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# Evaluation of Mississippi Child Care Quality Stars Program

## Executive Summary

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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, La Paro & 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.

## **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.