Recommendations

from *Child Care Providers* for a *New Mississippi Child Care Quality Support System*

OCTOBER 2022

Letter to the Division of Early Childhood Care and Development at the Mississippi Department of Human Services from the Child Care Provider Quality Support System Recommendations Team

We would like to thank the Department of Human Services (DHS) for allowing providers the opportunity to share our voices in the process of establishing a quality support system. As providers from across the great state of Mississippi, serving in various capacities to meet the needs of children and families, we absolutely love the work we do and consider it a privilege.

This opportunity brought 19 diverse providers together to share ideas and thoughts. We represent the whole body of childcare providers across our state. This process brought home-based, non-profit, for-profit, faith-based, Head Start, Early Learning Collaboratives, tribal and university childcare to the table together. Ninety-five percent of our team accepts childcare subsidies and 84% accept children with special and diverse needs. We are a passionate and devoted team that came together with the common goal of increasing the quality of care and life for all children.

Collectively, we all recognize the need to have high-quality systems in place to improve child and family outcomes as a state. We all agree that a statewide Quality Support System (QSS) adds to the accountability of all centers to produce children ready to succeed in all five domains of child development necessary for kindergarten and beyond. However, one of our collective frustrations has been the past inconsistencies and punitive or punishment-based systems that ended abruptly or were not sustainable. The previous programs also have not been equitable, causing the disparities between communities to increase. The children, families, and providers that needed the most support and assistance were left behind and forgotten.

To rectify this, we are asking DHS for time commitments and sustainability with whatever program is put into place. We want a system that is equitable and positive to all programs, providers, and caregivers throughout the state, no matter the size, population, or services. We ask that specific childcare program needs are assessed, and resources are directed at targeted solutions instead of a one-size-fits all package. We ask that all providers can choose what quality support pathway fits their program.

We all have specific and unique needs driven by the populations we serve. Providers need support systems in place before Quality Support System implementation occurs. While we all agree and want to increase our quality, growth takes a massive time commitment from our centers.

To combat this problem, we respectfully request a five-year time commitment. Our first recommended step is a one-year pilot that includes a diverse population of providers, much like our group. We know we need a program, but the support system must be in place

for program assessment, professional development, curriculum implementation, technical assistance, and assessment of child development and outcomes. We want this program to support the relationships necessary to make improvements together. We want technical assistance rooted in mentorship and coaching to meet us where we are and help us meet the many demands placed upon childcare providers. We also need internal quality controls within DHS that analyze data to support programs and make revisions to push towards continuous quality improvement overall.

In the second year, we would take the data from the pilot and adjust the program to meet the needs of providers. By years 3-5, we should have enough data to slowly roll out and add programs to the pilot, making sure that we have the capacity to serve every program and meet their unique needs. We want a QSS where the support systems are foundational and firmly capable of helping providers be successful in changing the trajectory of children's lives.

Every one of us in this process values growth and collectively want to see Mississippi thrive. Our goal is to partner with DHS so that collaboratively, providers can rely on your leadership to achieve our common goal. We want a robust and respected childcare system that puts the needs of Mississippi children and families first. Moving forward, our hope is DHS recognizes that the heart and soul of any quality improvement system is a network of supported and loving childcare providers.

We have an openness and desire to serve as mentors and help navigate the future phases of this project and its implementation. If you have any questions or needs from our team, we are happy to do whatever is necessary to move this project forward. The success of Mississippi is dependent on our alliance to make positive outcomes for all children and families.

Thank you,

The Child Care Recommendations Team

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Table of Contents

BACKGROUND

High-quality child care allows families to work and helps children begin Kindergarten ready to learn.

Prior to the COVID 19 pandemic, technology, healthcare, retail, and manufacturing were considered among the engines of the U.S. economy. While that is still true today, there is now an awareness that these engines run on the fuel of child care. A 2019 Chamber of Commerce study found that limited child care options had consequences for caregivers' educational attainment, workforce advancement, and ability to remain at work. These family challenges translated into sizable economic losses for businesses and states through high employee turnover and lost productivity. As the pandemic brought child care closures, parents and other caregivers found options even more limited. A 2020 study reported a lack of child care to be the number one reason for employees not returning to work (U.S. Chamber of Commerce, 2020).

High-quality early child care and education not only provides benefits to families by allowing parents and caregivers increased access to employment opportunities, it also benefits families, school systems, and future employers through enhanced opportunities for positive child development. It is well known that early childhood is a time of rapid brain development, and high-quality early care and education can offer children a chance to learn and socialize in ways that promote positive outcomes (Abbott, 2021). Positive child development increases the likelihood that children arrive in kindergarten ready to learn. As a result, high-quality early care and education promotes grade-level achievement, reduces the need for special education, and increases high school graduation (Workman & Ullrich, 2017; McCoy et al., 2017).

Children of families facing economic challenges demonstrate the most benefit from high-quality early child care and education, and there is evidence that the benefits are long term. A recent longitudinal study (Bustamante et al., 2021) demonstrated that children of low-income families receiving just two years of high-quality early care and education while ages five or younger had increased odds of graduating college. They were also likely to be higher earners by age 26 than their peers from low-income households, putting them on par with peers from higher-income backgrounds. Additionally, research has demonstrated that high-quality early care and education yields returns of $4 to $13 for every $1 spent, with the largest returns typically seen for children from low-income backgrounds (Karoly, 2017; Bustamante et al., 2021).

BACKGROUND

State-level Quality Improvement Systems (QIS) were created to ensure families learn about child care quality and to improve the care offered by providers, but at times, they have fallen short.

History of Quality Rating and Improvement Systems (QRIS)

Across the nation, states began adopting Quality Rating and Improvement Systems (QRIS) in the late 1990s (Workman, 2017). Initially, QRIS were created as a middle ground between state licensing, which focused on health and safety, and national accreditation from institutions, such as the National 4 Association for the Education of Young Children (NAEYC), which focused on the quality provided by an early learning program (National Center on Early Childhood Quality Assurance, 2017). This new state focus on quality was fueled by developments in neuroscience that lent new understanding to the importance of a child's early years, especially from birth to age three, when millions of brain neurons are growing that will later be fused together (Noble, 2021). QRIS sought to encourage programs to increase the quality of their offerings, and thus better outcomes for children, by providing them with a manageable progression through quality improvements (National Center on Early Childhood Quality Assurance, 2017). There were additional goals for implementing QRIS, including increasing subsidy reimbursement rates for high-quality programs and aiding families in their understanding of and search for high-quality child care (Meek et al., 2022).

States slowly adopted QRIS throughout the early 2000s, but in 2011, the U.S. Department of Education and the U.S. Department of Health and Human Services co-sponsored the Race to the Top—Early Learning Challenge (RTT-ELC). Twenty states were eligible to receive grants. Implementing QRIS was a condition of receiving an award, which greatly accelerated the adoption of QRIS (National Center on Early Childhood Quality Assurance, 2017). The goal of these grants was to increase the quality of early childhood offerings and accountability for these programs by encouraging states to build systems thatintegrated formerly disjointed early childhood landscapes (National Center on Early Childhood Quality Assurance, 2017). These competitive grants were awarded in three rounds, and by 2015 there were 44 QRIS in operation across the United States (Mathias, 2015).

BACKGROUND

Current National Landscape

Today, QRIS are operated in 42 states and the District of Columbia; five additional states are currently operating pilots or restructuring their QRIS; only five states, including Mississippi, do not currently have a quality improvement system (The Build Initiative, 2021). Each QRIS was shaped to fit the context of its state's early childhood environment. As a result, there is considerable variation in the participation, composition, and funding for each system. Table 1 provides more information on each state's features. Seven states have mandatory participation in their QRIS, but the remaining states with fully operational QRIS make participation voluntary unless it is required by a specific funding source. Some states have all regulated programs identified at the first level of the quality continuum, and programs can voluntarily choose to participate and improve their recognition level.

To classify participating programs, states use one of three main rating structures: block, points, or hybrid. Block structures require program participants to reach all the criteria in one level of the system before they may advance to the next level (National Center on Early Childhood Quality Assurance, 2017). Points-based structures allow programs to advance through multiple levels if the program can meet certain rating thresholds (National Center on Early Childhood Quality Assurance, 2017). Hybrid structures combine the block and points structures (National Center on Early Childhood Quality Assurance, 2017). Seventeen states use a block structure; six use a points structure; and 17 use a hybrid structure. Utah uses a combination of a points and hybrid system. Florida has several QRIS operating on the state and local levels that use a variety of rating structures.

Several funding streams are used to construct, operate, or expand QRIS. Common funding sources are the Child Care Development Fund, state funding, and the Preschool Development Grant. Other funding sources are local funds and foundation funds. States may use one funding source or a combination of sources to fund their QRIS, depending on the funding source's restrictions. Additional information about the composition of each state's QRIS can be found at the Build Initiative's Quality Compendium (Build Initiative & Child Trends, 2021).

BACKGROUND

Table 1. Quality Improvement Systems by State

State	Participation	Rating Structure	Funding Source
Alabama**			
Alaska	Voluntary	Hybrid; 5 Levels	- Child Care Development Fund - State Funding
Arizona	Voluntary	Block; 5 Levels	- State Funding
Arkansas	Voluntary (unless receiving CCDF subsidies)	Block; 3 Levels	- Child Care Development Fund - State Funding
California	Voluntary	Hybrid; 5 Levels	- Child Care Development Fund - Preschool Development Grant - State Funding
Colorado	Mandatory	Hybrid; 5 Levels	- Child Care Development Fund - State Funding
Connecticut‡			
Delaware	Voluntary (unless operated by school district or Head Start or receiving state funding)	Hybrid; 5 Levels	- Child Care Development Fund - State Funding
District of Columbia	Voluntary (unless receiving CCDF subsidies)	Points; 4 Levels	- Child Care Development Fund - Local Funding
Florida†			
School Readiness Program Assessment	Voluntary (unless receiving CCDF subsidies)	N/A; 3 Levels	- Child Care Development Fund
Strong Minds	Voluntary	Block; 4 Levels	- Local Funding
Thrive by 5 Early Learning Quality Improvement System	Voluntary	N/A; 5 Levels	- Child Care Development Fund - Local Funding

BACKGROUND

State	Participation	Rating Structure	Funding Source
Guiding Stars of Duval	Voluntary	Hybrid; 5 Levels	- Child Care Development Fund
Georgia	Voluntary (unless receiving CCDF subsidies)	Points; 3 Levels	- Child Care Development Fund - Preschool Development Grant - Foundation Funding - Other
Hawaii‡			
Idaho	Voluntary	Block; 6 Levels	- Child Care Development Fund
Illinois	Mandatory	Block; 4 Levels	- Child Care Development Fund - State Funding
Indiana	Voluntary (unless receiving state pre-K funding)	Block; 4 Levels	- Child Care Development Fund
Iowa	Voluntary	Hybrid; 5 Levels	- Child Care Development Fund
Kansas*			
Kentucky	Voluntary (unless receiving public funds)	Hybrid; 5 Levels	- Unknown
Louisiana	Voluntary (unless receiving public funds)	Points; 5 Levels	- Child Care Development Fund
Maine	Voluntary (unless receiving CCDF subsidies or Head Start funds)	Block; 4 Levels	- Child Care Development Fund
Maryland	Voluntary (unless receiving CCDF subsidies)	Block; 5 Levels	- Child Care Development Fund
Massachusetts	Voluntary (unless receiving CCDF subsidies, state pre-K funding, or Head Start funding)	Block; 4 Levels	- Unknown
Michigan	Voluntary (unless receiving state pre-K funding)	Points; 5 Levels	- Child Care Development Fund
Minnesota	Voluntary (unless receiving Minnesota Department of Education Early Learning Scholarships)	Hybrid; 4 Levels	- Child Care Development Fund - State Funding

BACKGROUND

State	Participation	Rating Structure	Funding Source
Mississippi‡			
Missouri*			
Montana	Voluntary	Block; 5 Levels	- Child Care Development Fund
Nebraska	Voluntary (unless receiving more than $250K/year in CCDF subsidies)	Hybrid; 5 Levels	- State Funding
Nevada	Voluntary (unless receiving CCDF subsidies, state pre-K funding, or Head Start funding)	Hybrid; 5 Levels	- Child Care Development Fund
New Hampshire	Mandatory (first level for all programs; additional levels are voluntary; if receiving Head Start funding participation is mandatory)	Block; 3 Levels	- Child Care Development Fund - Preschool Development Grant
New Jersey	Voluntary	Hybrid; 5 Levels	- Child Care Development Fund - Preschool Development Grant
New Mexico	Voluntary (unless receiving state pre-K funding)	Block; 4 Levels	- Other
New York	Voluntary	Points; 5 Levels	- State Funding - Foundation Funding - Preschool Development Grant
North Carolina	Voluntary (unless receiving CCDF subsidies or state pre-K funding)	Points; 5 Levels	- Child Care Development Fund
North Dakota	Voluntary	Block; 4 Levels	- Child Care Development Fund
Ohio	Voluntary (unless receiving CCDF subsidies)	Hybrid; 5 Levels	- Unknown
Oklahoma	Mandatory (first level for all programs; additional levels are voluntary; if receiving CCDF subsidies participation is mandatory)	Block; 4 Levels	- Child Care Development Fund - Other
Oregon	Mandatory (first level for all programs; additional levels are voluntary; if receiving Head Start funding or state pre-K funding participation is mandatory)	Block; 5 Levels	- Child Care Development Fund - State Funding

BACKGROUND

State	Participation	Rating Structure	Funding Source
Pennsylvania	Mandatory (first level for all programs; additional levels are voluntary; if receiving Head Start funding or CCDF subsidies participation is mandatory)	Hybrid; 4 Levels	- Child Care Development Fund
Rhode Island	Voluntary (unless receiving CCDF subsidies, state pre-K funding, or Head Start funding)	Block; 5 Levels	- Child Care Development Fund
South Carolina	Voluntary (unless receiving CCDF subsidies)	Hybrid; 5 Levels	- Child Care Development Fund
South Dakota*	Voluntary - Just beginning a 2 year pilot		- Child Care Development Fund
Tennessee	Voluntary (unless receiving Head Start funding)	Hybrid; 3 Levels	- Child Care Development Fund
Texas	Voluntary (unless receiving CCDF subsidies or Head Start funds)	Hybrid; 3 Levels	- Child Care Development Fund
Utah	Voluntary (unless receiving CCDF subsidies)	Points, Hybrid; 5 Levels	- Child Care Development Fund
Vermont	Mandatory	Hybrid; 5 Levels	- Child Care Development Fund - Foundation Funding
Virginia	Mandatory	Block; 5 Levels	- Child Care Development Fund
Washington	Voluntary (unless receiving CCDF subsidies, state pre-K funding, or Head Start funding)	Hybrid; 5 Levels	- Child Care Development Fund - Foundation Funding
West Virginia‡			
Wisconsin	Voluntary (unless receiving CCDF subsidies or Head Start funds)	Block; 5 Levels	- Child Care Development Fund - Preschool Development Grant
Wyoming‡			

Source: The Build Initiative's Quality Compendium. Please note that Covid relief funds are not listed as funding sources though states were able to use state or federal Covid relief funds to implement their QIS.
**Pilot*
***In Progress or In Transition*
‡Not operating a QIS
†Florida operates four QIS. One is state-wide, but three are operated locally.

BACKGROUND

Pitfalls of QRIS

Despite robust investments into QRIS, research into the long-term effectiveness and impacts of QRIS has been limited. For states that have conducted validation studies, the results were inconclusive, and higher ratings for programs were not always linked to better child outcomes (Meek et al., 2022). This development has led to a call from the early childhood community to redefine the role of QRIS from one of rating quality to one focused on quality improvement "to inform ECE improvement; provide parents, families, and caregivers with information to make an informed care decision; and track and promote children's equitable access to quality experiences in early childhood." (Meek et al., 2022).

QRIS have faced other challenges throughout their history. In the past, QRIS have not sufficiently financially supported lower-resourced providers, Black and brown providers, and home-based providers to achieve high-quality designations (Meek et al., 2022). This was due to racial and socioeconomic bias rooted in the idea that higher quality programs had to look or perform in a particular manner. This operational model ended up excluding lower-resourced, Black and brown, and home-based providers from high-quality designations and was often discriminatory. Excluding these providers was particularly damaging because they were most likely to serve historically marginalized communities, which translates to fewer resources being available in communities that most need them. Conversely, well-resourced providers were granted additional resources for achieving enhanced quality under this model of QRIS, which further exacerbated inequities along racial and socioeconomic lines for both providers and the children they served (Meek et al., 2022).

Related to concerns about resource distribution, there were additional questions about whether ratings were a fair way to hold accountable child care programs with vastly different resources. Early childhood programs face different contexts throughout the nation. Wealthier states, such as Connecticut or California, have vastly different landscapes than states like Mississippi or Alabama.

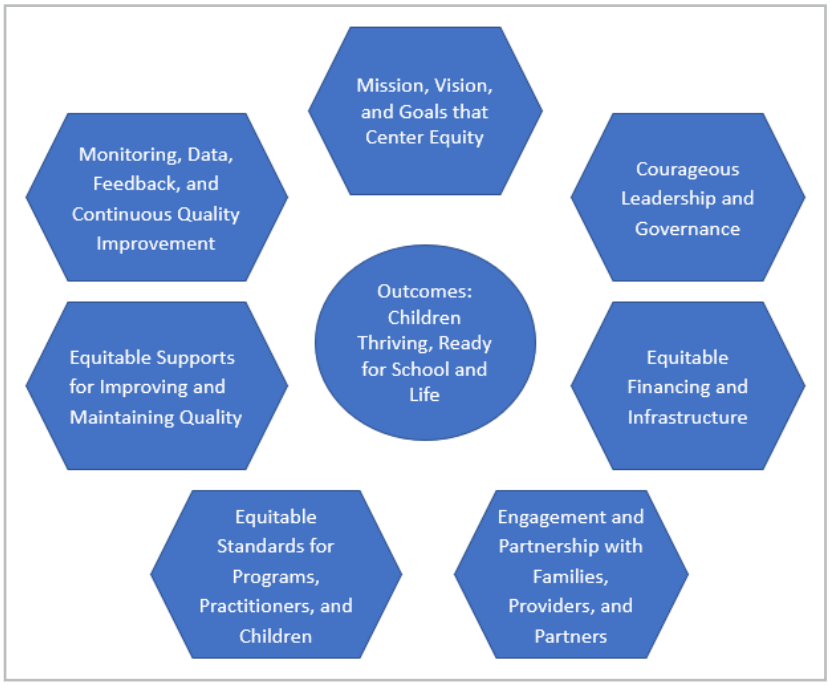
Changes Over Time

Many states are in the process of restructuring their QRIS to address equity and resource issues. To aid in the restructuring process, the BUILD Initiative, which partners with states to develop early childhood systems that are equitable and excellent for all children, worked with those states in 2021 to develop a revised list of the key components of a QRIS advancing toward equity, as well as a new name for these systems. The Build Initiative now refers to these systems as quality improvement systems (QIS). The focus has shifted from inequitable ratings to supporting providers with resources to improve and maintain their quality. QIS have seven key components (see Figure 1 on the following page):

BACKGROUND

Figure 1. Quality Improvement Framework Advancing Toward Equity

Adapted from The Build Initiative



- Mission, Vision, and Goals that Center Equity
- Courageous Leadership and Governance
- Equitable Financing and Infrastructure
- Engagement And Partnership with Families, Providers and Partners
- Equitable Standards for Programs, Practitioners and Children
- Equitable Supports for Improvement and Maintaining Quality
- Monitoring, Data, Feedback and Continuous Quality Improvement

These new components center equity, data, and continuous improvement in an attempt to address the issues of rater bias, inequitable access to financial resources, and the lack of correlation between higher ratings and better child outcomes. They are markedly different from the components identified in the first comprehensive paper describing QRIS—the Stair Steps to Quality report. In this 2005 paper, the components were not focused on equity and the unique context that each child care program operates within. The previous components were (Mitchell, 2005):

- Quality standards for programs and practitioners
- Support for continuous quality improvement
- Planning, monitoring, and accountability
- Financial support for programs, practitioners, and families
- Engagement, outreach, and promotion

BACKGROUND

Mississippi has not been immune to QIS pitfalls, but there is momentum to create a new system with equity and provider voice at its center.

The stark contrast between the sets of components provides insight into how significantly the landscape and expectations have shifted over time concerning QIS. QIS are no longer solely focused on rating programs, as evidenced by the shift in nomenclature, but rather are focused on leveraging resources and best practices to create continuously improving equitable systems that serve all children. This new focus aids states in reevaluating the initial strategy of rating programs.

A new type of QIS structure has recently emerged based on the new QIS components. This new structure shifts the current focus from a deficit-based approach to an asset-based approach (Etter, 2022). This structure, known as a badging system, focuses on helping providers earn badges, or endorsements, for their specializations or areas of excellence. For instance, if a program demonstrates that it has a high-quality infant and toddler program, then after completion of the requirements, the program would gain a badge in infant-toddler care. As the program continued to improve its quality in different areas over time, it would be eligible for additional badges. States are beginning to explore variations of a badging strategy. For example, Idaho and Illinois utilized badges for programs that reached the highest level of quality. There are many questions and ideas as providers, partners, and state leaders discuss the possibilities for badging systems.

The History of Quality Improvement Systems in Mississippi

Mississippi has implemented and experienced previous iterations of Quality Rating & Improvement Systems (QRIS) over the years. In 2006, the state legislature required the development of a pilot quality rating system. This pilot system, launched by the Mississippi Department of Human Services (MDHS) in 2008, was first titled the Mississippi Child Care Quality Step System and was later known as Mississippi Quality Stars. The goal of this system was to improve and communicate the level of quality in licensed child care and educational settings across the state. In order to provide technical assistance (TA) to child care providers participating in the Quality Stars system, the Barksdale Reading Institute launched the Building Blocks program. In 2009, Quality Stars was adopted statewide, supported entirely by $1.5 million in state funds (Mississippi Quality Step System, 2010). By 2010, 31% of the state's 1,685 licensed child care providers had volunteered to participate in Quality Stars. The most common rating (46%) given to these providers was one star (the lowest possible rating), followed by two stars (16%), three stars (8%), four stars (4%), and five stars (the highest possible rating) (2%) (Mississippi Low Income Child Care Initiative Step-Up Project, n.d.).

BACKGROUND

Due to concerns about the availability of technical assistance (TA) and financial assistance for providers working to improve quality, in 2010, the Mississippi Low-Income Child Care Initiative (MLICCI) commissioned a study of Quality Stars. As part of this study, a program called Step-Up, funded by the Kellogg Foundation, was implemented by MLICCI. The goal of this program was to learn what it takes for child care providers serving low-income families to successfully participate in the Quality Stars system. Through Step-Up, MLICCI provided 190 hours of TA to eight centers from the Delta and eight in south Mississippi, all with one-star ratings. The study found that centers typically needed support improving Environment Rating Scale (ERS) scores to move from a one-star to a two-star rating. An average of $11,575 was spent per classroom during this process. Qualitative data about providers' experiences with Quality Stars was also collected during this study. Centers reported that they would like clearer communication from MDHS. Suggestions included written procedures and advance notice of procedure changes, written information on making appeals, and utilizing concrete, measurable terms in assessments (rather than more subjective measures, such as *adequacy, appropriateness*, and *sufficiency*) (Mississippi Low Income Child Care Initiative Step-Up Project, n.d.).

The state continued to try to improve Quality Stars. In 2011, the state worked to adopt a more comprehensive QRIS, which included additional efforts to help centers improve quality. The Quality Stars staff attended in-depth training sessions in North Carolina in an attempt to increase program integrity and reduce bias. In 2012, additional TA was implemented to support providers participating in Quality Stars (Butrymowicz & Mader, 2022). In 2012, based on their experiences with Step-Up, MLICCI worked with the National Equity Project to improve the relationship between child care centers and MDHS. MLICCI facilitated focus groups with child care providers, MDHS employees, State Early Childhood Advisory Council (SECAC) members, and other key organizational leaders in the early learning sectors (Mississippi Low Income Child Care Initiative Step-Up Project, n.d.).

In 2013, the Early Learning Collaborative Act passed, with collaborative members' participation in Quality Stars not required until 2016. This Act also required one child care provider from each of the state's four congressional districts to serve on SECAC in an effort to continue to improve child care provider relationships with state agency officials (Senate Bill No. 2395, 2013). In 2014, the Early Years Network was established to facilitate the Quality Stars program (Arenstam, 2016). The Child Care Development Block Grant Reauthorization Act was also implemented, and it required states to conduct an assessment of child care quality needs and to align their quality systems with the results (S.1086-113th Congress, 2013-2014). In 2015, due to the support of the TEACH grant, Mississippi's rate of child care workers earning credit hours toward degrees was higher than the national average (Butrymowicz & Mader, 2016).

BACKGROUND

In 2015, the Frank Porter Graham (FPG) Child Development Institute at the University of North Carolina Chapel Hill released their findings of an evaluation of Mississippi Quality Stars. The report found that about 38% of eligible providers in the state were participating in the Quality Stars system, and the minimum ERS score was the most difficult indicator of quality for these providers to attain. FPG facilitated focus groups with parents and child care providers. Evaluation results indicated that while most parents had heard of Quality Stars, they were unaware of the ratings of their children's providers. Most providers reported that Quality Stars helped them raise the quality of their program, access TA and other supports (although they wished classes were offered in each part of the state and felt that they would like more TA from the Mississippi Department of Education on early learning standards and guidelines), receive higher reimbursement rates for children participating in the Child Care Payment Program, and receive classroom materials. Focus groups were also conducted with child care providers who chose not to participate in Quality Stars. The majority of these providers said that they would consider enrolling if grant funding was provided so that they could afford to make improvements (De Marco et al., 2015).

In 2015, based on alleged racial discrimination against families participating in the Child Care Payment Program and the providers who serve them, the Mississippi Advisory Committee to the U.S. Commission on Civil Rights found that Quality Stars limited the participation of African-American owned/operated child care facilities. This case established access to child care as a civil rights issue (The Mississippi Advisory Committee to the U.S. Commission on Civil Rights, 2015).

Based on the results of the FPG evaluation, the U.S. Commission on Civil Rights ruling, MLICCI's data, and other recommendations, SECAC announced plans to gather recommendations for revising the Quality Stars system. SECAC began convening interest-holders from the child care community in 2016 to discuss potential recommendations for a different QRIS structure. During these convenings, it was decided that the state would move to a QRIS system with a required foundation of standards and additional points available for achieving another set of standards. In 2016, SECAC released its vision for "A Family-Based Unified & Integrated Early Childhood System" (Mississippi Department of Human Services, 2019).

The goal of this new system was to connect and integrate resources and services for parents, caregivers, and their children in the areas of early care and learning; physical and mental health, safety, and nutrition; and family engagement. This system encompassed only two ratings: standard or comprehensive, with providers who agreed to achieve the comprehensive designation eligible to receive additional funding (Mississippi Department of Human Services, 2019). Based

BACKGROUND

on feedback from providers regarding a lack of information on the new system being communicated to them by MDHS, an extension for providers to enroll in the new system was granted (Mississippi Low-Income Child Care Initiative, n.d.). Participation in the new system was mandatory, resulting in an increase in family child care providers' costs, as they were required to participate in licensing requirements for the first time (Mississippi Department of Human Services, 2019). By the time the funding for this new QRIS expired, the controversial program had failed to fully launch, and the standard and comprehensive rating system was abandoned (Butrymowicz & Mader, 2016). Furthermore, with a change in gubernatorial leadership, SECAC was dissolved until March 2021 when the new governor announced its revival (Mississippi Early Learning Alliance, 2021).

New Momentum

Given that high-quality child care improves outcomes for children, expectations from the federal government for states to enhance the quality of early childhood education programs have not ended with the Race to the Top funding. There are currently federal reporting requirements for the quality of child care received by child care subsidy recipients, and federal funding opportunities for child care typically include a requirement or expectation for a Quality Improvement System (QIS). The Build Back Better (BBB) Act, which ultimately did not pass Congress, would have required states to implement a QIS within three years of receiving the funds if the state did not already have one. Additionally, PDG B-5 federal funding opportunities have included an expectation for QIS. Therefore, states wanting to compete for much-needed child care funding must consider the quality of child care offered in their state. Importantly, quality improvement systems have been envisioned as the apparatus whereby early childhood professional development, research-based standards, financial and technical assistance, and family engagement are aligned (Build Initiative, 2022).

To address child care quality in Mississippi, in late 2020, the Mississippi Department of Human Services (MDHS) Office of Early Childhood Care and Development began creating a plan for a new system of child care quality supports. The new system represents a shift from past QRIS top-down monitoring and rating of providers to a more collaborative approach offering support to providers to improve quality. To demonstrate a willingness and desire to engage with child care providers and to hear their feedback on this approach, MDHS has embarked on a series of town hall meetings. In the fall of 2021, MDHS held 5 virtual town hall meetings in an effort to understand 1) what quality supports were helpful and 2) what supports were needed. This was followed up with a survey in the spring of 2022 asking the same questions, and to date, over 600 responses have been received. As a follow-up,

BACKGROUND

providers have been invited to attend town hall meetings in person to discuss what a quality child care program looks like, which supports are most helpful in achieving quality, and what concerns providers have about a quality improvement system. Findings from the town hall meetings and the survey are currently being analyzed and will be used to inform the state's new quality support system.

As MDHS was formulating a plan to establish a system of quality supports for the state, another movement was underway. Akin to the actions taken by MDHS to capture provider voice, this was an idea to collect recommendations for a quality improvement system through intensive and interactive meetings held with Mississippi child care providers. This project, the Mississippi Child Care QSS Project (so named to reflect the state's emphasis on supports), originated in late 2021, as early childhood interest-holders were closely watching the activities around the BBB Act.

To assist Mississippi in preparing for the potential BBB Act, the W. K. Kellogg Foundation set aside funding. Even though the BBB Act did not pass, other federal funding opportunities were on the horizon with expectations for states to have child care quality improvement systems, so the Kellogg Foundation continued its interest in funding this work. Therefore, in March 2022, the foundation approached the Governor's Office and MDHS with the idea to convene a group of child care providers, and they expressed support for the idea and saw value in a non-governmental entity leading the work.

After obtaining state interest and support, the Kellogg Foundation reached out to the Social Science Research Center (SSRC) at Mississippi State University to lead the effort to gather child care provider recommendations. Kellogg selected SSRC for this role because of their perceived neutral position and ability to lead collective impact work, as demonstrated by recent experiences working in early childhood developmental health promotion for the Child Health and Development Project: Mississippi Thrive!

To include diverse perspectives and expertise across the early childhood system, the two organizations assembled a project Convening Team that included the following people:

- Debi Mathias, a national representative from the Build Initiative, provided early childhood quality improvement technical assistance
- Todd Klunk, a representative from the W.K. Kellogg Foundation, brought years of early childhood policy and systems building experience
- Daisy Carter, a representative from the Mississippi Excel by 5 Initiative, provided knowledge and expertise from the Mississippi-based early childhood community-based network
- Tamara Smith, a child care representative from Little Samaritan Montessori, brought lived experience expertise and served as a liaison with SECAC

BACKGROUND

- Callie Poole, Heather Hanna, and Bradley Long, representatives from Mississippi State University's Social Science Research Center, brought research, project management, and systems-building expertise
- LaTasha Hadley, a state-level consultant from Loving Hands Educational Services brought years of early childhood experience as a provider and systems-level consultant
- Angela Bass, Biz Harris, and Chloe Lake, representatives from the Mississippi Early Learning Alliance, provided communications, graphic design, collective impact, and facilitation knowledge and expertise
- Micayla Tatum, a representative from Mississippi First, provided early childhood policy, project strategy, and facilitation knowledge and expertise
- Gabriela Kelley, a parent who was recruited with the assistance of the Mississippi Migrant Education Services Center, brought lived experience expertise
- Stephanie Gehres, a national representative from the Child Care State Capacity Building Center, provided early childhood quality improvement technical assistance

The Convening Team was responsible for developing and executing the project plan. Since the purpose of the project was to engage and center childcare providers' voices, the Convening Team's most important role was to convene providers to create recommendations. The Convening Team determined that its role would be to offer providers technical assistance from national experts in understanding the history and status of quality improvement systems and facilitating conversations. Providers would then pair that information with their lived experience. To provide guidance on facilitation methodologies, the team sought technical assistance from the Collective Impact Forum.

The full Convening Team met for two hours weekly from May 2022 to September 2022, the duration of the initial phase of the project, with a smaller subset of members meeting more frequently to execute the work. At these meetings, the convening team focused on creating intentional meetings with the Recommendations Team and strategizing to ensure the creation of an inclusive project.

From the outset, the Convening Team knew the convenings held in Summer 2022 would be only the initial phase of a lengthier project to connect child care decision-makers, interest-holders, providers, and consumers in the planning and design of a new QSS in Mississippi. While this work was separate from the efforts of MDHS, this report is intended to inform the work of the MDHS Office of Early Childhood Care and Development.

METHODS

The Mississippi Child Care Quality Support System (QSS) Project engaged child care providers to learn about their preferences for a QSS.

Convening Team Approach

The work of the Mississippi Child Care QSS Project was aligned with a larger collective impact movement to create a state-of-the-art child care system by 2030. This movement, led by the Mississippi Early Learning Alliance, created a set of core values, or guiding principles, that were adopted by the Mississippi Child Care QSS Project (MELA, n.d.). These values include dismantling inequities by making them visible; balancing power by elevating the voices of families and direct service providers; trusting the process and understanding that change doesn't happen overnight; overcoming mistrust through meaningful relationships; owning and sharing the work; and resisting false dichotomies by seeking alternative approaches (see Figure 2).

Figure 2. Forum for the Future Guiding Principles

Mississippi Early Learning Alliance

Trust the Process

- Establish and celebrate realistic and meaningful benchmarks.
- Commit to providing continuous and transparent communication about our work and progress, both within the group and to the public.
- Practice patience and understand that change happens over time.

Balance Power

- Consciously redistribute power and create *with* others, not *for* them.
- Elevate the voices of parents, caregivers, and direct service providers. Intentionally seek their input and recognize it as expertise.
- Understand that the best solutions require the contributions of people from diverse backgrounds and divergent points of view.

Dismantle Inequities

- Make inequities visible. Our public systems (education, healthcare, criminal justice, housing, etc.) were not created to produce equal outcomes or experiences for everyone. These structures – past and present – maintain inequity by design.
- Be bold. It takes bold leadership to redesign unjust systems and catalyze positive change.

Overcome Mistrust

- Make space to understand, connect and build meaningful relationships. Treat all project members and partners with request and kindness.
- Assume good intent, but acknowledge the missteps and wrongdoings of the past.
- Understand that trust is not declared, it is co-constructed over time.

Resist False Dichotomies

- Seek a third way.
- Embrace respectful conflict and understand that effective solutions will be created collaboratively and with compromise.

Own the Work

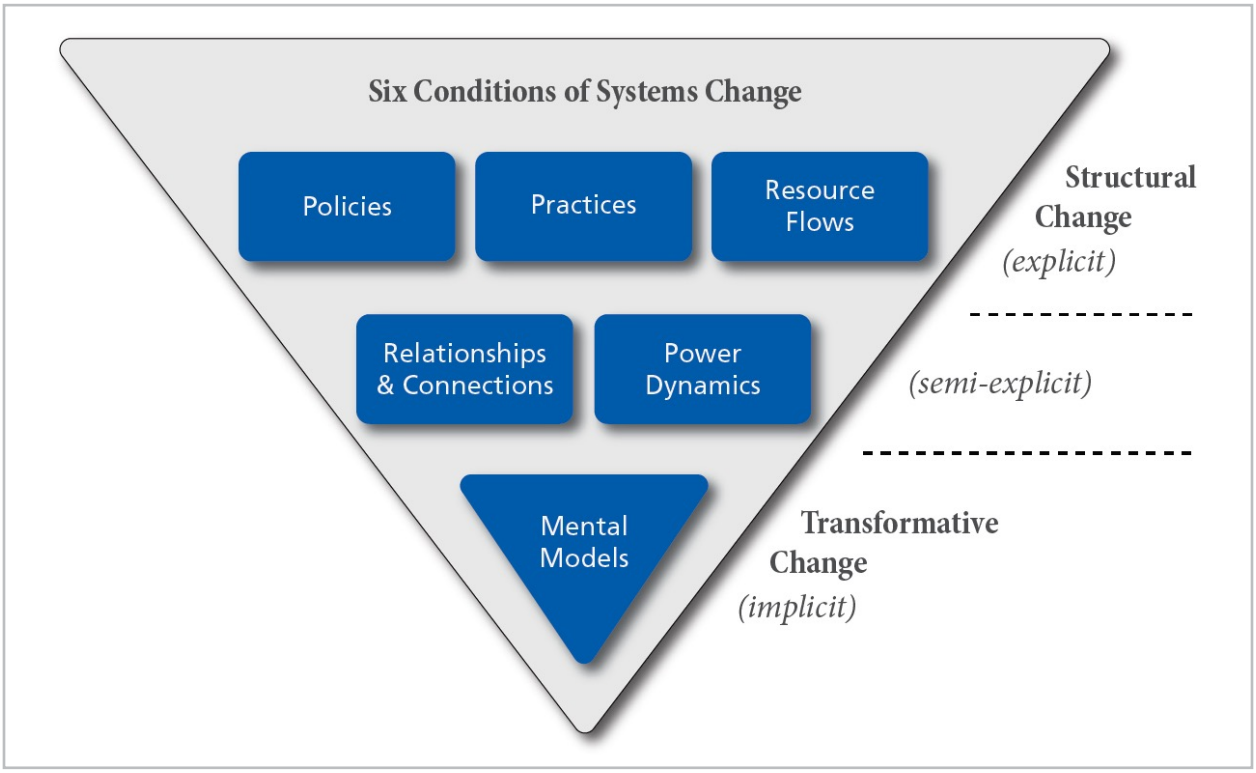
- Share and maximize our resources.
- Avoid competition for funding, public attention, or spheres of influence.
- Avoid duplicating efforts.
- Understand that this work is not intended to exist as a separate scope of work. It is intended to enhance and align the work our organizations already do.
- Use shared language to describe the work.

METHODS

The theory underlying the project comes from the 2018 FSG brief by Kania, Kramer, and Senge titled, *The Water of Systems Change*. This brief outlines six domains that must be impacted by systems change efforts for the work to have lasting impact. They include policies, practices, resource flows, relationships and connection, power dynamics, and mental models (see Figure from Kania, Kramer & Senge, 2018).

Figure 3. Water of Systems Change

Six Conditions



To honor the project's values and underlying theory, a structure was conceived to 1) ensure all Mississippi child care quality interest-holders and actors were informed about and included in the process, 2) build relationships and connections among actors, and 3) shift and share power among those with content knowledge about the system and those with lived experience of the system. Rather than dismiss key actors who held strong or conflicting beliefs or discount the input of those not typically at the decision-making table, the goal was to form a large tent for discussion.

METHODS

Structure for Soliciting Input

The project consisted of facilitated interactions between the Convening Team and three other groups: a Recommendations Team of 19 child care providers; an Advisory Team of 25 child care quality interest-holders and actors; and a small group of parents. Additionally, the broader Mississippi child care provider community received a survey from the Convening Team asking for feedback on the QSS recommendations put forth by the Recommendations Team. A Convening Team representative informed the Mississippi State Early Childhood Advisory Council (SECAC) about the project, and several SECAC members served on project work teams. (See Figure 4 for a Project Organizational Chart.)

The Recommendations Team

In May 2022, the Convening Team published a press release on the Mississippi Early Learning Alliance's website calling for Recommendations Team applicants. The application was emailed to child care providers across the state through the Mississippi State Department of Health's Child Care Licensure Bureau's listserv, as well as the Mississippi Early Learning Alliance's listserv of early childhood professionals, advocates, and practitioners. Just under 60 applications were received, and 19 providers were selected with the goal that the Recommendations Team would be reflective of Mississippi's diverse child care community in terms of geographic, racial, and ethnic representation; subsidy acceptance; program size; and business type (home-based, center-based, or other). See Appendix A for details on the selection process. Additionally, the interested child care providers had to be available to attend three multi-day meetings during June and July, either in person or virtually. While 19 providers were selected from the applicant pool, 18 were able to participate in the process. One was not able to participate due to illness. An additional child care Recommendations Team member was recruited from the Mississippi Band of Choctaw Indians for a total of 19 participating child care providers.

To ensure the sample of providers selected were as representative as possible, target numbers of members from each geographic region were established based on the population density of each region. Applicants who were Black or African American and who accepted families who participate in the Child Care Payment Program were prioritized. Program type and size and whether programs served children with special needs were also taken into consideration. While all of the Recommendations Team members were directors or owners, the applicant pool of child care providers who held other roles was very small (7%). To reach more child care teachers, the Convening Team distributed a statewide survey to all licensed or registered child care facilities requesting participation by teachers.

METHODS

Overall, the Recommendations Team members' years of experience as directors ranged from 3 to 24 years (median 16 years), and their experience in the child care field ranged from 11 to 40 years (median 29 years). Two members were from the northeastern region of the state, two from the northwestern, three from the central east part of the state, seven from the central west, four from the southeast, and one from the southwestern region. While child care providers from the northern part of the state were slightly underrepresented on the Recommendations Team, this regional distribution, for the most part, reflects the population density of each of these regions. A variety of program types were represented on the Recommendations Team, and this variety was also reflective of programs across the state. Providers worked in center-based programs (63%), Head Start or Early Head Start programs (16%), home-based programs (11%), an Early Learning Collaborative (5%), and tribal child care (5%). Of the providers on the Recommendations Team, all but one accepted families who participate in the Child Care Payment Program (95%), and 84% served children with special needs.

The Advisory Team

The Convening Team also wanted to engage prominent interest-holders and actors that had been deeply engaged in conversations and work for previous iterations of QRIS. The Convening Team believed that their collective knowledge and experience could provide insight and guidance into the process of the project, as well as the recommendations made by the Recommendations Team. To this end, the Convening Team generated a list of actors for a Mississippi Child Care QSS Project Advisory Team. All 25 individuals who were invited agreed to participate. How to best engage this group and maintain the centrality of provider voice and lived experience in determining the recommendations was one of the central challenges of the time-constrained project since the Advisory Team has traditionally been composed of women from advanced educational and similar political and financial backgrounds. While high-level quality-improvement-system expertise would be needed more extensively in subsequent phases of the QSS implementation, the focus for this initial phase was obtaining recommendations from providers.

A few strategies were employed to try to inform and engage the Advisory Team in a constructive way that built relationships and encouraged power sharing for a longer QSS planning process beyond this first stage of learning provider preferences. First, the traditional group of interest-holders and actors was augmented with new faces, many of whom were younger, key actors of color who had not traditionally been engaged in system-level discussions. Second, the Convening Team met with the Recommendations Team and the Advisory Team separately, with the Convening Team relaying Advisory Team input to the Recommendations Team as needed throughout the process.

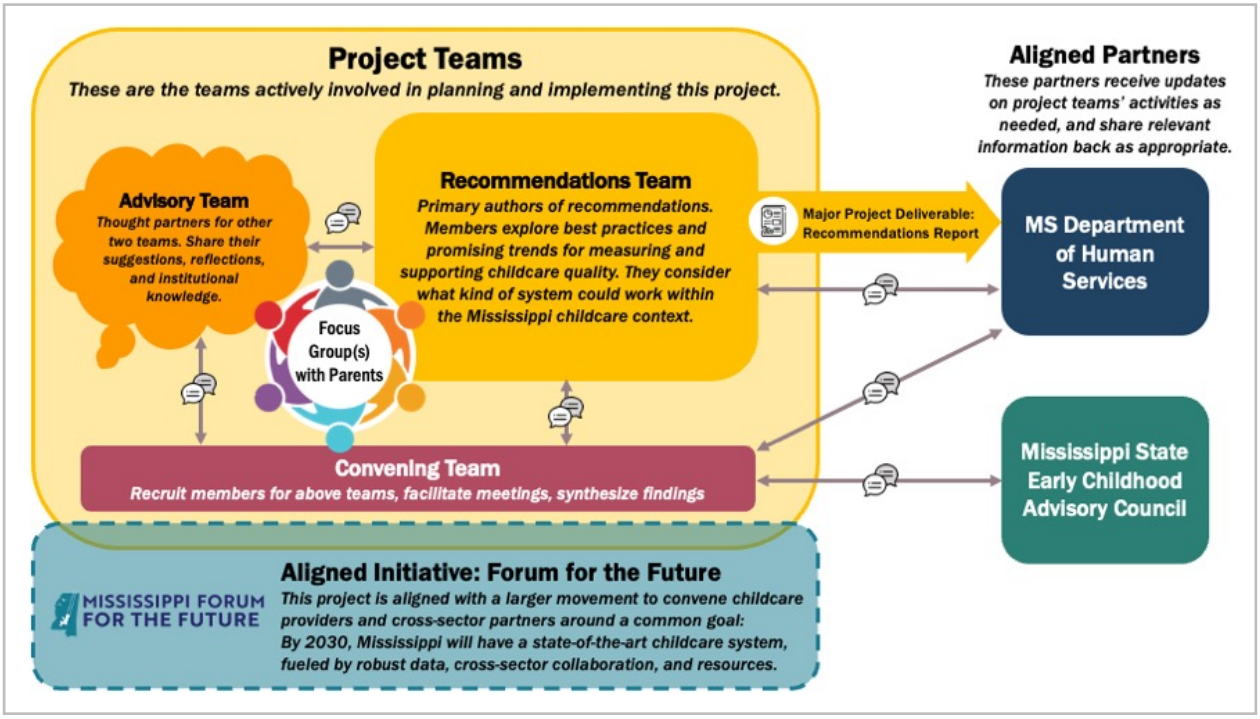
METHODS

The Advisory Team met twice. At the first meeting, which occurred as the Recommendations Team was being selected, the Convening Team presented general information about the project with all members of the Advisory Team, followed by small-group breakouts in which Advisory Team members were asked to provide feedback on the project process and the Build Initiative's components of child care quality. Additionally, the Convening Team sent a survey to Advisory Team members to collect additional input. The Convening Team used this feedback to 1) reframe overall discussions with, and the technical assistance for, the Recommendations Team; 2) focus the childcare provider survey recruitment; and 3) inform a process whereby Recommendations Team members could process past experiences with QRIS in Mississippi.

The Convening Team held a second meeting with the Advisory Team after the Recommendations Team had finalized their recommendations. In this virtual meeting, Advisory Team members provided feedback on the recommendations verbally and on a Padlet board. A follow-up survey was sent to Advisory Team members to collect additional thoughts.

METHODS

Figure 4. Project Organizational Chart



Parent Focus Group

The Convening Team felt that because families are among the end users of a QSS, their voices should be factored into this initial phase of the work. The Convening Team believed that families could offer valuable insights on how they think about quality in child care, how quality influences their child care selections, and how they learn about child care quality. This input could be useful for the Recommendations Team to inform their QSS recommendations and also to inform the project design and the design of the QSS moving forward.

Parents were recruited via an application that was distributed via provider word-of-mouth and social media. Thirty parents/caregivers applied to participate, and nine were selected to ensure maximal variation in the following characteristics: geographic location; race and ethnicity; participation in the Child Care Payment Program; child's age and disability status. Parents/caregivers needed availability to attend a two-hour virtual session, and incentives of $50 gift cards were offered to cover time spent and child care. Six parents participated in the virtual session and offered input.

METHODS

Recommendations Team Timeline

Once the Recommendations Team members were selected and announced, the Convening Team scheduled and held a series of three meetings, two days each, over a five-week period. The meetings were set up in a hybrid model, with options for both in-person and virtual attendance, and were held at the Two Museums in Jackson, Mississippi. Stipends were offered to Recommendations Team participants, and hotel and food costs were provided by the project. While attendance slightly varied at each meeting, approximately three-quarters of the Recommendations Team participants joined in person, and one-quarter joined virtually.

Over the course of the three meetings, participants received TA that covered an overview of quality improvement systems and their components, the national- and state-level histories of QRIS, and current trends in QIS that are being implemented.

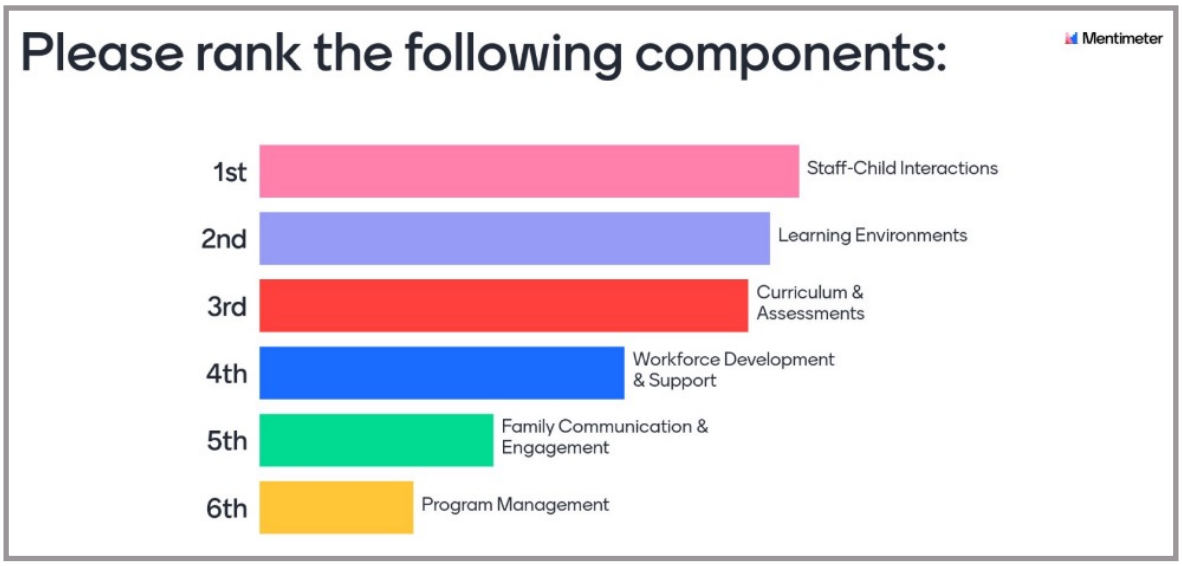
METHODS

The TA was provided to the full group, and participants divided into small groups to discuss the information and to answer questions about its application to a potential Mississippi QSS. Then the small groups would report back to the full group or participate in a full-group activity to collect the various ideas that had emerged.

The ideas were then either synthesized by the Convening Team or through a group activity into a recommendation that was further reviewed, edited, and ultimately voted on by the Recommendations Team. Through this process, the Recommendations Team proposed recommendations for the following QSS components: Guiding Principles, Vision, Mission, Areas of Quality, QSS Framework, Quality Supports, and Communication & Engagement. Mentimeter polls were used to select content for the recommendations and assess agreement among Recommendations Team members. See Figure 5 on the following page for an example.

METHODS

Figure 5. Mentimeter Poll from a Recommendations Team Meeting



Additionally, Mentimeter Polls were used to assess Recommendations Team experiences with the process. See Figure 6 for an example of a word cloud.

Figure 6. Mentimeter Word Cloud Results

METHODS

Between the second and third Recommendations Team meetings, the Convening Team held the Parent Focus Group and Office Hours for any Recommendations Team members who had follow-up questions. The office hours were needed because the audio was insufficient for a portion of the second Recommendations Team meeting, leading to some difficulties in hearing and participating for online members. After the third Recommendations Team meeting, the Convening Team compiled the agreed-upon QSS recommendations and sent them back out to the Recommendations Team for their final review and approval.

Child Care Provider Survey

The broader Mississippi child care provider community was asked about their satisfaction with the QSS Recommendations made by the Recommendations Team through a survey that was developed and administered using Qualtrics software. The survey was emailed to licensed and registered child care providers via the Mississippi State Department of Health's Child Care Licensure Bureau and Mississippi Early Learning Alliance listservs. Participation by child care teachers, providers of Hispanic or Latinx ethnicity, and providers from the northern part of the state was encouraged since representation of these groups was less than desired among Recommendations Team members. A total of 375 respondents began the survey, with varying numbers responding to individual questions.

Feedback and input from parents, the Advisory Team, and the broader Mississippi child care provider community was shared with the Recommendations Team through a follow-up virtual meeting to determine if changes should be made to the recommendations based on the information collected from these groups.

RESULTS

Child care providers created a set of recommendations for the Mississippi Department of Human Services regarding a new Quality Support System in Mississippi.

Guiding Principles

It was important for child care providers to put forth a set of values that MDHS could draw from to guide the development, design, and implementation of a new QSS in Mississippi. The Recommendations Team created the guiding principles at the beginning of their time together and used them as a litmus test as they discussed all recommendations. Providers frequently asked, "Does this align with our principles?"

The recommendations team developed seven principles that should guide the development, design, and implementation of a Quality Support System for child care in Mississippi. Providers need a QSS that…

IS FAIR, ACCESSIBLE, AFFORDABLE, & EQUITABLE:

- Every aspect of the QSS must be designed, implemented, and executed in ways that account for and advance racial and economic equity.
- Participating fully in the QSS must be affordable for all programs.

IS PROVIDER, FAMILY, AND OUTCOMES-DRIVEN:

- The various aspects (structure, measurement, supports, etc.) of the QSS should be co-designed by those most impacted: providers, QSS administrators, and families.
- Indicators of quality and the process for measuring those indicators should be guided by research and aligned to positive child outcomes, while remaining flexible enough to accommodate differences in individual experiences, environments, and circumstances.

IS CHARACTERIZED BY A SHARED COMMITMENT TO SUCCESS:

- System leaders and administrators must provide a long-term commitment to investing the time, resources, funding, staffing, and ongoing support that the QSS needs to function effectively. System leaders and administrators must create and maintain capacity to sustain a consistent QSS over many years.
- The system should not be rolled out to all providers until the design is finalized and all necessary supports are in place. QSS staff must be fully trained and funding must be in place/available before a full-scale rollout (this does not rule out the option of pilot-testing before a full roll-out).

RESULTS

- Plans must exist to ensure the QSS remains sustainable, stable, and consistent, even in the event of staff and leadership turnover.
- Childcare directors, providers, and other staff should approach the system with a learning mindset and demonstrate curiosity toward innovative and research-informed methods and practices.
- Childcare programs should hold themselves accountable to assessments and individualized improvement plans.

IS SUPPORTIVE, NOT PUNITIVE:

- Support must be given to help all programs achieve quality, and incentives should be tied to quality achievement.
- Program assessment should be strengths-based and used to guide growth and improvement. Assessment should be a collaborative process, reflecting multiple aspects of quality and allowing for providers to demonstrate their diverse strengths while receiving support to address their weaker areas.
- Evaluation must be fair, consistent, and unbiased. The program evaluation process should be designed and implemented in ways that reduce subjectivity to the fullest extent possible.

IS CLEAR, TRANSPARENT, AND CONSISTENT:

- QSS administrators should disseminate clear information, instructions, and process to all program staff and parents.
- Expectations, benchmarks, and guidelines should be clear and easy to understand.
- The QSS should allow for dialogue and feedback among programs, system leaders/administrators, technical assistance providers, etc. to build a two-way street.
- QSS expectations and processes must remain consistent to the fullest extent possible. However, when changes need to occur, those changes are communicated thoroughly and clearly.

ALLOWS FOR DIVERSE PATHWAYS TO or DEMONSTRATIONS OF QUALITY

- The QSS must offer multiple, responsive pathways to achieve quality.
- The QSS should offer different/multiple opportunities for evaluation (programs get more than "one shot" to demonstrate quality).
- The QSS should help programs create individualized plans to ensure program success. Plans account for different starting points and existing strengths.

BUILDS A ROBUST AND STABLE CHILDCARE WORKFORCE

- The QSS should include supports and pathways for providers to become leaders in the workforce.
- The QSS should provide easily accessible and equitable TA that is focused on growth. TA should be grounded in a regular and recurring review of data to measure progress and guide changes as needed.

To ensure provider trust, Recommendations Team participants emphasized the importance of sustainability on the part of the state in implementing a plan, as well as a need for adequate supports to be in place before QSS implementation.

RESULTS

Vision and Mission

The Recommendations Team developed a Vision to describe the overall outcomes that an effective QSS would produce. They also created a Mission to summarize how the QSS would facilitate these outcomes.

VISION

Mississippi childcare practitioners (teachers, directors, and staff) receive the professional respect, resources, supports, and data they need to ensure that all Mississippi's families have access to childcare programs that focus on developing the whole child. Mississippi child care programs will foster positive child outcomes that lead to lifelong success.

MISSION

The Mississippi Quality Support System for childcare will provide consistent, equitable, and individualized resources and support. It will establish a supportive and asset-based culture of quality improvement that benefits all of Mississippi's diverse providers, children, families, and communities. The system itself will be co-designed by practitioners, families and system administrators. All QSS guidelines, processes, measurements, and updates will be communicated to both practitioners and families with clarity and transparency.

Recommendations Team participants emphasized the importance of state agencies engaging providers with an asset-based approach that assumes good intentions on the part of the provider and recognizes their strengths.

RESULTS

Areas of Quality

At the outset of the project, the goal was to gather provider recommendations on quality improvement standards for the new Mississippi QSS. However, the traditional framing around standards and their association with QRIS top-down assessment caused frustration as providers tried to conceive a new system that avoided adversarial relations among implementing state agencies and providers. Consequently, the Recommendations Team opted instead to reconceptualize the focal points of the QSS as Areas of Quality.

The Recommendations Team agreed on six Areas of Quality to organize the state's approach to assessing, measuring, and providing supports to improve the quality of child care services. The Recommendations Team also voted on the order of importance of these areas of quality. The areas are listed below in order of priority:

- Staff-Child Interactions
- Learning Environments
- Curriculum & Assessments
- Workforce Development and Support
- Family Communication and Engagement
- Program Management

The Areas of Quality are defined as follows (Early Childhood Learning & Knowledge Center, 2022):

Staff-Child Interactions

Effective, nurturing, and responsive teaching practices and interactions are key for all learning in early childhood settings. They foster trust and emotional security; are communication and language rich; and promote critical thinking and problem-solving. They also support social, emotional, behavioral, and language development; provide supportive feedback for learning; and motivate continued effort. Teaching practices and interactions are responsive to and build on each child's pattern of development and learning.

Learning Environments

Learning environments are nurturing spaces that support the development of all young children. They include classrooms, play spaces, areas for caregiving routines, and outdoor areas. Learning environments are well-organized and managed settings. They offer developmentally appropriate schedules, lesson plans, and indoor and outdoor opportunities for choice, play, exploration, and experimentation. Learning environments include age-appropriate equipment, materials, and supplies. They integrate home cultures and are flexible to support the changing ages, interests, and characteristics of a group of children over time. In home-based programs, the learning environment includes the home, community, and group socialization spaces.

RESULTS

Curriculum & Assessments

A high-quality, research-based curriculum promotes measurable progress toward children's development. The content and learning outcomes of the curriculum align with state early care and education standards. It provides guidance on what (content) and how (learning experiences and teaching practices) to teach. Content is drawn from current child development science, the interests and ideas of the children, family input, and the values of the community. A curriculum also provides ways to create nurturing and responsive practices, interactions, and environments that foster trust and emotional security. It helps families to actively engage in their child's education. Staff use what they know about each child's strengths and needs and each family's goals to plan their use of the curriculum. Screening and assessment provide valuable information about each child's interests, strengths, and needs. Screening gives a snapshot of whether the child's development is on track. Assessment is an ongoing process that includes observation and provides information about development over time. Systematic, ongoing child assessment provides information on children's development and learning. It helps inform curriculum planning, teaching, and individualizing for each child.

Workforce Development and Support

Excellence in early childhood education (ECE) programs is built on a workforce that promotes continuous program improvement. Professional development (including coaching and technical assistance) is a cornerstone of this process. It includes gaining new knowledge, skills, and abilities, along with experience and competencies that relate to one's profession, job responsibilities, or work environment. ECE programs and staff must address three areas: Professional Development Systems; Foundation for Staff Development; and Individual Career Development.

Family Communication and Engagement

Family engagement is a collaborative and strengths-based process through which early childhood professionals, families, and children build positive and goal-oriented relationships. It is a shared responsibility of families and staff at all levels that requires mutual respect for the roles and strengths each has to offer. Family engagement focuses on culturally and linguistically responsive relationship-building with key family members in a child's life.

Program Management

Strong program management practices can ensure the sustainability of the program to continue to support the children, families, and practitioners. These practices include Facilities, Fiscal Management including the use of Technology, Human Resources, Organizational Leadership, Program Planning, Pedological Leadership and Data Informed Continuous Quality Improvement.

RESULTS

QSS Framework

The Recommendations Team agreed to an overall framework for the structure of a QSS. This framework is intended to serve as a model for how providers would move through the QSS and demonstrate their progress. The Recommendations Team felt that a QSS framework should:

- Be accessible and realistic for providers of all types and sizes across the state
- Offer providers choices throughout the QSS process and embed multiple options for providers to demonstrate how they are improving services in a particular Area of Quality
- Prioritize evidence-informed approaches, tools, and strategies to support optimal child growth and development
- Make child care providers' progress and achievements visible and easy for the general public to understand
- Help parents understand how child care quality is determined and help them make informed choices about which programs to attend based on their family's unique needs

The Recommendations Team used the Areas of Quality described in the previous section to build a conceptual framework that has two phases. The Recommendations Team suggested that all legally operating child care providers should be allowed to participate in the QSS. While the technical definition of "legally operating" was not parsed out during the meetings, the intention was for the most children possible to benefit from provider participation.

PHASE 1

In Phase 1A, providers would receive technical assistance and supports for the three, top-prioritized Areas of Quality: staff-child interactions, learning environments, and curriculum and assessments. These three Areas of Quality are child-focused and recognize that positive adult-child interactions have the strongest evidence base for positive child outcomes, followed by learning environments (CAP, 2017).

Once providers have made sufficient progress toward the priority Areas of Quality listed in Phase 1A, they would enter Phase 1B. In this phase, technical assistance and QSS supports would be available for the remaining three Areas of Quality: workforce development and support, family communication and engagement, and program management.

Phase 1 begins with a self-assessment. Child care providers would engage in self-assessment to identify their existing strengths and opportunities for improvement. These assessments would form the basis of each provider's improvement plan and help inform the type of technical assistance they might request for each Area of Quality. While recognizing the need for objective demonstrations of quality, Recommendations Team participants emphasized the importance of continuous quality improvement as an ongoing dialogue and relationship between providers and state agencies, as opposed to top-down, single-event, single-tool, high-stakes assessments.

The Areas of Quality would be grounded in indicators that will help define and operationalize each Area. Progress in an Area of Quality would be signaled by the achievement of indicators. The Recommendations

RESULTS

Team began the process of identifying indicators. The indicators, along with some additional examples, are included in Appendix B. Further work on determining the number and type of indicators to pair with each Area of Quality will need to be completed during the planning and design phase of the Mississippi QSS.

It is important to note that, based on this model, providers would have multiple options to demonstrate that an indicator has been achieved. In practice, this could mean that providers would choose among several approved assessment/measurement tools or have different types of criteria outlined for demonstrating progress, such as completion of a training module. Offering multiple options to demonstrate progress ensures child care providers have choices in the process and prevents providers from getting trapped in trying to achieve any one Area of Quality. For example, if a provider is demonstrating progress in workforce development, they could possibly select among indicators that included a pre-CDA certificate recognizing years of service and applied knowledge OR an Associate's degree. Again, this is just an example of how the choices could work in practice.

A single indicator could be tied to multiple Areas of Quality. Therefore, when a provider achieves that one indicator, they would demonstrate progress in more than one Area of Quality. Further, providers would not have to demonstrate success in every indicator within one Area of Quality before working on other Areas. This framework seeks to avoid tiered designations or benchmarks within each Area of Quality—all indicators are weighted the same. This process is designed to help providers make improvements relative to their own baseline assessment of quality in each area—providers are not in competition with each other.

PHASE 2

Once providers have made sufficient progress toward the Areas of Quality listed in Phase 1B, they would enter Phase 2. The Recommendations Team noted that, frequently, providers offer specialized services in response to community demand and preference, as well as the needs of special populations. Phase 2 is designed to recognize providers' unique strengths in these specialized areas, as well as offer additional support for quality improvement.

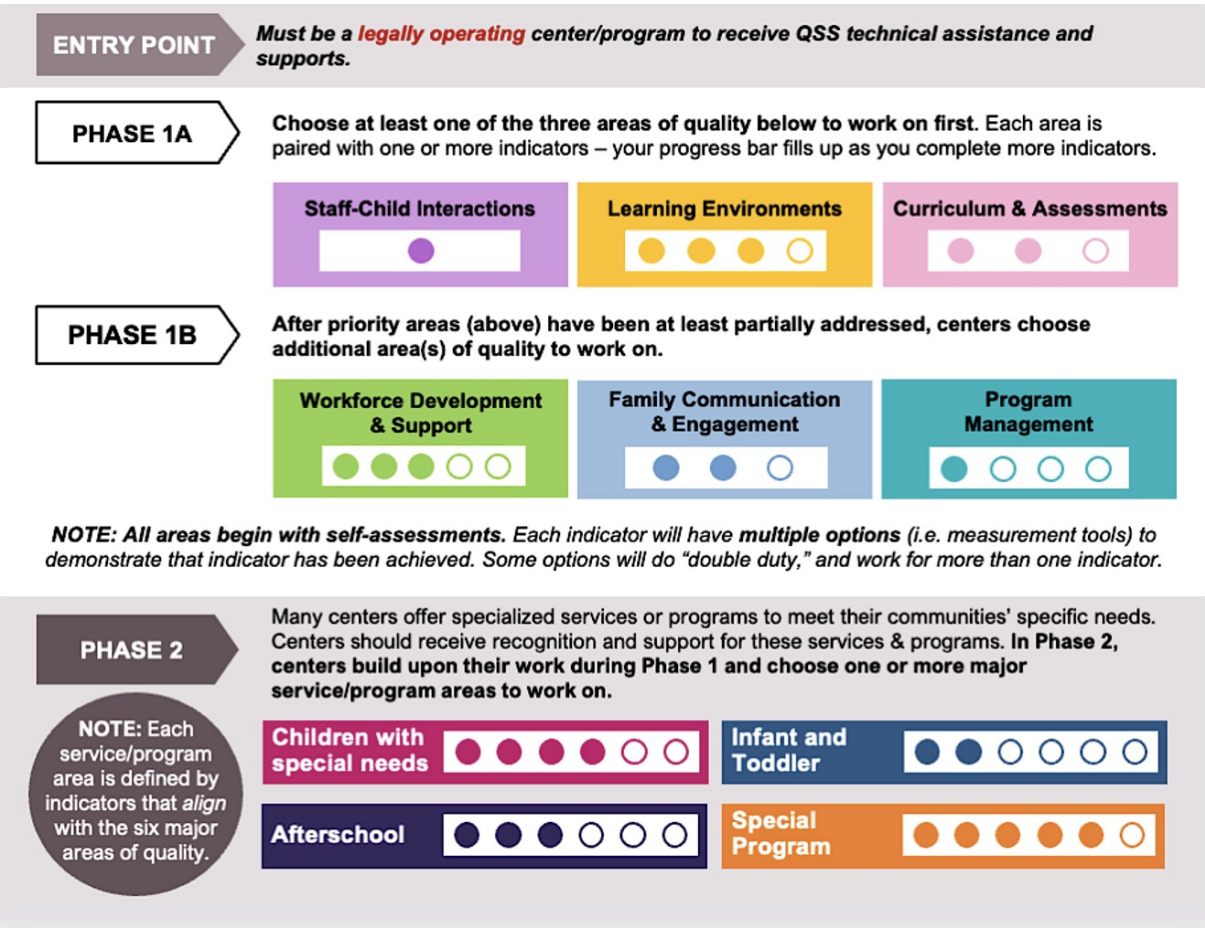
In Phase 2, providers would build on work they did during Phases 1A and 1B and choose an Area of Specialization on which to focus. As in Phases 1A and 1B, indicators are paired with each area, and providers would have multiple options for how they show that indicators have been achieved. Since many of the indicators will likely be interrelated, providers could meet indicators that are aligned with Phase 2 during their work on Phase 1.

During all phases, a provider's "progress bar" within each Area of Quality fills up as they meet more indicators of quality. Once criteria have been met for a particular Area of Quality or Area of Specialization, it can be said that the provider has acquired an endorsement, or badge, in that Area.

While the Recommendations Team is not making suggestions for how to share QSS information with the general public, the Recommendations Team does suggest a platform or approach that allows parents and caregivers to easily understand how quality is determined and achieved. Provider progress should be publicly available so that providers can celebrate their interim achievements and families can make informed decisions based on which Areas of Quality and indicators are most important to them.

RESULTS

Figure 7. Recommended QSS Framework



Please note that certain details included in the diagram are for example purposes only. The circles on the progress bars for each Area of Quality represent various indicators that may be chosen to demonstrate progress; they do not represent ratings for that Area of Quality that are derived from a single assessment tool. Additionally, the Recommendations Team is not making recommendations for:

- The number (except that there should be options) or types of indicators that determine how endorsements, or badges, are acquired for each Area or Quality or Area of Specialization
- The length of time that any endorsement, or badge, is valid before renewal is needed
- The number or type of Areas of Specialization to be included in the framework (the Areas presented in the diagram are examples only)
- How to visually display progress and quality improvement to the general public

RESULTS

Quality Supports

The Recommendations Team prioritized the following state supports as those needed to ensure the six areas of quality are achievable. It was noted that the supports should be individualized, timely, and delivered with a strengths-based approach to be the most effective. To ensure equity, Recommendations Team participants noted the importance of "meeting providers where they are" and recognizing cultural differences in providing supports. To this end, participants recommended that state agencies find innovative means, such as enhanced use of technology, to reach smaller, rural, and home-based providers to offer supports. Additionally, participants noted the difficulty of leaving their centers to travel to Resource and Referral (R&R) Centers and that support from R&R staff was not currently consistent across the state. Italicized supports from each category represent the top three recommended supports.

PROFESSIONAL DEVELOPMENT:

- *Technical Assistance & Coaching* (in person & online live interactive opportunities)
- Online live & recorded professional development opportunities, including workshops
- A pre-CDA certificate of professional achievement for non-degreed staff
- An online platform for providers to connect with and support one another
- Resource and Referral Centers that overcome geographic barriers by reaching out to providers

FUNDING FOR WAGES AND EDUCATION:

- *Compensation and benefits to promote workforce stabilization, including staff wage supplements, such as the Child Care WAGE$ Program*
- Educational scholarships and one-time bonuses

PROVIDER GRANTS/AWARDS:

- *Criteria and other grants to address identified needs of the provider to achieve quality*
- Tiered reimbursement supported by strong supports to get to quality

RESULTS

Communication and Engagement

The Recommendations Team developed the following guidelines for positive communication with, and cooperative engagement of, providers by state agencies. Recommendations Team members had a strong desire for a collaborative relationship with state agencies, rather than one that is fear-based. They also discussed the need for timely responses to providers and families by state agencies and suggested a rapid-response platform be put in place.

Continuous provider engagement should be a part of the planning and design of the QSS, as well as its implementation. To this end, the Recommendations Team discussed an example of a regional outreach structure that would enable state agencies to conduct routine engagement activities and form relationships with regional providers. Furthermore, the Recommendations Team offered to be a resource for the state in planning, piloting, and implementing the QSS.

COMMUNICATION SHOULD BE…

- Two-way, with a rapid-response communication network for families and providers
- Clear and Timely (proactive and reactive)
- Respectful of lived experience
- Regular & coordinated among agencies

ENGAGEMENT SHOULD…

- Be conducted at the district/regional level with targeted recruitment of local providers
- Result in the implementation of provider input into state-level strategies and policies
- Include ongoing dialogue to address issues as new guidelines are put into practice

RESULTS

Feedback and Input on the Recommendations

Advisory Team

Once the Recommendations Team developed their initial draft of the recommendations, the Convening Team presented this information to the Advisory Team and collected their feedback. Advisory Team member feedback varied. One member stated that they agreed with all of the recommendations as developed. Another said they could not support any of the recommendations based on larger systemic issues, such as how the recommendations would be funded and what supports would be offered to providers who primarily serve children from families with low incomes, as achieving badges in certain Areas of Quality, such as Learning Environments, could be more difficult for programs with less resources and less staff capacity. A few Advisory Team members expressed concern about whether MDHS's funding and staffing capacities would be adequate to implement the recommendations equitably and effectively. These Advisory Team members stated that it would be important to emphasize affordability more prominently in the Guiding Principles.

A few Advisory Team members expressed concern over whether the larger child care provider population, particularly those who primarily serve children in families participating in the Child Care Payment Program, desired to participate in any type of QRIS. Some Advisory Team members expressed the importance of reiterating the need for a QSS in Mississippi to address some of the apprehension of setting up another type of quality system based on the past iterations and lack of sustainability of QRIS in the state. A few of the Advisory Team members expressed apprehension about some of the recommendations, particularly those in the Supports section, as they seemed similar to some of the components of the past QRIS.

Some Advisory Team members voiced their support for the TEACH program being included as one of the QSS supports, with a few specifically pointing out that the TEACH program needs to be implemented in conjunction with WAGE$. Overall, Advisory Team members expressed positive comments about staff-child interactions being included as the first Area of Quality. Several Advisory Team members mentioned specific supports that state agencies and organizations could provide, such as training on and implementation of a research-based tool that measures staff-child interactions, like the CLassroom Assessment Scoring System (CLASS).

A few Advisory Team members stated that it would be important for this new QSS to be voluntary for child care programs, while one Advisory Team member stated that the new QSS should be mandatory for any licensed program. A couple of Advisory Team members also mentioned that the QSS would need to be implemented and supported with a growth mindset and by supporting each program's individual growth, rather than comparing programs' progress to one another.

RESULTS

Mississippi Child Care Community

When asked about their satisfaction with the recommendations put forth by the Recommendations Team, well over 300 respondents from the broader Mississippi child care community indicated a high level of satisfaction. (See Appendices C and D for the Child Care Survey Results and Instrument.) Eighty-nine percent of respondents were supportive of Mississippi developing a QSS, whereas just 2% were not, and 9% were not sure. Ninety-six percent of respondents were satisfied overall with the recommendations put forth, whereas less than 1% were not satisfied, and just under 4% were not sure. A minimum of 92% of respondents approved of the recommendations for each component of the QSS put forth by the Recommendations Team. Among respondents indicating dissatisfaction with the recommendations or an overall concern about Mississippi developing a new QSS, the primary apprehension was a lack of child care workforce. Providers noted that providing quality was difficult without adequate staffing. Respondents also expressed concerns that a QSS would be punitive to providers.

Survey respondents were diverse: 80% of Mississippi counties had at least one survey respondent; 58% worked at facilities providing after-school care; and 66% worked at facilities accepting child care subsidies. Fifty-one percent of respondents were Black or African American, whereas 40% were White, and 1% were American Indian or Alaskan Native, and approximately 2% were more than one race. Two respondents were Hispanic or Latinx. When asked about the roles they occupy within their programs, respondents most frequently reported they served as directors (53%), though almost one-quarter of respondents indicated they serve as a teacher or a teaching assistant. Additionally, respondents came from various program types: 66% indicated their program was center-based, whereas 11% percent indicated their program was a pre-k collaborative; 7% indicated a Head Start program; 3% indicated a home-based program; and 9% indicated another type of program.

Parent Focus Group

When asked how they learned about child care opportunities, most parents reported hearing about opportunities from friends (word-of-mouth) and websites, mostly child care program Facebook pages. Half of the parents mentioned that parents should have some influence on how the quality of certain aspects of centers (such as family engagement) is determined; their suggestions included conducting online surveys with families annually.

Parents reported that the most important aspects of child care quality were helpful and respectful teacher-parent communication about the activities their children experience in the program and how parents could support learning at home; the individualized attention and love

RESULTS

given to their children; their children's safety; and the kindergarten preparation their children receive. Almost all the parents reported that their child care programs utilized apps to communicate with them each day and that, while this practice has become more popular due to COVID-19 restrictions on parents entering classrooms, they appreciated the up-to-the-minute communication that the apps provide.

Each parent stated that they would like to have child care provider quality reported to them in some way. When asked about their thoughts about the term badging being a part of the new QSS, half of the parents felt that this language was fine, whereas half preferred the term credentialing. Half of the parents stated that they would like for badging or credentialing information to be posted on program doors, as well as available online so that families could have multiple ways to access each program's quality information. Parents requested having access to an app or online directory of child care providers that included information for each child care program in the state, such as quality information and services that each program provides. (See Appendix E for the parent focus group instrument.)

Feedback Themes Presented to the Recommendations Team

All of the feedback was provided to the Recommendations Team in a follow-up virtual meeting. Since much of the feedback related to broader systemic issues that would need to be addressed by state agencies, the discussion focused on the topics that were most often raised and actionable within the parameters of the recommendations for a QSS. These included elevating the issue of affordability in the Guiding Principles, placing a stronger emphasis on workforce stabilization in the Supports section, and adding definitions to the Areas of Quality, so readers would better understand what was intended. A draft version of the report including the proposed changes was emailed for approval by the Recommendations Team after the virtual meeting.

CONCLUSION

These provider recommendations, as well as the process used to obtain them, address the pitfalls of past policy creation methods and former QRIS practices and point to new and promising directions for Mississippi and child care quality systems across the nation.

Project Process: Challenges, Successes and Lessons Learned

The members of the Recommendations, Advisory, and Convening Teams worked with due diligence and passion as they sought to bring about transformative ideas and change to better serve Mississippi's children and families with a system that builds on providers strengths, reserves space for reflective practice, and creates communities of support for the work ahead.

While the Convening Team is proud of the amount and quality of work accomplished in a short period of time, the biggest obstacle for the project was the short timeframe required for this project. There was an unavoidable tension between providing MDHS with timely recommendations from providers and the desire by the Convening Team to adhere to its project values and underlying theory for meaningful and lasting systems change. That is, a majority of Convening Team members wanted to conduct a transparent and inclusive process where all interest-holders and actors were informed, and all voices were heard. This type of relationship-building in a historically fraught system takes time (Kashen, Minoff, & Coccia, 2022).

Advisory Team

The consequences of the time compression were most on display in the Convening Team's interactions with the Advisory Team. Despite a desire to meaningfully engage all interest-holders and actors, the Convening Team received feedback from some Advisory Team members that they did not feel adequately included or heard, and they disliked being separated as a group from the Recommendations Team. There was also confusion about the scope of this project versus the longer-term process for building a QSS in Mississippi.

To address these concerns, the Convening Team held Office Hours for the Advisory Team to voice their concerns and ask questions. The Convening Team also and provided information on Phase II of the QSS work (planning and designing a new Mississippi QSS), during which broader interaction among all interest-holders and actors, including Advisory Team members, is expected to take place. A recommendation for future work is to be clear, explicit, and consistent in communicating project goals, project status, and the roles of various parties—and to ensure ample opportunities for interaction.

One lesson learned was that more adept facilitation techniques were needed with the Advisory Group, as some members were overshadowed in their comments by more vocal participants who objected to having a quality improvement system, given the lack of state funding for the child care subsidy program. Often the survey mechanisms intended to draw out quieter voices were used to voice frustrations about systemic issues in child care. In sum, the Convening Team struggled

CONCLUSION

to prevent old disputes about child care access versus quality from dominating the discussion, rather than channeling the conversation in more productive directions to obtain richer content from this important group. In the future, stronger facilitation techniques and longer timelines to allow for more comprehensive meeting planning and preparation are needed when engaging a broad group of stakeholders with differing views.

Convening Team

Another challenge was brought about because of time compression. The Convening Team structure was such that some members were working on the project for a large portion of their time (SSRC, MELA, Kellogg, Build Initiative, MS First), whereas other members were serving smaller percentages. This led to the formation of a core working group that was intended to implement the decisions of the larger group, but due to the number of decisions needed in a very short time, the roles were often reversed as project activities accelerated. This created tension among the members with smaller percentages of time, who were majority Black, in comparison to the group with larger percentages who were majority White. This was addressed through a structured meeting where each member shared their honest feelings, and mutual understandings were achieved. Additionally, changes were made in the types of roles taken on by each group. Moving forward, this type of group should be structured so that these dynamics are avoided from the outset.

A second dynamic within the Convening Team was differing levels of tolerance for dissension. Some members wanted inclusion of all voices, whereas some members did not and felt that the inclusion of differing viewpoints was challenging and counterproductive to forward progress. In the future, there should be explicit agreement at the beginning of such a project about the level of tolerance for dissension and an explicit plan for how to manage it when it arises. All-in-all, the level of cooperation and problem solving among Convening Team members was strong.

Recommendations Team

Another challenge in the project was the iterative nature of a system-building process. As the recommendations were formed and voted on in the Recommendations Team meetings, there was a need to revisit a previous section considering developments in another. While most of the group agreed to revisit a section that had been voted on, a few participants found it understandably distressing to return to a previously decided section because it felt like "going backwards" and nullifying the original decision. In the future, the iterative nature of systems design should be discussed prior to decision-making. Furthermore, the need for ongoing trust-building and attention to relationships when co-creating with historically undervalued partners takes dedicated time and is itself an iterative process.

CONCLUSION

A final challenge of the project was recruitment of Hispanic and Latinx participants. Due to a lack of relationships among Convening Team members and Hispanic and Latinx child care providers, it was difficult to do the level of outreach warranted given the time constraints of the project. Better integration of this community into the broader child care community and relationship building with organizations supporting Hispanic and Latinx providers should be a priority moving forward.

Project Outcomes

While attempting to engage so many interest-holders in a project of such short duration was ambitious, the Convening Team understood that systems building is a messy and difficult process. The Convening Team succeeded in engaging diverse voices while achieving the primary goal of obtaining recommendations from child care providers. The goal of including ALL voices invited complication and conflict but demonstrated a new way of working across boundary lines in the state. Furthermore, the diversity of the teams formed and engaged—and the process by which providers were chosen to participate on the Recommendations Team to ensure fairness, equity, and representation—mark a new dawn for how policy can be created in Mississippi. The racial and professional barriers addressed, albeit imperfectly, within the Convening Team and among the various groups engaged, is a first step toward dismantling the old systems that have reinforced the status quo and prevented forward progress. It is the hope of the Convening Team that this is just the beginning of a new system for child care quality support and for continued collaboration across divides.

These provider recommendations point to new and promising directions for Mississippi and child care quality systems across the nation. Whereas previous QRIS provided financial incentives once quality was achieved, these recommendations would ensure providers are given needed support to advance quality. While previous QRIS relied on high-stakes, single-event assessments, these recommendations promote continual quality improvement by using refined sources of evidence and data to inform improvement, reflective practice, supportive coaching, and ongoing dialog with state agencies. Additionally, past QRIS encouraged "one right way" to quality, whereas these recommendations suggest multiple pathways that are flexible to celebrate unique strengths and accommodate differences in individual experiences, environments, and circumstances. Whereas previous QRIS favored certain populations, these recommendations would account for and advance racial and economic equity and ensure affordability for all providers. In all, by prescribing changes to the QSS structure and fundamental relationship between state agencies and providers, these recommendations, if adopted, would ensure enhanced equity in achieving quality.

CONCLUSION

Furthermore, these recommendations adopt innovative solutions while ensuring the new Mississippi QSS incorporates research-informed approaches. The use of a Phased Badging approach ensures that state agencies and QSS participants focus on critical determinants of positive child outcomes, while offering choices in how quality is demonstrated, as well as opportunities to showcase additional strengths through badges for Areas of Specialization. All six of the badges recommended in Phase I of the QSS are noted by the Center for American Progress (Workman & Ullrich, 2017) as key elements and core components of high-quality early care and education.

This Project represents an initial phase of a longer process, whereby the recommendations will be considered by The Mississippi Department of Human Services alongside their own data and available resources. Phase II of the project will include assistance in the planning and design of a new Mississippi QSS that will be led by MDHS, and Phase III will involve implementation of the QSS by MDHS. It is hoped that this report will be the genesis of a new type of quality improvement system that produces benefits for children and families in Mississippi. Further, it is hoped that this report can inform the efforts of other states that wish to center provider voice and address issues of equity as they modify or create their QIS.

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APPENDICES

Appendix A. Recruitment and Selection Method for the Recommendations Team

Recruitment and Selection Process for the Recommendations Team

The QSS Convening Team was responsible for selecting Recommendations Team members via a statewide application process. The Convening is the team responsible for organizing this initiative, recruiting participants, and facilitating all meetings. The team consists of representatives from the childcare community, families, the W.K. Kellogg Foundation, Mississippi State University's Social Science Research Center, Mississippi Early Learning Alliance, Mississippi First, the BUILD Initiative, Excel by 5, Loving Hands Educational Services, and the Child Care State Capacity Building Center.

The Convening Team followed a data-informed selection process to ensure that Recommendations Team membership met the following criteria:

- Were reflective of Mississippi's diverse childcare community in terms of geographic, racial, and ethnic representation, subsidy acceptance, program size, and business type (home-based, center-based, or other).
- Were able to attend three multi-day meetings during June and July.
- Expressed enthusiasm or innovative ideas and/or were knowledgeable of the childcare system and quality improvement concepts.

Recruitment and Promotion

This initiative and the application process were publicized via press release, social media, and direct emails to potential applicants via listservs, including the Mississippi State Department of Health Licensure listserv. The Convening Team also leveraged outside partnerships to publicize the application process to specific regions and demographic groups as needed to ensure the applicant pool was as reflective of the Mississippi childcare population as possible.

Detailed Selection Process & Outcomes

The tables on the next several pages detail the process the Convening Team used to select Recommendations Team members. They also summarize how the demographics of the selected applicants align with statewide data on the childcare community as a whole.

APPENDICES

GOAL 1: Ensure members have the capacity to fulfill requirements of the role	
Selection Criteria	**Selection Process**
Members must be able to attend all three multi- day meetings.	An availability score was calculated for each survey respondent. Each survey respondent was asked to tell us the total number of days that they were available to meet across three sets of dates: June 21-June 24, June 27-July 1, and July 18-July 22. The total availability score could range from 0 (no days available) to 9 (all days available). This availability score was included in the applicant's total score out of a possible 40 points. The selection process excluded any participant who had an availability score of 0, as this meant they were unable to attend any meetings either virtually or in-person in Jackson.
Members must demonstrate baseline understanding of quality improvement systems, show enthusiasm for the project, and offer a unique or innovative perspective.	The application included open-response questions to gauge these criteria. Reviewers were asked to rate applicant responses across five categories: 1. Ability to bring unique insights 2. Enthusiasm 3. Understanding of how a Quality Support System could impact childcare providers 4. Understanding of how a Quality Support System could impact children and families 5. Ability to innovate Applicants could score up to 5 points in each category, with a score of 1 indicating that "the provider does not demonstrate the desired competency," a score of 3 indicating that "the provider partially demonstrates the desired competency," or a score of 5, which indicated that "the provider fully demonstrates the desired competency."

GOAL 2: Ensure members reflect Mississippi's childcare community as a whole	
Selection Criteria	**Selection Process**
Ensure that each region of the state has adequate and equitable representation.	The Convening Team separated the state into 6 regions, then used licensure data to estimate the total number of childcare providers in each of those regions. The team then identified a target number for each region to ensure that each geographic area was represented proportionally on the team.

APPENDICES

Target numbers based on statewide data	Applicant Pool	Selected Members
Number of providers needed from each region to align with statewide licensure data on the number of licensed providers in each region: • Central East: 2 • Central West: 7 • Northeast: 3 • Northwest: 3 • Southeast: 4 • Southwest: 1	Number of applications received per region: • Central East: 6 • Central West: 28 • Northeast: 4 • Northwest: 7 • Southeast: 8 • Southwest: 5	Nearly all targets were met – only two applicants from the Northeast qualified for consideration, based on their availability to attend meetings. • Central East: 2 • Central West: 7 • Northeast: 2 • Northwest: 3 • Southeast: 4 • Southwest: 1

Selection Criteria	Selection Process
Ensure equitable representation of providers who accept Child Care Payment Plan (CCPP) subsidies.	Applicants who accept CCPP subsidies received three equity points. Applications were scored out of 40 possible points. Quality Support Systems stand to make the greatest impact on centers who accept childcare subsidy payments. Thus, these applicants received weighted scores to increase the likelihood that providers most likely to be impacted by a QSS would be represented on the Recommendations Team.

Target numbers based on statewide data	Applicant Pool	Selected Members
According to the 2021 Market Rate Survey: • 81% of centers accept CCPP subsidies.	• 78% of applicants indicated that they accept CCPP subsidies. • 10% indicated they did not. • 12% were unsure.	89% of the Recommendations Team providers accept subsidies. This slight overrepresentation is intentional, as any QSS will likely impact providers who accept subsidies more than those who do not.

APPENDICES

Selection Criteria	Selection Process	
Ensure equitable racial and ethnic representation.	Applicants who identified as Black/African-American received three equity points. The reason for this is also tied to subsidy payments. Families who make 85% of the State Median Income or below are eligible for childcare subsidies. African-American families disproportionally make up the population of families eligible for subsidies. The convening team sought to increase the likelihood that the racial make-up of selected participants would reflect the population of families eligible for CCPP subsidies.	
Target numbers based on statewide data	**Applicant Pool**	**Selected Members**
According to 2016-20 American Community Survey data (from the United States Census Bureau): • 57% of Mississippi childcare workers identify as White • 40% identify as Black or American-American • 1.6% identify as "Non-Hispanic Other" • Less than 1% of childcare workers identify as Hispanic.	• 72% of applicants identified as Black or African-American • 22% identified as White • 1.7% (one applicant) identified as more than one race. • 1.7% (one applicant) identified White-Hispanic or Latinx • 1.7% (one applicant) preferred not to answer	• 68% of applicants selected identify as Black or African-American. • 32% of applicants selected identify as White. • The one applicant who identified as White-Hispanic or Latinx needed to be removed from consideration because they were unable to attend any of the working meetings, either virtually or in-person.

Selection Criteria	Selection Process
Ensure equitable representation of childcare programs size & business types	Each applicant was asked • Their role/job title within their program • Their program type (center-based, home-based, Head Start, Pre-K collaborative, or other) • How many children their program serves • The age distribution of children served • Whether they serve children with special needs.

APPENDICES

Program type: Center-based; Home-based; Head Start or Early Head Start; Pre-K Collaborative; Other	
Applicant Pool	**Selected Members**
Applicants were: • 72% center-based • 7% home-based • 7% Head Start or Early Head Start • 7% Pre-K collaborative • 7% other	Members are: • 63% center-based • 16% home-based • 11% Head Start or Early Head Start • 5% Pre-K collaborative • 5% other (Lab school for community college)
Program size & age distribution	
Selected Members	
• Members represent programs of various sizes, in proportional alignment statewide data on program size. • Members serve multiple age groups (within the birth - 5 age range and beyond).	
Member Role	
Applicant Pool	**Selected Members**
• 93% childcare directors and/or center owners • 3.5% teachers/childcare providers • 3.5% health & safety personnel	• All team members are program directors and/or center owners.
Services for Children with Special Needs	
Applicant Pool	**Selected Members**
• 69% of all applicants indicated that they serve children with special needs.	• 79% of providers selected serve children with special needs.

APPENDICES

Limitations

- This project's timeline requires that a final recommendations report is submitted to the Mississippi Department of Human Services at the end of August 2022. Some Recommendations Team applicants needed to be removed from consideration due to their inability to attend working meetings during this timeline, regardless of their other qualifications. While the Convening Team has created pathways for many interest-holders (childcare providers, families, other early childhood professionals, etc.) to provide their input, the short timeline prevents us from creating as many feedback loops with interest-holders as would be ideal. Future work focused on quality improvement and support for childcare should prioritize broader engagement and dialogue with additional childcare providers and parents.
- Recruiting Spanish-speaking and Native-American providers was challenging. This is due to a lack of existing relationships or infrastructure within the early childhood sector to engage with these populations. More time and work is needed to build trust and partnerships with these populations before adequate representation is truly possible. In the interim, the Convening Team has been working on recruiting providers and early childhood professionals from these populations directly, and has been successful in recruiting at least one Recommendations Team member who is a part of the Mississippi Band of Choctaw Indians.

  The Convening team is also working with the Mississippi State University Migrant Education Services Center and the Immigrant Alliance for Justice and Equity to recruit one or more providers who primarily provide care for Spanish- speaking families. If the Convening Team is unable to recruit a provider who primarily serves Spanish-speaking families for the Recommendations Team, we will recruit them to give feedback and recommendations via a survey.
- Only one before- and after-school center applied. We plan to recruit before- and after-school care providers to provide feedback and recommendations via survey.
- The Convening Team sought to include at least three providers from the northeastern region of the state, but only two applicants with availability to attend meetings applied. We plan to recruit additional providers in the northeastern region of the state to provide their feedback and recommendations via survey.
- While the Convening Team has made every effort to make participation in the Recommendations Team accessible to all childcare providers (i.e. option to attend meetings virtually, scheduling around provider availability, stipends for participating, covering travel and lodging costs, etc.), this project does require a significant time commitment. We understand that childcare teachers and staff may not have the same level of flexibility in their schedules as center directors. Given that most Recommendations Team members are directors and/or owners of their centers, we plan to collect input and feedback from childcare teachers via survey.

APPENDICES

Appendix B. Quality Focus Areas and DRAFT EXAMPLE Indicators and Measuring Tools

MS Provider Recommendation Team - Quality Focus Areas and DRAFT EXAMPLE Indicators

Quality Focus Areas	Staff-Child Interactions	Learning Environments	Curriculum & Assessment	Workforce Development and Support	Family Communication & Engagement	Program Management
Example Indicators	**Positive staff-child interactions**	**Safe & healthy environments**	**Research-guided curriculum which supports cultural and linguistic diversity**	**Professional respect including involvement and engagement in state policies, processes and practices impacting providers**	*Families engaged in conversations to support their child's development and participation in the program*	*Business practices/administration expertise and experience*
		Learning and engaging environments and activities for all children that develop the whole child	**Aligned developmentally appropriate observations and assessments that inform curriculum implementation**	*Annual Professional Development Plan based on experience, qualifications, past professional development, interests of the practitioner*	*Supporting families through child transitions between rooms in the program, into the program and out of the program into school-based programming*	*Pedagogical leader supporting staff in reflective practices and improving teaching and learning**
		Space, furnishings, and materials that are adequate and developmentally appropriate	*Developmental and SEL Screening with families and referral to resources as needed*	*Practitioner Observation and reflective practice conversations* *Home-Based program - TA or filming could support this feedback loop*	*Family Surveys that inform CQI planning*	*Engages families and staff to create and implement an annual CQI plan based on data and other sources of evidence*
		Program structure, transitions and schedules that support learning			*Families involved in program development and advising* *Referring families to community resources in response to needs communicated by the family* *Communicating with families about resources that are available and/or embedding community info in family handbook*	

*Indicator for center-based programs

Bolded items specifically identified by Recommendations Team 2022

APPENDICES

Examples of Tools and Resources* to Support Improvement in the Quality Focus Area

Quality Focus Areas	Staff-Child Interactions	Learning Environments	Curriculum & Assessment	Workforce Development and Support	Family Communication & Engagement	Program Management
	Classroom Assessment Scoring System® (CLASS) Environment Rating Scales (ERS)™ Subscales – Interaction Language and Literacy LENA Grow™ The Assessing Classroom Sociocultural Equity Scale (ACSES)	CLASS® Environment Environment Rating Scales (ERS)™ Subscales - Space & Furnishings Personal Care Routines Program Structure Learning Activities Trust for Learning - Principles of Ideal Learning Environments	Planning and Implementing an Engaging Curriculum to Achieve Meaningful Goals Developmental Screening ASQ®-3 and ASQ®:SE-2 The National Center for Pyramid Model Innovations	Strategy Resources to Address the Early Care and Education (ECE) Workforce Shortage	Strengthening Families STANDARDS OF QUALITY FOR FAMILY STRENGTHENING & SUPPORT	Sections of Program Administration Scales or Business Administration Scales based on interests

* These are example tools for measuring progress toward each Area of Quality. For some tools, only a subsection might be used. In keeping with the recommendations put forth by the Recommendations Team, the expected cut-off score should encourage, rather than discourage, progress. Furthermore, these tools could be augmented with other options for demonstrating progress, such as training attendance, portfolio development, etc.

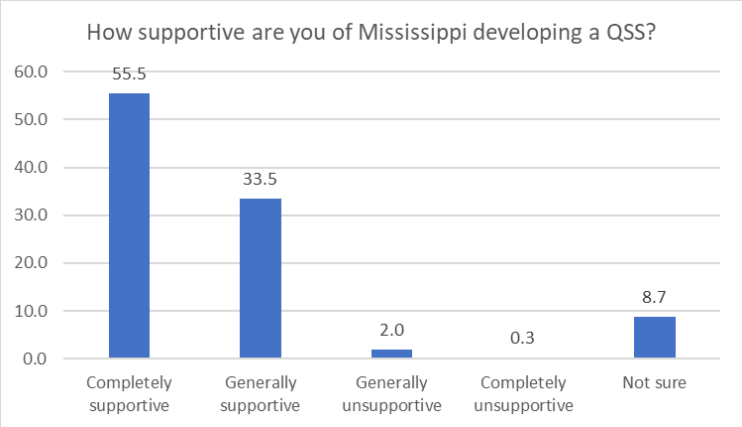
APPENDICES

Appendix C. Child Care Provider Survey Quantitative Results

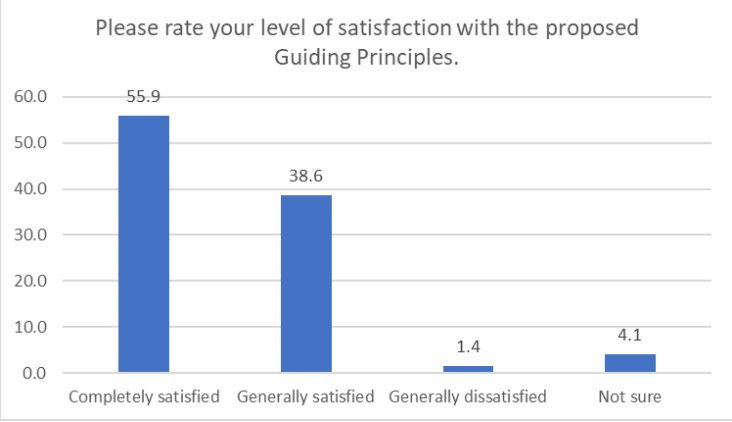
Child Care Provider Survey Results

A survey measuring child care providers' satisfaction with the proposed recommendations was developed and administered using Qualtrics software. The survey was emailed to licensed and registered child care providers via the Mississippi State Department of Health's Child Care Licensure Bureau and Mississippi Early Learning Alliance listservs. Participation by child care teachers, providers of Hispanic or Latinx ethnicity, and providers from the northern part of the state was encouraged since representation of these groups was less than desired among Recommendations Team members. A total of 375 respondents began the survey, with varying numbers responding to individual questions.

When asked if they supported the state of Mississippi having a QSS, 89% of 355 respondents indicated they were supportive, whereas 2% indicated they were not. Nine percent were not sure.

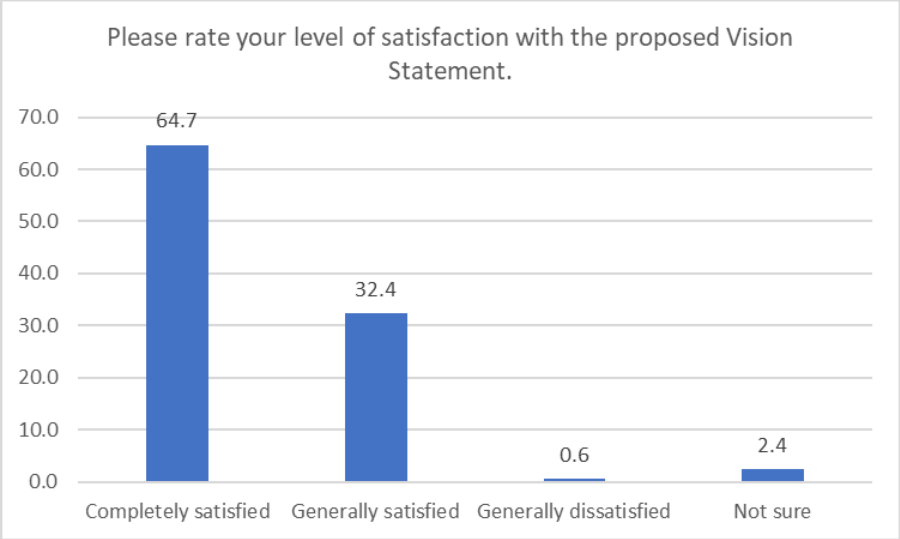


When asked if they were satisfied with the proposed Guiding Principles, 95% of 345 respondents indicated they were satisfied, whereas 1% indicated they were not. Four percent were not sure.

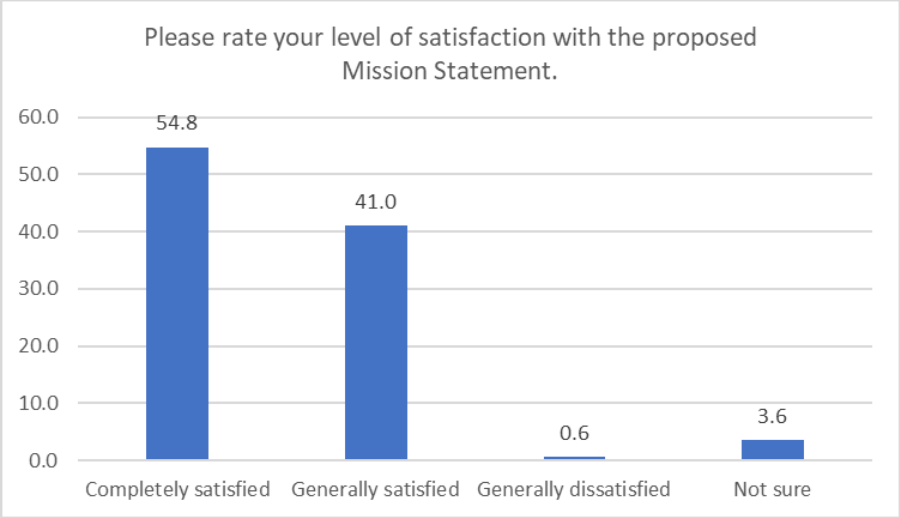


APPENDICES

When asked if they were satisfied with the proposed Vision Statement, 97% of 340 respondents indicated they were satisfied, whereas less than 1% indicated they were not. Just over two percent were not sure.



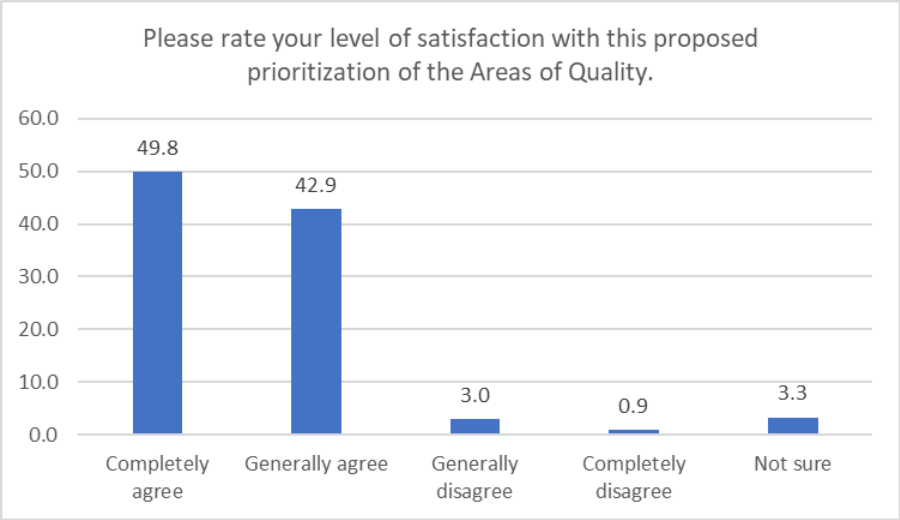
When asked if they were satisfied with the proposed Mission Statement, 96% of 334 respondents indicated they were satisfied, whereas less than 1% indicated they were not. Four percent were not sure.



APPENDICES

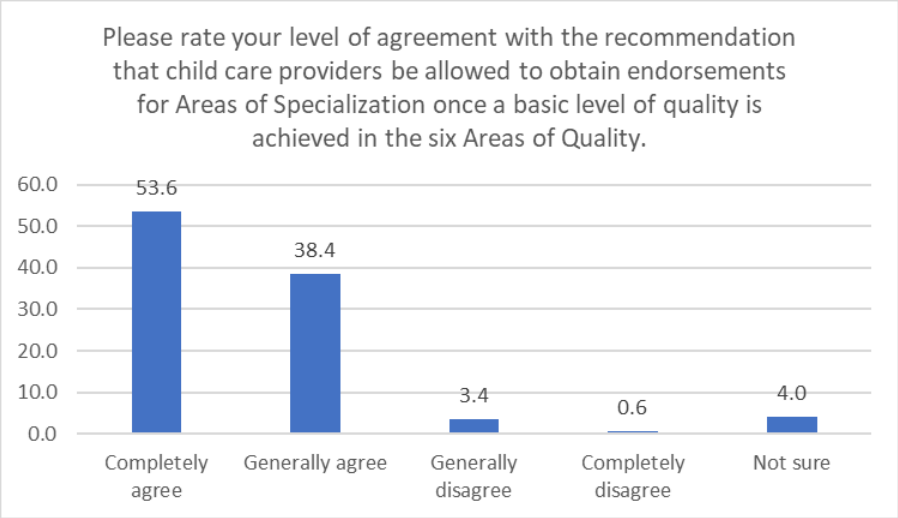
When asked if they were satisfied with the proposed Areas of Quality, 97% of 330 respondents indicated they were satisfied, whereas 1% indicated they were not. Two percent were not sure.

When asked if they were satisfied with the proposed prioritization of the Areas of Quality, 95% of 345 respondents indicated they were satisfied, whereas 1% indicated they were not. Four percent were not sure.

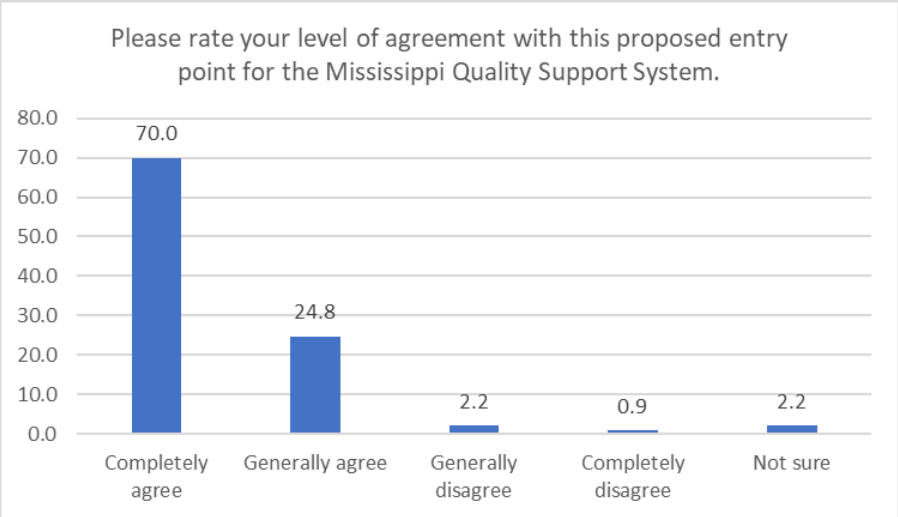


APPENDICES

When asked if they agreed with the recommendation that providers be allowed to obtain Areas of Specialization, 92% of 323 respondents indicated they agree, whereas 4% disagreed. Four percent were not sure.

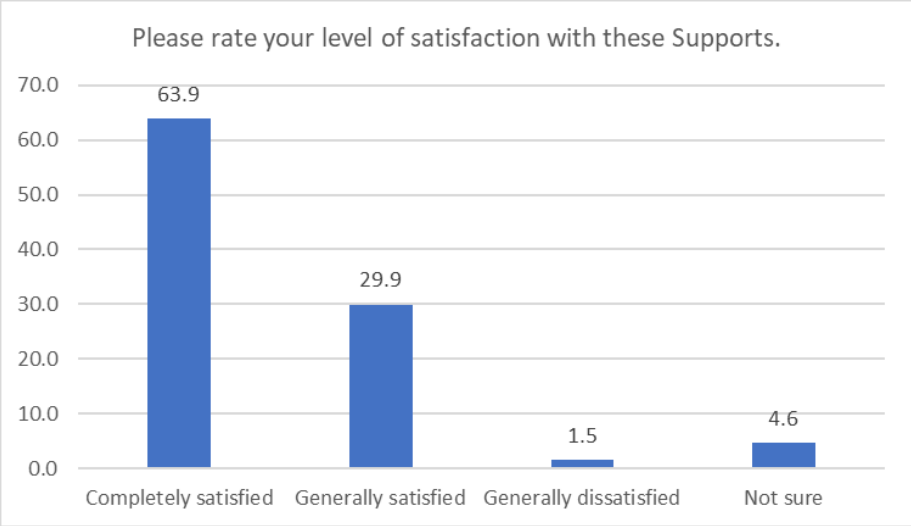


When asked to rate their level of satisfaction with the proposed entry point for the Mississippi Quality Support System 95% of 323 respondents indicated they agree, whereas 3% did not agree. Two percent of respondents were not sure.

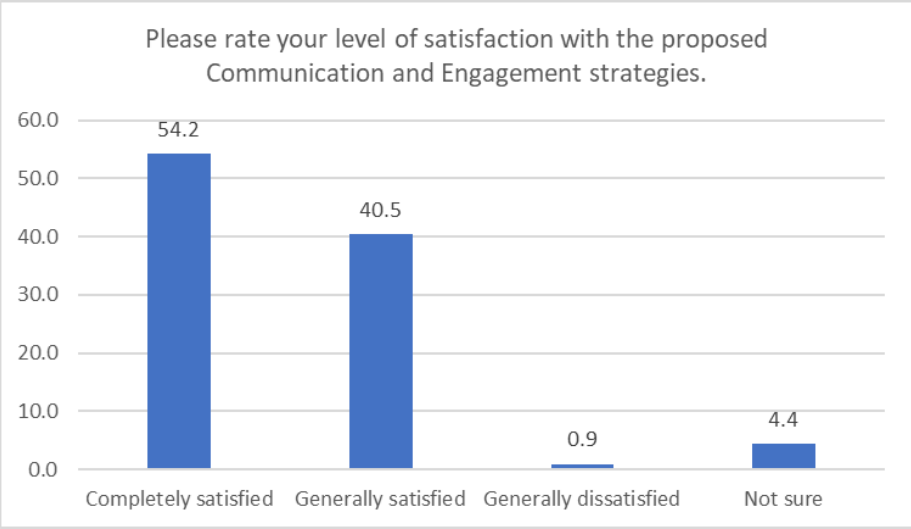


APPENDICES

When asked if they were satisfied with the proposed Supports, 94% of 324 respondents indicated they were satisfied, whereas 1.5% indicated they were not. Approximately 4.5% were not sure.

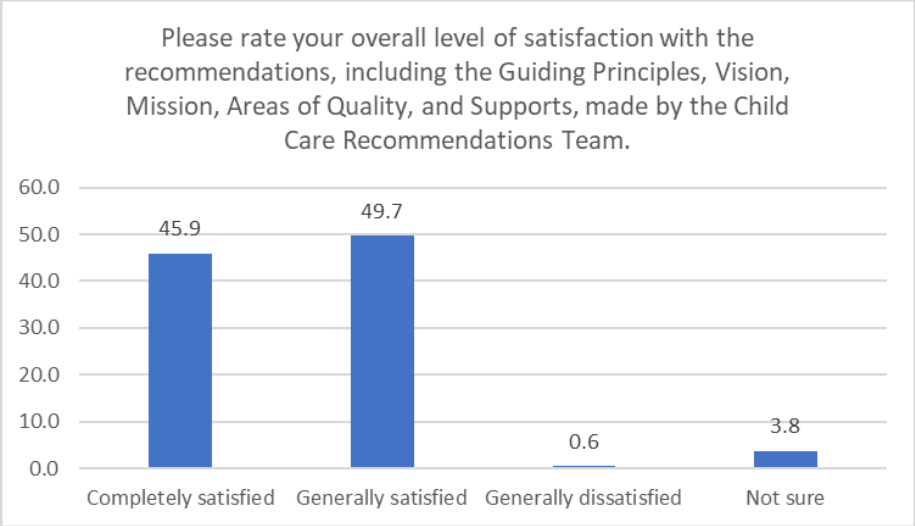


When asked to rate their level of satisfaction with the proposed communication and engagement strategies, 95% of 321 respondents indicated they were satisfied, whereas 1% indicated they were not satisfied. Four percent of respondents were not sure.



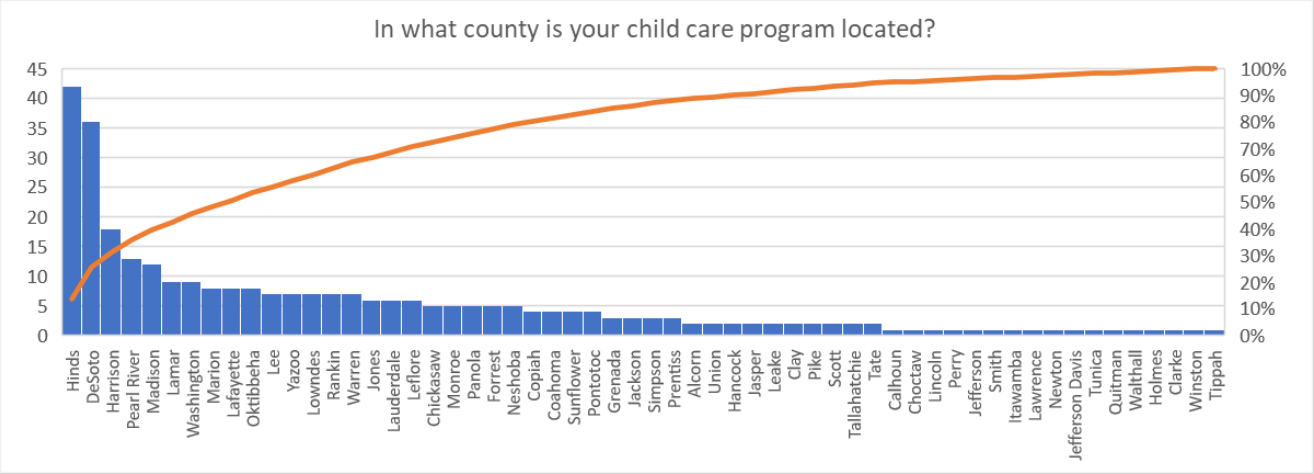
APPENDICES

When asked to rate their overall level of satisfaction with the recommendations, 96% of 318 respondents indicated they were satisfied, whereas less than 1% indicated they were not. Four percent of respondents were not sure.



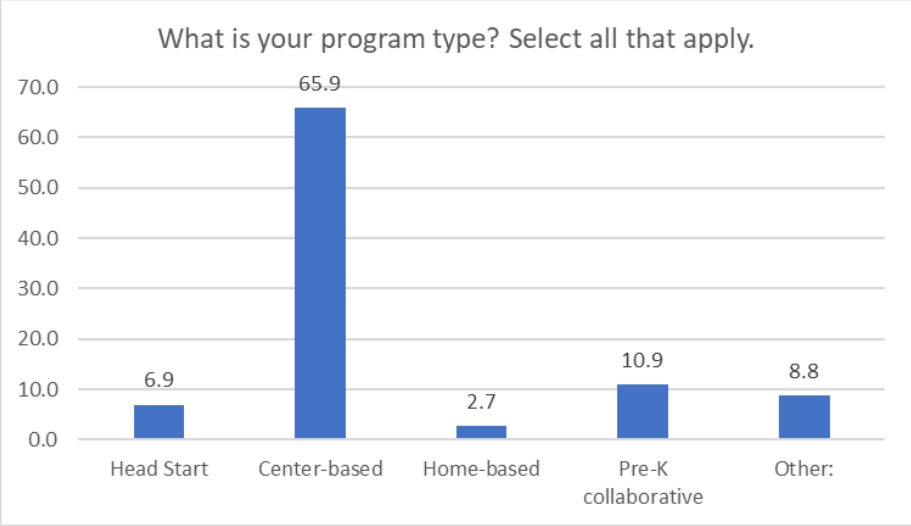
APPENDICES

When asked to share in which county their child care program is located, the majority (14%) of 306 respondents stated their program was based in Hinds County, closely followed by Desoto county (12%). Eighty percent of all Mississippi counties were represented in the survey.

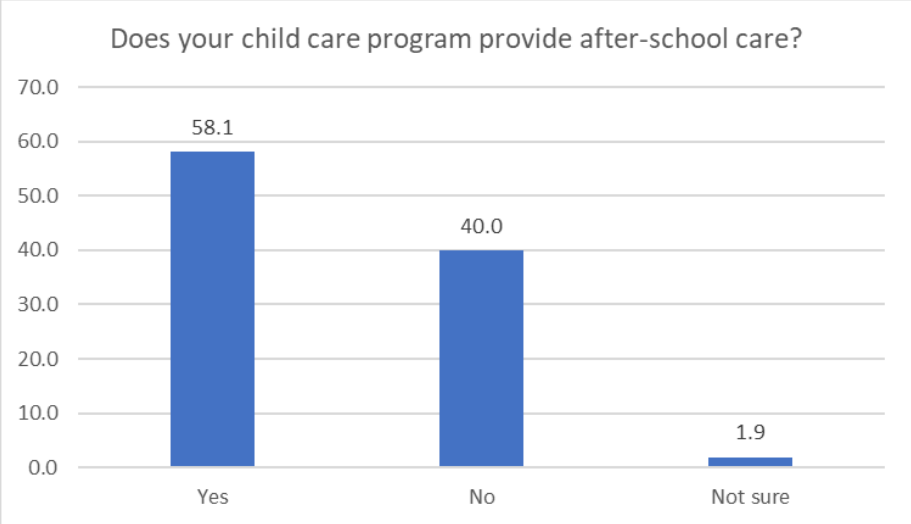


APPENDICES

When asked about their program type, the majority (66%) of respondents indicated their program was center-based. Eleven percent indicated their program was a pre-k collaborative; 7% indicated a Head Start program; 3% indicated a home-based program; and 9% indicated another type of program.

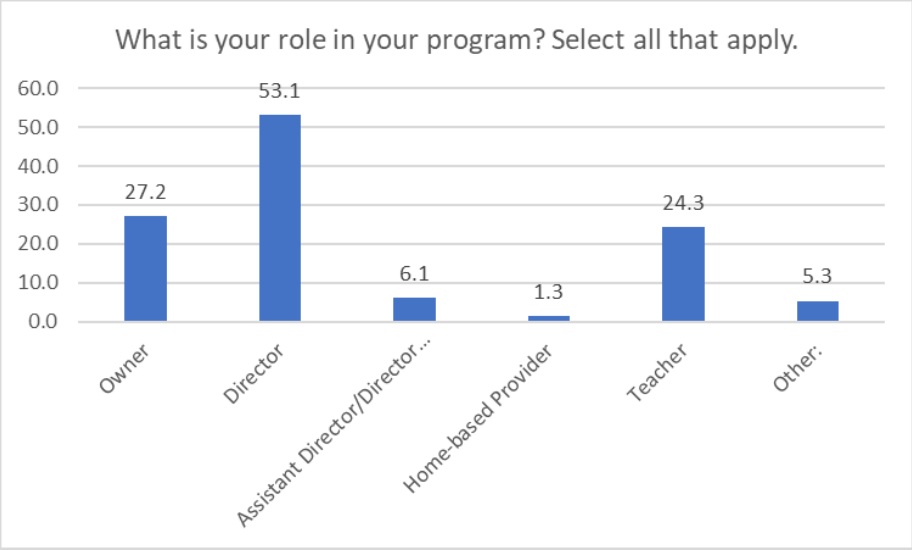


When asked about after-school care, 58% of 315 respondents indicated that their child-care program did provide after-school care, whereas 40% indicated they did not. Two percent of respondents were not sure.

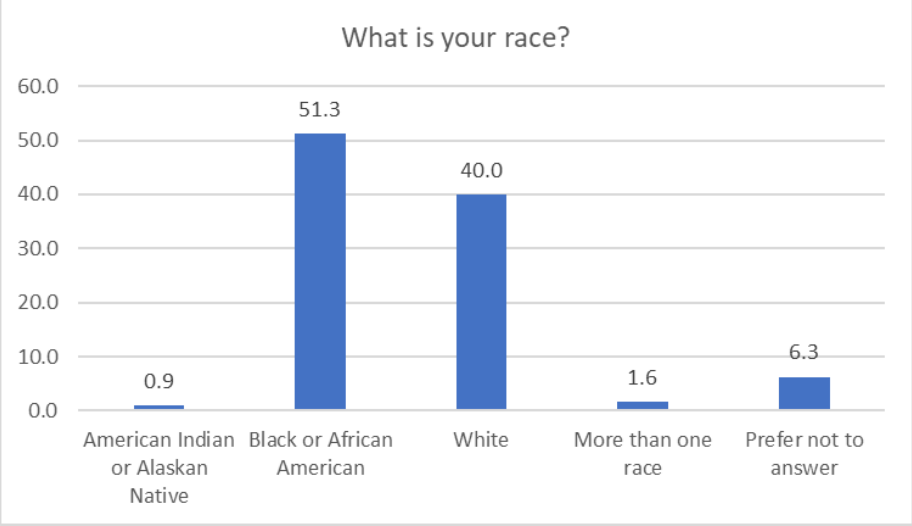


APPENDICES

Respondents were asked to indicate their roles within their programs. The most frequent role reported was director, at 53% of respondents, though almost one-quarter of respondents served as a teacher or teaching assistant.



When asked to describe their race, 51% of 320 respondents indicated they were Black or African American and 40% indicated they were White, whereas 1% were American Indian or Alaskan Native; 2% were more than one race, and approximately 6% preferred not to answer.



APPENDICES

Appendix D. Child Care Provider Survey Instrument

QSS Child Care Provider Survey

Start of Block: Survey Instrument

The W.K. Kellogg Foundation and partners have convened a team of licensed and home-based child care providers to create recommendations for a new child care Quality Support System (QSS) in Mississippi. The QSS will be the means through which the Mississippi Department of Human Services will provide supports to child care programs to ensure high-quality services for families.

Given the importance of obtaining input from diverse interest-holders, this survey is being disseminated to child care programs across Mississippi to obtain feedback on the proposed recommendations. All responses to this survey will be combined and shared with the team of providers (the Recommendations Team) to determine if they would like to make any changes to their recommendations based on your feedback. Your name will not be associated with your responses.

While MDHS has recently convened and surveyed child care providers regarding child care quality supports, the information gathered from the Mississippi Child Care QSS Project is intended to supplement the information gathered by MDHS and is not currently related to the work being done by MDHS around child care quality. For questions about this survey or the Mississippi Child Care Quality Support System Project, please contact Bradley Long (bradley.long@ssrc.msstate.edu) at the Social Science Research Center at Mississippi State University.

*

Please create a unique ID for your survey. Type in the first three letters of your first name and your month of birth. For example: kylJune

_____

End of Block: Survey Instrument

Start of Block: Block 11

A child care Quality Support System (QSS) would use Mississippi Department of Human Services (MDHS) resources to provide supports to child care providers to help them

APPENDICES

provide high-quality services and would provide information about child care quality to families. The federal government requires MDHS to report on child care quality in the state, and almost every state has a quality improvement program. Mississippi currently does not.

How supportive are you of Mississippi developing a QSS?

- ○ Completely supportive (1)
- ○ Generally supportive (2)
- ○ Generally unsupportive (3)
- ○ Completely unsupportive (4)
- ○ Not sure (5)

Display This Question:

If How supportive are you of Mississippi developing a QSS? = Generally unsupportive

Or How supportive are you of Mississippi developing a QSS? = Completely unsupportive

Please share why you are unsupportive (select all that apply).

- ☐ I am concerned that funding would be diverted away from child care subsidies to pay for the QSS. (1)
- ☐ I am concerned that a QSS would be punitive to child care providers. (2)
- ☐ I am concerned that the state will not allocate enough funding for a QSS. (3)
- ☐ I am worried that the state will change the QSS in a few years. (4)
- ☐ Other: (5) _____
- ☒ I'm not sure. (6)

APPENDICES

End of Block: Block 11

Start of Block: Block 1

The Child Care Recommendations Team recommended that the new Mississippi Child Care Quality Support System (QSS) should be planned and designed using the following GUIDING PRINCIPLES, or values.

- Is fair, accessible, & equitable
- Is provider, family, & outcomes-driven
- Is characterized by a shared commitment to success (by system administrators and leaders and child care staff)
- Is supportive, not punitive
- Is clear, transparent, and consistent
- Allows for diverse pathways to, or demonstrations of, quality
- Builds a robust and stable child care workforce

Please rate your level of satisfaction with the proposed Guiding Principles.

- ○ Completely satisfied (1)
- ○ Generally satisfied (2)
- ○ Generally dissatisfied (3)
- ○ Completely dissatisfied (4)
- ○ Not sure (5)

Display This Question:

If Please rate your level of satisfaction with the proposed Guiding Principles. = Generally dissatisfied

Or Please rate your level of satisfaction with the proposed Guiding Principles. = Completely dissatisfied

APPENDICES

Please share why you are dissatisfied (select all that apply):

- ☐ I am dissatisfied with the content of the Guiding Principles. (1)
- ☐ I do not believe the Quality Support System needs Guiding Principles. (2)
- ☐ Other: (3) _____
- ☒ I'm not sure. (4)

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the content of the Guiding Principles.

If you do not like the content, please explain why:

- ☐ I believe important principles were omitted. Please provide the principle(s) that were omitted: (1) _____
- ☐ I disagree with one or more of the principles. Please state which principle(s) you disagree with (For your convenience, please find the principles below): (2) _____

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the content of the Guiding Principles.

- Is fair, accessible, & equitable
- Is provider, family, & outcomes-driven
- Is characterized by a shared commitment to success (by system administrators and leaders and child care staff)
- Is supportive, not punitive
- Is clear, transparent, and consistent
- Allows for diverse pathways to, or demonstrations of, quality
- Builds a robust and stable child care workforce

End of Block: Block 1

APPENDICES

Start of Block: Block 2

The Child Care Recommendations Team created the following <u>VISION</u> to describe the impact the new Quality Support System (QSS) should have for child care in Mississippi.

Mississippi child care practitioners (teachers, directors, and staff) receive the professional respect, resources, supports, and data they need to ensure that all Mississippi's families have access to child care programs that focus on developing the whole child. Mississippi child care programs will foster positive child outcomes that lead to lifelong success.

Please rate your level of satisfaction with the proposed Vision Statement.

- ○ Completely satisfied (1)
- ○ Generally satisfied (2)
- ○ Generally dissatisfied (3)
- ○ Completely dissatisfied (4)
- ○ Not sure (5)

Display This Question:

If Please rate your level of satisfaction with the proposed Vision Statement. = Generally dissatisfied

Or Please rate your level of satisfaction with the proposed Vision Statement. = Completely dissatisfied

APPENDICES

Please share why you are dissatisfied (select all that apply):

- ☐ I am dissatisfied with the content of the Vision Statement. (1)
- ☐ I do not believe the Quality Support System needs a Vision Statement. (2)
- ☐ Other: (3) _____
- ☒ I'm not sure. (4)

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the content of the Vision Statement.

If you do not like the content, please explain why:

- ☐ I believe important ideas were omitted. Please provide the idea(s) that were omitted: (1) _____
- ☐ I disagree with one or more of the ideas expressed in the vision. Please state which idea(s) you disagree with (For your convenience, please find the Vision Statement below): (2) _____

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the content of the Vision Statement.

Mississippi child care practitioners (teachers, directors, and staff) receive the professional respect, resources, supports, and data they need to ensure that all Mississippi's families have access to child care programs that focus on developing the whole child. Mississippi child care programs will foster positive child outcomes that lead to lifelong success.

End of Block: Block 2

Start of Block: Block 3

APPENDICES

The Child Care Recommendations Team created the following MISSION STATEMENT to summarize how the new QSS would create the outcomes proposed in the Vision Statement.

The Mississippi Quality Support System for child care will provide consistent, equitable, and individualized resources and support. It will establish a supportive and asset-based culture of quality improvement that benefits all of Mississippi's diverse providers, children, families, and communities. The system itself will be co-designed by practitioners, families and system administrators. All QSS guidelines, processes, measurements, updates will be communicated to both practitioners and families with clarity and transparency.

Please rate your level of satisfaction with the proposed Mission Statement.

- ○ Completely satisfied (1)
- ○ Generally satisfied (2)
- ○ Generally dissatisfied (3)
- ○ Completely dissatisfied (4)
- ○ Not sure (5)

Display This Question:

If Please rate your level of satisfaction with the proposed Mission Statement. = Generally dissatisfied

Or Please rate your level of satisfaction with the proposed Mission Statement. = Completely dissatisfied

APPENDICES

Please share why you are dissatisfied (select all that apply):

- ☐ I am dissatisfied with the content of the Mission Statement. (1)
- ☐ I do not believe the Quality Support System needs a Mission Statement. (2)
- ☐ Other: (3) _____
- ☒ I'm not sure. (4)

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the content of the Mission Statement.

If you do not like the content, please explain why:

- ☐ I believe important ideas were omitted. Please provide the idea(s) that were omitted: (1) _____
- ☐ I disagree with one or more of the ideas expressed in the Mission Statement. Please state which idea(s) you disagree with (For your convenience, please find the Mission Statement below): (2) _____

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the content of the Mission Statement.

The Mississippi Quality Support System for child care will provide consistent, equitable, and individualized resources and support. It will establish a supportive and asset-based culture of quality improvement that benefits all of Mississippi's diverse providers, children, families, and communities. The system itself will be co-designed by practitioners, families and system administrators. All QSS guidelines, processes, measurements, updates will be communicated to both practitioners and families with clarity and transparency.

End of Block: Block 3

APPENDICES

Start of Block: Block 4

The Child Care Recommendations Team recommended that DHS should prioritize supports for the following six <u>AREAS OF QUALITY</u> in the new Mississippi Child Care Quality Support System:

1. Staff-Child Interactions
2. Learning Environments (physical materials)
3. Curriculum & (Child) Assessments
4. Workforce Development and Support (Technical Assistance & Professional Development)
5. Family Communication and Engagement
6. Program Management

Please rate your level of satisfaction with these six Areas of Quality.

- ○ Completely satisfied (1)
- ○ Generally satisfied (2)
- ○ Generally dissatisfied (3)
- ○ Completely dissatisfied (4)
- ○ Not sure (5)

Display This Question:

If Please rate your level of satisfaction with these six Areas of Quality. = Generally dissatisfied

Or Please rate your level of satisfaction with these six Areas of Quality. = Completely dissatisfied

APPENDICES

Please share why you are dissatisfied (select all that apply):

- ☐ I am dissatisfied with the content of the recommended Areas of Quality. (1)
- ☐ I believe DHS should focus on all Areas of Quality. (2)
- ☐ Other: (3) _____
- ☒ I'm not sure. (4)

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the content of the recommended Areas of Quality.

If you do not like the content, please explain why:

- ☐ I believe important Areas of Quality were omitted. Please provide the area(s) that were omitted: (1) _____
- ☐ I disagree with one or more of the Areas of Quality. (2)

Display This Question:

If If you do not like the content, please explain why: = I disagree with one or more of the Areas of Quality.

APPENDICES

Which area(s) do you disagree with? (select all that apply)

- ☐ Staff-Child Interactions (1)
- ☐ Learning Environments (physical materials) (2)
- ☐ Curriculum & (Child) Assessments (3)
- ☐ Workforce Development and Support (Technical Assistance & Professional Development) (4)
- ☐ Family Communication and Engagement (5)
- ☐ Program Management (6)

Page Break

APPENDICES

The Recommendations Team also recommended that child providers should conduct a SELF ASSESSMENT of their center using any one of a variety of tools to determine and communicate the types and levels of supports they need from DHS to achieve quality in these areas.

Please rate your level of agreement with this recommendation.

- ○ Completely agree (1)
- ○ Generally agree (2)
- ○ Generally disagree (3)
- ○ Completely disagree (4)
- ○ Not sure (5)

Display This Question:

If Please rate your level of agreement with this recommendation. = Generally disagree

Or Please rate your level of agreement with this recommendation. = Completely disagree

APPENDICES

Please share why you disagree (select all that apply):

- ☐ I do not believe child care providers should use self assessments. (1)
- ☐ I do not believe self assessments are accurate. (2)
- ☐ I do not trust that providers will be given enough choices of assessments to use. (3)
- ☐ I believe providers will be penalized for have poor results on their self assessments. (4)
- ☐ Other: (5) _____
- ☒ I'm not sure. (6)

End of Block: Block 4

Start of Block: Block 5

To facilitate the roll-out of the QSS, the Child Care Recommendations Team recommended that the six AREAS OF QUALITY should be prioritized by DHS in the following order:
First Priority: Staff-Child Interactions, Learning Environments, Curriculum & Assessments
Second Priority: Workforce Development & Support, Family Communication & Engagement, Program Management

APPENDICES

Please rate your level of satisfaction with this proposed prioritization.

- ○ Completely agree (1)
- ○ Generally agree (2)
- ○ Generally disagree (3)
- ○ Completely disagree (4)
- ○ Not sure (5)

Display This Question:

If Please rate your level of satisfaction with this proposed prioritization. = Generally disagree

Or Please rate your level of satisfaction with this proposed prioritization. = Completely disagree

Please share why you are dissatisfied (select all that apply):

- ☐ I am dissatisfied with the ordering of the Areas of Quality. (1)
- ☐ I do not agree with these Areas of Quality. (2)
- ☐ I do not believe the Areas of Quality should be prioritized into two groups. (3)
- ☐ I believe other areas should be prioritized. (6)
- ☐ Other: (4) _____
- ☐ ⊗ I'm not sure (5)

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the ordering of the Areas of Quality.

APPENDICES

Please rank how MDHS should prioritize these Areas of Quality by dragging and dropping them, starting with the highest priority at the top.

_____ Staff-Child Interactions (1)
_____ Learning Environments (physical materials) (2)
_____ Curriculum & (Child) Assessments (3)
_____ Workforce Development and Support (Technical Assistance & Professional Development) (4)
_____ Family Communication and Engagement (5)
_____ Program Management (6)
_____ Other (7)

End of Block: Block 5

Start of Block: Block 6

The Child Care Recommendations Team recommended that providers should be able to obtain endorsements for AREAS OF SPECIALIZATION once the six Areas of Quality are achieved at a basic level. The list of potential endorsements is unlimited, but a few examples include providing infant-toddler care, promoting promoting early childhood development, and serving children with disabilities.

Please rate your level of agreement with the recommendation that child care providers be allowed to obtain endorsements for Areas of Specialization once a basic level of quality is achieved in the six Areas of Quality.

- ○ Completely agree (1)
- ○ Generally agree (2)
- ○ Generally disagree (3)
- ○ Completely disagree (4)
- ○ Not sure (5)

APPENDICES

Display This Question:

If Please rate your level of agreement with the recommendation that child care providers be allowed... = Completely agree

Or Please rate your level of agreement with the recommendation that child care providers be allowed... = Generally agree

Would you like to recommend any Areas of Specialization that providers could receive an endorsement for?

- ○ Yes (Please type in your recommendation): (1) _____
- ○ No (2)

Display This Question:

If Please rate your level of agreement with the recommendation that child care providers be allowed... = Generally disagree

Or Please rate your level of agreement with the recommendation that child care providers be allowed... = Completely disagree

Please share why you disagree (select all that apply):

- ☐ I believe this will lead to unfair advantages for some providers. (1)
- ☐ Other: (2) _____
- ☐ ⊗ I'm not sure. (3)

End of Block: Block 6

Start of Block: Block 7

The Child Care Recommendations Team recommended that a child care program must be licensed or registered to participate in the new Quality Support System.

APPENDICES

Please rate your level of agreement with this proposed entry point for the Mississippi Quality Support System.

- ○ Completely agree (1)
- ○ Generally agree (2)
- ○ Generally disagree (3)
- ○ Completely disagree (4)
- ○ Not sure (5)

Display This Question:

If Please rate your level of agreement with this proposed entry point for the Mississippi Quality Su... = Generally disagree

Or Please rate your level of agreement with this proposed entry point for the Mississippi Quality Su... = Completely disagree

Please share why you disagree with this proposed entry point:

- ○ I believe this entry point is too inclusive. It is too easy for providers to participate. (1)
- ○ I believe this entry point is too exclusive. It is too difficult for providers to participate. (2)
- ○ Other: (3) _____
- ⊗ I'm not sure. (4)

End of Block: Block 7

Start of Block: Block 8

The Child Care Recommendations Team recommended that DHS should prioritize the following child care <u>SUPPORTS</u> for the new QSS.

PROFESSIONAL DEVELOPMENT:
- Technical Assistance & Coaching (in person & online live interactive opportunities)
- Online live & recorded professional development opportunities, including workshops
- A pre-CDA certificate of professional achievement for non-degreed staff
- An online platform for providers to connect with and support one another

APPENDICES

• Resource and Referral Centers that overcome geographic barriers by reaching out to providers

FUNDING FOR WAGES AND EDUCATION:
• Staff wage supplements, including the Child Care WAGE$ Program
• Educational scholarships and one-time bonuses

PROVIDER GRANTS/AWARDS:
• Criteria and other grants to address identified needs of the provider to achieve quality
• Tiered reimbursement supported by strong supports to get to quality

Please rate your level of satisfaction with these Supports.

- ○ Completely satisfied (1)
- ○ Generally satisfied (2)
- ○ Generally dissatisfied (3)
- ○ Completely dissatisfied (4)
- ○ Not sure (5)

Display This Question:

If Please rate your level of satisfaction with these Supports. = Generally dissatisfied

Or Please rate your level of satisfaction with these Supports. = Completely dissatisfied

Please share why you are dissatisfied (select all that apply):

- ☐ I am dissatisfied with the content of the recommended Supports. (1)
- ☐ The DHS should focus on all Supports. (2)
- ☐ Other: (3) _____
- ☒ I'm not sure. (4)

APPENDICES

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the content of the recommended Supports.

If you do not like the content, please explain why:

☐ I believe important Supports were omitted. Please provide the Supports that were omitted: (1) _____

☐ I disagree with one or more of the Supports. Please state which Supports you disagree with (For your convenience, please find the recommended Supports below): (2) _____

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the content of the recommended Supports.

PROFESSIONAL DEVELOPMENT:
- Technical Assistance & Coaching (in person & online live interactive opportunities)
- Online live & recorded professional development opportunities, including workshops
- A pre-CDA certificate of professional achievement for non-degreed staff
- An online platform for providers to connect with and support one another
- Resource and Referral Centers that overcome geographic barriers by reaching out to providers

FUNDING FOR WAGES AND EDUCATION:
- Staff wage supplements, including the Child Care WAGE$ Program
- Educational scholarships and one-time bonuses

PROVIDER GRANTS/AWARDS:
- Criteria and other grants to address identified needs of the provider to achieve quality
- Tiered reimbursement supported by strong supports to get to quality

End of Block: Block 8

Start of Block: Block 9

The Child Care Recommendations Team recommended that DHS should incorporate the following <u>COMMUNICATION AND ENGAGEMENT</u> strategies in the QSS.

APPENDICES

Communication should be…
• Two-way, with a rapid-response communication network for families and providers
• Clear and Timely (proactive and reactive)
• Respectful of lived experience
• Regular & coordinated among agencies

Engagement should…
• Be conducted at the district/regional level with targeted recruitment of local providers
• Result in the implementation of provider input into state-level strategies and policies
• Include ongoing dialogue to address issues as new guidelines are put into practice

Please rate your level of satisfaction with the proposed Communication and Engagement strategies.

- ○ Completely satisfied (1)
- ○ Generally satisfied (2)
- ○ Generally dissatisfied (3)
- ○ Completely dissatisfied (4)
- ○ Not sure (5)

Display This Question:

If Please rate your level of satisfaction with the proposed Communication and Engagement strategies. = Generally dissatisfied

Or Please rate your level of satisfaction with the proposed Communication and Engagement strategies. = Completely dissatisfied

APPENDICES

Please share why you are dissatisfied (select all that apply):

- ☐ I am dissatisfied with the content of the proposed Communication and Engagement strategies. (1)
- ☐ I do not believe the Quality Support System needs Communication and Engagement strategies. (2)
- ☐ Other: (3) _____
- ☒ I'm not sure. (4)

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the content of the proposed Communication and Engagement strategies.

If you do not like the content, please explain why:

- ☐ I believe important strategies were omitted. Please provide the strategies that were omitted: (1) _____
- ☐ I disagree with one or more of the strategies. Please state which strategies you disagree with (For your convenience, please find the proposed Communication and Engagement strategies below): (2) _____

Display This Question:

If Please share why you are dissatisfied (select all that apply): = I am dissatisfied with the content of the proposed Communication and Engagement strategies.

Communication should be…
- Two-way, with a rapid-response communication network for families and providers
- Clear and Timely (proactive and reactive)
- Respectful of lived experience
- Regular & coordinated among agencies

Engagement should…
- Be conducted at the district/regional level with targeted recruitment of local providers

APPENDICES

• Result in the implementation of provider input into state-level strategies and policies
• Include ongoing dialogue to address issues as new guidelines are put into practice

End of Block: Block 9

Start of Block: Block 10

Please rate your overall level of satisfaction with the recommendations, including the Guiding Principles, Vision, Mission, Areas of Quality, and Supports, made by the Child Care Recommendations Team.

- ○ Completely satisfied (1)
- ○ Generally satisfied (2)
- ○ Generally dissatisfied (3)
- ○ Completely dissatisfied (4)
- ○ Not sure (5)

Display This Question:

If Please rate your overall level of satisfaction with the recommendations, including the Guiding Pr... = Generally dissatisfied

Or Please rate your overall level of satisfaction with the recommendations, including the Guiding Pr... = Completely dissatisfied

APPENDICES

Please share why you are dissatisfied (select all that apply):

- ☐ I am dissatisfied with the content of the recommendations. (1)
- ☐ I do not believe these recommendations will be used by the Mississippi Department of Human Services. (2)
- ☐ I do not believe Mississippi should have a Quality Support System. (3)
- ☐ I am dissatisfied with how the Mississippi Child Care Quality Support System Project is being conducted. (4)
- ☐ Other: (5) _____
- ☒ I'm not sure. (6)

Do you have any other comments about a Mississippi Child Care Quality Support System, these recommendations, or this survey?

_____

_____

End of Block: Block 10

Start of Block: Demographics

Please share some information about you/your center.

In what county is your child care program located?

▼ Adams (1) ... Yazoo (82)

APPENDICES

What is your program type? Select all that apply.

- ☐ Head Start (1)
- ☐ Center-based (2)
- ☐ Home-based (3)
- ☐ Pre-K collaborative (4)
- ☐ Other: (5) _____

Does your child care program accept children who receive subsidies through the Child Care Payment Program?

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)

Does your child care program provide after-school care?

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)

APPENDICES

What is your role in your program? Select all that apply.

- ☐ Owner (1)
- ☐ Director (2)
- ☐ Assistant Director/Director Designee (3)
- ☐ Infant Teacher (4)
- ☐ Toddler Teacher (5)
- ☐ Preschool Teacher (6)
- ☐ Home-based Provider (7)
- ☐ Teacher Assistant (8)
- ☐ Other: (9) _____

APPENDICES

What is your race?

- ○ American Indian or Alaskan Native (1)
- ○ Asian (2)
- ○ Black or African American (3)
- ○ Native Hawaiian or Pacific Islander (4)
- ○ White (5)
- ○ More than one race (6) _____
- ○ Prefer not to answer (7)
- ○ Other (8) _____

What is your ethnicity?

- ○ Hispanic or Latinx (1)
- ○ Not Hispanic or Latinx (2)

How many years of experience do you have in child care?

_____

Thank you for taking the time to provide your input into this process. It is important that the recommendations put forward accurately represent those of the Mississippi child care provider community.

End of Block: Demographics

APPENDICES

Appendix E. Parent Focus Group Instrument

MS Child Care Quality Support System Project—Parent Focus Group Instrument

Purpose: Inclusion of family perspectives in the initial QSS Child Care Provider Recommendations Phase

Process: Obtain insights from families to share with the Recommendations Team after the third Rec Team meeting. Determine if the Rec Team wants to adjust their recommendations considering input from families.

Research questions to be answered:
What aspects of quality matter to families?
What criteria do families use to select a provider?
How do families learn about provider quality?
How would families like provider quality to be communicated?
How do families perceive the value of a QSS?
What is the role of family engagement in quality?
What are families' perceptions of supports needed by their provider?

Focus Group Questions:
1. What do you like most about your current child care provider?
2. How do you perceive the quality of your current child care provider? Why? How could it be improved?
3. How would you define child care quality? What do you hope to have for your child?
4. What types of things are *most* important to you in a child care provider?
5. How important is family engagement (give examples-define–open communication) to you when selecting a center? Is it a top priority?
6. What resources do you use to know a child care provider is an acceptable place to send your child? (prompts: internet, word of mouth, online ratings, etc.)
7. Would you like to have provider quality directly communicated to you in some way? From DHS? From your child care provider? If yes, how would you like it communicated? (prompts: signage at provider location, notified as a parent, mailed, text, phone call, DHS website–can look up specific centers, list to newborn families re providers in the area + quality; displayed at the center)
8. What could a child care quality improvement system do for families in MS?
9. What kind of role would you want for family engagement in a quality improvement system?
10. The state of Mississippi offers supports to help child care providers achieve high quality. What types of supports does your current child care provider need most?


A
B
C