

# Mississippi Low-Income Child Care Initiative (MLICCI) Child Care Provider Survey: Assessing Pre- and Post- COVID-19 Pandemic Trends and Perspectives on Child Care Quality Improvement



Mississippi Low-Income  
**Child**care Initiative

June 2021

## Executive Summary

In February 2021, the Mississippi Low-Income Child Care Initiative (MLICCI) disseminated a survey to Mississippi's Child Care Payment Program (CCPP) providers on certain aspects of CCPP related to quality improvement and COVID-19 impacts. (MS' CCDF program is called CCPP). Based on results from the survey and focus groups described in this report, **MLICCI recommends that the Mississippi Department of Human Services (MDHS) take the following three important steps:**

### 1. Adequately fund CCPP centers to successfully participate in quality improvement.

CCPP child care center directors overwhelmingly asserted they want to improve, but 93% reported they cannot because they lack the financial resources to do so.

### 2. Expand the definition of high-quality child care to include affordability.

Data reveals strong consensus around the importance of equity-based dimensions of quality child care. CCPP providers value and consider traditional dimensions of child care quality to be necessary, *but not sufficient*, for the families they serve. The primary insufficiency is related to unabridged access to the full range of child care quality factors that the research indicates low-income children so gravely need. The *lack of access* to these well-established dimensions of quality child care is by definition *the lack of quality*; and thus, *child care inequity*. Lack of access manifests itself through unaffordability, burdensome CCPP/subsidy regulatory policies/practices that disrupt continuity of care and the lack of adequate child care funding. The promulgation of quality dimensions, notwithstanding their efficacy, is severely diminished if all children do not have access to those same quality indicators.

### 3. Fully utilize CCPP system capacity and ARPA child care funds to help more parents get affordable child care through CCPP.

CCPP center directors reported significant unused capacity (32% of licensed capacity is unfilled, on average). Low-income parents can't afford to enroll their children without CCPP assistance. CCPP reaches too few eligible children, last year only about 28%.<sup>i</sup> MS has nearly \$200 million in ARP CCDF Discretionary funds to serve more children. DHS should use ARPA funds to serve more children in the CCPP program and fully utilize existing CCPP capacity.

The CCPP survey respondents were mostly women (98%) and majority Black (58%). More detail on respondents' demographics is included below. Findings are also described more fully in this report.

## Introduction

In previous policy research, MLICCI has found Mississippi's operation of the Child Care and Development Fund (CCDF) over the years to result in numerous quality improvement strategies, none of which have been maintained over a sustained period of time.<sup>ii</sup> Mississippi's CCDF program is called the Child Care Payment Program (CCPP). MLICCI's 4-year study of a previous quality rating and improvement system detailed the high costs of quality improvement requirements based on environmental rating scales and documented inequitable access to higher quality ratings and higher subsidy reimbursements resulting from the lack of adequate financial support and subjectivity in the quality rating process.<sup>iii</sup>

The COVID-19 Pandemic has resulted in widespread negative economic impacts and the child care sector has been one of the most essential, yet one of the hardest hit sectors during the Pandemic. At this critical moment as Mississippi is considering a new CCPP quality improvement or "quality support" strategy, and, with significant additional funds coming into the state for COVID-19-related economic stabilization and recovery, MLICCI surveyed CCPP center directors about trends they are seeing in their enrollment pre- and post-COVID, their perspectives on providing quality child care and their perspectives on CCPP quality improvement programs in Mississippi.

The methodology included both quantitative and qualitative methods for capturing the views of low-income child care providers regarding their understanding of quality child care and the impact of COVID-19. This included a survey and focus groups that gathered child care providers' perceptions of child care quality in Mississippi. A structured survey with fixed responses was mailed to Mississippi child care directors participating in the Child Care Payment Program. A total of 171 completed surveys were returned. Three focus groups with child care providers, ranging from 45 to 90 minutes, provided an opportunity for providers to expound on their views, perceptions, and understanding regarding child care quality as well as the impact of the Pandemic.

Providers noted: 1) the insufficiency of looking at quality improvement through only a traditional lens, and 2) that lack of access is the most critical issue in MS quality child care. Lack of access to quality child care does **not** refer to a lack of physical space. Survey findings indicate there is underutilized child care capacity across the state of Mississippi in CCPP centers. Rather, access, or lack thereof, is predicated on the affordability of child care costs for parents and child care providers' ability to afford and participate in quality improvements. Realizing the benefits of a quality improvement or quality support system requires 1) maximizing the potential reach of CCPP so that low-income children can have access to quality child care and 2) greater investment in quality improvement financial resources for providers serving low-income children.

## Respondent Demographics

Respondents to MLICCI's survey represent a diverse and highly experienced group of CCPP child care providers. CCPP child care providers in Mississippi are women. Fifty-eight percent of respondents identified as Black and nearly thirty-three percent identified as white. Seven percent

of respondents did not identify race/ethnicity. This is consistent with the larger universe and affirms that child care in Mississippi is a female-driven enterprise.

Survey respondents have a significant amount of experience as child care providers. On average, CCPP providers reported working in child care for 22 years and an average of 16 years as center directors.

**Table 1. Demographics of CCPP Provider Respondents**

Race/Ethnicity	Percent
African American/Black	58%
White	32.7%
Native American	1.1%
Another Race	1.2%
Did not Identify	7%
<b>Gender</b>	
Female	97.7%
Male	2.3%

**Table 2. Educational Level of Respondents**

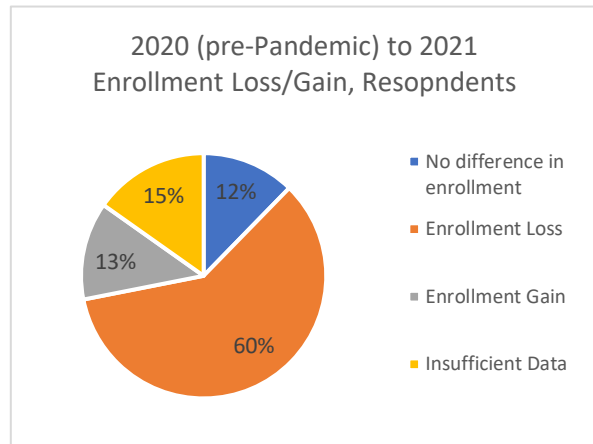
Level of Education	Total		Avg. Years in CC	Avg. Years as CC Director	Avg. Years in Business as a Provider
	Number	Percent			
Associate's Degree	40	23.4	23.15	17.15	18.24
CDA certification	27	15.8	19.63	14.30	14.27
Bachelor's Degree	39	22.8	19.82	12.84	15.97
At least one year of coursework beyond Bachelor's	10	5.8	28.78	20.00	24.70
Master's Degree	33	19.3	23.42	14.50	18.17
Education Specialist or professional diploma	8	4.7	23.38	19.75	20.00
Doctorate	7	4.1	28.14	24.57	25.00
Other (please specify)	7	4.1	28.86	19.86	27.43
Grand Total	171	100	22.63	15.94	18.29

### Trends in Enrollment and CCPP Voucher Density, January 2020 – February 2021

The COVID-19 Pandemic resulted in a significant percentage of licensed child care centers closing for some period of time during 2020 - 2021. Some centers were unable to re-open and those that did faced challenging circumstances. Child care was considered essential work and many centers remained open to continue serving children whose parents had to work. Child care centers faced lower enrollment and lower revenue, while at the same time they were required to hire more staff to comply with social distancing requirements and smaller teacher-to-child ratios. They faced increased costs associated with additional supplies needed for sanitizing, while also dealing with a scarcity of basic supplies. Child care centers also had to manage sporadic, temporary

closures due to COVID-19 exposures. Even into 2021, on average, CCPP centers have not recovered pre-COVID-19 enrollment.

Trends captured in the survey show an aggregate negative impact in enrollment among survey respondents. A clear majority of CCPP centers reported losses in enrollment, private pay enrollees and the number of children receiving CCPP vouchers. Average individual center enrollment dropped 17.7%. The average number of private pay enrollees dropped 19%. The average number of CCPP children enrolled in centers dropped 15.7%. Enrollment is down to 68% of capacity in 2021, compared to 78% of capacity in 2020, on average. Voucher density is defined as the percent of enrolled children receiving a CCPP voucher. Voucher density did not change from 2020 – 2021, based on survey results.



The average CCPP center in 2021 has a licensed capacity of 78 children, a current enrollment of 53 children (67.9% of licensed capacity) and an average of 37.7% of enrolled children receiving CCPP.

**Table 3. Licensed Capacity and Current Enrollment, 2020-2021**

	January 2020	February 2021
<b>Licensed Capacity (respondent group aggregate total)</b>	13,490	12,567
<b>Enrollment (respondent group aggregate total)</b>	9,651 71.5% of capacity	8,049 64% of capacity
<b>Licensed Capacity (center average)</b>	82	78
<b>Enrollment (center average)</b>	64 78% of capacity	53 68% of capacity

MLICCI’s CCPP provider surveys consistently find licensed CCPP center enrollment to be lower than licensed CCPP center capacity. MLICCI also consistently finds voucher density in CCPP centers to be roughly one-third to two-fifths of center enrollment, on average. CCPP providers often have available slots, but too few parents in their community can afford child care fees without the assistance of CCPP.

***CCPP Provider Perspective: “I have not had a tuition increase in 5 years or more in order to help my parents with child care tuition.”***

Increasing enrollment in CCPP centers is contingent upon increasing the number of families receiving CCPP vouchers in CCPP centers so that parents can afford the cost of child care.

**Table 4. Voucher Density\*, 2020-2021**

	January 2020	February 2021
<b>Enrollment (Respondent group aggregate total)</b>	9,651	8,049
<b>Receiving CCPP Subsidy (Respondent group aggregate total)</b>	3,453 Voucher Density: 35.8%	2,973 Voucher Density: 36.9%
<b>Enrollment (Center average)</b>	64	53
<b>Receiving CCPP Subsidy (Center Average)</b>	24 Voucher Density: 37.5%	20 Voucher Density: 37.7%

\*The percent of enrolled children receiving CCPP vouchers

Trends in enrollment and voucher density underscore the still-pressing and urgent need to make investments and policy choices in the CCPP child care sector that aim to increase enrollment in centers that have unused capacity. The drop in private pay enrollees and the wider economic downturn due to COVID-19 makes increasing the number of families receiving CCPP an urgent economic recovery strategy. Simultaneous supplemental funding infusions coming to Mississippi in child care should work in concert with workforce development to propel economic recovery. Approximately 10% of respondents to the survey reported losing more than half of their center’s enrollment from 2020-2021.

***CCPP Provider Perspective: “Child care centers have been hit hard during COVID-19 and we cannot afford any additional expenses. We need grants and assistance to help centers to improve. This year has been tough and I don't see 2021 being any better”***

Shoring up financially struggling CCPP centers and connecting the parents they serve to CCPP so they can work or enroll in education/job training is a critical economic recovery strategy. MDHS COVID-19 policy interventions such as CCPP reimbursements based on enrollment, waiving parent co-pay fees and financial assistance for CCPP providers clearly helped prevent losses from being more dramatic. These survey results indicate an ongoing need to maintain these policy interventions.

Data on child care enrollment, capacity, CCPP voucher density and eligible families indicate that less than one-third of eligible children receive CCPP funding. However, there is considerable unused capacity in centers which accept CCPP children. Most importantly, the state has funding through CCPP and nearly \$200 million in ARPA CCDF Discretionary funds to serve more eligible children. This means there is a need (unserved eligible children), there is space (center unused capacity), and there is funding (CCPP and ARPA) designated to address the need. Yet, less than one-third of the eligible children are being served. Therefore, providers and advocates urge that the full funding capacity of the Child Care Payment Program (CCPP) and the American Rescue

Plan Act (ARPA) CCDF discretionary funding (approximately \$200 million) be used to serve more eligible children.

## Quality Improvement

### *Child Care Quality Improvement Programs in Mississippi*

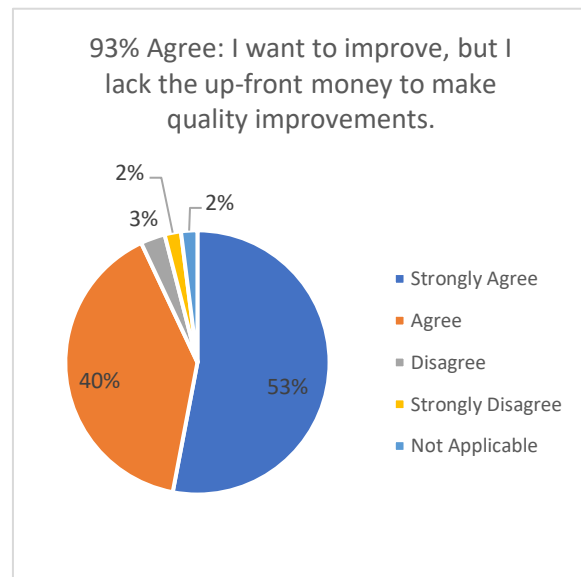
Through focus group and survey responses, providers expressed the view that child care center quality assessment is best provided within an assets-based framework whereby each center is viewed as a valued resource within the larger child care community, with different strengths, challenges and needs. Furthermore, assessment feedback on both the strengths and challenges of a center are equally important and best provided within the framework of building on existing strengths, rather than being punitive.

Many of the providers indicated having experienced previous state child care quality improvement programs which were quite intense, short-lived, unaffordable and therefore yielded limited long-term quality improvements. Based on these experiences, providers express a desire for a carefully designed quality improvement program with substantive input from all constituent groups that is implemented objectively through a phased process, and, is affordable. The sentiments of providers captured in focus groups is affirmed by survey findings.

MLICCI surveyed providers about their feelings, prior experiences, and knowledge regarding quality improvement programs and efforts in Mississippi. The survey asked respondents to indicate their level of agreement or disagreement with a series of 8 statements (survey results in Appendix).

Eighty-four percent of CCPP providers expressed agreement with the statement that child care quality improvement programs in Mississippi are a good way for a provider to improve quality in her center, of which 44% indicated they strongly agree.

***CCPP Provider Perspective: "I was a 2-star quality star center when it still existed. I really liked it. After working in 4 different centers in the last 12 years as a teacher and director I can see that each center is different and unique. Improvement is needed, but it is going to be difficult to create, something that will be accommodating to all."***



The survey included three statements related to the cost and financial aspect of quality improvement programs.

93% of CCPP providers responded that they want to improve quality in their centers but lack the up-front money to make such improvements. CCPP providers expressed the most consensus for this statement, compared to every other question included in the survey regarding quality programs.

***CCPP Provider Perspective: "It is time for the state of MS to recognize the needs for financial assistance in order to promote quality child care."***

In a similar question, 82% percent of CCPP providers indicated that they are unable to financially afford costs of improving the quality of their child care center.

Eighty percent of CCPP providers indicated that financial incentives have not been adequate enough to participate in Mississippi's quality improvement programs, while 16% disagreed with this statement. Only 4% indicated strong disagreement, compared to 42% indicating strong agreement.

While there is significant consensus among CCPP providers regarding a desire to improve quality, there is also widely held consensus that the cost of quality improvements is prohibitive and, based on prior experience and knowledge of Mississippi's CCPP quality improvement programs, financial incentives available through quality improvement programs are not adequate enough to successfully participate.

***CCPP Provider Perspective: "I believe our state changes their mind too often. We waste money by starting a program and then stop before it has had time to prove itself. In south MS I believe the bigger centers get the help and smaller ones are ignored."***

Providers have mixed experiences with regard to quality improvement program requirements being too difficult. Asked about their agreement or disagreement with the perspective that quality improvement requirements are too difficult, 38% percent disagree and 13% strongly disagree, while 28% agree and 13% strongly agree.

***CCPP Provider Perspective: "I have been part of several improvement plans. While they have good intentions and a lot of what has been tried is good, the follow through and the support, training, communication has been horrible. I will continue to be a part of anything that attempts to make the child care profession better for children and staff."***

Overall, the survey finds that CCPP providers express the most consensus around the lack of funds to make quality improvements, the lack of financial incentives to make participation in quality improvement programs feasible and the negative effect of the start-and-stop nature of previous quality improvement efforts in Mississippi.

***CCPP Provider Perspective: "1. Will the quality improvement be an ongoing program, not like the programs in the past that start and stop? 2. Will there be funding available to hire and retain quality teachers? 3. We need a program that is easy to attain and maintain after it is started. 4. Low-income providers need available resources so they can attract a wide range of professional staff"***

**members. 5. In the past, consistency in funding has always been a problem with quality. You need funds to operate a quality improvement program.”**

**CCPP Provider Perspectives on Factors and Practices Associated with High-Quality Child Care**

Oral, written and survey response data affirmed respondents’ interest in and commitment to a well-developed quality improvement program which is responsive to and inclusive of the needs of all children. Providers surveyed and participating in focus groups overwhelmingly understand and value the importance of established quality dimensions, purpose and practices of child care.

The views of the providers regarding established measures of child care quality were amplified during the focus groups. Their views concur with the established research. Child care quality does indeed matter. CCPP providers value and consider traditional dimensions of child care quality to be necessary, *but not sufficient*, for the families they serve.

The primary insufficiency that surfaced is related to unabridged access to the full range of child care quality factors that the research indicates low-income children so gravely need. The *lack of access* to these well-established dimensions of quality child care is by definition *the lack of quality*; and thus, *child care inequity*.

Lack of access manifests itself through unaffordability, burdensome CCPP/subsidy regulatory policies and practices and the lack of adequate child care funding. Providers noted that CCPP eligibility policies and procedures set by MDHS often prevent parents from accessing CCPP and result in denial of applications. Providers also noted parents who receive CCPP often lose child care during redetermination for minor changes in circumstances. The promulgation of quality dimensions, notwithstanding their efficacy, is severely diminished if all children do not have access to those same quality indicators.

In addition to access, insufficiency that CCPP providers surfaced included important equity-based factors which are not a part of standard quality measures. Quality child care dimensions related to equitable access—cost and affordability of child care, location of center and hours of operation—are all dimensions found to be important in providing high-quality child care that are not included in standard quality improvement protocols.

The following table reflects examples of center and state-level equity-based dimensions of child care quality factors and practices considered non-standard in this study and included in the survey instrument and/or focus group along with standard quality dimensions.

**Table 5: Examples of Center Level Equity-Based Child Care Quality Dimensions**

Availability of child care
➤ Location—Within local communities
➤ Hours of Operation
○ Accommodate parents’ working schedule



**Table 6: Examples of State Level Equity-Based Child care Quality Dimensions**

Cost of Child Care and Affordability
➤ Level of State financial investment in child care
➤ CCPP participation ratio
➤ Funding efficiency and effectiveness in maximizing and leveraging multiple funding streams
➤ Effectiveness and efficiency of state child care subsidy eligibility process and procedures
➤ Effectiveness of state child care subsidy reimbursement structure
➤ Adequacy of availability of funding to support quality improvement

Universal, standard dimensions of child care quality are well established in the research and have been demonstrated to be efficacious for all children. Furthermore, the research clearly establishes that these quality standards are more needed by and have greater positive impact on children from low-income families.

Respondents were asked to rate the level of importance of standard factors and practices related to child care quality, as well as non-standard factors as defined in the context of this study. Specifically, the survey included center location, hours of operation and the cost of child care as non-standard dimensions of providing quality child care that are each critical to addressing *equitable access* to care, a critical dimension of quality improvement strategies.

Respondents indicated through survey and focus group feedback that standard quality factors such as health and safety, materials and activities and teacher-child interaction were important benchmarks for quality. However, center location, hours of operation and cost of child care were also found to be highly valued non-standard attributes that providers indicated were as important as standard factors in providing high-quality child care.

Overall, CCPP providers expressed significant consensus regarding the level of importance of both standard and equity-based dimensions of delivering high-quality child care. Of the factors included in the survey, none received a response that indicated any level of significant non-importance among CCPP providers or significant lack of consensus. More than 90% of respondents viewed both standard and equity-based factors as important.

### ***Child Care Equity as a Dimension of Quality Improvement***

There is a plethora of child care policies and practices, at the center and state levels, that would significantly expand and improve the child care delivery system in Mississippi. As expressed by a focus group participant, sustained quality child care is predicated on building strong interlinked organizational structures that function as an effective, seamless system for all children and their families.

Equitable access to high-quality child care is predicated on affordability and the center's capacity to serve low-income working parents. Affordability is addressed by serving more children through CCPP and making the CCPP eligibility process seamless. Centers participating in CCPP have the capacity to serve low-income working parents because they are located conveniently, open year-round and offer services during hours that align with working parents' schedules. These are all factors that Mississippi CCPP providers view as critical to quality improvement in Mississippi, but are not explicitly included in past and current quality improvement strategies.

The intent of the 2014 re-authorization of the Child Care and Development Block Grant (CCDBG)—the source of funding for Mississippi's CCPP quality child care improvement programs—made clear that access to and retention of CCPP assistance is essential to children's early childhood development experience. Continuity of early childhood settings rely on stable retention of CCPP subsidies. According to the CCDF Final Rule:

It [Congress] also recognized the central importance of access to subsidy continuity in supporting parents' ability to achieve financial stability and children's ability to develop nurturing relationships with their caregivers, which creates the foundation for a high-quality early learning experience.<sup>iv</sup>

As one provider summarized thusly:

We need consistency in our quality improvement efforts, we keep jumping from one initiative to the next. Yes, we need supplies and materials and our parents need help to pay their child care but our staff need to be better prepared to plan and carry out high quality instruction to children. During the last quality improvement effort our staff was really committed to the effort because they knew a coach would be coming in from the outside to observe their instructional effort and the coach would give them immediate feedback. The coach was telling them many of the same things that administrators were saying but they seem to respond better to her.

Providers' concern was not with the quality standards, but *how* quality is appropriated in an inequitable manner. Equity exists in child care when the benefits and challenges related to access to quality child care opportunities are not skewed by race and socioeconomic status. Conversely, when children of color and low socioeconomic status are more likely than their racial and economic counterparts to not have access to quality child care, that is inequity. If it is not inequity, then what accounts for the significant racial and economic disparities in access to quality child care seen across the nation and in Mississippi?

The providers' premise was clear. Quality standards without all children having the means for accessing those standards, is the classic definition of child care inequity. A child's ability to receive a quality early childhood experience should not be predictable by their families' race, ethnicity or socioeconomic status. Consequently, the development of policies and practices that address and define child care quality improvement must address unabridged access for all children.

In addition to the necessity of standard quality measures, they are not sufficient. Additional measures grounded in equity include affordability and capacity to serve low-income working parents (center location and hours of operation that accommodate working parents).

The issue of *access* can be addressed through affordability. Affordable access to quality child care relies on CCPP subsidies being easy to access and retain. Further, quality child care systems require quality center staff. Therefore, it is imperative that workforce supports and investments be a part of the quality equation. Likewise, child care is an essential work support for low-income working mothers.

The quality assessment process is also important. Providers suggested the use of an assets-based approach which views centers as a valued resource. Lastly, the Mississippi child care sector has a cadre of seasoned professionals with tremendous knowledge and skills that remains untapped. These individuals are uniquely equipped to provide policy and program expertise in the planning, development and assessment of quality child care systems. The infrastructure of the Mississippi child care system can benefit from the inclusion of this invaluable human asset.

***CCPP Provider Perspective: “Owners, directors and teachers of child care centers should have a bigger input than anyone on what needs to change to make centers better”***

## **Conclusion**

**CCPP center enrollment, on average, has not recovered to pre-COVID-19 levels and CCPP centers have capacity to serve more children. Voucher density has gone unchanged from 2020 - 2021.**

MLICCI’s survey found that average CCPP center enrollment dropped from pre-COVID 2020 to February 2021. This was the case for the average number of private pay enrollees and the average number of CCPP children enrolled in centers during this time period. While the average number of children enrolled receiving CCPP slightly decreased, voucher density did not change from 2020-2021.

Data indicate that less than one-third of eligible children receive CCPP funding. However, there is considerable unused capacity in centers which accept CCPP children. Most importantly, the state has funding through CCPP and nearly \$200 million in ARPA CCDF Discretionary funds to serve more eligible children. This means there is a need (unserved eligible children), there is space (center unused capacity), and there is funding (CCPP and ARPA) designated to address the need. Yet, less than one-third of the eligible children are being served. Therefore, providers and advocates urge that the full funding capacity of the Child Care Payment Program (CCPP) and the American Rescue Plan Act (ARPA) CCDF discretionary funding (approximately \$200 million) be used to serve more eligible children.

**CCPP providers know and agree on what factors and practices constitute quality child care.**

CCPP providers responding to the survey were highly experienced, reporting an average of 22 years of experience working in child care. Respondents indicated in written and oral comments experience with previous quality improvement systems. CCPP providers expressed unanimous agreement with regard to the importance of traditional and equity-based factors related to

providing children quality child care, the importance of child care practices, and in their understanding of the primary purpose of quality improvement programs.

These findings are significant because they empirically challenge the often-held myth that providers serving low-income families lack an understanding of, and do not value, established quality child care factors and practices. Based on the data, these providers overwhelmingly understand and value the importance of quality child care. However, providers consistently indicated that the cost of quality and access to affordable quality child care through CCPP were major barriers unaddressed by the state. Further, these barriers act as major challenges in creating a system of quality child care that benefits all children and providers in Mississippi.

Demographically and professionally, the respondents reflected a profile of credentialed professionals with extensive experience in child care as practitioners and entrepreneurs. However, their invaluable expertise is not utilized in the state's child care infrastructure. Lastly, providers express a continuing desire for the revision or elimination of regulations and procedures which can decelerate the CCPP eligibility application process.

**CCPP providers know how much implementing quality improvements cost. 93% of CCPP providers want to improve but lack up-front money to make quality improvements.**

With regard to quality improvement programs in Mississippi, 93% of CCPP providers indicated a desire to make improvements, but a lack of up-front money to fund such improvements, based on prior knowledge and experiences with Mississippi quality improvement programs. The survey revealed significant consensus among providers and common experiences with previous quality improvement programs as unaffordable and lacking in adequate financial incentives to participate.

The expansion of traditional quality measures to include equity-based child care dimensions was highlighted. Furthermore, the child care providers identified often neglected factors related to quality; namely, affordability, the cost of quality child care and capacity to serve low-income families. The promulgation of quality dimensions, notwithstanding their efficacy, is rendered null for unserved eligible children and families who cannot afford child care. **For these children, the immediate issue is not quality child care, but no child care at all.**

**Based on these survey results, MLICCI recommends:**

- Increase enrollment in CCPP centers with unfilled capacity by maximizing CCDF COVID-19 supplemental CCDF Discretionary funds and regular CCDF Discretionary funding on direct services so more families receive CCPP
- Provide financial support for quality improvement program requirements so that CCPP providers can participate equitably, make improvements they need, and have equal access to the benefits of financial incentives
- Base CCPP reimbursement rates on the actual cost of quality child care, not on the prevailing market rate
- Continue COVID-19 policies that have worked to mitigate negative economic impacts for CCPP providers and that have allowed parents to retain CCPP (continue CCPP reimbursements based on enrollment pre-COVID-19, waive family co-pays, make

financial support available in the form of one-time payments, grants and other forms of financial assistance for providers)

### ***Survey Instrument and Distribution***

MLICCI commissioned the development of a survey instrument and focus group research from Professional Associates, Inc., a private research firm. MLICCI's research questions informed the creation of the instrument: how do CCPP child care providers feel about child care quality improvement programs in Mississippi? What factors are most important in making sure children receive high quality child care? What child care practices are most important in providing quality child care? What is the CCPP provider perspective on the purpose of quality improvement systems? How satisfied are providers with quality improvement efforts in Mississippi?

MLICCI distributed the survey to CCPP child care providers in February 2021 and collected responses until March 2021. A total of 877 surveys were distributed via postal mail to each licensed child care provider listed as Active and accepting subsidies. Pre-paid envelopes were provided to respondents for return. MLICCI used a December 2020 data file obtained through a request to the Mississippi State Department of Health Licensure Division to identify active CCPP child care providers. Directors of CCPP centers have the most direct experience working with quality improvement programs. While MLICCI recognizes that the MS child care universe (provider, director, teacher) is larger than the total number of active CCPP child care centers, the latter is considered a unique subset of child care centers which are the predominate child care subsidy providers for low-income children and families in Mississippi.

The survey distribution list that MLICCI used represents the entire licensed CCPP child care center universe as of December 2020. MLICCI cannot determine if survey non-response is an indication of sampling error or non-response bias. MLICCI collected and analyzed 171 unique, non-duplicative survey responses from the licensed CCPP child care center universe. MLICCI considered each response as valid and did not exclude responses. In some instances, numerical data provided was irregular or insufficient and may have been omitted for purposes of calculating an aggregate or average figure. MLICCI notes the percentage of respondents reporting insufficient data on enrollment.

MLICCI also asked respondents to provide written open-ended feedback. MLICCI received 59 unique written comments as open-ended responses to the survey. Some of these comments were selected for inclusion to contextualize survey results and to represent common sentiments. We present these quotes as "CCPP Provider Perspectives" throughout the report. The majority of comments were in regard to quality improvement programs/strategies, while some other themes emerged, including operational barriers during COVID-19 or the impact of COVID-19, revenue shortages and difficulty with center operations, and CCPP subsidy issues.

### **Endnotes**

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i This estimate is meant to illustrate the difference between the number of children served and the number of children potentially eligible. For the number of children served, MLICCI used data reported in MDHS's most recent 2020 Annual Report as a percentage of children MLICCI estimates to be potentially CCPP-eligible. For the MDHS annual report, <https://www.mdhs.ms.gov/annual-reports/>. For the number of children potentially-eligible, MLICCI

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works with the Barnard College Empirical Reasoning Center to produce a custom tabulation of 2017 American Community Survey (ACS), Public Use Microdata Sample, U.S. Census Bureau. Technical Documentation and margins of error for the 2017 ACS for each Public Use Microdata Area (PUMA) can be provided by MLICCI upon request. The estimate used is 112,052 potentially CCPP-eligible children. The estimate uses criteria, including: child is below the age of 13, is in a home reporting gross earnings not exceeding 85% of the state's median household income and either one or both parents/guardians/caretakers work 25 or more hours per week. This estimate is limited in some respects, for instance, due to a lack of data regarding participation in education or job training and lack of data regarding children with disabilities up to age 19.

ii See, MLICCI's "Mississippi's Child Care and Development Fund at 20: A Critical Moment for Low-Income Working Families and Decision-Makers," [https://www.mschildcare.org/wp-content/uploads/2019/02/2019\\_CCDF-at-20\\_report.pdf](https://www.mschildcare.org/wp-content/uploads/2019/02/2019_CCDF-at-20_report.pdf).

iii See, MLICCI's "Step-Up" project final report, <https://www.mschildcare.org/wp-content/uploads/2017/01/Step-Up-Final-Report.pdf>.

<sup>iv</sup> See, <https://www.govinfo.gov/content/pkg/FR-2016-09-30/pdf/2016-22986.pdf> (67438).

## Appendix A

Based on prior experiences and/or knowledge of quality improvement programs in MS, indicate your level of agreement/disagreement with each of the following statements.

Percentage Response by Answer Choice	
<b>A. MS Child care quality improvement is a good way for a provider to improve quality in his/her center</b>	
Strongly Agree	44%
Agree	40%
Disagree	8%
Strongly Disagree	4%
Not Applicable	4%
<b>B. I want to improve, but I lack the up-front money to make quality improvements</b>	
Strongly Agree	53%
Agree	40%
Disagree	3%
Strongly Disagree	2%
Not Applicable	2%
<b>C. I can't financially afford to improve the quality of my center</b>	
Strongly Agree	38%
Agree	44%
Disagree	12%
Strongly Disagree	1%
Not Applicable	5%
<b>D. There is not enough financial incentive to participate</b>	
Strongly Agree	42%
Agree	38%
Disagree	12%
Strongly Disagree	4%
Not Applicable	4%
<b>E. I don't need it in order to attract families to my center.</b>	
Strongly Agree	15%
Agree	29%
Disagree	27%
Strongly Disagree	24%
Not Applicable	5%
<b>F. I don't trust DHS to determine the quality of my child care program</b>	
Strongly Agree	18%
Agree	19%
Disagree	39%
Strongly Disagree	16%
Not Applicable	8%
<b>G. It is not worth the investment of my time</b>	
Strongly Agree	7%

Agree	18%
Disagree	41%
Strongly Disagree	28%
Not Applicable	6%
<b>H. The quality improvement requirements are too difficult</b>	
Strongly Agree	13%
Agree	28%
Disagree	38%
Strongly Disagree	13%
Not Applicable	8%

## Appendix B

*“Please indicate how important you think the following factors are in making sure that children receive quality child care.”*

Quality Child Care Factors	Very Important	Somewhat Important	Important	Not Important
Available materials and activities	97.1%	1.7%	1.2%	0%
Books, pictures and toys that look like my child	90.6%	5.9%	3.5%	0%
Center has a home-like atmosphere	72.8%	17.8%	4.7%	4.7%
Health and Safety of Children	98.2%	1.2%	0.06%	0%
Child care teachers’ level of education	62.6%	22.8%	11.7%	2.9%
Positive teacher-child interaction	97%	1.2%	1.8%	0%
Positive teacher-parent relationship	91.7%	6%	2.3%	0%
Caregiver’s understanding, warmth and kindness	99%	0.5%	0.5%	0%
Involvement of parents with their child’s child care center	76.3%	18.9%	4.7%	0%
Location of Center	54.4%	25.1%	14.6%	5.8%
Hours of Operation	65%	18.1%	12.3%	4.7%
Cost of Child care	83%	10.5%	4.7%	1.7%
Parents’ feeling that they and their child is valued	97.7%	1.7%	0.6%	0%
Parents’ feeling that their child is accepted and fits in	97.7%	2.3%	0%	0%
Parents’ feeling that the center is the right place for their child	98.8%	1.2%	0%	0%

## Appendix C

*“When you think about quality in a child care setting, how important is it that the provider...”*

	Very Important	Somewhat Important	Important	Not Important
...knows about children's needs as they grow and develop.	98.8%	1.2%	0%	0%
...encourages children to recognize letters, words, numbers, or shapes.	90%	9.4%	0.6%	0%
...works with families to set individual plans and goals for children.	81.2%	12.9%	5.3%	0.6%
...provides materials for play and learning.	97%	3%	0%	0%
...helps children to build relationships with peers and other adults.	96.4%	2.4%	1.2%	0%
...helps children learn to control their behavior.	97.6%	1.2%	0.6%	0.6%



...encourages children to express thoughts and feelings.	97%	1.8%	1.2%	0%
...helps children resolve conflict with other children.	97.6%	1.8%	0.6%	0%
...considers parents' goals, ideas, and suggestions when caring for children.	78.7%	17.1%	3.5%	0.6%
...be willing to work with parents about their work schedules.	65.9%	22.9%	8.2%	2.9%
...includes families in program plans and decision-making.	63.7%	22%	11.3%	3%
...cares about the entire family, not just the child.	83.5%	10.6%	4.7%	1.2%
...connects families to outside or community resources.	75.4%	19.7%	4.8%	0%
... interacts with children in ways that are respectful of their family's beliefs and ways of doing things.	91.2%	6.5%	1.2%	1.2%
... promotes ways to communicate with families who speak a language not spoken by the provider.	78%	17.3%	3.4%	1.2%
... gathers information about families' beliefs, customs, and ways that each family does things.	70.4%	20.7%	7.1%	1.8%

## Appendix D

### MLICCI PROVIDERS' PERCEPTIONS OF CHILD CARE QUALITY SURVEY

Dear Child care Provider: This survey is designed to collect information on the perceptions of child care providers regarding child care quality. Please take a few minutes to share your views by completing this survey.

All information in this survey will be treated CONFIDENTIALLY, and will be used for research purposes only. Your participation is ANONYMOUS; no center will in any way be identified by name. Lastly, your participation is VOLUNTARY. *Thank you for your willingness to help us understand the factors related to child care quality in Mississippi.*

1. Are you?  
Black/African American  
White/Caucasian  
Hispanic or Latinx  
Native American  
Another race or ethnicity (please specify):
2. What is your gender?  a. Female  b. Male
3. How many total years have you worked in child care? \_\_\_ Years
4. How many years have you been a Child care Center Director? \_\_\_\_\_ Years
5. How many years have you been in business as a child care provider? \_\_\_ Years

6. What is the highest level of education you have completed? *Check only one.*

- a. CDA Certification
- b. Associate Degree
- c. Bachelor’s degree
- d. At least one year of course work beyond the Bachelor’s degree
- e. Master’s degree
- f. Education Specialist or professional diploma
- g. Doctorate
- h. Other (please specify)

7. COVID-19 has had an impact on everyone. Help us understand how COVID-19 has impacted the enrollment at your Center, by indicating what the enrollment was last January before COVID-19, and what it is currently.

	Your Center’s Licensed Capacity	# of Private Pay Enrollees	# of CCPP Subsidy Enrollees	Total Enrollment
January 2020 (Before COVID-19)				
February 2021 (Currently)				

8. Please share your feelings regarding child care quality improvement in Mississippi. To do this please indicate your agreement or disagreement with the following statements.

Based on your prior experiences and/or knowledge of quality improvement programs in MS, indicate your level of agreement/disagreement with each of the following statements.		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
		4	3	2	1	
A.	MS child care quality improvement is a good way for a provider to improve quality in his/her center.					
B.	I want to improve, but I lack the up-front money to make quality improvements.					
C.	I can’t financially afford to improve the quality of my center.					
D.	There is not enough financial incentive to participate.					
E.	I don’t need it in order to attract families to my center.					
F.	I don’t trust DHS to determine the quality of my child care program.					

G.	It is not worth the investment of my time.					
H.	The quality improvement requirements are too difficult.					

9. How important are the following factors for you in making sure that children receive quality child care?

Please indicate <u>how important</u> you think the following factors are in making sure that children receive quality child care.	Very Important	Somewhat Important	Important	Not Important
	4	3	2	1
Available materials and activities				
Books, pictures and toys that look like my child				
Center has a home-like atmosphere				
Health and safety of children				
Child care teachers' level of education				
Positive teacher-child interaction				
Positive teacher-parent relationship				
Caregiver's understanding, warmth and kindness				
Involvement of parents with their child's child care center				
Location of Center				
Hours of operation				
Cost of child care				
Parents' feeling that they and their child is valued				
Parents' feeling that their child is accepted and fits in				
Parents' feeling that the center is the right place for their child				

10. Please rate the importance of each of the following child care practices by checking the category (4-1) which indicates HOW IMPORTANT you think each one is in order to have a quality child care program.

<b>“When you think about quality in a child care setting, how important is it that the provider”</b>	<b>Very Important</b>	<b>Somewhat Important</b>	<b>Important</b>	<b>Not Important</b>
<b>DEVELOPMENTALLY APPROPRIATE PRACTICES</b>	4	3	2	1
...knows about children's needs as they grow and develop.				
...encourages children to recognize letters, words, numbers, or shapes.				
...works with families to set individual plans and goals for children.				
...provides materials for play and learning.				

**SOCIAL AND EMOTIONAL DEVELOPMENT**

...helps children to build relationships with peers and other adults.				
...helps children learn to control their behavior.				
...encourages children to express thoughts and feelings.				
...helps children resolve conflict with other children.				

**FAMILY-SENSITIVE CAREGIVING**

...considers parents' goals, ideas, and suggestions when caring for children.				
...be willing to work with parents about their work schedules.				
...includes families in program plans and decision-making.				
...cares about the entire family, not just the child.				
...connects families to outside or community resources.				

**CULTURAL RESPONSIVENESS**

... interacts with children in ways that are respectful of their family's beliefs and ways of doing things.				
... promotes ways to communicate with families who speak a language not spoken by the provider.				
... gathers information about families' beliefs, customs, and ways that each family does things.				

11. What is your understanding of the Primary Purpose of quality improvement programs in MS?

The primary purpose of Mississippi child care program efforts is ...		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
		4	3	2	1	
A.	to help programs improve their practices.					
B.	to help families find quality child care.					
C.	to help parents looking for child care determine providers' quality rating.					
D.	To help parents afford the cost of child care.					
E.	Other:					

12. How satisfied are you with the child care quality improvement efforts here in Mississippi?

- A.  Very satisfied
- B.  Somewhat satisfied
- C.  Neither satisfied nor dissatisfied
- D.  Somewhat dissatisfied
- E.  Very dissatisfied

Add any comments you wish to share: