American Research Journal of Humanities & Social Science (ARJHSS)

E-ISSN: 2378-702X

Volume-03, Issue-05, pp 38-48

May-2020 www.arjhss.com

Research Paper



What Do Child Development Educators and Directors Say Is Appropriate and Necessary for a Quality Evaluation System in Mississippi?

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ABSTRACT:- Providing a high quality early childhood education for young children will generate significant long-term benefits. Mississippi has developed early childhood education policies aimed at creating high-quality child development programs that have an impact on student outcomes and long-term academic success. Currently, Mississippi does not have a Quality Evaluation System in place to assess the excellence of early childhood programs and use as a mechanism to increase the school readiness of preschool children. The overall purpose of a Quality Evaluation System is to encourage early childhood programs to go beyond minimum licensing requirements and to provide high-quality early learning experiences.

Keywords:— Child Development, High Quality, Quality Evaluation System, Quality Rating System, and Quality Standards

I. INTRODUCTION

Quality Evaluation Systems (QES) are methodical approaches to assess, advance, and communicate the rank of excellent care and education in child development settings birth to age five and school-age care learning environments. These child development environments include private and public early learning centers, home providers, head start programs, and elementary schools. Quality Evaluation Systems are intended to support high-quality child development practices and link the gap from preschool to k-12 education by the following components: quality standards, accountability and monitoring processes, a method for encouraging quality progress, monetary incentives and other assistance to meet a higher criteria, and distribution of information to parents and the public about quality (Kauerz and Thorman, 2011).

Quality standards are used to allocate rankings to child development programs that participate in Quality Evaluation Systems. These rankings are made available to parents and the community about each program's performance. Most states use licensing standards as the preliminary point on which advanced rankings of standards are developed. Every QES includes two or more rankings of standards beyond licensing, with incremental progressions to the uppermost ranking of quality as identified by the State. Systems vary in the number of rankings and the number of standards identified at each level. The standards used to allocate rankings are based on research about the characteristics of child development programs that generate positive learning outcomes (NCCIC, 2007). Categories of standards in a statewide QES include staff qualifications and professional development; learning environment; curriculum; administration; parent and family involvement; licensing compliance; and child-staff ratios and group size. States have developed three approaches for allocating rankings: Building Block Approach (all standards within each level must be met before programs move to the next level); Point System (every standard is assigned a number of points, which are combined to determine the quality ranking); and Combination Approach (a combination of the building block approach and the point system determines rankings).

Early learning environments serving children zero to eight years of age must be held accountable for providing an atmosphere that is safe and free of hazards and developmentally appropriate. Accountability and monitoring practices are used to verify how child development programs meet QES standards, assign rankings,

and confirm continuous compliance. Monitoring also makes available a foundation for program accountability, parents, the community, and funders by establishing target goals to measure excellence and progress. In most states, the QES is monitored solely by the childcare licensing agency or in collaboration with a financial supporting unit or a private group. Generally, monitoring is accomplished by separate QES personnel within the childcare licensing agency. Most states monitor yearly, but some monitor more often. States use a variety of methods for monitoring QES standards: onsite monitoring visits, program self-assessment, and document review and verification. States also rely on monitoring accomplished through state childcare licensing to make certain minimum requirements have been achieved, and program evaluations are performed by accrediting agencies to ascertain programs have met accreditation standards (NCCIC, 2007).

The North Carolina Institute for Child Development Professionals (2010) states that quality in early childhood education (ECE) is related to how a program is structured and what type of experiences children have within those programs, but one of the most crucial variables is teacher education and training. Assistance for child development providers and educators, such as training, mentoring, and technical assistance are built into the OES to encourage involvement and help early learning programs attain advanced levels of quality. Currently, all states have professional development organizations to support and provide assistance to child development practitioners. These organizations coordinate professional development opportunities, identify practitioners' accomplishments, and help facilitate the quality of available early learning professional development opportunities. States sometimes utilize these organizations to help child development programs achieve higher standards toward higher QES rankings. States also encourage involvement in QESs by offering technical assistance. Mentors or coaches may be designated to a child development program to help aid the ranking process. Also, partnerships and collaborations are formed with existing professional development and technical assistance agencies in the State, for example, childcare resource and referral (CCR&R) networks. Some states have invested in specialized technical assistance, for example, providing care for children zero to three or integrating young children with special needs. In the majority of States, the QES is voluntary. States organize outreach activities to promote the QES goals and encourage child development programs to participate. QESs provide monetary incentives to assist child development programs advance their learning environments, accomplish higher rankings, and maintain quality. Most statewide QESs provide monetary incentives, to include Tiered Subsidy Reimbursement; Quality Grants, Bonuses, and Awards; Scholarships; and Tax Credits. Some states also provide incentives that may not involve a monetary reward, for example: Fractional licensing fee payment; Consultation services; Transcript expenses; Accreditation support; Free trainings and other professional development activities; Resources to low-interest loans; Enrollment incentives based on participation; Portfolio submission bonus; Exclusive stipends or supports that are connected to QES involvement and the state specialized enhancement programs; and Access to program materials and supplies (National Center on Early Childhood Quality Assurance, 2017).

QESs offer a structured framework for educating parents and the community about the significance of quality in child development environments (National Center on Early Childhood Assurance, 2018). The majority of QESs award simple identifiable symbols, such as stars, to child development programs to specify the ranking of quality. Numerous states announce rankings on websites. Others promote QES rankings through media, posters, banners, certificates, decals, pins, and other items.

Fourteen (14) states in 2006 and 35 states in early 2011 were executing a Quality Evaluation System (Kauerz and Thorman, 2011). 39 states, including Mississippi, in 2016 had implemented a QES (Butrymowicz and Mader, 2016). In 2017, 49 states and the District of Columbia had a statewide or regional QES; were engaged in a pilot stage; or were planning for a QES (Workman, 2017). In 2017, Mississippi was the only state that was not implementing a Quality Evaluation System. After approximately ten (10) years, on December 31, 2016, Mississippi did away with their Quality Evaluation System (QRIS) because of financial reasons (Butrymowicz and Mader, 2016).

High-quality child development programs in the State of Mississippi are limited. Many early childhood providers and directors do not have the resources or are unaware of the components of a quality child development environment and developmentally appropriate practice. Even though Mississippi had a voluntary Tiered Quality Rating and Improvement System (QRIS) or Quality Evaluation System (QES), child development providers still do not have accurate resources and tools to prepare young children for grade school. This study obtained the perceptions of child development educators and directors of what is appropriate and necessary for a Quality Evaluation System in Mississippi.

II. RELATED LITERATURE

Long term financial success in America is contingent on ensuring that young children are successful in school and life. Studies prove every \$1.00 devoted to high-quality child development programs is \$17.00 saved, resulting in a decrease in crime, fewer teen pregnancies and teen parents, and an increase in individual salaries and degree levels (Schweinhart, 2004). High-quality child development programs help to guide young children

at becoming active learners and productive citizens. Child development programs in the United States operate through a set of self-governing sectors: Head Start/Early Head Start, private child care centers, public prekindergarten, nursery schools, family child care environments, nannies, and care by relatives, friends, and neighbors. Resulting from this fragmented system are inefficiencies and unequal child development experience for young children. Quality Evaluation Systems suggest an essential guide to unify these various sectors (Mitchell, 2011).

Initially, the majority of QESs described themselves as a Quality Rating System (QRS) but numerous states in the development and preparation stage began to describe their systems as a Quality Rating and Improvement System (QRIS) to acknowledge the two main principles: ranking and improvement. QRISs recommend comprehensible ways to evaluate, enhance, and publicize the quality of child development programs by: empowering parents and guardians to develop into confident consumers who desire excellence for their young children; presenting policymakers the valuable tools needed to advance child development learning; providing accountability so the communities feel secure investing in child development programs; giving child development providers the necessary support tools needed for quality enhancement; and promoting the wellbeing and growth of young children in child development environments. States utilize QRISs to increase the quality in child development environments and to boost child outcomes and school readiness (Wiggins and Mathias, 2013).

According to the National Association for the Education of Young Children (NAEYC), Quality Rating and Improvement Systems should offer a minimum of three tiers or rankings to provide a continuum of clear, established standards of excellence that build upon each other. The lowest ranking should be state licensing requirements and lead to the highest ranking, program accreditation by a national child development or early childhood program accreditation system. QRISs should not replace the childcare regulatory system; instead, link the elements of the child development infrastructure to allow better methodological enhancement. As a strategy for child development quality enhancement, QRISs ought to be used to help sustain strong childcare licensing standards, encourage accountability, provide sufficient educator and consumer education and outreach, and provide incentives associated with compliance and standards (NAEYC, 2010).

A comprehensive QES joins the sectors of child development and education through a universal set of standards that characterizes quality through components of best practices. This universal set of standards includes present childcare regulations criteria, Head Start Program Performance Standards, prekindergarten benchmarks, nursery school regulations and other child development program standards. These common QES standards also include practitioner standards, for example, credentials, degrees, and licenses which are all aligned with the State's early learning standards for young children. Further, comprehensive QESs offer a strategy for linking funding and monetary incentives to results. When financial support is aligned with a QES, money can be provided to programs simultaneously, public investments can be aligned toward the public good, and private investors can have insurance they are making worthy investments. A comprehensive QES also offers a simple way for parents to acknowledge the high quality of child development programs and differentiate among them to make an informed choice (Mitchell, 2011).

Several decades of research have clearly demonstrated the short-and long-term effects that high quality early childhood programs have on children's development. High-quality child development programs improve the cognitive, physical, and affective development of young children, especially those that are vulnerable to later school failure (Child Trends, 2010). High-quality child development programs provide: health and safety; promotion of academic, social emotional, and fine and gross motor development skills; responsive and sensitive educators; stimulating and motivational experiences; and enhancement of young children's language and literacy through interactions. Similar to rankings utilized for eateries and other services, a QES assigns a quality ranking linked with child development or school-age program's performance. This ranking provides parents and consumers with an awareness of which child development programs meet defined levels of quality. Quality standards provide the foundation for program rankings. These standards differ across states but typically consist of measures for professional development, qualifications of educators, the learning environment quality, and parent and family member involvement (Child Trends, 2010). Research has indicated that the educational level of the teaching staff in early childcare programs is one of the key variables in a high quality program (Morris, 2002). There has also been studies correlating teachers' professional development attendance to the quality of care and academic experiences children receive (Romeyn, 2010). With effective professional development training, teachers can produce high achievement for all students. Other variables of a high-quality child development programs include low staff-child ratio, researched-based curriculum, and partnerships with family and community (Iruka, Marco, and Graham, 2011).

Three reasons have forced the development and execution of QESs in recent years: gaps in quality in existing child development programs; the inability of child development systems to promote high-quality services; and characteristics of the market for child development that limit the use of high-quality services. Given these concerns, policymakers and the public have turned to Quality Evaluation Systems as a means to

improve the quality of child development environments (Zellman and Karoly, 2012). With school readiness and improving the outcomes of young children being a key goal of QESs, requirements concerning practices that can advance young children's education and growth are of significance. A recent study (Practices for Promoting Young Children's Learning in QRIS Standards) found that approximately half of statewide QESs refer to their state's Early Learning and Developmental Guidelines (ELDGs), most often in systems that involve staff training on how to execute the ELDGs through the use of a curriculum and aligned learning activities (Smith, Robbins, Stagman, and Kreader, 2012). Some states incorporate explanations of child development focused practices within their standards.

QESs have consistently focused on measuring inputs of quality rather than children's level of school readiness, such as physical, cognitive, and affective development. As QESs have formed and improved over time, evaluations of child development outcomes have increasingly found their way into these systems. A QES has normally been designed to increase child development care by clarifying young children's improvements in developmental skills. According to Zellman and Karoly (2012), there are five approaches for using evaluations of a young child's performance to enhance child development quality. These five approaches are: (1) Caregiver/Teacher or Program-Driven Evaluations to Enhance Performance; (2) QES-Required Caregiver/Teacher Evaluations to Enhance Performance; (3) Independent Measurement of Child Outcomes to Evaluate Programs; (4) Independent Measurement of Child Outcomes to Evaluate QES Validity; and (5) Independent Measurement of Child Outcomes to Evaluate Exact Child Development Programs or the General Child Development System.

III. METHODOLOGY

The purpose of this study was to investigate the attitudes and opinions of child development educators and directors in Mississippi of what is appropriate and necessary for a Quality Evaluation System. Before beginning this study, the researchers completed Institutional Review Board (IRB) research requirements. After permission was granted from the IRB committee at Jackson State University, Jackson, Mississippi, the researchers proceeded with the implementation of the study. A random sample was drawn from licensed child development centers throughout the state of Mississippi to recruit participants. Cover letters explaining the importance of the research and survey forms were sent to two hundred forty-six early child development providers and directors by e-mail. One hundred fifty-one participation letters and completed surveys were returned.

The data sources for this study also included semi-structured interviews. Twelve of the one hundred fifty-one participants volunteered to be interviewed after completing and returning the survey. Upon voluntarily agreement to participate in an interview, a meeting was arranged with child development educators and directors who agreed to participate in the interview. Each interview lasted approximately forty-five minutes. Information obtained in the interviews were transcribed and coded by theme for analysis. Interview responses were transcribed and coded by defining essential coding categories, assigning labels to categories, classification of relevant information, reliability of the coding, and exposing unreliable sources in the coding using the comparative method outlined by Miles and Huberman (1994).

The data were analyzed using the comparative method and the Statistical Package for the Social Sciences (SPSS). This process involved dividing data into isolated occurrences, coding, and assigning categories. Through concurrent transcribing, coding and analyzing data, the researchers identified properties, relationships, and integrated them into a coherent descriptive model. Coding allowed us to better control analyzing and retrieval of data when needed.

IV. FINDINGS

High-quality child development programs in the State of Mississippi are limited. Many child development educators and directors do not have the resources or are unaware of the components of a quality child development environment and developmentally appropriate practice. Even though Mississippi had a voluntary Tiered Quality Rating and Improvement System (QRIS) or Quality Evaluation System (QES), child development providers and directors still do not have accurate resources and tools to prepare young children for grade school. This study obtained the perceptions of child development providers and directors of what is appropriate and necessary for a Quality Evaluation System in Mississippi.

A total of 151 child development educators and directors in the state of Mississippi were surveyed and 12 interviewed on the former Quality Evaluation System in Mississippi known as the Mississippi Child Care Quality Step System. The surveys were sent out through email to each respondent. A letter was included with the survey to explain the purpose of the study and confirm that their participation was voluntary along with giving consent.

IV.I. QUANTITATIVE DATA

Table 1: Child Development Educators and Directors Credentials

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Credentials	Frequency	Percent
Child Care Directors Certificate	30	19.9
Child Development Associate	32	21.2
Other	26	17.2
Total	88	58.3
Missing	63	41.7
Total	151	100.0

Table 1 represents the qualifications of the participants in this study. As seen in the table, 19.9 percent of participants have a Child Care Director's Certificate (CD); 21.2 percent of participants have a Child Development Associate (CDA); 17.2 percent have other qualifications (bachelors degree or higher in child development or related field) not mentioned; and 41.7 percent of participants left the option for additional qualifications unanswered.

Table 2: Number of Young Children Enrolled in Each Participant's Center

Number of Children Enrolled	Frequency	Percent
0-25	38	25.2
26-50	18	11.9
51-75	32	21.2
76-100	13	8.6
101-150	14	9.3
151-200	11	7.3
More than 200	15	9.9
Total	141	93.4
Missing	10	6.6
Total	151	100.0

Table 2 represents the number of young children enrolled in the center of each participant in this study. Thus, 25.2 percent of participants had 0-25 young children enrolled; 11.9 percent of participants had 26-50 young children enrolled; 21.2 percent of participants had 51-75 young children enrolled; 8.6 percent of participants had 76-100 young children enrolled; 9.3 percent of participants had 101-150 young children enrolled; 7.3 percent of participants had 151-200 young children enrolled; 9.9 percent of participants had over 200 young children enrolled; and 6.6 percent of participants left the option for number of young children enrolled unanswered.

Table 3: Number of Participants Who Were Previously Enrolled in the Mississippi Child Care Quality Step System

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Number of Participants Enrolled	Frequency	Percent
Yes	38	25.2
No	106	70.2
Total	144	95.4
Missing	7	4.6
Total	151	100.0

Table 3 represents the number of participants who worked in a child development center that was enrolled in the Mississippi Child Care Quality Step System (MCCQSS). As seen in the table, 25.2 percent of participants were working in a child development center previously enrolled in the MCCQSS; 70.2 percent of participants were not working in a child development center that enrolled in the MCCQSS; and 4.6 percent of participants left the option for previously enrolled in the MCCQSS unanswered.

Table 4: Participants Perceptions Regarding Whether the MCCQSS Met the Need of Mississippi Child Development Programs

Participants' Perception	Frequency	Percent
Strongly Disagree	13	8.6
Disagree	19	12.6
Neutral	76	50.3
Agree	26	17.2
Strongly Agree	10	6.6
Total	144	95.4
Missing	7	4.6
Total	151	100.0

Table 4 is a presentation of the participants' perceptions regarding whether the MCCQSS met the needs of Mississippi's child development educators and directors. As seen in the table, 8.6 percent of participants strongly disagree the MCCQSS met the needs of Mississippi's child development educators and directors; 12.6 percent of participants disagree the MCCQSS met the needs of Mississippi's child development educators and directors; 50.3 percent of participants are neutral in their opinions of the MCCQSS meeting the needs of Mississippi's child development educators and directors; 17.2 percent of participants agree the MCCQSS met the needs of Mississippi's child development educators and directors; 6.6 percent of participants strongly agree the MCCQSS met the needs of Mississippi's child development providers and directors; and 4.6 percent of participants left the option for MCCQSS meeting the needs of Mississippi's child development educators and providers unanswered.

IV.II. QUALITATIVE DATA

Twelve (12) child development educators and directors volunteered to participate in an interview. The participants were asked 7 interview questions on their perception of the Quality Evaluation System that was implemented in Mississippi. Based on the researcher's protocol, data were analyzed, transcribed, and interpreted. The results are presented below.

Table 5: Activities that Occurred During On-Site Visits

Table 5. Activities that Occurred buring On-Site vis	
Participant Interview Responses	Frequency
Monitoring classrooms or performing classroom	7
observations focusing on the students and provider(s).	
Monitoring teachers/providers only	3
• Setting up the providers' classroom-based upon the	
environmental rating scale (ERS).	2
Reviewing of office documents	2
Interviewing staff	
• Provide information on discussing the purpose of the ERS	
tool	
Documented how equipment and manipulatives were used	1
by students and providers	
Interview director	
Bring instructional materials for the teacher and his/her	
classroom	
Observe interaction activities	
Observe and review hand washing procedures	
Observe and review diaper changing procedures	
Discuss proper feeding techniques for infants and toddlers	
Discuss proper footwear for infant and toddler room	
Observe normal classroom instruction	
Discuss age-appropriate activities	

Table 5 discusses activities that occur during on-site visits. Seven participants stated activities that occurred during on-site visits were monitoring classrooms or performing classroom observations that focused on

the students and provider(s). Three participants stated activities that occurred during on-site visits were monitoring teachers/providers only and organizing or setting up their classroom according to the environmental rating scale (ERS) tools. Two participants stated activities that occurred during on-site visits were reviewing of office documents, interviewing staff, and providing information on the purpose of the ERS tool. Technical assistants and coaches: documented how equipment and manipulatives were used by students and providers; interviewed directors; brought instructional materials for the teachers' classroom; observed classroom instruction and interaction activities; observed and reviewed hand-washing and diaper changing procedures; discussed proper feeding techniques and footwear in the infants/toddlers classroom; and the discussion of age-appropriate activities were all stated once when asked what activities occurred during on-site visits.

Table 6: Areas that were Frequent Topics of Coaching Technical Assistance

Partic	ipant Interview Responses	Frequency
•	Room arrangements	7
•	Behavior management strategies	5
•	Teacher/child interactions	2
•	ERS tools	
•	Business management	
•	Developmentally appropriate material and manipulatives	1
•	Lesson plans	
•	Hand washing	
•	Sanitation	
•	Playground equipment	
•	Outdoor play activities	

Table 6 is representation of the areas that were frequent topics of coaching and technical assistance. Seven participants stated the area that was a frequent topic of coaching and technical assistance was room arrangements, "the learning environment." Five participants stated the area that was a frequent topic of coaching and technical assistance was classroom behavior management strategies. Two participants stated the areas that were frequent topics of coaching and technical assistance were teacher/child interactions, the ERS tools, and business management. Developmentally appropriate materials and manipulatives, lesson plans, hand washing, sanitation, playground equipment, and outdoor play activities were stated once when asked what frequent topics of coaching and technical assistance were.

Table 7: On-site Training or Technical Assistance Providers Believe Would be Appropriate to Their Center to Become a Quality Early Learning Environment

Participant Interview Responses	Frequency
Introducing multiple methods for curriculum delivery	4
Adult/child interaction techniques	
• Learning how to incorporate more social emotional	3
development activities	
• Having a clear understanding of all the components of the	2
Rating System	
• Effective communication with coaches and technical	
assistance	
Modeling how to redirect inappropriate behavior of students	1
Providing information on serving children from high risk	
populations	
Lesson plan development	
Incorporating developmentally appropriate materials	
Classroom arrangements	
How to effectively promote scientific investigations	
Providing more hands-on learning	
Outdoor activities for young children	
Promoting physical development	
• Transitions	
Assistance and guidance in buying needed materials	
Daily classroom procedures	

Table 7 describes the on-site training or technical assistance providers believe would be appropriate for their center to become a quality early learning environment. Four participants stated the types of on-site training and technical assistance needed to become a quality early learning environment were introducing multiple methods for curriculum delivery and adult/child interaction techniques. Three participants stated the type of on-site training and technical assistance needed to become a quality early learning environment was learning how to incorporate more social-emotional development activities. Two participants stated the types of on-site training and technical assistance needed to become a quality early learning environment were having a clear understanding of all the components of the Rating System and effective communication with coaches and technical assistance. Other topics mentioned that would be helpful during on-site training and technical assistance by participants were modeling how to redirect inappropriate behavior of students, providing information on serving children from high-risk populations, lesson plan development, incorporating developmentally appropriate materials, classroom arrangements, how to effectively promote scientific investigations, providing more hands-on learning, outdoor activities for young children, promoting physical development, transitions, assistance and guidance in buying needed materials, and daily classroom procedures.

Table 8: Preferred Content Provided During Professional Development Sessions

Partici	oant Interview Responses	Frequency
•	Interactions (Teacher-Teacher, Teacher-Student, and Teacher-	10
Parent)		
•	Student Learning Outcomes	8
•	Physical Learning Environment	7
•	Behavior Management	2
•	Student Assessment Strategies	1

Table 8 displays preferred content provided during professional development sessions. Ten participants would like content on interactions during professional development sessions. Eight participants would like content on learning outcomes during professional development sessions. Seven participants would like content on the physical learning environment during professional development sessions. Two participants would like content on student behavior management during professional development sessions. One participant would like content on student assessment strategies during professional development sessions.

Table 9: Attributes of a Good Technical Assistant, Trainer and Evaluator

Table 7. Attributes of a Good Technical Assistant, Trainer and Evaluator		
Participant Interview Responses	Frequency	
Have an educational background in child development, childcare and	12	
family education, or a related field		
Be very knowledgeable of the QES and childcare rules and		
regulations		
Have prior experience working in a child development environment	10	
• Experience in a child development classroom and providing training		
and technical assistance to be an evaluator		
Help providers accomplish their goals	2	
Be fair/truthful, consistent, energetic, confident, patient, kind, a	1	
motivator, a team player, compassionate, and accurate and not bias		
Have a positive attitude		
Understands how to do things in a timely matter		
Knows how to manage conflict		
Possess critical thinking skills		
Give good constructive criticism and advice		
Communicate effectively		
Ask questions when necessary.		

Table 9 shows the attributes of a good technical assistant, trainer, and evaluator. All 12 participants believe the attributes of a good technical assistant, trainer and evaluator are to have an educational background in child development, childcare and family education, or a related field, and to be very knowledgeable of QESs and childcare rules and regulations. Ten participants stated the attributes of a good technical assistant, trainer, and evaluators are having prior experience working in a child development environment. Also, have experience in a child development classroom and providing training and technical assistance to be an evaluator. Two

participants stated attributes of a good technical assistance, trainer and evaluator are to help providers accomplish their goals. Other qualities participants stated would be attributes of a good technical assistant, trainer, and evaluator were; to be fair/truthful, consistent, energetic, have a positive attitude, give good constructive criticism, be confident, understands how to do things in a timely matter, patient, kind, motivator, a team player, compassionate, knows how to manage conflict, possess critical thinking skills, and be accurate and not bias. Technical assistants, trainers, and evaluators must also give good advice, communicate effectively, and ask questions when necessary.

IV.II.I. PARTICIPANTS DESCRIPTION OF A QUALITY CHILD DEVELOPMENT ENVIRONMENT

A quality child development center is defined as ensuring a healthy, secure and protective early learning environment that is nurturing. Quality environments for young children encompass learning, competence, and developmentally appropriate methods in classrooms to facilitate authentic learning opportunities and positive child outcomes. Quality is having knowledgeable staff that is properly taught how to execute strategies that work well with young children to reach the highest level of achievement. Quality is effective, excellence, consistent, significant, and conducive to one's needs. Quality is when child development educators and directors can distinguish the good characteristics of everyone (staff and students), giving one hundred percent to meet their goals in the child development center, and caring for their work environment. The quality of a child development center can also be defined by the customer; therefore you need to know what the customer (parents) expects.

IV.II.II. PARTICIPANTS DESCRIPTION OF WHAT THEY WOULD LIKE TO SEE IN A MISSISSIPPI QUALITY EVALUATION SYSTEM

There should be a mandatory Quality Evaluation System for all childcare providers and monthly training, technical assistance and follow-up activities should be offered on the evaluation system in each region so providers can gain a full understanding of the evaluation process. The QES should focus on educational aspects of the early childhood learning environment. There should be an evaluation tool that is conducive to the needs of Mississippi child development centers, especially those that are in smaller than average buildings. Proper accommodations and recommendations should be given during the evaluation process when necessary. QES administrative staff should spend time in classrooms throughout the State and give positive feedback on what they have observed. A statewide QES must be realistic for those centers who cannot afford to be at the highest level of quality and/or give more monetary incentives for participation assistance.

V. CONCLUSION

Quality Evaluation Systems evaluate and convey the rank of excellence in child development environments. High-quality child development environments can have a significant effect on affective, cognitive, and physical development skills for all young children, particularly those at risk for later academic failure. Quality Evaluation Systems are intended to support exceptional learning environments and link the gaps from preschool to k-12 educational settings. Criterions are used to assign rankings to programs that take part in OESs.

The QES in Mississippi was intended to increase the quality of child development programs by focusing on organizational policy, specialized training, early learning environments, parent participation, and assessment. According to the perceptions of child development educators and administrators who participated in this study, Mississippi's childcare evaluation system did not support all the necessary components of a quality child development learning environment. The Mississippi Child Care Quality Step System (MCCQSS) did not effectively measure affective, cognitive, and physical development as it relates to learning outcomes. Child development educators, directors, and QES employees would need rigorous training or professional development to get a comprehensible understanding of a quality child development learning environment, developmentally appropriate practice, and evaluation systems upon the implementation of a newly constructed evaluation system in Mississippi.

Data findings also reveal those who provided professional development and technical assistance for the MCCQSS should have provided specialized training opportunities in curriculum methods, adult/child interaction, social-emotional development, all components of the ranking system, and effective communication skills. Participants would also like to have gained knowledge of content on learning outcomes, the physical environment, behavior management, and assessment during professional development sessions. Furthermore, attributes of a good technical assistant/trainer and evaluator are to have an educational background in child development, childcare and family education, or a related field, and to be very knowledgeable of the QES, and childcare rules and regulations. Professional development staff, technical assistant personnel, and child development program evaluators should all have experience in an early childhood classroom as a teacher and, if

possible, prior experience providing technical assistance and training and evaluation activities for early childhood providers.

Based on child development providers' and directors' opinions, quality is defined as ensuring a healthy, safe and protective environment that is nurturing and will encompass knowledge, skills and developmentally appropriate approaches in early learning classrooms to help facilitate developmental opportunities and positive child outcomes. Quality is having knowledgeable staff that is properly taught to incorporate strategies that work well with young children to reach the highest level of achievement. Quality is effective, excellence, consistent, significant, and conducive to one's needs. Quality child development learning environments promote secure nurturing and stimulating settings. They have; developmentally appropriate researched-based curriculum aligned with state and national standards; stimulating opportunities that encourage cognitive, affective, and physical development and growth; low child-educator ratios; small group size; skilled staff with higher education(minimum- associates degree, preferred- bachelor degree in child development, childcare and family education, early childhood education, or related field); directors with former experiences working in child development or related field; salaries equivalent or comparable to k-12 educational staff; low educator turnover; positive child-educator interaction; accreditation higher than minimum licensing standards; a full day early learning program; program assessments to guarantee continues progress; on-site resources for young children and families; and partnerships with families and communities. Quality child development environments support the wellbeing of students and educators; high quality ongoing professional development for all staff; and inclusion for young children with disabilities.

Child development providers and directors would like to see a new QES that focuses more on educational goals, accommodations for those centers that are small in square footage, more realistic goals so child care centers can accomplish higher ratings, and give more monetary incentives. Also, participants feel a Quality Evaluation System should be evaluated annually to determine effectiveness.

VI. RECOMMENDATIONS

To improve the quality of early learning environments in Mississippi, child development educators and directors should be held to higher standards by obtaining a child development certificate or higher/advanced degree of education. This will help child development providers and directors understand the foundation and importance of early childhood education. Providers and directors will gain an understanding of quality early learning environments, developmentally appropriate practice, and learn the expected outcomes for young children/students who have a quality early childhood education.

If Mississippi was to adopt Quality Evaluation System again, Technical assistants, professional development staff, and evaluators should have the proper prior experience and training, for example, a minimum of a Masters Degree in Child Development, Childcare and Family Education or a related field and three to five years of practicum experience related directly to early childhood education. This will enhance their knowledge of child development, quality early learning environments, and developmentally appropriate practice. This recommendation will also help technical assistants, professional development staff, and evaluators gain a better understanding of current issues child development educators face in their classrooms daily.

Before developing a QES in Mississippi, early childhood advocates and stakeholders should examine the NAEYC's statement on developmentally appropriate practice, the US Department of Education's statement on quality, and the US Department of Health and Human Services explanation of a high-quality early childhood learning environment. An examination of research should focus on the necessary characteristics of a high-quality child development learning environment, consider what makes an early childhood educator effective, and what characteristics are needed for a technical assistant, professional development staff, and evaluator employed by a QES. Furthermore, research should be done on the accommodations needed for child development centers to reach the highest quality level in Mississippi.

VII. COMPLIANCE WITH ETHICAL STANDARDS

<u>Conflict of Interest:</u> The authors declare that they have no conflict of interest.

Funding: There was no funding obtained to complete this research project.

<u>Ethical Approval:</u> All procedures performed in studies involving human participants were in accordance with the ethical standards of the college and was approved by Jackson State University's internal review board prior to participant recruitment.

<u>Informed Consent:</u> Informed consent was obtained from all individual participants included in the research project.

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