State policies that promote health, education, and strong families can help the early development and school readiness of America’s youngest citizens. This profile highlights Mississippi’s policy choices alongside other data related to the well-being of young children.

Health and Nutrition

States can support young children’s development by making key policy choices in early health and development. This section of ITO highlights states’ policy choices for supporting young children’s wellbeing: 1) Access to and continuity of health care, including state Medicaid/CHIP eligibility levels and coverage of legal immigrant children; 2) Parents’ access to health care, including for low-income pregnant women, and access to a medical home for young children; and 3) Preventive screening and assessment, including adherence to recommended schedules for well-child visits.

Early Care and Education

States make important decisions about the early care and education services they provide to young children and families. This section of ITO highlights states’ key policy choices that affect children’s development and parents’ ability to work: 1) Access to childcare, including subsidy eligibility levels and reimbursement rates; and 2) States’ investment in Head Start, Early Head Start, pre-kindergarten, child care centers’ class size and student-teacher ratios and investment in infant/toddler specialist networks and credentials and Quality Rating Improvement Systems.

Parenting and Economic Supports

States make critical policy choices that help low-income parents effectively support young children’s healthy development. This section of ITO spotlights states’ policy choices related to important economic supports for low-income families with young children: 1) TANF requirements for parents of young children; and 2) Income support policies including tax relief, earned income and dependent care tax credits, as well as child support disregards.

Young children (under age 6): 236,340

Young children by income, 2013

- Less than 100% FPL: 38%
- 100-200% FPL: 24%
- 200% FPL+: 30%
- Low income: 62%

Among young children, 19% live in extreme poverty (less than 50% FPL).

Young children by race/ethnicity, 2013

- White: 48%
- Black: 44%
- Hispanic: 4%
- Asian: 1%
- Other: 3%

+This estimate should be used with caution. It may be unreliable due to a small sample size.

Exposure to multiple risk factors among young children, 2013

- 0 Risks: 31%
- 1-2 Risks: 44%
- 3+ Risks: 25%

* This graph includes all possible risk factors: poor, single parent, teen mother, low parental education, nonemployed parents, residential mobility, households without English speakers, and large family size.
**State Choices to Promote Access**

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL) [2013]²

- **Children <1 year**  
  *Set eligibility at 200% (CHIP)*

- **Children ages 1-5 years**  
  *Set eligibility at 200% (CHIP)*

- **Children ages 6-8**  
  *Set eligibility at 200% (CHIP)*

- **Pregnant women**  
  *Set eligibility at 185% (Medicaid)*

- Medicaid and/or CHIP coverage for lawfully residing children [2013]³

- Medicaid and/or CHIP coverage for lawfully residing pregnant women [2013]³

- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2013]²

- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2013]²

- Include at-risk children in the definition of eligibility for IDEA Part C. [2012]⁴

- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2013]²

- Has adopted Medicaid expansion as part of the Affordable Care Act [2014]⁵

### Young children who lack health insurance, 2013¹

![Graph showing percentage of young children lacking health insurance in the U.S. and Mississippi.]

### Percent of eligible children who received at least one EPSDT* screening, by age, FY 2013⁶

![Bar chart showing the percentage of eligible children who received at least one EPSDT screening by age group.]

* EPSDT: Early and Periodic Screening, Diagnosis, and Treatment

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**State Choices to Promote Quality**

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2013]⁶

- 7 require screenings for children <1 year  
  *State requires 5 screens. 99% of eligible screens were completed in 2013.*

- 4 require screenings for children 1-2 years  
  *State requires 3 screens. 100% of eligible screens were completed in 2013.*

- 3 require screenings for children 3-5 years  
  *State requires 3 screens. 63% of eligible screens were completed in 2013.*

- 4 require screenings for children 6-9 years  
  *State requires 4 screens. 30% of eligible screens were completed in 2013.*

- Require newborn screening for the 31 metabolic deficiencies/disorders and core conditions [2014]⁷
  *30 universally required by law or rule.*
EARLY CARE AND EDUCATION

State choices to promote access

☐ Set the income eligibility limit for child care subsidies at or above 200% FPL. [2014]

A family of three qualifies for assistance at $34,999, or 177% FPL. This reflects a decrease from 179% FPL in 2013.

☐ Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate [2014]

☐ Redetermine the eligibility for child care subsidies no more than once per year [FY 2013]

☐ State supplements Early Head Start [2012]

☐ Fund a pre-kindergarten program and/or supplement Head Start. [2013]

☐ Requires districts to offer full day kindergarten [2014]

State choices to promote quality

☐ Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2013]

Child care regulations require one adult for every 9 children, and the maximum class size is 10.

☐ Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2013]

☐ Have early learning standards or developmental guidelines for infants and toddlers. [2013]

☐ Have an infant/toddler credential. [2013]

☐ Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [FY 2013]

☐ Require one adult for every 10 4-year-olds, and a maximum class size of 20 in child care centers. [2013]

Child care regulations require one adult for every 16 children, and the maximum class size is 20.

☐ Have implemented a statewide Quality Rating Improvement System (QRIS) [2015]

State choices to promote quality, continued
State choices to promote quality, continued

☐ Requires one teacher for every 18 students in Kindergarten classrooms [2013]\(^{17}\)
   
   Requires one teacher for every 22 students, or 27 with an assistant teacher. A ratio of 1:16 is recommended.

☑ State has adopted Common Core Standards [2015]\(^{18}\)
   
   NCCP believes that Common Core State Standards should be used in conjunction with guidelines for social emotional learning.

☐ State has comprehensive, free-standing standards for social emotional learning at the K-12 level [2015]\(^{19}\)
**PARENTING AND ECONOMIC SUPPORTS**

**State choices to promote effective parenting**

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2015]
  
  *Eligibility based on income up to 194% FPL, includes men and individuals younger than 19 years of age. The state also extends Medicaid eligibility for women losing coverage postpartum.*

- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [FY 2013]
  
  *Exemption limited to 12 cumulative months during recipient’s lifetime.*

- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [FY 2013]
  
  *Required to work 40 hours.*

**State choices to support family economic security**

- Established a state minimum wage that meets or exceeds $9.10/hr and is indexed to inflation [2014]
  
  *No minimum wage required.*

- Exempt single-parent families of three below the poverty level from personal income tax. [2012]
  
  *Up to 80% FPL*

- Offer a refundable state Earned Income Tax Credit. [2014]

- Offer a refundable state dependent care tax credit. [2014]
  
  *MS does not have a Child and Dependent Care Tax Credit.*

- Keep copayments for child care subsidies below 10% of family income for families of three at 150% FPL [2014]

- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [FY 2013]

- Has paid family leave for a minimum of 6 weeks with full or partial replacement of wages [2013]
DATA NOTES AND SOURCES

1. National data were calculated from the 2013 American Community Survey, representing information from 2013. State data were calculated from the 2011-2013 American Community Survey, representing information from the years 2011-2013.


This profile is a product of NCCP’s Improving the Odds for Young Children initiative, funded by the Alliance for Early Success. The information represents the most recent 50-state data sources and will be updated with the release of new data. See http://www.nccp.org/profiles/early_childhood.html for other state profiles.