

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

**Introduction/Background**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

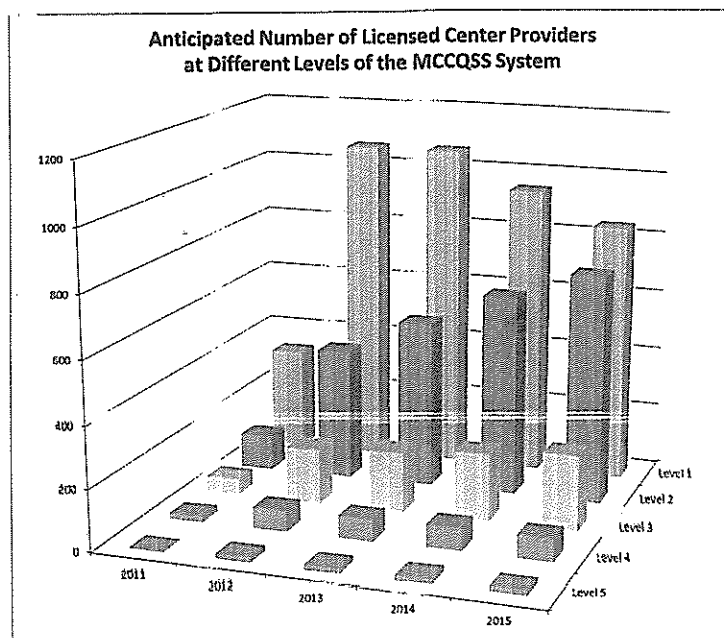
DHS' track record on quality improvement is also mixed. DHS' initial tiered reimbursement approach rewarded providers who obtained a DHS recognized director's credential but required participating providers to charge everyone the higher rate in order to receive the higher rate from the state. Providers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

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

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

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

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





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

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

MLICCI's pilot study interviewed centers in the pilot as well as those that chose not to participate. Survey and focus group results found that:

- child care center staff were very committed to providing quality services, a commitment evidenced in multiple ways documented in the study;
- few child care staff had certifications or degrees in early childhood (CDA, AA or BA) and centers with staff holding higher levels of education had difficulty retaining them because they left for higher wages in Head Start or public schools;
- the enhanced reimbursement rate structure proved inadequate as an incentive to finance participation in QRS because the base rate begins so far below the market rate and subsidy density remained too low and too insecure to provide the revenue needed to finance quality improvement requirements;
- most child care centers needed expensive facility renovations;

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

The pilot study principle recommendations were:

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

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

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

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

### **The Step-Up Project**

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

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

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

Given that the goal of the Step-Up project was to demonstrate what is required for centers serving low-income families to participate and succeed in Quality Stars serving low-income families was a key selection criteria. Additional selection criteria included:

- Not yet enrolled in QRS, or enrolled at a Star 1 level
- Participate in the CCDF child care subsidy program
- Serve working parents
- Serve a majority of low-income children
- Not a participant in another program that would provide additional resources to support QRS participation (such as Allies, MS Building Blocks, Head Start, or Early Head Start)
- Serve infants and toddlers (the most expensive age to serve) as well as pre-school aged children

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

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

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

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

## **Implementation**

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

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

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

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

Most Recurrent Purchases	Most Recurrent Repairs
<ul style="list-style-type: none"> <li>▪ Child furnishings for care and play</li> <li>▪ Bookshelves and cabinets</li> <li>▪ Storage units rugs</li> <li>▪ Replacement of cots</li> <li>▪ Gross and fine-motor materials</li> <li>▪ Soft pillows</li> <li>▪ Assortment of toys</li> <li>▪ Reading materials</li> <li>▪ Manipulatives</li> <li>▪ Art, music materials and equipment</li> <li>▪ Assortment of books</li> <li>▪ Science and nature books</li> <li>▪ Diversity materials</li> <li>▪ Sand/water toys</li> <li>▪ Outdoor equipment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Boulders around playgrounds</li> <li>▪ Fencing</li> <li>▪ Baseboard repairs</li> <li>▪ Baseboard replaced</li> <li>▪ Lighting fixtures</li> <li>▪ Structural changes (walls, steps)</li> </ul>

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

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

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

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

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

#### **Issues with QRS evaluation and assessment:**

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

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

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

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

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

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

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

## **Results**

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

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

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



Center	Beginning Star	Ending Star	Number of Classrooms	Expenditure/classroom	Percent ERS
Center 1	1	2	3	\$13,174	74%
Center 2	1	2	5	\$7,979	87%
Center 3	1	2	7	\$7,738	97%
Center 4	1	2	6	\$6,743	95%
Center 5	1	2	2	\$13,194	99.9%
Center 6	1	2	3	\$11,144	99%
Center 7	1	2	3	\$13,014	98%
Center 8	1	2	3	\$10,816	93%
Center 9	1	3	3	\$12,499	76%
Center 10	1	3	4	\$12,510	99.7%
Center 11	1	3	5	\$12,541	95%
Center 12	1	3	2	\$19,370	93%
Center 13	1	3	6	\$8,768	94%
Center 14*	1	1	3	\$14,534	92%
Center 15*	1	1	3	\$9,640	96%
Center 16*	1	1	3	\$9,777	97%
<b>*While these centers didn't move up Star rankings, they did improve ERS scores:</b>					
	Beginning ITERS	Ending ITERS	Beginning ECERS	Ending ECERS	
Center 14*	2.29	3.76	2.03	4.51	
Center 15*	1.27	2.37	2.22	2.37	
Center 16*	1.62	2.57	2.23	2.56	

## What We Learned

### Upfront costs are prohibitive.

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

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

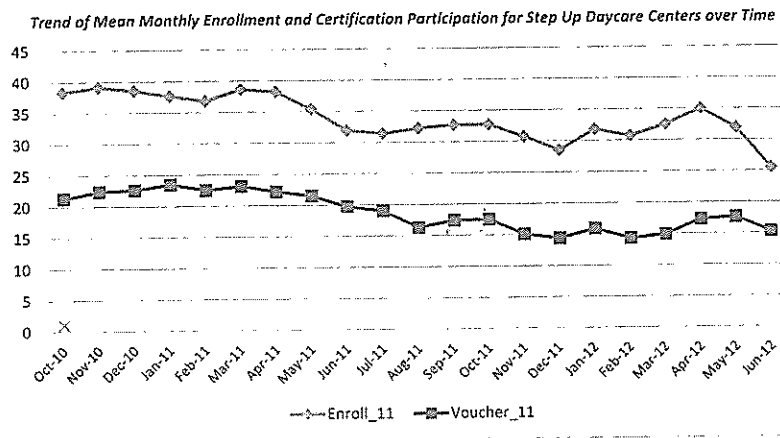
**Step-Up had greater success than Quality Stars and thus offers a model of success.**

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

**QRS cannot succeed while CCDF remains inadequate.**

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Issue for Further Study: Professional Development Costs Must Be Linked to Wage Enhancements to Support Moving beyond Star 2**

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

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

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

**Recommendations:**

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

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

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

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

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

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

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

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

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

## Dissemination

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



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

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

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

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

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



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

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

### **Next Steps**

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

### **Conclusion**

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

## Appendix 1

Example ITERS classroom

Quality Improvement Plan



## Plan of Action

Learning Center ID #: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Center's Name: \_\_\_\_\_ Center \_\_\_\_\_  
 Scale Used: ITERS-R Classroom ID #: \_\_\_\_\_ Initial Planning Date: 2/14/2011

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

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)					Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5				
1/2	3.1 Enough indoor space for children, adults, and furnishings. <i>There did not appear to be an ample amount of indoor space for infants, adults and furnishing. For example, the maximum number of infants and teachers must be considered as well as the furnishings and materials. There were not enough low open shelves for the materials accessible in the classroom and no furniture provided for the more mobile infants during meal time.</i>	<ul style="list-style-type: none"> <li>Will remove unnecessary furniture and clutter from rooms. (rented a storage space for two months in order to give the owners time to find other arrangements for all of the excess furniture, etc.) and purchase necessary furniture.</li> <li>Will provide t.a. on room arrangement to maximize the space.</li> </ul>	2				Rental of storage space @\$122 a month for two months = \$244.00  Open shelves 2 @ \$196.76 = \$393.52 and infant book display = \$180.36	3/15/11 Step-Up TA	yes	

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
2/1	<b>3.1 Enough furniture for routine care.</b> (No table and chair or high chair for older infants for feeding. Infants and teacher sat on the floor for feeding while the teacher sat on the floor for feeding while the teacher held Styrofoam plates with the food on her arm.	<ul style="list-style-type: none"> <li>Purchase high chairs, adult seating, changing table</li> </ul>	2				5 High Chairs @ \$192.66 each = \$963.30 Adult Seating 1 Glider @ \$385.36 1 Teachers Seating Cube \$53.26	3/15/11 Step-Up TA	yes
3/3	<b>5.1 Special Cozy area accessible much of the day.</b> There was not a special "cozy area", which provided the infants with a substantial amount of softness, accessible much of the day. <b>5.2 Cozy area protected from active play.</b>	Purchase materials to create cozy area.	2				Hugga Pet Lamb 2 @ \$14.72 = \$29.44 Toddler Hollow Playing \$327.96 Animal pillow set \$24.56 Something Fishy Rug \$40.96 Shape a space corner unit \$114.76 Soft and cuddly friends \$37.68	3/15/2011 Step-Up TA	yes

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



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

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

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



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

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



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



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

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

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



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





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

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

## Appendix 2

Example ECERS classroom

Quality Improvement Plan



## Plan of Action

Center's Name: \_\_\_\_\_ Learning Center

Center ID #: \_\_\_\_\_

Teacher: \_\_\_\_\_

Scale Used: \_\_\_\_\_ ECERS-R

Classroom ID #: \_\_\_\_\_

Initial Planning Date: 2/15/2011

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

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



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

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





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

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)				Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5			
	use same bedding). There were several unsanitary rest and nap provisions observed. There were unlabeled cots, which could cause contamination. In addition, the children slept directly on cots without covering. One child slept on a bean bag that had not been sanitized. And the cots were extremely crowded and less than 18" inches apart.	naptime. Cot sheets and torn cots will be replaced and all cots will be labeled.					cots= \$139.36		
12/1	1.1 Sanitary conditions of area are not maintained (Ex. toilet/sinks dirty; diapering table/potty chairs not sanitized after each use, toilets rarely flushed). Sanitary conditions were not maintained. Toilets were not flushed 2 out of six times (33%). The same sink was used for toileting/diapering and food related purposes without being sanitized with a bleach and water solution. 1.3 Handwashing often neglected by staff or children after toileting/diapering. Although attempts were made, proper handwashing was completed 0 out of 8 times for the children and 0 out of 8 times for the staff.	Staff training on sanitary conditions and same sink guidelines and sanitation procedures.						3/15/11 Step-Up TA	yes
13/2	3.1.2 Adequate handwashing by staff and children takes place after wiping noses, after	Training on proper handwashing procedure.						3/15/11 Step-Up TA	yes

Scale Item/ Rating	Description of Concern	Plan of Action: We will do the following activities. (Include materials and training needed, schedule, space & supervision changes)	Prioritization (Use to Prioritize Actions)					Monetary Amount of Purchases	Expected Completion Date & Person Responsible	Action Completed
			2	3	4	5				
	<p><b>handling animals, or when otherwise soiled.</b></p> <p>Adequate handwashing was not completed by staff and children during these instances:</p> <ol style="list-style-type: none"> <li>1) Upon children's arrival into classroom</li> <li>2) After play from playground</li> <li>3) After dealing with wiping noses</li> <li>4) Children touched open trash after attempting handwashing procedures.</li> </ol> <p>Children's hands were washed 0 out 9 times. Teacher's hands were washed out of 0 out of 4 times.</p>									
14/1	<p><b>1.3 Inadequate supervision to protect children's safety indoors and outdoors (Ex. too few staff; staff occupied with other tasks; no supervision near areas of potential danger; no check-in or check-out procedures. Adequate supervision was not provided to protect the children indoors and outdoors. For example, each child used the toilet with the door closed with no teacher supervision. Some children were inside the restroom for at least three minutes or more without any teacher supervision.</b></p>	<p>Training will be provided on supervision.</p>						3/15/11 Step-Up TA	yes	



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

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

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





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



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

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

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



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

Appendix 3

Detailed Center Cost Data

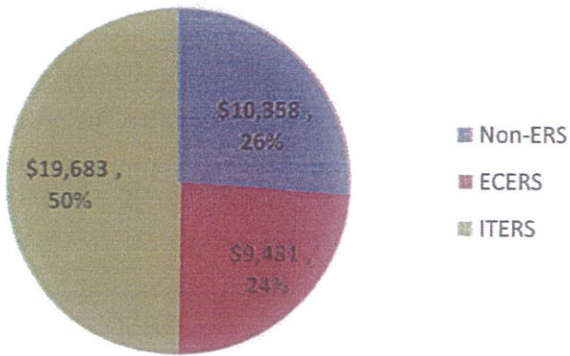
Mississippi Economic Policy Center

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

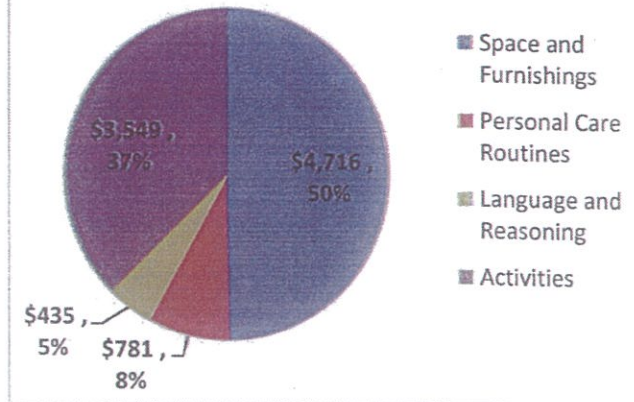
**Narrative**

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

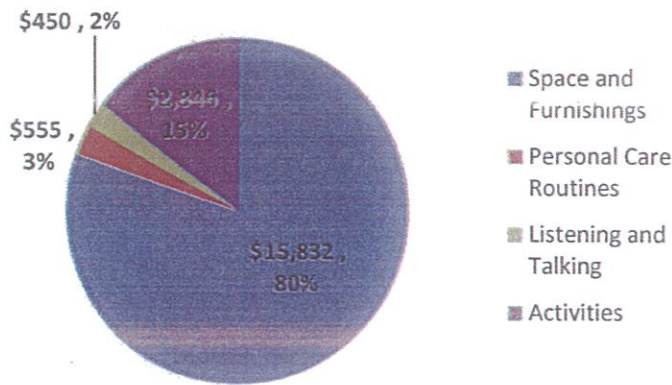
**Chart 1  
Expense Breakout**



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



**Chart 3  
ITERS Expense Breakout**



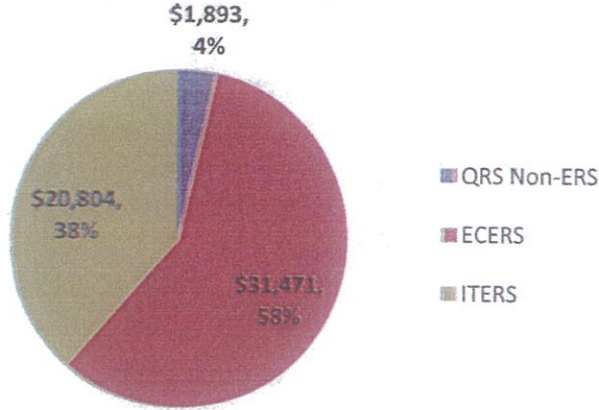


Center: Center #3  
 Initial Rating: 1  
 Post Assessment Ratings: 2

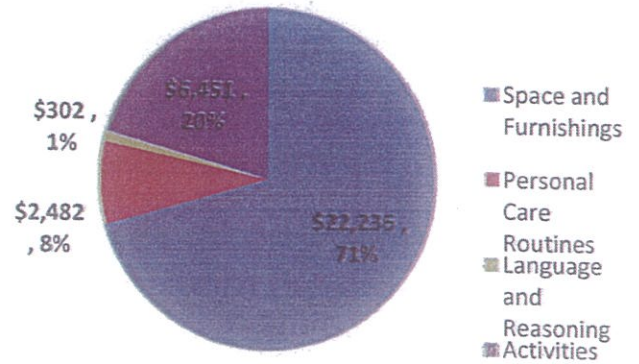
**Narrative**

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

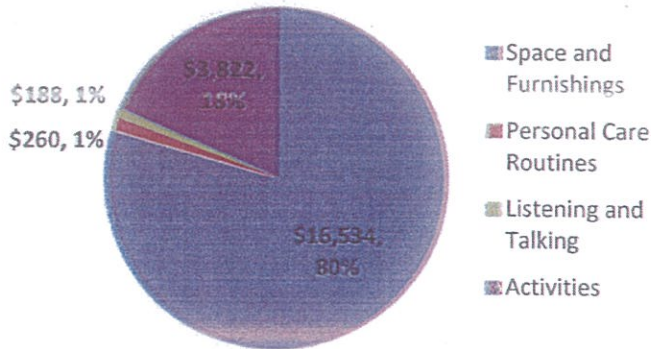
**Chart 1**  
**Expense Breakout by Star 1 - Star 2**



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



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

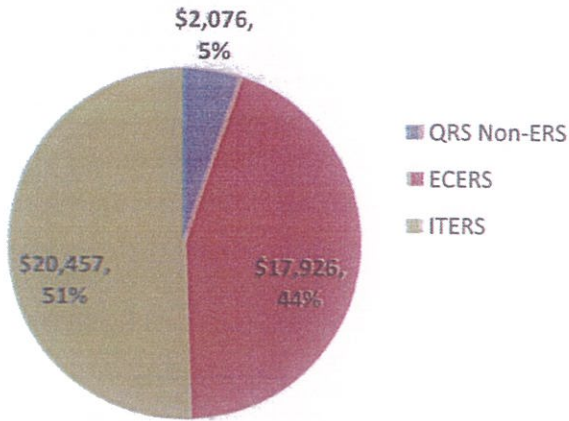


Center: Center #4  
 Initial Rating: 1  
 Post Assessment Ratings: 2

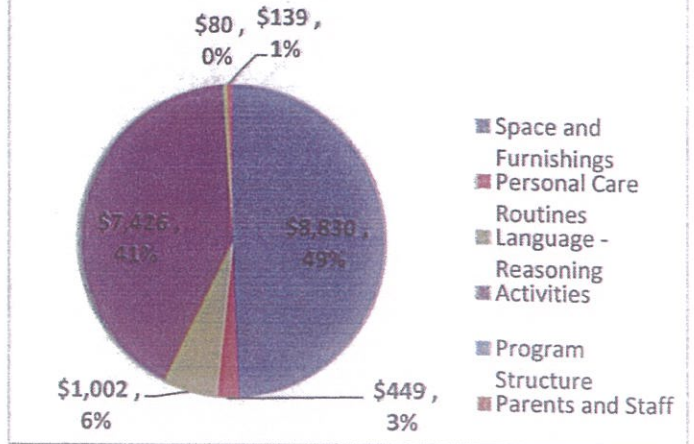
**Narrative**

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

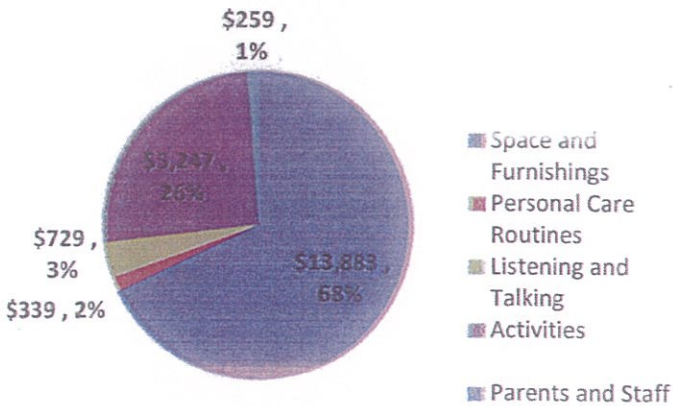
**Chart 1  
Expense Breakout Star 1 - 2**



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



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

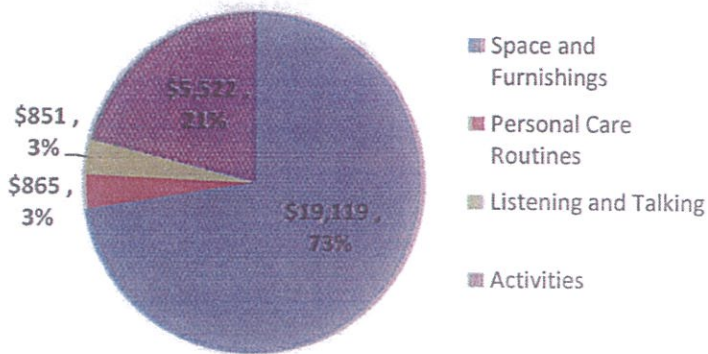


Center: Center #5  
Initial Rating: 1  
Post Assessment Ratings: 2

Narrative

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

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



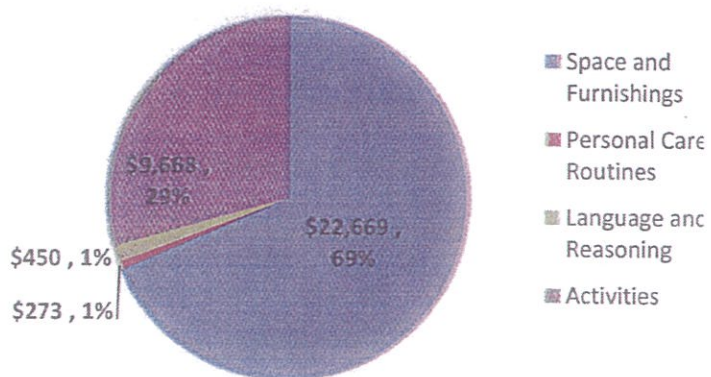
Center: Center #6  
Initial Rating: 1  
Post Assessment Ratings: 2

Narrative

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

Chart 1 illustrates the ECERS breakout.

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

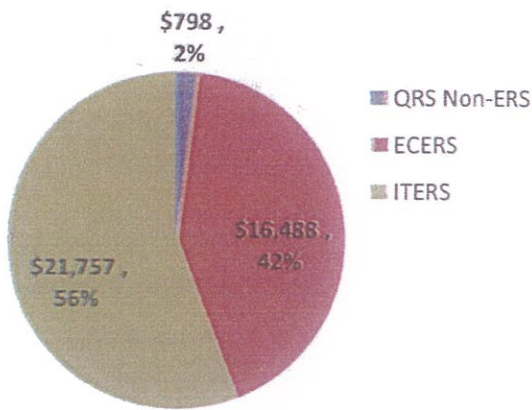


Center: Center #7  
 Initial Rating: 1  
 Post Assessment Ratings: 2

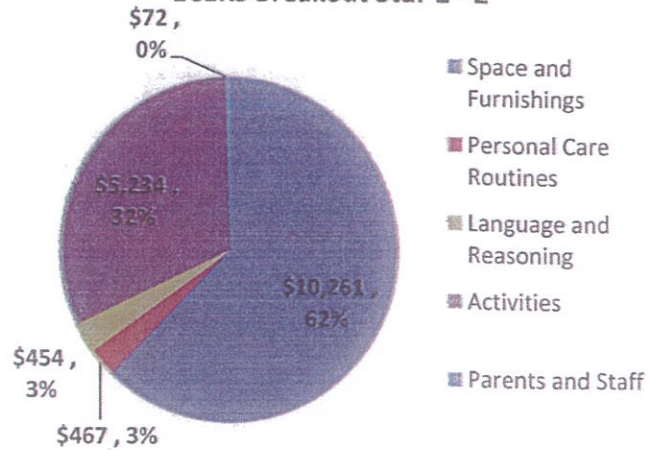
**Narrative**

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

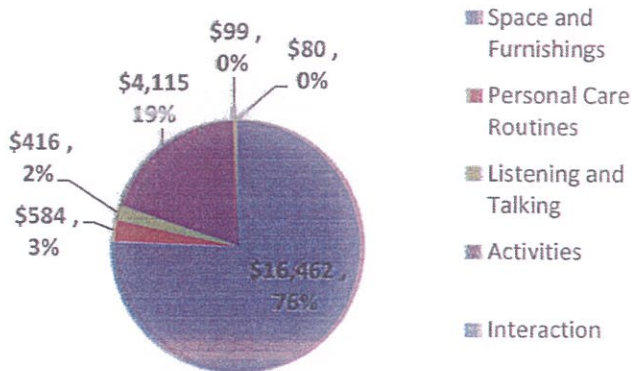
**Chart 1  
Expense Breakout Star 1 - 2**



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



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



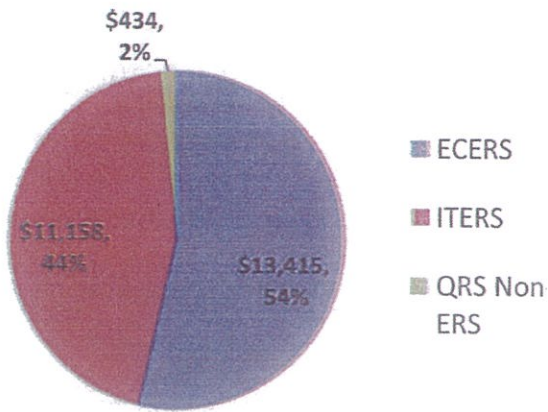


Center: Center #9  
 Initial Rating: 1  
 Post Assessment Ratings: 2, 3

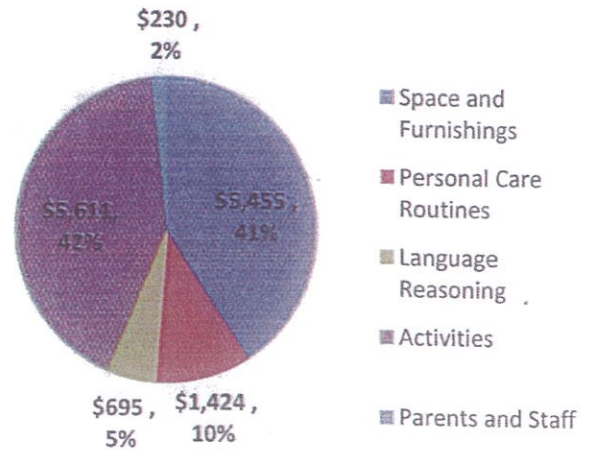
**Narrative**

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

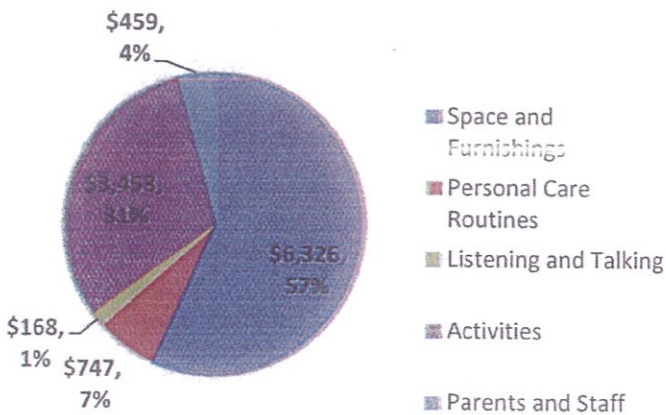
**Chart 1  
Expense Breakout Star 1- Star 2**



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



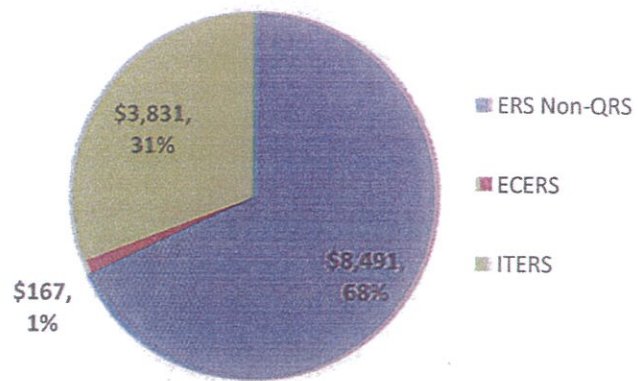
**Chart 3  
ITERS Breakout Star 1-2**



Following the second assessment and subsequent rating of a Star 3, Center #9 spent an additional \$12,489 on 40 items. Chart 4 illustrates the breakout.



Chart 4  
Star 2-3 Breakout



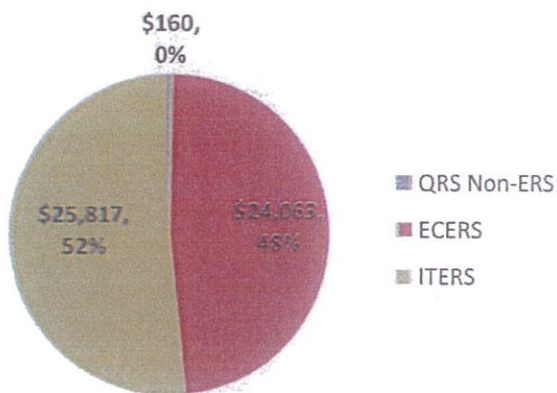
- Of the STAR expenses, 97% were spent on training requirements to obtain a Star 4 Rating.
- Of the ITERS expenses, 79% were spent on Space and Furnishings and 22% were spent on activities

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

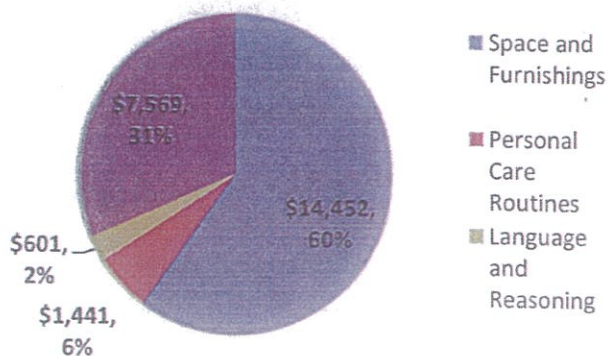
**Narrative**

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

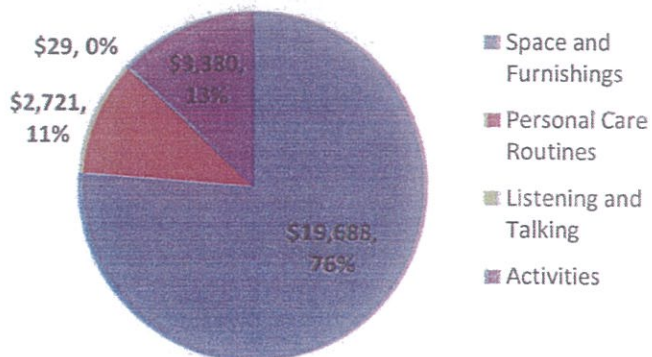
**Chart 1  
Expense Breakout Star 1 - 2**



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



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

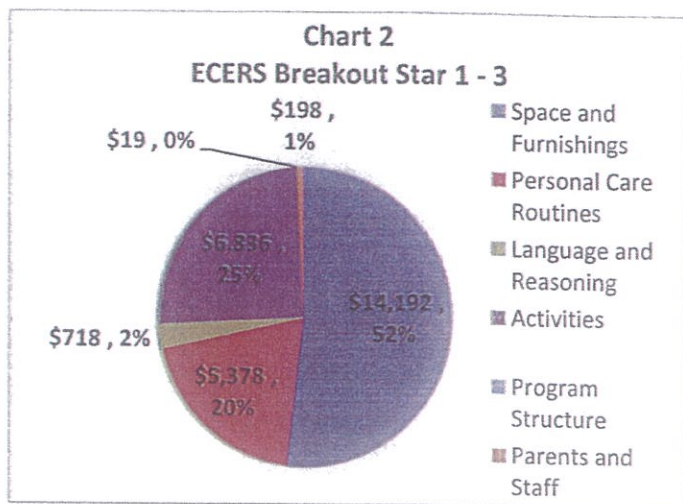
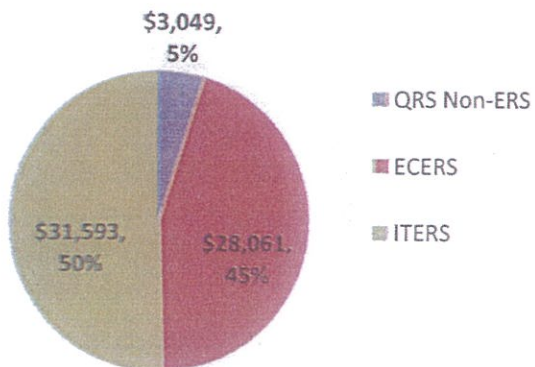


Center: Center #11  
 Initial Rating: 1  
 Post Assessment Ratings: 3

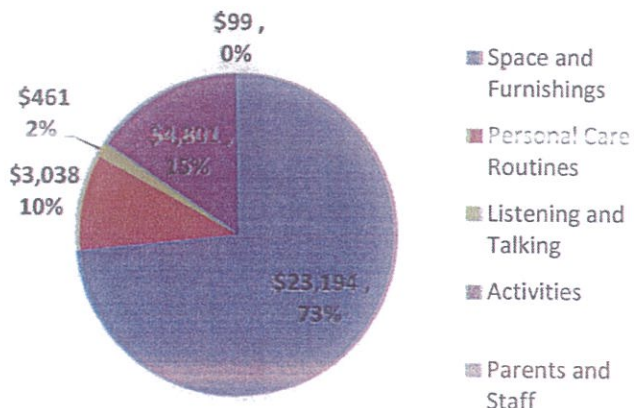
**Narrative**

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

**Chart 1**  
**Expense Breakout Star 1 - 3**



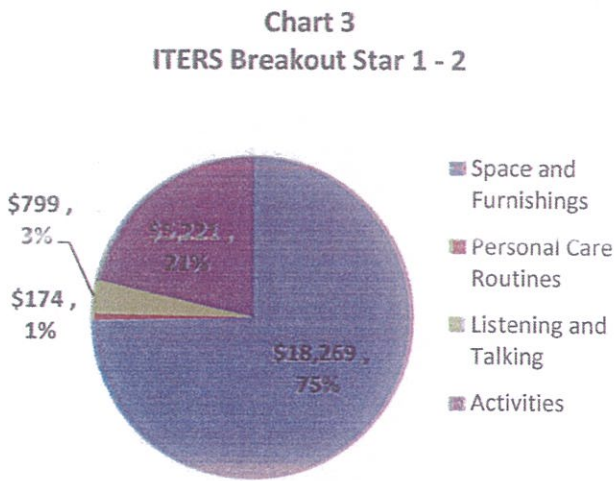
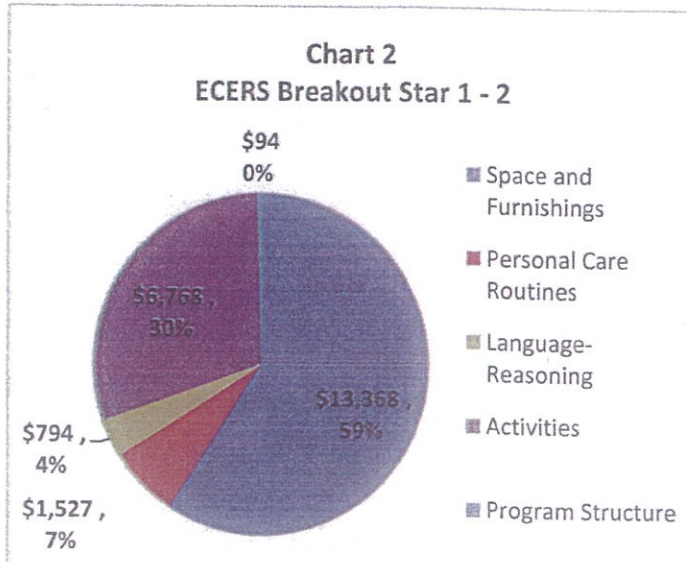
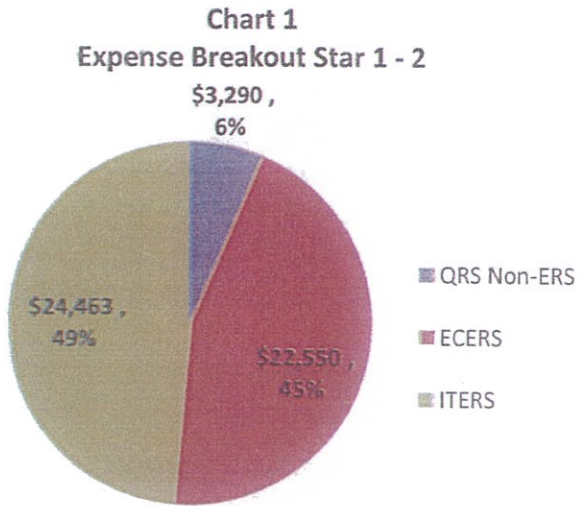
**Chart 3**  
**ITERS Breakout Star 1 - 3**



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

**Narrative**

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



After the first assessment, an additional \$2,307 was spent in an ECERS and ITERS classroom on Space and Furnishings. The center's final rating was a 2.

Appendix 4

Listening Project Findings

National Equity Project



# Mississippi Low-Income Childcare Initiative

*Affordable for Parents, Quality for Children*

MLICCI PO Box 204, Biloxi, MS 39533

228.669.4827 | info @ mschildcare.org

## Mediation Project Report

### **Background**

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

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

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

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

### **Grant Goal/Objective**

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

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

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

### ***Critical Issues/Problem Identification***

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

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

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

### ***Principal Activities & Results***

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

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

**Listening Campaign**

MLICCI brought 45 providers and DHS/SECAC members to engage in extensive focus groups and interviews with members of the NEP team in October 2012. Additionally, NEP interviewed key organizational leaders in the early learning sectors, including Rhea Williams-Bishop, Executive Director, Mississippi Center for Education Innovation, Oleta Fitzgerald, Children Defense Fund, Jill Dent, Director DHS Division of Early Childhood Care and Development, Laurie Smith, Governor’s Education Advisor and Director of SECAC, etc. The Summary Report of findings is attached.

**Presentation of Findings**

The NEP Team shared the findings from their October visit with the MLICCI Board and with child care providers in January 2013, and with members of the Learning Lab (including DHS/SECAC) in March 2013. NEP staff forwarded the Summary Report to William Buster in June 2013, and are scheduled to share findings with SECAC in July 2013. The presentations include processing of the findings, overview of recommendations, introduction to a systems change framework for racial equity and an invitation to consider “What does this mean for our work going forward?”

**Executive Coaching & Strategy Development**

NEP and MLICCI Staff have held bi-monthly calls to provide technical assistance and strategy consultation in service of making progress on our objectives. Planning sessions accompanied each visit to Mississippi. NEP coached our leadership team around critical issues that arose in early learning this year including:

1. Finger-Scanning Policy adopted by DHS
2. Press Conferences: Framing our work in ways that allow us to talk about universal early learning goals but targeted strategies to meet the needs of children and families most vulnerable.
3. MLICCI Board and Organizational Strategy Development
4. Early Learning Legislation: Thought partnership around issues of political alignment with peer organizations, strategic advocacy agenda ensuring our primary clients are making informed choices and alliances.
5. Partnership Development: Thought partnership to ensure that our work is about aligning our collective contributions and not being duplicative or working at cross-purposes



### **Quotes from the Listening Campaign**

- *“People making the rules don’t have a clue about poor and low-income children and what they need to have in order to learn.”*
- *“People need education and training to conduct a site visit – not like the FBI. We should be partners. We need to respect each other’s intelligence.”*
- *“Quality promoters need to understand where the floor needs to be shored up. Policy makers need to see this as an investment that will pay off.”*
- *“There is hope and opportunity that we can overlap the quality promoters’ desire to improve quality and outcomes for kids and try to grow that into some common ground.”*
- *“There are not enough stars to show what we really do!”*
- *“In naming quality . . . we cannot lose site of what providers already do for families so no one thing is deemed higher than the other. You have a sense of quality before someone else defines it for you.”*
- *“Most people do not have the money to be the star that your heart burns for. They don’t think you have enough sense to do the right thing.”*
- *“Childcare in MS is viewed as an entitlement by legislators, not as a pathway to employment. Education is economic development, not welfare. We have to shift our thinking so that childcare is viewed as a pathway to economic development.”*

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

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

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

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

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



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

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

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

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

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

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

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

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



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

## **Evaluation Questions:**

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

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

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

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

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

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

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

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

### ***4. What Were Your Challenges?***

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

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

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

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

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

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

##### **5. *Were There Any Unexpected Outcomes?***

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

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

Appendix 5

Step-Up Powerpoint Presentation

To Mississippi Kellogg Team



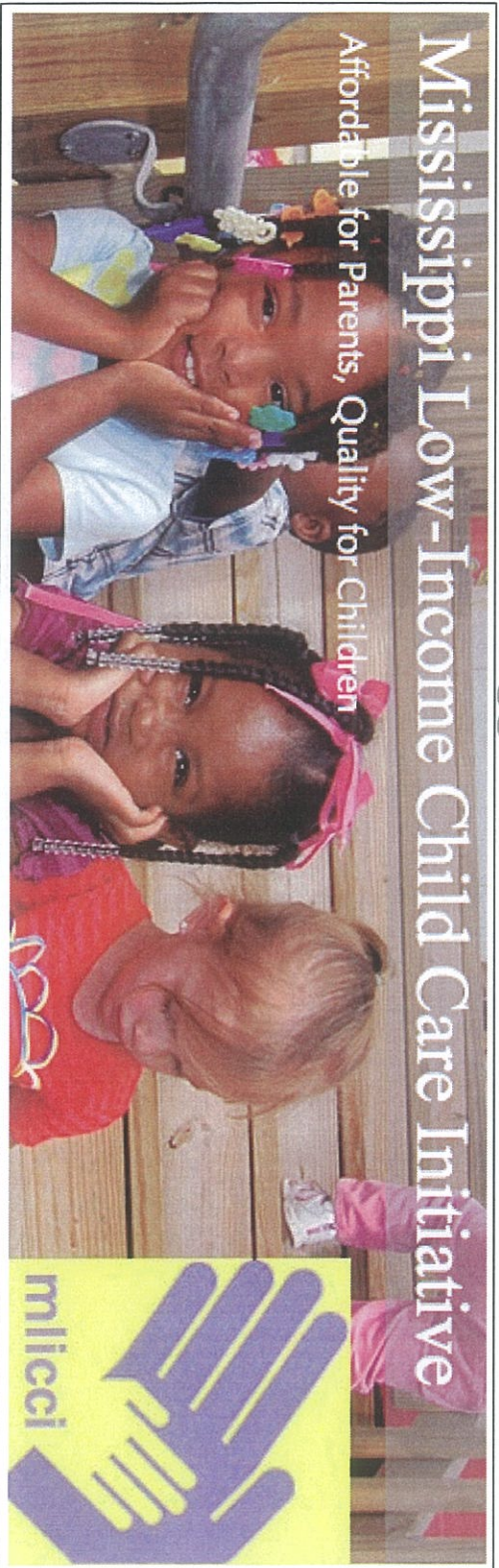
# Step-Up

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

January 14, 2015

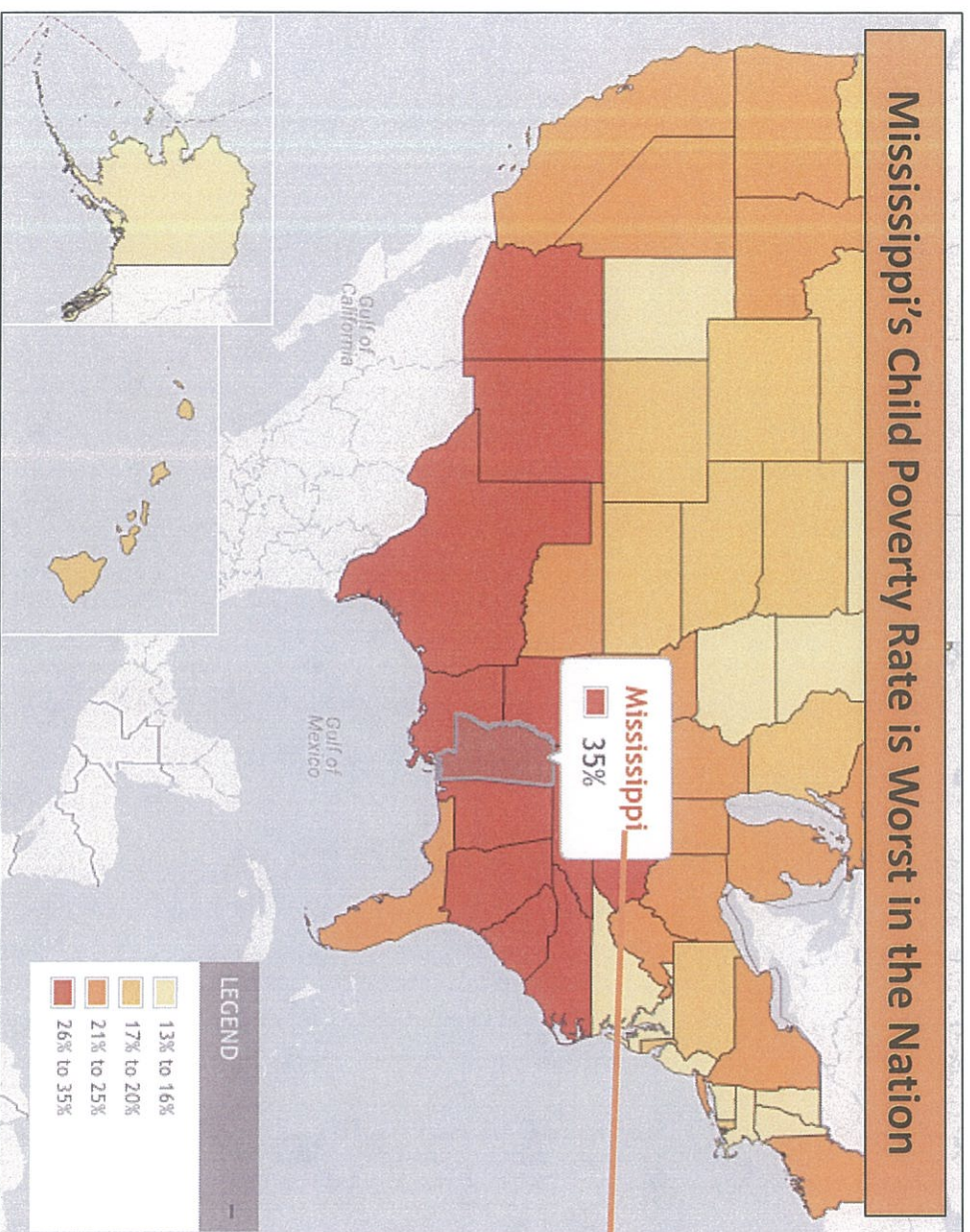
Implemented by the Mississippi Low Income Child  
Care Initiative with generous funding from the W. K.

Kellogg Foundation

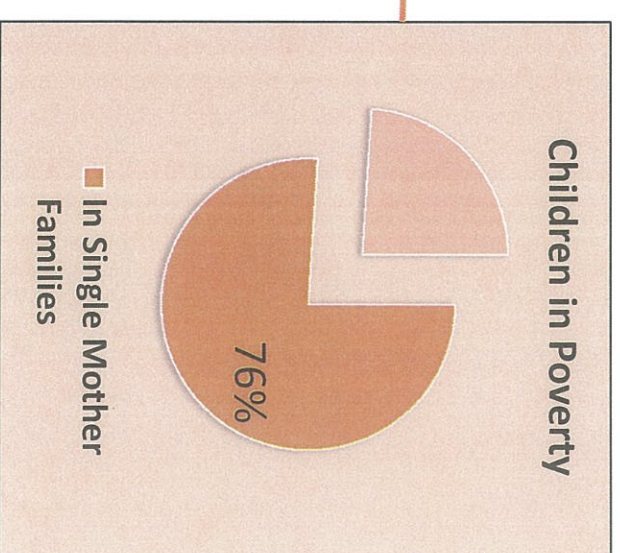




# Mississippi Context: Poverty and Workforce



Map by National KIDS COUNT



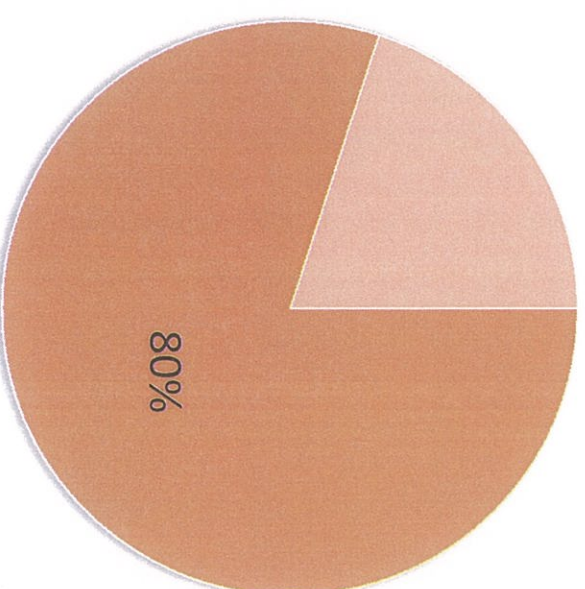


## Mississippi's Workforce



■ Women

## Mississippi Minimum Wage Workers



■ Women

### MINIMUM WAGE LEAVES FAMILIES BELOW POVERTY

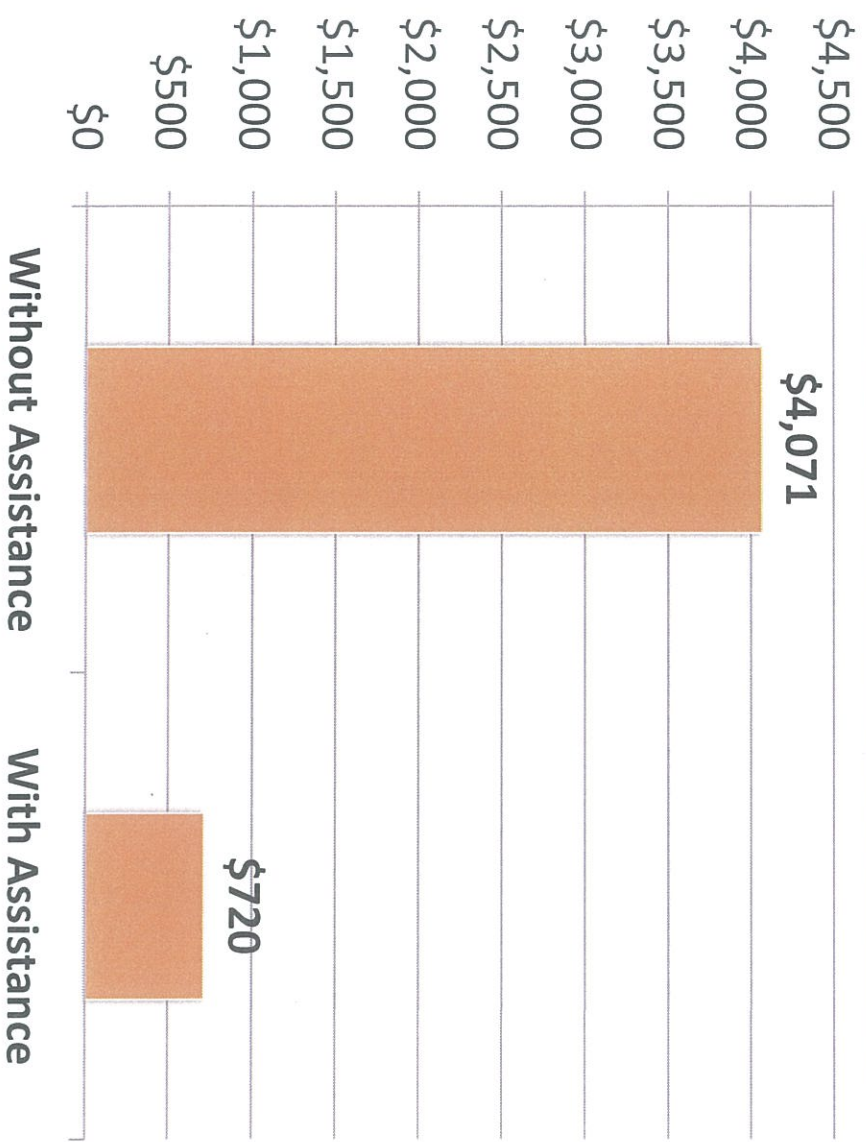
Mississippi Minimum Wage: \$7.25

Full-time Equivalent, 52 weeks/year: \$15,080

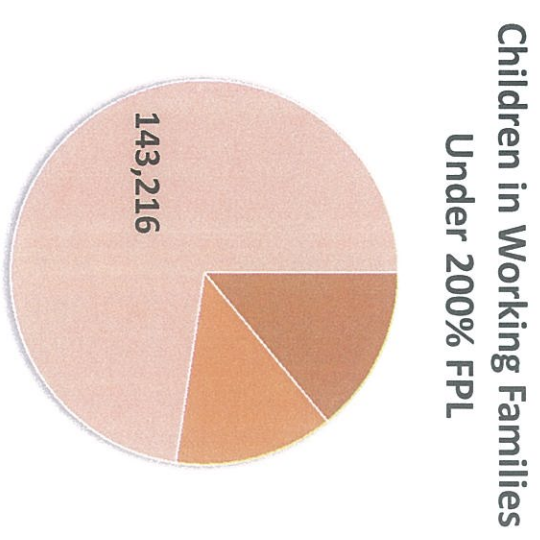
2013 Federal Poverty Level, Family of 2 (a mom and one child): \$15,510

# CHILD CARE ASSISTANCE REDUCES CHILD CARE COSTS FOR MISSISSIPPI FAMILIES

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



Available Assistance Doesn't Meet the Need



- Served by CCDF (2013)
- Served by HS (2013)
- Not Served by CCDF or HS

## Mississippi QRIS – Quality Stars:

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

## Step-Up

- Objective:  
To Build a Pathway to Quality  
Improvement for Mississippi Child Care  
Centers Serving Low income Families
- Process:  
Step-Up selected and provided TA coupled  
with financial support to 16 centers  
serving low-income families from two  
regions of Mississippi to enter and climb  
rankings in Quality Stars.

## Step-up Process:

- Recruited 16 centers from across the state who were not in QRS, or were at Star 1
- Centers volunteered to be in QRS and received their initial evaluation
- Step-up provided intensive TA, including developing quality improvement plans that drove the quality improvement process, including purchases required
- Data was captured on all interventions



# Methodology:

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

# Results:

All Step Up centers improved.

5 centers moved from Star 1 to Star 3.

8 centers moved from Star 1 to Star 2.

3 centers remained at Star 1 but increased ERS scores.

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

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

## Findings:

### **COST**

- Significant financial support to pay for upfront costs for moving from Star 1 to 2 is required.
- Step-up spent on average \$11,575 per classroom.
- 93% of all expenditures were on ERS

## Findings:

### TA

- The character of Asset-Based TA (ABTA) is key  
*Cultural awareness and sensitivity, inclusion, and racial equity are key to successful TA*
- The combination of ABTA and adequate financial resources was critical
- Step-up committed (on average) 190 TA hours per center

## Findings:

### **Link to Subsidy**

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

*Base rates are too low*

*Subsidy density is too low*

*Subsidy duration is unpredictable*



## Findings:

### **Lack of Written Procedures**

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

## Recommendations:

- Provide centers in QRIS with intensive, asset-based technical assistance. Utilize *Asset-based TA* (Step Up committed 190 hours per center.)
- Develop detailed quality improvement plans in partnership with child care center staff
- Target *adequate* financial resources to finance the above-referenced quality improvement plan. Step Up committed \$11,575 per classroom.
- All of the above are necessary, but none are alone sufficient.
- Establish written policies and procedures.

## Investment Recommendation to Support Center Success in Quality Stars

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

- Base cost projections for 10 centers = \$450,000.  
((\$40,000 per center plus \$50,000 for 1 TA/10 centers)
- \$4.5 million per year will support 100 centers/year. This investment will scale up the quality improvement effort. In 4 years all 400 centers currently at a Star 1 can move up.
- This will also help with recruitment
- In Mississippi, these funds can come from a combination of TANF and CCDF 4% quality set-aside funds.
- If less funding is available, reduce the number of centers rather than reducing the investment. (For example, \$2.25 million will support 50 centers per year; or \$900,000 will support 20 centers per year.) **The size of the investment is critical to the success of the effort.**

# Take Away

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



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

Carol Burnett or Dr. Bettye Ward Fletcher at:  
Mississippi Low Income Child Care Initiative

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Biloxi, MS 39533

[info@mschildcare.org](mailto:info@mschildcare.org)

228-669-4827

## Mississippi Low Income Child Care Initiative

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

- *Build a strong, grassroots constituency for poor children and families in Mississippi;*
- *Advocate improved child-care policies and greater public investment in child-care subsidy programs for poor families; and,*
- *Enhance the quality of child development experiences for all poor children living in Mississippi.*

