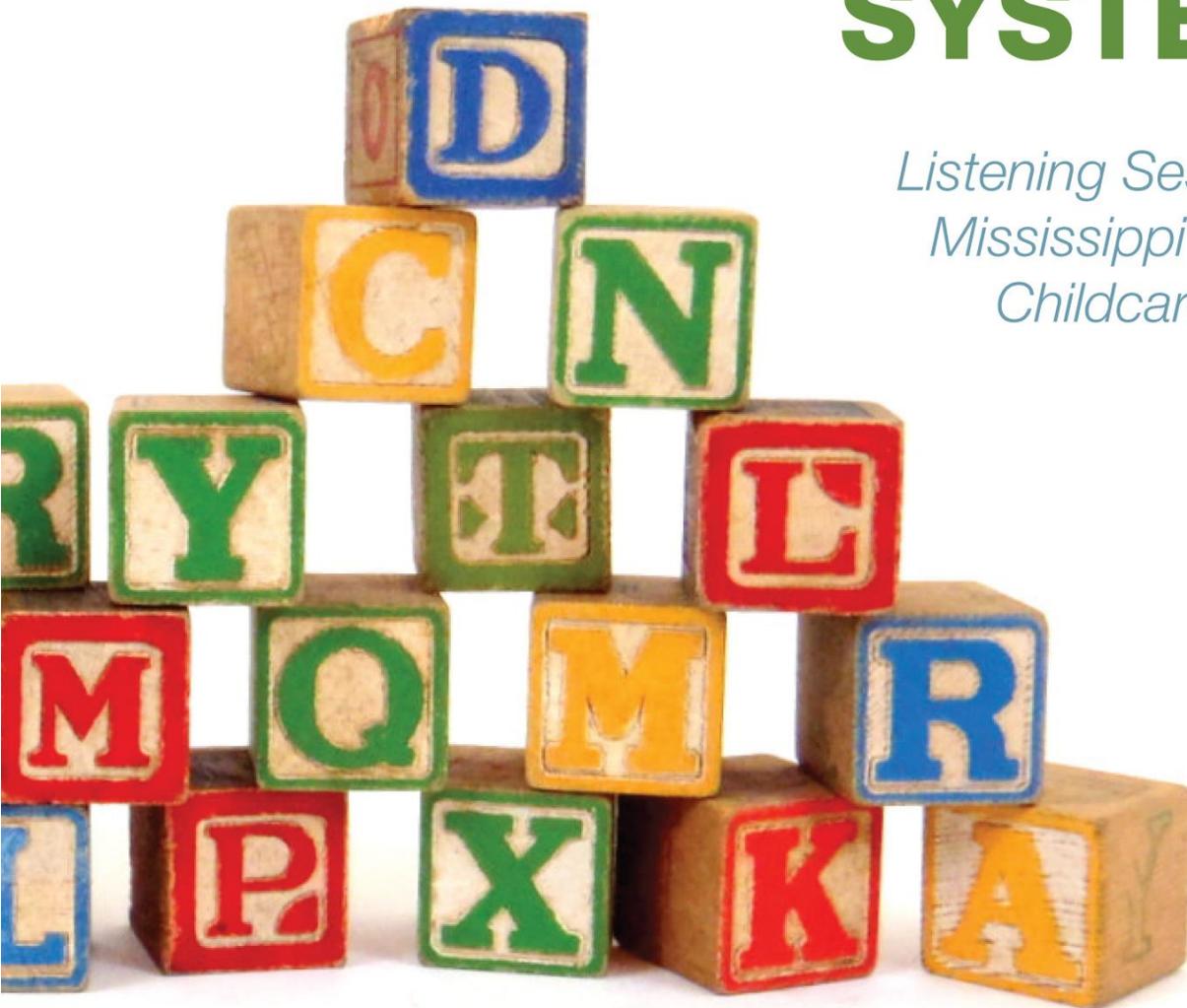


GETTING FRESH PERSPECTIVE ON QUALITY RATING & IMPROVEMENT SYSTEMS:

*Listening Sessions With
Mississippi's Licensed
Childcare Providers*



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This research was initiated by the SECAC QRS Committee while discussing committee goals and the plan to reach those goals, particularly the committee's goal to develop recommendations to inform revisions of Mississippi Quality Stars. This report, however, does not focus on improvement measures within the system. After the committee decided to use a state tour to gather feedback from childcare providers regarding their views on the current Quality Rating System, NSPARC was asked to provide assistance in conducting the formal research. Each month thereafter, SECAC was briefed on progress, and the following report is a qualitative analysis of the childcare provider feedback.

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<http://www.nsparc.msstate.edu/index.html/reports/GettingFreshPerspectiveOnQualityRatingSystems.pdf>

Note to Readers: Throughout this report, QRIS and QRS are used interchangeably to refer to the Quality Rating and Improvement System that is currently active in Mississippi or to Quality Rating and Improvement Systems in general. The SECAC committee driving this work was named prior to the implementation of the improvement component of the current rating system in Mississippi and shall be referred to as the SECAC QRS Committee, its official standing name. Additionally, quotes from providers have not been changed when they have referred to the current QRIS in Mississippi or QRISs in general as simply "QRS." For all intents and purposes in this report, "QRIS" and "QRS" are synonymous references to the current QRIS in Mississippi or QRIS programs in general.

ABOUT NSPARC

For more than 15 years, NSPARC has used smart data and analytical techniques to connect academic research to public policy, economic development, and social issues. An interdisciplinary unit at Mississippi State University (MSU), NSPARC is No. 1 in external research funding at MSU. Dr. Domenico "Mimmo" Parisi is the director. For more information, visit www.nsparc.msstate.edu. Any questions about this report should be directed to Dr. Parisi at 662-325-9242.

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EXECUTIVE SUMMARY

This report serves as a compendium of the process and results of the research initiative undertaken by the Quality Rating System (QRS) Committee of the State Early Childhood Advisory Council (SECAC) in Mississippi. During the first six months of 2015, the QRS Committee conducted eight public listening sessions throughout the state to record the observations and concerns of early childhood care and education providers in regard to the Quality Rating and Improvement System (QRIS) program in Mississippi. The sessions informed the QRS Committee's goal of revising, expanding, improving, and increasing access to the QRIS program. The one-hour, semi-structured sessions drew input from 79 unique and diverse early childhood providers who serve a combined total of 10,000 children. Information sought from providers focused on current experiences with and expectations for the QRIS program. Other themes also emerged during the sessions, encapsulating provider perspectives that extended beyond the scope of the original questions developed by the QRS Committee.

Many providers indicated that they participated in the current QRIS program because they view the program as a guide to improvement and accountability. Financial gains and market influences were two additional drivers for participation. Providers identified technical assistance and alignment with documentation and licensure requirements as beneficial components to improved business practices. Moreover, providers acknowledged center-parent relationships as a contributing factor to their centers' overall improvement in QRIS ratings. In contrast, providers who did not participate in the QRIS program cited irrelevant and unrealistic requirements as well as negative previous experiences with the program.

Different elements impeded providers from advancing within the QRIS program, most notably increasing staff requirements, problematic access to training, rigidity of the QRIS scoring system, lack of available funding aside from TANF subsidies, and daunting demands from the program. These findings suggest that the QRIS program should take into account different types of establishments and low-resource environments. Additionally, providers reported communication issues with QRIS technical assistance and overall program expectations.

Providers identified the following QRIS evaluation criteria as important: (1) credentials, (2) child-staff interactions, (3) staff affective skills, (4) child academic outcomes, (5) curriculum, (6) quality of physical environment, and (7) parent-provider relationships. To be successful, providers requested flexibility in training, regular coaching and mentoring, and financial assistance with center improvement and formal education for staff.

Based on all the findings, this report makes the following recommendations:

- 1.** Build on the areas of the QRIS program that providers have identified as important, such as easily accessible technical support, financial incentives, and ongoing, positive relationships.
- 2.** Explore how to address aspects that appear to deter or discourage providers from continuous improvement, such as unclear expectations, perceived inequity, staffing constraints, and financial barriers.
- 3.** Conduct further research of the QRIS landscape nationwide and consider restructuring the assessment component to more accurately reflect the state's early childhood priorities.
- 4.** Conduct further research on the extent and quality of technical assistance and improvement across the state.

INTRODUCTION

In June 2014, the State Early Childhood Advisory Council (SECAC) was appointed by the Governor of Mississippi to develop a comprehensive vision for improving child outcomes across the state. SECAC identified six key goals for early childhood development and constituted six corresponding committees to guide the work of the council toward the goals. The Quality Rating System (QRS) Committee was created to address the following goal: *Revise and expand use of state's Quality Rating System to provide centers the assistance they need to promote quality improvements statewide and improve access to quality early childhood programs* (State Early Childhood Advisory Council, forthcoming).

For QRS revisions to result in increased opportunities and participation for childcare providers, the QRS Committee recommended that the voices of licensed providers should be heard. This qualitative research report serves as a compendium of the results of eight QRS public listening forums conducted throughout the state across the first six months of 2015. These sessions drew input from 79 unique providers who serve a combined total of 10,000 children in licensed care settings, addressing the QRS program's intent to *"Improve understanding of provider needs on current QRS implementation"* (State Early Childhood Advisory Council, forthcoming).

Mississippi's current QRS program, Mississippi Quality Stars, is a five-component tiered system that allows childcare providers to meet a series of benchmarks represented by ratings of one to five stars. Under this program, a higher star rating intends to reflect that a childcare center has higher-quality services. Participation in the state's QRS program is voluntary, and as of June 2015, only 576 of the 1,541 licensed childcare providers across the state, or 37.37 percent, were enrolled in Mississippi Quality Stars (Mississippi Department of Human Services, 2015).

Under the current QRS system, licensed providers who opt to enroll in Mississippi Quality Stars are given star ratings based on how well the childcare staff and facility score across the five components of the program: administrative policy, professional development, learning environments, parent involvement, and evaluation (see Appendix A). One star is equivalent to state licensure requirements; five stars is equivalent to excellence in all five components of the QRS program. Participants can seek support for navigating and advancing up the ratings ladder through both the Mississippi Department of Human Services and a number of nonprofit entities across the state. As of June 2015, only 3 percent of participating providers have demonstrated five-star excellence across all five domains of the QRS evaluation (Mississippi Department of Human Services, 2015). The overwhelming majority of participating Mississippi childcare providers (about 79 percent) still rate as one-star or two-star facilities (Mississippi Department of Human Services, 2015).

Taken together, these statistics indicate that the opportunity to raise levels of childcare quality across Mississippi through statewide participation in an effective quality rating system remains greatly underutilized. Efforts such as the provider listening sessions contained in this report are critical to understanding how statewide QRS reform might best address challenges and expand opportunities for providers.

STUDY DESIGN: TAKING ON THE CHALLENGE

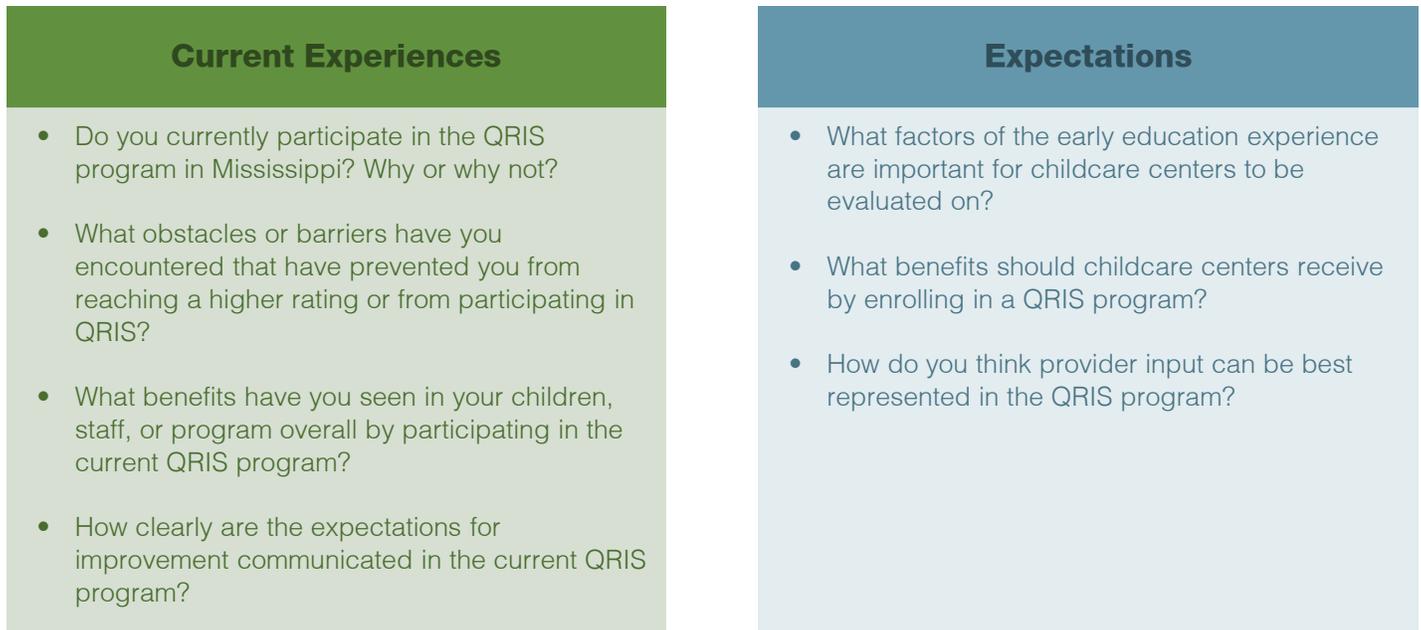
The nature of the information sought by the QRS Committee dictated a qualitative research design. A series of publicly available forums was identified as the most equitable way to hear from as many voices as possible, and a time frame for data collection was established. The public forums were semi-structured, guided initially by a series of predetermined talking points but also allowed to flow naturally as dictated by provider input at each event. Additionally, a neutral research team facilitated an impartial forum environment so that providers could be free to share authentic thoughts and perspectives without concern of repercussion (Kai-Wen Cheng, 2014; Wilson, 1997).

Asking the Right Questions

Prior to the listening sessions, QRS Committee members negotiated a key list of questions to ascertain providers' current QRS experiences as well as perceived needs and wants. The seven resulting questions fell into two distinct categories of

current experiences and expectations, as shown in Figure 1 below. The questions were designed to be posed in a semi-structured format to encourage dialogue between attendees, probe the exchange of ideas, and allow for the free flow of opinions in a comfortable, relaxed environment. While the number of attendees would determine the intimacy of the conversations to some extent, this semi-structured interview format could be flexed to accommodate both small and large groupings with either an interview or focus-group approach, respectively (Morgan, 1996).

Figure 1: QRIS Question Categories



Site Selection and Geographic Coverage

Seven event locations were positioned throughout multiple regions of the state to remove traveling distance as a barrier to participation. The dates for the listening tour were staggered across a six-month period to allow time for multiple recruitment efforts immediately prior to each event. An eighth session was scheduled in Vicksburg to accommodate a request from the public for an additional event at that location. The final schedule of listening sessions and session locations are shown in Table 1.

Table 1: Schedule and Locations of Listening Tour Sessions

Session	Date	Location	Setting
Pilot*	September 16, 2014	Tupelo	Hancock Leadership Center
1	January 13, 2015	Biloxi	Biloxi Central Library
2	February 11, 2015	Jackson	Midtown Partners, Inc.
3	February 12, 2015	Oxford	Oxford First Regional Library
4	March 10, 2015	Hattiesburg	Jackie Dole Sherrill Community Center
5	April 8, 2015	McComb	Martin Luther King, Jr. Community Center
6	May 13, 2015	Greenville	Washington County Chamber of Commerce
7	June 3, 2015	Meridian	Mississippi State University Riley Center
8	June 17, 2015	Vicksburg	Vicksburg City Hall

*A pilot listening session in Tupelo allowed the QRS Committee to clarify its goals and to refine the types of questions to be posed systematically to groups across the state. This session was not recorded and was not included in the data analysis.

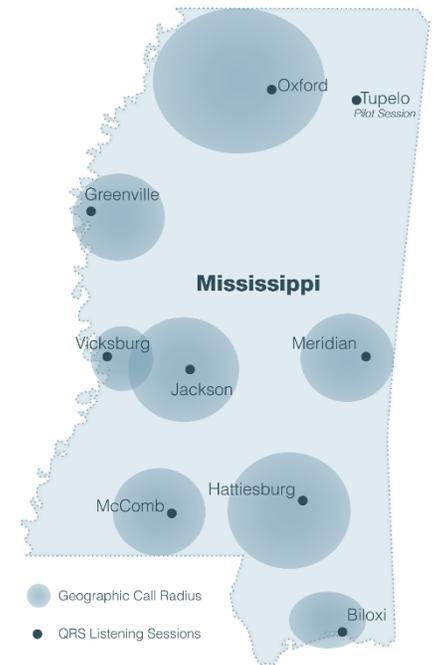
Childcare Provider Recruitment Efforts

Although the listening sessions were free and open to the public, the specific intention was to solicit information from currently licensed childcare providers regarding current, past, or potential participation in the Mississippi Quality Stars program. To that end, several different recruitment approaches were undertaken. In January 2015, SECAC's QRS Committee identified key governmental and nonprofit stakeholders with large-scale access to childcare providers across

the state. These individuals were contacted electronically with an open-invitation letter to participate in the initiative and were asked to distribute the invitation to their respective networks (see Appendix B). All SECAC members were given fliers to post publicly within their own organizations to advertise the listening sessions. That same month, an electronic announcement campaign utilized Facebook, Twitter, and other social media outlets to announce the tour launch. All scheduled listening sessions were listed on the SECAC website several weeks prior to meeting days in compliance with the Mississippi Open Meetings Act of 1972.

To increase participation, individual phone calls were made directly to area childcare providers during the week prior to each meeting. To accomplish this, an exhaustive call list, which included all of the care and education providers serving children (birth to age 5) within a 30-mile radius, on average, of the meeting location, was generated by the research team. In the days leading up to each event, courtesy calls were made to ensure local providers were aware of the time and location of the meeting. Figure 2 illustrates the breadth of childcare provider coverage that was accomplished through this recruitment effort. Across the entire duration of the project, approximately 740 phone invitations were extended to childcare centers throughout Mississippi. As a final outreach effort in the days prior to each event, local childcare organizations were engaged via various social media outlets (i.e., Jackson Free Press open calendar, city Facebook pages, local professional organization Facebook pages, and tweets to local organizations).

Figure 2: Outreach for QRIS Tour



As a result of these recruitment efforts, a total of 79 providers, who represent approximately 10,000 children, attended one of the available listening sessions. While no individual data were collected on attendees, aggregate information regarding representation is shown in Table 2.

Table 2: Level of Participation as a Result of Recruitment Efforts

Location	Number of Phone Invitations	Providers in Attendance	Approx. Number of Children Served
Biloxi	30	5	75
Jackson	250	23	1,300
Oxford	150	12	800
Hattiesburg	80	14	6,700
McComb	65	11	500
Greenville	75	6	400
Meridian	40	6	115
Vicksburg	50	2	145
TOTAL	740	79	10,035

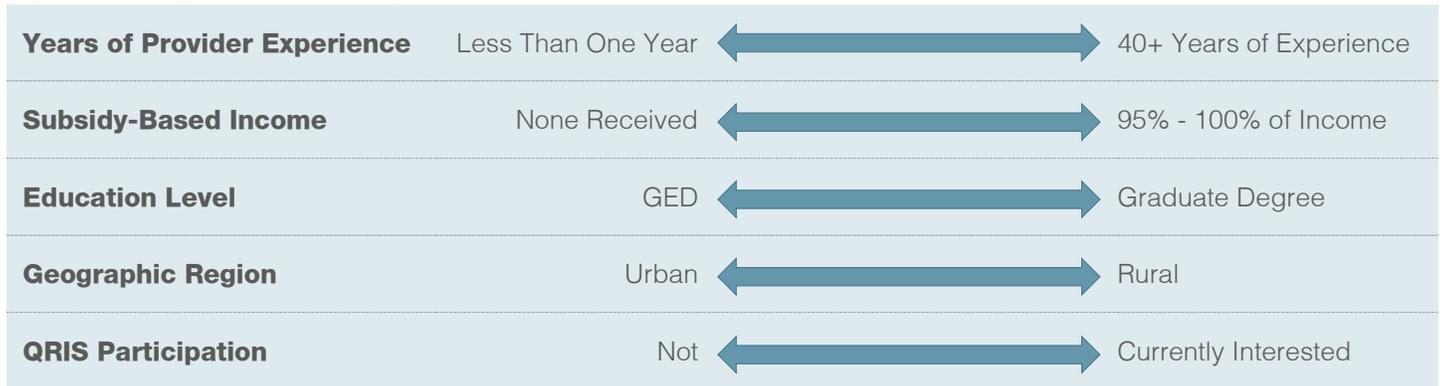
DATA COLLECTION: COMING TO THE TABLE

The research team attended all scheduled events. The majority of the meetings (6) were attended by two or more research personnel. Almost all of the listening sessions (7) were attended by one or more SECAC members, who participated in preparation calls to ensure synchrony with the research team. At the start of each session, attendees were asked to introduce themselves by describing the type of center they worked for, how many children they currently served, and whether or not they currently participated in the QRIS program. Research personnel explicitly stated to the attendees that the provision of any names or center-identifying information was optional.

While individual data were not formally collected during the listening sessions, the attendees' introductions provided evidence in aggregate of representation from a number of different provider types (public school, faith-based care, and

private provider), participating and non-participating (in the current QRIS program) providers, and providers serving both urban and rural communities. Participants represented a wide range of experience levels, from new provider (less than one year in the industry) to 40 or more years of service, as well as a full range of education and credential levels. A diverse range of subsidy-based income (from no subsidy-based income to 95-100 percent subsidy-based income) was also represented by the attendees. By the conclusion of the listening tour, only one in-home provider was noted, indicating that representation across the tour was primarily for center-based care. The range of direct representation reported by attendees is shown in Figure 3.

Figure 3: Range of Provider Representation



Each of the listening sessions lasted approximately one hour, with introductory remarks to welcome participants and clarify the research team’s role as an objective party seeking authentic, constructive input. After the introductions, attendees were informed that the remainder of the listening session would be audio recorded and later transcribed for data analysis. Speakers remained anonymous within the recordings, unless they chose to identify themselves or their early childhood facility.

Across all eight listening sessions, a research team member remained actively involved in moderating the conversation, using best-practice skills and techniques to encourage discussion and acknowledge issues raised during the dialogue. In accordance with the semi-structured format, the discussion facilitator moved systematically through the scripted interview questions while allowing respondents to diverge when conversation appeared to be fruitful, eventually guiding participants back to the original question to ensure the full scope of the intended session was achieved. All of the data from the listening sessions were captured on two recording devices. At the conclusion of each session, the audio files were immediately transferred to a secure computer at Mississippi State University. The files were transferred in bulk via a secure connection to the transcription service provider, who returned text documentation of each listening session to the research team for analysis.

DATA ANALYSIS: A QUALITATIVE APPROACH

The research analysis approach for this study merges typological analysis (LeCompte and Preissle, 1993) with the spirit of grounded theory (Glaser and Strauss, 1967) to perform a qualitative analysis of text. Typological analysis relies on a preexisting typology by which data are sorted or aggregated. Sometimes the typology is an existing theory or a concrete set of research questions, such as the questions developed in advance by the QRS Committee. Grounded theory relies on the source of data for the formation of a unique theory or set of conclusions. In this approach to analysis, the researcher categorically rejects the testing of existing theory or hypotheses and instead allows data to drive new theory or conclusions.

The purpose of the listening sessions was for providers to respond to a set of research questions falling within the realm of typological analysis. However, the intention of the sessions to identify the authentic perceptions and input from providers required retaining the spirit of the grounded theory method throughout the research project in order to underpin the nature of the conclusions and preserve the integrity of providers’ voices. Within the seven-question typology, patterns emerged

organically. Data were coded based on the interpretation of the providers' intentions, and every effort has been made to preserve the authenticity of providers' voices.

Consistent with grounded theory and in line with the intended scope of this research, this study features the themes and ideas that sampled providers articulated in response to the questions developed by the QRS Committee. This merger of methods ensures responding to the stated intent of the QRS Committee deliverable while simultaneously capturing what providers believe is important. The first step in the data analysis was to construct the typology. This task was straightforward, as the research questions were prepared by the QRS Committee prior to the initiative. Each research question was translated into a corresponding "shorthand" theme, as shown in Table 3.

Table 3: Shorthand Themes for QRIS Questions

Purpose	Themes in Typology	QRS Committee Question
Current Experiences	Current Participation	Do you currently participate in the QRIS program in Mississippi? Why or why not?
	Benefits Received	What benefits have you seen in your children, staff, or program overall by participating in the current QRIS program?
	Obstacles or Barriers	What obstacles or barriers have you encountered that have prevented you from reaching a higher rating or from participating in QRIS?
	Communication	How clearly are the expectations for improvement communicated in the current QRIS program?
Expectations	Important Aspects of EC Experience	What factors of the early education experience are important for childcare centers to be evaluated on?
	Benefits Desired	What benefits should childcare centers receive by enrolling in a QRIS program?
	Provider Representation	How do you think provider input can be best represented in the QRIS program?

To begin, two research analysts reviewed the transcripts for the first three listening sessions and developed possible sub-codes for each of the seven themes using the qualitative data software NVivo, version 10, by QSR International. The research team then discussed overlap and discrepancies in initial identified codes. The next step was to begin solidifying the overlapping information into a codebook. The codebook served as a hub for all of the working definitions of information gleaned from the transcripts.

After finalizing the first iteration of the codebook, research analysts began coding the data. This approach involved multiple readings of each transcript to ensure all of the information was captured completely. This iterative process also improved inter-coder reliability, which helps prevent generation of different codes with similar interpretations.

The process of reading the transcripts, discussing common themes, adjusting the codebook, and coding the transcripts was repeated twice (the second round included transcripts from sessions 4 and 5; the third round included transcripts from sessions 6, 7, and 8). The research team continuously updated and expanded the codebook based on exploration of the data. During the third iteration of the data analysis, the research team added very few new codes, and many of the themes from provider voices were reiterations of themes identified previously, which provided evidence of the completeness of the new, unique framework within which conclusions might be drawn.

The final step of data analysis involved refining the coding scheme. After coding all eight listening sessions, each coding was reviewed individually for its overall clarity, cohesiveness, and uniqueness. The resulting composite of codes was organized into distinct, overarching domains that heavily or sporadically emerged across sessions. Collapsing or expanding codes added to the overall validity of the coding endeavor.

RESULTS: WHAT MISSISSIPPI CHILDCARE PROVIDERS SAY MATTERS

Based on responses to the initial interview questions and the peer-to-peer conversations that evolved around them, the research team identified multiple themes that succinctly captured providers' past and current experiences with the QRIS program and their generally perceived wants and needs. The results that follow are in accordance with the original framing of current experiences and expectations described in Figure 1 as well as a third umbrella of "additional findings," which encapsulates provider perspectives that extended beyond the scope of the original questions. Also, given the goal to improve the number of providers in the QRIS program, it was deemed important to understand the reasons why providers do or do not choose to participate. To discriminate effectively between the natures of feedback, "yes" and "no" responses were coded separately before identifying specific themes within the question. A summary of the major findings is shown in Table 4.

Table 4: Summary of Findings by QRIS Question/Theme

Purpose	Question/Summary of Theme	Major Findings	
Experiences	Do you currently participate in the QRIS program in Mississippi? Why or why not?	"Yes, I do participate." <ul style="list-style-type: none"> • Program Improvement • Financial Benefits • Market Influences • Accountability 	"No, I do not participate." <ul style="list-style-type: none"> • Irrelevance • Negative Experience
	What obstacles or barriers have you encountered that have prevented you from reaching a higher rating or from participating in QRIS?	<ul style="list-style-type: none"> • Lack of Financial Resources • Scoring System Inadequate • Hand Washing • Access to QRIS Resources 	<ul style="list-style-type: none"> • "It's too much." • Not a Level Playing Field • Retaining/Credentialing Staff
	What benefits have you seen in your children, staff, or program overall by participating in the current QRIS program?	<ul style="list-style-type: none"> • Technical Assistance • Center Improvement • Better Parent-Provider Relationships 	<ul style="list-style-type: none"> • Financial (TANF Subsidy) • Improved Business Practices
	How clearly are the expectations for improvement communicated in the current QRIS program?	<ul style="list-style-type: none"> • Expectations Are Unclear • General Satisfaction 	<ul style="list-style-type: none"> • Misinformation • Feedback Harsh/Not Helpful
Expectations	What factors of the early education experience are important for childcare centers to be evaluated on?	<ul style="list-style-type: none"> • Staff Quality • Child Outcomes • Parent-Provider Relationships 	<ul style="list-style-type: none"> • Curriculum • Physical Environment
	What benefits should childcare centers receive by enrolling in a QRIS program?	<ul style="list-style-type: none"> • Flexibility • Coaching and Mentoring • Improved Parental Involvement • Alignment with Other EC Entities 	<ul style="list-style-type: none"> • Recognition in the Field • Kindergarten Readiness • Financial
	How do you think provider input can be best represented in the QRIS program?	<ul style="list-style-type: none"> • Providers with Experience • Multiple Sector Representation 	<ul style="list-style-type: none"> • Geographic Representation
Emergent Themes	Providers praise other early childhood care and education organizations and acknowledge the role they have played in improving their center.	<ul style="list-style-type: none"> • Mississippi Building Blocks • Excel by 5 • MS Low Income Child Care Initiative 	<ul style="list-style-type: none"> • Partners for Quality Care • Resource & Referral
	Providers experience stress or nervousness on the day of the QRIS assessment.	<ul style="list-style-type: none"> • Anxiety/Intimidation • QRIS Staff Approach 	<ul style="list-style-type: none"> • Impact on Children

Current Experiences

Participation Choices: Reasons I Participate in Mississippi's QRIS

Program Improvement. Providers tended to describe QRIS as a program that offers improvement for their center. A new provider shared, *"I just signed up maybe a day ago. But my reasons to sign up, I want to, you know, to improve. To do better."* The general sentiment from providers is that enrolling in QRIS means guidance, motivation, or resources to improve the quality of their childcare. Providers specifically mentioned improvement in terms of child outcomes (*"I thought it would benefit the children."*) and the anticipated benefits of receiving technical assistance from the Early Years Network (*"I look forward to them coming to keep my center and trying to get—keep getting ready because I want to keep my score."*). Participating providers were also likely to view QRIS staff as experts who would offer them the tools to keep their center and their early childhood program operating efficiently and at a high level of quality (*"We knew some things that we could do better, some things that we wanted to do better, but didn't know how to do it."*). As one provider expressed, *"I wanted to be an innovator. I wanted to increase the quality of my program."*

Financial Benefits. Some providers said they participate because of the financial benefit that QRIS participation offers for their center (i.e., TANF subsidies). As one provider explained, *"In order for me to be able to hire the staff that I need to hire, pay all my taxes, and take care of everything the way that I should, I needed the extra money."* Providers often framed the financial benefits in this way, emphasizing that the additional income would cover critical expenses and would not be considered a bonus or discretionary funds (*"I have two degreed people, and if I don't have those funds, I won't have those people."*).

Market Influences. Some providers referred to the competitive market to explain why they chose to participate in the current QRIS program (*"So if it's a little—it's a little tougher on the other centers because, you know, you got a little competition behind you."*). Participating providers felt that QRIS adds saleable value to their center. As one provider stated, *"My rationale with the Quality Stars Program was just in the word quality. Starting out, I knew that I wasn't exactly where I needed to be and if I wasn't where I needed to be, then I wasn't as marketable as other centers in the area. And I wanted to become marketable."*

Accountability. Some providers felt the current QRIS program would hold their center, including center staff, to a certain degree of accountability. These providers saw QRIS as a benchmark or measuring rod for them to know exactly what they need to do in order to continue to provide quality services. One provider explained that quality is always the bottom line for childcare providers (*"to have a tool to gauge that, that's what Quality Stars gave me."*).

"I knew that I couldn't be as objective as someone else coming in. They're going to be very objective. They're going to look at it and they're going to see it from a way that I wouldn't see it and then be able to, you know, critique myself."

Participation Choices: Reasons I Do Not Participate in Mississippi's QRIS

Irrelevance. Non-participating providers did not see star ratings from QRIS as providing any major advantage to their business. One provider explained: *"I feel like I am a quality center. I was a quality center before QRS came along. And my parents have been satisfied with our scope of services that we render. I don't have complaints."* Another provider said:

"We know what we're doing. You know? And I don't have to have an outside...I don't want to feel like I have to have somebody from the outside come in and say, 'Well, gosh, you all know what you're doing.'"

Some non-participants described requirements in the current QRIS program as unrealistic (*"I felt some of the things seemed a little unrealistic, good in theory but not good in practicality."*). They also tended to perceive the star ratings as unnecessary rather than a deciding factor for attracting new business, with multiple providers sharing thoughts about their families, such as, *"They want a good quality daycare or childcare center. But stars would not make that decision for them."* As a result, providers in this category were unconvinced that the program would provide any major advantage for their center (*"And there's nothing really in it for us. You feel like your center's doing okay or doing well."*).

"So when they come and they say, 'You have your license from the Health Department?' and they know you have a certain quality. You don't have 'three-star quality' and they could care less. I mean it's on my door. And I said, 'You know, we're a three-star.' And they're like, 'Is that what the three stars are for?'"

Negative Experiences. Some non-participating providers had once participated in QRIS. Those providers indicated that their previous experiences with the QRIS program and/or staff made them feel like the program was not there to help them. One provider admitted, *"I opt out then because they come in like, 'You are so dumb.'"* Another provider felt the QRIS staff *"tore my people down."* Another provider spoke of *"the damage it did to my staff."* The general feelings expressed were that providers felt demoralized and/or punished after the experience rather than edified or improved (*"A lot of what we're having a problem with is the punitive nature of the program where you don't fit this check, check, check. We're going to take you off, or you get a one star."*).

In addition, a few providers spoke generally about the burden of keeping up with the various requirements of the program, such as the director who recounted, *"I couldn't meet the criteria and do what I needed to do—take care of my children. I was so consumed with paperwork my teachers started saying, 'You're losing yourself.'"*

Benefits Providers See from Participation

Technical Assistance. Providers frequently mentioned the support and assistance received by participating in the QRIS program. Providers felt that the technical support provided by QRIS coaches and trainers enabled them to improve the childcare facility at multiple levels, such as curriculum (*"Now, I like that, because they give you a lot of good ideas to bring back to your center, and I bring them back and give them to my employees."*) and teachers (*"It gave me higher standards for my teachers. You know? To make sure that there was training that I knew they needed. They just increased, they only increased it 15 hours by a little bit at a time."*). Furthermore, providers appreciated the opportunity to learn about program quality improvement, as this positively affected their overall score and confidence (*"We started out at, like, a 2.8. And then after the technical assistance, she graded us again. And it was a 3.8."*). Providers also tended to indicate that they viewed QRIS as a critical component (*"Everybody needs to know what the standards are required, and to help kids get ready for kindergarten readiness. I think it is very beneficial."*).

"Well, you know, you get your technical assistance that comes in and she's like, 'Well, if you'll do this, this, this, and this.' And I'm like, 'It ain't gonna work, it ain't gonna work, it ain't gonna to work; can't do that, can't do that.' She comes in—she does it! The teacher jumps on board. All of a sudden, the room is calm. And I'm like, 'Okay, well, maybe...'"

Business Practices. Some providers stated that participation in the QRIS program helped them stay aligned with documentation requirements for other purposes like licensure (*“...having your documents in place were also something that worked hand in hand when licensure came out.”*). Accreditation and eligibility for funding were two additional areas where providers found participation in QRIS useful (*“We do participate and we do it because [of] accreditation, of course, speaks volumes when you’re seeking funding.”* and *“In grant writing, it does make a difference.”*). The childcare as a business course was seen as helpful, and in recapping the biggest benefits, one provider summed it up as *“mine is totally organization on the part of the QRS. Really made a difference for me.”*

Parent-Provider Relationships. Providers reported improvement in parent-provider interaction since participating in the QRIS program. They felt that QRIS experience impacted the parents positively, as they acknowledged providers’ services and communication efforts regarding children’s learning and well-being (*“Parents are very excited about the newsletters going out each month, and activities that’s on the newsletter. They are very excited. ‘Well, my child is doing this, you know, today, and tomorrow they’re doing that.’ They’re just very excited about that.”*). Providers described a synergistic, positive effect when they kept families informed through the newsletters, which made parents more cognizant of what was going on in the classroom and the center (*“You know, they’re getting letters, the teachers are involved with, what the parents, you know, they all know what’s going on. And it kind of, it changes.”*). Moreover, providers felt that participation in the QRIS program upgraded their status from being a mere babysitting facility to a facility offering quality schooling for very young children (*“Because I think all parents want the best for their children and when they bring a child in here they see that, oh, okay, you know, they’re teaching here.”*). In general, providers observed a positive response from parents by systematically reaching out to and informing them.

“Not only did I want to be a part of the accreditation, but it also excited the parents to know that we’re no longer the babysitter. We’re getting our children ready for schooling. For years, people look at childcare as a babysitter, and we’re not a babysitter, you know? We’re there to teach. And so what QRS has helped is when I let my parents know, and we have our sign, and our letter—it excites them.”

Center Improvement. Providers commented positively on center improvements derived through QRIS participation. Providers shared that the *“the concept is good”* and that it *“has made us better.”* At a center level, providers appreciated the assistance provided by QRIS staff in relation to classroom arrangement (*“They did come in, and I was grateful for the way they showed how to set our centers up, you know, more feasible for the kids.”*) and equipment (*“You’ve got to put some stuff in the center of the room to keep them from running back and forth. A lot of it was visual, you know, visuals that she had them, you know, put the stuff on the walls and stuff like that. And it literally changed my entire room around.”*). Also, by participating in QRIS, providers reported they could *“understand how to teach-implement the lesson plans in the classroom.”* Several spoke about gaining a better sense of how to improvise instructional resources. As one provider said:

With QRS it’s teaching through pictures and, you know, no more worksheets. So, and I’m going to be honest, I didn’t think that it could work—but it does, it does! So I see a lot just teach them with whatever you have in your classroom, you know, the colors, a picture. So it has helped tremendously.

TANF Subsidy. A few providers referred to the higher rate of reimbursement earned through accumulation of rating stars (*“if you get a high enough star.”*). In these cases, providers correlated the number of children on TANF subsidies with the earned childcare certificate percentage (*“You benefit from being on the program because you get a percentage”*) and expressed appreciation (*“I’m grateful for it.”*). Nonetheless, providers stressed that state subsidies may not offer adequate prospects for investing in the QRIS program, unless higher ratings are earned:

...because if you only have 10 [children] on there and you get 10 percent, that's not much as opposed to if I have, you know, 100 children on there, which I had at one time, and I was getting 22 percent. So that makes a huge difference. So it was worth the investment for me, but it may not be worth the investment for someone else who doesn't have a large [enrollment of] childcare certificate children.

Obstacles & Barriers

Staff. Providers mentioned various aspects of quality staffing as a barrier to participating or achieving a higher score in QRIS (“This past year we opted out because I had a huge turnover in staff.”). Providers often felt that reaching a higher star means hiring more qualified staff (“The reason we haven't participated in it is because at my center, I don't have a whole lot of employees and staff that have the higher education, the bachelor's degree, the master's degree, things like that. So then we're just stuck at three stars.”), which can then result in an imbalance in the compensation ratio they are able to maintain (“And we actually—I hired, have hired, people with bachelor's degrees that we couldn't afford.”). Others report staff entering employment with a lack of training and other skills (“I'd almost rather close down a classroom and have the same people that I have than hire someone new, because I'd have to get them trained.”), with the burden of getting new hires to reach a higher level falling upon the directors (“And the turnover for employees is too great. It's like if I don't have a person with an AA, a person with a CDA, whatever, I'm the one that shoulders the responsibility of making sure my employee comes up to those standards.”). Multiple providers described turnover as another huge barrier to cultivating highly skilled and highly credentialed staff (“I've got to wait until I can find that right person. And there's not a lot of them because they'll go to Head Start or somewhere else because they get paid more money.”).

Inadequate Access to QRIS Services. Many providers cited difficulties with getting the training they needed to advance in QRIS (“Now, one thing I do have a problem with the training is they allow all the other people that's not participating in QRS and to go to the training, and then when we try to get in, they are full.”) and having access to the technical assistance staff (“Unfortunately, I was unable to get them this year. There were so many demands on their time.”). Providers felt that requests for additional class offerings went unheeded:

They're not very accommodating. And even when you call to ask about the required classes, like a director seminar that's required, or the Childcare as a Business, or the Early Learning Standards, which is required to get that five, they only offer it one time. And if you miss it, or if you're pulled for another meeting, or you're pulled from something else, too bad, so sad. And there you go, you drop down.

Attendees also talked about the difficulties they face in making arrangements to attend scheduled trainings, including staffing (“It's even hard for me to go and renew Childcare as a Business or whatever because you need to be at your facility because of low staff. So the times and the dates of the trainings are not just readily available for you to take them.”) and travel costs (“You look on the list right now – there's not anything in [our] county. I mean, you have to travel to go get these classes.”).

Scoring System. At almost every session, some providers identified the current scoring system as a barrier to improvement, though specifics about this barrier varied substantially. Some providers felt that the current scoring was too rigid (“That's right. If you don't have every little piece... Like, so many books per child. Right? Okay. Well, book torn, you get points away. That book probably just got torn yesterday.”). Others expressed that the scoring system did not allow for the day-to-day flexibility of their real lives as childcare providers:

And childcare is all about flexibility. Like, you know, one day can be totally different from the next. And I always thought ... I don't know how to incorporate intent, you know, into a guideline because I know that you have to have some kind of guidelines for them to test you or score you ... But they should be looking at intent. Like, I am sorry that that child did not stay for the entire two renditions of 'Row, Row, Row Your Boat,' but the other eight did. Can

you not tell that we are trying to teach them—that the intent is for all of them to do that, even though the two or three are not going to do it when you're there?

Other providers felt the scoring system does not accurately capture all of the skills and expertise that they believe should matter in a quality center:

I had a lady that's worked with me for 17 years and she never got no higher than a 1.75. And no baby has ever been hurt. They've always been dry and clean. And they love [her]. They see her and children will run through the room for her.

Providers generally acknowledged the need for a measure of accountability (*"I agree that there should be some standards and some, you know, guidelines. But I think they're too rigid."*), but they tended to be unconvinced that the current QRIS program has the best available measuring options in place (*"I mean, by us being such a poor state, was there something else that they could've chosen that would be more compatible?"*).

Level Playing Field. This theme emerged early in the tour. The theme continued across multiple locations among providers who feel they are unable to reach a higher star rating because the program is tiered in such a way that some establishments, such as centers serving low-income families (*"And they don't look at that, the kids that we serve and the area that we're in."*) and small-sized centers (*"You're already in the building and they grade you on the length of your rooms. That's out of our control. Especially if you, like me, you rent a building. You know?"*), are unable to meet all the requirements for the next rating level.

"Because I'm down there with the people with the lowest income. And you just don't know how it really is. It's heartbreaking. So, when you come up in here and you say 'I have three stars,' I'll be like, 'Oh, my gosh--how much does it cost for your three stars?' I say nothing else. Nothing else."

In all of these conversations, providers serving low-income families did not appear to be asking for easier or lower standards. Their comments mostly indicated that they felt the extra effort they devote to quality care, in spite of challenges, gets overlooked by the current QRIS measures (*"We love our babies. And so it's important that we realize that we don't always have to have the best to have the best center."*). They also saw these systemic challenges as requiring a different evaluation approach:

You're going to have to have some totally different things when you're talking about inner city and you have parents who work, single parents that are working. The children are not going to come probably equipped initially. We have to make up for that. We have to comb hair. Sometimes we have to buy clothes. Those things are important to a child's development. Those are things that have to be addressed from a center's standpoint... So in all the different areas, we go to Madison, we go to Clinton, we go wherever. You're going to see a difference. But you come in and you evaluate us all the same.

Similarly, providers in physically small centers described their view of how the current QRIS program does not adequately consider differences in center size, putting their centers at a disadvantage:

But even some environments, you know, they're not all comparable. Just because you have a small space, that doesn't mean that the space is not adequate to get the job done... even if you had all the centers in the world, that doesn't mean that in a smaller space with less centers that you aren't still providing everything that you need to provide for that child to flourish at the next step.

Another provider described the balancing act between expectations and the realities that smaller centers have to manage as an example of the need for QRIS evaluation to account for center capabilities:

I only have 22 children, my rooms are very small, but it meets the guidelines for the number of children that's supposed to be in there. But the problem that we had was, in my area of dramatic play I didn't have 52 things right over there in that area, in the small... I think that there should be some type of consideration for the size of what you're looking at, because there's no way I can get 52 costumes in my dramatic play area.

"My day care is very small. I got counted off for that, even though I had a writing table and everything that they needed, and all the shelves with the paper and everything accessible to them, they looked for the part that didn't even pertain to the children."

Finances. Many providers report often feeling thwarted by their lack of funding to make the necessary improvements to reach the higher quality rating demands (*"Sometimes it seems like businesses are penalized because they don't have funding to produce the kind of quality program."*). One provider explains, *"I'm a teacher, a bus driver, everything. You know? And then we just—you know, because we can't afford it. We cannot afford it. You are having stipulations for us to do, we cannot afford to do them."* Providers felt that the current QRIS program requires a major financial investment (*"Now as far as QRS is concerned, I think it's a good thing, but I also think that, first of all, there's a lot of things they require we don't have the money to do."*) that many centers are unable to meet (*"I mean, what money? You know? If you have a small center, you don't have a huge profit margin, you know?"*). Many providers expressed financial frustration even as they simultaneously conveyed a desire to be involved to improve their center and to provide the best educational experience for young children (*"We want to have more. We cannot afford to have more."*).

"98.9 percent of my parents are on the certificate program so I don't have the paying parents. I deal with low-income families. So who's gonna bring the money in to pay these employees? And then when you come in QRS for your evaluation, you need two or three sinks in each classroom. So who's gonna run those pipes and put in some more sinks? You gotta have this, you gotta have that."

Hand Washing. Not a single provider took issue with the actual importance of hand washing (*"We do understand the importance of hygiene."*), yet at numerous sessions, many providers felt strongly that the hand-washing requirement was scored too frequently (*"I don't think it needs to be proved the whole time."*) and too rigidly (*"It is important for children to wash their hands and know how to wash their hands. But the way they grade us is just impossible."*). Throughout the listening tour, terms such as *"unreasonable"* and *"impossible to score well on"* were recorded, with providers at numerous sessions swapping stories of how they intentionally *"took a hit"* on that part of the evaluation to focus on areas where they believed success was achievable (*"And we know we're going to score poorly on the hand washing, so we just try to up everything else."*). There was a clear sense of annoyance (*"I agree with it. Your hands should be washed. But, my gosh."*). The hand-washing requirement was repeatedly viewed as an unfair barrier to moving up to the next star level (*"But because you spent so much time on hand washing, they subtract the amount of time from another area. And, so, that's what I really have the great issue with. It shouldn't cross over into other areas."*).

"Someone said to us one time, well, nobody will ever pass or score good on the hand-washing thing. Well, why have something that nobody can ever score on?"

On behalf of the children, providers also felt that ultimately the hand-washing requirement takes too much time away from learning opportunities (*“There’s wasted time in there that you can be teaching these children or letting them play through learning.”*). The current hand-washing requirement is only one piece of an evaluation measure under the learning environment component of Mississippi Quality Stars, and providers at many sessions expressed irritation at what they perceived as hand washing overshadowing the overall component (*“You’re trying to teach learning. You’re trying to make sure that they’re ready for kindergarten. And you’re so worried about them washing their hands again because they touched something else.”*).

Just Too Much. At many of the sessions, providers also described how the number and scope of the guidelines to reach a higher rating can feel overwhelming:

I feel like we have all these rules and regulations and stuff we’ve got to follow. And, then, if you want to get involved with—you already have a book this thick of stuff you’ve got to follow through with the Health Department. And then, you know, your own standards as a center that, you know, the owner or director, you know, implements. And it’s like, then, if you take on the Quality Rating System, then you’re having to go follow another big book of stuff.

Another provider said, *“My hands are very full as the director. Keeping up with paperwork with this program and that program and just in general things that goes on in our office as well. It’s just, the requirements are high.”* At a separate session, one provider was more direct: *“Because with the higher you go, the more demand it is. More paperwork—paperwork will get you. It’s paperwork.”* The predominant sentiment was exhaustion. Providers want to do well (*“We do participate, with a little hesitation. Well, initially when we first decided to participate just looking at some of the things—the obligations were a bit overwhelming.”*), but they indicated that they do not have the time or resources to do more (*“QRS is adding all kinds of extra stuff. And it’s, like, if a teacher really did that realistically—if she really did that every single day, like, the kids would just do nothing but play all day and have time to themselves. They wouldn’t get the teacher.”*).

QRIS Communication

Unclear Expectations. In almost every listening session, multiple providers indicated that expectations for improvement were often unclear in the current QRIS program. Providers voiced confusion and misunderstanding due to a cited lack of coherent instructions (*“There’s no policy manual at the moment. So centers don’t really know what the rules of the road are.”*).

Providers stated that current QRIS guidelines and training leave too much room for subjective interpretation (*“... so much subjectivity and individual evaluator-driven decision-making, without any ability to know if that was the rule or just what this person said.”*). Providers felt their understanding of guidelines did not match with the evaluator’s rating during assessment (*“Well, it’s not real clear and that’s one of the biggest things is that part. You just really don’t know.”*).

Additionally, providers cited evaluator inconsistency. As one provider described, *“You do what they say and then an inspector come in and they knock you for it and say, ‘That’s not what we wanted.’”* Providers volunteered examples, such as technical mistakes that evaluators handled differently (*“After the fact I brought it up to them and was like, ‘Well, I’m not sure why you’re counting off for this because this and this and this.’ And she’s like, ‘Oh, okay. Well, they shouldn’t have counted off for this, then.”*). One provider described post-assessment feedback that contradicted the scoring during assessment: *“And some of the things that I get back in my report, for one example, about the height of my changing station. Well then I got, didn’t get any points. But then when I go and take the same tape measure and ruler and whatever, I’m getting what it should be. And then you tell me it’s not.”* Moreover, providers described geographic discrepancies *“among the coordinators, how they train, the feedback that they give, if any, and also, the follow-up.”* Overall, providers highlighted disconnects between the guidelines they perceive to be in place, the assessment process, and the particular individual scoring the results.

“Once you go and do the training then you have to take your own perception. You take your own perception and you say, ‘Okay, this is what I perceive this to mean, or this is what I think they should do.’ And when you have people that come out to your facility and they do their evaluation, then it’s truly based on what they think or how they perceive those skills are stated.”

The course of action regarding the procedures and moving up the stars ladder was also described as hazy because *“there isn’t any guidance about what’s supposed to happen, so [that] people know.”* Providers were unsure how to question the type of evaluation, the documentation provided, or the next steps they should take to improve the quality of their early childhood facility. As one provider related:

How long do you have before you get the rating? What is the rating going to cover? How is the rating going to be communicated to you? When are you going to be able to do your corrections? How long do you have to do that? If you have a disagreement, what kind of a process is there in place to challenge a score in a certain area? None of that is written down anywhere.

Satisfactory Communication. Even though many providers talked about unclear expectations, not all conversation around this topic was negative. At almost every session there were also providers who reported general satisfaction with how expectations were communicated (*“I think it’s very clear, you know. They give you the checklist. You have to have everything in this to be a one, and everything in this checklist to be a two. So, I think it’s very clear and precise. You just have to read it.”*). Providers who expressed satisfaction were content with the services and assistance received (*“... the interaction, and technique that you need to do with the children, all of that was well. That’s done very well.”*). These providers viewed communications as timely (*“I’ve always talked to them over the phone and they have been most helpful. They have been polite. And, if I did not reach anyone, I was able to leave my name and number and I was called back usually within that same day.”*).

Problematic Feedback. Providers who discussed the topic of feedback were generally dissatisfied (*“And we definitely need follow-up, because we pretty much are scoring the same thing year after year on the same part.”*). Much of these conversations, which occurred at more than half of the listening sessions, centered on the lack of feedback (*“And when we did go through the entire process a couple years ago and got our evaluation, you know, they gave you the report but there was no explanation of the report. So I’m sitting there trying to figure okay what does all of this mean?”*). Some of the criticism was directed at the timing of feedback (*“They cannot say nothing to you during the whole time they are evaluating you. They don’t give you any feedback. I didn’t get any feedback that day.”*) or what was perceived as a long delay (*“For the last two I’ve had, it was months and months before I heard anything from them at all.”*).

“They’re not very clear at all. In fact, after you get your sheet back explaining why your scores are what they are, I mean the top of your head is blown off because, you know, you say, ‘I got three?’ And as I’m reading this, it looks like I shouldn’t have gotten anything.”

Several providers indicated that they found the feedback harsh and discouraging rather than empowering. One provider explained:

It’s almost like we’re set up to fail. You know what I’m saying? Instead of setting us up to succeed. So regardless of if you’re doing administration portion or what, like, if your goal is to help us have quality centers and put the best practices in place, then I don’t care who you are with QRIS, like, you should be free to say, to do, to give input, whatever to help us succeed. Instead of, you know, wanting us to fail our tests.

One provider summed up the feedback situation with the following: *“So you didn’t get the help piece, you just get the evaluation.”*

Misinformation. As the listening sessions unfolded across the state, one interesting aspect to the communications question was the erroneous information that participating providers sometimes shared with one another. While the presence of misinformation itself is not a surprise in any large organizational structure, examining the nature of its content can be informative. In the case of QRIS, providers showed confusion about its powers of authority (*“And we just frightened. We frightened that they going to close our doors, if we don’t do what they say to.”*), free access to benefits (*“I have a question, ‘cause I’m hearing something that I didn’t know exist. Why is some centers having technical assistance from QRS and some centers don’t?”*), and funding avenues (*“Well, we got an email that says about this \$10,000 thing.”*). On some occasions, one provider corrected another (*“The QRS program has no ability to take funds from you, to close down your doors.”*), or the session facilitator stepped in to correct an error (*“That’s part of the stipulation for the grant, which is separate from QRS.”*). In other instances, it was not until the data were analyzed that the misperception was caught by one of the researchers, such as when a provider confused the names of agencies providing technical assistance or support.

Expectations

Important Factors to Evaluate

Staff Quality. Staff quality was raised as a key component of early childhood care at every listening session across the state. As one provider explained, *“The point I’m trying to say is, it might look perfect on the outside. When you walk in—oh, that’s a perfect center. But how is the teacher working with that child in that center?”*

Opinions varied among attendees as to what constituted staff quality, but three primary aspects appeared to surface: (1) training or type of credentials (*“... an environment where people are trained ... not just, you know, educational training, but also have training in the field that they’re in. That they have life experience.”*); (2) the type and amount of interactions that occur between staff members and children (*“That’s a must, because without the interaction, there is no classroom.”*); and (3) affective skills for fostering positive relationships with the children (*“Everybody thinks everybody ought to go to college. Well, you know, some people aren’t meant for college. But there are people who are meant to nurture children.”*).

Child Outcomes. At almost every meeting, providers enunciated the importance of looking at child outcomes to evaluate how well a childcare facility does its job. Academic skills were mentioned frequently (*“You’ve got to teach them the reading. You’ve got to teach them to write.”*), as were behavioral skills (*“... they can even hold themselves accountable when they’re three and four to know that, I’m supposed to act a certain way. And at this time I should do this. And at this time I should do this.”*) and functional skills (*“They have to know how to hold that fork and spoon when they’re eating.”*). Finally, providers mentioned the overall well-being of the child, which was expressed in terms of safety, trust, and a notion of belonging. One provider explained her role to *“make them feel loved; that somebody cares about them, security, that they can trust us.”*

“What do you have after your children have come through this program? Do you have children who are successful in school, very successful in life, who have emotional maturity, who physically developed and do what they need to do in life?”

The Curriculum. Almost universally, sessions included provider conversation on the importance of the educational curriculum. While varied opinions existed across providers and sessions regarding what the curriculum might look like and how it might be accomplished, both the “what” and the “how” were viewed as critical aspects that should receive more focus. Providers talked about the need to provide education to all age levels through developmentally appropriate practice (*“knowing that it’s developmental stages, and developmental activities, and how they build, and they scaffold up.”*). Providers also described curriculum content (*“You know, lots of talking. Lots of language opportunities. Lots of language experience activities. Because, where we are, children are very language-delayed, coming in, and so lots of language opportunities.”*) and expressed the need for alignment (*“There is no one particular thing that we have to do together as far as teaching. Just like in the public schools, like you said, they have one basic curriculum. We don’t have that.”*).

The Physical Environment. When the physical environment came up as an evaluation factor, providers tended to describe what mattered in two different directions. At times, conversation revolved around the importance of room arrangement, appropriate equipment, and adequate supplies for all children. This aspect of the physical environment created some tension from an equity perspective, suggesting that at least some providers believe that item quality is more important than item quantity. At other times, discussion of the physical environment was about the health and safety of the child, no matter the equipment or materials. Nutrition, cleanliness of the children, and overall playground safety and space were examples given from this perspective (*“The most important thing to me is the safety. Nurturing—safety and nurturing. That’s the most important thing to me.”*).

“You have to have, in the art center, all these little bitty things. It’s so many choices, it’s so many choices, and it overstimulates them [children], and you’re looking at a meltdown, a behavioral problem. And then, of course, they’re [QRS staff] looking at you, how you’re going to handle it. And then they don’t take in the factors of childhood disability/exceptionality as well, and all of that material they expect is so over stimulating, and they don’t know how to make choices.”

The Parent-Provider Relationship. Although less emphasized than other factors, the importance of the parent-provider relationship was also raised by some participants at multiple sessions. Providers tended to speak more generally about what this entailed, from offering *“lots of parent involvement activities”* to getting to a point when *“that parent trusts what I say.”* Several providers described a personal connection beyond the business relationship. One provider explained, *“Talking to the parents, making it more—and I even tell parents, when we come, when they come into our center, we want you to feel like you’re at home.”*

Desired Benefits of Participation

Flexibility. At every session, a desire for flexibility in training and classroom visits received more attention from providers than any other benefit topic raised. Flexibility, as the providers described it, was not about raising or lowering expectations for different centers but rather about being more accommodating to the different ways and means for attending training or demonstrating quality during assessment visits. On the topic of training, participants felt it should be more accessible, offering ideas such as scheduling the most critical sessions multiple times within a year, having Saturday classes, and planning more training dates in rural locations. Given the staffing difficulties of sending individuals to training during childcare hours, providers suggested flexibility in training delivery. One provider said:

Maybe if they could come to you, or if there was a different delivery method. Maybe a webinar, or you could print it out, or where they could do it on their own, some kind of... something... a different delivery.

When talking about classroom visits for assessment purposes, providers repeatedly expressed that the timing and length of the assessment visit often fail to provide a full picture of their center. One provider stated, *“It’s not adequate. A one-day evaluation of somebody coming in.”* At times, provider comments relayed a feeling of unfairness (*“So, how are you going to count me off for something that we didn’t do while you were here, but we may do that in the afternoon?”*).

Providers’ solutions for achieving the flexibility they desired included the possibility of multiple visits (*“But more than one day. You’re not really going to get in one day’s time the quality of my program.”*) or a longer single stay:

I think, in order for them to really get a true account or score for what you’re doing at your center, they should stay there as long as the kids are in the classroom. As long as the teacher is there. Because I don’t think it’s a whole accurate account of everything.

Coaching and Mentoring. The second most commonly requested participation benefit was more coaching and mentoring (*“But to have somebody come in and work with you for a week, telling you what you’re doing wrong, saying that, you know, this is a different way and another. That would really bring us up. I would like that.”*). Providers expressed a desire to have an ongoing coaching relationship with those who would ultimately be returning to assess their centers:

Maybe they can come and, you know, kind of interact with the teachers so they can get comfortable with them. You know, that’s calming. Not tell them what they don’t do. But just come in, and get comfortable with them. Have conversations, feedback from them to them. Maybe that would work.

“Come in and set us up—I mean, even if you don’t give us new stuff, set us up with what we have. Set us up, and show us. You know, because we want to do right. We want to do what we’re supposed to do.”

The possibility of some kind of peer-to-peer mentoring was also suggested:

It would be interesting if there was some way for centers that have climbed up [in star ratings] to be included in a peer technical assistance exchange for centers that are just coming in. I think that could really be helpful.

Alignment. At more than half of the listening sessions, providers expressed a strong desire for tighter alignment between agencies, across centers, and with kindergarten expectations. One provider’s comment, *“We all need to be on the same page,”* was echoed across all of these conversations. Some expressed confusion about the differing expectations between state agencies:

Okay, it’s basically like, you are planning to open up a daycare center. You know, you’ve got all these rules you’ve got to follow. So basically, it’s the same thing with QRS. You have all these rules you have to follow. But if you don’t do this, you get five for, you know, through your childcare license person. But if you don’t do this, you get, what? No points for it with QRS? So, to me, it’s basically... It’s kind of like an all-in-one thing to me... It’s... You’ve got extra paperwork over here. Then you’ve got extra paperwork over there. But it’s totally different. You know.

Others were concerned about instructional alignment with schools (*“to determine school readiness with kids transferring from childcare into either Pre-K or Kindergarten”*) and with other centers (*“It does need to be streamlined so that children that are moving from one center to another, you know, there’s some kind of continuity. And so I think centers need to have guidelines about that information.”*).

Financial Benefits. At many of the listening sessions, providers asked for compensation for QRIS participation beyond what is tied to the TANF subsidy program. The reasons were many, but all stemmed from the view of cost as a barrier to

quality. Some providers referenced families they serve that qualify but sit on a waiting list (“*Several of our parents have already applied for it. They’re just on a waiting list for it. Their grandparent—their moms and dads are paying their tuition every week because they can afford it. My parents can’t afford it.*”). Providers also expressed that they did not want to raise prices on parents who can’t afford it (“*I don’t charge an extra pay because they can’t afford it. But if you get on the QRS program and you have to buy all this equipment, you’re going to charge extra, aren’t you?*”). Concern was also raised about which aspects of quality to pay for at the expense of others:

The children are not going to come probably equipped initially. We can make up for that. But we need money because we have to comb hair. Sometimes we have to buy clothes. You see what I’m saying? Those things are important to a child’s development. You know, if I have a child coming in and they have not had a bath, you know, I can’t put you in the learning center. I can’t have you around kids. I mean those are so many, those are things that have to be addressed from a center’s standpoint. You know? But we need money for that.

“And I feel like they should give us—through vouchers, through grants—I feel like they should directly give childcare providers funds to bring the standards where they wanted ‘em to be.”

In a separate financial benefits direction, multiple providers also spoke on behalf of their staff, suggesting that a QRIS program could raise employee quality through formal education assistance:

We have wonderful, wonderful, wonderful childcare workers who don’t have anything but a GED. Now let me tell you something—you offer some type of program to them to further their education, or if they think they’ll make 25 cents more an hour, they’ll be there.

Kindergarten Readiness. At half of the sessions, providers were quick to identify kindergarten readiness as a benefit that the children should receive for their centers’ participation in QRIS (“*Kids ready to enter kindergarten, developmentally ready for kindergarten.*”). Several asked for training on the educational aspects of quality care (“*I think more education needs to be involved in it than just cleaning.*”) and on how to differentiate instruction to help all children be ready (“*And there’s nothing in QRS about, you know, differentiating your instruction. And I think it should be.*”).

Recognition in the Field. At some sessions, providers talked about the recognition that a star rating might bring them: “*It would make me feel good to know that I’m a five star, you know, get to that five star.*” However, this sentiment was typically qualified by others with the idea that it might only matter in certain situations (“*If you had some clientele that have the resources to pay, they will look at the star rating.*”). Overall, this general desire for recognition (“*And so, that’s a reward to see, but also to be able to measure, to have somebody to come in and say that, you know, this is where you stand, nationally.*”) was mentioned at half of the listening sessions on the tour but was not a strong focus overall.

Improved Parent Involvement. Another benefit that was requested at about half of the sessions was assistance with getting parents involved (“*But I know my parents, they don’t like to get involved that much. I have to beg them.*”). These providers recognized the importance of partnering (“*Our parents are very important, and they need to know. They need to understand as well.*”) and felt that additional support in the form of resources or strategies would make QRIS a benefit for parents as well (“*Now, of course, I’m trained for that and they’re not, but just something to get them motivated to help the child once they leave us at 5:30.*”).

Best Representation Method

Actual Providers. Direct representation by practicing providers was the most popular suggestion across the listening sessions. Issues of credibility in proposing solutions were noted (“*They need to select from a select group, because often*

times they're not real providers. I mean, I'm just being frank.”), and the need for practical experience to inform decision-making was raised across multiple sessions (“It’s easy to make decisions when you sit behind a desk with a pencil and a pen. But unless you go out into the field and actually know what happens and what goes on out there, then you won’t be able to make a good call.”). When conversation involved proposing solutions for QRIS (“Well, I think this would work, oh, no I think that’ll work. But do you really know?”), direct representation was expressed as an important prerequisite (“Bringing us to the table. I guess, like you’re doing now.”).

Geographic Representation. Providers suggested representation according to geographic location: “Because what’s particular for this particular group or area, it may not be applicable for the inner-city school. You know? You have to have more input and it really needs to be more diversity.” Both county and region were variously emphasized, and the possible benefit of geographic representation providing opportunities for vested parties to visit multiple regions of the state was also expressed.

“That might make us a little bit more apt to buy into it if we feel like we have a part in decision-making, rather than just being said that it’s not going away and you gotta do this.”

Multiple Sectors. Along with a call for direct representation from actual providers, participants also saw value in having multiple viewpoints represented: “Input from all of the entities that is going to be participating, such as the private sector, the nonprofit, the for-profit, faith-based, all of those that need to be around the table when the decision is made, need to be involved in the decision-making process.”

Additional Findings

As stated earlier in this report, the listening sessions study design employed a typological approach, meaning that data analysis was primarily organized around a seven-theme typology based on the seven research questions developed by the SECAC QRS Committee. However, at the end of the qualitative coding process, the research team identified a number of coded data that did not fit squarely as a response to any of the seven questions but nonetheless arose organically as providers talked between themselves. Based on the grounded theory approach, the research team opted to delineate the two additional themes that appeared frequently enough to warrant attention in this report: (1) *praise for other early childhood organizations* and (2) *stress during assessment visits*.

Praise for Other Early Childhood Organizations

When providers reported general satisfaction with participation in the QRIS program, those comments were quite often discussed in the context of interactions and assistance from entities in addition to the Early Years Network. The predominate mentions related to services from organizations such as Mississippi Building Blocks, Excel by 5, Step-up (MLICCI), or Partners (Allies), as well as the T.E.A.C.H. scholarship program. These entities contributed to improve early childhood facilities in areas such as equipment, room arrangement, staff interactions, and incentives. Some spoke of the outside help as a critical factor in persevering with quality improvement:

I started trying to participate in the program on my own. And after the first year, I just dropped it. I didn’t want to have anything else to do with it at all. But then we were sponsored through Carol and the First Step Program...

Others shared experiences in which other organizations provided free materials (“And had it not been for the funding that they provided, I never—I can only speak for myself and some more friends that I’m close to—we couldn’t have done it.”) and staff development (“I have some staff that were, have some weaknesses and strengths. They were able to focus on

the weakness and we would help bring them up to a different level without coming in with the pen, standing and watching.”).

Providers felt this improvement assisted them with passing the QRIS assessment. Some providers described other organizations as critical to fulfilling their obligations to the QRIS program: *“They put everything in there that was supposed to go in there, and I might need to explain it. And they set it up the way that it was supposed to be set up, and they came in with ... and probably once a week. And they [QRIS] came the very next day of the next week. And we passed with flying colors. So maybe that’s some of the problem that some of you have. Stop when they come in. If your place is not set up, and you don’t have the materials you’re supposed to have, you’re not going to pass.”* In general, providers voiced high praise toward services provided from external organizations, as these organizations helped providers accomplish QRIS requirements.

“So if you’re interested in the quality of your program, they [Mississippi Building Blocks] train each teacher individually for an extended period of time. And they stay in your centers for an extended period of time. And it was—to me, I like the program, you know, much better because it wasn’t just giving you a list of stipulations. They were training the teachers, helping the director out so that they did not have to do all of the hands-on.”

Stress During Assessment Visits

At almost every session, when conversation turned to the accountability aspect of QRIS, providers spoke about the stress experienced on assessment day (*“And the first time it was—it scared us all to death.”*) and stress-related feelings in following years (*“We already know how to do most everything the child needs us to teach them. We have a curriculum. And for them to keep coming, it makes you very nervous—you know, sick.”*). In more than one session, providers shared stories of staff who quit because of the stress associated with assessment day:

What they’re saying, what makes the turnover so many, is that once they go through the process, and they hear someone is coming in to monitor them, you know, they get fearful. And next thing you know, they gone.

“For somebody to be walking behind you every step you make, it’s like breathing down your neck. They breathe down your neck. You’re being wrote up and you’re not even, you don’t even know what you’re being written up for, until the evaluation is done and the papers come back.”

Providers blamed some of the stress on the lack of personal interaction between center staff and the assessor (*“And that was really the most offensive to me because the presence that you have—somebody with a pen who’s not engaged.”*). One provider described a sense of fear that this dynamic generates as the visit goes on:

They didn’t say anything. They had notebook and pencils. They don’t do no talking. You can’t ask them no questions. They’re just watching you. They’re just sitting down, watching. And you—who won’t be scared of that?

Another frequently mentioned stress factor was the impact the assessment process had on children in the classroom (*“When they come, the children get all hysterical.”*). As another provider explained, *“Wherever you go, they go, you know. They follow the children, and they’re... They just make you feel uncomfortable. You know? As well as your staff, and the children.”*

“I found it very difficult, when they come in, to be relaxed and have the children relaxed, when they’re sitting there and they’re, you know, they’re not talking.”

Providers at many sessions believed the current assessment process impacts the way children behave (*“We have never had just one person come in and do an ITERS and ECERS. It’s always been two or three or four people in a classroom that’s already full of kids. And the kids go crazy when there’s new people in the room.”*). This shift in behavior causes additional stress for staff (*“And so—and the teachers are intimidated because the kids are actin’ like kids because—so anyway it’s a bad experience.”*).

Overall, providers expressed that the approach of QRIS assessment personnel causes them stress and anxiety, as opposed to seeing an assessment visit as an accountability opportunity that offers strengths-based recognition of a center’s improvement.

DISCUSSION: MOVING FORWARD

The purpose of this study was to improve understanding of provider needs in regard to current QRIS implementation. This goal was accomplished by soliciting licensed childcare provider input on current experiences and perceptions of QRIS participation, both in terms of its current version and of what the program might become. The strong response to this endeavor, evidenced by the consistent turnout across all of the listening sessions statewide, demonstrates the importance of these questions in the eyes of Mississippi’s childcare providers.

With the opportunity to have their voices heard, providers talked at length about their decisions to participate in QRIS, the benefits they receive, and the obstacles to quality improvement that they face. That providers view a rating system as something that matters was clearly demonstrated by the attendance of those with an active stake in the program, past participants who have opted out of QRIS, and new providers expressing a desire to learn more about getting involved. While it is important to acknowledge that the information in this report contains only one viewpoint—that of licensed childcare providers—this report nonetheless contributes critical information to Mississippi’s current QRIS program that would have been difficult, if not impossible, to acquire otherwise.

Based on the results of this study, it appears that a provider’s primary decision to participate currently hinges on whether the provider believes QRIS provides program improvement or is irrelevant to maintaining a viable center. While some do see the financial subsidy program as beneficial, many providers suggested the program has limited scope that reduces its attractiveness as an option. According to these sessions, the promise of additional stars as a means of attracting more business does not appear to impact decision-making on whether to remain in the QRIS program, even if this potential benefit is initially enticing.

The participation benefit that providers most emphatically described was technical assistance, from staff training sessions to phone support to on-the-ground advice during visits. Such assistance allowed providers to acquire the scaffolds they needed for center improvement. Even the other specific benefits that attendees identified, such as improved parent relationships and better business practices, were often tied back to provider comments about technical assistance or the help providers received from other outside organizations. At the same time, inadequate access to these desired services was one of the top obstacles reported by providers. The appearance of an additional finding during the study—praise for other outside organizations—can arguably be interpreted as a willingness on the part of participating providers to take advantage of training, mentoring, and assistance wherever it can be obtained for the sake of center improvement.

Providers who came to the listening sessions were in general agreement that a rating system should hold centers accountable for staff quality, student outcomes, curricula, the physical environment, and relationships with parents. Yet

the current scoring system was seen as a significant barrier to demonstrating good-faith efforts to achieve in these areas. Participants' ongoing conversations cast the structure of the QRIS evaluation process as one that favors material resources over efforts and the letter of the law over its intent, disadvantaging many centers invested in showing high-quality care.

Providers asked for clearly stated, consistent expectations that provide flexibility for childcare centers to demonstrate their own areas of competence and excellence in addition to goals for continued improvement. Providers asked for genuine, positive working relationships with those who will hold them accountable for improvements. Such relationships could potentially alleviate much of the reported stress that generated its own category within the results. Providers also wondered whether QRIS might help with the continual challenge of fostering and maintaining high-quality staff through alternative training delivery formats and assistance with formal education. Finally, providers asked to be directly represented in the decision-making process if and when Mississippi considers ways to revise or improve its QRIS program.

All of the information in this report helps fulfill the SECAC QRS Committee's deliverable to *"Improve understanding of provider needs on current QRS implementation."* The results of this study can also be useful in paving the way for the committee's next stated deliverable to *"Develop a list of key stakeholders from listening sessions for future input into QRS revisions."* For instance, the early childhood organizations that many providers praised as a critical component in their success may represent key stakeholders whom the QRS Committee may wish to include. Additional general recommendations based on the findings of this report follow:

- 1.** Build on the areas of the QRIS program that providers have identified as important, such as easily accessible technical support, financial incentives, and ongoing, positive relationships.
- 2.** Explore how to address aspects that appear to deter or discourage providers from continuous improvement, such as unclear expectations, perceived inequity, staffing constraints, and financial barriers.
- 3.** Conduct further research of the QRIS landscape nationwide and consider restructuring the assessment component to more accurately reflect the state's early childhood priorities.
- 4.** Conduct further research on the extent and quality of technical assistance and improvement across the state.

In summary, the comments of licensed childcare providers in this report should represent one critical piece that informs the QRS Committee as it moves into the next steps of addressing the SECAC goal of *"Revise and expand use of state's Quality Rating System to provide centers the assistance they need to promote quality improvements statewide and improve access to quality early childhood programs."*

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APPENDIX A: RATING CRITERIA FOR MISSISSIPPI'S CURRENT QRIS PROGRAM, MISSISSIPPI QUALITY STARS

QUALITY STARS MISSISSIPPI'S QUALITY RATING A			
			
ADMINISTRATIVE POLICY		<ul style="list-style-type: none"> Center has an employee handbook 	<ul style="list-style-type: none"> Director completed "Child Care as a Business" course 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
PROFESSIONAL DEVELOPMENT		<ul style="list-style-type: none"> Director receives twenty (20) hours of annual staff development training 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 in-house hours being allowed to be counted in the fifteen (15) hours total 	<ul style="list-style-type: none"> 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 Conduct and document monthly staff development meetings 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 Eighteen (18) hours of annual staff development training with ten (10) hours of training specific to the age of children in their care
LEARNING ENVIRONMENTS		<ul style="list-style-type: none"> Teachers use weekly lesson plans Learning Centers are being utilized in the classrooms for all children (except infants) Minimum total scores of 3.00 on the Early Childhood Environmental Rating Scale-R (ECERS-R) and/or the Infant/Toddler Environmental Rating Scale-R (ITERS-R) 	<ul style="list-style-type: none"> Director trained in Mississippi Early Learning Guidelines Minimum total scores of 3.6 on the Early Childhood Environmental Rating Scale-R (ECERS-R) and/or the Infant/Toddler Environmental Rating Scale-R (ITERS-R)
PARENT INVOLVEMENT		<ul style="list-style-type: none"> A designated bulletin board for parent communication Quarterly communication to parents through a newsletter Monthly calendar distribution to parents highlighting classroom activities and home learning activities Annual documented parent-teacher conference 	<ul style="list-style-type: none"> Weekly notes to parents describing the activities of the week with copies maintained on file Parent education trainings offered and documented annually Facility provides a parent/family lending library for parents
EVALUATION	<ul style="list-style-type: none"> Center holds a current Mississippi Child Care License 	<ul style="list-style-type: none"> Director's self-assessment completed on file with a plan of self-improvement that indicates actions to address deficient areas that need improvement Annual Staff evaluations on each staff with the director/supervisor, signed and dated by both parties Center must meet requirements of a 1-Star center 	<ul style="list-style-type: none"> Center must meet requirements of a 2-Star center

Source: Early Years Network, Mississippi State University Extension Services.

AND IMPROVEMENT SYSTEM



- Documentation with implementation of a Professional Development Plan for staff

- Developmental checklist for each child is implemented and documented
- A transition plan with Local Education Agency for children entering kindergarten is implemented and documented
- 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

- 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
- Fifteen percent (15%) of staff has a current Child Development Associate (CDA) credential or higher degree
- Twenty (20) hours of annual staff development training with ten (10) hours of training specific to the age of children in their care

- 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
- Twenty-five percent (25%) of full-time teachers has a current Child Development Associate (CDA) credential or higher degree
- Twenty-five (25) hours of annual staff development training with ten (10) hours of training specific to the age of children in their care

- 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
- Minimum total scores of 4.1 on the Early Childhood Environmental Rating Scale-R (ECERS-R) and/or the Infant/Toddler Environmental Rating Scale-R (ITERS-R)

- Mississippi Early Learning Guidelines fully implemented in all classrooms (infants - 4 year olds)
- On-going child assessments documented and implemented in all classrooms (infants - 4 year olds)
- Minimum total scores of 5.1 on the Early Childhood Environmental Rating Scale-R (ECERS-R) and/or the Infant/Toddler Environmental Rating Scale-R (ITERS-R)

- Parent/family volunteer program is implemented and proof of participation is documented
- Parent/family resource center is part of the facility's services

- Documentation showing that parent/teacher conferences are held at least twice a year
- Monthly newsletter distributed to parents

- Parent/family survey to rate performance of staff completed and on file
- Center must meet requirements of a 3-Star center

- Center must meet requirements of a 4-Star center

APPENDIX B: SAMPLE OPEN CALL LETTER TO PROVIDERS

Good morning (Director or Person of Contact),

I am writing in regards to soliciting feedback on the state's effort to improve the quality rating and improvement system (QRS/QRIS) in our state. QRS/QRIS programs have become a standard part of early childhood care and education systems across the U.S. These programs work best when participation among providers is strong and when the programs help guide centers on ways to continually improve their environments, curriculum, and workforce. As you may know, enrollment in the current QRS program in Mississippi is low, and few enrolled child care centers are able to reach beyond the 1-star rating (the current system offers up to 5 stars).

The Governor's early child advisory Council, SECAC, is sponsoring an open-access listening tour to better understand what is going on with QRS/QRIS in Mississippi. These listening sessions are open to the public and access is unlimited. We are traveling to eight cities around the State before July 2015—Tupelo, Biloxi, Jackson, Oxford, Hattiesburg, McComb, Meridian, and Greenville—and are open to including more locations upon request. I am reaching out to early childhood care and education organization in Mississippi to promote this listening tour so we garner as much participation as possible so we better understand the issues and ways to improve the state's QRS program.

The information gathered during this tour will be summarized and presented directly to the broader 24 member SECAC as well as the Governor. The information will also be provided to the University of North Carolina at Chapel Hill who are conducting the outside evaluation of the existing QRS. No individual responses will be identified – only the summary will be given to the Council, the Governor, and the UNC evaluators. We anticipate that the information will be a pivotal part of the State's strategic planning in the coming year, particularly in our efforts to increase awareness of and participation in the QRS/QRIS program.

We want outcome of this tour to reflect the child care community's view of how we might increase participation in the QRS/QRIS program in Mississippi. We ask that you help promote this tour among the centers your organization serves. The official announcement flier with the dates and times of the listening sessions is attached. The young children in this State and the professionals who nurture and teach them deserve a program that works for them.

Please feel free to contact me with any questions you might have. Thank you for your time and I look forward to being in touch.

Danny Spreitler, SECAC Member and QRS Committee Co-Chair
Executive Director
The Gilmore Foundation



State Early Childhood Advisory Council
of MISSISSIPPI

