

Recommendations

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

SEPTEMBER 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

Recommendations by The Mississippi Child Care Quality Support System Project Recommendations Team:

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Tonya Hope Jones, Kiddie Korner Learning Center
Nancy Koon, The Mustard Seed Preschool & Child Care Center
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Acknowledgements

This report was made possible through the time, dedication, and positivity brought to the work by Recommendations Team members. In creating the recommendations, they took valuable time away from their facilities and devoted it to improving child care for the state of Mississippi. Many thanks to this group's thoughtful contributors.

A special thanks to the Convening Team members who sacrificed extensive family and work time to attend, plan, and facilitate meetings. Your passion and determination kept the project moving forward.

Thank you to the Advisory Team members who spent time learning about the project and providing sincere feedback, as well as the parents who provided helpful input. Many thanks to the 300+ child care providers across the state who took the time to share their valuable thoughts about the recommendations through an online survey.

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INTRODUCTION

Given that high-quality child care improves outcomes for children, the federal government expects states to enhance the quality of early childhood education programs.

This is evidenced in federal reporting requirements for the quality of child care received by child care subsidy recipients and demonstrated through requirements and expectations for Quality Rating and Improvement Systems (QRIS) in federal funding opportunities, such as the PDG B-5 grant. States wanting to compete for much-needed child care funding must consider the quality of child care offered in their state. Consequently, 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 QRIS (The Build Initiative, 2021).

While QRIS were initially designed to improve child care quality for all children and families, their structure has often limited supports and advancements for lower-resourced providers, Black and brown providers, and home-based providers. QRIS traditionally provided resources after achievements were made, rather than using them to foster achievement, raising concerns about equity and the fairness of rating systems to hold accountable child care programs with vastly different resources (Meek et al., 2022). Therefore, many states are in the process of restructuring their QRIS to address equity and resource issues.

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. This new system represents a shift from past QRIS top-down monitoring and rating of providers to a more collaborative approach of offering supports to providers to improve quality. To get provider input to this work, MDHS has held town hall meetings and implemented a survey to child care providers statewide.

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 with Mississippi child care providers. This project, the Mississippi Child Care Quality Support System (QSS) Project (so named to reflect the state's new emphasis on supports), was conducted by a Convening Team with diverse representation from the W.K. Kellogg Foundation, Social Science Research Center, Mississippi Early Learning Alliance, parent and child care representatives, Mississippi First, the national BUILD Initiative, Excel by 5, the national Child Care State Capacity Building Center, and Loving Hands Educational Services.

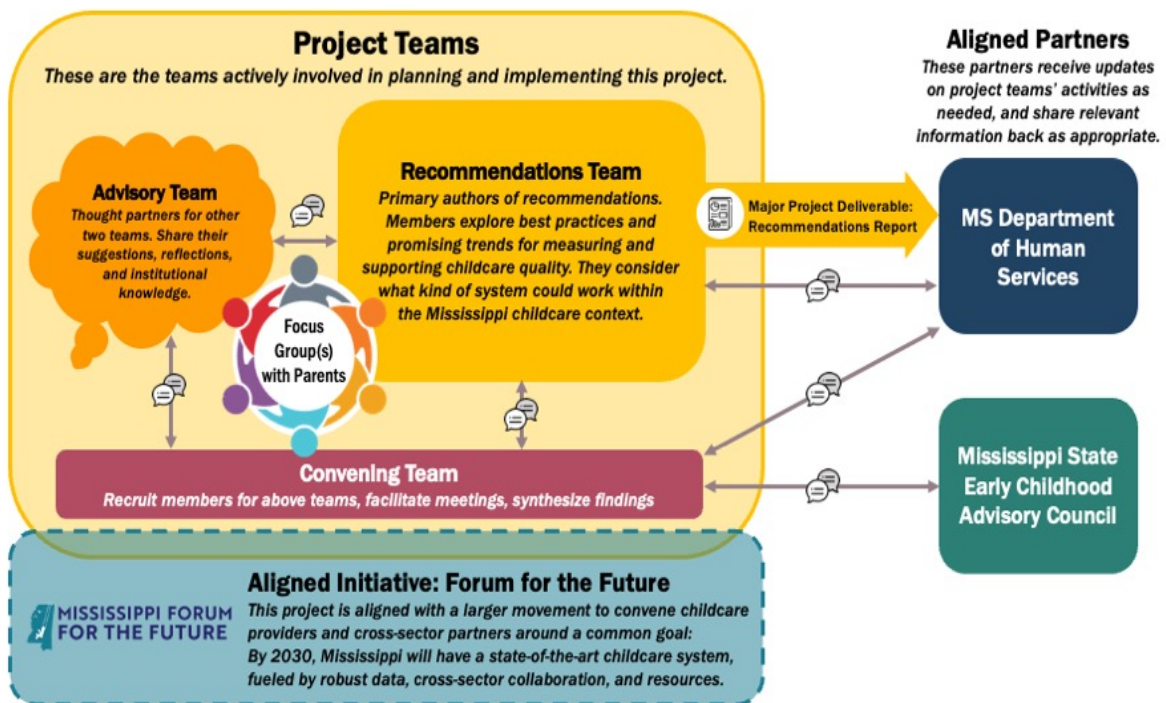
INTRODUCTION

The Mississippi Child Care QSS 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 1 for a Project Organizational Chart.)



INTRODUCTION

Figure I. Project Organizational Chart

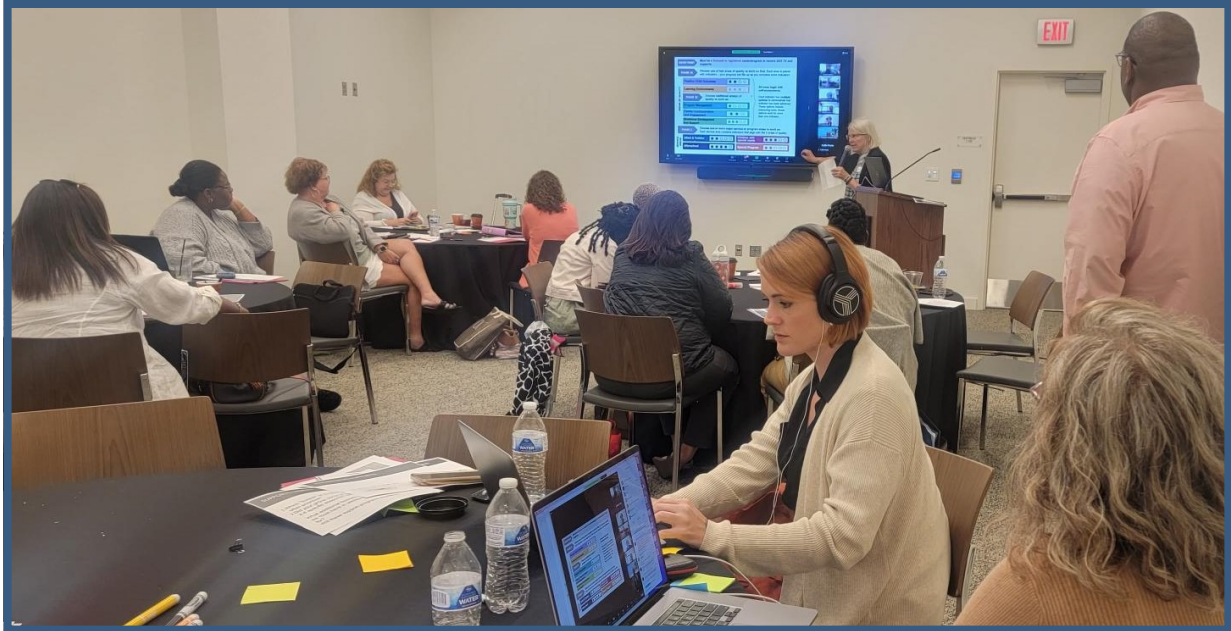


The Recommendations Team

The Convening Team received almost 60 applications for Recommendations Team participants in response to a statewide request for applications. The final group consisted of 19 providers with a median of 29 years of experience in the field. 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. 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 Recommendations Team attended 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.

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

INTRODUCTION



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.



INTRODUCTION



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.

The Advisory Team

The Advisory Team consisted of 25 prominent early childhood professionals and advocates who brought a wealth of institutional knowledge in early care and education, as well as experience with previous QRIS iterations. This team was convened to gather their suggestions for and reflections on quality improvement systems based on lessons learned from previous quality improvement efforts in Mississippi. The Convening Team met with the Advisory team twice, distributed surveys to this group, and held Office Hours to field questions and comments. The Convening team relayed Advisory Team input to the Recommendations Team as needed throughout the process.

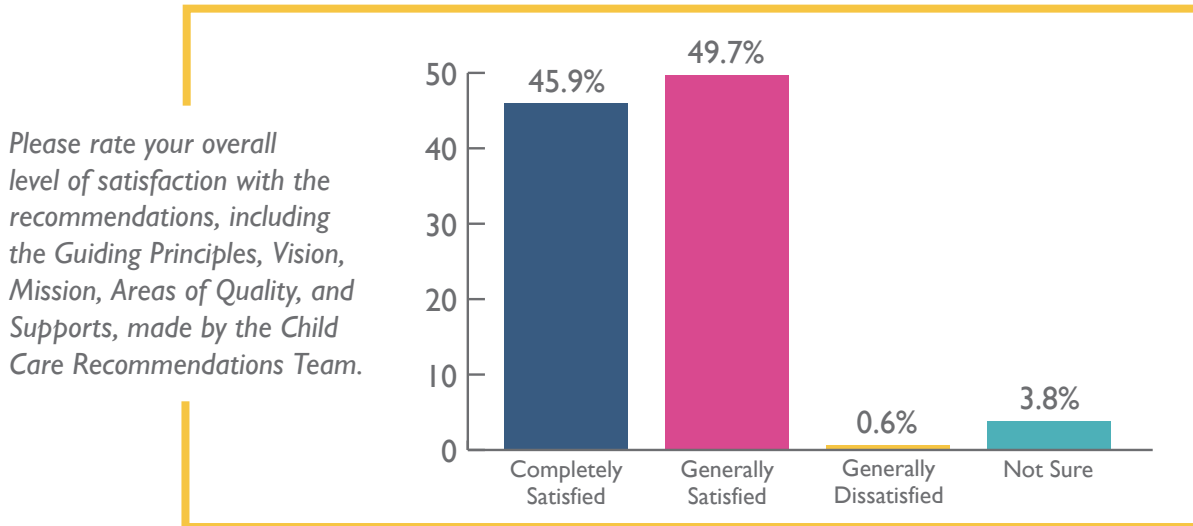
Parent Focus Group

A focus group was held with parents to gain insight into how they think about quality in child care, how quality influences their child care selections, and how they learn about child care quality. 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. Six parents participated in the virtual session and offered input.

INTRODUCTION

Statewide Child Care Provider Survey

Over 300 members of the broader Mississippi child care community responded to a survey asking about their satisfaction with initial recommendations proposed by the Recommendations Team. 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 318 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.



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. 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.

The input and feedback offered by the Advisory Team, Parent Focus Group, and Statewide Child Care Provider Survey was all collected and provided to the Recommendations Team for consideration in their final recommendations, which follow:

RECOMMENDATIONS

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).

RECOMMENDATIONS

- 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.

RECOMMENDATIONS

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.



RECOMMENDATIONS

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.

RECOMMENDATIONS



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, Pedagogical Leadership and Data Informed Continuous Quality Improvement.

RECOMMENDATIONS

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 I

In Phase IA, 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 IA, they would enter Phase IB. 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 I 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

RECOMMENDATIONS

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.

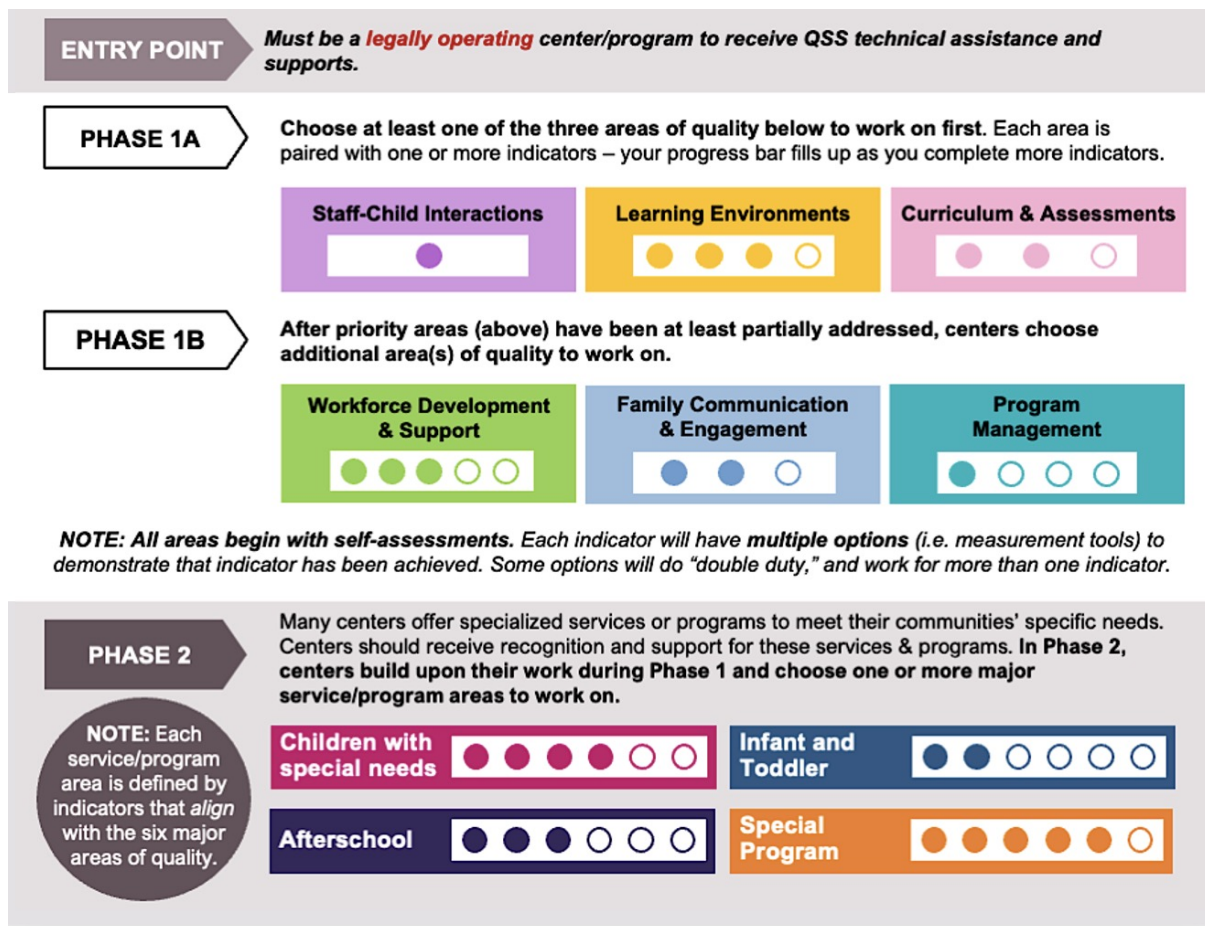
In Phase 2, providers would build on work they did during Phases 1A and 1B and choose an Area of Specialization on which to focus. As in Phases 1A and 1B, indicators are paired with each area, and providers would have multiple options for how they show that indicators have been achieved. Since many of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

RECOMMENDATIONS

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

RECOMMENDATIONS

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

RECOMMENDATIONS

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

CONCLUSION + REFERENCES

CONCLUSION

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 were given needed supports in advance and along the pathway to quality. While previous QRIS relied on high-stakes, single-event assessments, these recommendations promote continual quality improvement through ongoing dialog with state agencies. Additionally, past QRIS encouraged “one right way” to quality. These recommendations prioritize multiple pathways to quality that are flexible enough to accommodate differences in individual experiences, environments, and circumstances and celebrate unique strengths. 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 renewing the relationships between state agencies and providers, these recommendations, if adopted, would ensure enhanced equity in achieving quality.

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 allowing flexibility for providers through choices in how quality is demonstrated and 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 reaps benefits for children and families in Mississippi.

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