

Kitsap Interagency Coordinating Council
Head Start/ECEAP Partnership
Kitsap County, Washington

2025 Update to the
2023 Comprehensive Community Assessment

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February 2026

Acknowledgments

This 2025 Update Report provides an update to selected sections from the 2024 Update Report, published in April 2025. The overall organization, scope, and content of this 2025 Update are consistent with the 2024 Update. We extend our appreciation to the contributors of the 2024 Update and earlier reports that informed this work, described below.^

Sections were updated in the current report when new data were available for county and demographic subgroups for topics selected by the Kitsap Interagency Coordinating Council (KICC). Approximately 84% of the indicators in the report have been updated. In consultation with the KICC, the following data sources and topics were not updated and therefore all estimates from the previous report are retained: the 2023 EHS/HS/ECEAP Family Survey; ZIP Code-level data, which were sourced from the US Census Bureau's American Community Survey; data sourced from the Healthy Youth Survey and Behavioral Risk Factor Surveillance System, and topics including public transportation, substance use, overweight and obesity, tobacco and nicotine, arrests, adult educational attainment, populations of special interest, housing affordability index, divorce rate, teen pregnancy rate, and some topics within the section, Local Community Resources.

To identify the new data that has been updated, a border is placed around all updated paragraphs and sections throughout the report. Additionally, the first paragraph within a bordered section will end with “^” so that report users can search (Ctrl+F) for this symbol to quickly find sections with updated data.

This assessment was completed using information compiled from datasets, reports, organizations, and individuals. We are deeply grateful for the generous time and resources shared from community partners, including the Washington Department of Children Youth and Families (DCYF), Washington Office of Superintendent of Public Instruction (OSPI), Childcare Aware of Washington, Washington Department of Social and Health Services (DSHS), Kitsap County, Holly Ridge, St. Vincent de Paul Bremerton, and Bremerton Housing Authority.

Additional appreciation and acknowledgement are extended to the families and parents who took the time to participate in the 2023 Head Start/ Early Head Start Parents Survey.

On behalf of the Kitsap Interagency Coordinating Council, this report was researched and created by the Kitsap Public Health District (KPHD) Assessment and Epidemiology Program (Leah Neff Warner, Kari Hunter, Katharine Alexander), with additional data and analysis from the KPHD Communicable Disease Program (Wendy Inouye) and the KPHD Parent Child Health Program (Karina Mazur and Gabriele Outlaw-Spencer). Please contact epi@kitsappublichealth.org with any questions about the information in this report.

Table of Contents

List of Figures and Tables.....	vii
Quick Reference Points of Interest	xii
Executive Summary.....	13
Population.....	13
Economic Wellbeing.....	14
Head Start/Early Head Start Population.	15
Other Early Childhood Education Options for HS/EHS Eligible Children.	15
Children with Special Needs.	16
Public Assistance and Nutritional Support.....	17
Transportation.	18
Housing.	18
Substance Abuse.....	19
Health.....	20
Mental Health.	21
Pregnancy and Birth Outcomes.	22
Children’s Well-Being.....	22
Childcare.	23
Education.	24
Community Resources.	25
Introduction	27
Purpose	27
Methodology.....	27
Limitations and Considerations of the Data	28
I. KITSAP COUNTY PROFILE.....	31
A. County Population	31
Geographic Location	31
Population Size and Change.....	31
Population by Region	34
Population by Age	36
Military Population	41
Tribal Population.....	43
Race/Ethnicity	44

Speakers of Languages Other Than English	47
Family Structure.....	47
Employers.....	50
B. Economic Well-Being	51
Median Household Income.....	51
Unemployment	54
Poverty.....	54
II. PROFILE OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES IN KITSAP COUNTY.....	61
A. Demographic Make-up of Eligible Child Population	61
Children Living in Poverty	61
Geographic Location	62
Racial and Ethnic Composition.....	64
B. Actual Enrollment in Head Start/Early Head Start Programs	65
Number of Enrollees by Program.....	65
Funded Enrollment by Program Option.....	66
Racial and Ethnic Composition.....	67
Primary Language Spoken at Home	68
Enrollment Waiting List Status.....	68
III. OTHER CHILD DEVELOPMENT AND CHILDCARE PROGRAMS SERVING HEAD START/EARLY HEAD START ELIGIBLE CHILDREN	69
State-funded Preschool Programs	69
Tribally-supported Preschool (0 to 5) Programs.....	69
Other Local Preschool Programs.....	69
Childcare Programs	69
Utilization of Other Childcare Programs by Head Start/Early Head Start Eligible Families	71
Home Visiting Programs.....	72
IV. ESTIMATED NUMBER OF CHILDREN 4-YEARS OLD OR YOUNGER WITH DISABILITIES	75
A. Children with Special Needs	75
B. Types of Disabilities.....	78
V. EDUCATION, HEALTH, NUTRITION, AND SOCIAL SERVICE NEEDS OF EARLY HEAD START/HEAD START ELIGIBLE CHILDREN AND THEIR FAMILIES	80
A. Free and Reduced Lunch.....	80
B. Public Assistance	83

Food Assistance.....	85
Temporary Assistance for Needy Families (TANF).....	86
C. Food and Nutrition.....	88
Food Banks.....	88
Women, Infants, and Children (WIC).....	90
Breastfeeding.....	91
D. Public Transportation.....	91
E. Housing.....	92
Housing Affordability.....	92
Public Housing.....	98
Homelessness.....	99
F. Substance Abuse.....	102
Alcohol and Drug Use.....	102
Deaths Due to Alcohol or Drugs.....	104
Opioid Use.....	105
Emergency Medical Services (EMS) Suspected Opioid Responses.....	107
Nonfatal Emergency Department Visits Due to Opioid Drugs.....	108
Nonfatal Hospitalizations Due to Opioid Drugs.....	109
Deaths Due to Opioid Drugs.....	110
Overdose Deaths by Drug Types Identified (Opioids and Methamphetamine).....	112
Neonatal Abstinence Syndrome.....	113
G. Health.....	115
Access to Care.....	115
Immunizations.....	118
Tobacco and Nicotine Exposure.....	125
Overweight and Obesity.....	126
H. Mental Health.....	127
Stress and Emotional Well-Being.....	127
Children Receiving Mental Health Services.....	128
I. Pregnancy and Birth Outcomes.....	130
Teen Pregnancy.....	130
Births to Unmarried Mothers.....	131
Prenatal Care in the First Trimester.....	132

Smoking during Pregnancy.....	134
Low Birth Weight	135
Infant Mortality.....	135
J. Children’s Well-Being.....	136
Foster Care	136
Abuse and Neglect	137
Arrests.....	138
K. Childcare	141
Population of Children in Care	141
Childcare Cost	141
L. Education	144
Adult Educational Attainment	144
Educational Attainment of Mothers	145
Public School Enrollment	147
Kindergarten Enrollment and Preparation	148
M. Populations of Special Consideration	150
Guatemalan Families and Other Non-English-Speaking Families	150
VI. COMMUNITY RESOURCES TO ADDRESS THE NEEDS OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES	151
A. Local Community Resources	151
Peninsulas’ 2-1-1 System	151
Children with Special Needs	151
Mental Health	151
Women, Mothers, and Parents.....	152
Fathers	155
Childcare Improvement	155
Homeless and Other Vulnerable Persons	156
REFERENCES	157
APPENDIX A. Parent Survey – Summary of 2023 Results	165
Childcare	165
Disability.....	166
Prenatal and Pregnancy Care.....	166
Health and Services.....	168

Housing and neighborhood.....	171
Demographics	173
APPENDIX B. Parent Survey Copy	176

List of Figures and Tables

FIGURE 1. ANNUAL POPULATION SIZE AND PERCENT CHANGE, KITSAP COUNTY: 2000 TO 2025 [9]	31
FIGURE 2. BIRTHS TO RESIDENT WOMEN BY MILITARY STATUS, KITSAP COUNTY: 2000 TO 2024 [5]	32
FIGURE 3. BIRTHS TO RESIDENT WOMEN BY MILITARY STATUS AND GEOGRAPHIC REGION, KITSAP COUNTY AND NORTH MASON COUNTY (2024) [5]	33
FIGURE 4. BIRTHS TO RESIDENT WOMEN PER 1,000 RESIDENTS BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY: 2023 [5]*	33
TABLE 1. POPULATION CHANGE OVER TIME, KITSAP COUNTY: 2000, 2010, AND 2025 [10].....	34
FIGURE 5. POPULATION BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY, 2023 [11]	35
FIGURE 6. MEDIAN AGE BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY, 2019-2023 [12]	37
FIGURE 7. KITSAP COUNTY POPULATION BY AGE GROUP: 2000, 2020, AND 2025 [1].....	38
TABLE 2. ESTIMATED CHILD POPULATION BY AGE GROUP AND SCHOOL DISTRICT REGION, KITSAP COUNTY AND NORTH MASON COUNTY, 2024 [13]	38
TABLE 3. ESTIMATED CHILD POPULATION BY AGE GROUP AND ZIP CODE REGION, KITSAP COUNTY AND NORTH MASON COUNTY, 2023 [13]*	39
FIGURE 8. RESIDENT ARMED FORCES PERSONNEL, KITSAP COUNTY: 2000 AND 2005 TO 2024 [1,15]	41
FIGURE 9. RESIDENT ARMED FORCES PERSONNEL BY SCHOOL DISTRICT, KITSAP COUNTY AND NORTH MASON, 2020-2024 [1,3]	41
FIGURE 10. RESIDENT ARMED FORCES PERSONNEL BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY, 2019-2023 [17,12]	42
FIGURE 11. RESIDENTS LIVING ON AMERICAN INDIAN TRIBAL RESERVATIONS, KITSAP COUNTY: 2000 TO 2025 [18]	43
TABLE 4. PROPORTION OF THE POPULATION BY RACE/ETHNICITY, KITSAP COUNTY AND WASHINGTON, 2024 [13]	44
FIGURE 12. ESTIMATED POPULATIONS BY SCHOOL DISTRICT AND RACE/ETHNICITY*, KITSAP COUNTY AND NORTH MASON COUNTY, 2024 [13]	45
TABLE 5. ESTIMATED POPULATIONS BY ZIP CODE AND RACE/ETHNICITY, KITSAP COUNTY, BAINBRIDGE ISLAND, BREMERTON, CENTRAL KITSAP AND NORTH KITSAP, 2023 [13].....	46
FIGURE 13. FAMILY HOUSEHOLD (HH) COMPOSITION, KITSAP COUNTY AND WASHINGTON, 2000 AND 2024 [15].....	48
FIGURE 14. PERCENTAGE OF CHILDREN UNDER 18 YEARS OLD LIVING IN HOUSEHOLDS WITH A SINGLE PARENT BY GEOGRAPHIC REGION, KITSAP COUNTY AND NORTH MASON COUNTY, 2020-2024 [3]	49
FIGURE 15. PERCENTAGE OF CHILDREN LESS THAN 18 YEARS OLD LIVING IN HOUSEHOLDS WITH A SINGLE PARENT WITH NO SPOUSE/PARTNER PRESENT BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY: 2019-2023 [12]	50
FIGURE 16. MEDIAN HOUSEHOLD INCOME, KITSAP COUNTY AND WASHINGTON, 2000 TO 2024* [8].....	51
TABLE 6. MEDIAN INCOME BY HOUSEHOLD TYPE, KITSAP COUNTY, 2024 AND 2019 [15]	52
TABLE 7. MEDIAN INCOME BY HOUSEHOLD TYPE AND ZIP CODE IN KITSAP COUNTY AND NORTH MASON COUNTY, 2019-23* [12] ...	53
FIGURE 17. UNEMPLOYMENT RATE, KITSAP COUNTY AND WASHINGTON, 2000 TO 2024 [24].....	54
FIGURE 18. CHILDREN LIVING IN POVERTY, KITSAP COUNTY, 2000-2024 [2]	55
TABLE 8. POPULATIONS LIVING IN POVERTY IN PAST 12 MONTHS, KITSAP COUNTY AND WASHINGTON, 2020-2024 [3].....	56
FIGURE 19. PERCENTAGE OF TOTAL RESIDENTS LIVING IN POVERTY BY AGE GROUP AND REGION, KITSAP COUNTY AND NORTH MASON: 2020-2024 [3]	57
FIGURE 20. DISTRIBUTION OF KITSAP COUNTY RESIDENTS IN POVERTY BY AGE GROUP: 2020-2024 [3].....	57
TABLE 9. ESTIMATED NUMBER AND PERCENTAGE OF RESIDENTS IN EACH AGE GROUP LIVING IN POVERTY BY ZIP CODE, BY KITSAP COUNTY REGION AND NORTH MASON COUNTY, 2019-2023 [12].....	58
FIGURE 21. MEDICAID-PAID CIVILIAN BIRTHS, KITSAP COUNTY, 2010 TO 2024 [5]	59
FIGURE 22. MEDICAID-PAID CIVILIAN BIRTHS BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY: 2023 [5]	60
FIGURE 23. CHILDREN UNDER 5 AND ALL AGES LIVING IN POVERTY, KITSAP COUNTY, 2005-09 TO 2020-24 [3]	61
TABLE 10. PERCENTAGE OF CHILDREN UNDER 6 YEARS LIVING AT VARIOUS RATIOS OF THE FEDERAL POVERTY THRESHOLD BY REGION, KITSAP COUNTY AND NORTH MASON COUNTY, 2020-2024 [3]	62

TABLE 11. PERCENTAGE OF CHILDREN UNDER 6 YEARS LIVING AT VARIOUS RATIOS OF THE FEDERAL POVERTY THRESHOLD BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY, 2019-2023 [12]	63
FIGURE 24. MINORITY RACE/ETHNICITY OF CHILD POPULATION (AGED 0 TO 4), KITSAP COUNTY: 2010, 2015, 2020, 2024 [1]	64
TABLE 12. CUMULATIVE ENROLLMENT IN KITSAP COUNTY HEAD START AND EARLY HEAD START PROGRAMS: 2009-10 TO 2024-25 [7]	65
FIGURE 25. ENROLLMENT HEAD START/EARLY HEAD START BY PROGRAM AND AGENCY, KITSAP COUNTY: 2024-25 [7]	65
FIGURE 26. EARLY HEAD START AND HEAD START FUNDED ENROLLMENT BY PROGRAM OPTION AND BY AGENCY, KITSAP COUNTY: 2024-25 [7]	66
TABLE 13. RACE AND ETHNICITY OF EARLY HEAD START AND HEAD START ENROLLEES BY PROGRAM AND BY AGENCY, KITSAP COUNTY: 2024-25 [7]	67
FIGURE 27. RACIAL AND ETHNIC MINORITY GROUPS ENROLLED IN HEAD START AND EARLY HEAD START PROGRAMS BY PROGRAM AND BY AGENCY, KITSAP COUNTY: 2024-25 [7]	68
FIGURE 28. CHILDCARE PROVIDERS BY TYPE, KITSAP COUNTY: 2007 TO 2025 [34]	70
FIGURE 29. CHILDCARE PROVIDER SLOTS, KITSAP COUNTY: 2007 TO 2025 [34]	71
FIGURE 30. REFERRALS MADE TO HOLLY RIDGE INFANT TODDLER EARLY INTERVENTION PROGRAM BY AGE GROUP: 2003-04 TO 2024-25 [45]	75
TABLE 14. HEAD START AND EARLY HEAD START CHILDREN RECEIVING INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) SERVICES BY PROGRAM AND BY AGENCY, KITSAP COUNTY: 2024-25 [7]	76
FIGURE 31A. PROPORTION OF SPECIAL EDUCATION ENROLLEES IN PUBLIC SCHOOL BY SCHOOL DISTRICT, KITSAP COUNTY AND NORTH MASON COUNTY: 2004-05 TO 2025-26 [47]	77
FIGURE 31B. PROPORTION OF STUDENTS WHO COMPLETED A CHILD FIND REFERRAL IN PUBLIC SCHOOL BY SCHOOL DISTRICT, KITSAP COUNTY AND NORTH MASON COUNTY, 2004-05 TO 2024-25 [48]	78
TABLE 15. NUMBER OF DISABILITY DIAGNOSES AMONG HEAD START ENROLLEES, KITSAP COUNTY: 2024-25 [7]	78
TABLE 16. NUMBER OF CHILDREN AND YOUNG ADULTS WITH DISABILITIES BY SCHOOL DISTRICT, AGE GROUP, AND TYPE OF DISABILITY, KITSAP COUNTY, 2024-25 [48]	79
FIGURE 32. PUBLIC SCHOOL STUDENTS ENROLLED IN FREE OR REDUCED LUNCH,* KITSAP COUNTY AND WASHINGTON STATE: 2000-01 TO 2024-25 [52]	80
FIGURE 33. PUBLIC SCHOOL STUDENTS ENROLLED IN FREE OR REDUCED LUNCH*, KITSAP COUNTY AND NORTH MASON COUNTY: OCTOBER 2024	81
TABLE 17A. ENROLLMENT IN FREE OR REDUCED LUNCH PROGRAM* AND TOTAL ENROLLMENT, KITSAP COUNTY PUBLIC SCHOOLS SERVING ELEMENTARY-AGE STUDENTS: OCTOBER 2024 [52]	82
TABLE 17B. ENROLLMENT IN FREE OR REDUCED LUNCH PROGRAM* AND TOTAL ENROLLMENT, NORTH MASON COUNTY PUBLIC SCHOOLS SERVING ELEMENTARY-AGE STUDENTS: OCTOBER 2024 [52]	83
TABLE 18. PUBLIC ASSISTANCE RECIPIENTS BY GEOGRAPHIC REGION, KITSAP COUNTY AND NORTH MASON COUNTY: 2020-2024 [3]	84
TABLE 19. PUBLIC ASSISTANCE RECIPIENTS BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY: 2019-2023 [12]	84
FIGURE 34. SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP) RECIPIENTS AS A PERCENTAGE OF THE POPULATION, KITSAP COUNTY AND WASHINGTON, 2000 TO 2024 [53]	85
FIGURE 35. SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP) RECIPIENTS AS A PERCENTAGE OF THE POPULATION BY SCHOOL DISTRICT, KITSAP COUNTY AND NORTH MASON COUNTY: 2000 TO 2024 [53]	85
FIGURE 36. SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP) HOUSEHOLDS AS A PERCENTAGE OF ALL HOUSEHOLDS BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY: 2019-2023 [3]	86
FIGURE 37. PERCENTAGE OF CHILDREN RECEIVING TEMPORARY ASSISTANCE FOR NEEDY FAMILIES, KITSAP COUNTY AND WASHINGTON, 2000 TO 2024 [53]	87
FIGURE 38. RATE OF CHILDREN RECEIVING TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BY SCHOOL DISTRICT, KITSAP COUNTY AND NORTH MASON COUNTY: 2000 TO 2024 [53]	87
FIGURE 39A. TOTAL HOUSEHOLD VISITS MADE TO AREA FOOD BANKS, KITSAP COUNTY: 2007 TO 2025 [59]	89
FIGURE 39B. MONTHLY HOUSEHOLD VISITS MADE TO AREA FOOD BANKS, BY NEW OR RETURNING STATUS, KITSAP COUNTY: 2024 TO 2025 [59]	89
TABLE 20. WOMEN, INFANTS, AND CHILDREN SERVED BY WIC, KITSAP COUNTY: 2004 TO 2024 [60]	90
FIGURE 40. HOUSEHOLDS PAYING 30% OR MORE OF INCOME FOR HOUSING COSTS, KITSAP COUNTY AND WASHINGTON, 2000 AND 2005 TO 2024 [15]	92
FIGURE 41. HOUSEHOLDS PAYING 30% OR MORE OF INCOME FOR HOUSING COSTS BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY: 2019-23 [12]	93

FIGURE 42. MEDIAN GROSS RENT, KITSAP COUNTY AND WASHINGTON, 2000 AND 2005 TO 2024 [15]	94
FIGURE 43. MEDIAN GROSS RENT BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY: 2019-2023 [12]	95
FIGURE 44. MEDIAN HOME PRICES*, KITSAP COUNTY AND WASHINGTON, 2000 TO 2024 [66]	96
FIGURE 45. HOUSING AFFORDABILITY INDEX, KITSAP COUNTY AND WASHINGTON, 2000 TO 2024(Q3) BY QUARTER [65]	97
FIGURE 46. NUMBER OF FORECLOSURES, KITSAP COUNTY: 2000 TO 2025 [67]	98
FIGURE 47. AVERAGE MONTHLY NUMBER OF CLIENTS EXPERIENCING HOMELESSNESS WHO APPLY FOR FOOD ASSISTANCE BY HOUSING STATUS*, KITSAP COUNTY: 2005 TO 2025 [70]	99
FIGURE 48. AVERAGE MONTHLY NUMBER OF HOUSEHOLDS EXPERIENCING HOMELESSNESS THAT APPLY FOR FOOD ASSISTANCE BY HOUSING STATUS, KITSAP COUNTY: 2005 TO 2025 [70]	100
FIGURE 49. PUBLIC SCHOOL STUDENTS (PK-12) REPORTED AS HOMELESS, KITSAP COUNTY AND NORTH MASON SCHOOL DISTRICTS: 2006-07 TO 2025-26 [72]	101
TABLE 21. HEAD START/EARLY HEAD START FAMILIES AND CHILDREN RECEIVING HOMELESSNESS SERVICES BY PROGRAM AND BY AGENCY, KITSAP COUNTY: 2024-25 [7]^	102
FIGURE 50. YOUTH (AGES 0-17) RECEIVING STATE-FUNDED TREATMENT* ADMISSIONS BY SUBSTANCE, KITSAP COUNTY: 2004 TO 2009 [74]	103
FIGURE 51. ADULT (18+ YEARS) AND ADOLESCENT (10-17 YEARS) CLIENTS OF STATE-FUNDED ALCOHOL OR DRUG SERVICES*, KITSAP COUNTY: 2006 TO 2023 [75]	104
FIGURE 52. ALCOHOL OR DRUG-RELATED DEATHS*, KITSAP COUNTY AND WASHINGTON, 2000 TO 2023 [75]	104
FIGURE 53. ALCOHOL OR DRUG-RELATED DEATHS* BY GEOGRAPHIC REGION, KITSAP COUNTY: 2000 TO 2023 [75]	105
FIGURE 54. DRUG-CAUSED DEATH RATES PER 100,000 RESIDENTS BY DRUG, WASHINGTON, 2004 TO 2023 [76]	105
FIGURE 55. PRESCRIPTIONS FOR ANY OPIOID PER 1,000 RESIDENTS BY QUARTER (SEX- AND AGE-ADJUSTED), KITSAP COUNTY AND WASHINGTON, 2011 Q4 TO 2024 Q2 [80]	106
FIGURE 56. PRESCRIPTIONS FOR RESIDENTS AGES 0-9 YEARS FOR ANY OPIOID PER 1,000 RESIDENTS AGES 0-9 BY QUARTER, KITSAP COUNTY: 2012 Q1 TO 2024 Q2 [80]	107
FIGURE 57. EMERGENCY MEDICAL SERVICES (EMS) RESPONSES TO SUSPECTED OPIOID OVERDOSES, KITSAP COUNTY: 2019 TO 2024. [81]	107
FIGURE 58. EMERGENCY MEDICAL SERVICES (EMS) RESPONSES TO SUSPECTED OPIOID OVERDOSES BY AGE GROUP, KITSAP COUNTY: 2020-2024. [81]	108
FIGURE 59. NONFATAL EMERGENCY DEPARTMENT VISITS FOR ANY DRUG AND FOR ANY OPIOID PER 100,000 EMERGENCY DEPARTMENT VISITS FOR KITSAP RESIDENTS: 2018 TO 2024. [82]	108
FIGURE 60. NONFATAL EMERGENCY DEPARTMENT VISITS FOR ANY OPIOID PER 100,000 EMERGENCY DEPARTMENT VISITS FOR KITSAP RESIDENTS BY AGE GROUP: 2020-2024. [82]	109
FIGURE 61. NONFATAL EMERGENCY DEPARTMENT VISITS FOR ANY OPIOID PER 100,000 EMERGENCY DEPARTMENT VISITS FOR KITSAP RESIDENTS BY GEOGRAPHIC REGION: 2020-2024.	109
FIGURE 62. NONFATAL OPIOID-RELATED HOSPITALIZATIONS PER 100,000 RESIDENTS (AGE-ADJUSTED), KITSAP COUNTY AND WASHINGTON, 2016 TO 2023 [80]	110
FIGURE 63. OPIOID-RELATED DEATHS PER 100,000 RESIDENTS (AGE-ADJUSTED), KITSAP COUNTY AND WASHINGTON, 2016 TO 2024 [83]	111
FIGURE 64. OPIOID-RELATED DEATHS PER 100,000 RESIDENTS BY AGE GROUP, KITSAP COUNTY AND WASHINGTON, 2020 TO 2024 [83]	111
FIGURE 65. OPIOID-RELATED DEATHS PER 100,000 RESIDENTS BY GEOGRAPHIC REGION, KITSAP COUNTY: 2020 TO 2024 [83]	112
FIGURE 66. PERCENTAGE OF DRUG OVERDOSE DEATHS THAT WERE DUE TO TWO OR MORE DRUG TYPES, KITSAP COUNTY AND WASHINGTON: 2016 TO 2024 [83]	112
FIGURE 67. PERCENTAGE OF CRIME LAB CASES BY DRUG, WASHINGTON, 2002 TO 2023 [76]	113
FIGURE 68. BABIES WITH A DIAGNOSIS OF NEONATAL ABSTINENCE SYNDROME, KITSAP COUNTY AND WASHINGTON, 2008 TO 2020 [88]	114
FIGURE 69. HOSPITALIZATION RATES OF INFANTS WITH NEONATAL ABSTINENCE SYNDROME BORN IN WASHINGTON TO WASHINGTON RESIDENTS, 2000-2021 [86]	115
FIGURE 70. PERCENTAGE OF RESIDENTS AGED 18 TO 64 WITH NO HEALTH INSURANCE BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY: 2019-2023 [12]	116
FIGURE 71. PEOPLE WITHOUT HEALTH INSURANCE BY AGE AND POVERTY LEVEL, KITSAP COUNTY: 2018, 2019, 2022, 2023, 2024 [15]	117

TABLE 22. IMMUNIZATION DOSES REQUIRED FOR CHILDREN AGED 5 YEARS AND OLDER ENTERING KINDERGARTEN THROUGH 6TH GRADE. SOURCE: DOH, ACCESSED 11/19/2025.	119
FIGURE 72 (A) PERCENT OF ENTERING KINDERGARTENERS UP TO DATE ON ALL REQUIRED IMMUNIZATIONS; (B) PERCENT OF ENTERING KINDERGARTENERS UP TO DATE ON MEASLES, MUMPS AND RUBELLA (MMR), 2015 – 2024. SOURCE: DOH SCHOOL IMMUNIZATIONS DATA DASHBOARD, ACCESSED 11/19/2025. DATA INCLUDE STUDENTS AT BOTH PUBLIC AND PRIVATE SCHOOLS.	120
TABLE 23. IMMUNIZATION COVERAGE OF ENTERING KINDERGARTEN COHORTS FOR ALL REQUIRED IMMUNIZATIONS*, 2024-25 SCHOOL YEAR, BY DISTRICT.....	120
TABLE 24. IMMUNIZATION COVERAGE OF ENTERING KINDERGARTEN COHORTS FOR TWO DOSES OF MMR, 2024-24 SCHOOL YEAR, BY DISTRICT.....	121
FIGURE 73. KITSAP KINDERGARTNERS WITH NON-MEDICAL EXEMPTIONS TO MMR OR DTAP, 2019 VS. 2024. SOURCE: DOH SCHOOL IMMUNIZATIONS DATA DASHBOARD, ACCESSED 11/19/2025. DATA INCLUDE STUDENTS AT BOTH PUBLIC AND PRIVATE SCHOOLS.	122
FIGURE 74. POTENTIALLY ACHIEVABLE COVERAGE* WITH MEASLES, MUMPS, AND RUBELLA VACCINE AMONG KINDERGARTNERS, BY SCHOOL DISTRICT, 2024-25 SCHOOL YEAR. DATA INCLUDE STUDENTS AT BOTH PUBLIC AND PRIVATE SCHOOLS.	122
FIGURE 75. ESTIMATED PERCENT OF CHILDREN (A) AGED 6 MONTHS TO 4 YEARS AND (B) AGED 5-12 YEARS WHO RECEIVED A SEASONAL INFLUENZA VACCINE DURING THE 2024-25 RESPIRATORY SEASON (MID-SEASON AND FULL SEASON) AND 2025-26 SEASON THROUGH 1/19/2026. SOURCE: DOH RESPIRATORY IMMUNIZATION DATA DASHBOARD, ACCESSED 1/23/2026.	123
FIGURE 76. ESTIMATED PERCENT OF CHILDREN (A) AGED 6 MONTHS TO 4 YEARS AND (B) AGED 5-11 YEARS WHO RECEIVED A SEASONAL COVID-19 VACCINE DURING THE 2024-25 RESPIRATORY SEASON (MID-SEASON AND FULL SEASON) AND 2025-26 SEASON THROUGH 1/19/2026. SOURCE: DOH RESPIRATORY IMMUNIZATION DATA DASHBOARD, ACCESSED 1/23/2026.	124
FIGURE 77. NUMBER OF MONTHLY VISITS AT KITSAP EMERGENCY DEPARTMENTS BY CHILDREN AGED 0-17 YEARS WHERE THE DISCHARGE DIAGNOSIS WAS INFLUENZA, RESPIRATORY SYNCYTIAL VIRUS (RSV), OR COVID-19. SOURCE: EMERGENCY DEPARTMENT VISIT DATA, ACCESSED THROUGH WA DOH RHINO/ESSENCE 1/14/2026.	125
TABLE 25. HEAD START ENROLLEES WHO WERE OVERWEIGHT OR OBESE, GROUPED BY AGENCY, KITSAP COUNTY: 2023-24 [103] ..	127
FIGURE 78. DIVORCE RATE, KITSAP COUNTY AND WASHINGTON, 2000 TO 2023 [105].....	127
FIGURE 79. CHILDREN 0-17 YEARS RECEIVING STATE-FUNDED MENTAL HEALTH SERVICES, KITSAP COUNTY: 2001-2017 [107]	129
TABLE 26. MENTAL HEALTH SERVICES PROVIDED TO EARLY HEAD START/HEAD START CHILDREN BY PROGRAM AND AGENCY, KITSAP COUNTY: 2018-19 [109].....	130
FIGURE 80. TEEN PREGNANCY RATE, KITSAP COUNTY AND WASHINGTON, 2000 TO 2022 [111].....	131
FIGURE 81. BIRTHS TO UNMARRIED MOTHERS, KITSAP COUNTY AND WASHINGTON, 2000 TO 2024 [5].....	132
FIGURE 82. BIRTHS TO UNMARRIED MOTHERS, KITSAP COUNTY AND NORTH MASON COUNTY GEOGRAPHIC AREAS: 2000 TO 2024 [5]	132
FIGURE 83. WOMEN WHO BEGAN PRENATAL CARE IN THE FIRST TRIMESTER BY MEDICAID (INCOME PROXY) STATUS, KITSAP COUNTY AND WASHINGTON, 2012 TO 2024 [5]	133
FIGURE 84. WOMEN WHO SMOKED DURING PREGNANCY, KITSAP COUNTY AND WASHINGTON, 2000 TO 2024 [5]	134
FIGURE 85. LOW BIRTH WEIGHT INFANT RATE, KITSAP COUNTY AND WASHINGTON, 2000 TO 2024 [5].....	135
FIGURE 86. INFANT MORTALITY RATE, KITSAP COUNTY AND WASHINGTON, 2000-04 TO 2020-2024 [119].....	136
FIGURE 87. CHILDREN ENTERING OUT-OF-HOME CARE IN KITSAP COUNTY BY AGE GROUP, 2010-2023 [120].....	137
FIGURE 88. CHILD ABUSE AND NEGLECT VICTIMS*, KITSAP COUNTY AND WASHINGTON, 2000 TO 2024 [53]	138
FIGURE 89. CHILD ABUSE AND NEGLECT VICTIMS* BY REGION, KITSAP COUNTY AND NORTH MASON COUNTY: 2000 TO 2024 [53]..	138
FIGURE 90. ARRESTS TO ADULTS AGE 18+ FOR ALCOHOL-RELATED VIOLATIONS, KITSAP COUNTY AND WASHINGTON, 2008 TO 2022 [75]	139
FIGURE 91. ARRESTS TO ADULTS AGE 18+ FOR DRUG LAW VIOLATIONS, KITSAP COUNTY AND WASHINGTON, 2006 TO 2022 [75] ...	139
FIGURE 92. ARRESTS TO ADULTS AGE 18+ FOR VIOLENT CRIMES, KITSAP COUNTY AND WASHINGTON, 2006 TO 2022 [75]	140
FIGURE 93. TOTAL ARRESTS TO ADOLESCENTS AGED 10-14 PER 1,000, KITSAP COUNTY AND WASHINGTON, 2006 TO 2022 [75]....	140
FIGURE 94. POPULATION AGE 0-4 AND 5-9 YEARS, KITSAP COUNTY: 2000 TO 2025 [1]	141
TABLE 27. ANNUAL COST OF CHILDCARE BY TYPE* AND COST AS A PERCENTAGE OF ANNUAL INCOME, KITSAP COUNTY AND WASHINGTON, 2024	142
FIGURE 95. COST OF MONTHLY CHILDCARE AT (A) FAMILY HOME CHILDCARE FACILITIES AND (B) CHILDCARE CENTERS, KITSAP COUNTY: 2008, 2019, 2024, 2025 [6]	143
FIGURE 96. PROPORTION OF ADULTS (AGED 25-64) WITH MORE THAN A HIGH SCHOOL EDUCATION, KITSAP COUNTY AND WASHINGTON STATE: 2005 TO 2023 [62]	144

FIGURE 97. PROPORTION OF ADULTS (AGED 25-64 YEARS) WITH MORE THAN A HIGH SCHOOL EDUCATION BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY: 2019-2023 [3]	145
FIGURE 98. MOTHERS WITH MORE THAN A HIGH SCHOOL EDUCATION, KITSAP COUNTY AND WASHINGTON, 2000 TO 2023 [5].....	146
FIGURE 99. MOTHERS WITH MORE THAN A HIGH SCHOOL EDUCATION BY ZIP CODE, KITSAP COUNTY AND NORTH MASON COUNTY: 2021-2023 [5]	147
FIGURE 100. PUBLIC SCHOOL ENROLLMENT, KITSAP COUNTY SCHOOL DISTRICTS AND NORTH MASON COUNTY SCHOOL DISTRICT: 2000-01 TO 2025-26 [72]	148
FIGURE 101. KINDERGARTEN ENROLLMENT, KITSAP COUNTY SCHOOL DISTRICTS: 2000-01 TO 2025-26 [72]	149
FIGURE 102. PERCENTAGE OF KINDERGARTENERS DEMONSTRATING EXPECTED SKILL LEVELS IN ALL 6 DOMAINS OF WAKIDS TESTS, KITSAP COUNTY AND NORTH MASON SCHOOL DISTRICTS: 2011-12 TO 2024-25 [47].....	150
TABLE 28. NUMBER OF FATHERS/FATHER FIGURES WHO PARTICIPATED IN CHILD’S HEAD START CHILD DEVELOPMENT EXPERIENCES: 2024-25 [7]	155
FIGURE A1. HAVE YOU LOOKED FOR ANY CHILDCARE OTHER THAN HS/ECEAP/EHS FOR YOUR CHILD(REN) AGES BIRTH TO 5	165
FIGURE A2. OVER THE COURSE OF THE COVID-19 PANDEMIC, DID YOU LOSE HS/ECEAP/EHS OR REGULAR CHILDCARE ARRANGEMENTS FOR AT LEAST ONE DAY?	166
FIGURE A3. WHERE DID YOU ACCESS PRENATAL CARE?	167
FIGURE A4. DID YOU GET PRENATAL CARE AS EARLY IN YOUR MOST RECENT PREGNANCY AS YOU WANTED?	167
FIGURE A5. DID YOU GO TO A DENTIST OR DENTAL CLINIC DURING YOUR MOST RECENT PREGNANCY?	168
FIGURE A6. HAS THE PHYSICAL HEALTH OF ANY OF YOUR CHILDREN GOTTEN BETTER OR WORSE?	169
FIGURE A7. HAS THE BEHAVIORAL HEALTH OF ANY OF YOUR CHILDREN GOTTEN BETTER OR WORSE?	169
FIGURE A8. HAS THE SOCIAL/EMOTIONAL HEALTH OF ANY OF YOUR CHILDREN GOTTEN BETTER OR WORSE?	169
FIGURE A9. THINKING ABOUT THE AMOUNT OF STRESS IN YOUR LIFE, WOULD YOU SAY THAT MOST DAYS ARE.	170
FIGURE A10. HAVE YOU SMOKED CIGARETTES OR OTHER TOBACCO PRODUCTS (INCLUDING VAPES_, EVEN JUST A PUFF, IN THE PAST 30 DAYS?	170
FIGURE A11. HAS YOUR OWN PHYSICAL HEALTH GOTTEN BETTER OR WORSE?	171
FIGURE A12. HAS YOUR OWN MENTAL HEALTH GOTTEN BETTER OR WORSE?	171
TABLE 1A. HOUSING AND NEIGHBORHOOD QUESTIONNAIRE RESPONSES*	172
FIGURE A13. HAS YOUR FAMILY HAD TO MOVE OR RELOCATE DUE TO HOUSING COSTS?	173
FIGURE A14. WHAT IS YOUR MARITAL STATUS?	174
FIGURE A15. WHAT IS YOUR AGE?	174
FIGURE A16. WHAT IS YOUR MONTHLY INCOME?	175

Quick Reference Points of Interest

Kitsap County	2025 Report			2024 Report		
	Year	Number	Percent	Year	Number	Percent
Total Population [1]	2025	288,900		2024	286,100	
Children Aged Birth to 4 [1]	2025	14,288	4.9%	2024	14,371	5.0%
Residents Living in Poverty (All Ages) [2]	2024	21,190	7.8%	2023	23,273	8.7%
Children Under Age 18 Living in Poverty [2]	2024	4,911	9.3%	2023	5,066	9.7%
Children Under Age 5 Living in Poverty [3]	2020-24	1,618	11.5%	2019-23	1,723	11.9%
Public School Students Eligible for Free & Reduced Lunch [4]	2024-25	14,345	43%	2023-24	12,029	41%
Number of Live Births [5]	2024	2,781		2023	2,691	
Medicaid-Paid Births [5]	2024	733	34%**	2023	739	36%**
Births paid by Tricare/Champus [5]	2024	615	22%*	2023	611	23%*
Pregnant Individuals Starting Prenatal Care in 1st Trimester [5]	2024	1,544	60%*	2023	1,332	55%*
Smoking During Pregnancy [5]	2024	91	3.3%*	2023	104	3.9%*
Childcare Providers [6]	2025	142		2024	134	
Childcare Slots (i.e., Capacity) [6]	2025	5,590		2024	5,470	
Kitsap County Early Head Start/Head Start Programs Cumulative Enrollment [7]***	2024-25	801		2023-24	990	
Median Household Income [8]	2024	\$104,271		2023	\$96,931	

* Percentage out of all live births with data on the indicator of interest

**Percentage out of all live births to civilians

*** Does not include ECEAP enrollees

Executive Summary

Population

The total population in Kitsap County was estimated to be 288,900 residents in 2025. Since 2000, the population has grown 25%. Since 2000, the number of births has remained relatively stable, with an average of 2,946 per year. On average, about 26% of births each year are paid by Tricare or Champus health insurance, indicating the birth was to a military member or dependent. There were 615 military births in 2024.[^]

Port Orchard continues to be the fastest growing city, followed by Poulsbo. Unincorporated areas accounted for 64% of the county population in 2025. Largely due to migration into and annexation by incorporated areas, the percentage of the county living in unincorporated areas has decreased from 67% in 2010. Based on 2023 estimates, the five ZIP Codes with the largest resident population in Kitsap are 98366 (Port Orchard, 13% of the county population), 98312 (West Bremerton, 12%), 98370 (Poulsbo, 12%), 98367 (Port Orchard, 12%) and 98311 (Silverdale, 10%).

Kitsap County has a growing aging population. While the median age in 1980 was 29 years in Kitsap, it increased to 41 years in 2025. Within Kitsap, the ZIP Codes with the oldest median ages are found in North Kitsap in 98340 (68 ½ years) and 98342 (55 years), while the ZIP Codes with the youngest median ages are found in Bremerton in 98337 (34 years). Population growth throughout Kitsap has been predominantly among the older age groups, with the number of residents 50 years or older increasing 85% from 2000 to 2025, whereas those under age 50 increased by only 3%. Those 50 and older now represent 39% of the entire population. The child population aged 5 to 19 years decreased by 8% from 2000 to 2025, although it increased 2% from 2020 to 2025. Since 2000, the number of children aged 0 to 4 years also decreased by 8%, although to a lesser degree from 2020 to 2025 (by 2%). Children aged 0-4 years accounted for 5% of the Kitsap County population with an estimated 14,288 children in 2025.

Kitsap County has a predominantly non-Hispanic white population (71% in 2024). People identifying as Hispanic are the largest minority group (10%), having doubled in size since 2000. The next largest minority group are those who are multiracial or more than one race category (9%), followed by those who are Asian (5%). Racial and ethnic diversity varies by geographic region in Kitsap. In the Bremerton and Central Kitsap regions, more than 1 in every 4 persons were of a minoritized race or ethnicity. Bainbridge Island is the least diverse region (84% non-Hispanic white).

The child population aged 0 to 4 years has become more racially diverse in recent years, with the proportion of non-Hispanic white children decreasing from 67% in 2010 to an estimated 55% in 2024. There were proportionally more Hispanics in the young child population (19%) in 2024 compared to the adult population (ages 20+ years, 8%). Since 2010, the Hispanic child population grew substantially (51% growth), representing the largest minoritized group in Kitsap County. The proportion of young children who identified as multiracial (having two or more non-Hispanic races) has also increased substantially, climbing to 17% of children 0-4 years old in 2024 (39% growth).

In 2024, an estimated 11,813 armed forces personnel resided in Kitsap County, accounting for about 4% of the total county population. The armed forces personnel population has been declining slowly since a recent high point in 2019 with nearly 17,000 individuals, or about 6% of the population. In 2024, the Department of Defense employed approximately 39,440 military members, civilian employees and defense contract workers collectively at Naval Base Kitsap (including Puget Sound Naval Shipyard and Intermediate Maintenance Facility, Naval Submarine Base Bangor, Naval Undersea Warfare Center-Keyport Division, and the U.S. Navy Manchester Fuel Depot). The geographic areas of Kitsap with the highest percentage of resident military personnel are Central Kitsap and Bremerton.

The 2025 estimated resident population on tribal lands (regardless of tribal enrollment or race) was 739 on the Port Gamble Reservation and 8,172 on the Port Madison Reservation. As of January 2025, there were approximately 1,491 enrolled tribal members in the Port Gamble S’Klallam Tribe. As of November 2025, there were 1,575 enrolled tribal members in the Suquamish Tribe.

The vast majority (90.8%) of the Kitsap County population over 5 years old spoke English at home in 2024. Spanish (3.9%) and Asian and Pacific Island languages (4.0%) were the most commonly spoken primary languages in the Kitsap population after English.

The proportion of all Kitsap County households that were married couples with children has decreased from 27% in 2000 to 18% in 2024, and the proportion that were single parent households decreased from 9% to 6% during this time. An estimated 27% of all 112,022 Kitsap households had one or more children under the age of 18 in 2024. Approximately 1 in 5 (19%) of those children under 18 lived in households with a single parent with no partner present; the vast majority of these were female householders. From 2020 to 2024, the Bremerton school district region had the highest proportion (31%) of children living with single parents.

Economic Wellbeing.

The estimated median household income for Kitsap County has been increasing, rising to \$104,271 in 2024 from \$79,551 in 2020. The county median has been similar to that of Washington since 2010. The 2024 Washington median household income was \$97,970. Within the county, the median household income varies substantially and has been increasing in all areas of Kitsap. The five-year median household income in 2020-2024 was highest for Bainbridge Island (\$172,188), followed by North Kitsap (\$112,806), Central Kitsap (\$108,809), South Kitsap (\$103,821), and Bremerton (\$74,861). In North Mason County, the median household income was \$90,086 in 2020-2024. ^

The 2024 median income for family households with children under 18 years was \$115,884 in Kitsap County. This was nearly \$34,000 more than the 2019 estimate, and slightly lower than the estimate in 2023, which was \$118,314. For family households without children under 18, the median income was \$126,398 in 2024. Median income was still dramatically lower for single parent households than for married parents, and the gap persisted between male (\$91,433) and female (\$35,387) single parent householders.

Since 2000, unemployment has generally tracked slightly lower in Kitsap than in Washington. In 2024,

the unemployment rate in Kitsap and Washington was 4.5%. Unemployment returned to pre-pandemic levels in 2022 and stayed at a similar rate through 2024.

County-wide in 2024, an estimated 7.8% of residents were living in poverty, which continues a decreasing trend since a recent high point in 2022, where rates increased from 7.5% in 2019 to 9.5% in 2022. The 2024 poverty threshold was defined as a household income of \$31,200 for a family of four. The poverty rate for children (ages 0-17) (9.3%) was also down slightly from 2022 (10.5%) and was still higher than the rate for all ages in Kitsap County. Among children under 5 years, the 2020-2024 estimated poverty rate was 11.5%, representing approximately 1,618 children.

Consistent with median household income variation throughout the county, Bremerton continued to have higher proportions of residents of all ages who were living in poverty (13.5%), including 16.8% of children under 5 years. South Kitsap had relatively high proportions of children living in poverty (15.1% of children under 5 years and 11.7% of children 5-17 years) compared to adults (8.1% among 18-64-year-olds). Moreover, 37.3% of the county's children living in poverty resided in South Kitsap during 2020-2024. Across all ages, 9.0% percent of females were estimated to be living in poverty in Kitsap, and females accounted for 54.1% of all Kitsap residents living in poverty in 2020-2024. In 2024, 733 civilian births in Kitsap County were paid for by Medicaid (33.9% of civilian births), meaning these were births among families with lower income. This percentage was slightly lower than the Washington average (37.6%).

Head Start/Early Head Start Population.

During the 2024-25 school year, the total cumulative enrollment in Kitsap County Early Head Start (EHS), Head Start (HS), and Early Childhood Education and Assistance (ECEAP) programs was 907, including 881 children and 26 pregnant individuals. There were slightly more enrollees in EHS (49%) than in HS (40%) and ECEAP (12%), consistent with trends in recent years. Nineteen of the EHS/HS slots were Tribal Funded, and there were 106 ECEAP enrollees. Across all programs, the racial and ethnic composition was like prior years; enrollment consisted of 54% non-Hispanic white, 16% non-Hispanic multi-racial, 15% non-Hispanic American Indian/Alaskan Native, 5% non-Hispanic Black, 2% non-Hispanic Asian, 2% non-Hispanic Native Hawaiian or Other Pacific Islander, and 5% "Other" or unknown race individuals. Thirty-eight percent of enrollees identified as Hispanic. Most enrollees (75%) spoke English as their primary language at home. This percentage has decreased slightly over the past few years, with 85% of enrollees primarily speaking English at home in the 2020-21 school year. The second most common language spoken at home this year was Spanish (16%), then Native Central American, South American and Mexican languages (8%).^

Other Early Childhood Education Options for HS/EHS Eligible Children.

In the 2023 Parent Survey, almost a third of parent participants looked for childcare outside of EHS/HS programs, and 14% reported using those childcare services. The two most common reasons for not using other childcare were cost and a long wait list. In addition, 40% of parents lost EHS/HS or regular childcare over the course of the pandemic, and 75% became the replacement for childcare during that time.

Other state and local funded options for childcare include ECEAP, Washington’s state-funded program to provide preschool to families with low income, which is similar to HS, and free preschools offered by some local school districts to certain children with special needs. In addition, the Port Gamble S’Klallam and Suquamish Tribes provide comprehensive preschool and infant/toddler services to tribal and non-tribal families in the community. The Tribes also provide wrap-around childcare for eligible children through tribal subsidies.

Families with low income can access subsidized childcare through the Working Connections Child Care (WCCC) program administered by the Department of Social and Health Services. WCCC helps families pay for childcare while adults work, look for work, or attend training. According to Child Care Aware of Washington, 31% of the 367 Kitsap County families requesting referrals for childcare through Child Care Aware used financial aid in 2025, of which WCCC was the most common. The Washington State Department of Children, Youth, and Families estimates the percentage of children served by subsidies out of all eligible children. In 2025, there were an estimated 2,515 subsidy-eligible children 0-5 years in Kitsap County, of whom 22% were served by WCCC, leaving an estimated 73% unserved (the remaining 4-5% were estimated to be receiving non-subsidized care). This was a lower subsidy uptake percentage than Washington overall, with 32% of eligible children served.^

Children with Special Needs.

During the 2024-25 school year, the Holly Ridge Infant Toddler Early Intervention Program received 972 referrals. Holly Ridge had generally a steady increase in the number of referrals each year through 2018-19, followed by a sharp decrease in 2019-20 and 2020-21 during the COVID-19 pandemic. As home visitation services resumed in the years coming out of the pandemic, referrals have increased to the highest numbers yet. ^

In the 2024-25 school year, about 17% of children enrolled in EHS, HS, and ECEAP in Kitsap County had an Individualized Family Service Program (IFSP) or Individualized Education Program (IEP), indicating that they met the Individuals with Disabilities Education Act Parts B/C eligibility criteria to receive special education and related preschool disability services. Among HS enrollees, speech or language impairments were the most common type of disability, followed by non-categorical developmental delays.

The 2025-26 special education enrollment in Kitsap County public schools included 5,509 (16.3%) students, which was similar to recent years. The proportion of special education enrollees has slightly increased over the past two decades for all Kitsap districts except Bainbridge Island which remained level, and most dramatically for Bremerton, which experienced increased from 13% in 2004-05 to 18% in 2025-26. In 2024-25, the most common diagnosis reported among students aged 3 to 22 years county-wide was learning disability. Among young children aged 3-5 years, developmental delays were the most common, followed by communication disorders and autism.

Known as Child Find, each school district has a process in place to identify and evaluate children aged 3 to 21 years who are suspected of having a disability and may be eligible for special education or

related services. In 2024-25, there were 1,016 completed Child Find referrals in Kitsap County public schools, about 3% of total school enrollment numbers. This number has remained relatively steady since 2018-19, except for a dip to 718 referrals in 2020-21.

Public Assistance and Nutritional Support.

The 2020-2024 five-year average estimates for Kitsap children aged 0 to 17 who were living in households receiving public assistance was 10,175 (19%). Of these, 50% were living in single parent households. ^

In 2020, the first increase in the proportion of residents receiving Supplemental Nutrition Assistance Program (SNAP) benefits occurred since 2013 in both Kitsap County (13% of residents) and Washington (18% of residents). This decreased slightly thereafter and remained steady from 2021 to 2024, with 11% of the population receiving SNAP benefits in Kitsap and 15% in Washington in 2024. Over the past two decades, Bremerton consistently has had the highest proportion of residents receiving SNAP, with about 1 in 5 in 2024. In North Mason, 17% of residents received SNAP benefits in 2024.

The proportion of Kitsap County children under 18 years participating in the Temporary Assistance for Needy Families (TANF) program in 2024 was 3.4%. This has remained steady since 2020 and below the state's average of around 5.4%. The 2024 estimate for Bremerton remained higher than the rest of the county at 7.9%. North Mason's estimate was 5.7%.

The Community Eligibility Provision (CEP), part of the National School Lunch Program, is a meal service option that allows schools and school districts located in higher poverty areas to offer the Free or Reduced Lunch Program (FRL) at no cost to all enrolled students. In 2022, Washington state law required that all schools participate in CEP if they are eligible. In part due to CEP participation, in Kitsap County and Washington overall, the proportion of students enrolled in the FRL has increased from 2017-18 to 2024-25. As of October 2024, there were 14,345 Kitsap County students (43%) receiving FRL which was lower than the Washington average of 53% of students. Bremerton School District continued to have the highest proportion of FRL enrollees (92% of students in October 2024). The next highest proportion was in South Kitsap at 43%. In North Mason, 65% of students were enrolled in the FRL program.

In 2025, the number of households served by the seven area food banks in Kitsap County increased to the highest number of household visits recorded since the COVID-19 Pandemic. There were a total of 54,420 visits from households in the first half of 2025 and 65,490 visits from households in the second half of 2025.

The number of clients served by WIC in Kitsap County has declined since 2011, but still included a total of 5,950 women, infants, and children in 2024. This included 4,324 infants and children. The Kitsap County Breastfeeding Coalition and its accompanying campaign, "Kitsap Supports Breastfeeding," continued their mission to assist mothers and their families in achieving their lactation goals through community advocacy, education, and fostering a more welcoming lactating

environment in Kitsap County.

Transportation.

Understanding work commute patterns provides insights about overall transportation use and needs for families in Kitsap. Out of all workers aged 16 and over in 2023 in Kitsap County, around 66% reported driving alone to commute to work, 13% reported working from home, and 9% reported using public transportation to commute to work, while the remainder used other means. For comparison, around 4% of workers in Washington reported using public transportation and 65% reported driving alone to work. In 2023, approximately 3.9% of Kitsap households did not have a vehicle available, which was slightly lower than the 2022 estimate of 4.5% of households. Both estimates are lower than Washington state, where around 7% of households did not have a vehicle in 2022 and 2023.

Housing.

Approximately 32% of Kitsap County residents in 2024 were spending 30% or more of their monthly income on housing. This includes 22% of homeowners and more than half of all renters (55%). Of 112,022 occupied housing units, 31% were rentals in Kitsap in 2024. The median gross rent was \$1,869 per month, an increase of 234% from 2000 to 2024. In order to afford this and not spend more than 30% of income on housing, a household would need to earn \$6,232 per month (equivalent to \$74,785 annually). This was well above what could be earned working 40 hours per week at the state's 2024 minimum wage of \$16.28 per hour, but considerably below the median household income of \$104,271 in 2024. Median earnings for a full-time, year-round male worker (\$82,522) would allow him to afford the median rent, but the median earnings for a full-time, year-round female worker (\$66,816) would not allow her to afford the median rent.[^]

The median home price has continued to rise annually after reaching the lowest level in over a decade in 2012. In 2024, the median home price in Kitsap County was \$553,200 which was below the state median of \$648,600. The first-time home buyer Housing Affordability Index (HAI) fell into the "less affordable" range in 2017 and has remained there through at least quarter 3 of 2024 with an HAI value of 57. There were 179 foreclosures in 2025, which was similar in 2022-2024, after rising from the two-decade record low of 79 foreclosures in 2020. The low was due to the Coronavirus Aid, Relieve, and Economic Security (CARES) Act which included a foreclosure moratorium.

Both the Bremerton Housing Authority (BHA) and Housing Kitsap offer housing options to people with low income. Both programs have large wait lists for their properties and voucher programs.

The Basic Food program can provide an estimate of the number of people experiencing homelessness based on the monthly average number of clients who have applied for food assistance and report their housing status. According to these data, the estimated number of individuals experiencing homelessness more than tripled from 2005 to 2025 in Kitsap County, with an average monthly number of 3,133 individuals who applied for food assistance. The annual Kitsap County Point-In-Time Count in January 2025 counted 647 individuals experiencing homelessness, of whom 67 (11%) were children under the age of 18.

In the 2025-26 school year, there were 913 public school students reported as homeless in Kitsap County, which was a rate of 25 for every 1,000 students. This represents a non-statistically significant increase from last year (22 per 1,000 in 2024-25) for the county as a whole, though the rate in Bremerton statistically significantly increased from 30 to 42 per 1,000 students. During the 2024-25 school year, 13% of EHS, 14% of HS, and 6% of ECEAP enrollees in KICC programs received homelessness services.

Substance Abuse.

According to Kitsap County 8th and 10th graders surveyed in 2023, alcohol use has decreased by more than half since before the pandemic, with 4% and 9% respectively reported drinking alcohol in the past 30 days. In addition, decreasing numbers of students report that alcohol is easy to get (30% for 8th graders and 38% for 10th graders).

Marijuana use in the past 30 days also decreased among both 8th and 10th graders in 2023 (5% and 9% respectively). These are the lowest percentages seen since at least 2012. When asked about using a painkiller to get high in the past 30 days, only 3% of 10th graders reported in 2023 that they had, which was the same as 2016 and 2018.

The adult rate for clients receiving state-funded services for alcohol or drugs in Kitsap County has remained steady since 2020 and, in 2023, moved slightly above Washington's rate overall (9.7 per 1,000 in Kitsap and 9.2 per 1,000 in Washington). Despite the recent slight increases, the adult rate remains in a decreasing trend from 2016 to 2023, similar to Washington. After years of a decreasing trend from 2012 to 2021, the Kitsap youth rate has remained steady from 2021 to 2023 with no statistically significant increasing or decreasing trend.

In 2023, 16.2% of deaths were related to alcohol or drugs in Kitsap, lower than Washington's rate of 18.4%. Data for the state of Washington show that synthetic opioids (most commonly fentanyl) and methamphetamine were the most common substances involved in drug-related deaths from 2014 to 2023. The death rate due to synthetic opioids has been increasing faster than the rate due to methamphetamine from 2000 to 2023.

In Kitsap, the rate of opioid-related deaths is variable due to small numbers, however there were approximately 27.8 deaths per 100,000 residents that were attributed to opioids in 2023. Kitsap's trend in opioid deaths has mirrored Washington's trend and national trends with increases every year from 2017 to 2023, followed by a large decrease in 2024. Despite similar trends, Kitsap's rate in 2024 is statistically significantly lower than Washington's rate. The opioid-related death rate is highest among those 25 to 44 years old in Kitsap, while children ages 0 to 17 have the lowest rate. From 2020 to 2024, the Bremerton region had the highest opioid-related death rate (23.2 per 100,000), followed by South Kitsap (19.9 per 100,000) and North Kitsap (17.2 per 100,000).

The number of emergency medical services (EMS) responses to suspected opioid overdoses was increasing in Kitsap County from 2019 to 2023, followed by a slight decrease in 2024. Similarly, the rate of nonfatal opioid-related emergency department (ED) visits per 100,000 ED visits in Kitsap has been increasing from 2021 through 2023 but decreased slightly in 2024 to a rate of 334.9 visits per

100,000 total ED visits. Both EMS responses for suspected opioid overdose and nonfatal emergency department visits for any opioid are highest among those 25 to 44 years old in Kitsap, while children ages 0 to 17 have the lowest rates. Nonfatal opioid-related ED visits are highest among South Kitsap and Bremerton residents, while Bainbridge Island residents have the lowest rate.

Since 2021, overdose deaths have been increasingly found to be due to more than one type of drug. Of drug overdose deaths in Kitsap involving two or more substances, the largest percentage in 2024 were due to combinations of fentanyl and stimulants, such as methamphetamine. Since 2018, fentanyl has been gradually replacing heroin as the primary opioid involved in multiple drug overdose deaths in Kitsap. Evidence of heroin's decline in usage is also seen in the drugs seized by law enforcement and sent for testing as potential evidence. In Washington state, the percentage of drug-positive crime lab cases where heroin was detected have decreased in recent years, while other opioids have increased. The percentage of cases where methamphetamine was detected have remained high, dropping from around 60% of cases from 2013 through 2020, to 45.8% in 2023.

In Kitsap, there were approximately 11.9 cases per 100,000 residents where methamphetamine was seized by law enforcement and sent for testing from 2021 to 2023, an 82% decrease from 2002 to 2004. This is lower than Washington State overall (15.9 per 100,000 from 2021 to 2023).

There has been a statistically significantly decreasing trend in Kitsap County of opioid prescriptions issued from quarter 4 of 2015 to quarter 2 of 2024. In the second quarter of 2024, there were approximately 45 opioid prescriptions written for every 1,000 residents of Kitsap County, which is statistically significantly lower than the overall rate for Washington State (46 per 1,000). The opioid prescription rate for those 0 to 9 years is even lower, about 0.4 prescriptions for every 1,000 residents.

Neonatal Abstinence Syndrome (NAS) is over 2.5 times more common than it was 15 years ago in Washington. While drugs other than opioids can cause NAS, perinatal opioid use disorder has become a top public health concern due to increased incidence over this period. Overdose is a leading cause of maternal deaths. The rate of Kitsap babies diagnosed with NAS was about 6 out of every 1,000 live births from 2018 to 2020 while Washington's rate was 9 per 1,000 live births. The rate in Kitsap has consistently been below the state rate from 2008 to 2020. While county-level estimates were not available for more recent years, estimates for Washington overall suggest an increasing trend since 2020, with 11.2 per 1,000 live births in 2022.

Health.

According to 2024 estimates, 2.5% of children aged 0 to 5, 1.9% of children aged 6 to 18 and 5.8% of adults aged 19 to 64 did not have health insurance. Compared to the previous two years, these estimates were slightly lower for all age groups. The ZIP Code with the highest uninsured rate for adults aged 18 to 64 was 98310 (Bremerton, 14%), followed by 98337 (Bremerton, 11%), and 98528 (Belfair, 11%), based on 2019-2023 estimates.^

In September 2024, around 91% of Kitsap County kindergartners and 90% of North Mason County kindergartners were fully immunized against measles, mumps and rubella (MMR). This was below

the national target of 95% coverage. In addition, 89 (3.6%) Kitsap kindergartners held an exemption to one or more vaccine required for school entry. Since the majority of Kitsap and Mason kindergartners who were not up to date on the MMR vaccine did not submit a vaccine exemption, for many kindergartners, the gap may lie with immunization documentation or with unintentional delays in getting vaccines. Addressing these gaps can potentially bring the kindergarten cohorts of all Kitsap school district above 95% target coverage. Finally, according to state immunization registry data, less than 1 in 3 Kitsap children aged 6 months - 4 years had received recommended immunizations against seasonal influenza, and less than 1 in 10 had received an updated COVID-19 dose by mid-January in 2025. During the 2024-25 respiratory season, there were 293 pediatric emergency department visits attributable to influenza, 118 attributable to RSV, and 75 attributable to COVID-19.

Tobacco use among youth continues to be a problem despite the overwhelming documentation and education about its harmful effects. Among Kitsap County 8th and 12th graders surveyed in 2023, 2% and 4%, respectively, reported smoking cigarettes in the past 30 days. While tobacco use rates are down, e-cigarette use and vaping has increased in recent years. In 2023, 5% of 8th graders and 16% of 12th graders reported having used these products in the past 30 days. These estimates are down from peak reported use in 2018, where approximately 32% of 12th graders reported past-month use. On January 1, 2020, HB1074 went into effect in Washington which made it illegal to sell tobacco or vapor products to anyone under age 21. In 2025, lawmakers introduced legislation to ban the sale of flavored tobacco products and vapor products.

In Kitsap County, the proportion of adults who were estimated to be obese based on BMI was 35% in 2022. This is slightly higher than previous years, though not statistically significantly higher (e.g., 30% in 2021). Among 8th grade students in Kitsap, 71% were estimated to have a “normal weight,” defined as having a BMI between the 5th and 85th percentiles.

Mental Health.

In 2021 and 2023, the Healthy Youth Survey asked students questions that produced a WAH-ACE score, a modified Adverse Childhood Experiences (ACEs) scale. In 2023, 18.4% of Kitsap 10th graders had 4 or more WAH-ACEs, which was a statistically significant increase from the 2021 estimate of 11.4%. The WAH-ACEs scale is based on domains such as feeling safe at school, bullying at school, exposure to physical violence, food insecurity, and more.

According to the Washington Department of Social and Health Services, the proportion of Kitsap County children aged 0 to 17 years who received state-funded mental health services was 2.2% in 2017. Newer data on this metric have not been reported at the county level since then. Using statewide data in 2022, 16% (189,220) of Washington residents aged 0-25 years who were enrolled in Medicaid received mental health treatment services. Among children 0-5 years enrolled in Medicaid, 5% received mental health services, and among youth 13-17 years, 25% received these services. Approximately a third of all enrollees aged 0-25 years with an identified mental health need *did not* receive any mental health services in 2022, with young children 0-5 years (41% with unmet need) and young adults 18-25 years (46% with unmet need) less likely to receive services. ^

Previous reports included information on Early Head Start/Head Start enrolled children who received mental health services. This information is no longer collected on Program Information Reports and thus is not updated in this report.

Monitoring access to and utilization of child mental health care is critical to understanding mental health status among Kitsap children and needs for community supports. It will be important to identify new data sources to better track and assess this topic in years ahead.

Pregnancy and Birth Outcomes.

The teen birth rate continued to decline in Kitsap County, with about 2.3 births for every 1,000 women aged 15-17 years in Kitsap County in 2024. This was lower than the Washington rate of 3.4 births per 1,000. Bremerton's teen birth rate was considerably higher than other regions of the county, with 7.6 births per 1,000 between 2020 and 2024. Births to unmarried mothers in Kitsap County have been decreasing since 2008, accounting for about 27% of births in both 2023 and 2024.

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Overall, 60% of women began prenatal care in the first trimester during 2024, which was statistically significantly lower than the state's rate (71%), and similar to the previous year's estimate in Kitsap (55%). Early prenatal care initiation differed substantially according to income. Kitsap residents who had Medicaid-paid births generally initiated care later than those who had births paid by other insurance types. In 2024, prenatal care was initiated in the first trimester for 48% of residents with Medicaid (i.e., lower income) and 65% of residents with higher income in Kitsap. Both percentages were statistically significantly lower than the respective state percentages (62% of residents with lower income and 76% for those with higher income).

The percentage of Kitsap residents who smoked during their pregnancy continued to decrease over the past two decades and hit a low of 3.3% among those who gave birth in 2024. Smoking rates varied by subcounty region, with approximately 7% of residents reporting smoking in pregnancy in Bremerton and 6% in South Kitsap, compared to fewer than 10 residents on Bainbridge Island from 2020 to 2024.

In 2024, 5.6% of singleton babies born to Kitsap residents were low birth weight, which was similar to Washington's percentage of 5.7%. In Kitsap, the percentage of babies born at low birth weight has been increasing in a statistically significant way since 2019, by an average of about 5% annually, after remaining relatively steady from 2002 to 2019. Each year from 2020 to 2024, about 12 infants who were living in Kitsap died before their first birthday. This translates to an infant mortality rate of 4.2 per 1,000 live births in Kitsap, which was similar to the state's rate of 4.5 per 1,000. There has been no statistically significant change in the infant mortality rate from 2014-2018 to 2020-2024 nor any statistically significant difference from the state's rate during this time.

Children's Well-Being.

In 2023, 67 Kitsap County children aged 0 to 17 entered out-of-home foster care. Considering all

children in Kitsap in this year, this equates to a placement rate of approximately 1.2 per 1,000 children aged 0-17, or 0.12%. Among the children placed in out-of-home care in 2023, 30 were infants (0-23 months), 10 of whom were newborns (0-30 days). The numbers were similar in 2024, with 29 infants and 10 newborns. Since at least 2010, the number of children entering out-of-home care has declined in Kitsap for infants and children of all ages.[^]

The rate of accepted referrals for child abuse and neglect in Kitsap County has remained relatively steady in Kitsap from 2013 to 2024. In 2024, there were 37 referrals accepted for every 1,000 residents aged 0 to 17 years, which was similar to Washington's rate overall (35 per 1,000). Bremerton's rate continued to be higher than other Kitsap regions, with 61 per 1,000. North Mason's rates have been increasing in the past decade, with a rate of 58 per 1,000 in 2024. Rates in North, Central, and South Kitsap, and Bainbridge have generally remained stable after initial decreases in the early 2000s.

Arrests of adult caregivers and role models affect the well-being of the children near them. Arrests of adults for alcohol violations decreased in Kitsap and Washington from 2019 to 2020 and have since remained relatively stable, with a rate of 2.4 per 1,000 adults in 2022 that was lower than the Washington rate of 3.7 per 1,000. Drug law violations decreased substantially from 2019 to 2022 in Kitsap and Washington, from a rate of 2.5 per 1,000 to 0.1 per 1,000 adults in Kitsap. Violent crime arrests in Kitsap have remained relatively steady in the past decade, with a rate of 1.5 per 1,000 adults in 2022, which was the same for Washington overall. Among adolescents aged 10-14 years, the rate of total arrests was 4.8 per 1,000 adolescents in Kitsap and 4.5 per 1,000 in Washington in 2022.

Childcare.

There were an estimated 3,334 Kitsap County children aged 0-5 years in early learning services such as childcare or preschool in 2025, or about 17% of the estimated 19,677 children in this age group living in the county. Among children in this age group in households with income at or below 85% of the state median income, an estimated 1,132 children (14%) received early learning services. [^]

On average, there were 142 licensed childcare providers identified in Kitsap County during 2025, an increase from 134 in 2024, and a return to similar levels before 2020. During the COVID-19 pandemic, there was an overall decrease in the number of childcare providers, demonstrated by a drop from 140 to 120 facilities from 2019 to 2022.

Overall, there were a total of 5,590 childcare slots in 2025. From 2024 to 2025, there was an average loss of 147 slots in childcare centers, a gain of 57 slots in family childcare providers, and a gain of 210 slots in school age providers. Looking back further, the total number of slots increased 7% from 2007 to 2025, which equates to a gain of 268 slots for all licensed providers in Kitsap County. This increase was driven by considerable growth in exempt, school-age facility slots. In contrast, the number of slots in family childcare providers has decreased by 62% and in childcare centers by 15% from 2007 to 2025. This decreasing trend in number of providers and increasing capacity in large centers is also seen statewide, making childcare challenging for families to access geographically and financially.

The cost of licensed childcare continued to increase in 2024 and 2025. In 2025, the median monthly costs for infant care in Kitsap County were \$1,400 at a family home childcare provider and \$1,890 at a childcare center. For preschool care, median costs were \$1,100 at a family childcare provider and \$1,375 at a childcare center. Compared to 2019, the largest increases in cost of care in 2025 were for infant care at family childcare providers (85% increase), preschool at childcare centers (83% increase), and infant care at childcare centers (78% increase). For a family with the median household income in Kitsap County, the median cost of infant childcare would be 16% of their income at a family childcare provider and 20% at a childcare center in 2024.

Education.

The proportion of Kitsap County adults aged 25-64 who had more than a high school education, has ranged from 70-74% since 2006. In 2023, the estimate was 73%, which was statistically significantly higher than the state's (71%). In 2019-2023, the ZIP Codes with the three highest estimates of more than a high school education were 98110 (Bainbridge Island, 91.6%), 98383 (Silverdale, 79.3%), and 98342 (Indianola, 78.6%), while the three lowest were 98366 (Port Orchard, 65%), 98392 (Suquamish, 66%), 98310 (East Bremerton, 67%). Educational attainment was lower in several North Mason ZIP Codes: 98528 (Belfair, 60.7%), 98524 (Allyn, 64.2%), 98588 (Tahuya, 66.2%).

Among Kitsap individuals who gave birth in 2023, 69% had more than a high school education, which was similar to the state (69%). During 2021-2023, 98110 (Bainbridge Island, 97.6%), 98342 (Indianola, 94.7%), and 98340 (Hansville, 88.0%) had the highest percentages of individuals who gave birth who had more than a high school education, while 98310, (East Bremerton, 58.2%), 98337 (Bremerton, 61.9%), and 98312 (West Bremerton, 65.9%) had the lowest.

Over the past 10 years, enrollment in Bainbridge Island, Bremerton, North Kitsap, and South Kitsap school districts all decreased by 12%, 15%, 13%, and 3%, respectively. Central Kitsap and North Mason school districts have both increased enrollment by 2% and 4%, respectively. In the years following the COVID-19 pandemic, school enrollment declined slightly at the county level (a 2% decrease across all districts from 2020-21 to 2025-26). In the fall of 2020, a tuition-free, non-profit charter public school called Catalyst was opened in Bremerton, where enrollment has increased to 522 K-10 students in 2025-26. ^

There were 2,147 kindergarten students enrolled in Kitsap County public schools during the 2025-26 school year. This represents a 14% decrease over the past ten years. In the last 5 years (2021-22 to 2025-26), kindergarten enrollment decreased by 21% in Bainbridge Island, 5% in Bremerton, 10% in Central Kitsap, 18% in North Kitsap, 11% in South Kitsap, and increased by 11% in Catalyst Public Schools. Kindergarten enrollment decreased by 12% in North Mason.

Washington state law requires that all state-funded, full-day kindergarten programs administer the Washington Kindergarten Inventory of Developing Skills (WaKIDS) assessment. In the 2024-25 school year, math continued to be the lowest scoring skill among incoming kindergarteners statewide (72% with demonstrated expected skill level). Bremerton, South Kitsap, and North Mason districts were below the state's average in the math skill domain (60%, 65%, and 56%, respectively). In 2024-25, kindergarten readiness in all 6 domains (math, cognitive, social-emotional, physical, literacy, and

language) was 54% statewide. Bremerton, South Kitsap, and North Mason, again, were lower than the state average with 42%, 48%, and 44% of incoming kindergarteners ready in all 6 domains, respectively.

Community Resources.

The Washington State 2-1-1 system provides comprehensive information and referral services for no charge for those who access the system by telephone or internet. The local version, called Peninsula 2-1-1, logged 3,811 calls and requests in 2024. The most common service needs pertained to housing and shelter and healthcare.

For children with special needs, Holly Ridge continues to be the primary local resource. For mental health, Peninsulas Early Childhood Mental Health Consultation Group and Kitsap Mental Health Services continue to work towards meeting needs for children. According to their 2023 annual report, KMHS served a total of 5,642 clients, of which 782 were children aged 0 to 17 years.

Some of the programs that support individuals of child-bearing age and young families in Kitsap County include Black Infant Thrive, Child Care Aware of Washington, First Steps Maternity Support Services and Infant Case Management for pregnant individuals with lower income, House of Hope, KidVantage, Kitsap County Breastfeeding Coalition, Kitsap Immigrant Assistant Services, Kitsap Strong, La Leche League, Mama Moves Kitsap, Native American Women's Dialogue on Infant Mortality, Naval Base Kitsap New Parent Support Program, Nurse Family Partnership, Parent-Child Assistance Program (Agape), Pregnancy and Parenting Support Line, Sound Puget Intertribal Planning Agency, and WithinReach ParentHelp123.org, among many others.

Home visiting programs that serve Kitsap County families have experienced increased demand and growth in recent years. As of February 2026, home visiting programs in Kitsap included Nurse-Family Partnership (NFP), Head Start and Early Head Start Home-Based Program Options, home-visitation programs offered by the Suquamish Tribe and Port Gamble S'Klallam Tribe, the Parent-Child Assistance Program, the Naval Base Kitsap New Parent Support Home Visitation Program, and Holly Ridge home visiting for children with disabilities. For the Kitsap Public Health District's Nurse Family Partnership Community, collaborations remained a crucial component of partnership with families. In 2025, 1,012 individual referrals to services were made for 73 families; top referrals included mental health services, dental services, transportation and legal supports. Kitsap Public Health District's NFP partnership with the Suquamish Tribe (established early 2025) continues to support individuals who identify as native within Kitsap County as well as non-native members of the Suquamish community.

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The health and participation of fathers is a critical component of child development that is often overlooked. In the 2024-25 school year, 45% of the children enrolled in EHS/HS/ECEAP programs had fathers who took part in their development experiences through the program (e.g., home visits, parent-teacher conferences).

The Early Achievers program, Washington's Quality Rating and Improvement System, gives training, technical assistance, coaching, awards, and other benefits to childcare providers to improve the

quality of their care, and makes quality ratings available to families looking for childcare. The Early Achievers system is required for all childcare providers that accept state subsidies (WCCC) or ECEAP funding; others can join on a voluntary basis. As of January 2026, 98% of ECEAP providers across the state participated in Early Achievers, including all 4 of the ECEAP providers in Kitsap County. Among ECEAP Early Achievers providers statewide who were rated (62% of those participating), 81% were rated “at quality”, including 2 of the 3 in Kitsap. Statewide, 99% of providers receiving WCCC payments were participating in Early Achievers, including 65 of 66 providers in Kitsap. Of these providers that had a rating (57% of those participating), 98% were rated “at quality” statewide, including 53 of 57 providers in Kitsap.

Project Connect is a series of annual events that provide services, information and resources to people experiencing homelessness and other vulnerable circumstances. It is a “one-stop shop” for information on shelter/housing, WIC, vision screening, mental health services, haircuts, immunizations, and many other services. In January 2025, events were held in Silverdale, Bremerton, and Port Orchard.

Introduction

Purpose

The purpose of this document is to provide a comprehensive description in accordance with the Code of Federal Regulations, 45 CFR Chapter XIII, Section 1305.3, *Determining community strengths and needs*, providing current data that pertain to the needs, priorities, and lives of low-income families in our community.

This current report is designed to include updated data available through February 2026. The most recent Comprehensive Community Assessment (2023) was completed in February 2024. A 2024 Update was completed in April 2025 with updated data through February 2025. Before the 2023 report, the last Comprehensive Community Assessment was in 2017, with updates reported for the years 2018, 2019, 2020, and 2021 (completed in February 2022).[^]

The data presented builds on previous reports by providing the most current data available, noting recent or changing trends. It is important to note that the most recently released data are often 1-2 years behind, warranting cautious interpretation and consideration of possible impacts of any subsequent events, such as changing policies, employment, income, and housing market trends.

Survey data from the 2023 Comprehensive Community Assessment are presented at the end of this document to complement the year-to-year updated information described in this report. When available, school district-level and ZIP code-level data, including North Mason County, were analyzed to further describe areas of increased need and highest potential impact among children aged 0-5 years.

Methodology

To assess and describe the demographic, social, economic, and health status of families with low-income or otherwise eligible for Head Start/Early Head Start/ECEAP services in Kitsap County, we accessed multiple sources of information. Data sources included numerous state, local and federal agency statistics and datasets, as well as Head Start/Early Head Start staff anecdotal data, surveys of parents (2023), and social service agencies. Population demographics along with social, economic and health data were compiled, reviewed, analyzed and presented to illustrate recent trends. Data sources included, but were not limited to, the following: U.S. Census American Community Survey (ACS), Washington State Office of Financial Management (OFM), Kitsap County Health District Vital Statistics, Washington State Department of Social and Health Services (DSHS), Office of Superintendent of Public Instruction (OSPI), Washington Department of Children, Youth and Families (DCYF), the Washington State Department of Health Healthy Youth Survey (HYS) and the Behavioral Risk Factor Surveillance Survey (BRFSS). In addition, we reviewed previous Comprehensive Update Community Assessment Reports and Update Reports for the KICC Head Start/Early Head Start programs.

Data sourcing and analysis occurred between November 2025 and February 2026. In consultation with the KICC, we did not update data from the following sources in the current report: ZIP-code level data, which were sourced from the US Census Bureau’s American Community Survey, and data sourced from the Healthy Youth Survey, Behavioral Risk Factor Surveillance System because newer data was not available at the time of report planning and writing.^

Also, in consultation with the KICC, we did not update data in several sections of the report based on the determination that some topics are not expected to change substantially from year to year or newer data were not available, and the previous year’s data would meet the KICC’s needs for community assessment. These include the following community-level topics: public transportation, substance use, overweight and obesity, tobacco and nicotine, arrests, adult educational attainment, populations of special interest, housing affordability index, divorce rate, teen pregnancy rate, and some topics within the section, Local Community Resources. Therefore, all previous estimates from these sources and sections were carried forward from the 2024 Update Report. The 2023 EHS/HS/ECEAP family survey findings were also carried forward and included in the Appendix.

To easily identify the new data that was updated in the current report, a border is placed around all paragraphs and sections with new data throughout the report. Additionally, the first paragraph within a bordered section will end with “^” so that report users can search (Ctrl+F) for this symbol to quickly find sections with updated data. The “^” indicates that the entire bordered section following the symbol contains updated data.

When possible, confidence intervals, a range of values that describe the statistical variation surrounding a calculated value were computed and compared so that statistically significant differences could be reported. For the purposes of this report, a statistically significant difference existed when the 95% confidence intervals around two values did not overlap. Data presented in this assessment for which calculating confidence intervals and/or statistical significance was not possible or appropriate should be compared with caution. Apparent differences may or may not be statistically significant, meaning they may or may not be due to random chance. When possible or relevant, trends over time were assessed using the JoinPoint Regression Program Version 5.3.0 (February 2026).

Limitations and Considerations of the Data

One of the most important considerations is the recent change in sources for population estimates and demographic data that went into effect in the 2024 Update Report (released April 2025). Due to these changes, population counts for the county and various demographic subgroups and sub-county geographies in this current report and the 2024 Update Report will differ from those in previous reports. The reason for this change is that the release of 2020 US Census data was delayed. The Washington State Office of Financial Management (OFM) [produces Small Area Demographic Estimates](#) based on the most recent census. Because of the delay, OFM did not release its preliminary postcensal estimates for 2020-2024 and updated intercensal estimates for 2000-2019 until early 2025. Prior to this data release, many state and local agencies adopted Population Interim Estimates (PIE), created by Public Health – Seattle & King County. [Agencies are switching back to](#)

[OFM estimates](#) now that they are published. In addition, population estimates in this current KICC report may differ slightly from estimates currently or soon-to-be published by OFM. This is because OFM released the *preliminary* postcensal estimates for 2020-2025 during the time that this report was produced. OFM expects to release the finalized postcensal estimates later in 2026 which may affect the 2025 population estimates, especially for subgroups of age or race/ethnicity. We do not recommend comparing population estimates, proportions, and rates from this current KICC report and the 2024 Update Report to previous KICC reports because differences may be due to methodology rather than a true underlying change. All population-based data for all years presented in this report have been updated with OFM estimates released between December 2025 and February 2026. ^

Second, data from the annual US Census Bureau’s American Community Survey (ACS) have limitations due to the nature of its survey design. A benefit of the ACS is that conducts annual surveys to produce more frequent representative estimates than the decennial census. However, because estimates are based on a surveyed sample of the population, there is inherent statistical variation around estimates. This is of particular importance in these KICC reports, since the populations of interest are often sub-county regions or sub-groups of children. Annual 1-year updates of ACS data are available at the national, state, and most county levels; however, data for sub-county regions (e.g., school district and ZIP Code) and small populations are often not available as 1-year estimates. Survey-based estimates for small populations are challenging for many reasons, including capturing a representative sample and inherent statistical instability. To produce more reliable estimates for small populations, ACS combines data from multiple years and provides data as 5-year average estimates. The ACS guidance is to use 5-year data for any populations or sub-groups with a population less than 20,000. At the time of writing this report, the most recently available 5-year ACS estimates were the 2020-2024 estimates. Users of this report should use careful attention to whether 1- or 5-year estimates are presented for various metrics and geographies. Typically, the 1-year estimates were presented for the county overall, while 5-year estimates were presented for ZIP Code and school district-level data.

Third, defined geographical boundaries of school districts vary by data source and may not be comparable across sources. When school district boundaries were not available in given data source, we combined ZIP Codes to approximate school district regions, as described in the [Kitsap Public Health District Subcounty Regions document](#). Additionally, some data are presented for the school districts’ entire population, and some data are presented for the public school student populations within the school districts. Labels to describe the defined areas have been assigned to the tables, figures, and throughout the text, but it is important to note that the populations and/or geographic areas of the school districts may be different.

ZIP Codes are postal codes used by the assigned U.S. Postal Service to indicate a collection of mail delivery routes. All ZIP Codes referenced in this document refer to ZIP Code Tabulation Areas (ZCTAs), which are generalized areal representations of the ZIP Code service area used by the U.S. Census Bureau. The distinction should be noted, but within this document they will collectively be referred to as ZIP Codes. While they are useful to define local areas for analysis, it is important to note that ZIP Code boundaries do not always follow county lines. In addition, there are ZIP Codes for P.O.

boxes that do not necessarily coincide with the location of residence of their owners. Information for ZIP Codes belonging solely to P.O. boxes are not included in the analyses of this report. In addition, numbers for ZIP Codes can be very small. Any number smaller than 50 and any rate or percentage based on a number smaller than 50 should be used with caution. All numbers smaller than 10 in a given subgroup (e.g., ZIP Code), and rates and percentages based on numbers smaller than 10, have been suppressed (indicated by “n<10” or a symbol with a footnote) in order to protect the confidentiality of the people whose data is displayed and to promote data reliability. In some cases, when the number in a given subgroup was suppressed, a second subgroup was also suppressed to prevent identification of the original suppressed value. These are indicated with a symbol and footnote.

Fourth, some of the reported data were collected from self-report surveys which are designed so that those surveyed represent the specific target population, such as the Healthy Youth Survey and the Behavioral Risk Factor Surveillance System. Inherent statistical variation around each estimate must be considered. In addition, utilization data are reported as counts and must be interpreted within the context of the location they represent (e.g., Holly Ridge, food banks, WIC). Some agencies and organizations do not systematically collect utilization data; therefore, utilization data presented in this assessment should be interpreted as representing only those agencies and organizations with collecting and reporting systems.

Finally, unless otherwise noted, comparisons between Kitsap and Washington are not adjusted for age or other sociodemographic characteristics of the populations. Therefore, differences in rates or proportions of the population with an outcome of interest (e.g., arrests) between Kitsap and Washington may be due to demographic differences and not a true difference in risk of the outcome. Consider the demographic makeup of each area when interpreting apparent differences. ^

I. KITSAP COUNTY PROFILE

A. County Population

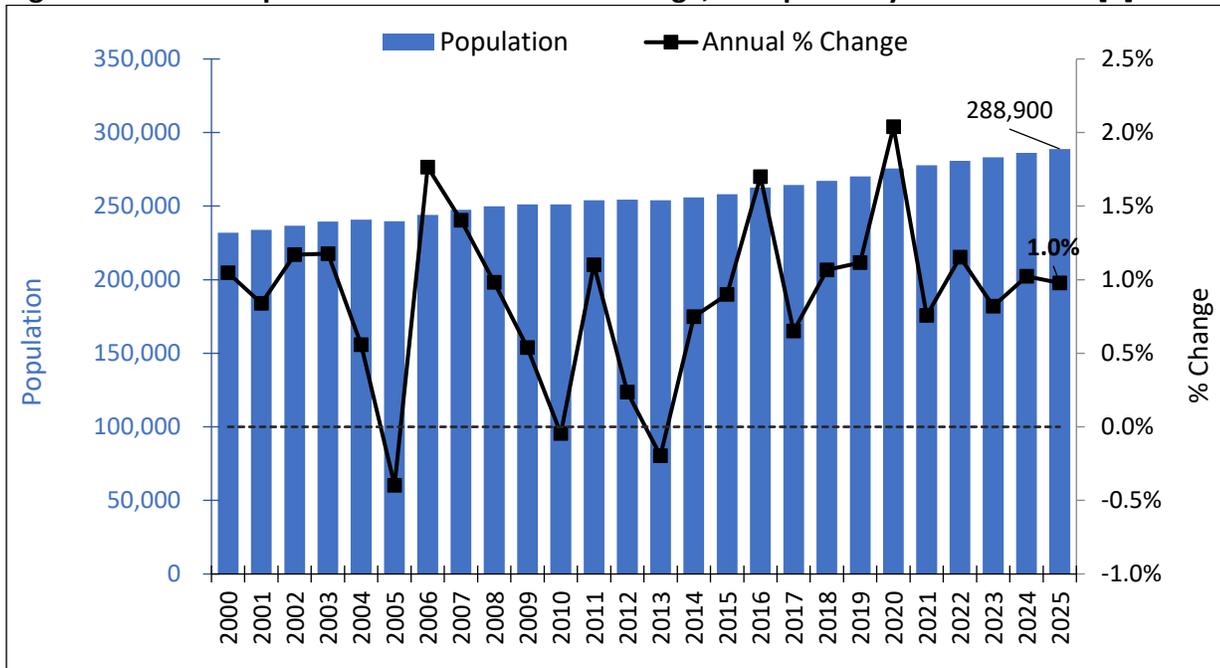
Geographic Location

Kitsap County is located in the central Puget Sound region of Washington state. It occupies most of the Kitsap Peninsula, including both Bainbridge and Blake Islands, and is bounded by Puget Sound on the east and north, Hood Canal on the west, and Mason and Pierce Counties on the south. It has a land mass of 395 square miles and approximately 250 miles of saltwater shoreline. Kitsap County ranks 36th in geographical size and 7th in population size among Washington counties in 2025.

Population Size and Change

The 2025 total population of Kitsap County is estimated to be 288,900 which is about 3.6% of the total Washington population [9]. The County population has increased 24.5% since 2000 with an average increase of 0.9% per year (Figure 1). From 2024 to 2025, the population grew 1%. From 2000 to 2025, growth was due to both natural change (i.e. more births than deaths; an estimated 38% of the increase in population was due to natural change) and due to migration into the county [1,5]. Over the same timeframe, the Washington population as a whole has seen a 37.7% increase, with 36% of the increase due to natural change.^

Figure 1. Annual Population Size and Percent Change, Kitsap County: 2000 to 2025 [9]

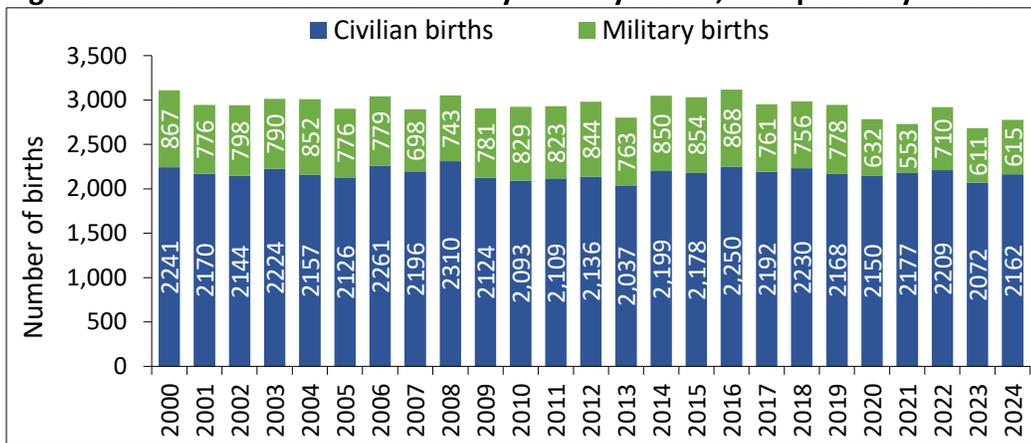


Note: annual percent change above 0% (dotted line) indicates population growth by % from prior to current year; values below dotted line indicate population declines from prior to current year.

In 2024, there were 2,781 live births to Kitsap residents [5]. Since 2000, the number of births to Kitsap County resident women have remained relatively stable, with an average of 2,946 per year (Figure 2) [5]. On average, about a quarter of births (26%) each year were military births (i.e., births delivered in a federal hospital or births that were paid by Tricare/Champus health insurance), though the proportion has been decreasing in recent years. In 2024, 22.1% (615) of 2,781 births among Kitsap residents were military births.

Previously, military births were defined as births in a federal hospital or where at least one parent had reported an occupation with the military. As of 2019, data on parent occupation were not available on birth certificates so the data in this report have been updated to reflect a new definition from 2000 to 2023.

Figure 2. Births to Resident Women by Military Status, Kitsap County: 2000 to 2024 [5]

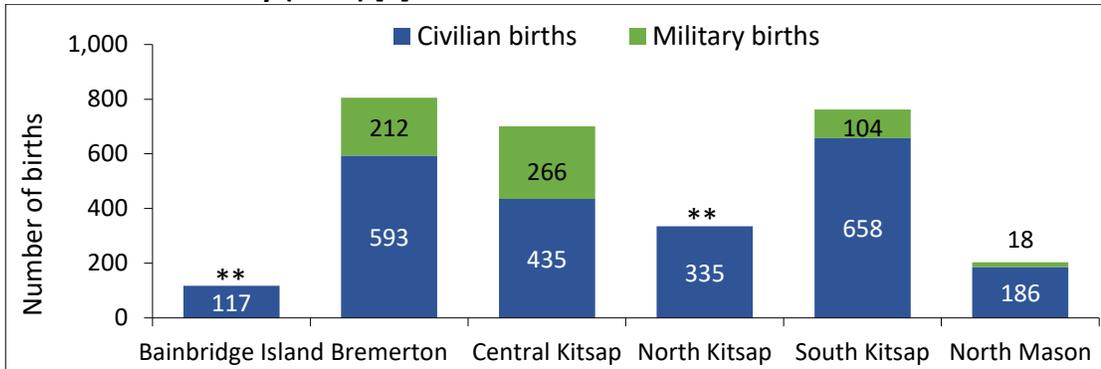


Military births = births in a federal hospital or paid for by Tricare/Champus, typically by active military members, military spouses and dependents.

Note: an average of 0.5% of births each year were missing information on military status and are not shown in this graph.

Out of all births to Kitsap residents in 2024, approximately 29% were born to Bremerton residents, 28% to South Kitsap residents, and 25% to Central Kitsap residents [5]. This was the same regional distribution of births as in 2023. As shown in Figure 3, out of all military births in Kitsap, 43% were born to residents of Central Kitsap, 34% to Bremerton residents, and 17% to South Kitsap residents. The number of military births was less than 10 among Bainbridge Island residents. This value as well as the next smallest value, in North Kitsap, are suppressed to protect confidentiality.

Figure 3. Births to Resident Women by Military Status and Geographic Region, Kitsap County and North Mason County (2024) [5]



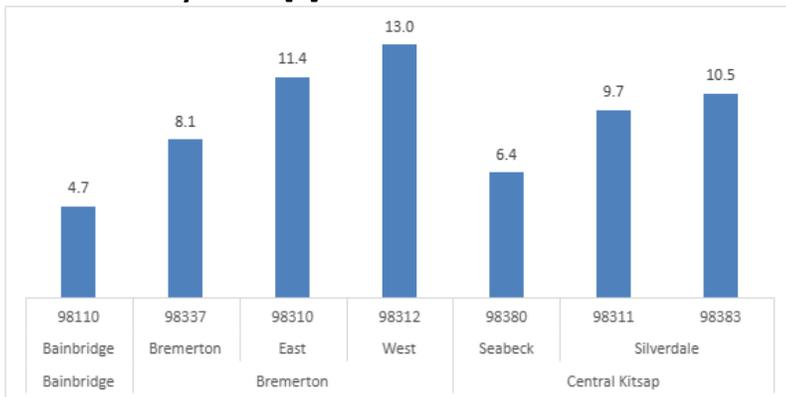
Military births = births in a federal hospital or paid for by Tricare/Champus, typically by active military members, military spouses and dependents.

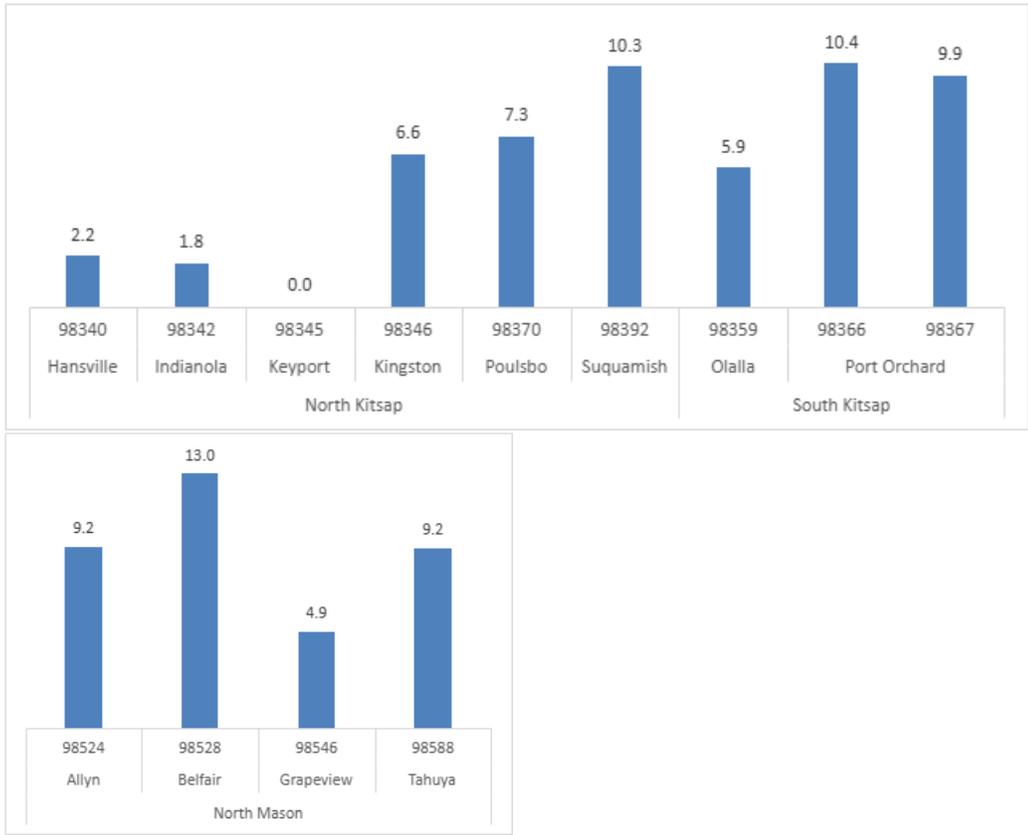
**Values are suppressed when <10 and for the next smallest value in Kitsap County to prevent identification.

Note: an average of 0.6% of births were missing information on military status across all regions and are not shown in this graph.

Figure 4 shows birth rates in 2023 in each ZIP Code as defined as the number of live births per 1,000 residents. West Bremerton (98312, rate of 13.0 per 1,000), East Bremerton (98310, rate of 11.4 per 1,000), Silverdale (98383, rate of 10.5 per 1,000) were the ZIP Codes with the top three highest birth rates in 2023. In North Mason County, Belfair (98528, rate of 13.0 per 1,000) had the highest rate.

Figure 4. Births to Resident Women per 1,000 residents by ZIP Code, Kitsap County and North Mason County: 2023 [5]*





*Birth rates in ZIP Codes with less than 12 births in 2023 have been suppressed due to unreliability.

Population by Region

There are four incorporated cities, which together comprise 36% of the total 2025 population (Table 1) [10]. Port Orchard has been the fastest growing city since 2000, followed by Poulsbo. ^

Table 1. Population Change over Time, Kitsap County: 2000, 2010, and 2025 [10]

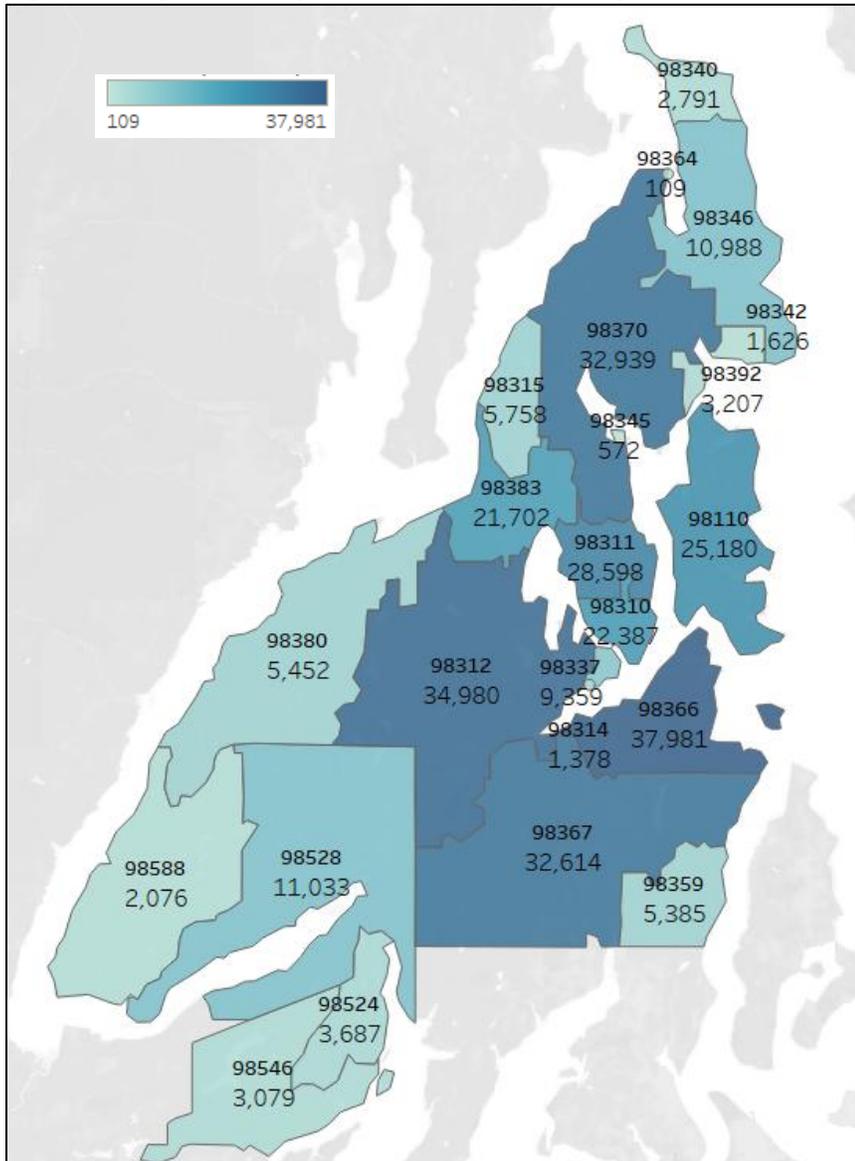
	Census 2000	Census 2010	Estimate 2025	% of Total 2025	Change since 2000	Change since 2010
Total	231,969	251,133	288,900	100%	25%	15%
Unincorporated	159,896	170,022	185,110	64%	16%	9%
Incorporated	72,073	81,111	103,790	36%	44%	28%
Bainbridge Island	20,308	23,025	25,530	9%	26%	11%
Bremerton	37,259	37,729	45,890	16%	23%	22%
Port Orchard	7,693	11,157	19,260	7%	150%	73%
Poulsbo	6,813	9,200	13,110	5%	92%	43%

There are five school districts that often align with service areas in the county. The 2025 population estimates for these regions and the proportion of the county that they represent are: 25,530 (9%) on Bainbridge Island, 52,407 (18%) in Bremerton, 76,271 (26%) in Central Kitsap, 53,155 (18%) in North Kitsap, and 81,154 (28%) in South Kitsap [9]. In 2025, there were approximately 16,761 people living

in North Mason.

In 2023, the five ZIP Codes with the largest resident population in Kitsap were 98366 (Port Orchard, 13% of the county population), 98312 (West Bremerton, 12%), 98370 (Poulsbo, 12%), 98367 (Port Orchard, 12%) and 98311 (Silverdale, 10%) [11]. The population estimate for each ZIP Code is presented in Figure 5.

Figure 5. Population by ZIP Code, Kitsap County and North Mason County, 2023 [11]

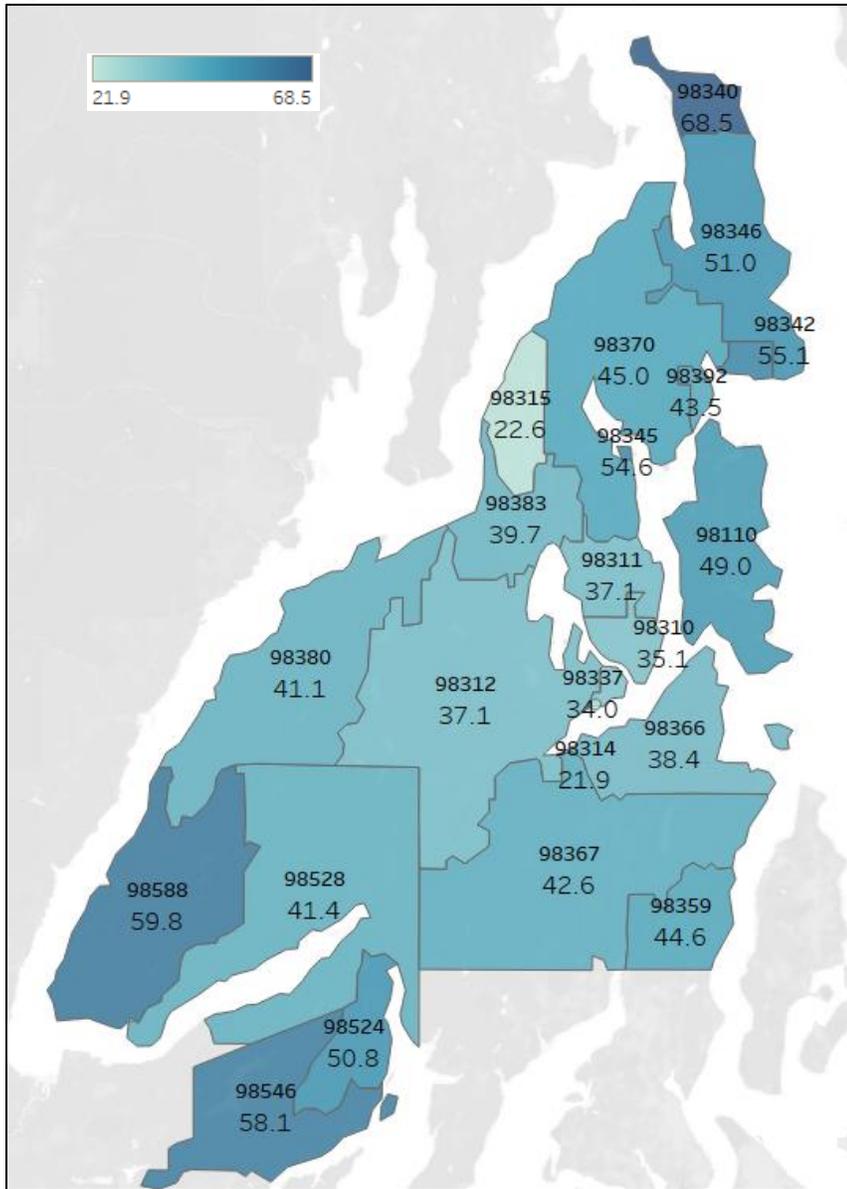


Population by Age

Median age is the age at which half of the residents are older and half are younger. Median age gives a quick indication of how old or young a population is relative to other similar populations. While the median age in 1980 was 29 years in Kitsap County, it increased to 39 years in 2019, and to 41 in 2025 [1], illustrating the aging of our population. Kitsap's median age was higher than the 2025 Washington state median of 39 years. Looking at regions of the county in 2020-2024, Bainbridge Island has the highest median age in Kitsap at 49 years, followed by North Kitsap (46 ½ years), South Kitsap (40 years), Central Kitsap (37 years), and Bremerton (34 years) [3]. The median age in 2020-2024 for North Mason County was 47 years. ^

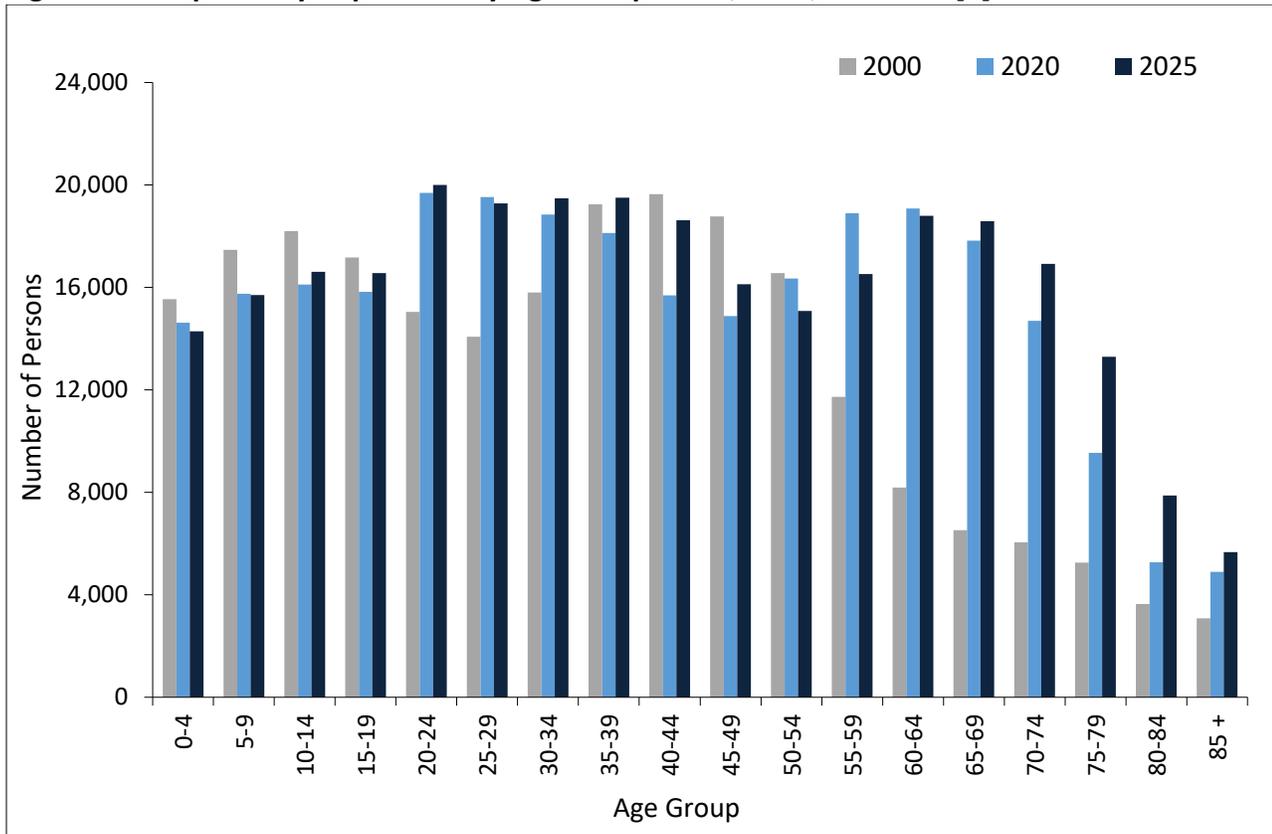
The ZIP Codes with the oldest median ages are found in North Kitsap in 98340 (68 ½ years) and 98342 (55 years), while the ZIP Codes with the youngest median ages are found in Bremerton in 98337 (34 years); the other Bremerton and Silverdale ZIP Codes 98314 (23 years) and 98315 (22 ½ years) include military locations and do not accurately represent populations living in those areas from year to year. 98588 (Tahuya) has the oldest median age in North Mason County (60 years) [12]. Figure 6 shows the median age by ZIP Code throughout Kitsap County and North Mason County.

Figure 6. Median Age by ZIP Code, Kitsap County and North Mason County, 2019-2023 [12]



The age distribution in Kitsap County has changed dramatically over the past 2 decades (Figure 7), with a growing aging population. The number of residents 50 years or older increased 85% from 2000 to 2025, and accounted for 39% of the population in 2025, whereas those under age 50 increased by 3% [1]. In particular, the 55-74-year-old group has more than doubled (118% increase) since 2000, and represented a quarter (25%) of the population in 2025. From 2000-2025, the 20-29-year-old age group has also increased, although to a lesser degree. Men of the 20-29 age group have increased 43%, while women have increased 25%.^

Figure 7. Kitsap County Population by Age Group: 2000, 2020, and 2025 [1]



The child population in Kitsap County has changed as well throughout the last 2 decades. The number of persons aged 5 to 19 years decreased by 8% from 2000 to 2025, but increased more recently by 2% from 2020 (47,690) to 2025 (48,865). The population of children aged 0 to 4 years also decreased by 8% from 2000 to 2025, though to a lesser degree in recent years with a 2% decrease from 2020 (14,618) to 2025 (14,288). The 0–4-year age group accounted for 5% of the Kitsap County population in 2025 [1].

Table 2 shows the estimated child population by age group in each of the five regions of Kitsap County in 2024 [13]. Out of the total child population, Bremerton has the largest proportion (37%) of 0 to 5-year-olds of any of the regions; Bainbridge Island has the smallest (21%).

Table 2. Estimated Child Population by Age Group and School District Region, Kitsap County and North Mason County, 2024 [13]

	Bainbridge Island School District	Bremerton School District	Central Kitsap School District	North Kitsap School District	South Kitsap School District	North Mason School District
Total population (all ages)	25,330	51,923	75,960	52,719	79,799	16,731
Child population (<18y)*	4,857	8,861	16,367	9,879	16,595	3,149
# under 3 years	402	1,755	2,556	1,305	2,440	522
# at 3 and 4 years	377	1,050	1,733	956	1,788	309

# at 5 years	244	483	943	507	900	180
# at 6 to 8 years	730	1,444	2,784	1,604	2,816	512
# at 9 to 11 years	912	1,414	2,780	1,749	2,962	525
# at 12 to 14 years	1,019	1,357	2,891	1,899	2,794	565
# at 15 to 17 years	1,173	1,358	2,680	1,859	2,895	536
Percentage of child population						
% under 3 years	8%	20%	16%	13%	15%	17%
% at 3 and 4 years	8%	12%	11%	10%	11%	10%
% at 5 years	5%	5%	6%	5%	5%	6%
% at 6 to 8 years	15%	16%	17%	16%	17%	16%
% at 9 to 11 years	19%	16%	17%	18%	18%	17%
% at 12 to 14 years	21%	15%	18%	19%	17%	18%
% at 15 to 17 years	24%	15%	16%	19%	17%	17%
*Excludes those in group quarters						

Looking at the population by ZIP Code, people residing in 98311 (Silverdale, 22%) have the highest percentage of children under age 18, followed by 98366 (Port Orchard, 21%) and 98528 (Belfair, 21%). Table 3 shows the estimated child population by age group in each ZIP Code in Kitsap County and North Mason County [13]. The ZIP codes with the largest proportions of children under age 18 who were 0-5 years old were 98310 (East Bremerton, 39%), 98337 (Bremerton, 38%), 98312 (West Bremerton, 35%), and 98546 (Grapeview, 35%) in 2023.

Table 3. Estimated Child Population by Age Group and ZIP Code Region, Kitsap County and North Mason County, 2023 [13]*

	Total pop. (all ages)	Child pop. <18y**	Number of children (% of child population)						
			Under 3y	3-4y	5y	6-8y	9-11y	12-14y	15-17y
Bainbridge Island 98110	25180	4827	416 (9%)	378 (8%)	246 (5%)	728 (15%)	919 (19%)	1011 (21%)	1129 (23%)

East Bremerton 98310	22387	4139	839 (20%)	512 (12%)	243 (6%)	670 (16%)	652 (16%)	659 (16%)	564 (14%)
West Bremerton 98312	34980	7101	1314 (19%)	814 (11%)	371 (5%)	1250 (18%)	1145 (16%)	1082 (15%)	1125 (16%)
Bremerton 98337	9359	1311	293 (22%)	142 (11%)	65 (5%)	212 (16%)	197 (15%)	194 (15%)	208 (16%)
Silverdale 98311	28598	6242	920 (15%)	639 (10%)	359 (6%)	1074 (17%)	1084 (17%)	1105 (18%)	1061 (17%)
Seabeck 98380	5452	1081	158 (15%)	85 (8%)	48 (4%)	191 (18%)	194 (18%)	235 (22%)	170 (16%)
Silverdale 98383	21702	4300	643 (15%)	448 (10%)	239 (6%)	689 (16%)	731 (17%)	797 (19%)	753 (18%)
Olalla 98359	5385	1023	148 (14%)	113 (11%)	53 (5%)	183 (18%)	172 (17%)	171 (17%)	183 (18%)
Port Orchard 98366	37981	7987	1292 (16%)	872 (11%)	428 (5%)	1330 (17%)	1424 (18%)	1299 (16%)	1342 (17%)
Port Orchard 98367	32614	6669	937 (14%)	704 (11%)	373 (6%)	1135 (17%)	1226 (18%)	1188 (18%)	1106 (17%)
Hansville 98340	2791	293	45 (15%)	23 (8%)	15 (5%)	46 (16%)	47 (16%)	42 (14%)	75 (26%)
Indianola 98342	1626	271	41 (15%)	34 (13%)	11 (4%)	42 (15%)	33 (12%)	39 (14%)	71 (26%)
Keyport 98345	572	90	17 (19%)	11 (12%)	n<10 (0%)	16 (18%)	14 (16%)	13 (14%)	16 (18%)
Kingston 98346	10988	2086	299 (14%)	197 (9%)	102 (5%)	351 (17%)	377 (18%)	393 (19%)	367 (18%)
Poulsbo 98370	32939	6327	819 (13%)	619 (10%)	320 (5%)	1050 (17%)	1180 (19%)	1229 (19%)	1110 (18%)
Suquamish 98392	3207	634	94 (15%)	68 (11%)	42 (7%)	94 (15%)	118 (19%)	102 (16%)	116 (18%)
Allyn 98524	3687	584	92 (16%)	59 (10%)	27 (5%)	111 (19%)	111 (19%)	89 (15%)	95 (16%)
Belfair 98528	11033	2327	412 (18%)	229 (10%)	132 (6%)	376 (16%)	404 (17%)	401 (17%)	373 (16%)
Grapeview 98546	3079	442	75 (17%)	53 (12%)	26 (6%)	80 (18%)	70 (16%)	72 (16%)	66 (15%)
Tahuya 98588	2076	312	38 (12%)	21 (7%)	13 (4%)	41 (13%)	64 (21%)	77 (25%)	58 (19%)

*ZIP Codes are ZIP Code Tabulation Areas; excludes those in group quarters; n<10 is displayed when the count is less than 10 in order to protect the privacy of individuals; in these cases the rate is suppressed with “—”.

**Excludes those in group quarters.

In 2016 and 2017, the Port Gamble S’Klallam Tribe administered a survey to all households and individuals affiliated with the Tribe. [14] Surveys were collected from 331 households, 187 of whom lived on the reservation. This accounted for 1,104 individuals, of whom 356 were children. Of the 356 children, 37% were age 0 to 5, 29% were age 6 to 10, 21% were age 11 to 14 and 13% were age 15 to 18. Approximately half of the households (50.2%) reported having children age 18 years or younger. Of the households with children, 56% had a child age 0 to 5, 48% had a child age 6 to 10, 31% had a

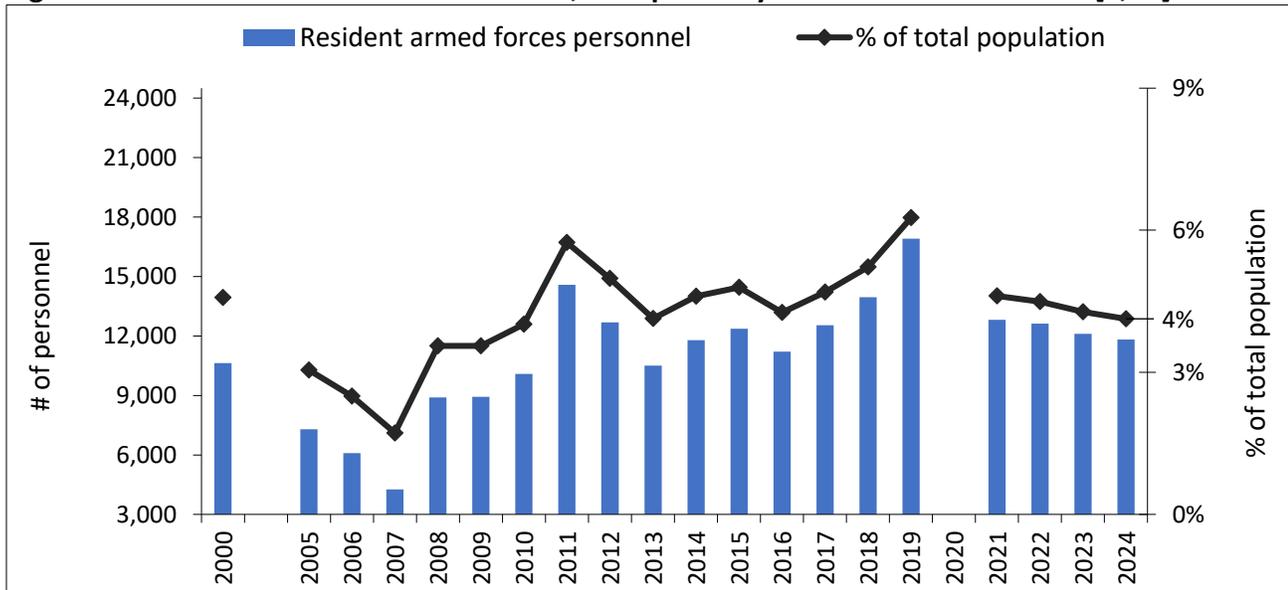
child age 11 to 14 and 22% had a child age 15 to 18.

Military Population

Kitsap County is home to Naval Base Kitsap, Puget Sound Naval Shipyard, Bangor Naval Submarine Base, and Bangor Trident Base and therefore has a large military population which accounts for thousands of families in the area. The population of resident armed forces personnel (i.e. active duty military personnel, excluding dependents) in Kitsap County increased 33% from 2008 to 2024 (Figure 8) [1,15].^

An estimated 11,813 military personnel resided in Kitsap County during 2024, or about 4% of the total population. In addition, the Navy is the largest employer in the county. In 2024, the Department of Defense employed approximately 39,440 active duty military members, civilian employees, and defense contract workers collectively at Naval Base Kitsap (including Puget Sound Naval Shipyard and Intermediate Maintenance Facility, Naval Submarine Base Bangor, Naval Undersea Warfare Center-Keyport Division, and the U.S. Navy Manchester Fuel Depot) [16]. The military population fluctuates dramatically as Navy ships depart and arrive in Bremerton. Despite the fluctuations, the military population accounts for thousands of families in the area, and as previously mentioned, a substantial proportion of births are to military women.

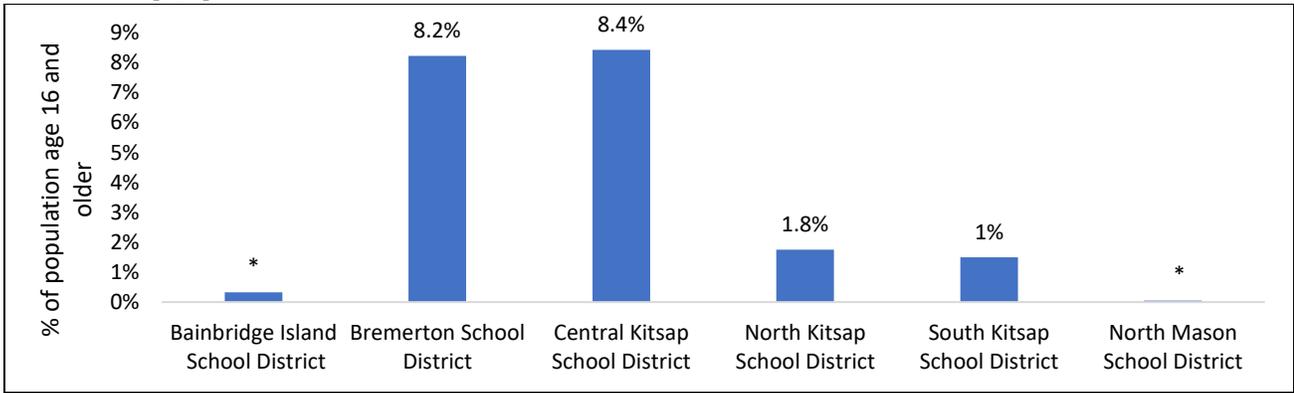
Figure 8. Resident Armed Forces Personnel, Kitsap County: 2000 and 2005 to 2024 [1,15]



The percentage of the population that is military varies across Kitsap, from 8.4% in Central Kitsap to less than 1% on Bainbridge Island in 2020-2024 [3,1]. Figures 9 and 10 show the percentage of the population age 16 and older that is in the Armed Forces by school district and ZIP Code.

Figure 9. Resident Armed Forces Personnel by School District, Kitsap County and North Mason,

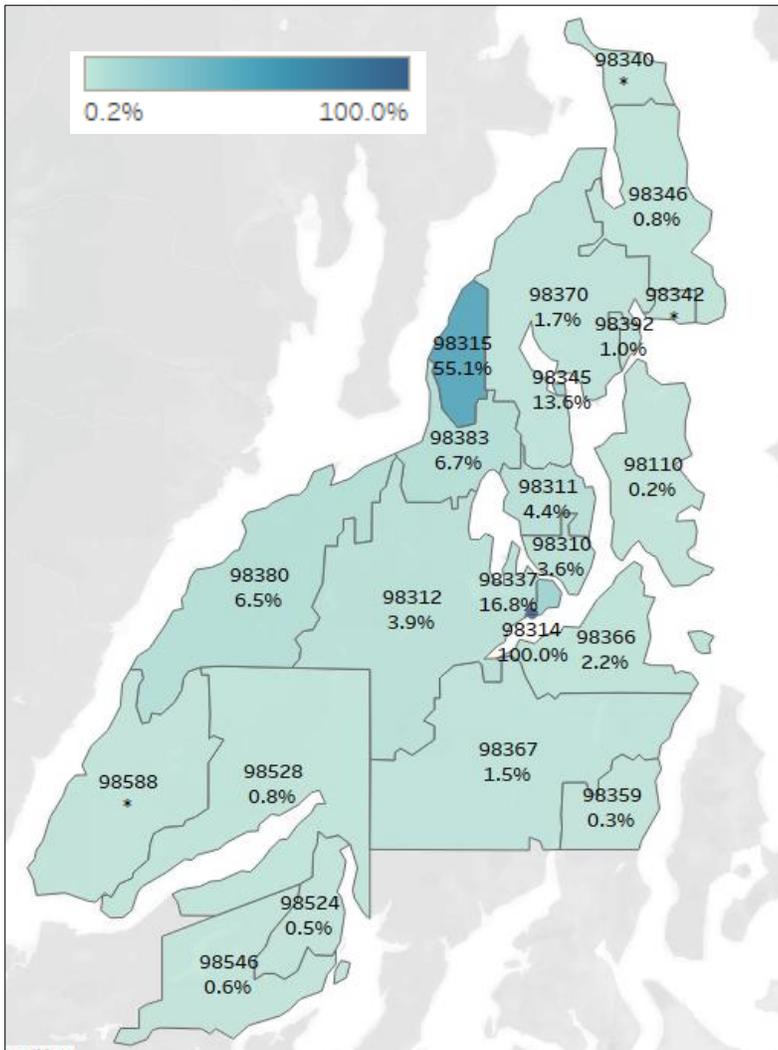
2020-2024 [1,3]



*Percentage may be unreliable due to small numbers

Figure 10. Resident Armed Forces Personnel by ZIP Code, Kitsap County and North Mason County,

2019-2023 [17,12]



Note: some estimates are >100% or variable from year to year because this measure uses 2019-2023 average estimates of Armed Forces personnel and 2023 estimates of ZIP code tabulation areas from different data sources. Use caution when interpreting percentages due to unreliability.

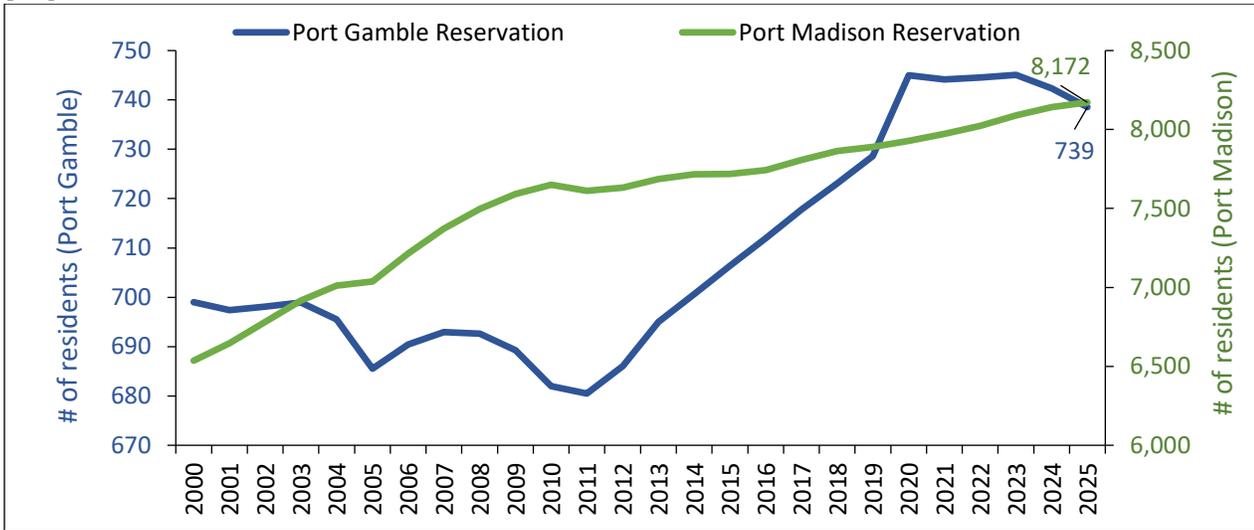
* Percentage is unreliable due to small numbers.

Tribal Population

There are two American Indian Reservations in Kitsap County; the Port Gamble S’Klallam Tribe is associated with the Port Gamble Reservation and the Suquamish Tribe is associated with the Port Madison Reservation. The 2025 estimated resident population on the Port Gamble Reservation is 739 and on the Port Madison Reservation is 8,172 (Figure 11) [18]. Since 2010, this represents approximately 8% growth for Port Gamble and 7% growth for Port Madison. These estimates may include non-tribal members living on the reservation and are not limited by race. Similarly, these estimates do not capture tribal members living outside the reservations.^

Figure 11. Residents Living on American Indian Tribal Reservations, Kitsap County: 2000 to 2025

[18]



In September 2012, there were 1,234 enrolled tribal members in the Port Gamble S’Klallam Tribe, over half of which reside on the reservation. Many others live adjacent to the reservation. [19] As of January 2025, the Port Gamble S’Klallam tribe has grown to approximately 1,491 members [20].

As of November 2025, there were 1,575 enrolled tribal members in the Suquamish Tribe [21].

Race/Ethnicity

Kitsap County had a proportionally larger non-Hispanic white population (71%) than Washington state (62%) in 2024 (Table 4) [13]. The county’s non-Hispanic white proportion has decreased since 2000 when it comprised 83% of the total population. Hispanics are now the largest minority group (10%) in Kitsap County, having doubled in size since 2000. ^

Table 4. Proportion of the Population by Race/Ethnicity, Kitsap County and Washington, 2024 [13]

	2024	
	Kitsap County	Washington
American Indian/Alaska Native (non-Hispanic)	1%	1%
Asian (non-Hispanic)	5%	10%
Black (non-Hispanic)	3%	4%
Native Hawaiian or Other Pacific Islander (non-Hispanic)	1%	1%
Two or more races (non-Hispanic)	9%	7%
White (non-Hispanic)	71%	62%
Hispanic*	10%	15%

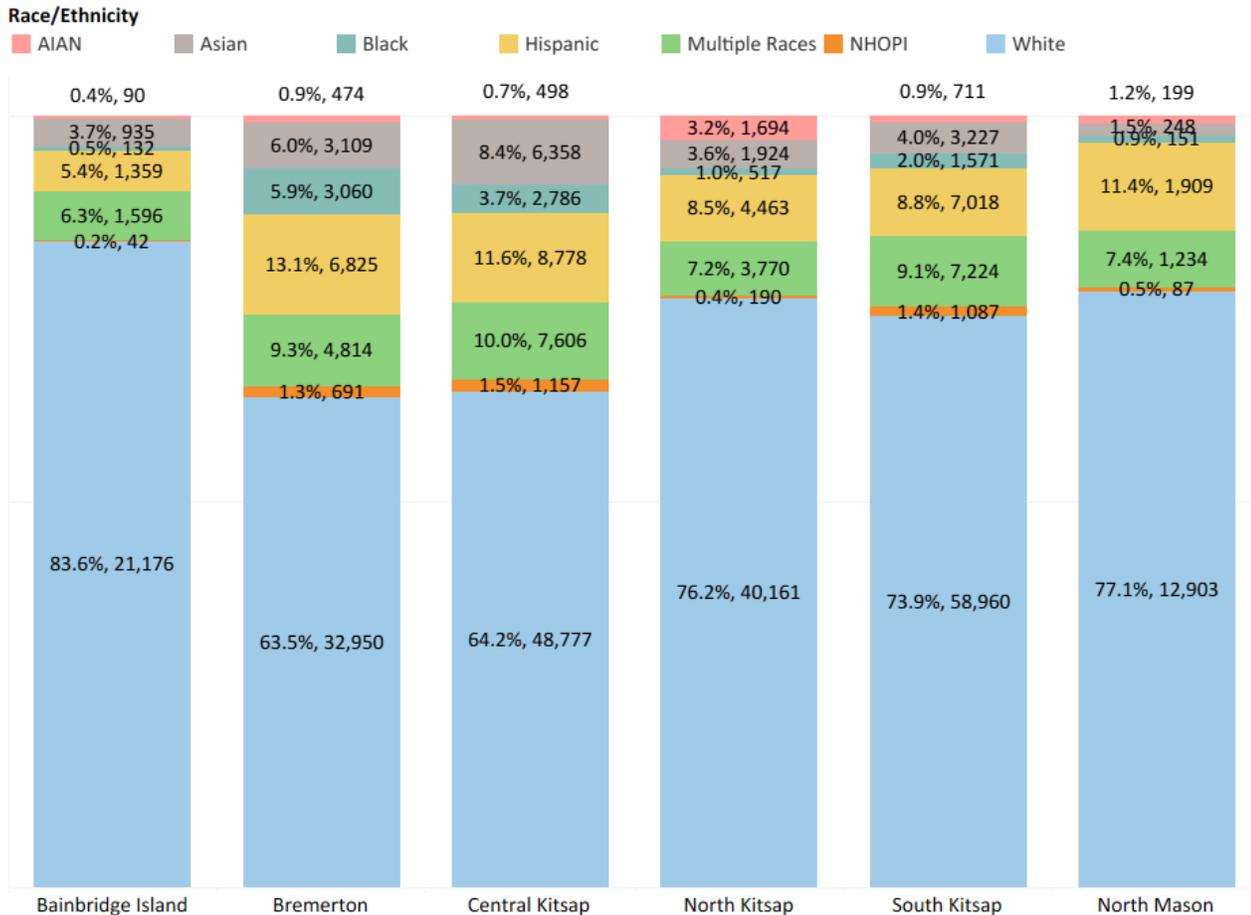
*Includes mixed racial/ethnic Hispanic, including white-Hispanic, Black-Hispanic, and any others who identify as Hispanic.

The distribution of minority groups differs throughout the county (Figure 12). In the Bremerton and Central Kitsap school district regions, more than 1 in every 4 persons were of a minoritized race or ethnicity in 2024 [13]. Hispanic was the largest minoritized race/ethnicity group in all school district regions other than Bainbridge Island, which had a slightly larger proportion of non-Hispanic people

who reported multiple races [13]. The proportion of non-Hispanic Asian residents was higher in Central Kitsap (8%) than other school district regions. Non-Hispanic people who reported multiple races accounted for a relatively large proportion of the population in all school district regions, with the highest in Central Kitsap (10%), followed by Bremerton (9%), South Kitsap (9%), North Kitsap (7%), and Bainbridge Island (6%).

Across the county, the proportion of Kitsap residents who identified with multiple races has increased in recent years (9% in 2024 from 6% in 2020). This growth highlights the need to further disaggregate and define non-mutually-exclusive categories to better understand the demographic makeup of Kitsap County in future years. However, to align with standardized race/ethnicity data from previous years, mutually exclusive categories are used in the current report. Figure 12 presents the distribution of race/ethnicity categories in each school district region in 2024, and Table 5 presents the proportions by ZIP Code in 2023 [13].

Figure 12. Estimated Populations by School District and Race/Ethnicity*, Kitsap County and North Mason County, 2024 [13]



*All races are non-Hispanic; Hispanic category includes anyone who reported Hispanic regardless of race. AIAN = American Indian or Alaska Native, NHOPI = Native Hawaiian or Other Pacific Islander.

Table 5. Estimated Populations by ZIP Code and Race/Ethnicity, Kitsap County, Bainbridge Island, Bremerton, Central Kitsap and North Kitsap, 2023 [13]

	Total	AIAN*	Asian*	Black*	NHOPI*	Two or more races*	White*	Hispanic**
		Count (%)						
Bainbridge Island 98110	25180	89 (<1%)	914 (4%)	134 (1%)	40 (<1%)	1542 (6%)	21156 (84%)	1305 (5%)
Bremerton 98310	22387	190 (1%)	1828 (8%)	1111 (5%)	393 (2%)	1961 (9%)	14258 (64%)	2646 (12%)
Bremerton 98312	34979	306 (1%)	1598 (5%)	1476 (4%)	409 (1%)	3284 (9%)	23943 (68%)	3963 (11%)
Bremerton 98337	9359	81 (1%)	544 (6%)	741 (8%)	114 (1%)	965 (10%)	5181 (55%)	1733 (19%)
Silverdale 98311	28598	200 (1%)	3047 (11%)	1015 (4%)	649 (2%)	3142 (11%)	17415 (61%)	3130 (11%)
Seabeck 98380	5451	39 (1%)	85 (2%)	50 (1%)	23 (<1%)	397 (7%)	4508 (83%)	349 (6%)
Silverdale 98383	21702	128 (1%)	2205 (10%)	695 (3%)	248 (1%)	2201 (10%)	13912 (64%)	2313 (11%)
Olalla 98359	5386	58 (1%)	93 (2%)	41 (1%)	44 (1%)	423 (8%)	4360 (81%)	367 (7%)
Port Orchard 98366	37980	368 (1%)	1634 (4%)	970 (3%)	595 (2%)	3455 (9%)	27389 (72%)	3569 (9%)
Port Orchard 98367	32613	265 (1%)	1199 (4%)	418 (1%)	350 (1%)	2905 (9%)	25009 (77%)	2467 (8%)
Hansville 98340	2790	48 (2%)	55 (2%)	16 (1%)	n<10	104 (4%)	2436 (87%)	131 (5%)
Indianola 98342	1611	82 (5%)	19 (1%)	n<10	n<10	86 (5%)	1358 (84%)	66 (4%)
Keyport 98345	569	n<10	17 (3%)	22 (4%)	n<10	35 (6%)	442 (78%)	53 (9%)
Kingston 98346	10967	740 (7%)	243 (2%)	65 (1%)	21 (<1%)	814 (7%)	8272 (75%)	833 (8%)
Poulsbo 98370	32808	442 (1%)	1309 (4%)	325 (1%)	132 (<1%)	2207 (7%)	25626 (78%)	2899 (9%)
Suquamish 98392	3208	389 (12%)	86 (3%)	24 (1%)	13 (<1%)	293 (9%)	2137 (67%)	266 (8%)
Allyn 98524	3678	33 (1%)	55 (1%)	23 (1%)	n<10	247 (7%)	3017 (82%)	303 (8%)
Belfair 98528	11034	145 (1%)	153 (1%)	113 (1%)	63 (1%)	825 (7%)	8330 (75%)	1405 (13%)
Grapeview 98546	3070	39 (1%)	33 (1%)	33 (1%)	n<10	182 (6%)	2630 (86%)	153 (5%)
Tahuya 98588	2070	25 (1%)	35 (2%)	n<10	11 (1%)	166 (8%)	1713 (83%)	120 (6%)

AIAN = American Indian or Alaska Native; NHOPI = Native Hawaiian or Other Pacific Islander.

Note: Categories with an estimate of 1 to 9 people have been suppressed with “n<10” to protect confidentiality. When only one category for a ZIP Code was n<10, another category was suppressed to discourage calculation of the suppressed category.

* Includes non-Hispanic only.

** Includes mixed racial/ethnic Hispanics, including white-Hispanic, Black-Hispanic, and any others who identify as Hispanic.

Speakers of Languages Other Than English

In 2024, English was spoken at home by 91% of the Kitsap population age 5 and older [15]. After English, Spanish (3.9%) and Asian and Pacific Island languages (4.0%) were the next most commonly spoken languages at home among those aged 5 and older. Among those whose primary language spoken at home was not English (9%), 31% spoke English less than "very well" on average between 2020-2024 [3].^

From 2020-2024, Bremerton was the region with the highest percentage of residents who speak a language other than English at home (12%) [3]. After Bremerton, Central Kitsap had the next highest (11%), followed by South Kitsap (8%), North Kitsap (8%) and Bainbridge Island (6%). Of residents who speak another language, the percentage who speak English less than "very well" was highest in Bremerton (38%), followed by North Kitsap (36%), Central Kitsap (32%), South Kitsap (26%), and Bainbridge Island (9%). In North Mason County, about 8% of residents spoke a language other than English at home, of whom 47% reported speaking English less than "very well" [3].

A separate data source estimates the number of residents with limited English proficiency and their primary language. In 2024, an estimated 1,067 residents with limited English proficiency primarily spoke Mam, an indigenous Mayan language predominantly spoken in parts of Guatemala and Mexico [22].

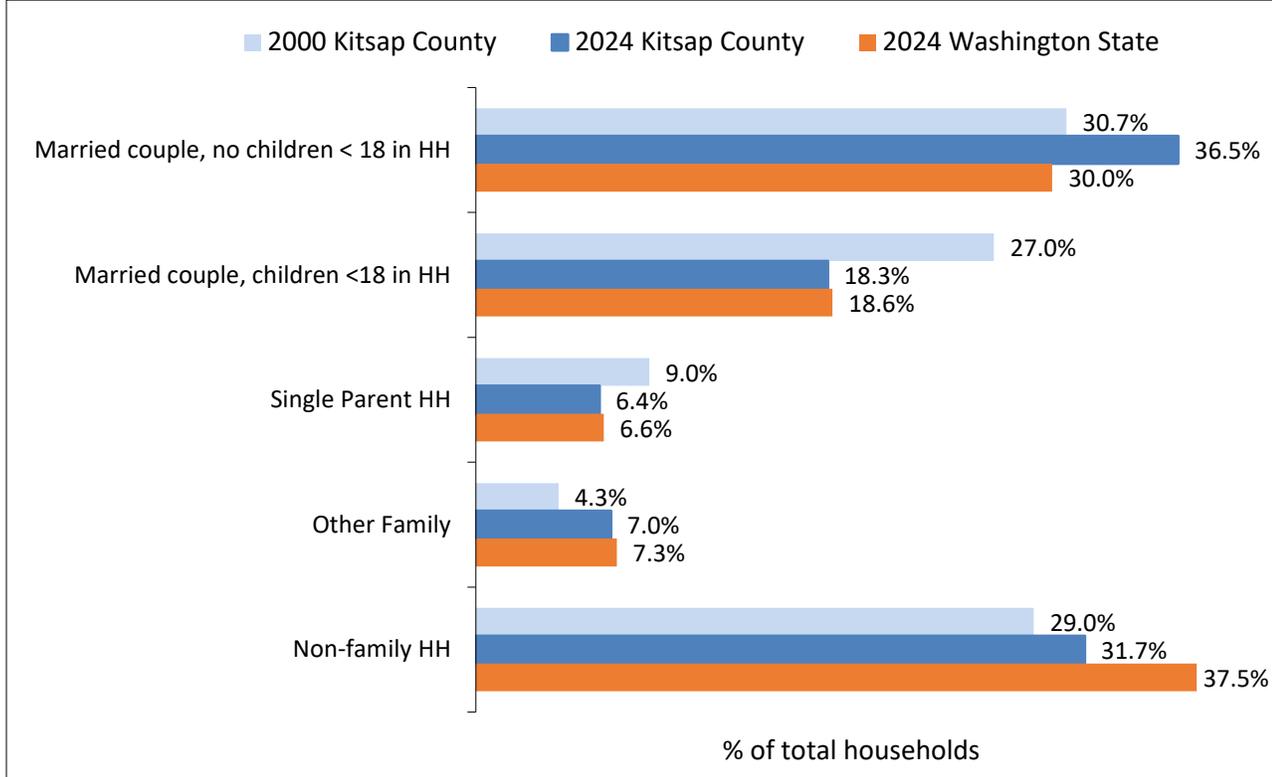
Family Structure

Households. In 2024 in Kitsap County, it is estimated that 54.9% of all 112,022 households were married couple households, 7.9% were unmarried cohabitating couple households, 21.3% were single female householders (meaning there was no spouse/partner present) and 16.0% were single male householders [15]. Out of all households, about 27.4% had one or more children under the age of 18. ^

Family households. Figure 13 presents households grouped by family household type, which differs from the above estimates to aid in comparisons with historical household categories in 2000. A family household is defined as a household with at least one relative living with the householder, including a spouse [23]. From 2000 to 2024, the estimated proportion of all Kitsap County households that were married couples with children under 18 years decreased from 27.0% to 18.3%, and households that were married couples without children under 18 years increased from 30.7% to 36.5% (Figure 13) [15]. The estimated proportion of single parent households in 2024 was 6.4%, defined as households with children under 18 years in which the householder does not have a spouse present. Based on the definition used by the American Community Survey, the single parent household category includes households with unmarried couples with children, which accounted for 1.8% of all households. Thus, it is estimated that 4.6% of Kitsap households were single parent households with no spouse nor unmarried partner present. In 2024, an estimated 7.0% of Kitsap households were considered other family households, which included unmarried individuals living with at least one relative who was not their child under 18 years.

Non-family households. Almost a third (31.7%) of Kitsap households were non-family households in 2024, which increased from 29.0% in 2000 (Figure 13). Non-family households include householders living alone (23.5%), householders living with unrelated individuals (2.1%), and unmarried couples without children (6.1%) [15].

Figure 13. Family Household (HH) Composition, Kitsap County and Washington, 2000 and 2024 [15]



Note: Single parent households include a single householder living with their own children <18 years, with no spouse present. Unmarried partners with children are included in this category and accounted for 1.8% of Kitsap households in 2024.

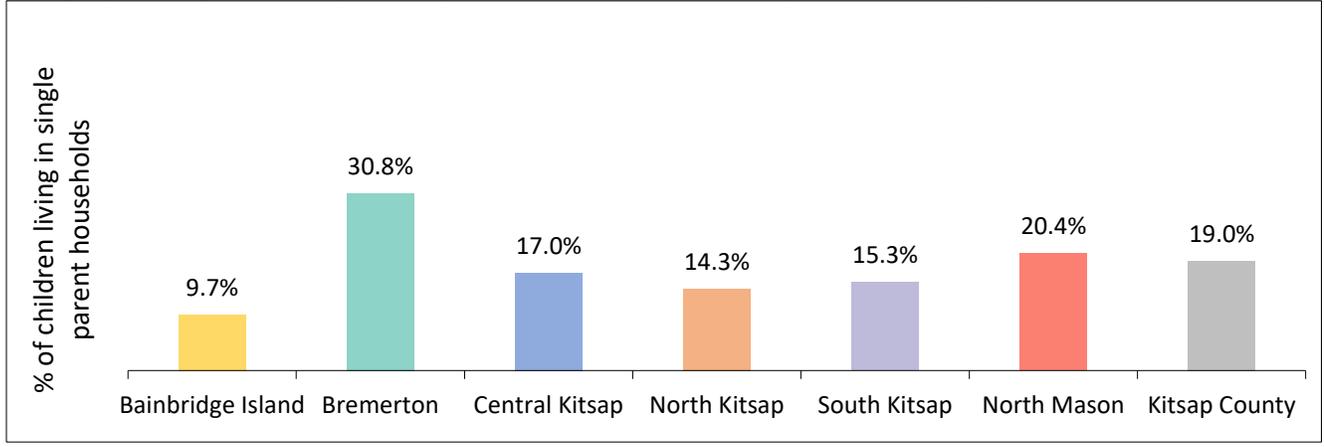
Children living in households. About three-fourths of the estimated 53,743 children under age 18 in Kitsap in 2024 were living in households with married couples (75.2%), which was higher than the estimate of 66.5% in 2023 and similar to 70.7% in 2019 [15]. About 6.3% of children in Kitsap lived in households with unmarried cohabitating couples in 2024. Nearly one in five (18.5%) children living in Kitsap in 2024 lived in a single parent household with no partner present, where 16.3% lived with a female householder and 2.3% with a male. The percentage of children living in single parent households was similar in 2019, at 19.2%.

On average in 2020-2024, an estimated 2.9% of grandparents living in Kitsap (5,234) lived with their grandchildren under the age of 18. Of these, almost a third (32%) were responsible for their grandchildren [3].

Household composition with children differed throughout the county (Figure 14) [3]. Bremerton had the highest proportion (30.58%) of children under the age of 18 living in single parent households

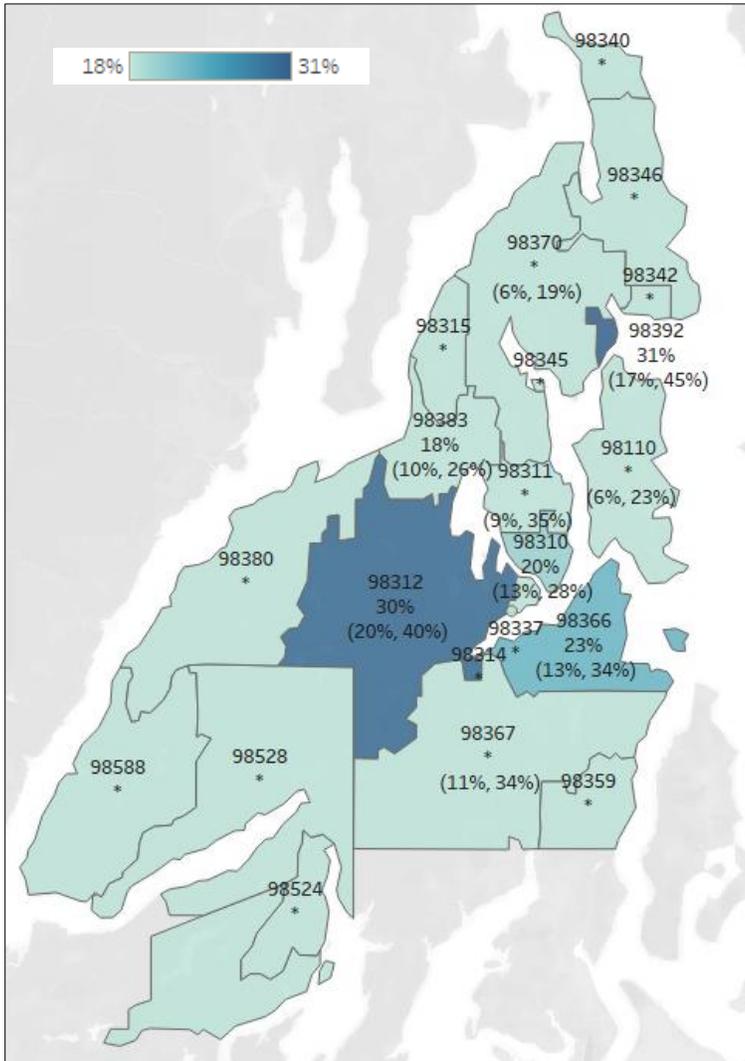
with no spouse/partner present from 2020 to 2024, which is well above the county-wide estimate of 19.0% during this period. The proportion in Central Kitsap (17.0%) was similar to the county-wide estimate, while Bainbridge Island (9.7%), North Kitsap (14.3%), and South Kitsap (15.3%) were below. In North Mason County, 20.4% of children under 18 were living in single parent households.

Figure 14. Percentage of Children Under 18 Years Old Living in Households with a Single Parent by Geographic Region, Kitsap County and North Mason County, 2020-2024 [3]



When considered by ZIP Code from 2019 to 2023, 98392 (Suquamish, 31%) and 98312 (West Bremerton, 30%) had the highest average percentage of children living in single parent households with no spouse/partner present, followed 98366 (Port Orchard, 23%), 98310 (East Bremerton, 20%), and 98383 (Silverdale, 18%). [12] Figure 15 shows the percentage of children who lived in single parent households in each ZIP Code in Kitsap County and North Mason County from 2019 to 2023.

Figure 15. Percentage of Children Less Than 18 Years Old Living in Households with a Single Parent with No Spouse/Partner Present by ZIP Code, Kitsap County and North Mason County: 2019-2023 [12]



*Percentages are unreliable due to small numbers. 95% confidence intervals are displayed for suppressed estimates with an elevated relative standard error.

Employers

The ten largest employers in Kitsap County in 2024 were the Naval Base Kitsap, St. Michael Medical Center/Franciscan Medical Group, Central Kitsap School District, South Kitsap School District, Kitsap County, Olympic College, North Kitsap School District, Port Madison Enterprises, Bremerton School District, and Haselwood Auto Group [16]. In 2024, 70% of the top ten employers were in the public sector, accounting for 93% of employees in the top ten employers. The largest private sector employers were St. Michael Medical Center/Franciscan Medical Group, Port Madison Enterprises, and Haselwood Auto Group. Among the top 10 employers in Kitsap County, 40% increased their workforce headcount by more than 10% from 2020 to 2024, while 50% saw smaller growth or no

change, and one employer decreased their workforce.^

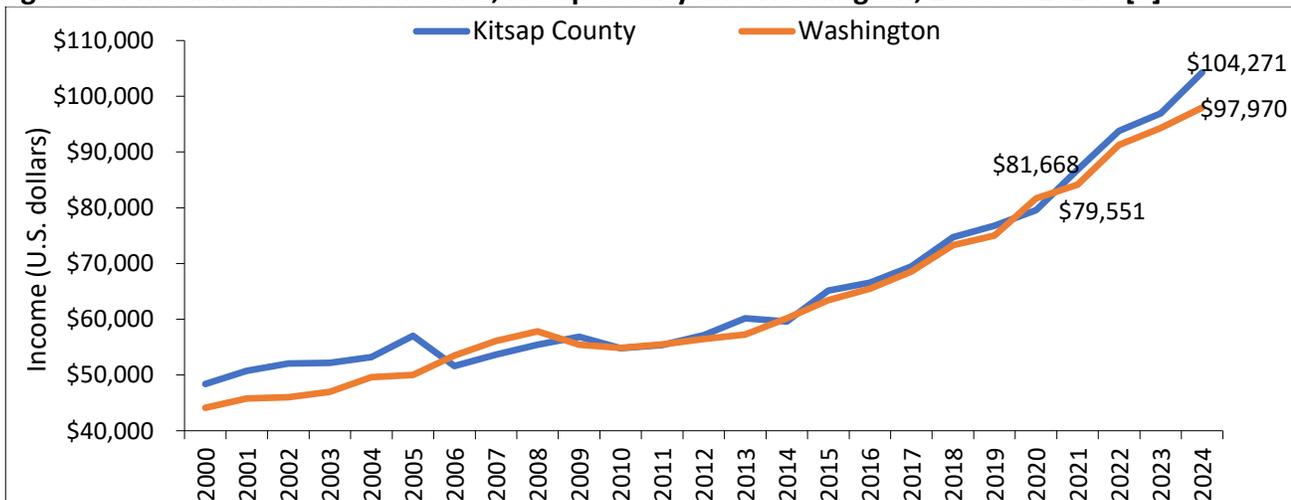
For the Port Gamble S’Klallam Tribal members, major employers include the Tribal government and associated agencies and businesses, individual treaty fishing enterprises and area businesses. [19] The Port Gamble S’Klallam Tribe employs 275 staff members. In the 2016-17 survey conducted by the Port Gamble S’Klallam Tribe of households and individuals affiliated with the Tribe, the most commonly reported occupations were construction, building trades, maintenance and fishing/clamming. [14] Individuals in the Tribe reported being in their primary occupations for an average of 10.2 years.

B. Economic Well-Being

Median Household Income

The median household income is the income at which half of resident households have higher incomes and half have lower incomes. The estimated median household income for Kitsap County has been increasing, reaching \$79,551 in 2020 and rising to \$104,271 in 2024 [8]. Since 2010, the county median household income has been very similar to that of Washington, with Kitsap tending to be marginally higher (Figure 16). Within the county, the median income differs substantially [3]. The 5-year median household income in 2020-2024 was highest for Bainbridge Island (\$172,188), followed by North Kitsap (\$112,806), Central Kitsap (\$108,809), South Kitsap (\$103,821), and Bremerton (\$74,861). In North Mason County, the median household income was \$90,086 in 2020-2024 [3].^

Figure 16. Median Household Income, Kitsap County and Washington, 2000 to 2024* [8]



* The 2024 income is a projection. The Washington Office of Financial Management uses data sourced from the ERFC revenue forecast, U.S. Census Bureau’s model-based, single-year estimates of income by county (Small Area Income – SAIPE Program), and the Washington State Employment Security Department.

The median household income differs by type of households (Table 6) [15]. In 2024, the estimated median income for family households with their own children younger than 18 years was \$115,884 in Kitsap County, nearly \$34,000 more than what was estimated in 2019. The median household

income for family households with no own children younger than 18 years was \$126,398 in 2024. Children living in unmarried parent households experience a substantially lower median income than those living in a married couple household (\$145,759), particularly if the single householder is female (\$35,387 compared to \$91,433 for male single householders) [15].

Table 6. Median Income by Household Type, Kitsap County, 2024 and 2019 [15]

Household Type	Median Household Income	
	2024	2019
Family HH with own children <18	\$115,884	\$82,354
Married couple	\$145,759	\$95,327
Male householder, no spouse present	\$91,433	\$58,899
Female householder, no spouse present	\$35,387	\$40,413
Family HH with no own children <18	\$126,398	\$100,321
Non-family HH	\$66,195	\$51,242

Between 2019 and 2023, the ZIP Codes with the lowest median incomes for a family with children under the age of 18 were 98310 (East Bremerton, \$63,319), Suquamish (98392, \$83,333), and 98366 (Port Orchard, \$87,219) (Table 7).

Table 7. Median Income by Household Type and ZIP Code in Kitsap County and North Mason County, 2019-23* [12]

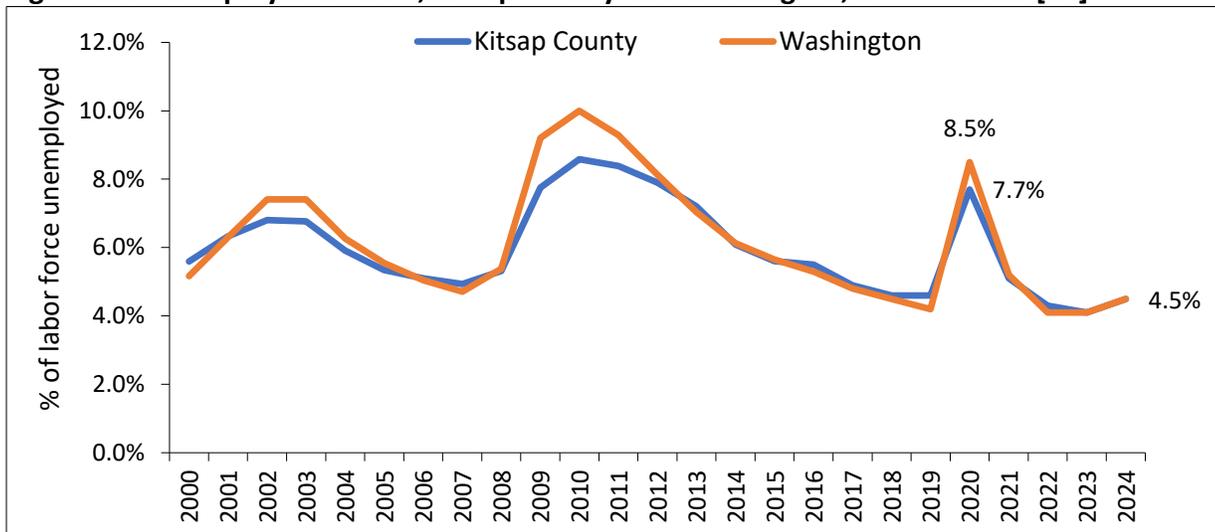
	Family HH with own children <18	Type of Family HH with own children <18				Non-family HH
		Married couple	Male householder, no wife present	Female householder, no husband present	Family HH with no own children <18	
Bainbridge Island 98110	\$208,818	\$233,571	\$154,766	\$104,787	\$182,157	\$75,563
East Bremerton 98310	\$63,319	\$95,994	\$61,500	\$36,875	\$92,198	\$59,159
West Bremerton 98312	\$107,188	\$123,281	\$101,875	\$30,779	\$101,071	\$62,170
Bremerton 98337	\$88,926	\$106,944	\$55,100	\$88,451	\$110,179	\$53,097
Silverdale 98311	\$99,818	\$126,477	\$64,768	\$41,713	\$115,421	\$58,950
Silverdale 98383	\$128,631	\$152,483	\$67,683	\$54,896	\$123,831	\$63,511
Seabeck 98380	\$139,902	\$167,500	*	\$58,171	\$114,885	\$88,750
Hansville 98340	\$185,074	\$186,176	*	*	\$103,406	\$75,045
Indianola 98342	\$121,250	\$136,563	\$97,500	\$53,750	\$140,625	\$63,750
Keyport 98345	*	*	*	*	\$133,984	*
Kingston 98346	\$120,825	\$135,000	\$44,226	\$30,000	\$131,739	\$66,447
Poulsbo 98370	\$140,121	\$153,563	\$80,043	\$47,625	\$122,436	\$53,045
Suquamish 98392	\$83,333	\$123,036	\$58,750	\$38,750	\$99,313	\$66,023
Olalla 98359	\$112,935	\$138,333	*	*	\$110,081	\$58,807
Port Orchard 98366	\$87,219	\$123,434	\$68,699	\$45,702	\$106,373	\$60,375
Port Orchard 98367	\$103,699	\$117,181	\$92,386	\$51,835	\$121,224	\$67,899
Allyn 98524	\$143,979	\$144,396	*	*	\$110,398	\$55,379
Belfair 98528	\$105,077	\$111,995	\$88,477	\$74,301	\$97,156	\$53,274
Grapeview 98546	\$120,547	\$119,893	*	*	\$105,335	\$49,780
Tahuya 98588	*	*	*	*	\$105,536	\$49,125

*Indicates that there were too few individuals surveyed in that category to compute an estimate.

Unemployment

Since 2000, the unemployment rate in Kitsap County has tended to be very similar to Washington state's unemployment rate, with only a few years in which Kitsap's rate was higher than the state's (Figure 17) [24]. In 2024, unemployment was 4.5% in Kitsap and Washington. Unemployment was similar to pre-pandemic levels, with a decrease of 42% from 2020 to 2024 in Kitsap and 47% in Washington. ^

Figure 17. Unemployment Rate, Kitsap County and Washington, 2000 to 2024 [24]



According to an earlier needs assessment administered by the Port Gamble S'Klallam Tribe, for Kitsap County Native American residents, the unemployment rate was about 12% in 2013, much higher than the overall rate in Kitsap County in 2013 of 7.2%. [19] In Port Gamble S'Klallam Tribe's 2016-2017 survey, about 54% reported current full or part time employment and an additional 11% reported self-employment based on Treaty income. [14] The most common primary occupations for tribal members were construction, building trades, maintenance and fishing/clamming.

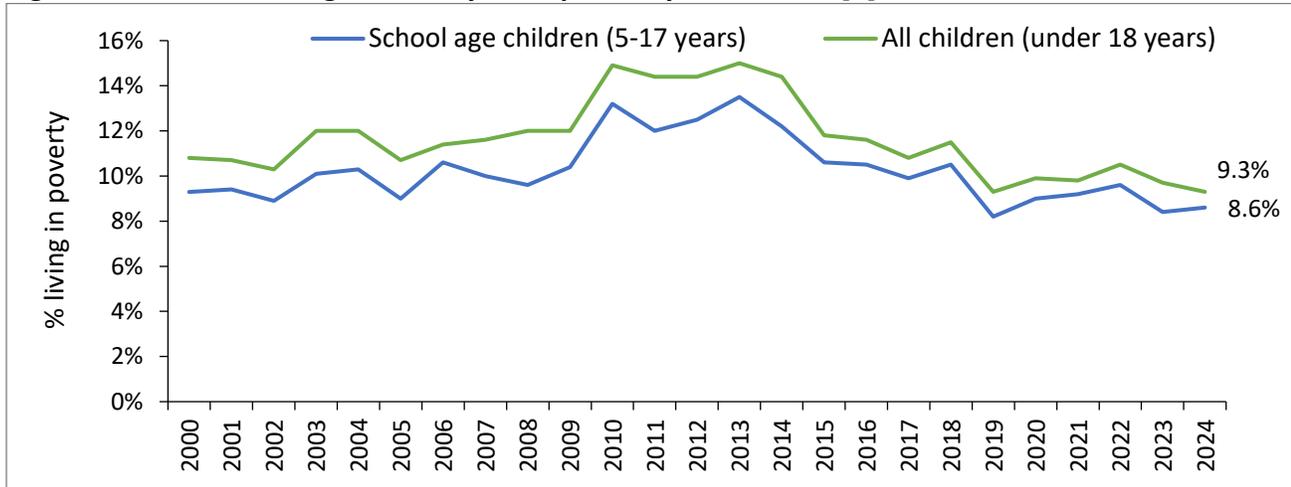
Poverty

In 2024, the federal poverty threshold was defined as a household income of \$15,060 for one person and \$31,200 for a family of four [25]. The poverty threshold is slightly higher than previous years (\$26,500 for a family of four in 2020 and \$27,750 in 2022). To calculate official estimates of the proportion of the population living in poverty, the US Census Bureau computes poverty thresholds. The poverty threshold is used in this report to describe the Kitsap County populations living in poverty. The federal poverty guidelines are a simplified version of the poverty threshold and are only slightly different (\$15,940 for an average single person household and \$32,130 for an average family of four in 2024) [26]. The federal poverty guidelines are issued each year by the Department of Health and Human Services and used to determine eligibility for certain federal assistance programs. ^

County-wide in 2024, an estimated 7.8% of residents were living in poverty (i.e., below the poverty threshold), which continues a decreasing trend since a high point of 9.5% in 2022 [2]. Rates of

poverty in children remained higher than the population average, with 9.3% of all children under age 18 living in poverty in 2024 (Figure 18) [2]. Poverty rates for children of all ages tracked similarly to the overall county poverty rate with increases since 2019 and a slight decrease from 2022 (10.5% for all children) [2]. The poverty rate was lower for school-aged children (5-17 years) at 8.6% in 2024, indicating that poverty rates were higher for children under 5 years [2]. The age group younger than 5 years old had a small enough population that five-year average estimates are recommended and are detailed elsewhere in Table 8 below and Figure 23 in Section II-A.

Figure 18. Children Living in Poverty, Kitsap County, 2000-2024 [2]



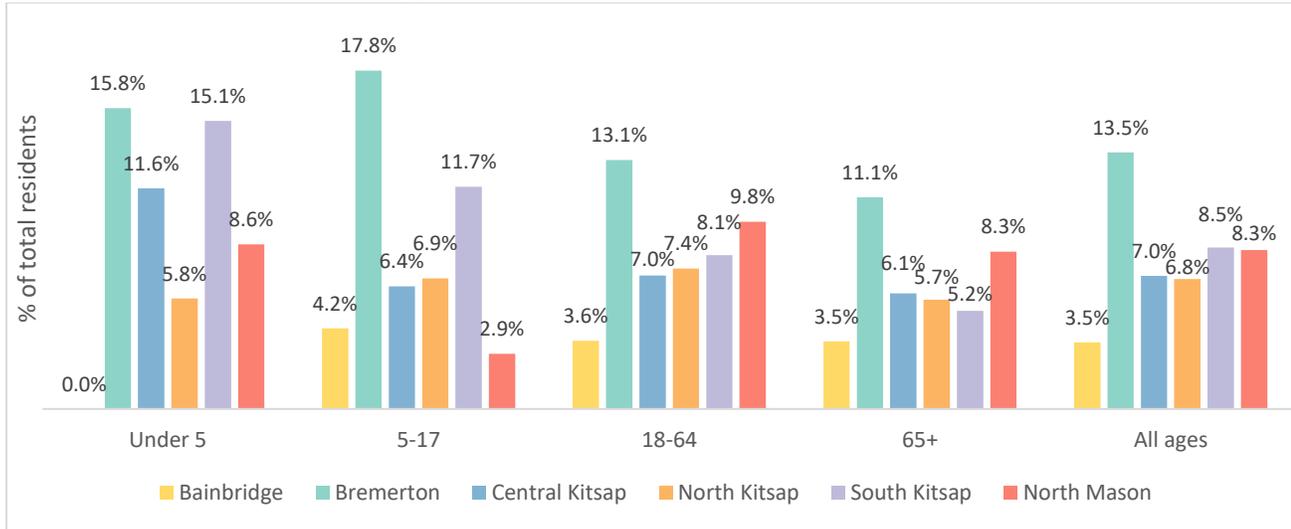
For all age groups, Kitsap County had proportionally fewer people living in poverty than Washington overall from 2020 to 2024 (Table 8) [3]. In Kitsap County and Washington, young children and women tended to have disproportionately higher rates of poverty. Poverty among the child populations aged 0 to 4 and 0 to 5 years are discussed further in Section II-A. The estimated poverty rate for females in Kitsap County was 9.0% from 2020 to 2024, and females accounted for 54.1% of all county residents living in poverty. This pattern is also observed statewide, with females accounting for 54.8% of all those in Washington who were living in poverty from 2020 to 2024.

Table 8. Populations Living in Poverty in Past 12 Months, Kitsap County and Washington, 2020-2024 [3]

2020-2024	% of population	# of persons
All Ages		
Kitsap County	8.2%	22,155
Washington State	9.9%	760,577
Children younger than age 5		
Kitsap County	11.5%	1,618
Washington State	12.6%	53,534
School-aged children (age 5-17)		
Kitsap County	9.4%	3,718
Washington State	11.3%	137,565
Adults (age 18+)		
Kitsap County	7.8%	16,819
Washington State	9.4%	569,478
Females		
Kitsap County	9.0%	11,996
Washington State	10.9%	416,836
% of total in poverty who are female		
Kitsap County	54.1%	
Washington State	54.8%	

Poverty varies across the county. From 2020 to 2024, Bremerton had the highest percentage (13%) of residents living in poverty across all age groups [3]. Looking within age groups, Bremerton and South Kitsap had the highest percentages of children under age 5 who were living in poverty (16% and 15%, respectively), Bremerton had the highest percentages for older children 5-17 years (18%), adults 18-64 years (13%), and adults 65 years and older (11%) (Figure 19). Among children younger than 5, Central Kitsap (12%) had a notably higher rate than North Kitsap (6%) and Bainbridge Island (0%), but among 5-17-year-olds, the poverty rate (6%) was closer to that of North Kitsap (7%) and Bainbridge Island (4%). In North Mason, 9% of children under 5 were living in poverty, compared to 3% aged 5-17 years, and 10% of adults 18-64 years between 2020 and 2024 [3].

Figure 19. Percentage of Total Residents Living in Poverty by Age Group and Region, Kitsap County and North Mason: 2020-2024 [3]



Limiting the analysis to people living in poverty in 2020 to 2024, and reviewing the distribution by region as shown in Figure 20, demonstrates that 37% of children under 5 living in poverty in Kitsap County lived in South Kitsap, another 30% lived in Central Kitsap, 25% in Bremerton, and 8% in North Kitsap. Bainbridge Island has 0 estimated residents under 5 years living in poverty during this period [3]. The distribution across regions was similar for children ages 5 to 17 years, but with a slightly smaller proportion living in Central Kitsap (21%) and larger proportions distributed in North Kitsap (11%) and Bainbridge Island (4%). A key takeaway from this analysis is that while Bremerton had a higher percentage of its residents living in poverty, South Kitsap accounted for a larger proportion of people living in poverty across the county due to its larger population than Bremerton. Table 9 presents the counts and percentages of residents living in poverty by age group in each ZIP Code from 2019 to 2023 [12].

Figure 20. Distribution of Kitsap County Residents in Poverty by Age Group: 2020-2024 [3]

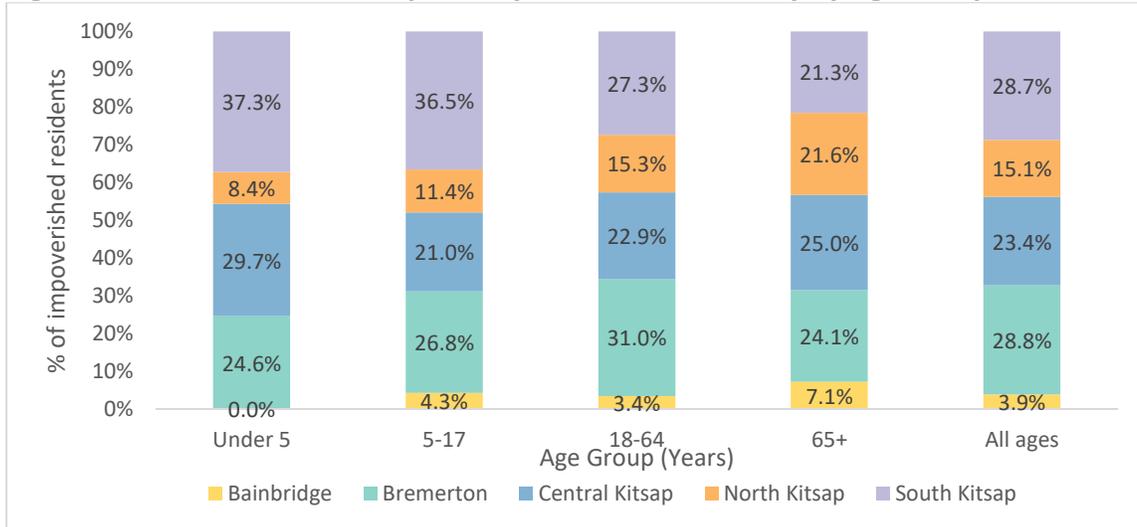


Table 9. Estimated Number and Percentage of Residents in Each Age Group Living in Poverty by ZIP Code, by Kitsap County Region and North Mason County, 2019-2023 [12]

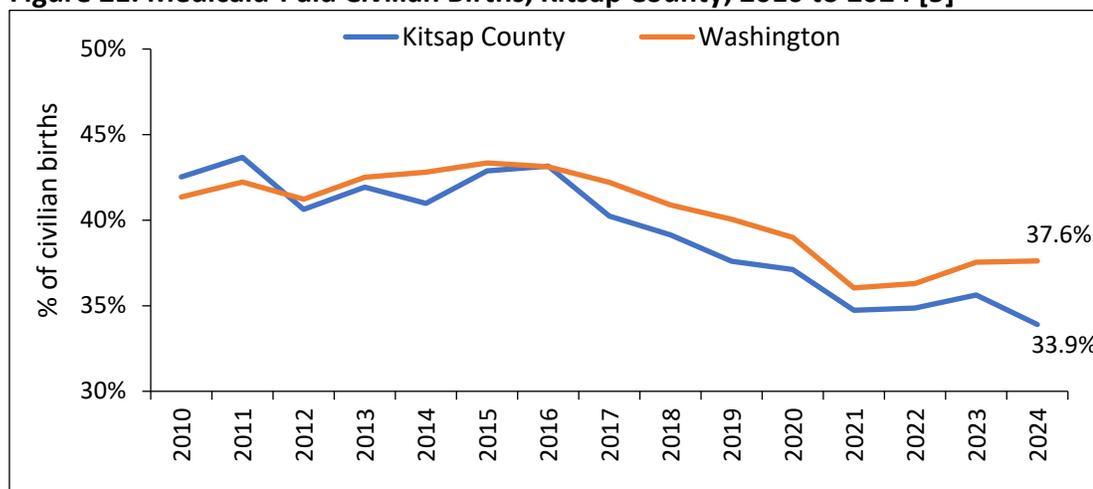
	Total	Under 5	5 to 17	18 to 64	65+
Bainbridge Island 98110	666	*	*	388 (3.0%)	212 (3.3%)
East Bremerton 98310	2955	173 (12.4%)	529 (19.6%)	1856 (13.0%)	397 (11.7%)
West Bremerton 98312	3457	323 (16.3%)	638 (12.3%)	1971 (9.4%)	525 (9.4%)
Bremerton 98337	915	18 (11.0%)	42 (8.9%)	779 (15.5%)	76 (10.4%)
Silverdale 98311	2303	338 (22.1%)	362 (9.1%)	1414 (8.2%)	189 (3.6%)
Silverdale 98383	1282	22 (1.7%)	101 (3.4%)	677 (5.0%)	482 (11.3%)
Seabeck 98380	226	*	*	182 (6.3%)	19 (2.2%)
Hansville 98340	109	28 (40.6%)	*	66 (6.9%)	*
Indianola 98342	130	11 (19.0%)	20 (12.7%)	72 (9.5%)	27 (6.5%)
Keyport 98345	16	*	*	16 (10.6%)	*
Kingston 98346	708	15 (3.8%)	91 (9.7%)	470 (9.0%)	132 (4.7%)
Poulsbo 98370	2044	24 (1.4%)	233 (5.0%)	1392 (7.2%)	395 (5.6%)
Suquamish 98392	367	26 (19.0%)	67 (16.0%)	243 (11.8%)	31 (4.0%)
Olalla 98359	603	32 (15.4%)	86 (10.3%)	354 (13.6%)	131 (12.6%)
Port Orchard 98366	4047	425 (22.1%)	870 (14.9%)	2456 (10.6%)	296 (5.0%)
Port Orchard 98367	2370	267 (16.2%)	590 (11.9%)	1210 (6.1%)	303 (5.3%)
Allyn 98524	268	*	*	139 (6.0%)	102 (8.0%)
Belfair 98528	732	17 (2.2%)	58 (3.0%)	540 (8.1%)	117 (4.5%)
Grapeview 98546	70	*	*	47 (3.9%)	23 (2.8%)
Tahuya 98588	332	*	*	172 (15.7%)	103 (18.0%)

Note: Percentages are out of all residents in the specific age group.

* Categories with an estimate of fewer than 10 people have been suppressed to protect confidentiality and data reliability. When only one category is less than 10, the next smallest category is also suppressed to prevent calculation of the suppressed estimate.

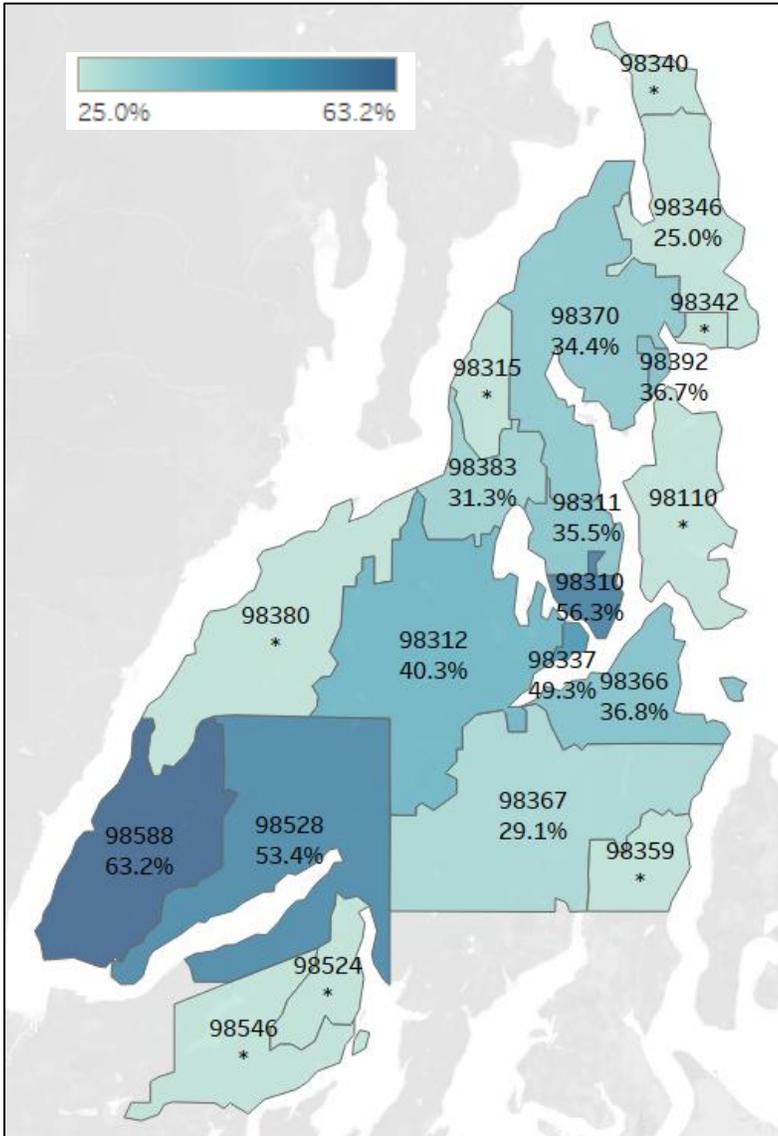
Another important measure of poverty in a community is the proportion of pregnant individuals who qualify for and receive Medicaid funding to cover their maternity care. Medicaid pays for maternity care for those who have an income at or below 210% of the federal poverty guidelines [27]. This represents a monthly income of \$5,760 or less for a four-person household (in 2026) [27]. In 2024, 733 (34%) of civilian births in Kitsap County were covered by Medicaid [5]. As shown in Figure 21, Kitsap’s rate has been close to the state’s rate from 2010 to 2016 and from 2020 to 2023. In 2024, compared to Washington, Kitsap had a statistically significantly lower percentage of civilian births paid by Medicaid (34% in Kitsap versus 38% in Washington).^

Figure 21. Medicaid-Paid Civilian Births, Kitsap County, 2010 to 2024 [5]



Within Kitsap County, the percentage of births paid for by Medicaid varies across ZIP Codes (Figure 22) [5]. Many ZIP Codes had very low numbers of births, making the percentage paid by Medicaid unreliable. Of those with high enough births, the ZIP Code with the lowest percentage of Medicaid-paid births is 98383 (19%, Silverdale), while the ZIP Codes with the highest percentages are 98337 (43%, Bremerton) and 98528 (51%, Belfair).

Figure 22. Medicaid-Paid Civilian Births by ZIP Code, Kitsap County and North Mason County: 2023
[5]



*Percentage is suppressed because the numerator is <10.

Note: use caution in interpreting the percentages displayed; due to small numbers, percentages may have elevated relative standard errors and may be unreliable.

II. PROFILE OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES IN KITSAP COUNTY

A. Demographic Make-up of Eligible Child Population

Most children are eligible for Head Start and Early Head Start (HS/EHS) programs based on their age and family income. Children who are enrolled tribal members or whose parents are enrolled tribal members are eligible for Tribal HS/EHS programs regardless of family income. This section provides a profile of the child population living in poverty, by residence location and racial/ethnic background. Note that since the Kitsap County child population aged 0 to 5 years is estimated to be less than 20,000, data used in this section to assess sub-groups of this already small population are limited to 5-year estimates in order to provide the most reliable estimates possible (*see the Limitations and Considerations of the Data discussion in the Introduction*).

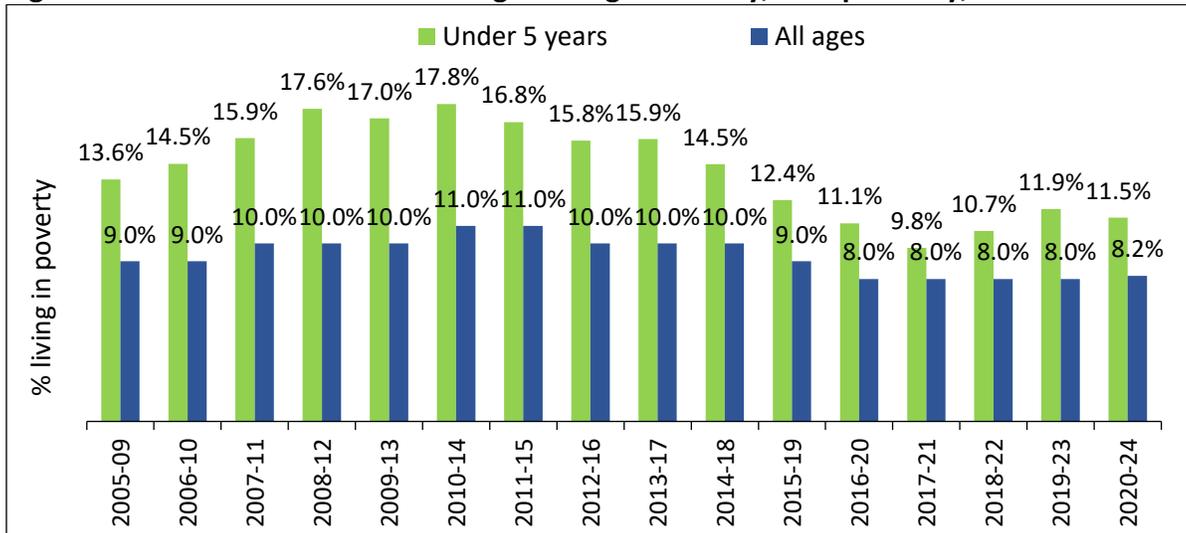
The estimated child population age 5 years and younger in Kitsap County in 2024 was 17,451, approximately 6.1% of the population [13]. This is comprised of children younger than 3 years old (48%), 3-4 years old (34%), and 5 years old (18%).[^]

The Port Gamble S’Klallam Tribe administered a survey to all households and individuals affiliated with the Tribe in 2016-2017, which found that half (50.2%) of all tribal households reported having children age 0 to 18. [14] Of the households with children, more than half (56%) reported having a child age 5 years or younger, which accounted for about 37% of the children in the Tribe.

Children Living in Poverty

On average, the 0- to 4-year-old population was estimated to be 14,125 from 2020 to 2024, with approximately 11.5% living in poverty [3]. The poverty rate for young children is consistently higher than the rate for residents of all ages combined (8.2% on average in 2020-2024) (Figure 23).[^]

Figure 23. Children Under 5 and All Ages Living in Poverty, Kitsap County, 2005-09 to 2020-24 [3]



Geographic Location

Among the children under age 5 who were living in poverty in 2020 to 2024, defined as a household income below the poverty threshold, an estimated 37% lived in South Kitsap, 30% in Central Kitsap, 25% in Bremerton, and 8% in North Kitsap. There were 0 children living in poverty on Bainbridge Island [3].

Table 10 presents the proportion of children under age 6 across levels of poverty in each school district region, defined as the ratio of household income to the federal poverty threshold [3]. The percentage of children living below 100% of the poverty threshold was highest in Bremerton (16%), followed by South Kitsap (12%), Central Kitsap (11%), North Mason County (8%), and North Kitsap (6%) from 2020 to 2024 (Table 10).

Table 10. Percentage of Children Under 6 Years Living at Various Ratios of the Federal Poverty Threshold by Region, Kitsap County and North Mason County, 2020-2024 [3]

	Bainbridge Island	Bremerton	Central Kitsap	North Kitsap	South Kitsap	North Mason
Population under 6	1,337	3,006	5,047	2733	4,815	1,136
< 50% of poverty	0%	4%	10%	4%	9%	7%
50% to 99% of poverty	0%	12%	1%	2%	3%	1%
100% to 124% of poverty	0%	6%	2%	3%	3%	5%
125% to 149% of poverty	1%	8%	6%	4%	6%	0%
150% to 184% of poverty	0%	7%	3%	6%	3%	3%
185% to 199% of poverty	0%	7%	2%	2%	0%	0%
≥ 200% of poverty	99%	57%	76%	80%	75%	84%

From 2019-2023, the ZIP Codes with the highest percentages of children ages 0 to 5 living below 100% of the poverty threshold were 98340 (Hansville, 51%), 98342 (Indianola, 20%), and 98311 (Silverdale, 20%). The ZIP Code with the highest percentage for this measure in North Mason County was 98588 (Tahuya, 75%) [12]. Estimates for some ZIP Codes with small populations should be interpreted cautiously due to limited data reliability. Table 11 shows the proportion of children under age 6 across levels of poverty for each ZIP Code in Kitsap County and North Mason County.

Table 11. Percentage of Children Under 6 Years Living at Various Ratios of the Federal Poverty Threshold by ZIP Code, Kitsap County and North Mason County, 2019-2023 [12]

	Population < 6y	Percent of the Federal Poverty Threshold						
		< 50%	50% to 99%	100% to 124%	125% to 149%	150% to 184%	185% to 199%	≥ 200%
Bainbridge Island 98110	1462	0%	0%	1%	1%	0%	0%	98%
East Bremerton 98310	1616	10%	3%	2%	11%	7%	8%	59%
West Bremerton 98312	2555	9%	7%	6%	6%	4%	0%	67%
Bremerton 98337	196	0%	9%	0%	13%	11%	0%	67%
Silverdale 98311	1742	20%	3%	2%	2%	2%	2%	69%
Silverdale 98383	1559	*	1%	1%	13%	2%	10%	72%
Seabeck 98380	223	0%	0%	7%	0%	0%	0%	93%
Hansville 98340	84	51%	0%	0%	0%	0%	0%	49%
Indianola 98342	70	20%	0%	0%	*	*	0%	73%
Keyport 98345	0	-	-	-	-	-	-	-
Kingston 98346	432	3%	*	*	9%	9%	*	76%
Poulsbo 98370	1875	*	1%	1%	0%	6%	*	91%
Suquamish 98392	153	*	14%	*	*	8%	*	66%
Olalla 98359	302	11%	0%	*	22%	*	8%	58%
Port Orchard 98366	2283	9%	10%	5%	6%	4%	2%	64%
Port Orchard 98367	1936	12%	*	*	2%	10%	1%	73%
Allyn 98524	150	7%	0%	0%	0%	0%	0%	93%
Belfair 98528	994	2%	0%	11%	0%	4%	0%	84%
Grapeview 98546	57	0%	0%	0%	0%	0%	0%	100%
Tahuya 98588	76	75%	0%	0%	0%	0%	0%	25%

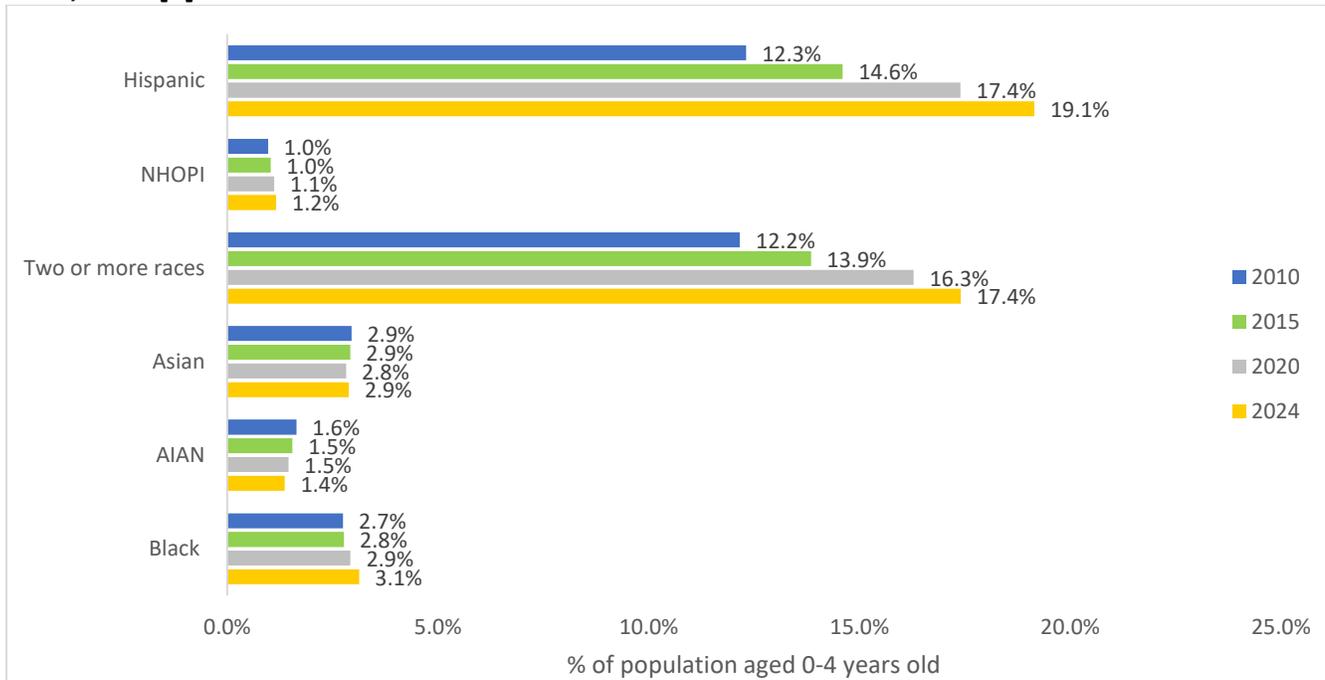
* Categories with an estimate of 1 to 9 people have been suppressed to protect confidentiality. When only one category for a ZIP Code was n<10, another category was suppressed to discourage calculation of the suppressed category.

Racial and Ethnic Composition

The child population age 0 to 4 years has become more racially diverse in recent years, with the proportion of non-Hispanic white children decreasing from 67.2% in 2010 to an estimated 54.9% in 2024 [13]. During the same timeframe, the Hispanic child population has grown substantially, from 12.3% of the county population of young children in 2010 to 19.1% in 2024, representing the largest minoritized group in Kitsap (Figure 24). This proportion is greater than among the adult population (ages 20+ years), which was 7.8% Hispanic in 2024. The proportion of young children who identified as having two or more non-Hispanic races has also increased substantially, climbing from 12.2% in 2010 to 17.4% in 2024 (Figure 24).[^]

Due to general population growth over time, the populations of children aged 0 to 4 years also increased slightly for children who identified with other minoritized race groups. As a proportion of the whole population of children 0-4 years, their size remained relatively steady over time. In 2024, 1.2% of the population of young children was non-Hispanic Native Hawaiian or Other Pacific Islander, 2.9% was non-Hispanic Asian, 1.4% was non-Hispanic American Indian/Alaska Native, and 3.1% was non-Hispanic Black (Figure 24).

Figure 24. Minority Race/Ethnicity of Child Population (Aged 0 to 4), Kitsap County: 2010, 2015, 2020, 2024 [1]



AIAN = American Indian/Alaska Native. NHOPI = Native Hawaiian/Other Pacific Islander.

B. Actual Enrollment in Head Start/Early Head Start Programs

Number of Enrollees by Program

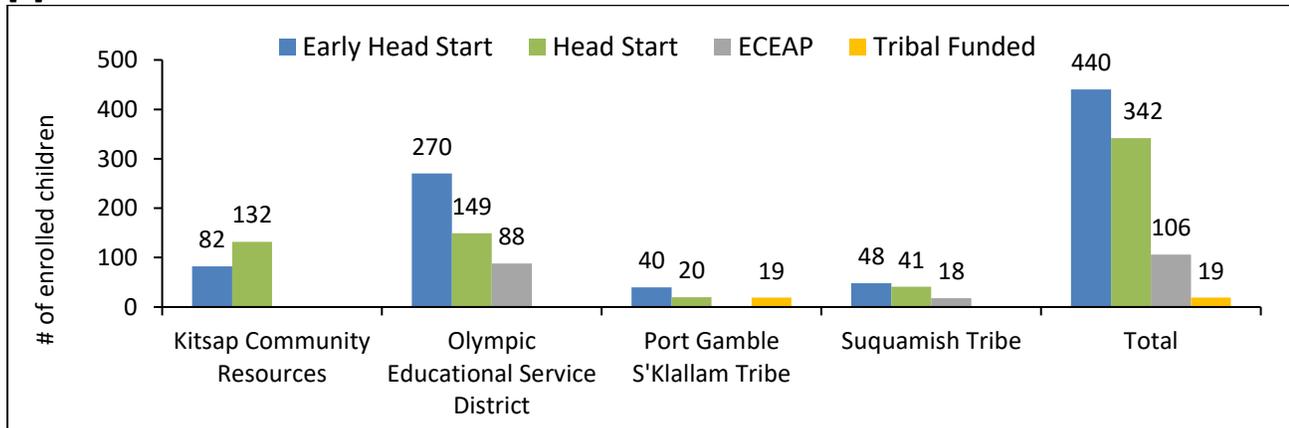
The total cumulative enrollment in Early Head Start (EHS) and Head Start (HS) programs serving Kitsap County is presented in Table 12 [7]. During the 2024-25 school year, there were a total of 907 people enrolled across all Kitsap County programs including EHS, HS, and ECEAP (Figure 25). This included 775 children and 26 pregnant individuals in EHS and HS, and 106 children enrolled in ECEAP (OESD and Suquamish Tribe). This year overall, more enrollees were in Early Head Start (49%) than Head Start programs (40%), and ECEAP enrollees accounted for 12% of the total. There were 19 Tribal Funded spots in the Port Gamble S'Klallam Tribe's program, of which 2 were EHS and 17 were HS. These are included in the total counts in Table 12 but shown separately in Figure 25. ^

Table 12. Cumulative Enrollment in Kitsap County Head Start and Early Head Start Programs: 2009-10 to 2024-25 [7]

	Early Head Start															
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
KCR	112	119	105	102	98	108	107	102	118	108	116	116	92	86	91	82
OESD	158	229	229	221	225	237	289	353	354	339	276	279	213	228	282	270
PGST	34	35	37	33	34	32	42	42	43	42	40	41	40	42	40	42
ST	41	40	48	45	44	42	44	42	40	46	46	40	40	31	40	48
Total	345	423	419	401	401	419	482	539	555	535	478	476	385	387	453	442
	Head Start															
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
KCR	336	346	305	314	268	303	318	311	277	269	271	266	226	213	197	132
OESD	262	303	272	292	262	239	235	204	182	174	155	114	89	74	144	149
PGST	34	37	37	37	28	29	35	33	33	30	20	29	0	33	37	37
ST	37	38	40	37	36	39	36	36	37	38	38	36	0	38	36	41
Total	669	724	654	680	594	610	624	584	529	511	484	445	315	358	414	359

KCR = Kitsap Community Resources, OESD = Olympic Educational Service District, PGST = Port Gamble S'Klallam Tribe, ST = Suquamish Tribe

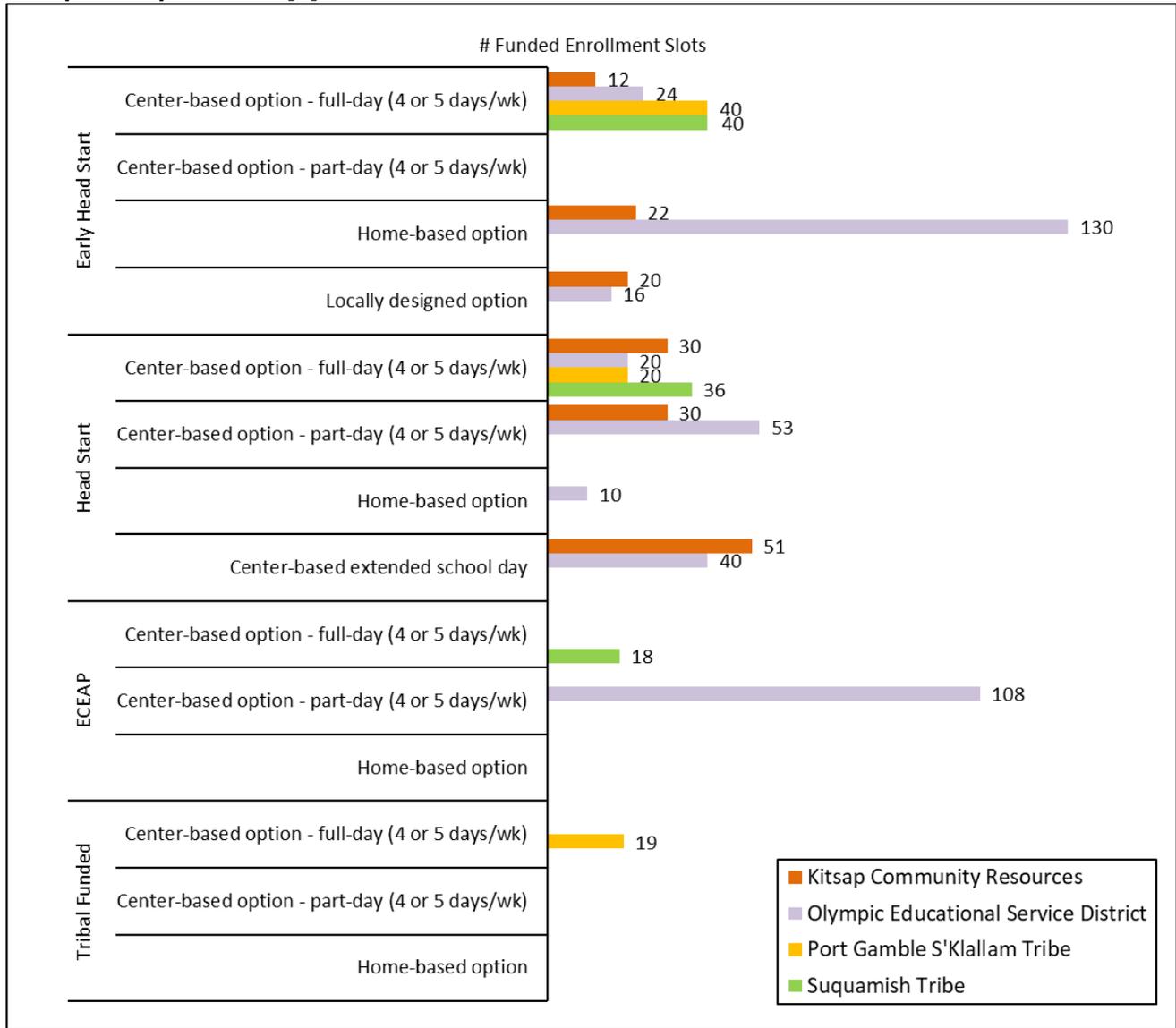
Figure 25. Enrollment Head Start/Early Head Start by Program and Agency, Kitsap County: 2024-25 [7]



Funded Enrollment by Program Option

Figure 26 shows the funded enrollment by program option in each agency during the 2024-25 school year [7]. Funded enrollment options numbers do not include pregnant individuals and are not the same as cumulative enrollment numbers.

Figure 26. Early Head Start and Head Start Funded Enrollment by Program Option and by Agency, Kitsap County: 2024-25 [7]



In 2010, the Port Gamble S’Klallam Tribe was awarded funding from the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), under Health Resources and Services (HRSA) in cooperation with the Administration for Children and Families (ACF), to support a needs assessment, plan development, and program for culturally relevant early learning, family support, and home-visiting programs. The Tribe followed a grant timeline that included a full year of conducting a needs assessment and developing a plan (FY 2011) and in Years 2 through 5 provided culturally relevant

services, established progress and conducted evaluation activities. The Tribe’s Together for Children (TFC) program is a partner with the Early Childhood Education program and has strengthened the services to expectant families who are using the Nurse Family Partnership model. In the 2023-24 school year, 30 of the infants and toddlers enrolled in EHS received services from The TFC Home Visiting program [28].

Racial and Ethnic Composition

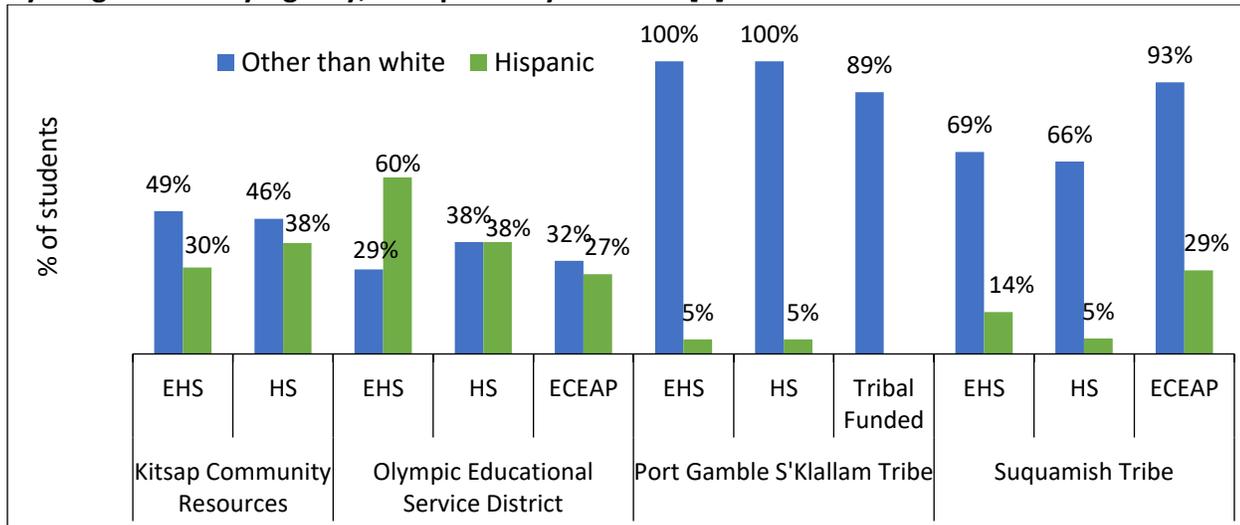
During the 2024-25 school year, the total Kitsap County Head Start/Early Head Start enrollment consisted of 54% white, 16% multiracial, 15% American Indian/Alaskan Native, 5% Black, 2% Native Hawaiian or Other Pacific Islander, 2% Asian individuals. For another 5% of individuals, race was not reported or reported as “Other.” In the total enrollment population across all programs, 38% identified as Hispanic. The racial and ethnic composition of enrollees varied by Program and by Agency as shown in Table 13. Figure 27 highlights the percentage of enrollees who identify as a race or ethnicity other than white. ^

Table 13. Race and Ethnicity of Early Head Start and Head Start Enrollees by Program and by Agency, Kitsap County: 2024-25 [7]

	Kitsap Community Resources		Olympic Educational Service District			Port Gamble S'Klallam Tribe			Suquamish Tribe		
	EHS	HS	EHS	HS	ECEAP	EHS	HS	Tribal Funded	EHS	HS	ECEAP
RACE, ANY ETHNICITY											
AIAN	1%	1%	0%	1%	2%	100%	100%	89%	57%	47%	71%
Asian	1%	5%	0%	3%	6%	0%	0%	0%	2%	3%	0%
Black	12%	14%	3%	3%	2%	0%	0%	0%	2%	8%	14%
NHOPI	2%	5%	1%	3%	0%	0%	0%	0%	0%	0%	0%
White	51%	54%	71%	62%	68%	0%	0%	11%	31%	34%	7%
Multi-racial	24%	21%	13%	24%	18%	0%	0%	0%	7%	8%	7%
Unknown/Other	7%	0%	11%	3%	3%	0%	0%	0%	0%	0%	0%
ETHNICITY											
Hispanic	30%	38%	60%	38%	27%	5%	5%	0%	14%	5%	29%
Non-Hispanic	63%	62%	40%	62%	73%	95%	95%	100%	86%	95%	71%

AIAN = American Indian/Alaska Native, NHOPI = Native Hawaiian or Other Pacific Islander.

Figure 27. Racial and Ethnic Minority Groups Enrolled in Head Start and Early Head Start Programs by Program and by Agency, Kitsap County: 2024-25 [7]



Primary Language Spoken at Home

Collectively across all programs, most enrollees (75%) spoke English as their primary language at home in 2024-25 [7]. This percentage has decreased slightly over the past few years, from 85% of enrollees speaking English at home in the 2020-21 school year. The second most common language spoken at home this year was Spanish (16%), then Native Central American, South American and Mexican languages (8%). The Port Gamble S'Klallam Tribe programs reported 100% of their enrollees spoke English at home and the Suquamish Tribe programs reported 89%, while the remainder reported speaking Spanish at home (11%). Across KCR programs, 12% of enrollees spoke Spanish, and across OESD programs, 20% reported speaking Spanish and 13% reported speaking Native Central American, South American and Mexican languages. Other languages that were spoken at home by several enrollees across all programs included Middle Eastern and South Asian languages, East Asian Languages, European and Slavic Languages, and African languages. ^

Enrollment Waiting List Status

Each agency generally maintains a combined Head Start, Early Head Start and Early Childhood Education and Assistance Program (ECEAP) waitlist for preschool slots because the children can be placed wherever there is an opening for which they are eligible. In addition, American Indian/Alaska Native HS/EHS programs are able to serve all American Indian/Alaska Native families regardless of income. As of March 2025, the KCR waitlists included 6 income eligible children and 27 over income children for EHS, and 7 income eligible and 60 over income children for HS [29] As of November 2025, the OESD program waitlists had 64 income eligible and 8 over income children for EHS, 46 income eligible and 12 over income children for HS, and 28 income eligible and 5 over income children for ECEAP slots [30]. The waitlists have mostly increased from previous years, demonstrating the community need and desire for participation in child development and family support programs. During the 2024-25 school year, the Port Gamble S'Klallam Tribe had a waitlist for infants in EHS due to lack of available infant classroom slots. They did not have a HS waitlist as they were able to serve all children who applied due to Tribal funds supporting those slots across three classrooms [31]. As of

November 2025, the Suquamish Tribe program had 10 individuals on the EHS waitlist and 2 individuals on the HS/ECEAP waitlist [32]. ^

III. OTHER CHILD DEVELOPMENT AND CHILDCARE PROGRAMS SERVING HEAD START/EARLY HEAD START ELIGIBLE CHILDREN

State-funded Preschool Programs

The Early Childhood Education and Assistance Program (ECEAP) is Washington’s state-funded program to provide preschool to low-income families. ECEAP and Head Start are very similar in that they both provide comprehensive preschool programs that provide free services and support to eligible children and their families. Their shared goal is to ensure that children are entering kindergarten ready to succeed. Many of the same agencies that are operating Head Start and Early Head Start (HS/EHS) programs also receive ECEAP funds to support children, including OESD.

Tribally-supported Preschool (0 to 5) Programs

The Suquamish Tribe and the Port Gamble S’Klallam Tribe provide additional funds to support comprehensive preschool and infant/toddler services to tribal families and other families in the community, with a goal of serving all tribal children regardless of income with comprehensive 0 to 5 programs. The Suquamish Tribe directs tribal dollars to support all of its programs at the Marion Forsman-Boushie Early Learning Center though all funded slots for Head Start, Early Head Start, and ECEAP are federally or state-funded. In the 2024-25 school year, the Port Gamble S’Klallam Tribe funded 2 slots for Early Head Start and 17 slots for Head Start. In addition, both the Suquamish Tribe and Port Gamble S’Klallam Tribe provide wrap-around childcare for eligible children through tribal subsidies. Tribal citizens can be eligible for either state or tribal subsidies.^

Other Local Preschool Programs

Local school districts offer free preschool to some children with special needs. These programs have certified special education teachers, speech therapists, and other staff who are trained in teaching children skills that will help them enter kindergarten ready to succeed.

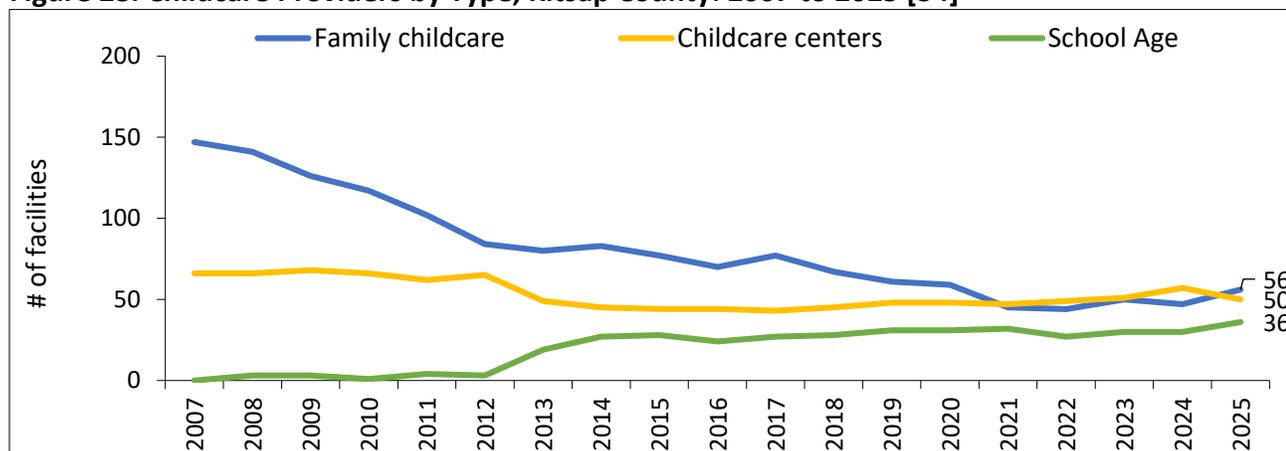
There are also private preschools, including parent cooperative preschools (co-ops). However, with the cost of these options, it is unlikely that HS/EHS-eligible families are making use of such programs.

Childcare Programs

In 2025, on average, there were 142 licensed childcare providers in Kitsap County [6]. This was a notable increase from the 134 providers in 2024 and 131 providers in 2023, and was similar to the average number of providers in Kitsap prior to the COVID-19 pandemic. During the COVID-19 pandemic, there was an overall decrease in the number of childcare providers, demonstrated by a drop from 140 providers in 2019 to 120 providers in 2022. In Washington overall, 27% of childcare capacity was temporarily closed due to COVID. According to Child Care Aware, some of these sites will not reopen [33].^

Figure 28 presents the average number of licensed childcare providers by facility type over time [34]. The number of licensed family childcare providers (i.e., home-based childcare providers) declined from 147 providers in 2000 to 45 providers in 2021 and then levelled off through 2024 (47 providers). In 2025, the number of family childcare providers increased to 56. For licensed childcare centers, the average number of providers has remained relatively stable, except for a slight drop from 65 providers in 2012 to 49 providers in 2013 and another drop most recently from 57 providers in 2024 to 50 providers in 2025.

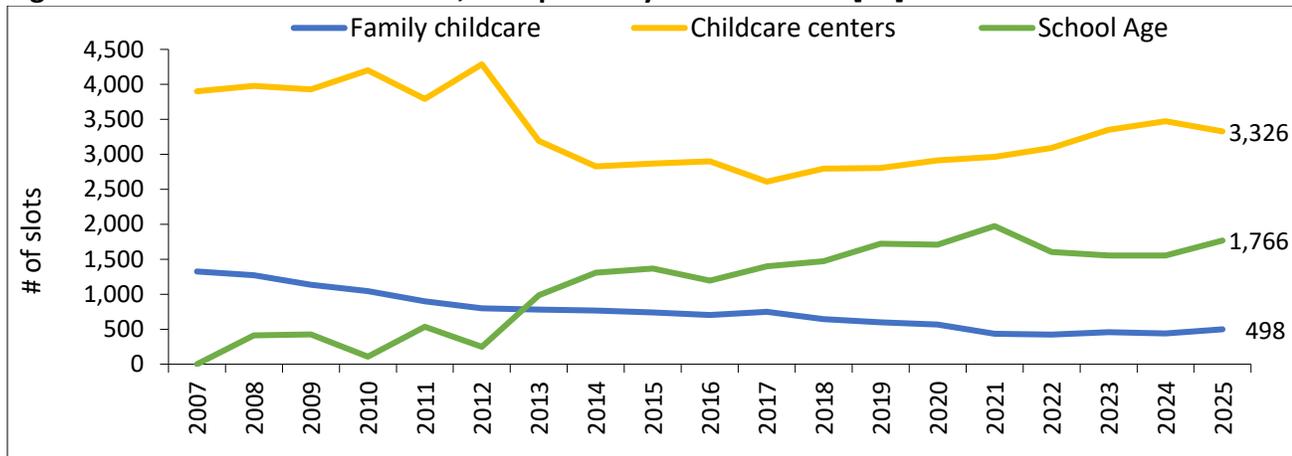
Figure 28. Childcare Providers by Type, Kitsap County: 2007 to 2025 [34]



In 2013 and 2014 the number of school-age childcare providers (licensed and exempt) grew substantially, and this number remained similar from 2014 (27) through 2025 (36) (Figure 28). Generally, “exempt care” means any type of care that doesn’t need to be licensed under Washington law, such as: (1) educational or care programs that operate less than 4 hours per day (e.g. private preschool programs run by recreational centers, churches, etc. and after school programs that are only open for a few hours); and (2) programs that are very short term with no stable enrollment (e.g., drop-in childcare at a gym).

Within the 142 facilities, there were a total of 5,590 childcare slots on average during 2025, as shown by provider type in Figure 29 [6]. Compared to 2024, there were 120 more slots available overall in 2025, nearly all of which were at school age facilities (exempt facilities). From 2024 to 2025, there was an average loss of 147 slots in childcare centers, a gain of 57 slots in family childcare providers, and a gain of 210 slots in school age providers. Looking back further, the total number of slots increased 7% from 2007 to 2025, which equates to a gain of 268 slots for all licensed providers in Kitsap County. This increase was driven by the considerable growth in school-age facility slots. In contrast, the number of slots in family childcare providers has decreased by 62% and in childcare centers by 15% from 2007 to 2025 (Figure 29) [34]. This trend in the decreasing number of providers overall, yet increasing capacity in large centers is also seen statewide, contributing to access challenges such as childcare deserts where the number of options are few and far between [6].

Figure 29. Childcare Provider Slots, Kitsap County: 2007 to 2025 [34]



Utilization of Other Childcare Programs by Head Start/Early Head Start Eligible Families

The 2023-2024 administered Parent Survey, which included 126 participants, assessed whether parents looked for and used childcare services outside of HS/EHS. Detailed results are described in Appendix A. In brief, almost a third of parent participants looked for childcare outside of HS/EHS programs, and 14% reported using those childcare services. The two most popular reasons for not using other childcare options were cost and a long wait list. In addition, 40% of parents lost HS/EHS or regular childcare over the course of the pandemic, and 75% became the replacement for childcare during that time.

As reported in the 2014 Comprehensive Assessment Report, 21% of the 2013 parent survey respondents reported using childcare other than HS/EHS. Of those, 69% use family, friend, or neighbor care, 26% use a licensed childcare center, and 6% use a licensed family home-based childcare. Similarly, on the 2016 parent survey, 26% of respondents indicated they use childcare other than HS/EHS/ECEAP. Among them, an even larger majority (82%) reported having a family member, friends, or neighbors provide care than in 2013, with only a very few using licensed care centers (6%) and licensed home daycares (3%). These surveys clearly illustrate that at least some of the HS/EHS eligible children are utilizing other childcare programs. In 2016, 40% of the respondents using other care said they have not had difficulty finding it, though an equal percentage also said they had difficulty due to high costs.

Outside of the HS/EHS programs, it is difficult to estimate how many eligible children are being served by other programs. Child Care Aware (CCA) of Washington provides referrals to licensed childcare facilities for families seeking care. In 2025, 284 Kitsap County families, including 367 children, used referral services provided by CCA. Of the children served by CCA referral services, 31% used financial aid (i.e., subsidies) [6]. By far, the most common subsidy families in Washington sought acceptance for was state government childcare subsidy programs, such as WCCC. The CCA referral services data only represents the fraction of families who used CCA services to find care; the total demand is likely much greater as families find care without using referral services and/or have children already in licensed care [6]. For more information on subsidy uptake and cost of care, see **Section V, K. Childcare.**

Seeking to answer the question, “how many children are receiving an early learning service?”, the Washington Department of Children, Youth and Families recently published data dashboards that estimate the need and uptake of licensed childcare services among Washington families [35]. These estimates are based on the number of families with children 0-5 years of age and all available parents in the workforce, according to US Census Bureau data. Early learning services include Head Start/Early Head Start, ECEAP, private pay childcare and subsidized childcare (including Family, Friends, and Neighbor Care).

As of July 2025, an estimated 13.6% of Kitsap families with children 0-5 years of age and all available parents in the workforce were receiving an early learning service [35]. This was lower than the statewide estimate of 24%. Among families with household income at or below 60% of the state median income, 15.9% of children were receiving services. This was slightly higher than for households of all incomes, likely due in part to the availability of childcare subsidies as well as disparities in access to paid parental leave where households with lower income have less access or ability to take leave and thus have a greater need for childcare services.

Among infants (0-11 months) in households at or below 60% of the state median income with all available parents in the workforce, only 7.0% (82) were receiving services, with an estimated 1,087 children unserved. Among toddlers (12-35 months) at the same household income level, 14.7% (340) were receiving services, with 1,976 unserved. Among preschoolers (3-5 years) at this household income level, 22.3% (467) were receiving services, leaving 1,630 children unserved. For context, the statewide estimate for preschoolers in households at or below 60% of the state median income was much higher, at 39.1%.

While the above estimates from the Department of Children, Youth and Families fill some information gaps, there is no way to know exactly how many children are in licensed childcare at any time. The numbers change frequently, and no overarching system exists to track the number of children in each center or family home. Additionally, while we know the number of licensed childcare centers and family childcare homes and the number of potential child slots for which these facilities are licensed, comparison of slots by age group overstates the total number of slots available because if a slot is filled in one age group, it cancels out a slot in another age group (for some childcare provider types). We also have no estimate of the total number of children being cared for in unlicensed childcare arrangements with family, friends, neighbors, or others, except among those who apply for state subsidies.

Home Visiting Programs

Home visiting programs are evidence-based, voluntary, family-focused services offered to expectant parents and families with new babies and young children to support the physical, social, and emotional health of their child [36]. Services involve regular visits from trained individuals who develop trusted relationships with families over time. Depending on the program, families may be eligible for services if they have lower income, history of substance use disorder, or a child with a disability. In recent years, there is growing community interest in home visiting services. Many Kitsap County agencies participate in the Home Visiting Collaborative meetings to foster coordination and communication about community needs [37].

As of February 2026, home visiting programs in Kitsap County included Nurse Family Partnership, Head Start and Early Head Start Home-Based Program Options, home-visitation services offered by the Suquamish Tribe and Port Gamble S'Klallam Tribe, the Parent-Child Assistance Program, the Fleet and Family New Parent Support Home Visitation Program for military families, and Holly Ridge home visiting for children with disabilities. ^

Nurse Family Partnership (NFP) is a gold-standard home visiting program for first-time parents experiencing social and economic barriers to health and wellness. Specially educated nurses (including a bilingual English/Spanish speaking nurse) regularly visit first-time mothers at home and in the community, from early pregnancy through the child's second birthday. These new parents benefit by getting specialized care and support during pregnancy and their nurse becomes a trusted source on everything from child safety to taking steps to provide a stable, secure future for their family. [37]. Community collaborations remain a crucial component of partnership with families. In 2025, 1,012 individual referrals to services were made for 73 families; top referrals included mental health services, dental services (client and child), transportation and legal supports. Kitsap Public Health District's NFP partnership with the Suquamish Tribe (established early 2025) continues to support individuals who identify as native within Kitsap County as well as non-native members of the Suquamish community; families qualify regardless of income eligibility or previous pregnancy and parenting.

Early Head Start and Head Start Home-based Program Options are available for eligible families with children aged 0 to 5 and for pregnant individuals. Visits from a qualified Home Visitor occur weekly for 1-1.5 hours and cover topics such as child development, parenting techniques, and nutrition, tailored to unique needs of each family. In the 2023-24 school year, KCR and OESD had 60 and 130 funded enrollment slots, respectively, for the Early Head Start Home-based Option. As of February 2026, KCR had 42 slots and OESD had between 130-156 slots for the Early Head Start Home-based Option, and both programs were at capacity. Children over 16 months of age in the KCR Home-based Option also have an option to attend Growing Together classes at Holly Ridge Center [38].

The Suquamish Tribe Changing Tides, Helping Hands Home visiting programs, funded by the Washington State Department of Children, Youth & Families provides services to (up to eighteen) Indigenous families within the Port Madison Indian Reservation service area. [32] Changing Tides, Helping Hands is a Parents As Teachers (PAT) affiliate, currently staffed with two Indigenous PAT Certified home visitors. Parents As Teachers build strong communities, thriving families and children who are healthy, safe, and learning. Pregnant/Birthing people can apply prenatally and up until the child's first birthday. Services for each enrolled child may continue until the child's third birthday. Typical visits with families include goal setting with parents, parent, family, and child assessments, connections to community resources, parent-child interaction activities, Development-Centered Parenting, and family well-being. When funding allows, families are offered new car seats, bassinets/safe sleep options, diapers, emergency services, and prenatal/postpartum care supplies. Participating parents and families are also invited to at least twelve group connections with other parents each year, and empowered to engage in community advocacy, cultural gatherings/practices, and storytelling about the parenting experience in Suquamish [21].

The Port Gamble S'Klallam Tribe also offers home-visiting services as part of the Tribe's *Together for Children* program. [39] This program uses the PAT model and serves families who are expecting a child and families with children from birth to age 3 who are in need of some extra support or help getting their child ready for school. The program extends its support to other family and caregivers in the parenting role such as grandparents, aunts, uncles, and foster parents.

The Parent Child Assistance Program (PCAP) is a home visitation case-management model for pregnant and parenting mothers with substance use disorders. Clients can receive services for up to 3 years, which include counseling and coaching, practical assistance, and connections to recovery supports such as social and healthcare services. The PCAP in Kitsap is administered by Agape, a local nonprofit substance use disorder treatment program [40]. Kitsap PCAP is funded by Washington Health Care Authority to serve 87 eligible birthing parents for 3 years of intensive case management services. They generally have 1-2 clients exiting per month; enrollment is continuous with no waitlist as of February 2026 [38].

The Fleet and Family New Parent Support Home Visitation Program is available for all military families in Kitsap who are pregnant or have children up to age 3. [41]. Program services are voluntary and tailored to the families' needs, including the number and frequency of visits.

Holly Ridge Center's Infant and Toddler Program provides in-home services for children with disabilities or developmental delays in Kitsap County and North Mason County as part of their family-centered approach to care.

Other, more short-term home-visiting programs are also available in the county. These include Flying Bagel Counseling Services' Attachment Biobehavioral Catch-up (ABC) in-home parent coaching program [42], Maternal Support Services (MSS) and Infant Case Management at Answers Counseling [43], and Infant Mental Health with Kitsap Mental Health Services. The MSS at Answers Counseling offers remote maternity support services and virtual individual counseling, and the counseling currently has a short waitlist as of February 2026. The Kitsap Mental Health Services Infant Mental Health team does not have a waitlist, and also offers home-visiting as part of Kitsap Mental Health Services' Wraparound with Intensive Services (WISe Program) available to children aged 0 to 21 years [38].

IV. ESTIMATED NUMBER OF CHILDREN 4-YEARS OLD OR YOUNGER WITH DISABILITIES

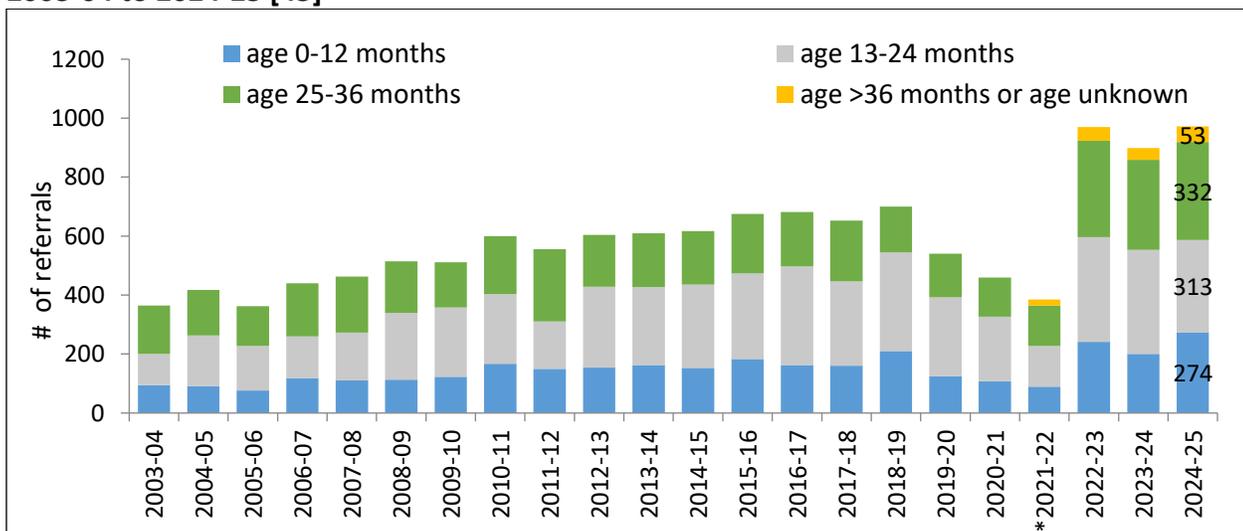
A. Children with Special Needs

The Individuals with Disabilities Education Act (IDEA) is a federal law that establishes how states and public agencies provide early intervention, special education, and related services to children with disabilities. [44] Part B of IDEA focuses on children 3-21 years, whereas Part C serves age birth to 2 years.

Holly Ridge Center is the county’s IDEA Part C provider. Their Infant Toddler Early Intervention Program (ITEIP) is part of the Department of Social and Health Services (DSHS) Division of Developmental Disabilities (DDD). ITEIP provides early intervention services including family resources coordination for eligible children aged 0 to 3 years.

During school year 2024-25, there were 972 referrals to the Holly Ridge ITEIP, which was more than the previous year of 899 referrals and similar to the 2022-23 school year with 970 referrals (Figure 30) [45]. Since 2003-04, Holly Ridge had generally a steady increase in the number of referrals each year through 2018-19, followed by a sharp decrease in 2019-20 and 2020-21 during the COVID-19 pandemic. As home visitation services resumed in the years coming out of the pandemic, referrals have increased to some of the highest numbers yet. This increase could be due in part to general population growth in the county as well as Holly Ridge’s active participation in community events, healthcare partnerships, and social media campaigns to increase awareness of their services [45]. Over time, children aged 0 to 1 year consistently comprised the fewest inquiries, accounting for an average of one-fourth of all inquiries historically and about 28% in 2024-25.^

Figure 30. Referrals Made to Holly Ridge Infant Toddler Early Intervention Program by Age Group: 2003-04 to 2024-25 [45]



*Data incomplete: accounts for March 2022-August 2022.

Naval Base Kitsap-Bremerton is one of three places in the U.S. that Naval families with a special needs child can be stationed as part of the Navy’s Exceptional Family Member Program. These children can be affected by multiple or severe disabilities or highly complex educational requirements. [46]

Table 14 shows the number of Early Head Start (EHS) infants or toddlers with an Individualized Family Service Program (IFSP) and Head Start (HS) children in Kitsap County with an Individualized Education Program (IEP) indicating that they met the IDEA Parts B/C eligibility criteria to receive special education and related preschool disability services during the 2024-25 school year [7]. Eligibility for these services may be determined prior to or during the enrollment year. ^

In the 2024-25 school year, OESD served the most enrollees who met eligibility criteria, and saw the highest proportion meeting eligibility criteria in their ECEAP program, 34%. The Suquamish Tribe also served a high proportion of enrollees who met eligibility criteria, with 30% in EHS, 33% in HS, and 28% in ECEAP. Across all programs and agencies, around 17% of all enrollees met eligibility for either IFSP or IEP in 2024-25, which was similar to previous years, including 16% in 2023-24 and 13% in 2022-23 [7].

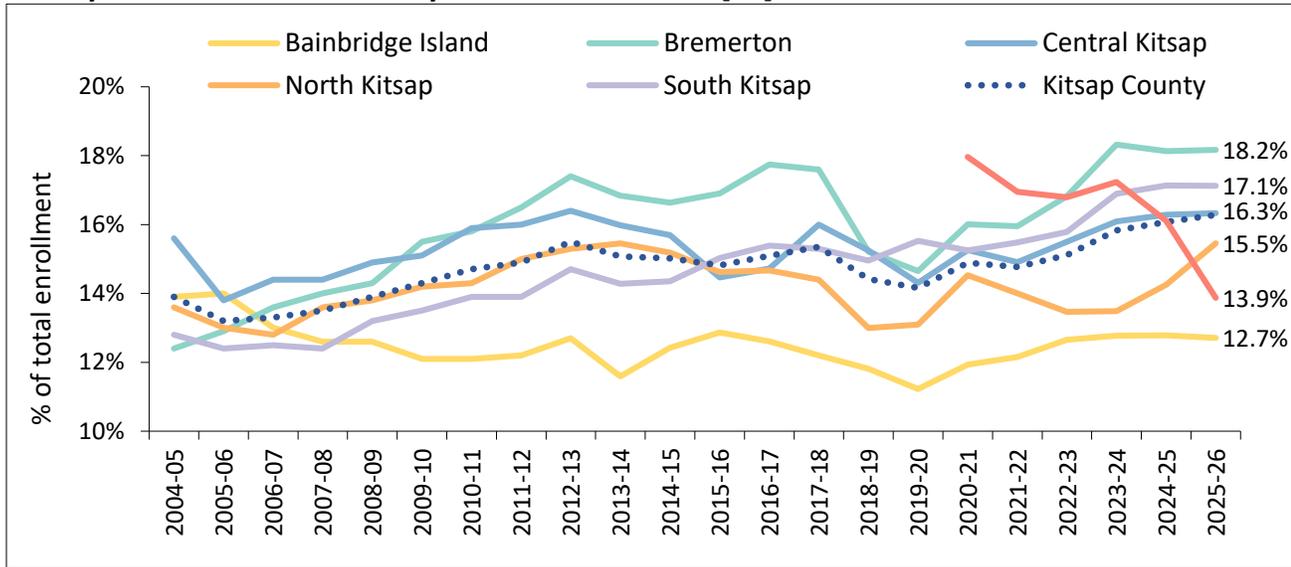
Table 14. Head Start and Early Head Start Children Receiving Individuals with Disabilities Education Act (IDEA) Services by Program and by Agency, Kitsap County: 2024-25 [7]

	KCR		OESD			Port Gamble S'Klallam Tribe			Suquamish Tribe		
	EHS	HS	EHS	HS	ECEAP	EHS	HS	Tribal Funded	EHS	HS	ECEAP
Eligibility for intervention or disabilities services											
Total # enrollees with IFSP/IEP* indicating eligibility	14	18	40	23	30	3	4	0	12	12	5
% enrollees with IFSP/IEP* indicating eligibility	17%	14%	16%	15%	34%	8%	20%	0%	30%	33%	28%
# determined eligible during enrollment year	0	3	11	11	6	2	2	0	3	7	3
*Individualized Family Service Program (IFSP) or Individualized Education Program (IEP)											

Older children (age 3 to 18 years) and young adults (18 to 21 years) with disabilities are served by the school districts under IDEA Part B, with supervisory authority from the Washington State Office of Superintendent of Public Instruction (OSPI). In the 2025-26 school year, special education enrollment included approximately 5,509 (16.3%) students county-wide [47]. Approximately 13% of special education students in Kitsap County were ages 3 to 5 years [48]. By region and across all ages, Bremerton had the highest percentage (18.2%) of special education students, while Bainbridge had the lowest (12.7%) [47]. The proportion of special education enrollees has increased over the past two decades for all Kitsap districts except for Bainbridge Island (a decrease of around 9%) and Central Kitsap (a small increase around 5%). This proportion increased most dramatically for Bremerton, which experienced a 47% increase from 2004-05 to 2025-26 (Figure 31a). In North Mason School

District, 14% of students were enrolled in special education, which was the lowest since at least 2020-21 (the earliest these data were available) where the proportion of students enrolled in special education was about 18% [47].

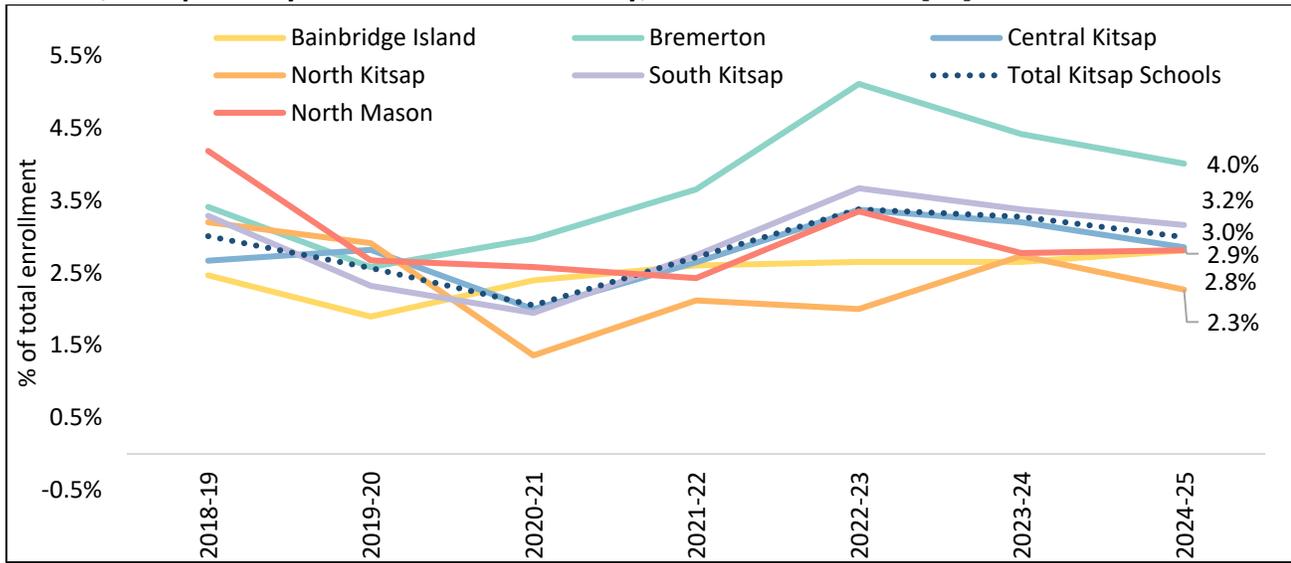
Figure 31a. Proportion of Special Education Enrollees in Public School by School District, Kitsap County and North Mason County: 2004-05 to 2025-26 [47]



According to the Washington Office of Superintendent of Public Instruction, each district has a duty to identify students residing within the district who might be in need of special education. This process is called Child Find. Each district has a process in place to identify and evaluate children aged 3 to 21 years who are suspected of having a disability and may be eligible for special education or related services [49]. Examining the number of completed Child Find referrals over time offers insights into the potential needs of the student population and in the districts’ fulfillment of their duties in screening and referring students.

Between 2018-19 and 2024-25, an average of 996 students completed Child Find referrals each year in Kitsap County public schools [48]. This translates to about 2.9% of total K-12 students enrolled in the county each year. Referral numbers were relatively steady during this time, except for a dip to 719 referrals in 2020-21 (2.1% of enrollment) (Figure 31b). In 2024-25, there were 1,016 completed Child Find referrals, about 3.0% of total school enrollment numbers county-wide. Looking across school districts, Bremerton had the highest proportion of Child Find referrals completed relative to total student enrollment (178, 4.0%), followed by South Kitsap (297, 3.2%), Central Kitsap (319, 2.9%), Bainbridge Island (100, 2.8%), and North Kitsap (122, 2.3%). In North Mason School District, there were 66 completed referrals (2.8%) in 2024-25 (Figure 31b) [48].

Figure 31b. Proportion of Students Who Completed a Child Find Referral in Public School by School District, Kitsap County and North Mason County, 2004-05 to 2024-25 [48]



B. Types of Disabilities

Within the Head Start programs, the types of disabilities for which students were receiving special services under IDEA are shown in Table 15 [7]. The most frequently identified type of disability across all programs was speech or language impairments (44), followed by non-categorical/developmental delays (23). In recent past years, these were also the two most common types of disabilities among enrollees.^

Table 15. Number of Disability Diagnoses among Head Start Enrollees, Kitsap County: 2024-25 [7]

	KCR		OESD		Port Gamble S'Klallam Tribe		Suquamish Tribe	
	HS		HS	ECEAP	HS	Tribal Funded	HS	ECEAP
Enrollees with diagnosed primary disability**								
Health impairment	1		0	0	0	0	0	0
Emotional disturbance/behavioral disorder	0		1	0	0	0	1	1
Speech or language impairments	1		14	16	0	0	9	4
Intellectual disabilities	0		0	0	0	0	0	0
Hearing impairment, including deafness	0		0	1	0	0	0	0
Orthopedic impairment	0		0	0	0	0	0	0
Visual impairment, including blindness	0		0	1	0	0	0	0
Specific learning disability	0		1	0	4	0	0	0
Autism	4		3	2	0	0	2	0
Traumatic brain injury	0		0	0	0	0	0	0
Non-categorical/developmental delay	8		4	11	0	0	0	0
Multiple disabilities (excluding deaf-blind)	0		0	0	0	0	0	0
Deaf-blind	1		0	0	0	0	0	0

**Disability data only available for HS; not collected for EHS PIR reporting.

Table 16 presents the number of children and youth with disabilities by school district, age group, and type of disability [48]. OSPI limits the release of small numbers, thus exact counts for some of the disabilities by school district and age group are not available. Counting across the categories with available data in the table, it is estimated that the most common disability among students ages 3 to 22 years across all Kitsap County school districts in the 2024-25 school year was learning disability. The second most common disability type was autism, and the third was health impairment. This was the first year where autism was the second most common disability type instead of the third, as it was in 2023-24. Note that the age groups shown here include individuals through age 22, whereas previous years (2023-24 and earlier) included individuals through age 21. During 2024-25 legislative session, Governor Ferguson signed SSB 5253 into law, which extended special education services to students with disabilities until the end of the school year in which the student turns 22 years of age [48]. ^

Among young children aged 3 to 5 years, the most common disability types were developmental delay and communication disorder in the 2024-25 school year [48]. Out of all children with disabilities in this age group, 38% had developmental delays and 34% had communication disorders. In North Mason, 41% of students aged 3 to 5 years with a disability were reported as having developmental delays and 36% communication disorders.

Table 16. Number of Children and Young Adults with Disabilities by School District, Age Group, and Type of Disability, Kitsap County, 2024-25 [48]

	Bainbridge Island		Bremerton		Central Kitsap		North Kitsap		South Kitsap		Kitsap County Total		North Mason	
	3-5	6-22	3-5	6-22	3-5	6-22	3-5	6-22	3-5	6-22	3-5	6-22	3-5	6-22
Autism	*	64	31	134	53	361	15	115	42	270	**	944	10	38
Communication Disorders	17	98	24	92	65	227	56	97	56	177	218	691	16	67
Deaf-Blindness	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Deafness	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Developmentally Delayed	13	12	52	79	77	118	46	56	56	113	244	378	18	16
Emotional/Behavioral Disability	*	*	*	34	*	36	*	18	*	30	*	124	*	12
Health Impairment	*	84	*	100	*	344	*	154	*	291	21	973	*	57
Hearing Impairments	*	*	*	*	*	*	*	*	*	*	*	17	*	*
Intellectual Disability	*	*	*	32	*	40	*	23	*	46	*	144	*	*
Multiple Disabilities	*	*	*	*	*	36	*	17	*	47	*	116	*	*
Orthopedic Impairments	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Specific Learning Disability	*	127	*	193	*	441	*	225	*	451	*	1437	*	69
Traumatic Brain Injury	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Visual Impairment	*	*	*	*	*	*	*	*	*	*	*	20	*	*
Age-specific total	34	406	121	680	205	1,620	121	711	167	1,444	648	4861	44	272
% 3-5 yo of total	8%		15%		11%		15%		10%		12%		14%	

*Data suppressed by OSPI when n<10. **Data protected by OSPI to prevent back-calculation of a suppressed value.

V. EDUCATION, HEALTH, NUTRITION, AND SOCIAL SERVICE NEEDS OF EARLY HEAD START/HEAD START ELIGIBLE CHILDREN AND THEIR FAMILIES

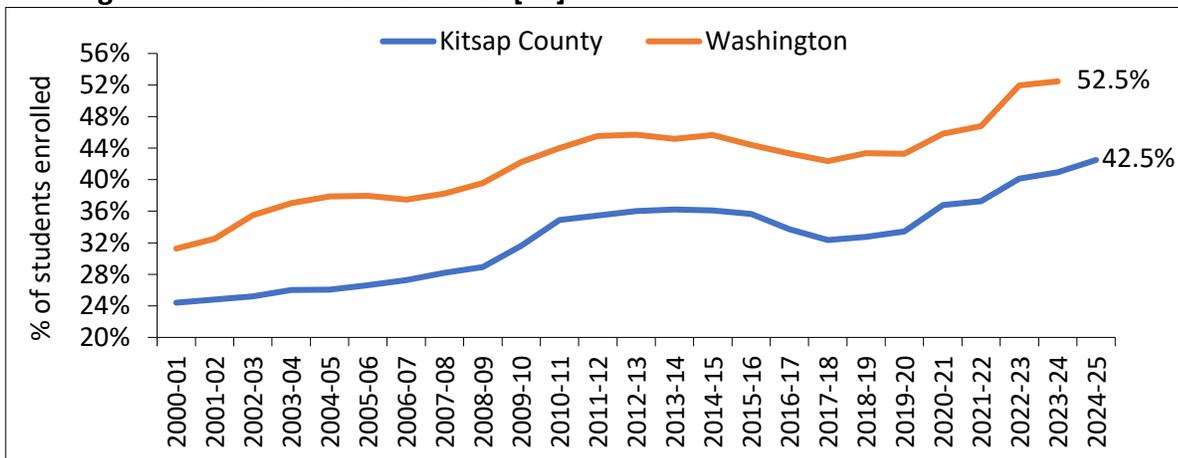
A. Free and Reduced Lunch

The National School Lunch Program provides assistance with nutrition to children whose families are impoverished. There are two levels of eligibility within the program, free meals with an eligibility level of 130% of the federal poverty guidelines and reduced meals with an eligibility level of 185% of the federal poverty guidelines. The Community Eligibility Provision (CEP), part of the National School Lunch Program, is a meal service option that allows schools and school districts located in higher poverty areas to offer breakfast and lunch at no cost to all enrolled students. Schools and school districts are eligible for CEP if at least 40% of their students meet certain criteria (e.g., federal food assistance participation, experiencing homelessness, foster care, or migratory status) [50].

In 2022, Washington state law required that all schools participate in CEP if they are eligible. Since the 2018-19 school year, the number of Washington CEP districts and CEP schools has increased from 74 and 274, respectively, to 262 and 1,273 in the 2024-25 school year [51,50]. In the 2024-25 school year, 9 schools in Bremerton, 5 schools in Central Kitsap, and 6 of North Mason School District schools, and 3 South Kitsap schools participated in CEP [50]. Because CEP participation occurs on a four-year cycle upon reaching school or district eligibility, the same number of schools in Kitsap and North Mason County were participating in the previous school year. ^

In part due to CEP participation, the proportion of Kitsap County public school students enrolled in the Free and Reduced Lunch (FRL) Program has statistically increased overall between 2000-01 and 2024-25. Between 2013-14 and 2017-18 there was a decrease before increasing again from 2017-18 through 2024-25 (Figure 32) [52]. Kitsap County has consistently had a statistically significantly lower proportion of students enrolled in the FRL Program than Washington overall. As of October 2024, a total of 14,345 Kitsap students were receiving free or reduced lunch (43%).

Figure 32. Public School Students Enrolled in Free or Reduced Lunch,* Kitsap County and Washington State: 2000-01 to 2024-25 [52]

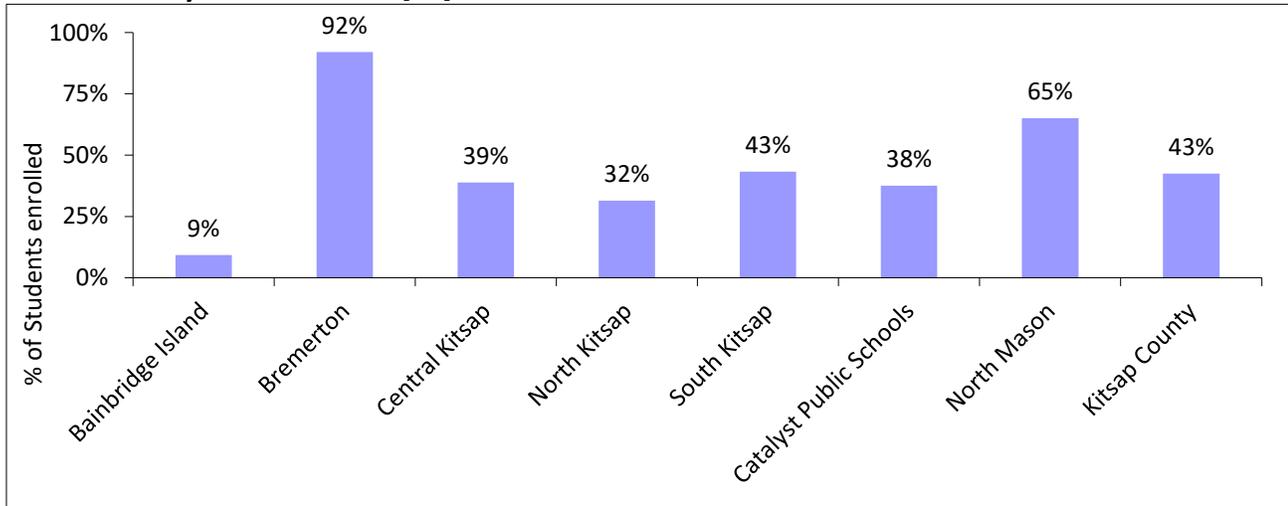


* Eligibility for the program is \leq 185% of poverty, OR school participates in Community Eligibility Program (i.e., all

students are offered FRL). Data are reported in October of each school year

Consistent with where the largest proportion of children and families living in poverty reside in the county, and with prior year trends, the Bremerton District had the highest proportion (92%) of students enrolled in the FRL Program in the 2024-25 school year (Figure 33) [52] The other school districts were closer to the county average of 43%, with the exception of Bainbridge Island, which had 9% of students enrolled. In North Mason, 65% of students were enrolled in FRL. Enrollment across school districts was generally similar to the previous school years in 2023-24 and 2022-23. Table 17 shows the proportion of students enrolled for each Kitsap County and North Mason County school that serves elementary-age (kindergarten through fifth grade) students by school district in the 24-25 school year.

Figure 33. Public School Students Enrolled in Free or Reduced Lunch*, Kitsap County and North Mason County: October 2024 [52]



* Eligibility for the program is \leq 185% of poverty, OR school participates in Community Eligibility Program (i.e., all students are offered FRL). Data are reported in October of each school year

Table 17a. Enrollment in Free or Reduced Lunch Program* and Total Enrollment, Kitsap County Public Schools Serving Elementary-Age Students: October 2024 [52]

School District	School Name	Grades	Total Enrollment	% Free or Reduced Lunch
Bainbridge	Blakely Elementary	K-4	466	9%
	Commodore Center	K-12	316	14%
	Halilts Elementary (formerly Wilkes)	K-4	332	10%
	Ordway Elementary	K-4	321	12%
	Sakai Intermediate School	5-6	462	8%
Bremerton	Armin Jahr Elementary	K-5	496	FR% > 95%
	Crown Hill Elementary	PK-5	306	80%
	Kitsap Lake Elementary	K-5	337	64%
	Naval Avenue Elementary	K-5	254	85%
	View Ridge Elementary Arts Academy	K-5	393	87%
	West Hills S.T.E.M. Academy	PK-5	281	FR% > 95%
Central Kitsap	Alternative High School (Barker Creek)	K-12	581	64%
	Brownsville Elementary	PK-5	420	30%
	Clear Creek Elementary	PK-5	432	43%
	Cottonwood Elementary	K-5	361	37%
	Cougar Valley Elementary	K-5	392	32%
	Emerald Heights Elementary	PK-5	464	30%
	Esquire Hills Elementary	K-5	291	65%
	Green Mountain Elementary	PK-5	364	34%
	Hawk Elementary (HEJP)	PK-5	464	35%
	Pinecrest Elementary	PK-5	416	69%
	Silver Ridge Elementary	PK-5	432	31%
	Silverdale Elementary	PK-5	409	31%
Woodlands Elementary	K-5	382	65%	
North Kitsap	Pearson Elementary School	K-5	292	28%
	Poulsbo Elementary School	K-5	483	23%
	Richard Gordon Elementary School	K-5	369	32%
	Suquamish Elementary School	K-5	321	44%
	Vinland Elementary School	K-5	538	25%
	Wofle Elementary School	K-8	380	47%
South Kitsap	Burley Glenwood Elementary	K-5	453	34%
	East Port Orchard Elementary School	K-5	428	65%

	Hidden Creek Elementary	K-5	442	39%
	Manchester Elementary	K-5	458	41%
	Mullenix Ridge Elementary	K-5	379	31%
	Olalla Elementary	K-5	317	34%
	Orchard Heights Elementary	K-5	542	83%
	Sidney Glen Elementary	K-5	500	35%
	South Colby Elementary	K-5	280	34%
	Sunnyslope Elementary	K-5	506	36%
Catalyst Public Schools	Catalyst Public Schools	K-8	512	38%

* Eligibility for the program is =< 185% of poverty, OR school participates in Community Eligibility Program (i.e., all students are offered FRL). Data are reported in October of each school year

Table 17b. Enrollment in Free or Reduced Lunch Program* and Total Enrollment, North Mason County Public Schools Serving Elementary-Age Students: October 2024 [52]

School District	School Name	Grades	Total Enrollment	% Free or Reduced Lunch
North Mason	Belfair Elementary	PK-5	401	67.1%
	Sand Hill Elementary	K-5	538	73.1%
	North Mason Developmental Preschool	PK	42	40.5%

* Eligibility for the program is =< 185% of poverty, OR school participates in Community Eligibility Program (i.e., all students are offered FRL). Data are reported in October of each school year

B. Public Assistance

The 5-year estimates for 2020-2024 show that there was an annual average of 10,175 children aged 0 to 17 years (19%) in Kitsap County living in households receiving public assistance (including social security income [SSI], cash public assistance, or Supplemental Nutritional Assistance Program (SNAP) benefits in the past 12 months) [3]. Of these, 50% were living in single (unmarried) parent households, which is lower than it was in 2015-2019 at 65%. Within school district regions, Bremerton continued to have the highest percentage of children who received public assistance (43%), followed by South Kitsap and North Kitsap (16%), Central Kitsap (15%), and Bainbridge Island (4%). In North Mason County, the percentage was 37% (Table 18). ^

Tables 18 and 19 show the percentage of children under 18 that received public assistance and the percentage of households that received public assistance, but it is important to note that the data for children includes SNAP recipients, but the household data does not include SNAP recipients. In Kitsap County, from 2020-2024 approximately 4,174 households (5.6%) received SSI or cash public assistance income each year [3]. For additional context, Table 18 shows the percentage of households that received SNAP (regardless of other public assistance). An estimated 10,833 Kitsap County households (10.0%) received SNAP each year in 2020-2024 [3].

Table 18. Public Assistance Recipients by Geographic Region, Kitsap County and North Mason County: 2020-2024 [3]

	Households		Children
	# (%) of households receiving public assistance*	# (%) of households receiving SNAP	# (%) of children under 18 living in households receiving public assistance or SNAP*
Bainbridge Island	88 (1.2%)	142 (1.4%)	207 (4.2%)
Bremerton	1,005 (9.1%)	3,730 (17.7%)	3,643 (42.6%)
Central Kitsap	1,246 (6.2%)	2,426 (8.6%)	2,405 (14.6%)
North Kitsap	723 (5.1%)	1,751 (8.7%)	1,430 (16.4%)
South Kitsap	1,097 (5.2%)	2,769 (9.5%)	2,490 (15.6%)
North Mason	275 (5.7%)	928 (13.6%)	1,396 (37.1%)

*Due to reporting differences between households and children, public assistance for households includes SSI or cash public assistance income, and public assistance for children includes SSI, cash public assistance income, or SNAP. The number and percentage of households that received SNAP is shown for context, though many households that receive SNAP may also receive other forms of public assistance.

Table 19. Public Assistance Recipients by ZIP Code, Kitsap County and North Mason County: 2019-2023 [12]

		# (%) of households receiving public assistance**	# (%) of children under 18 living in households receiving public assistance or SNAP**
Bainbridge Island	98110	111 (2%)	178 (4%)
Bremerton	98310	393 (7%)	1,295 (30%)
	98312	444 (5%)	1,810 (24%)
	98337	69 (5%)	325 (47%)
Central Kitsap	98311	395 (5%)	1,132 (20%)
	98383	436 (7%)	614 (14%)
	98380	*	*
North Kitsap	98340	*	*
	98342	*	*
	98346	115 (4%)	120 (9%)
	98370	573 (6%)	886 (14%)
	98392	72 (8%)	188 (33%)
South Kitsap	98359	57 (4%)	110 (11%)
	98366	578 (6%)	1,846 (23%)
	98367	*	859 (13%)
North Mason	98524	*	*
	98528	117 (4%)	951 (33%)
	98546	*	85 (33%)
	98588	*	*

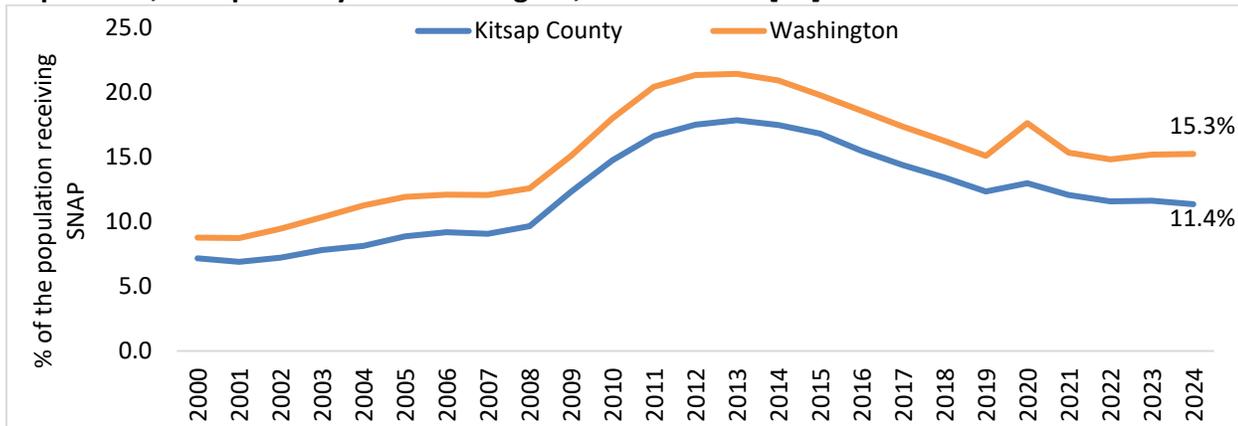
* Categories with a highly unreliable estimate have been suppressed.

**Due to reporting differences between households and children, public assistance for households includes SSI or cash public assistance income, and public assistance for children includes SSI, cash public assistance income, or SNAP.

Food Assistance

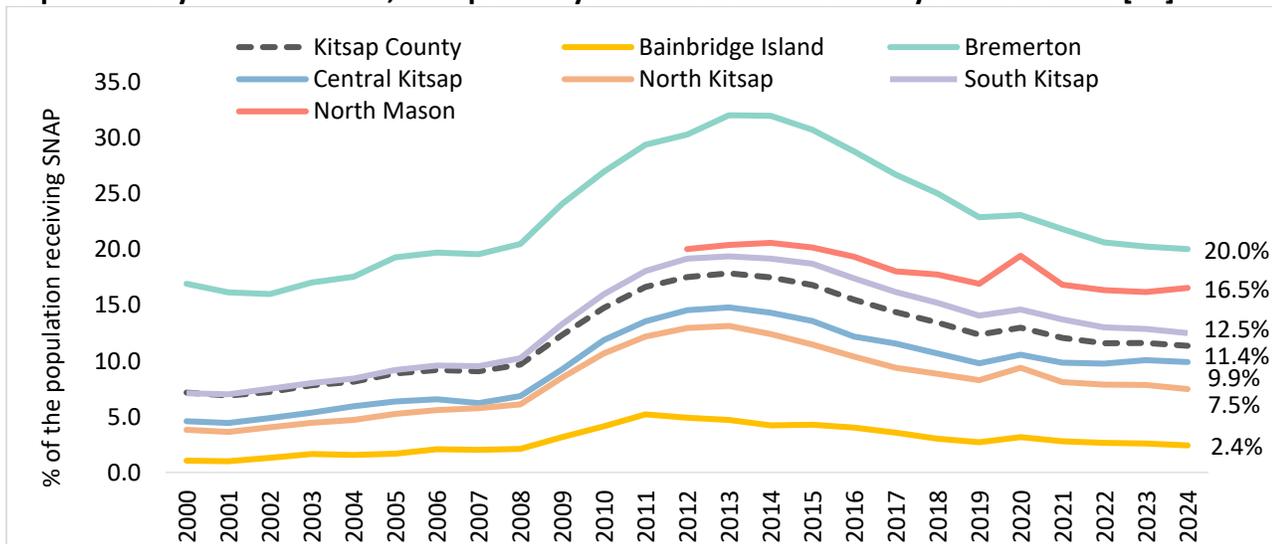
In both Kitsap County and Washington, the percentage of persons receiving food assistance through the Supplemental Nutritional Assistance Program (SNAP) climbed dramatically between 2008 and 2011, but slowed pace between 2011 and 2013, then declined from 2013 to 2019 (Figure 34) [53]. Statewide, the percentage followed a similar trend. In 2020, the first increase in SNAP recipients occurred since 2013 in both Kitsap County (13%) and Washington (18%). Most recently, in 2024, the percentage of the population that received SNAP benefits was 11% in Kitsap and 15% in Washington, similar to the previous estimates in 2021, 2022, and 2023 [53]. ^

Figure 34. Supplemental Nutritional Assistance Program (SNAP) Recipients as a Percentage of the Population, Kitsap County and Washington, 2000 to 2024 [53]



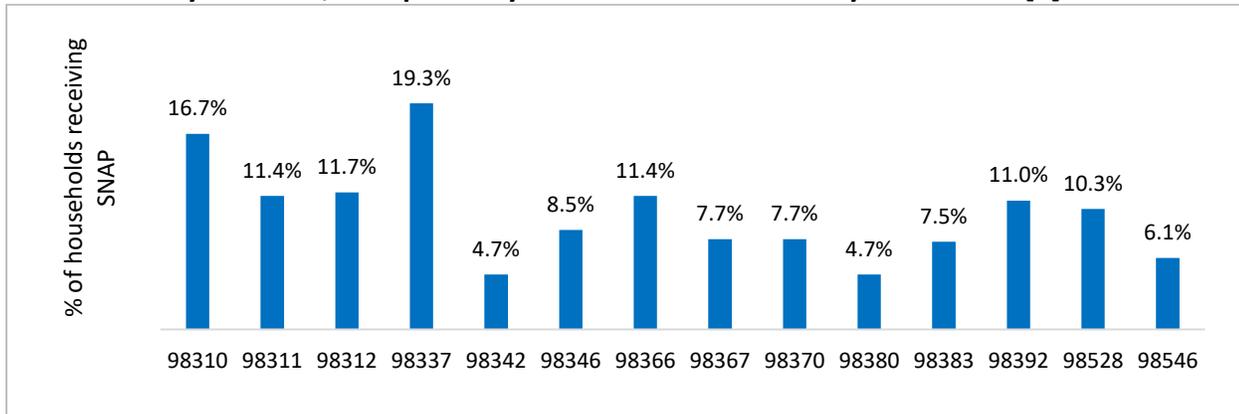
Bremerton has consistently had the highest percentage of participation in SNAP, with 20% of residents receiving benefits in 2024 (Figure 35) [53]. All regions in the county experienced minor increases in SNAP rates in 2020 and returned to previous levels thereafter with estimates appearing steady in more recent years.

Figure 35. Supplemental Nutritional Assistance Program (SNAP) Recipients as a Percentage of the Population by School District, Kitsap County and North Mason County: 2000 to 2024 [53]



The Department of Social and Health Services, which provided the above data does not provide SNAP data at the ZIP Code level, however the American Community Survey provides estimates based on census and survey data, and averaged over 2019-2023. Based on this data (Figure 36), 98337 has the highest percentage of households receiving SNAP (19%) in Kitsap County, followed by 98310 (16.7%), 98312 (12%) and 98366 (11.4%) in 2019 to 2023. [3] These ZIP Codes had the highest percentages in 2014 to 2018 as well, though actual values were lower in the more recent period (2019-2023). North Mason County was similar to South Kitsap County, with 10% receiving SNAP in 98528 and 6% receiving SNAP in 98546. ZIP Codes with percentages that are highly unreliable are not displayed in Figure 36. For comparison, the American Community Survey estimate for Kitsap County from 2019 to 2023 was 9.7% of households receiving SNAP benefits, which was than the estimate from 2014 to 2018 at 11.2%.

Figure 36. Supplemental Nutritional Assistance Program (SNAP) Households as a Percentage of All Households by ZIP Code, Kitsap County and North Mason County: 2019-2023 [3]



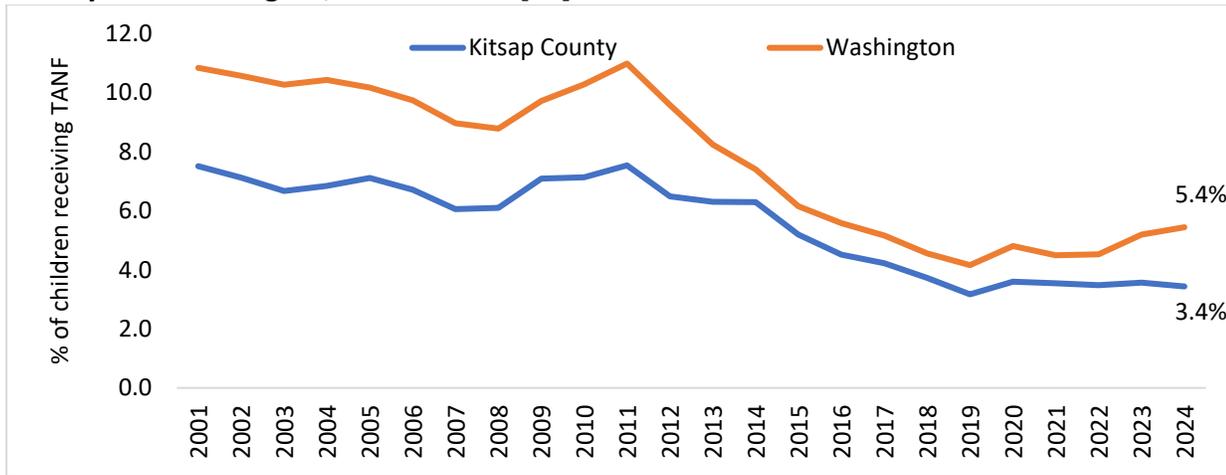
*ZIP Codes with percentages that are highly unreliable are not displayed

Temporary Assistance for Needy Families (TANF)

The federally-funded Temporary Assistance for Needy Families (TANF) program provides cash assistance to low-income families and aids parents in achieving economic security and self-sufficiency. A 2010 overhaul of Washington’s TANF program, WorkFirst, changed the case management process to ensure that the needs of the whole family were being considered in order to ensure children had necessary tools to “overcome the increased risks they face” [54]. According to a June 2014 report by the Washington State Department of Social and Health Services, one-quarter of K-12 students on TANF during 2011-12 experienced housing instability, which was associated with higher rates of school change and, for older youth, lower rates of grade progression and on-time graduation. [55] Similarly, the report stated that TANF students with behavioral health conditions (particularly substance abuse issues) were more likely to experience a school change during an academic year and less likely to progress to the next grade or to graduate high school on time.

The percentage of Kitsap County children participating in TANF has declined from 11% in 2011 to only 3.4% of children under 18 years in 2024 [53]. This percentage has remained steady since 2020 (Figure 37). While Kitsap’s percentage has remained below the state (5.4% in 2024), the gap between state and county has narrowed within the past decade. ^

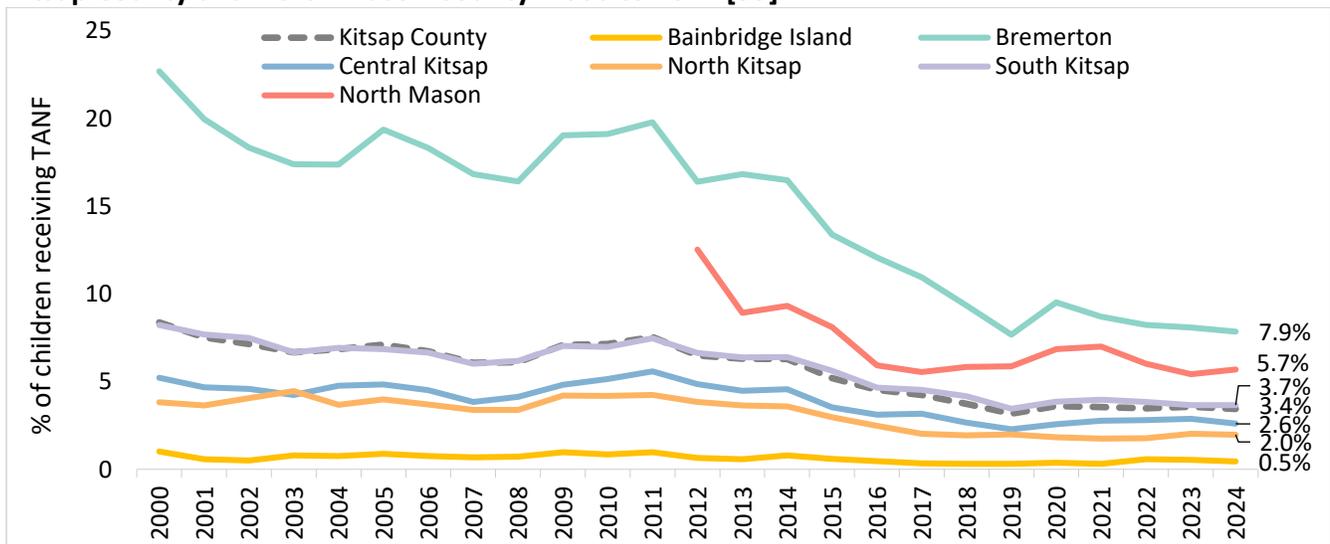
Figure 37. Percentage of Children Receiving Temporary Assistance for Needy Families, Kitsap County and Washington, 2000 to 2024 [53]



Policy changes and program cuts may have made it harder for families to receive TANF assistance, which may at least partially have accounted for the decrease in children receiving TANF in recent years [56]. In July of 2019, there were policy changes strengthening TANF, which may have led to artificial changes (increases this time) in the percentage of children receiving TANF benefits. More policy changes making TANF more accessible due to the COVID-19 pandemic may also partially explain the observed increases.

Within the county, Bremerton has consistently seen a substantially higher percentage of children receiving TANF than other regions (Figure 38) [53]. Bremerton’s percentage in 2024 was 7.9%. The next highest percentage was 5.7% in North Mason. Bremerton and North Mason rates have been slightly decreasing in recent years following increases in 2020, while lower rates in other regions have appeared relatively steady.

Figure 38. Rate of Children Receiving Temporary Assistance for Needy Families by School District, Kitsap County and North Mason County: 2000 to 2024 [53]



On average in 2016, 28 families were typically served by the Port Gamble S’Klallam Tribe TANF program and a total of 29 children received TANF benefits. It was estimated that the TANF participation rate was about 50 to 60 families per 1,000 residents, in contrast to the 2016 Kitsap County rate of 45 per 1,000 (4.5 per 100) [14].

C. Food and Nutrition

Feeding America estimated that the average meal cost about \$3.95 in Kitsap in 2023 and that there were 34,120 people (12.3% of residents) who were living with food insecurity. [57] Food insecurity refers to the USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household’s need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. Food insecurity was higher among children, about 17.6% of children in Kitsap County, or about 9,680 kids in 2023. For the overall population and children, food insecurity increased from 2021 and 2022 estimates (from 8.2% and 11.2% for the overall population in 2021 and 2022, respectively, and 11.5% and 16.8% for children in 2021 and 2022, respectively) [57]. Of the children who lived in food insecure households in 2023, about 53% were likely ineligible for federal nutrition programs because their households had incomes higher than 185% of poverty [57].^

Food Banks

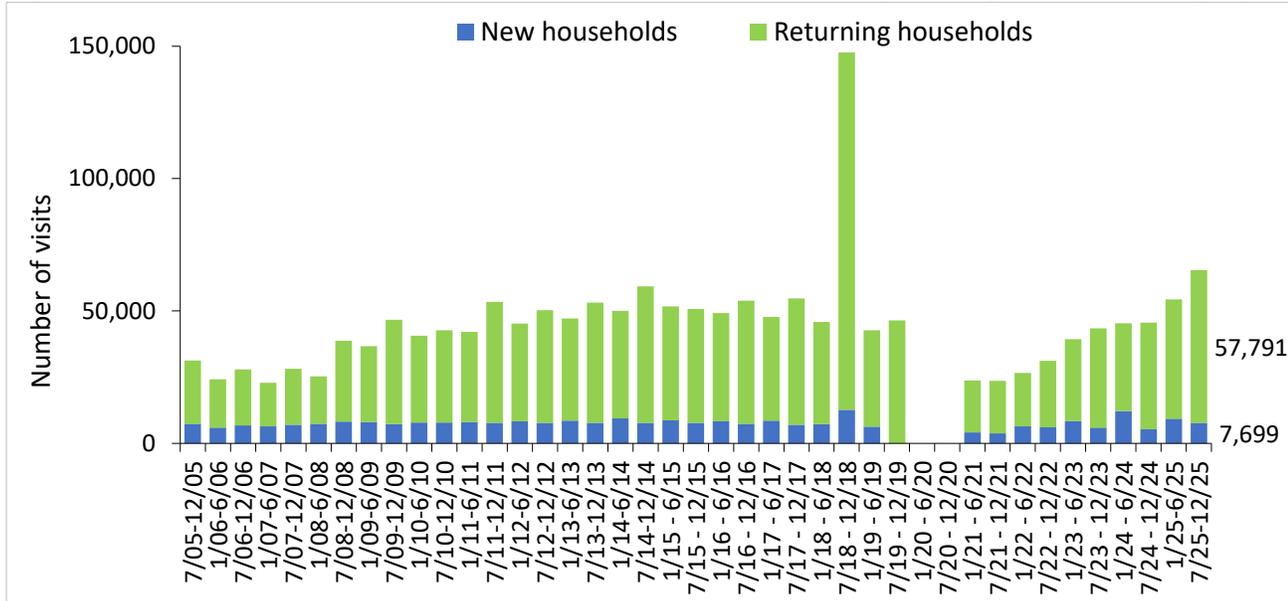
As of January 2026, there were seven Kitsap County area food banks participating in EFAP, including Bainbridge Island Helpline House, Bremerton Foodline, Central Kitsap Food Bank, South Kitsap Helpline, North Kitsap Fishline, ShareNet Food Bank, and St. Vincent de Paul Bremerton. North Mason Food Bank in Belfair serves North Mason families. In addition, several local churches offer hot meals and food pantries. In 2021, the Salvation Army Food Bank in Bremerton closed their food bank to focus on shelter. This will partially explain the decrease in clients served throughout Kitsap County.^

The total number of households served increased in the second half of 2018 with the opening of North Kitsap Fishline’s new building, which drew many more families. From June to December 2018, there were 12,655 visits by new households and 144,576 visits from returning households (Figure 39a). [58] This was a 73% increase in new households and an almost triple number of returning households compared to the first half of 2018. Prior to the second half of 2018, the number of visits by new households per year had remained fairly stable while the return visits increased over time and had stabilized since about 2015.

Data from 2020 were unavailable; however, in 2021 there was large decrease in the number of clients served from previous years. The closing of the Salvation Army Food Bank, increases in government benefits (such as EBT), and fewer volunteers all due to COVID-19 may partially explain these decreases.

Since 2021 and through 2025, the number of visits has been increasing again. There were 54,420 visits from households in the first half of 2025 and 65,490 visits in the second half of 2025, both setting the record for the largest number of visits since the COVID-19 Pandemic. (Figure 39a) [59].^

Figure 39a. Total Household Visits Made to Area Food Banks, Kitsap County: 2007 to 2025 [59]



Note: data were unavailable for 2020.

The numbers of returning and new households visiting the area food banks are also tracked over time. A new household is the first visit for a household of the year, and every visit after the first visit is considered a returning household visit. Looking at monthly visits throughout 2025, there was a noticeable increase in the number of new households visiting food banks in October 2025 (a 155% increase from 920 in September to 2,347), coinciding with the government shutdown from October 1 – November 12, 2025 (Figure 39b). This increase was also greater than the monthly increase over the same period in 2024 (an 86% increase from September to October) [59].

Figure 39b. Monthly Household Visits Made to Area Food Banks, by New or Returning Status, Kitsap County: 2024 to 2025 [59]



Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded program to provide supplemental foods, nutritional education, and health care referrals for low-income pregnant, breastfeeding, and postpartum women as well as infants and children up to 5 years of age. It is intended to support women and children who are found to be at nutritional risk. Education is provided through workshops, educational boards, and one-on-one counseling. WIC checks issued to families can be exchanged for nutritious foods at many local grocery stores.

The number of clients served by WIC in Kitsap County was highest in 2009-2011 but has declined in recent years (Table 20). [60] The average annual percentage of infants who were born in Kitsap County and served by WIC during 2004 to 2018 was 45%. The most recent estimate available for this measure was from 2021, where the percentage of Kitsap County infants served by WIC fell to 29%. [60]

In 2024, there were a total of 5,950 clients served, and this number has remained relatively stable since 2021, with an average of 5,935 clients served annually [60].^

Table 20. Women, Infants, and Children Served by WIC, Kitsap County: 2004 to 2024 [60]

Year	Infants and children under age 5	Pregnant, breastfeeding, and postpartum women	Total served
2004	6,755	2,961	9,716
2005	6,626	2,861	9,487
2006	6,507	2,835	9,342
2007	6,337	2,760	9,097
2008	6,780	2,970	9,750
2009	7,595	3,187	10,782
2010	7,681	3,084	10,765
2011	7,667	3,131	10,798
2012	7,012	2,910	9,922
2013	6,704	2,759	9,463
2014	6,684	2,819	9,503
2015	6,214	2,587	8,801
2016	6,198	2,584	8,782
2017	5,798	2,403	8,201
2018	5,612	2,204	7,816
2019	5,348	2,076	7,424
2020	4,648	1,740	6,388
2021	4,275	1,510	5,785
2022	4,354	1,635	5,989
2023	4,339	1,678	6,017
2024	4,324	1,626	5,950

Breastfeeding

The benefits of breastfeeding are well recognized. Benefits to the baby include protection against otitis media, gastroenteritis, severe lower respiratory infections, and necrotizing enterocolitis, and breastfeeding is associated with lower rates of sudden infant death syndrome, childhood obesity, type 2 diabetes and leukemia. The maternal health benefits of breastfeeding include reduced risk for type 2 diabetes, breast cancer and ovarian cancer.

Breastfeeding is important to Port Gamble S’Klallam mothers and the community. The Port Gamble S’Klallam Tribe’s Together for Children Home Visitation Program found that 90 percent of the mothers enrolled during pregnancy initiated breastfeeding with their newborn child and continued the behavior for an average of 14.3 weeks during the period of early development. [19] Complementary data from the Port Gamble S’Klallam WIC program showed that 94 percent of enrolled pregnant mothers initiated breastfeeding with their child in 2019. [20]

The Kitsap County Breastfeeding Coalition and its accompanying campaign, “Kitsap Supports Breastfeeding,” continued their mission to assist mothers and their families in achieving their lactation goals through community advocacy, education, and fostering a more welcoming lactating environment in Kitsap County. This campaign was founded in partnership by Kitsap Public Health District and St. Michael Medical Center. The campaign helps to provide up-to-date lactation resources and information for the county as well as improve lactation support systems within the community such as referrals to lactation consultants and lactation protections in the workplace. [61]

D. Public Transportation

Kitsap Transit maintains public bus transportation throughout Kitsap County and operates foot ferry transportation, worker/driver buses for military facility employees, shuttle services for the elderly and people with special needs, park and ride lots, and a rideshare program. Selected activities reported on Kitsap Transit’s list of goals for 2025 include:

- Increase overall ridership by 10 percent compared to 2024 performance
- Increase operator FTE count by 20 employees
- Begin construction on Ruby Creek Park & Ride
- Begin construction on electric local ferry

Changes to public transit are most likely to affect those who rely on public transportation during their work commutes or for accessing childcare, health care providers, and community services. The American Community Survey includes several questions about place of work location, travel time, means of transportation and vehicles available, which helps to create a picture of the potential impact of public transportation in Kitsap County. Out of 137,468 workers aged 16 and over in 2023 in Kitsap County, around 12.9% reported working from home, down from 13.7% estimated in 2022. [62] Out of all workers aged 16 and over, 6.8% reported using public transportation to commute to work in 2023, whereas 65.6% reported driving alone to commute to work. For comparison, the around 4% of workers in Washington reported using public transportation and 65% reported driving alone to work. [62]

In 2023, 16.4% of workers who lived in Kitsap County reported working in a different county in Washington. [62] The mean commute time was 29.7 minutes, which was very similar to the 2022 estimate of 29.4 minutes. Commuting time has statistically significantly decreased from 2018 to 2023. [62]

In 2023, approximately 3.9% of Kitsap households did not have a vehicle available, which was slightly lower than the 2022 estimate of 4.5% of households. Both estimates are lower than Washington state, where around 7% of households did not have a vehicle in 2022 and 2023. This trend in Kitsap has been statistically significantly decreasing from 2014 – 2023. [62]

E. Housing

Housing Affordability

According to The U.S. Department of Housing and Urban Development (HUD), families who pay at least 30% of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care. Under this definition, it is estimated that 32% of Kitsap County residents (including both renters and owners) and 33% of Washington State residents had difficulty affording other necessities during 2024; these estimates have remained relatively steady in recent years (Figure 40) [15]. Within Kitsap County, 2024 estimates show that 22% of home owners and 55% of renters paid 30% or more of their monthly income on housing. This translates to about 16,746 home owners and 19,317 renters who are cost burdened by the cost of housing in Kitsap County. While the percentage of owners paying 30% or more of their income on housing has decreased slightly as compared to 2000 (by 16%), the percentage of renters has increased since 2000 (by 30%) [15]. ^

Figure 40. Households Paying 30% or More of Income for Housing Costs, Kitsap County and Washington, 2000 and 2005 to 2024 [15]

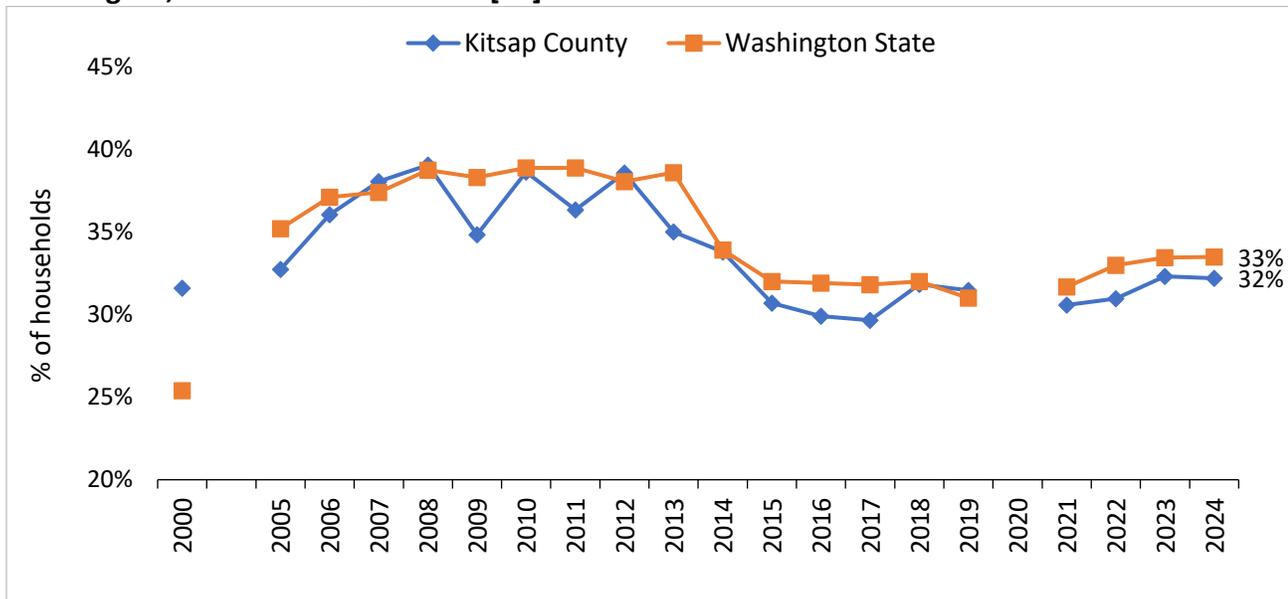
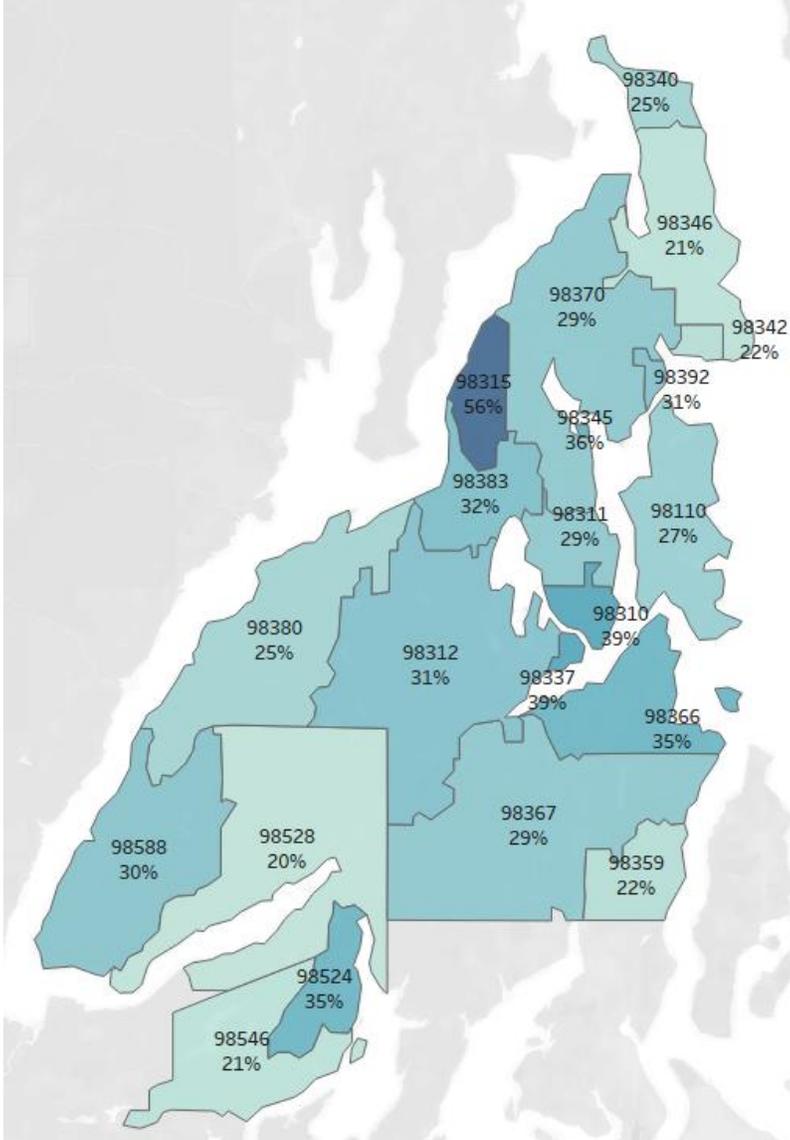


Figure 41 shows the five-year estimate (2019-23) of the percentage of households paying 30% more of their income for housing costs by ZIP Code [12]. 98315 (Silverdale/Bangor) has the highest percentage (56%), and this was also true for the 2014-18 five-year average. This likely has more to do with the differences in benefits and salary for military members and the way the survey question is worded rather than representing excessive cost burdens for residents of 98315. For other ZIP codes in Kitsap, the percentages of households paying 30% or more of their income for housing costs ranged from 21% in 98346 (Kingston) and 22% in 98342 (Indianola) to 39% in 98310 (East Bremerton) and 98337 (Bremerton). Percentages in North Mason County ranged from 20% in 98528 (Belfair) to 35% in 98524 (Allyn) in 2019-23.

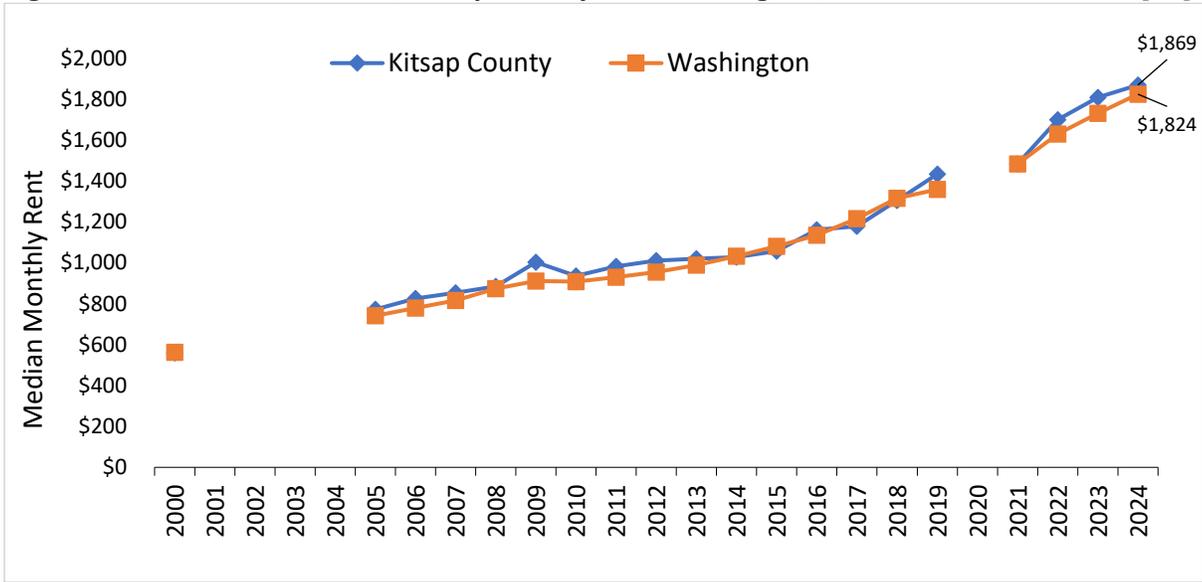
Figure 41. Households Paying 30% or More of Income for Housing Costs by ZIP Code, Kitsap County and North Mason County: 2019-23 [12]



Note: ZIP Codes with small numbers or no occupied housing units are not shown

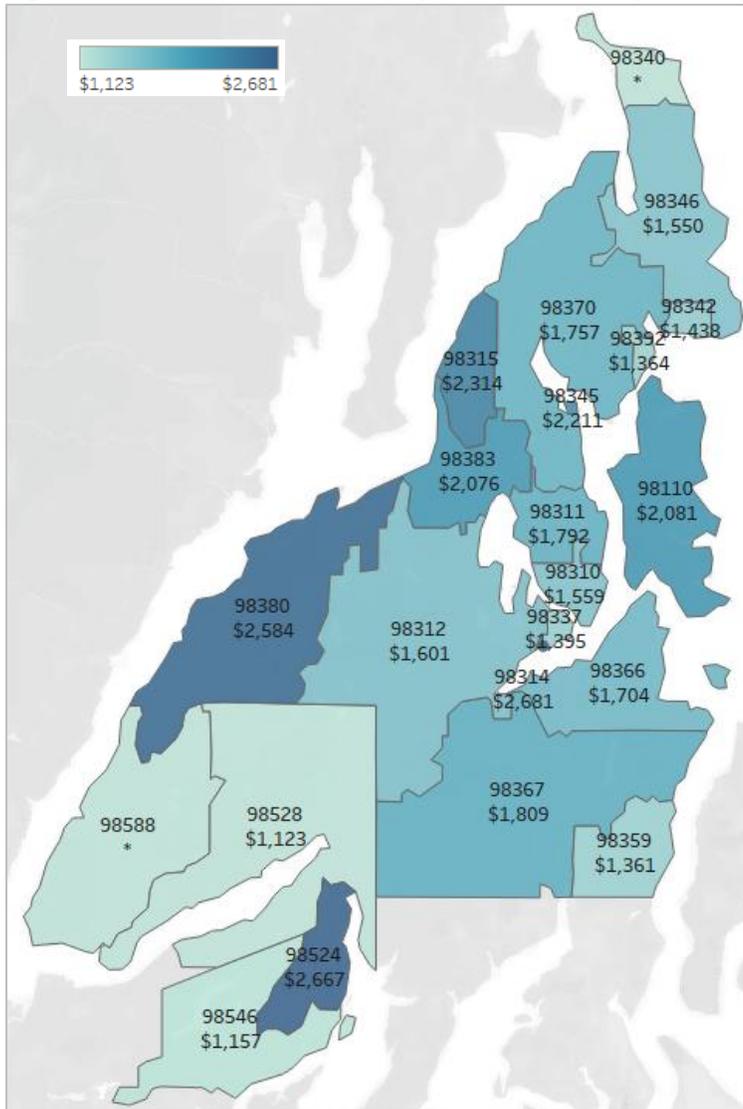
During 2024, an estimated 31% of 112,022 occupied housing units in Kitsap County were rented [15]. The median gross rent increased by 234% from 2000 to 2024 (Figure 42) [15]. In 2024, the county-wide median gross rent was \$1,869 per month, just above the state median of \$1,824 per month. In Kitsap County, in order to afford the median monthly rent and not spend 30% or more of a household’s income on housing, a household would need to earn \$6,232 per month, which is equivalent to \$74,785 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into a wage of \$35.95 per hour. This hourly rate was well above the 2024 statewide minimum wage of \$16.28 [63], but well below the median household income of \$104,271 in Kitsap County in 2024 [8]. The estimated yearly income needed to afford the median monthly rent (\$74,785) in 2024 is below the median earnings for full-time, year-round male workers in Kitsap (\$75,242 in 2019-2023, and \$82,522 in 2024), but above the median earnings for full-time, year-round female workers (\$60,250 in 2019-2023, and \$66,816 in 2024) [3,15].^

Figure 42. Median Gross Rent, Kitsap County and Washington, 2000 and 2005 to 2024 [15]



From 2019 to 2023, median rent varied across the county, from a high of \$2,081 on Bainbridge Island, followed by \$2,039 in Central Kitsap, \$1,719 in North Kitsap, \$1,717 in South Kitsap, and \$1,483 in Bremerton [12]. By ZIP Code, the median gross rent varied from highs of \$2,584 in 98380 (Seabeck) and \$2,211 in 98345 (Keyport), to lows of \$1,361 in 98539 (Olalla), \$1,364 in 98392 (Suquamish), and \$1,359 in 98337 (Bremerton). Median rent in North Mason County included \$2,667 in 98524 (Allyn), \$1,157 in 98546 (Grapeview), and \$1,123 in 98528 (Belfair). Figure 43 shows the median gross rent by ZIP Code in Kitsap County and North Mason County [12].

Figure 43. Median Gross Rent by ZIP Code, Kitsap County and North Mason County: 2019-2023 [12]



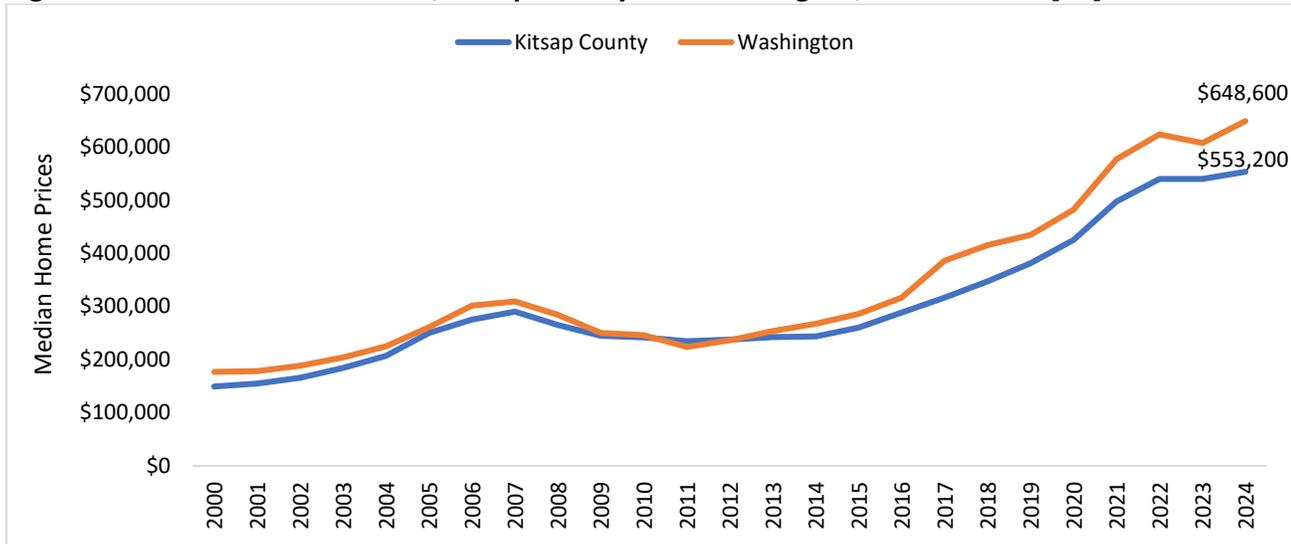
*Values are unreliable due to small numbers.

In late 2016 to early 2017, Port Gamble S’Klallam Tribe’s survey respondents reported approximately 21% had a Tribal rental and another 18% had a non-Tribal rental, with an average rent (among those reporting) of \$599.66, well below the Kitsap County median rent in 2018 of \$1,305. [14] In 2018, the Tribe had 22 families, with 40 family members, on the low-income rental program waiting list [64].

Beyond being able to rent a home, home ownership is a challenging financial obstacle for many. The dramatic rise in real estate costs in the mid-2000s made home ownership even more difficult to attain. Median home prices in both Kitsap County and Washington hit a peak in 2007, then toppled as the recession began [65]. The median home price reached the lowest levels in nearly a decade during the first quarter of 2012. By the second quarter of 2016, the median prices for both Kitsap County and Washington had surpassed the 2007 peak.

Data for 2024 show continued growth, with the Kitsap median home price of \$553,200 still below the state median of \$648,600 (Figure 44) [66]. This represents an increase of 136% from 2011 to 2024 for Kitsap, with a 2.5% increase from the previous year. In Washington overall, there was a 190% increase from 2011 to 2024, and a 6.8% increase from the previous year [66].^

Figure 44. Median Home Prices*, Kitsap County and Washington, 2000 to 2024 [66]



*Based on sale of existing houses

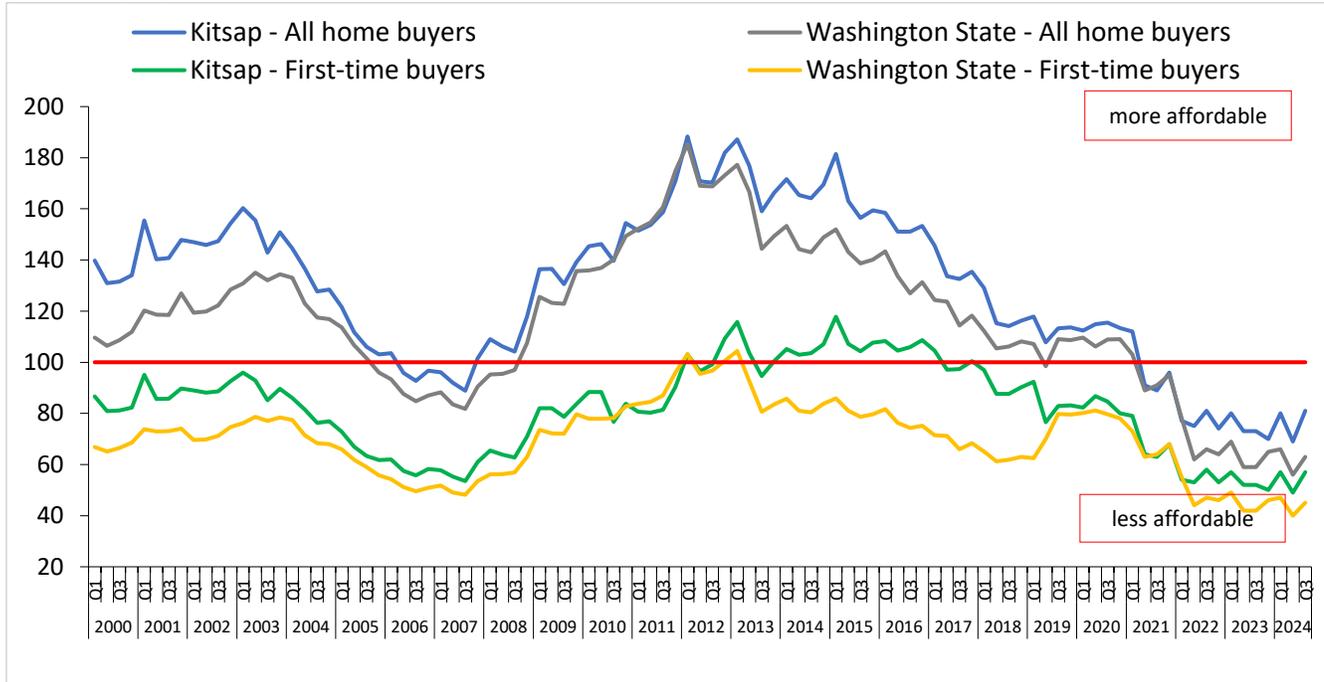
In late 2016 to early 2017, Port Gamble S’Klallam Tribe’s survey respondents reported approximately 50% of Tribal households owned their house, with an average mortgage (among those reporting) of \$877.20. [14] However, many respondents reported that their house was in need of repairs. By category, 23% reported needing roof/siding repairs/replacement, 22% reported windows, 15% reported electrical, 12% reported plumbing, 8% reported heating (wood), 12% reported heating (other), 5% reported flooring and 18% reported mold/moisture issues.

The housing affordability index (HAI) is a measure of the ability of a family to carry the payments of a median priced home. HAI is calculated for all home buyers and separately for first-time home buyers using a slightly different set of assumptions about income, down payment and home price. [65] When the index is 100, there is a balance between the ability to pay for housing and the actual cost of housing – a higher index indicates housing is more affordable.

In Kitsap County the overall HAI (for all buyers) has historically remained above 100 (indicating more affordable), except for a short time between the second quarter of 2006 and the fourth quarter of 2007 (Figure 45) [65]. In 2006-07, housing affordability in Kitsap County reached some of the lowest levels relative to earlier decades due to many factors, including rapidly increasing home prices and low mortgage rates. Affordability gradually increased to a peak in the first quarter of 2012. Since then housing has been becoming gradually less affordable in Kitsap County for all buyers, although Kitsap continues to be more affordable than the state on average. At the beginning of 2021, the HAI for Kitsap dropped below 100, indicating lower affordability for all home buyers, and it continued to drop to 81 into the third quarter of 2023 (Figure 45).

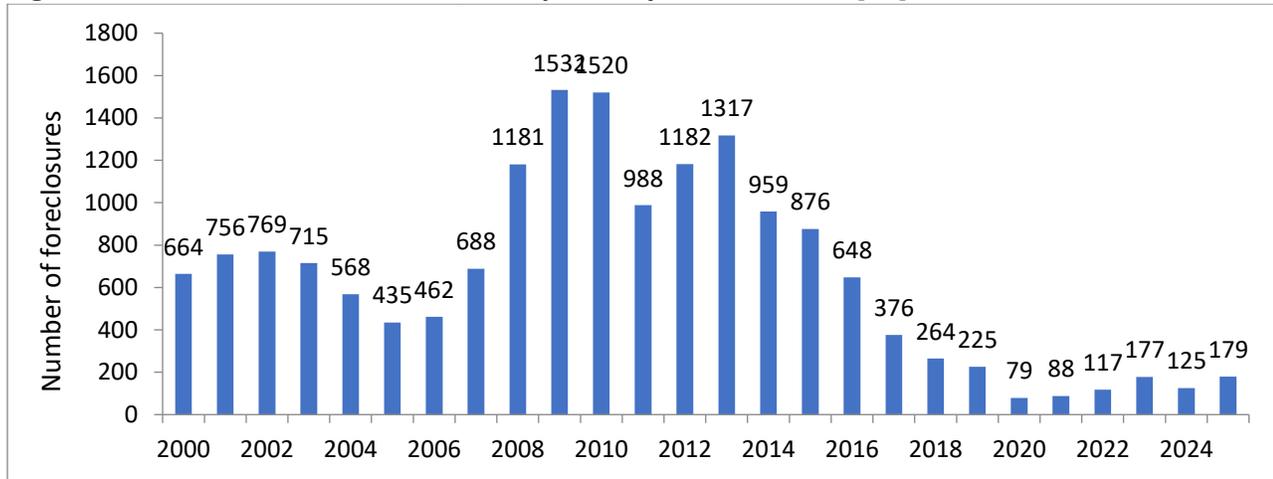
The first-time home buyer HAI may be a better measure of housing affordability for people with lower incomes and younger families. As shown in Figure 45, the first-time home buyer HAI for both the state and county were below 100 until the first quarter of 2012, which coincided with a dip in mean housing prices. The cross-over into the more affordable range indicated that housing was more attainable for first-time home owners. In the second quarter of 2017, however, the first-time home buyer HAI dipped below 100 again, coinciding with an increase in median home price and the declining trend among all home buyers for both the county and the state. Affordability continued to decrease for first-time buyers in Kitsap from 2017 to 2022, then leveled out around a HAI value of 57 in the third quarter of 2024. [65]

Figure 45. Housing Affordability Index, Kitsap County and Washington, 2000 to 2024(Q3) by Quarter [65]



Recent spikes in home prices continue to make home ownership burdensome for many families. From 2021 to 2023, home foreclosures have increased gradually after dropping to 79 in 2020, the lowest number recorded since 2000 (Figure 46) [67]. On March 27th, 2020, the Coronavirus Aid, Relieve, and Economic Security Act (CARES) was passed into law which included a foreclosure moratorium, contributing to the overall decrease in foreclosures during 2020. In 2025, there were 179 foreclosures recorded in Kitsap County. ^

Figure 46. Number of Foreclosures, Kitsap County: 2000 to 2025 [67]



Public Housing

Section 8 Housing is a federally funded program to offer rental assistance to very low-income, elderly, and disabled families. The U.S. Department of Housing and Urban Development (HUD) provides funds to local public housing authorities who administer the program by providing Housing Choice Vouchers to eligible families and individuals. Participants are then able to select rental units that meet their own size and neighborhood needs. Voucher recipients negotiate the rent and lease terms directly with the owner. Additionally, HUD’s Office of Affordable Housing Programs provides subsidies to local housing authorities to help increase the housing stock available to low-income persons.

The Bremerton Housing Authority (BHA) is a public corporation with the purpose of providing affordable housing opportunities in the City of Bremerton for people with limited financial means. BHA’s primary sources of funding include contracts with HUD and rent from properties owned in Bremerton. They own and operate housing communities that include Public Housing units and affordable housing. Some properties are owned exclusively by BHA while others are operated in partnership with other agencies. As of January 2026, BHA had 142 public housing units, and this was the same number of units reported in January 2025 [68]. Because of the large number of people wanting housing in Kitsap, the wait-time to receive a placement can be lengthy.^

BHA administers the Section 8 Housing Choice Voucher program, where a voucher can be issued anywhere in the U.S. BHA conducts physical inspections of the units to ensure they meet federal quality standards before issuing vouchers. As of January 2026, BHA was serving 1,695 families through its voucher program, which was slightly higher than the January 2025 estimate of 1,576. As of January 2025 (previous estimate), Housing Kitsap, which is the Housing Authority that serves county residents outside of Bremerton, was serving 302 families via vouchers [68]. Because of the desirability of Section 8 Housing Choice Vouchers, the BHA waitlist for vouchers is always full and often closed from accepting new families. The primary waitlist for public housing units was last opened in 2022 and most applications are from that opening. BHA is in the process of exhausting

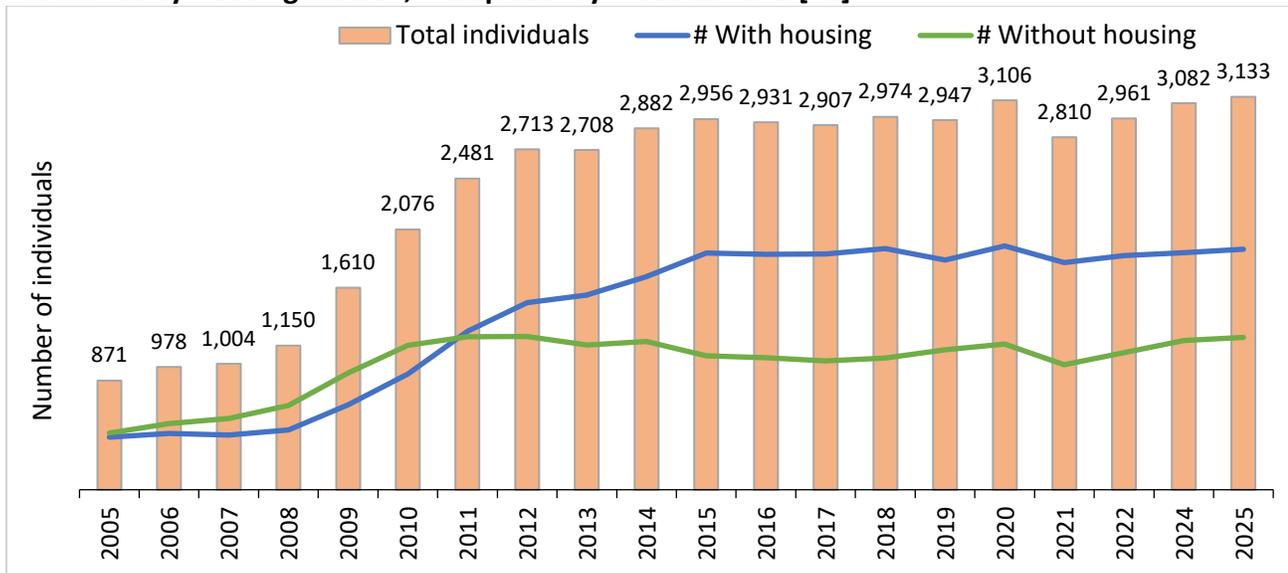
previous waitlists which include many project-specific applicants, for a specific bedroom size, for example, with some applications as far back as 2017 [68].

In 2024, there were 531 evictions filed across all residents in Kitsap County, which amounts to an approximate rate of 1.7% of renters, similar to the Washington average of 2.1%. [69] The number of evictions increased in 2024 from 321 in 2023 and 231 in 2022 [69].

Homelessness

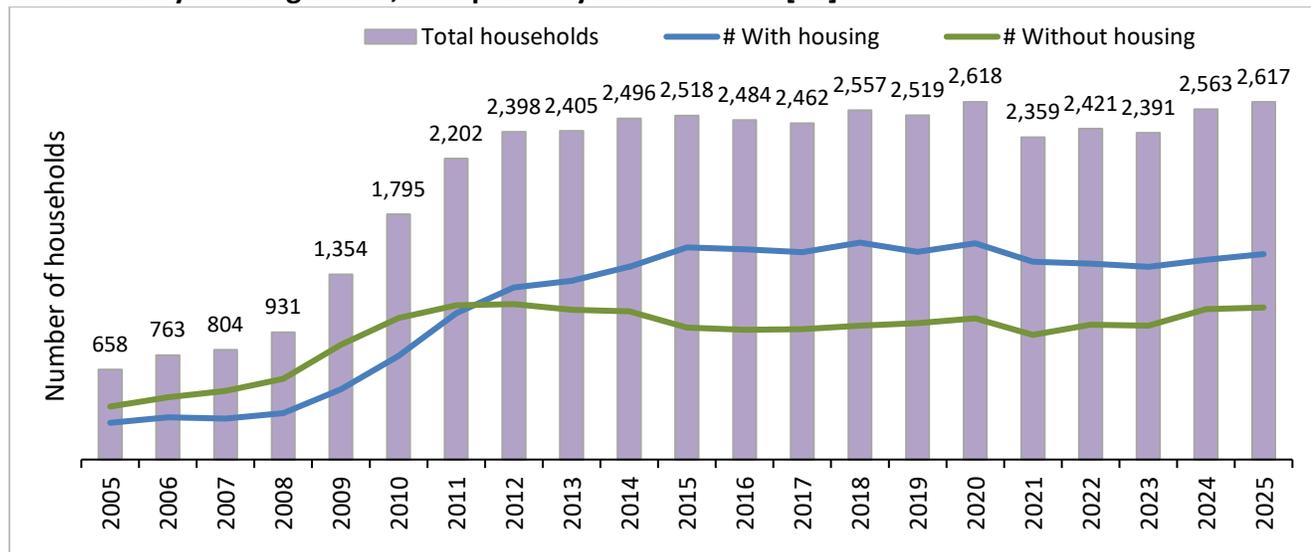
It is difficult to know exactly how many people or families are homeless, but reported housing status on applications for Basic Food (formerly the food stamps program) can be used to estimate these numbers. Clients are enrolled on a monthly basis, with benefits typically lasting about a year (or until they are no longer income eligible). Clients who are no longer eligible are removed at the end of a month. Since enrollment in the Basic Food program fluctuates month to month, evaluating the average monthly enrollment for a year gives an estimate of how many clients were using benefits throughout the year. According to these estimates, the number of individuals experiencing homelessness more than tripled from 2005 to 2025 (Figure 47) [70]. The sharp uptick began in about June 2008, while the most recent years have remained relatively stable. Most of the growth has been among those reporting having a temporary place to stay (“with housing”), whereas the number of Basic Food clients reporting being without any housing has been relatively stable since 2010. A similar trend is seen when looking by households rather than individuals (Figure 48).^

Figure 47. Average Monthly Number of Clients Experiencing Homelessness Who Apply for Food Assistance by Housing Status*, Kitsap County: 2005 to 2025 [70]



* Homeless without Housing includes clients who lack a fixed, regular, and adequate nighttime residence and indicate that they do not have a place to stay at the time of report. Homeless with Housing includes clients commonly referred to as “couch surfing”. In other words, they do not have a fixed regular nighttime residence, but indicate they have a place to stay at the time of report. It also includes clients who reside in a publicly- or privately-operated temporary shelter or domestic violence shelter. (Definitions per DSHS).

Figure 48. Average Monthly Number of Households Experiencing Homelessness that Apply for Food Assistance by Housing Status, Kitsap County: 2005 to 2025 [70]



During the January 2025 annual Kitsap County Point-In-Time (PIT) Count of individuals living homeless, there were 647 individuals counted [71]. This was slightly higher than counts in recent years (597 in 2024 and 604 in 2023). The 2025 count included 69 (11%) children under the age of 18, which was slightly less than counts in 2024 (80, 13%) and in 2023 (75, 12%), and lower than estimates in 2010-2017 where, on average, about 25% of individuals counted were under 18 years old. The PIT counts are considered underestimates of the true number of homeless individuals. The counts include persons who are sheltered (emergency or transitional), unsheltered, and temporarily living with family or friends. In 2025, the total number of unsheltered individuals was 297 (46%). Out of the 69 children included in the PIT count, 17% reported being unsheltered, 64% reported being sheltered via emergency shelters, and 20% reported being sheltered via transitional housing.

Respondents to Port Gamble S’Klallam’s 2016-2017 survey of households affiliated with the Tribe reported almost a third of households (31%) had 1 or more temporary residents. [14]

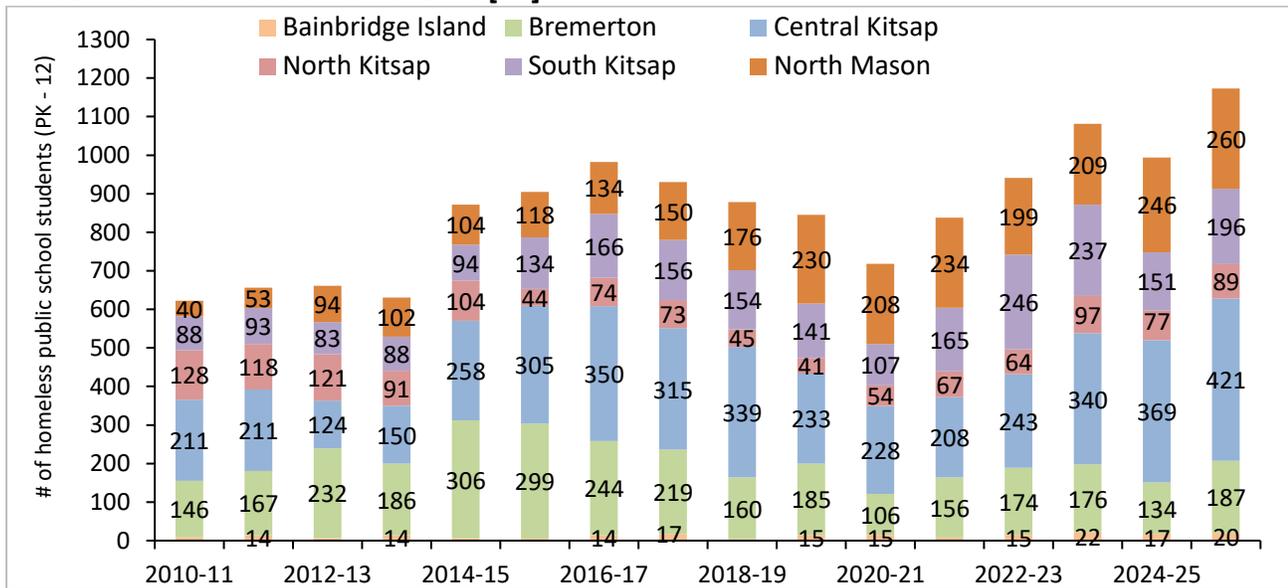
Since 2001, school districts have had an appointed homeless liaison in compliance with the federal McKinney-Vento Act. Although not all school districts use the same methodology to count or define homeless students, there was a county-wide increase in the reported number of homeless students from 2013-14 to 2016-17. The numbers decreased through 2020-21, then began increasing again to the highest yet 2025-26 for Kitsap and North Mason school districts overall (Figure 49) [72].^

In 2025-26, there were 913 public school students reported as homeless in Kitsap County, which is a rate of approximately 25 per 1,000 students. This represents a slight increase from last year (22 per 1,000 in 2024-25) but this was not a statistically significant increase. The rate increased for all school districts in Kitsap County and for North Mason School District compared to last year, but these were not statistically significant except for in Bremerton. Bremerton’s rate statistically significantly increased by 41% from 3.0 students to 42 students per 1,000. The other school districts increased by

smaller, non-statistically significant amounts: by 21% in Bainbridge Island (to 6 per 1,000), 14% in Central Kitsap (to 38 per 1,000), 15% in North Kitsap (to 17 per 1,000), and 30% in South Kitsap (to 21 per 1,000 students).

The rate of students reported as homeless in North Mason was higher than Kitsap school districts in 2025-26, with 114 students reported as homeless per 1,000. This rate was 13% higher than last year in North Mason, though not statistically significantly higher.

Figure 49. Public School Students (PK-12) Reported as Homeless, Kitsap County and North Mason School Districts: 2006-07 to 2025-26 [72]



Note: Counts less than 10 are suppressed to protect confidentiality. Counts for Bainbridge Island were suppressed in several years and are thus not shown.

Overall, during the 2024-25 enrollment year, 13% of Early Head Start, 14% of Head Start, 6% of ECEAP, and 0% of Tribal Funded children in KICC programs received homelessness services [7]. The total number of children who received homelessness services was 110 (12%). A similar percentage of children was served in 2023-24 (11%) and 2022-23 (11%) and in earlier years: 2017-18 (12%), 2016-17 (13%), 2015-16 (12%). As shown in Table 21, the Port Gamble S’Klallam Tribe had the highest proportion of both EHS (23%) children and HS children (40%) receiving services.

Table 21. Head Start/Early Head Start Families and Children Receiving Homelessness Services by Program and by Agency, Kitsap County: 2024-25 [7]^

	Early Head Start			Head Start			ECEAP		
	# of families	# of children	% of all children	# of families	# of children	% of all children	# of families	# of children	% of all children
KCR	12	12	15%	15	16	12%	NA	NA	NA
OESD	38	37	14%	22	23	15%	5	5	6%
Port Gamble S'Klallam Tribe	9	9	23%	8	8	40%	NA	NA	NA
Suquamish Tribe	0	0	0%	0	0	0%	0	0	0%
Kitsap Total	59	58	13%	45	47	14%	5	5	5%

F. Substance Abuse

Alcohol and Drug Use

The Washington State Healthy Youth Survey (HYS) is a survey of 6th, 8th, 10th and 12th grade students in Washington that is administered every 2 years and designed to measure health risk behaviors that contribute to morbidity, mortality and social problems among youth in Washington. The HYS is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service’s Division of Behavioral Health, and Recovery and the Liquor and Cannabis Board.

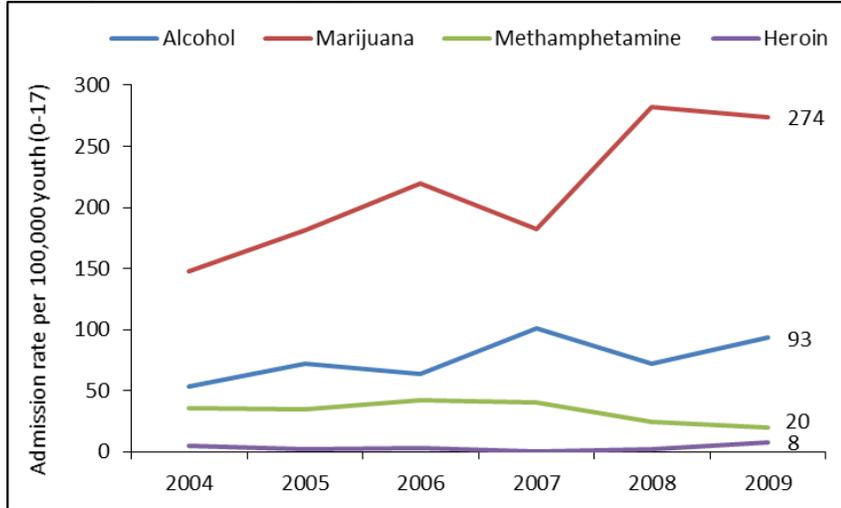
According to Kitsap County 8th and 10th graders surveyed in 2023, 4% and 9% respectively reported drinking alcohol in the past 30 days. [73] After having declined for a number of years, the rates of alcohol use rose slightly in 2018 (to 9% and 19% respectively), but fell by more than half from 2018 to 2023. In addition, decreasing numbers of students report that alcohol is easy to get (30% for 8th graders and 38% for 10th graders in 2023, compared to 36% and 50% respectively in 2018). For students who admitted to drinking alcohol, the percentage who said they had binge drank (had 5 or more alcoholic drinks on at least one occasion) in the past 2 weeks also decreased from 2018 to 2023, with 1.8% of 8th graders and 4.5% of 10th graders reporting binge drinking in 2023, compared to 4.5% and 9.7% respectively in 2018.

Marijuana use in the past 30 days also decreased among both 8th and 10th graders in 2023 (5% and 9% respectively). These are the lowest percentages seen since at least 2012. When asked about using a painkiller to get high in the past 30 days, only 3% of 10th graders reported in 2023 that they had, which was the same as 2016 and 2018.

From 2004-2009, marijuana was the substance most frequently responsible for Kitsap County youth (ages 0 to 17 years) admissions to state-funded substance abuse treatment (Figure 50). [74] The marijuana admissions rate increased 84% and was usually more than double the admission rate for alcohol treatment during this 6-year period. The rate of admissions for methamphetamine decreased 45% in the same timeframe. Admissions for heroin were so infrequent (ranging from 0 to 8 per 100,000) that it is difficult to draw any conclusions about the trend; however, the highest rate

occurred in 2009, which corresponded with an increase in adult admissions for heroin treatment (data not shown).

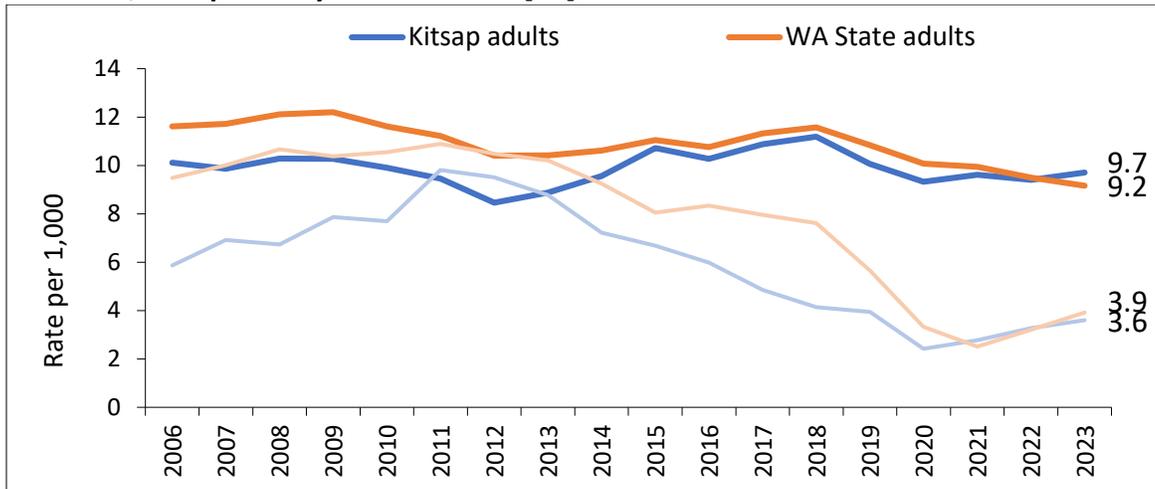
Figure 50. Youth (ages 0-17) Receiving State-Funded Treatment* Admissions by Substance, Kitsap County: 2004 to 2009 [74]



*Excludes detox, transitional housing, group care enhancement, private pay, and Department of Corrections; includes total admissions. Counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Detailed data regarding specific types of substance use are not available beyond 2009. However, the overall rates for clients receiving either alcohol or drug services from 2006 to 2020 is shown in Figure 51. [75] Note that these data are unduplicated, whereas the data by substance is not. The trends in Kitsap County are similar to those in Washington for both adults and youth (Figure 51). The adult rate in Kitsap County has remained steady since 2020 and, in 2023, moved slightly above Washington’s rate overall (9.7 per 1,000 in Kitsap and 9.2 per 1,000 in Washington). Despite the recent slight increases, the adult rate remains in a decreasing trend from 2016 to 2023, similar to Washington. After years of a decreasing trend from 2012 to 2021, the Kitsap youth rate has remained steady from 2021 to 2023 with no statistically significant increasing or decreasing trend.

Figure 51. Adult (18+ years) and Adolescent (10-17 years) Clients of State-Funded Alcohol or Drug Services*, Kitsap County: 2006 to 2023 [75]

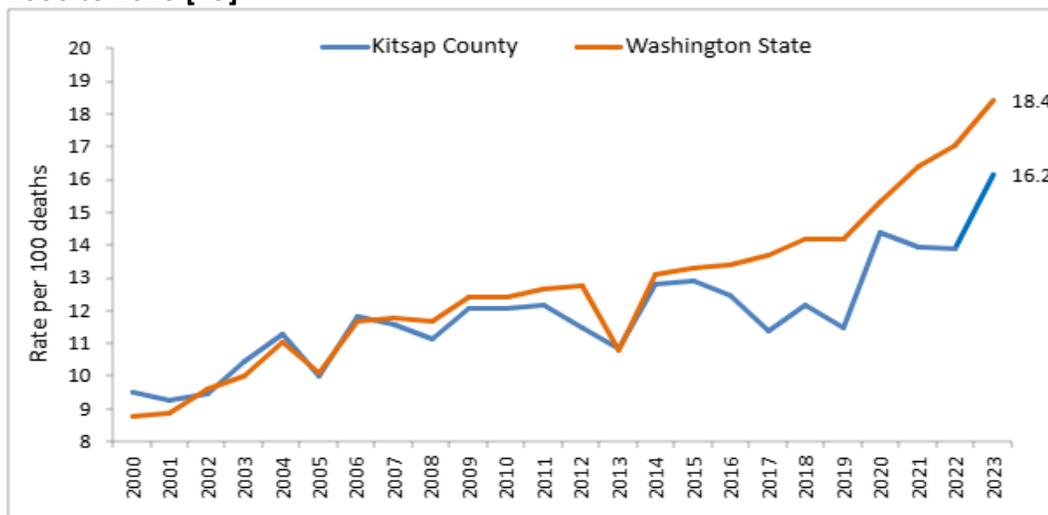


* State-funded services include treatment, assessment, and detox. Persons in Department of Corrections treatment programs are not included. Counts are unduplicated so that those receiving services more than once during the year are only counted once for that year.

Deaths Due to Alcohol or Drugs

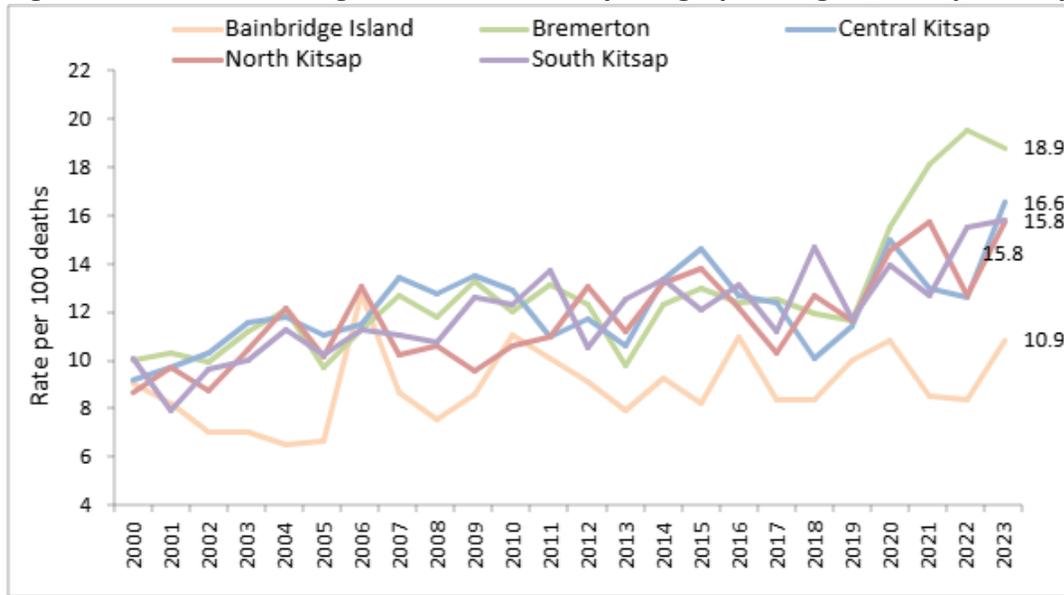
The proportion of alcohol or drug-related deaths out of all total deaths (i.e., rate per 100 deaths) has statistically significantly increased since 2000 in both Kitsap County and Washington, with trends closely mirroring each other from 2000 to 2015 (Figure 52). [75] After decreasing in 2016 and 2017, Kitsap’s rate has been lower than the state’s rate but continues to have a similar increasing trend. The sub-county rates (Figure 53) from highest to 3lowest percentage are as follows: Bremerton (18.9), Central Kitsap (16.6), North Kitsap (15.8), South Kitsap (15.8), and Bainbridge Island (10.9).

Figure 52. Alcohol or Drug-Related Deaths*, Kitsap County and Washington, 2000 to 2023 [75]



*Includes all contributory causes of death for direct and indirect associations with alcohol and drug abuse

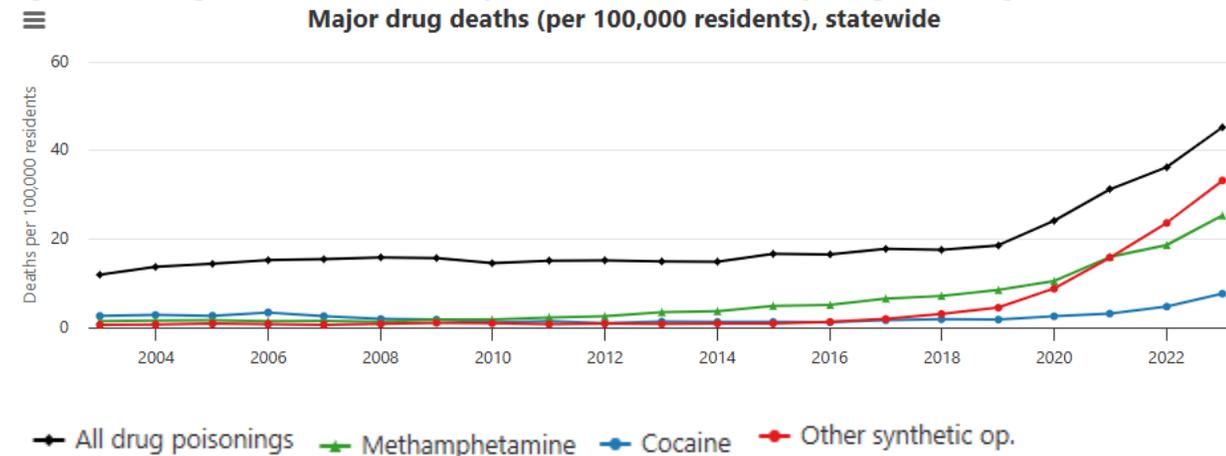
Figure 53. Alcohol or Drug-Related Deaths* by Geographic Region, Kitsap County: 2000 to 2023 [75]



*Includes all contributory causes of death for direct and indirect associations with alcohol and drug abuse

Data for the state of Washington show that synthetic opioids (most commonly fentanyl) and methamphetamine were commonly involved in drug-related deaths from 2004 to 2023. (Figure 54). [76] Since 2020, fentanyl has increasingly been the drug causing deaths in the state. Drug-related deaths affect people of all ages; however, a report from December 2021 by the Addictions, Drug & Alcohol Institute found that young adults who are inexperienced with opioid use are one of the most affected groups. [77]

Figure 54. Drug-caused Death Rates per 100,000 Residents by Drug, Washington, 2004 to 2023 [76]



Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata
 Data sources: Washington State Department of Health (deaths), state Office of Financial Management (population).

Opioid Use

Opioid use continues to be an issue in our community and the United States. On average, every day in 2022, 224 people in the U.S. died after overdosing on opioids. [78] The misuse of and addiction to opioids is a serious national crisis that can affect all aspects of the lives of those involved. The Centers

for Disease Control and Prevention estimated the total "economic burden" of prescription opioid misuse alone in the U.S. is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement. [79] Figure 55 shows the rate of opioids prescribed for every 1,000 Kitsap residents by quarters from the last quarter of 2011 to the second quarter of 2024. In the second quarter of 2024, there were approximately 45 opioid prescriptions written for every 1,000 residents of Kitsap County, which is statistically significantly lower than the overall rate for Washington (46 per 1,000). [80] There has been a statistically significant decreasing trend in Kitsap County from quarter 4 of 2015 through the most recent data.

Figure 55. Prescriptions for Any Opioid per 1,000 Residents by Quarter (Sex- and Age-adjusted), Kitsap County and Washington, 2011 Q4 to 2024 Q2 [80]

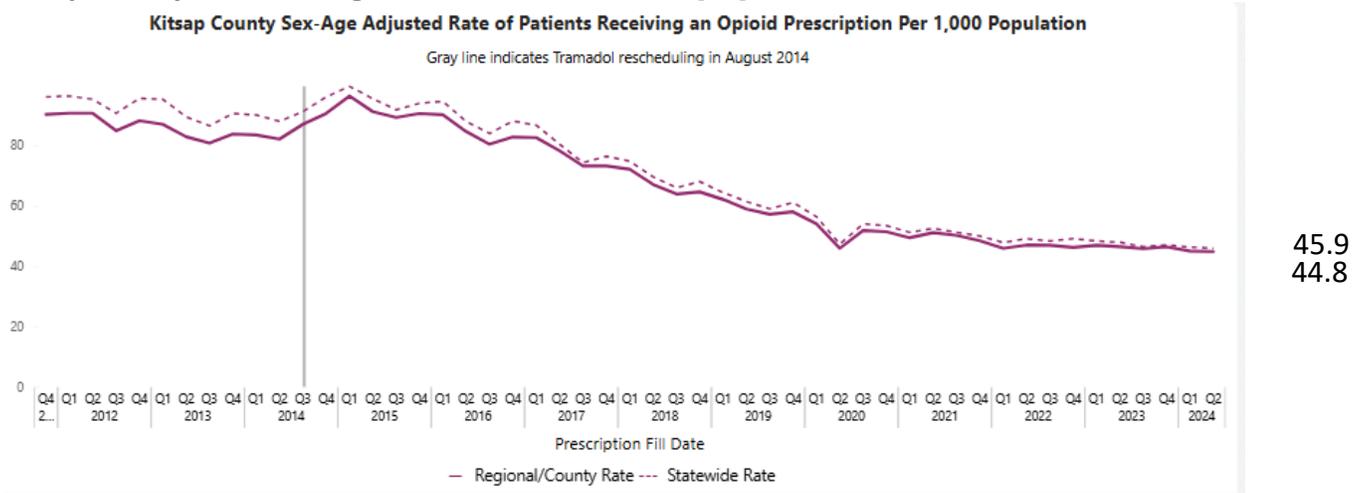
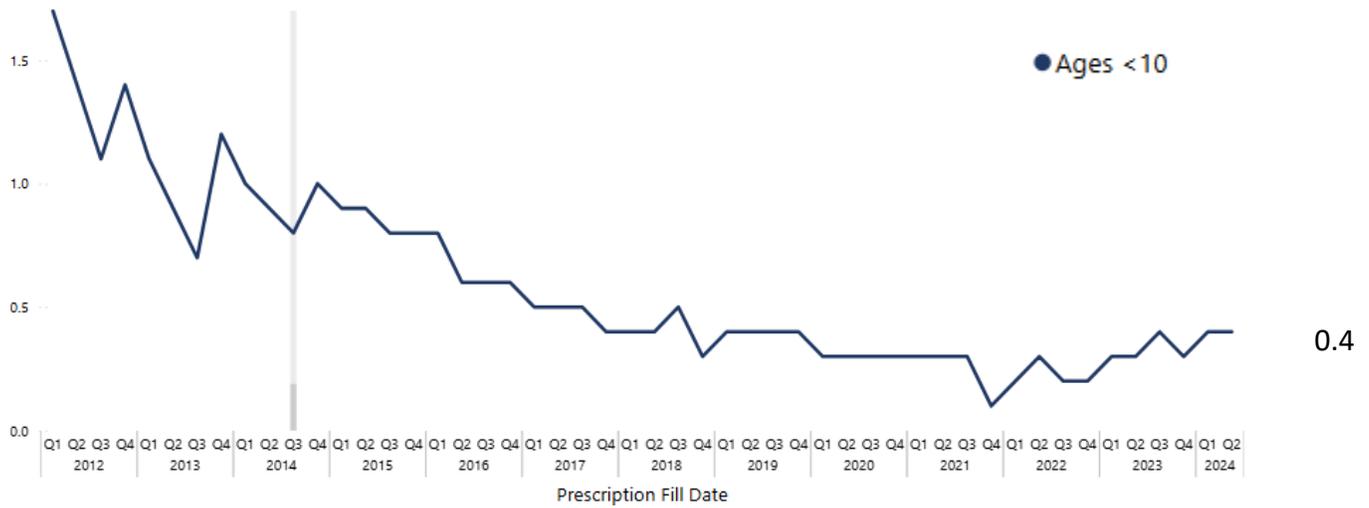


Figure 56 is similar to Figure 55 but shows the prescriptions for Kitsap residents ages 0 to 9 years. In quarter 2 of 2024, there were only 0.4 opioid prescriptions issued for every 1,000 residents ages 0 to 9 years in Kitsap County, which is not statistically significantly different that the overall rate for Washington (also 0.4 per 1,000). There was a statistically significantly decreasing trend in Kitsap County from quarter 1 of 2012 to quarter 1 of 2022, and a statistically significantly increasing trend from quarter 1 of 2022 through the most recent data.

Figure 56. Prescriptions for Residents Ages 0-9 Years for Any Opioid per 1,000 Residents Ages 0-9 by Quarter, Kitsap County: 2012 Q1 to 2024 Q2 [80]

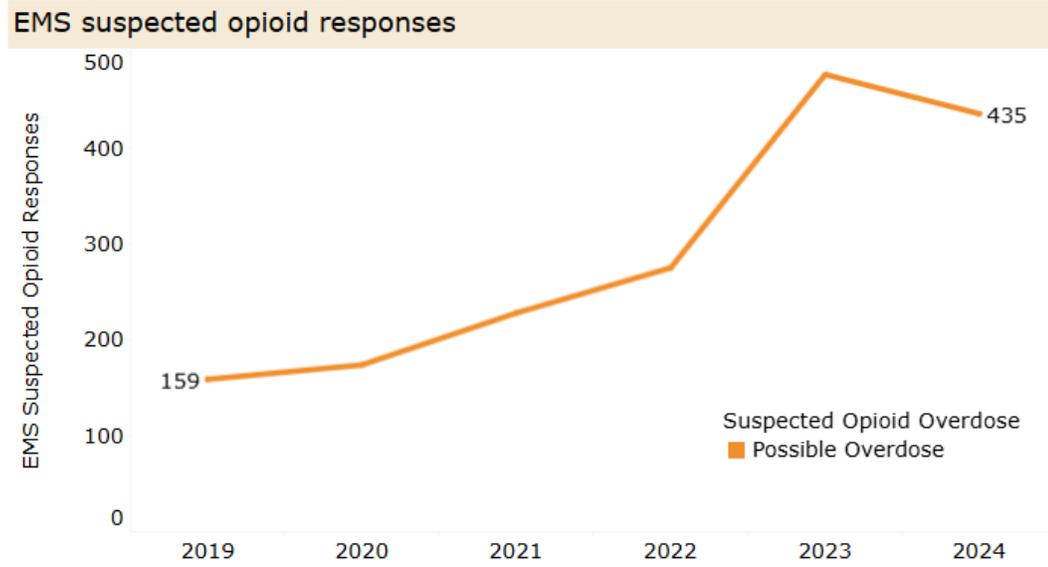
Gray line indicates tramadol rescheduling in August 2014



Emergency Medical Services (EMS) Suspected Opioid Responses

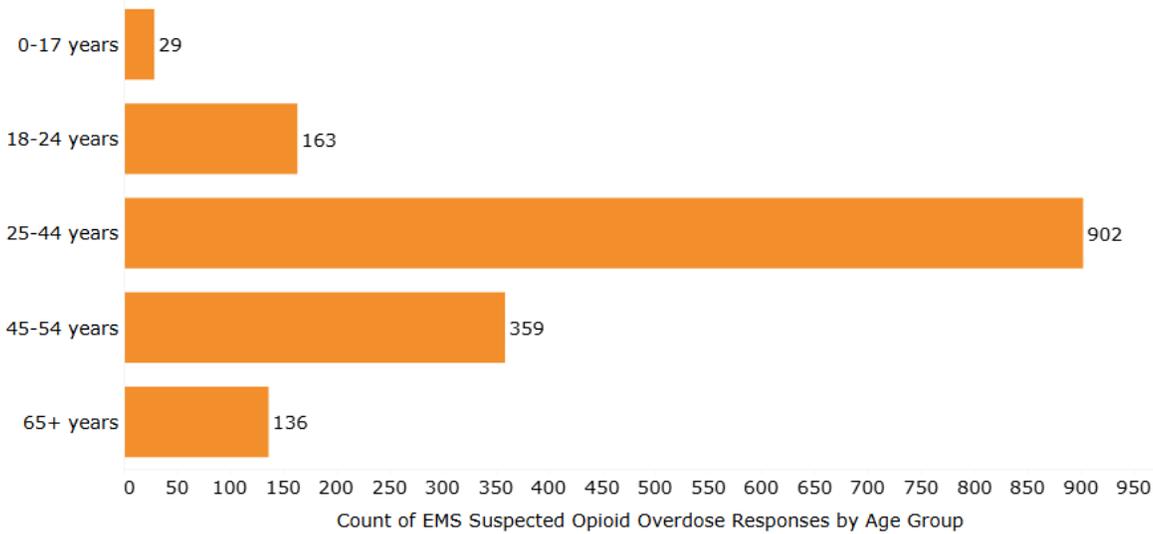
The number of emergency medical services (EMS) responses to suspected opioid overdoses was increasing in Kitsap County from 2019 to 2023, followed by a slight decrease in 2024 (Figure 57). [81] A suspected opioid overdose is where a responder observed the patient improve after the administration of Naloxone (brand name Narcan) and/or where a responder determined from the physical evidence or bystander reports that opioid use was involved.

Figure 57. Emergency Medical Services (EMS) Responses to Suspected Opioid Overdoses, Kitsap County: 2019 to 2024. [81]



EMS responses for suspected opioid overdose in Kitsap are highest among those 25 to 44 years old. Children ages 0 to 17 have the lowest rate.

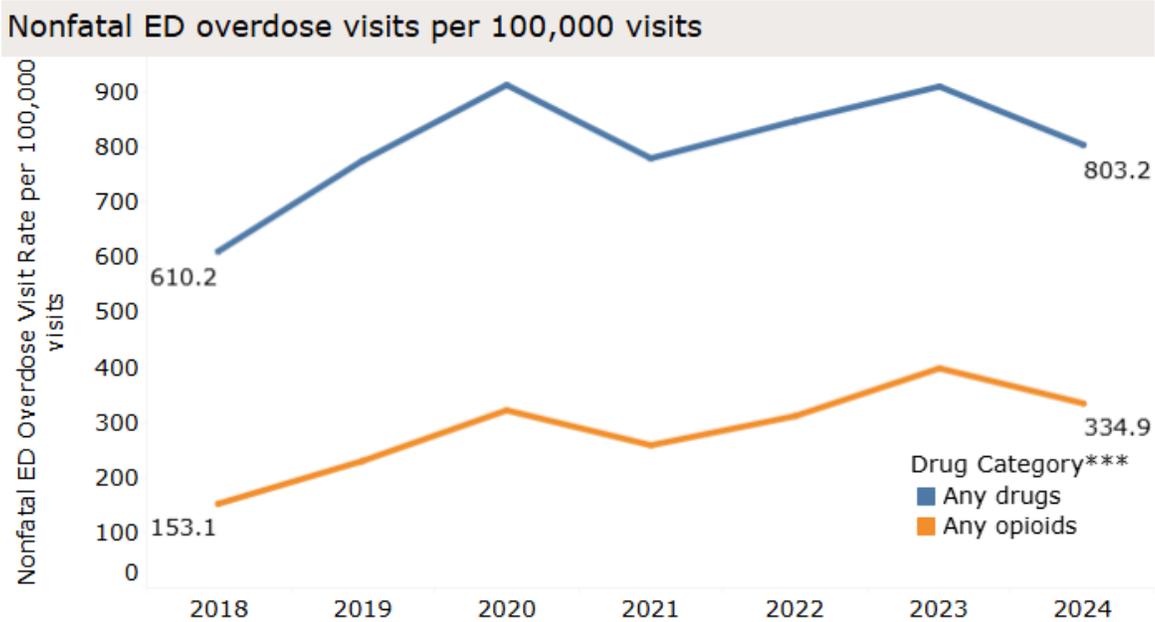
Figure 58. Emergency Medical Services (EMS) Responses to Suspected Opioid Overdoses by Age Group, Kitsap County: 2020-2024. [81]



Nonfatal Emergency Department Visits Due to Opioid Drugs

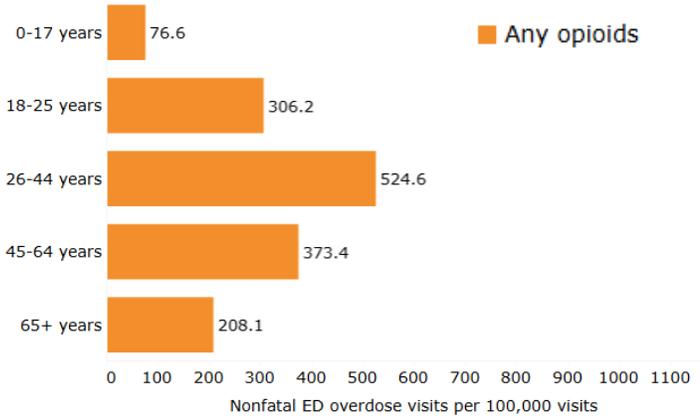
The rate of nonfatal opioid-related emergency department (ED) visits per 100,000 ED visits in Kitsap has been increasing from 2021 through 2023 but decreased slightly in 2024 to a rate of 334.9 visits per 100,000 total ED visits. [82] The overall rate for nonfatal ED visits related to any drug (not including alcohol or tobacco) was 803.2 per 100,000 ED visits in 2024 (Figure 59).

Figure 59. Nonfatal Emergency Department Visits for Any Drug and for Any Opioid per 100,000 Emergency Department Visits for Kitsap Residents: 2018 to 2024. [82]



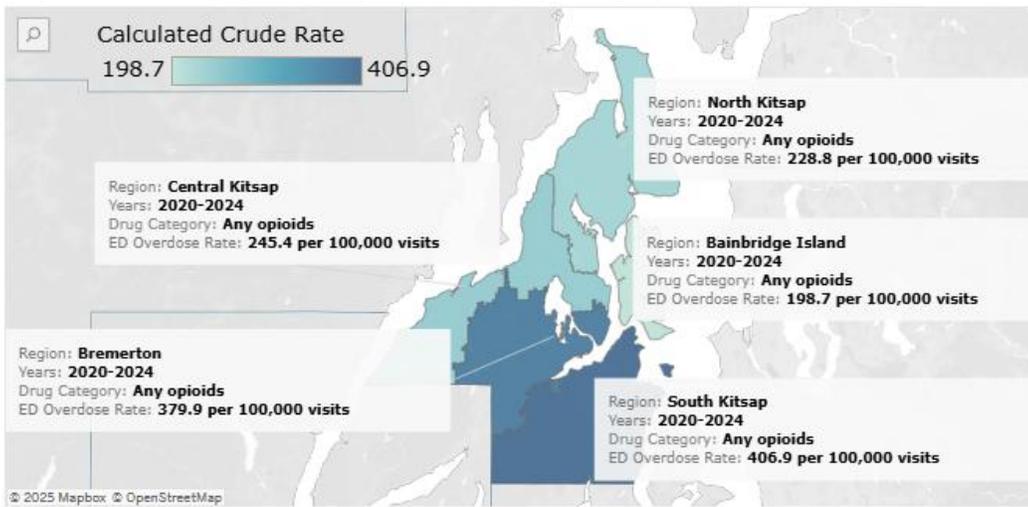
Nonfatal opioid-related ED visits are highest among those 26 to 44 years old in Kitsap. Children ages 0 to 17 have the lowest rate (Figure 60).

Figure 60. Nonfatal Emergency Department Visits for Any Opioid per 100,000 Emergency Department Visits for Kitsap Residents by Age Group: 2020-2024. [82]



Nonfatal opioid-related ED visits are highest among South Kitsap and Bremerton residents, while Bainbridge Island residents have the lowest rate (Figure 61).

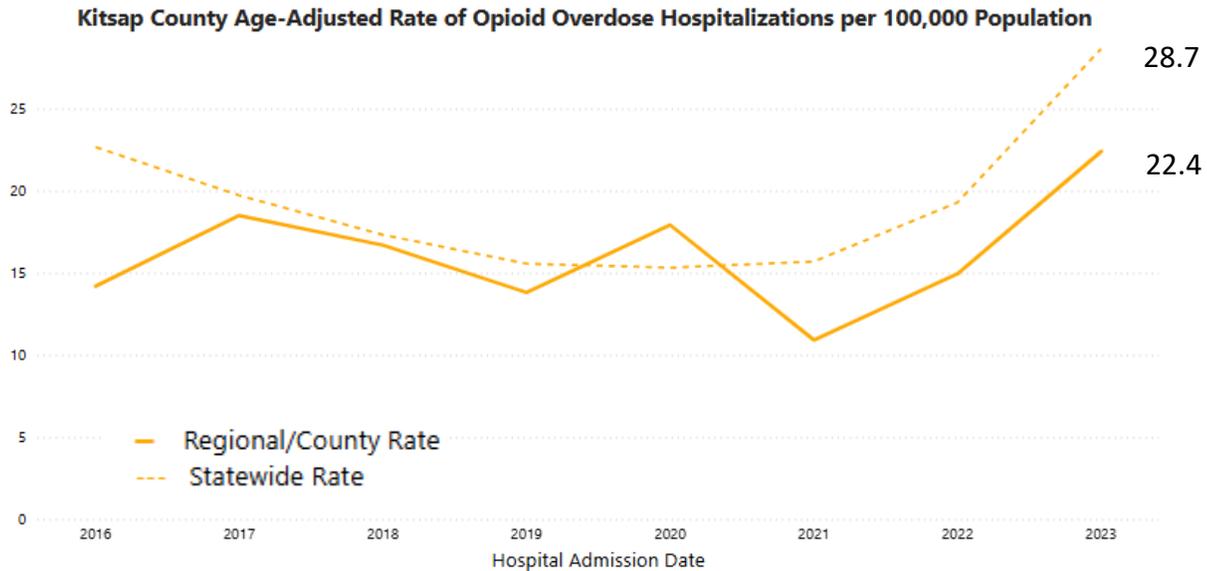
Figure 61. Nonfatal Emergency Department Visits for Any Opioid per 100,000 Emergency Department Visits for Kitsap Residents by Geographic Region: 2020-2024.



Nonfatal Hospitalizations Due to Opioid Drugs

The rate of opioid-related hospitalizations was unchanged from 2016 to 2023. Kitsap’s trend has closely mirrored Washington’s trend (Figure 62). [80]

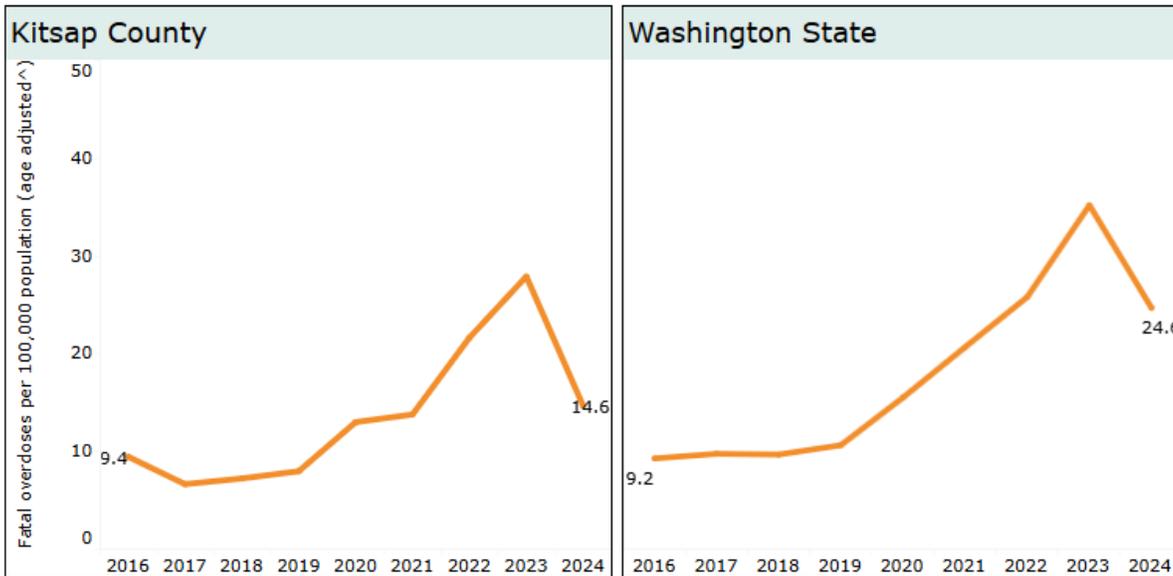
Figure 62. Nonfatal Opioid-Related Hospitalizations per 100,000 Residents (Age-adjusted), Kitsap County and Washington, 2016 to 2023 [80]



Deaths Due to Opioid Drugs

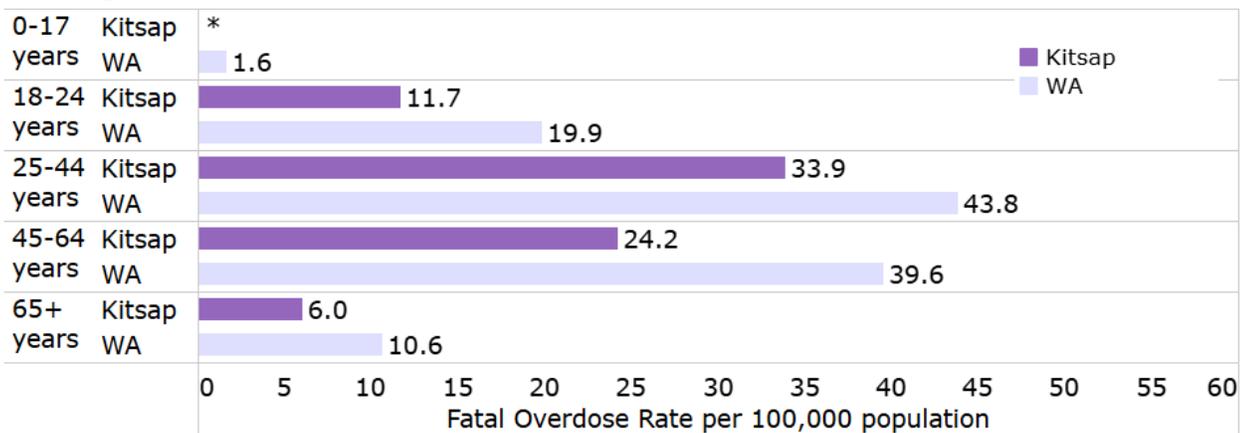
The rate of opioid-related deaths in Kitsap is variable due to small numbers, however there were approximately 27.8 deaths per 100,000 residents that were attributed to opioids in Kitsap County in 2023. Because cause of death may require toxicology testing, 2024’s deaths are still preliminary and may increase as more information is obtained but are currently estimated at 14.6 deaths per 100,000 residents due to opioids in Kitsap in 2024. Kitsap’s trend has mirrored Washington’s trend and national trends with increases every year from 2017 to 2023, followed by a large decrease in 2024. Despite similar trends, Kitsap’s rate in 2024 is statistically significantly lower than Washington’s rate (Figure 63). [83]

Figure 63. Opioid-Related Deaths per 100,000 Residents (Age-adjusted), Kitsap County and Washington, 2016 to 2024 [83]



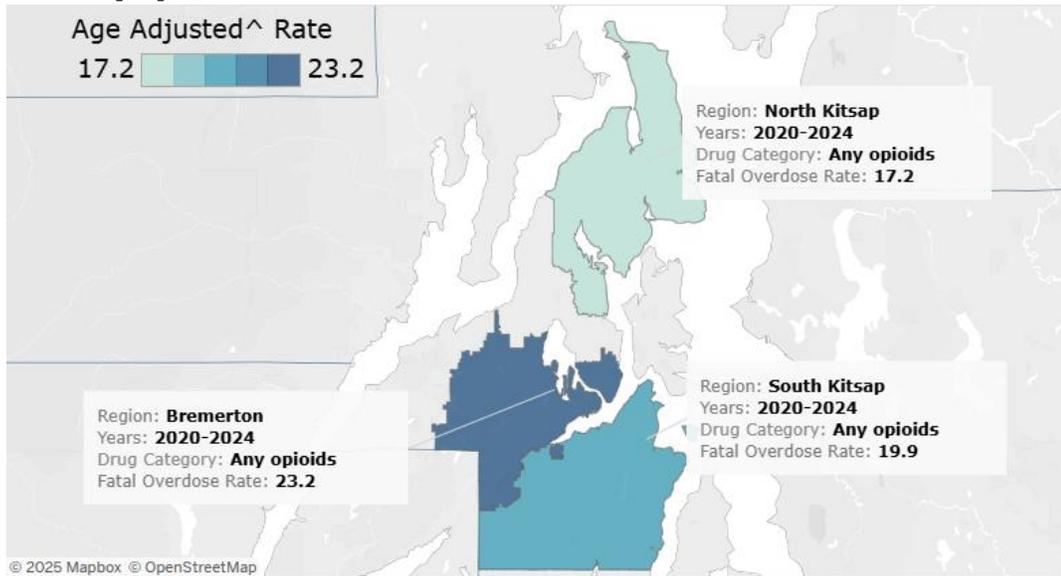
The opioid-related death rate is highest among those 25 to 44 years old in Kitsap. Children ages 0 to 17 have the lowest rate (Figure 64).

Figure 64. Opioid-Related Deaths per 100,000 Residents by Age Group, Kitsap County and Washington, 2020 to 2024 [83]



The opioid-related death rate from 2020 to 2024 is highest in the Bremerton area (23.2 per 100,000), followed by South Kitsap (19.9 per 100,000) and North Kitsap (17.2 per 100,000). (Figure 65). The two areas with the lowest rates of death related to opioids (Central Kitsap and Bainbridge Island) are suppressed due to small numbers.

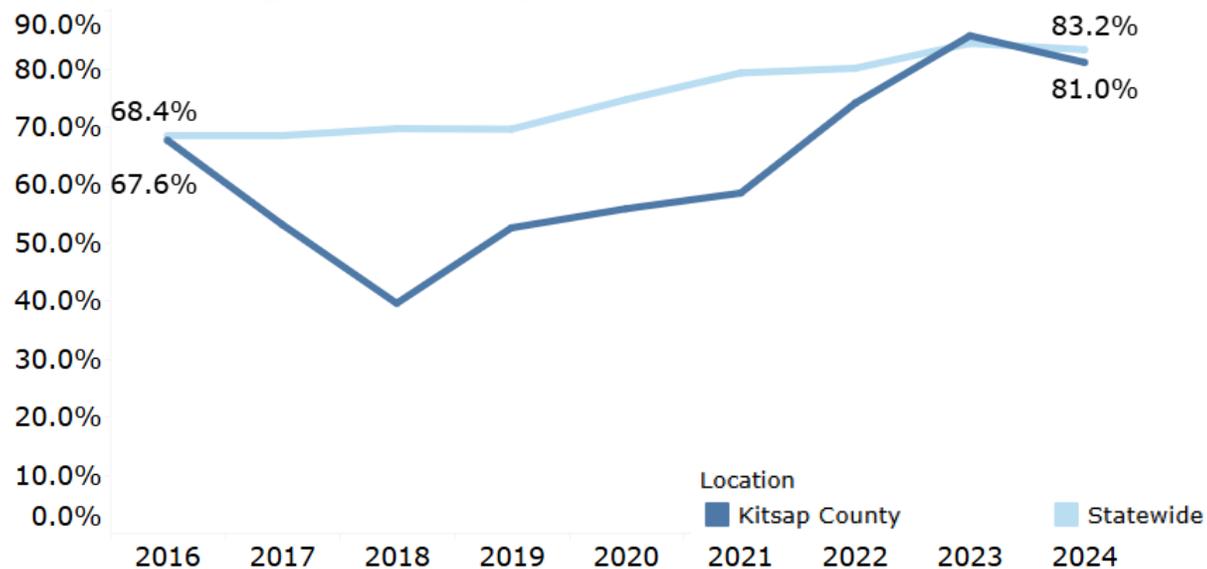
Figure 65. Opioid-Related Deaths per 100,000 Residents by Geographic Region, Kitsap County: 2020 to 2024 [83]



Overdose Deaths by Drug Types Identified (Opioids and Methamphetamine)

From 2017 to 2021, most overdose deaths in Kitsap (40-60%) involved only one type of drug. Since 2021, overdose deaths have been increasingly found to be due to more than one type of drug. [83] In 2022, 74% involved more than one drug type. In 2023, it was 86%, and in 2024, only slightly less (81%). Part of this may be due to increased identification of substances through increased usage and capability of post-mortem toxicology testing. Figure 66 shows the percentage of drug overdose deaths that were due to two or more drug types.

Figure 66. Percentage of Drug Overdose Deaths that were Due to Two or More Drug Types, Kitsap County and Washington: 2016 to 2024 [83]



Of drug overdose deaths in Kitsap involving two or more substances, the largest percentage in 2024 were due to combinations of fentanyl and stimulants, such as methamphetamine. Since 2018, fentanyl has been gradually replacing heroin as the primary opioid involved in multiple drug overdose deaths in Kitsap.

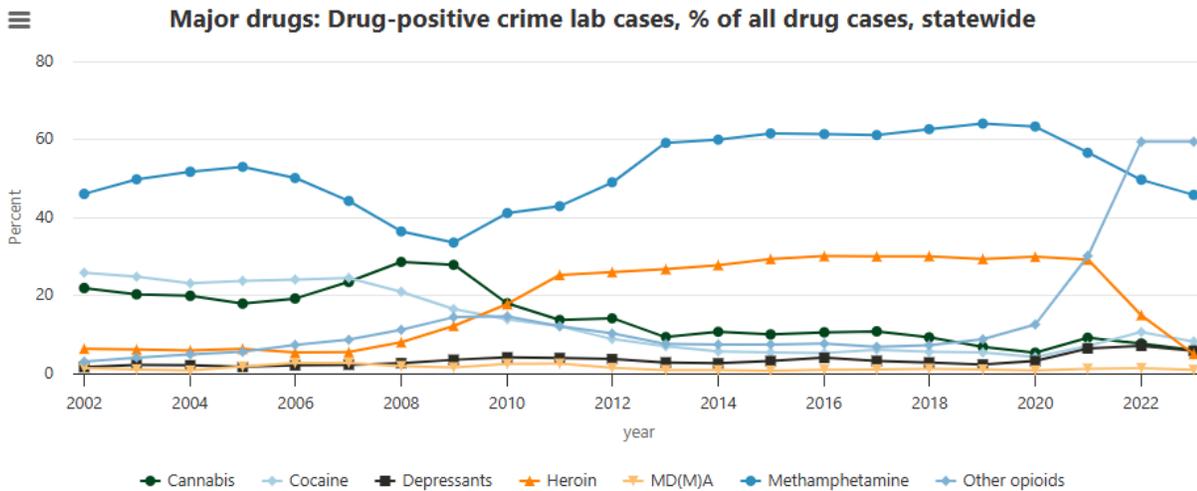
Evidence of heroin’s decline in usage is also seen in the drugs seized by law enforcement and sent for testing as potential evidence. In Washington, the percentage of drug-positive crime lab cases where heroin was detected have decreased in recent years, while other opioids have increased (Figure 67). [76]

The percentage of cases where methamphetamine was detected have decreased, but remained high, dropping from around 60% of cases from 2013 through 2020, to 45.8% in 2023.

In Kitsap, there were approximately 11.9 cases per 100,000 residents where methamphetamine was seized by law enforcement and sent for testing from 2021 to 2023, an 82% decrease from 2002-04 to 2021-23. Kitsap’s rate from 2021-23 was lower than Washington overall (15.9 per 100,000 from 2021 to 2023). [76]

Unfortunately, deaths due to methamphetamine in Kitsap have been increasing. In Kitsap County, the death rate of deaths involving methamphetamine was 16.0 per 100,000 residents from 2022 to 2023, which is more than a 750% increase in rate since 2003-04 (1.9 per 100,000).

Figure 67. Percentage of Crime Lab Cases by Drug, Washington, 2002 to 2023 [76]



Data source: Forensic Laboratory Services Bureau, Washington State Patrol. 2021 counts and onward are impacted by the 2/25/2021 *Washington State v Blake* decision. Analysis by UW ADAL. For data sources, see text or adai.uw.edu/WAdata

Neonatal Abstinence Syndrome

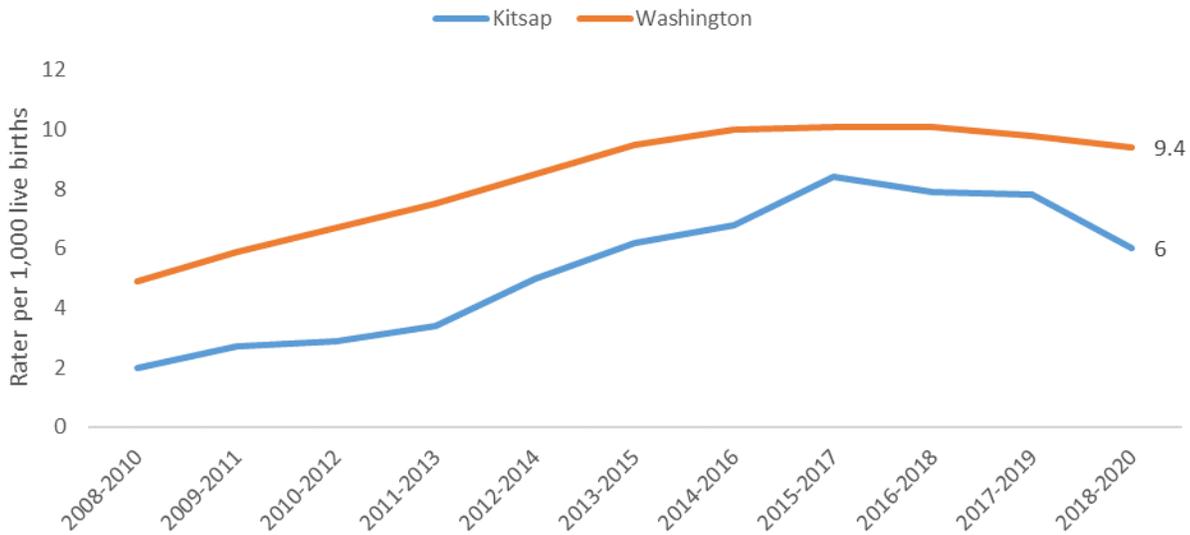
Neonatal Abstinence Syndrome (NAS) can occur at birth when there is an abrupt discontinuation of exposure of the baby to drugs following chronic exposure during pregnancy. Babies diagnosed with NAS may be born to mothers who are taking prescribed opiates or in treatment for opioid use disorder, as well as those misusing substances. Babies with NAS experience withdrawal symptoms,

like difficulty eating or sleeping. The best care for infants with NAS is called Eat, Sleep, Console, characterized by parents staying in the same room with infants, use of low lights, little noise, and skin-to-skin [84].

NAS is over 2.5 times more common than it was 15 years ago in Washington. [84] While drugs other than opioids can cause NAS, perinatal opioid use disorder has become a top public health concern due to increased incidence over this period. Perinatal opioid use disorder occurs during or within one year after pregnancy. Overdose is a leading cause of maternal deaths [84].

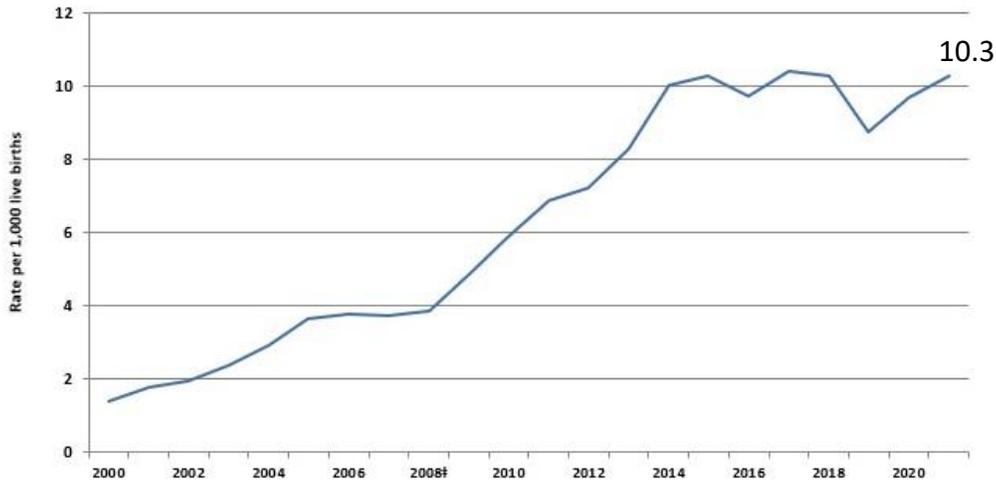
The rate of Kitsap babies diagnosed with NAS was about 6 out of every 1,000 live births from 2018-2020 while Washington's rate was 9.4 per 1,000 live births [85]. The rate in Kitsap has consistently been below the state rate from 2008 to 2020 (Figure 68). More recent county-specific data were not available for NAS diagnoses or hospitalizations, but estimates for Washington overall suggest an increasing trend since 2020 (Figure 69) [86]. In 2021, the rate of NAS diagnoses was 10.3 per 1,000 live births and in 2022, 11.2 per 1,000 live births in Washington overall, both higher than the 2020 estimate of 9.7 per 1,000 live births [87].

Figure 68. Babies with a Diagnosis of Neonatal Abstinence Syndrome, Kitsap County and Washington, 2008 to 2020 [88]



*2020 data are preliminary

Figure 69. Hospitalization rates of Infants with Neonatal Abstinence Syndrome Born in Washington to Washington Residents, 2000-2021 [86]



G. Health

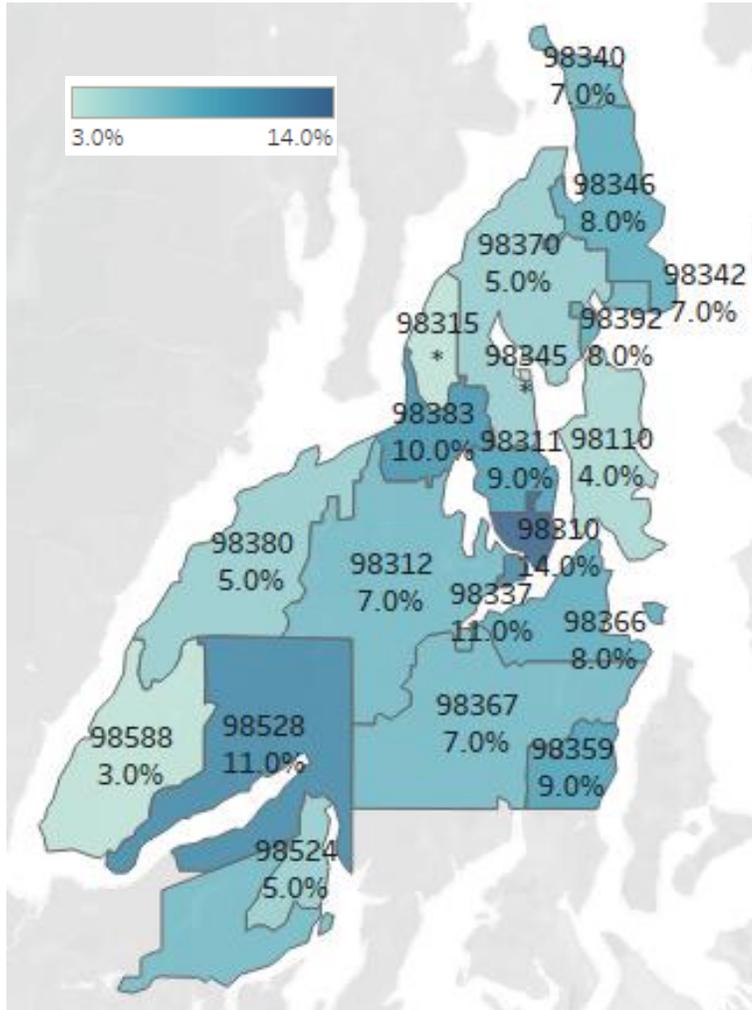
Access to Care

In 2023, the Kitsap Public Health Board declared healthcare access a public health crisis [89], citing inadequate healthcare access leading to poor health outcomes among Kitsap residents. Young families are greatly affected by difficult healthcare access, especially families with a child with a disability or families who face greater access barriers. Additionally, changes in Medicaid coverage with the end of the COVID-19 public health emergency may have led to losses in healthcare coverage, especially among more vulnerable populations. Because EHS, HS, and ECEAP also offer healthcare referrals and connections, understanding the changing landscape of healthcare in Kitsap is critical to the ongoing functioning of these programs.

According to 2024 estimates, approximately 10,129 (3.8%) of Kitsap County residents of all ages were uninsured, which is lower than the 2022 estimate (6.4%) and the Washington 2024 estimate of 6.5% uninsured [15]. For Kitsap County, this included approximately 2.5% of children aged 0 to 5, 1.9% of children aged 6 to 18 and 5.8% of adults aged 19 to 64. Compared to the previous two years (2023 and 2022), estimates were lower for all ages. In 2023, estimates were 1.2% for children 0 to 5 years, 2.7% for children 6 to 18 years, and 7.7% for adults 19 to 64 years, and in 2022, 3.6% for children 0 to 5 years, 3.3% for children 6 to 18 years, and 9.8% for adults 19 to 64 years. ^

Figure 70 shows the percentage of residents ages 19 to 64 who had no health insurance by ZIP Code from 2019 to 2023 [12].

Figure 70. Percentage of Residents Aged 18 to 64 with No Health Insurance by ZIP Code, Kitsap County and North Mason County: 2019-2023 [12]



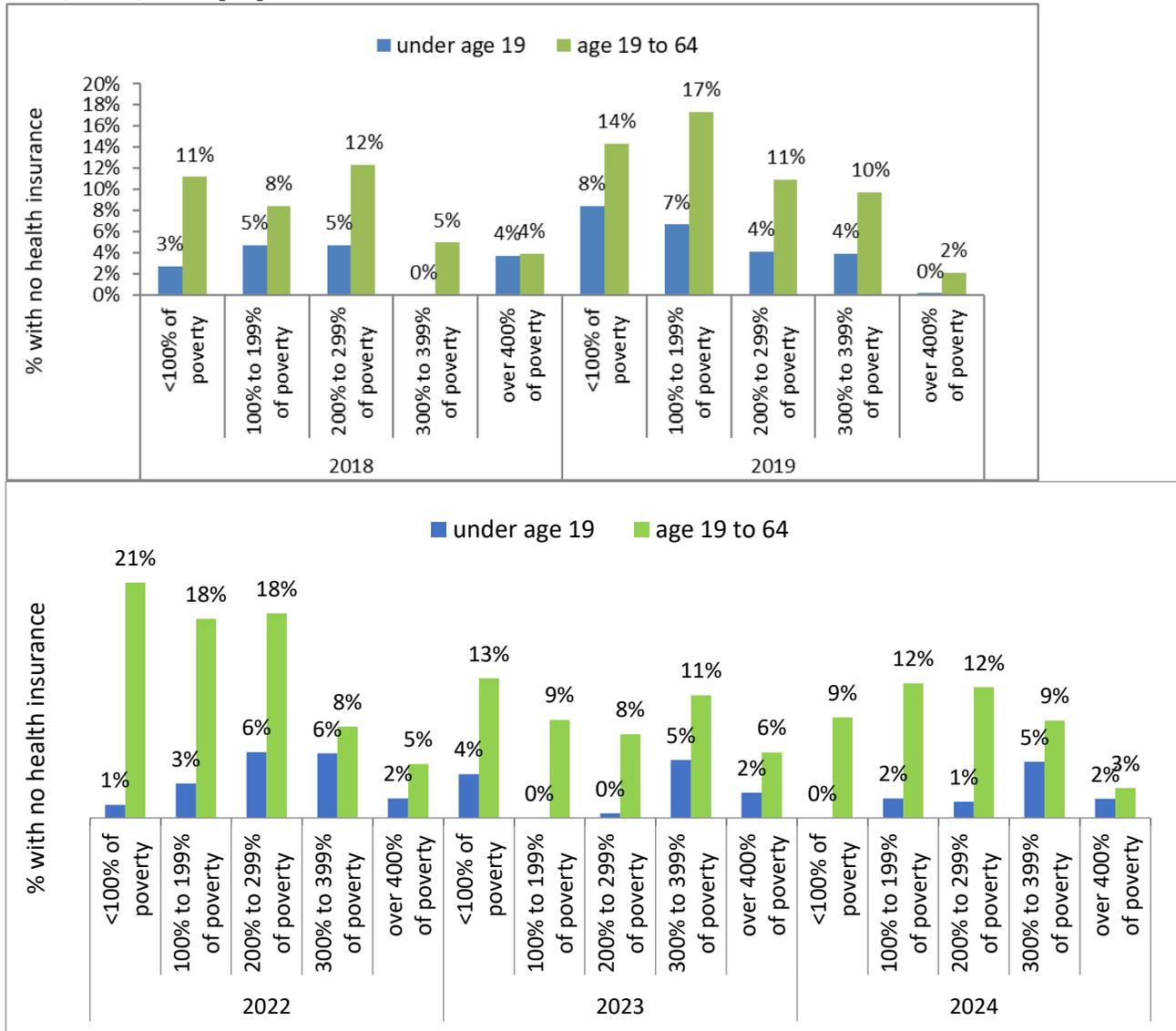
*Percentage is unreliable due to small numbers.

Historically, and in general, as income level increases, the proportion of individuals without health insurance decreases. The percentage of uninsured among populations with lower income levels had been decreasing in recent years, likely due in large part to the Affordable Care Act; however, in 2019, the percentage increased among all ages for those with incomes below 200% of the federal poverty level (Figure 71). This is likely due in large part to the 2018 removal of the financial tax penalty. The national and local political climate must also be considered. From 2019 to 2022, the proportion of uninsured individuals increased among adults aged 19 to 64 with incomes below <200% of the federal poverty level and decreased in 2023 to levels similar to those in 2018. Conversely, the proportion of uninsured children decreased among those with lower household incomes from 2019 to 2022 and remained low in 2023 and 2024. Uninsured status was consistently higher for adults than for children across all levels of poverty and over time (Figure 71) [15].^

In 2024, uninsured estimates were similar to 2023, with between 9% and 12% of adults 19 to 64 years old uninsured with incomes <400% of the poverty level and about 4% uninsured adults among

those with incomes at least 400% of the poverty level. Among children up to 18 years old, uninsured status in 2024 was also similar to 2023, with between 0% and 5% uninsured across all household income levels. The highest percentage of children uninsured was among those with household incomes between 300% and 399% of the poverty level (Figure 17) [15].

Figure 71. People without Health Insurance by Age and Poverty Level, Kitsap County: 2018, 2019, 2022, 2023, 2024 [15]



Immunizations

Immunizations are a key public health strategy, and are credited by the World Health Organization as one of the most effective health investments communities can make. [90] Because of high immunization coverage for traditional childhood illnesses such as polio, measles, and rubella, diseases which previously resulted in the deaths and permanent disability of numerous children are now relatively rare (measles, congenital rubella syndrome) or eradicated in the United States (polio). Immunizations are also effective in reducing the severity of illnesses and preventing serious complications and hospitalizations. [91] ^

In Washington, the [Childhood Vaccine Program](#) (CVP) coordinates funding through multiple mechanisms (including the national Vaccines for Children (VFC) Program, the Washington Health Care Authority (HCA), and insurance company contributions) to ensure that all Washington children under 19 years old have access to recommended immunizations, and are not prevented from accessing a key life-saving resource because of cost.

Key Points

- In September 2024, around 91% of Kitsap County kindergartners and 90% of North Mason County kindergartners were fully immunized against measles, mumps and rubella. This is below the national target of 95% coverage.
- In September 2024, 89 (3.6%) Kitsap kindergartners held an exemption to one or more vaccines required for school entry.
- The majority of Kitsap kindergartners who are not up to date on the measles, mumps and rubella (MMR) vaccine did not submit a vaccine exemption. This may indicate that for many kindergartners, the gap may lie with immunization documentation or with unintentional delays in getting childhood vaccines. Addressing these gaps can potentially bring the kindergarten cohorts of all Kitsap school district above the 95% target coverage.
- According to state immunization registry data through January 19, 2026, less than 1 in 3 Kitsap children aged 6 months - 4 years had received recommended immunizations against seasonal influenza for the 2025-26 season. ¹

School Immunization Coverage

All kindergartners in Washington entering school (public or private) or licensed childcare are required under [WAC 246-105-050](#) to present a [Certificate of Immunization Status](#) (CIS) form that documents full immunization, initiation of the schedule of immunizations, or an exemption. The WAC allows for four types of exemption to a required immunization: (1) medical exemption, which requires a written attestation by a medical provider; (2) religious affiliation exemption, which requires a signed statement from the parent or guardian that they belong to a church that objects to the use of medical treatment; (3) religious exemption; and (4) philosophical or personal beliefs

¹ Recommendations for COVID-19 vaccine were updated in October 2025 so that an updated dose is no longer universally recommended for children over two years old, but remains indicated for all infants and children aged 6 – 23 months, and for children aged 2-18 years at increased risk or with shared decision making with a provider. These vaccines are still covered by insurance or available at little to no cost through Washington’s Childhood Vaccine Program for people younger than 19 years [132].

exemption. Following Washington legislation enacted in July 2019, philosophical/personal beliefs exemptions cannot be applied to the measles, mumps, and rubella (MMR) vaccine. Parents and guardians seeking immunization exemptions are required to submit a signed [Certificate of Exemption](#) (COE). The CIS notifies parents that children with vaccine exemptions “...may be excluded from the school or childcare center” in the event of an outbreak in order to control disease transmission. A summary of immunizations required for children aged five years and older entering kindergarten through sixth grade is presented in Table 22.

Table 22. Immunization doses required for children aged 5 years and older entering kindergarten through 6th grade. Source: [DOH](#), accessed 11/19/2025.

Vaccine	Doses
Measles, mumps and rubella (MMR)	• •
Varicella	• •
Diphtheria, tetanus and pertussis (DTaP)	• • • • •
Polio	• • • •
Hepatitis B	• • •

According to the most recent available data, 87.1% of children entering Kitsap County kindergartens and 85.9% of children entering Mason County kindergartens were up to date on all required vaccine doses at the start of the 2024-25 school year (Figure 72a). Although state rates have risen over the past 10 years, they have remained relatively stable in Kitsap County, hovering between 86% and 90%. Mason County coverage estimates are difficult to compare year-to-year due to inconsistent and incomplete reporting, but rates generally tend to be below state levels. Caution should be exercised in interpreting data reported for the 2020-21 school year, as (a) enrollment was impacted by the COVID-19 pandemic and COVID-19 vaccine requirements, and (b) strained school resources may have limited data reporting to DOH.

At the start of the 2024-25 school year, 91.0% of Kitsap County kindergartners and 90.2% of Mason County kindergartners had two documented doses of MMR.(Figure 72b) This puts both counties below the U.S. Department of Health and Human Services (DHHS) [Healthy People 2030](#) national target of 95%. Although there was an initial rise in reported MMR coverage following the implementation of [House Bill 1638](#) in 2019, coverage rates are again similar to pre-legislation. Two doses of MMR are 97% effective against measles, >97% effective against rubella, and 88% effective against mumps. [92] Coverage estimates for (a) all required immunizations and (b) MMR are available by school district in Tables 23 and 24.

Figure 72 (a) Percent of entering kindergarteners up to date on all required immunizations; (b) Percent of entering kindergarteners up to date on measles, mumps and rubella (MMR), 2015 – 2024.
 Source: DOH School Immunizations Data Dashboard, accessed 11/19/2025. Data include students at both public and private schools.

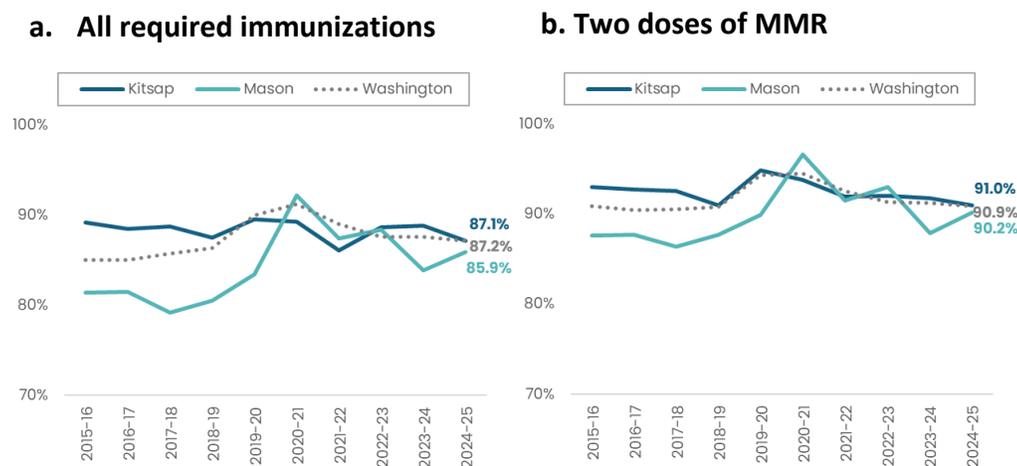


Table 23. Immunization coverage of entering kindergarten cohorts for all required immunizations*, 2024-25 school year, by district.

District	Enrollment	Up to date		Conditional		Out of compliance		Exempt	
		N	%	N	%	N	%	N	%
Washington State	76,521	66,696	87%	1,300	2%	4,912	6%	3,613	5%
Bainbridge Island	220	208	95%	0	0%	<10	**	<10	**
Bremerton	409	304	74%	**	**	87	21%	<10	**
Central Kitsap	794	728	92%	<10	**	**	**	27	3%
North Kitsap	367	317	86%	<10	**	**	**	14	4%
South Kitsap	675	591	88%	15	2%	34	5%	35	5%
North Mason	134	109	81%	<10	**	**	**	0	0%
Total Kitsap County	2,465	2,148	87%	33	1%	195	8%	89	4%
Total Mason County	552	474	86%	<10	**	51	9%	**	**

* DTaP (5 doses), HBV (3 doses), MMR (2 doses), PCV (4 doses), polio (4 doses), varicella (2 doses)

** Values less than 10 are suppressed and rates are not calculated. In some instances, additional values are suppressed to prevent back-calculation.

Conditional is defined as a student in the process of obtaining documentation of immunity who is waiting for the next dose in a vaccination series for at least one of the required immunizations. Students have 30 days after their vaccination due date to turn in immunization documentation, and status changes to out of compliance if the conditional period expires without documentation of the vaccine dose or a completed certificate of exemption.

Table 24. Immunization coverage of entering kindergarten cohorts for two doses of MMR, 2024-24 school year, by district.

District	Enrollment	Up to date		Conditional		Out of compliance		Exempt	
		N	%	N	%	N	%	N	%
Washington State	76,521	69,561	91%	299	0%	3,603	5%	3,058	4%
Bainbridge Island	220	213	97%	<10	**	<10	**	<10	**
Bremerton	409	331	81%	<10	**	66	16%	<10	**
Central Kitsap	794	744	94%	<10	**	**	**	25	3%
North Kitsap	367	332	90%	<10	**	24	7%	<10	**
South Kitsap	675	623	92%	<10	**	**	**	25	4%
North Mason	134	114	85%	<10	**	**	**	0	0%
Total Kitsap County	2,465	2,243	91%	<10	**	**	**	71	3%
Total Mason County	552	498	90%	<10	**	**	**	14	3%

** Values less than 10 are suppressed and rates are not calculated. In some instances, additional values are suppressed to prevent back-calculation.
 Conditional is defined as a student in the process of obtaining documentation of immunity who is waiting for the next dose in a vaccination series. Students have 30 days after their vaccination due date to turn in immunization documentation, and status changes to out of compliance if the conditional period expires without documentation of the vaccine dose or a completed certificate of exemption.

Nationally, CDC has observed an overall decrease in the proportion of entering kindergartners up to date on key childhood immunizations compared to years immediately prior to the COVID-19 pandemic in 2020 [93]. In addition, recent polls by the Kaiser Family Foundation have found a decrease in the percent of U.S. parents who say they keep their children up to date on vaccinations, dropping from 90% in August 2021 to 82% in January 2025 [94].

Exemptions. In 2024, 89 (3.6%) children entered Kitsap County kindergartens with an exemption to one or more required vaccines. For the MMR vaccine, where personal beliefs exemptions are not permitted, 60 (2.4%) Kitsap kindergartners held non-medical exemptions in the 2024-25 school year; while this is the lowest exemption rate for any of the required immunizations, this was also a substantial (though not statistically significant) increase when compared to the 2019-20 school year (Figure 73).

Figure 73. Kitsap kindergartners with non-medical exemptions to MMR or DTaP, 2019 vs. 2024.

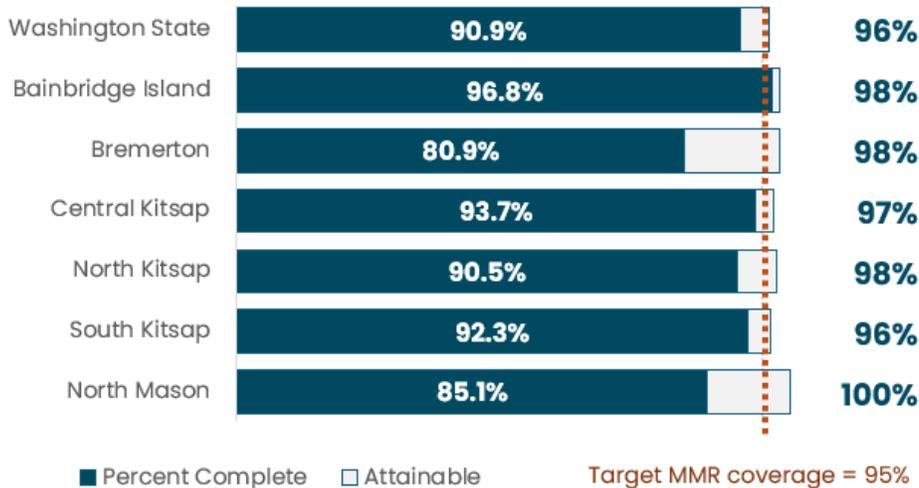
Source: DOH School Immunizations Data Dashboard, accessed 11/19/2025. Data include students at both public and private schools.



Although the increasing trend in children with non-medical exemptions is of potential concern for community health, the majority of Kitsap and Mason kindergartners who were not up to date in September 2024 were simply out of compliance. This means that the child did not have evidence of required immunizations, and had not submitted a certificate of exemption or conditional status acknowledgment. This can be an issue either with immunization documentation or with not having received all recommended doses.

Figure 74 shows reported MMR coverage for each school district, along with estimated coverage if all remaining kindergartners who didn't have a documented vaccine exemption were brought up to date, with documentation for received doses; for all school districts, coverage of over 95% could theoretically be achieved.

Figure 74. Potentially achievable coverage* with measles, mumps, and rubella vaccine among kindergartners, by school district, 2024-25 school year. Data include students at both public and private schools.



* Potentially achievable coverage is estimated as the sum of the percentage of students with UTD MMR and the percentage of students without UTD MMR and without a documented vaccine exemption.

Seasonal Respiratory Immunization Uptake

Routine immunizations for influenza and COVID-19 help protect the community during seasonal transmission cycles of common respiratory diseases. The current recommended childhood immunization schedule can be found on the [American Academy of Pediatrics website](#).[^]

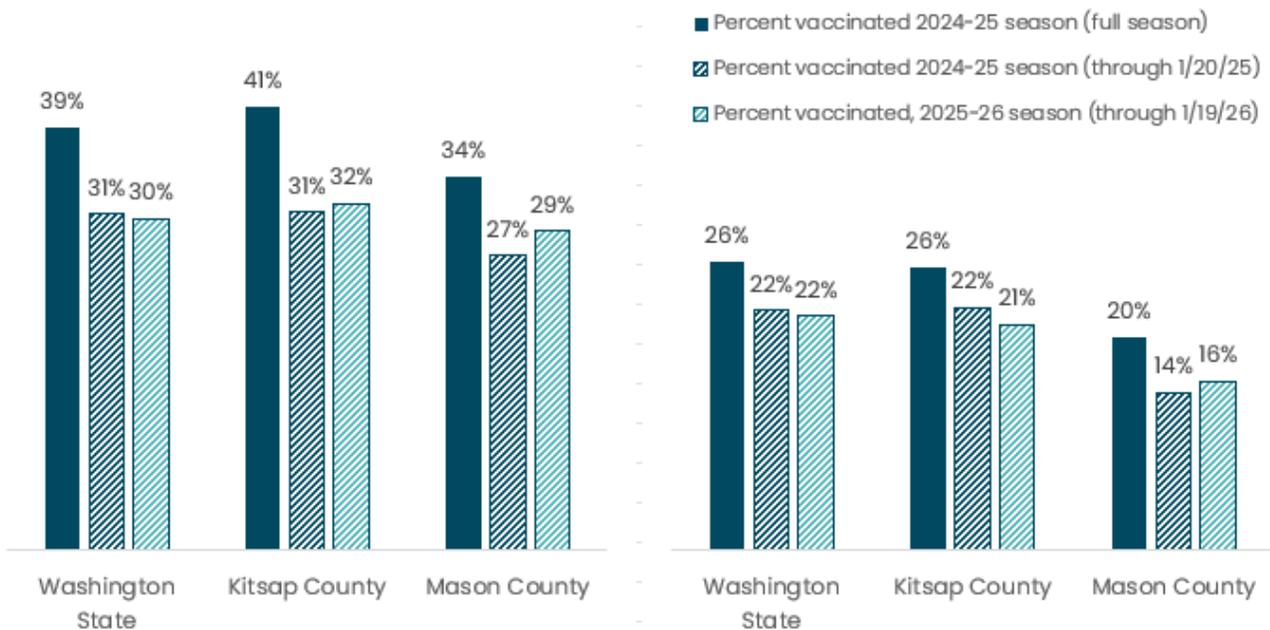
Children younger than five years old and children with certain chronic health conditions are at increased risk for developing severe complications if infected with influenza or COVID-19. Seasonal influenza and COVID-19 vaccine doses can reduce the severity of symptoms in children who become infected and can prevent hospitalizations and deaths [95,96].

Influenza. As of January 19, 2026, 32% of Kitsap children aged 6 months to 4 years and 21% of Kitsap children aged 5-12 years had received a 2025-26 seasonal influenza dose; this was on par with levels in Washington, and was similar to rates observed around the same point during the previous respiratory season. In Mason County, coverage was similar among children aged 6 months to 4 years (29%), but lower among children aged 5-12 years (16%).

Figure 75. Estimated percent of children (a) aged 6 months to 4 years and (b) aged 5-12 years who received a seasonal influenza vaccine during the 2024-25 respiratory season (mid-season and full season) and 2025-26 season through 1/19/2026. Source: [DOH Respiratory Immunization Data dashboard](#), accessed 1/23/2026.

a. Ages 6 months-4 years

b. Ages 5-12 years

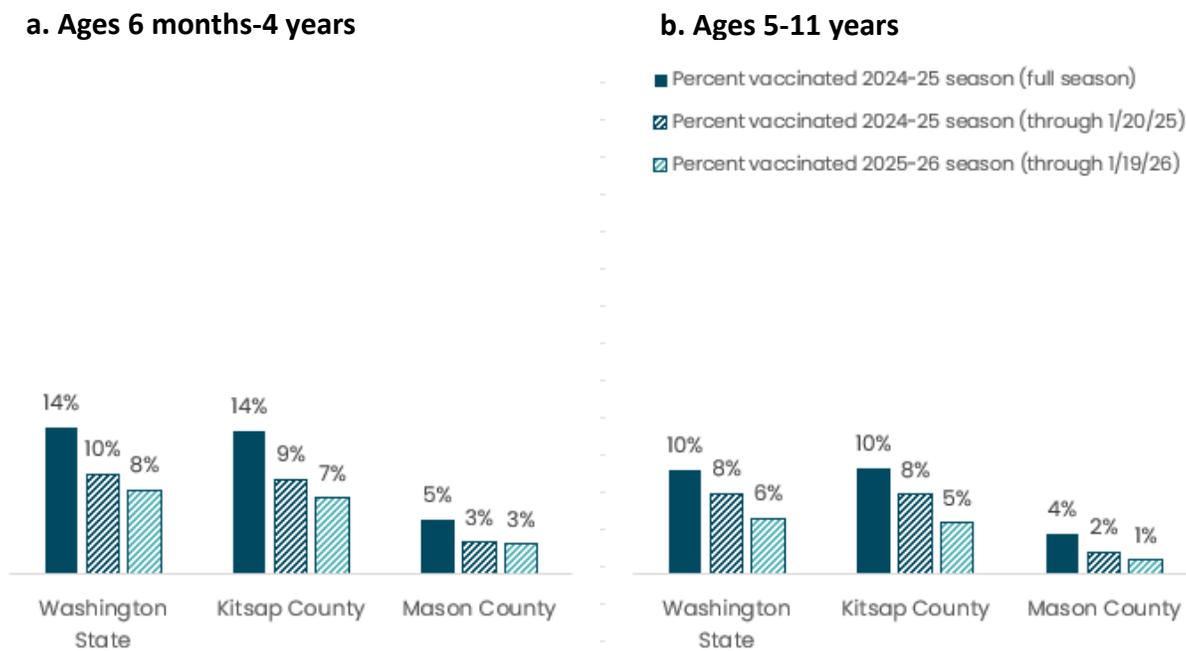


COVID-19. In October 2025, recommendations for COVID-19 vaccine were revised to no longer universally recommend an updated dose for children over two years old. One or more COVID-19 doses remain indicated for all infants and children aged 6 – 23 months, and for children aged 2-18

years who have not previously received a dose, are at increased risk, or with shared decision making with a provider [97]. These vaccines are still covered by insurance or available at little to no cost through Washington’s Childhood Vaccine Program for people younger than 19 years.

According to Washington immunization registry data, around 7% of Kitsap children aged 6 months to 4 years and 5% of Kitsap children aged 5-11 years had received at least one COVID-19 vaccine in the 2025-26 respiratory season.

Figure 76. Estimated percent of children (a) aged 6 months to 4 years and (b) aged 5-11 years who received a seasonal COVID-19 vaccine during the 2024-25 respiratory season (mid-season and full season) and 2025-26 season through 1/19/2026. Source: [DOH Respiratory Immunization Data dashboard](#), accessed 1/23/2026.



Respiratory Season

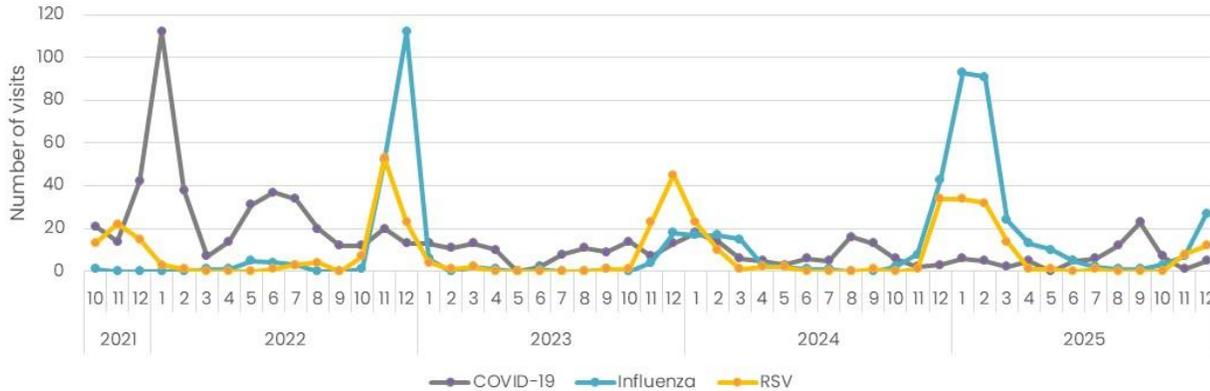
Each respiratory season, there are between 750 and 1,700 pediatric emergency department visits in Kitsap County attributable to acute respiratory infections of any etiology (including, but not limited to, influenza, respiratory syncytial virus (RSV), and COVID-19). During the 2024-25 respiratory season, there were 293 pediatric emergency department visits attributable to influenza, 118 attributable to RSV, and 75 attributable to COVID-19.^

Seasonal respiratory viruses such as influenza and RSV tend to have highest activity during winter months, usually peaking between late November and mid-February. Figure 77 shows the number of monthly emergency department visits in Kitsap County attributable to influenza, RSV, and COVID-19 for patients aged 0-17 years over the past four respiratory seasons. This figure shows the general seasonal patterns of influenza and RSV, as well as the large differences in severity from year to year. COVID-19, by contrast, emerged in the Pacific Northwest in early 2020, and has had a more irregular

pattern, but over the past two years has shown increases in activity in late summer. While over 85% of ED visits for RSV and influenza in 2024 and 2025 occurred during peak respiratory months (November through March), only 36% of COVID-19-associated visits did.

Figure 77. Number of monthly visits at Kitsap emergency departments by children aged 0-17 years where the discharge diagnosis was influenza, respiratory syncytial virus (RSV), or COVID-19.

Source: Emergency department visit data, accessed through WA DOH RHINO/ESSENCE 1/14/2026.



Tobacco and Nicotine Exposure

The harmful effects of tobacco use are well-documented in the medical literature. Nicotine use by children and teens makes it more likely that they will have a lifelong battle with addiction. [98] Among Kitsap County 8th graders surveyed in 2023, 1.6% reported smoking cigarettes in the past 30 days. [99] This percentage was higher among 12th graders, at 4.4%. These percentages have gradually decreased over the past decade, from 6% and 20% of 8th and 12th graders reporting use in 2012.

Despite this positive trend, however, e-cigarette use gives cause for concern and highlights the need to monitor youth use and educate about the harm from nicotine and tobacco in any form. Vaping and e-cigarette use have gained popularity in the past decade. These devices use a heated liquid nicotine solution to produce a vapor. Their high-tech design, easy availability, small size and many flavor options may make them more appealing to children and teenagers. Many devices resemble other innocuous items you might expect a teenager to use, such as USB drives, and can therefore be easily charged and used in schools and homes without detection.

While many of the harmful effects of e-cigarettes are unclear, lung injuries associated with e-cigarette use were first recognized in the spring of 2019. Cases are occurring in all 50 states in the U.S. and are continuing to be diagnosed. There have been 27 cases of vaping associated lung injury in Washington residents since February 2020, and 2 of those cases were in Kitsap County and 1 was in Mason County. [100] The Department of Health has not updated the data on their website since February 2020. A specific cause has not been found, but the Centers for Disease Control (CDC) identified vitamin E acetate, a common additive especially in THC-containing e-cigarette products, as a chemical of concern among people with vaping associated lung injury. [100]

On January 1, 2020, HB1074 went into effect in Washington which made it illegal to sell tobacco or

vapor products to anyone under age 21. Sales are still allowed to those between the ages of 18 and 21 on federal property, such as Naval Base Kitsap, however. In addition, Governor Inslee and the State Board of Health passed an emergency rule banning the sale of flavored vapor products on October 10, 2019, and the sale of vapor products containing vitamin E acetate on November 18. The flavored vapor product ban was in effect for only 120 days and expired February 7, 2020 while the E acetate ban was extended another 120 days. [98] In 2025, lawmakers introduced legislation to ban the sale of flavored tobacco products and vapor products (HB1203).

In the 2023 Healthy Youth Survey, 2.4% of 6th graders, 4.8% of 8th graders, 7.7% of 10th graders and 15.9% of 12th graders reported having used e-cigarettes or vapor products in the past month. [99] These estimates were lower than what students reported in 2018, where 3% of 6th graders, 10% of 8th graders, 23% of 10th graders and 32% of 12th graders reported use in the past month. In 2018, all grades reported higher percentages than were reported in any previous year.

The negative health impact of second-hand smoke has also been well documented in the medical literature. The estimate of current smoking within the Kitsap County adult population was 10.4% in 2022, down from 11.4% in 2021 and 12.3% in 2020, as part of a larger decreasing trend over the last decade [101]. For comparison, the smoking rate among Washington adults was 10.0% in 2022.

Overweight and Obesity

The Body Mass Index (BMI) is a measure of body size that correlates with health status at the population level and is used as a screening tool. [102] Although it is an imperfect measure, its widespread use offers a consistent metric for monitoring a population's health status alongside other indicators. Obesity, defined by a BMI greater than or equal to 30kg/m² is associated with a higher risk of chronic health conditions compared to the "healthy weight" BMI, 18.5 to 24.9kg/m². In Kitsap County, the proportion of adults who were estimated to be obese was 35% in 2022 [101]. This is slightly higher than previous years, though not statistically significantly higher: 30% in 2021, 31% in 2020, 31% in 2019, and 28% in 2018 [101]. Among 8th grade students in Kitsap County, 71% were estimated to have a "normal weight," defined as having a BMI between the 5th and 85th percentiles. Previous reports of this measure also included students in the "underweight" category, a BMI below 5th percentile, in the "normal weight" category, and therefore the estimates were higher. For comparison, the re-calculated percentage of 8th graders at a normal weight was 68% in 2018.

The prevalence of normal weight, overweight, and obesity among Kitsap County Head Start enrollees is more variable due to small numbers. Among enrollees during the 2023-24 school year, 29% were overweight or obese (Table 25) [103]. This percentage was similar for enrollees in the 2020-21 school year (30%) and the previous 5 year average of about 32% (34% in 2019-20, 36% in 2018-19, 27% in 2017-18, and 34% in 2016-17).

Table 25. Head Start Enrollees Who Were Overweight or Obese, Grouped by Agency, Kitsap County: 2023-24 [103]

	Head Start				
	At a healthy weight	Overweight or obese	Underweight	Total students with weight reported at enrollment	% overweight or obese
Kitsap Community Resources	110	71	16	197	36%
Olympic Educational Service District	103	26	4	133	20%
Port Gamble S'Klallam Tribe	20	6	11	33	18%
Suquamish Tribe	23	13	1	37	35%
Kitsap County Total	256	116	32	400	29%

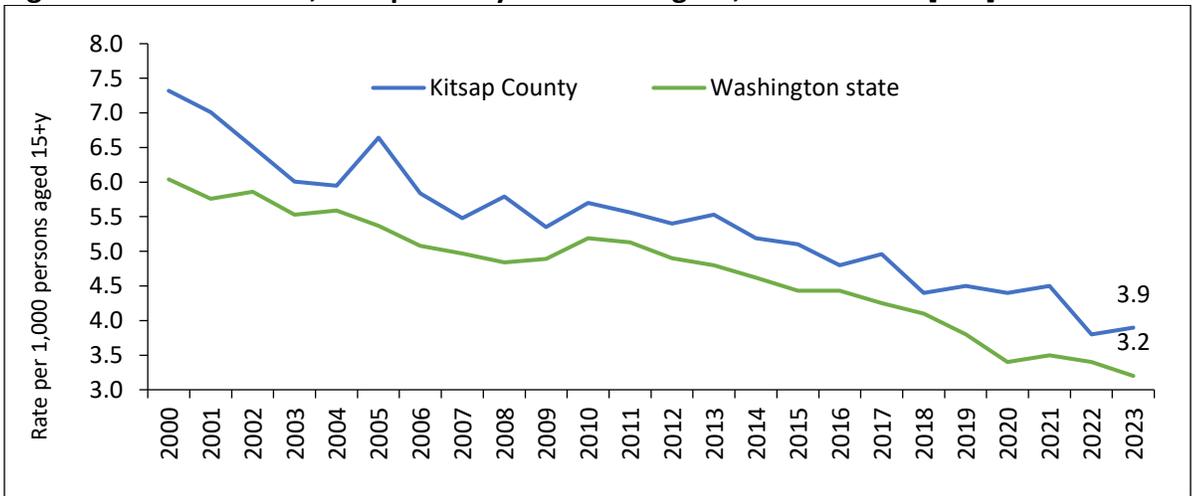
H. Mental Health

Stress and Emotional Well-Being

Children with a mentally ill parent have a higher risk for developing mental illnesses than other children, and when both parents are mentally ill, the chance is even greater [104]. Moreover, mental illness of a parent can put stress on the marriage and affect the parenting abilities of the couple. The circumstances a child is raised in can independently influence mental health. An inconsistent, unpredictable family environment also contributes to mental illness in children [104].

The divorce rate has shown a decreasing trend in both Kitsap County and in Washington since 2000; however, the county rate remains higher than the state (Figure 78) [105]. In 2023, there were a total of 836 divorces for couples in which “Person B” (formerly listed on the divorce certificate as “wife”) was a resident of Kitsap County.

Figure 78. Divorce Rate, Kitsap County and Washington, 2000 to 2023 [105]



On the 2023 Healthy Youth Survey, students were asked, “when you feel sad or hopeless, are there adults that you can turn to for help? About 14% of 10th graders in Kitsap County said that they did not have an adult to turn to when they felt sad or hopeless, which was similar to the percentage of 10th

grade students in Washington overall (12%). [99] From 2012 to 2023, there has been a statistically significantly increasing trend in the percentage of Kitsap students reporting they did not have an adult support. In 2021, the percentage of 10th graders that reported this was 13.6% in Kitsap and 14.7% in Washington.

The Healthy Youth Survey also asks questions designed to get at opportunities for prosocial involvement in the community and in one's family. Children who have the opportunity for involvement in their families and their communities can have more of a sense of belonging and higher self-esteem, potentially leading to a higher ability to handle stress and deal with problems effectively. In 2023, almost half of Kitsap 6th graders (48%) and two-thirds of Kitsap 8th, 10th, and 12th graders (68%, 63%, 65%) scored as having high opportunities for prosocial involvement in their families, based on questions about whether they could ask their parents for help with personal problems, whether their parents ask their opinions before making decisions that affected them, and whether their parents give them lots of changes to do fun things with their parents. [99]

In 2023, about two-thirds of Kitsap 8th, 10th, and 12th graders scored (66%, 67%, 68%) as having high opportunities for prosocial involvement in their community. Questions regarding community prosocial involvement included whether there were adults in the community with which they could talk, whether there were activities available in the community for kids such as scouts, sports, YMCA, 4-H and arts groups and whether the survey respondent participates in these extracurricular activities.

Adverse Childhood Experiences (ACEs) are defined as experiences children had during their first 18 years of life: physical, emotional, or sexual abuse; physical or emotional neglect; exposure to traumatic stressors in the home (substance abuse, mental illness, domestic violence, incarceration of a household member, parental separation or divorce). ACEs are linked to greater risk for an array of poor physical, mental and behavioral health outcomes throughout life. Knowing about ACEs can help to prevent future ACEs. Individual assets, resilience and a compassionate community support coping with and managing the risks of ACEs.

In Kitsap County, an estimated 30% of adults (2020) experienced 3 or more ACEs, about the same as Washington (28%). [106] This is the most recent estimate of ACEs among adults in Kitsap. In 2021 and 2023, the Healthy Youth Survey asked students questions that calculate a score on the WAH-ACEs scale. In 2023, 18.4% of Kitsap 10th graders had 4 or more WAH-ACEs, which was a statistically significant increase from 2021 estimate of 11.4%. [99] The WAH-ACEs scale is based on many domains such as feeling safe at school, bullying at school, exposure to physical violence, food insecurity, and more.

Children Receiving Mental Health Services

According to DSHS, the proportion of Kitsap County children ages 0 to 17 receiving state-funded mental health services has statistically increased from 2011 to 2017 (Figure 79) [107]. Throughout this period the rate has averaged 1.9%, although in 2017 it was 2.2%. Newer data on this metric have not been reported since 2017.

Previous reports included information on Early Head Start/Head Start enrolled children who received mental health services. This information is no longer collected on Program Information Reports and thus is not updated in this report. For reference to older data, Table 26 provides information regarding the type of mental health services provided children by program in Kitsap in 2018-19.

Monitoring access to and utilization of child mental health care is critical to understanding mental health status among Kitsap children and needs for community supports. It will be important to identify new data sources to better track and assess this topic in years ahead. The Washington Department of Social and Health Services plans to release county- or regional-level data on mental health services need and use later in 2026. ^

To offer some insights in the meantime, there are state-level estimates of mental health services need and utilization among young children enrolled in Medicaid (i.e., Apple Health) from a report published by Washington Health Care Authority [108]. In 2022, 16% (189,220) of all Washington residents aged 0-25 years who were enrolled in Medicaid received any mental health treatment services. A smaller proportion of children 0-5 years received mental health services (5%) while a greater proportion of youth 13-17 years received these services (25%). Approximately a third of all Medicaid enrollees aged 0-25 years with an identified mental health need did not receive any mental health services in 2022, with young children 0-5 years (41% with unmet need) and young adults 18-25 years (46% with unmet need) less likely to receive needed services [108].

Figure 79. Children 0-17 Years Receiving State-funded Mental Health Services, Kitsap County: 2001-2017 [107]

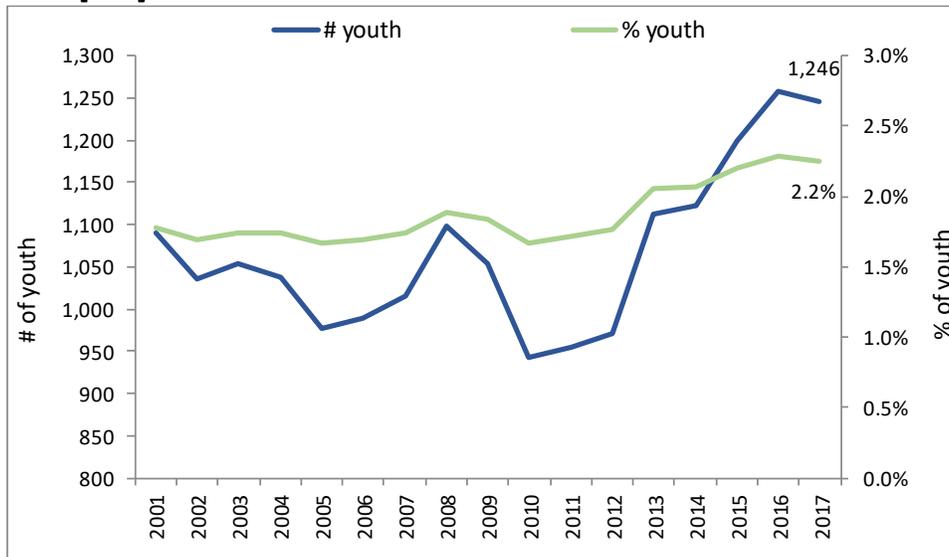


Table 26. Mental Health Services Provided to Early Head Start/Head Start Children by Program and Agency, Kitsap County: 2018-19 [109]

	Kitsap Community Resources			Olympic Educational Service District			Port Gamble S'Klallam Tribe			Suquamish Tribe		
	EHS	HS	ECEAP	EHS	HS	ECEAP	EHS	HS	Tribal Funded	EHS	HS	Tribal Funded
# of children for whom the MH professional consulted with program staff about child's behavior/mental health	0	2	0	0	2	2	40	20	16	5	4	0
# of children for whom the MH professional consulted with the parent(s) /guardian(s) about their child's behavior/mental health	0	2	0	0	2	2	2	1	1	5	3	0
# of children for whom the MH professional provided an individual mental health assessment	0	0	0	3	1	0	0	0	0	4	2	0
# of children for whom the MH professional facilitated a referral for mental health services	0	2	1	4	2	1	0	0	0	1	1	0
# of children who were referred by the program for mental health services outside of Head Start since last year's PIR was reported	0	2	0	1	1	0	0	0	0	1	1	0

I. Pregnancy and Birth Outcomes

Proper nutrition and health are essential to ensure a person is ready to carry a baby and that the baby receives essential nutrients for even the earliest developmental stages. Appropriate prenatal care promotes early detection and effective treatment of any complications. Ideal results are a full-term pregnancy without unnecessary interventions, delivery of a healthy infant, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the person who gives birth, infant, and family.

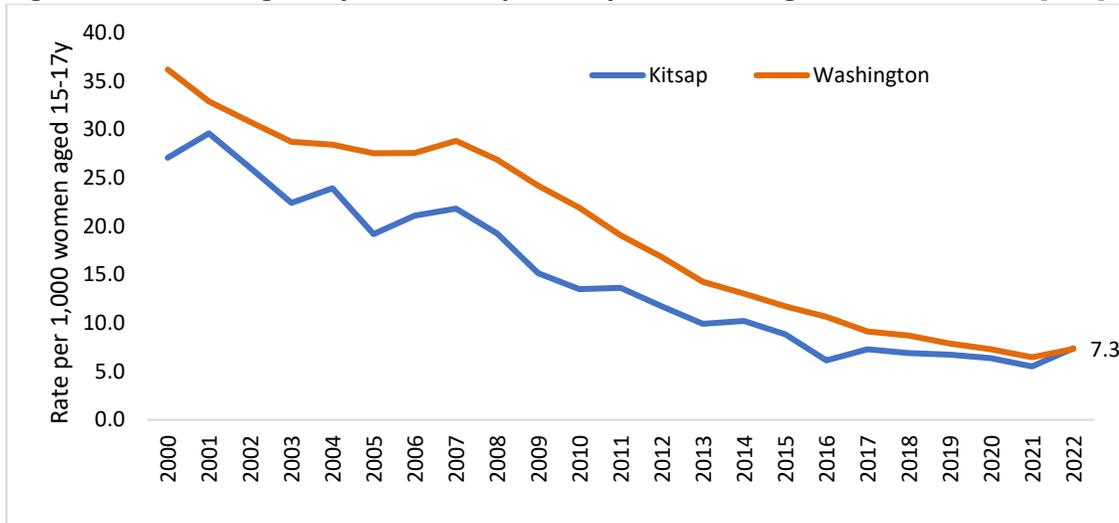
Teen Pregnancy

Teenage parents are less likely to get or stay married and more likely to have lower levels of education, to require public assistance, and to live in poverty than their peers who are not mothers. There are also health concerns for both teen mothers and their babies. Teenagers are less likely to receive timely prenatal care, more likely to smoke while pregnant, and more likely to have a low birth weight infant [110].

The teen pregnancy rate is the number of births plus the number of induced abortions among 15- to 17-year-old women per 1,000 women aged 15 to 17 years. The Kitsap County rate has statistically significantly decreased about 7% annually from 2000 to 2020 and leveled off in 2021 and 2022. (Figure 80) [111]. During 2022, the county rate was 7.3 per 1,000, which was the same as the state's rate. This is the most recent year of data available on teen pregnancy rates from the Washington Department of Health.

Nationally, the rate of teen births has also been declining. According to the Centers for Disease Control and Prevention (CDC), the reasons are not clear, but it appears that teens are less sexually active on the whole and the use of birth control seems to be higher among those who are sexually active [110].

Figure 80. Teen Pregnancy Rate, Kitsap County and Washington, 2000 to 2022 [111]



Because pregnancy rate includes live births, fetal deaths, and induced abortions, the birth rate is considerably lower, about 3.4 births for every 1,000 women aged 15-17 years in Kitsap County in 2022. In Washington overall, the rate was 3.2 per 1,000 [5]. In 2024, teen birth rates declined to 2.3 per 1,000 women aged 15-17 years in Kitsap while the Washington average rate remained steady at 3.4 per 1,000 [5].^

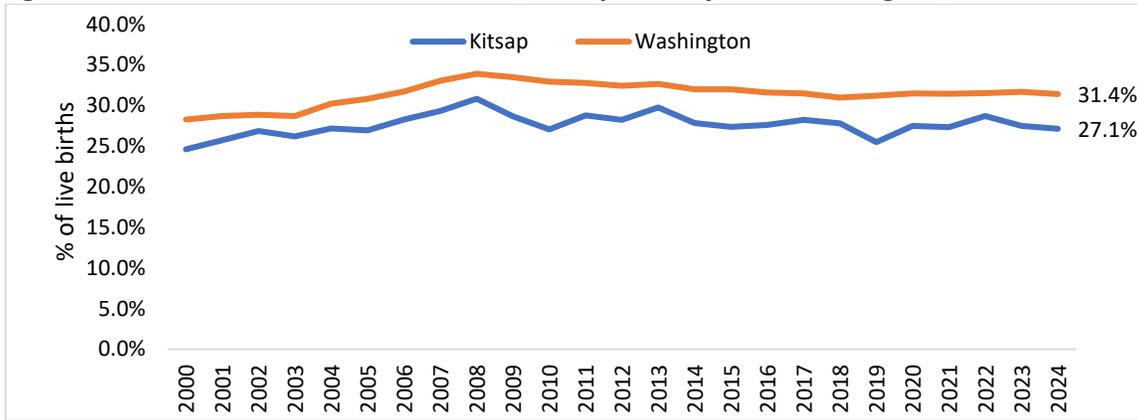
Between 2020 and 2024, the teen birth rate varied across the county and was considerably higher in Bremerton than other areas of the county. During this time, Bremerton had a teen birth rate of about 7.6 births per 1,000 women aged 15-17 years, North Mason's rate was 7.4 per 1,000, South Kitsap's rate was 2.0 per 1,000, North Kitsap's was 2.0 per 1,000, and Central Kitsap's rate was 1.8 per 1,000. Bainbridge Island had no births in this age group between 2020 and 2024 [5]. Note that the regions are grouped by ZIP Codes and not school district boundaries, which tends to have an impact on populations grouped in the Central Kitsap and Bremerton region, where Central Kitsap appears smaller when ZIP Codes are used.

Births to Unmarried Mothers

While it is unknown whether unmarried women are in fact cohabitating with a partner, research has shown that marriage tends to raise economic status of children due to higher combined earning and reduced living expenses and/or child care costs [112].

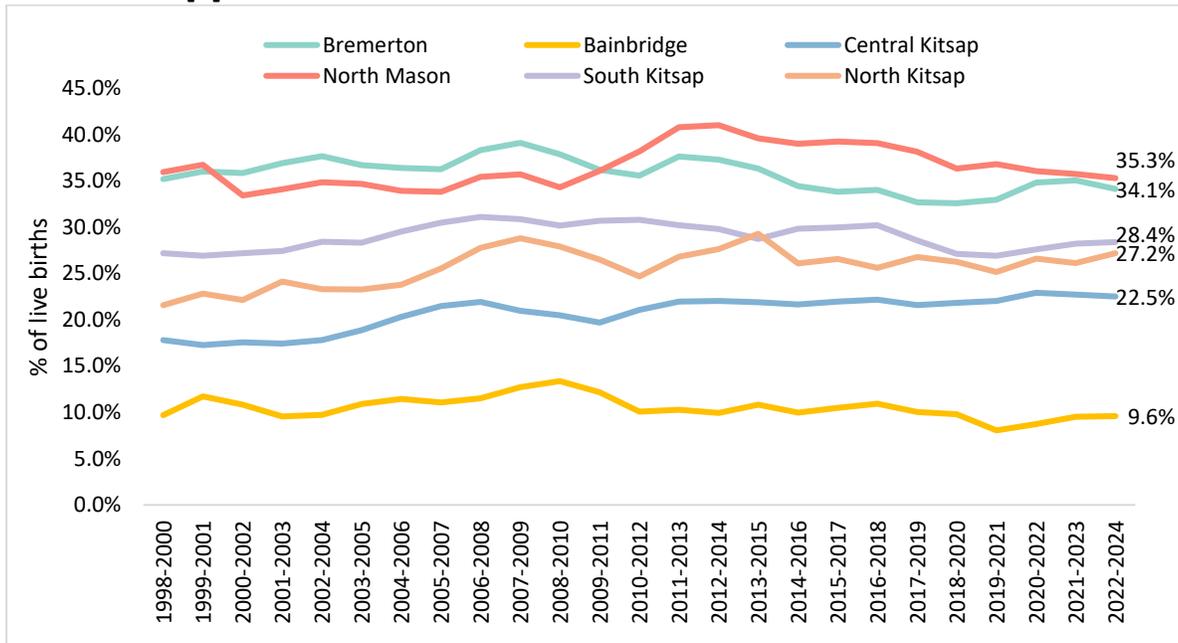
Among Kitsap residents, the rate of births to unmarried mothers statistically significantly increased from 2000 through 2008 and has decreased slightly since then, with the state following a similar pattern (Figure 81) [5]. In 2023 and 2024, more than a quarter (27%) of all births to Kitsap County resident women were to unmarried mothers.^

Figure 81. Births to Unmarried Mothers, Kitsap County and Washington, 2000 to 2024 [5]



There are differences across the county in the percentage of births to unmarried mothers. In 2022-2024, Bremerton had the highest percentage out of the regions in the county with 34% of births to unmarried mothers, followed by South Kitsap (28%), North Kitsap (27%), Central Kitsap (23%), and Bainbridge Island (10%). There were 35% of births to unmarried mothers in North Mason [5].

Figure 82. Births to Unmarried Mothers, Kitsap County and North Mason County Geographic Areas: 2000 to 2024 [5]



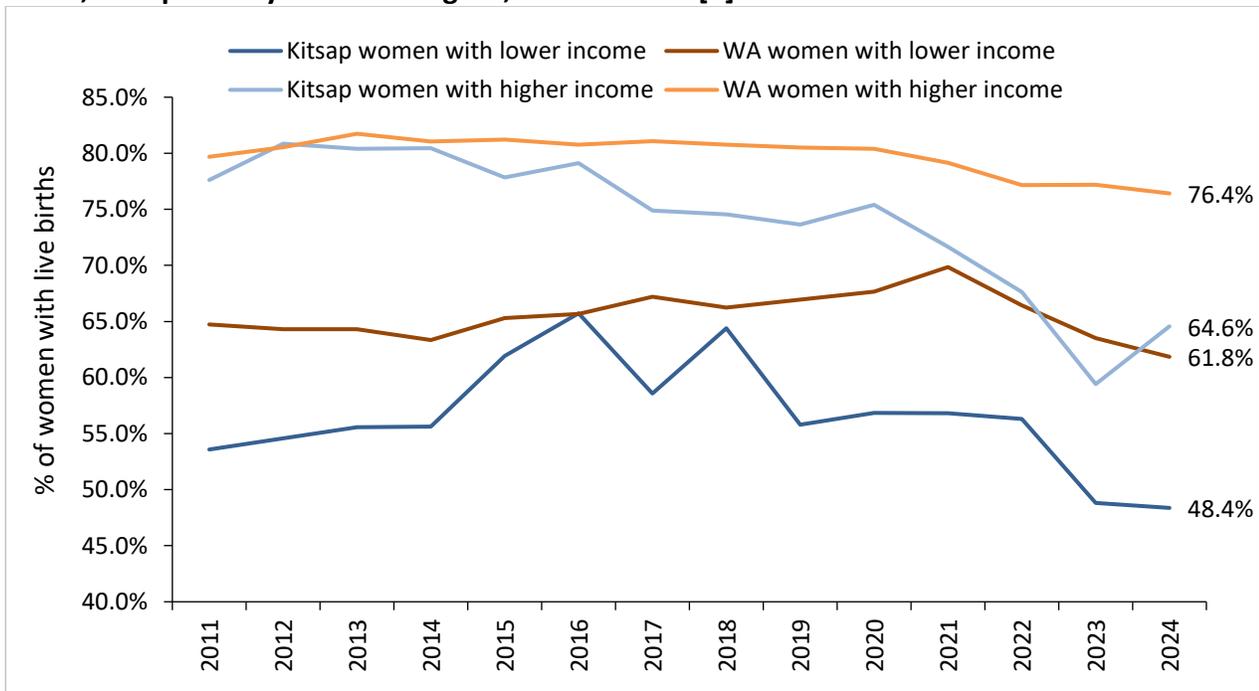
Prenatal Care in the First Trimester

Early prenatal care is an important component of a healthy pregnancy. Regular check-ups allow for early detection, treatment, and management of medical and obstetric conditions, such as pregnancy-induced hypertension and diabetes. Prenatal visits also provide an opportunity for healthcare providers to educate women about proper nutrition, safe sexual practices, the dangers of smoking and the use of alcohol and drugs, and other factors that might affect pregnancy outcomes. Infant

mortality rates have been shown to be higher for women who begin prenatal care after the first trimester [113].

In 2024, 60% of Kitsap residents who gave birth began prenatal care in the first trimester, which was statistically significantly lower than the state’s rate (71%), and statistically significantly higher than Kitsap’s rate in the previous year (55% in 2023 in Kitsap) [5]. In addition, the rates of prenatal care initiation differed substantially between women who were low income (as assessed by having a Medicaid-paid delivery) and women of higher income status (defined as having a delivery paid by some means other than Medicaid). As shown in Figure 83, the Kitsap rates of first trimester initiation have historically been lower than the statewide rates within each of the income groups. [5] In 2024, prenatal care was initiated in the first trimester for 48% of women with low income and 65% of women with higher income in Kitsap. Both of these percentages were statistically significantly lower than the respective state percentages (62% of women with low income and 76% of women with higher income).

Figure 83. Women Who Began Prenatal Care in the First Trimester by Medicaid (Income Proxy) Status, Kitsap County and Washington, 2012 to 2024 [5]



Prenatal care initiation in the first trimester also varied by the area of the county in which the mother lived. In 2022-2024, Bremerton and Central Kitsap had the lowest percentages of mothers who initiated prenatal care in the first trimester (both 57%), followed by North Kitsap (60%), South Kitsap (63%), and Bainbridge Island (81%). In North Mason, 58% of mothers initiated prenatal care in the first trimester in 2022-2024 [5].

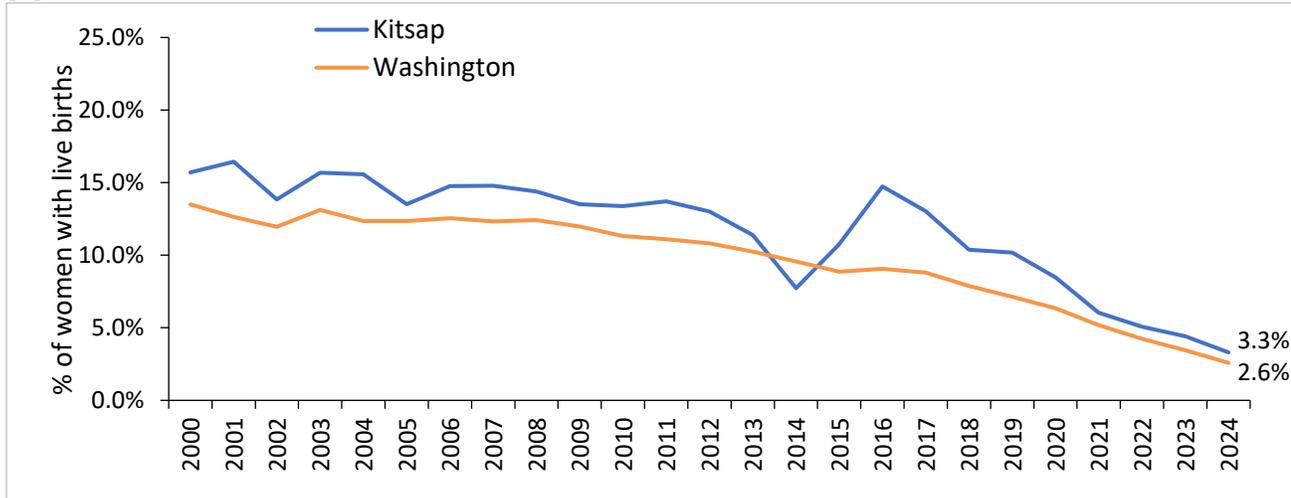
Smoking during Pregnancy

The negative effects of smoking during pregnancy are well documented. Smoking can cause problems with the placenta and is associated with an increased risk of miscarriage, premature birth, low birth weight babies, Sudden Infant Death Syndrome (SIDS), and certain types of birth defects. [114] Despite these harmful effects, smoking is highly addictive and some mothers continue to smoke during pregnancy.

In 2024, about 3% of pregnant Kitsap residents reported smoking at any point during their pregnancy. This was similar to previous years (4% in 2023 and 2022) and to Washington in 2024 (3%). Overall, smoking during pregnancy has decreased in the past decade. In 2013, 10% of pregnant individuals in Kitsap County smoked during their pregnancy, but in 2014 we saw a dramatic drop down to only 6% and for the first time in many years Kitsap had a lower rate than the state (Figure 84). [5] In 2015, this crept back up to 8%, and then up to 11% in 2016; these rates have continued to decrease through 2024 for both Kitsap and Washington.^

There is some concern that traditional cigarette use may be replaced by e-cigarette use, similar to what appears to be occurring among teens (see “Tobacco and Nicotine” above in Section G – Health). However, we currently have no data specifically about e-cigarette use during pregnancy in the county. The U.S. Preventive Services Task Force concluded that the current evidence is insufficient to recommend e-cigarettes for tobacco cessation in adults, including pregnant individuals [115]. Furthermore, the CDC advises against e-cigarette use during pregnancy, noting that nicotine is harmful to developing fetuses and impairs fetal brain and lung development [116].

Figure 84. Women Who Smoked during Pregnancy, Kitsap County and Washington, 2000 to 2024 [5]



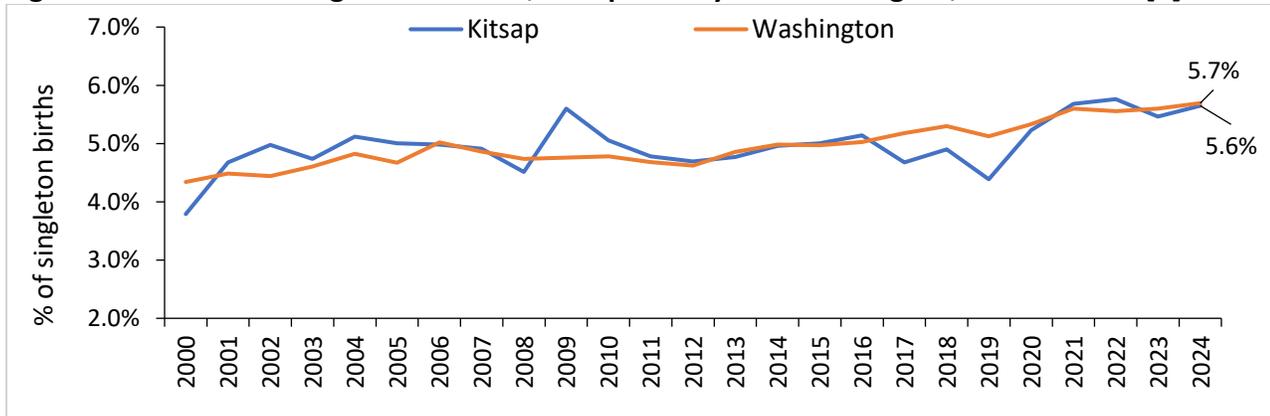
Within Kitsap County in 2020-2024, the region with the highest percentage of smoking during pregnancy was Bremerton (7%), followed by South Kitsap (6%), North Kitsap (5%), and Central Kitsap (4%). [5] Bainbridge Island’s percentage was lower, with fewer than 10 women who smoked during pregnancy in 2020-2024.

Low Birth Weight

Low birth weight is a major concern for infant health and viability. According to the Centers for Disease Control and Prevention (CDC), having a low birth weight (less than 2,500 grams) is one of the most important factors affecting infant mortality. [117] Health problems associated with low birth weight include neurodevelopmental disabilities, respiratory disorders, and diabetes, and low birth weight babies typically have higher medical expenditures [118]. In 2024, 5.6% of singleton babies born to Kitsap residents were low birth weight, which was similar to Washington’s percentage of 5.7% (Figure 85) [5]. In Kitsap, low birth weight has been increasing in a statistically significant way since 2020, by an average of about 5% annually, after remaining relatively steady from 2002 to 2019. In Washington overall, there has been an increasing trend since 2011, by an annual increase of 2% on average.

Comparing sub-county regions in Kitsap from 2020-2024, low birth weight was not statistically significantly different, though Bremerton had the highest percentage (6.1%), followed by North Kitsap (5.8%), Central Kitsap (5.8%), South Kitsap (5.0%), and Bainbridge Island (4.3%). In North Mason, 5.0% of singleton births were low birthweight.

Figure 85. Low Birth Weight Infant Rate, Kitsap County and Washington, 2000 to 2024 [5]

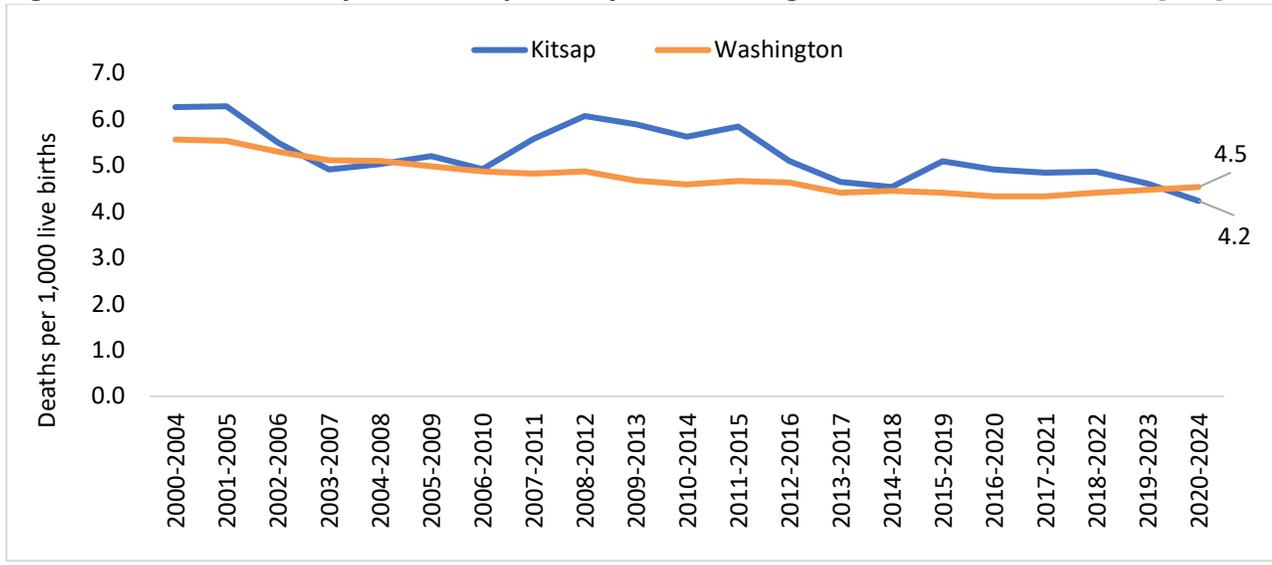


Note: Among singleton births only. Low birth weight defined as <2,500 grams.

Infant Mortality

Infant mortality is defined as deaths among babies less than 12 months old. The infant mortality rate among Kitsap County residents from 2020-2024 was 4.2 per 1,000 live births (Figure 86), which was similar to the state’s rate of 4.5 per 1,000 [119]. There has been no statistically significant change in the infant mortality rate from 2014-2018 to 2020-2024 nor any statistically significant difference from the state’s rate during this time. Infant mortality numbers are extremely small, on average 12 deaths per year in Kitsap from 2020 to 2024. Over the past 10 years (2015-2024), all areas in Kitsap had statistically similar infant mortality rates. The average rate in Bremerton during this 10-year period was 5.0 per 1,000 and the rates in Central, North, and South Kitsap regions were 4.7 per 1,000. Bainbridge Island and North Mason each had fewer than 10 infant deaths in the past 10 years.

Figure 86. Infant Mortality Rate, Kitsap County and Washington, 2000-04 to 2020-2024 [119]



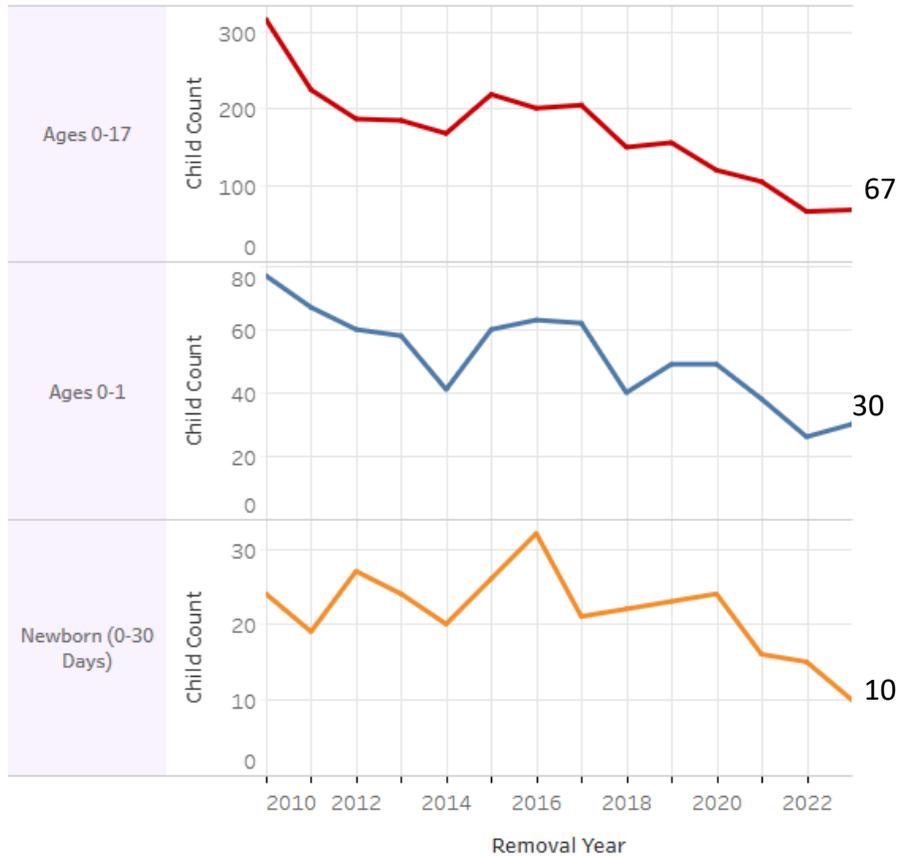
J. Children’s Well-Being

Foster Care

The Washington State Department of Children, Youth, and Families reports data on children entering out-of-home care as part of the [Prevention Dashboard](#) to support the agency’s efforts to prevent child maltreatment. In 2023, there were 67 children 0-17 years old who entered out-of-home care in Kitsap County [120]. Considering all children in Kitsap in this year, this equates to a placement rate of approximately 1.2 per 1,000 children aged 0-17, or 0.12% [13]. Among the children placed in out-of-home care in 2023, 30 were infants (0-23 months), 10 of whom were newborns (0-30 days). Since at least 2010, the number of children entering out-of-home care has declined in all children and infants in Kitsap (Figure 87).

In 2024, the number of infants and newborns who entered out-of-home care was similar to 2023, with 29 infants, 10 of whom were newborns (not shown in Figure 87).

Figure 87. Children entering out-of-home care in Kitsap County by age group, 2010-2023 [120]

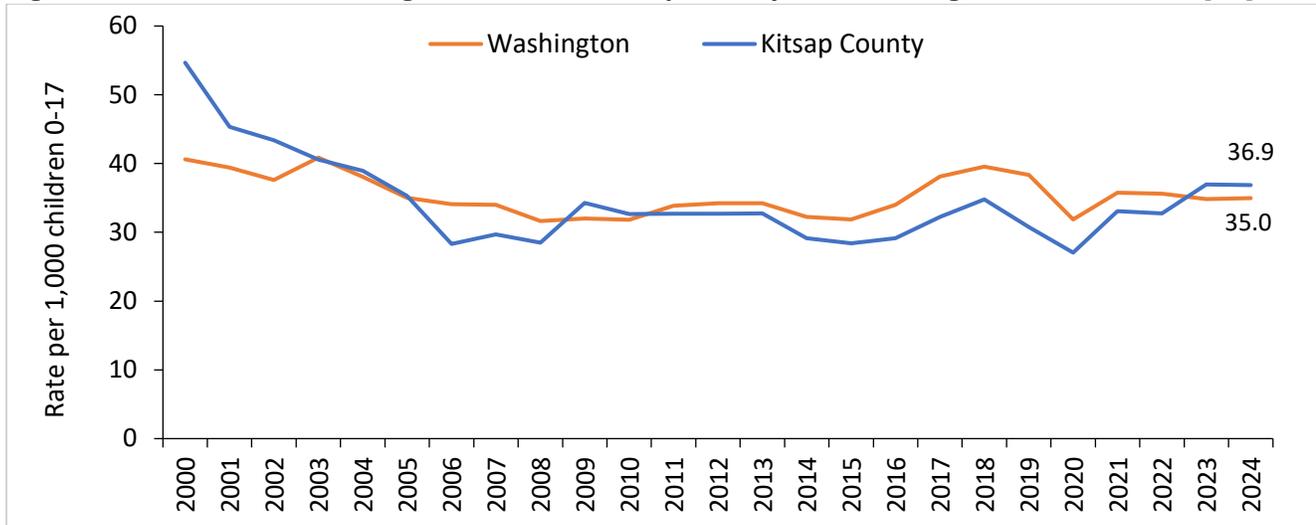


The Washington State Department of Social and Health Services previously reported the number of children who received foster care support services such as clothing, personal incidentals, psychological evaluation and treatment, personal care services, transportation, and payment to foster parents. These support services were provided to children in their own home or in out-of-home placements. An average of 371 children aged 0 to 17 received support services each year from FY 2008 to FY 2017. [107] Newer data have not been reported since 2017.

Abuse and Neglect

The data on child abuse and neglect victims is based on accepted referrals by Child Protective Services (CPS), which is a referral to CPS that meets the sufficiency screen. Children may be counted more than once if they are reported as a victim more than once during the year. In 2024, there were about 37 reports accepted for further action for every 1,000 residents from birth to age 17. From 2013 to 2024, this rate held steady with no statistically significant change in Kitsap and was similar compared to Washington’s rate overall (35 per 1,000 children 0 to 17 years old) [53].^

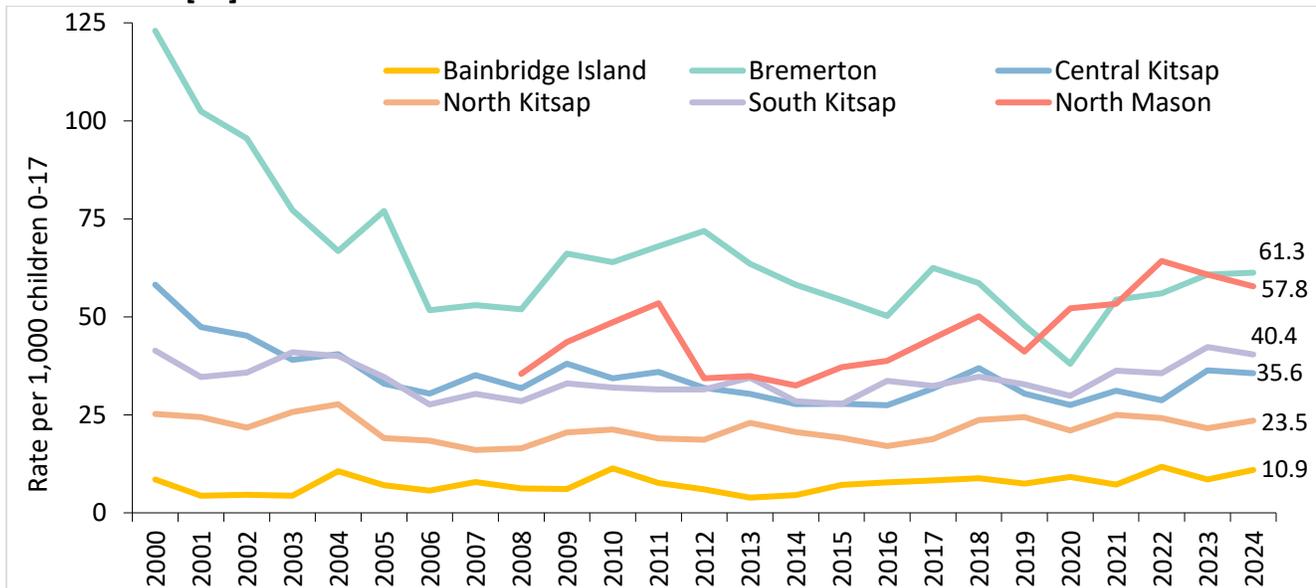
Figure 88. Child Abuse and Neglect Victims*, Kitsap County and Washington, 2000 to 2024 [53]



*Accepted referrals by CPS

There is wide variation across county districts (Figure 89). In 2024, Bremerton had the highest rate of any subcounty geography in Kitsap, and Bainbridge had a statistically significantly lower rate than any other region in Kitsap. North Mason’s rates have been increasing in the past decade, with a rate similar to Bremerton’s in recent years.

Figure 89. Child Abuse and Neglect Victims* by Region, Kitsap County and North Mason County: 2000 to 2024 [53]



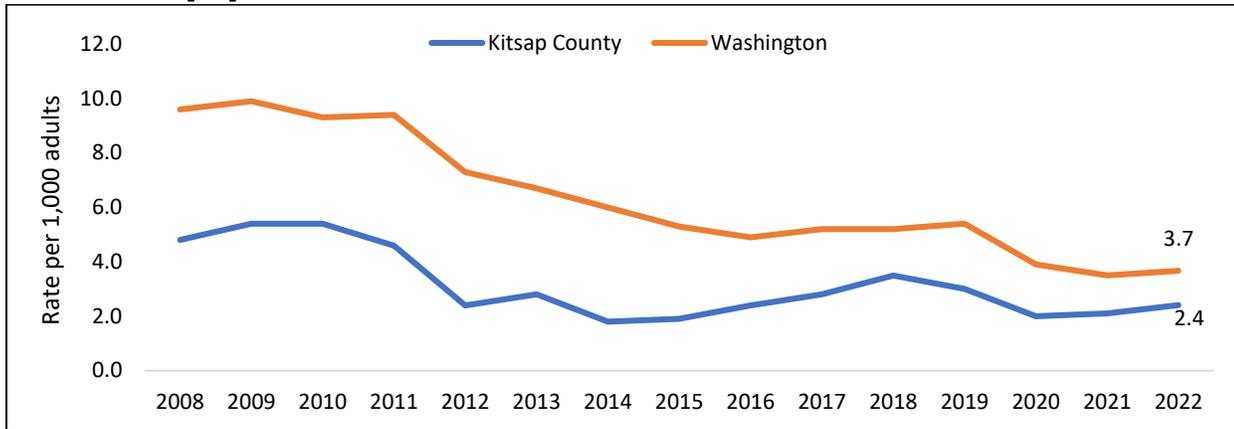
*Accepted referrals by CPS

Arrests

Arrests of adult caregivers and role models affect the well-being of the children near them. In addition, the experience of being arrested as an adolescent can have detrimental effects on the well-

being and future of the adolescent. According to the Washington State Department of Social and Health Services, in 2022, 502 adults age 18 and older were arrested on alcohol violations in Kitsap County. [75] Figure 90 shows the rate per 1,000 adults age 18 and older for alcohol violations in Kitsap and Washington. From 2019 to 2020, there were large decreases in both Kitsap and Washington rates.

Figure 90. Arrests to Adults Age 18+ for Alcohol-Related Violations, Kitsap County and Washington, 2008 to 2022 [75]



In 2022, another 19 adults age 18 and older were arrested for drug law violations in and 325 were arrested for violent crimes in Kitsap County. [75] Figure 91 shows the rate per 1,000 adults age 18 and older for drug law violations and Figure 92 shows the rate per 1,000 adults age 18 and older for violent crime. Drug law violations decreased substantially from 2019 to 2022 in Kitsap and Washington, from a rate of 2.5 per 1,000 to 0.1 per 1,000 in Kitsap. Prior to this, there was a gradual statistically significant increase from 2014 to 2019 in Kitsap. Violent crime arrests in Kitsap have remained relatively steady in the past decade, with a rate of 1.5 per 1,000 in 2022, which was the same for Washington overall.

Figure 91. Arrests to Adults Age 18+ for Drug Law Violations, Kitsap County and Washington, 2006 to 2022 [75]

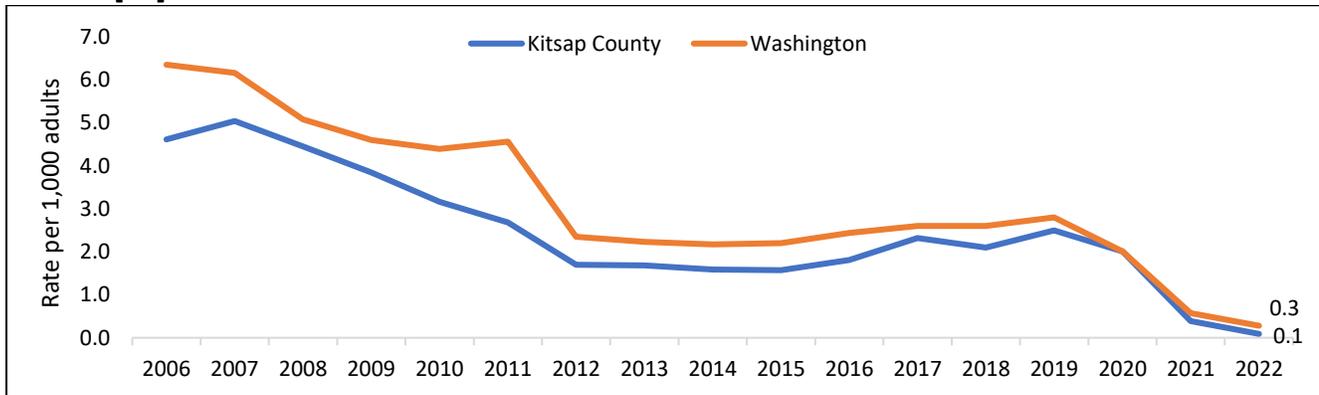
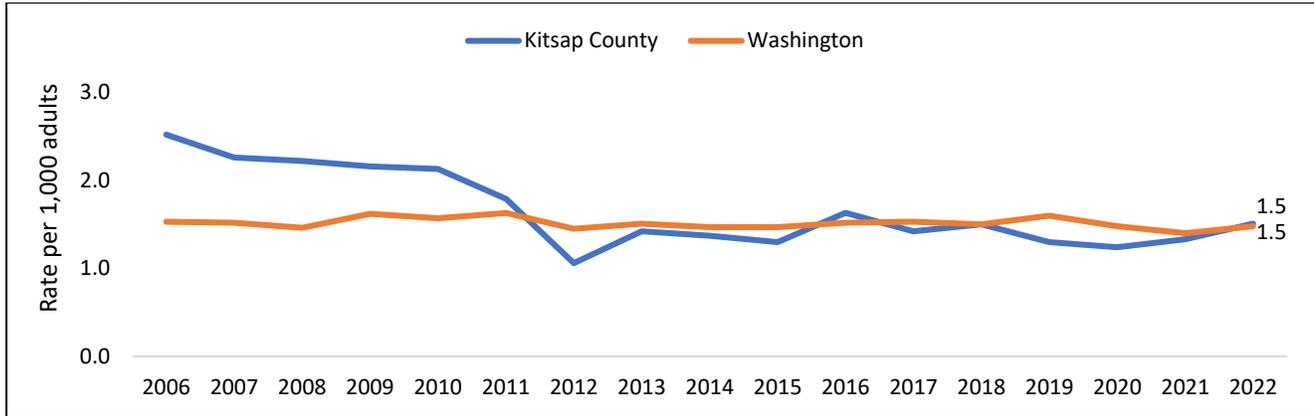


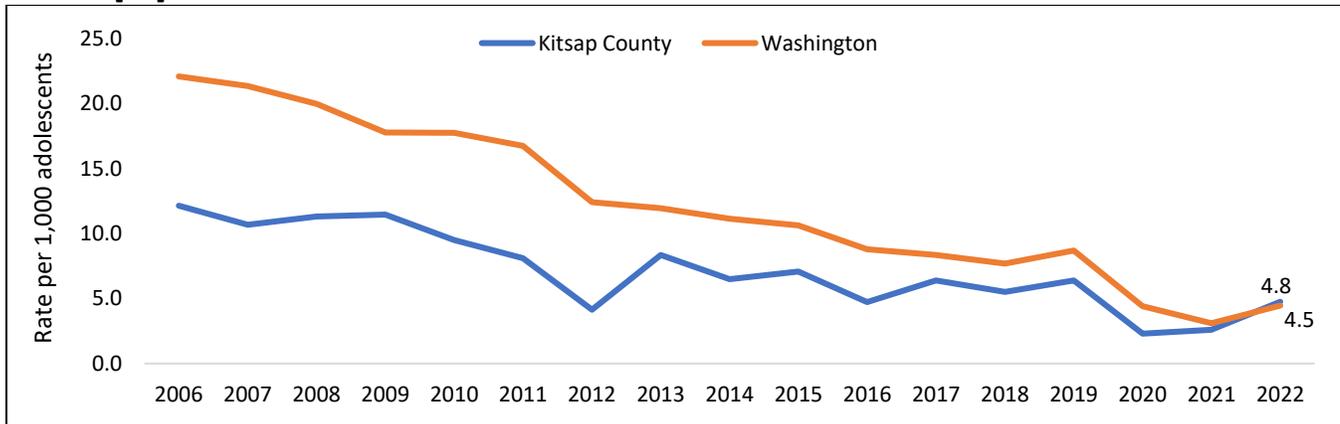
Figure 92. Arrests to Adults Age 18+ for Violent Crimes, Kitsap County and Washington, 2006 to 2022 [75]



Fortunately, Kitsap County has not arrested many children aged 10-14, especially in recent years. In 2020-2022, there were fewer than 10 total children aged 10-14 arrested for alcohol- or drug-related violations, with an average rate of 0.1 per 1,000. [75] For comparison, the Washington rate was 0.2 per 1,000. In 2022 specifically, there were no arrests in Kitsap. For arrests for vandalism, there were fewer than 10 children aged 10-14 arrested in Kitsap, a rate of 0.2 per 1,000, compared to the Washington rate of 0.4 per 1,000.

The total arrest rate per 1,000 Kitsap children aged 10-14 decreased statistically significantly from 2006 to 2020 (Figure 93), but Washington’s rate decreased faster than Kitsap’s, slowly closing the gap between the rates. [75] In 2021 and 2022, rates began to increase slightly, with a 2022 rate of 4.5 per 1,000 in Kitsap and 4.8 per 1,000 in Washington.

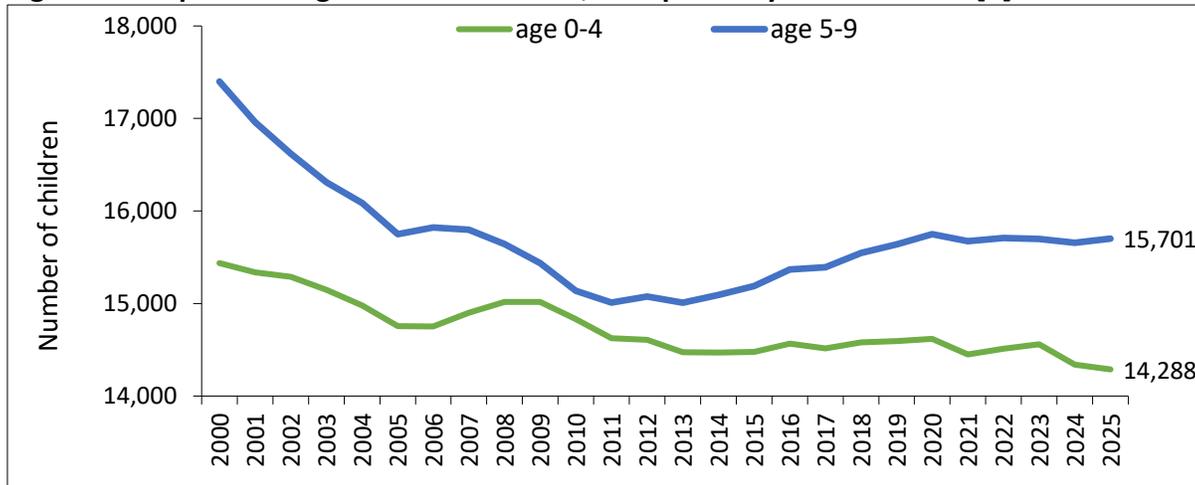
Figure 93. Total Arrests to Adolescents Aged 10-14 per 1,000, Kitsap County and Washington, 2006 to 2022 [75]



K. Childcare

There were an estimated 29,989 children under age 10 in Kitsap County in 2025 [1]. This group, which makes up most of the population in childcare, has seen an overall decline since 2000, though the 5–9-year age group has been increasing slightly in the past decade (Figure 94). For more information on the number of childcare providers and slots in Kitsap County, see **Section III, Childcare Programs.** ^

Figure 94. Population Age 0-4 and 5-9 Years, Kitsap County: 2000 to 2025 [1]



Population of Children in Care

The Department of Children, Youth, and Families estimates there were about 3,334 Kitsap County children aged 0-5 years in early learning services such as childcare or preschool in 2025 [35]. This was 16.9% of the estimated 19,677 children in this age group in the population [35]. The estimate is based on subsidy warrant data, including Family, Friends, and Neighbor care, EHS/HS/ECEAP enrollment data, and estimates of private pay. Transitional Kindergarten programs operated by school districts are not included. Among Kitsap children 0-5 years in households with income at or below 85% of the state median income, the proportion in care was slightly lower, with an estimated 1,132 children (13.6%) receiving early learning services out of the total estimated 8,327 children in this age group and income level.

For children in school between the ages of 5 and 12 years, Department of Children, Youth, and Families estimates there were 2,194 Kitsap County children receiving early learning services in 2025 [35]. This was about 9.0% of the estimated 24,358 children in the population in this age group [35]. Among those with a household income at or below 85% of the state median income, there were 1,151 children (7.8%) receiving early learning services out of the total 14,796 children in this age group and income level.

Childcare Cost

Families with low income can access subsidized childcare through the Working Connections Child Care (WCCC) program administered by DSHS. WCCC helps low-income families (at or below 200% of

the federal poverty level) pay for childcare while adults work, look for work, or attend training. The program also provides childcare subsidies for families using unlicensed family, friends, or neighbor care if the provider is willing to undergo a criminal background check.

According to Child Care Aware of Washington, 31% of Kitsap County children requesting referrals for childcare through Child Care Aware used subsidies in 2025 [6]. By far, the most common subsidy families in Washington sought acceptance for was state government childcare subsidy programs, such as WCCC. About 70% of licensed providers in Kitsap accepted subsidies in 2025 [6].

The Washington State Department of Children, Youth, and Families provides estimates of WCCC subsidy uptake out of all children 0-5 years in eligible families [35]. Eligible families are defined as those with an income level at or below 60% of the state median income and where all primary caretakers are working. As of September 2025 in Kitsap County, there were an estimated 2,515 children 0-5 years living in households eligible for the WCCC subsidy, of whom about 564 or 22% were using the WCCC subsidy to pay for childcare, and about 4% were private-pay, leaving an estimated 73% of children unserved. This was a lower subsidy uptake percentage than Washington overall, with 32% of eligible children served (31,222 children). The WCCC subsidy rates for infant, toddler, and preschool care in Kitsap County ranged from \$1,408 to \$1,970 for family childcare providers and from \$1,208 to \$1,572 for childcare centers [6].

Even with subsidized care and/or working parents, the cost of childcare can often be too much for families to pay. The median annual cost of infant childcare in 2024 as a percentage of median household income in Kitsap County was 16% in a family childcare home and 20% in a childcare center (Table 27) [6,8].

Table 27. Annual Cost of Childcare by Type* and Cost as a Percentage of Annual Income, Kitsap County and Washington, 2024 [6,8]

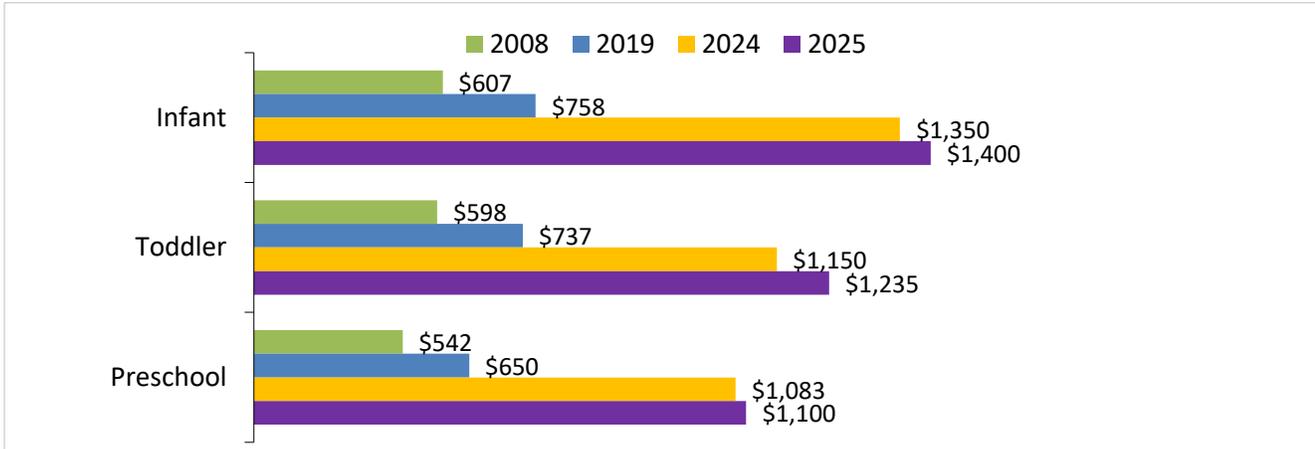
	Kitsap County		Washington	
	Median annual cost for 1 child	% of median household income	Median annual cost for 1 child	% of median household income
Center-based Childcare				
Infant	\$20,796	20%	\$21,348	22%
Toddler	\$16,800	16%	\$19,236	20%
Preschool	\$15,000	14%	\$16,908	17%
School Age	\$5,928	6%	\$5,196	5%
Family Child Care				
Infant	\$16,200	16%	\$18,000	18%
Toddler	\$13,800	13%	\$16,200	17%
Preschool	\$12,996	12%	\$14,556	15%
School Age	NA	NA	\$5,460	6%

*infant = 0 to 11 months, toddler = 12-30 months, preschool = 2.5 to 5 years. No rates were available for school-age care in Kitsap County from Child Care Aware.

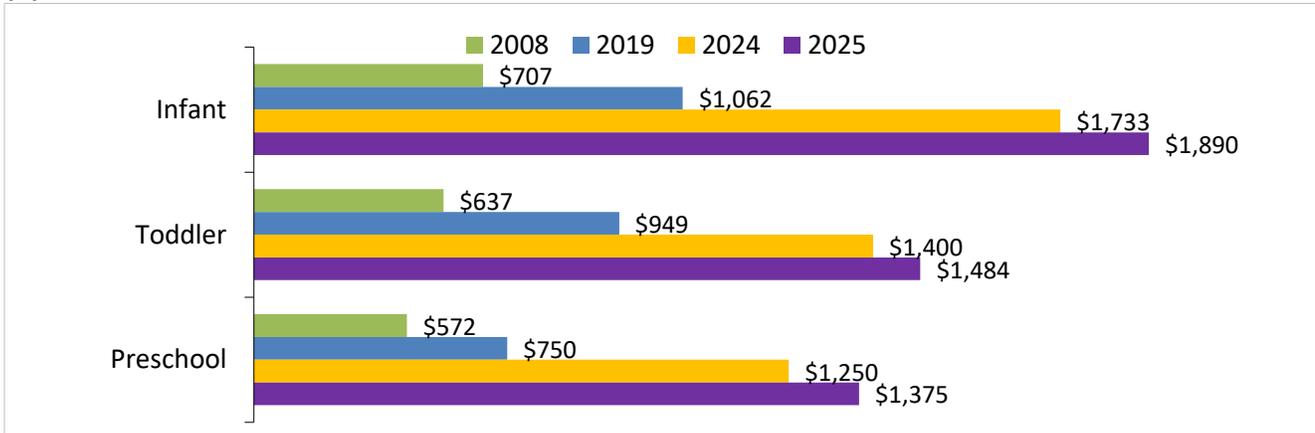
Compared to 2008 and 2019, median costs for infant care have increased substantially for family home childcare (Figure 95a) and childcare centers (Figure 95b). Costs for toddler and preschool age children have also increased in both types of childcare settings. The largest increases from 2019 to 2025 were for infant care at family home childcare providers (85% increase), preschool at childcare centers (83% increase), and infant care at childcare centers (78% increase). From 2024 to 2025, prices increased for all ages of care at both facility types, with the largest increases for preschool (10%) and infant care (9%) at childcare centers, and toddler care at family childcare providers (7%).

Figure 95. Cost of Monthly Childcare at (a) Family Home Childcare Facilities and (b) Childcare Centers, Kitsap County: 2008, 2019, 2024, 2025 [6]

(a) Family Home Childcare Facilities



(b) Childcare Centers



In December 2024, the Washington State Department of Early Learning completed and revised the 2024 Child Care Market Rate Survey Final Report, which evaluated the adequacy of childcare rates and assisted the department in establishing maximum reimbursement rates for children served through the state’s child care subsidy program. Approximately 24% of the state’s 5,779 licensed providers (as of early 2024) responded to the survey on which this report is based. For further

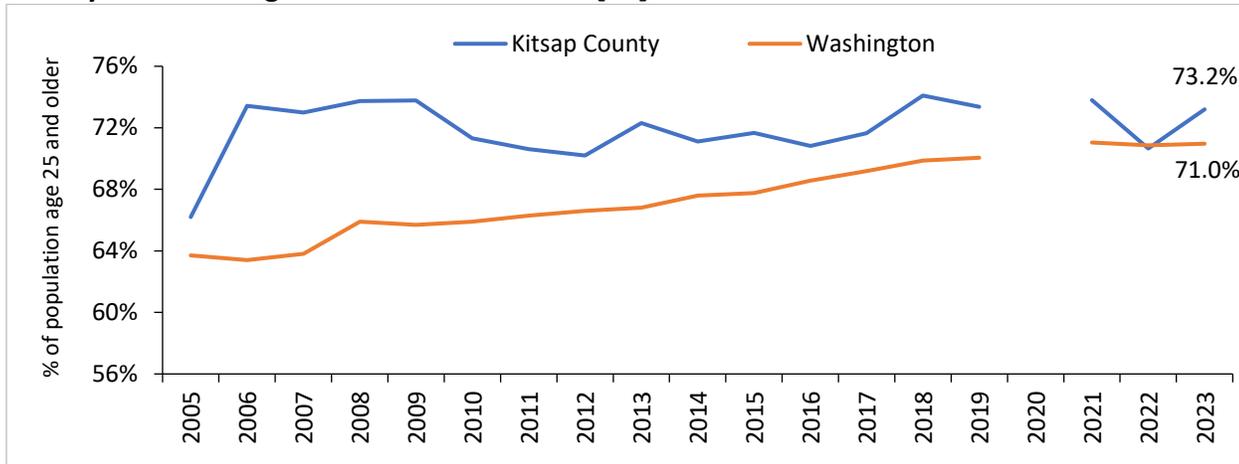
information, please see the report at: <https://dcyf.wa.gov/sites/default/files/pdf/reports/ChildCareMarketRateStudy2024.pdf>. The previous Market Rate Survey was completed in 2021.

L. Education

Adult Educational Attainment

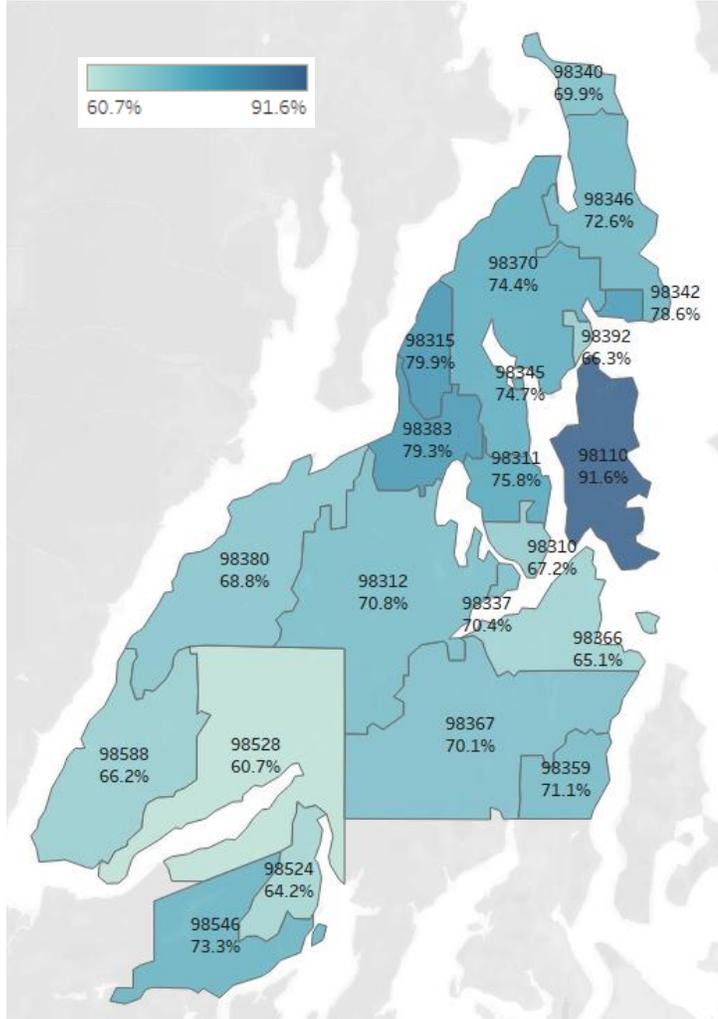
The estimated proportion of Kitsap County adults aged 25-64 who had more than a high school education has ranged from 70-74% since 2006 with some year-to-year variation (Figure 96). [62] In 2023 73% of adults aged 25-64 had achieved an education level greater than high school, which was statistically significantly higher than the state’s rate (71%).

Figure 96. Proportion of Adults (Aged 25-64) with More than a High School Education, Kitsap County and Washington State: 2005 to 2023 [62]



In Kitsap County from 2019-2023, educational attainment varied substantially by ZIP Code. The ZIP Codes with the three highest percentage of adults aged 25-64 were 98110 (Bainbridge Island, 91.6%), 98383 (Silverdale, 79.3%), and 98342 (Indianola, 78.6%), while the ZIP Codes with the three lowest were 98366 (Port Orchard, 65.1%), 98392 (Suquamish, 66.3%), 98310 (East Bremerton, 67.3%). Educational attainment was lower in several North Mason ZIP Codes: 98528 (Belfair, 60.7%), 98524 (Allyn, 64.2%), 98588 (Tahuya, 66.2%) [3]

Figure 97. Proportion of Adults (Aged 25-64 years) with More than a High School Education by ZIP Code, Kitsap County and North Mason County: 2019-2023 [3]

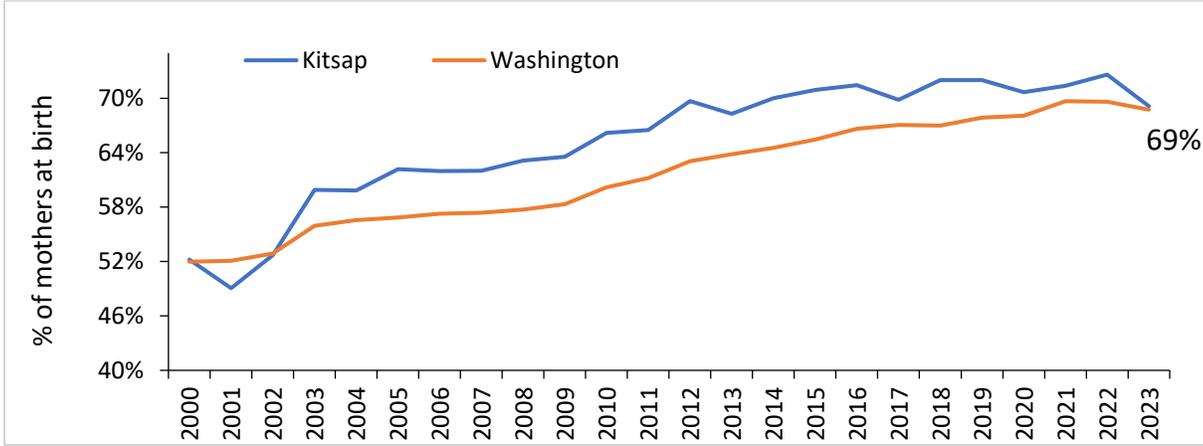


In 2016-17, the Port Gamble S’Klallam Tribe administered a survey of all households and individuals affiliated with the Tribe. [14] In the survey, about 87% of respondents reported having a high school degree and about 50% have at least some college or a professional degree. About 2% reported being currently enrolled full or part time in a high school or GED program and 8.7% reported being currently enrolled full or part time in a college degree program.

Educational Attainment of Mothers

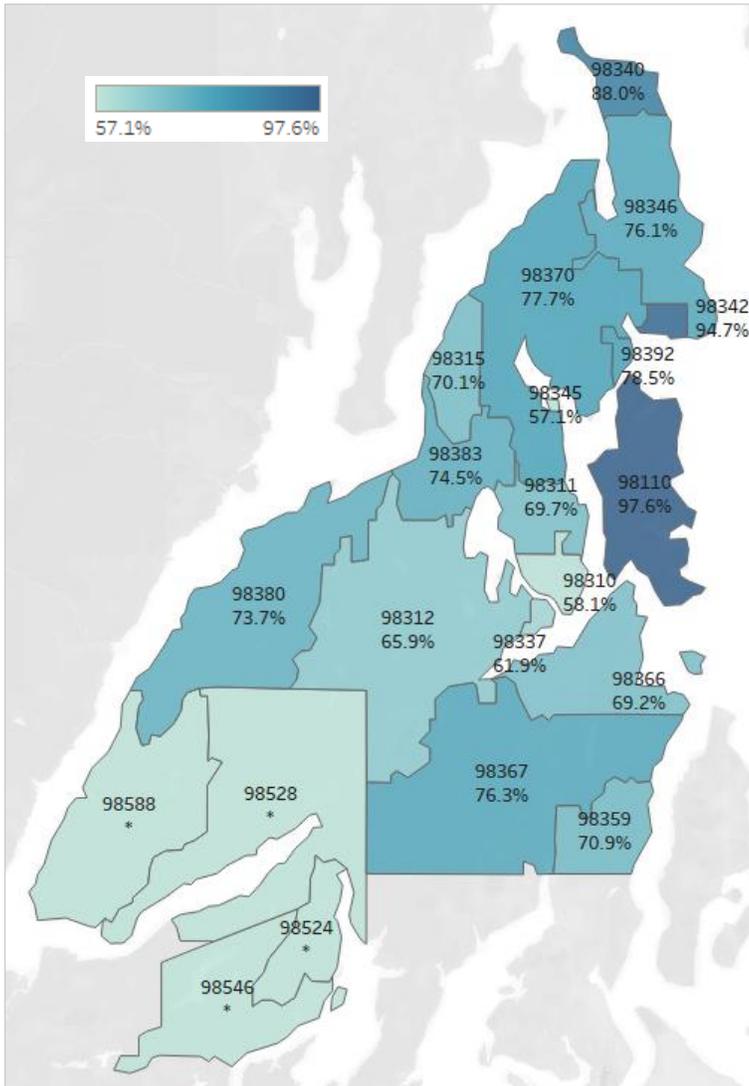
The proportion of mothers with more than a high school education at the time of their baby’s birth increased statistically significantly from 2000 to 2015, then was unchanged through 2023 in Kitsap County (Figure 98). [5] In 2023, 69% of mothers in Kitsap County had more than a high school education, which was similar to the state (69%).

Figure 98. Mothers with More than a High School Education, Kitsap County and Washington, 2000 to 2023 [5]



The map of mothers with more than a high school education looks similar to all adults, though many ZIP Codes have suppressed data due to small numbers. During 2021-2023, 98310, (East Bremerton, 58.2%), 98337 (Bremerton, 61.9%), and 98312 (West Bremerton, 65.9%) had the lowest educational attainment among mothers, whereas 98110 (Bainbridge Island, 97.6%), 98342 (Indianola, 94.7%), and 98340 (Hansville, 88.0%) had the highest. [5]

Figure 99. Mothers with More than a High School Education by ZIP Code, Kitsap County and North Mason County: 2021-2023 [5]



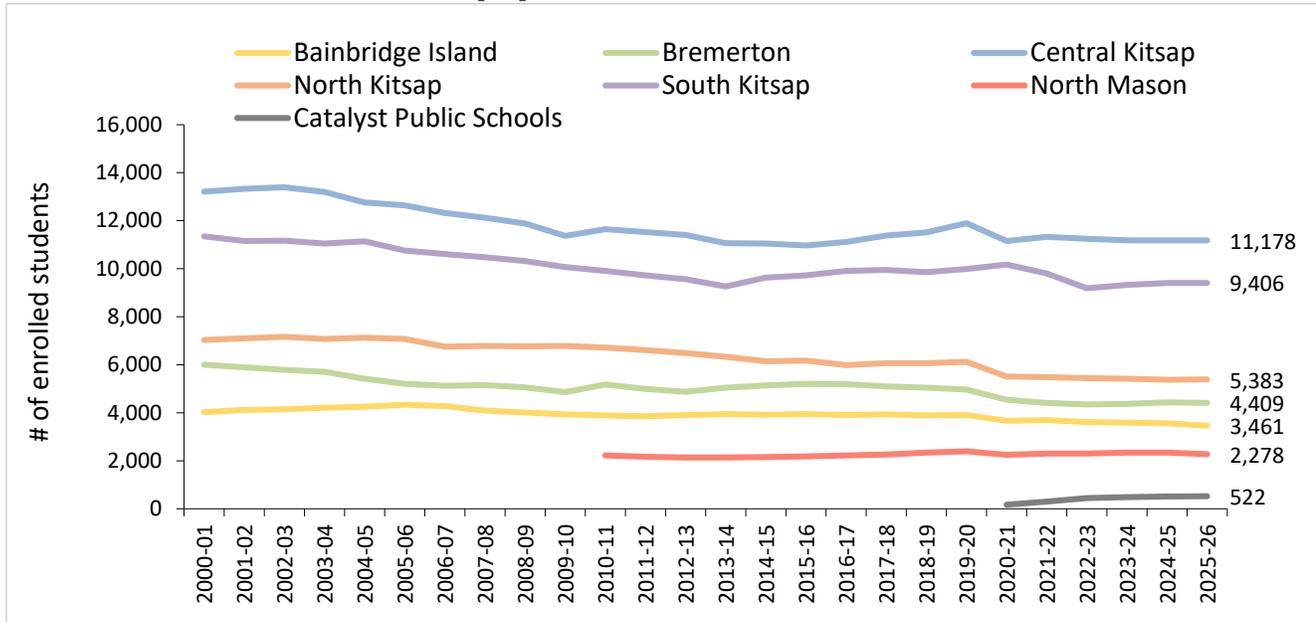
*Percentage is suppressed due to small numbers.

Public School Enrollment

Four of the five school districts in Kitsap County are part of the Olympic Educational Service District 114 (Bremerton, Central Kitsap, North Kitsap, and South Kitsap); the Bainbridge Island School District is part of the Puget Sound Educational Service District 121. Over the past 10 years, the Bainbridge Island, Bremerton, North Kitsap, and South Kitsap School Districts all experienced decreasing enrollment by 12%, 15%, 13%, and 3% respectively. Central Kitsap and North Mason have both increased enrollment by 2% and 4%, respectively (Figure 100) [72]. In the years following the COVID-19 pandemic, school enrollment declined slightly at the county level (a 2% decrease across all districts from 2020-21 to 2025-26). The above changes in enrollment over time were not tested for statistical significance. ^

In the fall of 2020, a tuition-free, non-profit charter public school called Catalyst was opened in Bremerton. Catalyst opened to all students and started serving kindergarten, 1st grade, 5th grade, and 6th grades. In 2025-26, Catalyst Public Schools served grades kindergarten through 10th grade and reported 522 students enrolled.

Figure 100. Public School Enrollment, Kitsap County School Districts and North Mason County School District: 2000-01 to 2025-26 [72]

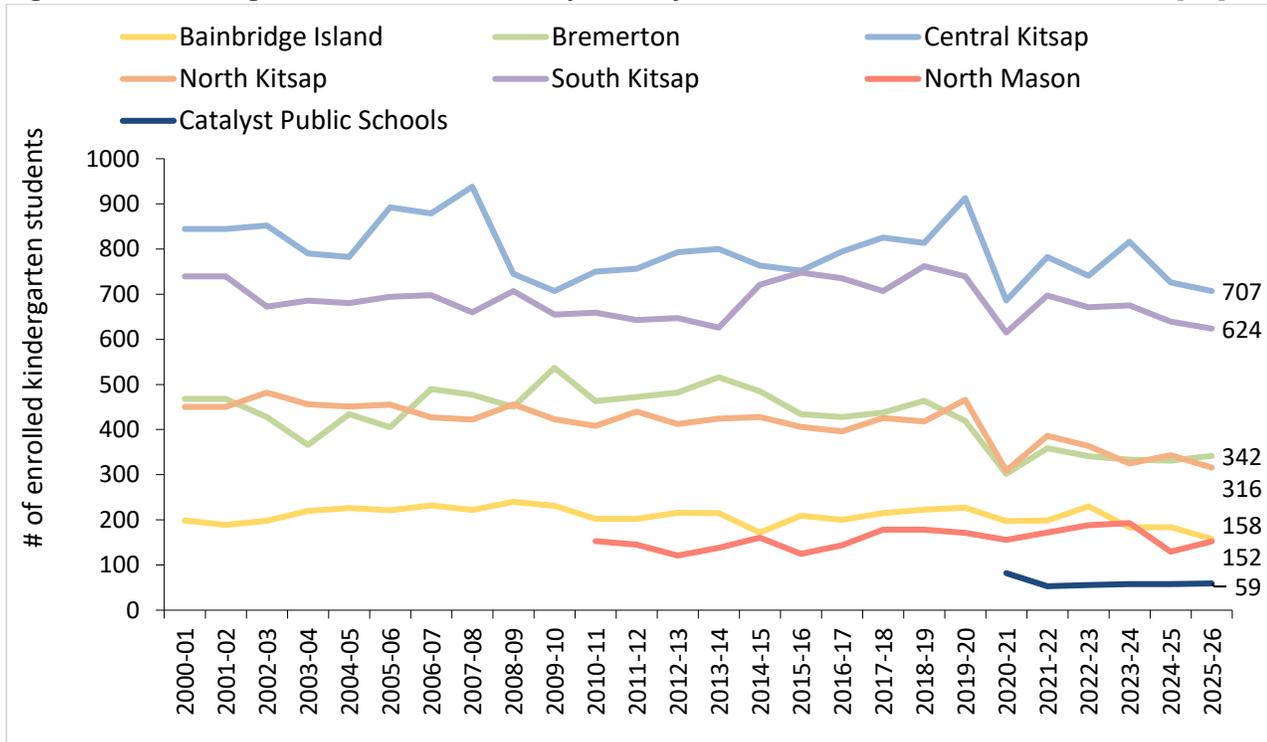


Note: Data are reported in October for each school year

Kindergarten Enrollment and Preparation

There were 2,147 students enrolled in Kitsap County kindergarten classes for the 2025-26 school year as of October 2025 (Figure 101) [72]. This represents a 14% decrease over the past 10 years and an 11% decrease in the past 5 years (including the opening of Catalyst Public Schools). In the last 5 years (2021-22 to 2025-26), enrollment decreased by 21% in Bainbridge Island, 5% in Bremerton, 10% in Central Kitsap, 18% in North Kitsap, 11% in South Kitsap, and increased by 11% in Catalyst Public Schools. Enrollment decreased by 12% in North Mason during this time. The above changes in enrollment over time were not tested for statistical significance.

Figure 101. Kindergarten Enrollment, Kitsap County School Districts: 2000-01 to 2025-26 [72]



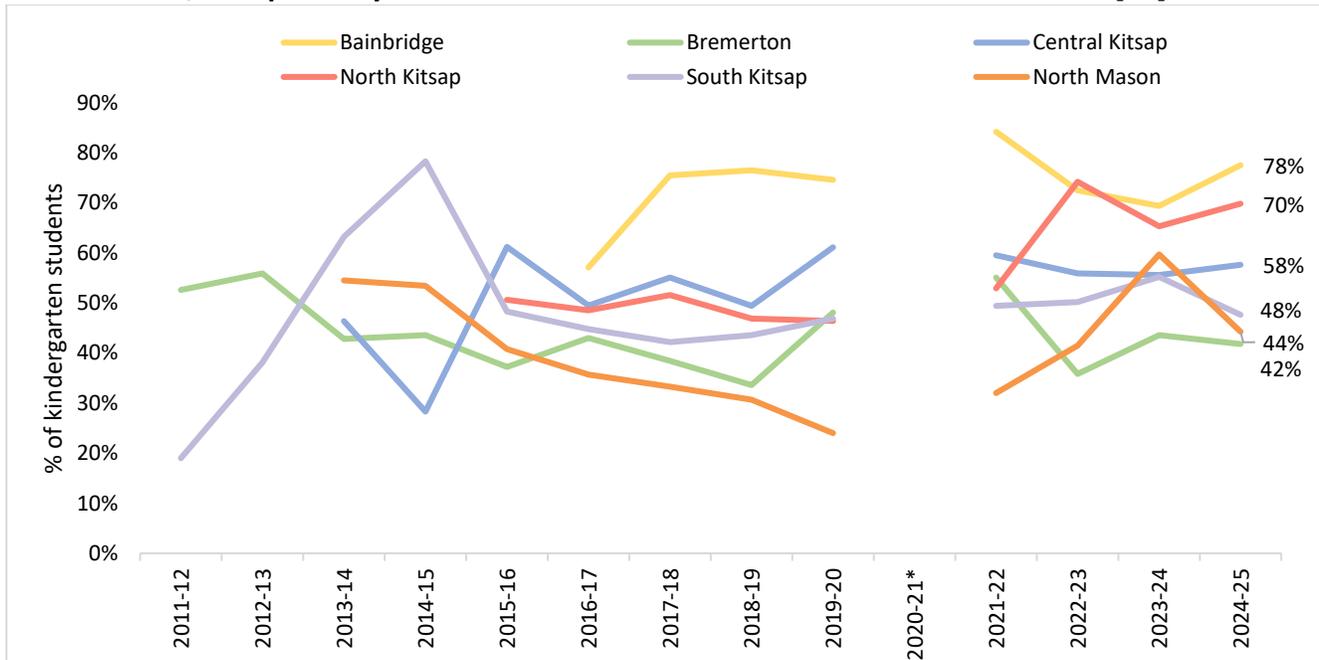
Note: Data are reported in October for each school year

Washington state law requires that all state-funded, full-day kindergarten programs participate in Washington Kindergarten Inventory of Developing Skills (WaKIDS). One of the three components of WaKIDS includes a Whole-Child Assessment early in the school year to identify the developmental status of kindergartners. The data informs education policy as well as individual classroom decisions to best support each child. Six key developmental and skills domains are assessed: math, cognitive, social-emotional, physical, literacy, and language. In addition to mandated implementation in state-funded kindergarten classes, other schools may choose to participate in WaKIDS voluntarily.

The 2024-25 WaKIDS data show that math continues to be the lowest scoring skill among incoming kindergartners statewide (72%). The percentage was similar to last year, with 73% of children demonstrating expected skills in math in 2023-24 [47]. In Kitsap County, this varied across school districts and over time. In the 2024-25 school year, the percentage of children with demonstrated expected levels in math was 90% in Bainbridge Island, 84% in North Kitsap, 79% in Central Kitsap, 65% in South Kitsap, and 60% in Bremerton. In North Mason, 56% of children demonstrated expected skill levels in math. ^

The percentage of kindergartners ready in all 6 WaKIDS domains was 54% statewide in 2024-25. In Kitsap County, this also varied across school districts and over time (Figure 102). In 2024-25, 78% of kindergartners in Bainbridge Island School District demonstrated expected skill levels in all 6 domains, followed by 70% in North Kitsap, 58% in Central Kitsap, 48% in South Kitsap, and 42% in Bremerton. In North Mason, 44% of kindergartners demonstrated readiness in all 6 domains.

Figure 102. Percentage of Kindergarteners Demonstrating Expected Skill Levels in All 6 Domains of WaKIDS Tests, Kitsap County and North Mason School Districts: 2011-12 to 2024-25 [47]



*2020-2021 assessment was affected by school closures during the COVID-19 pandemic and therefore are not available.

M. Populations of Special Consideration

Guatemalan Families and Other Non-English-Speaking Families

A population of immigrants from Guatemala resides in Kitsap County. Many generally do not speak Spanish, but rather a dialect called Mam which is a spoken language only. Translators for Mam are rare, making basic communication difficult for many families. In addition, many individuals are undocumented, and parents often work jobs with long hours which makes it challenging to find childcare.

OESD has served several Guatemalan families, mostly in the home visitation program, which serves children ranging from prenatal to age three. With around 8% of EHS and HS children speaking a Native Central American, South American, and Mexican language at home in the 2023-24 school year, this program offers a crucial touchpoint for education and care for this unique population in Kitsap.

KCR, OESD, the Suquamish Tribe, and the Port Gamble S’Klallam Tribe also offer programs in Spanish and translated materials, providing linguistic support for families and children. In the 2023-24 school year, 14% of EHS and HS children primarily spoke Spanish at home.

VI. COMMUNITY RESOURCES TO ADDRESS THE NEEDS OF HEAD START/EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES

A. Local Community Resources

This section is a non-exhaustive list of community resources relevant to Head Start/Early Head Start eligible children and families. The list combines information and updated data from the 2022 KICC Update Report and the 2023 KICC Comprehensive Community Assessment.

Peninsulas' 2-1-1 System

The Washington State 2-1-1 system provides comprehensive information and referral services for no charge for those who access the system by telephone or by internet. The local regional system serving Kitsap, Jefferson, Clallam, Mason, Grays Harbor, and Pacific counties is called Peninsulas' 2-1-1. It is operated from Kitsap United Way. During 2024, there were 3,811 logged requests and calls from Kitsap County, which accounted for 1% of all requests and calls in the state. This number for Kitsap was down from 5,804 in 2023, 9,607 in 2022, 8,024 in 2021, and 6,321 in 2020. [121] In each of the past 4 years, the most common requests pertained to housing and shelter or healthcare. Other common request types included government and legal health, utilities, and food assistance.

Children with Special Needs

The Holly Ridge Center is a private non-profit agency serving the Kitsap County and the Olympic Peninsula. [122] As previously noted, it is the area's IDEA Part C provider. The Infant Toddler Program (ITP) is the only one of its kind on the Olympic peninsula that provides early intervention services to children under 4 years old who have developmental delays.

Mental Health

Previous community health assessment data indicate challenges with accessing mental health services for young children. [123] The Peninsulas Early Childhood Mental Health Consultation Group is a local, active group consisting of providers and those with an interest in the field. [124] The group meets monthly and is a resource for the community.

Kitsap Mental Health Services (KMHS) provides an extensive array of mental and behavioral health care targeted to child and family health. A short list of the many services includes mental health assessments, evidence-based therapy for trauma and parent-child interaction, home-based individual or family therapy, education, skill building, and advocacy work tailored to family needs, and intensive support specializing in foster care issues. It is a non-profit center providing both inpatient and outpatient services. Most clients served are at or below the federal poverty level. Per their 2023 annual report, KMHS served a total of 5,642 clients (approximately 2,000 fewer clients than in 2020), of which 782 were children age 0 to 17 and/or families. [125]

Women, Mothers, and Parents

Programs that support women of child-bearing age and families with young children in Kitsap County include:

Resource Name	Description	Contact
Services		
Kitsap Immigrant Assistant Services	Provides direct services to our immigrant neighbors, including rent assistance, translation assistance, medical and dental services, and connecting families with clothing, baby items, pantry staples and more. Provides information, resources, training, and support for families caring for children and individuals with disabilities living in the Kitsap County community.	https://kitsapiac.org/Family Services: (360) 616-2722 To arrange a new client appointment call: (360) 616-2722
Parenting Place	Offering classes and resources that help family members build positive family relationships and create healthy home environments through KCR	http://www.kcr.org/parenting_place.htm
Women, Infants and Children (WIC)	A Nutrition program helping families get nutritious foods and information on eating better. WIC is available to pregnant individuals, new and breastfeeding mothers, infants, and children to their 5th birthday.	KCR: https://www.kcr.org/wic/ Port Gamble S'Klallam WIC: 360-297-9661 Suquamish WIC: 360-394-8473
First Steps Maternity Support Services and Infant Case Management	First Steps is a Washington Apple Health (Medicaid) program that helps low-income pregnant individuals get the health and social services they may need and covers a variety of services for pregnant individuals and their infants. First Steps is available as soon as an individual knows they are pregnant and is covered by Apple Health (Medicaid).	https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/first-steps-maternity-and-infant-care
Answers Counseling	Provides First Steps Maternity Support Services and Infant Case Management. For those with Medicaid/ Apple Health, Answers Counseling is the Kitsap provider for free, strength-based Maternity Support Services (MSS) and Infant Case Management services.	https://www.answerscounseling.org/
Black Birth Power Initiative	This program is run by Swedish Medical Center's doula program seeks to honor Black lives by centering and uplifting the Black birth experience with culturally congruent doula care at their Birth Centers	https://www.swedish.org/services/doula-services ; 206-215-6106
Black Infant Thrive	This is a new program dedicated to supporting Black mothers and birthing families. The program completed a community survey in 2024 to inform program activities which, broadly, will support access to quality prenatal and postnatal care, increase	https://www.kitsappublichealth.org/pch/black-infant-thrive

	parent support and education, and reduce systemic factors contributing to health disparities.	
Child Care Aware Washington	The only statewide childcare resource and referral program in Washington state.	https://childcareaware.wa.org/
Family Birth Center at St. Michael Medical Center	Breastfeeding support with certified lactation consultants; childbirth and parenting classes	https://www.vmfh.org/our-services/pregnancy-childbirth/family-education 1-888-825-3227
House of Hope	A local nonprofit organization that empowers and equips pregnant youth under the age of 25 with classes, support groups, resources, and other services.	https://www.houseofhopefg.org/ 253-649-4754 360-443-2696 info@houseofhopefg.org
KidVantage	Formerly “Eastside Baby Corner West Sound,” partners with local agencies to bring essentials (like diapers, cribs, and car seats) to local children living in poverty or crisis via their Bremerton hub.	https://kidvantagenw.org/location/bremerton-hub/ (360) 616-0235 infobremerton@kidvantagenw.org
Nurse Family Partnership Program	For people who are pregnant with their first baby, a specially trained nurse visits parents throughout their pregnancy until the babies turn 2, providing education and support.	https://kitsappublichealth.org/CommunityHealth/pch_nfp.php (360) 728-2333
Mama Moves Kitsap	A Group Peer Support model that encourages movement, mindfulness and social connection for new parents and is supported by bilingual staff	https://www.instagram.com/mama_moves_kitsap/
Kitsap County Breastfeeding Coalition	Protects, promotes, and supports breastfeeding by providing mothers, and their families with the education and resources, that assist them in attaining their breastfeeding goals.	https://www.facebook.com/KitsapCountyBreastfeedingCoalition
Kitsap Strong	A coalition of more than 115 organizations that are collectively working together, grounded in the latest research, to prevent and overcome childhood trauma by building a culture of empathy, equity, and connection.	https://www.kitsapstrong.org/
La Leche League	A volunteer-led, parent-oriented group for families in need of support milk feeding their children. Leaders in the Washington chapter provide support and information to local families from pregnancy through weaning.	https://illwa.org/groups/
Native American Women's Dialogue on	A Native-led collective whose members are concerned about high rates of infant mortality in their communities.	https://www.facebook.com/Nawdim

Infant Mortality		
New Parent Support Program	Naval Base Kitsap provides this program to help military parents transition into parenthood	https://installations.militaryonesource.mil/military-installation/naval-base-kitsap/military-and-family-support-center/new-parent-support-program
Northwest Infant Survival & SIDS Alliance	dedicated to reducing the risk of sudden unexpected infant death and supporting families affected by a fetal or child death.	https://nwsids.org/
Parent-Child Assistance Program Agape Kitsap	An evidence-based federal research program, housed by Agape Kitsap, helping mothers build and maintain healthy, independent family lives, assure that children are in safe, stable homes and prevent future births of alcohol and drug exposed children. This program is free to help pregnant and parenting mothers get healthy and gain independent family lives, providing home visitation, support and transportation. PCAP helps participants create personalized goals for success in recovery and walks alongside you during the 3-year journey through the program.	https://www.agapekitsap.org/pcap (360) 377-0370 lsegurpcap@agapekitsap.org
Pregnancy and Parenting Support Line (PPSL)	A new service in 2024 led by the Kitsap Public Health District. The PPSL helps new and expecting parents find services and resources they need, including pregnancy care, mental health support, lactation support, early learning, support groups, and more. The support line is available in Spanish and English.	https://www.kitsappublichealth.org/pch/resources 360-728-BABY (360-728-2229)
WithinReach - ParentHelp123.org	Operated by WithinReach, helps Washington state families find services in their communities and apply for health insurance, food assistance programs, and more. The website also provides important health information for pregnant individuals, children and families.	https://www.parenthelp123.org/ 1-800-322-2588
Peninsula Birth Network	Provides pregnancy, birth, postpartum resources in Kitsap and the Peninsula.	http://www.peninsulabirthnetwork.org/
Perinatal Support Washington	Provides perinatal mental health resources to families and communities	https://perinatalsupport.org/ 1-888-404-7763
Sound Puget Intertribal Planning Agency	The Healthy Families Program provides home visitation services to tribal members to improve child and family outcomes for health and development, parenting practices, school readiness, and coordination of referrals to community resources.	https://spipa.org/family-and-community-resources/
True North Birth Center	A North Kitsap-based center offering individualized care during pregnancy, birth and beyond.	http://truenorthbirthcenter.com/index.html

YWCA of Kitsap County	Dedicated to ensuring the personal safety, rights, welfare, and dignity of those who experience domestic abuse while building partnerships and increasing community awareness to create positive social change	https://ywcakitsap.org/
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Fathers

The focus of children’s health often focuses on mothers and infants, but the health and participation of fathers is a critical component that is often overlooked. During 2024-25, 408 fathers participated in their child’s Early Head Start/Head Start child development experiences (e.g., home visits, parent-teacher conferences) across all programs (Table 28) [7]. This translates to about 45% of children enrolled across all programs who had their father participate in child development activities. ^

Table 28. Number of Fathers/Father Figures Who Participated in Child’s Head Start Child Development Experiences: 2024-25 [7]

	Early Head Start		Head Start		ECEAP	
	# fathers	% of enrolled children	# fathers	% of enrolled children	# fathers	% of enrolled children
Kitsap Community Resources	41	50%	63	48%	NA	NA
Olympic Educational Service District	116	43%	73	49%	13	15%
Port Gamble S'Klallam Tribe	29	69%	30	81%	NA	NA
Suquamish Tribe	18	38%	17	41%	8	44%
Kitsap County Total	204	46%	183	51%	21	20%

Childcare Improvement

Early Achievers is Washington's Quality Rating and Improvement System, which gives training, technical assistance, coaching, awards, scholarships, and other benefits to childcare providers to improve the quality of their care. It also aims to provide ratings of childcare programs to families looking for childcare. Licensed or certified center- and home-based early learning sites serving non-school age children and receiving WCCC state subsidy payments and ECEAP providers must participate in the Early Achievers System by the required deadlines established by state law. Participation is voluntary for licensed or certified center- and home-based early learning sites not receiving state subsidy payments and early learning sites not receiving state funds.

As of January 30, 2026, 454 of the 463 (98%) ECEAP providers across the state participated in Early Achievers, including all 4 of the ECEAP providers in Kitsap County [126]. Among ECEAP Early Achievers providers statewide who were rated (62% of those participating, or 285), 81% were rated “at quality”, including 2 of the 3 in Kitsap. Statewide, 4,286 (99%) of providers receiving WCCC payments were participating in Early Achievers, including 65 of 66 (99%) providers in Kitsap. Of these providers that had a rating (57% of those participating or 2,477), 98% were rated “at quality” statewide, including 53 of 57 (93%) providers in Kitsap. “At quality” is defined as having a quality level of 4 or more (out of 5) for ECEAP providers and a quality level of 3 or more for providers accepting WCCC subsidies. ^

The Early Achievers “Data Dashboard” no longer reports the number of ECEAP slots and instead reports the number of ECEAP childcare providers that participant in this program (above). We report the slot data from 2021 for reference. As of January 2021, the Early Achievers “Data Dashboard” report indicated there were 13,256 (89%) ECEAP slots served by Early Achievers sites statewide, including 138 of 175 (79%) in Kitsap County.⁷⁷ Among ECEAP Sites, 10,735 (72%) ECEAP slots were served by sites ‘at quality’ statewide, including 118 of 175 (67%) in Kitsap. Statewide, 32,484 (99%) children on subsidy were served by Early Achievers sites, including 678 of 683 (99%) children in Kitsap, but only 65% (21,144) were served by sites ‘at quality’ statewide, including 265 of 683 (39%) in Kitsap.

Homeless and Other Vulnerable Persons

Kitsap Project Connect is a series of annual services and information resource fairs that bring together local organizations who serve individuals and families who are low-income or homeless. These events are hosted in coordination with the Kitsap Point-in-Time (PIT) Count to ensure everyone who is unhoused is counted accurately for reporting to the state to receive additional funding throughout the year [127] The events provide services, information and resources as a “one-stop shop”, including information on shelter/housing, WIC, vision screening, mental health services, haircuts, immunizations, and many other services. Items such as coats and sleeping bags are also distributed.

In January 2025, Project Connect resource fair events were hosted at the Salvation Army in Bremerton, newlife Training & Events Center Silverdale, and at the United Methodist Church in Port Orchard. ^

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APPENDIX A. Parent Survey – Summary of 2023 Results

These survey methods and results were previously described in the 2023 Comprehensive Community Assessment Report. The results are included below without any additional changes from the 2023 Report, except for the numbering of figures and tables to align with the current report.

The 2023 – 2024 administered Parent survey was filled out by 126 participants. Eighty-two out of 126 completed the entire survey (65%), however all partially completed survey responses were kept for analysis as appropriate. Skip logic was used in this survey for several portions. Response percentages for these sections will be taken out of respondents that match criteria.

Childcare

Nearly a third of all responses (38) have at least looked for childcare outside of HS/ECEAP/EHS for their child, however only 14% of respondents (17) use childcare outside of these services [Figure A1].

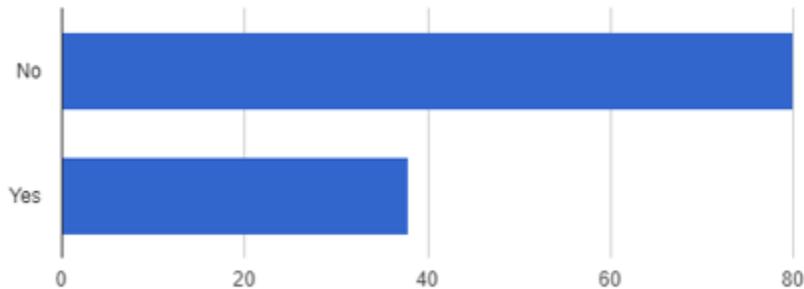


Figure A1. Have you looked for any childcare other than HS/ECEAP/EHS for your child(ren) ages birth to 5

In response to what has worked well in using childcare outside of HS/ECEAP/EHS, the most popular response was that hours are flexible for parent schedules (10 respondents), followed by the location is easily accessible (8). However, for those who do not use childcare, the most popular response was that the cost was too high (10 respondents) followed by the wait list is too long (8).

Nearly 40% of parents (46) responding to the survey indicated that they lost HS/ECEAP/EHS or regular childcare over the course of the pandemic [Figure A2].

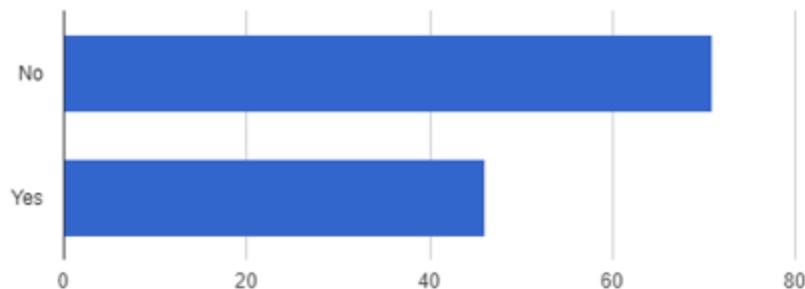


Figure A2. Over the course of the COVID-19 pandemic, did you lose HS/ECEAP/EHS or regular childcare arrangements for at least one day?

Out of the 46 participants, 75% (34) of parents became the replacement for childcare during that time, followed by one’s grandparent (13 respondents, 28%).

Disability

15% of responding parents have a child with some disability (17 respondents) and indicated that the following resources would be helpful:

- Educational Materials (50%)
- Learning developmentally appropriate strategies to support my child’s needs (75%)
- Additional guidance from special services providers (69%)
- Network of families/support groups (50%)
- Time and relevant access to appropriate assessment and evaluations for services and/or treatment (69%)
- Write in responses:
 - “Financial assistance for medical assessments”
 - “Transportation so I could also keep a job.”
 - “We have explained that outside aba related services would not be beneficial in the classroom as we have communicated with our previous providers and asked them. we are still being pushed to get referrals. we are going through child find which would be more appropriate. I feel that listening to the parents better would benefit the outcomes of the day to day.”
 - “back up childcare and affordable access to sensory friendly items: weighted blanket, swing, squish tiles, pickler climbing triangle, trampoline, crash pads, lights, white noise machine, noise canceling headphones”
 - “the teachers could put his brace on during his nap and take it off after”

Prenatal and Pregnancy Care

70% of respondents (76 people) indicated having been pregnant within the past 5 years and every person from this group indicated that they did receive prenatal care. Ninety percent received prenatal care from an OB/GYN (68 people) [Figure A3].

91% out of those who had been pregnant in the past 5 years were able to get prenatal care as early

as they wanted to [Figure 107].

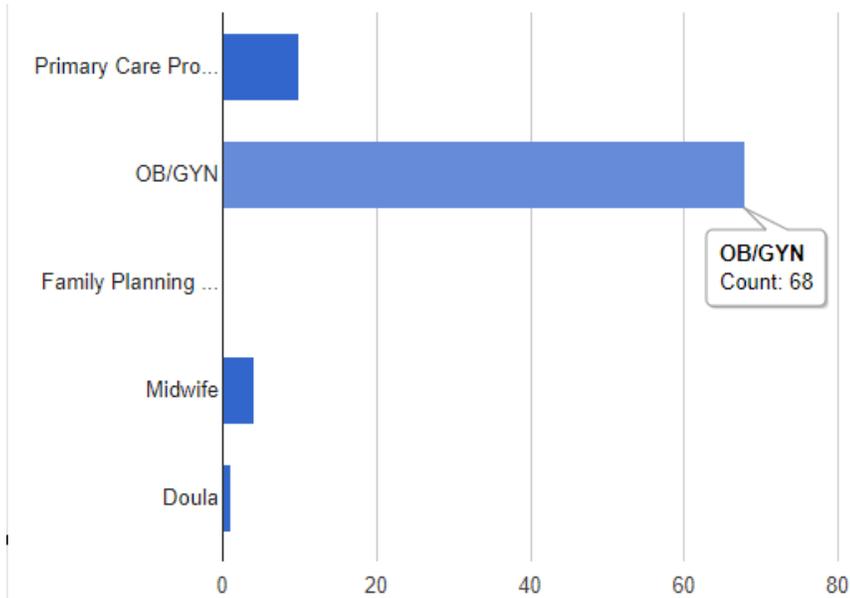


Figure A3. Where did you access prenatal care?

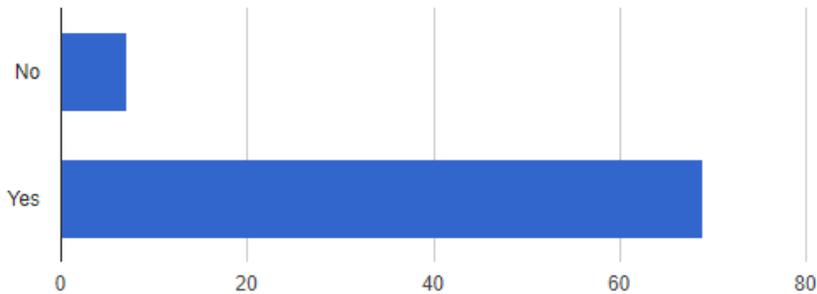


Figure A4. Did you get prenatal care as early in your most recent pregnancy as you wanted?

Over half of respondents indicated that these appointments helped to provide information about pregnancy/breastfeeding/postnatal care (38 people, 52%) and in feeling prepared about the birth experience and expectations (37 people, 50.7%). Nearly 50% have found their prenatal appointments helpful in receiving screenings for their child (34 people, 47%) and in feeling supported in their decision making (32 people, 44%).

About half of participants were able to see a dentist during their most recent pregnancy (52 out of 76, 52.5%) and of those who were unable to, 26% reported not knowing they should go (12 people) [Figure A5]. From write in responses, 5 people indicated that they had some fear or anxiety about going to the dentist.

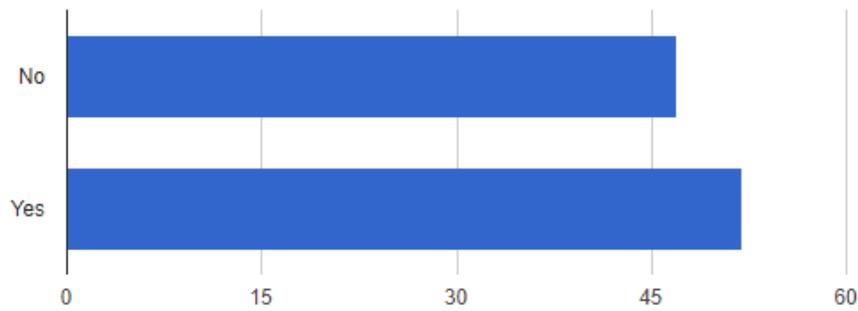


Figure A5. Did you go to a dentist or dental clinic during your most recent pregnancy?

Over half of participants breastfed their baby for more than six months. Of those who were not able to breastfeed their baby longer than they wanted to, 15 participants (25%) indicated it was by personal choice and another 14 (24%) indicated it was due to medical reasons. Around 8 participants indicated that they were unable to produce milk after a certain period of time or there was trouble with infant latching.

Health and Services

In reflection towards their child’s behavioral, social/emotional, and physical health changes before and after the pandemic, around 65% of responding parents indicated no change to behavioral health (50 people), 43% no change in social/emotional (37 people), and 70% no change in physical health (59 people). 29.1% of parents experienced worsening social/emotional health of any of their children (25 people) and 23.4% experienced worsening behavioral health (18 people) [Figure A6 – Figure A8].

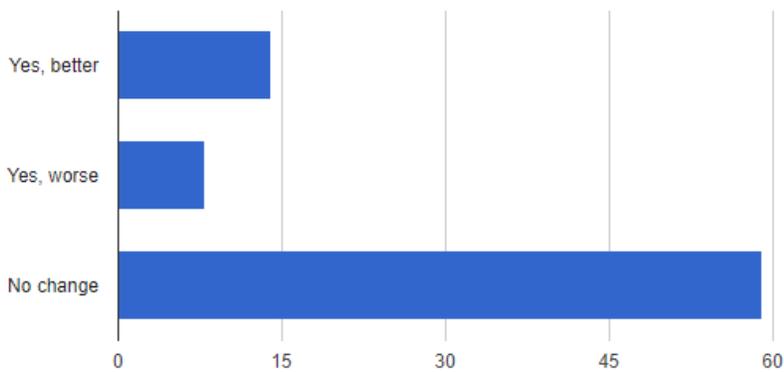


Figure A6. Has the physical health of any of your children gotten better or worse?

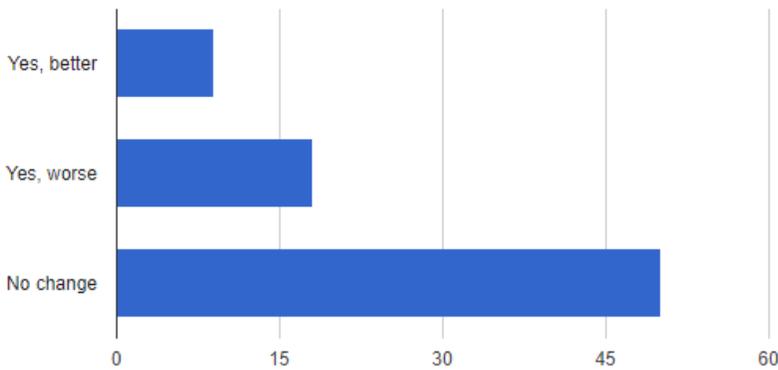


Figure A7. Has the behavioral health of any of your children gotten better or worse?

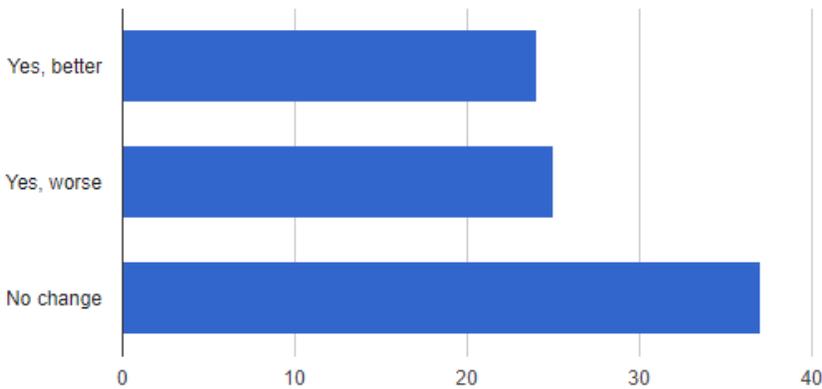


Figure A8. Has the social/emotional health of any of your children gotten better or worse?

75% of respondents indicated they use Medicaid or the Children’s health program (68 out of 91).

55% of respondents indicated that the level of stress in their life is “A bit stressful” (50 people) while 35% of respondents indicated that their stress levels were either “quite a bit stressful” or “extremely stressful” (31 combined). 11% of participants said most days were not at all stressful or not very stressful (10 participants) [Figure A9].

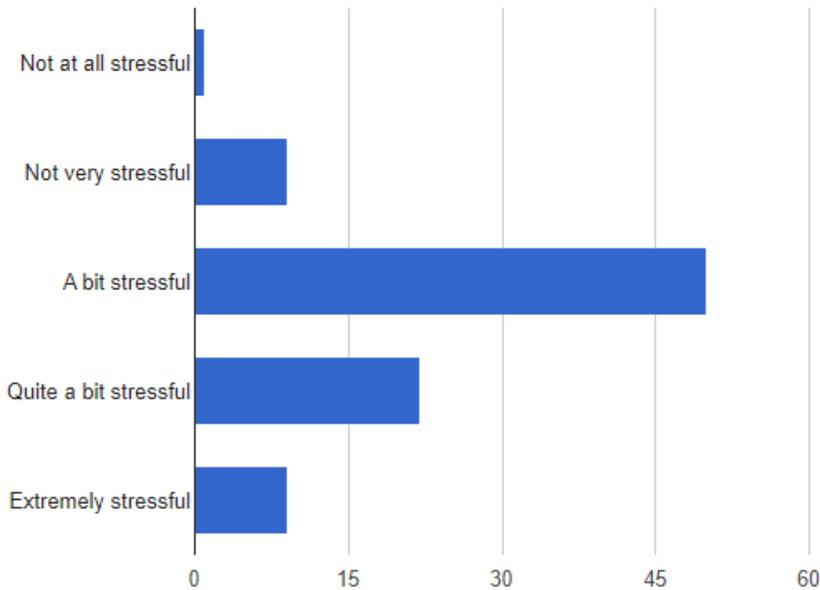


Figure A9. Thinking about the amount of stress in your life, would you say that most days are..

In response to emotional well-being in the past 30 days, 38% of participants indicated they did not experience any concerning days (34 people) while 37% indicated they were concerned for “several days” for their emotional well-being (33 people). Another 22 people (25%) are concerned about their emotional well-being for more than half the month or nearly the whole month.

Around 68% of respondents exercise at least once a week or more frequently (63 out of 93 respondents). In general, many respondents are slightly stressed and over 70% are managing well enough to not be concerned about their emotional well-being for more than half of the month.

31% of respondents (28 total) indicate they have used any tobacco product in the past 30 days [Figure A10].

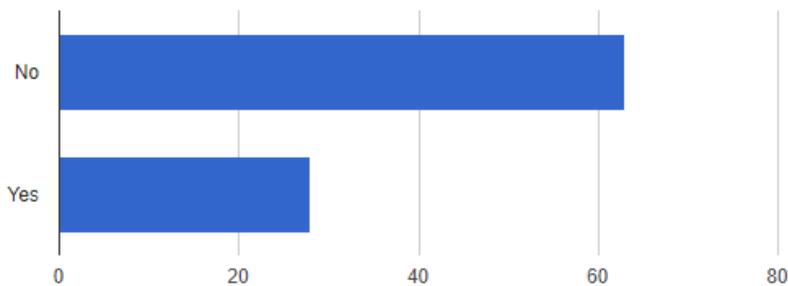


Figure A10. Have you smoked cigarettes or other tobacco products (including vapes, even just a puff, in the past 30 days?

In thinking about the respondents mental and physical health, 43% indicated no change in their

physical health (35 people) and 44% indicated no change in their mental health since the start of pandemic (37 people). However, 38% indicated that their physical health had worsened (31 people) and 39% indicated their mental health worsened (33 people) [Figure A11, Figure A12].

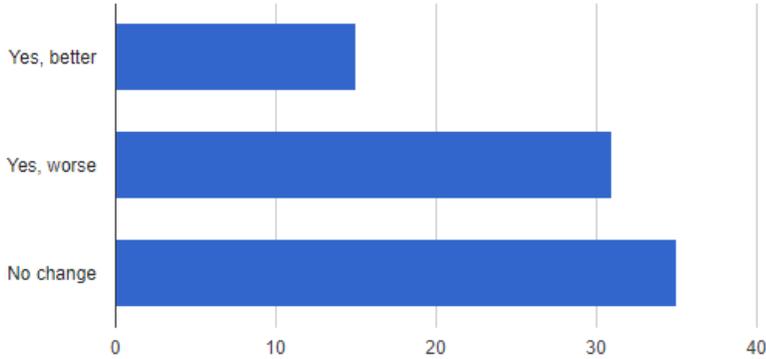


Figure A11. Has your own physical health gotten better or worse?

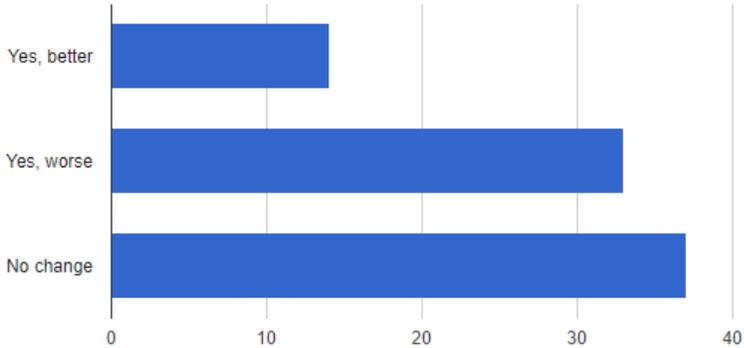


Figure A12. Has your own mental health gotten better or worse?

In discussion about food access and nutrition, 47% of respondents indicated they can always afford enough to eat but not always the kinds of food we should eat (42 people). Thirty-five percent indicated affording good nutritious meals (31 people) and 15% indicated they sometimes cannot afford enough to eat (15 people). Over half of all respondents indicated using WIC (46 people, 58%), SNAP/EBT (38 people, 48%) and/or grocery stores (46, 58%) to access food

Housing and neighborhood

Please note that for this section, due to an error in distribution, 38 respondents (30%) were unable to fully respond to this section.

A vast majority of respondents responded positively to the list topics, with over 60% in agreement (agree or strongly agree) with the statements below. Several exceptions for more these statements occurred for “My neighborhood is well lit” with only 50.7% of respondents in agreement and 35.8% of respondents in disagreement; “I have access to good sidewalks and/or bike lanes” (58.2% in agreement, 25.4% in disagreement); and “My neighborhood isn't impacted by substance use

disorders, including prescription drugs: (37% in agreement, 34.3% in disagreement). For statements regarding neighborhood connectedness, “I feel connected to my neighborhoods” had 39.9% in agreement and 37.9% neither disagreeing nor agreeing. With “my neighbors are willing to help each other”, 52.8% agreed and 29.2% neither disagreed nor disagreed. Response totals ranged from 64 to 72 participants [Table A1].

Table 1A. Housing and Neighborhood Questionnaire Responses*

Topic	Strongly Disagree/Disagree	Neither agree nor disagree	Agree/Strongly Agree	Total Respondents
I have consistent electricity for cooking and home heating	5 (7.5%)	1 (1.5%)	61 (91.1%)	67
I have a place to store food in my home	3 (4.7%)	1 (1.6%)	60 (93.7%)	64
I can dispose of waste in my home	2 (3%)	3 (4.5%)	59 (89.3%)	66
My neighborhood feels safe to walk in	9 (13.9%)	9 (13.8%)	47 (72.3%)	65
My neighborhood is well lit	24 (35.8%)	8 (11.9%)	34 (50.7%)	67
Amenities are accessible to me	4 (6.3%)	6 (9.4%)	53 (82.8%)	64
I have access to public transportation	5 (7.8%)	4 (6.3%)	53 (82.8%)	64
I feel safe from crime	6 (9.4%)	13 (20.3%)	44 (68.8%)	64
My home has clean drinking water	4 (5.8%)	3 (4.3%)	62 (89.9%)	69
My neighborhood is clean	7 (10.9%)	7 (10.9%)	50 (78.1%)	64
I have access to good sidewalks and/or bike lanes	17 (25.4%)	11 (16.4%)	69 (58.2%)	67
My neighborhood isn't impacted by substance use disorders, including prescription drugs	24 (34.3%)	19 (27.1%)	26 (37%)	70
I feel connected to my neighborhoods	14 (21%)	25 (37.9%)	25 (39.9%)	66
My neighbors are willing to help each other	9 (12.5%)	21 (29.2%)	38 (52.8%)	72

Around 63% of respondents rent their apartment or home (50 people) and 27.5% indicated they have a home with a mortgage (22 people). Within write in responses, two people indicated they were living in a trailer and 1 indicated they lived in a tribal house.

26% of respondents indicated they've had to relocate due to housing costs [Figure A13].

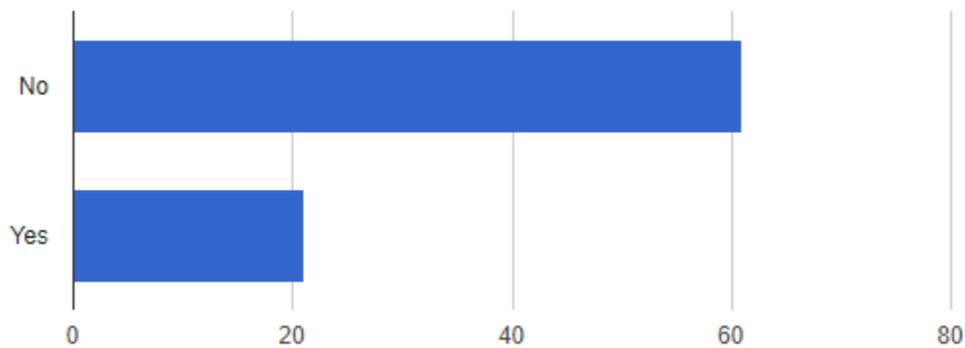


Figure A13. Has your family had to move or relocate due to housing costs?

Demographics

Around 93.5% of respondents indicated they spoke English most often at home (72 respondents out of 77), which is expected given the limitation of survey distribution at this time. However, 5 write in responses indicated they spoke Spanish at home. With 80 responses to “how many children do you have”, the mean number of children for respondents was 2.6 children. Three respondents indicated having either 7 or 8 children. Nineteen respondents indicated having only 1 child (23.8%).

In response to how many total people they live with, respondents averaged 4.1 people per respondent and 10 respondents (12.7%) live with 2 or less other people.

For employment, 33 respondents (41.8%) indicated they worked full-time with benefits and another 17 indicated they were unemployed and not searching (21.5%). Eight respondents were job searching and unemployed (10.1%). Nineteen respondents were working full or part-time without benefits (24.1%) and 2 worked part-time with benefits (2.5%). For barriers to employment, 33 respondents (44%) indicated no barriers. Another 22 respondents indicated that the pay was too low to support a family (29.3%). Sixteen respondents indicated they had no childcare during work. Three write-in respondents indicated they had no transportation options to childcare and another 2 indicated that the cost of childcare was so high that it wasn’t feasible to work.

Eight respondents indicated they either sometimes or did not have reliable transportation (10.1%), however 17 respondents noted that the price of gas was sometimes a barrier to using their transportation option (24.3%). Ten respondents noted that they did not have enough money to maintain a vehicle (14.3%). A write in response noted “car troubles” as a barrier to transportation and “You guys refuse to offer transportation for ecap even with IEPs students” as an additional barrier.

Most respondents were aged 30-39 (37 people, 47%) followed by 20-29 years old (37%). Respondents were mostly single (37 respondents, 46.3%) followed by married (33 respondents, 41.3%) [Figure A14, Figure A15].

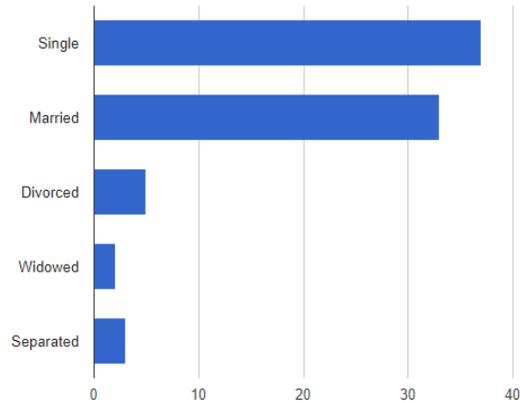
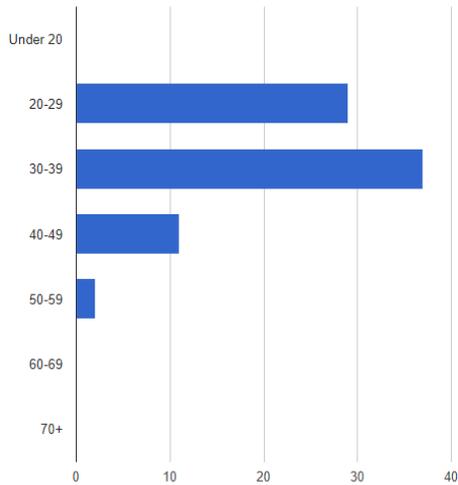


Figure A14. What is your marital status?

Figure A15. What is your age?

Forty-one respondents identified as white (51.3%) followed by 26 participants who identified as American Indian or Alaskan Native (32.5%). Another 8 respondents identified as Native Hawaiian or Other Pacific Islander (10%), 5 respondents identified as Black or African American (3.8%), 5 identified as Asian or Asian American (6.3%), and 13 identified as Hispanic/Latino (16.3%).

Most respondents identified as female (72, 90%) and most respondents had a monthly household income above \$2,000 (42 respondents, 52.5%). Four respondents indicated they had no income (5%) and another 4 indicated they made less than \$500 (5%) [Figure A16].

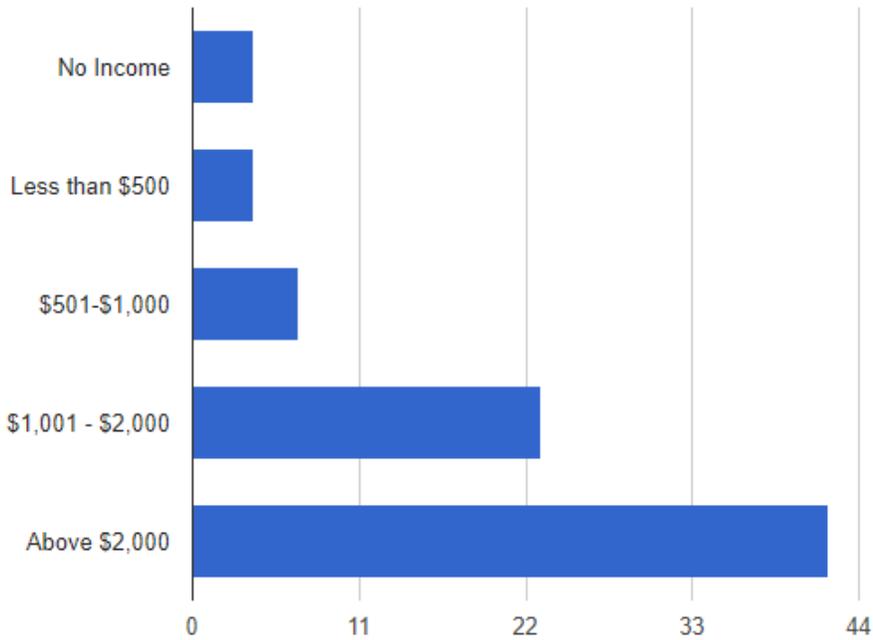


Figure A16. What is your monthly income?

Respondents mostly were high school graduates (32 respondents, 40.5%). Forty-three respondents had some college or technical school or higher (54.5%) while 2 indicated they had not started high school (2.5%) and 2 had completed some high school (2.5%).

APPENDIX B. Parent Survey Copy

Kitsap County Head Start/ECEAP/Early Head Start

2023 Parent Survey

The purpose of this survey is to collect information that will help us better understand the needs of our families and improve services to children and families. Your answers are very important to us and are anonymous- your name will not appear anywhere on the survey.

This survey is completely voluntary. Your choice to participate will in no way affect your ability to use Head Start, ECEAP or Early Head Start services.

The results of this survey will be analyzed as a group and used for program planning purposes only. Results will be shared in the 2023-24 Comprehensive Community Assessment to help guide programs and support continuous improvement.

This is another wonderful way for you to have a voice in your child's early education and improve services to children and families. Thank you for your participation!

Sincerely,
Jacki Haight, Port Gamble/S'Klallam Tribe
Cynthia Savini, Suquamish Tribe
Kristen Sheridan, Olympic Educational Service District 114
Jill Brenner, Kitsap Community Resources

CHILD CARE

Please answer the following questions by marking an 'X' in the box that best describes your situation. For some questions, you can mark more than one box.

1. Have you looked for any childcare other than Head Start/ECEAP/Early Head Start for your child(ren) ages birth to 5?
 No SKIP to Question #1b
 Yes
 - a. What resources did you use to look for childcare? *(Mark all that apply)*
 Online resource:
 - i. Please write:
 From friend, neighbor, family
 From a doctor or school resource/ referral
 From Head Start/ECEAP/Early Head Start resources
 From library, flyer etc.
 From community event

- Other referral
- Didn't know where to look/ how to find information
- Other: _____

b. Do you use childcare other than Head Start/ECEAP/ Early Head Start for your child(ren) ages birth to 5?

- No SKIP to Question #1d
- Yes

c. What other kind of childcare do you use for your child(ren) ages birth to 5?
(Mark all that apply)

- Licensed/certified childcare center
- Licensed/certified family childcare home
- Family, friend, or neighbor provides care
- Other: please describe: _____

d. What has worked well for you in using childcare outside of Head Start/ ECEAP/Early Head Start? *(Mark all that apply)*

- Hours are flexible for my schedule
- Location is easily accessible
- Communication is clear
- Costs are more affordable
- Able to find childcare with specific language or cultural needs
- Social and emotional connectivity for child/parent
- Other: please describe: _____

e. What are some challenges you've faced in using childcare outside of Head Start/ECEAP/Early Head start? *(Mark all that apply)*

- I haven't had any challenges
- Cost too high
- Hours not flexible enough for my schedule
- Too far away/don't have transportation
- Wait list too long/no space available
- Language or cultural differences
- Concerns with Covid safety
- Childcare closed down
- Not satisfied with quality of care
- Other: please describe: _____

2. Over the course of the COVID-19 pandemic (from March 2020) did you lose Head Start/ECEAP/Early Head Start OR regular childcare arrangements for at least one day? (for example, due to COVID-19 related cancellations from babysitters, day care center, or other care providers)

- Yes

No SKIP to Question 3

a. When this happened, was there a replacement caregiver? Please select all that applied during this period.

- Yes: myself or the child's/ children's other parent
- Yes: a grandparent
- Yes: an adult family member
- Yes: an older child family member
- Yes: an adult neighbor or friend
- Yes: an older child neighbor or friend
- No: My child(ren) stayed with a friend during the day
- No: my child(ren) took care of herself/himself/themselves
- Other: _____

3. Do you have any children with a disability?

- No SKIP to Question #4
- Yes

a. Have you been able to get enough help and support for our child's disability?

- No
- Yes SKIP to Question #4

b. What additional support would be helpful in supporting your child's disability?
(Mark all that apply)

- Educational materials
- Learning developmentally appropriate strategies to support my child's needs
- Additional guidance from special services providers
- Network of families/support groups
- Timely and relevant access to appropriate assessments and evaluations for services and/or treatment
- Other: please describe: _____

PRENATAL & PREGNANCY CARE

4. If you have been pregnant in the past 5 years, please answer the following questions; **if not, please skip to question #5.**

a. During your most recent pregnancy, did you get prenatal care?

- Yes, If yes answer the following question and move to #6b

If yes, where did you access prenatal care?

- Primary Care Provider
- OB/GYN
- Family Planning Clinic (Community Health Center)
- Midwife
- Doula

Other, please describe: _____

No, if no, answer the following question and move to #8

If not, what as a reason keeping you from getting prenatal care?

Didn't want prenatal care

Couldn't get an appointment

Couldn't afford care/no money to pay for visits

Couldn't find a doctor/nurse

Couldn't get to office (too far away, no transportation, schedule didn't work)

Other: please describe: _____

b. During your most recent pregnancy, how many weeks pregnant were you when you had your first visit for prenatal care (not counting a visit for only a pregnancy test or WIC)?

1 to 13 weeks pregnant

14 to 27 weeks pregnant

28 or more weeks pregnant

I did not go for prenatal care

Don't know

c. Did you get prenatal care as early in your most recent pregnancy as you wanted?

No

Yes

I did not want prenatal care

d. What has been helpful in your prenatal care appointments?

(Mark all that apply)

Getting information about pregnancy/ breastfeeding/ post-natal care

Feeling prepared about the birth experience and expectations

Being linked to other programs

Receiving screenings for my child

Feeling supported in my decision-making around my pregnancy

Other: please describe: _____

e. Did any of these things keep you from getting prenatal care as early as you wanted?

(Mark all that apply)

No, I was able to start care when I wanted to

Couldn't get an earlier appointment

Couldn't afford care/no money to pay for visits

Couldn't find a doctor/nurse

Couldn't get to office (too far away, no transportation, schedule didn't work)

Other: please describe: _____

f. Did you go to a dentist or dental clinic during your most recent pregnancy?

No

Yes → Skip to 4g

g. What were the reasons you did not go to a dentist or dental clinic during your most recent pregnancy?
(Mark all that apply)

- Didn't know I should go
- Couldn't afford care/no money to pay for visits
- Couldn't find a dentist/dental clinic
- Couldn't get to office (too far away, no transportation, schedule didn't work)
- Other: please describe: _____

h. How long did you breastfeed your most recent baby?

- I didn't breastfeed at all
 - Less than 3 weeks
- 3 to 6 weeks
- 6 weeks to 3 months
 - 3 to 6 months
 - More than 6 months

i. If you were unable to breastfeed your baby as long as you wanted, select why: (Mark all the apply)

- Access to breast pump
- Unable due to work
- Personal choice
- Inability to access breastfeeding support services
- Medical reasons
- Other: please describe: _____

HEALTH & SERVICES

5. Since March 2020 (the start of the COVID-19 pandemic spread in the United States),
a. Has the physical health of any of your children gotten better or worse?

- Yes, gotten better
- Yes, gotten worse
- No, there has been no change

b. Has the behavioral health of any of your children gotten better or worse?

- Yes, gotten better
- Yes, gotten worse
- No, there has been no change

c. Has the social emotional health of any of your children gotten better or worse?

- Yes, gotten better
- Yes, gotten worse
- No, there has been no change

6. What best describes the health insurance status of your child(ren):

- No insurance
- Medicaid or the Children's Health Insurance Program
- Private insurance from my employer
- Private insurance purchased directly from an insurer
- Private insurance purchased on a health insurance exchange
- TRICARE
- Other

7. Thinking about the amount of stress in your life, would you say that most days are...

- Not at all stressful
- Not very stressful
- A bit stressful
- Quite a bit stressful
- Extremely stressful

8. Thinking about your emotional well-being, which includes stress, depression or problems with emotions, how many days during the past 30 days was your emotional well-being a concern?

- Options should be
- Not at all
- Several days
- More than half the month
- Nearly the whole month

9. How often on average do you participate in some form of physical activity such as walking, jogging, swimming, going to the gym, bicycling, gardening, etc. for exercise? Would you say...

- At least 5 times a week
- At least 3 times a week
- At least once a week
- Less often than once a week
- Not at all

10. Have you smoked cigarettes or other tobacco products (including vapes), even just a puff, in the past 30 days?

- No
- Yes

11. Since March 2020 (the start of the COVID-19 pandemic spread in the United States),

a. Has your own physical health gotten better or worse?

- Yes, gotten better
- Yes, gotten worse
- No, there has been no change

b. Has your own mental health gotten better or worse?

- Yes, gotten better
- Yes, gotten worse
- No, there has been no change

12. Which of the following statements best describes your household’s ability to afford the food you need?

- We can always afford good nutritious meals
- We can always afford enough to eat but not always the kinds of food we should eat
- Sometimes we cannot afford enough to eat
- Often we cannot afford enough to eat

13. I access the following services to support my family’s food needs. (Mark all that apply)

- Food Bank
- Local food pantry
- WIC
- Churches
- SNAP/EBT
- Farmers Markets
- Grocery store
- Community or personal garden
- Food Co-op
- Other _____

HOUSING & NEIGHBORHOOD

14. Please identify your agreement to the following statements regarding your home and neighborhood.

Statement	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
I have consistent electricity for cooking and home heating					
I have a place to store food in my home					
I can dispose of refuse in my home					
My neighborhood feels safe to					

walk in					
My neighborhood is well lit					
Amenities are accessible to me					
I have access to public transportation					
I feel safe from crime					
My home has clean drinking water					
My neighborhood is clean					
I have access to good sidewalks and/or bike lanes					
My neighborhood isn't impacted by substance use disorders, including prescription drugs					
I feel connected to neighbors					
My neighbors are willing to help each other					

15. Which of the following best describes your housing? (mark all that apply)

- Rent apartment or home
 Home with mortgage
 Home you own (no mortgage)
 With another person(s)
 Shelter
 Living in car
 Living outside
 Something Else (Please Elaborate):

16. What are your major housing concerns? (mark all that apply)

- I don't have any concerns Rent too high Utilities too high
 Can't find house in price range House needs repairs Housing Not Safe
 Homeowners/renters insurance Other concerns, please

describe: _____

17. Has your family had to move or relocate due to housing costs?

- Yes
 No

DEMOGRAPHIC INFORMATION

The following section asks questions about you. You cannot be identified by these responses and responses will not impact services you receive.

18. What is your zip code where you live?

19. Have you moved in the last six months?

- No Yes

20. What language is spoken most often in your home?

- English
- Other language, please describe:

21. Has the language you speak been a barrier to finding or getting services in Kitsap County?

- No
- Yes
- Don't know

22. How many children do you have? _____ How many total persons live with you?

23. What is your employment status?

- Full-Time - With benefits
- Full-Time - No benefits
- Part-Time – With benefits
- Part-Time – No benefits
- Unemployed/job searching
- Unemployed/not searching
- Retired

24. If you have any barriers to desired employment, which of the following are your barriers? (mark all that apply)

- I don't have any barriers
- No transportation
- No jobs in my field
- Pay too low to support a family
- Lack of training/experience
- No childcare during work
- Mental disability
- Physical disability
- Other barrier, please describe: _____

25. Do you have reliable transportation? YES NO

26. What are your barriers to reliable transportation? (mark all that apply)

- I don't have any barriers
- No car
- Price of gas
- No routes near home
- No public transportation
- Not enough money to maintain a vehicle
- Other barrier, please describe: _____

27. Please circle the appropriate response under each heading:

Age	Marital Status	Race/ Ethnicity (mark all that apply)	Gender	Monthly Household Income
Under 20	Single	Black or African American	Male	No Income
20-29	Married	White or Caucasian	Female	Less than \$500
30-39	Divorced	Asian or Asian American	Transgender Male	\$501-\$1,000
40-49	Widowed	Native Hawaiian or Other Pacific Islander	Transgender Female	\$1,001 - \$2,000
50-59	Separated	American Indian or Alaskan Native	Non-Binary	Above \$2,000

60-69		Hispanic/Latino		
70+				

28. Which of the following is the highest level of education you have completed?

- Did not start high school
- Some high school
- High school graduate/ GED
- Some College or technical school
- Completed 2 year or technical school degree
- Completed 4 year college
- Completed Master/Doctorate degree

Thank you for completing this survey!