Abstract / Summary

Project Title: **Connected for Success: A Family-Based Unified and Integrated Early Childhood System**

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The Mississippi system reimagines the state’s approach to early care and learning and radically departs from its traditional provider-focused approach. The system is designed to place low-income families on a path to self-sufficiency and ensure their children can attend child care centers that provide high-quality services and learning experiences in a healthy and safe environment. The system is structured to promote the welfare, learning, and stability of young children through an integrated network of resources and services. Specifically, the Mississippi system focuses on:

- Connecting early care and learning programs and services within and between state agencies and private organizations to holistically support children and their families from birth to age 8 through the development and implementation of individual service plans.
- Forming a network of centers based on two designations: standard and comprehensive. The standard designation focuses on high-quality services in terms of curriculum, health and safety, and staff. The comprehensive designation builds on the standard designation and focuses on the continuity of high-quality care and learning as a child transitions from center to center and into the K-12 system.
- Infusing coaching and technical assistance into child care centers through Early Childhood Academies in order to level the playing field and achieve high-quality care and service for all children without being burdensome to child care providers.
- Connecting families to a network of human services, education, and workforce programs designed to eliminate barriers and provide training to achieve occupational goals.
- Relying on data-driven web and mobile technology to improve delivery of services to assist families anytime and anywhere and to maximize efficiency and effectiveness for continuous quality improvement of all services.

The overall vision for Mississippi system is to create a statewide structure that fosters the cognitive, physical, and socioemotional well-being of children 0-8 years old, preparing children for school, engages families in their children’s learning, and cultivates the social integration of children.
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1. Introduction

Over the last several years, Mississippi has enacted bold public education policies aimed at creating meaningful improvement in student outcomes. High-quality early childhood education programs can have a profound impact on children’s well-being and long-term success in life and work. One of the many education reforms passed by the Mississippi Legislature in 2013 was the Literacy-Based Promotion Act (LBPA), which is designed to improve literacy rates by third grade in Mississippi public schools. Under this law, students are required to score above the lowest achievement level in reading to be promoted to fourth grade. In 2015, 85 percent of children in third grade met this statutory requirement for promotion on their first attempt. In 2018, 93 percent of children in third grade met this same promotion requirement. A technical amendment has been made to the LBPA to raise the bar required for promotion in spring 2019, requiring students to score above the lowest two achievement levels in reading to be promoted to fourth grade.

The Mississippi legislature has also created and funded the Early Learning Collaborative (ELC), a pre-K program implemented by the Mississippi Department of Education (MDE), an MDE-implemented pre-K program that has received national attention for its effectiveness in improving children’s outcomes as they enter kindergarten. The goal of this program is to provide funding to local communities to establish, expand, support, and facilitate the successful implementation of quality early childhood education and development services for 4-year-old children in pre-K. ELCs are partnerships among school districts, Head Start agencies, child care centers, and nonprofit organizations. Funds are competitively awarded by the Mississippi Board of Education based on evidence of existing strong local collaboration, capacity, commitment,
need, ability to demonstrate enhanced outcomes for participating children, and availability of funds. To be sure, ELC partners have made significant efforts to ensure that every child is ready to learn by kindergarten and beyond. While the readiness rate for Mississippi’s entire kindergarten population has remained flat at approximately 1 in 3 students statewide, the outcomes for ELC students have improved each year. In spring 2015, 59 percent of ELC students met the readiness indicator for kindergarten, and in 2018, 76 percent of ELC students in the 14 ELCs met the target score for readiness. In its latest report on pre-K quality, the National Institute for Early Education Research (NIEER) recognized Mississippi as one of only five states whose publicly funded pre-K program meets nine of NIEER’s 10 new quality standards for early childhood education. In its 2015 and 2016 State of Preschool reports, NIEER recognized Mississippi’s ELCs for meeting all 10 quality standards for early childhood education, making Mississippi one of only five states in the nation that met all 10 of NIEER’s previous benchmarks.

In 2014, Mississippi, under the auspices of the State Early Childhood Advisory Council (SECAC), engaged in a two-year comprehensive needs assessment by analyzing the current landscape of the state’s mixed-service delivery system for low-income children ages 0-5. In 2016, Mississippi approved a strategic plan to develop and implement a family-based unified and integrated early childhood system to ensure consistency in program quality, expand parental choice and access, and expand and enrich workforce and other supportive services for families to place them on a path to self-sufficiency. Following its strategic plan, the state has developed a system to streamline administrative infrastructure and improve efficiency of programs that serve children ages 0-5. The overall goal of this application is to update and fully implement the strategic plan to improve the state’s mixed-service delivery system, which includes private
licensed child care, home-based family child care, public school collaboratives, Head Start, and local education agencies.

2. Project Approach

2.1 Activity 1: B-5 Needs Assessment

The state has completed a comprehensive needs assessment. In 2014, the State Early Childhood Advisory Council (SECAC) engaged in an overall evaluation of the services and programs serving children 0-8. The state also conducted a needs assessment of its mixed-service delivery system (e.g., private licensed child care, home-based family child care, public school collaboratives, Head Start, and local education agencies). The next few paragraphs describe the activities that the state took to conduct its comprehensive assessment that led to the development and implementation of the 2016 Mississippi strategic plan.

2.1.1 Definitions, Data, and Research

The first step the state took in the needs assessment was to clearly define vulnerable populations and emphasize the importance of delivering quality child care services and programs to this group. The state defines vulnerable “as children more exposed to risks (abuse, neglect, violence, deprived of food and care), including children with social-emotional-mental health issues, homeless, in foster care, in low-income families or in extreme poverty, and with the potential for poor outcomes (in terms of health, education, mental, or socioemotional)” and defines underserved as “families with a lack of access to quality early child care services.” Mississippi defines quality as providing a safe, nurturing environment that promotes the physical, social, emotional, and cognitive development of young children while responding to the needs of families. Mississippi’s vision is to create a statewide system that fosters the cognitive, physical, and socioemotional well-being of children zero to 8 years old, prepares
children for school, engages families in their children’s learning, and cultivates the social integration of vulnerable and underserved children.

Geography is a key factor in understanding opportunities and challenges that vulnerable and underserved children face in their communities. Residence dictates life circumstances. Children in rural settings often face greater challenges than their counterparts in urban settings. Here, rural and urban settings are defined according to census definitions. The census defines rural settings as nonmetropolitan areas and urban settings as metropolitan areas. Nonmetropolitan areas contain less than 50,000 individuals, and metropolitan areas contain more than 50,000 individuals.

The state next identified different sources of data that describe its vulnerable populations and the quality of early childhood services available to them. This effort included multiple sources of data from publicly available sources and administrative records. This effort also involved research activities and the engagement of SECAC members and subject matter experts. Research was conducted to examine methods of gauging quality and fostering continual quality improvement. The state also examined the results of a nine-year research study that used an experimental design to evaluate the impact of coaching on children’s outcomes in Mississippi. This study cost approximately $20 million and was funded by the private sector.

2.1.2 Vulnerable and Underserved Populations

According to the U.S. Census, there are more than 230,000 children ages 0-5 in Mississippi. Of those, almost 35 percent are in poverty and almost 60 percent are within 200 percent of the poverty threshold. More than 122,000 children receive food assistance, accounting for more than 53 percent of this age group. Approximately 9,000 live with families receiving TANF. More than 12,000 have a disability or a developmental delay, over 2,000 are in foster
care, and almost 10,000 are homeless. A very small group of the 0-5 age group reside on Indian lands. See Table 1. More than 70 percent of the low-income children ages 0-5 are in public and private early childhood centers. The vast majority are either in CCDF-subsidized child care centers or in a Head Start program. A very small percentage of children are in public pre-K. See Table 2. Of those who receive CCDF-subsidized vouchers, over half are considered priority populations. The other half are in working low-income families. Currently a few more than 5,000 children are in a pending status to receive final adjudication for a CCDF-subsidized voucher. The state has cleared its entire waiting list. See Table 3.

Table 1: Profile of Vulnerable Populations Ages 0-5 in Mississippi

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Children</td>
<td>230,211</td>
<td>-</td>
</tr>
<tr>
<td>Receiving SNAP</td>
<td>122,535</td>
<td>53.2</td>
</tr>
<tr>
<td>Receiving TANF</td>
<td>8,731</td>
<td>3.8</td>
</tr>
<tr>
<td>Have a Disability Developmental Delays</td>
<td>12,325</td>
<td>5.4</td>
</tr>
<tr>
<td>Reside on Indian Lands</td>
<td>732</td>
<td>0.3</td>
</tr>
<tr>
<td>In Foster Care</td>
<td>2,220</td>
<td>1.0</td>
</tr>
<tr>
<td>Are Homeless</td>
<td>9,923</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Poverty
- Below 100% of Poverty: 79,555 (34.6%)
- Below 150% of Poverty: 111,593 (48.5%)
- Below 200% of Poverty: 137,638 (59.8%)

Geographic Area
- Metro Area: 105,198 (45.7%)
- Non-Metro Area: 125,013 (54.3%)


Table 2: Vulnerable Populations Ages 0-5 Served by the Public and Private Systems

<table>
<thead>
<tr>
<th>Establishments</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Child Care Receiving CCDF</td>
<td>1,024</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>168</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>67</td>
</tr>
<tr>
<td>Head Start</td>
<td>259</td>
</tr>
<tr>
<td>Total</td>
<td>1,518</td>
</tr>
</tbody>
</table>

Table 3: Priority Populations Receiving CCDF for Child Care Support

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF</td>
<td>1,038</td>
<td>5.7</td>
</tr>
<tr>
<td>Transitional Child Care program</td>
<td>1,689</td>
<td>9.2</td>
</tr>
<tr>
<td>Foster or protective services</td>
<td>4,507</td>
<td>24.7</td>
</tr>
<tr>
<td>Healthy Homes Program</td>
<td>288</td>
<td>1.6</td>
</tr>
<tr>
<td>Homeless</td>
<td>75</td>
<td>0.4</td>
</tr>
<tr>
<td>Special Needs</td>
<td>160</td>
<td>0.9</td>
</tr>
<tr>
<td>Teen Parents</td>
<td>108</td>
<td>0.6</td>
</tr>
<tr>
<td>Working Low-Income</td>
<td>8,151</td>
<td>44.6</td>
</tr>
<tr>
<td>Provisional Vouchers</td>
<td>2,266</td>
<td>12.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,282</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: MDHS Child Care Information System, 2018

More than 80 percent of families receiving CCDF vouchers are working. Approximately 70 percent receive SNAP, and 16 percent receive TANF. A small percentage receive unemployment insurance benefits (5.3 percent). Less than two percent of these working families are currently receiving any form of workforce services under the WIOA system. However, an appreciable number are in training or educational programs, especially community college programs. See Table 4.

Table 4: Service, Workforce, and Education Profile of Families Participating in the CCDF Program

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Families</td>
<td>15,420</td>
<td>-</td>
</tr>
<tr>
<td>Employed</td>
<td>12,784</td>
<td>82.3</td>
</tr>
<tr>
<td><strong>Food and Cash Assistance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received SNAP</td>
<td>10,688</td>
<td>69.3</td>
</tr>
<tr>
<td>Received TANF</td>
<td>2,432</td>
<td>16.0</td>
</tr>
<tr>
<td>Received UI Benefits</td>
<td>814</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Workforce Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received WIOA Services</td>
<td>206</td>
<td>1.3</td>
</tr>
<tr>
<td>Receiving Rehabilitation Services</td>
<td>47</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Enrolled in Education Programs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enroll in ABE</td>
<td>218</td>
<td>1.4</td>
</tr>
<tr>
<td>Enroll in CCA</td>
<td>1,386</td>
<td>9.0</td>
</tr>
<tr>
<td>Enroll in IHL</td>
<td>735</td>
<td>4.8</td>
</tr>
</tbody>
</table>

Source: Mississippi Statewide Longitudinal Data System (SLDS), 2018.
Many children not only are vulnerable, but they are also in areas with a high concentration of poverty and limited access to child care, placing them in double jeopardy. *High concentration of poverty* is defined as a county where the percentage of children living in poverty is at least one standard deviation above the state mean value for the percentage of children living in poverty. These counties are noted by asterisks in Figure 1. *Limited access* is defined as counties that do not contain any CCDF-eligible child care providers. These counties are noted by circles in Figure 1. As expected, in the priority areas, more than 50 percent of children are in poverty and more than 70 percent receive food assistance. In contrast, in non-priority areas, 32 percent are in poverty and 50 percent receive SNAP. More than 7,000 children ages 0-5 are served in priority areas, as opposed to more than 41,000 in non-priority areas. This clearly suggests that low-income children in priority areas are underserved.

### 2.1.3 Quality of Child Care

In 2015, as part of the ongoing needs assessment to improve the quality of child care, SECAC engaged a research university in the state to conduct exploratory research to identify the opportunities and challenges in relation to achieving high-quality child care in the state. This initial assessment indicated that, to improve the quality of child care, the state needed to conduct a needs assessment in six critical areas: (1) quality standards, (2) the Quality Rating System
(QRS) framework, (3) quality early child care workforce, (4) kindergarten assessment, (5) family and community engagement, and (6) the state data system. SECAC created six working committees to address each of the critical areas and engaged a major research university in the state to assist with the needs assessment. Committees were comprised of members of SECAC and subject matter experts. Each committee developed specific goals to be achieved within a year. Each goal required collection of data, an analysis of the area’s current status, and an assessment of how to move forward. Below is the general rationale for each area and a synthesis of the research that was conducted.

2.1.3.1 Implement high-quality standards for early education across the state.

SECAC concluded that all children should have an equal opportunity to experience high-quality early childhood education. The committee determined that the state must continue to increase its expectations in regard to early childhood educators understanding and using early learning standards so as to ensure all of Mississippi’s children to have equal access to high-quality programs. The committee realized, however, that creating standards alone will not ensure quality. Quality can be ensured only if standards are adopted.

Though the state had made significant progress with creating new Early Learning Standards, the needs assessment showed that little effort had been undertaken to ensure that the standards are actually adopted to guide activities within child care centers. Therefore, the committee recommended identifying mechanisms that would improve the actual adoption of standards as a way to reach high quality within child care centers.

2.1.3.2 Reexamine the state’s QRS to provide centers the assistance they need to promote quality improvements statewide and improve access to quality early childhood programs.

The overall purpose of the QRS was to encourage child care centers to go above and beyond minimum licensing requirements to provide a high-quality early learning experience. The
QRS was in place in Mississippi for over 12 years. As part of the ongoing needs assessment, SECAC during the first half of 2015 created the QRS Committee to conduct a study to evaluate the state’s current QRS system. The research was conducted by a major research university in the state, and the data came from focus groups throughout the state. The one-hour, semi-structured sessions drew input from 79 unique and diverse early childhood providers who served a combined total of 10,000 children. Information sought from providers focused on current experiences with and expectations for the QRS program. Other themes also emerged during the sessions, encapsulating provider perspectives that extended beyond the scope of the original questions developed by the committee.

One of the findings was that Mississippi’s QRS standards were not aligned with early learning program standards, which led to confusion, a lack of cohesion, and ineffectiveness. Another finding was that individual child care providers were bearing the burden of locating resources and funding to improve their center’s quality rating, as opposed to receiving help from a centralized system that can efficiently distribute resources, technical assistance, and funding to support the continuous improvement of early childhood care centers across the state.

Many providers lamented that the QRS program imposed irrelevant and unrealistic requirements. For example, the research showed that providers faced difficulties staffing their center with employees who satisfied QRS quality standards. The credentials required by QRS often forced providers into a costly ultimatum: either attempt to recruit highly credentialed staff members in a competitive labor market or hire uncredentialed staff and attempt to provide the required training on-site. The costs associated with either choice was often prohibitive to many child care centers, resulting in many centers opting out of the QRS program.
The research also showed that the high expectations set by QRS resulted in most providers being unable to improve the quality ratings of their centers. Since the full adoption of QRS in 2009, only a few centers in Mississippi were able to achieve the highest rating. The study also indicated that quality improvement under QRS was cost prohibitive: the cost to move from the lowest rating to the highest rating typically exceeded $40,000. In the eyes of many, QRS undermined the opportunity to achieve quality within the general context of Mississippi. Many stakeholders expressed concern that QRS had a stratifying effect, in which resources begat more resources; centers that could afford improvements received even more resources from the state, while the centers with the greatest needs received less. QRS clearly created an unequal and uneven system in the state along class lines.

The conclusion was that QRS and its methods of implementation were not working to improve the quality of child care; it was time to revise Mississippi’s QRS system and provide centers with the assistance they need to promote quality improvements. Therefore, SECAC recommended that the state create a system that would address all limitations of QRS without imposing an excessive burden on providers. It was decided that the new system should align standards both within and between centers, thereby raising the quality and rigor of the standards, and ensuring alignment with other components of the state’s early learning strategy. Finally, SECAC recommended that the new system should provide significantly more professional development and technical assistance opportunities to child care center directors and early childhood educators to ensure that they are able to effectively and efficiently improve early childhood outcomes.

2.1.3.3 Train and prepare a capable and ready early education workforce.

Here, the needs assessment showed that more than 90 percent of child care centers lack staff with adequate levels of education and professional development. Higher concentrations of
underqualified educators were observed in areas with greater proportions of high-needs children. The needs assessment concluded that requiring higher levels of education would not remedy the state’s early childhood educator shortage, nor would it remedy the insufficient education and training that exists among current supply of early childhood educators. Furthermore, the needs assessment indicated that Mississippi must consider the fact that the rural areas of the state contain fewer qualified applicants for early childhood positions, and the lesser qualified applicants in these areas might encounter financial barriers that prevent them from closing the labor shortage; the cost of increasing qualifications via additional education might be prohibitive.

With these factors in mind, the SECAC recommended providing all early childhood educators with resources and opportunities to improve their skills and expand their knowledge. Nine years of research from a research program funded by the Mississippi Business community entitled Mississippi Building Blocks (MBB) found that student outcomes were obtained in literacy, social emotional development, and teacher child interaction through an ongoing coaching model. This research has led to the statewide system choice of ongoing coaching model for the technical assistance instead of group trainings for Mississippi. This finding is consistent with a large body of research that shows that coaching early childhood teachers effectively strengthens their skills, knowledge, and practices rather than only imposing additional degree requirements. Lastly, the needs assessment found that Mississippi needs to continue to expand career opportunities in child care and development.

2.1.3.4 Roll out a statewide kindergarten readiness assessment.

The Kindergarten Readiness Assessment was established in 2014 legislation as part of the Literacy Based Promotion Act. This was watershed moment for the state, as the state recognized that ensuring quality requires consistently measuring if children are prepared to learn by
kindergarten. While various kindergarten entry assessments were used across the state, the variation among them posed issues in the comparability and reliability of results. These assessments were found to be inadequate for supporting efforts to assess and continuously improve early standards. They were also found to be inadequate for supporting other aspects of early childhood programs, including educator pre-service training, certification programs, and continuing professional development. Therefore, the state recommended adopting a statewide kindergarten readiness assessment that can also inform early care programs on how to improve the ability of children to be prepared by kindergarten. This solution will determine if policies and strategies to improve early education are effective, and will increase both the validity and reliability of early learning standards.

In 2015, for the first time, all school districts used the same assessment as children entered kindergarten in Mississippi. The state has fully rolled out a kindergarten readiness assessment and implemented it for the last four years. The STAR Early Literacy Exam was selected for implementation; it evaluates skills such as the ability to recognize letters, to match letters to their sounds, and to understand that print flows from left to right. The exam also produces reports for families and teachers that detail each child’s early reading skills. Children scoring 530 or above on the STAR Early Literacy Exam are on track to become proficient readers by the end of third grade. This assessment can be leveraged to also assess four-year-olds, so that the state can evaluate how children are progressing to the time they get to kindergarten.

2.1.3.5 Foster and support sustained partnerships and engagement with families and communities.

This part of the needs assessment indicated that Mississippi’s family involvement has always been strong, especially in the state’s rural communities where many citizens collaborate in efforts to establish and improve early learning centers and increase children’s school
readiness. Despite this history of family interest and engagement, the needs assessment showed that the state has often fallen short when it comes to providing families with adequate information regarding their children’s early learning experience, such as details on curriculum and standards for early learning professionals. This critical shortage of consistent engagement opportunities for families across Mississippi’s early learning centers cannot be fully satisfied by the state’s individual success stories, such as the family workshops sponsored by Head Start centers and the establishment of Family Resource centers in several communities.

SECAC sought to address this shortage of engagement opportunities by creating a system in which the families and the home setting also receive an increased level of support, assistance, and professional development. Family engagement and support will be coordinated at the community and the state levels; this coordination will ensure that families are both made aware of new support opportunities and understand how to take advantage of them. To facilitate the education of families regarding these new support opportunities, the committee called for the creation of a portal that will link each family to all of the available resources that improve the quality of care for their children. SECAC also recommended that coaching be provided to directors and staff better engage families in center activities and the lives of their children.

**2.1.3.6 Implement a statewide early childhood data system.**

This part of the needs assessment showed that although Mississippi’s early childhood providers have historically collected various data about early learning and care, the data were not standardized, nor was there a designated place for storage or analysis. Without a mechanism to aggregate and analyze the collected data, the state would be unable to use the information to evaluate the success of specific interventions and programs, determine which produce positive outcomes for children, or indicate whether interventions and programs are effective for only some of Mississippi’s children. The needs assessment showed that data collection, analysis, and
use will be critical in the effort to coordinate Mississippi’s early childhood system and to effectively make decisions that promote growth and quality across the system.

SECAC recommended building a robust early childhood data system that will coordinate data collection, inform decisions, and support continuous quality improvement. This data system would be integrated across programs and agencies to allow for in-depth analysis of the effectiveness of programs and services. It would also create the ability to track and support individual children’s educational progress from early education through elementary school and beyond. It would contain accurate, up-to-date information to inform program improvement decisions, state and local policy initiatives, and general research on early childhood in Mississippi. Policymakers, teachers, program administrators, researchers, and the general public would benefit from having access to system-wide data to develop state-specific solutions and conclusions. This recommended system will have the added benefit of facilitating cross-agency service integration, thereby providing young children and their families with access to the full range of services that are coordinated and tailored to their individual needs.

2.1.4 Research and Performance Indicators

The state has made a significant investment to build its research capacity in the area of early childhood. For more than nine years, the state has invested a significant amount of money to conduct research that helps inform public policy on early child care. It has also made the value of creating a data system essential for the continuous quality improvement of child care. Recently, the Mississippi Department of Education received a federal grant to establish a research unit that specifically addresses issues of early learning and education. The state also draws upon the expertise of scientists at its major research institutions to answer relevant early childhood questions. Using the data system, the state has been able to conduct several research
studies that examine the impact of early childhood programs in the state. Specifically, the state has examined the extent to which collaboratives contribute to the readiness of children when they enter kindergarten. This study clearly showed that this delivery system produces significant outcomes when compared to those that do not receive this intervention. Two other studies were also conducted to examine the kindergarten readiness and 1st-3rd grade performance of children participating in Head Start, relative to their non-Head Start counterparts. This longitudinal study clearly shows that children receiving Head Start services perform better than other low-income children that do not receive Head Start services, but also shows that Head Start children have not yet been able to close the achievement gap when compared to children from higher income families. Another longitudinal study also examined how the Head Start intervention impacted academic performance and physical, emotional, and cognitive growth, concluding that the intervention has an enduring positive impact on performance and growth which does not fade once the child reaches the K-12 system. Currently, the state is conducting a longitudinal study of low-income children receiving CCDF and how they perform once they reach kindergarten.

Moving forward, the research design will be integral to differentiating the impact of different service delivery methods. The goal is to develop programs will allow for research to implement a true, randomized experimental design that can explore different service delivery methods without compromising the ability of low-income families to receive services they need. One of the key questions that we will be able to address is whether the new quality framework of standard and comprehensive will level the playing field across the mixed service delivery system. In other words, reaching the designation of comprehensive should assure that there are no differences in child outcomes across different methods of delivery. If this is the case, the state
can maximize family choice, given that children will experience the same positive outcomes by attending either a Head Start, private, or public child care center.

Moving forward, data will be collected to measure the extent to which the new framework improves the quality of care and services. In this regard, the key indicator will be kindergarten readiness from the state’s STAR assessment, and the extent to which children are proficient in math and English by the third grade. Following this general rationale, indicators will be identified to examine the extent to which the characteristics of child care programs, children, environment, and community and regional characteristics, contribute to the overall ability of a child to be ready to learn by kindergarten. Additional data will be collected to develop health and emotional indicators from the Departments of Medicaid, Health, and Mental Health.

At the present time, research relies on the state data system that integrates data from multiple sources. This system longitudinally aligns data on children served by Head Start, public schools, and private providers receiving CCDF funds. As such, the state is positioned to track and measure progress of children’s development and preparedness for entry into the K-12 system and beyond. The system also includes data on families and any activities related to education and workforce development. The system can assess the extent to which families are on a trajectory of self-sufficiency as they are supported by the WIOA system and other programs such as TANF and SNAP. The system can also evaluate family education and workforce outcomes. These data are part of Mississippi’s State Longitudinal Data System (SLDS), commonly known as LifeTracks. LifeTracks receives state support for its maintenance and technical and scientific expertise. The state has passed legislation to create the SLDS Governing Board and the State Data Clearinghouse for the operation and management of the data system.
2.1.5 Barriers to Funding and Provision of High-Quality Early Services and Support, and Opportunities for More Efficient Use of Resources

Under the direction of SECAC, three committees were created to guide a needs assessment to better understand how to improve efficiencies and knock down barriers in service delivery in three general areas: (1) early learning and development, (2) health, mental health, and nutrition, and (3) family support. A team from a major research university in the state was established to conduct research based on the recommendations and guidance of the committees.

The initial needs assessment showed that the emphasis on early childhood over the last 40 years has generated a vast array of early learning, health, mental health and family support programs, which spans government departments, public agencies, and the private sector alike. This complex and disorganized service delivery system has created serious inefficiencies, the foremost of which is the system’s multiple points of entry. The lack of a unified entry point prevents families from easily understanding the full array of available services and therefore becomes a severe obstacle to the state’s goal of comprehensive service provision. The needs assessment also showed that programs offer services based on a variety of eligibility factors, such as age, risk factors, disability status, family need, or geography. Some services within early child care are mandated, while others are accessed by families with the resources available to them. To be sure, there is not one single path through the myriad of early childhood services. For example, a child born with disabilities could intersect with specialized services within early childhood, such as early intervention, early childhood special education services and special health clinics, as well as more general early childhood services, such as Head Start or a family child care home program, while a homeless child might access a completely different array of services. The complexity multiplies when considering that services in early childhood are not just provided to children but also their families and even child care providers.
The needs assessment concluded that these compounding factors create a strong need to fully understand what each program provides, along with funding sources and eligibility rules. The needs assessment also showed that there is a need to fully understand how all of the programs available align with the three general areas service delivery: (1) early learning and development, (2) health and mental health, and (3) family support. This requires a clear scan of all programs available in the state, and a clear definition of the three areas of service delivery.

As part of the needs assessment, a statewide program scan was conducted to identify all the early childhood care and education programs in the state, the level of interagency intersection, and the referral processes among agencies. The program scan included summaries of distinct programs, their eligibility requirements, access to services and administration, workforce supports, education and training activities, and funding details. Mississippi has 49 programs housed in eight different agencies, and a variety of nonprofit organizations that serve children aged 0-5, their families, their child care providers, and their early childhood teachers. However, the system was found to be imbalanced in each of the three services areas. While there was an abundance of early learning programs (65% or 32 of the programs in the early childhood system), family support programs only represent 31 percent of the overall programs (15 programs). Additionally, while the early learning sector has eight programs that engage in planning for services needs delivery, there is only one such program in the health, mental health, and nutrition area, and no such program for the family support area.

SECAC also recognized that the state needed to develop definitions to create a common framework of reference for organizing services in each of the three areas in order to achieve its goal of a unified early child care system in Mississippi. As part of the needs assessment, an extensive examination was conducted of definitions used in the programs within state and within
national organizations to form the definitions that were reviewed and approved by the SECAC. The definitions for each of the three areas are summarized below.

**Early Care and Learning** in Mississippi establishes a model(s) to ensure that all child care and early learning programs can provide a healthy, safe, and nurturing environment to children in the early childhood years. All child care and early learning programs are tasked with preparing young children to be school ready through activities like healthy eating, physical exercise and improvement of cognitive, early learning and social-emotional skills.

**Family Support** is defined as an integrated network of resources and services that strengthens practices that promote stability of families and the healthy development of children. Characteristics of strong family support include being family-driven, individualized, strengths-based, incorporating feedback loops, and ensuring that support is accessible and coordinated.

**Health, Mental Health, Nutrition and Safety** defined each component individually. Health focuses on maintaining and improving the physical, mental, emotional, and social function well-being of children. Mental Health supports the development of social-emotional and behavioral skills for children to ensure the future ability to foster the necessary relationships with peers and adults. Physical health involves assisting families and caregivers in establishing the habits needed to encourage children to engage in regular physical activity. Physical activity promotes growth and development while helping children maintain a healthy weight. Safety maintains environments where children can be free from exposure to physical, emotional, mental, and social harm or risk.

These three definitions were used to frame and organize all of the services available for families and children. SECAC created the Mississippi Program Scan to guide the use of services across the mixed delivery system (see Figure 3).
Figure 3: Mississippi Program Scan

Drawing upon this body of work, the general recommendation was to provide an opportunity for a family to create an individualized service plan for themselves and their children. This was found to be especially useful for families seeking support from CCDF-subsidized child care. For example, while applying for a voucher, applicants should be given the opportunity to answer filter questions designed to identify any existing service gaps for them or their children. The filter questions would be designed to identify critical areas of need in three key areas: (1) early care and learning; (2) health, mental health, safety, and nutrition; and (3) family engagement. Applicants should be able to rely on local staff for technical assistance.

After completing the application, applicants should receive wraparound services as needed based on the information provided in the initial application process. The local county MDHS staff should be able to assist the family in the development of a family and individual service and referral plan based on a service gap assessment. The service and referral plans for families might include services to place family member(s) in workforce and educational services geared toward gaining credentials required for middle-skill employment or in family support.
services such as TANF, SNAP, and transportation vouchers. Plans for children might include services for early screening to ensure health, mental health, and learning needs are met. Figure 4 provides an example of the life circumstance of a family and Figure 5 provides an example of how an individualized service and referral plan will look for a mother.

2.2 Activity 2: B-5 Statewide Strategic Plan

Drawing upon the statewide needs assessment, in 2016, Mississippi developed and approved a strategic plan to design and implement a family-based unified and integrated early childhood system to ensure consistency in program quality, expand family choice and access, and expand and enrich workforce and other supportive services for families to place them on a path to self-sufficiency. The strategic plan is structured to cover the range of providers that comprise Mississippi’s mixed service delivery system (e.g., private licensed child care, home-based family child care, public school collaboratives, Head Start, and local education agencies). The Mississippi strategic plan is also structured to integrate resources and services for families/caregivers and their children in three key areas: (1) early care and learning, (2) health, mental health, safety, and nutrition, and (3) family engagement.

The Mississippi strategic plan was a radical departure from its traditional provider-focused approach to early care and learning. The core of the Mississippi strategic plan was to place low-income families on a path to self-sufficiency and ensure their children can attend child care centers that provide high-quality services and learning experiences. Specifically, the Mississippi strategic plan focused on:

- Connecting early care and learning programs and services within and between state agencies and private organizations to holistically support children and their families from birth to age 8 through the development and implementation of individual service plans.
Figure 4: A Family’s Life Circumstance

- Pregnant Woman
- Mother of a Four-Year-Old
- Employed, Low-Income, Without Health Insurance
- Mild Intellectual Disability
- Resides in Bolivar County

Figure 5: Family Service and Referral Plan

**Family Support**
- TANF, TEFAP, SNAP (mother only)  MDHS & Local Organizations  Refer
- Early Head Start (mother only)  Head Start  Refer
- Families First for MS (mother and child)  MDHS & Local Organizations
  Referred on September 17, 2016
  Appointment scheduled for October 17, 2016  Attended Appointment
- Delta Parents as Teachers  Delta Health Alliance  Refer

**Early Care & Learning**
- Child Care Payment Program (child only)  MDHS  Refer
- Public Pre-K (child only)  MDE  Refer
- Head Start (mother and child)  MBB  Refer

**Health, Mental Health, & Nutrition**
- Perinatal High Risk Management/Infant Support Services (mother only)  MDH & Medicaid  Refer
- WIC (mother and child)  MDH & Medicaid
  Referred on September 27, 2016
  Appointment scheduled for October 21, 2016  Did Not Attend Appointment
- Children’s Health Insurance Program (child only)  MDH & Medicaid  Refer

Mother

Child

MDHS

Child Care Payment Program

Early Head Start

TANF, TEFAP, SNAP

Head Start

MDHS

MDE

MDHS

WIC

Medicaid

Public Pre-K

Children’s Health Insurance Program (CHIP)
• Forming a network of child care providers based on two quality designations: standard and comprehensive. The standard designation focuses on high-quality services in terms of curriculum, health and safety, and staff. The comprehensive designation builds on the standard designation and focuses on the continuity of high-quality care and learning as a child transitions from center to center and into the K-12 system.

• Infusing coaching and technical assistance into child care centers through Early Childhood Academies, to level the playing field and achieve high-quality care and service for all children without being burdensome to child care providers.

• Connecting families to a network of human services, education, and workforce programs designed to eliminate barriers and provide training to achieve occupational goals.

• Relying on data-driven web and mobile technology to improve delivery of services to assist families anytime and anywhere and to maximize efficiency and effectiveness for continuous quality improvement of all services.

Following its strategic plan, the state made significant improvements to its early child care system. It created a new quality framework with no burden on the child care provider. The new framework is customer service oriented, where the child care center helps determine the resources that the state needs to provide to achieve quality. The framework allows the state to provide all providers with the resources necessary for improvement, thereby ensuring universally higher quality care in Mississippi. The new framework also allows centers to meet all federal and state health and safety standards.

The state created Early Childhood Academies (ECAs) to provide the coaching and technical assistance necessary to bring a center to a level of quality without imposing any burden in terms of resources and credentials on the center. ECAs can also provide centers with continual professional development, if directors and staff are interested. Finally, ECAs assist with the referral process for families and their children.

Thus far, Mississippi has successfully implemented many elements of its strategic plan. Specifically, it has rolled out the standard-comprehensive quality center model to licensed
private child care providers participating in the CCDF voucher program administered by the MDHS, completed initial development of a toolkit to guide the professional development of child care providers in their efforts to achieve the comprehensive designation, launched the ECA through Mississippi’s statewide community college system, and deployed a one-stop portal (the Provider Integrated Portal) to accept and process child care center applications online.

2.2.1 Standard-Comprehensive Quality Center Framework

Under the new quality framework, child care providers can be designated as standard or comprehensive. The standard designation focuses on high-quality services in terms of health and safety, curriculum, and staff. To receive this designation, the provider must comply in three ways. First, the provider must demonstrate compliance with state and federal health and safety standards. Second, it must demonstrate that it has a curriculum guiding activities and aligned with the state’s early childhood standards. Third, providers must conduct a self-assessment in six areas: (1) communication and family engagement, (2) administration, leadership, and business development, (3) outreach and community engagement, (4) observation and assessment, (5) learning environment and curriculum, and (6) health, safety, and nutrition. The center must also go through a process of redetermination within one year of receiving the standard designation.

The state developed an online portal for centers that seek the standard designation. Providers who are interested in the standard designation can complete an online application through the Provider Integrated Portal (PIP) system. The PIP system tracks the credentials, degrees, training, and work history of the state’s early childhood workforce. The portal is also designed to ensure that the provider is fully compliant with new state and federal requirements for health and safety training as prescribed by the 2014 Child Care and Development Block
Grant Act. Finally, the portal is designed to facilitate and verify that activities within a center are aligned with state early child care standards.

Within the PIP system, the application is made up of five sections that help determine whether the center meets the requirements to receive the standard designation. Licensing and staffing information and health and safety training verification are collected and viewable in the system. Providers also can enter information about the curricula used in their centers. Providers have the option to use a purchased curriculum, a center-made curriculum, or a combination of both. The classroom activities listed for infants and toddlers and three- and four-year-olds must align with the state’s early learning standards and guidelines. The application also contains a self-assessment that directly promotes continuous quality improvement within the early childhood system by seeking thought from providers on how they can improve their centers. Thus far, more than 700 private providers have applied for the standard designation. About 600 providers have received the designation, and the remaining providers are in the approval process.

The comprehensive designation builds on the standard designation and focuses on the continuity of high-quality care and learning as a child transitions from center to center and into the K-12 system. The process for becoming a comprehensive center may begin once the standard center application has been approved and the provider indicates an interest in moving to this next step. Moving from one designation to the next will involve the center directing its own evaluation and preparation of evidence for becoming a comprehensive center. Professional development guides this process through trainings, workshops, and coaching. Once a provider receives appropriate professional development to move to the comprehensive level, the application process for comprehensive status begins. The expectation of the state is that a center will be able to demonstrate that it meets quality standards in 10 areas, using practices and
methods consistent with its delivery system, ensuring their ability to operate in an autonomous way. The goal is to leverage best practices from each delivery system that support quality, rather than imposing a “one policy fits all” approach. The 10 areas are:

1. **Continuous Quality Improvement**: Defined as the commitment of a center to improve each day. Continuous quality improvement is a systematic approach that ensures a center follows best practices and relies on learning outcomes to become better.

2. **Professional Development**: Defined as extending the knowledge, skills, and experience of early childhood practitioners. Professional development enhances instructional knowledge and professional competencies that can support positive child and family outcomes.

3. **Curriculum and Standards**: Defined as a set of working goals and planned activities that aim to enhance learning and teaching. Curriculum guides instruction and provides developmentally appropriate opportunities that support a child’s daily learning experiences. Centers must go beyond a demonstration of curriculum alignment with the state’s early learning standards and guidelines so that a child’s natural inclinations are enriched for success in school and later in work and life.

4. **Child Assessment**: Defined as the process of determining whether a child demonstrates a particular student behavior. Child assessments measure student progress toward learning outcomes or developmental milestones. Child assessments are used to identify the relative effectiveness of teacher practices or the strengths and weaknesses of groups of children.

5. **Kindergarten Transition Plan**: Defined as planning activities that prepare all outgoing four- and five-year-old children for school entry. Kindergarten transition activities may involve assembling a child’s preschool samples and assessments in a portfolio, connecting families with kindergarten settings and teachers, and informing families about “open houses.”

6. **Family Engagement Practices**: Defined as an active partnership between family and center for intentional and reciprocal support to the child. By maintaining continuous communication, encouraging participation, and sharing best practices, centers enhance the role of the family as equal partners in the care and learning experiences of the child.

7. **Community Partnerships**: Defined as connections and relationships between center and community. Community represents such outlets as libraries, museums, parks, churches, hospitals, institutions of higher education, and so on. These connections can foster supportive relationships for the well-being of child and family.

8. **Business Practices**: Defined as a center’s management practices to build its capacity. Business practices require a coordinated effort from center members for managing and implementing projects, processing information, making decisions regarding child and center data, communicating with stakeholders, providing necessary data infrastructure, and managing human and financial capital.

9. **Information Technology Infrastructure**: Defined as infrastructure that integrates information technology into learning activities and facilitates specific business operations. Information technology can be a tool for such areas as program evaluation,
family engagement, child assessments, communication and outreach, or business management practices.

10. Program Evaluation: Defined as the degree to which center practices are successful in producing a desired outcome. Center effectiveness relies on evidence-based decisions. Evidence-based decisions involve the collection and analysis of data to guide program and educational improvements at the center and child level.

Thus far, the state has not begun to implement the comprehensive designation. Under this grant, the state will work with all partners (i.e., Head Start, private child care, and tribal organizations) in its mixed delivery system to identify the matrix and the activities that can demonstrate achievement of quality in each of the 10 areas. Each partner will contribute to the development of this based on their best practices. The goal is to avoid duplication and unnecessary costs. Similarly, a process will be enacted to determine the professional development that centers will need in order to receive the comprehensive designation.

2.2.2 Early Childhood Academies

To reduce the financial burden on child care centers, Early Childhood Academies (ECAs) were established using the community college system. In Mississippi, there are 15 community colleges, and they are well-positioned to support the role of the ECAs. Community colleges were also chosen because they are in close proximity to child care locations across the state. They also serve as the key entity providing workforce training in Mississippi. ECA specialists provide technical assistance, coaching, training, management, and resources to families and providers.

ECAs provide assistance and coaching for providers who are working to become or have already been approved as standard or comprehensive centers. ECA coaches provide technical assistance for completing the online application to become a standard center. The coaches also provide professional development training, including the federally mandated health and safety training that all staff working in a child care center must successfully complete. Once providers have submitted their standard designation applications, reviewers must identify areas where each
center could benefit from technical assistance and coaching to improve the quality of the center, and this information is communicated to ECAs.

The coaching process is a unique, nonlinear, and ongoing relationship between coaches and child care providers. Coaching is provided on-site for teachers and directors as this has been linked to best practices and higher student outcomes. Establishing positive working relationships with the providers is an essential part of ensuring the coaching process will be effective in increasing the level of quality in centers. There are different steps within the coaching process that the coach and provider are likely to move in and out of several times while working together. During the initiation phase, the coach establishes a relationship with the provider. In the observation phase, the provider demonstrates existing or recently learned skills, and the coach can model techniques for the provider. In the action phase, providers demonstrate any new techniques they have learned from their coaches, which is an essential part of the learning process for providers. During the reflection phase, the coach asks questions to identify the provider’s thoughts about the coaching process, what they would like to achieve from going through the process, and what the coach can do to bridge any possible gaps. Finally, the evaluation phase is in place to review the effectiveness of the coaching process, rather than evaluating the provider. At this time, the coach and the provider decide on the continuation or the resolution of the coaching relationship based on the intended outcomes expected.

The ECAs also provide referrals to different resources within the community for child care providers and families. Each ECA houses a coach for providers and a Child Care Resource and Referral Associate that assists providers and families by guiding them to resources that will enhance the child’s experience while in an early care and learning environment.
In sum, the network of ECAs has become the support system that is on the forefront of providing technical assistance, customize training and assistance, and coaching to meet the needs of the community. Through their partnerships with various community-based organizations, the ECAs utilize a train-the-trainer approach to providing technical assistance throughout the community. Specifically, community-based organizations request training and technical assistance on areas of greatest need identified in their communities. The ECAs customize and deliver training to the community-based organizations. Once trained, the community organizations can then provide those training and provide technical assistance throughout their community as well as provide referrals back to the ECAs for those families in the community in need of additional programs and assistance.

2.2.3 Next Steps

After one year of full implementation of the standard designation for CCDF-subsidized child care providers, in 2018 the SECAC recognized the value of expanding the framework to the entire mixed delivery system, including Head Start, private child care providers, public pre-k, and tribal organizations. SECAC charged its committee chairs to work with every member of the council and other stakeholders to determine how to establish a communication for the implementation of the new standard and comprehensive quality framework. The process ended with SECAC making a recommendation to the Governor to consider the standard-comprehensive designation as the framework for quality. In the October 2018 SECAC meeting, the Governor officially adopted the framework as suggested by SECAC, and charged the council to move forward based on their strategic recommendations.

The criteria for implementing the framework must be established with input of all stakeholders in the mixed delivery system. Collaborations with each partner will be essential for
creating a communication network that clearly leads to a common understanding of how to collectively achieve the alignment of existing frameworks on the 0-8 age continuum; it should avoid any duplication of effort without compromising the autonomy of each delivery system in meeting their state and federal programmatic requirements (i.e. Head Start, CCDF-subsidized child care, public pre-K, and tribal organizations). For example, in promoting family engagement, Head Start centers might engage in a strategy that is different than a public pre-K. Under the new framework there will be no need to change the way organizations promote a quality area. The framework will help centers learn best practices from each other and benefit from resources that can help maximize the strategy of their choice. The overall strategy will be to identify across the mixed delivery system all of the key criteria and strategies that can help verify quality in the ten areas under the comprehensive designation.

The state will be able to gather data on progress child care centers are making toward the two levels of quality. It will also collect data to determine the level of resources necessary to maintain the two levels of quality. The state will be able to collect data to determine the extent to which centers are on a trajectory to achieve and maintain quality with minimal assistance and, therefore, invest more in resources toward assisting vulnerable and underserved children.

Another step is to leverage existing technology to allow for families, when they apply child care online, to provide information relevant to creating the individualized plans for themselves and their children. MDHS has gone through major technological innovation to facilitate the implementation of CCDF. Currently, the digital technology developed by MDHS is used to connect families to workforce resources and to Medicaid. By leveraging and expanding the use of this technology, the state will be able to effectively use resources within and between agencies that are relevant to the well-being of children and their families.
2.3 Activity 3: B-5 Maximizing Family Knowledge and Choice

Families are a child’s first teacher. The Mississippi Plan was created to help emphasize family choice and maximized comprehensive services for the entire family. The creation of the individual family and child service plan at the time families seek child care will increase knowledge and choice. As families are receiving information about how to receive all the services needed for child insurance, SNAP and Medicaid, they also receive information about the child care options for their young child. Specifically, referrals to Head Start, Public pre-K, and private child care will be explained to the family at the time they seek child care assistance. Families will choose the option that they feel is best for their child while receiving their own system services at the same time.

Under the direction of SECAC, the state developed a comprehensive one-stop consumer education website to (1) improve family engagement and to target particular populations of families who speak home languages other than English. For families, the website provides a description of the variety of child care options provided in the state as well as helpful information from the National Association for the Education of Young People (NAEYC) to assist them in identifying the child care environment that would best fit their family’s needs. To assist families with accessing child care, the website provides a link to a searchable database that allows families to search for providers in their area by the services provided (e.g., full-day, half-day, school-age, after school) provider type (e.g., home, center, slot), city, state, or zip code. The results of the search provide the family with contact information of the center, a menu of services provided, as well as the most recent license, inspection, and investigation information. The website provides families with an abundance of information regarding the cost of the various
child care options in their area. The website provides a detailed report and summary on the most recent market rate survey to educate families on how subsidies are researched and calculated.

The consumer education website (https://secac.ms.gov/) is consistently updated to ensure accessibility for as many populations of families as possible. The website provides instructional videos for families detailing how the child care system works and to choose child care centers based on the level of quality. To target particular populations who speak home languages other than English, the videos presented on the site are equipped with a closed caption option in Spanish and Vietnamese, the two most prevalent languages in Mississippi other than English. Upgrades to the accessibility of the website itself, including translation to other languages and better accessibility for those with low vision, are currently being implemented.

One challenge that the state continues to face is that children’s information often does not transfer as they move between centers or into the K-12 system. The state has identified two strategies to overcome this problem. The first is to create an electronic scorecard containing progress indicators. The second is to have structured transition meetings with the child’s primary caregivers, leveraging existing delivery systems frameworks that facilitate a smooth transition.

Another way to help families understand and fully engage in school choice is to keep them involved in the progress of the child from infancy through the K-12 system. The electronic scorecard will provide the family valuable insight as the child transitions through these ages and stages. The family coaches going into the homes will help families to understand the activities they can do at home to ensure children are receiving the help they need to be successful. As the schools may change per the family’s choice, the scorecard will still follow the child.

The electronic scorecard is a single record that will unify all of the essential activities that mark the development of a child, such as screening information and other progress indicators. It
will follow the child as the child moves across the mixed delivery system and into K-12. The scorecard will be accessible to families, teachers, and center directors; it will be referenced during the first transition meeting with the primary caregivers, and it will be updated for each of the child’s subsequent teachers at the beginning of each new school year. The electronic scorecard can be immediately available for children that are transferring from the infant and toddler (0-3 years old) to the early learning environment (4-5 years old), when a child in the learning environment changes classrooms (e.g., goes from a four-year-old classroom to a five-year-old classroom), and their last year in the early learning environment.

The second strategy facilitates smooth transitions between learning environments, providers will have one-on-one structured transition meetings with the child’s primary caregivers. At the first meeting, providers and caregivers will discuss the current developmental level of the child and discuss the anticipated milestones that can be expected to be achieved over the course of the academic year. At the middle point of the year, a second transition meeting between the primary caregivers and providers will be held to update the transition portfolio with the child’s progress, document new milestones or set-backs, and discuss and implement strategies to help make certain the child is prepared for the second half of the year. A final transition meeting will be held with the prior to the end of the academic year to review the past years progress, milestones, and set-backs, as well as information on additional developmental resources if necessary. At the final transition meeting in the child’s last year in the early learning environment, the provider and the primary provider will go over the electronic scorecard to complete a kindergarten readiness checklist that compares the child’s current developmental status to kindergarten readiness standards. This checklist will be included in the electronic
scorecard that will be available to families as a resource tool for preparing their child for kindergarten as well as to provide to the teacher at the time of kindergarten enrollment.

Another challenge the state faces is family to early screening for their children. To overcome this issue, the state will rely on the use of a data system to better align IDEA Part C and Part B. The state is in the process of securing data from agencies, such as the Mississippi Division of Medicaid, Mississippi State Department of Health, and Mississippi Department of Mental Health. These data will be especially important to improve early screening of children who might have disabilities or developmental delays. Currently, many children are part of the IDEA Part B program in the K-12 system, but they are not diagnosed early in the 0-3 system.

2.4 Activity 4: B-5 Shared Best Practices

Previously, the state system of technical assistance was fragmented and professionals provided advice to child care providers based on anecdotal and outdated information. With the creation of the ECAs and all the professional development coming from one system, the ability to share the most current research in best practices is maximized. The partners agencies will be sharing the information from the state consumer education website to keep all working together in collaboration. This shift to a unified coaching model, shared training for partner agencies and collaboration of best practices are one of the most critical components of the Mississippi Plan.

The state consumer education website (https://secac.ms.gov/) was also designed to share best practices among early child care providers and other stakeholders. The website currently shares information on research and best practices in early childhood development on the topics of assessment and testing; curriculum, standards and instructional practices in the early education classroom; disability, disorder, and developmental delays; diversity and inclusion; executive function and foundations of learning; nutrition and physical activity; routines and transitions; safety; school readiness and kindergarten transitions; social emotional and behavioral skills; and
trauma, abuse and hardship. These practices come from nationally recognized organizations such as the National Institute for Early Education Research, National Association for the Education of Young Children and the National Association of Early Childhood Specialists in State Departments of Education, the Office of Planning, Research and Evaluation, the United States Department of Agriculture, and the United States Department of Human Services.

The implementation of the new standard-comprehensive quality center model will provide the opportunity to share best practices among different early child care delivery systems (e.g. Head Start, private centers, public pre-k, and tribal organizations). The framework will allow for collaboration to ensure alignment of existing framework, the pros and cons of using specific strategies under the same quality framework, and most importantly, will provide opportunities to use data to drive decisions about best practices under different socioeconomic contexts. The consumer education website will be updated with examples of best practices from the various partnering agencies on additional topics not yet reported as well as updates and on existing topics. Furthermore, the ECAs will provide technical assistance to local communities and community-based organizations in the areas of professional development and best practices.

2.5 Activity 5: Improving the Overall Quality of Early Childhood Care and Education Program/Provider Services

Mississippi is in an excellent position to expand on its success by achieving three goals:

- Expand the rollout of the standard-comprehensive quality center model across the state’s mixed service delivery system that includes private licensed child care, home-based family child care, public school collaboratives, Head Start, and local education agencies.
- Design and implement an individual service plan for children and families so they can benefit from all of the resources available within and between state agencies at the time of seeking child care assistance.
- Empower families and programs to facilitate a smooth transition of children from birth through preschool, and into elementary school.
To accomplish these three goals and to encourage and facilitate coordination across all stakeholders, the state will first establish a technical implementation team that will guide the activities for the improvement of the system in the state. The technical committee will be comprised of representatives from Head Start, private child care, tribal organizations, families, Mississippi Department of Education, Mississippi Department of Human Services, Mississippi Department of Health, Mississippi Division of Medicaid, Mississippi Community College Board, and appropriate subject matter experts. The committee will be tasked within the first two months to expand the current strategic plan that will include activities for the purpose of:

- Developing and implementing a protocol to identify child care centers that are interested in pursuing the comprehensive designation.
- Developing and implementing the matrix of activities to validate and verify standards to achieve the comprehensive designation.
- Developing and implementing the process for comprehensive accreditation including the establishment of an independent body to verify that child care centers have met the set standards of quality determined by the state to achieve the comprehensive designation.
- Developing and implementing professional development to provide child care centers with the skills and knowledge necessary to assess and improve their center’s quality and provide guidance for collecting and compiling evidence for inclusion in the center’s comprehensive accreditation portfolio.
- Developing and implementing a training, coaching, and technical assistance model to be delivered through the Early Childhood Academies to support centers in their efforts to develop a successful portfolio for comprehensive accreditation.
- Developing and implementing an effectiveness evaluation plan including the instruments to measure and track gains across areas such as student-teacher interaction, whole child development, and kindergarten readiness.
- Developing the specifications for and create individual service plan and electronic referral process built upon existing Mississippi Department of Human Services MyMDHS and MDHSOne portals.
- Developing and implementing professional development and training for county MDHS staff for the implementation of the service and referral plan.
- Developing the specifications for an electronic child scorecard that can follow the child across early care and learning providers and into the K-12 system to facilitate continuity of services and continuous quality improvement.
2.5.1 Implementing the Standard-Comprehensive Quality Center Framework

To achieve this goal, the Mississippi Community College Board (MCCB) with the Early Childhood Academies (ECA) will conduct coaching, professional development, and technical assistance for implementing the comprehensive framework. This will be achieved by:

- Implementing a train-the-trainer approach with Early Childhood Academies (ECA).
- Train center staff and directors for the implementation of the comprehensive framework.
- Train members of the accreditation body for verifying the activities to achieve the comprehensive designation.

Upon receiving training and professional development from the ECAs, the child care centers can begin the process of pursuing the comprehensive designation. During this process, private licensed child care providers and Head Start centers will receive a bundled solution of support, coaching and training, evaluation materials, and other resources including:

- Customized center-specific services for comprehensive portfolio development;
- Professional development and training for directors and staff;
- Stipends and allowances to fund the effective management of staff participation in professional development and training activities;
- Substitute staffing assistance for times when regular teachers are participating in training or professional development opportunities;
- Training on the use of web and mobile technology and the electronic child scorecard.

2.5.2 Design and Implement an Individual Service Plan

To achieve this goal, the Mississippi Department of Human Services will first convene a working group of subject matter experts, end users, and other stakeholders to collect requirements necessary to design and develop two key case management instruments: the Individual Service Plan for family and child, and the Child Development Transition Scorecard for each child. Based upon the working group’s specifications, technical experts will assist in converting these designs into software capable of representing the instrument in a data model (datafication), creating the instrument, updating the instrument, transmitting the instrument to stakeholders, and presenting the instrument to families, teachers, and other stakeholders who
need to understand and make use of the plan or scorecard. The deliverable will include data models, functional and non-functional software requirements, system requirements, and process diagrams necessary to implement a system capable of managing Individual Service Plans and Child Development Transition Scorecards.

For Family. The individual service plan for the family will consist of three basic sections: goal, possible barriers, and services. The proper way to conceptualize goals, barriers, and services will be determined by the subject-matter-expert working group during requirements gathering. For example, a goal may be expressed in terms of an occupational goal in harmony with Mississippi’s Workforce Innovation and Opportunity Act goal structure. The goal will be datafied in terms of a schema designated by the working group. In the case of an occupational goal, the schema used may be the ONET occupation classification system. Based on the goal, the family will be assessed to discover issues that may become barriers to achieving the goal. The assessment instrument or instruments will be designated or created by the working group and data structures will be designed to store the results of assessments electronically. Barriers will be represented as a list of predefined barriers that have been linked logically to services designed to address the barrier. For example, a barrier may be “child care” that is linked to the CCDF voucher program. Finally, a list of services will be included that are designed to address barriers, and achieve the individual service plan goal. Services will be drawn from a database of services curated by the working group and continually updated to reflect available partner services.

For Child. The individual service plan for each child will be structured around a clear goal: successful transition from early learning to public kindergarten. The child success plan will be designed by a working group to harmonize with a corresponding Child Development Scorecard. The scorecard, described below, will be the result of instruments designed to identify...
areas in which the child needs services to fulfill his or her potential and successfully transition to kindergarten. Like the family success plan, the individual service plan for each child will contain a list of services designed to maximize the child’s physical, cognitive, and emotional health.

Family and child service plans will be represented by data objects that can be updated as subsequent assessments alter the family’s goals or the child’s Child Development Scorecard and necessitate changes to planned services. Services may be provided by MDHS or other partners and may result in referrals from MDHS to other stakeholders for further service or evaluation.

2.5.3 Empower Families and Programs and Facilitate Smooth Transitions

To achieve this goal, the state will deliver coaching and technical assistance for family involvement that includes coaching for center directors and staff using the Mississippi Family Engagement Framework. The framework is designed to support intentional thinking and actions regarding the implementation of family engagement policies and practices both at the state level and among educators who serve children, including children from low-income families, children with disabilities and special health needs, and dual language learners. The framework will be used to assess current family engagement activities and promote policies and practices that support family engagement.

The guiding principles of this framework is to effectively empower and foster a strong foundation of family engagement strategies to serve administrators, educators, children, and families in the following ways:

- Positive, respectful and empathetic relationships between educators and families are the foundation for successful family engagement strategies.
- Encourage family engagement strategies that are appropriately resourced, designed, and promote ownership and investment to meet the specific needs for improving student achievement, and overcoming constraints for all Mississippi families.
- Foster advocacy from families, educators, and community members for all children.
• Empower stronger, family-centered partnerships to gain a greater understanding of how a family's strengths, needs, and resources affect a child's safety, stability, well-being, and school readiness success.
• Provide on-going professional development for families and educators to obtain the knowledge to build a solid partnership, inform decision-makers, and be effective advocates for all children.

Following the rationale of the framework, family engagement coaches provide administrators and teachers with a menu of services to increase and support family engagement activities. The implementation of this plan includes training and coaching to ensure sites address family engagement practices on their campuses.

To further empower families to smoothly transition their children from center to center and into the K-12 system, the Child Development Transition Scorecard will be developed. A subject-matter-expert working group will be created to clearly communicate to families and caregivers the child’s likelihood of a successful transition to kindergarten based on identified metrics such as physical, cognitive, and emotional health. The scorecard will be designed to harmonize, in its concepts and terminology, with instruments used in Mississippi public schools to develop a success plan for students. After the working group identifies assessments that may be used with children, a simple algorithm will be developed to convert the disparate scores of the evaluative instruments into an understandable, report-card-like summary format. Data structures will be developed to store assessment scores and software will be developed to apply the algorithm to transform scores on individual assessments into the composite scorecard. In addition, crosswalks will be developed to automatically suggest to staff members the services to include in a child success plan that address the issues identified in the scorecard. The goal will be to develop a Child Development Transition Scorecard that can be automatically used to suggest a
tentative child success plan. Then, based on individual characteristics or needs of the child, the staff member may customize the plan further to meet the child’s needs in context.

3. Organizational Capacity and Management

The Mississippi Community College Board (MCCB) will be the fiscal and management agent for the grant. MCCB has a successful history of coordinating complex projects across multiple stakeholders. MCCB oversees the Early Childhood Academy, which is the supporting entity for the coordination and implementation of the new standard-comprehensive quality center model in the state. MCCB is well positioned to coordinate activities across all project stakeholders, and has the experience necessary to ensure expenditures are consistent with project objectives and activities. Dr. Andrea Mayfield, MCCB executive director, will serve as the PDG B-5 program director and Grants.gov Authorized Organizational Representative (AOR). She has more than twenty years of experience in managing complex projects and organizations. Currently, Dr. Mayfield oversees an annual state budget in excess of $100,000,000. She will be assisted by Dr. Micca Knox, the assistant executive director for ECA. There are currently 70 early childhood coaches assisting with this project under the direction of Dr. Mayfield and Dr. Knox. To fulfill the additional obligations of this project, MCCB will hire a full-time project manager, a grants finance specialist, an alignment specialist, a technical implementation coordinator, an outreach coordinator, and an administrative assistant. These positions will manage the day-to-day project activities and work collaboratively with all partner agencies, child care providers, consultants, and vendors. MCCB will engage two of its major divisions, Division of Finance and Administration and the Resource Development Division to meet the technical requirements of the grant including fiscal management and grant administrative activities.
MCCB will also be supported by the National Strategic Planning and Analysis Research Center (NSPARC) that is nationally recognized in its work for research evaluation and data science. NSPARC has more than 20 years of experience in bringing together resources from multiple projects to achieve statewide goals. An Interagency Steering Committee will be established to provide guidance and subject matter expertise in the design and implementation of all the project activities as outlined in the proposal. SECAC will function in an advisory role and provide input in the realization of the project by providing a general forum for all stakeholders involved in early childhood in the state.

4. State B-5 Mixed Delivery System Description and Vision Statement

The overall vision for Mississippi’s system is to create a statewide structure that fosters the cognitive, physical, and socioemotional wellbeing of children 0-8 years old, prepares children to be ready for school, engages families in their child’s learning, and cultivates the social integration of children.

The Mississippi mixed delivery system is comprised of four major forms of delivery: (1) private child care, (2) Early Head Start and Head Start, (3) public pre-K, and (4) collaboratives.

(1) Private child care – comprised of licensed center- and family-based child care centers, as well as unlicensed in-home care providers. If low-income children are served, licensed child care centers are eligible to participate in the cycle of Child Care Development Fund (CCDF) subsidies administered by the Mississippi Department of Human Services (MDHS). Part of the MDHS effort is to increase child care access and quality standards for its low-income and priority populations. Thus, unlicensed in-home providers will be part of a registration process with the Mississippi Department of Health (MSDH), as well as with MDHS so that unlicensed in-home providers will have the opportunity to receive the Standard designation and elevate the quality of their child care services.

(2) Early Head Start and Head Start – federally-funded programs that serve economically- and socially-disadvantaged children between the ages birth through five. The programs serve children in low-income families by providing a comprehensive set of services, including early care, preschool education, health examinations, nutritious meals, and parental engagement, to enhance children’s development and readiness for kindergarten.
In Mississippi, the Early Head Start and Head Start programs follow guidelines that promote wellness as well as support family empowerment and community development. The two regional governing bodies in the state are the Mississippi Head Start Association (MHSA) and the Mississippi Head Start State Collaboration Office (MSHSSCO).

(3) **Public Pre-K** – is a school district-funded pre-K program that serves four-year-old children and administered by the Mississippi Department of Education (MDE). The aims of the program are to increase access to high-quality public early childhood education and provide guidance and professional development support to school districts, as children transition from the pre-K to school environment.

(4) **Early Learning Collaboratives** – is a pre-K program administered by MDE and operated with state and private funds. The Early Learning Collaboratives (ELC) are partnerships among school districts, Head Start agencies, private child care centers, and non-profit organizations. ELC programs aim to increase high-quality early childhood education in the State by preparing children for success in Kindergarten and later school years. The partnerships are fortified by coaching and professional development infrastructure to support teachers and children.

The vast majority of vulnerable and underserved populations are served by private child care providers through the CCDF program and Head Start. A small group of vulnerable children are served by public pre-K and the collaboratives.

Private child care is governed by the Mississippi Department of Human Services (MDHS). The state follows a policy manual that complies with state and federal law. Private child care centers seeking CCDF become designated as standard or comprehensive. Currently, more than 18,000 children are served through by CCDF approved child care centers.

Mississippi Head Start programs are currently operated by a combination of nonprofits, community action agencies, and government agencies. These organizations deliver Head Start services to approximately 25,000 Mississippi children each year. There are 18 distinct Head Start Programs in the state with 67 Early Head Start centers and 259 Head Start Centers.

In Mississippi, there are 168 sites within the public school system that serve 6,907 vulnerable and underserved children. The public school system also administers 14 state-funded early learning collaboratives, comprised of school districts, Head Start agencies, child care...
centers, and private non-profit organizations. Such programs serve 1,700 vulnerable children. Although each delivery system provides high-quality programs, the vast majority of the programs (with the exception of the collaboratives) have been operating independently. The objective is to create a unified standard-comprehensive framework.

5. Timeline

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Milestone Activities</th>
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| **Month 1** | · Update Mississippi’s strategic plan to align with the proposed grant activities. All updates will occur within the first month of the project.  
· Share feedback with stakeholders and revise and refine the training process. *(Months 1-12)* |
| **Month 2** | · Create technical implementation team.  
· Technical implementation team identifies verification activities for each of the ten areas under the comprehensive designation.  
· Technical implementation team develops a set of best practices and articulates its recommendations to the MCCB and ECAs. *(Months 2-3)* |
| **Month 3** | · ECAs begin implementing train-the-trainer approach. *(Months 3-5)* |
| **Month 4** | · MDHS convenes Service Plan working groups and receives input from stakeholders.  
· Management Technical Team convenes Child Development Scorecard working groups and receives input from stakeholders. *(Months 4-8)*  
· Assemble the Service Plan technical expert group.  
· Working groups begin analysis. |
| **Month 5** | · Working groups provide recommendations to technical expert group.  
· Service Plan technical expert group begins creating software to represent the models of the working groups. *(Months 5-9)*  
· The Mississippi Family Engagement Framework is implemented in centers across Mississippi. *(Months 5-6)* |
6. Program Performance Evaluation Plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Process Indicators</th>
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</thead>
<tbody>
<tr>
<td>· Train center staff and directors for the implementation of the comprehensive framework.</td>
<td>· Existing members of the mixed delivery system informed of upcoming changes and are included in the creation of the technical implementation team.</td>
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<tr>
<td>· Protocols for approving comprehensive designation have been agreed upon and documented.</td>
<td>· Representatives able to serve on the state’s technical implementation team are identified.</td>
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<tr>
<td>· Month 6</td>
<td>· Technical implementation team is communicating with the ECAs.</td>
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<tr>
<td>· Month 7</td>
<td>· ECAs are communicating with center staff, and communicating with center directors regarding the use of the Mississippi Family Engagement Framework.</td>
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<tr>
<td>· Month 8</td>
<td>· Certify the initial cohort of comprehensive centers.</td>
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<tr>
<td>· Month 9</td>
<td>· Key stakeholders discuss protocols for evaluating and approving comprehensive designation applications.</td>
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<tr>
<td>· Month 10</td>
<td>· Centers are expressing interest in pursuing the comprehensive designation.</td>
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<tr>
<td>· Month 11</td>
<td>· Centers are being trained and are developing comprehensive portfolios.</td>
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<tr>
<td>· Month 12</td>
<td>· Staff trainings and professional development courses increase.</td>
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<tr>
<td>· Implement sustainability plan.</td>
<td>· Centers begin receiving comprehensive designations; first wave of centers are designated as comprehensive.</td>
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 process indicators
6.1 Process and Outcome Indicators

To properly evaluate this project’s progress, a set of indicators that describe the important processes in the achievement of the state’s goals were identified. These process indicators align with the key deliverables outlined in the project narrative as well as with the core elements described in this project’s logic model.

To measure whether the program is achieving the expected changes over time, a set of outcome indicators were identified; these indicators represent the key milestones which shall be achieved in the 12 months of this funding period.

### Outcome Indicators

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome Indicators</th>
</tr>
</thead>
</table>
| Implement the standard and comprehensive framework. | - Technical implementation team has been created.  
- Technical implementation team has identified verification activities for each of the 10 areas under the comprehensive designation.  
- Technical implementation team has developed a set of best practices and has articulated its recommendations to the MCB and ECAs.  
- ECAs have begun implementing the train-the-trainer approach.  
- Center staff and directors have been trained for the implementation of the comprehensive framework.  
- The Mississippi Family Engagement Framework is being utilized by centers across Mississippi.  
- Feedback is shared among working groups and stakeholders; training processes are revised and refined. |
6.2 Plan for Tracking Process and Outcome Indicators

The Technical Implementation Team will lead the process of tracking and analyzing the identified process and outcome indicators. On a monthly basis, the Technical Implementation Team shall evaluate the project’s progress using these indicators in conjunction with the project timeline described in the project narrative section of this application. The Technical Implementation Team monthly tracking process will consist of:

1. Assessing the project’s current timeline; revising as necessary.
2. Determining if the applicable process or outcome indications have been or are being met.
3. Notifying constituents and stakeholders of missed indicators; developing a corrective action plan as necessary.
4. Evaluating the project’s indicator list and adding new indicators as necessary.
5. Evaluating the project’s logic model and its relation to the process and outcome indicators; revising the logic model to account for any changes in the indicator list or the timeline.

6. Reporting the full results of this analysis to key constituents and stakeholders.

The data to be used in determining the satisfaction of the process and outcome indicators shall primarily be derived through regular meetings, conference calls, and emails between the Technical Implementation Team and the group that has been assigned the task.

### 6.3 Performance Evaluations - Center Quality Data

In addition to monitoring and analyzing the project’s process and outcome indicators, thorough evaluations of child care providers must be conducted to ensure that the anticipated quality improvements are being realized. Providers will be directly evaluated with two tools; the first will be the self-assessment section of the standard application and the second will be an assessment conducted by the Early Childhood Academy’s coaching staff.

The providers must conduct a self-assessment in six areas: (1) communication and family engagement, (2) administration, leadership, and business development, (3) outreach and community engagement, (4) observation and assessment, (5) learning environment and curriculum, and (6) health, safety, and nutrition. Within these six areas, each provider must complete two assessment segments. The first segment is a series of Likert scale questions probing the center’s progress towards implementing the new practices and processes set forth in the state’s framework. Each of the six aforementioned areas have between 9 and 18 Likert scale questions, 78 questions in total, which will be used by the Technical Implementation Team to assess the center’s progress and then tailor specific action plans to address each center’s individual needs. The second segment is of the self-assessment asks the center to rank, on a scale of 1 – 10, their overall progress of engaging the best-practices that have been define for each the six areas. The self-assessment evaluation forms are designed to collect the data necessary for the
The creation of a composite score. This composite score, which can range on a scale of 0–100, will gauge the level of progress each center has made in each of the six areas of evaluation.

In addition to the self-assessment, providers will be evaluated by the Early Childhood Academy’s coaching staff. After the coaches establish a positive working relationship with the providers, they will enter an observation phase wherein the provider demonstrates their competence with any existing skills. This phase will inform the coaching team’s initial assessment of the provider and will facilitate the creation of an individualized learning process for the provider. Once the coaches have imparted new skills and tools to the center, the action phase will commence and the coaches will evaluate the center’s competence with the new skills and tools. It is important to highlight the fact that this process is non-linear; after reflecting on these evaluations, the coaches and providers may either determine that the process is concluded or they may return to any of the previous steps in the process. This non-linear process is designed to ensure a synergistic process in which the evaluation influence the trainings but the trainings also influence the evaluations.

The combination of these assessment tools will do more than simply inform our program evaluators of the progress being made towards achieving the state’s quality improvement goals. These tools are designed to pinpoint each center’s shortcomings and provide a clear process through which the shortcoming can be remedied, thereby ensuring that the state’s funding and resources are being used in the most efficient manner possible. For further oversight and gains in efficiency, these evaluations will be collected and reviewed by the Technical Implementation Team to ensure all actors in this process have proper guidance and accountability.
6.4 Performance Evaluations - Family Engagement Data

As discussed in the project narrative, an active partnership between the family and the center enhance the role of the family as equal partners in the care and learning experiences of the child. For this reason, our evaluation plan shall evaluate each center’s efforts at facilitating family engagement as well as each centers’ use of the Mississippi Family Engagement Framework.

Family engagement will be directly assessed by utilizing historical longitudinal data on parental engagement in conjunction with new data collected on attendance figures for parent-teacher conference meetings and other events organized by either the early childhood centers or by the professional development and family engagement specialists. First, a baseline of family engagement using historical figures will be established. As the state implements its new family engagement processes and collects data on the new engagement levels, this historical baseline will be used to measure the magnitude of the change in parental engagement. This evaluation procedure will provide an objective and quantitative measurement of the program’s efficacy, which shall then inform our program evaluators of the progress being made towards achieving the state’s family engagement goals.

6.5 Overall Program Evaluation – Theory and Methods

It must be reiterated that this project strives to accomplish more than a simple improvement of child care quality. Mississippi’s overarching goal is to implement a framework emphasizing continuity of care between the ages of 0–8. The state’s primary motivation for pushing this framework is to combat the Fadeout Effect, which postulates that the beneficial effects of early childhood interventions fade over time and experimental groups lose their IQ advantage following the end of the a given intervention (see Protzko, 2015, published in
Intelligence). Mississippi proposes a simple solution to this problem: our **continuity of care** framework will create a system in which the “early-childhood intervention” extends beyond the early-childhood years, effectively creating an intervention which does not end.

To evaluate the overall effectiveness of this program, and of Mississippi’s proposed solution to the Fadeout Effect, the existing state longitudinal data clearinghouse will be leveraged and a research design which can empirically measure the program’s success will be developed. Such a research design would require a level of randomization in treatment assignment, but must also not compromise any child’s or family’s access to the services they need. This research design will then be employed to test two hypotheses; these hypotheses will both inform our ongoing research into early-childhood care and also serve as an overall evaluation of this program’s success.

- **Hypothesis 1**: Children participating within the standard-comprehensive framework experience better outcomes by 3rd grade.
- **Hypothesis 2**: Outcomes of children participating in the standard-comprehensive framework are identical, regardless of the method of delivery (e.g., public care compared to private care).

As the standard-comprehensive framework is implemented, and as Mississippi improves its ability to provide continuity of care throughout the early childhood years, stakeholders will be able to collect the data necessary to test these hypotheses and definitively evaluate the effectiveness of this program. The transition plans and electronic childhood scorecards, described in the project narrative, will be key tools in gathering and organizing this data. Transition plan records will provide a comprehensive overview of all educator assessment for each child, while the scorecard will provide the objective metrics and data necessary for an empirical study of this magnitude.
6. Logic Model

As illustrated in the Logic Model Diagram, Mississippi intends to utilize this grant to accomplish several key activities that will improve kindergarten readiness, increase parental choice, holistically address the needs of the family, and improve resource efficiency across the state. These activities will contribute to the full integration of the 0-5 childhood care environment with the K-3 educational system. The seamless transition within and between classrooms will ensure that all children are physically, socially, and emotionally prepared to learn in classrooms that universally adhere to best practices and quality standards.

This Logic Model also illustrates that Mississippi’s plan extends far beyond the conclusion of this funding period; we aim to use these funds to interrupt the intergenerational cycle of poverty so as to increase the self-sufficiency of both the parent and the child. By accomplishing this goal, Mississippi’s educational and social support expenditures will become true investments into the future of the state’s burgeoning workforce. At the end of the funding period, Mississippi will have created an environment rich in inter-agency cooperation and parental choice. This cooperation will reduce service duplication, improve resource efficiency, and holistically provide services across multiple generations of vulnerable families. By simultaneously improving the child’s educational outcomes while also improving the family’s access to social services and workforce development opportunities, Mississippi will have addressed one of the two pillars of the intergenerational poverty cycle: the family’s socioeconomic status. Mississippi will have also begun to topple the second pillar of the intergenerational poverty cycle, geographic location, by creating baseline standards of service quality across the state, thereby bringing quality services and childcare to the communities and the geographic regions that have historically been underserved.
1: Resources

Funding:
- CCDBG
- State Funding
- Private Funds
- In-Kind Resources
- WET Funds

Partners:
- SECAC
- MCCB
- MDE
- Head Start
- MDHS
- MSDH
- Office of the Governor
- Public / Private Childcare
- Tribal Agency

Technology:
- SLDS
- PIP
- WIOA
- MyMDHS
- MDHSOne
- Electronic Childhood Development Scorecard

Research:
- Statewide Needs Assessment
- Coaching Impact Study
- Best Practices

2: Activities

Implement the standard - comprehensive framework.
- Create the technical implementation team.
- Train providers.
- Implement the Family Engagement Framework.

Certify initial cohort of comprehensive centers
- Document comprehensive designation protocols.
- Evaluate application portfolios; approve or deny as necessary.

Implement the individual service plan referral model
- Create working and technical expert groups.
- Create software representing the service plan referral model.

Identify the elements essential to mark the progress of children along the 0-8 early childhood continuum.
- Create Child Development Scorecard.
- Train providers on Scorecard and transition planning tools.

3: Outcomes

Blending and Braiding Funding Streams
- Advanced inter-agency coordination will integrate multiple funding streams, which will...
  - increase resources available to improve children’s developmental outcomes, and
  - improve parents’ access to social and workforce development support services.

Coordination and Integration of Early Childhood Programs with other Social Programs
- Improved inter-agency coordination will also...
  - improve Mississippi’s overall resource efficiency,
  - streamline the service-provision process, and
  - reduce duplication of services.

Increased Kindergarten Readiness
- Advanced training initiatives for providers, combined with the improved coordination of holistic services for the families, will...
  - improve the quality of early childhood care,
  - strengthen the early childhood workforce,
  - foster a healthy learning environment, and
  - improve kindergarten readiness.

Maximize Parental Choice
- Parental choice will be improved by...
  - creating baseline standards in quality and childhood outcomes across delivery methods, and
  - increasing parental engagement and consumer education with new best practices and the development of the

4: Long Term Outcomes and Social Impacts

Fully Integrate 0-5 Space with K-3 Space
- Seamless transition from the early learning environment into the kindergarten classroom
  - Physically, socially, and emotionally ready to learn
  - Equipped with the tools to succeed in any classroom environment

Interrupt the Intergenerational Poverty Cycle
- Holistically serve multiple generations of vulnerable families
  - Improve family’s socioeconomic status
  - Improve child’s educational outcomes

Set the child and the family on a path to self-sufficiency
7. Dissemination Plan

An overall information dissemination workflow that sets the rules for communication among project stakeholders and its flow to consumers and interested parties will be developed to help ensure project information is widely available with minimum delay. Project staff will develop a plan that integrates data through the use of tools such as web analytics, brief surveys, targeted focus groups, and will ensure that feedback collected through these various formats is included in all dissemination products. Plan development will be led and supervised by the PDG B-5 Outreach Director, in close consultation with project manager, who will help to ensure that each step of the dissemination plan is vetted among the partner agencies to allow sufficient staff time to be allocated to the dissemination process. Likewise, the outreach director will also monitor the process for any needed adjustments throughout the funding period.

It is anticipated that the results of this project will be broadly categorized into three groups, and that a targeted dissemination plan will be necessary to ensure that all parties will be made aware of the appropriate information. These three categories include:

1. Information on policies, procedures, regulations, standards, best practices, and other administrative data. The target audience for this information will be the child care providers across the state, and the goal of this dissemination will be to ensure all centers are aware of any changes that affect their business operations.
2. Information on benefits, resources, and support networks available through Mississippi’s comprehensive centers and through the Family-based Unified and Integrated Early Childhood System. The target audience for this information will be the families of Mississippi, and the goal of this dissemination will be to encourage their participation in the support systems available through their community.
3. New knowledge, research, and analyses within the field of early childhood education. The target audience for this information will be policy-makers, academic researchers, and the general public, with the goal of this dissemination being the advancement of public knowledge.

Technical reports, policy briefs, and webinars will be used to disseminate administrative information to child care providers across the state. The Technical Implementation Team will
coordinate to identify participating agencies and entities, stakeholder associations, as well as other interested parties in the general public. Reports, documents, newsletters, and other materials will be prepared and disseminated to child care providers through existing online portals as well as through the expanded PIP system.

The dissemination of information regarding social support systems will primarily be disseminated through the use of a consumer education website. This consumer education website will serve as the online repository for information regarding resources and assistance available, and will serve as the consumer’s main point of reference for up-to-date information. This website will also educate the public on project outcomes. In addition to this website, information will be disseminated through state meetings, SECAC events, and town halls. Reports, documents, newsletters, and other materials about and relevant to the goals of the project will be distributed through (1) existing community outreach channels and (2) online. Targeted social media messaging will be used to communicate with a large and geographically dispersed group of people with common interests.

To disseminate new academic knowledge or policy research to policymakers and the general public, the Technical Implementation Team intends to participate in state and national conferences, as well as publish results of academic studies in peer reviewed journals. Policymakers and other stakeholders will receive executive summaries, news release, and, when appropriate, presentations will be conducted upon request. Data collected through this project will only be made available to interested parties after the state has developed a clear set of policies that ensure proper confidentiality and privacy.
8. Sustainability Plan

The grant provides resources for the implementation of activities that will be self-sustaining at the period of performance as it does not markedly change the current organizational capacity of grant stakeholders. The grant provides a focused burst of support to overcome temporary barriers and therefore, accelerate the transformation the state needs to achieve high quality. The sustainability of the project will rest on several current activities already in place in the state. The ECA will continue to have a role in supporting and rolling out the quality framework. The Mississippi Family Engagement Framework is part of MDE efforts related to their collaboratives. Once the coaching and training are completed, only minor technical support will be necessary so long-term support of this element is not required. Head Start agencies are already engaged in similar activities and will continue to provide those past the grant period. As for the private child care providers, the activities will be part of the commitment to assuring continuous quality improvement delivered the ECA. The electronic individual service plan builds on established technology in place at MDHS and will be integrated into this technology with no requirement for additional maintenance and operation funding. The electronic scorecard will become part of the SLDS and maintenance and support will be available through the annual SLDS state appropriation.

9. Plan for Oversight of Federal Award Funds

MCCB’s Division of Finance and Administration will ensure oversight of the federal grant funds. Over the last five years, MCCB has managed direct federal awards from the U.S. Department of Education and U.S. Department of Labor, and federal subawards including Child Development Block Grant (CDBG) dollars and TANF and SNAP training dollars in excess of $50 million. MCCB uses Mississippi State Government’s Enterprise Resource Planning (ERP)
solution, MAGIC, as its accounting and procurement system of record. MCCB is under the purview of the Mississippi Department of Finance and Administration (DFA) has had no audit findings in the past 15 years. State policies and procedures that MCCB follow can be found here: www.dfa.ms.gov/direct-links/. MCCB’s Policy and Procedure Manual that governs its business management processes can be found here: www.mccb.edu/pdfs/pb/MCCBManual.pdf.

In accordance with the Internal Control Section of the Mississippi Agency Accounting Policies and Procedures Manual, the Mississippi Community College Board has conducted an evaluation of internal controls. There is an annual internal control evaluation that provides assurance that the assets of MCCB have been preserved, the duties have been segregated by function, and the transactions being executed are in accordance with laws of the State of Mississippi. Reviews of internal controls include the organization and management, administration of accounting and budgeting, purchasing and contracting, personnel and payroll, revenues and receivables, expenditures, grant administration, and electronic data processing. No weaknesses have been found.
11. Third-Party Agreements

October 31, 2018

Office of Governor Phil Bryant
P.O. Box 139
Jackson, MS 39205

Dear Governor Bryant:

The Mississippi Community College Board (MCCB) is committed to serving as the lead agency for the Mississippi’s federal Preschool Development Grant Birth through Five (PDG B-5) proposal. As an agency committed to educating and preparing our workforce by connecting people to opportunities, we are proud to have been designated by you as the lead applicant agency for this important initiative. Per PDG B-5 Grant requirements, we hereby commit $1,000,000 in State matching funds to secure federal grant funding.

The MCCB is dedicated to providing opportunities to build a higher quality of life for Mississippian of all backgrounds. By working to ensure that all students have the best possible care and education from Pre-K through college, is essential for improving the quality of life for our citizens and improving Mississippi’s economy. The MCCB has an experienced and dedicated team of professionals with a solid record to successfully serve as the lead agency for the PDG B-5 Grant. The MCCB has been a key partner in Mississippi’s Family-based Unified and Integrated Early Childhood System having coordinated Mississippi’s Early Childhood Academies since January 2017.

We are committed to Mississippi’s success and will work diligently to coordinate delivery models and funding streams within our early childhood mixed delivery system; improve program quality while maintaining availability of services; expand parent choice and knowledge about existing programs; and enhance school readiness for children from low-income and disadvantaged families.

In summary, the PDG B-5 Grant will provide Mississippi with a tremendous opportunity to maximize the availability of high-quality early childhood care and education options for all citizens; improve quality of care and training across childcare providers and partners; streamline administrative infrastructure; and improve state-level coordination and collaboration among all early childhood care and education entities. Thank you for this opportunity to serve Mississippi.

Sincerely,

Andrea Mayfield, Ph.D
MCCB Executive Director

The mission of the Mississippi Community College Board is to advance the community college system through coordination, support, leadership, and advocacy.
November 4, 2018

The Honorable Governor Phil Bryant
Office of the Governor
P.O. Box 139
Jackson, MS 39205

Dear Governor Bryant,

The Mississippi Head Start Association is very pleased to offer this letter supporting the states application for the 2018 Preschool Development Grant (PDG). Our nineteen-member organization which consist of all Head Start and Early Head Start program, including the Mississippi Band of Choctaw Indians currently serves approximately 24,000 vulnerable children and families.

Head Start is committed to continue working to ensure that all seats in the early childhood community are high-quality seats. Strategies and approaches included in this initial application which strongly mirror the expansive work already in place in Head Start, will certainly help to move the State in the right direction.

Their approach also aligns with our mission to provide Mississippi’s children and families with a range of individualized services in the areas of education, early childhood development, medical, dental, mental health, nutrition and parent involvement.

Please do not hesitate to call if we can be of any additional assistance with this effort.

Respectfully,

Eloise McClinton, President
Mississippi Head Start Association
11/05/2018

Office of Governor Phil Bryant
P.O. Box 139
Jackson, MS 39205

Dear Governor Bryant:

It is my pleasure to offer a letter of commitment for the State’s Proposal for the Preschool Development Grant Birth through Five (PDG B-5). As an agency dedicated to promoting the health, wellbeing, and economic security of Mississippi citizens, we are proud to be a part of the ongoing efforts to improve early childhood education in our state. We are committed to initiatives that will lead to positive outcomes for children in Mississippi, especially those in vulnerable populations. The Mississippi Department of Human Services (MDHS) is fully committed to the realization of the Family-Based Unified and Integrated Early Childhood System as outlined in the state’s strategic plan.

As a partner in the PDG B-5 grant, MDHS is committed to leveraging its customer service portal to be the backbone of the system that connects parents to the workforce and children to high quality childcare. This includes a commitment to develop the specifications for creating an individual service plan and electronic referral process. Upon notice of award, the MDHS will develop a plan to ensure its county staff are trained on building a service plan and making appropriate referrals so that children are referred for age-appropriate screening and parents are referred to appropriate education and training providers to achieve their educational and occupational goals and connect to work. MDHS is also committed to a cost share of $288,000 to be included in the overall state match.

We look forward to collaborating with all members of the PDG B-5 grant. We are confident that the Mississippi Community College Board is capable of successfully managing this project. Most importantly, we are excited to see the families and children of Mississippi benefit from all of our endeavors.

We appreciate the opportunity to be part of this team.

Sincerely,

John Davis
Executive Director
October 31, 2018

Office of Governor Phil Bryant
P.O. Box 139
Jackson, MS 39205

Dear Governor Bryant:

This letter commits the National Strategic Planning and Analysis Research Center (NSPARC), a unit of Mississippi State University, to participate in the State’s Proposal for the Preschool Development Grant Birth through Five (PDG B-5). As a unit of Mississippi State University, NSPARC was established to promote the advancement of methods for the use of data to aid Mississippi citizens. We are excited to see ongoing efforts to improve early childhood education in our state and are committed to evidence-based interventions that will lead to positive outcomes for children in Mississippi, especially those in vulnerable populations. We are committed to assisting the state fully implement its family-based unified and integrated early childhood strategic plan.

As a partner in the PDG B-5 grant, NSPARC will provide resources to serve as the technical implementation team to organize and coordinate technical tasks and communication activities across stakeholders and ensure SECAC has regular updates and is in a position to provide feedback. NSPARC will also take the lead in developing the electronic child scorecard that will follow children across early care and learning providers and into the K-12 system to help ensure continuity of services and continuous quality improvement. Our commitment will span the entire twelve months of the project and beyond, as long as we can be of service.

We look forward to collaborating with all members of the PDG B-5 grant. We are confident that the team you assembled, led by the Mississippi Community College Board, is capable of successfully achieving the proposed goals and objectives of the PDG B-5 proposal.

We greatly appreciate the opportunity to be part of the team you built to help Mississippi to ensure consistency in program quality, expand parental choice and access to early care and learning programs, and expand workforce and other supportive services for parents to place low-income families on a path to self-sufficiency.

Sincerely,

Dr. Domenico “Mimmo” Parisi
Professor and Executive Director
October 24, 2018

U.S. Department of Health & Human Services
Administration for Children and Families
Office of Child Care
330 C. Street, S.W., Suite 4010A
Washington, DC 20201

To Whom It May Concern,

The W.K. Kellogg Foundation strongly supports Mississippi’s application for the Preschool Development Grant Birth through Five and pledges a $675,000 match, if awarded.

The foundation has been investing in Mississippi for more than 60 years and in 2008 named it one of our priority states. Our investments fund early childhood education, child health and well-being and family economic security. We are inspired with the state’s progress in early childhood education and believe this well-timed federal opportunity will help Mississippi better coordinate programming across its mixed delivery system, a critical service to supporting children and their families.

It is our belief that public/private partnerships are necessary to achieve positive change for low-income and vulnerable children. While Mississippi is making progress on some child wellbeing rankings, it remains near the bottom. To continue its progress, Mississippi will need additional federal, state and philanthropic dollars to capitalize on the many benefits associated to high quality early childhood education.

We thank you for this opportunity. Please feel free to reach out with any questions.

Sincerely,

Rhea Williams-Bishop
Director of Mississippi Programs
MISSISSIPPI DEPARTMENT OF EDUCATION

Carey M. Wright, Ed.D.
State Superintendent of Education

November 6, 2018

Office of Governor Phil Bryant
P.O. Box 139
Jackson, MS 39205

Dear Governor Bryant:

The Mississippi Department of Education (MDE) is committed to the expansion of early childhood supports to strengthen outcomes for our youngest learners and to reduce generational poverty in Mississippi. Please consider this as a formal letter of support for the Preschool Development Grant Birth through Five (PDG B-5), as being developed by the Mississippi Community College Board. As a part of this commitment, we have noted $2,537,162 in matching funds currently being used to support early childhood efforts underway by the MDE.

This grant will provide additional resources to support the goals of the Mississippi State Board of Education (MSBE) Strategic Plan.

The MDE is committed to family engagement efforts and program evaluation for Early Learning Collaboratives and other public pre-K programs, but the agency has no intent to move forward with engagement requirements beyond what the MDE has currently planned with the Family Engagement Toolkit. The MDE will not create additional requirements for Early Learning Collaboratives and other public pre-K programs beyond what the MSBE has approved and what is outlined in the Early Learning Collaborative Act, the Mississippi Early Learning Standards, the Mississippi Early Learning Guidelines, and the National Institute of Early Education Research (NIEER) quality standards.

It is our understanding the MDE will have active voting representation on all grant teams and workgroups mentioned in the grant application. We look forward to continued collaboration with early childhood leaders and educators from across Mississippi, as we want to see our students enter Kindergarten ready to learn.

Sincerely,

Carey M. Wright, Ed.D.
State Superintendent of Education