Evaluation of Mississippi Child Care Quality Stars Program

Final Report

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Executive Summary

In May 2014 the Mississippi Department of Human Services, Division of Early Childhood Care and Development (DECCD) contracted with the Frank Porter Graham Child Development Institute (FPG) to evaluate Mississippi's quality rating and improvement system (QRIS), Quality Stars. The goal of the evaluation was to examine the policies, processes, and implementation of Quality Stars, which is a building block 5-level tiered, statewide voluntary system whose stated goal is "to improve and communicate the level of quality in licensed child care and educational settings across the state." Quality Stars was designed to evaluate quality in child care and early education facilities through assessment in five areas: 1) program administration, 2) learning environments, 3) staff development, 4) parent involvement, and 5) evaluation.

Methods

The evaluation was guided by the following questions: 1) What is the conceptual framework for Quality Stars? What evidence or support is used to support the Quality Stars indicators? 2) What critical aspects of early care and education do early childhood educators think are needed to improve program quality? What aspects are most critical for children's school readiness? How are they aligned within Quality Stars? 3) What supports are needed to improve the quality of programs participating in Quality Stars (e.g., TA, consultation, coaching, materials)? Is there evidence of program improvement and factors associated with improvement? 4) What structures and supports are needed to professionalize and retain early childhood educators (e.g., compensation)? 5) What supports and trainings are needed to improve program leadership and management? 6) How can parents be more engaged in advocating, supporting, and selecting high quality early education programs?

Data sources included state and national documents, state administrative data, focus groups, and web-based surveys. Documents describing Quality Stars and the QRIS Compendium (The Build Initiative & Child Trends, 2014) were reviewed to obtain detailed information about Quality Stars as well as to compare and contrast Quality Stars with QRISs nationally. Administrative data were obtained from DECCD and the Mississippi State Early Childhood Institute regarding program ratings, Environment Rating Scales (ERS) scores, and program characteristics (enrollment, location, and subsidy slots). Focus groups were held with providers (both those participating in Quality Stars and those not participating) as well as parents. Finally, online surveys were distributed to all providers in the state, including pre-K providers.

Results

Review of Mississippi Documents and QRIS Compendium. There are three typical QRIS structures: 1) a block approach in which a set of indicators must be fully met before a program can receive the rating for that level, 2) a points system with points awarded for meeting each quality indicator followed by the creation of a summary score by adding points from each indicator and then assigning a quality level based on number of points earned, or 3) a combination of the block and points approaches (The Build Initiative & Child Trends, 2014). Quality Stars is a block system; 37% of systems in 2014 were block, 26% were point systems, and 37% were hybrids, or a combination of blocks and points. Block structures generally provide greater challenges to improvement in ratings because programs must show evidence of improvement across all components, whereas in point or hybrid structures, incremental improvements can lead to rating changes.

Across the systems that participate, 68% require professional development plans for directors, 76% require such plans for teachers, and 57% require plans for assistant teachers. In Quality Stars, professional development plans are required for directors at the 2-star rating and above. At least four other QRISs include a career lattice as a guide to the education levels required for different staff positions. The most common types of training required by QRISs (~30% of systems) are Introduction to the ERS, Health and Safety, Orientation to QRIS, and Child Development. Of these four, Mississippi requires Orientation to QRIS. Like Mississippi, 80% of systems used the ERS (Harms, et. al, 1998, 2006) as an indicator of quality. Unlike Mississippi, 40% of systems used an observational measure in addition to the ERS, most commonly the Classroom Assessment Scoring System (CLASS; Pianta, LaParo & Hamre, 2008), which was used by 20% of systems in addition to ERS and by 39% of systems either by itself or with another measure. Nationally, the most common reassessment period is every 3 years (26% of systems), followed by every 2 years (24%). Mississippi requires reassessment annually, or every 2 years if a program wants to maintain its current rating.

Administrative Data. At their most recent assessment, most Quality Stars programs (61%) were rated as 1 Star. Less than 20% of programs were rated at the 3-, 4- or 5-Star levels. Over time, almost a quarter of programs (24%) have improved their star rating with successive assessments; more than a fifth (21%) have fluctuated across time, moving both up and down in ratings; and 3% have decreased over time. For the most recent observation period, the average ERS score was 3.2 (SD = 0.9, range 1.4 to 5.8). For the ECERS-R, the *Language-Reasoning* subscale had the highest average score (M = 3.4, SD = 1.1) and *Personal Care Routines* had the lowest average score (M = 2.7, SD = .9). For the ITERS-R, the *Interaction* subscale had the highest average score (3.4 [SD = 1.3]) while *Personal Care Routines* had the lowest average score (2.3 [SD = 0.9]).

There are 45 indicators in Quality Stars. At the 2-star level and above, less than 25% of applicants achieved the star level for which they applied. At each level, the minimum ERS score was the most difficult indicator to attain. For those applying to become a 3-star, the staff training was also hard to achieve with only 23% meeting that indicator. Meeting the indicator for the Mississippi Early Learning Guidelines Teacher Training was difficult for those applying for a 4-star level; only 25% met the criteria. Aside from the ERS score, a third or more of those who applied for a 5-star rating but subsequently did not attain it attained each of the other indicators.

Parent and Provider Focus Groups & Provider Surveys. Parents mentioned the quality of staff most often when discussing child care quality, including the importance of staff being nurturing, attentive, and passionate about children. Parents disagreed about whether teachers needed a bachelor's degree and generally felt that infant care did not require a degree. Parents discussed family engagement in terms of the importance of two-way communication and open-door policies. Curriculum, school readiness, opportunities for socialization, and classroom materials were also highlighted as important. Only one parent mentioned cost, and it was in terms of cost not being as important as quality. Most of the parents in the focus groups had heard of Quality Stars and described it in terms of having a curriculum and sufficient materials. Parents also mentioned that the system helps ensure children's health, safety, and nutrition. Parent suggestions for improvements to Quality Stars included making it mandatory and incorporating surprise monitoring visits, rather than announced. Parents suggested that Quality Stars should be aligned with school readiness indicators so children will be prepared for kindergarten.

When asked why they chose to participate in Quality Stars, providers reported financial incentives as the most common reason, including increased subsidy rates and provision of materials. A second reason for participation was program improvement; providers wanted opportunities for technical assistance (TA) and education and to learn about best practices for improving quality. Respondents to the statewide survey expressed similar reasons for participating, with quality improvement, TA, increased funding through subsidies, and provision of materials as the most commonly reported benefits. Participants also noted challenges with Quality Stars and areas for improvement. The biggest challenge was that maintaining quality is costly and often beyond program budgets. Many providers expressed concerns about the qualifications, inconsistency, and subjectivity of the raters. Suggestions for improvement to the rating process included having the TA providers be the raters, allowing two ratings rather than only one, and providing TA to the classroom that will then be rated. Providers expressed that the standards for ERS scores are too high and too influential in overall ratings. Providers questioned whether weighting all indicators equally was appropriate. Participants felt that TA options were limited and inaccessible. Finally, issues about communication and collaboration were raised. Providers expressed that they lacked a voice in decision making, received confusing guidance about the program, and were not kept abreast of changes. There were suggestions for a clear policy manual for the program, with clear guidelines about standards. Survey respondents voiced similar challenges to participating in Quality Stars, including difficulty related to training opportunities and inconsistency in the rating process.

Among non-participating providers, the most commonly expressed definition of quality was "school readiness." Others expressed a need for a well-balanced curriculum and viewed Quality Stars as narrowly focused on environment. A barrier expressed by non-participating providers was a lack of trust. Providers felt they were misled when they were told they would be rated a 1 star upon enrollment. Providers felt there were duplicated efforts across TA providers. They also expressed the notion that community provider slots will be supplanted by public school slots. Deep-seated issues about racial biases emerged during the focus groups. Another barrier to participation was cost, particularly the need to pay quality teachers; reimbursement rates were viewed as too low to sustain high quality. Moreover, similar to the participating providers, the non-participating providers viewed the system as punitive. Survey respondents indicated that barriers to participation included wanting more information, disagreeing with program philosophies, and questioning the integrity of the implementation process.

Pre-K Provider Survey. Most Pre-K providers agreed or strongly agreed that Mississippi Department of Education should provide TA for the Early Learning Standards and the MS Early Childhood Guidelines. The Pre-K providers rated teacher-child interactions and professional development as the most important quality aspects of early care and education settings. While Pre-K providers rated these elements as highly important, they did not agree as strongly that programs should be held to minimum standards related to these elements. Pre-K providers offered the strongest endorsement for minimum quality standards in curriculum implementation and agreed that teachers should be required to participate in professional development across a variety of areas.

Recommendations

Design: Ideas for Consideration
- 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.
- 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.

Standards: Ideas for Consideration
- Consider the feasibility of requiring peer mentorship, particularly in more rural settings.
- Examine whether indicators currently in the Evaluation standard might be folded into other areas to align more closely with other state systems.
- Consider awarding bonus quality points for additional staff education or training if a point or hybrid system is adopted.
- 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.
- 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.

Measures: Ideas for Consideration
- Consider whether the new ECERS-3 and/or CLASS should be included as measures of quality.

Implementation: Ideas for Consideration
- Consider extending the reassessment period to every 2 or 3 years.
- 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.
- 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.
- Contracts that specify numbers of programs that must improve over time, rather than solely numbers of programs served, may encourage greater improvement in quality.

Training and Technical Assistance: Ideas for Consideration
- 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.

- Use feedback to better schedule training opportunities.
- Consider expanding training and TA to meet the needs of providers.

Communication: Ideas for Consideration
- Improve communications and transparency with child care providers about the system.
- Information about the qualifications of raters and a clearly defined grievance process should be more easily locatable on websites.
- Better communicate the research base undergirding Quality Stars so that providers understand the importance of the standards included in the system.
- Include all Quality Stars policies and procedures (e.g., conceptual model, rating processes, how subcontractors are selected) on the website for transparency.

Funding: Ideas for Consideration
- Maintain reimbursement levels to encourage quality improvement.
- Assess how additional funding may be better targeted for quality improvement efforts.
- Assess and inform programs on creative, low-cost ways to improve quality.
- Have a clear understanding of how much is spent on R (rating) and how much is spent on I (improvement).
- Consider having a Financing Task Force as part of the revisions process to work on getting more money into the system for programs.

Introduction

In May 2014 the Mississippi Department of Human Services, Division of Early Childhood Care and Development contracted with the Frank Porter Graham Child Development Institute (FPG) to evaluate Mississippi's Quality Rating and Improvement System (QRIS). The overall goal of the evaluation was to examine the policies, processes, and implementation of the Mississippi Quality Stars QRIS system.

Research on early childhood education and QRIS

Research evidence, accumulated over several decades, shows the effects of high quality early education programs in preparing children for entry into formal schooling (i.e., kindergarten). High quality early education experiences have been found to be even more critical and positive for children at risk of school failure, including children from poor families, dual language learners, and children facing multiple familial and social risk factors (e.g., teen or depressed mother, single parent; Burchinal, Roberts, Hooper, & Zeisel, 2000; Vandell, Belsky, Burchinal, Steinberg, & Vandergrift, 2010).

The underlying mechanisms by which children's participation in early care and education programs are linked to improved cognitive, language, and social outcomes include structural factors such as low child:staff ratio and educated teaching staff which support programs' processes, such as sensitive adult-child interactions, scaffolded teaching instructional approaches, and a language-rich environment (NICHD Early Child Care Research Network, 2004; Phillipsen, Burchinal, Howes, & Cryer, 1997).

State and local policymakers have utilized this research in developing systems that ensure that children, especially disadvantaged children, are attending high quality education programs during the early years. These systems have also focused on providing supports to programs to improve and sustain high quality programming with some evidence that technical assistance, such as coaching and consultation, are somewhat related to improved programming (Bryant et al., 2009). Based on the QRIS compendium compiled in 2014 (The Build Initiative & Child Trends, 2014), 38 states or local areas have piloted or established a Quality Rating and Improvement System, with this number increasing due to the Race to the Top – Early Learning Challenge Grant competition. This compendium notes similarities and differences in QRISs across states, including eligible areas, voluntary participation, rating design (e.g., block, points, hybrid) and process, standards, and use of observation tools.

Background on Mississippi's Quality Stars program

Mississippi's quality rating and improvement system, Quality Stars, is a building block 5-level tiered system. Quality Stars is a statewide voluntary system whose stated goal is "to improve and communicate the level of quality in licensed child care and educational settings across the state" (http://earlychildhood.msstate.edu/programs/qualitystars/). Only center-based programs participate at this time, including Head Start and Pre-K classrooms, with approximately 38% of eligible centers participating as of 2015 (EarlyChildhood Institute website, 2015). Mississippi's tiered rating system was designed to evaluate quality in child care facilities through assessment in five areas: 1) program administration, 2) learning environments, 3) staff development, 4) parent involvement, and 5) evaluation.

Conceptual Framework and Research Questions

The conceptual framework guiding this project is that the implementation of a high quality system is an iterative and multi-step process to support continuous improvement of the system. As noted by Zellman and colleagues (2011), "full implementation of a QRIS often takes some time, and may be an iterative process that relies on the outcomes of targeted pilots." The current goals of Quality Stars as stipulated in the request for proposal are the following:

- Increasing the number of child care programs that provide quality care and early learning experiences for families.
- Encouraging and supporting child care programs through the quality improvement process.
- Recognizing child care programs that provide quality care and early learning experiences for families.
- Strengthening the early childhood education workforce.
- Supporting and encouraging leadership in program administration.
- Increasing parental involvement in early childhood education programs.

The following broad research questions guided our project design and data analyses.

- What is the conceptual framework for Quality Stars? What evidence or support is used to support the Quality Stars indicators?
- What critical aspects of early care and education do early childhood educators think are needed to improve program quality? What aspects are most critical for children's school readiness? How are they aligned within Quality Stars?
- What supports are needed to improve the quality of programs participating in Quality Stars (e.g., TA, consultation, coaching, materials)? Is there evidence of program improvement and factors associated with improvement?
- What structures and supports are needed to professionalize and retain early childhood educators (e.g., compensation)?
- What supports and trainings are needed to improve program leadership and management?
- How can parents be more engaged in advocating, supporting, and selecting high quality early education programs?

Addressing these important research questions will help Mississippi leaders strengthen Quality Stars and support program quality improvement, which in turn will lead to better child outcomes.

Methods

In this section we provide a detailed description of data collection and analysis procedures, including data provided by the state, focus groups, and web-based surveys, as well as procedures for reviewing documents, presenting findings, and ensuring integrity throughout the duration of this project.

Compendium and State-Provided Data

Documents describing Quality Stars and the QRIS Compendium (The Build Initiative & Child Trends, 2014) were reviewed to obtain detailed information about Mississippi's QRIS as well as

to compare and contrast Quality Stars with QRISs nationally. State documents included those available on publicly available websites as well as those shared with programs (e.g., workbooks) during the application process for Quality Stars. In addition, state data were obtained from DCEED and the Mississippi State Early Childhood Institute regarding program ratings, Environment Rating Scales (ERS; Harms, Clifford & Cryer, 1998) scores, technical assistance services, and program characteristics, including enrollment, location, and number of subsidy slots. Datasets were merged on program license number and formatted for analysis.

Focus Groups

Parent focus groups. Four focus group sessions with parents were proposed. Regions and locations for focus groups were selected in collaboration with DECCD staff based on characteristics of families (minority status, economic status) and region (urban or rural). Parents were recruited with help from providers, DECCD staff, and Quality Stars agencies. Parents were asked to contact FPG to RSVP for the focus groups, as well as to clarify any questions and concerns. To encourage participation, focus group sessions were held in the early evening, in an accessible location, and a light dinner and child care were provided. In addition, $35 gift cards were given to parents as a thank you for participating at each of the sessions. Parents were successfully recruited for two of the four proposed focus groups.

The majority of the 16 individuals who attended the two parent focus groups (one in the central region, one on the coast) were African American (63%), followed by Caucasian (19%) and multi-racial (18%). The number of children that parent participants had ranged from 1 to 5 with the average being 2.5. Families had children who ranged in age from 19 months to 21 years old with a mean age of 7.7 years. The parents reported that they had used their current child care arrangement for an average of almost 3 years (range: 3 months to 9 years). 44% of parents reported that their program was rated 4 stars, 31% reported that their program was rated 3 stars, and 25% were unsure of their program's star level.

Provider focus groups. Six focus group sessions were planned and conducted with providers; four for participating providers and two for non-participating providers. To minimize travel for potential participants, focus group sessions were held regionally. Flyers and e-mails were used to recruit non-participating and participating providers. The first announcement about the focus groups was sent by DECCD staff to introduce FPG, explain the purpose of the evaluation and focus group sessions, and ensure that providers understood the importance of obtaining their perspectives. The flyers and e-mails had contact information for FPG staff to respond to providers' questions and concerns, as well as information about focus group dates, times, and locations. Providers were asked to RSVP to ensure a maximum of 15 providers at each session. The FPG team collaborated with DECCD staff to ensure ample representation from non-participating and participating providers (e.g., size, location, proportion of subsidized children). FPG contacted providers as needed to encourage participation in the focus groups. To further increase participation in the focus groups, providers were given $25 gift cards as a thank you for participating. Light lunch and refreshments were also provided. In addition, timely reminders were sent to providers with information about date, time, and location.

We conducted four focus groups with 52 providers who were participating in Quality Stars, one group each in the central, coastal, Delta, and northeast regions. The majority of these providers were African American (59%), followed by Caucasian (33%) and multi-racial (6%), with 2% not reporting race/ethnicity. The majority of programs (88%) served children from birth to age 5;

4% did not serve infants, 4% did not serve infants or toddlers, and 4% only served infants and toddlers. In addition, half of the providers (50%) reported also serving school-aged children. On average, 67% of the programs' families qualified for public assistance (range: 0-100%). The average Quality Star rating of participating providers was 2.9 (7 rated as 1 star, 14 as 2 stars, 14 as 3 stars, 11 as 4 stars, and 4 as 5 stars). Providers reported that they had been involved in the Quality Star program for nearly 4 years on average. The providers had an average of nearly 14 years of experience (range 1-35 years). The providers participating in the focus groups reported the following education levels: 13% had a high school diploma, 29% an associate's degree, 25% a bachelor's degree, and 33% a master's degree or higher.

We conducted two focus groups with 13 providers who were not participating in Quality Stars, one in the central region and one in the Delta. The majority of these providers were African American (54%), followed by Caucasian (23%) and Latino/Hispanic (15%), with 8% not reporting race/ethnicity. The majority of providers (77%) served children from birth to age 5; 23% did not serve infants. In addition, 69% of the providers also served school-aged children. On average, 58% of the programs' families qualified for public assistance (range: 2-100%). These providers had on average nearly 16 years of experience (range: 2-40 years). The education levels of the participants were 15% with a high school diploma, 8% an associate's degree, 54% a bachelor's degree, and 23% a master's degree or higher.

Measures. The structured focus group guides were developed by FPG in collaboration with DECCD. Three separate focus group guides were developed. One guided the focus groups with programs participating in Quality Stars, one guided groups of programs not participating in the program, and the third guided focus groups with parents (see Appendix A for copies of the focus group guides). The focus groups for participating providers centered on the following areas: 1) reasons for participating in Quality Stars; 2) benefits of participating in Quality Stars, and specific examples; 3) challenges of participating in Quality Stars; 4) alignment of Quality Stars standards with components of quality; 5) supports helpful in improving quality; and 6) overall satisfaction with Quality Stars. The focus groups for non-participating providers centered on the following areas: 1) knowledge about Quality Stars; 2) reasons for not participating in Quality Stars; 3) alignment of Quality Stars standards with components of quality; and 4) supports needed to improve quality. Focus groups with families addressed the following areas: 1) factors of quality child care; 2) factors in selecting child care; 3) knowledge of Quality Stars; and 4) perception of Quality Stars and improving child care quality.

Procedures. The focus groups were conducted in January of 2015 and lasted on average an hour and thirty minutes. The focus groups were conducted by Allison De Marco, project Principal Investigator; Noreen Yazejian, Co-PI; and Jenille Morgan, Project Coordinator. The focus groups were audio-recorded, and notes were taken by the project coordinator. All respondents were informed that their responses would be aggregated and would not be attributed to individuals. The audio-recordings were transcribed, and the transcripts were coded by the research team.

Results should be interpreted with caution given that only 16 parents, 52 participating providers, and 13 non-participating providers participated. Responses are only representative of those who were able to attend and not generalizable to the whole state. Further, responses represent the participants' perceptions.

Surveys

Following completion of the focus groups a survey was developed to allow participation from providers who were unable to attend focus groups. The web-based survey was developed by FPG in collaboration with DECCD and in April 2015 was deployed via the Mississippi DECCD website and announced via multiple routes to child care and Pre-K providers across the state (see Appendix B for copies of the surveys). Several reminders were sent out. The web survey was conducted via Qualtrics. The questions were the same as those used during the focus groups with response choices pulled from common responses during the focus groups. Respondents were also given space to fill in an answer if it was not offered as a choice. The tables below provide an overview of the characteristics of the responding child care and Pre-K providers.

Table 1. Demographic Characteristics of Survey Respondents

Characteristic	Child Care Respondents (n=148) Mean (SD) or Percent (n)	Pre-K Respondents (n=80) Mean (SD) or Percent (n)
Highest level of Education	0.8% (1) Less than High School 20% (30) High School 20% (30) AA/AS 29% (43) BA/BS 17% (24) MA/MS 5% (7) PhD/EdD 8% (13) No Answer	32% (25) Education Specialist 4% (4) BA/BS 49% (39) MA/MS 15% (12) PhD/EdD
Female	95% (124)	73% (52)
Age (years)	49.5 (10.3)	45.6 (8.8)

Race/ethnicity
  Hispanic
  American Indian/Alaska Native
  Asian
  Black/African-American
  Native Hawaiian
  White
	
	2% (2)
	0
	1% (1)
	60% (71)
	0
	39% (47)
		
		0
		1% (1)
		3% (2)
		42% (29)
		0
		58% (40)

Time as an elementary administrator	N/A	6.6 years (6.1)
Time in the early care and education field?	15.7 years (9.9)	17.1 years (6.1)

Note. For race/ethnicity responses do not add to 100 because respondents could select all that applied and some chose not to respond.

Table 2. Program Characteristics of Survey Respondents

Characteristic	Child Care Respondents (n=148) Mean (SD) or Percent (n)	Pre-K Respondents (n=80) Mean (SD) or Percent (n)
Program Location		
Rural	43% (64)	60% (48)
Urban	31% (46)	29% (23)
Suburban/Mixed	22% (33)	11% (9)
No Response	3% (5)	0
Percentage of that families are low-income[a]	61% (32.9)	85% (17.0)
Familiarity with Early Learning Standards for Classrooms serving 3-4 year old children	N/A	36% (29) Very 57% (46) Somewhat 7% (5) Not at all
Licensed by the MS Department of Health	96%	N/A
Participate in Quality Stars		N/A
Yes	50% (76)	
No	44% (65)	
Don't Know	4% (6)	
Time in Quality Stars	3.6 years (2.5)	N/A

[a]Qualify for SNAP/food stamps

The survey for community providers was started by 148 providers, and 101 completed the survey (68%). The majority of respondents to the community survey were African American (60%), followed by Caucasian (37%), Hispanic (2%), and Asian (1%). The majority of providers (88%) served children from birth to age 5; 12% did not serve infants. In addition, nearly half (49%) served school-aged children. On average, 61% of the programs' families qualified for public assistance (range: 2-100%). The providers had on average nearly 16 years of experience (range: 8 months-42 years). The education levels of respondents were <1% Less than high school; 20% high school diploma, 20% associate's degree, 29% bachelor's degree, and 21% master's degree or higher, with 8% not providing education level information. Half (50%) of respondents participated in Quality Stars, 44% did not participate, 4% did not know whether they participated, and 2% preferred not to answer about Quality Stars participation. The respondents who were participating in Quality Stars represented 64 programs. Of these 64 programs, 48% (n=31) were rated 1 star, 26% (n=17) were rated 2 stars, 16% (n=10) were rated 3 stars, 5% (n=3) were rated 4 stars, and 5% (n=3) were rated 5 stars, for an overall average star rating of 1.9.

The survey for Pre-K providers was started by 80 participants, and 67 completed the survey (84%). The majority of respondents were Caucasian (55%), followed by African American (41%), Asian (2%), and multi-racial (2%). On average, 85% of the schools' families qualified for public assistance (range: 10-100%). The respondents had an average of 17 years of experience in the early care and education field, and more than 6 years of experience in a school setting. The education levels of respondents were 32% Education Specialist, 4% bachelor's degree, and 64% master's degree or higher. Respondents were asked to describe their familiarity with the Early Learning Standards for Classrooms serving preschoolers. Thirty-six percent were very familiar, 57% were somewhat familiar, and 7% were not at all familiar with the standards.

Data Analysis

Qualitative data from the focus groups were transcribed by a professional transcription company. Transcripts were then analyzed using an inductive process in which we looked for emerging themes generated from specific pieces of information in the data. All pertinent data were then condensed and synthesized according to the stated evaluation research questions. Survey data were analyzed through Qualtrics for demographic characteristics and frequencies or means for responses.

Administrative data provided by DCEED (e.g., Quality Stars indicators, star ratings, characteristics of programs) were analyzed using the SPSS and Stata statistical packages. Frequencies and means were used to examine ERS scores, star ratings, and Quality Stars indicators. We also looked at changes in star ratings over time and categorized the resulting patterns. We also examined whether ratings differed by program characteristics (e.g., proportion of subsidized children, region, and size of program).

Procedures

Procedure for reviewing Mississippi Child Care Quality Stars criteria, policies and procedures for alignment with program goals and national standards. Documents related to Mississippi Child Care Quality Stars criteria, policies and procedures were obtained in order to examine how policies and procedures align with program goals, national standards and accreditation, including areas of commonality or divergence and potential implications for Quality Stars standards and criteria. We also examined whether the criteria for quality is aligned with program goals, national standards, and literature. Using existing documents, such as the 2014 Compendium of Quality Rating Systems and Evaluations (The Build Initiative & Child Trends, 2014) and our knowledge of existing systems, we examined and compared systems similar to Mississippi, based on structure, indicators, and program goals. Comparison areas included the following: 1) conceptual model and goals; 2) data management system; 3) structure; 4) voluntary; 5) service area; 5) eligible programs; 6) indicators; 7) application process; 8) outreach; 9) use and type of observation tool; 10) quality improvement process; 11) financial incentives; 12) linkages with other systems; and 13) evaluation and validation studies.

Description of the internal controls and processes in place to ensure program integrity

Prior to commencing data collection, an application was submitted to UNC's Institutional Review Board to ensure that adequacy of protection against risk for human subjects and that confidentiality of all data was maintained. At the time of initial contact, research staff explained the study to participants. A full explanation of the voluntary nature of participation, study activities, and procedures was clearly presented to each participant and all of the potential participants' questions were answered. Participants were informed that they could elect to skip any portion of the study or curtail participation at any time.

Minimal risks were associated with this study. The primary risk was breach of confidentiality (e.g., research staff disclosing the identity or data of a participant). The risk of a breach of confidentiality was minimized through appropriate training for all research staff regarding research ethics surrounding confidentiality. All research staff completed training and obtained certification in human subjects' protections and submitted a copy to the Principal Investigators. Research staff agreed to abide by the informed consent process and not to divulge, publish, or

otherwise reveal to unauthorized persons any information obtained during the study. No personal identifiers were attached to data. Access to all forms of study data (electronic and hardcopy) was restricted to research staff only. All data were protected on a secure, password-protected database and all hardcopies of data were stored in locked filing cabinets. Any oral or written reports drawing on the study data did not contain identifying information that would link individuals to any data.

Results: Review of Mississippi Documents and QRIS Compendium

This section provides a snapshot of other state Quality Rating and Improvement Systems (QRIS) as related to Mississippi's system based on information obtained from the 2014 QRIS Online Compendium (qriscompendium.org; The Build Initiative & Child Trends, 2014). The QRIS Compendium catalogs and compares QRISs to promote thoughtful design, analysis and ongoing improvement in early care and education systems building. The data available through the Compendium were self-reported by staff representatives within each state and locality and were current as of October 31, 2014. Data in the compendium were not verified for accuracy for this report. As of 2014, 38 quality rating and improvement systems were in operation, most statewide, although FL and CA had regional systems.

Rating Structure

There are three typical methods used to combine information from the QRIS quality indicators: 1) a block approach in which a set of indicators must be fully met before a program can receive the rating for that level, 2) a points system with points awarded for meeting each quality indicator followed by the creation of a summary score by adding the points from each indicator and then assigning the program to a quality level based on the number of points earned, or 3) a combination of the block and points approaches (The Build Initiative & Child Trends, 2014). Mississippi's QRIS is a block system; 37% of systems in 2014 were block, 26% were point systems, and 37% were hybrids, or a combination of blocks and points. From 2010 to 2014, hybrid and point rating structures grew in popularity.

Block structures generally provide greater challenges to improvement in ratings because programs must show evidence of improvement across all components, whereas in point or hybrid structures, incremental improvements can lead to rating changes. In an analysis of hypothetical 4-level rating systems, researchers compared block, point, and hybrid structures that had the same quality standards in an attempt to determine the implications of the three structures on distribution of ratings, associations with quality, and individual quality component scores (Tout, Chien, Rothenberg, & Li, 2014). The researchers found that structure was related to the distribution of ratings. In a block structure, fewer than 20% of programs earned a Level 3 or 4; in the point and hybrid structures, more than 70% of programs achieved a Level 3 or 4. The rating levels produced by each of the three structures were significantly associated with quality as measured with the Early Childhood Environment Rating Scale - Revised (ECERS-R, Harms et. al, 1998). However, the points structure had the greatest range of ECERS-R (Harms et. al, 1998) scores (there was a 1.6 spread between Level 1 and 4 in the point system, compared to a .13 spread for the block and 1.1 spread for the hybrid systems). Only the point structure produced quality ratings in which quality as measured by ECERS-R (Harms et. al, 1998) was significantly different between each level. Scores across rating levels in the three structures showed different patterns for specific quality components. Some components (Health and Safety, Assessment and Accreditation) scored high regardless of level and structure, others

(Family Partnerships) scored relatively low across the structures, and others (Teacher Qualifications and Director Qualifications) differed across structures. Specifically, in the block structure, programs with overall low ratings still had high scores on the staff qualification components, which the researchers interpreted as suggesting that the block structure "masked" higher scores in these categories (Tout et al., 2014).

Components

Mississippi's QRIS consists of five components. These components, along with other components commonly included in QRIS systems in 2014, are listed in Table 3 below.

Table 3. QRIS Components

Component	In Mississippi's QRIS	Percentage of QRIS in 2014
Professional Development	YES	100%
Learning Environments	YES	93%
Parent Involvement	YES	93%
Administrative Policy	YES	85%
Evaluation	YES	NA*
Curriculum	NO	78%
Health and Safety	NO	63%
Ratio and Group Size	NO	60%
Child Assessment**	NO	55%
Accreditation	NO	53%
Provisions for Children with Special Needs	NO	50%
Continuous Quality Improvement	NO	50%
Interactions	NO	48%
Community Involvement	NO	40%
Cultural and Linguistic Diversity	NO	33%

*Mississippi's Evaluation component includes aspects of administration, continuous quality improvement, staff qualifications, and parent engagement.
**Mississippi's Quality Stars Learning Environments standard includes indicators related to child assessment.

The following sections provide an analysis of Mississippi's QRIS components by highlighting areas of overlap and divergence from other state systems.

Administrative Policy

The Compendium includes a wide variety of topics under administrative policy, including data on features of program administration, management, and leadership indicators for center-based programs. Eleven categories were endorsed with the most prevalent being staff evaluation, written operating policies and procedures, paid preparation/planning time, and financial record-keeping systems (Table 4).

Table 4. Administrative Policy Features

Category	In Mississippi's QRIS	Percentage of QRIS in 2014
Staff Evaluations	Yes	58%
Written Operating Policies and Procedures	Yes*	13%
Related Director Qualifications	Yes**	5%
Paid Preparation/Planning Time	No	5%
Program Administration Scale (PAS)***	No	5%
Related Director Training	Yes**	3%
Written Program Philosophy	No	3%
Staff Benefits (Health Insurance, Paid Leave, Salary Scale)	No	3%
Financial Record-Keeping System	Yes**	3%
None Listed	No	3%

*Center has an employee handbook at star-level 2 and above

**Director must complete "Child Care as a Business" course at star-level 3 and above

***8% of systems require PAS or BAS for family child care homes

Professional Development

Across the systems that participate, 68% require professional development plans for directors and 76% require such plans for teachers. 57% of all systems require plans for assistant teachers. In the Mississippi QRIS system professional development plans are required for directors at the 2-star rating and above. According to the *Earn Your Stars!* Workbook, these plans are not required for teachers or assistant teachers. [1] Much less common are requirements related to memberships in professional organizations. Only 22% of systems require memberships for the directors and 18% require these for teachers. Mississippi's system does not include this provision.

At least four QRIS systems, Minnesota, Montana, North Dakota, and Pennsylvania, include a career lattice in the professional development component. A career lattice is a guide to the education levels required for many different positions in the early care and education field. See Pennsylvania's here:

http://www.pakeys.org/uploadedContent/Docs/Career%20Development/Career%20Lattice%20and%20Roles_9.2014.pdf

The Compendium also collected information about the types of training required by QRIS systems (Table 5). The most common (required by ~30% of systems) are Introduction to the Environment Rating Scales (ERS), Health and Safety, Orientation to QRIS, and Child Development. Of these four, Mississippi's system requires Orientation to QRIS. Mississippi also requires training on Social/Emotional Development, which is listed separately from Child Development training in the Compendium.

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[1] The MS QRIS workbook does not mention a required PD plan for teachers but the response was yes in the Compendium.

Table 5. Required Training Content

Topic	In Mississippi's QRIS	Percentage of QRIS in 2014
Introduction to Environment Rating Scales (ERS)	No	32%
Health and Safety	No	32%
Orientation to QRIS	Yes	29%
Child Development	No	29%
Community/Family Involvement	No	26%
Diversity	No	26%
Business Practices	Yes	24%
Special Needs	No	24%
Nutrition	No	21%
Social/Emotional Development	Yes	21%
Curriculum	No	21%
Child Assessment	Yes	21%
Developmentally Appropriate Practices	No	18%
Intro to CLASS	No	13%
No Training Required	No	8%

Learning Environments

Like Mississippi, 80% of systems used the ERS (Harms, et. al, 1998, 2006) observational tools as an indicator of quality (see Figure 1). Unlike MS, 40% of systems used an observational measure in addition to the ERS. The most common measure used alongside the ERS was the CLASS (20% of systems) (Pianta, LaParo & Hamre, 2008), and the CLASS was used by itself or with another measure in 39% of systems.

Figure 1. Program Quality Observation Tools, 2014 (n=38 QRISs)
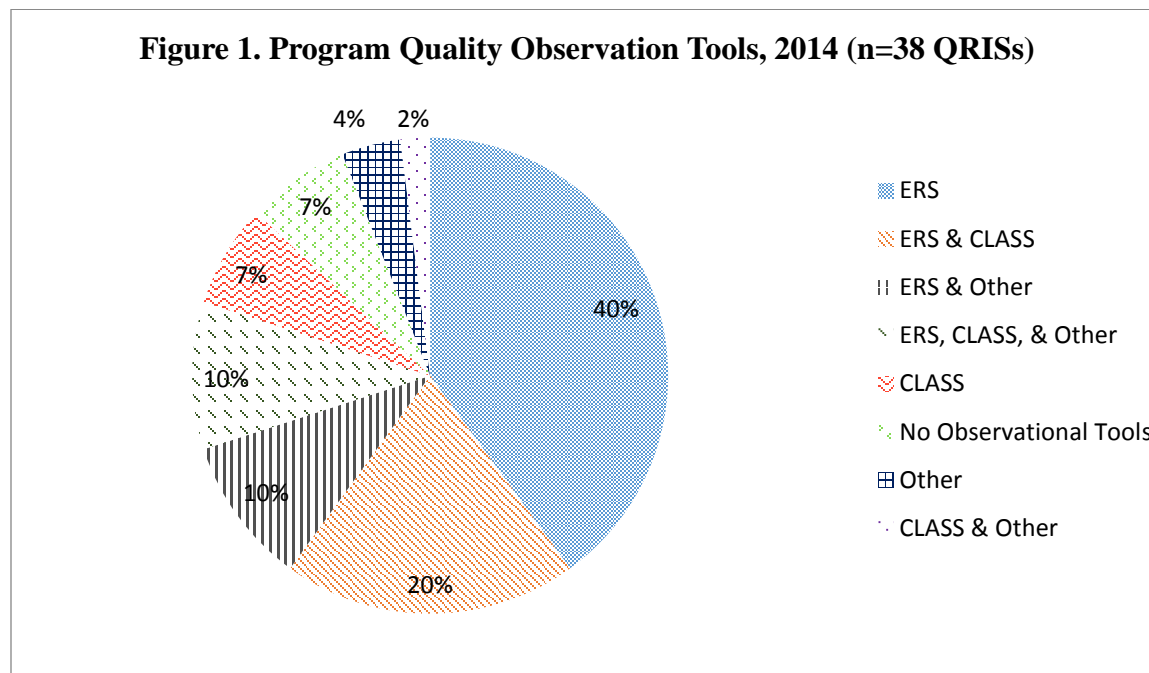
The ECERS-3 (Harms, Clifford, & Cryer, 2014) has recently been published, and we have heard anecdotally that a couple of states will switch to the new measure this fall, and others will follow next fall or in the future. The new measure includes a greater emphasis on interactions and the teacher's role as well as a decreased emphasis on counting materials and instead more on how materials are used in teaching activities. There is a greater reliance on observation of ongoing classroom activity and an elimination of the need for a teacher interview. There are also increased emphases on engaging language, literacy, and math experiences with many new items and indicators. The new measure is designed to relate more closely to children's school readiness outcomes. Disadvantages to switching to the new measure include training needs of raters, the need to recalibrate standards with expected drops in scores, and the inability to measure change over time in the system.

The Learning Environment component includes training on and implementation of Mississippi's Early Learning Guidelines, including ongoing child assessment. Mississippi does not specify a particular child assessment to be used, which is the case for 45% of systems; the other 55% of systems specify assessment measures, such as the High/Scope Preschool Child Observation Record (COR), the Brigance Inventory of Early Development II, and the Teaching Strategies-Gold Assessment (TS-Gold).

Nationally, the most common classroom observation reassessment period is every 3 years (26% of systems), followed by every 2 years (24%), and then annual (16%). Mississippi requires reassessment annually unless a program wants to maintain its current rating, in which case it is every 2 years.

Parent Involvement

Mississippi's Quality Stars, like 93% percent of QRISs in operation, includes standards related to parent involvement (also referred to as family partnerships or family and community). A review of family partnership indicators in existing QRISs produced eight common indicators. These indicators are listed in Table 6 below.

Table 6. Common Family Partnership Indicators

Indicators	In Mississippi's QRIS	Percentage of QRIS in 2014
Parent-teacher conferences during the program year	YES	92%
Written communication between the program or the provider and parents	YES	84%
Activities for families whose children are enrolled in the program	YES	61%
Lists of resources in the community	NO	53%
The use of surveys to elicit information and feedback from parents	YES	50%
The use of bulletin boards	YES	34%
Opportunities for parent participation in the program	YES	34%
The existence of a parent advisory board	NO	32%

Mississippi's Quality Stars system includes six of the eight most common family partnership indicators. A variety of other indicators that are incorporated in some systems include provision

of a written family handbook, lending libraries, parent resource centers, informational workshops, facilitation of children's transitions to other settings in the community, suggestion boxes, and family meetings.

Evaluation
As currently written, Mississippi's Evaluation component contains indicators that in other states are included within administration, continuous quality improvement, staff qualifications, and parent engagement standards. In addition, with indicators only at the 1, 2, and 4 Star levels, the standard as currently written does not distinguish programs across the five block levels.

Financial Incentives

Like Mississippi, 37% of systems awarded a quality bonus. 29% awarded improvement grants, 16% provided other financial incentives (typically scholarships or other professional development grants), 2% provided start-up awards, and 16% provided no financial incentives.

Ten other QRISs reported using tiered reimbursement rates calculated as a percentage increase over the maximum reimbursement rate. Average reimbursement rates in QRIS range from 5 to 21% (see Table 7). Like Mississippi, seven of the ten other states do not provide a differential reimbursement rate at level one; the mode is a 5% increase over the maximum rate (used by 2 of the 3 QRIS with a differential rate at level one). At level two, the modal rate is 10%. At level three, the modal rates are 10 and 15%. At level four the modal rate is 15%, and the range is 5 to 30%. At level five the modal rate is 25%, and the range is 12 to 40%.

Table 7. Tiered reimbursement rates at each QRIS level (%)

State	1	2	3	4	5	Average
Vermont	5	10	20	30	40	21
Indiana	0	10	20	30	N/A	15
Ohio	5	10	15	20	25	15
Mississippi	**0**	**7**	**17**	**22**	**25**	**14.2**
Massachusetts	0	15	15	15	15	12
Montana	0	5	10	15	20	10
Minnesota	0	0	15	20	N/A	8.8
Illinois	0	0	10	15	N/A	6.3
Georgia	3	5	10	N/A	N/A	6
Nevada	0	0	6	9	12	5.4
Wisconsin	0	-5	0	5	25	5
Average	1.2	5.2	12.5	18.1	23.1	--

Public Awareness

Mississippi is among the 26% of QRIS that did not have funding dedicated to public awareness. 68% of systems had such funding, and for 6% of QRIS, data on funding for public awareness were not available.

Results: Administrative Data

Star Ratings

Indicators required to attain each star level can be found in Appendix D. In this section we review administrative data on 393 programs in the Quality Stars system Ratings are based on a monitoring visit in which the facility and its records are reviewed. Currently 393 programs are included in the MS Quality Stars data set. At their most recent assessment, the majority of programs (61%) were rated as a 1-Star. Less than 20% of the programs were rated at the 3-, 4- or 5-Star levels (Table 8).

Table 8. Current Rating (N=393)

STAR LEVEL	PERCENT (N)
1-STAR	61% (238)
2-STAR	21% (81)
3-STAR	10% (41)
4-STAR	5% (21)
5-STAR	3% (12)

We also assessed how the programs have been rated over time finding several patterns: increasing over time, decreasing over time, fluctuating, consistent, and single rating. Almost a quarter of programs (24%) have improved their star-rating with successive assessments, while only 3% have decreased over time. A little over a fifth (21%) have fluctuated across time, moving both up and down in ratings. About a third (31%) have consistently maintained the same star-rating (see Table 9 for breakdowns), while 22% have had only one assessment. The non-italicized numbers show the categories under *Consistent* and *Single Rating*.

Table 9. Patterns over time (n=393)

GROUP	PERCENT (N)
INCREASING	*24% (94)*
DECREASING	*3% (10)*
FLUCTUATING	*21% (82)*
CONSISTENT	*31% (122)*
1-STAR	28% (110)
2-STAR	2% (7)
3-STAR	1% (4)
4-STAR	0
5-STAR	.3% (1)
SINGLE RATING	*22% (85)*
1-STAR	18% (71)
2-STAR	3% (10)
3-STAR	.8% (3)
4-STAR	.3% (1)

Region

Region 3-S, based on the Mississippi Department of Human Services Division of Field Operations service regions, has the most participating programs (14%). District 5-E in the South

has the fewest at 3%. The remaining 11 regions fall in between, ranging from 4% to 12% (see Table 10; for a list of counties included in each region refer to Appendix C). Region was not highly correlated with average ERS scores or most current star rating (correlation = .17 - .19).

Table 10. Percent of Quality Stars Participating Programs in Each Region (Mississippi Department of Human Services Division of Field Operations service regions)

MISSISSIPPI FIELD OPERATIONS REGION	PERCENT OF PARTICIPATING PROGRAMS
REGION 1-N	5%
REGION 1-S	12%
REGION 2-E	8%
REGION 2-W	12%
REGION 3-N	10%
REGION 3-S	14%
REGION 4-N	11%
REGION 4-S	5%
REGION 5-W	5%
REGION 5-E	3%
REGION 6	7%
REGION 7-E	4%
REGION 7-W	4%

Environment Rating Scales

The Environment Rating Scales (ERS), including the *Early Childhood Environment Rating Scale-Revised* (ECERS-R; Harms et. al, 1998) and the *Infant/Toddler Environment Rating Scale-Revised* (ITERS-R, Harms, Cryer, & Clifford, 2006), are designed to assess process quality in an early childhood group. Process quality consists of the various interactions that occur in a classroom between staff and children; staff, parents, and other adults; among the children themselves; and among children and the many materials and activities in the environment, as well as those features, such as space, schedule and materials that support these interactions. Process quality is assessed primarily through observation and has been found to be more predictive of child outcomes than structural indicators such as staff to child ratio, group size, cost of care, and even type of care, for example child care center or family child care home (Whitebook, Howes & Phillips, 1998).

The full scales include subscales in the areas of: (1) Space and Furnishing, (2) Personal Care Routines, (3) Listening and Talking, (4) Activities, (5) Interaction, (6) Program Structure, and (7) Parents and Staff. Subscale 7 is not used in the Quality Stars system.

For Quality Stars, two classrooms are assessed with the ERS scales based on the ages of children served and the number of classrooms. If a program serves infants and older children, an ECERS-R (Harms et. al, 1998) and ITERS-R (Harms et. al, 2006) are conducted. If a program serves only infants, two ITERS-R (Harms et. al, 2006) observations are conducted. Likewise, if a program serves only older children, two classrooms receive ECERS-R (Harms et. al, 1998) observations. For the most recent observation period, the average ERS score was 3.2 (SD = 0.9, ranging from 1.4 to 5.8).

We analyzed the first classroom to be observed of the most recent ECERS-R (Harms et. al, 1998) and ITERS-R (Harms et. al, 2006) observations to determine which subscales and items were the most difficult for programs to score highly on (Table 11 and 12). For the ECERS-R, the subscale of *Language-Reasoning* had the highest average score (M = 3.4, SD = 1.1) and *Personal Care Routines* had the lowest average score (M = 2.7, SD = .9). In *Space and Furnishings* the *Space for Gross Motor* item was the most difficult for programs and thus had the lowest score (M = 1.5, SD = 0.8). *Furnishings for Relaxation* (M = 3.7, SD = 1.8) and *Child-Related Display* (M = 3.7, SD = 1.4) had the highest scores. For the *Personal Care Routines* subscale the lowest scores were found for *Toileting/Diapering* (M = 1.8, SD = 1.4) and *Safety Practices* (M = 1.9, SD = 1.1). *Greeting/Departing* had the highest score (M = 5.4, SD = 1.5) for the subscale and across all ECERS-R items. For the *Language-Reasoning* subscale the *Using Language to Develop Reasoning Skills* item had the lowest average score (M = 2.6, SD = 1.0). *Books & Pictures* had the highest score for the subscale (M = 3.8, SD = 1.7). Within the *Activities* subscale *Supervision of Gross Motor Activities* had the lowest average score (M = 2.3, SD = 1.7) and *Promoting Acceptance of Diversity* had the highest (M = 4.3, SD = 1.4). Finally, for the *Program Structure* subscale, *Group Time* (M = 2.9, SD = 2.2) and *Schedule* (M = 2.9, SD = 1.4) had the lowest scores. *Provisions for Children with Disabilities* had the highest score (M = 3.4, SD = 1.9).

Table 11. ECERS-R Average Subscale and Item Scores (n=289)

Subscale and Items	Mean (Standard Deviation)
Space and Furnishings	*3.0 (0.9)*
Furnishings for Relaxation	3.7 (1.8)
Child-Related Display	3.7 (1.4)
Space for Privacy	3.7 (1.7)
Furniture for Care, Play, & Learning	3.5 (2.1)
Room Arrangement	2.9 (1.4)
Indoor Space	2.6 (0.9)
Gross Motor Equipment	2.4 (1.3)
Space for Gross Motor	1.5 (0.8)
Personal Care Routines	*2.7 (0.9)*
Greeting/Departing	5.4 (1.5)
Nap/Rest	2.6 (1.8)
Meals/Snacks	2.2 (1.1)
Health Practices	2.4 (1.3)
Safety Practices	1.9 (1.1)
Toileting/Diapering	1.8 (1.4)
Language-Reasoning	*3.4 (1.1)*
Books & Pictures	3.8 (1.7)
Encouraging Children to Communicate	3.6 (1.6)
Informal Use of Language	3.6 (0.9)
Using Language to Develop Reasoning Skills	2.6 (1.0)
Activities	*3.3 (1.3)*
Promoting Acceptance of Diversity	4.3 (1.4)
Discipline	3.9 (1.8)
Fine Motor	3.9 (1.8)
Use of TV, Video, and/or Computers	3.8 (1.2)
Music/Movement	3.8 (1.7)
Interactions among Children	3.7 (1.5)

General Supervision of Children	3.6 (1.6)
Art	3.4 (1.5)
Staff-Child Interactions	3.2 (1.4)
Nature/Science	3.2 (1.7)
Sand/Water	3.1 (1.7)
Math/Numbers	3.1 (1.6)
Dramatic Play	3.0 (1.1)
Blocks	2.6 (1.5)
Supervision of Gross Motor Activities	2.3 (1.7)
Program Structure	*3.3 (1.4)*
Provisions for Children with Disabilities	3.4 (1.9)
Free Play	3.1 (1.5)
Schedule	2.9 (1.4)
Group Time	2.9 (2.2)

For the ITERS-R (Harms et. al, 2006), the *Interaction* subscale had the highest average score (3.4 [SD = 1.3]) while *Personal Care Routines* had the lowest average score (2.3 [SD = 0.9]). Among the items, *Nap* (1.9 [SD = 1.9]), *Health Practices* (1.8 [SD = 1.0]), *Diapering /Toileting* (1.6 [SD = 1.3]), *Meals/Snacks* (1.6 [SD = .9]), and *Use of TV, Video, and/or Computer* (1.48 [SD = 1.1]), had the lowest scores, averaging below a 2. *Greeting/Departing* (4.4 [SD = 2.1]), *Provisions for Children with Disabilities* (4.3 [SD = 2.2]), and *Promoting Acceptance of Diversity* (4.2 [SD = 1.9]) had the highest average scores.

Table 12. ITERS-R Average Subscale and Item Scores (n=239)

Subscale and Items	Mean (Standard Deviation)
Space and Furnishings	*3.0 (1.0)*
Display for Children	3.8 (1.7)
Provision for Relaxation & Comfort	3.1 (1.7)
Furniture for Routine Care & Play	3.0 (2.0)
Room Arrangement	2.5 (1.1)
Indoor Space	2.4 (1.0)
Personal Care Routines	*2.3 (0.9)*
Greeting/Departing	4.4 (2.1)
Safety Practices	2.6 (1.6)
Nap	1.9 (1.9)
Health Practices	1.8 (1.0)
Diapering /Toileting	1.6 (1.3)
Meals/Snacks	1.6 (0.9)
Listening & Talking	*3.0 (1.4)*
Helping Children Use Language	3.7 (1.5)
Using Books	2.8 (2.3)
Helping Children Understand Language	2.6 (1.6)
Activities	*3.0 (1.3)*
Promoting Acceptance of Diversity	4.2 (1.9)
Active Physical Play	3.6 (1.9)
Fine Motor	3.5 (2.1)
Music & Movement	3.1 (1.8)
Dramatic Play	2.9 (1.7)

Nature/Science	2.9 (2.0)
Blocks	2.7 (1.9)
Sand & Water Play	2.5 (1.6)
Art	2.1 (1.1)
Use of TV, Video, and/or Computer	1.4 (1.1)
Interaction	*3.4 (1.3)*
Staff-Child Interaction	3.5 (1.9)
Supervision of Play & Learning	3.5 (1.7)
Peer Interaction	3.5 (1.5)
Discipline	3.2 (1.4)
Program Structure	*2.8 (1.3)*
Provisions for Children with Disabilities	4.3 (2.2)
Schedule	3.0 (1.5)
Group Play Activities	2.9 (1.9)
Free Play	2.6 (1.4)

We examined whether average ERS scores were correlated with the size of program enrollment or the percentage of subsidy slots in a program. Neither were found to be highly correlated (.01 to .09). Size of program and percentage of subsidized children were also not highly correlated with the current star rating (.03 to .06).

Quality Stars Indicators

The table below provides a breakdown of the numbers of programs that applied for each star level and the number that achieved and did not achieve those goals. At the 2-star level and above less than 25% of applicants achieved the star level for which they applied.

Table 13. Applicant Outcomes by Star Level (n=385)

Star Level Goal	% of Total Applicants
1	0.8% (3)
	67% (2) Achieved 1 Star
	33% (1) Not Rated
2	51% (196)
	70% (137) 1 Star
	11% (22) 2 Star
	1% (2) 3 Star
	1% (2) 4 Star
	0 5 Star
	17% (33) Not Rated
3	31% (119)
	39% (47) 1 Star
	28% (33) 2 Star
	20% (24) 3 Star
	0 4 Star
	1% (1) 5 Star
	12% (14) Not Rated
4	9% (36)

	19% (7) 1 Star 25% (9) 2 Star 22% (8) 3 Star 19% (7) 4 Star 6% (2) 5 Star 8% (3) Not Rated
5	8% (31) 13% (4) 1 Star 13% (4) 2 Star 10% (3) 3 Star 26% (8) 4 Star 23% (7) 5 Star 16% (5) Not Rated

We then examined the components of the Quality Stars system that were most difficult to achieve by looking at the programs that applied for a star-rating that they did not attain. This included programs that applied for a 2 and rated a 1; programs that applied for a 3 and attained a 1 or 2, programs that applied for a 4 and attainted a 1, 2, or 3; and programs that applied for a 5 and were rated a 1, 2, 3, or 4. In the table below, the bolded cells highlight the indicators that the fewest applicants attained by star-level to indicate which areas were the most challenging for applicants (Table 14). At each level the minimum ERS score was the most difficult to attain, attained by just 13% of those applying for a 2-star, 9% of those applying for a 3-star, 25% of those applying for a 4-star, and 8% of those applying for a 5-star. For those applying to become a 3-star the staff training was also hard to achieve with only 23% meeting that indicator. Meeting the indicator for the Mississippi Early Learning Guidelines Teacher Training was difficult for those applying for a 4-star level; only 25% in this group met the criteria. Aside from the ERS score indicator, at least a third or more of those who applied for a 5-star rating but subsequently did not attain it attained each of the other indicators. Only 33% attained each of the following indicators: Kindergarten Transition Plan, Staff Development, Mississippi Early Learning Guidelines, Child Assessment, and Parent and Teacher Conferences.

Table 14. Percent Achieving Each Quality Stars Indicator for Programs that Applied for a Certain Star-rating without Attaining that Level

Indicator	Percent that Attained Each Indicator			
	Applied for but did not attain 2-Star (n=68)	Applied for but did not attain 3-Star (n=44)	Applied for but did not attain 4-Star (n=16)	Applied for but did not attain 5-Star (n=12)
1-Star				
1. MDH License	100% (68)	100% (44)	100% (16)	100% (12)
2-Star				
2. Employee Handbook	94% (64)	98% (43)	100% (16)	100% (12)
3. Director Staff Development – 20 hours	59% (40)	91% (40)	100% (16)	92% (11)
4. Staff Development: Teachers 15 hours	43% (29)	75% (33)	100% (16)	100% (12)
5. Lesson Plans	53% (36)	77% (34)	94% (15)	92% (11)
6. Learning Centers	75% (51)	96% (42)	100% (16)	100% (14)
7. ERS Evaluation (2-star minimum score of 3.00 on ECERS-R)	**13% (9)**	59% (26)	88% (14)	8% (10)
8. Parent Information	97% (66)	100% (44)	100% (16)	100% (12)

Indicator				
9. Family Communication: Quarterly Newsletters	63% (43)	84% (37)	100% (16)	92% (11)
10. Facility Activities	57% (39)	82% (36)	100% (16)	93% (11)
11. Parent-Teacher Conferences: Annual	47% (31)	77% (34)	94% (15)	92% (11)
12. Director Self-Assessment	68% (46)	96% (42)	100% (16)	100% (12)
13. Director Professional Development Plan	63% (43)	93% (41)	100% (16)	100% (12)
14. Employee Evaluation	60% (41)	84% (37)	94% (15)	92% (11)
3-Star				
15. Child Care as a Business		59% (26)	88% (14)	83% (10)
16. Memorandum of Understanding		50% (22)	94% (15)	75% (9)
17. Director Education: Credential		75% (33)	100% (16)	100% (12)
18. Conduct and Document Monthly Staff Development Meetings[a]		---	---	---
19. Staff Training: 18 hours/10 hours		**23% (10)**	81% (13)	75% (9)
20. Child Development Associate Credential		66% (29)	94% (15)	92% (11)
21. Mississippi Early Learning Guidelines Director Seminar		59% (26)	94% (15)	75% (9)
22. ERS Evaluation (Min. score of 3.6 on ERS-R)		**9% (4)**	44% (7)	75% (9)
23. Family Communication: Weekly Notes		46% (20)	88% (14)	83% (10)
24. Parent Education		52% (23)	88% (14)	83% (10)
25. Lending Library		50% (22)	94% (15)	75% (9)
4-Star				
26. Implementation Plan			69% (11)	67% (8)
27. Director Education: AA Degree			75% (12)	92% (11)
28. Child Development Associate Credential: 15% Teachers, Fill 15% teaching positions			69% (11)	92% (11)
29. Staff Development: Teachers – 20 and 10 hours			56% (9)	67% (8)
30. Mississippi Early Learning Guidelines Teacher Training			**25% (4)**	50% (6)
31. ERS Evaluation (Min. score of 4.1 on ERS-R)			**25% (4)**	58% (7)
32. Volunteer Projects			56% (9)	75% (9)
33. Family Resource Center			63% (10)	67% (8)
34. Parent Survey			50% (8)	75% (9)
5-Star				
35. Developmental Checklists				67% (8)
36. Kindergarten Transition Plan				**33% (4)**
37. Child Care Director Mentorship				42% (5)
38. Director Education: BA Degree				42% (5)
39. Child Development Associate Credential: 25% Teachers, Fill 25% teaching positions				67% (8)
40. Staff Development – 25 hours				**33% (4)**
41. Mississippi Early Learning Guidelines				**33% (4)**
42. Child Assessment				**33% (4)**
43. ERS Evaluation (Min. score of 5.1 on ERS-R)				**8% (1)**
44. Parent and Teacher Conferences				**33% (4)**
45. Family Communication: Monthly Newsletters				42% (5)

[a]Data is missing

Table 15 below provides the correlations between the 45 indicators in the Quality Stars system and the current star rating. The indicators are shaded as above to demarcate the star-levels. A level 2 ERS scores were the most highly correlated with a correlation of .66. At the 3-star level the most strongly related to the rating with correlations above .7 were ERS scores, the Child Development Associate Credential, and Family Communication: Weekly Notes. At the 4-star level the most highly correlated are Staff Development: Teachers – 20 and 10 hours, Mississippi Early Learning Guidelines Teacher Training, and ERS scores. Finally, at the 5-star level the indicators with the highest correlations were Staff Development – 25 hours, Mississippi Early Learning Guidelines, and Developmental Checklists with correlations over .6.

Table 15. Correlations between Current Star Ratings and the 45 Indicators in the Quality Stars System

Indicator	Correlation with Current Rating	Indicator	Correlation with Current Rating
1. MDH License	---	**24. Parent Education**	**.63****
2. Employee Handbook	.11	**25. Lending Library**	**.62****
3. Director Staff Development – 20 hours	.36**	**26. Implementation Plan**	**.70****
4. Staff Development: Teachers 15 hours	.46**	27. Director Education: AA Degree	.48**
5. Lesson Plans	.41**	28. Child Development Associate Credential: 15% Teachers, Fill 15% teaching positions	.57**
6. Learning Centers	.26**	**29. Staff Development: Teachers – 20 and 10 hours**	**.72****
7. ERS Evaluation (2-star minimum score of 3.00 on ECERS)	**.66****	**30. Mississippi Early Learning Guidelines Teacher Training**	**.72****
8. Parent Information	.09	**31. ERS Evaluation (Min. score of 4.1 on ERS-R)**	**.72****
9. Family Communication: Quarterly Newsletters	.34**	**32. Volunteer Projects**	**.66****
10. Facility Activities	.37**	**33. Family Resource Center**	**.69****
11. Parent-Teacher Conferences: Annual	.46**	**34. Parent Survey**	**.67****
12. Director Self-Assessment	.30**	**35. Developmental Checklists**	**.62****
13. Director Professional Development Plan	.33**	36. Kindergarten Transition Plan	.55**
14. Employee Evaluation	.38**	**37. Child Care Director Mentorship**	**.61****
15. Child Care as a Business	.57**	38. Director Education: BA Degree	.43**
16. Memorandum of Understanding	**.66****	39. Child Development Associate Credential: 25% Teachers, Fill 25% teaching positions	.51**
17. Director Education: Credential	.52**	**40. Staff Development – 25 hours**	**.67****
18. Conduct and Document Monthly Staff Development Meetings[a]	---	**41. Mississippi Early Learning Guidelines**	**.65****
19. Staff Training: 18 hours/10 hours	.51**	**42. Child Assessment**	**.61****
20. Child Development Associate Credential	**.73****	43. ERS Evaluation (Min. score of 5.1 on ERS-R)	.50**
21. Mississippi Early Learning Guidelines Director Seminar	.59**	44. Parent and Teacher Conferences	.50**
22. ERS Evaluation (Min. score of 3.6 on ERS-R)	**.79****	45. Family Communication: Monthly Newsletters	.55**
23. Family Communication: Weekly Notes	**.73****		

** Significant at the p< 0.00 level

Note: Bold indicates correlations of 0.60 or higher

Results: Parent and Provider Focus Groups & Provider Surveys

Parent Focus Groups. Parents in the focus groups were asked several questions pertaining to their knowledge and understanding about quality of early childhood care and education settings generally and about Quality Stars more specifically. Parents were asked a series of questions pertaining to aspects of quality, including what they considered when choosing child care, what they liked best about their current arrangements, and what they viewed as required staff qualifications for providers. Many aspects of quality were discussed by parents. The quality of staff was the most commonly mentioned aspect of care. Parents expressed the desire for staff who are properly trained (e.g., behavior management, CPR), have experience, and have passed criminal background checks. They also highlighted the importance of staff being able to form a nurturing bond with children, being attentive, and having a passion for children. There was disagreement about whether a bachelor's degree should be required for teachers; generally parents felt that infant care did not require a degree. Parents discussed family engagement in terms of the importance of two-way communication and open-door policies. Curriculum, school readiness, opportunities for socialization, and classroom materials were also highlighted as important. Parents mentioned ratios and group sizes, as expressed by one parent who said:

> "Something important to me would be like the ratio, like I feel that my child isn't is not too many kids in there, so my child is being watched, is not too much for the teacher and I don't have to worry about that."

Health (e.g., cleanliness), safety (e.g., requiring identification at pick up), and adequate space were also mentioned. Only one parent mentioned cost, and it was in terms of cost not being as important as quality.

When asked if they were aware of the Quality Stars rating of their children's program, more than half of those who answered replied, "no." A common sentiment was expressed by one participant as, "I guess I never really asked because I see what they do and I'm comfortable with them."

The majority of parent focus group participants had heard of Quality Stars. When asked to share their perceptions about what it is, most parents talked about it in terms of programs having a curriculum and having sufficient materials for all the children. Parents also mentioned that the system helps ensure children's health, safety, and nutrition. Parents generally had positive perceptions about a system like Quality Stars as a support for quality improvement. As one parent explained:

> "I think it's good because they come in and can kind of help train the staff, show them if they're doing stuff right, show them curriculum to do."

When asked about ways to improve the Mississippi Quality Stars program, parents in both groups suggested that it be made mandatory. The second most common suggestion was to have surprise monitoring visits, rather than announced visits. Parents suggested that Quality Stars should be aligned with school readiness indicators so that children will be prepared for kindergarten. Finally, parents in one focus group thought that the trainings offered through Quality Stars should be made available to parents so that they would understand the importance of quality. As one parent explained:

"I do agree like if the classes are opened to the parents it would be a good idea because I would understand okay why this center is doing what they are doing for my child and understand why they are doing this, I don't really have to question anything and it just helps parents understand that child more, and not just hearing it from the person that is watching your child, you hear it from somebody who is a professional in that field."

Participating Provider Focus Groups and Survey. Providers who were participating in Quality Stars were asked several questions that gathered information about what they perceived as the strengths of the program as well as areas for improvement. Questions were asked about why they chose to participate in the program, what they see as positive aspects, what resources were helpful to them, what challenges they faced, what suggestions they had for improvements, and what aspects of quality were not captured by the current system.

The most common reason given for why providers chose to participate in Quality Stars was the financial incentives offered, which included in the increased subsidy rate and the provision of materials. As one provider said:

"I got involved because it was the only money that was circulating and I would not be in it now had it not been for Allies that bought all that stuff and they bought close to $100,000 worth of stuff for my center, made me a center."
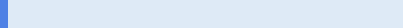
The second most common reason for participation expressed was for program improvement. Providers wanted the increased opportunities for technical assistance (TA) and formal education offered by Quality Stars and to learn about best practices so that they could increase the quality of care offered to their families. Relatedly, they were interested in improving the school readiness of the children served by their programs. As summed up by one provider:

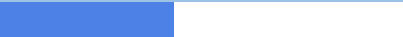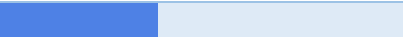"I enrolled in the program because I wanted an opportunity to increase the quality of care that I was offering for my children and for my families. I wanted to be able to be knowledgeable about the best practices. I wanted the information for my teachers, I wanted to grow them professionally."

A theme that was expressed less often was that providers saw Quality Stars as a marketing tool "set ourselves apart from other centers"). A few providers said that they thought they were required to participate, either because of messages from a supervisor or in order to receive subsidies.

Respondents to the statewide survey expressed similar reasons for participating in Quality Stars. Table 16 below summarizes the reasons selected for participating.

Table 16. Why did you choose to participate in Quality Stars? [Please check all that apply]

Answer		N	%
We thought it would help us raise the quality of our program		44	85%
We wanted to be able to access the technical assistance and support (e.g., MS Child Care Resource and Referral Network (MSCCR&R; Allies for Quality Care)		30	58%
We wanted to receive higher reimbursement rates for children with subsidy (MS Child Care Payment Program)		27	52%
We wanted to receive classroom materials		26	50%
We wanted to attract staff with more education and training		25	48%
We thought families would be more likely to enroll if we participate		23	44%
We wanted to receive a quality bonus		21	40%
Other (please describe)		9	17%
Prefer not to respond		1	2%

Participating providers in the focus groups identified several benefits of participating in Quality Stars. The most commonly reported benefits were increased funding through subsidies and the provision of materials for their programs. Many providers went beyond provision of materials and viewed Quality Stars as being positively associated with improved quality in their programs. As expressed by one provider:

> "…they brought material in and not only did they bring it in, they taught the teachers how to use it, how to interact with the children and it was an all-around experience."

Other providers noted that teachers had better interactions with children, spoke more with children, and allowed more child choice because of what they had learned through Quality Stars. Some providers noted better center climate and less staff turnover. Providers credited the technical assistance they were provided with helping them improve quality. Some providers also noted increased parent trust and communication as a positive aspect of the program, with some explaining that parents noticed a difference in quality as expressed by one director:

> "I had a parent that came to the center for a conference. She has a child with us and she has another child that is 11 and she used to go to the center and she was just really amazed at the difference in the center and how we had improved."

Similar to the focus group participants, the survey respondents reported benefits to Quality Stars participation that included improved quality. Table 17 below summarizes these benefits.

Table 17. What are some of the benefits of participating in Quality Stars? [Please check all that apply]

Answer		N	%
It helps us raise the quality of our program		39	75%
Accessing technical assistance and support		32	62%
Receiving a higher reimbursement rate for children with subsidy (MS Child Care Payment Program)		31	60%
Receiving classroom materials		27	52%
Attracting staff with more education and training		19	37%
Receiving a quality bonus		16	31%
Families are more likely to enroll		16	31%
Other (please describe)		5	10%
Prefer not to respond		2	4%

Participating providers in focus groups noted challenges with the program and areas for improvement. The biggest challenge was financial: maintaining the levels of quality required by the program is costly and in many cases beyond program budgets. More specific concerns expressed about costs included the following:

- Parents cannot afford high quality.
- There are no financial incentives for programs not serving "district" children.
- The benefits of the program are not worth the costs.
- Mississippi's low income level makes it difficult to maintain a program like Quality Stars.
- Programs cannot afford the ratios required by the program.
- Programs cannot afford to pay the wages of highly trained staff.

A second theme concerned implementation of the rating process itself. Many providers and survey respondents expressed concerns about the training and experience of the raters, the lack of consistency in the raters, and subjectivity of the process. Providers and survey respondents also expressed the perception that the system is designed to identify what programs are doing wrong, and not pointing out strengths upon which programs might work to improve. In many cases, providers reported that getting their ratings leads to low staff morale. In addition, the day the raters assess programs was reported as being extremely stressful for staff, with strong feelings of pressure and intimidation. One provider reported:

> "I was a three star and the next time my evaluation came up, I was knocked down to a two star and my lead teacher the day of the evaluation when the evaluator left, my lead teacher walked out. Didn't give me two weeks' notice, three weeks' notice, she said 'Miss X, I'm finished. I'm going somewhere else.' When you lose your star person on a preschool staff, you have really lost something."

Suggestions for improvement to the implementation of the rating process included having the TA providers be the raters, allowing two ratings rather than only one, and providing TA to the classroom that will then be rated. One survey respondent suggested that MS should adopt a point system whereby ratings could be improved by making advancements in individual components.

There were also concerns expressed about the standards. Some thought the handwashing requirements were unrealistic. In smaller counties, the mentorship standard was viewed as a threat to their business; providing help to their competitors may undermine their own success if the program they mentored ended up with a higher rating. Others thought that "nitpicky" items brought scores down, such as not having saved one email out of 12 that served as evidence of a monthly newsletter going to parents. Providers were concerned that a program could easily fluctuate in star rating from a 4 to a 1 because of how the standards are scored as a block. Providers did not view Quality Stars as aligning well with indicators that would be associated with children's school readiness. Providers expressed the notion that the standards for the ERS scores are too high and are too influential in overall ratings. With the current system, all indicators carry the same weight, and providers questioned whether this was appropriate. They felt that indicators of teacher warmth were missing from the system. Finally, many providers expressed concern about the lack of alignment in standards across Quality Stars, licensure, and other systems (e.g., Head Start Performance Standards, Pre-K standards, Health Department). This caused confusion and frustration. Providers suggested that work should be done to align standards across systems.

Technical assistance was raised as a concern across the focus groups and surveys. Participants felt that there were not enough TA options offered, or they were not accessible to them because of long distances. Others felt that the quality of the TA was not adequate, that their staff needed more challenging material. Others expressed that even though they had requested TA, they had yet to receive it. The mostly commonly voiced suggestion for improvement to the system concerned TA. Providers want more options for TA/professional development, classes that better suit their needs. They also expressed the notion of working with the same TA provider over time so that a relationship could form, rather than having someone different come in every time. Other suggestions included the implementation of master centers where staff could be trained and spend time shadowing qualified, highly rated providers.

Finally, issues about communication and collaboration were raised. Providers and survey respondents expressed that they do not have a voice in decision making. They reported that the guidance given to them about the program was confusing (e.g., not knowing that they could "maintain" their rating across years; using the Environment Rating Scales books is cumbersome). They felt that they were not kept abreast of changes to the system or changes in expectations. There were suggestions for a clear policy manual for the program, and clear guidelines about the standards. One provider suggested having visuals of what an ideal block center would look like, for example.

While survey respondents voiced similar challenges to participating in Quality Stars, including lack of consistency in the raters and concerns about the training and experience of the raters, difficulties related to training was the most common. Other challenges mentioned pertained to high staff turnover, motivating staff toward professional development, perceived experiences of racial bias and uncertainty about if and how the Quality Stars system related to quality. Table 18 below summarizes these challenges.

Table 18. What are some of the challenges of participating in Quality Stars? [Please check all that apply]

Answer		N	%
Difficulty obtaining training required to advance (i.e. not enough classes offered in each locale)		30	58%
Standards are not implemented uniformly across agencies, evaluators, and/or county		25	48%
It is too expensive to participate in		22	42%
The guidelines are hard to understand		13	25%
Other (please describe)		12	23%
Poor communication		10	19%
Difficulty receiving subsidies		9	17%
I don't think it is necessary		6	12%
Prefer not to respond		5	10%

Non-participating Provider Focus Groups. Non-participating providers in the focus groups were asked several questions pertaining to their opinions about quality of early childhood care and education settings generally and about Quality Stars more specifically, particularly about the reasons they were not participating in the program. The most commonly expressed aspect of quality was "school readiness," although providers did not specify what that would look like in terms of quality. Others expressed a need for a well-balanced curriculum, including opportunities for hands-on learning, learning through play, outdoor learning, science, and computer technology. Other aspects mentioned included nutrition, health, and safety; teacher qualifications; supports for children's communication and language; and family engagement, including respect for children and families and parent education. The issue of high quality early education serving as a mechanism for combating poverty as a matter of equity arose in one focus group.

Non-participating providers viewed Quality Stars as a way to get free classroom materials. They generally defined it in terms of environmental quality only, and thought that it was missing other components that are important.

A big barrier expressed by the non-participating providers who attended the focus groups was a lack of trust. Providers felt that they were misled when they were told that they would be rated a 1 star just for enrolling. They viewed Quality Stars more as non-competitively awarded funding for academic institutions that support programs, and not as funding for the programs directly to raise quality or to support the children and families. As expressed by one participant:

> "All of our funding from this state is going to organizations who administer. It is not getting to our children who need it. Our state wastes so much money."

Providers felt that there was duplication in effort across TA providers, that "so many programs are doing the same thing." They also expressed the perception that community provider slots will be supplanted by public school slots. There was suspicion expressed about the Quality Stars participation rates listed on the website. Providers expressed a lack of collaboration by the state, and a lack of transparency in terms of outcome data about the program. Providers had questions about how much money has been spent relative to the numbers of programs rated at 3, 4, and 5

stars and the numbers of children served by these programs, particularly children of color and children from low-income families. Deep-seated issues about racial biases emerged during the focus groups.

Another barrier to their participation in the program was costs, particularly the need to pay quality teachers. Programs noted that teachers will stay until they get their training and their degrees, and then they will leave for higher paying jobs, so that turnover becomes an issue. Reimbursement rates were viewed as too low to sustain high quality. In addition, if star ratings fluctuate, reimbursement rates fluctuate, and providers reported difficulty planning budgets with such erratic funding. The lack of funding to support quality in the state as a whole was viewed as a barrier.

Similar to the participating providers, the non-participating providers viewed the system as punitive and not building on strengths. The "improvement" element of the QRIS was not viewed as being highlighted in how the process is implemented. Providers had complaints about the Environment Rating Scales in terms of the focus on handwashing, lack of cultural competence, and a perceived lack of association with school readiness. Also similar to participating providers, non-participating providers and survey respondents reported concerns with the training and qualifications of the raters.

Finally, non-participating providers expressed a similar notion about the need for greater training and technical assistance opportunities. They discussed barriers about accessibility, costs (e.g., needing to pay teachers to attend trainings on Saturday), and appropriate content (e.g., business courses that cover material that is already known). Providers highlighted the need for specific training to staff that prepared them for the evaluation that is part of the rating process. Suggestions for improvement included a greater focus on school readiness and upfront grants to programs to help them improve quality before being evaluated. Others felt the need for a wholesale change, a need to "go back to the drawing board and find some new people that can put it together."

Survey respondents indicated that "other" reasons were most common barriers to their participation. These reasons included wanting more information, disagreeing with program philosophies, and questioning the integrity of the implementation process. Table 19 below lists respondents' reasons for not participating in Quality Stars.

Table 19. What prevents you from participating in Quality Stars? [Please check all that apply]

Answer		N	%
Other (please describe)		21	41%
It is too expensive to participate in		14	27%
I'm not interested		14	27%
I don't think it is necessary		12	24%
Prefer not to respond		8	16%
The guidelines are hard to understand		7	14%
We're at a public school and don't really fit the criteria		1	2%

When asked what would be helpful to non-participating providers as they consider enrolling in the program, most of the respondents indicated that grant funding for improvements would be useful. Table 20 below lists other resources survey respondents identified.

Table 20. What additional resources would be helpful as you consider enrolling in Quality Stars? [Please check all that apply]

Answer		N	%
Provide grant funding to afford to make improvements		39	91%
More technical assistance		15	43%
More outreach (e.g., share information about the program with providers and parents)		10	23%

Results: Pre-K Provider Survey

Pre-K providers were asked to rate their level of agreement with the statement that Mississippi Department of Education should provide TA for the Early Learning Standards and the MS Early Childhood Guidelines. Most providers agreed or strongly agreed with this statement (see Figure 2 below).

Figure 2. **Level of agreement that the Mississippi Department of Education should provide technical assistance for the Early Learning Standards and the MS Early Childhood Guidelines.**
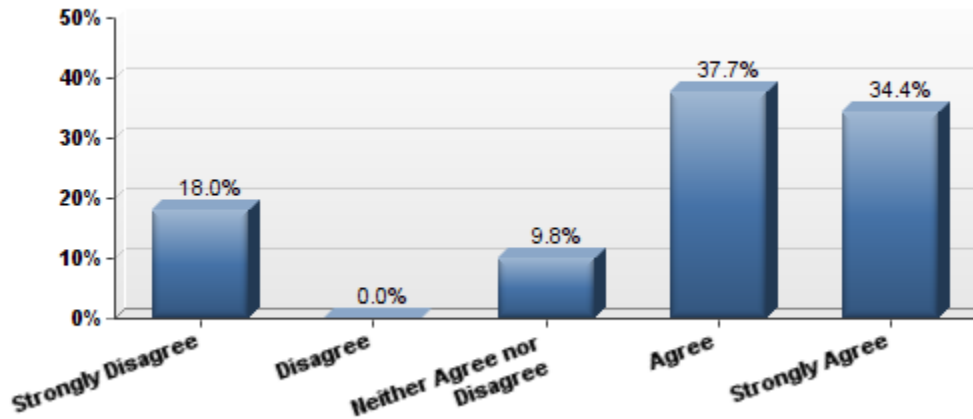
The Pre-K providers were asked to rate the importance of various aspects of early care and education settings. As shown in Table 21 below, all of the aspects were rated as very important or higher, on average. The highest rated aspect was teacher-child interactions, followed by professional development.

Table 21. In your opinion, what are the MOST important aspects of a high-quality early care and education program?

1=Not Important, 2=Very Unimportant, 3=Neither Important nor Unimportant, 4=Very Important, 5=Extremely Important

Question	N	Mean (SD)
Teacher-Child Interactions (e.g., teacher sensitivity and responsiveness, variety of instruction methods)	68	4.6 (.6)
Professional development For administrators, lead teachers, and assistant teachers	69	4.6 (.6)
Formative Child Assessment & Individualization (e.g., assessing children's development and learning, using assessment data to plan environment and lessons, individualizing instruction)	68	4.5 (.6)
Curriculum Implementation (e.g., using an approved curriculum aligned with Foundations, MS's Early Learning and Development Standards)	69	4.5 (.7)
Family Engagement/Parent Involvement (e.g., family events, communication with families, parent-teacher conferences, families part of program decision-making).	69	4.5 (.6)
Inclusion of Children with Special Needs (e.g., adapting activities and materials to meet children's special needs, actively including all children in activities together, working with families and other professionals to meet children's special needs)	69	4.4 (.7)
Culturally-Competent Care (e.g., staff learning about cultures of families in the program, incorporating family culture in curriculum and classroom materials, respecting family preferences as much as possible)	69	4.1 (.6)

While Pre-K providers rated these elements as highly important, they did not agree as strongly that early education programs should be held to minimum standards related to these quality elements, as shown in Table 22 below. Pre-K providers provided the strongest endorsement for minimum quality standards in Curriculum Implementation. (e.g., using an approved curriculum aligned with Foundations, MS's Early Learning and Development Standards).

Table 22. Please indicate the degree to which you agree with each of the statements below:

1=Strongly Disagree, 2=Disagree, 3=Neither Agree nor Disagree, 4=Agree, 5=Strongly Agree

Question	N	Mean (SD)
All early education programs should be held to minimum quality standards in Curriculum Implementation. (e.g., using an approved curriculum aligned with Foundations, MS's Early Learning and Development Standards)	69	3.9 (1.3)
All early education programs should be held to minimum quality standards in Teacher-Child Interactions.(e.g., teacher sensitivity and responsiveness, variety of instruction methods)	69	3.8 (1.3)
All early education programs should be held to minimum quality standards in Inclusion of Children with Special Needs. (e.g., adapting activities and materials to meet children's special needs, actively including all children in activities together, working with families and other professionals to meet children's special needs)	69	3.8 (1.4)
All early education programs should be held to minimum quality standards in Formative Child Assessment & Individualization (e.g., assessing children's development and learning, using assessment data to plan environment and lessons, individualizing instruction)	69	3.8 (1.4)
All early education programs should be held to minimum quality standards in Family Engagement/Parent Involvement. (e.g., family events, communication with families, parent-teacher conferences, families part of program decision-making).	69	3.7 (1.3)
All early education programs should be held to minimum quality standards in Culturally-Competent Care. (e.g., staff learning about cultures of families in the program, incorporating family culture in curriculum and classroom materials, respecting family preferences as much as possible).	68	3.6 (1.4)

Survey questions gathered Pre-K providers' opinions about the alignment and structure of professional development opportunities. As shown in Table 23 below, they agreed with alignment and with providing CEUs and college credits.

Table 23. Please indicate the degree to which you agree with each of the statements below

1=Strongly Disagree, 2=Disagree, 3=Neither Agree nor Disagree, 4=Agree, 5=Strongly Agree

Question	N	Mean (SD)
Approved in-service professional development/training activities should be aligned with Foundations, MS's Early Learning and Development Standards	64	4.4 (.6)
Approved in-service professional development/training activities should be tailored to each staff members role (e.g. training specific to age group; training relevant to leadership and management for administrators)	65	4.4 (.6)
Approved in-service professional development/training activities should be aligned with core knowledge and skills (currently defined by B-K licensure standards and Community College ECE program standards)	65	4.4 (.7)
Approved in-service professional development/training activities should be CEU-bearing (meet standards for Continuing Education Units, vs. simply hours of training)	65	4.3 (.6)
Approved in-service professional development/training activities should be aligned with staff member's professional development plan.	65	4.3 (.6)
Approved in-service professional development/training activities should be College credit-bearing (e.g. earn credits towards a degree)	64	4.0 (.8)

Pre-K providers agreed that teachers should be required to obtain professional development on the variety of topics listed in Table 24 below. In regards to professional development on classroom management and positive behavior supports, one respondent suggested the provision of a video library could serve multiple purposes for training (e.g. modeling) without interrupting the learning environment. Another respondent proposed the idea of programs having certified staff that specialize in various areas such as reading readiness.

Table 24. Please indicate the degree to which you believe lead teachers should be required to obtain professional development/training in each of content areas listed below:

1=Strongly Disagree, 2=Disagree, 3=Neither Agree nor Disagree, 4=Agree, 5=Strongly Agree

Question	N	Mean (SD)
Classroom management and positive behavior supports	67	4.6 (.6)
MS's Early Learning Standards and Guidelines	66	4.5 (.6)
Inclusion of Children with Special Needs	67	4.4 (.5)
Using a quality classroom measure to improve/teacher-child interactions	66	4.4 (.7)
Health & Safety Practices	67	4.4 (.6)
Selecting and implementing a curriculum	65	4.4 (.5)
Selecting and administering child assessment	66	4.3 (.6)

Finally, Pre-K providers were asked to share their opinions about the rating process and particular standards that might be included in a rating system. They agreed with the idea that programs should be allowed to make improvements and be re-assessed after an initial rating. While they generally agreed that all staff (administrators, leads, assistants) should have a PD plan, they more strongly agreed that administrators and lead teachers should have such plans (see Table 25 below).

Table 25. Please indicate the degree to which you agree with each of the statements

1=Strongly Disagree, 2=Disagree, 3=Neither Agree nor Disagree, 4=Agree, 5=Strongly Agree

Question	N	Mean (SD)
After an assessment and before a final rating was assigned, programs should be allowed to make improvements and be re-assessed in selected areas.	67	4.3 (.9)
Administrators and lead teachers should be required to have a professional development plan (e.g., areas of strength, areas needing strengthening, professional development desired)	66	4.3 (.7)
Programs should be required to conduct and submit self-assessments that examine the quality of their programs across quality standard areas.	67	4.1 (.8)
Higher quality programs should agree to serve as mentors to lower quality programs.	67	4.1 (.8)
Programs should receive unannounced assessment visits to ensure that programs are not just achieving "quality for the day" by preparing for visits.	67	4.0 (.8)
Assistant teachers should be required to have a professional development plan.	67	4.0 (.9)

FPG's evaluation of the Mississippi Quality Star program relied on multiple informants and data sources. Across these multiple data sources, we have gathered themes that can be organized into areas related to Standards, Training/TA, Implementation, Communication, and Funding. The following section provides recommendations in each of these areas that Mississippi may consider as it contemplates revisions to the Quality Stars system.

Design: Ideas for Consideration

- As Mississippi redesigns its system, consideration should be given to developing clarity and cross-sector consensus about the goals of the QRIS and the activities and supports needed to reach the goals, perhaps through the development of a conceptual model.

- Given focus group and administrative data that show the difficulty programs have attaining high ratings and improving their ratings, as well as analyses that compare the implication of block, points, and hybrid systems (Tout et al., 2014), Mississippi should examine other rating structures to determine whether the block model is best for the state.

- To encourage engagement of Head Start and Pre-K providers in the QRIS, 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. Consider an integrated professional development system.

- Accreditation is included in more than half of QRISs nationally. Depending on the rates of accreditation in Mississippi, it may represent an efficiency to rely on accreditation status in satisfying some requirements at levels of the system. This would also address concerns of focus group participants about alignment between different systems.

- Mississippi should conduct a cross-walk of standards between the QRIS, licensure/Health Department, Head Start, Pre-K, and any other systems that pertain to programs in Mississippi (e.g., NAEYC) to determine what improvements might be made in alignment.

Standards: Ideas for Consideration

- Mississippi's QRIS system requires the director to provide peer mentorship at the 5-star level. This is not common in other systems and was expressed as a barrier in focus groups. Mississippi may want to consider the feasibility of requiring peer mentorship, particularly in more rural settings with fewer programs.

- Mississippi might examine whether indicators currently in the Evaluation standard might be folded into other areas to align more closely with other state systems.

- Some of the systems, like North Carolina and Vermont, award bonus quality points for additional staff education or training. This would be an option if Mississippi were to adopt a point or hybrid system, which has the benefits discussed above. Implementing a career lattice provides a way to organize education and training hours to lead to progress

in the QRIS system. Mississippi also might consider requiring some of the other common training topics, including Introduction to ERS and Health and Safety.

- At the 4-star level Mississippi's QRIS requires programs to implement a family/parent volunteer program and document proof of participation. Based on current compendium data, MS is the only state with such a requirement. Many systems have standards requiring programs to provide parents with opportunities to volunteer and/or participate in the program. However, requiring parent participation as a quality standard in a block system may prove to be challenging for many providers and its feasibility is contingent upon the actions of their current cohort of parents.

- Despite its widespread inclusion in most systems, there is still little research in the early childhood education field regarding how to accurately measure the family engagement dimension of quality. Researchers suggest that rating systems should use a variety of strategies to document the extent to which providers meet quality standards related to parental involvement, including moving beyond reliance on self-reports from providers concerning interactions with families. Consider examining the newly developed *Family and Provider/Teacher Relationship Quality* (FPTRQ) measures to assess the quality of the relationship between families and providers/teachers of early care and education for children birth to 5 years of age (Kim et. al, 2014). The FPTRQ user's manual, scoring sheet and instruments including a Director measure, Provider/Teacher and Parent measure (available in both long and short form), as well as a measure for Family Services Staff can be found here: http://www.acf.hhs.gov/programs/opre/research/project/development-of-a-measure-of-family-and-provider-teacher-relationship-quality-fptrq

- Curriculum is included in more than 75% of state systems. Research generally supports the notion that classroom quality is higher when teachers use a curriculum than when teachers do not, and that more academically focused, content-specific curricula may enhance children's school readiness (Duncan et al., 2015). Focus group and survey participants highlighted curriculum as an important aspect of quality. Mississippi might consider adding curriculum to its standards.

Measures: Ideas for Consideration

- Because Mississippi is in the process of considering revisions to its QRIS, serious thought should be given to whether the new ECERS-3 should be included as a measure of quality.

- Given that 40% of states currently use the CLASS (Pianta, LaParo & Hamre, 2008) as a measure of quality, and the findings of focus groups and surveys in which respondents wanted the QRIS to relate closely to children's school readiness, consideration should be given to adding the CLASS to Quality Stars.

Implementation: Ideas for Consideration

- Mississippi might consider extending the reassessment period to every 2 or 3 years to allow resources to go toward other aspects of the system (e.g., quality improvement, professional development).

- Relatedly, Mississippi might consider differential monitoring, e.g., rating higher star programs less frequently than lower quality programs, to allow resources to go to quality improvement efforts.

- As heard during the focus groups, it is very disheartening for programs to lose stars at subsequent monitoring visits. Technical assistance services might be particularly targeted to the programs that are fluctuating to help them to increase their ratings or at least remain at a consistent rating.

- The current focus of Quality Stars seems to be on the "R" in QRIS; 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.

- It was beyond the scope of this evaluation to examine contracts of the TA providers; however, contracts that specify numbers of programs that must improve over time, rather than solely numbers of programs served, may encourage greater improvement in quality. If quality improvement supports are not effective, they should not be supported, and TA providers should be held accountable to their work.

Training and Technical Assistance: Ideas for Consideration

- Target technical assistance efforts toward the areas identified by the administrative data analyses with the lowest ERS scores.

- The administrative data analyses highlighted that the Environment Ratings Scale scores were the most challenging indicator for programs to meet. This emphasizes the need for TA to support improvements in these scores.

- Mississippi might consider whether training items currently in the Learning Environment component might be included in the Professional Development component for consistency and to avoid duplication; currently it is unclear whether training related to Early Learning Guidelines and child assessment might be considered under both standards.

- The administrative data analyses suggested that indicators related to training levels were hard to attain. This echoes what was learned from the focus groups – that training was hard to access because of timing or location. This feedback could be used to better schedule training opportunities.

- The focus groups also suggested that the types of TA available were limited. Consider expanding training and TA to meet the needs of providers. The business courses offered currently were specifically mentioned as not meeting providers' needs.

Communication: Ideas for Consideration

- Improve communications and transparency with child care providers about the system. Although ample guidelines and documentation may exist providers reported not understanding the complex system and the lack of consistency.

- Many providers expressed concerns about the training and experience of the raters, the lack of consistency in the raters, and subjectivity of the process. Information about the qualifications of raters and a clearly defined grievance process should be more easily locatable on websites.

- Better communicate the research base undergirding Quality Stars so that providers understand the importance of the standards included in the system. This might be facilitated by a conceptual model as recommended above.

- Include all Quality Stars policies and procedures (e.g., conceptual model, rating processes, how subcontractors are selected) on the website for transparency. The evaluation team was unable to find key information about Quality Stars easily (e.g., goals, qualifications of raters).

Funding: Ideas for Consideration

- Mississippi's reimbursement rates are within ranges of what other states offer. Mississippi should attempt to maintain these levels to encourage quality improvement.

- Assess how additional funding may be better targeted for quality improvement efforts as providers frequently reported not having a large enough budget to make the changes needed to improve their star-rating.

- Given the paucity of funding opportunities in Mississippi, assess and inform programs on creative, low-cost ways to improve quality, rather than focusing heavily on the provision of furniture/materials.

- Have a clear understanding of how much is spent on R (rating) and how much is spent on I (improvement). Determine a balance that Mississippi stakeholders and policymakers find acceptable.

- Consider having a Financing Task Force as part of the revisions process to work on getting more money into the system for programs.

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Appendices

    A. Focus Group Guide and Demographic Questionnaires
    B. Surveys
    C. Counties by Region: Mississippi Field Operations Regional Map
    D. Quality Stars Indicators

MS QRIS Validation Study
Center-Based Child Care
Parent Focus Group Guide

Introduction

Thank you very much for agreeing to participate in this discussion today. I'm _____ and this is _____ from Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, also known as FPG. I will be facilitating this discussion and _____ will be an assistant moderator and will also be taking notes.

FPG has been funded by Mississippi's Division of Early Childhood Care and Development (DECCD) to evaluate the policies, processes, and implementation of the Mississippi's quality rating and improvement system, Quality Stars. We're having this discussion today to gather feedback about how to improve Quality Stars.

Input from parents is an extremely valuable part of this project. The information you share today will inform DECCD about the value parents see in Quality Stars, so please feel free to be as open and honest as possible.

We are taking notes and recording the session so that we can accurately report your thoughts and opinions, but your responses will not be linked with your name in any way -- everything will be kept confidential. No one will know who said what in this meeting. We will use the recording to fill in our written notes and to create unidentified quotations, but then the recording will be destroyed. If at any time you would like to say something that you do not want to be recorded, just say so and we will turn off the recorder. We also ask that you not talk about the information shared by others during this meeting with anyone else outside this group.

Before we begin, let me lay out some basic ground rules for our discussion. As the facilitator I will be asking questions, but I want the interaction to flow among you, so feel free to talk to each other when discussing the questions. If you want to respond to something someone said, or if you want to agree or disagree, you can do that, but please be respectful because we want everyone to have a chance to share their ideas. It is important that only one person talk at a time so that we can hear everyone and accurately record your opinions. There may be times when I need to interrupt the conversation -- either to ask you to clarify something you may have said or to move the discussion on to another topic.

Again, thanks very much for taking the time to talk with us today.

Do you have any questions for us before we begin? Do we have your permission to record our discussion? (IF SO, START THE TAPE RECORDER)

As a recap, we just read through the information sheet for this focus group. Do we have your permission to conduct this focus group?

Let's start with introductions. You can just share your first name.

Ok, let's start with some questions about quality child care and factors you considered when selecting child care.

1. In your opinion, what are the MOST important aspects of a high-quality child care program? Why?
2. What was most important to you when you selected a child care program for your child(ren)?
3. What are the minimum things programs must have or do, such as have a teacher with a Bachelor's degree, have a lesson plan, etc.? What are the things you want when looking for child care programs?
4. What do you like best about your child's program?

Knowledge of Quality Stars

5. Are you aware of the Quality Stars rating for your child(ren)'s child care program?
   a. [If answer to 5 = Yes] What is your understanding of Quality Stars?
   b. The Mississippi Child Care Quality Step System is a voluntary rating system for licensed early childhood facilities in Mississippi. Facilities earn a star rating that indicates their level of quality. Facilities are reviewed to determine if they meet specific requirements around administrative policy, professional development, learning environments, parent involvement, and evaluation and monitored regularly. What do you think of this type of system?
   c. What do you like best about a system like Quality Stars?
   d. What else do you wish Quality Stars included in its ratings?
6. Do you have any other thoughts about how Mississippi can improve its Child Care Quality Stars program to benefit families?
7. Is there anything else you would like to add before we end the discussion?

WRAP UP

If you could take a few minutes to complete a brief survey about you and your child care program we'd really appreciate it.

Parent Demographic Questionnaire

1. Is your child care program in a community that is:
   o Urban
   o Rural
   o Mixed

2. Which of the following age groups is your child(ren) in? Please mark all that apply.
   o Infants (birth – younger than 12 months)
   o Toddlers (1-2 year-olds)
   o 3-year-olds
   o 4-year-olds
   o 5-year-olds
   o Kindergarten
   o 1st-12th grade

3. How long have you been a using this child care center?

   ____years ____months

4. What is the Quality Stars rating of your center? _____

5. What is your gender?
   o Female
   o Male

6. Are you of Hispanic ethnicity?
   o Yes
   o No

7. What is your race? Please mark all that apply.
   o American Indian or Alaska Native
   o Asian
   o Black or African American
   o Native Hawaiian or Other Pacific Islander
   o White or European American

MS QRIS Validation Study
Center-Based Child Care
Participating Provider Focus Group Guide

Introduction

Thank you very much for agreeing to participate in this discussion today. I'm _____ and this is _____ from Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, also known as FPG. I will be facilitating this discussion and _____ will be an assistant moderator and will also be taking notes.

FPG has been funded by Mississippi's Division of Early Childhood Care and Development (DECCD) to evaluate the policies, processes, and implementation of the Mississippi's quality rating and improvement system, Quality Stars. We are also conducting an online survey with child care providers across the state to gather feedback about Quality Stars. We're having this discussion today to gather more detailed feedback about participating providers' experiences with Quality Stars, and about ways to improve the system.

Input from early care and education providers working directly with children and their families is an extremely valuable part of this project. The information you share today will inform DECCD about the challenging parts of Quality Stars, the parts that are valuable, and what providers would like to see but don't currently find in the system, so please feel free to be as open and honest as possible.

We are taking notes and recording the session so that we can accurately report your thoughts and opinions, but your responses will not be linked with your name in any way -- everything will be kept confidential. No one will know who said what in this meeting. We will use the recording to fill in our written notes and to create unidentified quotations, but then the recording will be destroyed. If at any time you would like to say something that you do not want to be recorded, just say so and we will turn off the recorder. We also ask that you not talk about the information shared by others during this meeting with anyone else outside this group.

Before we begin, let me lay out some basic ground rules for our discussion. As the facilitator I will be asking questions, but I want the interaction to flow among you, so feel free to talk to each other when discussing the questions. If you want to respond to something someone said, or if you want to agree or disagree, you can do that, but please be respectful because we want everyone to have a chance to share their ideas. It is important that only one person talk at a time so that we can hear everyone and accurately record your opinions. There may be times when I need to interrupt the conversation -- either to ask you to clarify something you may have said or to move the discussion on to another topic.

Again, thanks very much for taking the time to talk with us today.

Do you have any questions for us before we begin? Do we have your permission to record our discussion? (IF SO, START THE TAPE RECORDER)

As a recap, we just read through the study information sheet for this focus group. Do we have your permission to conduct this focus group?

Let's start with introductions. Can you please share with the group a) your first name and b) how long you've been an early care and education provider in Mississippi?

Ok – let's begin with a few questions about your experiences participating in Quality Stars.

1. **Why did you choose to participate in Quality Stars?**
2. **What are some of the benefits of participating in Quality Stars?**
   a. **Can you give some specific examples?**
3. **What do you see as the value to parents of Quality Stars?**
4. **What are some of the challenges of participating in Quality Stars (e.g., buy-in, understanding, resources)?**
5. **What strategies would you recommend in dealing with those challenges?**

Next we want to ask you about child care quality.

6. **In your opinion, what are the MOST important aspects of a high-quality early care and education program? Why?**
7. **What aspects of high-quality do you believe your program is providing or strives to provide that you are not getting credit for in the current Quality Stars system?**
8. **How has your program changed since enrolling in Quality Stars?**
9. **What types of resources or supports have been most effective in guiding your programs efforts to improving quality? (i.e., trainings? Which ones? Coaching? Information? Mentor from another program?)**
10. **What additional resources would be helpful as you work to advance to the next step? [Please be as specific as you can.]**

11. Is there anything else you would like to add before we end the discussion?

WRAP UP

Thank you so much for taking the time to talk with us today. If you could take a few minutes to complete a brief survey about you and your program we'd really appreciate it.

Participating Provider Demographic Questionnaire

1. Is your child care program in a community that is:
   ❒ Urban   ❒ Rural   ❒ Mixed

2. What percentage of your families are low-income (i.e., qualify for SNAP/food stamps)?
   _____%

3. Which of the following age groups do you serve? Please mark all that apply.
   o Infants (younger than 12 months)   o 4 year olds
   o Toddlers (1-2 year olds)   o 5 year olds
   o Twos (2-3 year olds)   o Kindergarten
   o 3 year olds   o 1st-12th grade

4. What is your current star rating in the Quality Stars System? _____

5. How long have you been involved in Quality Stars? ____years ____months

6. How long have you been a child care director? ____years ____months

7. What is your highest degree?
   o Less than high school diploma   o BA or BS
   o High school diploma   o MA or MS
   o AA or AS   o PhD or EdD

8. What field is your highest degree in? _____

9. What is your gender?
   o Female
   o Male

10. What is your age? _____ years

11. Are you of Hispanic ethnicity?
    o Yes
    o No

12. What is your race? Please mark all that apply.
    o American Indian or Alaska Native
    o Asian
    o Black or African American

    o Native Hawaiian or Other Pacific Islander
    o White or European American

Introduction

Thank you very much for agreeing to participate in this discussion today. I'm _____ and this is _____ from Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, also known as FPG. I will be facilitating this discussion and _____ will be an assistant moderator and will also be taking notes.

FPG has been funded by Mississippi's Division of Early Childhood Care and Development (DECCD) to evaluate the policies, processes, and implementation of the Mississippi's quality rating and improvement system, Quality Stars. We are also conducting an online survey with child care providers across the state to gather information about Quality Stars. We're having this discussion today with directors of programs that don't participate in the Quality Stars to gather feedback about what keeps you from participating and to get your ideas about how to improve Quality Stars.

Input from early care and education providers working directly with children and their families is an extremely valuable part of this project. . The information you share today will inform DECCD about the challenging parts of the Quality Stars, the barriers to participation, and what changes would encourage participation in the system, so please feel free to be as open and honest as possible.

We are taking notes and recording the session so that we can accurately report your thoughts and opinions, but your responses will not be linked with your name in any way -- everything will be kept confidential. No one will know who said what in this meeting. We will use the recording to fill in our written notes and to create unidentified quotations, but then the recording will be destroyed. If at any time you would like to say something that you do not want to be recorded, just say so and we will turn off the recorder. We also ask that you not talk about the information shared by others during this meeting with anyone else outside this group.

Before we begin, let me lay out some basic ground rules for our discussion. As the facilitator I will be asking questions, but I want the interaction to flow among you, so feel free to talk to each other when discussing the questions. If you want to respond to something someone said, or if you want to agree or disagree, you can do that, but please be respectful because we want everyone to have a chance to share their ideas. It is important that only one person talk at a time so that we can hear everyone and accurately record your opinions. There may be times when I need to interrupt the conversation -- either to ask you to clarify something you may have said or to move the discussion on to another topic.

Again, thanks very much for taking the time to talk with us today.

Do you have any questions for us before we begin? Do we have your permission to record our discussion? (IF SO, START THE TAPE RECORDER)

As a recap, we just read through the information sheet for this focus group. Do we have your permission to conduct this focus group?

Let's start with introductions. Can you please share with the group a) your first name and b) how long you've been an early care and education provider in Mississippi?

Ok – let's begin with a few questions about your experiences with quality child care in general and more specifically Quality Stars.

1. **In your opinion, what are the MOST important aspects of a high-quality early care and education program? Why?**
2. **What do you know about the Quality Stars program?**
3. **What prevents you from participating in Quality Stars?**
4. **What changes could be made to the system that would encourage you to enroll?**
5. **What additional resources would be helpful as you consider enrolling in Quality Stars? [Please be as specific as you can.]**
6. **Is there anything else you would like to add before we end the discussion?**

WRAP UP

Thank you so much for taking the time to talk with us today. If you could take a few minutes to complete a brief survey about you and your program we'd really appreciate it.

Non-participating Provider Demographic Questionnaire

8. Is your child care program in a community that is:
   o Urban
   o Rural
   o Mixed

9. What percentage of your families are low-income (i.e. qualify for SNAP/food stamps)?
   _____%

10. Which of the following age groups do you serve? Please mark all that apply.
   o Infants (younger than 12 months)   o 4 year olds
   o Toddlers (1-2 year olds)   o 5 year olds
   o Twos (2-3 year olds)   o Kindergarten
   o 3 year olds   o 1st-12th grade

11. How long have you been a child care director? _____years _____months

12. What is your highest degree?
   o Less than high school diploma   o BA or BS
   o High school diploma   o MA or MS
   o AA or AS   o PhD or EdD

13. What field is your highest degree in? _____

14. What is your gender?
   o Female
   o Male

15. What is your age? _____ years

16. Are you of Hispanic ethnicity?
   o Yes
   o No

17. What is your race? Please mark all that apply.
   o American Indian or Alaska
     Native
   o Asian
   o Black or African American
   o Native Hawaiian or Other Pacific
     Islander
   o White or European American

Appendix B: Provider and Pre-K Survey

MS Quality Stars Provider Survey

Thank you for agreeing to help us with this study. We know how busy you are, and we really appreciate your help. This survey should take about 5-10 minutes to complete.

The Division of Early Childhood Care and Development (DECCD) is seeking your input about ideas to strengthen the state's Quality Rating and Improvement system, also known as Quality Stars, to improve the quality of child care offered in Mississippi. Frank Porter Graham Child Development Institute (FPG) at the University of North Carolina at Chapel Hill has been funded to help gather views from program directors and owners. Completion of this brief survey is voluntary. You may choose to not answer any question. We will keep all information we gather confidential. The information we report about the survey will be group summaries only; we will not report what individuals have said. Your feedback will be helpful as DECCD works with key partners and stakeholders to consider ideas to strengthen the system.

You may complete this survey online at the website listed below:

https://unc.az1.qualtrics.com/SE/?SID=SV_dbWGqqOKR1egqm9

If you prefer to complete a hard copy please mail or fax it to:
Jenille Morgan, Project Coordinator
MS QRIS Evaluation Project
Frank Porter Graham Child Development Institute (FPG)
University of North Carolina at Chapel Hill
Campus Box #8180
Chapel Hill, NC 27599-8180
Fax: (919) 966-7532

If you have any questions while completing this survey, please contact:
Jenille Morgan
(919) 966-8324 (Office)
jenille.morgan@unc.edu

Information about You and Your Program
We would like to learn a little bit about you and your program.

1. Is your child care program in a community that is:
   ❒ Urban   ❒ Rural   ❒ Mixed/Suburban   ❒ Prefer not to respond

2. What is the zip code where your center located: _____
   ❒ Prefer not to respond

3. What percentage of your families are low-income (i.e., qualify for SNAP/food stamps)? _____%
☐Prefer not to respond

4. Which of the following age groups do you serve? Please mark all that apply.
   o Infants (younger than 12 months)
   o Toddlers (1-2 year olds)
   o Twos (2-3 year olds)
   o 3 year olds
   o 4 year olds
   o 5 year olds
   o Kindergarten
   o 1st-12th grade

☐Prefer not to respond

5. Is your child care facility licensed by the MS Department of Health?
   o Yes
   o No
   o Don't know
   ☐Prefer not to respond

6. Do you currently participate in Quality Stars?
   o Yes (go to question 7)
   o No (go to question 9)
   o Don't know (go to question 9)
   ☐Prefer not to respond

7. What is your current star rating in Quality Stars?
   (If you own/direct more than 1 center, please enter star rating for each center)

Center 1:___ stars   **Center 2:** ___stars   **Center 3**: ___stars   **Center 4:** ___stars   **Center 5:** ___stars

☐Prefer not to respond
8. How long have you been involved in Quality Stars? ____years ____months
☐Prefer not to respond

9. What is your current role? (select all that apply)
   o Director
   o Owner
   o Teacher
   o Other (please specify) _____
☐Prefer not to respond

10. How long have you been in the early care and education field?

    ____years   ____months

❏Prefer not to respond

11. What is your highest degree?
    o   Less than high school diploma
    o   High school diploma
    o   AA or AS
    o   BA or BS
    o   MA or MS
    o   PhD or EdD

❏Prefer not to respond

12. What field is your highest degree in? _____

    ❏Prefer not to respond

13. What is your gender?
    o   Female
    o   Male

    ❏Prefer not to respond

14. What is your age? _____ years

    ❏Prefer not to respond

The following two questions are being asked to meet the needs of a Child Development Funds federal reporting component. Remember, completion of any question in this survey is voluntary.

15. Are you of Hispanic ethnicity?
    o   Yes
    o   No
    o   ❏Prefer not to respond

16. What is your race? Please mark all that apply.
    o   American Indian or Alaska Native
    o   Asian
    o   Black or African American
    o   Native Hawaiian or Other Pacific Islander
    o   White or European American

    ❏Prefer not to respond

If you are a participating provider please complete the questions below:

17. Why did you choose to participate in Quality Stars?
    [Please check all that apply]
    - o   We thought it would help us raise the quality of our program

    - o   We thought families would be more likely to enroll if we participate

    - o   We wanted to receive higher reimbursement rates for children with subsidy
          (MS Child Care Payment Program)

    - o   We wanted to receive a quality bonus

    - o   We wanted to attract staff with more education and training

    - o   We wanted to be able to access the technical assistance and support
          (ex. Mississippi Child Care Resource and Referral Network (MSCCR&R);
          Allies for Quality Care)

    - o   We wanted to receive classroom materials

    - o   Other (please describe) _____

    ❑Prefer not to respond

18. What are some of the benefits of participating in Quality Stars? **[Please check all that apply]**
    - o   It helps us raise the quality of our program

    - o   Families are more likely to enroll

    - o   Receiving a higher reimbursement rate for children with subsidy (MS Child Care
          Payment Program)

    - o   Receiving a quality bonus

    - o   Attracting staff with more education and training

    - o   Accessing technical assistance and support

    - o   Receiving classroom materials

    - o   Other (please describe) _____

    ❑Prefer not to respond

Participating Providers section continued:

19. What do you see as the value to parents of Quality Stars? **[Please check all that apply]**
    o It helps them know about the quality of child care programs they are considering

    o Their children receive better quality care

    o It provides an easy way (the star level) to compare programs

    o There is no value to parents of Quality Stars

    o Other (please describe) _____

    ❑Prefer not to respond

20. What are some of the challenges of participating in Quality Stars? **[Please check all that apply]**
    o It is too expensive to participate in

    o The guidelines are hard to understand

    o I don't think it is necessary

    o Standards are not implemented uniformly across agencies, evaluators, and/or county

    o Poor communication

    o Difficulty receiving subsidies

    o Difficulty obtaining training required to advance (i.e. not enough classes offered
       in each locale)

    o Other (please describe) _____

    ❑Prefer not to respond

21. What strategies would you recommend in dealing with those challenges? **[Please check all that apply]**
    o Provide more technical assistance and outreach

    o Provide grants for program enhancement

    o Make it more user friendly (easy website, materials easy to understand)

    o Provide more options for required classes/trainings

    o Other (please describe) _____

    ❑Prefer not to respond

Participating Providers section continued:

22. In your opinion, what are the MOST important aspects of a high-quality early care and education program? **(Rate from 1-5)**

> 1=Not Important,
> 2=Very Unimportant
> 3=Neither Important nor Unimportant
> 4=Very Important
> 5=Extremely Important

_____**Family Engagement/Parent Involvement**
(e.g., family events, communication with families, parent-teacher conferences, families part of program decision-making).

_____**Culturally-Competent Care**
(e.g., staff learning about cultures of families in the program, incorporating family culture in curriculum and classroom materials, respecting family preferences as much as possible)

_____**Inclusion of Children with Special Needs**
(e.g., adapting activities and materials to meet children's special needs, actively including all children in activities together, working with families and other professionals to meet children's special needs)

_____**Curriculum Implementation**
(e.g., using an approved curriculum aligned with Foundations, MS's Early Learning and Development Standards)

_____**Formative Child Assessment & Individualization**
(e.g., assessing children's development and learning, using assessment data to plan environment and lessons, individualizing instruction)

_____**Teacher-Child Interactions**
(e.g., teacher sensitivity and responsiveness, variety of instruction methods)

_____**Professional development for administrators, lead teachers, and assistant teachers**

_____**Health and Safety**

_____**Other** (please describe) _____
❏Prefer not to respond

Participating Providers section continued:

23. Please indicate the degree to which you agree with each of the statements below:

    (Rate from 1-5)
     1=Strongly Disagree
     2=Disagree
     3=Neither Agree nor Disagree
     4=Agree
     5=Strongly Agree

    _____ All early education programs should be held to minimum quality standards in:
Family Engagement/Parent Involvement
(e.g., family events, communication with families, parent-teacher conferences, families part of program decision-making).

    ____ All early education programs should be held to minimum quality standards in:
Culturally-Competent Care
(e.g., staff learning about cultures of families in the program, incorporating family culture in curriculum and classroom materials, respecting family preferences as much as possible)

    ____ All early education programs should be held to minimum quality standards in:
Inclusion of Children with Special Needs
(e.g., adapting activities and materials to meet children's special needs, actively including all children in activities together, working with families and other professionals to meet children's special needs)

    ____ All early education programs should be held to minimum quality standards in:
Curriculum Implementation
(e.g., using an approved curriculum aligned with Foundations, MS's Early Learning and Development Standards)

    ____ All early education programs should be held to minimum quality standards in:
Formative Child Assessment & Individualization
(e.g., assessing children's development and learning, using assessment data to plan environment and lessons, individualizing instruction)

    ____ All early education programs should be held to minimum quality standards in:
Teacher-Child Interactions
(e.g., teacher sensitivity and responsiveness, variety of instruction methods)

    ____ All early education programs should be held to minimum quality standards in:
Professional development for administrators, lead teachers, and assistant teachers

    ____ All early education programs should be held to minimum quality standards in:
Health and Safety
    ____ All early education programs should be held to minimum quality standards in:
Other (please describe) _____
❏Prefer not to respond

Participating Providers section continued:

24. Please rate the degree to which you agree with the following statements:

        (Rate from 1-5)
- 1=Strongly Disagree
- 2=Disagree
- 3=Neither Agree nor Disagree
- 4=Agree
- 5=Strongly Agree

____Approved in-service professional development/training activities should be **tailored to each staff member's role** (e.g. training specific to age group; training relevant to leadership and management for administrators)

____Approved in-service professional development/training activities should be **aligned with staff member's professional development plan**

____Approved in-service professional development/training activities should be **aligned with Foundations, MS's Early Learning and Development Standards**

____Approved in-service professional development/training activities should be **CEU-bearing** (meet standards for Continuing Education Units, vs. simply hours of training)

____Approved in-service professional development/training activities should be **College credit-bearing** (e.g., earn credits towards a degree)

____Approved in-service professional development/training activities should be **aligned with core knowledge and skills** (currently defined by B-K licensure standards and Community College ECE program standards)

25. What aspects of high-quality do you believe your program is providing or strives to provide that you are not getting credit for in the current Quality Stars system?
[Please check all that apply]
- o Administrative Policy
- o Family Engagement/Parent Involvement
- o Culturally-Competent Care
- o Inclusion of Children with Special Needs
- o Curriculum Implementation/Learning Environments
- o Formative Child Assessment & Individualization
- o Teacher-Child Interactions
- o Professional development (education and training)
- o Evaluation
- o Health & Safety

Other (please describe) _____

❏Prefer not to respond

Participating Providers section continued:

26. How has your program changed since enrolling in Quality Stars?
[Please check all that apply]

- o We have improved our administrative policy
- o We include more parent involvement
- o We provide more professional development opportunities to staff
- o We engage in more developmentally appropriate practices
- o We have higher health and safety standards
- o Staff has a higher level of education and training
- o We have improved learning environments for children
- o We evaluate our program
- o My program has not changed since enrolling in Quality Stars
- o Other (please describe) _____

☐ Prefer not to respond

27. What types of resources or supports have been most effective in guiding your programs efforts to improving quality? **[Please check all that apply]**
- o Trainings
  Please specify which ones _____
  and who provided them _____

- o Technical Assistance *(check all that apply)*
  - ☐ Mississippi Child Care Resource and Referral Network (MSCCR&R)
  - ☐ Partners for Quality Child Care
  - ☐ Mississippi Building Blocks
  - ☐ Allies for Quality Care

- o Coaching
- o Information from the Quality Stars
- o Mentorship from another child care program
- o None have been effective
- o Other (please describe) _____

☐ Prefer not to respond

Participating Providers section continued:

28. What additional resources would be helpful as you work to advance to the next step?
    [Please check all that apply]
    - o Coaching
    - o More information (describe)
    - o Mentorship from another child care program
    - o Technical assistance
    - o Funding
    - o Other (please describe) _____

    ❑Prefer not to respond

If you DO NOT participate or are UNSURE whether you participate in Quality Stars, please complete the questions below:

1. Have you ever participated in Quality Stars?
    - o   Yes (go to question 1a.)
    - o   No (go to question 2)
    - o   Don't know (go to question 2)
    - o   ❏Prefer not to respond

1a. If yes, how long did you participate? _____years _____months

1b. If yes, when did you last participate? (Month/Year) _____/_____

2. In your opinion, what are the MOST important aspects of a high-quality early care and education program? **(Rate from 1-5)**
                 1=not important, 3=neither important nor unimportant, 5=very important

      _____Family Engagement/Parent Involvement
      (e.g., family events, communication with families, parent-teacher conferences, families part of program decision-making).

      _____Culturally-Competent Care
      (e.g., staff learning about cultures of families in the program, incorporating family culture in curriculum and classroom materials, respecting family preferences as much as possible)

      _____Inclusion of Children with Special Needs
      (e.g., adapting activities and materials to meet children's special needs, actively including all children in activities together, working with families and other professionals to meet children's special needs)

      _____Curriculum Implementation
      (e.g., using an approved curriculum aligned with Foundations, MS's Early Learning and Development Standards)

      _____Formative Child Assessment & Individualization
      (e.g., assessing children's development and learning, using assessment data to plan environment and lessons, individualizing instruction)

      _____Teacher-Child Interactions
      (e.g., teacher sensitivity and responsiveness, variety of instruction methods)

      _____Professional development for administrators, lead teachers, and assistant teachers

      _____Health and Safety

      _____Other (please describe) _____

   ❏Prefer not to respond

Non-participating Providers section continued:

3. Please indicate the degree to which you agree with each of the statements below:

    (Rate from 1-5)

    1=Strongly Disagree
    2=Disagree
    3=Neither Agree nor Disagree
    4=Agree
    5=Strongly Agree

    _____ All early education programs should be held to minimum quality standards in:
    Family Engagement/Parent Involvement

    (e.g., family events, communication with families, parent-teacher conferences, families part of program decision-making).

    _____ All early education programs should be held to minimum quality standards in:
    Culturally-Competent Care
    (e.g., staff learning about cultures of families in the program, incorporating family culture in curriculum and classroom materials, respecting family preferences as much as possible)

    _____ All early education programs should be held to minimum quality standards in:
    Inclusion of Children with Special Needs
    (e.g., adapting activities and materials to meet children's special needs, actively including all children in activities together, working with families and other professionals to meet children's special needs)

    _____ All early education programs should be held to minimum quality standards in:
    Curriculum Implementation
    (e.g., using an approved curriculum aligned with Foundations, MS's Early Learning and Development Standards)

    _____ All early education programs should be held to minimum quality standards in:
    Formative Child Assessment & Individualization
    (e.g., assessing children's development and learning, using assessment data to plan environment and lessons, individualizing instruction)

    _____ All early education programs should be held to minimum quality standards in:
    Teacher-Child Interactions
    (e.g., teacher sensitivity and responsiveness, variety of instruction methods)

    _____ All early education programs should be held to minimum quality standards in:
    Professional development for administrators, lead teachers, and assistant teachers

    _____ All early education programs should be held to minimum quality standards in:
    Health and Safety

Non-participating Providers section continued:
____ All early education programs should be held to minimum quality standards in:
Other (please describe) _____
❏Prefer not to respond

4. Please rate the degree to which you agree with the following statements:
    (Rate from 1-5)
        1=Strongly Disagree
        2=Disagree
        3=Neither Agree nor Disagree
        4=Agree
        5=Strongly Agree

    ____Approved in-service professional development/training activities should be **tailored to each staff member's role** *(e.g., training specific to age group; training relevant to leadership and management for administrators)*

    ____Approved in-service professional development/training activities should be **aligned with staff member's professional development plan**

    ____Approved in-service professional development/training activities should be **aligned with Foundations, MS's Early Learning and Development Standards**

    ____Approved in-service professional development/training activities should be **CEU-bearing** *(meet standards for Continuing Education Units, vs. simply hours of training)*

    ____Approved in-service professional development/training activities should be **College credit-bearing** *(e.g., earn credits towards a degree)*

    ____Approved in-service professional development/training activities should be **aligned with core knowledge and skills** *(currently defined by B-K licensure standards and Community College ECE program standards)*

5. What do you know about the Quality Stars program? **[Please check all that apply]**
    o   It is a voluntary rating system
    o   It is for licensed child care facilities in Mississippi
    o   Programs can receive a quality bonus
    o   Facilities receive certificates of their rating for framing and display
    o   A monitor will visit to review records and the facility and rate the center
    o   There are five levels of star ratings
    ❏Prefer not to respond

6. What prevents you from participating in Quality Stars? **[Please check all that apply]**
   o It is too expensive to participate in
   o The guidelines are hard to understand
   o I don't think it is necessary
   o I'm not interested
   o We're at a public school and don't really fit the criteria
   o Other (please describe) _____
   ❑Prefer not to respond

7. What changes could be made to the system that would encourage you to enroll?
   [Please check all that apply]
   o Make the forms easier to understand
   o Make the website easier to understand
   o Include larger quality bonuses
   o Include more outreach (e.g., share information about the program with providers and parents)
   o Include more technical assistance
   o Other (please describe) _____
   ❑Prefer not to respond

8. What additional resources would be helpful as you consider enrolling in Quality Stars?
   [Please check all that apply.]
   o Provide grant funding to make improvements
   o More outreach
   o More technical assistance
   o Other (please describe) _____
   ❑Prefer not to respond

Thank you for your time. We sincerely appreciate the information you have provided. In closing, if you have any other feedback that you'd like to share about revising quality standards or requirements of MS's Quality Stars, please share those comments below.

MS Quality Stars Pre-K Provider Survey

Thank you for agreeing to help us with this study. We know how busy you are, and we really appreciate your help. This survey should take about 5-10 minutes to complete.

The Division of Early Childhood Care and Development (DECCD) is seeking your input about ideas to strengthen the state's Quality Rating and Improvement system, also known as Quality Stars, to improve the quality of child care offered in Mississippi. Even though, many public school based early childhood programs are not involved with the Quality Stars program, your opinion about quality early childhood environments are important. Frank Porter Graham Child Development Institute (FPG) at the University of North Carolina at Chapel Hill has been funded to help gather views from program directors and owners. Completion of this brief survey is voluntary. You may choose to not answer any question. We will keep all information we gather confidential. The information we report about the survey will be group summaries only; we will not report what individuals have said. Your feedback will be helpful as DECCD works with key partners and stakeholders to consider ideas to strengthen the system.

You may complete this survey online at the website listed below:

https://unc.az1.qualtrics.com/SE/?SID=SV_b8ya3dFyVfrDXDf

If you prefer to complete a hard copy please mail or fax it to:
Jenille Morgan, Project Coordinator
MS QRIS Evaluation Project
Frank Porter Graham Child Development Institute (FPG)
University of North Carolina at Chapel Hill
Campus Box #8180
Chapel Hill, NC 27599-8180
Fax: (919) 966-7532
If you have any questions while completing this survey, please contact:
Jenille Morgan
(919) 966-8324 (Office)
jenille.morgan@unc.edu

Information about You and Your Program
We would like to learn a little bit about you and your program.

1. Is your early learning program in a community that is:
    ❒ Urban   ❒ Rural   ❒ Mixed/Suburban   ❒Prefer not to respond

2. What is the zip code where your early learning program is located:
    _____
    ❒Prefer not to respond

3. What percentage of your families are low-income (i.e., qualify for free and reduced lunch)? _____%
   ❑Prefer not to respond

4. Which of the following age groups do you serve? [**Please mark all that apply.**]
   In addition, please indicate how long you have been serving selected age groups.

   Which of the following age groups do you serve? Please mark all that apply.
   o   Infants (younger than 12 months) How long? ___ years ___ months
   o   Toddlers (1-2 year olds) How long? ___ years ___ months
   o   Twos (2-3 year olds) How long? ___ years ___ months
   o   3 year olds How long? ___ years ___ months
   o   4 year olds How long? ___ years ___ months
   o   5 year olds How long? ___ years ___ months
   o   Kindergarten How long? ___ years ___ months
   o   1st-12th grade How long? ___ years ___ months

   ❑Prefer not to respond

5. How long have you been an elementary administrator?
      ____years ____months
   ❑Prefer not to respond

6. How long have you been in the early care and education field?
      ____years ____months
   ❑Prefer not to respond

7. What is your highest degree?
   o   BA or BS
   o   MA or MS
   o   Specialist
   o   PhD or EdD
   ❑Prefer not to respond

8. What license endorsement is your highest degree in?
   _____
   ❑Prefer not to respond

9. What is your gender?
   o   Female
   o   Male
   ❑Prefer not to respond

10. What is your age? _____ years
   ❏Prefer not to respond

The following two questions are being asked to meet the needs of a Child Development Funds federal reporting component. Remember, completion of any question in this survey is voluntary.

11. Are you of Hispanic ethnicity?
   o Yes
   o No
   o ❏Prefer not to respond

12. What is your race? Please mark all that apply.
   o American Indian or Alaska Native
   o Asian
   o Black or African American
   o Native Hawaiian or Other Pacific Islander
   o White or European American
   ❏Prefer not to respond

13. How familiar are you with the Early Learning Standards for Classrooms serving 3-4 year old children?
   o Very
   o Somewhat
   o Not at all

14. Please indicate the degree to which you agree with the following statement:

The Mississippi Department of Education should provide technical assistance for the Early Learning Standards and the MS Early Childhood Guidelines.

 (Rate from 1-5)
      1=Strongly Disagree
      2=Disagree
      3=Neither Agree nor Disagree
      4=Agree
      5=Strongly Agree

15. In your opinion, what are the MOST important aspects of a high-quality early care and education program? **(Rate from 1-5)**

     1=Not Important,
     2=Very Unimportant
     3=Neither Important nor Unimportant
     4=Very Important
     5=Extremely Important

_____**Family Engagement/Parent Involvement**
(e.g., family events, communication with families, parent-teacher conferences, families part of program decision-making).

____**Culturally-Competent Care**
(e.g., staff learning about cultures of families in the program, incorporating family culture in curriculum and classroom materials, respecting family preferences as much as possible)

____**Inclusion of Children with Special Needs**
(e.g., adapting activities and materials to meet children's special needs, actively including all children in activities together, working with families and other professionals to meet children's special needs)

____**Curriculum Implementation**
(e.g., using an approved curriculum aligned with Foundations, MS's Early Learning and Development Standards)

____**Formative Child Assessment & Individualization**
(e.g., assessing children's development and learning, using assessment data to plan environment and lessons, individualizing instruction)

____**Teacher-Child Interactions**
(e.g., teacher sensitivity and responsiveness, variety of instruction methods)

____**Professional development for administrators, lead teachers, and assistant teachers**

____**Health and Safety**

____**Other** *(please describe)* _____
❒Prefer not to respond

16. Please indicate the degree to which you agree with each of the statements below:
   (Rate from 1-5)
   1=Strongly Disagree
   2=Disagree
   3=Neither Agree nor Disagree
   4=Agree
   5=Strongly Agree
   _____ All early education programs should be held to minimum quality standards in:
   Family Engagement/Parent Involvement
   (e.g., family events, communication with families, parent-teacher conferences, families part of program decision-making).

   ____ All early education programs should be held to minimum quality standards in:
   Culturally-Competent Care
   (e.g., staff learning about cultures of families in the program, incorporating family culture in curriculum and classroom materials, respecting family preferences as much as possible)

   ____ All early education programs should be held to minimum quality standards in:
   Inclusion of Children with Special Needs
   (e.g., adapting activities and materials to meet children's special needs, actively including all children in activities together, working with families and other professionals to meet children's special needs)

   ____ All early education programs should be held to minimum quality standards in:
   Curriculum Implementation
   (e.g., using an approved curriculum aligned with Foundations, MS's Early Learning and Development Standards)
   ____ All early education programs should be held to minimum quality standards in:
   Formative Child Assessment & Individualization
   (e.g., assessing children's development and learning, using assessment data to plan environment and lessons, individualizing instruction)

   ____ All early education programs should be held to minimum quality standards in:
   Teacher-Child Interactions
   (e.g., teacher sensitivity and responsiveness, variety of instruction methods)

   ____ All early education programs should be held to minimum quality standards in:
   Professional development for administrators, lead teachers, and assistant teachers

   ____ All early education programs should be held to minimum quality standards in:
   Health and Safety

____ All early education programs should be held to minimum quality standards in:
Other *(please describe)* _____
❑Prefer not to respond

17. Please rate the degree to which you agree with the following statements:
    (Rate from 1-5)
    1=Strongly Disagree
    2=Disagree
    3=Neither Agree nor Disagree
    4=Agree
    5=Strongly Agree

    ____Approved in-service professional development/training activities should be **tailored to each staff member's role** *(e.g., training specific to age group; training relevant to leadership and management for administrators)*

    ____Approved in-service professional development/training activities should be **aligned with staff member's professional development plan**

    ____Approved in-service professional development/training activities should be **aligned with Foundations, MS's Early Learning and Development Standards**

    ____Approved in-service professional development/training activities should be **CEU-bearing** *(meet standards for Continuing Education Units, vs. simply hours of training)*

    ____Approved in-service professional development/training activities should be **College credit-bearing** *(e.g., earn credits towards a degree)*

    ____Approved in-service professional development/training activities should be **aligned with core knowledge and skills** *(currently defined by B-K licensure standards and Community College ECE program standards)*

18. Please indicate the degree to which you believe lead teachers should be required to obtain professional development/training in each of content areas listed below:
    (Rate from 1-5)
    1=Strongly Disagree
    2=Disagree
    3=Neither Agree nor Disagree
    4=Agree
    5=Strongly Agree

    ____Selecting and implementing a curriculum

    ____MS's Early Learning Standards and Guidelines

    ____Selecting and administering child assessment

    ____Using a quality classroom measure to improve/teacher-child interactions

    ____Classroom management and positive behavior supports

_____Inclusion of Children with Special Needs

_____Health & Safety Practices

19. Please indicate the degree to which you believe that each of the ideas listed below would facilitate continuous quality improvement.
    (Rate from 1-5)
      1=Strongly Disagree
      2=Disagree
      3=Neither Agree nor Disagree
      4=Agree
      5=Strongly Agree

    _____Administrators and lead teachers should be required to have a professional development plan (e.g., areas of strength, areas needing strengthening, professional development desired)

    _____Assistant teachers should be required to have a professional development plan

    _____Programs should be required to conduct and submit self-assessments that examine the quality of their programs across quality standard areas

    _____Programs should receive unannounced assessment visits to ensure that programs are not just achieving "quality for the day" by preparing for visits

    _____Higher quality programs should agree to serve as mentors to lower quality programs

    _____After an assessment and before a final rating was assigned, programs should be allowed to make improvements and be re-assessed in selected areas

Thank you for your time. We sincerely appreciate the information you have provided. In closing, if you have any other feedback that you'd like to share about revising quality standards or requirements of MS's Quality Stars, please share those comments below.

Appendix C: Counties by Region

Mississippi Department of Human Services Division of Field Operations service regions Map

Regions	Counties Included
Region 1-N	Alcorn, Benton, Desoto, Marshall, Prentiss, Tippah Tishomingo
Region 1-S	Calhoun, Chickasaw, Ittawamba, Lafayette, Lee, Monroe, Pontotoc, Union
Region 2-E	Carroll, Grenada, Leflore, Montgomery, Panola, Quitman, Tallahatchie, Tate, Tunica, Yalobusha
Region 2-W	Bolivar, Coahoma, Humphreys, Sunflower, Washington
Region 3-N	Attala, Holmes, Issaquena, Leake, Madison, Rankin, Scott, Sharkey, Yazoo
Region 3-S	Hinds, Warren
Region 4-N	Choctaw, Clay, Kemper, Lowndes, Neshoba, Noxubee, Oktibbeha, Webster, Winston
Region 4-S	Clarke, Jasper, Jones, Lauderdale, Newton, Wayne
Region 5-W	Adams, Amite, Claiborne, Franklin, Jefferson, Pike, Walthall, Wilkinson
Region 5-E	Copiah, Covington, Jefferson Davis, Lawrence, Lincoln, Simpson, Smith
Region 6	Forrest, Lamar, Marion, Pearl River, Perry, Stone
Region 7-E	George, Greene, Jackson
Region 7-W	Hancock, Harrison

SAMPLE: QUALITY STARS MONITORING CHECKLIST					
Quality Stars					
Quality Stars Goal: 4			**Quality Stars Rating Achieved: 4**		

Component: 1-Star

	Indicator	Met	Sources of Evidence	Required	Answer
1	MDH License	√	Center holds a current Mississippi Child Care License	√	√
			Actions Selected:		

Component: 2-Star

	Indicator	Met	Sources of Evidence	Required	Answer
2	Employee Handbook	√	Center has an employee handbook	√	√
			Actions Selected:		
3	Director Staff Development- 20 hours	√	Director receives twenty (20) hours of annual staff development training	√	√
			Actions Selected:		

4	Staff Development: Teachers 15 hours	√	Fifteen (15) hours annually of staff development for full time teaching staff by approved training entities per child care licensing regulations will be documented for each staff with no allowable in-house hours being allowed to be counted in the fifteen (15) hours total	√	√
			Actions Selected:		
5	Lesson Plans	√	Review and file weekly lesson plans by each teacher	√	√
			Actions Selected:		
6	Learning Centers	√	Learning Centers are being utilized in the classrooms for all children (except infants)	√	√
			Actions Selected:		
7	ERS Evaluation	√	Minimum total scores of 3.00 on the ERS-R Scales.	√	√

Actions Selected:

AVERAGE SCORE: √

Actions Selected:

Notes:4.63: 4.34 ITERS-R; 4.92 ECERS-R

8	Parent Information	√	A designated bulletin board for parent communication	√	√

Actions Selected:

9	Family Communication: Quarterly newsletters	√	Quarterly communication to parents through a newsletter	√	√

Actions Selected:

10	Facility Activities	√	Monthly calendar distribution to parents highlighting classroom activities and home	√	√

learning activities

Actions Selected:

| 11 | Parent-Teacher Conferences: Annual | √ | Annual documented parent-teacher conference | √ | √ |

Actions Selected:

| 12 | Director Self-Assessment | √ | Director's self-assessment completed and on file | √ | √ |

Actions Selected:

| 13 | Director Professional Development Plan | √ | A plan is on file of self-improvement that indicates actions to address deficient areas need improvement. | √ | √ |

Actions Selected:

| 14 | Employee Evaluation | √ | Annual staff evaluations on each staff with the director/supervisor, signed and dated by both parties | √ | √ |

Actions Selected:

Component: 3-Star

	Indicator	Met	Sources of Evidence	Required	Answer
15	Child Care as a Business	√	Director completed "Child Care as a Business" course	√	√

Actions Selected:

| 16 | Memorandum of Understanding | √ | Memorandum of Understanding (MOU) completed, on file and signed by the child care director and the designated service agency. Documentation of one appropriate referral and/or assessment is on file for a child or staff member | √ | √ |

Actions Selected:

| 17 | Director Education: Credential | √ | Director holds a current DECCD Director's | √ | √ |

Credential, or a credential approved by MDHS/ DECCD, or an associate or higher degree in child development, early childhood education or a related field

Actions Selected:

18	Conduct and Document Monthly Staff Development Meetings	√	Provide Sign-in Sheet and Agenda	√	√

Actions Selected:

19	Staff Training: 18 hours/10 hours	√	Eighteen (18) hours of annual staff development training with ten (10) hours of training specific to the age of children in their care	√	√

Actions Selected:

20	Child Development Associate Credential	√	At least one staff member holds a current Child Development Associate (CDA) credential or higher degree in child development, early childhood education or related field	√	√

Actions Selected:

| 21 | Mississippi Early Learning Guidelines Director Seminar | √ | Director trained in Mississippi Early Learning Guidelines | √ | √ |
| | | | **Actions Selected:** | | |

22	ERS Evaluation	√	Minimum total scores of 3.6 on the ERS-R Scales.	√	√
			Actions Selected:		
			AVERAGE SCORE:		√
			Actions Selected:		
			Notes:4.63: 4.34 ITERS-R; 4.92 ECERS-R		

| 23 | Family Communication: Weekly Notes | √ | Weekly notes to parents describing the activities of the week with copies maintained on file | √ | √ |

24	Parent Education	√	Parent educations trainings offered and documented annually	√	√
			Actions Selected:		
25	Lending Library	√	Facility provides a parent/family lending library for parents	√	√
			Actions Selected:		

Actions Selected:

Component: 4-Star

	Indicator	Met	Sources of Evidence	Required	Answer
26	Implementation Plan	√	Documentation with implementation of a Professional Development Plan	√	√
			Actions Selected:		

27	Director Education: AA Degree	√	Director holds an Associate Degree in Child Development Technology or Early Childhood Education or higher degree; Bachelor's Degree in Child Development, Early Childhood Education, Early Childhood Special Education, Elementary Education or a related field with eighteen (18) credit hours of Early Childhood courses	√	√
			Actions Selected:		
28	Child Development Associate Credential:15% Teachers, Fill 15% teaching positions	√	Fifteen percent (15%) of staff has a current Child Development Associate (CDA) credential or higher degree	√	√
			Actions Selected:		
29	Staff Development: Teachers - 20 and 10 hours	√	Twenty (20) hours of annual staff development training with ten (10) hours of training specific to the age of children in their care	√	√
			Actions Selected:		

| 30 | Mississippi Early Learning Guidelines Teacher training | √ | All teaching staff of infants, toddlers, three (3) and four (4) year old children trained specific to the age of children in their care to use the Mississippi Early Learning Guidelines including the use of on-going child assessment as described in the Mississippi Early Learning Guidelines | √ | √ |

Actions Selected:

| 31 | ERS Evaluation | √ | Minimum total scores of 4.1 on the ERS-R Scales | √ | √ |

Actions Selected:

AVERAGE SCORE: √

Actions Selected:

Notes:4.63: 4.34 ITERS-R; 4.92 ECERS-R

| 32 | Volunteer Projects | √ | Parent/family volunteer program is implemented and proof of participation is documented | √ | √ |

Actions Selected:

33	Family Resource Center	√	Parent/family resource center is part of the facility's services	√	√

Actions Selected:

34	Parent Survey	√	Parent/family survey to rate performance of staff completed and on file	√	√

Actions Selected:

Component: 5-Star

	Indicator	Met	Sources of Evidence	Required	Answer
35	Developmental Checklists	√	Developmental checklist for each child is implemented and documented	√	√

Actions Selected:

| 36 | Kindergarten Transition Plan | A transition plan with Local Education Agency for children entering kindergarten is implemented and documented | √ |

Actions Selected:

| 37 | Child care director mentorship | Director to peer mentor at a minimum of 2 hours per month established and documented for the purpose of helping a facility obtain a higher rating in Quality Stars | √ |

Actions Selected:

| 38 | Director Education: BA Degree | Director holds a Bachelor's Degree or higher in Early Childhood Education, Early Childhood Special Education, Child Development, Elementary Education or related field with eighteen (18) credit hours of Early Childhood courses | √ |

Actions Selected:

| 39 | Child Development Associate Credential: 25% Teachers; Fill 25% Teaching Positions | √ | Twenty-five percent (25%) of full-time teachers has a current Child Development Associate (CDA) credential or higher degree | √ | √ |

Actions Selected:

| 40 | Staff Development- 25 hours | | Twenty-five (25) hours of annual staff development training with ten (10) hours of training specific to the age of children in their care | √ | |

Actions Selected:

| 41 | Mississippi Early Learning Guidelines | √ | Mississippi Early Learning Guidelines fully implemented in all classrooms (infants – 4 year olds) | √ | √ |

Actions Selected:

| 42 | Child Assessment | √ | On-going child assessments documented and implemented in all classrooms (infants – 4 year olds) | √ | √ |

Actions Selected:

43	ERS Evaluation		Minimum total scores of 5.1 on the ERS-R Scales	√	
			Actions Selected:		
			AVERAGE SCORE:		
			Actions Selected:		
44	Parent and Teacher Conferences	√	Documentation showing that parent/teacher conferences are held at least twice a year	√	√
			Actions Selected:		
45	Family Communication: Monthly newsletters	√	Monthly newsletter distributed to parents	√	√
			Actions Selected:		