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## **PROJECT SUMMARY**

**Project Title: The Mississippi Early Childhood System Transformation Project**

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Since Mississippi's initial Preschool Development Grant Birth through Five (PDG B-5) award, our state has recognized both the opportunity and the need to restructure and reinforce its early childhood system. Even though the COVID-19 Pandemic created major hardships for early childhood programs, Mississippi's early childhood industry is thriving. There are more child care programs, more Pre-kindergarten collaborative partners, and an unshakable spirit of collaboration among state agencies that support early childhood in our state. In recent months, there has been a close examination, in concert with the feedback of both early childhood providers and families, of the current "Family-Based Unified and Integrated Early Childhood System," put in place using the PDG B-5 dollars to determine which elements of that system are working and which elements need to be retooled or replaced. The Mississippi Early Childhood System Transformation Project represents a plan that will re-tool the state's existing early childhood system into a true mixed-delivery system that targets families with young children who are currently underserved in our state.

## PROJECT DESCRIPTION

### Expected Outcomes

In the past three years, many changes have happened in Mississippi (MS), including the election of a new governor, the appointment of new leadership for the child care subsidy program, a new State Early Childhood Advisory Council (SECAC), and a new education liaison. Further, the MS legislature invested in early childhood (EC) by appropriating \$48 million dollars of funding for Pre-K in the last session: an increase of 1,500% from 2013. This new leadership increased investment in EC, and planning efforts necessitated by the COVID-19 pandemic has created a collaborative vision for EC work in the state as well as a path forward for a strong mixed-delivery system for MS children and families. Information collected from town hall meetings and quality support system (QSS) recommendation sessions over the last year was used to set core goals in charting this path. This grant would enable MS to pursue these goals, which are articulated below:

**1. Increase access to high-quality early care and education experiences to underserved**

**children**—This will include an intentional focus on providing access to children in three demonstrably underserved populations: children in low-income families and in high-poverty areas, children in rural areas with limited licensed child care and/or in-home care, and children of color.

**2. Create an inclusive, aligned mixed-delivery system**—This will include transforming our existing early care and education system into an inclusive, synced mixed-delivery system that connects families, child care providers, Pre-K teachers, Head Start, Early Head Start, K-12 administrators, and other stakeholders in early childhood education (ECE) to resources and

support services, including services regarding: ECE, curriculum and developmentally appropriate practice; health and safety standards; mental health and trauma-informed care; developmental screening; early inclusion; meeting quality assessment standards; serving English language learners; and strengthening family engagement (FE).

**3. Promote activities to recruit, build, and sustain a qualified early childhood workforce–**

This effort would include creation of a professional learning system for the EC workforce which includes teachers, directors, early inclusion coordinators, mental health specialists, and other EC specialists. This establishes a formal and an alternate pathway to build a foundation of child development knowledge and allows individuals to expand on that foundation to create a highly qualified workforce in our state's ECE field.

**4. Develop a quality support system for early childhood programs–** The system would establish high-quality standards and be created with the feedback and engagement of stakeholders in ECE. This approach will build upon the strengths of these programs while supporting these programs in achieving higher standards. This system will incorporate consumer education services to provide families with the information needed to access the EC services that meet the needs of their child.

**5. Engage families and providers–** This effort will collect input from families to shape programs, address families' concerns about their children's development, coordinate services at the state and local levels, and increase public awareness of available systems and programs. This approach ensures family choice by providing thorough information for families to make informed decisions on behalf of their children. Gathering input from families also enables

MDHS to make informed decisions about how to best provide relevant services and supports for families.

### **Activity 1: PDG-R Statewide Needs Assessment**

#### Structures and systems for collecting and analyzing Needs Assessment Data

In 2018, MS was awarded (via the MS Community College Board, MCCB) the PDG-I grant entitled “Connected for Success: A Family-Based Unified and Integrated EC System.” One of the primary goals of the PDG-I was to create a voluntary rating system of center-based child care designations to measure quality, namely *standard* and *comprehensive*. By the end of the grant period, only one-third of MS’s licensed child care centers were participating in the voluntary program. This work was not extended beyond the PDG-I grant period because of an overall lack of satisfaction with the simplified, two-level quality designations. MS did apply for a renewal PDGB-5 grant via the MCCB in November 2019, but this was not funded, nor was the full amount of the PDG-I grant expended.

More recent interagency collaboration in MS makes MDHS better positioned to effectively implement this PDG B-5 Renewal Grant (PDG-R). This work includes both programmatic activities and relevant data assessments that have been implemented since PDG-I. Lessons learned from the PDG-I grant period have shaped new aims at the Mississippi Department of Human Services (MDHS). The 2018 PDG-I grant was based on a 2016 NA that was updated in 2019; this 2019 NA is in need of updating post-COVID-19 and will be updated through the synthesis of the following data:

***Extant programmatic activities for which evaluation data will contribute to the Needs***

***Assessment:***

- Providing coaching, family engagement (FE), and Professional Learning (PL) staff to support the Early Learning Collaboratives (ELCs) through Mississippi Department of Education (MDE)'s Office of Early Childhood (OEC) and affiliated programs - serving approximately 10,000 children in 2022,
- Incentivizing businesses to donate to ELCs by providing tax credits, with these donations used to increase sustainability and reach of these programs,
- Allocating COVID-19 recovery funds (approximately \$500M, to date, with an additional \$199M of discretionary funds to be soon expended),
- Increasing developmental screening among young children through a major federally funded grant (Child Health & Development Project: Mississippi Thrive!) via the Health Resources and Services Administration,
- Increasing Pre-K Collaborative funding in both the 2021 and 2022 legislative sessions with resultant increases in private (primarily individual and corporate) tax credit donations geared toward local public Pre-K Collaboratives,
- Increasing the number of child care Resource and Referral (R&R) centers across the state,
- Re-instituting the MS State Extension Nurturing Homes Initiative to provide PL and training for home-based child care providers,
- Increasing the outreach of University of Southern MS's (USM) Early Childhood Inclusion Center (MECIC) to provide in-classroom and online support to ECE across the state,
- Increasing the number of Excel by 5 communities,

- Awarding nine planning grants by the Children’s Foundation of MS (CFM) to establish EC councils in impoverished areas with significant barriers to access (counties identified in the *Risk and Reach* report (2021) as being some of the highest for poor childhood outcomes), and
- Allocating of American Rescue Plan (ARP) Act funding to support the child care workforce and increase access to care.

***Extant data activities that will inform the update of the Needs Assessment:***

Since the initial PDG-I application and award, several MS organizations have released research on the programs and outcomes of MS’s young children. The following research efforts will contribute to the updated Needs Assessment:

- *Risk and Reach* report (2021)—a ranking of MS’s 82 counties using county-level data to assess where children are most ‘at risk’ in the areas of economic well-being, education, family and community, and health. The ‘reach’ component of the report indicates where resources are available and how programs and resources are distributed across the state. This report is important to the PDG-R to contextualize the unmet needs of young children (B-5), identify barriers, and promote equitable access to high-quality supports.<sup>1</sup>
- *Blueprint for Improving Outcomes for Children* (2021)—an analysis of interviews with over 60 key stakeholders from a wide array of public, private, and nonprofit entities; a survey of child care providers and the public; and a review of extant data that yielded a ranking of the most important concerns facing children and families, as well as the policies most feasible to implement in MS.<sup>2</sup>
- *Recommendations from child care Providers for a New Mississippi child care Quality Support System* (2022)—a recent report submitted to MDHS that provided input from a wide

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<sup>1</sup>Children’s Foundation of Mississippi (2021). [Mississippi Risk and Reach Report](#)

<sup>2</sup>Children’s Foundation of Mississippi (2021). [Blueprint for Improving the Future of Mississippi’s Children](#)

array of ECCE providers, stakeholders, and a small group of parents. The purpose of this research was to gain insight regarding recommendations for a new statewide QSS. The report was delivered to MDHS' Division of Early Childhood Care and Development (DECCD) in October 2022.

- *Mississippi Early Childhood System Asset Map: Program Profiles* and *Mississippi Early Childhood System Asset Map: Strengths and Opportunities*—This asset map consists of two profiles created by SECAC in partnership with Start Early on the following topics: Health, Mental Health, & Nutrition; Quality Care & Education; Support for Young Children with Special Needs; EC Workforce; Funding & Systems Coordination. This report will be submitted to MS's governor in January 2023.<sup>3,4</sup>

Further, the state's Lieutenant Governor has appointed a select Senate Study Group on Women, Children and Families with the overall task of making legislative recommendations on the well-being of very young children (B-3) for the 2023 MS Legislative Session. Key topics will include growing the child care workforce, increasing the availability of affordable child care, and early intervention. The hearings took place in September and October 2022. Through these hearings there has also been a tremendous amount of data shared by agencies and organizations that can be used to further refine the NA of the PDG-R. These programmatic activities and data briefs reflect a strategic vision across MS to improve outcomes for MS's children; taken together, they create a strong foundation for collecting, analyzing, and reporting data about the needs of MS's children and families.

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<sup>3</sup> MS SECAC (2022). [\*Asset Map Part I: Program Profiles\*](#)

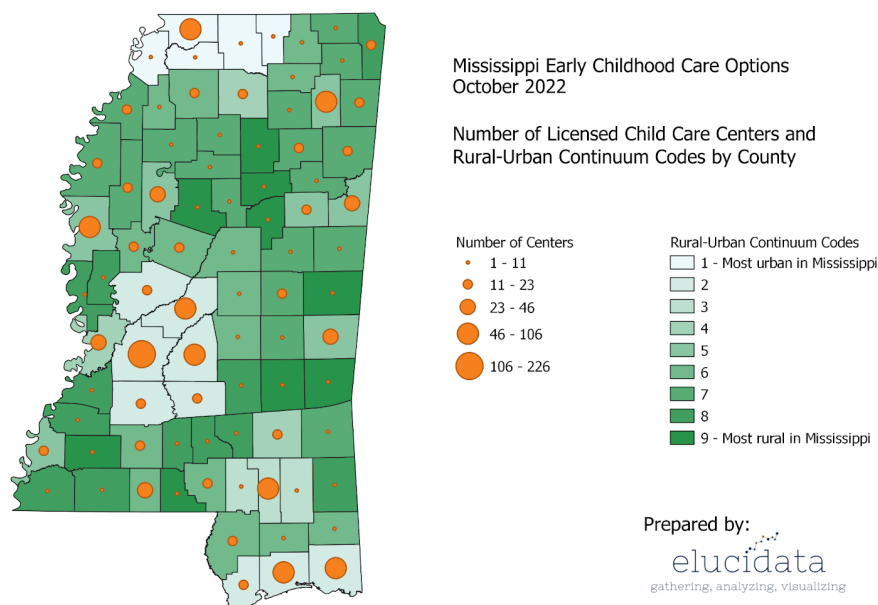
<sup>4</sup> MS SECAC (2022). [\*Asset Map Part II: Strengths and Opportunities\*](#)



Preliminary findings from data collected since the 2019 MS Needs Assessments:

***Mississippi is a rural state with many underserved communities encountering significant and disproportionate barriers to high-quality child care access.*** Almost half of all MS children (48%) live in a child care desert. MS is the fourth most rural state in the U.S., and 60% of MS's rural children live in a child care desert.<sup>5</sup> Further, the lowest access to child care correlates with counties with lowest incomes. Thirty percent of the state's children age five and under live in families with incomes below the federal poverty line. In 2019, 66,000 of the state's children ages five and under were living in poverty, almost 64% of whom were Black or African American.<sup>6</sup>

In federal fiscal year 2021, MS had 1,499 licensed center-based programs. As revealed by Figure 1, areas that are more metropolitan have greater density of child care centers than rural areas. In MS, there is a meaningful association between the ratio of children to child care seats and a county's rurality, such that for every one step up on the rural-urban continuum code, the ratio of children to seats increases by 0.1727 children on average.



<sup>5</sup>World Population Review (2022). <https://worldpopulationreview.com/states/mississippi-population>

<sup>6</sup>MS SECAC (2022). [Asset Map Part II: Strengths and Opportunities.](#)

*Figure 1: Mississippi Early Childhood Care Options, October 2022*

***Lack of child care availability in the state forces parents to leave jobs or forgo training or***

***education opportunities.*** In a recent NA conducted by the U.S. Chamber of Commerce Foundation, in concert with the Mississippi Economic Council and the CFM, parents in MS expressed that the lack of child care availability forced them to leave their jobs, decrease work hours, reject opportunities to work additional hours, and turn down new job opportunities voluntarily or involuntarily. The drain on the labor force caused by lack of child care availability costs MS \$673 million annually.<sup>7</sup> This exacerbates the disproportionate impact of child care access on the parents of minority households and families with low income.

Waitlists for child care centers are long, especially for infants and younger children. According to the 2021 Market Rate Survey, 59% of center respondents reported having waitlists; of these respondents, 99% reported having a waitlist for full-time care, and 35% said they had a waitlist for part-time care. Full-time waitlists were more common for infants and younger children, while waitlists for part-time care were more common for school-aged children. Twenty-one counties have more children under five than they have seats to provide child care. An additional four counties (Benton, Clay, Madison, and Simpson) have *nearly* enough seats (with 0.91 seats per child), while 17 counties have stronger needs for additional programming.

***The COVID-19 pandemic worsened gaps in child care access.*** In May 2020, the University of MS's Center for Research Evaluation (CERE) surveyed licensed child care centers (not including Head Start/Early Head Start) to understand how the COVID-19 pandemic affected their operations.<sup>8</sup> Data from the 425 survey respondents show that the pandemic led to center

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<sup>7</sup>US Chamber of Commerce Foundation (2021). [\*Mississippi Untapped Potential: How Childcare Impacts Mississippi's State Economy\*](#)

<sup>8</sup>University of Mississippi Center for Evaluation Research (2020). [\*Impact of COVID-19 on Mississippi Childcare Centers\*](#)

closures, low enrollment, and lost revenue. As of May 2020, 55% of licensed child care centers in MS were closed or operating on a limited basis. Forty-two percent of centers had lost at least half of their revenue, and 51% of centers could not pay even half of their monthly expenses. In 2019, the state of MS had 6,420 ECCE teachers employed; that number dwindled to 4,870 in 2021.<sup>9</sup> Updating the statewide Needs Assessment will entail updating these findings to reflect the later years of the pandemic.

***Sixty-nine percent of children B-5 are being served in licensed programs; an unknown number receive home-based child care.*** In 2020, there were 219,019 children aged five and younger in MS.<sup>10</sup> As of September 2022, licensed child care providers in MS had a cumulative capacity for 150,548 children. In addition to licensed child care providers, there is a strong network of home-based child care centers that are not required to register with the state. Head Start programs are located in each of MS's 82 counties, where they reach approximately 36% of eligible children. Fourteen percent of the state's income-eligible infants and toddlers are enrolled in Early Head Start. Approximately 12.7% of MS's four-year-olds are enrolled in Title I preschool programs. MS's ELCs, a state-funded Pre-K program that meets all ten of the National Institute for Early Education Research (NIEER)'s quality standards benchmarks, will be equipped to serve 16% of the state's four-year-olds in 2022-2023. Of the licensed child care centers in MS, about 63% serve infants, 72% serve one-year-olds, 77% serve two-year-olds, 81% serve three- and four-year-olds, and about 64% of the centers accept child care subsidies.<sup>11</sup>

<sup>9</sup>Bureau of Labor Statistics (2019). [May 2019 State Occupational Employment and Wage Estimates - Mississippi](#)

<sup>10</sup><https://datacenter.kidscount.org/data/tables/100-child-population-by-single-age?loc=26&loct=2#detailed/2/26/false/574,1729,37,871,870,573,869,36,868,867/42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61/418>

<sup>11</sup> MS SECAC (2022). [Asset Map Part I: Program Profiles](#)

<https://nieer.org/state-preschool-yearbooks-yearbook2021>, <https://stateofbabies.org/state/mississippi/>, <https://www.americanprogress.org/article/mapping-americas-child-care-deserts/> on June 15, 2022, <https://www.ers.usda.gov/webdocs/DataFiles/53251/ruralurbancodes2013.xls?v=6370.3>, [http://www.americaforearlyed.org/wp-content/uploads/2020/02/AFEE\\_FactSheet\\_Mississippi.pdf](http://www.americaforearlyed.org/wp-content/uploads/2020/02/AFEE_FactSheet_Mississippi.pdf), <https://datacenter.kidscount.org/data/tables/101-child-population-by-age-group?loc=26&loct=2>, MDHS Quality Progress Report, 2021).

*Currently, the quality and capacity of EC in Mississippi cannot be ascertained.* Without an integrated data system to house information about ECCE centers and professionals and the children they serve (proposed in **Project 4.11**), it is impossible to know which children receive which services, to create unduplicated counts of children in services or on waitlists, or to know how specific services impact children's developmental and educational trajectories. At present, the few data that are being collected exist in separate siloed datasets: some by researchers, some by agencies, and some by centers themselves. The decentralized nature of data collection in its current form prevents any kind of cross-validation that would allow the state to comprehensively understand who is being served, how, and by whom. It is also impossible to know the number of children in child care with developmental delays, disabilities, mental health issues, or children in need of early intervention or EC special education. Based on previous years' rates, we can estimate that roughly 5,500 children younger than age five speak a language other than English at home; about 14,500 children ages three and up should have an IEP (Individualized Education Plan); and about 2,000 infants and toddlers up to age three should have an Individualized Family Service Plan (IFSP) to address special education needs.<sup>12,13</sup> Without a professional registry, the state cannot ascertain whether ECCE teachers are adequately prepared to meet the needs of these children. The proposed data integration system (Project 4.11) will support the effort to map child care availability in the state by documenting where and how children are in care across contexts. This system nests children within the broader system of care and allows the state to maintain data about programs and the children they serve without altering regulatory burdens on programs or professionals.

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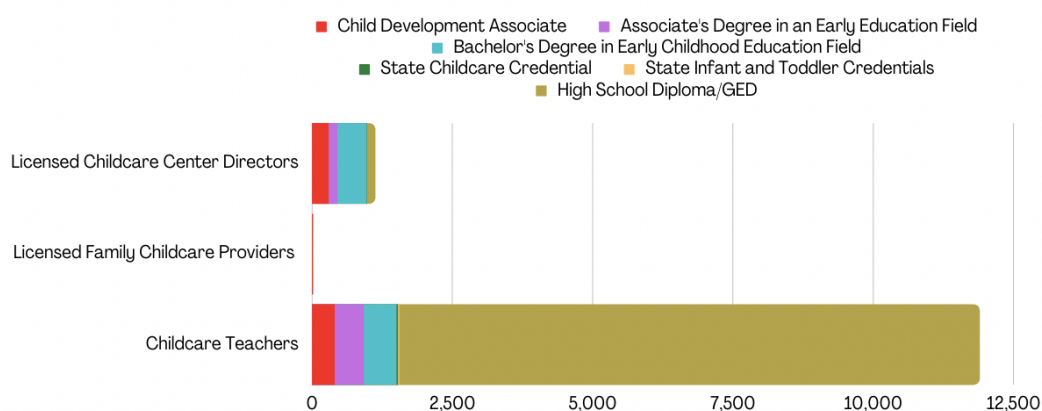
<sup>12</sup>MS SECAC (2022). [Asset Map Part I: Program Profiles](#)

<sup>13</sup> Dr. Julie Parker, Early Intervention Presentation - Senate Subcommittee Hearing, October 26, 2022.

Further, decentralized data collection means that when children move from one site or kind of care to another, there is no way to connect their records over time, ensure delivery of necessary services, or prevent them from falling through the cracks of a presently disjointed system. Consequently, the state misses opportunities to connect young children to intervention or assistance services prior to their entry into the school system; this delay compounds disadvantages and has lifelong consequences for children.<sup>14</sup>

***Family engagement (FE) across the early childhood mixed-delivery system in Mississippi is currently siloed.*** FE across the EC mixed-delivery system and among state agencies is currently siloed. As these data are currently inaccessible or unavailable, data collection efforts throughout the PDG-R should focus on FE to better inform the NA.

***The vast majority of ECCE teachers in MS have no credentials beyond a high school diploma.*** According to MDHSs' 2021 Quality Progress Report (QPR), in federal fiscal year (FFY) 2021, there were 1,334 licensed child care center directors in MS; 12,427 licensed child care center teachers; and 36 licensed family child care center providers. The education credentials of these providers are detailed in Figure 4.



*Figure 2: Education Credentials of Child Care Professionals*

<sup>14</sup> <https://www.cdc.gov/ncbddd/actearly/whyActEarly.html>

There are an additional 147 directors and 10,333 teachers that were not included in one of the credential or degree categories listed in the QPR. Due to the pandemic, these personnel were exempted from some degree requirements in order to maintain child care supply levels.

Undertrained personnel are not adequately prepared to support children with special needs, disabilities, or adverse childhood experiences and are less likely to be retained over time. At present, the only available data about providers is captured by the QPR, which only reports formal educational attainment. Data regarding PD acquisition are siloed, and linkages between the PD received and the needs of the children specific providers serve are absent. Without a PL registry and integrated data system, policymakers face challenges in knowing how to strengthen the pipeline of EC educators. A 2022 report released by MS's SECAC identified the development of such a registry and data system as one of the biggest opportunities to transform MS's EC system.<sup>15</sup> Access to PL, understanding PL requirements, and capacity to document PL in a way that is recognized by the state were identified by ECE providers as a major shortcoming of previous ECE systems in MS. The integrated data system proposed in **Project 4.11** would allow MS to capture an accurate picture of PL in the state and cross reference it with the needs of the children being served.

***Early child care providers need more information about social-emotional learning.***

Providing increased support and education pathways for teachers in ECCE programs is a key way to positively influence children's social and emotional development and contribute to their future resiliency and school readiness. Recent meta-analyses of professional development (PD) enrollment and child outcomes also revealed that teacher participation in PD leads to significant associations in children's expressive language, emergent literacy, and prosocial behavior, among

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<sup>15</sup>MS SECAC (2022). [\*Asset Map Part II: Strengths and Opportunities\*](#)

others.<sup>16</sup> This is especially true for students with complex needs (e.g., developmental delays, English as a Second Language) or traumatic backgrounds (Adverse Childhood Experiences) who can benefit from early, targeted interventions from a caring adult.<sup>17</sup> Teachers who receive relevant PD are also better equipped to identify changes in behavior and barriers to recovery, as well as provide linkage and referral to resources.<sup>18</sup>

Greater access to effective PD is imperative for MS, where the prevalence of having at least one Adverse Childhood Experience (ACE) for children B-5 increased from 30% in 2020 to 33% in 2021.<sup>19</sup> Between 2019 and 2020, MS also saw higher rates of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder diagnoses in children between three and 17 years old at 15%, compared to 9% nationwide. During that same time period, MS children received mental-health related treatment at a rate higher than the national average at 52%, compared to 49% nationwide.<sup>20</sup>

Accessing meaningful PD has also been shown to positively affect teachers' burnout, stress, and self-efficacy.<sup>21</sup> Many EC educators struggle to alleviate social-emotional learning deficits and related behavioral issues, causing a need for specific social-emotional and behavioral training and supports for early educators.<sup>22</sup> Nearly half (45%) of EC educators reported experiencing high levels of burnout and stress in a recent nationwide survey.<sup>23</sup> Occupational

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<sup>16</sup>Brunsek, et al. (2020). [\*A meta-analysis and systematic review of the associations between professional development of early childhood educators and children's outcomes\*](#)

<sup>17</sup>National Scientific Council on the Developing Child (2015). [\*Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper No. 13\*](#)

<sup>18</sup>Jensen & Rasmussen (2018). [\*Professional Development and Its Impact on Children in Early Childhood Education and Care: A Meta-Analysis Based on European Studies\*](#)

<sup>19</sup>National Survey of Child's Health (2021) [\*Datasets\*](#)

<sup>20</sup>[\*Data Resource Center for Child & Adolescent Health \(2020\). Title V National Outcome Measures \(NOMs\)\*](#)

<sup>21</sup>Roberts, et al. (2019). [\*Preschool teachers' self-efficacy, burnout, and stress in online professional development: a mixed methods approach to understand change\*](#)

<sup>22</sup>McLeod, et al. (2017) [\*Identifying Common Practice Elements to Improve Social, Emotional, and Behavioral Outcomes of Young Children in Early Childhood Classrooms\*](#)

<sup>23</sup>Modan (2022). [\*45% of early childhood educators report high burnout, stress\*](#)

stress in ECCE can lead to job dissatisfaction, mental health problems, and poor workforce retention.<sup>24</sup>

***Early child care providers do not make a living wage in Mississippi.*** The poverty rate for all early educators in the state is 25.1%, higher than for workers in the state in general (12.4%) and among the lowest in the nation.<sup>25</sup> The living hourly wage for one adult with no children in MS is \$15.66, while the average hourly rate of a child care worker in MS is \$9.37. Similarly paid jobs in MS include being a dishwasher (\$9.76/hour) or a cashier (\$10.06/hour).<sup>26</sup> A 2022 report released by MS's SECAC identified competitive pay as one of the biggest opportunities to transform MS's EC system.<sup>27</sup> Every provider interviewed said that increasing staff compensation should be a priority of system improvement. Data are currently unavailable regarding the average salary or wages by age of children served and program type. It is not possible to determine what benefits, if any, are offered to teachers who are often hourly workers. Data collection efforts in Project 4.11 will assist in tracking related.

#### Opportunities for Enhanced Needs Assessment Data:

The data and reports described above reveal actionable opportunities for enhanced, systematic improvement that will allow for a more comprehensive NA. These opportunities for improvement can be categorized into three broad groups: Families, Workforce and Quality, and Data. Our process for updating the NA will 1) build on the aforementioned data and findings, 2) capture new data to capitalize on needs and opportunities emerging post-COVID-19, and 3) collect data to assess our movement toward mitigating obstacles for families, workers, and children are summarized below.

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<sup>24</sup>Vesely, et al. (2014). [\*EI training and pre-service teacher wellbeing\*](#)

<sup>25</sup>Center for the Study of Child Care Employment (2020). [\*State Profiles: Mississippi\*](#)

<sup>26</sup>US Bureau of Labor Statistics (2021). [\*Occupational Employment and Wages, May 2021\*](#)

<sup>27</sup>MS SECAC (2022). [\*Asset Map Part II:Strengths and Opportunities\*](#)



## ***Families***

Stark differences in accessibility and choice for families living in high-poverty areas are well-documented. To measure parent choice to update the NA, MDHS will: collect data from parents about goodness-of-fit and center choice; incorporate parent feedback into assessments of centers; collect data on the number of parent users of the shared educational platform; and collect feedback from parents about platform accessibility, effectiveness, and suggested improvements. Beyond the activity of updating the NA, further steps to enhance FE and choice are outlined in Activity 3.

## ***Workforce & Quality***

MS has a long-standing deficit in child care provider compensation. As a result, the retention of high-quality workers is low. Extant data also reveal a need to formalize coaching and technical assistance (TA) into a statewide, monitorable system to ensure quality support is provided and effective. To measure these items to update the NA, MDHS will: collect data on the number of teachers who have completed PL courses, including the type of courses completed; collect wage data, including wages by type of teacher specialization by age (e.g., infant, toddler, preschool); collect data on the number of teachers who leverage scholarship opportunities to complete the Child Development Associate (CDA) credential; collect data on teachers' specific needs regarding challenging behaviors, childhood trauma prevention, and social-emotional learning; collect data on the type and quantity of TA completed by teachers and assess the effectiveness of these programs; assess the number of teachers who complete TA and receive coaching regarding challenging behaviors, childhood trauma, and social-emotional learning; collect data on the number of provider users of the shared educational platform; and collect feedback from providers about platform accessibility, effectiveness, and suggested

improvements. Beyond the activity of updating the NA, further steps to enhance the workforce are outlined in Activities 4 and 5.

### ***Progress Toward an Integrated Data System***

Throughout the PDG-I NA, the need for an integrated data system became clear. The collection of and access to data from different state agencies, centers, and external partners who make the above-outlined work possible must be streamlined. To measure this component to update the NA, MDHS will: collect data on the number, type (e.g., agency, center, etc.), and geographic distribution of users of the integrated platform; assess the completeness of the data collected in the system and conduct data quality audits to assess factors related to any emergent data quality variations; and assess the ease of accessing data for reporting purposes. The benefits of this system are described in detail in Activity 4.

### **Plan of Action**

In the first year of funding, MDHS will hold convenings with stakeholders to draft a new NA and assign the above-outlined data collection efforts to the appropriate agencies and partners. Following these convenings, MDHS will create a new draft of the strategic plan (SP) and modify PDG-R activities where necessary. In the second year of funding, MDHS and ECCE stakeholders will meet to review new data and use these data to update and finalize the NA. This NA will be submitted to the Administration for Children and Families (ACF) for review. Using the completed NA, MDHS and ECCE stakeholders will update and finalize the SP and submit it for public comment. Upon approval, this SP will be adopted, released, and submitted to ACF. Finally, in the third year of funding, the team will refine this plan based on the implementation of the activities proposed in this PDG-R.

### ***Engaging Families, Providers, and State Systems Partners in Updating the Needs Assessment***

MS state agencies conduct routine outreach and communication to families and providers across the state, and cooperation across systems partners is growing. As a part of the PDG-R NA, B-5 EC state systems partners will examine family outreach and engagement across the system, brainstorm strategic approaches to maximize the utility and efficiency of these efforts, and consider strategies across the Collaboration Continuum with respect to families. In addition to family participation in B-5 EC Systems Partner Meetings (See Activity 1, Section 3 below), families will be separately and directly engaged through activities outlined in Activity 3. Data collected through those efforts will be used to update the PDG-R NA.

Recent MS efforts to engage EC systems partners in the creation of a new child care quality improvement sought to shift the power dynamics, relationships, and connections that have traditionally shaped the state's system designs by centering provider voice. This new QSS is based on *The Water of Systems Change*.<sup>28</sup> These efforts provide a roadmap for continued and expanded engagement.

Additionally, MDHS and partners will convene family and provider representatives; representatives from grassroots, family-driven, and minority-led non-profits working with families and providers across the state; and all organizational interest-holders and actors outlined in the FOA Section 1 Definition of the State B-5 Early Childhood Care and Education System. Systems partners will be recruited and selected to ensure racial, geographic, gender, and age diversity. Variety in child care provider types, including family care, and subsidy acceptance will be sought. Representatives from tribal child care, the Hispanic community, and parents of children with behavioral and developmental challenges will be recruited.

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<sup>28</sup>Kania, et al. (2018). [\*The Water of Systems Change\*](#)

Meetings will be held every six months for the first two years in the state Capitol, Jackson, MS. It is centrally located, contains the highest density of child care providers and stakeholders, and has the widest available array of transportation options. Stipends and travel costs will be provided to family and provider participants. Meetings will include: a review of the previous PDG-R NA and SP; an assessment of data collected since the 2019 NA; discussion of lessons learned and questions remaining to be answered; discussion of strategic FE, identification of information gaps; and development of a coordinated plan across systems partner organizations to acquire the information.

Family and provider engagement strategies, data to be collected, and instruments to be used will be co-created with family and provider partners in a process called ‘member checking.’ Collected data will be interpreted and used to inform the SP in conversation with systems partners, as well. Meeting facilitation will incorporate Collective Impact techniques for power sharing to ensure contributions of lived experience expertise and professional expertise are equally heard and valued. Leadership Coaching for family participants will be available.

## **Activity 2: PDG-R Statewide Strategic Plan**

### Lessons Learned from PDG-I

The initial PDG-I grant, awarded in 2018, was based on a 2016 MS SP. The SP outlined a vision for a family-based unified and integrated EC system to ensure consistency in program quality, expand family choice and access, and expand and enrich workforce and other supportive services for families. This original plan focused on connecting early care and learning programs and services within and between state agencies and private organizations to support children and their families through the development and implementation of individual service plans. Additional priorities of the previous plan included: forming a network of child care providers

based on a two-point quality designation system; infusing coaching and technical assistance into child care centers; connecting families to a network of human services, education, and workforce programs; and relying on data-driven web and mobile technology to improve delivery of services. Next steps and proposed activities for the PDG-I project included three primary aims: maximizing family knowledge and choice, shared best practices, and improving the overall quality of ECE program/provider services.

The strategies outlined in the initial PDG-I proposal were envisioned by EC actors working under the direction of a former state administration. The solutions were well-intended and designed to correct problems with the MS EC system at that time. Using previous PDG-I dollars, MS piloted the Comprehensive Center Designation (CCD) in 2018 with the goal of establishing and recognizing a higher tier of quality standards that child care programs could meet. The pilot was not successful. The CCD was created without broad stakeholder engagement, vetting, or buy-in, leading to difficulties in their implementation. Input from town halls and surveys of child care providers revealed that quantifying quality into a single data point (e.g. numerical score, star rating) proved to be a deterrent to families who worried that their children would receive subpar child care.

Consequently, MS has decided not to pursue the CCD as part of the state's quality system. Instead, MS has recognized the need to provide stronger assurances to parents that, when choosing a child care program, the program will provide the best possible care and education to their child. Rather than advertise the fact that centers have yet to reach "comprehensive status," MDHS wants to highlight the unique strengths of each center.

Furthermore, current MDHS administrators recognize the importance of broad interest-holder/partner engagement, buy-in in planning, and the execution of state-level systems

plans and will seek input in updating and improving the NA and SP to guide project activities. Additionally, needs related to the EC workforce and child care access have evolved in the wake of COVID-19, requiring a different set of strategies. The plan to update the state's SP accordingly is outlined below.

Updating and Improving the Strategic Plan through Family, Provider, and Early Childhood Care and Education System Interest-holder Engagement

MDHS, with broad stakeholder engagement, will update the current MS SP outlined in this proposal. The previous MS SP was created prior to the COVID-19 pandemic. Given the findings of recent data, MS must place an emphasis on shoring up its qualified workforce, providing support to providers to ensure the mental health and special health care needs of children are met, aligning services across the mixed-delivery system, and promoting access for children in underserved areas. Given the shortcomings of past efforts that have failed to include broad stakeholder engagement, the current efforts must seek family, provider, and state-level interest-holder participation from across the EC system.

The process for updating the MS SP will mirror the process to update the state's PDG-R NA. MDHS will continue to meet with providers through statewide town halls in accordance with its cycle of engagement model. The process for updating the MS SP will mirror the process to update the state's PDGB5-R NA. Meetings with partners including families, providers, and all organizational interest-holders and actors outlined in the FOA Section 1 Definition of the State B-5 Early Childhood Care and Education System will be held in accordance to the outlined schedule, and MDHS town halls will continue for broad input from families and providers.

The state's vision and mission outlined in the 2019 MS SP will be reconceived and updated with project interest-holders and partners, including family and provider participants, to

reflect and address the post-COVID-19 needs of the state. The process for reconceiving and implementing the MS SP will be iterative, involving a cycle of exploration, installation, and implementation, with feedback loops built into the process to provide information needed for modification.

Further, the updates to the SP will include changes in state-level strategy using ARP and Child Care Development Fund (CCDF) funding in response to emerging COVID-19-related needs. These strategies include eliminating copays for families at 100% of the Federal Poverty Level (FPL); providing reimbursements for providers based on enrollment, rather than attendance; increasing subsidy rates by 25% starting in 2020; conducting town hall meetings around the state; providing training on STEAM curriculum for afterschool programs and issuing STEAM kits to child care programs; stabilization grants to child care providers; training on mitigating stress brought on by external factors (for both children and teachers); providing personal protection equipment; the Nurturing Homes Initiative for FFN providers; and start up/expansion grants for child care providers. These efforts were made to address the following needs:

***Critical Workforce Needs and Quality Improvements***

Reducing turnover/compensation for child care teachers; Providing mental health supports; Promoting activities to recruit, build, and sustain a quality EC system that builds and expands a foundation of knowledge of child development and applying that knowledge to EC programs

***Access for Underserved Children***

Expanding access to high-quality child care, particularly services for infants, toddlers, children with special needs, and extended hour care; Ensuring a mixed-delivery system for children and families that includes individualized services to meet varying needs

### ***Coordination Across the Mixed-Delivery System***

Leveraging resources across agencies that serve children and families to work toward an inclusive and aligned EC system; Establishing a continual feedback loop to include voices of providers and families as the system is developed

### **Current Mississippi PDG-R Proposal Strategy**

The goals, activities, and projects proposed in the current MS PDG-R proposal have measurable indicators and outcomes outlined in the Program Performance Evaluation Plan (PPEP). The strategies proposed are in response to needs identified through data collected since the initial PDG-R grant period. Table 1 presents a snapshot of NA findings and Strategic Goals for MS.

Table 1. Identified Needs and Strategies

Needs Assessment Findings	Strategic Goals
<ul style="list-style-type: none"> <li>● Mississippi has underserved communities with access barriers.</li> <li>● The lack of child care affects workforce participation, particularly among minority and low-income households.</li> <li>● COVID-19 made access issues worse.</li> <li>● The capacity of providers is strained to meet demand.</li> <li>● A lack of integrated data prevents an analysis of child care quality.</li> <li>● The ECCE workforce is not prepared to manage the social-emotional and special needs of the children they serve.</li> <li>● Providers do not make a living wage.</li> <li>● There is a lack of professional competencies and incentivized career ladder.</li> <li>● Family outreach and engagement are siloed.</li> </ul>	<ol style="list-style-type: none"> <li>1. Increased access to high-quality early care and education experiences to underserved children</li> <li>2. Creation of an inclusive, aligned mixed-delivery system</li> <li>3. Promotion of activities to recruit, build, and sustain a qualified EC workforce</li> <li>4. Development of a quality support system for EC programs</li> <li>5. Engagement of families and providers</li> </ol>



The timeline and milestones for the current MS PDG-R proposal strategy are outlined in Table 2, which is available at the end of this document (Page 46).

### **Activity 3: Maximize Parent and FE in the B -5 System**

This section includes FE and transition activities that will encourage and facilitate increased family and community engagement through partnerships between MDHS, MDE and MECIC. Of particular need within the state are services to bilingual families, families without digital access (e.g., wifi), and families experiencing special health care needs and disabilities. Throughout all programming, families are linked to CCDF resources, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and housing supports. R&R centers provide connections to these services, as well as, offering developmental screenings and referrals to both Part C and Part B services.

**Project 3.1 The state will develop a Communications Plan based on priorities identified in the Needs Assessment described in Activity 1.** This plan will inform families, early education providers, and stakeholders about the activities made available through the grant and about public information regarding general education resources, upcoming events, and participation opportunities. A communications team will design materials and implement an outreach plan based on methods identified in the NA to ensure easy, frequent access to information and resources. The team will partner with school counselors, MDHS social workers, R&R Sites, school therapists, and other service providers for children and families to ensure all families, including tribal families, families with limited English proficiency, families experiencing homelessness, and families who have a young child with a disability, are informed about and encouraged to participate in all grant activities, specifically those surrounding FE. (Goals 2,5)

**Project 3.2 MDHS, statewide R&R sites, and MECIC will develop Parent Engagement Coalitions at the R&R sites.** Regular parent groups will be convened at the R&R sites to discuss issues and current proposed policies impacting child care, education, legislation, and the community. The aim of these parent groups will be to increase parent and family knowledge about the state's mixed-delivery system and to provide increased opportunities for parents and families to have ongoing input into state agency policies and procedures as they relate to ECCE. The Parent Coalitions will provide families meaningful opportunities to offer feedback regarding designing and improving programs and services, informing policy, interpreting continuous quality improvement data, and setting goals.

These Coalitions will be recruited and facilitated by 10 Parent Navigators working on behalf of MDHS. Parent Navigators offer parent education and support to parents on a variety of issues and, by January 2023, will offer parent training on the Pyramid Model Family Module. Facilitators will compile information, questions, concerns, and recommendations from the local coalitions to submit to the Governor's SECAC, to programs at MDHS including TANF and child care subsidy, and to MDE. Child care will be provided at these meetings so that parents may participate fully. (Goals 2, 5)

**Project 3.3 MDE will partner with the R&R Network sites to host FE Fairs at up to twelve locations in the state per year.** FE Fairs will address topics based on an electronic survey sent to parents in child care, Head Start, and public schools and based on findings from the NA. Resources provided in the FE Fairs may include parent education on requested topics: access to experts on child education, health, wellness, community services, parent-child engagement activities, in addition to R&R resource library materials or other resources based on emergent need. MDHS R&R family resource guides will be highlighted and made available for

all families. These guides will also be sent to school districts, child care, and Head Starts to provide equitable access for all providers at the local level. (Goals 2, 5) FE Sessions will also be held by the state FE Coordinator four times per year to build partnerships with local community and education leaders. The aim of these sessions will be to move education leaders from a model of family participation, which is unidirectional, to a model of true FE, which is the broader, ongoing development of trusting relationships between providers and families. (Goal 5)

**Project 3.4 OEC will update and reprint the MDE FE Framework and Toolkit to include and address activities and practices best used to meet the new needs of families post COVID-19.** This will also include the updating of train-the-trainer PL. PDG-R funds will be used to reconvene internal and external stakeholder groups including the R&R Network to complete revision work. Travel expenses will be provided for internal and external stakeholders. (Goals 2, 3, 5)

**Project 3.5 All child care, public school, and Head Start entities will be provided with a technical support subscription to encourage strong interactions with children and increased FE.** Numerous school districts, Head Start centers, and private child care providers utilize an electronic platform to increase FE with success. In an effort to build families' capacity to meet the cognitive and emotional needs of their children, MS will make available two nationally-recognized and evidence-based child development programs that child care, public school, and Head Start entities can extend to the families they serve. To increase accessibility, these programs will provide families with app and text-based tools and activities to promote child brain development in a fun and engaging way. This represents a cohesive FE approach that offers a throughline from state agencies and programs to EC professionals to community leaders and families. (Goals 2, 5)

**Project 3.6 To better meet needs in our state, MDHS will utilize R&R locations as community hubs for services available for non-English speaking families.** MDHS and MECIC will partner with local community agencies (eg: non-profits, Mississippi State University's Migrant Education Service Center, Boat People SOS-Biloxi) offering resources and services to non-English speaking families in an effort to extend equitable services for diverse families, specifically MS's Hispanic and migrant population and coastal Vietnamese population. Utilizing R&R hubs will provide a space where Spanish and Vietnamese language speakers can connect non-English speaking families to education services, subsidy application support, and location of child care service providers and educational resources for children in their home language. (Goals 2, 5)

**Project 3.7 MDHS will expand equitable access for non-English speaking families, including bonuses for ECE programs that employ bilingual educators.** MDHS will offer subsidy bonuses in areas where there are large populations of non-English speaking families, as identified by data in the NA. Providers serving families who do not speak English will receive a monthly subsidy bonus for employing a lead teacher or an assistant teacher who is fluent in a child's home language among settings where English language learning children are enrolled. (Goal 2)

**Project 3.8 OEC will employ four FE Transition Coaches to assist in providing PL, implementation, and technical assistance for FE and transition.** FE coaches will work with administrators and teachers to guide them to implement evidence based-practices for FE in early learning settings. Coaches will also help with education about meaningful Pre-K to Kindergarten transition activities. (Goals 2, 5) This coaching program will contribute to the successful

enactment of PDG-R FE efforts and will extend across all state and local agencies including child care, public schools, and Head Start.

**Project 3.9 MDHS and MDE will hold an annual statewide FE transition conference.** The conference will further strengthen the established partnerships across agencies and provide opportunities for mixed-delivery PL. This annual conference will showcase FE and transition best practices and provide home- and center-based child care programs, Head Start grantees, and public-school districts with supports and resources for strong FE and transition activities specific to their respective sites. (Goal 2)

**Project 3.10 MDHS will update and leverage their Consumer Education Platform and R&R directory resources.** R&R will update and maintain a state directory of services and online resource directory for families including resource categories related to health, education, material needs, and other categories that may emerge from NA findings. Families will be notified of these services during an orientation session to the CCDF program and through their centers, which will also benefit from these resources. These efforts will be continued during the grant period. (Goals 2, 5)

The state will build upon interactive, online resource maps, developed to increase family and provider access to relevant resources in their areas. The maps have clickable addresses and phone numbers that allow parents to navigate to the location, call organizations directly, and access their websites. These resources are currently at [this link](#) and will be linked to MDHS Consumer Education Platform early 2023. This resource will be leveraged, expanded, and broadly publicized through the PDG-R project.

**Project 3.11 The Family Navigator Program offers intensive one-on-one assistance with families using the Well Visit Planner.** Family Navigator Programs are a component of the

R&R Network. This program focuses on families who are experiencing at-risk factors, such as poverty, substance abuse, homelessness, teen pregnancy, and domestic violence. MS will continue these practices throughout the grant period and will incorporate use of a Well Visit Planner developed by the Child and Adolescent Health Measurement Initiative. (Goals 1, 2, 5)

**Project 3.12 MDHS will engage with local service organizations that support adults with physical disabilities or chronic health conditions in engaging with their child's education.** These partnerships will help identify and recommend adaptive materials for use by parents when using educational materials available at the R&R site with their children. These adaptive materials will be available at all R&R sites across the state and will address a variety of adaptive needs. Examples of local service organizations include Mississippi Rehabilitation Services and the T.K. Martin Center for Technology and Disability and others that may be identified by the NA. (Goals 1, 2, 5)

**Project 3.13 MDHS will work with the CFM to hire two early childhood council/parent outreach coordinators to provide on-the-ground support to Early Childhood Councils (ECCs) across the state.** These individuals will work with communities to identify and prioritize unmet childhood needs. The CFM is providing seed dollars to expand the number of ECCs across the state in under-resourced and under-served areas. Further, they will make community connections to improve the sustainability of the activities that the ECCs promote. (Goals 1, 2, 5)

#### **Activity 4: Support the B-5 Workforce and Disseminate Best Practices**

The key challenges facing MS's ECCE workforce are high levels of burnout and, subsequently, high levels of employee turnover. MS will use PDG-R funds to reinforce programming made possible by ARP and shore up the comprehensive B-5 system.

A primary cause of ECCE turnover is inadequate wages. child care teachers in MS are typically paid minimum wage (\$7.25/hour), which causes many teachers to pursue higher paying jobs. Using discretionary dollars allocated by ARP, MDHS plans to allocate up to \$83.4 million in funds to offer direct incentives to over 8,000 child care teachers who work in child care programs. Additionally, MDHS proposes using \$3 million to fund scholarships for ECCE professionals to earn the Child Development Associate (CDA) credential. PDG-R funds would allow MDHS to marry financial incentives with greater professional supports to encourage retention of the ECCE workforce. MDHS recognizes that ARP serves only as a stop gap through September 2024 and intends to utilize additional information from the needs assessment to inform a pilot and/or make recommendations to the MS Legislature to address low compensation and high turnover in ECCE programs.

Secondly, a major contributor to turnover is insufficient PL. ECCE teachers report leaving the field due to student challenges and stressors for which they feel ill-equipped to intervene.<sup>29</sup> Employee turnover is closely related to PL: low levels of PL increase levels of turnover and, at the same time, short tenure in the field and high rates of turnover disincentivize professionals from engaging in PL. Adequate data to evaluate the effectiveness of PL and of wage supplementation are critically necessary to measure dose-response and to ensure the sustainability of an ECCE workforce pipeline in which professionals are well-equipped, appropriately compensated, and retained over time.

MS has some existing programs to extend PL support. To support teachers during COVID-19, the Mississippi Early Learning Alliance (MELA) launched the MS Early Learning Resources webpage, which hosts thousands of resources and a sharing platform that connects

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<sup>29</sup>Zinsser, et al. (2016). [\*She's supporting them; who's supporting her? Preschool center-level social-emotional supports and teacher well-being\*](#)

teachers across 30 states.<sup>30</sup> Long-standing programs include MDE's coaching program and MECIC's professional development and on-site assistance for providers. MDE's coaching program provides high-quality coaching and mentorship in Pre-K classrooms throughout the state. MDE will partner with MDHS, Head Start, and MECIC and gather input from EC stakeholders (non-profits, health care technical assistants, public and private centers, Head Starts, and homecare program) on current needs in the EC mixed-delivery systems. This technical assistance uses classroom-embedded support to guide providers to improve the quality of their environment. Coaches also receive on-the-job PL on Developmentally Appropriate Practice (DAP) in EC and the latest research to drive their practice-based coaching. These teachers will also have a benefit of a Community of Practice as a forum to work with peers and improve consistent implementation of the model and work through challenges. Additionally, MDE and MECIC coaches utilize a Community of Practice in which coaches gather to share successes and challenges, creating a professional environment that supports consistent implementation throughout the state.

MECIC currently supports five Pyramid Implementation Sites for child care centers throughout southern and central MS. In alignment with CCDF policy, Pyramid Model (PM) training strongly discourages expulsion, suspension, or other discipline that excludes children from the classroom.<sup>31</sup> child care centers participating in the Pyramid Implementation project receive both program and classroom on-site coaching. This coaching utilizes the EC Wide-PBS Benchmarks of Quality and the Teaching Pyramid Observation Tool (TPOT) to develop a Plan of Action for each classroom and the early learning center. A collaborative effort between MECIC

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<sup>30</sup> Mississippi Early Learning Alliance (2020). [\*Mississippi Early Learning Resources is Launched.\*](#)

<sup>31</sup> Pyramid Model Consortium (2015). [\*Expelling Expulsion: Using the Pyramid Model to Prevent Suspensions, Expulsions, and Disciplinary Inequities in Early Childhood Programs\*](#)



and the REACH (Realizing Excellence for All Children) MS PM Specialist, the MECIC Social-Emotional Credential establishes the PM for Promoting Social Emotional Competence in Infants and Young Children. A 40-hour certificate program is provided for child care directors and preschool providers. The program includes training, an individualized plan of action, self-directed learning activities and on-site mentoring. TPOT and Teaching Pyramid Infant-Toddler Observation Scale (TPITOS) pre- and post-assessments are used to measure teachers' growth and understanding of how to implement practices that include responsive, nurturing relationships to promote children's social and emotional development. Successful completion of requirements for the credential will result in a \$500 stipend for participants. In order to support the B-5 workforce and disseminate best practices, MS will address these known barriers in ECCE workforce retention and will expand its current programming with an array of technical assistance projects as described below. Each is tailored to address known PL needs, to qualify more workers for ECCE employment, and to increase professional skills in the interest of improving both retention and program quality.

**Project 4.1 MECIC will utilize REACH MS at USM to extend PM training with MDE, R&R coaches, and other ECCE staff and providers.** MECIC will hire additional coaches who are well-versed in both family and center-based child care settings to expand high-quality coaching throughout the state. By year two, five new PM Implementation sites will be added across the state. Additional program and practitioner coaches will be hired. At the end of year three, there will be 12 PM implementation sites, with 30% of sites at fidelity. (Goal 4)

**Project 4.2 MDE will create the infrastructure to support and sustain the community of practice by increasing the number of students and young professionals obtaining a CDA credential.** Conversations are being held statewide to plan and initiate a CDA

program in partnership with high school Career and Technical Education (CTE) Programs and the state's Teacher Academy. Students that obtain the CDA can gain employment in mixed-delivery systems as teacher assistants in Pre-K-3rd grade classrooms to increase the workforce and create a pathway to continuing education. Upon partnership with state agencies in year one, statewide agencies would like to pilot a community of practice for assistant teachers, CDA candidates, high school students, and others interested in ECCE to encourage employment in the field by showcasing various careers in ECCE and providing PL opportunities. Years two and three PDG-R funds would be used to host quarterly meetings virtually or in-person that provide networking and PL opportunities for those interested in the field of ECCE, invite professionals from across the state to share their experiences and goals, and form partnerships with community and four-year colleges to help recruit workers to the field. Funds would also be used to offer MECIC Special Needs Credentials to high school CTE, Teacher Academy students, and Teacher Assistants in Pre-K-3rd grade classrooms to increase the workforce and create a pathway to continue their education. Participants could receive one college credit or a \$300 stipend. (Goals 3,4)

**Project 4.3 MDE will hire additional early childhood coaches to continue job-embedded coaching in a mixed-delivery system of settings.** To create systematic supports for the B-5 workforce and to support ECCE providers, MDE will provide face-to-face and virtual coaching to participating Pre-K and K classrooms, ELC classrooms, Head Start, and child care center staff, giving priority to first year teachers. (Goals 3,4)

**Project 4.4 MDE will continue and expand the Coaching Community (CC) Consortium for Pre-K and K teachers.** In the 2021-2022 school year, OEC offered a support system for 30 coaches in any early learning setting (Head Starts, child care programs, and school

districts) to support implementing quality classrooms. OEC will expand the CC program for Pre-K and K teachers across the state to provide networking and PL opportunities, giving priority of enrollment to those teaching in areas of underserved populations, such as those with high poverty rates, vulnerable populations, and distressed communities. Participants dedicate one day every quarter to attend meetings where they receive access to a CC of practice and receive notification of additional PL opportunities offered by OEC at MDE. They also receive access to support materials, free Classroom Assessment Scoring System (CLASS) observation reliability training, and leadership opportunities in ECCE training and conferences. (Goals 1, 3, 4)

**Project 4.5 MDE will subscribe to a Learning Management System (LMS) to make online PL more convenient and more widely available to all practitioners.** The LMS online learning platform will offer PL to all stakeholders (non-profits, health care technical assistants, public, private, Head Start, child care, homecare providers) to provide alternate pathways to earn contact hours and continuing education units in developmentally appropriate practices. Courses will contain approximately six modules for completion. The state will also use PDG-R funds to purchase books and other materials for participants upon request. One-on-one technical assistance (TA) will be provided to all participants as needed. (Goals 3, 4)

**Project 4.6 PDG-R funds, in conjunction with CCDF funds, will be used to expand the CC Consortium to include early learning professionals who work in any Infant/Toddler (IT) family- and center-based programs.** This pilot program will be structured similarly to the one that was established in 2021 and described in Project 4.4. As in the extant coaching consortium, participants would meet quarterly with IT coaches from various agencies and cover various IT-focused topics. Participants will have access to a CC of practice, and will receive

notification of training dates, support materials, free CLASS observation reliability training, and leadership opportunities in ECCE trainings and conferences.

Upon partnership with state agencies in year one, PDG-R grant funds would be used to create the infrastructure. In years two and three, CCDF funds would be used to host quarterly meetings virtually or face-to-face that provide networking and PL opportunities for those interested in the field, specifically IT and support and sustain the CC. ECCE professionals will be invited from across the state to share their experiences, visions, and goals to form partnerships with community and four-year colleges to help recruit new workers to the field. (Goals 3,4)

**Project 4.7 MS will host two state Early Learning Conferences per year offered for child care programs, homecare programs, and Head Start Centers.** Currently, MS has one EC conference offered each year in July. The MS Early Childhood Conference (MECEC) is offered as a partnership between the MS Head Start Association, MDHS, the Head Start Collaboration Office in the Governor's Office, and MDE. An additional conference will be added to expand learning opportunities for professionals and will coincide with school district PL dates to maximize educator accessibility. MDE will increase OEC's training staff to facilitate these conferences. PL will also include five regional Saturday sessions available to all EC stakeholders. All sessions will include general education, special education, techniques for teaching English language learners, developmentally appropriate practices, and trauma/mental health topics from both in-state and national presenters. One-on-one or small group PL will be provided as requested. (Goals 2, 4)

**Project 4.8 OEC will expand training to ensure all teachers are aware of inclusive practices for all children on the learning spectrum.** OEC will offer training on *Making*

*Adjustments*, which is a resource for Pre-K teachers to support students who struggle with specific skills or in specific areas of the learning environment and to implement inclusion strategies for children who may benefit from learning adaptations. Training on this resource will provide teachers with hands-on practice with materials and strategies to differentiate instruction for each developmental area. Teachers will leave with a resource document, a kit of materials to take and use immediately with students, and knowledge and skills to use those materials effectively. OEC will provide training on this resource to at least 100 total teachers per year in public and private family- and center-based child care programs and Head Starts. (Goals 3, 4)

**Project 4.9 MDE will offer a comprehensive practice-based coaching model, the CHAD (Coaching with High-quality And Developmentally Appropriate Practices) Project, to provide intensive, wraparound technical support that positions programs to meet advanced standards of quality.** MDHS and MDE will work together to offer support services to at least 100 child care providers serving Pre-K children. These services include teacher, staff, and administrator practice-based coaching/mentoring, PL opportunities, FE, and transition activities. The goal is to meet child care centers where they are to increase program quality. In doing so, child care programs will be prepared to work in conjunction with state funded Pre-K collaboratives and better prepare children to enter K-12 education. MDE will offer tailored cross-sector instruction, intermediate and advanced PL to early learning providers (on-demand and live); issue provider surveys to identify centers with pre-K classrooms to be served; offer practice-based coaching (DAP, FE/transition, Child Find referral services, strategies for serving children with special needs, etc.), and issue an end-of-year follow-up growth survey to center-based early learning providers. MDE will utilize a continuous quality improvement cycle to support providers and improve quality in the pre-K setting. (Goals 3, 4)

**Project 4.10 The state will employ a Coordinator to ensure a high-quality Comprehensive System of Personnel Development (CSPD).** The CSPD is a best-practices framework to improve the overall quality of the EC workforce serving infants, toddlers, and young children with disabilities and address EC workforce challenges, including shortages, graduate and post-graduate training needs, alignment of state and national competencies and standards, and inequities of preparation and compensation among EC workforce providers. A CSPD coordinator will be employed by MDE (Project 4.12) to do the following: 1) design and manage a CSPD registry; 2) plan and implement system development activities; 3) engage in planning for the CSPD with families, agency personnel, and others; 4) provide technical assistance to programs, agencies, and personnel; 5) collect and analyze personnel data and work with the Institutes of Higher Learning to address recruitment and retention issues; 6) assist in the preparation of funding proposals; and 7) collaborate with evaluators in monitoring outcomes. (Goals 2, 3, 4)

**Project 4.11 MDHS will develop an integrated data system that will collect early learning provider and teacher information, including tracking PL and credentialing.** The state (MDE & MDHS) will use a system to house information about early learning providers to track staff and center information. MDE is also working on an update to the MS Student Information System (MSIS). MSIS 2.0 will be operational in 2024 and will house information for ELC Pre-K participants. These disaggregated data streams (and others) will be directly connected to a singular database (CATS) or indexed to allow mergers across systems.

CATS will connect professionals to the programs in which they work and to the children and families they serve, allowing for the routine tracking of PL and credentialing, wages, and workforce migration. At the center level, the system will collect information about tuition and

fees, licensure variables, voucher acceptance status, attendance, and variables related to badging/quality support. Data collected in this system will cohesively capture information that is otherwise unevenly distributed across the state. CATS will be used to: develop a better understanding of the economic context of the state's ECE labor force; track what factors predict or reduce staff overturn; understand how well center proficiencies align with student needs; assess qualification for the voucher system upon child enrollment; inform the State of attendance hours for voucher reimbursement; track parent receipt of TA; and provide a secure, MDHS-accessible dashboard with data visualizations that can be exported for quick and easy reporting, among other items. (Goal 2) One long-term goal of this project is to wire CATS directly to the LMS described in Project 4.5 to ensure continuous updates regarding PD.

**Project 4.12 The state will support a program of Infant/Early Childhood Mental Health Consultation (IECMH-C) by making professional consultants and a psychologist supervisor available to programs participating in Pyramid Implementation across the state.**

IECMH-C is an evidence-based, preventative approach in which a mental health consultant is paired with an adult who works with infants and young children. The overall goal of IECMH-C is to strengthen and support the social and emotional development of young children. IECMH consultants may provide direct services to children and families; however, their primary role is to serve as a liaison between the EC educator, mental or health care provider, and family and to strengthen these relationships in service of the child, ultimately increasing care coordination for infants/young children and their families. MECIC will partner with IECMH-C to ensure timely referrals and supports for young children and families. Additionally, these consultants may partner with EC educators via tele-consulting programs, such as Project ECHO, to increase reach of IECMH-C services. (Goals 2, 5)

**Project 4.13 The state will implement an early child care warmline for home-based providers.** With support from NHI and R&R centers, the warmline will be staffed by technical assistance providers with experience in home-based child care programs. Child care providers will be able to call the warmline for free support, advice, and answers to questions related to providing high-quality child care. (Goal 1)

#### **Activity 5: Support Program Quality Improvement**

These activities build upon and support Goal 3 of the PDG-R grant and describe state efforts to implement an early learning provider QSS. Challenges confronted when building the previous CCD and explanation about the recent pivot to a QSS are referenced in the SP.

**Project 5.1 MS aims to replace the current Standard Center Designation with a true QSS.** A QSS would offer a recognition program (i.e., badging) that would indicate proficiencies met by child care providers in program areas (i.e., staff-child interactions, learning environments, curriculum & assessment, workforce development and support, family communication, and program management). This recognition program would highlight unique facility strengths and give providers pathways to show proficiency in multiple areas. Such a system also gives child care providers the ability to build on their current strengths and identify needs for improvement. Additionally, a QSS recognizes the fact that families have varying needs in terms of child care services; it enables centers to educate families about different proficiencies and allow them to choose a program that will best suit their individual needs. MS has convened a QSS team of providers, families, and early childhood experts to receive input on how to improve our current quality system landscape. Leadership at MDHS is in the process of synthesizing information received from various sources to begin plans for implementing the new QSS for MS. (Goal 4)



**Project 5.2 MDE will train EC educators to implement *Mississippi’s Early Learning Standards (ELS) for Classrooms Serving Infants through Four-Year Old Children*.** These trainings will take place multiple times a year as requested to provide ample opportunities for all EC stakeholders. In conjunction with MDE’s *Social Emotional Learning Standards for K-12* (published in 2020),<sup>32</sup> the ELS form part of a continuum of standards that are aligned from birth through 12th grade. (Goal 4)

**Project 5.3 OEC will continue to produce, update, and disseminate EC documents to support learning acceleration and family enrichment.** To mitigate disruptions caused by COVID-19, OEC created documents such as Splash Pages (online games to play to learn standards virtually), FE Activities, and a Back-to-School Family Guide. OEC continues to use state funds to update and implement these documents as needed with an emphasis on supporting programs and providers in post-pandemic recovery. (Goals 2, 4, 5)

**Project 5.4 OEC will continue to expand the online series of lessons for students, parents, families, and teachers.** During COVID-19, OEC recorded developmentally appropriate lessons that families could do at home with their children and freely supplied them online. These lessons correlated with the research- and-evidence-based curriculum and the ELS. These videos are freely accessible on YouTube, via Mississippi Public Broadcasting (MPB), and on the MDE website to allow alternate pathways for families and providers to access these resources.<sup>33</sup> (Goals 2, 4, 5)

**Project 5.5 MDE will use PDG-R funds to print curriculum materials for programs using *MS Beginnings: Pre-K*.** MS’s highly-successful ELCs use a modified version of the Boston Public Schools’ ‘Focus on Early Learning’ curriculum. The modified version includes

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<sup>32</sup> Mississippi Department of Education (2021). [K-12 SEL Resource Guide: Social Emotional Learning Standards](#)

<sup>33</sup> Mississippi Department of Education (2022). [Back-to-School Resources](#)

MS resources to reflect the state, while maintaining the remainder of the rigorous and effective components of Boston’s curriculum. This modified curriculum, titled *MS Beginnings: Pre-K* is freely provided by OEC for *all* four-year-old preschool classrooms at present. OEC intends to offer this resource to all EC programs interested and those that are coached through the PDG-R efforts. Programs that participate in coaching efforts with MDE will utilize this curriculum with fidelity to ensure children achieve outcomes in their Pre-K school year. (Goals 1, 2, 3)

**Project 5.6 OEC will develop and provide PL to administrators and teachers, as well as special training for families by extending its transitional development work with WestEd.** To bolster children’s kindergarten readiness, MDE and the MS Department of Human Services (MDHS) will partner to continue work previously completed through technical assistance from the Education Commission of States on the MS Pre-K to Kindergarten Transition Toolkit. (Goal 4)

**Project 5.7 MDE will extend its MS L.I.T.E. training to Head Start and child care directors for the duration of the grant and beyond.** MDE has developed a seven-month cohort program (MS Leading Innovative Teaching and Learning Environments in Early Childhood Institute, or “MS L.I.T.E”) to provide EC PL for principals and assistant principals, especially those with little or no EC background or experience. Participants will attend PL sessions that include EC best practices, leadership skills. (Goal 4)

#### **Activity 6: Subgrants to Enhance Quality and Expand Access to Existing and New Programs (Option B)**

**Project 6.1 PDG-R funds will expand the Blended Pre-K Program.** This program utilizes a co-teaching model so that the general education teacher and special education teacher have the benefit of the other’s expertise. Districts will receive funds for salary and fringe for one

teacher, to ensure that districts use a co-teaching model. This project will be open to all school districts, with priority being given to districts with no current general education Pre-K program. The Blended Pre-K program will increase the number of inclusive Pre-K programs by four classrooms (a total of 80 seats), thereby increasing opportunities for children with disabilities to receive instruction alongside their typically developing peers. These classrooms will follow the same Early Learning Guidelines (ELG) and ELS as the ELC classrooms, including yearly monitoring procedures, and be expected to meet the ten NIEER benchmarks. MDE will hire diverse and qualified special education coaches to meet the needs of all teachers in this subgrant program. (Goals 1, 4)

MDE and MDHS are proposing to implement many quality improvement projects in Activities 3-5. In Activity 3, MS is proposing numerous PL opportunities for a mixed-delivery system of educators from conferences, fairs, and practice-based coaching (**Projects 3.3, 3.4, 3.8, 3.9**). Activity 4 includes quality improvements with PL, practice-based coaching on high-quality DAP; conferences; specific PL on topics for children with disabilities, challenging behaviors, and social-emotional development; PL for learning coaching practices; and implementation of differentiation of PL offerings (**Projects 4.1-4.10**). Activity 5 describes implementation of high-quality efforts with regards to a quality support system for providers, resources aligned to the ELS, evidence-based curriculum and PL for leadership in EC settings (**Projects 5.1, 5.3, & 5.7**). MDHS will use PDG-R funds to offer up to 100 startup grants to be awarded to family, friend, and neighbor care and traditional child care providers who will increase subsidy slots in rural areas for infants and toddlers, children with special needs, and extended hours care. This project is an extension of the Early Start Mississippi grant program which is being implemented

using ARP funds and will add equitable access to child care to families in extremely rural areas of the state where access to resources is scarce.

**Bonus Points: Increasing Access to Inclusive Settings**

**Project BP.1 MDE's High-Quality child care Coaching Program will provide support to teachers in child care settings that serve children with disabilities.** Special education coaches will teach any child care providers interested in specific strategies and accommodations to increase opportunities for children with disabilities to be served in inclusive settings, while general education coaches will provide support around developmentally appropriate practices for all children. (Goals 1, 4) Services, including diagnostic services, are available to children in the ELCs, including those with identified disabilities. The ELCs ensure that children with disabilities have equal access to the collaboratives, are appropriately included in classrooms, and are included in their Least Restrictive Environments, as determined by their IEP Committees. The ELCs further ensure that children of underserved special populations (race/ethnicity, gender, socioeconomic status, disability, primary language, homeless status, students with a parent in the military, and students in foster care) have equal access to enrollment and are appropriately included in classrooms.

**Project BP.2 In the 2022-2023 school year, MDE's Office of Special Education will sponsor training for teachers in the mixed-delivery system.** The Itinerant Model is a method through which district special education service providers will learn to collaborate with child care teachers to increase outcomes for children with disabilities. This training will be provided to public school special education staff members that serve children in community-based settings. Through the Itinerant Model, child care teachers will better be able to support children with disabilities in their programs, thus increasing opportunities for children with disabilities to

participate in inclusive settings. This project will strengthen and support the work between the providers in the mixed-delivery system. (Goal 1)

**Project BP.3 To further support efforts for increasing access to inclusive settings, MECIC will pilot a Community Inclusion Team (CIT) that brings together center directors and administrators, early educators, family members, and community partners (MECIC, MDE, service providers, etc.) to establish a community-wide awareness of quality EC inclusion.** Going beyond classroom access and participation, the CIT aims to provide a comprehensive approach that promotes quality inclusion for children with disabilities and supports families, EC educators, and the community in these efforts. Utilizing Community Indicators and Elements of High-Quality Inclusion,<sup>34</sup> the CIT will implement action plans that guide and support high-quality inclusive settings and the implementation of evidence-based inclusion practices at the community level. Overseeing this work will be an established State Leadership Team focusing on inclusion. (Goals 1, 2, 4)

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<sup>34</sup> ECTA & PMI, 2020

## Project Timeline and Milestones

Table 2: Timeline and Milestones by Activity and Project

Activity	Project	2023	2024	2025
Activity 1: Needs Assessment	Needs Assessment	Collect data and convene stakeholders	Review new data with stakeholders.	Refine Needs Assessment
		Create Draft of New Needs Assessment	Update and Finalize Needs Assessment and Submit to ACF	
Activity 2: Strategic Plan	Strategic Plan	Create New Draft Strategic Plan Based on Needs Assessment	Update and Finalize Strategic Plan with Stakeholders and Submit for Public Comment	Refine Strategic Plan based on Implementation of PDG-R Activities
			Modify Project Activities	Modify Project Activities; Finalize and Adopt Strategic Plan; Release and Submit to ACF
Activity 3: Maximize Parent and Family Engagement in the B -5 System	Project 3.1	Develop a Communications Plan based on NA priorities	Disseminate FE activities and information. Gather feedback and additional priorities.	Disseminate FE activities and information.
	Project 3.2	Develop parent engagement coalitions across five R&R sites for quarterly meetings; gather recommendations and concerns.	Quarterly coalition meetings; compiled recommendations and concerns shared with state leaders.	Quarterly coalition meetings; compiled recommendations and concerns shared with state leaders.
	Project 3.3	Organize & hold FE fairs	Continue Fairs	Continue Fairs
	Project 3.4	Reconvene stakeholders and update FE framework and toolkit	Reprint & offer training	Offer FE training regionally
	Project 3.5	Purchase subscription and train teachers	Renew subscription & train	Renew subscription and train
	Project 3.6	Extend R&R resources to non-English speaking families	Extend R&R resources to non-English speaking families	Extend R&R resources to non-English speaking families

	Project 3.7	Offer subsidy bonuses for programs employing bilingual educators	Offer subsidy bonuses for programs employing bilingual educators	Offer subsidy bonuses for programs employing bilingual educators
	Project 3.8	Employ four FE Transition Services Coaches	Continue FE coaching	Continue FE coaching
	Project 3.9	Offer FE conference	Offer conference	Offer conference
	Project 3.10	Leverage Consumer Education Platform and R&R Resources	Expand and Promote MDHS Consumer Education Platform	Expand and Promote MDHS Consumer Education Platform
	Project 3.11	Assist Families using the Well Visit Planner	Assist Families using the Well Visit Planner	Assist Families using the Well Visit Planner
	Project 3.12	Link Parents to Disability Resources	Continue providing linkages	Continue providing linkages
	Project 3.13	Hire two ECC/parent outreach coordinators	Continue supporting ECC/parent outreach coordinators	Continue supporting ECC/parent outreach coordinators
Activity 4: Support the B-5 Workforce and Disseminate Best Practices	Project 4.1	Train staff on Pyramid Model	Add sites. Hire & train staff.	12 sites with 30% sites at fidelity.
	Project 4.2	Hire coaches, partner with CTE and TA, and train teachers	Offer Credential & stipends	Offer Credential & stipends
	Project 4.3	Hire staff and coach	Continue to coach	Continue to coach
	Project 4.4	Offer & expand Consortium	Continue Consortium	Continue Consortium
	Project 4.5	Offer LMS courses & TA	Offer LMS courses & TA	Offer LMS courses & TA
	Project 4.6	Hire, partner & train teachers	Host quarterly meetings	Host quarterly meetings
	Project 4.7	Hire staff; plan conferences	Host conferences	Host conferences
	Project 4.8	Train 100 teachers	Train 100 teachers	Train 100 teachers
	Project 4.9	Hire and train staff, recruit	Coach, offer PL and activities	Coach, offer PL and FE activities
	Project 4.10	Hire and Orient CSPD Coordinator	Expand CSPD Activities	Establish sustainability for CSPD Coordinator
	Project 4.11	Develop measures and scaffold data collection system	Launch data collection system with training and technical assistance to programs	Monitor data quality and provide technical support to centers
	Project 4.12	Hire & Train three IECMH Consultants & Establish Buy-in	Pilot IECMH-C at implementation sites	Evaluate & adjust model as needed
	Project 4.13	Hire & train warmline operator; establish warmline protocols	Continue warmline support for home-based providers	Hire & train warmline operators, expanding to include services for center-based providers

Activity 5: Support Program Quality Improvement	Project 5.1	Continue QSS planning	Pilot QSS implementation	Pilot QSS implementation
	Project 5.2	Train 50 educators regionally	Train 50 educators regionally	Train 50 educators regionally
	Project 5.3	Review & update documents	Review & update documents	Review & update documents
	Project 5.4	Expand MPB Season 3	Expand MPB Season 4	Expand MPB Season 5
	Project 5.5	Print copies and PL	Print copies and PL	Print copies and PL
	Project 5.6	Plan, develop, and release trainings	Continue transition trainings	Continue transition trainings
	Project 5.7	Begin LITE for ECCE leaders	Offer LITE to ECCE leaders	Offer LITE to ECCE leaders
Activity 6: Subgrants Option B	Project 6.1	Fund four Blended Pre-K classrooms	Continue funding	Continue funding
Bonus Points Increasing Access to Inclusive Settings	Bonus 1	Coach 100 teachers	Coach 100 teachers	Coach 100 teachers
	Bonus 2	Provide training	Provide support	Provide support
	Bonus 3	CIT Cohort 1	CIT Cohort 2	CIT Cohort 3

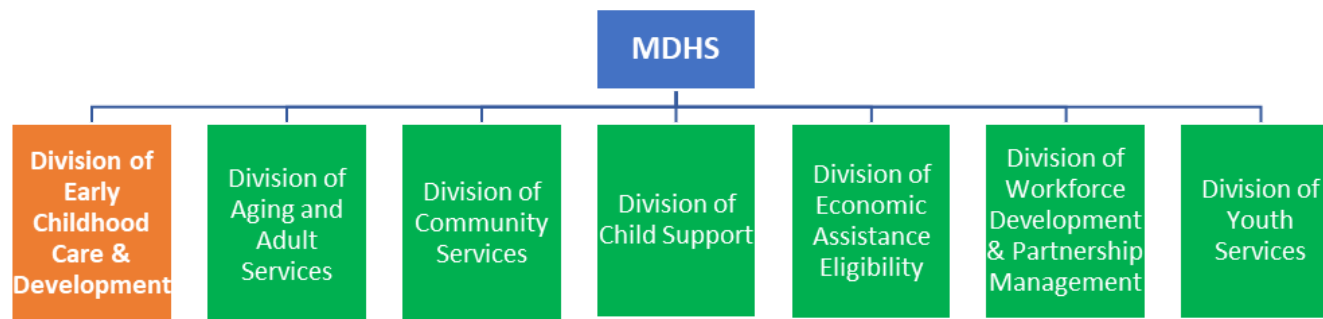
## Organizational Capacity

The DECCD is one of the seven programmatic divisions of MDHS. The division serves as the policy-making and service-delivery agent for the Child Care and Development Fund (CCDF) and the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) funding allocated to the State of MS. DECCD is an integral component in the overall goal of breaking the cycle of poverty and dependency by providing child care subsidies and home-visiting support for eligible MS families. CCDF funding is used to assist low-income parents with subsidizing the cost of child care tuition and to support the provision of high-quality child care services across the state. MIECHV funding is used to provide home visiting and parenting education services to eligible families in counties with the highest number of risk factors as defined by MIECHV.



MDHS DECCD oversees all quality improvement programming that is funded by CCDF dollars. This programming includes the MS R&R Network, PL and on-site technical assistance to child care providers, early intervention and inclusion training and technical assistance, FE events, business and curriculum support to family, friend, and neighbor care providers, and curriculum development for child care providers. By being housed with MDHS, DECCD receives the full support of the agency's budget and accounting division, human resources division, compliance and monitoring division, internal audit division, and legal division. These support divisions provide administrative support for federally and state funded projects such as the PDG-R Grant.

To provide direct administrative oversight of PDG-R activities at the division level, MDHS DECCD will hire a full-time program manager, a full-time fiscal manager, two full-time reporting specialists, a full-time budget specialist, and a full-time contract specialist to oversee the programmatic, fiscal, and reporting requirements of PDG-R Grant requirements. The Organizational Chart is located in Appendix B.



*Figure 3: MDHS Division Chart*

### Organizational Capacity and Management

MDHS will administer the funding and manage the required grant activities. (See Governor Reeves’ letter in Appendix A).

MDHS has a strong track record of CCDF implementation and management. MDHS’s DECCD works collaboratively across ECCE programs and services with programs funded through the Elementary and Secondary School Emergency Relief (ESSER) funds, Governor’s Emergency Education Relief (GEER) funds, ARP funding and other federal- and state-funded programs. (See Organizational Chart in Appendix B).

Table 3: Key Stakeholders Who Have and Will Be Involved in Assessment, Planning, and Implementation of All Activities

Name	Org	Role	Name	Org	Role
Dr. Chad Allgood	MDHS	Director, DECCD	Dr. Jill Dent	MDE	Director, OEC
Laura Mallery	MDHS	Deputy Director, DECCD	Joyce Greer	MDE	Gen. Ed. Program Supervisor
Lydia Bethay	MDHS	Director of Quality Improvement Activities	Dr. Heather Hanna	SSRC	Assistant Research Professor, Social Science Research Center
Dr. Alicia Westbrook	USM	Director, MECIC	Adrienne Mercer	MDE	Gen. Ed. Program Supervisor
Candice Taylor	MDE	SPED EC Program Supervisor	Angela Towers	MDE	FE and Transition Coordinator
Dr. Linda Southward	CFM	Executive Director	Audrey Reid	Elucidata	Data Scientist
Dr. Jessica Joblin	Elucidata	Technical Writer	Dr. Izzy Thornton	Elucidata	Data Scientist
Micayla Tatum	MS First	Associate Director of Early Childhood Policy	Dr. Connie Baird-Thomas	SSRC	Evaluation Researcher
Callie Poole	SSRC	Project Manager	Bradley Long	SSRC	Project Manager

Key staff on the project include the following: **Dr. Chad Allgood**, Director DECCD and CCDF State Administrator, MDHS:

Prior to his appointment, Dr. Allgood served as Director of Child Care Licensure at the MS State Department of Health and has over

20 years of experience in the EC field; **Dr. Jill Dent**, Director OEC, MDE: Prior to her appointment, Dr. Dent served as the Director of the DECCD at MDHS and has over 30 years of experience in the EC field; **Dr. Alicia Westbrook**, MECIC, Director: Dr. Westbrook teaches graduate and undergraduate courses for the College of Education and Human Sciences at USM and disseminates MECIC research activities in publications and at national conferences; **Dr. Linda Southward**, Executive Director, Children's Foundation of Mississippi; **Dr. Heather Hanna**, Assistant Research Professor, Social Science Research Center, Mississippi State University.



Robert G. Anderson  
Executive Director

**LETTER OF COMMITMENT  
BETWEEN  
THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
AND  
PDG B-5 RENEWAL GRANT PARTNERS**

This letter of commitment is made and entered into by and between the Mississippi Department of Human Services (MDHS) and its partners as named in the Preschool Development Grant Birth – Five Renewal Grant Application, the Mississippi Department of Education (MDE), the Mississippi Early Childhood Inclusion Center (MECIC) at The University of Southern Mississippi, the Social Science Research Center at Mississippi State University, and the Children’s Foundation of Mississippi.

We the undersigned parties are pleased to commit our resources, time, and expertise to the activities as described in the PDG B-5 Renewal Grant Application as submitted by the Mississippi Department of Human Services. We agree to work in concert with MDHS to ensure increased service access for underserved children, an inclusive, aligned mixed-delivery system, a qualified early childhood workforce, a robust quality support system for early childhood programs, and family and provider engagement.

\_\_\_\_\_  
Robert G. Anderson  
Executive Director  
Mississippi Department of Human Services

\_\_\_\_\_  
Kim S. Benton, Ed.D.  
State Superintendent, Interim  
Mississippi Department of Education

\_\_\_\_\_  
Trenton Gould, Ph.D.  
Dean, College of Education and Human Sciences  
The University of Southern Mississippi

\_\_\_\_\_  
Kevin Enroth  
Director, Sponsored Programs  
Mississippi State University

\_\_\_\_\_  
Linda Southward, Ph.D.  
Executive Director  
The Children’s Foundation of Mississippi

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## **Organizational Capacity, Meaningful Governance, and Stakeholder Engagement**

State agencies in MS are run under one of two governance structures: an executive agency or board-governed agency. The two primary state agencies involved in the plan presented in this proposal include MDHS, which is an executive agency, and MDE, which is a board-governed agency. This structure has not changed since the initial PDG-R application submitted on behalf of MS. In addition, the SECAC continues to serve in its role to advise state agencies and other organizations on EC policy and program delivery. More information and a flowchart of these programs are located on page 6 of the PDF at [this link](#).

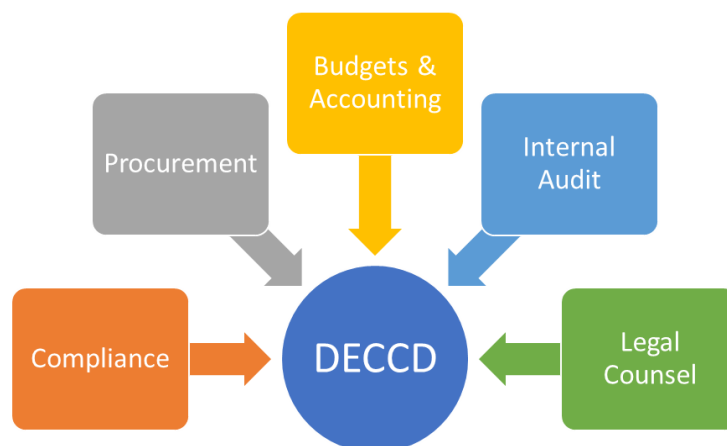
The SECAC was established through the reauthorization of Head Start in Public Law 110-134 (Improving Head Start for School Readiness Act of 2007), to be dedicated to ECE issues. SECAC carries out the duties and functions specified in Public Law 110-334, which includes evaluation of the state's EC programming and supports and makes recommendations on strengthening MS's EC system.

Over the past 18 months, the new leadership of SECAC, in concert with technical assistance from Early Start has, in many ways, pressed a "reset" to conduct a more thorough and transparent process focusing upon both the opportunities and challenges of the early care and education system in MS. Each subcommittee (Health, Mental Health, & Nutrition; Quality Care & Education; Support for Young Children with Special Needs; Early Childhood Workforce; Funding & Systems Coordination) of SECAC has met over the past year and has developed a set of recommendations from the subcommittee's particular/specific program area. Next, the policy and data subcommittee will review these recommendations to present to SECAC. In early November 2022, a town hall meeting will be held to present these policy recommendations to the public and allow time for feedback. To that end, a set of policy and/or programmatic

recommendations will be submitted to the governor by January 2023. The timing of this report, along with the advent of the PDG-R and the MS Senate Study Group on Children, Women and Families, align on key policy and/or programmatic changes that can be set the foundation for launching new opportunities with aligned policies to support and improve outcomes for young children in MS.

### **Plan for Oversight of Federal Award Funds and Activities**

The Mississippi Department of Human Services (MDHS), has statutory and executive responsibility for governance and oversight of federal funds allocated to early childhood education in the state of Mississippi. As lead agency to administer this grant, MDHS will provide oversight of all review and approval of applications/proposals submitted by subawards and subcontracts, preparation of invoice templates based on approved budget categories, approve fiscal activities submitted by subawards and/or subcontracts, tracking of all categorical expenses, and preparation of all reporting documentation. The MDHS Procurement Division has a risk assessment process in place to monitor and mitigate potential risk on a continual basis. Key staff responsible for oversight activities include Dr. Chad Allgood, DECCD Director; Laura Mallery, DECCD Deputy Director; Dr. Kameron Harris, Compliance Director; Debra Dixon, Chief Financial Officer; Samuel Cole, Chief Procurement Officer; Brett Robinson, Head of Internal Audit; and Patrick Black, Chief General Counsel.



### **Program Performance Evaluation Plan (PPEP)**

The Evaluation and Research Group (ERG) of the Social Science Research Center (SSRC) at MS State University (MSU) will have primary responsibility for development and implementation of the Program Performance Evaluation Plan (PPEP). The ERG (<https://evaluation.ssrc.msstate.edu/about-erg/>) was established to provide sound and effective strategies to local, state, and national organizations that assist in making data-driven decisions about their programs, policies, projects, and services. The SSRC maintains its own Information Technology and Communications Services (ITCS). This provides protection against data loss in the event of hardware failures and rapid expandability. SSRC also has two on-site secure data rooms used for working with sensitive data.

The performance evaluation will use programmatic data to assess whether: 1) progress is being made toward the stated goals; 2) activities undertaken contribute to achieve the desired results; and 3) any program weaknesses exist that may require adjustments. The PPEP will involve a comprehensive approach to solicit input from a range of stakeholders and collect data to measure the impact (short-term and projected long-term) of the grant activities on families, EC educators and involved state agency partners. Researchers at the ERG will devise a preliminary evaluation plan based on the current proposal and upon grant award and subsequent approval of the NA and SP will work in collaboration with state agency leads and PDG-R partners to finalize the design and implementation of the evaluation methodology and continuous quality improvement efforts. The team will also collaborate on strategies to communicate evaluation results and build evaluation capacity through training and technical assistance. The overarching goals of the PPEP are to: 1) provide evaluation support that facilitates the implementation and progress of PDG-R activities; 2) monitor project activities to ensure adherence to stated goals

and objectives; 3) provide a mechanism for accurate, timely data collection, reporting and data analysis to be used for continuous quality improvement; and 4) provide feedback from the evaluation to facilitate the statewide implementation of ECE best practices. The evaluation team will work with program partners to develop and/or modify realistic, attainable milestones and specific timelines for reaching them for each of the project activities; delineate specific tasks for each activity and develop a strategy to monitor progress toward those milestones for continuous quality improvement.

The principles of data-driven decision-making will guide the continuous quality improvement (CQI) process. ERG researchers will offer a team-wide technical assistance training that underscores the importance of using data in program development and implementation, how to define/identify metrics to measure (conceptualization) and how to assess those data (operationalization). CQI efforts usually follow a similar, iterative pattern: beginning with data collection, moving through analysis and to adaptation. Results from the data may call for adaptations at any point along the continuum of program development and implementation. The evaluation team will schedule regular meetings with the PDG-R team to provide updates on its progress and data briefings. The frequency of these meetings will be determined in concert with the PDG-R leadership team. The leadership team will also identify other audiences with which appropriate data should be shared as part of CQI.

### ***Data project/management software***

The leadership team and evaluation teams will use agreed upon project management software to assist with accountability and tracking of grant activities. This platform will allow teams to monitor progress and adherence to timelines in a timely manner and address any



challenges that may arise when they are in the early stages. Input from all partners is needed to determine which software package will most efficiently address the project's needs.

### ***Data Collection and Data Management***

Data metrics and indicators are in Table 4. The evaluation team will review existing processes for collecting these data and will formulate a strategy for consolidation that allows for ready access and CQI. Currently MDE utilizes the MS Student Information System (MSIS), an electronic database, to keep an accurate accounting of student attendance and personnel at the school level. MSIS captures detailed information about teachers, administrators, students (Pre-K to 12), and school board members. MSIS also tracks student-specific data elements, such as schedules, attendance, grades, transportation, discipline, and vocational and special education. A new improved version of MSIS is expected to be operational by 2024. This new iteration will house data for all children in the Pre-K collaboratives, which includes scholars from Head Start. As it now exists, these data are fragmented and are not housed in a singular data system.

The Web-based Early Learning System (WELS) is an exchange hub that provides support for early learning systems that is utilized by MDE. The platform provider portals assist in the monitoring of specific programmatic activities. For the PDG-R activities, WELS will be particularly useful in monitoring and tracking training opportunities for providers and families. The system can be tailored so that it yields a searchable database (cataloging) of all training opportunities, both required and optional, offered through this initiative for early care providers and families. Some examples of basic elements that the database can include are general descriptions of the training; focus areas (e.g., child age group, special needs, etc.); target populations (home and center-based providers or families); modes of delivery; delivery schedules; etc. This will assist providers in planning training opportunities that meet the specific

needs of their centers and families. This catalog will be updated as new training opportunities become available and also can be used to inform users if training has been discontinued. It also will allow all stakeholders to see what training is available and to inform the system as to what the gaps are. These opportunities will be informed by the NA- what providers, families and communities identify as areas of need.

These tools will be used in concert with the statewide child care Access Tracking System (CATS) that will track data on child care centers, child care professionals and the parents and children they serve. This system is being developed as part of this project and is described in detail in Project 4.11. This data system will be developed keeping in mind the metrics and systems requirements of existing databases at MDE and MDHS to facilitate ease of data sharing and merging data across agencies as needed.

***Progress and Status of Developing an Integrated Data System (Status: Development process)***

**Child Care Access Tracking System (CATS)**

After discussions with MDHS leadership and EC stakeholders across the state, Elucidata, in collaboration with the CFM, has designed a plan for a statewide data system to track child care centers, child care professionals, and the parents and children they serve. To our knowledge there is currently no integrated data system that focuses exclusively on young children in MS with an overarching goal of increasing equitable access to EC programs. Over the last year, Elucidata and the CFM have become acutely aware of the importance of creating such a data system and have had numerous discussions with MDHS to determine where the greatest unmet needs exist for child care throughout MS. The need for having such a system has become increasingly important, as MDHS is assessing ways to more equitably distribute discretionary ARP funding.

Several of the visualizations and graphics were provided to MDHS for MS's Special Senate Study Group hearing on child care on October 26, 2022.

### ***Areas of fragmentation***

One of the current challenges with EC data in our state is that systems are fragmented and dated and were developed primarily for administrative purposes within an agency, not necessarily tracking performance outcomes. In addition, many of the databases were developed specifically for use within an agency, without considering possibilities or the need for sharing between agencies. As a result, there are no straightforward ways of merging data across systems. This is especially relevant, as Pre-K education is being expanded across the state, and there is no central repository for information about this population of children.

### ***Using data for continuous quality improvement***

The evaluation team and PDG-R partners will use the data collected through new and existing systems to implement CQI, taking into consideration the timeframes for availability of the data. As may be expected, those data that are already being consistently collected through existing systems would be potentially more readily accessible than data that are fragmented and have been identified to be included in the newly proposed integrated reporting and monitoring strategy (i.e., CATS). Examples of data that we anticipate being available in year two include feedback on individual training sessions from participants, data examining the impact of whether incentivizing training/credentialing assists in recruitment or participation (**Projects 4.1, 4.2**) and end of year growth survey for providers.

Data will also be collected at the point of training delivery that can address implementation and are amenable to inclusion in the CQI process. Metrics such as the level of FE as indicated by response to a self-administered survey; nature of training opportunities

requests; the challenges in offering training sessions and any variations by delivery type (virtual, in-person/hybrid) all can be examined to determine if adaptations (e.g., changes in scheduling, types of offerings, etc.) are needed.

Other types of data that may contribute to changes in the SP may not be evident until later in the program cycle. Longer-term outcomes include a better trained workforce; better retention in early education providers; increased family input and more responsiveness to family and community needs. While it may not be possible to measure these outcomes in this PDG-R cycle, these data can contribute to the overall strategic planning. While we can measure short-term retention of trained staff, we will not be readily able to determine if staff who are engaged in training are staying in the field at the end of year three. Even if we offer training and have a better trained workforce, it does not benefit the children long-term if retention is low.

### ***Leveraging findings***

Findings from the PPEP will be summarized in an annual report and disseminated to stakeholders identified by MDHS and its collaborative partners. This offers opportunities to receive input from stakeholders that can contribute to the updates in both the NA and the SP.

**Table 4: Performance Indicators by Project**

Activity Description		Potential Process Measure	Potential Outcome Measure
1.1 Needs Assessment (NA)		Successful implementation of updated NA process	Completed, published NA updated as needed
2.1 Strategic plan		Successful implementation of SP process	Completed SP adopted, disseminated and updated as needed
3.1 Communications plan for family engagement		Successful implementation of communication plan	# of documents/products distributed through dissemination plan
3.2 Develop parent engagement coalitions		FE coalition developed	# of established coalitions # coalition meetings held
3.3 Organize and hold FE fairs		FE coalition developed; FE fairs	# fairs and parents participating in fairs
3.4 Update Family engagement framework and toolkit		Convening of internal and external stakeholder groups Updated training materials developed	Toolkit focusing on post COVID-19 needs updated and reprinted
3.5 Purchase subscription and train teachers		Subscription purchased	# teachers trained
3.6 Extend R&R Resources to non-English speaking families		Hire bilingual staff Translate materials	# parents assisted
3.7 Offer subsidy bonuses for programs employing bilingual educators		Successful recruitment of programs to employ bilingual educators	# bilingual educators employed
3.8 Employ four FE Transition Services Coaches		FE transition coaches hired	#coaching sessions held; # of participants in coaching sessions

3.9 Offer FE conference	FE conference held	# participants at FE conference
3.10 Leverage Consumer Education Platform/R&R Resources	Successful implementation of resource directory	Resource directory updated as needed
3.11 Family navigator program	Implementation of well visit planner and training	#families assisted in using Well Visit Planner
3.12 Link Parents to Disability Resources	Referral plan created	#families served
3.13 Hire two ECC/Parent Outreach Coordinators	ECC/Parent outreach coordinators hired	# of sessions with ECCs
4.1 Pyramid Implementation sites	# of providers completing certification program; # of Pyramid sites expansion implemented; pre/post assessments; model fidelity	Improved teacher growth in practices to promote children's social/emotional health; increased EC credential providers
4.2 Recruitment and retention of early childhood professionals	Development of infrastructure to support community of practice for high school CTE and Teacher Academy	# Professional and learning activities; # students in credentialing programs; # of colleges engaged; amount of college credit awarded
4.3 Workforce TA	Additional EC coaches hired	# TA sessions provided
4.4 Coaching Community Consortium	Expansion of community of practice across state to early learning and K teachers	# professional learning opportunities offered; # of participants in learning activities
4.5 Learning management System	Successful implementation of online learning platform	# contact and continuing education units and contact completed

4.6 Pilot coaching consortium for providers to infant and toddlers (IT)	Infrastructure in place to support community of practice	# of professional learning activities offered # stakeholder participants
4.7 Early learning conferences	Two learning conferences held Five regional sessions annually	# attendees at sessions Types of sessions offered
4.8 Making Adjustments resource	Making Adjustments training session held	# training participants; # resource kits distributed
4.9 Comprehensive practice based coaching model	Expansion of ELC coaching model to early learning providers	# early learning providers trained
4.10 CSPD	CSPD developed	Ongoing input to CSPD registry
4.11 Integrated online data system	Operational integrated online data system	Operational online data system
4.12 IECMH-C	Professional consultants and supervisors available	# of families served by IECMH-C; # providers served by IECMH-C
4.13 Child care provider warmline	Warmline established	# of calls to warmline
5.1 Quality support system for early childhood	Successful engagement of families, providers, and B-5 system interest-holders and actors	Completion of a Mission, Vision, Goals, and Strategic Plan for the MS Quality Support System
5.2 Early learning childhood standards	Ongoing professional learning sessions on how to implement standards	# group professional learning sessions; # one-on-one professional learning sessions
5.3 Guidance to support learning acceleration	Ongoing update, expansion and implementation of support documents	Updated document available for distribution, updated as needed

5.4 Videos to support learning acceleration	Ongoing support of videos on YouTube and MDE website	Distribution of videos through electronic media
5.5 MS Beginnings: Pre-K	Expansion of curriculum to interested pre-K classrooms	# of schools implementing MS Beginnings
5.6 Pre-K to K transition administrator PL	PL for EC administrators	# of individuals trained
5.7 Extend MDE MS LITE Institute	Head Start and child care providers trained with LITE curriculum	# of providers trained
6.1 Blended Pre-K program	Successful expansion of blended pre-K to school districts	Increase in number of inclusive pre-K settings
BP.1 High-quality child care coaching program	Training curriculum for child care providers	# of providers trained
BP. 2 Mixed-delivery system	Recruitment for the training	# of providers trained
BP. 3 Community Inclusion Team	# of Community Inclusion Teams; pre/post assessments	# of inputs; # of families served; # of individuals trained



## Logic Model

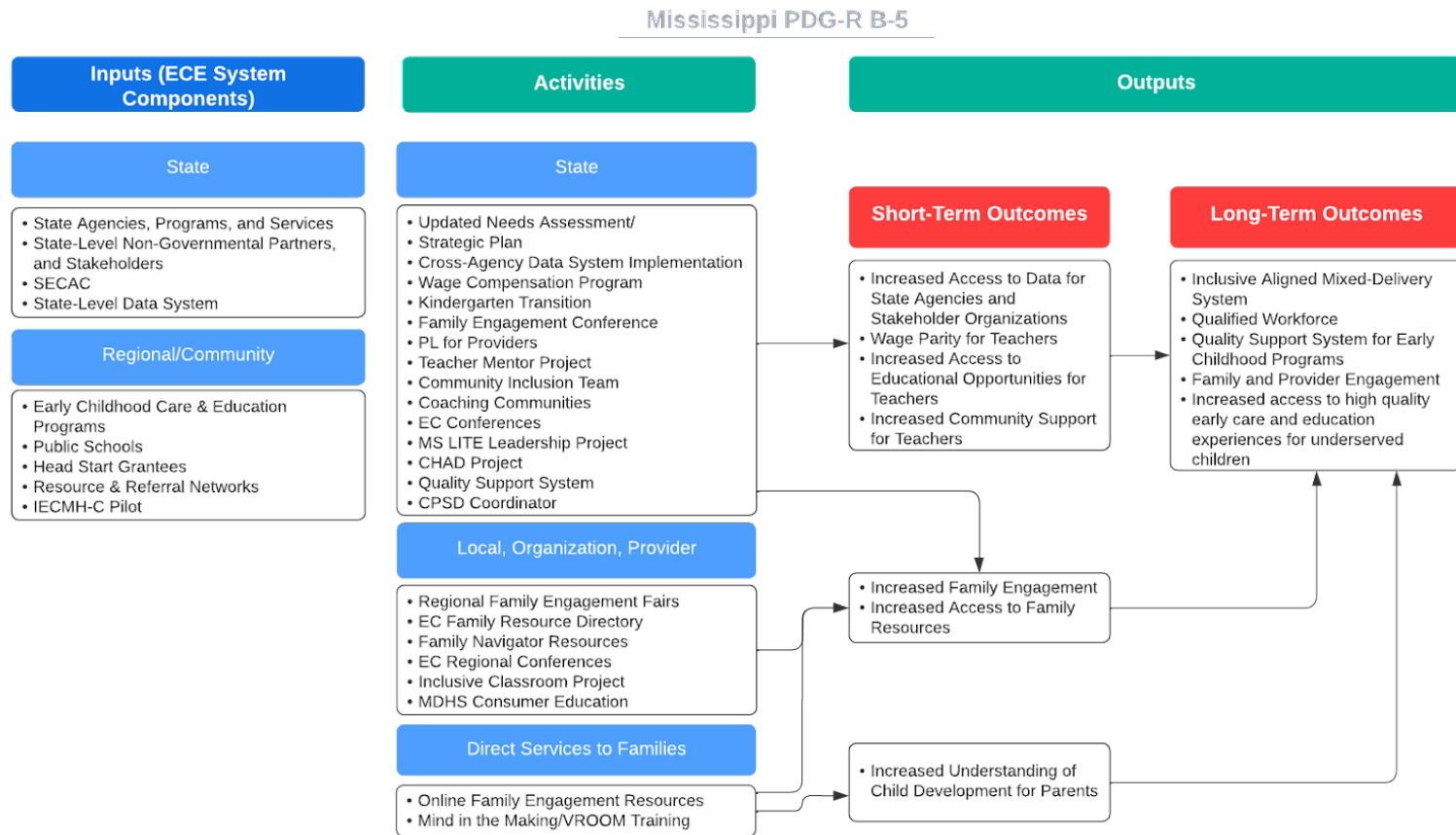


Figure 4: Logic Model

## Project Sustainability Plan

MS's plan for sustaining the PDG-R grant investment is to coordinate with MDHS for planning of the CCDBG funding. Rebuilding the R&R Network through MDHS will create a way to sustain the support system for early learning providers. Many of the activities in the application will blend easily with the efforts of the R&R Network. Working together, MDE and MDHS will blend and braid funding and services so as not to duplicate efforts in order to build an inclusive, aligned mixed-delivery system of support. One of the largest ventures in the application, the CHAD project, will be funded after the grant with CCDF quality funds. MDE and MDHS have a strong, collaborative partnership with which to tackle the mixed-delivery system. The MS legislature continues to support high-quality EC in its efforts to replace the funding as the W.K. Kellogg grant sunsets. MDE/MDHS agency leadership has a great relationship with these important partners in the legislature who are responsible for making decisions regarding funding. The MS legislature continues to focus on early childhood education, and the substantial increasing funding among Pre-K collaboratives over the last several years signals this being one of its priorities.

Additionally, through PDG-R funding, the CFM will contract with two individuals, namely, a *scholar-in-residence* (hybrid position of both virtual and/in-person means) and an *early childhood development/sustainability consultant*. While each of these individuals will serve as independent advisors to both CFM and the PDG-R's research and agency partners, their work will also be complementary. For example, the *scholar-in-residence* will serve as a resource to inform the team on best practices in meeting programs' goals. This individual will also share their expertise in areas such as blended and braided funding and provide the state with successful policy and programmatic models that other states have used to increase public funding

opportunities. Of note, during the past three years, the CFM has hosted 13 graduate students in public health [11 from the Harvard T.H. Chan School of Public Health Harvard (HSPH) and two from the University of Alabama-Birmingham]. During the three-year span of the PDG-R, we anticipate six to 12 additional HSPH students as well as an increasing number of students representing MS Historically Black Colleges and Universities (HBCUs), who will work in concert with the *scholar-in-residence*, the CFM team, and contractors. Given that improving quality early care and education is one of the CFM's priority areas, we anticipate a number of resultant policy briefs to build upon research already conducted via the CFM. The briefs will be shared with key stakeholders across MS. For example, topics that could be explored include: opportunities to increase and sustain wages of child care providers and determining ways to serve more young children (B-5) across MS, with a special focus upon children in underserved geographical areas.

The CFM will also employ an *early childhood development/sustainability consultant* to explore and vet opportunities for increasing public-private partnerships at the local, regional, and state levels; to determine ways to leverage available funds; and to create and pilot sustainability models. MS has a strong network of community-based foundations across the state and is the first state in the country to have successfully merged nonprofits and philanthropy into one organization (MS Alliance of Nonprofits and Philanthropies in 2019). The Alliance is leading the country in such endeavors, as there are now two additional states that have undergone similar merging processes. Indeed, the CFM leadership has already begun discussions with some philanthropic stakeholders about determining ways to create local, regional and state funding opportunities that currently do not exist in many underserved communities in MS.

To be sure, the *scholar-in-residence*, the EC development/sustainability consultant, the students, and the formation of public-private partnerships will provide added value to the PDG-R work and, more importantly, provide feedback on ways to create and sustain efforts beyond the three-year grant period. As noted earlier, the fact that MDE and MDHS have already determined ways to blend and braid funding and are already committed to sustaining the CHAD project is monumental. This signals and reinforces what has already been noted in this application that MS is now in a new era of collaboration to improve outcomes on behalf of MS's youngest children.

### **Protection of Sensitive and/or Confidential Information**

MDHS and its partners place high value on the confidentiality and privacy of participants, recipients, and professionals. Data are collected and stored on encrypted local drives or secured cloud-based systems. Data will be deidentified and aggregated into cell sizes of ten or more prior to any public release of information. Geolocated data are not released in a granularity finer than the Zip Code Tabulation Area. All team members are mandated reporters in the state of MS and will report known or suspected instances of child abuse or neglect or of a participant's intent to harm themselves or others if these instances emerge in the course of our normal operations. Other than these "duty to warn/duty to report" instances, our team will not release identifying information without a participant's explicit, documented consent.

### **Dissemination Plan**

MDHS and its collaborative partners throughout MS work together across agencies to ensure a strong communications infrastructure that disseminates data and information and targets multiple audiences, including families. MDHS houses the Consumer Education website that provides information for both families and ECE providers; the site will also soon host information on publications and research on EC development in MS, which is currently located

at the Mississippi Thrive! Child Health Development Project. Additionally, the MSDH sends out *Child Care Connections*, a monthly newsletter which is distributed to all licensed providers throughout the state. These cumulative print and website resources will allow for a timely and comprehensive dissemination of activities, products, and reports to targeted audiences. Further dissemination activities highlight SPs to target specific audiences and stakeholders include MDHS Information Sessions, which are held quarterly, targeting state partners, center directors, providers, families, and state agency personnel. These sessions will allow for regular updates on PDG-R activities and progress. Bi-monthly meetings, every two months, held by the SECAC and the State Leadership Team (SLT) will allow for regular updates of activities and progress to state leaders from multiple state agencies, including Institutions of Higher Learning (IHL) personnel and non-profit organizations. Lastly, the Chat About Children, a video interview series hosted by the CFM, that connects Mississippians with system leaders, will present two interviews each grant year emphasizing the work and progress being accomplished by the PDG-R.

## Appendix A: Governor's Letter



**State of Mississippi**  
**TATE REEVES**  
 Governor

October 26, 2022

Mr. Richard Gonzales  
 U.S. Department of Health and Human Services  
 Administration for Children and Families  
 Office of Early Childhood Development  
 330 C Street SW  
 Suite 4012E  
 Washington D.C. 20201-0001

Dear Mr. Gonzales,

As Governor of Mississippi, I am writing to designate the Mississippi Department of Human Services as the lead agency to receive and manage the Preschool Development Grant Birth Through Five (PDG B-5) Renewal Grant.

The Mississippi Department of Human Services is also designated as Mississippi's lead agency to receive and administer programs funded by the Child Care Development Block Grant (CCDBG). More specifically, MDHS is responsible for administering the childcare subsidy program and is tasked with increasing quality in childcare programs across the state. To this end, MDHS oversees the Mississippi Child Care Resource and Referral (R&R) Network, the Mississippi Early Childhood Inclusion Center (MECIC), the Nurturing Homes Initiative, Healthy Families Mississippi, and hosts statewide professional development. MDHS was also tasked with the administration of all COVID-19 relief dollars including funding allocated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, and the American Rescue Plan (ARP) Act. Using relief funding, MDHS has provided direct grant funding to stabilize the childcare industry, created support for the expansion of childcare services in Mississippi, implemented policy changes to streamline the subsidy application process for families, and implemented policy changes to improve reimbursement payment structure for childcare providers so that they receive steadier payments and receive these payments quicker.

MDHS has made great strides in assisting families with childcare needs and strengthening access to childcare. Currently, MDHS is in the process of assessing and retailoring its quality improvement system to streamline access to resources, training, and technical assistance for all childcare providers, and to better ensure quality of childcare programs for families. To accomplish

Ltr. to Mr. Richard Gonzales  
October 26, 2022

this, MDHS has established partnerships with other agencies and organizations in the state to create a stronger network of support for childcare and early childhood education in Mississippi. These include partnerships with the Mississippi Department of Education (MDE), the Mississippi State Department of Health (MSDH), the Mississippi Department of Child Protection Services (MDCPS), the Social Science Research Center at Mississippi State University (SSRC), the Children's Foundation of Mississippi, and multiple universities and colleges. Not only is MDHS the agency best suited to receive and administer the Preschool Development Renewal Grant Birth – Five, but these grant dollars would greatly assist MDHS with meeting its quality system reconstruction goals.

If you need additional information, please contact my office at (601)-359-3950.

Sincerely,



Tate Reeves  
Governor

## Appendix B: Organizational Chart

Dr. Chad Allgood, MDHS							
Dr. Jill Dent, MDE	Dr. Alicia Westbrook, USM	Dr. Linda Southward, CFM		Dr. Heather Hanna, MSU	Dr. Connie Baird-Thomas, MSU	Laura Mallery, MDHS	
PDG-R Grant Manager *	Project Support - Nicole Briceno, William Tala	Program Manager - Maribeth Kitchings	Technical Writer - Dr. Jessica Leslie Joblin, Elucidata	Project Manager - Callie Poole	Data Analyst -John McCown	PDG-R Grant Manager *	
Regional Coordinator (4) *	Research Spec.- Dr. Audra Classen	Communications Coordinator - Bailey Shelton	Data Scientist - Audrey Reid, Elucidata	Project Manager - Bradley Long	Project Manager *	PDG-R Programmatic Manager *	PDG-R Fiscal Manager *
General Education Coaches (18) *	Family Coalition Coordinator- BethAnne Mitchells	Early Childhood Councils/Parent Outreach Coordinators (2) *	Data Scientist - Dr. Izzy Thornton, Elucidata		Research Associate *	PDG-R Reporting Spec. *	PDG-R Budget Spec. *
FE Coach (4) *	Behavior Spec., MECIC- Jessica Fielder	Scholar-in-Residence *	Child Care Support Spec., Elucidata		Graduate Student *	PDG-R Data Spec. *	PDG-R Contract Spec. *
SPED Coach (6) *	Behavior Spec., MECIC- *	Early Childhood Dev/Sustainability Manager *				Child Care Quality Assessment Coordinator (8) *	
PL Spec. (6) *		Graduate Students (4) *					
Office Support (3) *							
Comprehensive System of Personnel Dev Coordinator*							
* indicates vacant position							



## Appendix C: Budget and Budget Narrative

<b>PDG B-5 Budget Narrative Year 1</b>			
<b>Budget Categories</b>	<b>Federal</b>	<b>Non-federal</b>	<b>Total</b>
<b>A. Personnel/Salaries</b>	\$780,366.30	-	\$780,366.30
<b>B. Fringe Benefits</b>	\$269,932.00	-	\$269,932.00
<b>C. Travel (including DC Meeting)</b>	\$28,000.00	-	\$28,000.00
<b>D. Equipment</b>	\$72,500.00	-	\$72,500.00
<b>E. Supplies</b>	\$36,000	-	\$36,000
<b>F. Contractual</b>	\$6,533,810.67	\$3,600,000.00	\$6,533,810.67
<b>G. Construction</b>	-	-	-
<b>H. Other</b>	\$36,000.00	-	\$36,000.00
<b>Total Direct Charges</b>	\$7,720,608.97	\$3,600,000.00	\$11,320,608.97
<b>I. Indirect Charges</b>	\$387,830.45	-	\$386,030.45
<b>Totals</b>	\$8,106,639.42	\$3,600,000.00 (30.8%)	\$11,706,639.42

**Budget Category – Personnel \$780,366.30**

Grant Management Activities – 1 Grant manager (1 FTE x \$64,486/yr.); 1 Program Manager and 1 Fiscal Manager (2 FTE x \$59,162.25/yr.); 1 Budget Specialist, 1 Reporting Specialist, 1 Data Specialist, 1 Contract Specialist (4 FTE x \$49,796.25/yr.)

**Budget Category – Fringe \$262,932 (Average Fringe Rate 35.1%)**

Required contributions for employees include FICA, retirement plan, unemployment insurance, workers compensation, and health insurance.

### **Budget Category – Travel \$28,000**

#### Grant Management Activities

Travel for 4 employees to go to mixed-delivery provider sites; PL events; local, regional, and national meetings/conferences (4 FTE x \$1,166,67 x 12 months); includes travel expenses for 3-day DC meeting (4 FTE x \$3,500).

### **Budget Category – Equipment \$72,500**

Laptop computers (\$2,500 x 12) and workstations for 12 FTE employees (\$3,000 x 12 FTE).

\*Upon completion of the project, equipment will continue to be used toward quality improvement activities.

### **Budget Category – Supplies \$25,000**

Office supplies (12 FTE x \$800/yr.); monitors (12 FTE x \$400/yr.); printing fees (12 FTE x \$300/yr.).

#### ***Activity 5: Support Program Quality Improvement***

**Project 5.1:** Projectors for Quality Assessors (12 FTE x \$875/yr.).

### **Budget Category – Contractual \$6,533,810.67 + \$3,600,000 (State Matching)**

#### ***Activity One: Update Comprehensive Statewide, B-5 Needs Assessment - \$576,745.84***

*Activities include: Stakeholder meetings, NA update drafting w/stakeholder engagement*

#### ***Activity Two: Update Statewide B-5 Strategic Plan - \$576,745.84***

*Activities include: Updating SP with family, provider, and other interest holder engagement to address Critical workforce needs/quality improvement, access for underserved children, coordination across the MS Mixed-Delivery System.*

#### ***Activity Three: Maximize Parent and Family Engagement in the B-5 System - \$2,053,151.00***

*Project 3.1: Development of communications plan; Project 3.2: Parent Engagement Coalitions; Project 3.3 Family Engagement Fairs @ R&R Sites; Project 3.4 Update and Reprint Family Engagement Framework and Toolkit; Project 3.5 TA on Interaction with Children and Families; Project 3.6 R&R Community Hubs; Project 3.7 Subsidy Bonuses to areas with concentration of non-English speaking families; Project 3.8 Family Engagement Coaches; Project 3.9 Statewide Family Engagement Conference; Project 3.10 Maintenance of R&R directories and consumer education platforms; Project 3.11 Family Navigator Screenings; Project 3.12 Adaptive materials for parents and families with special needs; Project 3.13 Early Childhood/Parent Outreach Coordinators*

#### ***Activity Four: Support the B-5 Workforce and Disseminate Best Practices - \$488,887.60***

*Project 4.1 Project REACH; Project 4.2 Sustain Community of Practice; Project 4.3 Job-embedded coaching; Project 4.4 Expansion of coaching community; Project 4.5 Online learning management system; Project 4.6 Expand Infant/Toddler Community of Practice; Project 4.7 Early Learning Conferences; Project 4.8 Inclusive practices training/TA; Project 4.9 CHAD Project; Project 4.10 CSPD Coordinator addition; Project 4.11 Integrated data system; Project 4.12 Infant/Early Childhood Mental Health Consultation (IECHM-C); Project 4.13 Early Child Care Warm Line*

***Activity 5: Support Program Quality Improvement - \$443,370.00***

*Project 5.1 Replace Standard Center Designation; Project 5.2 Training on MS Early Learning Standards; Project 5.3 Learning acceleration and family engagement splash page; Project 5.4 Expand online lessons for students, parents, families, and teachers; Project 5.5 Print curriculum MS Beginnings: Pre-K; Project 5.6 Transitional Development Project; Project 5.7 MS L.I.T.E.*

***Activity 6: Subgrants to Enhance Quality and Expand Access to Existing and New Programs - \$1,190,000.00 (15%)***

MDHS Subgrants to Licensed Child Care Providers for expanded services - \$750,000.00; MDE Subgrants SPED - \$440,000.00

***Bonus Points - \$152,032.00***

*Project BP.1 Coaching on serving children with special needs; Project BP.2 Itinerant Model; Project BP.3 Community Inclusion team*

**Budget Category – Indirect \$385,480.45**

MDHS does not have a federally negotiated indirect cost rate agreement. MDHS is electing to charge a 5.00 % indirect cost rate.

**Budget Category – State Match \$3,600,000**

State funds in the amount of \$3,600,000 appropriated in SFY 2023 to provide a high-quality state-funded Pre-K program for four-year-old children in local communities.

**Performance Evaluation Plan**

*Activities include: Evaluation, reporting, and data system planning*

Children's Foundation of MS - \$253,500.00; SSRC Evaluation Unit - \$268,649.00 Total = \$522,149.00 (6.77%)