’s when her pediatrician at the time sent us to a neurologist [...] I should have just stepped in, mother’s instinct.”**

- MS PARENT

**“I started mentioning it to her pediatrician and she just kind of brushed me off...I should just stepped in, mother’s instinct.”**

- MS PARENT

### Percentage of Population of Children Ages 3-5 Served in Early Childhood Special Education, 2019-2020<sup>42</sup>

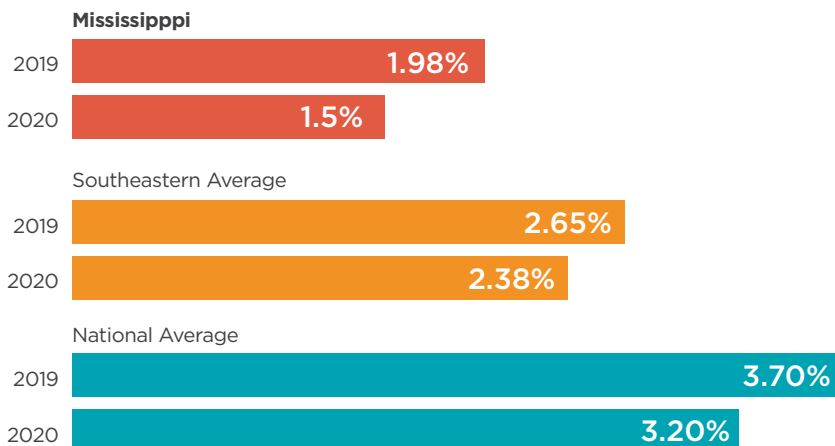


**14.69%**

of children ages 3-5 in MS receive their early childhood special education services in a service provider location.

- Southeastern average: **10.15%**
- National average: **9.14%**

### Percentage of Infant/Toddler Population Served in Early Intervention, 2019-2020<sup>43</sup>





## Support for Young Children with Special Needs

(continued)

**3. 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. 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.<sup>41</sup>

**4. Families report challenges getting timely access to early intervention services for their children.** Families report challenges getting timely referrals to early intervention from common referral sources such as pediatricians when they have concerns about their child’s development. Others had challenges getting a timely evaluation from First Steps, receiving services, and receiving consistent communication from case managers. There is turnover and vacancies in Early Intervention case manager positions employed by the MSDH, which may contribute to delays.

**“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.”**

- MS PARENT

**5. Young children with special needs receive their services more frequently in clinical settings or outside their “natural environment” compared to neighboring states.** 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.

**6. 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 more funding, training, coaching, and access to technical assistance providers.

**“I know Head Start has network of mental health support, but I don’t feel like private childcare providers do.”**

- MS EARLY CHILDHOOD PROFESSIONAL

**“Child care providers] feel like they’re getting these children that have such profound needs without the know-how and knowledge of how to assist them.”**

- MS EARLY CHILDHOOD PROFESSIONAL

**14.69%**

of children ages 3-5 in MS receive their early childhood special education services in a service provider location.<sup>46</sup>

Mississippi



Southeastern average



National average:



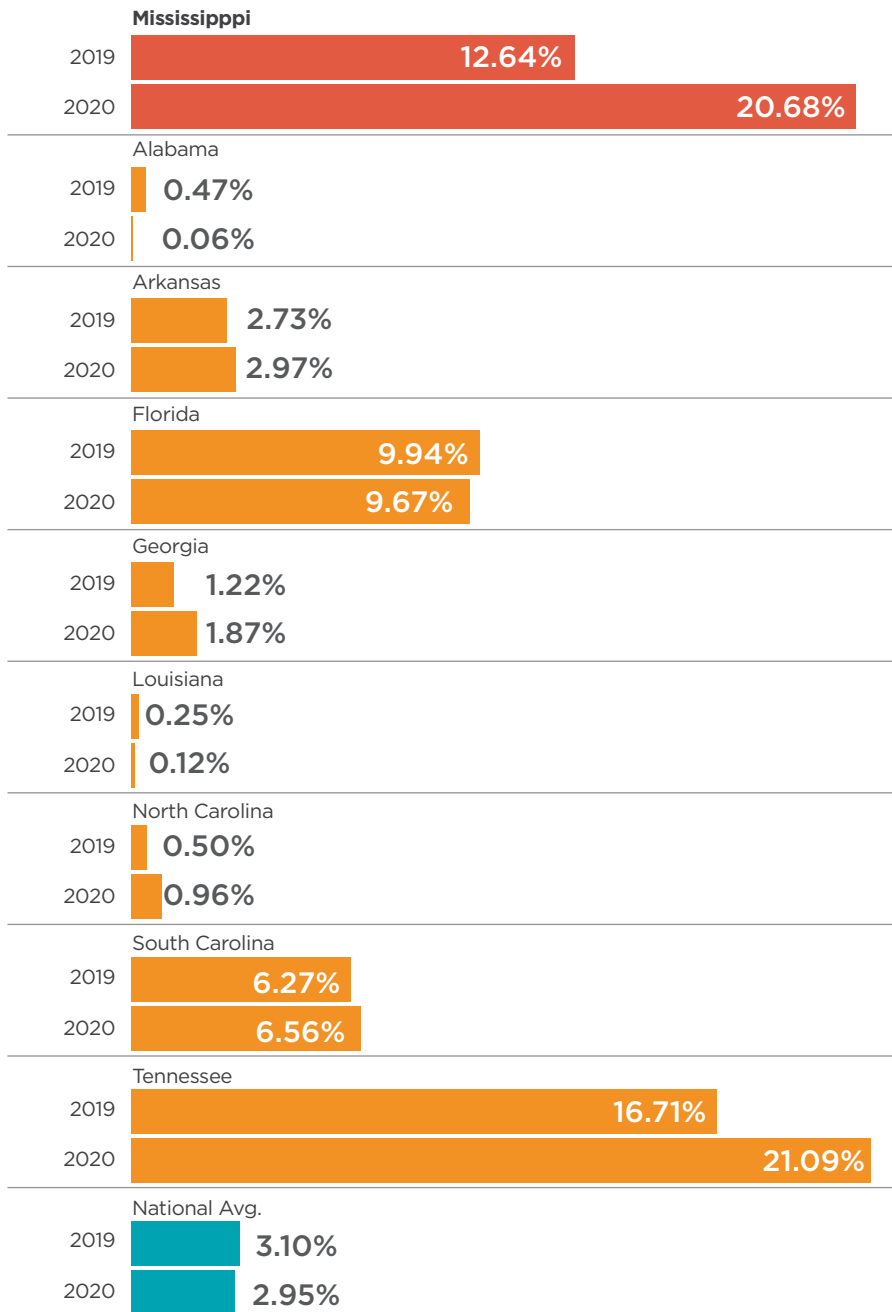




## Support for Young Children with Special Needs

(continued)

### Percentage of Children Receiving Early Intervention Services Outside Natural Environment in Southeastern States, 2019-2020<sup>45</sup>



**88.81%**

of eligible infants and toddlers in MS 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.

The average for Southeastern states is

**94.03%**

The average nationally is

**95.8%**<sup>44</sup>

# 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. To best serve young children, the early childhood workforce must be properly staffed, compensated, and supported with professional learning and growth opportunities.



### 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 also provide access to training. For example, the Mississippi Department of Education (MDE) offers online courses, webinars, and videos, as well as an Early Learning Specialized Boot Camp for educators who will teach in school-based pre-k classrooms. The Mississippi Department of Human Services (MDHS) provides access to trainings directly, such as the Mississippi Director's Credential program, training on child development and early education, and a special needs credential in partnership with the Mississippi 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.

**“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 instead of having to go to class so much.”**

- MS EARLY CHILDHOOD PROFESSIONAL

## Early Childhood Workforce

(continued)

**2. 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 families and serve an important role in supporting the child care workforce and state quality improvement efforts. 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.

**3. 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.



### 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 worsened 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 that many new staff they hire are inexperienced in child development or early care and education and have 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.”**

- MS EARLY CHILDHOOD PROFESSIONAL

**“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.”**

- MS EARLY CHILDHOOD PROFESSIONAL

### Average Annual Wages in MS:

- Child Care Worker **\$19,490** (\$16,900-\$20,770)<sup>47</sup>
- Preschool teachers (non-Special Education, all settings) **\$26,860**<sup>48</sup>
- Preschool/Child Care Administrator **\$39,350**<sup>49</sup>
- Preschool teachers (school-based settings) **\$42,952**<sup>50</sup>
- Kindergarten Teachers **\$46,610**<sup>51</sup>
- Cashier **\$20,920**
- Dishwasher **\$20,310**<sup>52</sup>



## Early Childhood Workforce

(continued)

**2. 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. One director from a university-based program reported not having high turnover because staff wages and benefits are supplemented and paid by the university.

**“Well, most of the time when I get teachers and they get their degree, guess what? The school takes them.”**

- MS EARLY CHILDHOOD PROFESSIONAL

**“The first two years I lived out of my daycare. [...]I couldn’t afford to go get another apartment [...] 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.”**

- MS EARLY CHILDHOOD PROFESSIONAL

**3. Data about early childhood professionals is limited or unavailable to inform policymakers about the needs of the workforce.** MDE and Head Start collect data about teachers and other staff, including demographics, degrees and certifications. However, minimal data is collected on the workforce in child care programs.

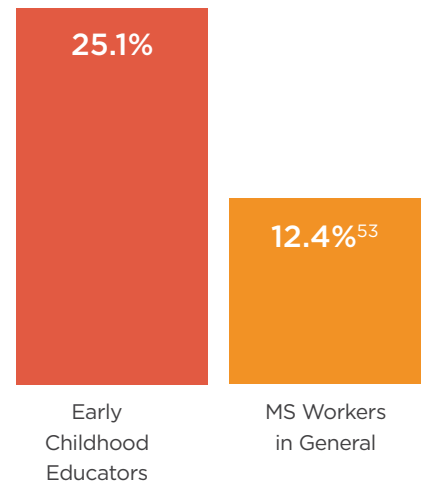


Mississippi does not currently have a professional development registry, and without that or another data system, it is challenging for policy makers to know how to strengthen the pipeline of diverse, early educator talent. The MDHS Division of Early Childhood Care and Development recognizes the need for a functioning professional development registry system, which would provide not only pathways for early childhood practitioners to earn credentials but also track the progress of practitioners in earning those credentials and on-going professional development. Planning of a registry system is currently underway.

**“Within the last year, I went through about 14 teachers. I hired 17 and went through like 14.”**

- MS EARLY CHILDHOOD PROFESSIONAL

### Poverty rate



## Early Childhood Workforce

(continued)

### 4. 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. CCR&R expansion will help address this need.



**“I miss the Mississippi Building Blocks program because we had assistants that could come in, that could help us, that could show us [...] We’re learning that we needed that.” - MS Early Childhood Professional**  
**“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.”**

- MS EARLY CHILDHOOD PROFESSIONAL

**5. 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 career advancement with resources and increasing compensation. Several programs (e.g. Early Learning Collaboratives, Healthy Families) have rigorous staff qualification requirements and degreed staff; however, expanding access to these programs and implementing them with quality will require developing 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.”**

- MS EARLY CHILDHOOD PROFESSIONAL

**“Honestly, at this point you can go to [...] Chick-Fil-A and get more than what teachers are getting right now in early childhood.”**

- MS EARLY CHILDHOOD PROFESSIONAL



# 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. A coordinated system can lead to improved access, quality, effectiveness, and child and family experiences.



## Strengths:

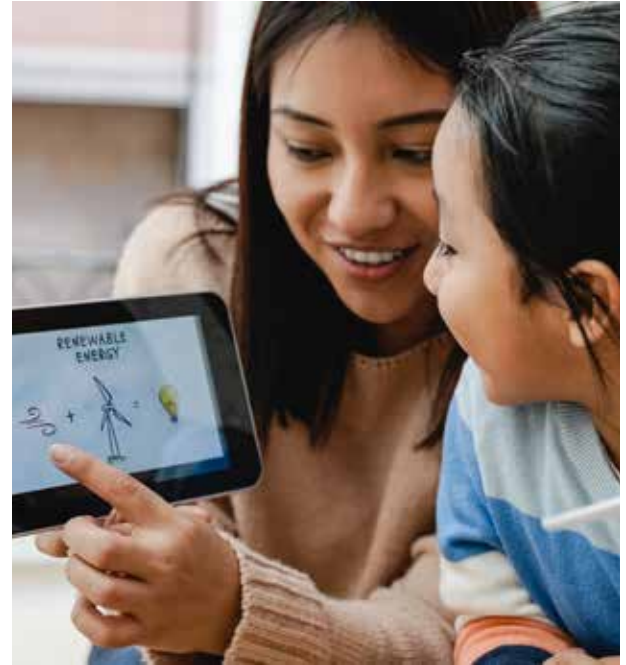
- 1. State agencies share some funding to collaboratively support Mississippi's young children and families.** For example, the Mississippi State Department of Health (MSDH) receives funding from the Mississippi Department of Education to support the First Steps Early Intervention Program. First Steps also works with the Mississippi Division of Medicaid to bill for targeted case management. The Mississippi Department of Human Services (MDHS) transfers \$30 million in TANF funding 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 (CCPP), 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 programs to identify young children that may be Medicaid and CHIP-eligible.<sup>54</sup>
- 3. Publicly and privately funded nongovernmental organizations aim to connect children and families with needed services and supports.** Child Care Resource and Referral Agencies (CCR&R) help connect families to child care, early intervention, and additional resources they

## Funding & System Coordination

(continued)

may need; and they are significantly expanding to at least ten sites in each of four 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 in which families are offered screenings and then linked with needed programs and services.

4. **Early Learning Collaborative (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.



### Excel by Five

Excel by Five provides coaching and support to 40 communities throughout Mississippi that bring together parents, early childhood educators, health care providers and other private and public sector partners, connecting them with the available resources and services they need to ensure children lead healthy, strong lives. Coalitions conduct a collective resource assessment to identify resources in their communities, examine utilization, and evaluate access and awareness. Coalition volunteers work together to ensure that resources are more accessible and utilized community-wide. An estimated 35,606 Mississippians have been direct beneficiaries of Excel by Five, in addition to 7,997 indirect beneficiaries.<sup>55</sup>

### Opportunities:

1. **Early childhood data systems are largely not integrated and connected.** Mississippi has a State Longitudinal Data System called LifeTracks, which is meant to provide linkages between early childhood, K-12, postsecondary education, and workforce data. 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, such as the early intervention data system and the data system housing information on early childhood special education.

## Funding & System Coordination

(continued)

**2. Mississippi could contribute significant state funding to key early childhood programs but does not.** For example, state funding represented approximately 14% of total early intervention funding in MS in 2021. Compared to other early intervention programs, 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.<sup>56</sup> Unlike other states, Mississippi also does not contribute state funding to home visiting or to Early Childhood Special Education (Part B 619).

**3. Critical funding for programs is temporary, not sustainable or not sufficiently spent.** For example, early intervention previously received funding from the

Healthcare Expendable Fund, but that was discontinued this year. MDE was able to use Individuals with Disabilities Education Act funding to pilot a grant that created new inclusive classrooms for preschool children with special needs, but it is uncertain 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.<sup>57</sup> Furthermore, MS currently has accumulated \$47 million in unspent TANF block grant funds that could be used to support young children and their families and/or the programs that serve them.

**4. Although state agencies do collaborate to serve children and families, they could collaborate more consistently and systematically.** Many early childhood programs have categorical eligibility or require automatic 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 programs prioritize enrollment for children with identified disabilities or developmental delays. These are opportunities for entities that administer these programs to collaborate, share data, and consistently connect families to the other public programs for which they qualify.





## Funding & System Coordination

(continued)

### How do working families experience Mississippi’s early childhood system?

**20%**

of the total MS population lived in poverty in 2019<sup>58</sup>

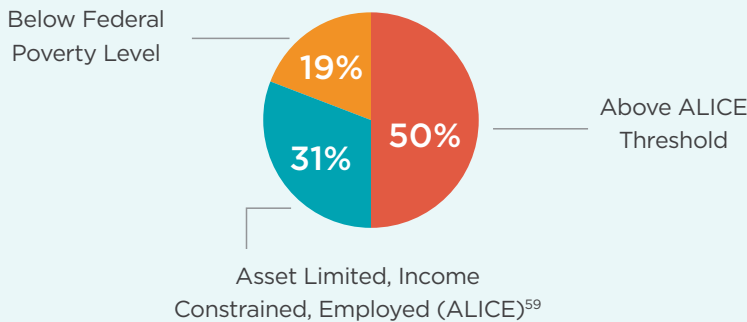
**\$27,750**

per year is the federal poverty level (2022) for a household with 4 people

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. \$55,980 per year is the ALICE threshold for MS families with two adults and two children in child care in 2019. With recent inflation and cost-of-living increases, this threshold is likely higher in 2022.



### ALICE threshold



**“I feel like hard-working parents are kind of left out...Where are the resources for like the working parent who’s really trying?”**

- MS PARENT

**“[For early intervention physical therapy services] We did Thursday mornings at 8:00 ...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.”**

- MS PARENT

### AVERAGE ALICE® HOUSEHOLD SURVIVAL BUDGET

For a Family of Four in 2019 (2 Adults, 2 Children in Child Care)<sup>61</sup>

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



# Conclusion and Next Steps



**T**hrough this asset map of MS's early childhood system, MS SECAC has identified many strengths to build on as well as opportunities to improve the MS early childhood system. High quality programs, such as the Early Learning Collaboratives and Healthy Families MS, have recently expanded and could continue to grow to reach even more children and families. Steps are also being taken to address barriers and increase access to programs like the Child Care Payment Program such as exploring a policy to extend eligibility to families for 90 days to search for a job. Several system supports for families and the early childhood workforce are already planned or underway such as expanding the Child Care Resource and Referral agencies, creating a quality improvement system and a professional development registry. Yet the data is clear – more is needed to ensure that all children and families have the supports and resources they need in the

early years to have a healthy beginning and to reach their full potential.

In the summer and fall of 2022, MS SECAC will use the asset map to create a strategic vision. Families, early childhood professionals, and members of the community will continue to be engaged in the process. The vision will identify key priorities and recommendations for the governor, the legislature, state agency leaders, and others. The recommendations will include clear action steps to ultimately increase equitable access to vital early childhood programs, strengthen the workforce, and ensure positive outcomes for all children.

Investing in young children and their families is a great investment in the present and long-term future of the state of Mississippi. With families, professionals, and community members, MS SECAC is poised and ready to help lead the way to an early childhood system that values young children, supports their families and helps them thrive.





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# ENDNOTES





## ENDNOTES

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