DELBERT HOSEMANN
Secretary of State

ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. An Economic Impact Statement must be attached to this Form and address the factors below. A <u>PDF</u> document containing this executed Form and the Economic Impact Statement must be filed with any proposed rule, if required by the aforementioned statute.

AGENCY NAME Mississippi Department of Human Services	CONTACT PERSON M. Earl Scales		TELEPHONE NUMBER 601-359-4237
ADDRESS 200 South Lamar St.	CITY Jackson	STATE MS	ZIP 39201
EMAIL escal@ago.state.ms.us	DESCRIPTIVE TITLE OF PROPOSED RULE Action taken to establish the Standard Designation, indicating a minimum level of quality in child care delivery, as a requirement for participation in the Child Care Payment Program by October 1, 2019.		
Specific Legal Authority Authorizing the promulgation of Rule: Child Care and Development Block Grant and 45 C.F.R. §98.0, et seq.	Reference to Rules repealed, amended or suspended by the Proposed Rule: Child Care Payment Program Policy Manual, Title 18, Part 17		

SIGNATURE *Earl Scales*	TITLE Assistant Attorney General
DATE 02-07-19	PROPOSED EFFECTIVE DATE OF RULE 30 days after Final filing

1. **Describe the need for the proposed action:**

   The Mississippi Department of Human Services (MDHS) is the lead agency designated by Governor Phil Bryant to administer the Child Care Development Block Grant (CCDBG) program, the Child Care Development Fund (CCDF) through the Child Care Payment Program (CCPP). The CCPP is a program under the MDHS Division of Early Child Care and Development (DECCD).

   The Child Care and Development Block Grant Act of 2014 and the new rules of the CCDF (Child Care Development Fund) published in September of 2016 require states to take action to increase the quality of child care services delivered through the block grant, specifically, by requiring criminal background checks and health and safety training for all child care staff in centers that receive CCDF subsidy funding, and by investing in raising the minimum standards for quality child care.

MDHS has no choice but to enforce the federal mandates, and therefore is under no duty to file an economic impact statement related to the requirement that all provider staff must complete health and safety training and complete compliant criminal background checks once every five years, however, the agency is given discretion in how it will invest to increase minimum standards of quality. The agency has chosen to take the action described below to comply with federal expectations and to further State goals to improve school readiness for children, support working families as they move to self-sufficiency, and provide a high quality nurturing environment for children in Mississippi.

In order to comply with the quality investment requirements, Mississippi, under the leadership and guidance of the Governor's State Early Childhood Council (SECAC) evaluated the existing program, and it's Quality Rating Improvement System (QRIS). The QRIS was a five level quality rating system with each level represented by a star. Additionally, the QRIS allowed providers to participate in the program, and receive CCDF subsidy payments without a star rating.

SECAC held multiple meetings and work sessions[1] in early 2016 with multi-disciplinary stakeholders of the childcare community. Additionally, MDHS reviewed a research study performed by the Mississippi Low Income Child Care Initiative (MLICCI) that quantified the cost to each provider related to achieving each of the star levels in the existing QRIS, and determined that the cost of achieving the highest levels of quality was high, and designed to impact only a small percentage of providers in Mississippi, while doing nothing to raise the standard of quality for all providers. The foreseeable outcome of the old system was high quality care for the few children who were fortunate enough to attend a well-funded center, and no guaranteed standard of care for those children in centers that elected not to attain the lowest level of quality in the star system. Mississippi determined that it needed a new system designed to raise the quality standard for child care for all children, and to encourage heightened levels of quality across the state, while supporting working parents as they move toward self-sufficiency.

The primary goal was to develop a family-based unified and integrated early childhood system that connects and integrates resources and services for both parents and caregivers and their children in three key areas: (1) early care and learning; (2) health, mental health, safety and nutrition; and (3) family engagement.[2]

In order to accomplish these goals and to comply with federal mandates, Mississippi elected to implement a mandatory minimum quality designation, termed Standard, for all participating child care providers. The Standard Designation indicates that the provider has met certain milestones on the path to increasing the quality of care, including completion of criminal background checks and health and safety training for all staff in centers receiving CCDF subsidy, as well as implementation of curriculum that aligns with Early Learning Guidelines as established by the

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[1] See *Notes* Attached as Exhibit A.
[2] See *A Family Based Unified and Integrated Early Childhood System*, December 2016, attached as Exhibit B.

Mississippi Department of Education (MDE) in order to improve school readiness in children as they transition from child care to school.

In a second phase of the designation project, Mississippi plans to implement a pilot program for a Comprehensive designation, which would indicate that a Standard designated provider is part of an integrated service delivery system that ensures heightened quality and continuity of that quality as the child ages from birth (6 weeks) to school age. That pilot program has a target date of late 2019.[3]

In order to ensure the least disruption to providers in the transition period from one system to another and to ensure provider success, MDHS invested in support for providers through the Early Childhood Academies (ECA) which provide professional development and onsite coaching to assist providers in meeting the requirements of the Standard Designation. The agency raised reimbursement rates to 75% of the identified market rate in the spring of 2018, in order to anticipate and offset any cost inured to providers in achieving the Standard Designation by October 2019.[4]

Additionally, MDHS continues to work with the National Strategic Planning Analysis and Research Center (NSPARC) to develop an integrated technology system to house provider data and enable MDHS to track data. MDHS is continuing to work with these partners to improve the provider experience in meeting the Standard Designation requirements.

The target date for the proposed action to impose a significant economic impact to providers is October 1, 2019, at which time it will no longer be an option for providers to receive CCDF subsidy payments without a Standard Designation. No provider has been excluded from the program or denied subsidy payments for failure to meet the requirements to date. Additionally, MDHS has not denied a Standard Designation to any provider who completed the Standard Application in good faith, and verified completion of health and safety and criminal background checks for all staff. Some providers have been approved as Standard Designated, and some have been approved as Standard Designated with Technical Assistance (TA) to help further develop and implement curriculum. The TA is provided by the ECA with the cost born by MDHS.

As a part of continuous quality improvement, MDHS continues to refine this process. The agency plans to enter formal agreement with qualified curriculum reviewers from the Early Childhood Education Departments at one of the three major universities this year, in order to ensure that the curriculum portion of the Standard application is reviewed by a neutral party with expertise in early childhood curriculum.

1. **Describe the benefits which will likely accrue as the result of the proposed action:**
   The proposed action will likely increase the level of quality child care available to all children who participate in the CCDF subsidy program, and decrease the potential for

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[3] See *A Family Based Unified and Integrated Early Childhood System*, establishing a framework for Comprehensive Designation. December 2016, attached as Exhibit B.
[4] See Market Rate Table comparing old rates to revised rates, attached as Exhibit C. Mississippi pays 75% an average market rate, a recommended best practice by the Federal Office of Child Care.

a stratified system with higher levels of quality available for only a small percentage of participants. The proposed action requires mandatory safety training as well as background checks for all staff members at child care provider locations, which both improves the security of the provider location and helps to ensure the safety and wellbeing of children on the premises. Finally, the establishment of the Standard-Comprehensive Quality System facilitates the provision of quality child care that is both safe and affordable for low-income families.

2. **Describe the effect the proposed action will have on the public health, safety, and welfare:**

The proposed action increases compliance with federal childcare standards by improving child care center oversight, quality standards, and by requiring all childcare centers to become either licensed or registered with the Mississippi Department of Health in order to receive subsidy funds. The proposed action requires mandatory safety training for all staff members as well as background checks for all persons 18 years and older at child care provider locations. Additionally, child care providers are required to implement curriculum that aligns with the Early Learning Standards established by the MS Department of Education. These changes are intended to improve the security of the provider location and help to ensure the safety and wellbeing of children on the premises, as well as increase the likelihood of school readiness for each child, resulting in safer and higher-quality child care centers.

3. **Estimate the cost to the agency and to any other state or local government entities, of implementing and enforcing the proposed action, including the estimated amount of paperwork, and any anticipated effect on state or local revenues:**

The CCDBG to Mississippi was increased by approximately $39,000,000.00 in Federal Fiscal Year 2018. Federal statutes and rules require significant use of the additional funding to improve access to quality childcare. In an effort to balance compliance with federal mandates to increase quality, and to limit the negative impact on child care providers and CCDF parents the agency will incur significant cost increases. MDHS proposes to:

1. Pay a $50.00 registration fee per child one (1) time annually (estimated $1,421,750.00 annual increase)
2. Increase monthly rates paid to all providers (estimated cost to agency $15,135,222.00)
3. Recalculate co-pay rates to ensure the rates are affordable and equitable for all families (cost neutral)
4. Allow for five (5) paid absences per month per child regardless for reason for absence to create a more stable and predictable income stream for child care providers- applicable to all providers (estimated cost to agency $7,527,693.00)

The total estimated cost to the agency is $24,084,665.00 which will come entirely from Federal grant funding. (Estimated costs based on 28,435 active vouchers).[5]

4. **Estimate the cost or economic benefit to all persons directly affected by the proposed action:**

The proposed changes should result in a net economic benefit for providers and families. CCPP approved providers will benefit through more predictable higher payments, the addition of a subsidized annual registration fee, professional

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[5] See Table of Calculations, attached as Exhibit D.

development classes and technical assistance available at no cost to the provider. The foregoing agency investments are intended to offset any additional cost to providers to meet the requirements to become a standard designated provider. MDHS does not anticipate increased cost to providers will be necessary to become standard designated, however, compliance with the application process, which includes a self-assessment, and implementation of curriculum aligned with the Early Learning Standards will require director and staff time, and also potentially the cost of curriculum. The application and curriculum requirements can be met by working with the Early Childhood Academies without additional cost to the provider. Additionally, providing professional development targeted to raise the minimum level of quality is a federal requirement promulgated in the 2014 amendments to the Child Care Development Block Grant, so while the agency has discretion in how to invest funds to raise minimum quality requirements, it has no choice but to do so.

MDHS recognizes that this rule change will increase cost to Family Child Care providers (providers caring for 5 or fewer children in a residential setting and not eligible for licensure under state statute), as they will be held to the same standard for background checks and health and safety requirements as center-based providers for the first time. However, these changes are necessary to comply with 45 C.F.R.§98.43, and as such do not require an economic impact statement (see Miss. Code Ann. §25-43-3.105(7)). Families will benefit from increased access to affordable higher quality child care.

5. **Provide an analysis of the impact of the proposed rule on small business:**
    a. **Identify and estimate the number of small businesses subject to the proposed regulation:**
        Approximately 1066 child care providers currently receive Child Care Development Block Grant payments in the state of Mississippi. Those providers that choose to participate would be required to comply with all applicable rules including the proposed rule changes, and achieve a standard designation no later than October 1, 2019.

    b. **Provide the projected reporting, recordkeeping, and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record:**
        The reporting, recordkeeping, and administration required have not changed. However, the application and monitoring process to become Standard designated will require an estimated five (5) hours per year to complete the application, as well as participation in any identified technical assistance needed. MDHS has reached an agreement with the MSDH to award five (5) contact hours for initial completion of the Standard Designation application. The five (5) contact hours are counted toward the provider's fifteen (15) hour annual requirement, making the time investment cost neutral. However, the time required for annual renewal of the designation, while anticipated to be less than five (5) hours, is unknown to date, therefore, the agency also estimated a cost to providers of five (5) administrative hours annually for renewal of the Standard Designation. The agency has contracted with the Mississippi Community College Board (MCCB), the Mississippi Early Child Care Inclusion Center (MECIC) to provide professional development and

technical assistance at no cost to providers and often at the provider's place of business to minimize travel and time away from the center. Additionally, MDHS has contracted with the National Strategic Planning and Research Center (NSPARC) to provide technical assistance related to completing the application, and using the Provider Integrated Portal (PIP) designed and maintained by NSPARC. MDHS has worked extensively with NSPARC to redesign the PIP and create an improved customer experience.

The agency estimates that approximately one-third of all providers will require TA two (2) hours per month for one year, however, out of caution, MDHS based the cost estimate to providers for TA on the very liberal projection of all providers receiving 24 hours of TA per year. The estimated cost of time to providers collectively for application completion is $94,341.00, the estimated collective cost to providers for every CCDF provider to receive TA if needed, is $452,837.00. Cost to provider estimates are calculated using an estimated hourly wage of $17.70 based on MDES occupational wage data for a Preschool Administrator.[6]

c. State the probable effect on impacted small businesses:

Child care providers will begin receiving more regular and predictable payments being paid for up to forty-five (45) additional days per year if a child is absent, as well as reimbursement at higher market rates which will decrease administrative burdens and provide a more consistent revenue stream. The proposed regulatory changes are designed to meet minimum federal requirements for quality improvement with the least disruption to providers possible. The estimated cost to the agency and consequent increase in reimbursement to providers for the change in absence calculation is $7,527,693.00 annually. The estimated cost to the agency and consequent increase in reimbursement to providers for the increase in market rates is $15,135,222.00 annually, for a possible annual increase to providers collectively of approximately $22,662,915.00, depending on number of vouchers issued.[7]

d. Describe any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation including the following regulatory flexibility analysis:

  i. The establishment of less stringent compliance or reporting requirements for small businesses;

MDHS is currently investing substantial time in revising and streamlining the application and reporting process. MDHS has determined after weighing costs and benefits that the proposed changes represent the least intrusive requirements while still ensuring the compliance of CCPP providers to state and federal standards and regulations, which requires Lead Agencies to invest in raising the minimum standard of quality.

  ii. The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;

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[6] Table of calculations attached, as Exhibit D.

[7] Table of Calculations attached as Exhibit D.

MDHS extended the deadline for providers to become Standard designated to October 1, 2019, to allow MDHS and its program partners to evaluate and reduce unintended barriers to compliance, as well as to allow time for MDHS program partners to revise and improve the provider experience in the achieving the standard designation. No child care provider has been or will be restricted from participation in the CCPP for lack of completing the Standard Designation until the established deadline of October 1, 2019.

iii. **The consolidation or simplification of compliance or reporting requirements for small businesses;**

All changed reporting requirements are completed in an updated application one time annually. MDHS is currently working with NSPARC to ensure that the updated application pre-populates with the provider's previously entered information so that after the initial application has been completed, the updating process will consist only of adding new information or changing existing information. Additionally, MDHS worked with the MS Department of Health to obtain approval for providers to obtain five (5) contact hours for first time completion of the application.

iv. **The establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and**

The proposed action reduces the complexity of implementing and attaining the quality and performance standards established by the state, while seeking to minimize the administrative burden on providers. MDHS spent substantial time listening to child care provider feedback on the application process, and has since attempted to streamline the process in response to that feedback. Additionally, MDHS is working with the Mississippi Department of Education (MDE), Head Start and a multi-disciplinary task force to develop Early Learning Strategies for all ages that will meet the curriculum requirement. These strategies will be published, and available for use by all child care providers at no cost to the provider.

v. **The exemption of some or all small businesses from all or any part of the requirements contained in the proposed regulations:**

Only small businesses (childcare providers) that desire to participate in the Child Care Payment Program are subject to the regulations. Those that choose to participate would be required to comply with all applicable rules, while non-participating child care providers are not required to comply. All providers who complete the Standard Application in good faith, and verify completion of health and safety and criminal background checks for all staff will be approved as Standard Designated. If the content of the application indicates that the provider needs technical assistance (TA), the application will be approved with the contingency that the provider participate fully in TA, which will be delivered by coaches from the Early Childhood Academies (ECA) at no cost to the provider. The TA requirement is the only factor that distinguishes an Approval with TA from an Approval without TA.

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6. **Compare the costs and benefits of the proposed rule to the probable costs and benefits of not adopting the proposed rule or significantly amending an existing rule:**

    The proposed action will better align the state's policies with federal regulations; failure to adopt the proposed rule could potentially make the state ineligible for the CCDF dollars that support the childcare payment program and would negatively affect providers, families and the children of Mississippi. Currently Mississippi receives over $90,000,000.00 to subsidize child care and invest in improving the quality of childcare available to low-income children. The proposed action benefits low-income working families in need of affordable child care by decreasing personal out-of-pocket cost. The action improves safety and security of the child care facility by expanding mandated safety trainings. The action is intended to increase school readiness in children by requiring use of curriculum that is aligned with MDE Early Learning Guidelines. The action benefits providers by establishing a more accurate and timely payment method for children in their care, and significantly increasing the rate at which providers are paid per child. The action raised Mississippi's payment rates to the seventy-fifth percentile of the market rate, a percentile by very few states in the CCDF subsidy program. Neither the families nor the providers should incur any costs above the payments and fees already established due to the proposed action. The anticipated benefits are greater than the estimated cost-neutral effects of the proposed action.

7. **Determine whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rule where reasonable alternative methods exist which are not precluded by law:**

    While a number of methods might be employed to achieve the federal mandate of establishing a minimum level of quality and safety in child care, the method setting a standard designation as a minimum requirement for program participation, along with the extended deadlines, revised application process, and extensive technical assistance available to providers at no cost, as well as the substantially increased market rates, MDHS has a reasonable basis for believing that there are no less costly methods or less intrusive methods for MDHS to achieve the federally mandated outcomes.

8. **Describe reasonable alternative methods, where applicable, for achieving the purpose of the proposed action which were considered by the agency:**

    MDHS researched programs in other states, and explored options though dialogue and work by the Governor's State Early Childhood Advisory Council. Many states employ a Quality Rating Improvement System (QRIS) to achieve a minimum standard of quality. Mississippi employed a five star (tiered) QRIS for many years until deciding to implement the minimum quality standards embodied in the Standard Designation. The rationale for the change was to set a minimum standard for quality for all children who receive child care in Mississippi, which was previously not a requirement in the five star system. The decision to move away from QRIS was the result of multi-disciplinary collaborative meetings conducted throughout 2016.[8]

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[8] See Exhibit A.

9. **State reasons for rejecting alternative methods that were described in #9 above:**

The state held collaborative meetings of childcare stakeholders,[9] reviewed a research study performed by the Mississippi Low Income Child Care Initiative,[10] and found that very few providers had the resources necessary to achieve higher ratings in the star system. Additionally, CCDF funds were being invested to incentivize this small percentage of providers to maintain levels of quality commensurate with the star rating requirements, creating a stratified system that resulted in high quality care for a very small percentage of children, with no minimum standard for the vast majority of children receiving childcare in Mississippi. The new standard designation seeks to raise the quality standard for all providers by raising the minimum requirements for participation in the program while also raising reimbursement rates substantially for all CCDF providers, and investing in quality TA to achieve a minimum standard of quality for all children receiving subsidy.

10. **Provide a detailed statement of the data and methodology used in making estimates required by this subsection:**

Please find attached table with data and methodology for estimates related to:

1. Cost to expand absence policy from 15 days to 60 days annually per child.
2. Cost to complete Standard Application and receive TA.
3. Cost to increase reimbursement rates. [11]

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[9] See Exhibit A.

[10] See *MLICCI Step Up Project Report*, attached as Exhibit E, and *Summary Memo*, June 30, 2014, attached as Exhibit F.

[11] See Exhibit D.

MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

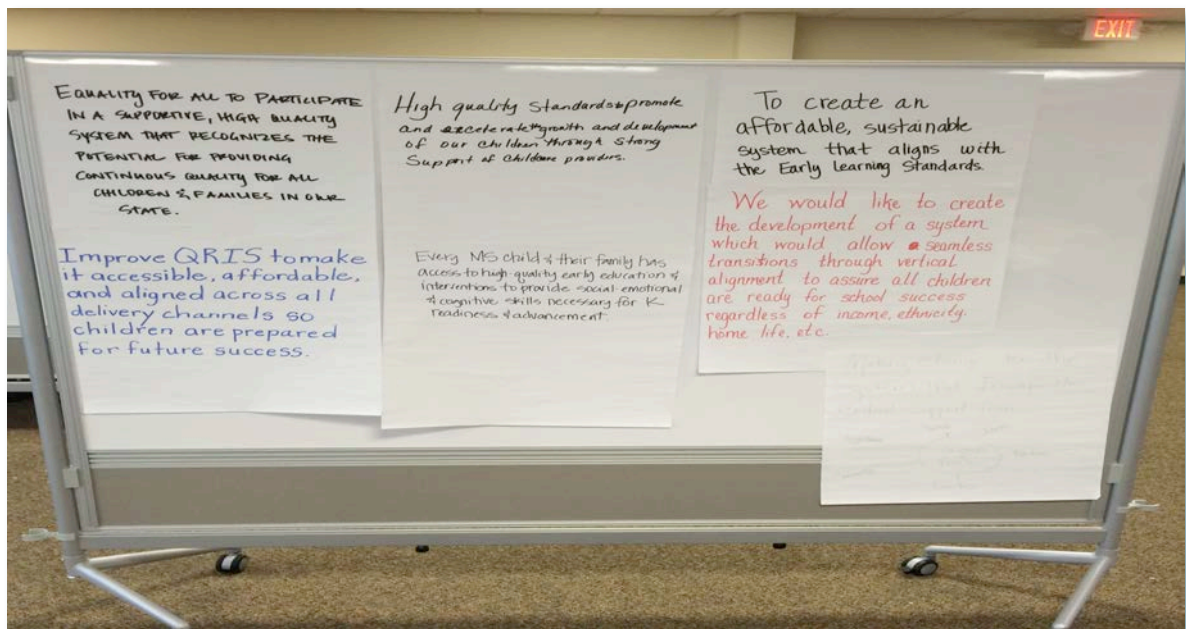## Division of Early Childhood Care and Development

January 8, 2016 – Meeting Notes
QRIS Launch Meeting

- **30 Attendees as per Sign-In**: Robin Guy, Stella Gales, Carolyn Willis, Fanesia Johnson, Jennifer Calvert, LaTasha Brown, Lesia Daniel-Kemp, Holly Spivey, Nita Thompson, Christi J. Payton, Monica May, Hazel E. Randall, Lydia Bethay, Jill Dent, Nancy Sylvester, Courtney Washington, Lynne Black, Lacia Donald, Tammy Forrester, Tamara Smith, Sherry Coleman, Tia Gregory, Kelly Carmody, Theresa Dobbins, Lillie Smith, Mimmo Parisi, Win Maxey-Shumate, Ed Sivak, Carol Burnett, and Florenda Pope

- **Introductions and Dreams**
    - I want to share with the families as well as the children
    - Dreams of providing for the children
    - To enhance teacher child interactions and to have everyone to work together for the betterment of the children
    - For all children to have equal access to quality programs where each child can succeed
    - To continue to support family child care providers to help each one move up the Quality Stars
    - For every child in our state to have access to quality programs and to have early intervention access
    - For every child we serve to have the same quality as head start programs
    - To see more enhancement and emphasis on social skills
    - To ensure that everyone has the opportunity to high quality learning environment
    - For every child to be ready for kindergarten

- o Want every parent to have equal access to quality
- o Want to provide a safe environment where all children thrive and grow
- o For all children to be able to read on grade level
- o I want to instill being humble into every child
- o To prepare, educate and train the people who are in front of the children
- o TO get a commitment from the state to get a meaningful financial support for birth through HS education
- o We find a way to make the QRIS affordable for each provider and that we build a system
- o To protect each child while educating them
- o That all children have access to quality care regardless of the families financial situation….we need to close the gap
- o That all children have quality access to education
- o To have a holistic approach to quality
- o Systems development is most important
- o To ensure that all children can learn while supporting parents and families – Family engagement is a powerful piece
- o For us to invest more in our children's future – time, money and resources
- o For every child to get the best education possible to grow
- o We all have a passion because we are here – we need to share the passion outside this room!
- o To join together to launch a new system to change the cultural identity and reach the maximum potential of the state
- o For every child to learn and have a quality education – Early learning is the most important part

- **Vision – Desired end state Activity**

- o Equality for all to participate in a supportive, high quality system that recognizes the potential for providing continuous quality for all children and families in our state.
- o Improve QRIS to make it accessible, affordable, and aligned across all delivery channels so children are prepared for future success.

Exhibit A

- High quality standards to promote and accelerate the growth and development of our children through strong support of child care providers.
- Every Mississippi child and their family has access to high-quality early education and interventions to provide social-emotional and cognitive skills necessary for K readiness and advancement.
- To create an affordable, sustainable system that aligns with Early Learning Standards.
- We would like to create the development of a system which would allow seamless transitions through vertical alignment to assure all children are ready for school success regardless of income, ethnicity, home life, etc.
- Making changes to the system that incorporate critical support from: Funds, Admin, Teachers, Directors, Communities, and Legislator KEEPING children and families in the center.

- **Wordle Values Activity**

- **Discussion Regarding FPG Considerations** – design, standards, measures, implementation, rating process, supports, T and TA, communication

Design

Order Preference	Group 1 1st Priority	Group 2 1st Priority	Group 3 3rd Priority	Group 4 2nd Priority
1	· Ensure that all sectors are included in QRIS advisory and redesign groups, and that the sectors are meaningfully integrated in the administration and oversight of the QRIS at the state, and as appropriate, local levels.	· Ensure that all sectors are included in QRIS advisory and redesign groups, and that the sectors are meaningfully integrated in the administration and oversight of the QRIS at the state, and as appropriate, local levels.	· Examine other rating structures to determine whether the block model is best for the state.	· Ensure that all sectors are included in QRIS advisory and redesign groups, and that the sectors are meaningfully integrated in the administration and oversight of the QRIS at the state, and as appropriate, local levels.
2	· Conduct a cross-walk of standards between the QRIS, licensure/Health Department, Head Start, Pre-K, and other related programs (e.g., NAEYC) to determine what improvements might be made in alignment.	· Conduct a cross-walk of standards between the QRIS, licensure/Health Department, Head Start, Pre-K, and other related programs (e.g., NAEYC) to determine what improvements might be made in alignment.	· Ensure that all sectors are included in QRIS advisory and redesign groups, and that the sectors are meaningfully integrated in the administration and oversight of the QRIS at the state, and as appropriate, local levels.	· Conduct a cross-walk of standards between the QRIS, licensure/Health Department, Head Start, Pre-K, and other related programs (e.g., NAEYC) to determine what improvements might be made in alignment.
3	· Develop clarity and cross-sector consensus about QRIS goals and the activities and supports needed to attain them.	· Examine other rating structures to determine whether the block model is best for the state.	· Develop clarity and cross-sector consensus about QRIS goals and the activities and supports needed to attain them.	· Examine other rating structures to determine whether the block model is best for the state.
4	· Examine other rating structures to determine whether the block model is best for the state.	· Develop clarity and cross-sector consensus about QRIS goals and the activities and supports needed to attain them.	· Conduct a cross-walk of standards between the QRIS, licensure/Health Department, Head Start, Pre-K, and other related programs (e.g., NAEYC) to determine what improvements might be made in alignment.	· Develop clarity and cross-sector consensus about QRIS goals and the activities and supports needed to attain them.

Standards

Order Preference	Group 1 2nd Priority	Group 2 2nd Priority	Group 3 1st Priority	Group 4 1st Priority
1	· Examine whether indicators currently in the Evaluation standard might be folded into other areas to align more closely with other state systems.	· Examine whether indicators currently in the Evaluation standard might be folded into other areas to align more closely with other state systems.	· Consider requiring some of the other common training topics, including Introduction to ERS and Health and Safety.	· Examine whether indicators currently in the Evaluation standard might be folded into other areas to align more closely with other state systems.
2	· Consider requiring some of the other common training topics, including Introduction to ERS and Health and Safety.	· Consider examining the newly developed Family and Provider/Teacher Relationship Quality measure to assess the quality of families and provider relationships.	· Consider adding curriculum to QRIS standards.	· Consider examining the newly developed Family and Provider/Teacher Relationship Quality measure to assess the quality of families and provider relationships.
3	· Reconsider requiring parent participation in a block system as it may prove to be challenging and feasibility is contingent upon the actions of current parents.	· Reconsider requiring parent participation in a block system as it may prove to be challenging and feasibility is contingent upon the actions of current parents.	· Consider the feasibility of requiring peer mentorship, particularly in more rural settings.	· Consider requiring some of the other common training topics, including Introduction to ERS and Health and Safety.
4	· Consider adding curriculum to QRIS standards.	· Consider adding curriculum to QRIS standards.	· Consider awarding bonus quality points for additional staff education or training if a point or hybrid system is adopted.	· Consider awarding bonus quality points for additional staff education or training if a point or hybrid system is adopted.
5	· Consider awarding bonus quality points for additional staff education or training if a point or hybrid system is adopted.	· Consider awarding bonus quality points for additional staff education or training if a point or hybrid system is adopted.	· Examine whether indicators currently in the Evaluation standard might be folded into other areas to align more closely with other state systems.	· Consider adding curriculum to QRIS standards.
6	· Consider the feasibility of requiring peer mentorship, particularly in more rural settings.	· Consider requiring some of the other common training topics, including Introduction to ERS and Health and Safety.	· Reconsider requiring parent participation in a block system as it may prove to be challenging and feasibility is contingent upon the actions of current parents.	· Reconsider requiring parent participation in a block system as it may prove to be challenging and feasibility is contingent upon the actions of current parents.
7	· Consider examining the newly developed Family and Provider/Teacher Relationship Quality measure to assess the quality of families and provider relationships. – PLEASE NOTE, Group 1 moved this to 'Measures'.	· Consider the feasibility of requiring peer mentorship, particularly in more rural settings.	· Consider examining the newly developed Family and Provider/Teacher Relationship Quality measure to assess the quality of families and provider relationships.	· Consider the feasibility of requiring peer mentorship, particularly in more rural settings.

Communication

Order Preference	Group 1 4th Priority (Money Placed as 3rd)	Group 2 4th Priority	Group 3 4th Priority	Group 4 5th Priority
1	· Better communicate the research base undergirding Quality Stars so that providers understand the importance of the standards included in the system.	· Improve communications and transparency with child care providers about the system.	· Improve communications and transparency with child care providers about the system.	· Improve communications and transparency with child care providers about the system.
2	· Include all Quality Stars policies and procedures (e.g., conceptual model, rating processes, how subcontractors are selected) on the website for transparency.	· Better communicate the research base undergirding Quality Stars so that providers understand the importance of the standards included in the system.	· Better communicate the research base undergirding Quality Stars so that providers understand the importance of the standards included in the system.	· Better communicate the research base undergirding Quality Stars so that providers understand the importance of the standards included in the system.
3	· Improve communications and transparency with child care providers about the system.	· Include all Quality Stars policies and procedures (e.g., conceptual model, rating processes, how subcontractors are selected) on the website for transparency.	· Include all Quality Stars policies and procedures (e.g., conceptual model, rating processes, how subcontractors are selected) on the website for transparency.	· Information about the qualifications of raters and a clearly defined grievance process should be more easily locatable on websites.
4	· Information about the qualifications of raters and a clearly defined grievance process should be more easily locatable on websites.	· Information about the qualifications of raters and a clearly defined grievance process should be more easily locatable on websites.	· Information about the qualifications of raters and a clearly defined grievance process should be more easily locatable on websites.	· Include all Quality Stars policies and procedures (e.g., conceptual model, rating processes, how subcontractors are selected) on the website for transparency.

Training and Technical Assistance

Order Preference	Group 1 5th Priority	Group 2 5th Priority	Group 3 6th Priority	Group 4 4th Priority
1	· Target TA toward areas with the lowest ERS scores.	· Target TA toward areas with the lowest ERS scores.	· Consider expanding training and TA to meet the needs of providers.	· Consider expanding training and TA to meet the needs of providers.
2	· Consider expanding training and TA to meet the needs of providers.	· Consider expanding training and TA to meet the needs of providers.	· Use feedback to better schedule training opportunities	· Use feedback to better schedule training opportunities
3	· Consider whether training items in the Learning Environment component might be included in Professional Development for consistency and to avoid duplication.	· Use feedback to better schedule training opportunities	· Consider whether training items in the Learning Environment component might be included in Professional Development for consistency and to avoid duplication.	· Target TA toward areas with the lowest ERS scores.
4	· Use feedback to better schedule training opportunities	· Consider whether training items in the Learning Environment component might be included in Professional Development for consistency and to avoid duplication.	· Target TA toward areas with the lowest ERS scores.	Consider whether training items in the Learning Environment component might be included in Professional Development for consistency and to avoid duplication.

Implementation

Order Preference	Group 1	Group 2	Group 3	Group 4
	6th Priority	**6th Priority**	**5th Priority**	**6th Priority**
1	· Adopting a strengths-based approach to implementing the system may assist with quality improvement efforts (the "I" in QRIS) and may improve relationships with providers.	· Adopting a strengths-based approach to implementing the system may assist with quality improvement efforts (the "I" in QRIS) and may improve relationships with providers.	· Adopting a strengths-based approach to implementing the system may assist with quality improvement efforts (the "I" in QRIS) and may improve relationships with providers.	· Adopting a strengths-based approach to implementing the system may assist with quality improvement efforts (the "I" in QRIS) and may improve relationships with providers.
2	· Consider having TA contracts that specify numbers of programs that must improve over time, rather than solely numbers of programs served, may encourage greater improvement in quality.	· Consider differential monitoring, e.g., rating higher star programs less frequently than lower quality programs, to allow resources to go to quality improvement efforts.	· Consider differential monitoring, e.g., rating higher star programs less frequently than lower quality programs, to allow resources to go to quality improvement efforts.	· Consider having TA contracts that specify numbers of programs that must improve over time, rather than solely numbers of programs served, may encourage greater improvement in quality.
3	· Technical assistance services might be targeted to the programs that are fluctuating to help them to increase their ratings or at least remain at a consistent rating.	· Consider extending the reassessment period to every 2 or 3 years.	· Technical assistance services might be targeted to the programs that are fluctuating to help them to increase their ratings or at least remain at a consistent rating.	· Technical assistance services might be targeted to the programs that are fluctuating to help them to increase their ratings or at least remain at a consistent rating.
4	· Consider differential monitoring, e.g., rating higher star programs less frequently than lower quality programs, to allow resources to go to quality improvement efforts.	· Technical assistance services might be targeted to the programs that are fluctuating to help them to increase their ratings or at least remain at a consistent rating.	· Consider extending the reassessment period to every 2 or 3 years.	· Consider extending the reassessment period to every 2 or 3 years.
5	· Consider extending the reassessment period to every 2 or 3 years.	· Consider having TA contracts that specify numbers of programs that must improve over time, rather than solely numbers of programs served, may encourage greater improvement in quality.	· Consider having TA contracts that specify numbers of programs that must improve over time, rather than solely numbers of programs served, may encourage greater improvement in quality.	· Consider differential monitoring, e.g., rating higher star programs less frequently than lower quality programs, to allow resources to go to quality improvement efforts.

Measures

Order Preference	Group 1	Group 2	Group 3	Group 4
	7th Priority	**3rd Priority**	**2nd Priority**	**6th Priority**
1	· Consider whether the new ECERS-3 and/or CLASS should be included as measures of quality.	· Consider whether the new ECERS-3 and/or CLASS should be included as measures of quality.	· Consider whether the new ECERS-3 and/or CLASS should be included as measures of quality.	· Consider whether the new ECERS-3 and/or CLASS should be included as measures of quality.
	· Consider examining the newly developed Family and Provider/Teacher Relationship Quality measure to assess the quality of families and provider relationships. – PLEASE NOTE, this was a 'Standard' and not originally a 'Measure.			

Group 1 and Group 3

Group 2 and Group 4

Quality Stars
Revision Team

**Creating Our Theory
of Change Logic
Model**

February 8, 2016

MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Division of Early Childhood Care and Development

Exhibit A

Introductions and Strategies for Interaction

Peggy M. Ball

Laura J. Johns, Ph.D.

Exhibit A

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- Equity for all to participate in a supportive, high quality system that recognizes the potential for providing continuous quality for all children and families in our state.
- Improve QRIS to make it accessible, affordable, and aligned across all delivery channels so children are prepared for future success.
- High quality standards to promote and accelerate the growth and development of our children through strong support of child care providers.
- Every Mississippi child and their family has access to high-quality early education and interventions to provide social-emotional and cognitive skills necessary for K readiness and advancement.

Exhibit A

MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

- To create an affordable, sustainable system that aligns with Early Learning Standards.
- We would like to create the development of a system which would allow seamless transitions through vertical alignment to assure all children are ready for school success regardless of income, ethnicity, home life, etc.
- Making changes to the system that incorporate critical support from: Funders, Administrators, Teachers, Directors, Communities, Legislators, etc. KEEPING children and families as priority.

Exhibit A

Your Considerations: To Achieve The Vision

Design

Examine other rating structures to determine whether the block model is best for the state.

Standards

Reconsider requiring parent participation in a block system as it may prove to be challenging and feasibility is contingent upon the actions of current parents

Communication

Better communicate the research base undergirding Quality Stars so that providers understand the importance of the standards included in the system

Training and Technical Assistance

Target TA toward areas with the lowest ERS scores

Implementation

Consider whether the new ECERS-3 and/or CLASS should be included as measures of quality

Measures

Consider whether the new ECERS-3 and/or CLASS should be included as measures of quality

Exhibit A

- A logic model is a systematic and visual way
  - to present and share your understanding of the relationships among
    - the **resources** you have to operate your program,
    - the **activities** you plan, and
    - the **changes or results** you hope to achieve.

Exhibit A

MDHS
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- The purpose of a logic model is to provide stakeholders with
  - a road map
  - describing the sequence of related events
    - connecting the **need** (situation and priorities) for the planned program
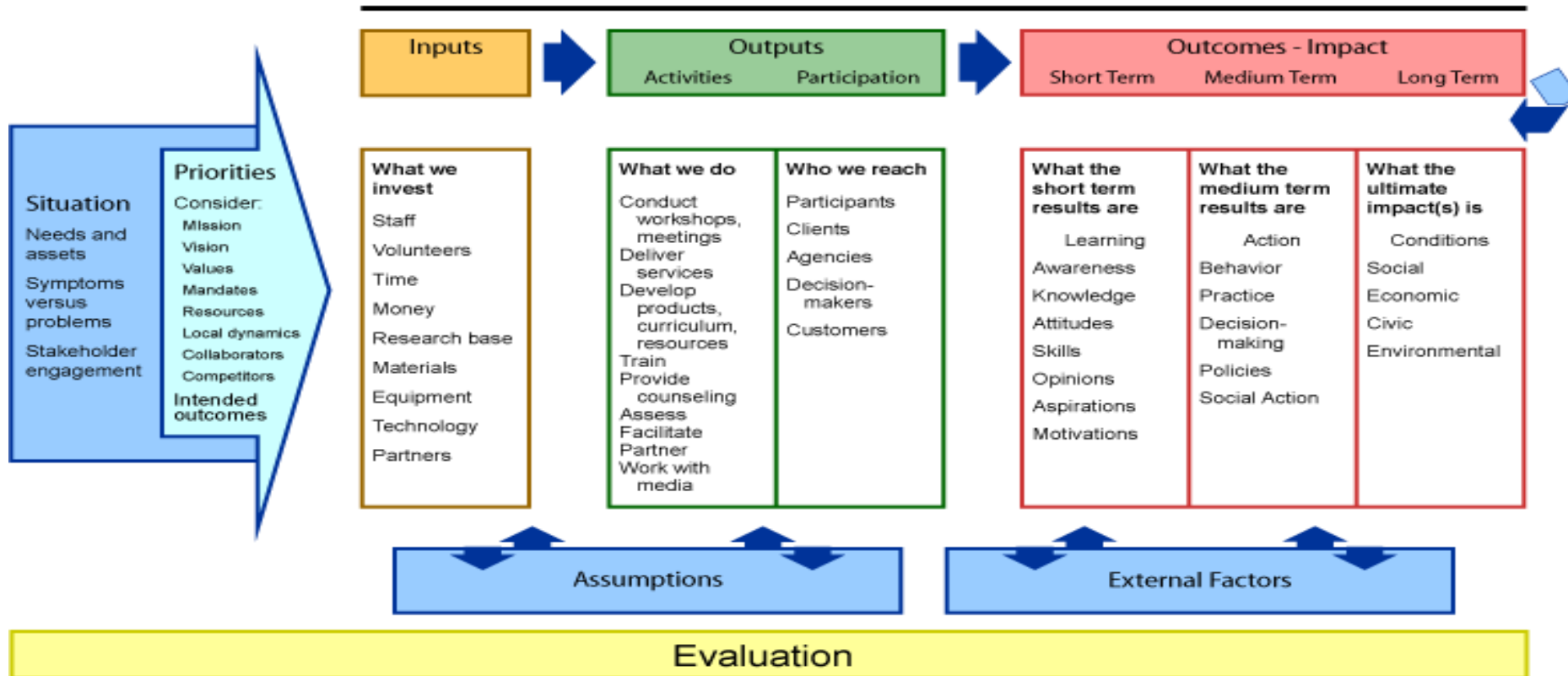   - with the program's desired **results**.

Exhibit A

- Identify and align expected **outcomes** with system **activities**.
- Ensure that stakeholders have a shared and realistic understanding of expected **outcomes**.
- Monitor **inputs**, **activities** (operations), **outputs**, and **outcomes**.
- Examine the linkages/relationships between **activities** and **outcomes** to support understanding of how the QRIS is working and what may be facilitating or impeding success.
- Support continuous quality improvement, using findings from monitoring and evaluation of the **intervention** (change made in program) to make refinements or revisions.

Exhibit A

Sample Template

Intervention/Change Action

Inputs	Outputs		Outcomes - Impact		
	Activities	Participation	Short Term	Medium Term	Long Term

Situation
Needs and assets
Symptoms versus problems
Stakeholder engagement

Priorities
Consider:
Mission
Vision
Values
Mandates
Resources
Local dynamics
Collaborators
Competitors
Intended outcomes

What we invest
Staff
Volunteers
Time
Money
Research base
Materials
Equipment
Technology
Partners

What we do
Conduct workshops, meetings
Deliver services
Develop products, curriculum, resources
Train
Provide counseling
Assess
Facilitate
Partner
Work with media

Who we reach
Participants
Clients
Agencies
Decision-makers
Customers

What the short term results are
Learning
Awareness
Knowledge
Attitudes
Skills
Opinions
Aspirations
Motivations

What the medium term results are
Action
Behavior
Practice
Decision-making
Policies
Social Action

What the ultimate impact(s) is
Conditions
Social
Economic
Civic
Environmental

Assumptions

External Factors

Evaluation

What do you want to know?   How will you know it?

Evaluation: Check and Verify

- **Inputs/Investments** include the human, financial, organizational, and community *resources* the intervention has available to direct toward doing the work.

- **Outputs** include the revised or new *activities,* for example the processes, tools, events, technology, and actions that are an intentional part of the *intervention or change* to what is happening currently.

- **Outputs** also include the direct *products* of program activities.

Exhibit A

- **Outcomes** are the specific changes in program participants' behavior, knowledge, skills, status and level of functioning.
  - Short-term outcomes should be attainable within 1 to 3 years.
  - Longer-term outcomes should be achievable within a 4 to 6 year timeframe.
- **Impact** is the fundamental intended or unintended change occurring in organizations, communities or systems as a result of program activities.

Exhibit A

- Number of child care providers/programs rated

- Number of programs moving up a level

- Number of programs receiving technical assistance and achieving TA goals

Exhibit A

Examples of Outcomes

Examples of short-term outcomes:
- Providers learning about the QRIS and choosing to participate
- Parents learning about program ratings from child care resource and referral agencies or state child care websites

Examples of medium-term outcomes:
- An increased number of providers adapting their physical space, staffing structure or qualifications, and/or instructional practices in response to observational assessments or to improve their QRIS-rating level
- The use of the QRIS ratings by parents in selecting a child care provider

Examples of long-term outcomes:
- Providers consistently earning high ratings
- Increased supply of high-quality child care
- Parents consistently base their choices of providers on the QRIS ratings
- Consistent availability and access to high-quality care

Exhibit A

Building Your Model

MDHS
Mississippi Department of Human Services

Intervention/Change: Revising the QRIS

Situation	Priorities	INPUTS Resources & Investments	OUTPUTS Activities	Participation	Outcomes - Impact Short	Medium	Long Term

Exhibit A

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Provide your logic model input by Monday, February 15, 2016 at
http://survey.constantcontact.com/survey/a07ec7yf8h3ik8oxdtv/start

OUR NEXT MEETING IS:

Friday, March 4, 2016 from 9:00 AM to 3:00 PM CDT.

Please be sure to mark your calendars.
**Please arrive early enough to move through security so
we can begin on time.**

Exhibit A

Reminder: Please be sure to read the research article

"Reviewing and Clarifying Goals, Outcomes and Levels of Implementation: Toward the Next Generation of Quality Rating and Improvement Systems (QRIS)"

Exhibit A

Adjourn

Questions?

Exhibit A

MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Division of Early Childhood Care and Development

# March 4, 2016 – Meeting Notes
QRIS Meeting – 2nd Quarter

- **21 Attendees as per Sign-In**: Jill Dent, Jennifer Calvert, Lori Rolism, Kelly Carmody, Holly Spivey, Hazel E. Randall, Tammy Forrester, Christi J. Payton, Nita Thompson, Tamara Smith, Win Maxey-Shumate, Tia Gregory, Lynne Black, Sherry Coleman, Candice Pittman, Monica May, Theresa Dobbins, Stella Gales, Carolyn Willis, Courtney Washington, and Carol Burnett.

- **Reflections**
  - Getting everyone on the same force to move great things forward
  - Looking very forward to better outcomes
  - The importance of prioritizing and moving to consensus
  - Great impact to the field of early care

- **Review of Vision for Quality Stars…In Your Words**

  - Equality for all to participate in a supportive, high quality system that recognizes the potential for providing continuous quality for all children and families in our state.
  - Improve QRIS to make it accessible, affordable, and aligned across all delivery channels so children are prepared for future success.
  - High quality standards to promote and accelerate the growth and development of our children through strong support of child care providers.
  - Every Mississippi child and their family has access to high-quality early education and interventions to provide social-emotional and cognitive skills necessary for kindergarten readiness and advancement.
  - To create an affordable, sustainable system that aligns with Early Learning Standards.
  - We would like to create the development of a system which would allow seamless transitions through vertical alignment to assure all children are ready for school success regardless of income, ethnicity, home life, etc.

Exhibit A

- Making changes to the system that incorporate critical support from: Funds, Admin, Teachers, Directors, Communities, and Legislators KEEPING children and families in the center.

- **Remembering the Why – Why Do We Need A QRIS? Activity**
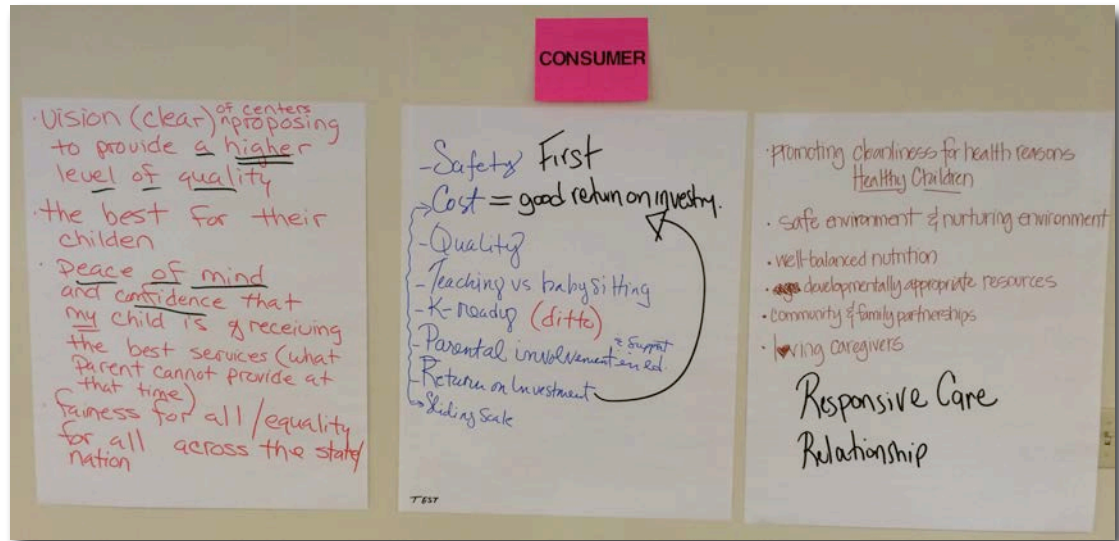
- Consumer Perspective
  - Vision (clear) of centers proposing to provide a higher level of quality
  - The best for their children
  - Peace of mind and confidence that my child is receiving the best services (what parent cannot provide at that time)
  - Fairness for all / equality for all across the state/nation
  - Safety first
  - Cost = good return on investment
  - Quality
  - Teaching vs. babysitting
  - K-ready
  - Parental involvement and support
  - Return on the investment
  - Sliding scale
  - Promoting cleanliness for health reasons – Healthy Children
  - Safe environment and nurturing environment
  - Well-balanced nutrition
  - Developmentally appropriate resources
  - Community and family partnerships
  - Loving caregivers

Exhibit A
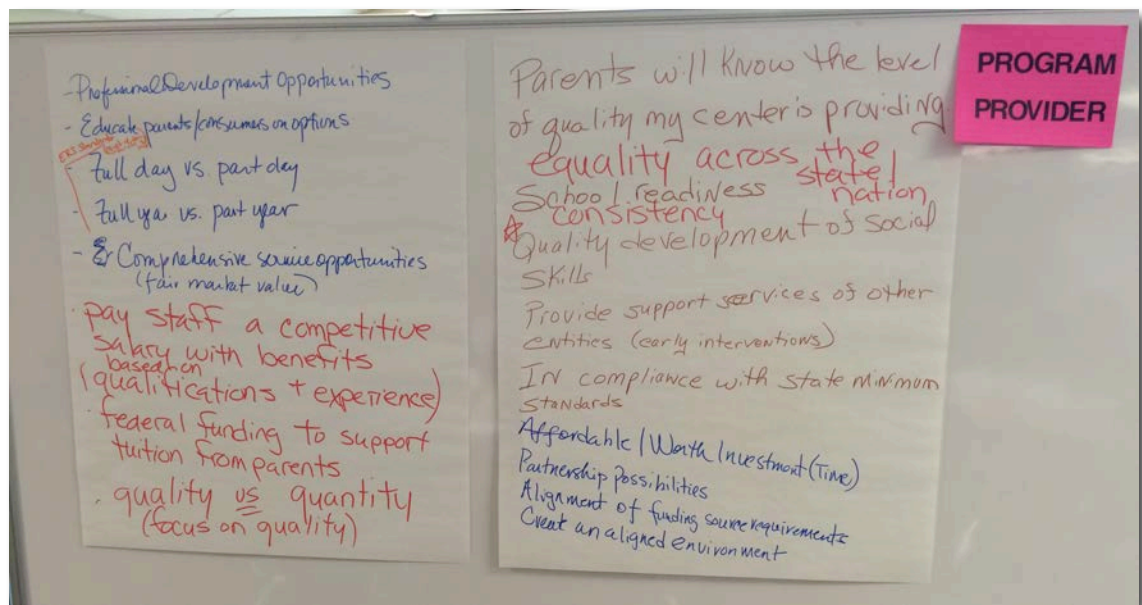
o Provider/Program Perspective
- Professional development opportunities
- Educate parents and consumers on options
- Full day vs. part day
- Full year vs. part year
- Comprehensive service opportunities (fair market value)
- Pay staff a competitive salary with benefits based on qualifications and experience
- Federal funding to support tuition from parents
- Quality vs. quantity (focus on quality)
- Parents will know the level of quality my center is providing
- Equality across the state / nation
- School readiness
- Consistency
- Quality development of social skills
- Provide support service of other entities (early intervention)
- In compliance with state minimum standards
- Affordable / worth investment (time)
- Partnership possibilities
- Alignment of funding source requirements
- Create an aligned environment
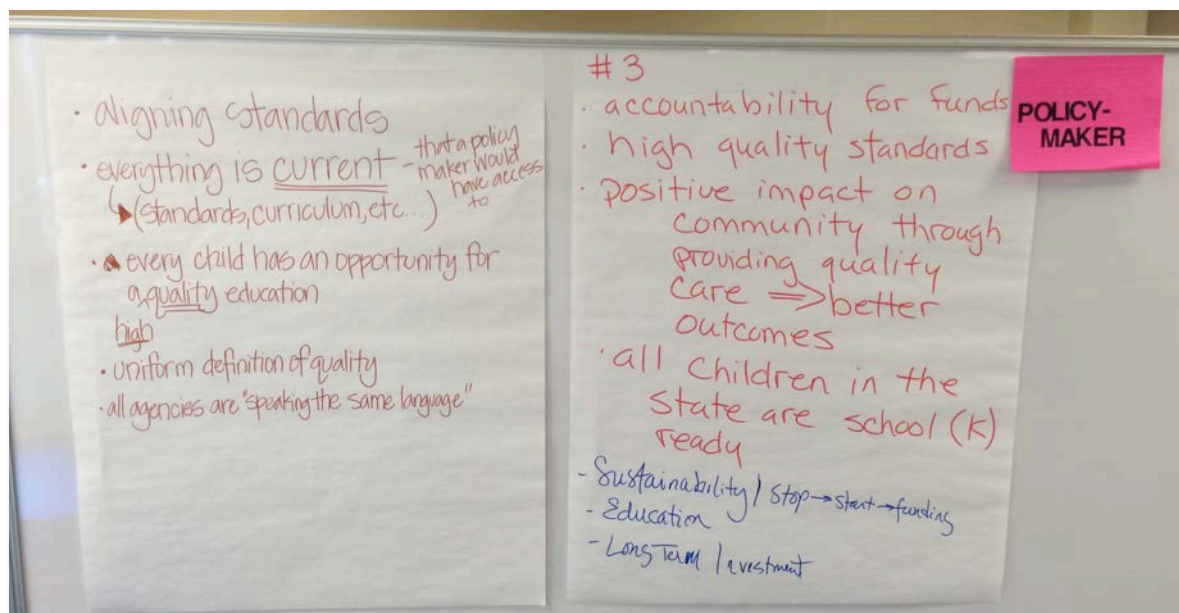
- o Policymaker Perspective
  - Accountability for funds
  - High quality standards
  - Positive impact on community through providing quality care >> better outcomes
  - All children in the state are school (K) ready
  - Sustainability / stop >> start >> funding
  - Education
  - Long Term Investment
  - Aligning standards
  - Everything is current (that a policy maker would have access to) in regards to standards, curriculum, etc.
  - Every child has an opportunity for a high quality education
  - Uniform definition of quality
  - All agencies are "speaking the same language"

- **QRIS Revision Logic Model – Live review of first draft**
  - o The first draft logic model was tweaked in live time

| Inputs | Outputs | | Outcomes | | |
	Activities	Participants	Short Term	Medium Term	Long Term
QRIS Revision Team	QRIS Revision Team Meetings	Revision Team Members	Recommendation of Revisions – based on strength based model	QRIS Products • Curriculum • Resources • PD Opportunities • Comprehensive TA • TA Reports for Providers (quality/accessibility) • Incentives/Grants • Communication Strategy	Improved child outcomes
Existing Budget	Propose revisions with regards to the following considerations:	Consultants	Logic Model		Increased provider participation
MDHS Staff / QRIS Contractors		Staff	Policy Manual Based on Revisions		Increase in providers moving up levels in QRIS
	• Design • Standards • Communication • Training and Technical Assistance • Implementation • Measures		Re-launch/Communications Plan for revised QRIS system	Increased access to QRIS for families	Increase program and teacher quality
			Provider Advisory Council	Increased access to QRIS for all providers	Mandatory participation
			Clear Expectations for Providers		
			QRIS Workshops for Parents		
			Provider and Family Awareness of QRIS System and Benefits		

Exhibit A

- **Small Group Comparisons Activity (THE PROS AND CONS of a Block, Points or Hybrid Structural Model of QRIS Standards)**
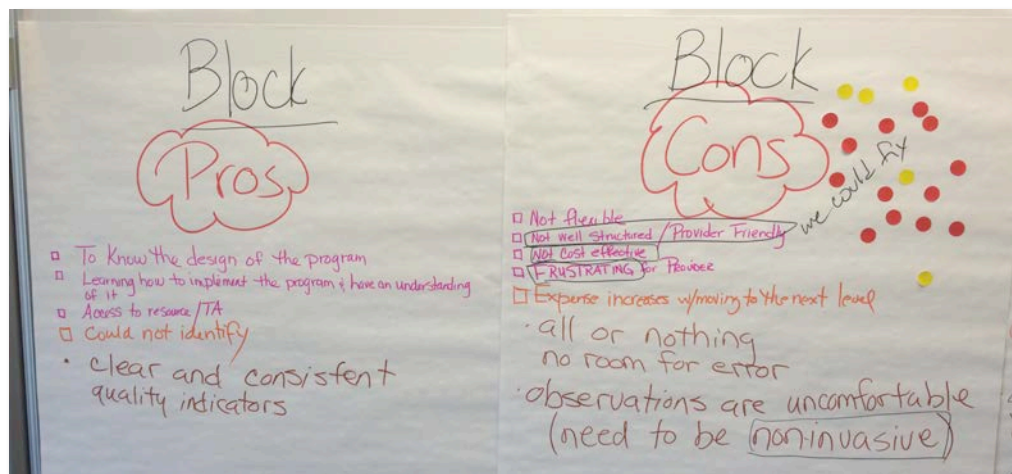
- o Block – Pros
  - To know the design of the program
  - Learning how to implement the program and have an understanding of it
  - Access to resources and technical assistance
  - Could not identify any pros
  - Clear and consistent quality indicators

- o Block – Cons
  - Not flexible
  - Not well structured / provider friendly
  - Frustrating for provider
  - Expense increases without moving to the next level
  - All or nothing, no room for error
  - Observations are uncomfortable (need to be noninvasive)
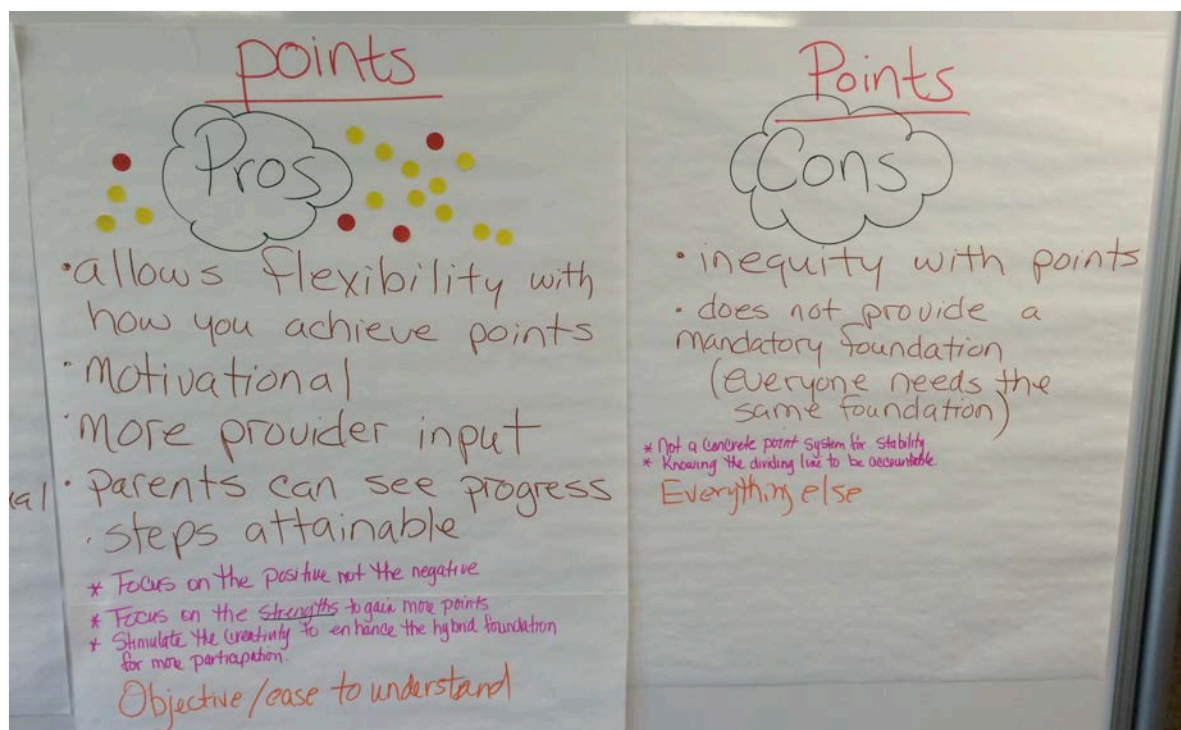
- Points – Pros
  - Allows flexibility with how you achieve points
  - Motivational
  - More provider input
  - Parents can see progress
  - Steps attainable
  - Focus on the positive not the negative
  - Focus on the strengths to gain more points
  - Stimulate the creativity to enhance the hybrid foundation for more participation
  - Objective/ease to understand

- Points – Cons
  - Inequity with points
  - Does not provide a mandatory foundation (everyone needs the same foundation)
  - Not a concrete point system for stability
  - Knowing the dividing line to be accountable
  - Everything else
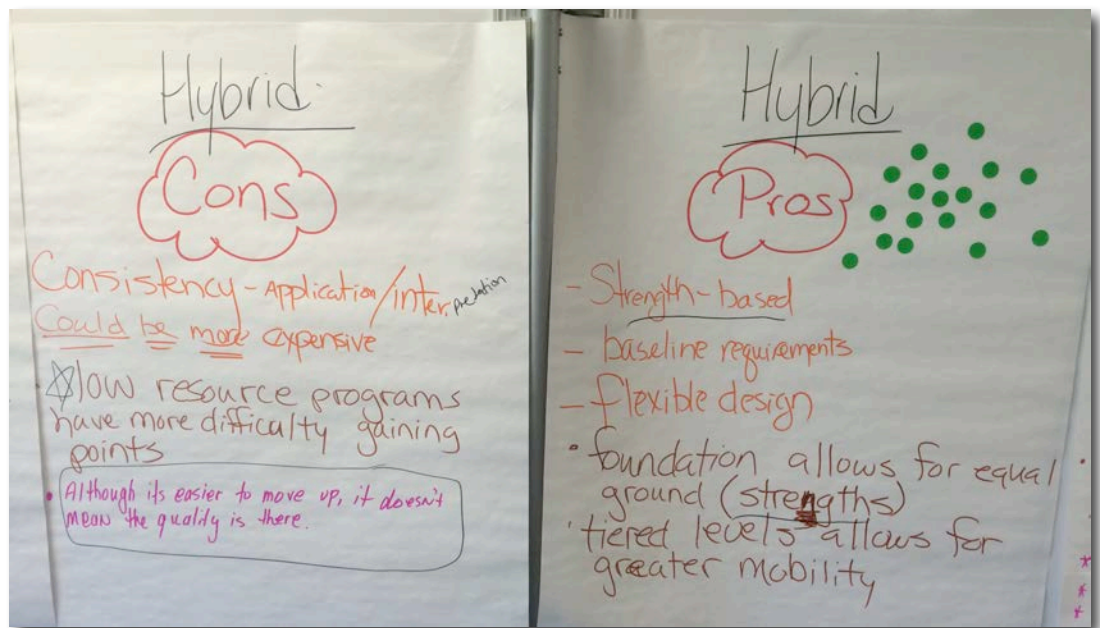
- Hybrid – Pros
  - Strength-based
  - Baseline requirements
  - Flexible design
  - Foundation allows for equal ground (strengths)
  - Tiered levels allows for greater mobility

- Hybrid – Cons
  - Consistency – application/interpretation
  - Could be more expensive
  - Low resource programs have more difficulty gaining points

Exhibit A

- ▪ Although it is easier to move up, it doesn't mean the quality is there

- ▪ **Team Recommendation of New QRIS Structure – HYPBRID!**
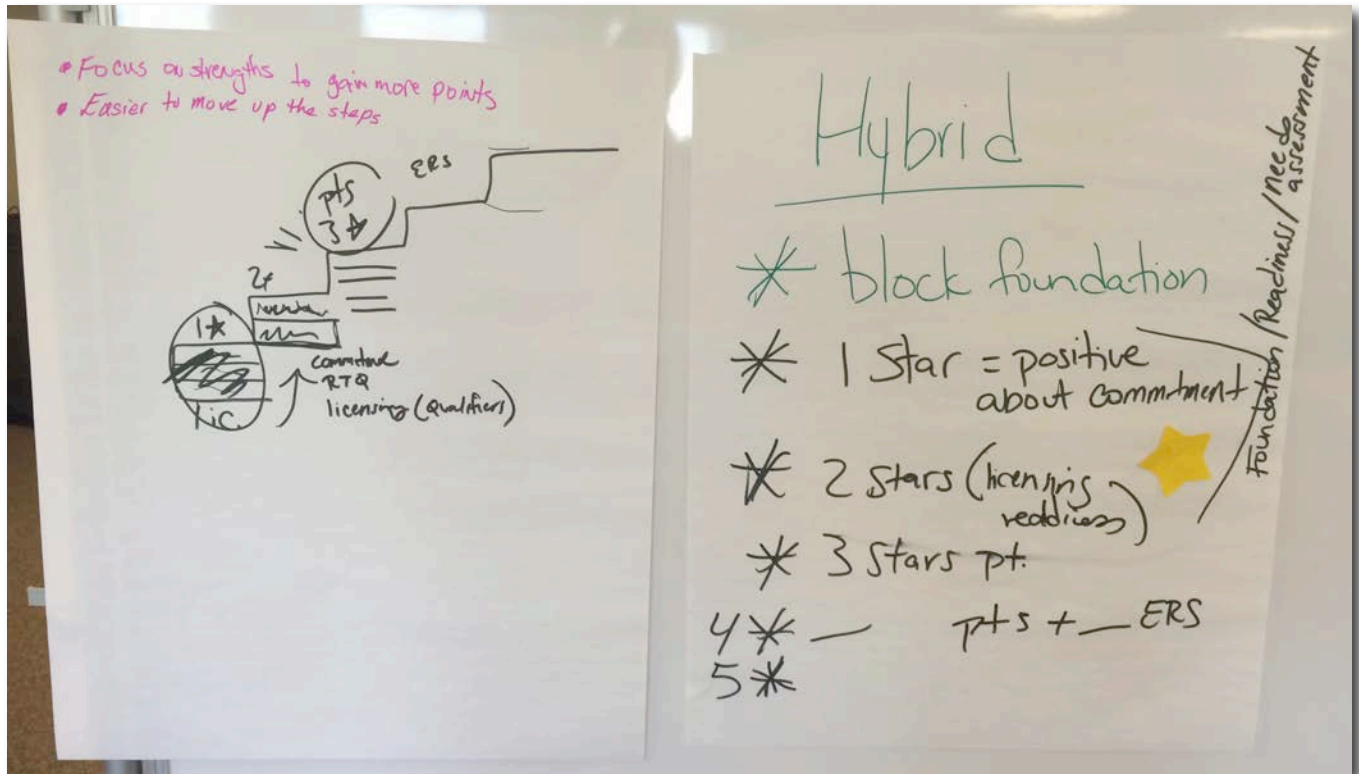
MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Division of Early Childhood Care and Development

May 12, 2016 – Meeting Notes
QRIS Meeting – 3rd Quarter

- **21 Attendees as per Sign-In**: Tia Gregory, LaTasha Hadley, Kelly Carmody, Lori Robison, Candice Pittman, Aressa Coley, Carol Burnett, Lydia Bethay, Monica May, Win Maxey-Shumate, Vickey Berryman, Holly Spivey, Christi Payton, Lesia Daniel Kemp, Tamara Smith, Nita Thompson, Lynne Black, Jennifer Calvert, Courtney Washington, and Tammy Forester

- **Review of Past Work**

    o Your Recommendations for Consideration
    o In Your Words...Vision for Quality Stars
    o Logic Models – What and Why
    o Logic Model for Quality Stars Revision
    o Rating Structures – Combination / Hybrid System
    o Visualizing Structure: Hybrid Model

- **Creating Shared Language**

    o Review of Handout *Quality Rating and Improvement Systems: The Basics*

Activity: The Hybrid Model – Block, Points, Trash …OH MY!

- **Activity: The Hybrid Model – Block, Points, Trash – Summary**

This exercise was based the decision in the previous meeting to move from a block model of QRIS standards to a hybrid model that would have the lower levels of the standards (perhaps the first and second levels) as the required foundation standards with the upper levels (perhaps three levels) being standards for which a program would earn points. The final rating of a program would be based on the total number of points earned. This exercise was designed to gain the Revision Team's input on which standards should be included in the required foundation levels and which should be include in the three points levels. The team was divided into three groups, each of which were given copies of selected standards and asked to categorize them into required foundation standards, points standards or standards to be eliminated. They were also asked to add any explanatory notes. The whole group then grouped the points standards into the categories of Family Engagement, Director, Teacher, LEA, Parent Education and ERS (Environment Rating Scale). The result of the Revision Team's work, shown in the inserted photographs, will be used to draft a model of standards for their review at the next meeting. At that meeting, they will also review quality measurement tools such as the ERS.

- **The next two meetings were scheduled as follows.**

Wednesday, August 24, 2016
Wednesday, October 26, 2016

A FAMILY-BASED UNIFIED AND INTEGRATED EARLY CHILDHOOD SYSTEM

December 2016

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

SECAC
State Early Childhood Advisory Council of Mississippi

Exhibit B

Contents

I. System Overview

Under the leadership and guidance of the State Early Childhood Advisory Council (SECAC), Mississippi developed a family-based unified and integrated early childhood system that connects and integrates resources and services for both parents/caregivers and their children in three key areas: (1) early care and learning; (2) health, mental health, safety, and nutrition; and (3) family engagement. The system is designed to place parents on a path to self-sufficiency and their children in child care centers that provide high-quality services and learning experiences.

The system is structured to ensure eligible child care providers and early learning programs can provide a healthy, safe, and nurturing environment to children in their early years. Eligible child care providers and early learning programs will be tasked with preparing all young children to be ready for school through various activities, including healthy eating, physical exercise, and improvement of cognitive, early learning, and social-emotional skills. The system is also structured to engage families to promote the welfare, learning, and stability of young children through an integrated network of community-based resources and services. The system operates with common definitions:

- **Health is defined as the physical, mental, emotional, and social well-being of children.**

- **Mental health involves the development of social-emotional and behavioral skills for children to ensure future ability to foster necessary relationships with peers and adults.**

- **Physical health involves helping parents and caregivers to establish the habits needed to encourage children to engage in regular physical activity. Physical activity can promote growth and development while helping children maintain a healthy weight.**

- **Safety involves maintaining environments where children can be free from the exposure of physical, emotional, mental, and social harm or risk.**

- **"Ready to learn" means that when a child takes the kindergarten assessment, the child will score at or above the standard threshold.**

Figure 1 provides an overview of the family-based unified and integrated early childhood system. From an operational standpoint, the system is comprised of five major components: (1) eligibility and redetermination process for receiving vouchers, (2) interagency service and referrals, (3) eligibility and redetermination for child care center status (e.g., standard and comprehensive), (4) continuous center-quality improvement process, and (5) common case management.

In this system, all activities are linked and integrated from the time an applicant applies for a child care voucher to the time the child is enrolled with a child care provider. Families enter into the system via the eligibility determination process and continue through a service gap assessment and the development of a family and individual service plan. Next, local MDHS case managers will develop a referral plan so that the parents and children can receive appropriate wraparound services. The local MDHS office will be responsible for following up with other service providers (e.g., health, mental health, Medicaid). Finally, the parent/caregiver will be informed of child care providers available within the area. Parents will have the option to enroll their children in one of two types of voucher-eligible centers: (1) standard or (2) comprehensive.

Achieving, maintaining, and promoting quality are at the core of the system. The system takes a holistic approach to the life of a child and fully addresses multiple areas of childhood development. It also offers opportunities to develop physical and structural environments that are safe and conducive to delivering age-appropriate services and learning experiences progressively as a child ages from birth to kindergarten. Child care centers will have opportunities to implement quality-related practices that involve the overall assessment of a child care center environment as well as the performance of the children in every aspect of their development to facilitate the whole-child approach: physical, mental, emotional, social, and intellectual. The system effectively reduces gaps and duplication of service delivery for parents and their children. Overall system quality is monitored and supported by a data system designed to facilitate interagency program implementation and evaluation for system-wide and center-specific continuous quality improvement.

The operation of the system is driven by common case management. The common case management framework is designed to coordinate activities within and between state agencies that deliver services and programs to children ages 0 to 5. The system will fall under a unified interagency governance structure that outlines the roles and responsibilities of all parties involved in the delivery of family and children services and programs.

Figure 1: Family-Based Unified and Integrated Early Childhood System
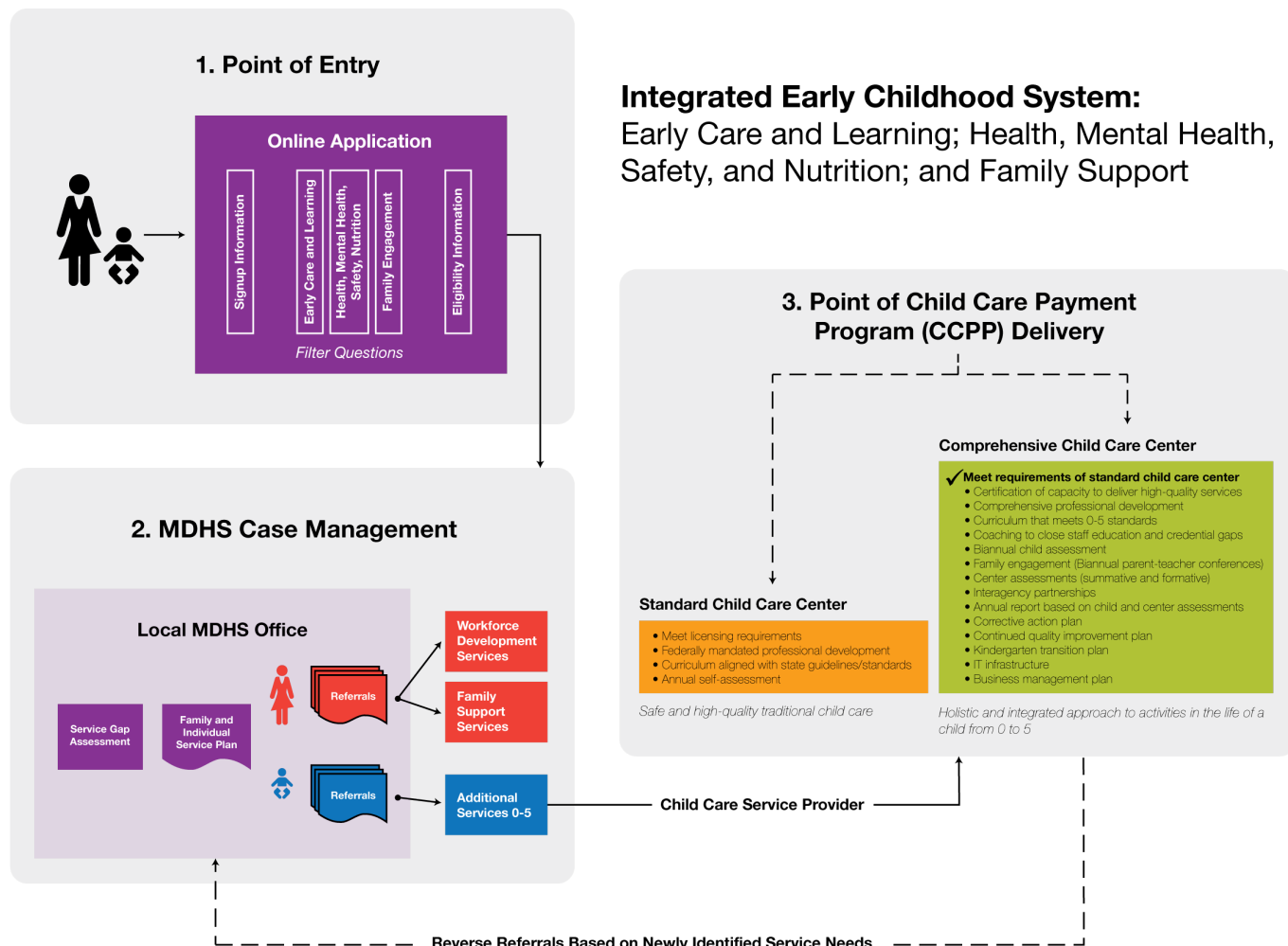
II. System Structure

Eligibility and Redetermination Process for Receiving Vouchers

Any parent interested in receiving support under the Child Care Payment Program (CCPP) can do so by submitting an online application. The online application will seek information to determine eligibility as specified by the CCPP Policy Manual.

Vouchers will be prioritized to children who fall into high-priority populations, which include:

- **Temporary Assistance for Needy Families (TANF) recipients.**
- **Transitional Child Care (TCC) recipients.**
- **Homeless children.**
- **Children served by the Mississippi Department of Child Protection Services (MDCPS).**
- **Children served by the Healthy Homes Mississippi (HHM) home-visitation program.**
- **Special-needs populations.**
- **Children of very low-income parents.**

Figure 2: Child Care Priority Areas

For children who do not fall into high-priority populations, vouchers will be assigned based on priority areas. In accordance with the Child Care and Development Block Grant (CCDBG) Act of 2014, the Mississippi Department of Human Services (MDHS) has conducted a county-level needs assessment to identify areas with the highest child care service needs (see Figure 2). Priority to receive vouchers will be based on whether or not a child falls into a priority population or a priority area. Priority areas are defined as counties with:

1. **High concentrations of poverty. A high concentration of poverty is defined as a county where the percentage of children living in poverty is at least one (1) standard deviation above the state mean value for the percentage of children living in poverty. These counties are noted by asterisks in Figure 2.**

2. **Limited access to child care providers eligible for the Child Care Payment Program (CCPP). Limited access is defined as counties that do not contain any CCPP-eligible child care providers. These counties are noted by circles in Figure 2.**

Individualized Family Service and Referral Plan

The process to obtain an individualized family service and referral plan is illustrated in Figure 3.

Figure 3: Individualized Family Service and Referral Plan Process
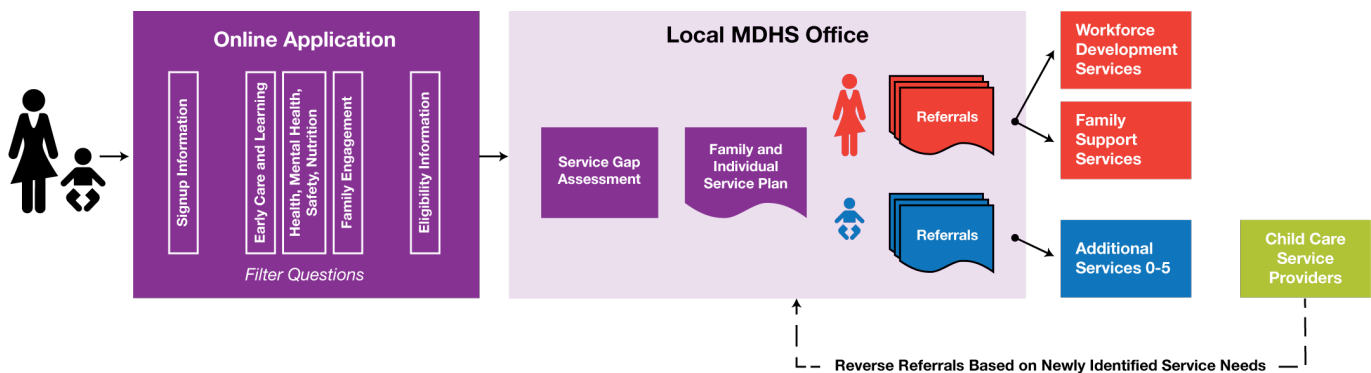
While applying for a voucher through the online process, applicants will be given the opportunity to answer filter questions designed to identify any existing service gaps for them or their children. The filter questions are designed to identify critical areas of need in three key areas: (1) early care and learning;

3

(2) health, mental health, safety, and nutrition; and (3) family engagement. Applicants can call a toll-free number for technical assistance.

Upon completion of the application, applicants will be directed to a local MDHS office to receive wraparound services based on the information provided in the initial application process. MDHS case managers will develop a family and individual service and referral plan based on a service gap assessment. The service and referral plans for parents might include services to place parent(s) in workforce and educational services geared toward gaining credentials required for middle-skill employment or in family support services such as TANF, SNAP, and transportation vouchers. Plans for children might include services for early screening to ensure health, mental health, and learning needs are met.

Figure 4 provides an example of how the information sought in the initial application process will help develop an individualized service and referral plan by connecting the needs of the applicant to appropriate services. Figure 5 provides a sample individualized family service and referral plan.

An individualized family service and referral plan will be designed to take into account a family's needs and will provide personalized referrals to programs/services on a case-by-case basis. For example, an applicant enters the system, and we learn that she is a 30-year-old woman, heads a one-parent family, is pregnant, and has a four-year-old child. She also suffers from a mild intellectual disability (i.e., ADHD) and has no health insurance. She is presently employed as a custodian in a local supermarket chain. She currently lives in Bolivar County. In this example, she can receive programs and services under three frameworks: (1) Family Support, (2) Early Care & Learning, (3) Health, Mental Health, Safety, & Nutrition.

- **FAMILY SUPPORT:** The applicant is eligible to receive financial assistance, such as TANF, because she has dependent children younger than 18 and because she falls into a low-income threshold.

  ➡ Her low-income status grants her eligibility for additional programs to which she will be referred, such as the Weatherization Assistance Program for energy cost reduction.

- **EARLY CARE & LEARNING:** As a pregnant woman, she is eligible for Early Head Start services.

  ➡ Her pregnancy status and her geographic criteria grant her eligibility for additional programs to which she will be referred, such as the Delta Health Alliance/Save the Children Partnership early childhood education program for expectant mothers.

  ➡ Her four-year-old child is eligible for public prekindergarten.
    - The child will be also referred to Delta's Health Alliance Imagination Library to receive free books before entering kindergarten.

- **HEALTH, MENTAL HEALTH, SAFETY, & NUTRITION:** As a pregnant woman, a mother of a four-year-old, and a low-income earner, she is eligible for nutrition assistance programs, such as SNAP, WIC, and TEFAP.

  ➡ As an expectant mother, she will also be referred to the USDA Healthy Sprouts program to increase her knowledge of child development.

  ➡ She will also be referred to Medicaid and to a managed care program called MississippiCAN.

  ➡ Her child is eligible for insurance coverage through a Medicaid program called CHIP.

Figure 4: Individualized Family Service and Referral Plan Logic Chart

Pregnant Woman

Mother of a Four-Year-Old

Employed, Low-Income, Without Health Insurance

Mild Intellectual Disability

Resides in Bolivar County

△ Mother

● Child

Family Support
- △ TANF, TEFAP, SNAP → MDHS
- △ Early Head Start → Head Start

Early Care & Learning
- ● Child Care Payment Program → MDHS
- ● Public Pre-K → MDE

Health, Mental Health, Safety, & Nutrition
- ● Children's Health Insurance Program (CHIP) → Medicaid
- △● WIC → MSDH

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Figure 5: Sample Individualized Family Service and Referral Plan

Family Support

| TANF, TEFAP, SNAP (mother only)   MDHS & Local Organizations | Refer |

| Early Head Start (mother only)   Head Start | Refer |

Families First for MS (mother and child)   MDHS & Local Organizations

Referred on September 17, 2016

Appointment scheduled for October 17, 2016   **Attended Appointment**

| Delta Parents as Teachers   Delta Health Alliance | Refer |

Early Care & Learning

| Child Care Payment Program (child only)   MDHS | Refer |

| Public Pre-K (child only)   MDE | Refer |

| Head Start (mother and child)   Head Start | Refer |

Health, Mental Health, & Nutrition

| Perinatal High Risk Management/Infant Support Services (mother only)   MDH & Medicaid | Refer |

WIC (mother and child)   MDH & Medicaid

Referred on September 27, 2016

Appointment scheduled for October 21, 2016   **Did Not Attend Appointment**

| Children's Health Insurance Program (child only)   MDH & Medicaid | Refer |

Eligibility and Redetermination Process for Child Care Centers

Child Care Payment Plan vouchers can only be redeemed at eligible child care facilities. Two types of voucher-eligible centers will be available to parents: standard and comprehensive (Figure 6 provides a comparison). Voucher amounts will be based on the market value of the quality of services offered by the child care center.

Standard Child Care Centers

To be classified as a standard center, a child care center must be licensed and meet minimum federal and state standards. Standard centers will operate above licensure expectations in two ways. First, all staff must go through mandatory training as required by the Child Care and Development Block Grant (CCDBG) Act of 2014. Second, all staff must have 15 hours of continuing professional development each year as prescribed by the act. The professional-development areas include health and safety; educational standards and best practices; recognizing signs, symptoms, or behaviors of child abuse and neglect; professional development that addresses social-emotional and behavioral development, mental health, expulsion, and exclusionary discipline practices in child care settings; and developmental and behavioral screenings. The curriculum implemented in these centers must align with the state early learning guidelines for infants and toddlers and the state early learning standards for three- and four-year-olds. These centers must also engage in an annual self-assessment process.

Comprehensive Child Care Centers

To be classified as a comprehensive center, a child care center must first meet the requirements of a standard center. A comprehensive center must also engage in additional activities specifically designed to improve the quality of the learning experience for three- and four-year-old children. Technical assistance to achieve the comprehensive designation will be available. To be designated as comprehensive, a center will be certified that it has the capacity to engage in:

1. **Additional customized professional development beyond the standard 15 hours.**

2. **Coaching aimed at closing education and credential gaps that staff might have.**

3. **Assessing children at least twice a year.**

4. **Working with an external evaluator to examine how programs and activities are implemented in the center.**

5. **Family engagement activities that will encourage parents to participate in parenting classes and parent-teacher organizations (PTOs).**

6. **Working with technical assistance for the implementation of a continuous quality improvement plan, kindergarten transition plan, business management plan, and, when necessary, corrective action plan.**

Figure 6: Comparison of Standard and Comprehensive Child Care Center Types

Comprehensive Child Care Center

✓ **Meet requirements of standard child care center**
- Certification of capacity to deliver high-quality services
- Comprehensive professional development
- Curriculum that meets 0-5 standards
- Coaching to close staff education and credential gaps
- Biannual child assessment
- Family engagement (Biannual parent-teacher conferences)
- Center assessments (summative and formative)
- Inter-agency partnerships
- Annual report based on child and center assessments
- Corrective action plan
- Continued quality improvement plan
- Kindergarten transition plan
- IT infrastructure
- Business management plan

Standard Child Care Center

- Meet licensing requirements
- Federally mandated professional development
- Curriculum aligned with state guidelines/standards
- Annual self-assessment

Safe and high-quality traditional child care

Holistic and integrated approach to activities in the life of a child from 0 to 5

Child Care Quality Improvement Process

To ensure quality of early learning program and service delivery for children, a center must maintain its eligibility to be designated as either standard or comprehensive following the general recommendations by the SECAC committees (see Appendices A-C). Each year centers will go through an initial eligibility process and subsequent annual redetermination processes. Any center that fails to meet the basic requirements for its designation will be given six months to successfully implement a corrective action plan. The corrective action plan will be developed by an external evaluator in consultation with the child care center director and technical assistance coach. Failing to reach goals outlined in a corrective action plan will result in loss of designation at the end of the current annual eligibility term. Comprehensive centers could be downgraded to standard if the center still meets the minimum requirements for that

designation. Any center no longer designated at the standard level will be ineligible to redeem child care vouchers until the center is deemed eligible in the future.

Once eligible, centers must engage in continuous quality improvement based on a scale that assesses the extent to which a center should engage in additional technical assistance for maintaining and improving quality. Standard and comprehensive centers will be scored on type-specific scales that reflect the expectations for each center designation. Each scale will include environmental-quality factors, process-quality factors, and factors related to the center experience of parents and their children. Quality evaluation will also include a parent satisfaction survey seeking input in several areas that best describe the quality of the experience of parents and their children. The survey will be conducted as part of the redetermination process. Comprehensive centers will additionally be scored on the assessment of the children and the results of an external evaluation. The scale will be designed to help identify areas where centers need technical assistance for maintaining and improving quality so that centers can maintain their eligibility to redeem vouchers. Each continuous quality improvement plan will be unique based on a child care center's strengths, needs, and program-specific goals. Scale scores will not be used to rank or grade centers for comparison across centers, unlike the case with the quality rating system, and will only be used to determine appropriate quality-improvement activities and need for technical assistance that will lead to measurable improvement in services and help centers maintain eligibility to redeem vouchers.

The system as a whole will also be assessed for overall quality and to determine the extent to which the system is operating in accordance with the governance structure and program and service quality expectations. The system-wide assessment will include an examination of each component, including the application process, referral process, and technical-assistance activities.

III. System Operation to Support Common Case Management

Figure 7 illustrates the structure designed to support common case management in the family-based unified and integrated early childhood system. In this structure, interagency partners deliver additional services for parents and children ages 0 to 5. Each agency will enter into a MOU with MDHS to specify roles and responsibilities for service delivery and the referral process with their local offices.

The Division of Early Childhood Care and Development (DECCD) within MDHS will have primary responsibility for the interagency functions and operations of the system. MDHS will also be responsible for determining and redetermining voucher eligibility and for certifying centers (e.g., standard versus comprehensive). MDHS will also manage and operate the online application system, collect and manage administrative data, and develop evaluations, quality improvement plans, and, as necessary, corrective action plans.

The Mississippi Community College Board (MCCB) will be responsible for managing local early childhood academies. These academies will provide technical assistance, coaching, and training and provide management for the resource and referral offices. Mississippi's public universities will play a critical role in providing research to inform service development and delivery through the local early childhood academies. Universities will also provide professional services in specialized areas such as mental health.

The Mississippi State Department of Health (MSDH) will be the agency responsible for licensing childcare centers. MSDH will also be responsible for monitoring licensed centers for compliance with polices and regulations.

Common case management will be governed by an interagency governance policy that will outline roles and responsibilities of all parties in the delivery of services and programs.

Figure 7: Common Case Management

IV. Timeline

The system will be in full operation on July 1, 2017. The transition period will occur from January 1, 2017, to June 30, 2017.

2017

Jan	Feb	March	April	May	June	July

Transition Period: January 1st - June 30th

Fully Operational
July 1st
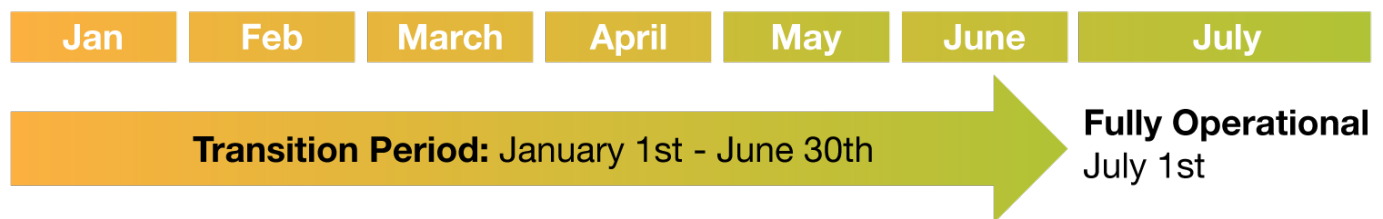
The transition period will include:

- *Establishment of a Governance Structure*. **A common case management governance structure, including memorandums of understanding (MOU) for the establishment of interagency referral processes and service delivery, will be established by the key partners.**

- *Voucher Eligibility and Redetermination*. **Redetermination for families and children who will finish their current 12 months of eligibility by June 30, 2017, will begin January 2017. This process will be based on the remaining number of months that a parent is eligible to receive vouchers as of October 1, 2016. For example, if a parent has already received three months of vouchers as of October 1, 2016, this parent would have nine months remaining before reaching the end of the 12-month term.**

- *Center Eligibility and Redetermination*. **Child care center eligibility to redeem child care vouchers will be undertaken during the transition period. During this process, centers can opt to achieve the standard or comprehensive designation. This process will begin April 2017.**

- *Training*. **MDHS staff will be trained on implementation of the new plan. Cross-training of partner agency staff will be conducted as related to interagency referrals and associated processes.**

- *Early Childhood Academy*. **Activities to ensure the academy is fully established and operating by July 1, 2017, will be undertaken, including (1) development of a management plan, (2) curriculum development, and (3) professional development of staff.**

- *System Evaluation Plan.* **The evaluation and monitoring framework for overall system assessment will be developed and ready for implementation by July 1, 2017. This activity will include entering into necessary agreements and data collection, analysis, synthesis, and reporting.**

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Appendices

Appendix A: Early Care and Learning Committee Recommendations

SECAC ECL Selected Components	Best Practice and/or Research[1]	Standard Guidelines[2]	Comprehensive Guidelines	Vision Committee Action Items
Assessment of Child Progress	• Using ongoing and systematic formal and informal assessment processes helps teachers make informed decisions about instruction and activities. • The information collected also helps programs look at their effectiveness to identify areas of improvement and to make plans for improvement.	• Teachers use observations, checklists, or rating scales to assess children's progress. • Use curriculum-based progress monitoring available with selected tool.	• Assessment methods are selected based on the child's individual characteristics and needs. • Assessments are administered at three points during the year: beginning of the school year, mid-way, and end of the school year. • Information collected is used to make improvements at the classroom and center levels.	**1** - Find out what national organizations have already done to identify what is used in states, and check out a few states to learn more about what they use. **2** - Create a definition and criteria for section and then offer suggestions to guide providers. Make sure that good practice in observation and anecdotal notes are included. **3** – Consider the unique needs of infants and toddlers when making recommendations about assessments, as not all methods/tools are appropriate for all age groups.
Curriculum	• Having a curriculum helps teachers and directors work together to balance different activities and maximize children's learning. • Curricula also ensure that there are direct links between content that children are learning, the activities	• Use a research-based curriculum. • Use the NAEYC definition (to the left) as what we recommend be put in the model. (Standard #2, curriculum)	• Child care staff use the MS Infant and Toddler Standards and Guidelines and/or the MS Early Learning Standards and Guidelines to guide instruction. • Child care staff use a research- or evidence-based	**1** – Follow up with Dr. Wright to get definition used for selecting curriculum for the collaboratives. **2** - Create a definition of research and/or evidenced based, as well as criteria for section and then offer suggestions and examples to guide providers. **3** – Discuss the difference

Exhibit B

	materials, and daily schedules and routines. ● The best results are achieved when programs select and implement a curriculum that is consistent with its own goals for children and promotes learning and development in all cognitive, social, emotional physical, and language development.		curriculum (as defined; we are working on definition).	between standard and comprehensive. If a standard center, we will go for what is most cost-effective. If a comprehensive center, we may expect that they choose the curriculum with other criteria. **4** – Discuss infant and toddler vs. preschool. We need to review the infant toddler guidelines and standards and talk again about how we need to focus on infants and toddlers.
Teachers	● Teachers with the appropriate qualifications, knowledge in child development, and early childhood education are more likely to engage in activities and practices that will support positive outcomes for children.	● All teaching staff in a center have a CDA credential within 12-18 months of hire. ● CDA courses taken correspond with the age group that the individual teaches.	● Infant and toddler teachers have a CDA or an AA degree, *and/or additional experience or professional development in early childhood and brain development*. ● Preschool teachers (three- and four-year-olds) have an AA degree or bachelor's degree *and/or additional experience or professional development in early childhood and brain development*. ● Teacher assistants in preschool classrooms have a CDA or an AA degree *and/or*	**1** – Develop a plan/process to understand where our EC professionals are and what education and certification they have. **2** – Discuss the issue of cost and come up with some recommendations for addressing the issue.

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			additional experience or professional development in early childhood and brain development. ● At least 15 hours of professional development each year in topics related to their jobs (e.g., specific to infant/toddler development if an infant teacher).	
Instructional Practices and Relationships	● Programs that use teaching approaches that are developmentally, culturally, and linguistically appropriate will enhance the learning of each child. ● Each child has different learning styles, needs, capacities, interests, and backgrounds. By recognizing these differences and using approaches that are appropriate for each child, teachers are helping all children learn. ● Positive relationships among children and adults and children help children feel safe and secure. Security helps children thrive developmentally and physically.	● Child care providers plan each day and organize the time for children in a predictable routine and schedule. This includes both indoor and outdoor time, as well as group and individual play opportunities. ● Teaching staff use warm, friendly conversations with the children and recognize their work and accomplishments. ● Child care providers modify their teaching, strategies, and materials to respond to the needs, capacities, and interests of individual children. ● Child care providers are	● Same as standard guidelines.	None.

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		aware of each child's unique strengths and needs and interests and uses them to actively engage children in learning. ● Children are encouraged to work and play together. ● Kindergarten transition plan is put in place. ● Teachers hold at least two parent-teacher conferences a school year. ● Teachers help children resolve conflicts effectively through methods that describe their feelings and identify solutions to problems.		
Physical Environments	● A safe, well-organized, and maintained environment with appropriate materials for each age group provides a setting that maximizes individual child learning.	● All health and safety requirements are met, and the space is clean, well organized, and accessible by the children ● All furnishings are in good repair and child sized. ● A variety of age-appropriate materials are available for individual and group play within the classroom and within children's reach.	● Same as standard guidelines.	None.

		• Use of resources (such as Playscapes) to ensure learning is happening in all parts of the center, including outside.		
Leadership and Management	• Effective policies and procedures, systems that support stable staff and strong personnel, and effective fiscal and program management ensure that all children, families, and staff have high-quality experiences. • Knowledgeable leaders who implement strong policies and procedures and use effective management and operational strategies are key to a program and ensure quality experiences for all children, families, and staff. • Lower teacher child ratios support more effective learning.	• Policies and procedures are in place. • Each center has one full-time, on-site director with a BA degree in early childhood education or child development. • Directors: complete the Director's Credential.	• Policies and procedures are shared with families and staff and include things like the program's curriculum, guidance on discipline, and philosophy on family engagement. • Class sizes follow national recommendations. • Each center has one full-time, on-site director with a master's degree or higher in early childhood education or child development ***and/or additional experience or professional development in early childhood and brain development***. • Participating in professional development each year in topics related to their jobs (i.e., specific to child development, supervision, management,	None

			or business practices) - Staff join a professional organization (MECA, MsECA, SECA, NAEYC). - Technology is effectively used to maintain and track information about children (including health, services, absenteeism, and educational information) and staff (including qualifications and professional development). - Directors agree to participate and be assessed/train on the Program Administrative Scale.	

Appendix B: Family Support Committee Recommendations

SECAC Selected Components	Standard Center	Comprehensive Center

Parent Education	Each program develops and distributes a parent handbook that addresses the program philosophy, goals, and specific information unique to the program (e.g., curriculum, credentials, and assessments)	1. Training or information sessions should be offered on topics that are of interest to families, such as promoting child development, learning, and wellness; addressing challenging behaviors; interpreting child assessment and developmental screening data; and navigating the educational system. Other options are evidence-based parenting programs.
		
		2. Center-based case managers offer parenting education programs that include curriculum, ages and stages, financial workshops, etc.
		
		3. Workshops should be offered in supporting children's learning at home.
		
		4. Make data about children's progress accessible and understandable to parents.
		
		5. Other options could be implementing specific programs such as:
		    (a) *The Companion Curriculum* (TCC) - monthly teacher-led workshops for parents where they observe a teacher demonstration of early learning activities and then practice the activities with their child. Parents are encouraged to bring other family members to workshops and participants receive dinner and transportation assistance.
		    (b) The *Family Mathematics Curriculum* where parents are invited to attend Saturday classes with their child. Teachers demonstrate teaching the child a math activity, and parents lead the child through the activity.
		    (c) *Getting Ready Intervention* involves home visiting by teachers to use

		discussion, child observation, and modeling to promote parent engagement with children. 6. To support Latino parents, there is a program called *Abriendo Puertos/Opening Doors*. It has a curriculum delivered by trained community educators in English and Spanish that covers language, social-emotional and literacy skills as well as parent wellness, parent problem-solving, and advocacy skills.
Individualized and Flexible		1. Centers should establish policies that ensure that all interested families are prepared and able to participate in planning, decision making, and oversight groups, such as boards, councils, committees, or working groups. 2. Child care is offered during all activities (i.e., social functions, parent education workshops, parent conferences) 3. Transportation assistance is offered. 4. A wide array of activities are offered on different days of the week at different times of day.
Access to Information and Resources		1. Provide access to families and invite them to participate in learning activities (family-friendly policies and procedures). 2. Parenting handbook developed and distributed in person as well as available online and through email.

		3. Center-based lending library for parents.
Parent Engagement	1. At least 15 hours of professional development in program instruction is required of all teachers and administrators. Parent engagement is one option for content but not required. 2. Volunteer participation should be encouraged. Volunteers should participate in an orientation, sign a confidentiality agreement, and agree to a background check.	1. Create a family-friendly environment with welcoming staff and easily accessible communications materials. 2. Establish policies, procedures, and practices that support family engagement. 3. Support family connections to each other through family networks and social support by providing facility space and opportunities for parents to get together. 4. Each center has a parent center that includes paper resources and access to computers and that is staffed by a parent coordinator to answer questions about the center and the education experiences of the child. 5. Drop-ins should be encouraged. 6. Inclusion of competencies related to parent engagement in preschool teacher and administrator certification. 7. Use of standards and guidance that promote engaging families, particularly those with barriers. 8. Teacher or center sends home books or learning materials with notes on how to use them with children.

Referrals and Connections	Pre-K programs should collaborate with First Steps (IDEA) to ensure that any child currently receiving services continues to receive services based on the Individualized Family Service Plan (IFSP) (up to age 3) or an IEP (age 3 or older).	1. Health and developmental screenings should include parental input. 2. Provide voluntary teacher home visits at the start of every school year. 3. Center-based case manager(s) visits families, assesses needs, and makes referrals to local services such as job training and child care programs. 4. Robust formal relationships with community partners that support parent and child health, mental health, nutrition, and family financial security. 5. Utilize social workers, family support staff, and mental health consultants as needed.
Communication	1. Teacher/parent conferences should be conducted at least three times a year. The first conference should be an information-gathering session for the parent; the other two are progress updates. 2. Communication should be regular and can consist of notebooks/folders, newsletters, conferences, emails, and phone calls.	1. Program policies and practices should facilitate two-way communication about child development, and communication should be continuous and proactive. 2. Each center maintains and updates bulletin boards, newsletters, emails, phone calls, and home visits to convey information about academic and social readiness, the school and teachers, registration dates, and any other information. 3. The center hosts a wide array of social events prior to the start of school such as teas, picnics, or learning fairs. 4. Families and the center should track children's progress together and share activities that can be done at home and in the classroom. 5. Child progress updates to parents should be provided in-person, by email, or over the phone from the teacher continuously throughout the year. 6. Teacher/parent conference progress updates should include portfolios or concrete

Exhibit B

		collections of children's experiences to document strengths and weaknesses for parents.
		7. Peer networking should be encouraged and facilitated by the center: creating buddy lists and opportunities for parents to meet.
		8. Provide interpreters and parent involvement materials in parents' home language.

Appendix C: Health, Mental Health, and Nutrition Committee Recommendations
Health/Mental Health/Nutrition/Safety

SECAC Selected Components	Standard Center	Comprehensive Center
Health	Immunization, hearing, and vision screening. Meets basic health and safety requirements.	Ability to serve children with disabilities. Have someone on site to provide service (hearing testing and screening, vision testing and screening, dental health program, physical activity, etc.).
Mental Health	Meets basic health and safety requirements.	Have partnership to offer/provide social-emotional screening and counseling (social skill building, problem-solving activities, socio-emotional screening, early intervention services, etc.).
Nutrition	Meets basic requirements from MS Dept of Health.	Have partnership with local medical providers to have a dietician (nutrition education, health snacks/meals, etc.).
Physical Health	Meets basic health and safety requirements.	Center would offer a wellness/fitness program for parents and/or the community.
Safety	Meets basic health and safety requirements.	Implement safety workshops with the police and fire departments, stranger-danger, car seat safety tips, etc.

Additional Elements of a Comprehensive System

- Ongoing assessments should be completed in the areas of health, mental health, nutrition, and safety (i.e., cognitive, gross motor skills, etc.).

- Childcare providers should receive ongoing professional development training.

- Establish a network of service providers (i.e., clinicians, caregivers, etc.) to ensure the health, mental health, nutrition, and safety needs of the children are being met.

- Providing a dental health program.

- Ensure children are getting the required physical activity.

- Ensure children have medical, vision, and dental providers.

- Establish program to ensure services can transition into the K-12 system.

- Kindergarten Readiness Assessment can be used to periodically measure quality.

- Ensure the availability of proof that partnerships exist (i.e., MOUs) between various entities.

- Intake process at child care facility collects enough information to refer the child's parent to the proper network if services are required.

Existing and New Monthly Market Rates*

	Existing Rates	New Market Rates	
		Standard	Comprehensive
Center-Based Child Care			
Full Time			
0-12 Months	$374.63	$480.00	$600.00
13-36 Months	$356.79	$480.00	$600.00
3-5 Years	$338.95	$440.00	$550.00
Summertime 5-13 Years	$329.08	$400.00	$500.00
Special Needs (All Ages)	$394.03	$500.00	$625.00
Part Time			
0-12 Months	$187.32	$240.00	$300.00
13-36 Months	$182.86	$246.00	$307.50
3-5 Years	$173.94	$225.76	$282.20
5-13 Years	$200.70	$243.92	$304.90
Special Needs (All Ages)	$205.16	$260.30	$325.38
Family Child Care			
Full Time			
0-12 Months	$272.05	$348.57	
13-36 Months	$258.67	$348.00	
3-5 Years	$245.29	$318.42	
Summertime 5-13 Years	$240.83	$292.74	
Special Needs (All Ages)	$289.89	$367.86	
Part Time			
0-12 Months	$138.26	$177.14	
13-36 Months	$133.80	$180.00	
3-5 Years	$124.88	$162.08	
5-13 Years	$124.88	$151.77	
Special Needs (All Ages)	$147.18	$186.74	

*Existing and new rates as of May 14, 2018.

Exhibit C

Table 1: Maximum Estimated Agency Cost to Expand Days Absent Allowance from 15 Days to 60 Days*

Category	Cost
Cost for 15 absent days per child per year	$5,304,497
Cost for 60 absent days per child per year	$12,832,190
Difference	$7,527,693

*Based on voucher cost for 28,435 children participating in CCDF in 2018.

Table 2: Estimated Provider Cost to Complete Application and Receive Technical Assistance*

Category	Total Cost	Average Cost per Provider
Director cost to complete applications, 5 hours once per year, $17.70/hour on aveage	$94,341	$89
Technical assistance, 2 hours per month, $17.70/hour on average	$452,837	$425
Total	$547,178	$513

*Based on 1,066 providers authorized to receive CCDF vouchers in 2018. Hourly wage for director comes from MDES Occupational Wage Estimates (https://mdes.ms.gov/media/126875/msoes.pdf).

Table 3: Maximum Estimated Agency Cost for Increasing Voucher Rates*

License Type	Care Type	Category	Old Rate	New Rate	Rate Increase	Unique Number of Children[ª]	Estimated Old Rate Cost	Estimated New Rate Cost	EstimatedMaximum Cost Increase
LICENSED	FULLTIME	Cat1: 0-12 Months	$374.63	$480.00	$105.37	3,201	$6,807,776	$8,722,697	$1,914,921
LICENSED	FULLTIME	Cat2: 13-36 Months	$356.79	$480.00	$123.21	5,801	$14,256,362	$19,178,919	$4,922,557
LICENSED	FULLTIME	Cat3: 3-5 Years	$338.95	$440.00	$101.05	4,392	$9,853,295	$12,791,500	$2,938,205
LICENSED	FULLTIME	Cat4: Summertime 5-13 Years	$329.08	$400.00	$70.92	1,202	$1,360,830	$1,654,405	$293,575
LICENSED	FULLTIME	Cat5: Special Needs (All Ages)	$394.03	$500.00	$105.97	4	$6,050	$7,678	$1,628
LICENSED	PARTTIME	Cat1: 0-12 Months	$187.32	$240.00	$52.68	339	$338,722	$433,941	$95,219
LICENSED	PARTTIME	Cat2: 13-36 Months	$182.86	$246.00	$63.14	895	$965,387	$1,298,932	$333,545
LICENSED	PARTTIME	Cat3: 3-5 Years	$173.94	$225.76	$51.82	3,351	$2,952,798	$3,832,534	$879,736
LICENSED	PARTTIME	Cat4: 5-13 Years	$200.70	$243.92	$43.22	11,879	$16,861,037	$20,488,208	$3,627,171
LICENSED	PARTTIME	Cat5: Special Needs (All Ages)	$205.16	$260.30	$55.14	55	$91,098	$115,563	$24,465
UNLICENSED	FULLTIME	Cat1: 0-12 Months	$272.05	$348.57	$76.52	25	$33,421	$42,822	$9,401
UNLICENSED	FULLTIME	Cat2: 13-36 Months	$258.67	$348.00	$89.33	43	$68,730	$92,460	$23,730
UNLICENSED	FULLTIME	Cat3: 3-5 Years	$245.29	$318.42	$73.13	43	$70,747	$91,850	$21,103
UNLICENSED	FULLTIME	Cat4: Summertime 5-13 Years	$240.83	$292.74	$51.91	20	$10,048	$12,214	$2,166
UNLICENSED	PARTTIME	Cat1: 0-12 Months	$138.26	$177.14	$38.88	5	$2,521	$3,229	$708
UNLICENSED	PARTTIME	Cat2: 13-36 Months	$133.80	$180.00	$46.20	5	$2,178	$2,930	$752
UNLICENSED	PARTTIME	Cat3: 3-5 Years	$124.88	$162.08	$37.20	28	$17,643	$22,894	$5,251
UNLICENSED	PARTTIME	Cat4: 5-13 Years	$124.88	$151.77	$26.89	209	$190,348	$231,326	$40,978
UNLICENSED	PARTTIME	Cat5: Special Needs (All Ages)	$147.18	$186.74	$39.56	2	$416	$527	$111
Total			.	.	.	28,435	$53,889,407	$69,024,629	$15,135,222

*Based on voucher cost for 28,435 children participating in CCDF in 2018.
[ª]A child can be included in more than one column due to changing voucher type or category throughout the year.

Mississippi Low Income Child Care Initiative
Step-Up Project
2010-2014
Final Report to W. K. Kellogg Foundation

Introduction/Background

Research demonstrates and increasing numbers of policy makers agree that quality early childhood education is critical to improving long-term outcomes for children, supports parental employment, and reduces reliance upon public assistance. These positive results translate into real and significant economic benefits. Research also indicates these benefits have the greatest impact for poor children and families.

Parents of young children need child care in order to work. Child care is expensive, often costing as much as college tuition. Parents – especially single parents - in low-paying jobs have the greatest difficulty affording this needed service. Employment data indicate growth in this low-wage sector, increasing the need for affordable child care services for these families.

Two federal programs offer financial assistance to help poor and low-income families afford child care: Head Start/Early Head Start and the Child Care and Development Fund (CCDF) program. These programs have important differences that position CCDF as the one intended to serve working families. These programs together only serve a fraction of our nation's eligible families.

At the same time states are struggling to serve the large and increasing number of eligible families, they are also attempting to improve the quality of these services. One popular strategy in states is a quality rating system (QRS). These systems typically establish graduated levels of higher quality correlated with incentives to encourage and support providers to meet these higher levels. Often these systems are embedded in state CCDF programs.

In Mississippi 75% of our low-income young children have a working parent. These parents need child care, but with incomes less than 200% of the poverty level these parents need help paying the cost. Mississippi has no state funded program to help these parents afford child care, so they all rely on the federal programs Head Start and

CCDF. Together these programs only serve about 30% of Mississippi's eligible 149,642 children under six. This leaves 70% of our state's eligible children unserved.

In Mississippi 84% of all children live in single parent (virtually all single mother) families, and 64% of these children are low-income. Mississippi women face significant gender inequity that leaves single mother-headed families disproportionately poor. Women less than men at every education and income level and they are concentrated in low wage work. 8 out of 10 minimum wage workers in Mississippi are women. At minimum wage, $7.25/hour, a family of 2 remains *below* the federal poverty level.

In addition, single mothers in low-wage jobs typically have no paid family leave and cannot leave work to support multiple child care arrangements (for example getting to and from pre-k to child care) or manage child care problems. In fact, child care providers know that calling the parent on her job when a problem arises can jeopardize the parent's employment. For these moms reliable, full-time, affordable child care is a necessity.

CCDF child care subsidies make a significantly positive financial difference for these families. Moms use these subsidies to buy full-time, full-year child care services so they can work. A single mom earning minimum wage lowers her child care costs for one child from $4071/year to $720/year with a CCDF child care subsidy. This illustrates why the Mississippi Economic Policy has identified child care subsidy as the most beneficial work support a low-wage working mom can receive. CCDF child care subsidies also prevent reliance on public assistance. 82% of women leaving welfare for work were shown to still be employed after two years *if* they received a child care subsidy. Yet Despite these benefits, CCDF child care is severely underfunded, serving only about 18,000 of the 149,642 children who qualify. The last reported waiting list included 9000 children.

In Mississippi the CCDF child care subsidy program is administered by the Department of Human Services (DHS). Mississippi has a new, small preK grant program housed at the Department of Education and some local school districts voluntarily offer preK programs. Head Start and Early Head Start programs are administered by the U.S. Department of Health and Human Services. These programs target different age children, have differing parent eligibility requirements, offer differing services, and operate differing months and hours. Mississippi's State Early Childhood Advisory

Council (SECAC) created by federal mandate to address system alignment has not addressed system alignment. Navigating this unaligned system is most difficult for low-wage single moms with no job flexibility.

As the agency administering the child care subsidy program, DHS faces the difficult challenges of trying to serve many eligible children with inadequate funding; and improving the quality of the early childhood programs.

DHS' track record administering CCDF is mixed regarding parental access and retention of services. DHS extended the job search period to 60 days to assist families impacted by unemployment or insecure employment common in the low-wage job sector. DHS extended eligibility from six months to one year greatly improving stability of child care services for families. Yet DHS requires full-time students to reapply every semester causing recurring disruptions in parental efforts to attain higher education. Also, DHS imposed a child support requirement on single parents, the population that needs these services most. This action proved to be a deterrent and even when provided with evidence that this action eliminated over 10,000 children and caused many centers to close, DHS refused to rescind the requirement.

DHS' track record utilizing CCDF funds to serve the maximum number of eligible children is poor. The number of children served has fallen by 67% since 2010 despite level CCDF funding. DHS uses less TANF money than the amount available for child care. DHS has never sought state funds to increase the number of children served.

DHS' track record on quality improvement is also mixed. DHS' initial tiered reimbursement approach rewarded providers who obtained a DHS recognized director's credential but required participating providers to charge everyone the higher rate in order to receive the higher rate from the state. Providers in low-income neighborhoods opted out rather than comply because their customer base couldn't afford the higher rate. In recent years DHS has spent significantly more CCDF money than the federally required 4% on quality improvement while thousands of children remain on the waiting list for CCDF services. Re-directing more funds than required away from services not only leaves families unserved but also leaves child care providers under-resourced, significantly hampering their ability to provide basic services or enact quality improvements.

In 2008 DHS launched a quality rating system first titled, the "Mississippi Child Care Quality Step System" (MCCQSS), and later titled "Mississippi Quality Stars." DHS worked with the Mississippi State University (MSU) Early Childhood Institute (ECI) to develop Mississippi's quality rating system, and once it was developed then contracted with MSU ECI to implement MCCQSS, now Quality Stars.

Mississippi's QRS (Quality Stars) includes five star levels that assess five areas: administrative policy, professional development, learning environments, parent involvement, and evaluation. DHS utilizes the incremental rate increase incentive strategy. This rate enhancement is based upon Mississippi's existing reimbursement rate which is about 58% of Mississippi's market rate for child care. As the chart below indicates this low base rate results in the highest Star 5 yielding only 83% of Mississippi's market rate for child care:

Star 1 – Base Rate	Star 2 – 7% Increase	Star 3 – 17% total increase	Star 4 – 22% total increase	Star 5 – 25% total increase
58% of state market rate	65% of state market rate	75% of state market rate	80% of state market rate	83% of state market rate

Mississippi's unsuccessful 2011 Race to the Top Early Learning Challenge grant projected little child care center success in the QRS. As shown from the chart below DHS did not anticipate center success in Quality Stars:

Anticipated Number of Licensed Center Providers at Different Levels of the MCCQSS System
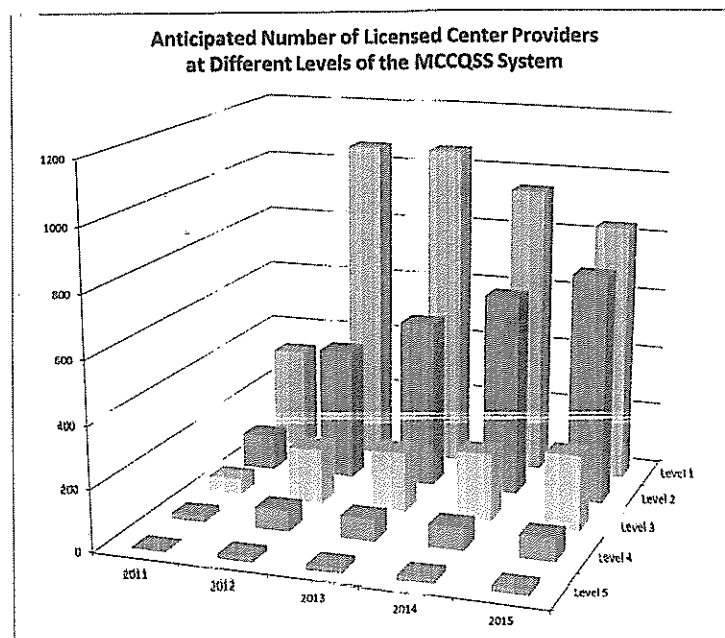
Currently, only 515 (or 31%) of Mississippi's 1685 licensed child care centers have volunteered to be in Quality Stars. Of this number 237 (46%) are at a Star 1; 81 (16%) are at a Star 2; 41 (8%) are at a Star 3; 22 (4%) are at a Star 4; and 11 (2%) are at a Star 5. (123 haven't been rated yet.) The state's projections are on target.

The Mississippi Low-Income Child Care Initiative (MLICCI) has 17 years of experience working with Mississippi's low income child care sector to strengthen the CCDF subsidy system and improve services to families. Prior to the implementation of the QRS pilot, MLICCI had advocated improvements in CCDF subsidy access and retention, as well as strategies to expand the number of children served, all formally submitted in every public hearing on the CCDF state plan since 1998. In addition, MLICCI has invested $2.6 million in over 200 child care centers specifically targeted to improve learning environments coupled with on-site, individualized technical assistance and staff development. MLICCI's approach to TA includes building respectful and trusting relationships with center staff and acknowledging center strengths and building capacity. MLICCI's extensive experience gave insight into what investments and TA is required to support quality improvements in centers serving low-income families. From this vantage point, MLICCI was concerned to learn that Mississippi's proposed QRS pilot included too little financial support and very little technical assistance. So, when the pilot was announced MLICCI commissioned a study of the QRS pilot.

MLICCI's pilot study interviewed centers in the pilot as well as those that chose not to participate. Survey and focus group results found that:
- child care center staff were very committed to providing quality services, a commitment evidenced in multiple ways documented in the study;
- few child care staff had certifications or degrees in early childhood (CDA, AA or BA) and centers with staff holding higher levels of education had difficulty retaining them because they left for higher wages in Head Start or public schools;
- the enhanced reimbursement rate structure proved inadequate as an incentive to finance participation in QRS because the base rate begins so far below the market rate and subsidy density remained too low and too insecure to provide the revenue needed to finance quality improvement requirements;
- most child care centers needed expensive facility renovations;

- centers expressed ambivalence about the QRS - both appreciating the emphasis on and support for quality improvement but also concerned about participation costs prohibiting their successful participation (particularly costs related to facilities and staff education).

The pilot study principle recommendations were:
1. QRS provide up-front funds to centers to finance major enhancements and create a financing structure that functions as an incentive to participate
2. QRS include financial support for professional development *and* corresponding wage increases to increase education levels and retain those staff members in child care

This information was shared with DHS in an effort to reshape QRS before it was expanded statewide. DHS expanded QRS statewide without incorporating these recommendations.

Thus, MLICCI was concerned that low-income child care centers may opt out of QRS due to high costs of participation or finance these high costs by increasing parent fees. Either outcome threatened to leave low-income children out of the benefits of QRS. And from an overall perspective, the investment in QRS threatened to further reduce resources that would otherwise finance services to eligible children.

In an effort to continue monitoring Mississippi's QRS, MLICCI established Step-Up as a multi-year project generously funded by the W. K. Kellogg Foundation. Step-Up began in July 2010 and operated in participating child care centers through December 2013. This report describes the Step-Up project and shares lessons learned.

The Step-Up Project

MLICCI established the Step-Up project to learn what it takes for child care centers serving low-income families to successfully participate in Quality Stars. MLICCI identified a selected group of child care centers in two regions of the state to volunteer to participate in Quality Stars. After they volunteered, the selected centers were assessed by evaluators from Quality Stars, and given their first rating. MLICCI technical

assistants (TA) worked extensively with each of these child care centers to develop targeted quality improvement plans based upon their QRS assessments. These quality improvement plans detailed investments and interventions required to support the centers' efforts to climb rankings in Quality Stars. The TAs invested significant, on-site technical assistance and financial resources targeted to meet QRS requirements. Data was kept about the amount of each expenditure and the requirement it aimed to meet. Experiential data was also recorded to document the centers' challenges and successes throughout the project. These data were used to develop recommendations to DHS for reforming Quality Stars to support the success of centers serving low-income families.

MLICCI recruited and hired two technical assistants with knowledge of early childhood education as well as ITERS and ECERS, the assessment tool utilized in Quality Stars. In addition we sought experience providing coaching and technical assistance for child care center staff combined with the ability to build trusting and supportive relationships with low-income child care communities. We were fortunate to identify two TAs with this unique set of capabilities, relevant knowledge and experience. One TA had previously conducted technical assistance with MSU Early Childhood Institute and utilized ITERS and ECERS. Another TA had also previously worked MSU Early Childhood Institute and Save the Children to support the re-development of the child care sector following Hurricane Katrina. One was located in the Mississippi Delta, and the other in coastal south Mississippi.

Given that the goal of the Step-Up project was to demonstrate what is required for centers serving low-income families to participate and succeed in Quality Stars serving low-income families was a key selection criteria. Additional selection criteria included:
- Not yet enrolled in QRS, or enrolled at a Star 1 level
- Participate in the CCDF child care subsidy program
- Serve working parents
- Serve a majority of low-income children
- Not a participant in another program that would provide additional resources to support QRS participation (such as Allies, MS Building Blocks, Head Start, or Early Head Start)
- Serve infants and toddlers (the most expensive age to serve) as well as pre-school aged children

- Provide all-day, all-year services to support parental employment
- In business for at least one year
- Director must be full-time at the center

MLICCI identified 237 centers that were located in the two target geographical areas and participated in the child care subsidy program. MLICCI mailed applications to all these centers, and expected a large return. We were surprised when only 41 applications were returned. Upon investigation MLICCI learned that centers were deterred from applying because they held an unfavorable view of QRS and MSU. After clarifying that our Step-Up project was separate and distinct from the state QRS, and explaining the expectations and intent of our Step-Up project, MLICCI successfully enrolled 16 centers that met the selection criteria: 8 from the Delta and 8 from south Mississippi.

Simultaneously, MLICCI identified two external partner organizations: the MS Economic Policy Center to create and populate our expenditure data base; and Professional Associates to provide on-going evaluation of the project. Memorandums of Agreement were negotiated with both partners.

On November 20, 2010, staff from all the participating centers attended a Step-Up orientation meeting and signed Memorandums of Understanding laying out the terms of participation in the Step-Up project. The Step-Up project was poised to begin operation.

Implementation

The first step was to have each center assessed by Quality Stars. This initial assessment was scheduled with MSU Early Childhood Institute Quality Stars. The assessment date was set to follow the end of the center's licensure year in order to ensure that all the staff development hours were completed.

After these assessments were completed, the evaluators gave the centers a checklist that identified all the unmet QRS criteria and provided the initial star rating. In every case, the participating centers initial rating was a Star 1. This checklist provided a guideline

for the TA's work with the centers to develop a detailed and comprehensive quality improvement plan to climb to the center's desired star level.

The second step was to work with each center to develop and implement the detailed quality improvement plans. These plans formed the centerpiece of the Step-Up Project and guided the Step-Up process in each of the participating centers. The TAs worked with the center staff to plot out steps necessary to address each unmet criteria identified on the evaluator's checklist. The plans identified furniture, learning materials, facility repairs and renovations, staff development, etc. The TAs learned that the most typical experience moving a center from Star 1 to Star 2 required focusing on increasing Environmental Rating Scale (ERS) scores, requirements that proved most costly. Centers needed facility renovations such as structural changes to walls, lighting, fencing, and doorway changes; as well as additional furnishings including bookcases, storage units, cots, manipulatives, art and science materials, sand and water play equipment, and outdoor equipment. The most recurrent purchases and facility improvements are noted:

Most Recurrent Purchases	Most Recurrent Repairs
▪ Child furnishings for care and play ▪ Bookshelves and cabinets ▪ Storage units rugs ▪ Replacement of cots ▪ Gross and fine-motor materials ▪ Soft pillows ▪ Assortment of toys ▪ Reading materials ▪ Manipulatives ▪ Art, music materials and equipment ▪ Assortment of books ▪ Science and nature books ▪ Diversity materials ▪ Sand/water toys ▪ Outdoor equipment	▪ Boulders around playgrounds ▪ Fencing ▪ Baseboard repairs ▪ Baseboard replaced ▪ Lighting fixtures ▪ Structural changes (walls, steps)

The TAs worked onsite with the center staff to implement these plans. Implementing the quality improvement plans not only included purchasing items but also incorporating those items into the classrooms, re-arranging classrooms to create learning centers, providing staff development opportunities for staff in areas identified

by the QRS assessment, securing facility renovations where required, and arranging for staff to obtain education through CDA programs or community colleges.

The TAs supported child care center staff to obtain increased hours of staff development as well as begin supporting some staff members to obtain CDAs and AAs. Child care center staff members were eager to obtain higher levels of education, and directors were eager for their staff to have more early childhood education knowledge and capacity, but child care centers did not have the revenue to finance tuition for staff to take classes or higher wages necessary for staff who obtained higher education levels. TAs included these goals and costs in the quality improvement plans.

The TAs devoted on average 190 hours per center to implement these plans. Examples of completed quality improvement plans for an ITERS classroom and an ECERS classroom are attached. These examples evidence the extensive on-site work to enact quality improvements aimed at increasing their star level.

When the quality improvement plans were implemented and centers felt ready, they requested their follow-up assessment from Quality Stars. These assessment visits resulted in the scores and Star rankings resulting from the centers' work with the TA to implement the quality improvement plans.

Issues with QRS evaluation and assessment:

Where Step-Up centers had small classrooms they were in a Catch 22 where they scored low if they have too few furnishings, but cited for overcrowded spaces where they filled their small classrooms with what ERS defines as adequate furnishings.

In addition, centers are required to have materials in a supply adequate for their maximum licensed capacity, even if their enrollment is a smaller number. Centers serving low-income communities frequently have more capacity than enrollment because the parents who need the service and who are often even on the center's waiting list cannot afford the fee to enroll their children. These parents are typically on a waiting list for a CCDF subsidy, but can't get one due to inadequate funding in the CCDF program. Thus, the enrollment falls below the center's capacity and is unlikely to fill to capacity. But centers are required to have adequate learning materials for their maximum capacity.

The Step-Up centers' assessment experiences included subjectivity, inconsistency, and a lack of transparency. These experiences are not unique to Step-Up and are reported by other centers that have attempted to participate in Quality Stars. These contribute to mistrust, punitive and negative experiences that result in reluctance to participation in the QRS program. Examples of these experiences from the Step-Up project are included below:

- The classroom evaluation process involves a silent observer often located in small classrooms in close proximity to children whose attempts to interact are rebuffed in the evaluator's failed effort to be an unnoticed objective observer. For staff this is often anxiety-producing and described by staff as nerve-racking, stressful, and intimidating and, as such, itself impacts the outcome of the classrooms assessment. Child care center staff report perceptions of evaluators ranging from professional and pleasant to aloof, impersonal and condescending. The process was described as creating anxiety similar to taking a test and compounded by a feeling/perception of having already failed.
- The scoring system of some center functions is an "all or none" assessment. For example, the prescribed time for outdoor play is 60 minutes; the center is scored as 0 if the outdoor play time is 59 minutes or less. The proper handwashing procedure is a 5 step process. Any missed, improperly sequenced or inadequately timed step (e.g. rubbing hands less than 10 seconds) is scored as using proper hand washing procedures 0% of the time. In addition, the "inactive" learning time cannot exceed 20 minutes during the entire observation period. Inactive learning time includes waiting for other children to complete a task that must be completed one child at a time (for example going to the bathroom or waiting for meals to be served). When 20 minutes cumulatively counted is reached the assessment process is shut down for the center has failed.
- Rules changed with no notice, and no written procedures exist. For example, the original practice was to conduct pre and post evaluations on the same classroom. This practice was changed with no notice to participating centers. A Step-Up center's rating was adversely impacted by this lack of notice. In another example, centers were rated once per year and the ERS score remained in effect for one year. This practice was changed with no notice. Another Step-Up center's rating was adversely impacted by this lack of notice. Without written protocols and procedures centers don't know the process or how to pursue appeals.
- Subjectivity was noted as a challenge. Undefined terms such as adequacy, appropriateness and sufficiency were cited as examples where subjectivity was

used and resulted in deficit scores for the centers. One example entailed an assessor lowering the center's score because a child "looked thirsty." Quality Stars explained they use "a visual observation of unassessed classrooms to determine if they contain the required level of equipment and materials.... The monitor looks to make sure there are learning centers in each classroom. There are no checklists, there isn't a minimum number."

- One center was told by the evaluator their staff did not need a certain staff training and then that same evaluator used the lack of this training to prevent the center from moving to a higher Star level. Another evaluator reduced a center's rating because paperwork was in the center, but not in the right file – on a visit that occurred out of sequence. Another Step-Up center had required paperwork but the evaluator didn't see it nor request it so the evaluator rated the center as not having it.

Despite all these problems, all the Step-Up centers improved.

Results

Five centers moved from Star 1 to Star 3. Eight centers moved from Star 1 to Star 2. Three centers remained at Star 1 but increased their ERS scores.

Step-Up spent, on average, $11,575 per classroom to support this success. 93% of all expenditures were to meet ERS requirements. The detailed cost data are attached.

A summary of the center ratings achievements and the financial investments made in each center is included on the next page:

Center	Beginning Star	Ending Star	Number of Classrooms	Expenditure/classroom	Percent ERS
Center 1	1	2	3	$13,174	74%
Center 2	1	2	5	$7,979	87%
Center 3	1	2	7	$7,738	97%
Center 4	1	2	6	$6,743	95%
Center 5	1	2	2	$13,194	99.9%
Center 6	1	2	3	$11,144	99%
Center 7	1	2	3	$13,014	98%
Center 8	1	2	3	$10,816	93%
Center 9	1	3	3	$12,499	76%
Center 10	1	3	4	$12,510	99.7%
Center 11	1	3	5	$12,541	95%
Center 12	1	3	2	$19,370	93%
Center 13	1	3	6	$8,768	94%
Center 14*	1	1	3	$14,534	92%
Center 15*	1	1	3	$9,640	96%
Center 16*	1	1	3	$9,777	97%

*While these centers didn't move up Star rankings, they did improve ERS scores:

	Beginning ITERS	Ending ITERS	Beginning ECERS	Ending ECERS
Center 14*	2.29	3.76	2.03	4.51
Center 15*	1.27	2.37	2.22	2.37
Center 16*	1.62	2.57	2.23	2.56

What We Learned

Upfront costs are prohibitive.

As demonstrated by the expenditure data, the upfront costs to move from a Star 1 to Star 2 average $11,575 per classroom. These costs result from the environmental requirements in ITERS and ECERS. The Quality Stars enhanced rate structure is based

upon *reimbursement*, requiring centers to attain the Star 2 level before any additional revenue is received. This means that centers must finance the upfront investment on their own. Given centers' lack of revenue apart from parent fees, this initial investment is prohibitive without external additional revenue such as Step-Up was able to provide with Kellogg funds. Centers reliant on CCDF simply can't afford to participate in QRS without additional, adequate, external financial investments targeted for this purpose.

Step-Up had greater success than Quality Stars and thus offers a model of success.
Step-Up advanced center star rankings at greater rates than Quality Stars. For example, Step-Up moved 50% of participating centers to Star 2 compared with only 22% in Quality Stars; and Step-Up moved 31% of centers to a Star 3 compared with only 10% in Quality Stars. While Step-Up has a significantly smaller sample of centers, this track record is worth noting as we try to find successful pathways to quality improvement for centers serving low income families.

QRS cannot succeed while CCDF remains inadequate.
The biggest challenge we encountered is the severe lack of resources in the low-income sector of the child care system and its resulting fragile foundation. Because no other revenue is available, child care centers serving low-income working families rely entirely on CCDF subsidies and parent fees for revenue. Recipients of CCDF child care subsidies in Mississippi are working poor families who are 92% black. The racial demographic is important in that racial disparities in Mississippi's poverty statistics are severe. For example, child poverty among Mississippi's white children is 16%, while among black children is 51%. These centers serve poor families in poor neighborhoods. Their operations are bare boned: their facilities are marginal and their staff are paid low wages with no paid leave. These centers are critically under-resourced and the parents they serve cannot afford to fill the financial gap by paying higher fees. In fact, many parents who need child care and qualify for CCDF subsidies languish on the waiting list because they cannot afford to pay fees to enroll their children. This situation results in centers that have licensed capacities larger than their actual enrollment – a tragic situation where slots are available where children need to be served but cannot be served because CCDF funds are too scarce to provide subsidies and parents cannot afford the fees.

Not surprisingly, subsidy density is a predictor of financial stability for these centers. Subsidy density in participating Step-Up centers was 61% in one example month, but varied over the duration of the project as demonstrated by data included in the July 2012 external evaluation as shown on the chart below:

Trend of Mean Monthly Enrollment and Certification Participation for Step Up Daycare Centers over Time
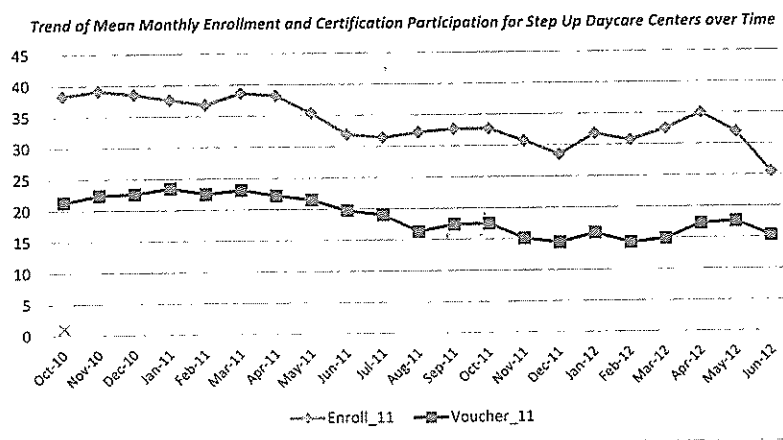
A decrease in subsidies results in a decline in enrollment and a corresponding decline in revenue. The Step-Up child care centers' reliance on child care subsidies made them vulnerable. The loss of a significant number of subsidies was devastating. In fact four of our participating centers had to close operation precisely because they lost so many subsidies they could no longer afford to operate. Many centers across Mississippi are reporting difficulties remaining open due to the shrinking number of subsidies. DHS numbers verify this trend:

Mississippi CCDF Child Care Subsidy Program		
Federal Fiscal Year	Federal Child Care Development Grant Funds Awarded to MS (as reported by HHS)	Number of Children Served (as reported by MS Dept. of Human Services)
2010	56,171,496	57,271
2011	57,000,859	49,908
2012	57,043,487	19,657
2013	55,699,898	Data no longer reported

The MS Department of Health reports there were 1796 licensed child care centers in 2012; 1748 in 2013; and 1685 in 2014. This reflects a national trend recently reported by

the Center on Law and Social Policy that shows a 15 year low in the number of children served by CCDF subsidies in states across the county.

This fragile foundation must be shored up before a quality rating system can be successful.

Technical assistance is extremely important, and must be done with a goal of capacity building rather than a goal of exposing deficits. Adequate financial resources must accompany the TA and target quality improvements done in partnership with the center staff.

The magic of Step-Up's success was the MLICCI quality improvement plans - individualized, intensive on-site technical assistance combined with adequate financial investments targeted to quality improvements. We cannot ignore or underestimate the cost of quality improvement. It is simply not possible to improve quality without adequate financial investment. However, the financial investment must be targeted to the center's needs for quality improvement. These needs are most successfully met where staff are a part of identifying where the investments need to occur, and where the assessment tools used to identify these improvements are understood by the staff. This requires staff development and on-site coaching, and working in respectful partnership with the center staff.

In many cases, child care center staff include individuals with lengthy experience in child care, but little formal education. In these instances, TA providers must be able to respect the experience even where it needs to be unlearned. In addition the TA provider must be able to respectfully teach adult learners who range from basic learners to those with higher level learners.

Technical assistance is successful where the TA communicates to the center staff a belief that the center will succeed, not an expectation that the center will fail. The TA must build capacity, not merely expose deficits. Where the TA supports, fosters, builds, grows, strengthens, and respects the capacity of the center staff the center will succeed. Providing TA that meets this asset-building criteria is key to success.

Trust and respect between DHS and child care centers must be restored in order for QRS to succeed.

Participating Step-Up centers reported a desire to enact quality improvements, and demonstrated resourcefulness in efforts to serve families even when their children got stuck on the CCDF subsidy waiting list and the parent(s) couldn't afford to pay. This was demonstrated in the pilot as well as throughout the Step-Up project. Center staff also reported discouragement and a loss of morale in response to the judgmental, punitive and pernicious experiences in the Quality Stars program. Centers reported evaluators revealing their opinions before entering the center, in instances where the facilities were meager or other outward signs of poverty were apparent. While attitudes are difficult to verify, it is undisputable that child care centers serving CCDF subsidy children report feelings of wariness and mistrust toward DHS and QRS as a result of these entities taking actions that have harmed their financial operations and their sustainability.

The centers' loatheness about participating in Quality Stars is due to reasons such as lack of up front funds to make improvements, discomfort with the process, distrust and having deficits exposed without help to make required improvements. The cumulative expression of these feelings is a sense of alienation and isolation from the overall process.

All this points to a serious need for improved relationships between child care participants in the CCDF subsidy program and DHS and QRS. MLICCI worked with the National Equity Project to improve the relationship between child care centers and DHS. This work involved focus group meetings with stakeholders and resulted in a report of findings from this Listening Project. The results are attached. This work in ongoing.

Strategies that can foster a sense of ownership and a purposeful community of providers include: dissemination of written assessment protocols including appeal procedures, anti-bias training for DHS and QRS staff, training and utilization of qualified low-income center staff as assessors and successful directors as mentors, more peer group interactions, and inclusion of peer selected providers as representatives on state childcare decision making bodies. This improved relationship should also be

demonstrated by actions within the CCDF subsidy program that support rather than obstruct parental access and retention, and financial commitments that expand services to eligible children. In addition, the QRS program should be operated in such a way that communicates that the programs desires and supports centers' success rather than expects failure and punitively cites deficits.

Issue for Further Study: Professional Development Costs Must Be Linked to Wage Enhancements to Support Moving beyond Star 2
Though most Step-Up centers did not reach star levels high enough to experience the problems associated with the Star 3 staff education requirements, both the QRS pilot and the Step-Up project centers expressed concerns based upon their experiences and their expectations. These centers indicated they want staff to achieve higher education levels, but have no funds to finance these advanced education levels and have experienced staff who attain these higher levels of education leaving for higher paying jobs in public schools or Head Start.

Currently DHS is implementing TEACH, which offers scholarships, but not the corollary WAGES program which is necessary to support staff retention.

To support a system-wide successful professional development strategy QRS must address the lack of resources in the CCDF child care sector to pay higher wages to staff earning higher degrees. This could be pursued through partnerships with workforce development partners, community colleges and universities, and through the development of a robust WAGES program to supplement the existing TEACH program.

Recommendations:

1) That DHS provide a combination of technical assistance and financial resources to support child care center success in Quality Stars as follows:

Commit $4.5 Million per year to move 100 centers per year upward in Quality Stars. These funds can come from a combination of Mississippi's TANF grant funds and CCDF 4% quality set-aside funds. This recommendation is based on the following cost

projections assuming 1 TA with a caseload of 10 centers and $40,000 per center in quality improvement funds – the minimum investment recommended:

	Cost per center – Minimum recommended per center	Cost per 100 centers
TA	$5000/center TA shared with a caseload of 10 centers providing 190 hours of TA per center	$500,000
Quality Improvement Resources	$40,000 per center	$4,000,000
Total	$45,000 per center	$4,500,000

$4.5 million per year will support 100 centers per year. This investment will scale up the quality improvement effort. Over the first 4 years this investment will help the 400 centers already in Quality Stars but stuck at Start 1 and in need of financial support to climb star rankings.

This investment will not only help with recruitment, but will also support centers to enter and succeed in Quality Stars.

The per-center size of the investment is critical to the success of the effort.

A key component of this recommendation is that the TA work with participating centers to develop quality improvement plans to drive financial investments that result in upward movement in Quality Stars. TA and financial resources are needed in combination. Neither would suffice alone. Thus, we recommend that DHS provide TA in support of each centers' success at an intensive level. The Step-Up project provided an average of 190 hours of TA per center.

2) That DHS develop written policies and procedures for Quality Stars.

Dissemination

The entire point of the Step-Up project was to learn how to support the success of child care centers serving low income families to succeed in Mississippi's QRS. MLICCI did that. Having shown success MLICCI shared the above Step-Up recommendations for

how Mississippi could replicate this success with the Mississippi Department of Human Services and with the Governor's Office, the policy makers with the authority to execute the Step-Up recommendations. To date DHS has not enacted MLICCI's Step-Up recommendations.

DHS contracted with the source of ERS for an evaluation of Mississippi's QRS that is currently underway. This is a major conflict of interest since the target of the evaluation, Mississippi's QRS, relies heavily on ERS and the source of the ERS, the Frank Porter Graham (FPG) Center, has a financial interest in Mississippi's use of ERS (MS pays to train and credential evaluators and to use the ERS). DHS claims the FPG Center was the only qualified bidder. That isn't true. The Vice President of the Center for Assessment and Policy Development, the evaluator for the New York state QRIS, was at least one alternate and qualified applicant that was denied the evaluation contract. The MS Ethics Commission reported they had no authority to address this conflict of interest. The FPG Center has focus groups and gathered data, including information from the MLICCI Step-Up project. Their evaluation report will be presented to DHS in June 2015.

MLICCI shared the Step-Up findings and recommendations with the Mississippi Kellogg team in hopes of recruiting Kellogg's help in promoting the project's recommendations with DHS. The power point summarizing the presentation is attached.

The Step-Up results, findings, and recommendations are relevant for all states operating QRS because other states also embed their QRS in CCDF programs and use ERS as evaluation criteria and enhanced reimbursement rate financing strategies. States are grappling with the challenge of determining the costs of implementation of QRS and finding adequate resources to finance QRS. Step-Up in the only project in the nation to capture actual expenditure data in QRS.

MLICCI shared Step-Up results, findings and recommendations at the national BUILD conference in Denver, CO; at the National Conference of State Legislatures Early Learning Fellows meeting in Minneapolis, MN; with the early childhood staff at the National Governor's Association in DC; and through a national webinar for child care advocates hosted by the National Women's Law Center.

The new CCDF regulations press states to enact and expand the use of QRS. MLICCI has shared Step-Up findings and results with the Office of Child Care at the U.S. Department of Health and Human Services in an attempt to notify federal CCDF administrators of the challenges states face enacting quality rating systems without adequate financial resources. This challenge is particularly difficult where states have to make choices between investing in quality improvement or services to eligible children.

In addition, MLICCI has shared Step-Up results with constituent child care centers. MLICCI is equipping child care centers to provide input as Mississippi implements the new CCDF regulations. We hope to prevent further reductions in child care services to eligible children, *and* we hope to support child care centers reliant on CCDF to participate and succeed in QRS.

Next Steps

➢ MLICCI will continue to promote Step-Up recommendations with DHS in Mississippi.
➢ MLICCI will continue to share Step-Up results with HHS and national QRS partners.
➢ MLICCI is working with the National Equity Project to continue efforts to improve the disparate power relationship between DHS and those parents and providers who rely on CCDF in which parents and providers are treated with disregard and as potential perpetrators of fraud rather than the struggling low income working families they are.
➢ MLICCI is developing the Step-Up asset-based technical assistance into a format that can be shared and used in the low-income CCDF child care sector.
➢ MLICCI is sharing information with DHS and child care constituents to incorporate Step-Up recommendations in the new Mississippi state CCDF plan.

Conclusion

Achieving quality improvement in centers serving low-income families should not come at the expense of services to eligible children; and both services and quality improvement require adequate financial investment in order to prevent exacerbating current inequities.

Appendix 1

Example ITERS classroom

Quality Improvement Plan

Plan of Action

Center's Name: Learning Center   Center ID #: _____   Teacher: _____

Scale Used: ITERS-R   Classroom ID #: _____   Initial Planning Date: 2/14/2011

In "Monetary Amount" column, state costs as formula, e.g., 5 puzzles @ $15 ea. = $75. Include shipping and tax costs in calculations.

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
1/2	3.1 Enough indoor space for children, adults, and furnishings. *There did not appear to be an ample amount of indoor space for infants, adults and furnishing. For example, the maximum number of infants and teachers must be considered as well as the furnishings and materials. There were not enough low open shelves for the materials accessible in the classroom and no furniture provided for the more mobile infants during meal time.*	• Will remove unnecessary furniture and clutter from rooms. (rented a storage space for two months in order to give the owners time to find other arrangements for all of the excess furniture, etc.) and purchase necessary furniture. • Will provide t.a. on room arrangement to maximize the space.	2				Rental of storage space @$122 a month for two months =$244.00 Open shelves 2 @ $196.76= $393.52 and infant book display = $180.36	3/15/11 Step-Up TA	yes

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
2/1	**3.1 Enough furniture for routine care.** (No table and chair or high chair for older infants for feeding. Infants and teacher sat on the floor for feeding while the teacher sat on the floor for feeding while the teacher held Styrofoam plates with the food on her arm.	• Purchase high chairs, adult seating, changing table	2				5 High Chairs @ $192.66 each = $963.30 Adult Seating 1 Glider @ $385.36 1 Teachers Seating Cube $53.26	3/15/11 Step-Up TA	yes
3/3	**5.1 Special Cozy area accessible much of the day.** There was not a special "cozy area", which provided the infants with a substantial amount of softness, accessible much of the day. **5.2 Cozy area protected from active play.**	Purchase materials to create cozy area.	2				Hugga Pet Lamb 2 @ $14.72= $29.44 Toddler Hollow Playring $327.96 Animal pillow set $24.56 Something Fishy Rug $40.96 Shape a space corner unit $114.76 Soft and cuddly friends $37.68	3/15/2011 Step-Up TA	yes

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
4/4	**5.3 Areas for quiet and active play separated.** *The areas provided for quiet and active play were not separated.*	This will be addressed through training and the purchase of additional materials to help define the spaces already listed above.	2					3/15/2011 Step-Up TA	yes
5/1	**3.1 At least 3 colorful pictures and or other materials displayed where children can easily see them.** *There were at least 3 colorful pictures and or other materials displayed, however, they were not placed where they could be easily seen by the infants.*	This will be addressed through training and displaying appropriate pictures properly. Mobiles will be purchased for cribs.	2				5 sleepy mirror pals crib mobile @ $19.64 each = $98.20	3/15/2011	yes
5/1	**3.2 Content of display is generally appropriate .** *The content of the displays were not generally appropriate. Pictures were not realistic pictures of people and animals.*	This will be accomplished through training and displaying realistic pictures including those of the children and their families.	2				Family faces wall photos $29.95 Real Life Poster Set $54.95	3/15/11 Step-Up TA	yes
6/2	**3.4 Parents and staff share information related to child's health and/or safety.** *It was not observed that the parent and teacher shared information about the infant's health and safety. The parent was rushed and hurried and the teacher made no attempt to promote conversation with parent.*	This will be accomplished through training.	2					2/8/11 Step-Up TA	yes

MS Step Up Project – Plan of Action – (Insert TAs name here)

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
7/1	**1.1 Meal/snack schedule does not meet individual needs.** *Meal/snack schedule does not meet individual needs adequately when teacher verbalized on three instances that the infants cried because they were hungry.* **1.3 Basic Sanitary procedures usually neglected.** *Proper handwashing was not completed by teacher or infants. Mobile infants sat on the floor while eating both lunch and breakfast. Re-contamination of hands was evident with infants touching the floor while being fed. The teacher placed two plates on her arms to feed the infants and no furnishing provided. The teacher became confused as to whose plate was whose at one point. Infants who fed themselves (such as with fingers or spoons) did not properly wash hands.* **1.4 Inappropriate feeding practices used.** *Observed infant walking around the room holding a bottle which is an improper feeding practice.*	This will be addressed through training. Handwashing will be addressed through training. Furnishing will be purchased for meal times as addressed in indicator 2 (furniture for routine care and play). This will be addressed through training,	2					3/15/2011 Step-Up TA	yes

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
8/2	**3.1 Nap is scheduled appropriately for each child.** *It was evident that a tired infant who laid in the middle of the floor was sleepy. Teacher rang a bell to wake the infant. The teacher told the same child that it was too early for nap during another instance.* **3.4 Cribs used for sleeping, not for extended play.** *Time out in a crib was observed for a crying infant. Another infant who appeared sleepy was placed in the crib and cried for an extended period of time.*	This will be addressed through training. This will be addressed through training.	2					3/15/2011 Step-Up TA	yes
9/1	**3.1 Sanitary conditions are maintained at least half of the time.** *Proper diapering procedures were followed 28.6% of the time. There were sanitary problems noted: the same sink was used for diapering and toileting without being sanitized between uses, proper preparation and sanitizing of the diapering table occurred 0 out of 4 times, proper disposal of diaper in hands free trash can was not evident; and an infant played with a book on the changing table which was not sanitized before being returned to the play area.*	This will be addressed through training. Will purchase hands free trash can.	2				Hands free step trash can $90.16	3/15/2011 Step-Up TA	yes

MS Step Up Project – Plan of Action – (Insert TAs name here)

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
9/1	**3.3 Staff and children usually wash hands after diapering/toileting.** *Although attempts were made, the teacher and infants hands were not washed using the correct procedure. Teachers hands were washed 0 out of 6 times, the children's hands were washed 0 out of 6 times.*	This will be addressed through training.	2					Ongoing process Step-Up TA	ongoing
	3.4 Adequate supervision for ages and abilities of children. *As teacher assisted with handwashing, supervision was difficult.*	This will be addressed through training.							
10/1	**1.3 Children with contagious illness are not removed from contact with others.** *Based on teacher interview, children with illnesses are sometimes placed in a crib until the end of the day.*	This will be addressed through training.	2					3/15/2011 Step-Up TA	yes
11/1	**1.1 Four or more hazards that could result in serious injury indoors.** *There were several indoor hazards observed. They were as follows: * The raised edge on the diapering*	Purchase appropriate diapering table.	2				Changing table with sink $766.66	3/15/2011 Step-Up TA	yes

MS Step Up Project – Plan of Action – (Insert TAs name here)

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	table measured less than six inches which does not protect infants from falling off the diapering table. ** Styrofoam plates were used with the infants during meals.* ** Teacher was observed picking the infants up by their arms, putting them at risk for joint injury.* ** Bleach solution was kept under the changing table with the sliding door cabinet. It was observed that a child made several attempts to get into the cabinet.* ** There was an infant floor style swing in an area where mobile infants climbed in without straps.*	Other issues will be addressed through training and removal of swing.							
12/1	**5.2 Staff talk is meaningful to children.** It was evident that the talk used by the teacher was not meaningful or based on the experiences of the infants. 5.4 Staff usually use simple, descriptive words for objects and actions in communication with children.	This will be addressed by training.	2					3/15/2011 Step-Up TA	yes
13/3	**5.1 Staff generally respond in a timely and positive manner to children's attempts to communicate.** *Evidence showed that lengthy waits for children who are obviously in*	This will be addressed through training	2						Yes

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	need and crying were observed. **5.2 Staff add words to the actions they take in responding to children throughout the day.** *There was some evidence of teacher adding words to the actions performed during play but there was no instance of the teacher using language during diapering. Most of the communication observed included the teacher addressing the infants by name.*	This will be addressed through training.					**No cost**	3/15/11 Step-Up TA	yes
14/1	**1.1 Fewer than 6 appropriate infant/toddler books accessible daily for much of the day.** There were less than 6 books on the shelf within reach of the infants.	Purchase infant/toddler books and training on accessibility. Purchase low book shelf for access by infants (listed earlier)	2				Cloth books 6 @ 9.95 each =$59.70 Board Books 3 sets @ 30.30 each= $90.90	3/15/11 Step-Up TA	yes
15/3	**5.1 Many and varied appropriate fine motor materials accessible for much of the day.** *"Many" means no fewer than 10 toys for a group of 5 infants or 15*	Purchase the required number of fine motor materials.	2				**Play & Learn Shapes set 2 @$10.00 each = $20.00 Rattle(set of 4) 2 @ $23.95 = $47.90**	3/15/11 Step-Up TA	yes

MS Step Up Project – Plan of Action – (Insert TAs name here)

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	toys for a group of 5 toddlers. Only 4 working toys observed, and one broken push toy **5.2 Materials are well-organized.** *Materials were not organized and labeled. Most materials were scattered across the floor.*	Organizing and labeling will be achieved through training. Shelves will be purchased.					**Chime and Grasp Ball Set $21.28 Shape Board 2 @ $13.90 = $27.80 Gripper Rattle 2@ $6.00 = $12.00 Jumbles 2 @ $13.90=$27.80 Stack, roll and crawl ball 2@ $16.36 = $32.72 Curiosity Cube $20.46 Stacking Rings and Rattles 2 @ $12.26= $24.52 Clutch cube 2 @ $13.90 = $27.80**		
16/3	5.1 Easily accessible outdoor area where infants/toddlers are separated from older children is used at least 1 hour daily year round except in very bad weather. The infants must walk a long distance from the classroom to get to their outdoor play area. The *infants must walk through other classrooms to get to the outdoor space.* **5.2 Large active play area that is not crowded or cluttered.** *The indoor space was small and*	There is direct access to a separated outdoor space for the infants but will need to be adapted for this purpose. Will look into the cost for this during the three star process.		3				11/2011 Step-Up TA	No

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	cluttered. **5.3 Ample materials and equipment for physical activity so children have access without long periods of waiting.** *It was evident that the materials in the classroom were limited. There were no duplicate toys available for the infants.* **5.5 All space and equipment is appropriate for children.** It is evident that large vinyl foam shapes are arranged so that they pose safety hazards for the infants who use them. It was observed that mobile children climbed in the swing on many instances without being safely secured.	The facility will not allow for a large active play area, but the space will be organized which will allow for more play space. Purchase additional materials to allow for an ample supply and include duplication (as listed above.) The large vinyl foam shapes and the swing will be removed from the room.						3/15/11 Step-Up TA	yes

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
16/3	**5.1 Younger toddlers offered some art 3 times a week; older toddlers offered art daily.** *Based on teacher interview, art is completed at least once a week.* **5.2 Individual expression encouraged (Ex. expectations based on children's abilities; children not asked to copy an example; coloring books and ditto pages not used).** *Individual expression was not encouraged based on the example given by the teacher, which included hand prints.*	This will be addressed through training. Appropriate art materials will be purchased. This will be addressed through training.					**Finger paint 2 @ $12.26= $24.52**	3/15/11 Step-Up TA	yes
18/3	**5.1 Many pleasant sounding musical toys and/or instruments accessible daily, for much of the day.** *There were a few rattles,*	Purchase musical instruments. Provide training on "accessibility for much of the day". Multiple rattles purchased and listed above.		.			Mini maracas(set of 6) $17.18 Baby's First Music Set $22.10 Mini Orchestra $18.82		

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	shakers and musical toys present but not enough evidence to *constitute many. The Leap Frog* Piano *in the* classroom *did* not *make any sounds.* 5.3 In addition to singing, staff provide other music experience daily (Ex. tape or CD used; guitar played for children; music used for nap or dancing). *Based* on *teacher interview and observation there was* no evidence *of tapes during* free *play or nap, instruments played to the infants dance in this* room. 5.4 Recorded music is used at limited times and with a positive purpose (Ex. quiet music at nap; put on for dancing or singing). *Based on observation and teacher interview, music was not played during nap or for dancing or singing.*	Purchase a radio/cd player for this room and appropriate musical recordings.					Wrist rattles set of 6 $16.36 Radio/CD player= $98.36 Baby Love CD set = $16.36 Rise and Shine CD= $12.26 Putumayo Kids Dreamland CD Collection (diversity)= $59.95	3/15/11 Step-Up TA	yes
19/1	**3.2 Some accessories for blocks accessible daily.** *Examples of accessories include containers to fill and dump, toy trucks*	Purchase a variety of blocks and block accessories and provide training on accessibility.	2				Chubbie vehicles bucket set $38.86 Baby animals $33.58	3/15/11 Step-Up TA	Partially

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	or cars; people and animals. Based on *the observation, classroom did not consist of at least 5 accessories of different types. Those evident were 5 animals of the same type.* **3.3 Blocks and accessories accessible much of the day.** *Blocks and accessories not accessible much of the day*						Around the town chunky vehicles $34.00 backorder Playful puppet friends $21.28		
20/3	**5.1 Many and varied age-appropriate dramatic play materials accessible daily.** *There were 3 dolls of the same type, 5 animals of the same type and an extremely small stove was present Examples of materials for dramatic play for infants should include: dolls, soft animals, pots and pans and toy telephones. There were 2 out of 5 listed and not enough material present for a varied amount.*	Purchase variety of age appropriate dramatic play materials.	2				Peek a boo telephone 3 @ $7.34=$22.02 Animal purses set of 6 = $24.56 Fruit and food bags $35.22 Sweet Kaplan Kuddle Doll Set (set of 4) 2 @ $44.95=$89.90	3/15/11 Step-Up TA	Yes
24/2	**At least 3 examples of racial or cultural diversity observed in materials (Ex. multiracial or multicultural dolls, books, pictures; music tapes or CDs from several cultures; in**	This will be addressed through training and diversity materials being added to the classroom. Pictures, dolls, books and music cds were added and cost listed in other areas.						3/15/11 Step-Up TA	yes

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	bilingual areas some materials accessible in children's primary language. *There was no evidence of 3 examples of racial or cultural diversity observed.*								
27/2	**3.2 Staff-child interaction Staff usually respond sympathetically to help children who are hurt, angry, or upset.** *It was evident that three instances occurred where teacher did not respond sympathetically to a child that was upset and crying for a period of time.*	This will be addressed through staff training.	2					3/15/11 Step-Up TA	yes
28/2	**3.3 Expectations are generally realistic and based on age and ability of children (Ex. sharing is not forced although it may be talked about; children not expected to wait for long periods).** *Expectations were not generally realistic because children had to wait for periods of time to be consoled when they cried and they had to wait for long periods of time for their food. Infants had to wait for nap with nothing constructive to do while they waited.*	This will be addressed through staff training.	2					3/15/11 Step-Up TA	yes
29/2	3.1 **Schedule meets the needs of most of the children.** *There was not a written schedule*	This will be addressed through staff training.	2					3/15/11 Step-Up TA	yes

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	posted in the classroom. It was evident based on the teacher-infant interactions, a schedule was observed. However, it was evident that the schedule did not meet most of their needs based on infants not being accommodated for nap and feeding time. Late scheduling for feeding and nap caused stress for the infants.								

Appendix 2

Example ECERS classroom

Quality Improvement Plan

Plan of Action

Center's Name: Learning Center   Center ID #: _____   Teacher: _____

Scale Used: ECERS-R   Classroom ID #: _____   Initial Planning Date: 2/15/2011

In "Monetary Amount" column, state costs as formula, e.g., 5 puzzles @ $15 ea. = $75. Include shipping and tax costs in calculations.

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
1/1	**3.2 Adequate lighting, ventilation, temperature control, and sound-absorbing materials.** *There was not adequate lighting, temperature control and sound-absorbing material. Teacher acknowledged that the temperature was colder in that room than the other rooms.* **3.3 Space in good repair.** *It was evident that the space was not in complete repair. The ceiling lacked molding with hanging sheet rock and areas along the half wall barrier contained peeling paint.* **3.5 Space is accessible to all children and adults currently using the classroom (Ex. ramps and handrails for people with disabilities, access for**	HVAC replaced by owner/director. Two lighting fixtures in room (both will be used as opposed to one!) Shutters purchased to allow natural light to enter room. Half wall barrier removed and room painted prior to intervention. Will purchase and have molding installed There are not any adults or children with disabilities currently using this room. However, replaced door knobs to accommodate persons with special needs.	2				**Four window shutters @$74= $316.72** **Wall molding 13 @ $3.99= $56.54** **Door knobs 5 @ $56.97= $284.85**	3/15/11 Step-Up TA	yes

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	wheelchairs and walkers). *Space was not fully accessible to all children with disabilities. A child with special needs would be unable to open the doors because the round knobbed door handles are not designed to accommodate persons with special needs.*								
2/2	3.3 **Children with disabilities have the adaptive furniture they need (Ex. adaptive chairs or bolsters areavailable for children with physical disabilities).** *Children with disabilities did not have the adaptive furniture they needed. For example, the child with physical disabilities did not have an adaptive chair to provide him with comfortable and supportive seating.*	There aren't any children currently enrolled with disabilities.							
3/2	3.2 **Some soft toys accessible to children.** *Although there were at least three soft toys, they were not accessible for the requirements of one hour for a center that operates thirteen hours a day.*	Accessibility and scheduling will be addressed through staff training.						3/15/11 Step-Up TA	yes
4/1	1.2 **Visual supervision of play area is difficult.** *Supervision was very difficult due to a half wall*	The half wall barrier was removed by owner/director prior to MLICCI intervention.							yes

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	barrier that separates the room. Although children did not separate in centers, it was evident that teacher would have difficulties supervising children at all angles of the room.								
5/2	**3.2 Space for privacy can be easily supervised by staff.** *Space for privacy was not easily supervised by staff due to half wall barrier that reduced opportunities for teacher to see the children from all angles.*	The half wall barrier was removed by owner/director prior to intervention.							yes
6/3	**5.2 Most of the display is work done by the children.** *Evidence showed that room consisted of one type of artwork displayed on the wall of the classroom. Other artwork consisted of commercial material.* **5.3 Many items displayed on child's eye level.** *It was evident that few items were displayed at eye level for the children.*	This will be addressed through staff training and technical assistance on child related display.	2					3/15/11 Step-Up TA	yes
9/3	**5.1 Each child is greeted individually (Ex. staff say "hello" and use child's name; use child's primary language spoken at home to say**	This will be addressed through staff training on greeting and departing.	2					3/15/11 Step-Up TA	yes

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	"hello"). *During the observation, each child was not given a personal and positive greeting upon arrival.* 5.3 **Parents greeted warmly by staff.** *Child arrived and evidence showed several instances where no information was exchanged or Formal greeting given.*								
10/1	1.2 **Food served is of unacceptable nutritional value.** *Food served was not of an acceptable nutritional value. During breakfast the children did not receive fruit. Vegetables were not served at lunch. Milk for lunch was replaced with fruit juice for every child.* 1.3 **Sanitary conditions not usually maintained (Ex. most children and/or adults do not wash hands before handling food; tables not sanitized; toileting/diapering and food preparation areas not separated).** *Tables were not sanitized before and after breakfast or during lunch. Food particles from lunch remained on the tables for twelve minutes prior to being removed.*	This will be addressed through staff training on the USDA meal guidelines and proper sanitation procedures. Handwashing sink added to room to help with accessibility for handwashing.	2				Sink and installation supplies $192.15	3/15/11 Step-Up TA	yes
11/1	1.2 **Nap/rest provisions unsanitary (Ex. crowded area, dirty sheets, different children**	This will be addressed through staff training on the proper placement of cots during	2				4 sets of Cot sheets (set of 4) @ $27.02= $108.08 Set of 5	3/15/11 Step-Up TA	yes

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	use same bedding). *There were several unsanitary rest and nap provisions observed. There were unlabeled cots, which could cause contamination. In addition, the children slept directly on cots without covering. One child slept on a bean bag that had not been sanitized. And the cots were extremely crowded and less than 18"inches apart.*	naptime. Cot sheets and torn cots will be replaced and all cots will be labeled.					cots= $139.36		
12/1	1.1 **Sanitary conditions of area are not maintained (Ex. toilet/sinks dirty; diapering table/potty chairs not sanitized after each use, toilets rarely flushed).** *Sanitary conditions were not maintained. Toilets were not flushed 2 out of six times (33%). The same sink was used for toileting/diapering and food related purposes without being sanitized with a bleach and water solution.* 1.3 **Handwashing often neglected by staff or children after toileting/diapering.** *Although attempts were made, proper handwashing was completed 0 out of 8 times for the children and 0 out of 8 times for the staff.*	Staff training on sanitary conditions and same sink guidelines and sanitation procedures.						3/15/11 Step-Up TA	yes
13/2	3.1 2 **Adequate handwashing by staff and children takes place after wiping noses, after**	Training on proper handwashing procedure.						3/15/11 Step-Up TA	yes

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	handling animals, or when otherwise soiled. *Adequate handwashing was not completed by staff and children during these instances:* *1) Upon children's arrival into classroom* *2) After play from playground* *3) After dealing with wiping noses* *4) Children touched open trash after attempting handwashing procedures.* *Children's hands were washed 0 out 9 times. Teacher's hands were washed out of 0 out of 4 times.*								
14/1	**1.3 Inadequate supervision to protect children's safety indoors and outdoors (Ex. too few staff; staff occupied with other tasks; no supervision near areas of potential danger; no check-in or check-out procedures.** *Adequate supervision was not provided to protect the children indoors and outdoors. For example, each child used the toilet with the door closed with no teacher supervision. Some children were inside the restroom for at least three minutes or more without any teacher supervision.*	Training will be provided on supervision.						3/15/11 Step-Up TA	yes

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
15/2	**3.1 Some books accessible for children (Ex. during free play children have enough books to avoid conflict).** *There were some books available in the classroom but they did not meet the minimum requirements of one hour. Evidence showed that books were not accessible to the children for at least one hour.*	Training will be provided on accessibility.	2					3/15/11 Step-Up TA	yes
16/2	**3.2 Some materials accessible to encourage children to communicate.** *Materials for communication did not meet the one hour requirement designed to encourage communication for the children.*	Training will be provided on accessibility.	2					3/15/11 Step-Up TA	yes
17/1	**1.1 Staff do not talk with children about logical relationships (Ex. ignore children's questions and curiosity about why things happen, do not call attention to sequence of daily events, differences and similarity in number, size, shape; cause and effect.)** *There were instances observed during circle time, lunch and outdoor play where children would ask questions and the teacher would ignore them and*	Training will be provided on staff-child interactions	2					3/15/11 Step-Up TA	yes

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	move to another topic of discussion.								
18/2	3.2 **Children allowed to talk much of the day.** *It was evident that the children were not allowed to talk much of the day. For example, the teacher was observed during daily routines and circle time telling the children to be quiet.*	Training will be provided on interactions.	2					3/15/11 Step-Up TA	yes
19/2	3.1 **Some developmentally appropriate fine motor materials of each type accessible.** *The fine motor items observed include a few Lincoln logs and pegs. The materials were not accessible for 1 hour a day. "Some" of each type means more than one example of each of the four types be accessible for 1 hour a day.*	Training will be provided on accessibility. Fine motor materials will be purchased.						3/15/11 Step-Up TA	yes
20/1	3.1 **Some art materials accessible for at least 1 hour a day.** *Evidence shows that during the observation, art materials were not accessible to children for the required one hour a day. There was no instance observed of children visiting the art center.* 3.2 **Some individual expression permitted with art materials (Ex. children allowed to decorate pre-cut**	Training will be provided on accessibility and the definition of art/ individual expression.						3/15/11 Step-Up TA	yes

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	shapes in their own way; in addition to teacher directed projects, some individualized work is permitted). *Evidence did not show that each child had the opportunity to select the subject matter and/or art medium, and carry out the work in his or her own way. The only painting observed was the same and it was evident that each child had been asked to imitate a model or assigned a subject to paint.*								
21/2	**3.1 Some music materials accessible for children's use (Ex. simple instruments; music toys; tape player with tapes)** *Based on the observation and teacher interview, music materials were not accessible for at least 1 hour per day*	Training will be provided on accessibility.	2					3/15/11 Step-Up TA	yes
22/1	**Enough blocks and accessories are accessible for at least two children to build independent structures at the same time.** *Evidence shows that there were not sufficient blocks of a specific type that could be used together to make a sizable structure. Accessories observed included one small truck, a small trailer and a block barn set. Examples of accessories should include toy people, animals,*	Blocks and accessories will be purchased. Accessibility will be addressed.					Basic classroom blocks set = $204.96 Duplo community people= $33.58 Road construction vehicles = $20.46 Farm animals set= $20.46	3/15/11 Step-Up TA	yes

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	vehicles, and road signs. Two road signs were observed in other areas of the room but this indicator requires that If accessories are not stored near or with the blocks, it must be observed that children actually use the materials as block accessories, which was not evident. **3.3 Blocks and accessories accessible for daily use.** *Based on the observation, children did not have access to the block area and accessories for at least 1 hour as required by this indicator.*								
23/2	**3.1 Some provision for sand or water play accessible either outdoors or indoors.** *Based on teacher interview, sand and water play are accessible daily. It was evident that sand and water are not a regular part of the program based on the amount of sand in the sandbox and no instance of children having the opportunity to visit that center.*	Accessibility will be addressed.	2					3/15/11 Step-Up TA	yes
24/1	**3.1 Some dramatic play materials and furniture accessible, so children can act out family roles themselves (Ex. dress-up clothes, housekeeping props, dolls).** *Dramatic play material and*	Accessibility will be addressed.	2					3/15/11 Step-Up TA	yes

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	furniture was not accessible to the children during the observation. **3.2 Materials are accessible for at least 1 hour daily.** *There was no instance of children engaged in the dramatic play center for at least one hour during this observation.*								
25/2	**3.2 Materials accessible daily** *Based on the observation, material for nature/science were not accessible for one hour.*	Accessibility will be addressed.							
26/2	**3.2 Materials accessible daily.** *Based on observation, math material were not accessible on a daily basis. Based on teacher interview, instances were observed where the children were not provided the opportunity to select the math/science center. For example, the teacher maintained that circle time can be lengthy and children do not engage in any centers .*	Accessibility will be addressed							
27/1	**1.1 Materials used are not developmentally appropriate (Ex. violent or sexually explicit content, frightening characters or stories, computer game too difficult.** *Teacher acknowledged that numerous*	Technical assistance will be provided about the use of television. The plan is to have television time replaced with learning centers.	2					3/15/11 Step-Up TA	yes

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	Disney movies include sexually explicit material. The children viewed "Happy Feet" and teacher identified a lyric in the song that obviously states "lets talk about sex." **1.2 No alternative activity is allowed while TV/computer is being used (Ex. all children must watch video program at same time).** *Teacher advised the children to be quite to hear the television. Children had to sit quietly with no other options.*								
28/2	**3.1 Some racial and cultural diversity visible in materials (Ex. multi-racial or multi-cultural dolls, books, or bulletin board pictures, music tapes from many cultures; in bilingual areas some materials accessible in children's primary language).** *There were few racially cultural diversity visible in materials. The only examples observed included puppets, which were located on a high shelf. These items were not easily seen nor accessible by the children.*	Diversity will be addressed through staff training and by purchasing racial and cultural materials. Puppets will be made accessible to children.	2				Hispanic doll $27.84 Asian Doll $ $27.84 African American doll $28.86 Caucasian doll $28.66 Ezra Jack Keats book set $34.40 Cultural diversity paperbacks $24.56 International food collection $59.82 Ella Jenkins Multicultural cds$74.95 Families of the World Poster set $19.95	3/15/11 Step-Up TA	yes

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
30/1	**1.1 Inadequate supervision of children (Ex. staff leave children unsupervised; children's safety not protected; staff attend mainly to other tasks).** *Children were in the restrooms alone with the door closed without teacher supervision. Some children were unsupervised in the restrooms for three or more minutes.*	Staff training on supervision will be provided.	2					3/15/11 Step-Up TA	yes
31/1	**1.3 Expectations for behavior are largely inappropriate for age and developmental level of children (Ex. everyone must be quiet at meals; children must wait quietly for long periods of time).** *It was evident that the teacher expected the children to sit still and quiet in the hallway during restroom break for a twenty minute period. Children were instructed to sit quietly, watch television and wait for their meals prior to being served.*	Transition activities training will be provided and the addition of the classroom sink will help eliminate some of the "hallway" waiting periods.	2					3/15/11 Step-Up TA	yes
34/2	**3.1 Basic daily schedule exists that is familiar to children (Ex. routines and activities occur in relatively the same sequence most days).** *Children did not appear to be aware of a daily schedule.* **3.2 Written schedule is posted in**	Training on "schedules" will be provided.	2					3/15/11 Step-Up TA	yes

Exhibit E

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	ssroom and relates generally to what occurs. *It was evident that there was no written schedule posted in the classroom.*								
35/2	**Supervision provided to protect children's health and safety.** *Children were not supervised to minimize major hazards to their health and safety during free play outdoors as evidenced by large crater next to the cushion of the playground and cords on the wall of the building. During indoor free play, the teacher was unable to supervise the children while attending to other duties.*	A barrier will be built to protect children from the exposed pipes and cords on the wall.	2				Supplies to build protective barrier on playground $119.79	3/15/11 Step-Up TA	yes
36/1	1.1 **Children kept together as whole group most of the day (Ex. all do same art project, have story read to them, listen to records, use bathroom at the same time).** *The children in the class must participate in the same activity, and were kept together as a whole group most of the day.* 1.2 **Very few opportunities for staff to interact with individual children or small groups.** *There were no instances observed where the teacher interacted with the children in small groups.*	Training will be provided on interactions and the use of learning centers	2					3/15/11 Step-Up TA	yes

Exhibit E

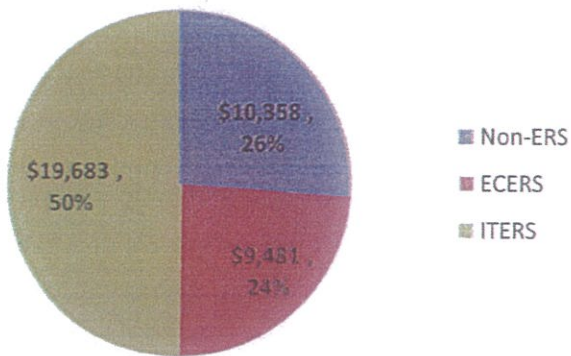Appendix 3

Detailed Center Cost Data

Mississippi Economic Policy Center

Center: #1
Pre Assessment Rating: 1
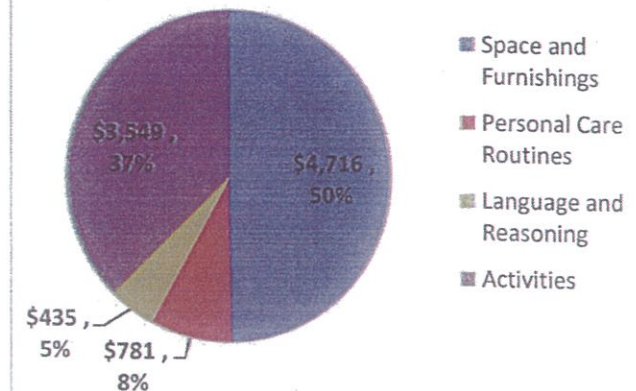Post Assessment Rating: 2
Region: Delta

Narrative
Center #1 has three classrooms. In the period between moving from a Star 1 to a Star 2, Center #1 spent $39,521 on 315 items. Chart 1 illustrates the ECERS / ITERS / QRS Non-ERS breakdown. Chart 2 illustrates the ECERS breakout and Chart 3, ITERS.
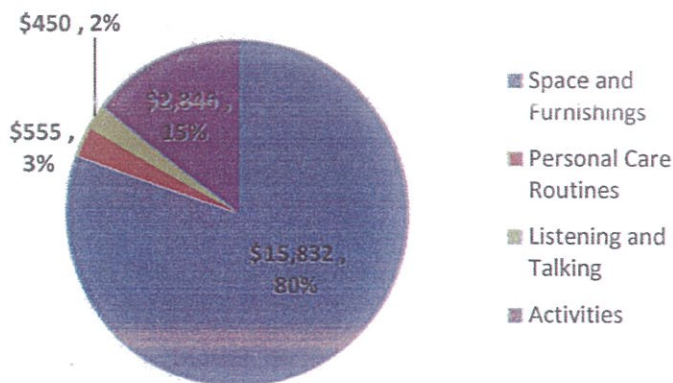
Chart 1
Expense Breakout

- Non-ERS
- ECERS
- ITERS

$10,358, 26%
$19,683, 50%
$9,481, 24%

Chart 2
ECERS Expense Breakout Star 1-2

- Space and Furnishings
- Personal Care Routines
- Language and Reasoning
- Activities

$3,549, 37%
$4,716, 50%
$435, 5%
$781, 8%

Chart 3
ITERS Expense Breakout

- Space and Furnishings
- Personal Care Routines
- Listening and Talking
- Activities

$450, 2%
$555, 3%
$2,845, 15%
$15,832, 80%

Exhibit E
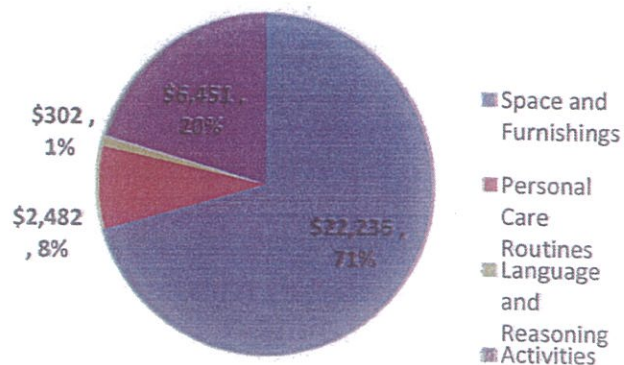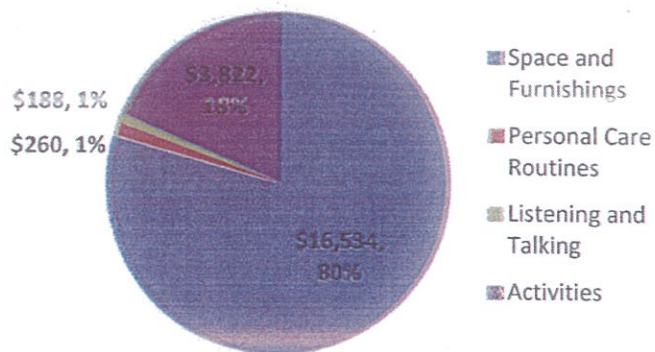
Center: Center #3
Initial Rating: 1
Post Assessment Ratings: 2

Narrative
Center #3 has seven classrooms. In the period between moving from a Star 1 to a Star 2, Center 3 spent $54,167 on 412 items. Chart 1 illustrates the ECERS / ITERS / QRS Non-ERS breakdown. Chart 2 illustrates the ECERS breakout and Chart 3, ITERS.
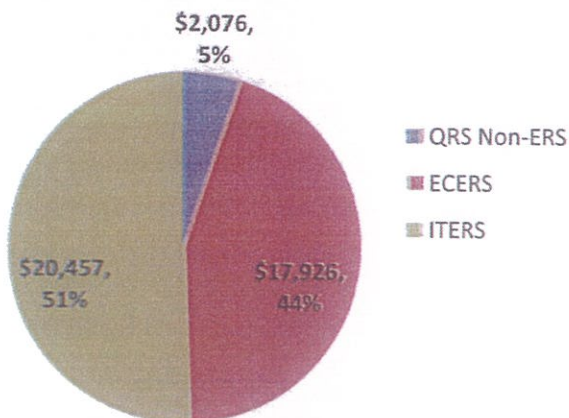
Chart 1
Expense Breakout by Star 1 - Star 2

$1,893, 4%

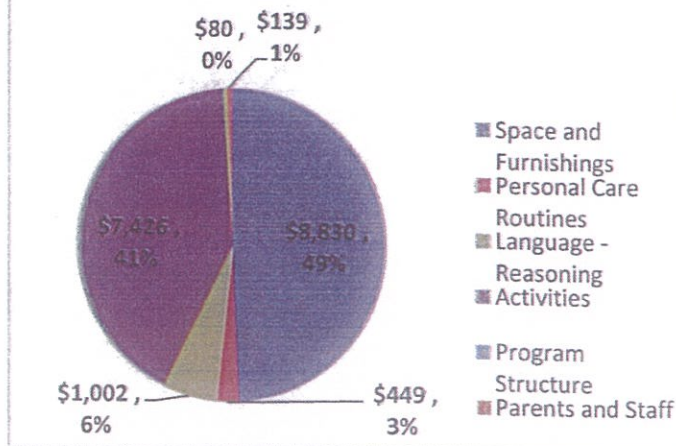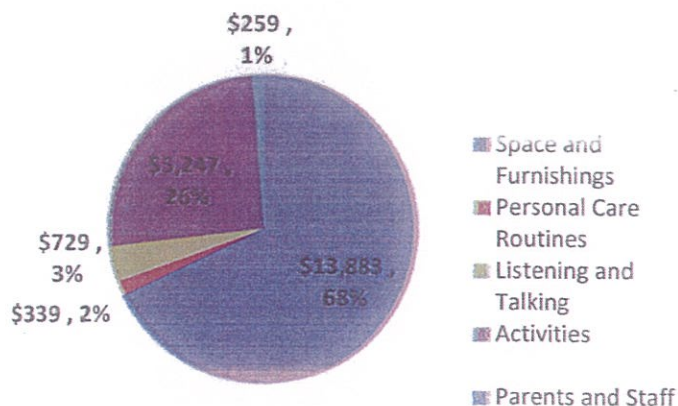- QRS Non-ERS
- ECERS
- ITERS

$20,804, 38%

$31,471, 58%

Chart 2
ECERS Breakout Star 1 - 2

$302, 1%

$6,451, 20%

$2,482, 8%

$22,235, 71%

- Space and Furnishings
- Personal Care Routines
- Language and Reasoning
- Activities

Chart 3
ITERS Breakout Star 1 - 2

$188, 1%
$260, 1%

$3,812, 18%

$16,534, 80%

- Space and Furnishings
- Personal Care Routines
- Listening and Talking
- Activities
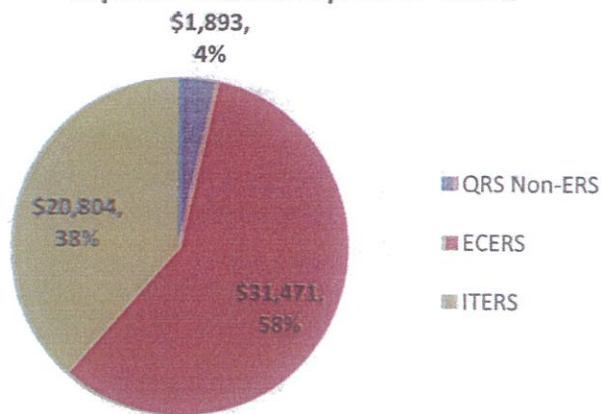
Center: Center #4
Initial Rating: 1
Post Assessment Ratings: 2

Narrative
Center #4 has six classrooms. In the period between moving from a Star 1 to a Star 2, Center #4 spent $40,460 on 448 items. Chart 1 illustrates the ECERS / ITERS / QRS Non-ERS breakdown. Chart 2 illustrates the ECERS breakout and Chart 3, ITERS.

Chart 1
Expense Breakout Star 1 - 2

$2,076, 5%

- QRS Non-ERS
- ECERS
- ITERS

$20,457, 51%
$17,926, 44%

Chart 2
ECERS Breakout Star 1 - 2

$80, 0% $139, 1%

- Space and Furnishings
- Personal Care Routines
- Language - Reasoning
- Activities
- Program Structure
- Parents and Staff

$7,426, 41%
$8,830, 49%
$1,002, 6%
$449, 3%

Chart 3
ITERS Breakout Star 1 - 2

$259, 1%

- Space and Furnishings
- Personal Care Routines
- Listening and Talking
- Activities
- Parents and Staff

$3,247, 26%
$729, 3%
$339, 2%
$13,883, 68%

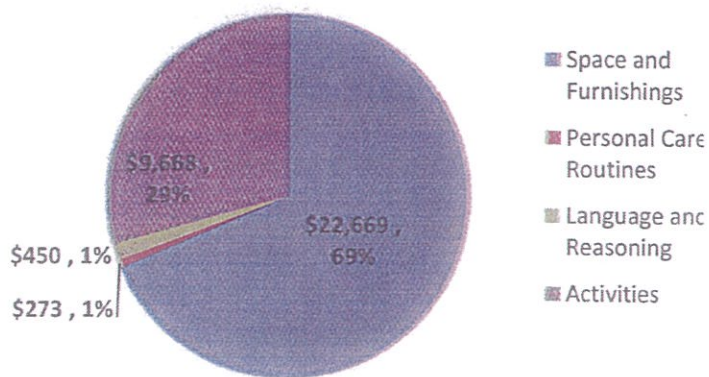Center: Center #5
Initial Rating: 1
Post Assessment Ratings: 2

Narrative
Prior to the first rating assessment after MLICCI engaged Center #5, the center spent $26,386 on 263 items. The center
has 2 classrooms. Center #5 only had an ITERS classroom that was assessed for this project. All but 2 QRS Non-ERS
expense items for $30 were spent on ITERS expenses. As a result, only one chart that breaks out ITERS expenses is
found below.

Chart 1
ITERS Breakout Star 1 - 2

Legend:
- Space and Furnishings
- Personal Care Routines
- Listening and Talking
- Activities

Pie chart values: $5,522, 21%; $851, 3%; $865, 3%; $19,119, 73%
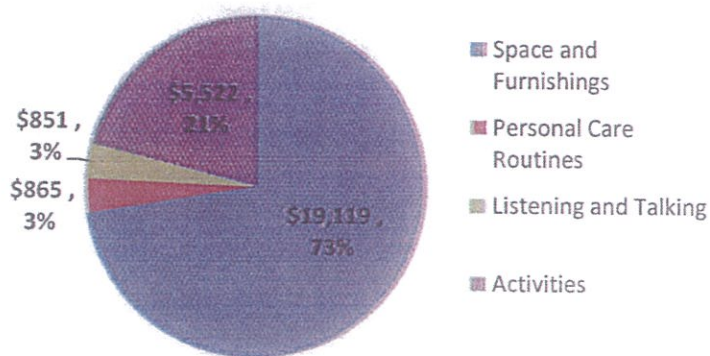
Center: Center #6
Initial Rating: 1
Post Assessment Ratings: 2

Narrative

Prior to the first rating assessment after MLICCI engaged Center #6, the center spent $33,432 on 413 items. Center #6 spent $374 on six ERS Non-QRS expenses. The center has 3 classrooms. The remaining expenses were all spent on ECERS items. As a result, only one chart that breaks out ECERS expenses is found below.

Chart 1 illustrates the ECERS breakout.

Chart 1
ECERS Breakout Star 1 - 2

Pie chart legend:
- Space and Furnishings
- Personal Care Routines
- Language and Reasoning
- Activities

Chart values: $9,668, 29%; $22,669, 69%; $450, 1%; $273, 1%

Center: Center #7
Initial Rating: 1
Post Assessment Ratings: 2

Narrative

Center #7 has three classrooms. In the period between moving from a Star 1 to a Star 2, Center #7 spent $39,043 on 407 items. Chart 1 illustrates the ECERS / ITERS / QRS Non-ERS breakdown. Chart 2 illustrates the ECERS breakout and Chart 3, ITERS.

Chart 1
Expense Breakout Star 1 - 2
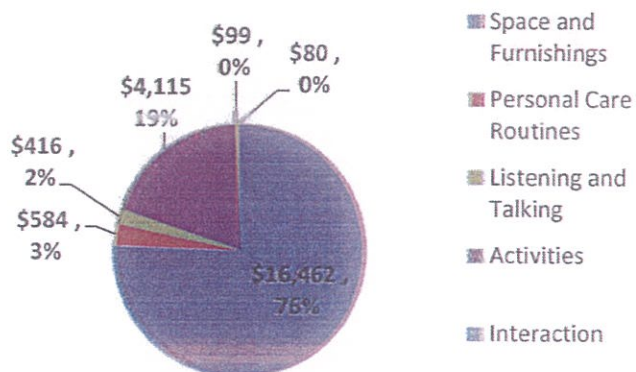
$798, 2%

- QRS Non-ERS
- ECERS
- ITERS

$16,488, 42%
$21,757, 56%

Chart 2
ECERS Breakout Star 1 - 2

$72, 0%

- Space and Furnishings
- Personal Care Routines
- Language and Reasoning
- Activities
- Parents and Staff

$5,234, 32%
$454, 3%
$467, 3%
$10,261, 62%

Chart 3
ITERS Breakout Star 1 - 2

$99, 0% $80, 0%
$4,115, 19%
$416, 2%
$584, 3%
$16,462, 76%

- Space and Furnishings
- Personal Care Routines
- Listening and Talking
- Activities
- Interaction
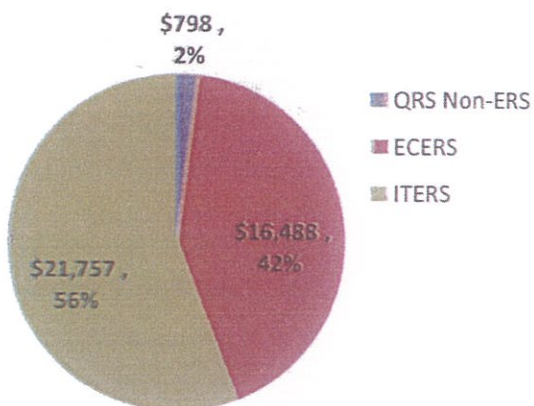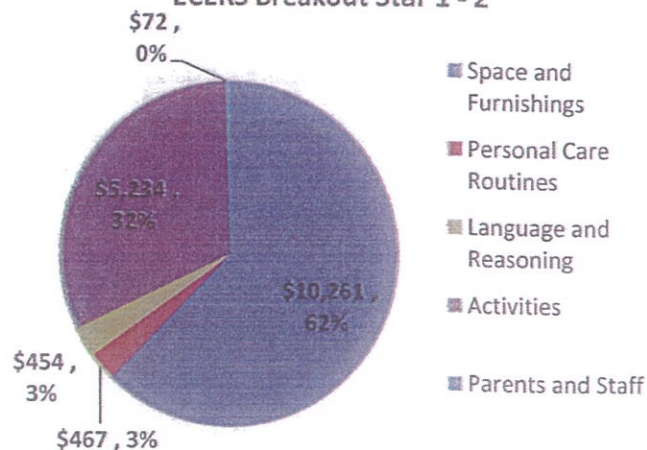
Center: Center #9
Initial Rating: 1
Post Assessment Ratings: 2, 3

Narrative
Center #9 has three classrooms. Prior to the first rating assessment after MLICCI engaged Center #9, the center spent $25,006 on 343 items. Chart 1 illustrates the ECERS / ITERS / STAR breakdown. Chart 2 illustrates the ECERS breakout.
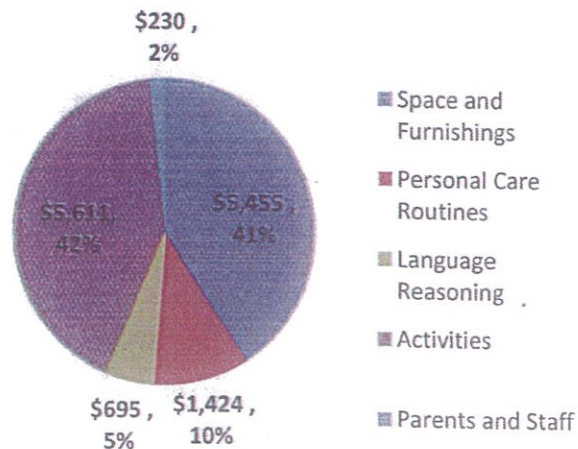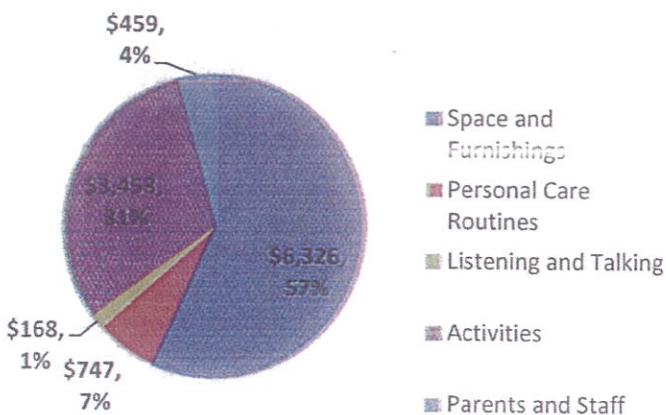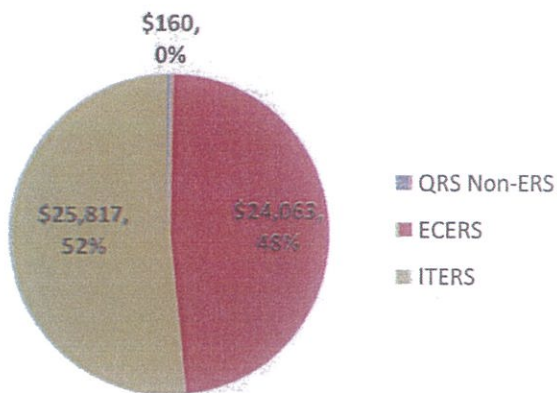
Chart 1
Expense Breakout Star 1- Star 2

$434, 2%
$11,158, 44%
$13,415, 54%

- ECERS
- ITERS
- QRS Non ERS

Chart 2
ECERS Breakout Star 1-2

$230, 2%
$5,611, 42%
$5,455, 41%
$695, 5%
$1,424, 10%

- Space and Furnishings
- Personal Care Routines
- Language Reasoning
- Activities
- Parents and Staff

Chart 3
ITERS Breakout Star 1-2

$459, 4%
$3,458, 31%
$6,326, 59%
$168, 1%
$747, 7%

- Space and Furnishings
- Personal Care Routines
- Listening and Talking
- Activities
- Parents and Staff
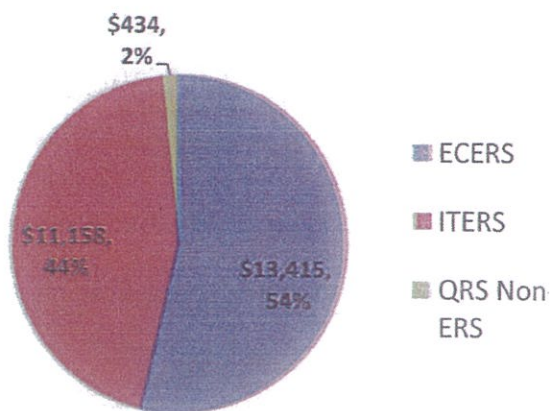
Following the second assessment and subsequent rating of a Star 3, Center #9 spent an additional $12,489 on 40 items. Chart 4 illustrates the breakout.

Exhibit E

Chart 4
Star 2-3 Breakout

Pie chart legend:
- ERS Non-QRS
- ECERS
- ITERS

$3,831, 31%
$167, 1%
$8,491, 68%
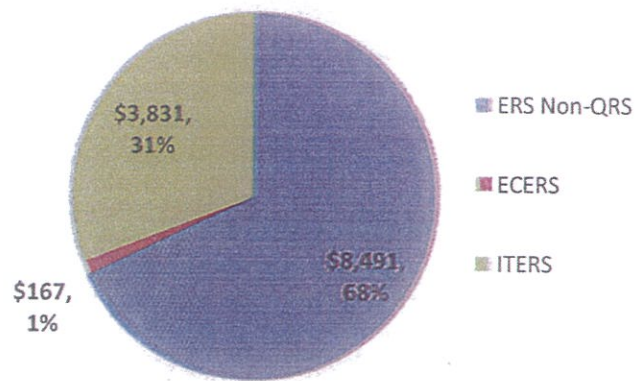
- Of the STAR expenses, 97% were spent on training requirements to obtain a Star 4 Rating.
- Of the ITERS expenses, 79% were spent on Space and Furnishings and 22% were spent on activities

Center: Center #10
Initial Rating: 1
Post Assessment Ratings: 3

Narrative

In the period between moving from a Star 1 to a Star 3, Center #10 spent $50,040 on 373 items. Chart 1 illustrates the ECERS / ITERS / QRS Non-ERS breakdown. Chart 2 illustrates the ECERS breakout and Chart 3, ITERS.
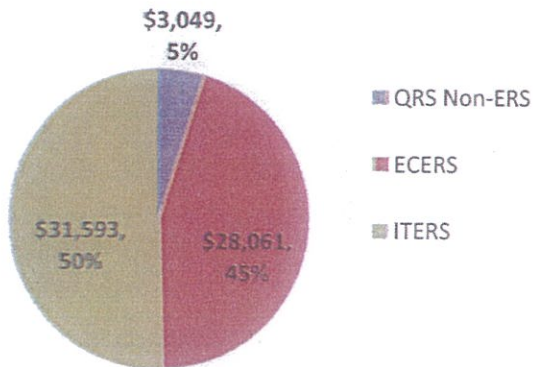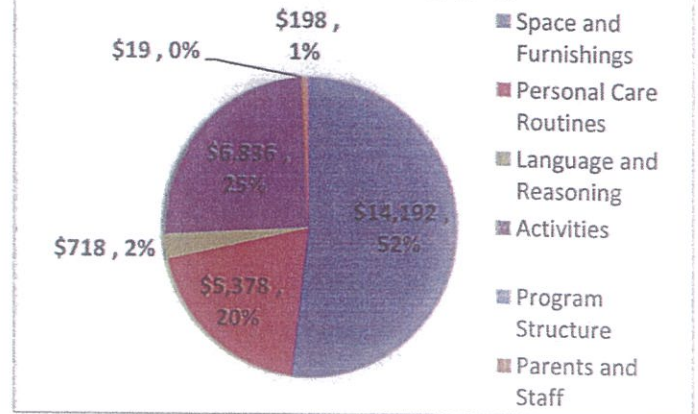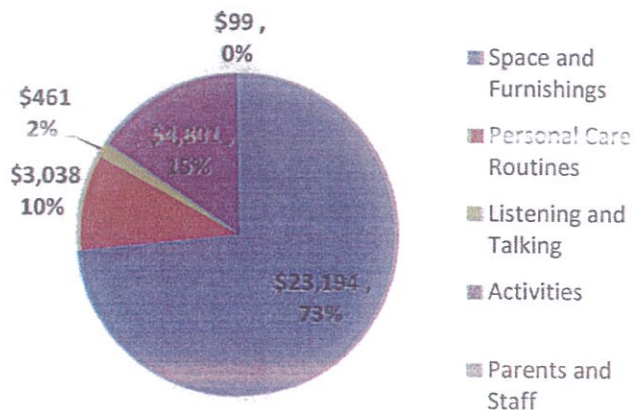
**Chart 1
Expense Breakout Star 1 - 2**

$160, 0%

$25,817, 52%

$24,063, 48%

- QRS Non-ERS
- ECERS
- ITERS

**Chart 2
ECERS Breakout Star 1 - 2**

$7,569, 31%

$14,452, 60%

$601, 2%

$1,441, 6%

- Space and Furnishings
- Personal Care Routines
- Language and Reasoning

**Chart 3
ITERS Breakout Star 1 - 2**

$29, 0%

$3,380, 13%

$2,721, 11%

$19,688, 76%

- Space and Furnishings
- Personal Care Routines
- Listening and Talking
- Activities
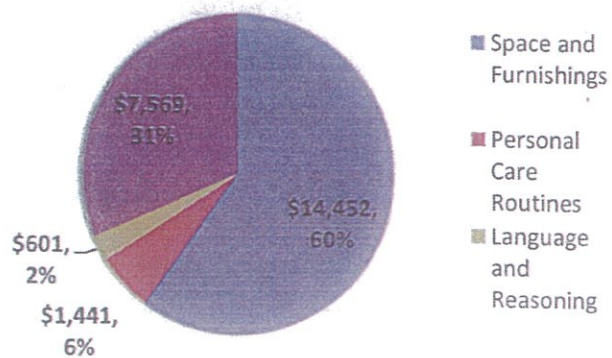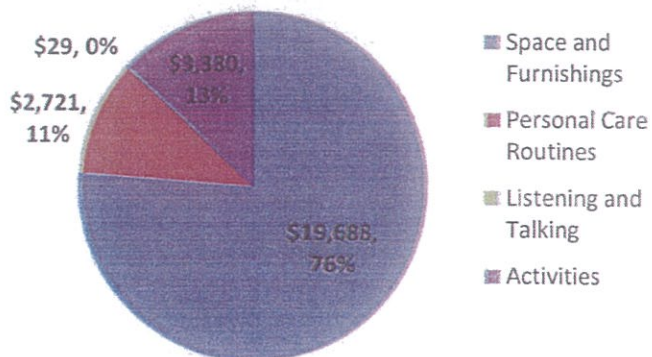
Center: Center #11
Initial Rating: 1
Post Assessment Ratings: 3

Narrative

Center #11 has 5 classrooms. In the period between moving from a Star 1 to a Star 3, the center spent $62,703 on 455 items. Chart 1 illustrates the ECERS / ITERS / QRS Non-ERS breakdown. Chart 2 illustrates the ECERS breakout and Chart 3, ITERS.

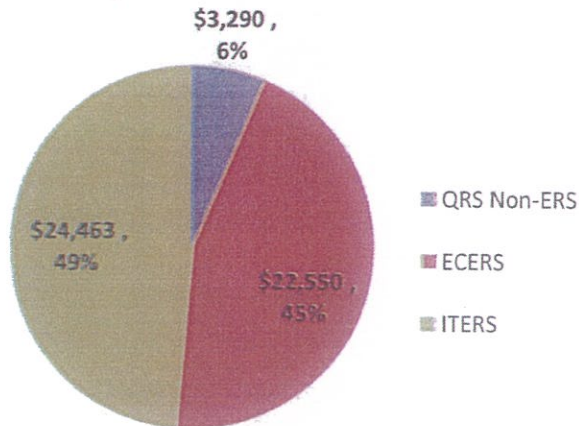### Chart 1
Expense Breakout Star 1 - 3

$3,049, 5%
$31,593, 50%
$28,061, 45%

- QRS Non-ERS
- ECERS
- ITERS

Chart 2
ECERS Breakout Star 1 - 3

$198, 1%
$19, 0%
$6,836, 25%
$14,192, 52%
$718, 2%
$5,378, 20%

- Space and Furnishings
- Personal Care Routines
- Language and Reasoning
- Activities
- Program Structure
- Parents and Staff

Chart 3
ITERS Breakout Star 1 - 3

$99, 0%
$461, 2%
$3,038, 10%
$4,894, 15%
$23,194, 73%

- Space and Furnishings
- Personal Care Routines
- Listening and Talking
- Activities
- Parents and Staff

Center: Center #13
Initial Rating: 1
Post Assessment Rating: 2

Narrative

Center #13 has six classrooms. In the period between moving from a Star 1 to a Star 2, Center #13 spent $50,303 on 462 items. Chart 1 illustrates the ECERS / ITERS / QRS Non-ERS breakdown. Chart 2 illustrates the ECERS breakout and Chart 3, ITERS.

Chart 1
Expense Breakout Star 1 - 2

- QRS Non-ERS — $3,290, 6%
- ECERS — $22,550, 45%
- ITERS — $24,463, 49%

Chart 2
ECERS Breakout Star 1 - 2

- Space and Furnishings — $13,368, 59%
- Personal Care Routines — $1,527, 7%
- Language-Reasoning — $794, 4%
- Activities — $6,763, 30%
- Program Structure — $94, 0%

Chart 3
ITERS Breakout Star 1 - 2

- Space and Furnishings — $18,269, 75%
- Personal Care Routines — $174, 1%
- Listening and Talking — $799, 3%
- Activities — $5,221, 21%
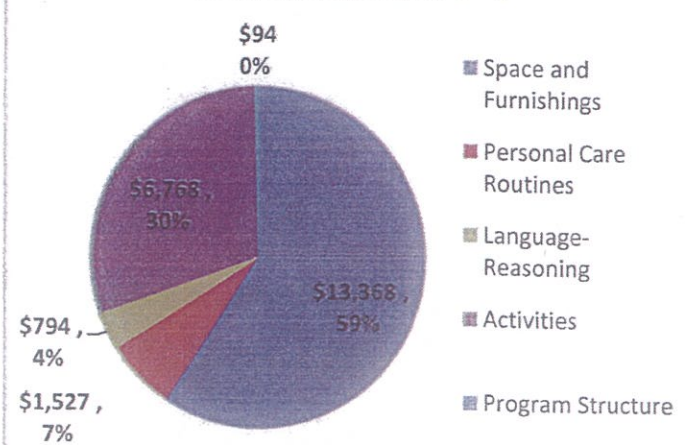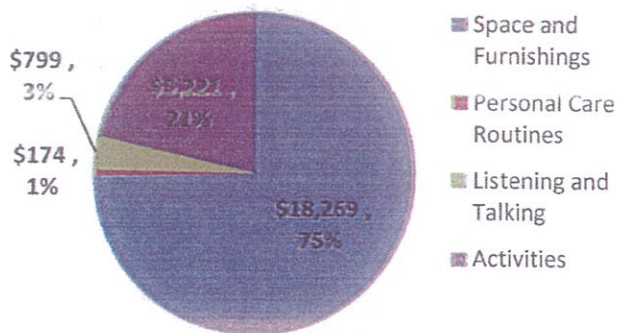
After the first assessment, an additional $2,307 was spent in an ECERS and ITERS classroom on Space and Furnishings. The center's final rating was a 2.

Appendix 4

Listening Project Findings

National Equity Project

Mississippi Low-Income Childcare Initiative

Affordable for Parents, Quality for Children

MLICCI PO Box 204, Biloxi, MS 39533

228.669.4827 | info @ mschildcare.org

Mediation Project Report

Background

The Mississippi Low-Income Child Care Initiative (MLICCI) is a statewide organization of parents, providers, and community leaders working together to:

- **IMPROVE** the quality of child care for all of Mississippi's low-income children;
- **ADVOCATE** for better policies and greater public investment in child care subsidies; and
- **BUILD** a strong, grassroots constituency for working poor families.

For more than 15 years, MLICCI has been making progress in these areas by providing technical assistance to child care providers to improve child outcomes and delivery methods, supporting advocacy initiatives to improve conditions and affordability for providers and families, and increasing the capacity of providers to be self-determining leaders in the early learning sector and in their communities.

Recent policy changes in the early learning sector however, have been experienced as an affront to child care providers and families, further limiting access and opportunity for working poor families and further straining relationships and trust among providers and systems leaders. MLICCI sees it as mission-critical for institutional leaders, policy makers, intermediaries and CBO's to understand the structural inequity inherent in the child-care *system*, to acknowledge the *unintended* consequences of policy changes and the potential of these policies to exacerbate racial inequity across the state. Failure to make decisions that address the structural challenges facing child care providers who make up a significant portion of Mississippi's current early childhood delivery system limits the state's ability to provide quality care and access for our most vulnerable children and families.

Grant Goal/Objective

Our objective was to use grant dollars to design and facilitate processes and structures that would result in improved, mutually respectful, and more equitable relationships between Mississippi's child care providers who serve low income families and the state agency that operates the child care assistance program (DHS) and the state entity charged with making decisions about Mississippi's child care delivery system (SECAC); and to engage these parties as well as other early learning intermediary organizations in a forward-moving discussion – in fact to change the conversation – about what it would take to build an early learning system that serves every child and family in the state.

MLICCI felt it was important and possible to work with the impacted parties to build a pathway to overcome this conflict. As an organization with relationships with child care providers and DHS/SECAC, MLICCI could bring all parties into this process to build that pathway.

As a member of the Kellogg Learning Lab team from Mississippi, MLICCI learned about the work of the National Equity Project (NEP) in the state of Washington where they supported a process for resolution to some deep differences between providers and the state. Both parties spoke highly of NEP, and of the outcomes achieved as a result of the work NEP facilitated. MLICCI engaged NEP in work to help facilitate such a process in Mississippi.

Critical Issues/Problem Identification
Child Care Centers in Mississippi are struggling to finance their operations with revenue limited by their customers' ability to pay. Their customers are working parents. Sixty-two percent of Mississippi's working parents earn incomes low enough to qualify for the federally funded child care assistance program. This program only serves 10% of eligible children, and only reimburses providers 58% of Mississippi's market rate for child care. Parents who cannot secure child care assistance must pay tuition fees for their children's child care services. The fees they can afford are quite meager. These realities leave child care providers struggling to finance their operations with limited revenue.

The Department of Human Services (DHS) is the agency that operates the child care assistance program. Historically, child care providers have been negatively impacted by DHS policies and procedures that obstruct access and interrupt services for parents and make reimbursement payments to providers inadequate and unreliable. DHS staff has been known for their contemptuous and suspicious relationship with child care providers for whom they believe are defrauding or "getting over" on the state. This attitude toward the predominantly African American female workforce has never been acknowledged or addressed.

The State Early Childhood Advisory Council (SECAC) was mandated by federal legislation and its members are political appointees. Its mandate includes: identifying opportunities for, and barriers to, collaboration and coordination among federally funded and state funded child development, child care, and early childhood education programs and services, including collaboration and coordination among state agencies responsible for administering such programs; and developing recommendations for increasing the overall participation of children in existing federal, state, and local child care and early childhood education programs. SECAC has not taken actions to accomplish these responsibilities and its membership includes individuals who have limited knowledge of Mississippi's early childhood system.

Principal Activities & Results

NEP engaged in extensive conversations with the MLICCI staff and members of the Learning Lab to understand the early childhood landscape in Mississippi and the issues prompting MLICCI to

initiate this project. Based on these discussions, MLICCI and NEP executed an agreement that NEP would provide executive coaching, focused listening engagement, leadership development, and community convenings all aimed at supporting improved and equitable relationships between child care providers and DHS/SECAC.

Listening Campaign	MLICCI brought 45 providers and DHS/SECAC members to engage in extensive focus groups and interviews with members of the NEP team in October 2012. Additionally, NEP interviewed key organizational leaders in the early learning sectors, including Rhea Williams-Bishop, Executive Director, Mississippi Center for Education Innovation, Oleta Fitzgerald, Children Defense Fund, Jill Dent, Director DHS Division of Early Childhood Care and Development, Laurie Smith, Governor's Education Advisor and Director of SECAC, etc. The Summary Report of findings is attached.
Presentation of Findings	The NEP Team shared the findings from their October visit with the MLICCI Board and with child care providers in January 2013, and with members of the Learning Lab (including DHS/SECAC) in March 2013. NEP staff forwarded the Summary Report to William Buster in June 2013, and are scheduled to share findings with SECAC in July 2013. The presentations include processing of the findings, overview of recommendations, introduction to a systems change framework for racial equity and an invitation to consider "What does this mean for our work going forward?"

**Executive Coaching &
Strategy Development**

NEP and MLICCI Staff have held bi-monthly calls to provide technical assistance and strategy consultation in service of making progress on our objectives. Planning sessions accompanied each visit to Mississippi. NEP coached our leadership team around critical issues that arose in early learning this year including:
1. Finger-Scanning Policy adopted by DHS
2. Press Conferences: Framing our work in ways that allow us to talk about universal early learning goals but targeted strategies to meet the needs of children and families most vulnerable.
3. MLICCI Board and Organizational Strategy Development
4. Early Learning Legislation: Thought partnership around issues of political alignment with peer organizations, strategic advocacy agenda ensuring our primary clients are making informed choices and alliances.
5. Partnership Development: Thought partnership to ensure that our work is about aligning our collective contributions and not being duplicative or working at cross-purposes

Lessons Learned *(Not new lessons, but ones that were affirmed in this process)*

#1   Increasing access, quality and affordability for vulnerable children and families in the state of Mississippi as well as for the people who facilitate their learning and development will require increased *political* will and *structural* change.

Case-in-Point: DHS' procedural requirement that child care centers and parents participate in finger scanning.

DHS claimed electronic scanning would expedite payment to providers and help track parental usage of child care assistance. 70% of providers oppose this move and that same percent anticipate this will suppress parental usage of child care assistance. Provider reaction was so strong a lawsuit was filed raising legal issues that have not yet been resolved. Where the policy is being implemented there are many operational problems resulting in payment problems for providers and inconvenience for parents. DHS is fighting the lawsuit in court. In the meantime DHS is under an injunction not to move forward with this policy and has stated they are not moving forward. Yet DHS is also writing providers to pressure them to install the machines and move forward implementing the policy.

Case-in-Point: Mississippi's Quality Rating System (QRS).

DHS implemented a *voluntary* quality rating system that offers higher reimbursement rates for centers reaching higher star rankings in the quality rating system. Child care providers' experience is that the requirements cost more than the rate increases cover. The rate increases only apply to active vouchers in the child care assistance program. Given the low base rate (only 58% of the market rate in MS) and the inadequate number of vouchers available (only 10% of eligible children are served) this financing strategy is inadequate. The QRS five star evaluation system is also inconsistent and punitive. In the few instances where centers are able to achieve high rankings in QRS, subsequent reviews often dramatically reduce a center's ranking – triggering financial sanctions by loss of revenue. This is not an incentive for continuous improvement. DHS has not made any reform in the quality rating system that would address these problems.

#2   As leaders in the early learning sector, we do not possess a shared understanding nor acknowledgement of the socio-political, historical and structural barriers upon which the current delivery system is designed, moreover we do not YET have a shared commitment to reimagine and redesign a new system.

Case-in-Point: Lack of aligned support for the pre-k bill in the 2013 Legislative Session.

Child care centers were so opposed to the quality rating system for reasons outlined above that they worked hard to keep the quality rating system from being incorporated as a requirement for membership on local coordinating councils created by the pre-k bill. Ultimately, the quality rating system was not included, but the process further strained already tenuous relationships between child care providers and early learning organizational and institutional leaders.

Despite the clear and repeated opposition to the quality rating system in its current conception, DHS has not taken steps to address problems in the quality rating system. Currently, only 30% of the licensed centers in the state have opted to participate.

All stakeholders do recognize that problems exist, and that solutions include improving the relationships that are broken. Findings from the Listening Campaign indicate that stakeholders do share a common intention: an early childhood system that serves all children.

#3   Making progress on the racialized outcomes in MS' early learning system will require those of us who care about justice to work on transforming power, changing the conversation and building allies.

Currently, child care providers nor parents/family members are included in key policy/procedural decisions made by DHS/SECAC that impact them. Conducting impact analysis would be a key practice to mitigate the negative effects on already vulnerable

populations. Child care providers ability to finance and operate their programs are often negatively impacted by decisions made somewhere else in the system.

Evaluation Questions:

1. What Was the Extent of Success and What is Your Supporting Evidence?

MLICCI was able to recruit into this process child care providers from all over the state. Providers met in focus groups and in state-wide gatherings throughout the duration of this project to provide input and to provide on-going feedback. Child care providers are activated and feeling increased sense of agency. As a result of one provision in the pre-k bill, the governor will appoint one child care provider from each of MS' four congressional districts to serve on SECAC. This will provide increased opportunity for leadership and advocacy for child care providers' needs.

Working in partnership with the Learning Lab and with the Governor's office, MLICCI was able to convene DHS and SECAC stakeholders to begin discussions. These discussions surfaced agreement that resolution of differences and conflict needs to occur. Work to move this group to a place where they are open to resolving these differences will extend beyond the scope of this particular grant period. MLICCI is continuing to work with NEP to move this process forward.

2. What Were the Key Processes and Factors in Your Successes?

Listening to the stories, hopes and experiences of people across the early childhood sector was immensely powerful. People were excited to participate, to be heard, to share and make connections for the NEP staff. People seemed to respond candidly and with detail.

There was enough data for NEP team to generate recommendations that were grounded in the views and visions of stakeholders.

3. What Would you Have Done Differently at the Outset Knowing What you Know Now?

Nothing. The process we are implementing is required, is designed to engender a sense of shared fate, and facilitate the building of a common agenda. We have not completed all of our intended activities. We are continuing this work beyond this grant period.

4. What Were Your Challenges?

Public education and discourse is needed to build public support and advocacy for a system of early learning in Mississippi that would create and increase opportunity for all Mississippians.

Stakeholders and the general public in MS don't support government support for programs that help poor people, and too often this is linked to race. This is a political dynamic that is

quite prevalent in Mississippi, and the sentiment is often expressed publically among stakeholders at the table. This contributes to the difficulty getting stakeholders to care as much about affordability for low-income families as about quality improvement. Moreover, stakeholders don't really understand the early childhood system, so they don't understand why alignment is needed; what makes up a system; how these sectors can be aligned; what has to happen to support alignment or how other states have managed to take steps toward alignment. The lack of a common knowledge base limits our ability to generate alternative or innovative solutions.

Scarcity of resources and perceptions of the role of government *dis-incentivizes* the building a common agenda among ALL stakeholders in our early learning system.

Many stakeholders have funding for their specific program and/or service model and in this environment of scarce resources feel extremely protective of their funding and worried that any new "agenda" may threaten their funding. There is no incentive or funding structure that facilitates thinking about the collective impact we might have if we worked collaboratively in an aligned fashion to find solutions that dramatically improve learning outcomes and school readiness for children and also result in the development of talent and sustainability in the child care sector.

The average citizens' disdain for government investing in its people (especially if they are perceived as poor and black) leads to wide-ranging support for quality improvement over making services remain affordable and available so that parents might sustain employment and self-sufficiency.

5. *Were There Any Unexpected Outcomes?*

There were no unexpected outcomes. We knew from the outset this would be a difficult undertaking, but nonetheless essential for moving an early childhood education agenda forward in Mississippi that doesn't risk leaving behind the state's most vulnerable children and families.

There were some events that caused interruptions in the process. DHS' proposal to require finger scanning of parents worsened the relationship between providers and DHS this project aimed to improve. Likewise, disagreement between SECAC/DHS and child care providers over requiring child care providers to participate in the quality rating system in order to be in the state pre-k program worsened the relationships this project aimed to improve. In neither case has DHS/SECAC understood the reasons child care providers took the positions they took. In both cases, DHS/SECAC merely hardened their positions, insisting no other position could be justified by anyone who cared about quality improvement. This underscores the intransigence of institutional stakeholders, and illustrates the difficulty this project faces at it moves forward in attempt to reconcile Mississippi's early childhood stakeholders.
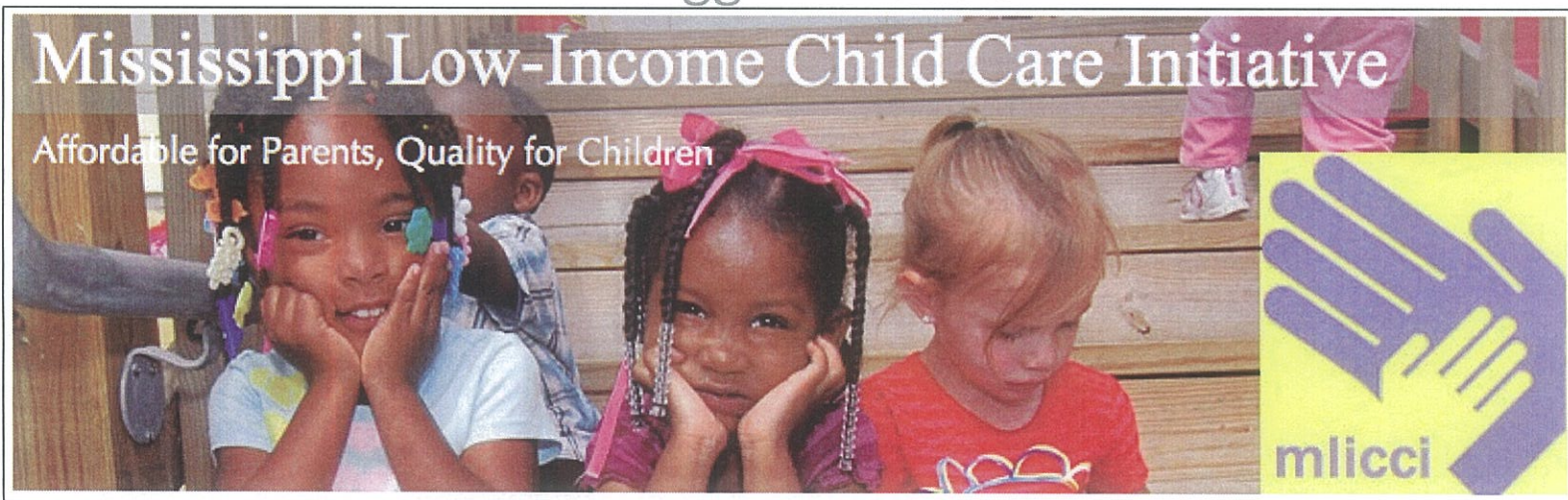
Appendix 5

Step-Up Powerpoint Presentation
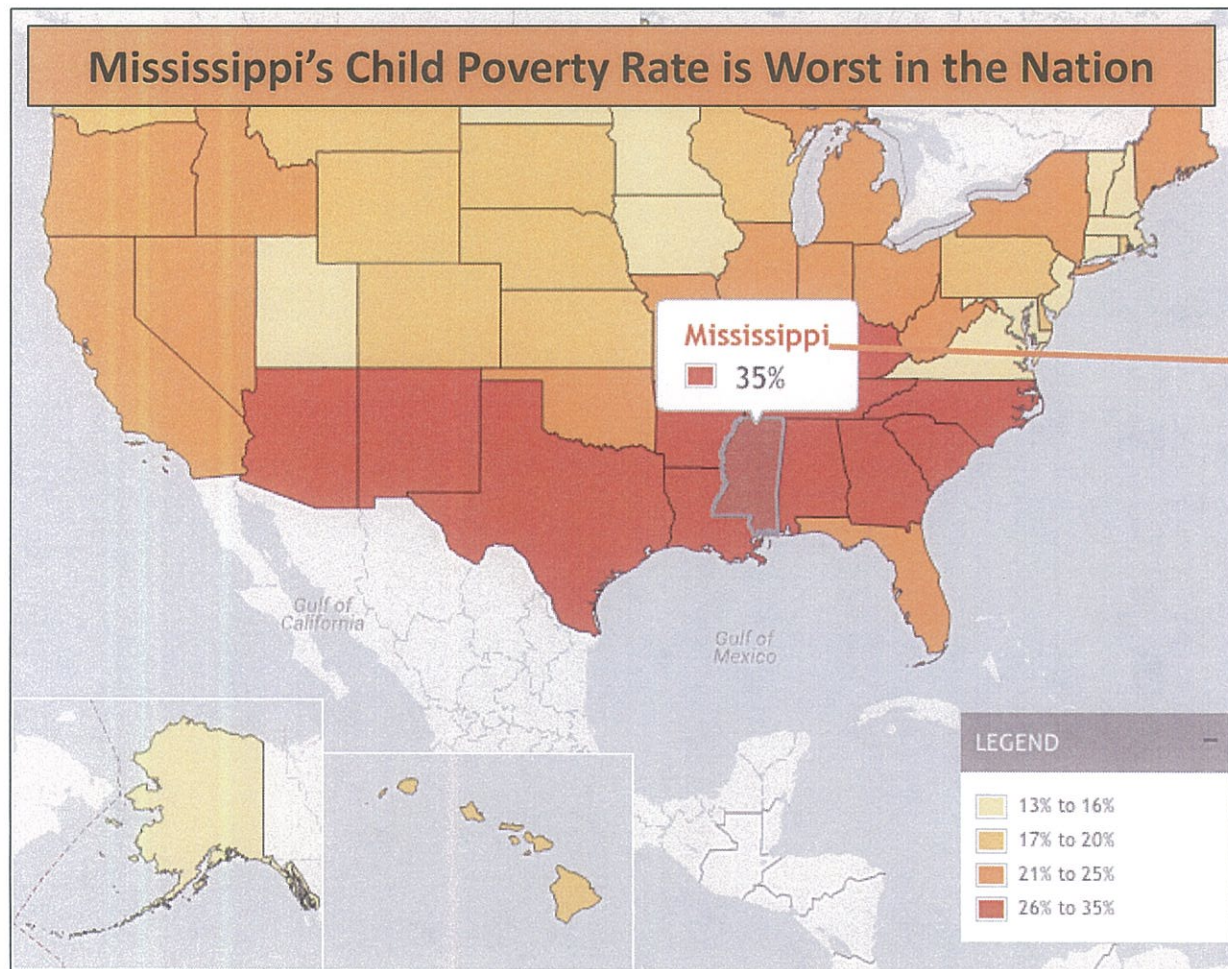
To Mississippi Kellogg Team

Step-Up

A Pathway to Quality Improvement for Child Care Centers Serving Low-income Working Families in Mississippi
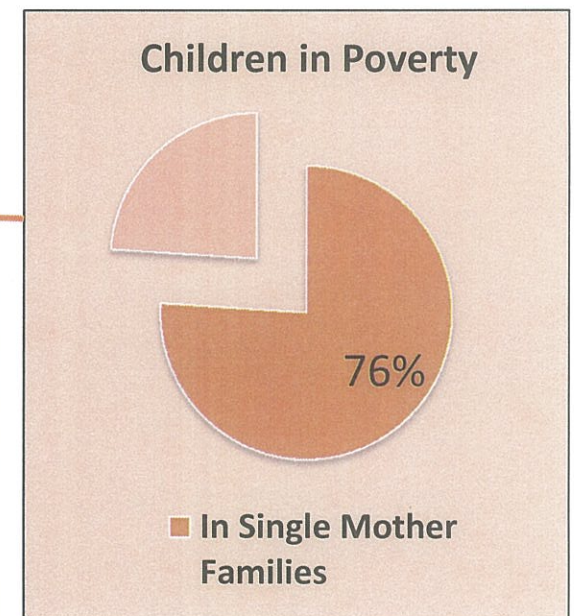
January 14, 2015

Implemented by the Mississippi Low Income Child Care Initiative with generous funding from the W. K. Kellogg Foundation

Mississippi Low-Income Child Care Initiative

Affordable for Parents, Quality for Children

mlicci

Mississippi Context: Poverty and Workforce

Mississippi's Child Poverty Rate is Worst in the Nation

Mississippi
35%

LEGEND
13% to 16%
17% to 20%
21% to 25%
26% to 35%

Children in Poverty

76%

In Single Mother Families

Map by National KIDS COUNT
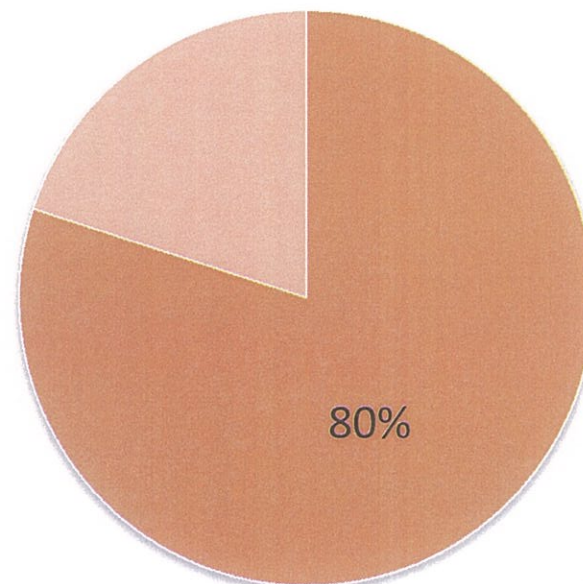
Exhibit E

Mississippi's Workforce

49%
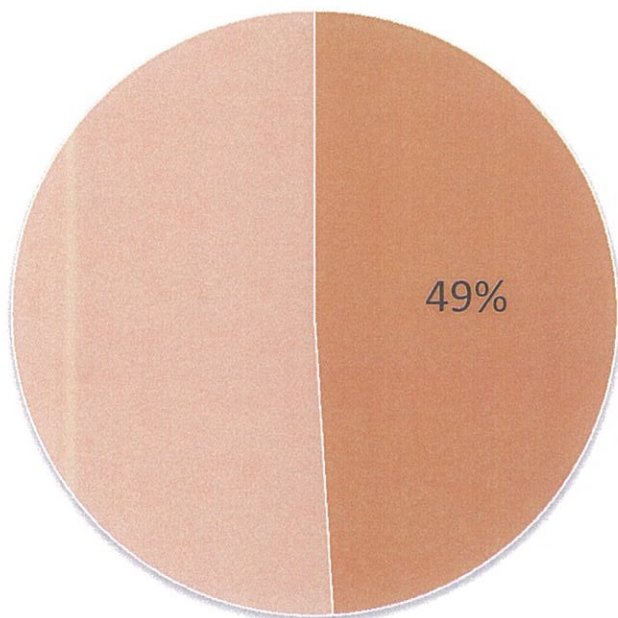
■ Women

Mississippi Minimum Wage Workers

80%

■ Women

MINIMUM WAGE LEAVES FAMILIES BELOW POVERTY
Mississippi Minimum Wage: $7.25
Full-time Equivalent, 52 weeks/year: $15,080
2013 Federal Poverty Level, Family of 2 (a mom and one child): $15,510

CHILD CARE ASSISTANCE REDUCES CHILD CARE COSTS FOR MISSISSIPPI FAMILIES

Annual Child Care Costs for a Full-time Minimum Wage Earner

$4,071 — Without Assistance

$720 — With Assistance
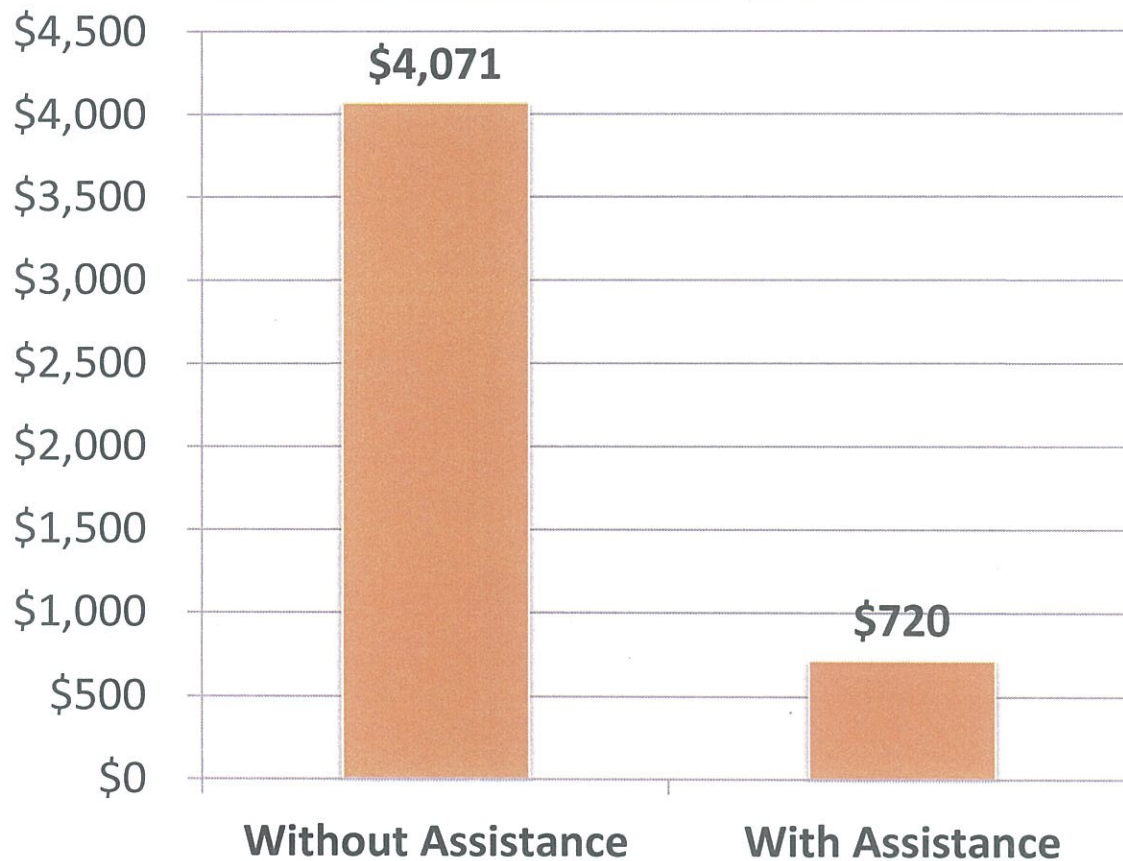
Available Assistance Doesn't Meet the Need

Children in Working Families Under 200% FPL

143,216
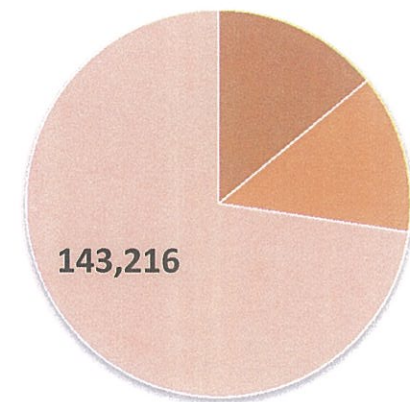
- Served by CCDF (2013)
- Served by HS (2013)
- Not Served by CCDF or HS

Exhibit E

Mississippi QRIS – Quality Stars:

- Managed by state CCDF Lead Agency
- Subcontracted to MSU Early Childhood Institute
- Voluntary
- Five-star
- Based heavily on ERS
- Enhanced rate structure in CCDF

Exhibit E

Step-Up

- Objective:

  To Build a Pathway to Quality Improvement for Mississippi Child Care Centers Serving Low income Families

- Process:

  Step-Up selected and provided TA coupled with financial support to 16 centers serving low-income families from two regions of Mississippi to enter and climb rankings in Quality Stars.

Step-up Process:

- Recruited 16 centers from across the state who were not in QRS, or were at Star 1

- Centers volunteered to be in QRS and received their initial evaluation

- Step-up provided intensive TA, including developing quality improvement plans that drove the quality improvement process, including purchases required

- Data was captured on all interventions

Methodology:

- Pilot Study
- Survey and in-depth interviews
- Regression analysis
- Analysis of center ERS Summary Reports
- Analysis of Quality Improvement Plans
- Qualitative Analysis of Quality Stars Process
- Financial Analysis

Results:

All Step Up centers improved.

5 centers moved from Star 1 to Star 3.

8 centers moved from Star 1 to Star 2.

3 centers remained at Star 1 but increased ERS scores.

Step-Up demonstrated a better track record than the state QRS program in moving centers off the bottom to higher star levels:

	Step Up Results	State QRIS – Quality Stars
Star 1 (base)	18.75%	60.00%
Star 2	50.00%	22.50%
Star 3	31.25%	10.00%
Star 4	n/a	5.00%
Star 5	n/a	2.50%

Exhibit E

Findings:
COST

- Significant financial support to pay for upfront costs for moving from Star 1 to 2 is required.

- Step-up spent on average $11,575 per classroom.

- 93% of all expenditures were on ERS

Findings:
TA

- The character of Asset-Based TA (ABTA) is key

  Cultural awareness and sensitivity, inclusion, and racial equity are key to successful TA

- The combination of ABTA and adequate financial resources was critical

- Step-up committed (on average) 190 TA hours per center

Findings:
Link to Subsidy

- Use of subsidy rate enhancements is a flawed strategy for financing participation because:

  Base rates are too low

  Subsidy density is too low

  Subsidy duration is unpredictable

Findings:
Lack of Written Procedures

- Lack of written policies and procedures resulted in experiences of evaluator subjectivity, inconsistencies, anomalies and irregularities.

Recommendations:

- Provide centers in QRIS with intensive, asset-based technical assistance. Utilize *Asset-based* TA (Step Up committed 190 hours per center.)

- Develop detailed quality improvement plans in partnership with child care center staff

- Target *adequate* financial resources to finance the above-referenced quality improvement plan. Step Up committed $11,575 per classroom.

- All of the above are necessary, but none are alone sufficient.

- Establish written policies and procedures.

<u>Investment Recommendation to Support Center Success in Quality Stars</u>

$4.5 Million per year will move 100 centers upward in Quality Stars.

- Base cost projections for 10 centers = $450,000.
  ($40,000 per center plus $50,000 for 1 TA/10 centers)

- $4.5 million per year will support 100 centers/year. This investment will scale up the quality improvement effort. In 4 years all 400 centers currently at a Star 1 can move up.

- This will also help with recruitment

- In Mississippi, these funds can come from a combination of TANF and CCDF 4% quality set-aside funds.

- If less funding is available, reduce the number of centers rather than reducing the investment. (For example, $2.25 million will support 50 centers per year; or $900,000 will support 20 centers per year.) The **size of the investment** is **critical to the success** of the effort.

Take Away

Achieving quality improvement
in centers serving low-income families
cannot be done
without adequate financial investment
without exacerbating
current inequities.

For more information,
and for a copy of the full report
contact:

Carol Burnett or Dr. Bettye Ward Fletcher at:

Mississippi Low Income Child Care Initiative

P. O. Box 204

Biloxi, MS 39533

info@mschildcare.org

228-669-4827

Mississippi Low Income Child Care Initiative

The Mississippi Low Income Child Care Initiative (MLICCI) is a state wide organization of child care providers, parents, and community people who are working together to:

- *Build a strong, grassroots constituency for poor children and families in Mississippi;*

- *Advocate improved child-care policies and greater public investment in child-care subsidy programs for poor families; and,*

- *Enhance the quality of child development experiences for all poor children living in Mississippi.*

mlicci

Memo to: John Davis

                   MS Department of Human Services

From: Carol Burnett

                   MS Low Income Child Care Initiative

Date: June 30, 2014

The Mississippi Low Income Child Care Initiative recently completed Step-Up, a three year demonstration project that was generously funded by the W. K. Kellogg Foundation. The Step-Up project involved selecting a sample of 16 child care centers from 2 regions of the state (delta and southern Mississippi) that serve low-income working families with children ages birth to five. The project supported these centers to enter and work to climb rankings in Quality Stars, Mississippi's quality rating system, as it is currently administered, for the purpose of documenting what is required to support their successful participation.

Quality Stars relies upon rate increases in the subsidy program as both the incentive and the financing strategy. We targeted centers that are heavily reliant on the child care subsidy program for revenue in order to see how well this strategy accomplishes its intended purposes. This was an important point of investigation because centers that rely on subsidies are those where our most vulnerable children are being served, a population most in need of and likely to benefit most from quality improvements. These centers are also most financially fragile and, therefore, ones that face the greatest challenges to participation in Quality Stars.

The centers in our project all improved as reflected by an increase in their Star level and/or an increase in the ERS scores. In the process of supporting these centers' improvement, we learned three important things:

1) It is expensive to go from Star 1 to Star 2, so centers need up-front funds to participate. Most centers begin the qrs process at a Star 1 and their first effort is to move to a Star 2. Because the Quality Stars financial incentive is structured as a reimbursement, centers must reach Star 2 before any financial increases become available. The move from Star 1 to 2 is largely driven by the center's ERS score, a factor that in our centers required significant enhancement of learning environments and facility renovations, both of which were expensive to address. We spend approximately $10,000 per classroom in the centers where we worked and 92% of our total expenditures addressed ERS requirements. 63% of these expenditures were devoted to space and furnishings, one measure in the ERS. With no upfront financial assistance, this would have been prohibitively expensive for our centers had we not provided the resources required.

2) Technical assistance is required to support the centers' progress.
Each center began the process by volunteering to be in Quality Stars. Once the first Star rating was received along with the evaluation that cited improvements required to advance to a higher Star rating, our technical assistants took these evaluations and developed with the child care center staff quality improvement plans that laid out specific steps to address the improvements. These plans identified center renovations, learning environment improvements, staff training needs, etc. These plans linked all the expenditures to specific quality improvements required by Quality Stars. Our technical assistants spent an average of 190 hours per center to provide this intensive, on-site support. It is also important to note that the technical assistance was successful and our technical assistants were able to build trust with the child care center staff because they communicated support for the success of the centers rather than intent to identify the center's deficits. This was a critical quality that made the difference in successful TA.

3) Written policies and procedures need to be available to participating centers.
Centers participating in Step-Up experienced inconsistent application of rules and procedures, in some instances rules were changed mid-stream and there were occasions where individual evaluators made subjective determinations that resulted in lowered scores and ratings. Written policies and procedures would have helped centers find guidance or a process for recourse.

Based on these findings we are recommending the following:

1) That DHS provide a combination of TA and financial resources to centers that volunteer to enter Quality Stars. In our experience, both TA and financial resources are needed in combination. Neither would suffice alone. We recommend that DHS provide TA in support of the centers' success at an intensive level. (As stated, our project provided an average of 190 hours of TA per center.) We also recommend that the TA work with participating centers to develop quality improvement plans to drive financial investments that result in upward movement in Quality Stars. While we understand that our resources from the Kellogg Foundation made it possible for us to invest an amount likely not feasible for the public sector to replicate, amounts that are too small will not finance enough improvements to result in changes in ERS scores significant enough to raise Star levels.

   We recommend that this investment be up to $40,000 per center and funded through the 4% quality set-aside in the state CCDBG grant combined with investments from the state TANF grant. These would not be grants made to the centers, but funds available to the centers only through the implementation of the quality improvement plans as developed by the TA. A breakdown of this proposal is attached.

2) That DHS develop written policies and procedures for Quality Stars.

Investment Recommendation to DHS to Support Center Success in Quality Stars

Commit **$4.5 Million per year to move 100 centers per year upward in Quality Stars**.

These funds can come from a combination of Mississippi's TANF grant funds and CCDF 4% quality set-aside funds.

Notes:

This recommendation is based on the following cost projections for 1 TA with a caseload of 10 centers:

TA	One TA with a caseload of 10 centers providing 190 hours of TA per center	$50,000
Quality Improvement Resources	Up to $40,000 per center (based upon quality improvement plan developed by TA) x 10 centers	$400,000
Total	For a base of 10 centers and 1 TA	$450,000

We recommend $4.5 million per year to support 100 centers per year so that this investment will scale up the quality improvement effort. Over the first 4 years this investment will reach those centers already in Quality Stars that are in need of this financial support to help offset the currently prohibitive upfront expenses related to moving from Star 1 to Star 2. In future years this will help recruit and support centers to enter and succeed in Quality Stars.

If implemented with less funding per year, then we recommend reducing the number of centers to benefit rather than reducing the amount committed to each center. (For example, $2.25 million will support 50 centers per year; or $900,000 will support 20 centers per year.) **The size of the investment as we've laid out is critical to the success of the effort.**

Step Up Results

Center	Beginning Star	Ending Star	Number of Classrooms	Expenditure per classroom	Total Expenditure	Percent ERS
Johnnies' Day Care	1	2	3	$13,174	$39,521	74%
We Care	1	2	5	$7,979	$39,894	87%
Gulf Coast Christian	1	2	7	$7,738	$54,167	97%
Watch Me Grow	1	2	6	$6,743	$40,460	95%
Myers Preschool	1	2	2	$13,194	$26,386	99.9%
Myers Child Care	1	2	3	$11,144	$33,432	99%
Therah's Child Care	1	2	3	$13,014	$39,043	98%
Covenant House	1	2	3	$10,816	$34,948	93%
Faithfully Yours	1	3	3	$12,499	$37,496	76%
New Beginnings	1	3	4	$12,510	$50,040	99.7%
All God's Children	1	3	5	$12,541	$62,703	95%
McKids	1	3	2	$19,370	$38,740	93%
Highway 90	1	3	5	$10,522	$52,610	94%
A Child's Place*	1	1	3	$14,534	$43,603	92%
Home Away From Home*	1	1	3	$9,640	$28,919	96%
Safari Land*	1	1	3	$9,777	$29,330	97%

*While these centers didn't move up in Star ranking, they did improve their ERS scores as reported below:

Center	Beginning ITERS	Ending ITERS	Beginning ECERS	Ending ECERS
A Child's Place	2.29	3.76	2.03	4.51
Home Away From Home	1.27	2.37	2.22	2.37
Safari Land	1.62	2.57	2.23	2.56