



COMMUNITY ASSESSMENT

2026



Introduction and Purpose

This Community Assessment is in fulfillment of the requirements of Head Start Performance Standards (45 CFR 1302.11), which requires an assessment of the needs of the communities served every five years. The objective is to provide a snapshot of our service area and to identify characteristics that may have a significant impact on agency planning and program development. The Head Start Program Performance Standards and Other Regulations (45 CFR 1302.11 (b)) specify the information that must be included in the Community Assessment and submitted with the grant application. To summarize, the grantee agency is required to collect and analyze information in the Community Assessment about:

1. The number of eligible children 0-5 and expectant mothers, including their geographic location, race, ethnicity, and languages spoken, including:
 - a. Children experiencing homelessness;
 - b. Children in foster care; and
 - c. Children with disabilities, including types and relevant services/resources provided by community agencies.
2. The education, health, nutrition, and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being.
3. Typical work, school, and training schedules of parents with eligible children.
4. Other child development, childcare centers, and or family childcare programs that serve eligible children, including home visits, publicly funded state and local preschools, and the approximate number of children served.
5. Resources that are available in the community to address the needs of eligible children and their families.
6. Strengths of the community.

The community assessment provides the most recent data available regarding demographics, early learning programs, disabilities, health and nutrition, and social services for children and families in the region. The assessment provides a portrait of our programs and activities and identifies community resources available. This assessment also identifies where there are gaps between available services and needs.

The Head Start Program Performance Standards and Other Regulations (45 CFR 1302.102) state that the information gathered in the Community Assessment (CA) must guide decisions based on the status of eligible families and the community setting(s) within the service area. Specifically, they state that the information in the Community Assessment will be used to:

1. Help determine the grantee's philosophy and its long-range and short-range program objectives.
2. Determine the type of component services that are most needed and the program option or options that will be implemented.

3. Determine the recruitment area that will be served by the grantee, if limitations in the amount of resources make it impossible to serve the entire service area.
4. If there are delegate agencies, determine the recruitment area that will be served by the grantee and the recruitment area that will be served by each delegate agency.
5. Determine appropriate locations for centers and the areas to be served by home-based Programs.
6. Set criteria that define the types of children and families who will be given priority for recruitment and selection.

Ultimately, the community assessment is used to make decisions for outreach, enrollment, selection, and the most appropriate delivery of Head Start services. It is a valuable resource for staff, parents, and community partners to collectively think about the impacts of population shifts and equitable distribution of services.

Methodology

This assessment was developed from data and statistics collected from several national, state, and local resources, including the most recent research from The Annie E. Casey Foundation Kids Count Data Center, the U.S. Census Bureau, and local program statistics. In addition, for this community assessment, we surveyed participants of the program in addition to community partners and interested stakeholders, including our Parent Policy Council and Board of Directors. At the time of this report, sufficient responses have not been collected to analyze results from the Parent Policy Council and Board of Directors surveys. Results from participants are included in the Head Start/Early Head Start Services Snapshot. The results of this assessment will allow us to identify services where changes are needed and adapt our program to meet the needs of the area's most in-need children and families while also considering programmatic changes to address staffing challenges.

Executive Summary

In overall child well-being, Mississippi ranks 48th, just above Louisiana and New Mexico, which is up one rank from the previous year. The table below shows that Mississippi is ranked 47th in Economic Well-Being, Health, which is up three ranks from the previous year. Education is ranked 16th in the nation, up from 30th the previous year. Health remains the same at 50th, and Family and Community metrics are 48th, up two from the previous year (The Annie E. Casey Foundation, n.d.). A child’s chances of thriving depend not only on individual, family, and community characteristics but also on the state in which she or he is born and raised. States vary in their wealth and other resources. Policy choices and investments also influence children’s chances for success.

Indicator	Year	Number	Percent/Rate	Rank
Economic Well-Being: 47th				
Children in poverty	2024	166,000	25%	49
Children whose parents lack secure employment	2023	209,000	31%	48
Children living in households with a high housing cost burden	2023	166,000	25%	17
Teens not in school and not working	2024	18,000	10%	48
Education: 16th				
Young children (ages 3 and 4) not in school	2019-2023	37,000	50%	8
Fourth-graders not proficient in reading	2024	N/A	68%	14
Eighth-graders not proficient in math	2024	N/A	78%	40
High school students not graduating on time	2021-2022	N/A	11%	9
Health: 50th				
Babies with low birth rate	2023	4,290	12.5%	50
Children without health insurance	2024	42,000	6%	26
Child and teen deaths per 100,000	2023	384	53	50
Children and teens (10-17) who are overweight or obese	2022-2023	N/A	42%	49
Family & Community: 48th				
Children in single-parent families	2024	278,000	45%	49
Children in families where the head of the household lacks a high school diploma	2023	64,000	10%	32
Children living in high-poverty areas	2019-2023	138,000	20%	49
Teen births per 1,000	2023	2,596	25	50

Note. The Annie E. Casey Foundation, n.d.

This report includes demographic, economic, and health data for Harrison and Hancock Counties and, in most cases, a comparison with statewide statistics. Mississippi State University (MSU) Extension Head Start became a grantee for Harrison County in 2019 and Hancock County in 2025, following findings that more than 70% of children served by Head Start were in programs identified as low-performing. As a result, those programs were required to compete for continued funding through the Designation Renewal System. Head Start children in the area have historically scored lower among early care and education settings on Kindergarten Entrance Assessments, with some districts reporting that participating children performed below Head Start-eligible peers who had not received services. In response, MSU Extension Head Start remains committed to strengthening program quality and expanding opportunities for children and families to achieve positive outcomes and long-term school success.

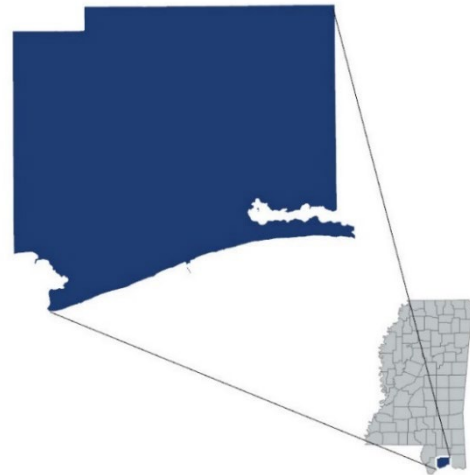
MSU Extension Head Start has undergone comprehensive federal monitoring reviews by the Administration for Children and Families (ACF), including in-depth evaluations of program operations, governance, service delivery, and compliance. These reviews included interviews with leadership, staff, Board and Policy council members, as well as assessments of policies and procedures, classroom environments, health and safety practices, and child and personnel records.

Overall, the program has been recognized for strong performance across multiple areas, including high-quality learning environments, effective family engagement, robust health and safety monitoring systems, comprehensive wellness initiatives, and well-developed eligibility, recruitment, selection, enrollment, and attendance (ERSEA), human resources, and fiscal systems. Through continued improvement efforts and collaboration with early childhood partners, MSU Extension Head Start is committed to improving outcomes and changing the trajectory for vulnerable children and families across Mississippi.

HARRISON COUNTY

About Our Geographic Area:

Harrison County is the largest county in Mississippi's coastal region, spanning more than 900 square miles, and is home to 213,730 residents, with 23.1% of this population including children under 18 (U.S. Census Bureau, 2024a). The county, which is centrally located on the Gulf of Mexico, encompasses five distinct cities, including Biloxi, D'Iberville, Gulfport, Long Beach, and Pass Christian. In a state where one in five residents lives below the poverty line, it is actually among the wealthiest areas in the state.



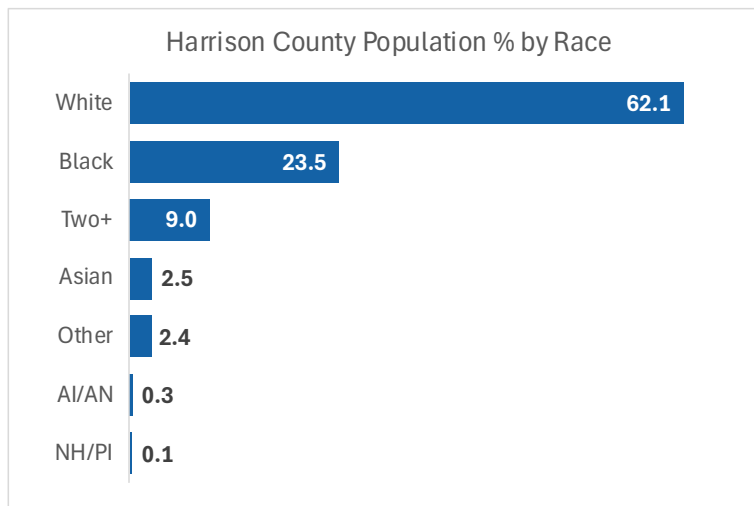
Our organization has been a singular beacon for quality early childhood education in the state. Over the last decade, MSU Extension has been tasked with operating the Mississippi Child Care Resource and Referral Network, administering the state's QRIS, and providing a network of quality improvement supports for early childhood providers, culminating in the \$15M/year Early Years Network grant. There is no meaningful early childhood education (ECE) initiative in the state where MSU Extension has not played a leadership role. We expanded our capacity into Head Start/Early Head Start on August 1, 2019, for Harrison County, Mississippi.

Almost a quarter (22.3%) of Mississippi's children live in households experiencing poverty, compared to 16.1% nationally. This does not tell the full story, given the stark racial disparities in poverty (28.2% black compared to 11.1% white; U.S. Census Bureau, 2024). Overall, 23% of Mississippi's children live in households with food insecurity (Feeding America, 2023). Few counties have a higher median and per capita income, and with a poverty rate of 16.8%, only 20 other counties fare better (The Annie E. Casey Foundation, n.d.). However, there is a stark contrast for the children of Harrison County, with 27.7% below five living in poverty, with a ranking of 38 out of 82 counties (U.S. Census Bureau, 2024). Bolstered by the tourism industry that creates opportunities for working families in casinos alongside the restaurants and retail environments that surround them, residents of this community benefit from a diversified economy, demonstrated by one of the lowest unemployment rates in the state. Even though economic indicators are trending upward, the fact remains that 31% of children in Mississippi live in households where parents lack secure employment (The Annie E. Casey Foundation, n.d.). Many parents who want full-time work are forced to piece together part-time or temporary jobs that do not provide sufficient or stable income. In addition, some lack the education and skills needed to secure a good job.

Population Statistics:

	Harrison County		Mississippi	
	Actual	%	Actual	%
Population	213,730	7.3%	2,943,045	100%
Male	103,959	48.6%	1,421,300	48.3%
Female	109,771	51.4%	1,521,745	51.7%
Children under 5	12,600	5.9%	163,692	5.6%

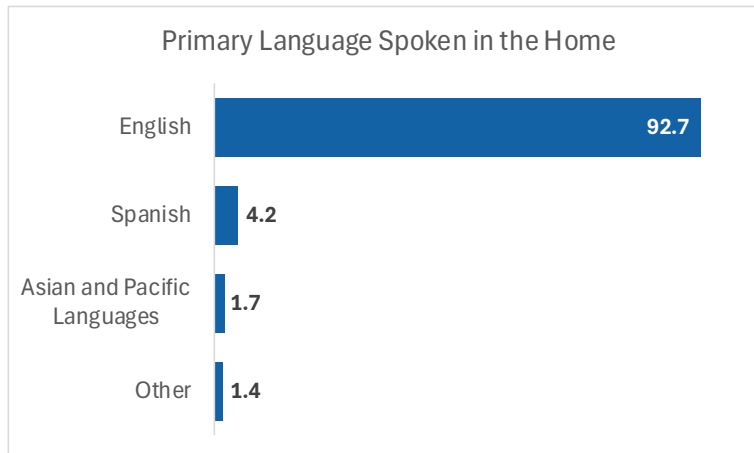
Note. U.S. Census Bureau, 2024a.



6.9% of Harrison County's population is Hispanic or Latino

Note. U.S. Census Bureau, 2024f.

Note. U.S. Census Bureau, 2024m.



Nearly 93% of Harrison County residents speak only English, while a little over 7% speak other languages.

Note. U.S. Census Bureau, 2024i.

Note. U.S. Census Bureau, 2024i.

Economic Indicators:

	Harrison County	Mississippi
Household Median Income*	\$64,014	\$59,127
Unemployment Rates^	2.9%	3.2%
Children Under 6 with no Parent in the Workforce*	3.6%	3.9%
People Living in Poverty*	35,147	538,793
% in Poverty*	17.1%	18.9%
Children Under 18 in Poverty*	10,869	175,348
% Child Poverty*	22.3%	26.0%
Children in Single-Parent Families*	34.8%	36.6%
Owner-Occupied Housing*	62.2%	70.0%
Renter Occupied Housing*	37.8%	30.0%
Children in Care of Grandparents*	3,469	48,721

*Note. *U.S. Census Bureau, 2024j, 2024b, 2024l, 2024g, 2024h, 2024e; ^The Annie E. Casey Foundation, n.d.*

Approximately 37% of all children in Mississippi live in a single-parent household (U.S. Census Bureau, 2024g), and low-income families are disproportionately represented, with nearly 66% of Head Start and Early Head Start parents being single mothers (ACF OHS, 2025b).

- The Household Pulse Survey (U.S. Census, n.d.) estimates that 33.5% of Mississippi households are not current on rent or mortgage, and eviction or foreclosure in the next two months is either very likely or somewhat likely. In 2023, 46% of low-income households with children spend 30% or more of their monthly income on rent, mortgage payments, taxes, insurance, and/or related expenses (The Annie E. Casey Foundation, n.d.).
- The Kids Count Data Center estimates that 88,000 (13%) children in Mississippi live in extreme poverty. Extreme poverty is defined as those who make less than 50% of the federal poverty level. For a family of 4 (in 2024), that would equate to \$15,906 per year (The Annie E. Casey Foundation, n.d.). Additionally, the Children’s Defense Fund estimates that 77.5% of children in poverty in Mississippi are children of color (2022).
- According to the Mississippi Department of Child Protective Services (MDCPS), 3,892 children were in the foster care system as of March 2026 (2026). Of those, a third are under the age of 5, and the number of children under 5 remains significantly higher than any other age range. Gender distribution of children in care is virtually equal. Nearly half of children were placed with non- relatives, while a little over a third were placed in foster homes with a relative (The Annie E. Casey Foundation, n.d.). Geographically, children in care are

distributed widely, with the highest concentrations in Harrison, Hinds, Lee, Jackson, Lowndes, and Forrest Counties. As of March 2026, a total of 239 children were in foster care in Harrison County (MDCPS, 2026).

- Mississippi has one of the lowest average costs for child care in the nation, with the average annual cost of center-based infant care at \$7,104 (\$592 per month) and \$6,336 (\$528 per month) for a preschooler. Families of children with special needs have limited options and are expected to pay a higher rate (Mississippi Department of Human Services [MDHS], 2024).
- According to the Mississippi Department of Employment Security (2025), the Consumer Price Index for the Southern Census Region increased for all items by 2.2% over the past year, including the following categories:
 - Household Energy: 6.1%,
 - Rent: 2.1%,
 - Food and Beverages: 3.0%, and
 - Housing: 3.3%
- Harrison County has a labor force participation of 60.5%, which means that the workforce aged 16 or older is currently employed or actively looking for a job. Harrison County has the 8th highest labor force participation rate in Mississippi (U.S. Census Bureau, 2024d).
- The U.S. Bureau of Labor Statistics reported that in 2025, Mississippi added an increase of 0.8% jobs over the previous year. The majority of those jobs were in Retail Trade (4,100 jobs), Accommodation and Food Services (3,600 jobs), and Health Care and Social Assistance (3,200 jobs). Professional and Business Services added 1,900 jobs in the same timeframe, followed by Government with 1,500 jobs. The largest decrease in employment in all sectors was in Mining and Logging, where 200 jobs were lost (Mississippi Institutions of Higher Learning, 2026).

Child Health and Social Service Metrics:

Child Health Indicators	Harrison County		Mississippi	
	Actual	%	Actual	%
Low Birthweight Babies (2022)~	286	11.7%	4,409	12.7%
Premature Births~	342	14.0%	5,127	14.8%
Teen Pregnancy (ages 15-19, rate per 1,000)~	157	23.9%	3,032	29.9%
Infant Mortality Rate (per 1,000)^	6.5		8.8	
Child Abuse and Neglect Reports*	2,632		35,176	
Child Abuse Substantiated*	636		8,539	

	Harrison County		Mississippi	
Children in Foster Care⁺	239		3,892	
Mothers without a High School Diploma^{**}	233	8.7%	4,975	12.2%
Food Insecurity^{^^}	42,180	20.1%	571,660	19.4%
Food Insecurity (Children)^{^^}	11,760	23.6%	155,190	23.0%
Children Receiving TANF¹	N/A		2,052	
Households with Children Receiving SNAP²	6,443		78,379	

Note.—Mississippi State Department of Health, 2026a; [^]The Annie E. Casey Foundation, n.d.; ^{*}Fostering Court Improvement, 2023; ⁺Mississippi Department of Child Protection Services, 2026; ^{**}U.S. Census Bureau, 2024o; ^{^^}Feeding America, 2023; ¹Administration for Children and Families Office of Family Assistance, 2025; ²U.S. Census Bureau, 2024p

Other Health Factors:

- Mississippi is 3rd nationally in substantiated cases of child abuse and neglect with 14.9 substantiations per 1,000 children (Administration for Children and Families Children’s Bureau, 2024), which is higher than the national rate of 7 substantiations per 1,000 children (The Annie E. Casey Foundation, n.d.). In FY 23, Harrison County had 636 substantiated maltreatment victims (10.8 per 10K; Fostering Court Improvement, 2023).
- The Mississippi Department of Child Protective Services (MDCPS, 2024) reports that only 62.71% of child maltreatment investigations were initiated in a timely manner.
- Of the total number of victims on file with MDCPS, infants up to one year old are at the greatest risk, with 15.0% of the total cases. The next highest percentage for an age group is 6% (ages 1, 11, and 12). For children age-eligible for Head Start/Early Head Start, the total percentage of cases is 40.0% (MDCPS, 2024), making children from birth to 5 the most at risk of child abuse. Of the children who were confirmed by MDCPS as victims of maltreatment, the following is the breakdown of abuse: 18.3% psychological maltreatment, 4.2% medical neglect, 78.5% neglect, 14.6% physical abuse, and 9.9% sexual abuse (Administration for Children and Families Children’s Bureau, 2024).
- Mississippi ranks 40th (19%) in the percentage of households that, at some point during the year, experienced difficulty providing enough food due to lack of money or resources, compared to the nation at 17% (The Annie E. Casey Foundation, n.d.).
- Mississippi’s teen birth rate is the highest in the nation. For every 1,000 Mississippi teenagers ages 15 to 19, 25 have a baby (The Annie E. Casey Foundation, n.d.). The nation’s average is 13. According to the *Daily Journal*, teen pregnancies are estimated to cost the state’s taxpayers \$154 million a year (2024).
- The state has the second-highest rate of premature death in the United States (National Institutes of Health). In addition, Mississippi is the highest ranked in infant mortality (9

deaths per 1,000 live births) with a large racial disparity – 6 deaths per 1,000 live births among white babies vs. 12 per 1,000 live births for black babies (The Annie E. Casey Foundation, n.d.).

- Harrison County had the second-highest number of suspected overdose deaths in 2024, with 52, and was ranked number 3 in the state in the reported number of drug-related arrests, with 1,823. Statewide, 4,662 people were admitted to community mental health centers for substance use disorders (The Mississippi Opioid and Heroin Data Collaborative, 2024).
- In 2023, 21.6% of adults in Harrison County reported having depression (Centers for Disease Control and Prevention).
- In 2025, 18.2% of adults in Harrison County report being current smokers, and 17.3% report excessive alcohol use (Data USA, 2025).
- Harrison County (29.65) ranks above the national average (22.04) in self-harm and interpersonal violence mortality and just below the state average (30.56) (Institute for Health Metrics and Evaluation, 2019).

Early Intervention, Screening, and Disability Information:

In 2023, only 3.1% of children in Mississippi between the ages of 0-35 months received Early Intervention Services, compared to 6.8% nationally (Zero to Three, 2023). Only 29.7% of Mississippi’s children 9-35 months received a developmental screening, compared to the national average of 36.5%. A little more than 8 percent (8.3) of Mississippi’s children receive special services (including speech, physical, occupational, or behavioral therapy or other services to meet developmental needs) compared to 9.3% nationally (National Survey of Children’s Health, 2023-2024). As children age, the prevalence of Early Intervention increases, with the highest concentrations at 4 and 5 years old. Children are more likely to be referred to services as they grow older, with a distinct spike at age 5 when most children enter kindergarten. Research shows that younger children are more responsive to intervention, with the impact of services tapering off as the child ages (The Annie E. Casey Foundation, 2024).

	Age	Number
Part C*	Birth to 1	234
	1	614
	2	1,075
Part B^	3	1,158
	4	2,416
	5	747

Note. *Office of Special Education, 2023; ^Office of Special Education, 2025.

According to the Mississippi Department of Education, there are 1,166 (12.5% of enrollment) pre-kindergarten children statewide who are receiving special education services (2023-2024). Harrison County Early Head Start served four children who had an IFSP (Individual Family Service Plan) during SY 2024-2025 (Administration for Children and Families Office of Head Start, 2025a). According to the U.S. Census Bureau, there are 1,250 (0.7%) children under five in Mississippi with a diagnosed disability (U.S. Census Bureau, 2024c).

Head Start Eligible Children and Families

Less than 50% of age-eligible children are enrolled in preschool or nursery school in Harrison County (46.6%), which is below the state average of 49.3%. The number enrolled in Harrison County increased by 5.5% in the past year, while the number enrolled in the state decreased by 0.6% (U.S. Census Bureau, 2024n). Of the number not in school, the estimate is that 55% of the children not in care in Mississippi are below 200% of the poverty level (The Annie E. Casey Foundation, n.d.). Using census data, we applied the child poverty rate in Harrison County to the age-eligible population of children to estimate that there are 1,814 income-eligible EHS infants and toddlers and 1,230 income-eligible preschool-aged Head Start children in our service area. By applying the birth rate to the ratio of low-income women, we estimate that at least 458 income-eligible pregnant women live in Harrison County.

Eligibility by zip code/age:

	< 1 yr	1 yr	2 yrs	3 yrs	4 yrs
39501 (Gulfport)	66	68	69	68	70
39503 (Gulfport)	162	166	169	165	171
39507 (Gulfport)	55	56	57	56	58
39530 (Biloxi)	23	23	24	23	24
39531 (Biloxi)	56	57	58	57	59
39532 (Biloxi)	108	111	113	110	114
39540 (D'Iberville)	39	40	41	40	41
39571 (Cuevas)	43	44	45	44	46
39574 (Airey)	40	41	42	41	42
Total (By Age)	592	606	617	604	626
Total (By Program)	EHS	1,814		HS	1,230

Head Start/Early Head Start Services Snapshot 2024-2025

MSU Extension has oversight of three Head Start Centers: East Biloxi Head Start, Gilbert Mason Head Start, and Gaston Point Head Start. In addition, we have a partnership with one of the local school districts, the Gulfport School District, where we have four pre-K classrooms—one classroom each that is housed at four different elementary schools. East Biloxi Head Start is currently housed at Nichols Elementary in Biloxi, MS, with the region serving families in the Biloxi Public School District. Gilbert Mason is in D'Iberville within the Harrison County School District. Gaston Point Head Start is in Gulfport and, along with the partnership program, serves families in the Gulfport School District. All of the following data regarding Early Head Start and Head Start are from Program Information Reports (PIR) for the 2024-2025 school year for grantee Mississippi State University (Administration for Children and Families Office of Head Start [ACF

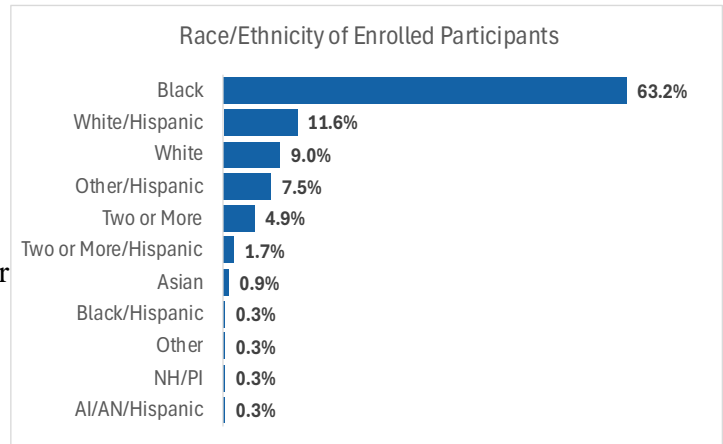
OHS], 2025a, 2025b, 2025c).

Over the course of the 2024-2025 school year, our program served a total of 300 children in Head Start as well as 41 children and 4 pregnant mothers in Early Head Start. This represents an increase of 4.17% and 5.13%, respectively. Of the total enrolled participants (345), 271 were non-Hispanic, and 74 were Hispanic. Sixty-four (64, 19%) of our children are Dual Language Learners, with the majority being proficient in Spanish. The language breakdown of participants is as follows: 240 spoke English, 58 spoke Spanish, and 2 spoke an East Asian Language.

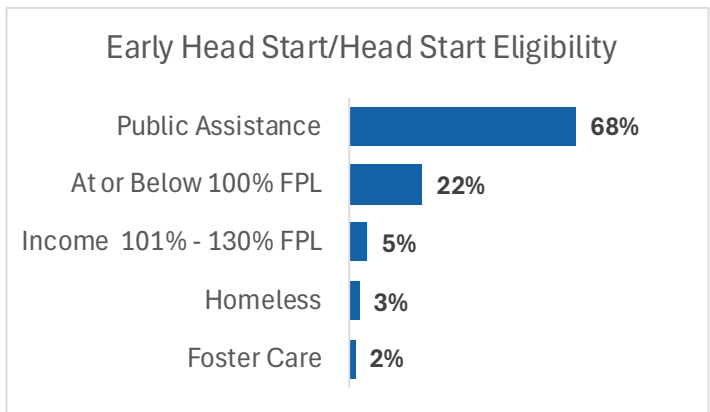
There were 70 children served by our program who were income-eligible. Two hundred and nineteen (219) children benefit from public assistance. There were 5 foster children and 9 homeless children (7 in Head Start and 2 in Early Head Start) who have been served by our program this past school year. One of the homeless families acquired housing during the program year.

Thirty-two (36) children had an active Individualized Education Plan (IEP): 19 who are diagnosed with a speech or language impairment, 12 who have a non-categorical/developmental delay, and 7 who have autism.

Currently, all children with IEPs are served through our active partnership with our Local Education Agency (LEA). In Early Head Start, four children were determined eligible to receive early intervention services under IDEA, which resulted in the creation of an Individualized Family Service Plan (IFSP).



Note. Administration for Children and Families Office of Head Start, 2024b.



Note. Administration for Children and Families Office of Head Start, 2024b.

The following chart shows the breakdown of how many children were served by each center, as well as the number and percentage of children who are up to date on the schedule of age-appropriate preventive and primary health care (EPSDT) and dental exams. Please note that the chart includes exams completed within the 2024-2025 school year. Not all students had exams due, either because of an exemption or their due date did not fall within the timeframe.

Location	Children Served	Physical Exams	Physical Exams %	Dental Exams	Dental Exams %
East Biloxi Elementary	60	58	97	58	97
Gaston Point	51	48	94	34	67
Dr. Gilbert Mason	105	101	96	72	69
Gulfport Partnership	84	83	99	82	98
Total Head Start	300	290	97	246	82
Linda Lyons (EHS)	45	44	98	40	89

Note. Shine Insight Data Management System, 2025.

Family Success Road Map

Each year, families complete the Family Success Road Map, an assessment that evaluates family life practices (4 items), support for children (3 items), self-sufficiency (8 items), and family health and well-being (6 items). Each item is scored from 0 to 3, with a 0 indicating an immediate need and a 3 indicating that the family is well in that area. The scores are used to determine which community partners are invited to our centers during family engagement meetings. Family Advocates also use the scores to set goals with families to aid them in areas where needs are identified. For the 2024-2025 school year, 76.5% of families (n = 357) had no change in their score at enrollment to the end of enrollment. For those who did show change (n = 84), the average percent change was 4.13. For families with a score of 45 or less at enrollment (n = 11), the average percent change was 19.65. The chart below shows the average percent change of families with a score of 45 or less at enrollment by center. Families who entered the program with the lowest scores demonstrated meaningful improvement over time. Among families with entry (at enrollment) scores of 45 or below, average scores increased by seven points or more, with two centers showing improvements of 10 points or more, moving from the low-40s into the 50s by the end of enrollment assessment. These gains were evident across all centers serving low-entry families, indicating that families with the greatest initial needs benefited from targeted supports rather than remaining stagnant. This also underscores the program’s effectiveness in supporting high-need families toward greater stability and strength over the program year.

Percent Change Among Families with Scores of 45 or Less at Enrollment				
Center	# Families	Score at Enrollment	Score at End of Enrollment	% Change
Dr. Gilbert Mason	7	42.57	50.29	18.13
East Biloxi Elementary	2	43.5	50.5	16.09
Gaston Point	1	44	57	29.55
Gulfport Partnership	1	41	51	24.39

Note. Shine Insight Data Management System, 2025.

Child Care Availability and Workforce

For Harrison County, the available slots for children under 6 vs. the number of children is only at 52%, which means there are at least two children for every available slot (Mississippi State University Social Science Research Center, 2024). Parents in Harrison County have limited access to affordable childcare and no simple system that organizes the accountability of caregivers. Between Head Start/Early Head Start, Child Care Payment Program (CCPP), and public pre-k, public assistance programs in the state meet some low-income parents’ needs. The CCPP, which is funded through the Child Care and Development Fund (CCDF), serves children in households earning up to 85% of the state median income, and Head Start income eligibility mostly relies on poverty status. In Harrison County, 46.6% of children were enrolled in preschool or nursery programs, which is under the state average of 49.3% (U.S. Census Bureau, 2024). Of the 95 licensed childcare facilities in Harrison County, 42 (44%) care for infants, toddlers, and preschoolers, and 14 (15%) care for toddlers and preschoolers only. A little over half of the centers (49, 52%) provide child care subsidies (Mississippi State Department of Health, 2026b).

In 2024, Mississippi had an estimated 208,907 children ages 5 and under (U.S. Census Bureau, 2024k). Of these children, 87% had at least one parent in the workforce (U.S. Census Bureau, 2024b). Throughout the state, there are 1,544 licensed child care facilities, with a total of 127,759 child care seats. However, there is a potential need for 136,514 slots, which is a 14.6% gap in access. Additionally, Harrison County has a 12.3% gap in access or approximately 1,260 slots (Buffett Early Childhood Institute at the University of Nebraska, Child Care Aware of America, and Bipartisan Policy Center, 2025). For families that can find available child care, the cost is oppressive, with an average of \$7,254 per year for toddlers in center-based care. Prices have risen across center-based and home-based child care options since 2020 by 7%. It is estimated that this cost burden is 29% of the median income of a single-parent family and 7% of the median family income of a two-parent family (Child Care Aware of America, 2025). Further complicating matters is the high percentage of families with insecure employment – 31% of Mississippi’s children have parents who lack secure employment, compared to 25% of children nationally (The Annie E. Casey Foundation, n.d.). Families with lower incomes spend a higher percentage of their household income on child care, and black families paid a higher percentage (8.9%) compared to white families (6.6%) (McCown et al., 2023). In May 2023,

the Mississippi Department of Human Services removed the requirement that single parents seeking CCDF vouchers first seek child support from the child's other parent. This policy change is anticipated to greatly expand access to affordable care in a time when extreme inflation felt by families in 2023 has likely had a negative impact on the affordability of child care.

In correlation with the insufficient number of child care slots and the rising costs of the slots available, we are also seeing a serious decline in the child care workforce. According to the Mississippi Department of Employment Security (n.d.), Mississippi had 8,462 child care workers in May 2022. By 2032, Mississippi is estimated to need 527 additional workers in this sector. Problematically, the child care workforce is not well-paid in Mississippi. Workers are paid an average hourly rate of \$10.72, amounting to \$22,298 per year (McCown et al., 2023). These rates are often less than those of a retail or fast food job, an occupation that is much easier to attain and requires no education. The average compensation for a child care teacher in Mississippi is less than half the annual income of a school-based preschool teacher, despite the striking similarities in their work and qualifications (Mississippi Child Care Teachers' Wages Survey, 2023). The wage disparity contributes significantly to high turnover rates within the child care field, causing disruptions in the upstream workforce that, in turn, reverberate downstream, affecting both parents and businesses. Over one-third (36%) of respondents stated they had looked for a new job within the last three months. Of the respondents actively searching for a new job, 78% searched for non-child-care-related jobs, and 22% searched within the child care field. A cumulative 57% of respondents answered that they would consider leaving their current job for a non-child-care-related job for an additional \$5.00 per hour (McCown et al., 2023).

In addition, child care educators are less likely to have health insurance, have higher student debt than the national average, and experience high levels of food insecurity (McCown et al., 2023). Teachers, including those working for Head Start and public schools, were asked which benefits were offered at their child care facility. Respondents selected:

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Head Start Staff

Our program is facing the same challenges as other Head Start programs throughout the nation in finding and retaining qualified staff to work in classrooms. Early childhood, with traditionally low pay, is a field that is struggling to attract candidates, and even when we hire staff, the burnout rate is incredibly high. Our profession is seeing record numbers of staff across the nation voluntarily leaving their jobs; we are no different. In the 2024-2025 year, nine Early Head Start staff left and 13 Head Start staff left. Out of those 22 staff, 7 (32%) were education staff. For the 22 staff who left, only 11 (50%) were replaced during the school year, leading to a negative impact on continuity of care for our children served in those classrooms. Almost 40% (36%) of staff left for higher compensation (ACF OHS, 2025a, 2025c).

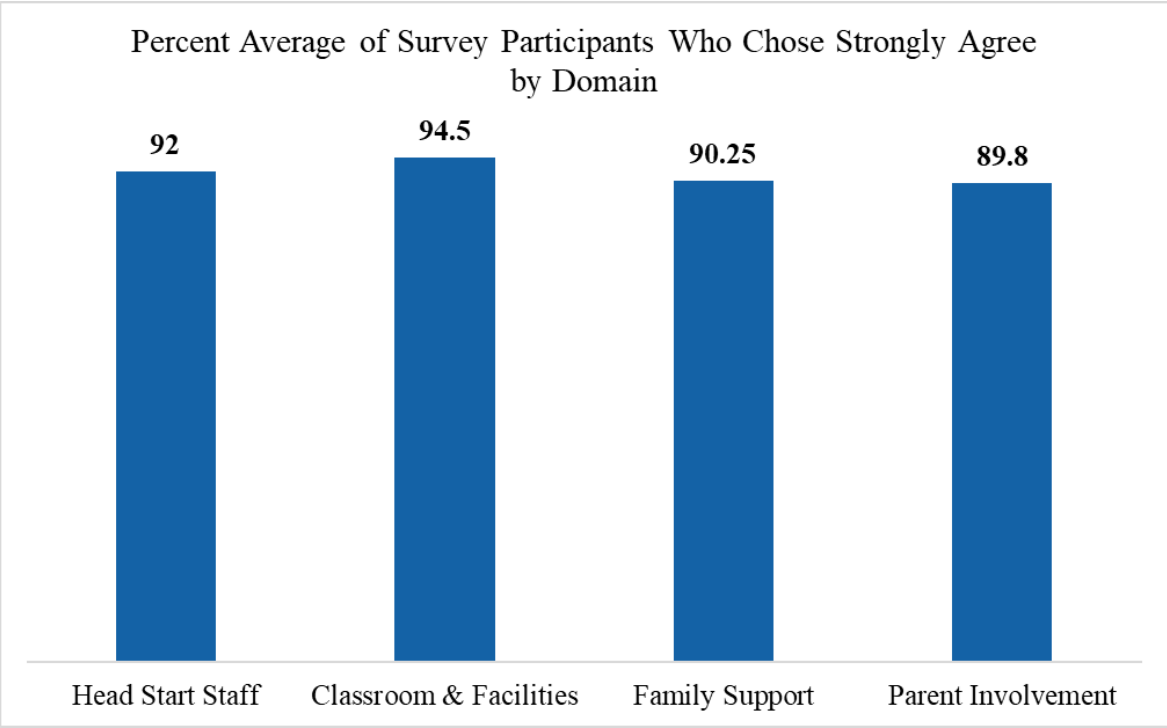
In 2024-2025, 63% of Head Start classroom teachers held a bachelor's degree or higher in their field, and 38% had an associate degree in Early Childhood or a related field (ACF OHS, 2025c). In Early Head Start, 8% of staff had a bachelor's degree, 25% of the staff had an associate degree, and 67% of the staff had a Child Development Associate in infant/toddler development (ACF OHS, 2025a). With the stringent staffing standards required by Head Start, entry-level staff are difficult to find and can be even harder to keep. Working in early care and education is difficult with notoriously low wages. To compensate for the challenges in finding and retaining staff, many programs are "right-sizing" by decreasing the number of classrooms/centers and staff and using the savings to make significant market adjustments to existing staff. As an organization, we will explore all possibilities to find new ways to recruit, train, and retain highly qualified staff.

Head Start/Early Head Start Parent Survey Results

Parent responses to the survey in Harrison County reflect consistently high satisfaction across program operations. Parents overwhelmingly reported positive experiences with staff, with 90–96% strongly agreeing that staff are helpful, welcoming, easy to contact, respectful of family culture, and effective in communicating about children's progress. Classroom environments were rated very highly for safety, cleanliness, comfort, and learning opportunities, with 94% or more of respondents strongly agreeing in each area. Family support services and parent involvement efforts were also viewed favorably, including encouragement of attendance, access to health and family resources, support with goal setting, and promotion of parent engagement and child development.

Overall program satisfaction was exceptionally strong, with nearly all respondents reporting they were extremely satisfied and almost all indicating they would recommend the program to others. Qualitative feedback reinforced these findings, frequently highlighting supportive staff, positive learning environments, children's growth and readiness for future schooling, and a strong sense of safety and care. Suggestions for improvement were limited and primarily focused on opportunities to enhance communication, provide earlier notice of events, extend hours to better support working families, and offer more flexible or expanded parent engagement opportunities. Many respondents indicated no changes were needed and expressed appreciation for the program's impact on both

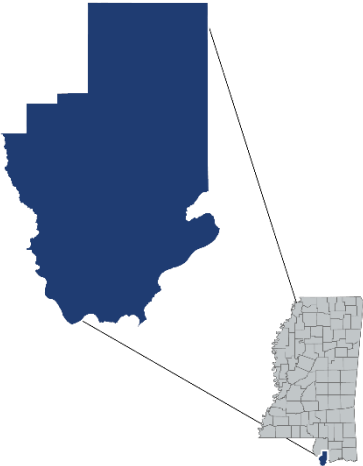
children and families. The chart below shows the percent average of survey participants who chose Strongly Agree by each domain.



HANCOCK COUNTY

About Our Geographic Area:

Hancock County is located on the Mississippi coast, spanning more than 500 square miles, and is home to 46,167 residents, with 19.2% of this population including children under 18 (U.S. Census Bureau, 2024a). The county encompasses three distinct cities, including Bay St. Louis, Waveland, and Diamondhead. Head Start/Early Head Start services started on January 12, 2026, for Hancock County, Mississippi.

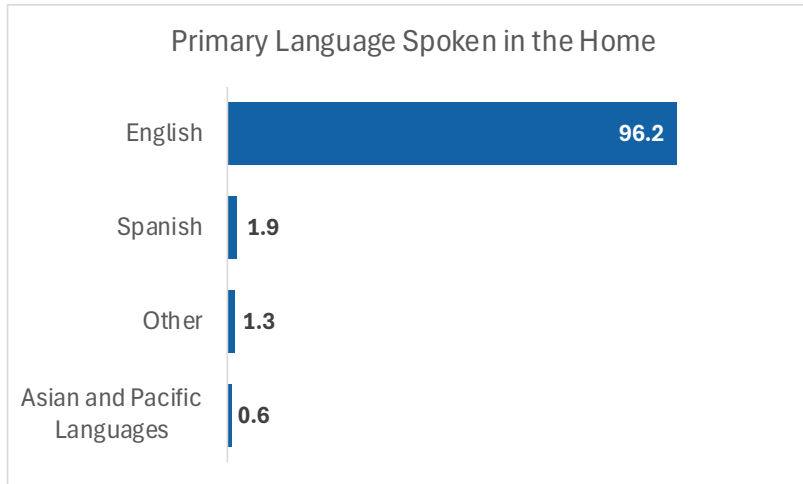


Almost a quarter (22.3%) of Mississippi’s children live in households experiencing poverty, compared to 16.1% nationally. This does not tell the full story, given the stark racial disparities in poverty (28.2% black compared to 11.1% white; U.S. Census Bureau, 2024). Overall, 23% of Mississippi’s children live in households with food insecurity (Feeding America, 2023). Few counties have a higher median and per capita income, and with a poverty rate of 15.6%, only 11 other counties fare better (The Annie E. Casey Foundation, n.d.). Over eight percent (8.4%) of children under five in Hancock County live in poverty (U.S. Census Bureau, 2024). Bolstered by the tourism industry that creates opportunities for working families in casinos alongside the restaurants and retail environments that surround them, residents of this community benefit from a diversified economy. Even though economic indicators are trending upward, the fact remains that 31% of children in Mississippi live in households where parents lack secure employment (The Annie E. Casey Foundation, n.d.). Many parents who want full-time work are forced to piece together part-time or temporary jobs that do not provide sufficient or stable income. In addition, some lack the education and skills needed to secure a good job.

Population Statistics:

	Hancock County		Mississippi	
	Actual	%	Actual	%
Population	46,167	1.57%	2,943,045	100%
Male	22,639	49.0%	1,421,300	48.3%
Female	23,528	51.0%	1,521,745	51.7%
Children under 5	2,258	4.9%	163,692	5.6%

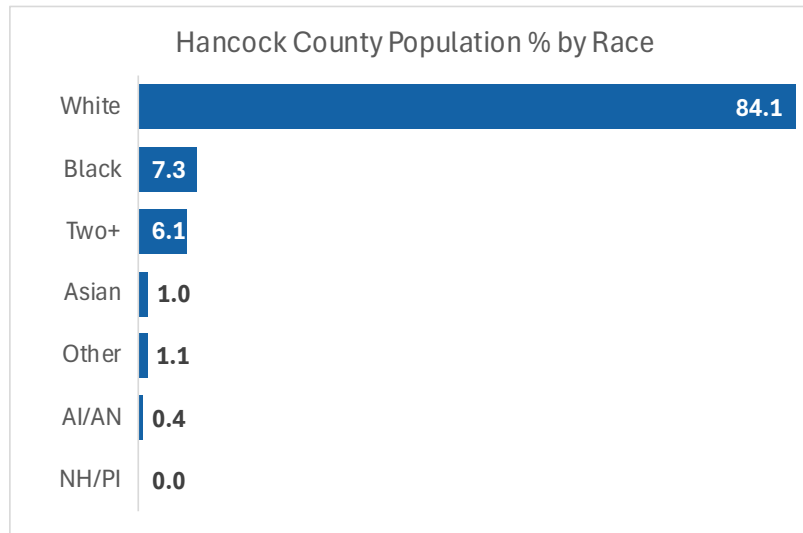
Note. U.S. Census Bureau, 2024a.



Note. U.S. Census Bureau, 2024m.

4.2% of Hancock County's population is Hispanic or Latino

Note. U.S. Census Bureau, 2024f.



Note. U.S. Census Bureau, 2024i.

Over 96% of Hancock County residents speak only English, while about 4% speak other languages.

Note. U.S. Census Bureau, 2024i.

Economic Indicators:

	Hancock County	Mississippi
Household Median Income*	\$67,708	\$59,127
Unemployment Rates^	3.3%	3.2%
Children Under 6 with no Parent in the Workforce*	3.7%	3.9%
People Living in Poverty*	6,325	538,793
% in Poverty*	13.8%	18.9%
Children Under 18 in Poverty*	1,464	175,348
% Child Poverty*	16.7%	26.0%
Children in Single Parent Families*	32.5%	36.6%
Owner Occupied Housing*	79.2%	70.0%
Renter Occupied Housing*	20.8%	30.0%
Children in Care of Grandparents*	800	48,721

*Note. *U.S. Census Bureau, 2024j, 2024b, 2024l, 2024g, 2024h, 2024e; ^The Annie E. Casey Foundation, n.d.*

Approximately 37% of all children in Mississippi live in a single-parent household (U.S. Census Bureau, 2024g), and low-income families are disproportionately represented, with nearly 66% of Head Start and Early Head Start parents being single mothers (ACF OHS, 2025b).

- The Household Pulse Survey (U.S. Census, n.d.) estimates that 33.5% of Mississippi households are not current on rent or mortgage, and eviction or foreclosure in the next two months is either very likely or somewhat likely. In 2023, 46% of low-income households with children spend 30% or more of their monthly income on rent, mortgage payments, taxes, insurance, and/or related expenses (The Annie E. Casey Foundation, n.d.).
- The Kids Count Data Center estimates that 88,000 (13%) children in Mississippi live in extreme poverty. Extreme poverty is defined as those who make less than 50% of the federal poverty level. For a family of 4 (in 2024), that would equate to \$15,906 per year (The Annie E. Casey Foundation, n.d.). Additionally, the Children’s Defense Fund estimates that 77.5% of children in poverty in Mississippi are children of color (2022).
- According to the Mississippi Department of Child Protective Services (MDCPS), 3,892 children were in the foster care system as of March 2026 (2026). Of those, a third are under the age of 5, and the number of children under 5 remains significantly higher than any other age range. Gender distribution of children in care is virtually equal. Nearly half of children were placed with non- relatives, while a little over a third were placed in foster homes with a relative (The Annie E. Casey Foundation, n.d.). Geographically, children in care are distributed widely, with the highest concentrations in Harrison, Hinds, Lee, Jackson,

Lowndes, and Forrest Counties. As of April 2026, a total of 61 children were in foster care in Hancock County (MDCPS, 2026).

- Mississippi has one of the lowest average costs for child care in the nation, with the average annual cost of center-based infant care at \$7,104 (\$592 per month) and \$6,336 (\$528 per month) for a preschooler. Families of children with special needs have limited options and are expected to pay a higher rate (Mississippi Department of Human Services [MDHS], 2024).
- According to the Mississippi Department of Employment Security (2025), the Consumer Price Index for the Southern Census Region increased for all items by 2.2% over the past year, including the following categories:
 - Household Energy: 6.1%,
 - Rent: 2.1%,
 - Food and Beverages: 3.0%, and
 - Housing: 3.3%
- Hancock County has a labor force participation of 57.5%, which means that the workforce aged 16 or older is currently employed or actively looking for a job. Harrison County has the 17th highest labor force participation rate in Mississippi (U.S. Census Bureau, 2024d).
- The U.S. Bureau of Labor Statistics reported that in 2025, Mississippi added an increase of 0.8% jobs over the previous year. The majority of those jobs were in Retail Trade (4,100 jobs), Accommodation and Food Services (3,600 jobs), and Health Care and Social Assistance (3,200 jobs). Professional and Business Services added 1,900 jobs in the same timeframe, followed by Government with 1,500 jobs. The largest decrease in employment in all sectors was in Mining and Logging, where 200 jobs were lost (Mississippi Institutions of Higher Learning, 2026).

Child Health and Social Service Metrics:

	Hancock County		Mississippi	
Child Health Indicators	Actual	%	Actual	%
Low Birthweight Babies (2022)~	39	9.0%	4,409	12.7%
Premature Births~	49	11.3%	5,127	14.8%
Teen Pregnancy (ages 15-19, rate per 1,000)~	21	17.6%	3,032	29.9%
Infant Mortality Rate (per 1,000)^	5.0		8.8	
Child Abuse and Neglect Reports*	619		35,176	
Child Abuse Substantiated*	125		8,539	
Children in Foster Care ⁺	61		3,892	

	Hancock County		Mississippi	
Mothers without a High School Diploma**	92	18.8%	4,975	12.2%
Food Insecurity^^	8,450	18.3%	571,660	19.4%
Food Insecurity (Children)^^	1,560	17.3%	155,190	23.0%
Children Receiving TANF¹	N/A		2,052	
Households with Children Receiving SNAP²	947		78,379	

Note.—Mississippi State Department of Health, 2026a; ^The Annie E. Casey Foundation, n.d.; *Fostering Court Improvement, 2023; + Mississippi Department of Child Protection Services, 2026; **U.S. Census Bureau, 2024o; ^^Feeding America, 2023; ¹Administration for Children and Families Office of Family Assistance, 2025; ²U.S. Census Bureau, 2024p

Other Health Factors:

- Mississippi is 3rd nationally in substantiated cases of child abuse and neglect with 14.9 substantiations per 1,000 children (Administration for Children and Families Children’s Bureau, 2024), which is higher than the national rate of 7 substantiations per 1,000 children (The Annie E. Casey Foundation, n.d.). In FY 23, Hancock County had 125 substantiated maltreatment victims (12.1 per 10K; Fostering Court Improvement, 2023).
- The Mississippi Department of Child Protective Services (MDCPS, 2024) reports that only 62.71% of child maltreatment investigations were initiated in a timely manner.
- Of the total number of victims on file with MDCPS, infants up to one year old are at the greatest risk, with 15.0% of the total cases. The next highest percentage for an age group is 6% (ages 1, 11, and 12). For children age-eligible for Head Start/Early Head Start, the total percentage of cases is 40.0% (MDCPS, 2024), making children from birth to 5 the most at risk of child abuse. Of the children who were confirmed by MDCPS as victims of maltreatment, the following is the breakdown of abuse: 18.3% psychological maltreatment, 4.2% medical neglect, 78.5% neglect, 14.6% physical abuse, and 9.9% sexual abuse (Administration for Children and Families Children’s Bureau, 2024).
- Mississippi ranks 40th (19%) in the percentage of households that, at some point during the year, experienced difficulty providing enough food due to lack of money or resources, compared to the nation at 17% (The Annie E. Casey Foundation, n.d.).
- Mississippi’s teen birth rate is the highest in the nation. For every 1,000 Mississippi teenagers ages 15 to 19, 25 have a baby (The Annie E. Casey Foundation, n.d.). The nation’s average is 13. According to the *Daily Journal*, teen pregnancies are estimated to cost the state’s taxpayers \$154 million a year (2024).
- The state has the second-highest rate of premature death in the United States (National Institutes of Health). In addition, Mississippi is the highest ranked in infant mortality (9 deaths per 1,000 live births) with a large racial disparity – 6 deaths per 1,000 live births among white babies vs. 12 per 1,000 live births for black babies (The Annie E. Casey

Foundation, n.d.).

- Hancock County reported fewer than 10 suspected overdose deaths in 2024 and reported 420 drug-related arrests. Statewide, 4,662 people were admitted to community mental health centers for substance use disorders (The Mississippi Opioid and Heroin Data Collaborative, 2024).
- In 2023, 21.1% of adults in Hancock County reported having depression (Centers for Disease Control and Prevention).
- In 2025, 19.8% of adults in Hancock County report being current smokers, and 19.8% report excessive alcohol use (Data USA, 2025).
- Hancock County (29.45) ranks above the national average (22.04) in self-harm and interpersonal violence mortality and just below the state average (30.56) (Institute for Health Metrics and Evaluation, 2019).

Early Intervention, Screening, and Disability Information:

In 2023, only 3.1% of children in Mississippi between the ages of 0-35 months received Early Intervention Services, compared to 6.8% nationally (Zero to Three, 2023). Only 29.7% of Mississippi’s children 9-35 months received a developmental screening, compared to the national average of 36.5%. A little more than 8 percent (8.3) of Mississippi’s children receive special services (including speech, physical, occupational, or behavioral therapy or other services to meet developmental needs) compared to 9.3% nationally (National Survey of Children’s Health, 2023-2024). As children age, the prevalence of Early Intervention increases, with the highest concentrations at 4 and 5 years old. Children are more likely to be referred to services as they grow older, with a distinct spike at age 5 when most children enter kindergarten. Research shows that younger children are more responsive to intervention, with the impact of services tapering off as the child ages (The Annie E. Casey Foundation, 2024).

	Age	Number
Part C*	Birth to 1	234
	1	614
	2	1,075
Part B^	3	1,158
	4	2,416
	5	747

Note. *Office of Special Education, 2023; ^Office of Special Education, 2025.

According to the Mississippi Department of Education, there are 1,166 (12.5% of enrollment) pre-kindergarten children statewide who are receiving special education services (2023-2024).

According to the U.S. Census Bureau, there are 1,250 (0.7%) children under five in Mississippi with a diagnosed disability (U.S. Census Bureau, 2024c).

Head Start Eligible Children and Families

Less than 30% of age-eligible children are enrolled in preschool or nursery school in Hancock County (26.0%), which is far below the state average of 49.3%. The number enrolled in Hancock County increased by 2.9% in the past year, while the number enrolled in the state decreased by

0.6% (U.S. Census Bureau, 2024n). Of the number not in school, the estimate is that 55% of the children not in care in Mississippi are below 200% of the poverty level (The Annie E. Casey Foundation, n.d.). Using census data, we applied the child poverty rate in Hancock County to the age-eligible population of children to estimate that there are 135 income-eligible EHS infants and toddlers and 92 income-eligible preschool-aged Head Start children in our service area. By applying the birth rate to the ratio of low-income women, we estimate that at least 67 income-eligible pregnant women live in Hancock County.

Eligibility by zip code/age:

	< 1 yr	1 yr	2 yrs	3 yrs	4 yrs
39520 (Bay St. Louis)	14	14	14	14	15
39556 (Kiln)	5	6	6	5	6
39466 (Picayune)	25	26	26	25	26
Total (By Age)	44	45	46	45	47
Total (By Program)	EHS	135		HS	92

Child Care Availability and Workforce

For Hancock County, the available slots for children under 6 vs. the number of children is only at 32%, which means there are at least three children for every available slot. This classifies Hancock County as a child care desert, which can have severe implications for families and local economies due to the effects on workforce participation, child development, and overall community well-being (Mississippi State University Social Science Research Center, 2024). Parents in Hancock County have limited access to affordable childcare and no simple system that organizes the accountability of caregivers. Between Head Start/Early Head Start, Child Care Payment Program (CCPP), and public pre-k, public assistance programs in the state meet some low-income parents’ needs. The CCPP, which is funded through the Child Care and Development Fund (CCDF), serves children in households earning up to 85% of the state median income, and Head Start income eligibility mostly relies on poverty status. In Hancock County, 26.0% of children were enrolled in preschool or nursery programs, which is almost half of the state average of 49.3% (U.S. Census Bureau, 2024n). Of the 14 licensed childcare facilities in Hancock County, 5 (36%) care for infants, toddlers, and preschoolers, and 4 (29%) care for toddlers and preschoolers only. Over half of the centers (9, 64%) provide child care subsidies (Mississippi State Department of Health, 2026b).

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slots (Buffett Early Childhood Institute at the University of Nebraska, Child Care Aware of America, and Bipartisan Policy Center, 2025). For families that can find available child care, the cost is oppressive, with an average of \$7,254 per year for toddlers in center-based care. Prices have risen across center-based and home-based child care options since 2020 by 7%. It is estimated that this cost burden is 29% of the median income of a single-parent family and 7% of the median family income of a two-parent family (Child Care Aware of America, 2025). Further complicating matters is the high percentage of families with insecure employment – 31% of Mississippi’s children have parents who lack secure employment, compared to 25% of children nationally (The Annie E. Casey Foundation, n.d.). Families with lower incomes spend a higher percentage of their household income on child care, and black families paid a higher percentage (8.9%) compared to white families (6.6%) (McCown et al., 2023). In May 2023, the Mississippi Department of Human Services removed the requirement that single parents seeking CCDF vouchers first seek child support from the child’s other parent. This policy change is anticipated to greatly expand access to affordable care in a time when extreme inflation felt by families in 2023 has likely had a negative impact on the affordability of child care.

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