NEXT STEPS FOR MICHIGAN'S GREAT START TO QUALITY

Findings from Stakeholder Engagement

Report Components

Why Is This Revision Important?

As part of the Race to the Top – Early Learning Challenge Grant awards, state grantees were charged with conducting validation studies of their Quality Rating and Improvement Systems (QRISs). The validation study of Michigan's QRIS, Great Start to Quality (GSQ), examined whether the self-assessment revealed real differences in quality between programs and if differences between star ratings were supported by other measures of quality—such as the Environment Rating Scales (ERS) and Classroom Assessment Scoring System (CLASS). Researchers concluded that GSQ overall was reliable and that ratings aligned with other Michigan Department of Education (MDE) standards for quality. In addition, they recommended further study to determine which aspects were most critical to improve program quality and support children's overall development and learning.

With the validation study complete, the MDE's Office of Great Start (OGS) used the findings and recommendations as a guide to considering what changes or improvements to the current system could move the state toward a system that better reflects local priorities and contexts, as well as new advancements in the field. The intent was to focus on a select number of areas rather than undertake a complete revision.

What is a Quality Rating and Improvement System, and what is Great Start to Quality?

Quality Rating and Improvement Systems (QRISs) have been used in almost every state to enhance and monitor early learning quality. **Great Start to Quality (GSQ)** is Michigan's QRIS. It supports early childhood programs and providers in their efforts to improve programs and helps Michigan families find and choose quality child care programs that meet their children's needs. Great Start to Quality also offers local Resource Centers in each region. The GSQ Resource Centers help providers with training and families with their child care search. The Michigan Department of Education's Office of Great Start is the lead agency with funding from the federal Child Care Development Block Grant. The Early Childhood Investment Corporation, an independent and publicly owned nonprofit organization, is directly responsible for the implementation of Great Start to Quality.

Focus Areas for the GSQ Revision

- Engagement of Family Child Care and Home-Based Providers, Including Curriculum Approval

- GSQ Overarching Categories of Quality

- GSQ Indicators

- GSQ Ratings and Scores:
  - Use of Assessments
  - Emphasis on Quality vs Emphasis on Ratings

OGS began this process by (1) developing a stakeholder communication and engagement plan and (2) establishing a set of guiding principles for making decisions around the proposed revisions.

Guiding Principles for the Revision Process

Standards and implementation changes will be informed by multiple sources of information and an equity lens including:

- Family and provider stakeholder and partner engagement and recommendations

- Data and research, including administrative data and validation studies

- Alignment across the sectors, including child care, Head Start, Pre-K/Great Start Readiness Program (community-, school-, and preschool-based), and Early Intervention

- Impacts and differences based on setting (home- and center-based, community- and school-based, tribal) and age (infant/toddler, preschool, school-age, and mixed-age groups)

- Barriers and inequities within the system for all types and settings of providers and families

- Streamline and reduce duplication and paperwork within GSQ and the licensing system

Stakeholder Engagement: What We Heard

The stakeholder engagement strategy was designed to "cast a wide net" to collect as much information and feedback as possible. To that end, OGS's Advisory Committee was convened to help set the direction for gathering information and to provide guidance and feedback on findings. In addition, we conducted 21 focus groups with families, providers, resource center staff, and licensing specialists; conducted 10 key informant interviews; and disseminated a survey to individuals and networks statewide. Responses across all sources were compiled and analyzed to identify recurring themes and inform key considerations based on findings. A more detailed description of methodology and a breakdown of stakeholder engagement activities are included in Appendix A.[1]

ADVISORY COMMITTEE

FOCUS GROUPS

INTERVIEWS

SURVEY

Across all stakeholder engagement platforms, four overarching and recurring themes emerged.

A focus on equity is a key component of building a QRIS that supports participation and achievement of high ratings among diverse providers and contains elements that reflect the diverse families and children being served.

Access to and utilization of QRISs are enhanced through targeted efforts to include providers across the multiple settings where children are cared for.

Well-aligned expectations and effective cross-agency communication among agencies working in programs engaged in QRISs can streamline processes and procedures and support improved quality.

Public and provider awareness and engagement help ensure the effectiveness and sustainability of QRISs by improving both supply and demand.

1   Unless specified, stakeholders are considered to be inclusive across multiple groups (families, providers, support staff, regional/state-level leaders, etc.). If a finding is unique to a specific group, it is specified throughout.

EQUITY

A focus on equity is a key component of building a Quality Rating and Improvement System that supports participation and achievement of high ratings among diverse providers and contains elements that reflect the diverse families and children being served. As the demographics of the country continue to evolve and diversify, Quality Rating and Improvement Systems have struggled to be fully reflective of and responsive to the racial, linguistic, and cultural diversity of populations served. Reflecting the rich diversity of children and families engaged in the early education system in **Michigan**, stakeholders emphasized the importance of a QRIS intentionally designed and implemented to be inclusive of the diversity of Michigan's children and families.

Families and other stakeholders value well-informed providers, inclusive learning environments, and a system that reflects and takes into account the diversity of the children and families served. Providers value flexibility in offering learning experiences that are reflective and respectful of the culture of families and children. All stakeholders value a culturally diverse and responsive workforce to foster and support children's learning and development.[2] However, they noted the importance of building a pipeline of diverse professionals entering the field and creating more opportunities to diversify the GSQ leadership.

"Something that we've had a little bit of conversation about is ... I can't say this broadly, but something that occurred to us in a conversation with a parent is the construct of Great Start to Quality and how we've outlined it really kind of as a Caucasian or white culture thing, that we're impressing upon everybody else."

– STAKEHOLDER

"So how can there be nuances and how can we honor cultural and racial differences in quality? Well of course, best practice and research grounds everything, but really still creating a space for families and communities of other ethnicities to find their place and feel comfortable."

– STAKEHOLDER

2 Across all stakeholder types, the majority of survey participants responded that cultural competence and inclusive practices are important for identifying the level of quality of a program.

"[There needs to be] intentionality to ensure that … the teachers who end up in our pool are representatives of the population of children and families that they are teaching. So we have to think about how we bring in more males, more teachers of color. I mean teachers, not aides so that they can, so that those ways for them to reach the different plateaus should be built into the PD [professional development] system as well."

– STAKEHOLDER

"I really love to see an awareness of anti-bias, anti-racism training. So I feel like it's becoming a lot more important to me to just be aware and to probe centers on what their anti-bias, anti-racism training looks like for their workers."

– PARENT

"So my main concern is making sure, as far as quality goals, it needs to fit the population that you're serving. A lot of times we come up with these things and we're just like, 'Oh, yes. It's the best quality,' but it's not the best quality for your audience."

– PARENT

ACCESS & UTILIZATION

Access to and utilization of QRISs are enhanced through targeted efforts to include providers across the multiple settings where children are cared for. Highly effective QRISs are designed to support participation across diverse program models and settings staffed by providers working to deliver the learning experiences families need and value. Too often, systems are designed to support center-based programs while smaller community-based programs struggle to meet expectations and navigate entry points. In **Michigan**, stakeholders value a system that includes pathways and guidelines that facilitate participation across all early childhood education settings.

All stakeholders value efforts to "level the playing field" by creating pathways and provisions within GSQ that reflect and support providers in all settings.

"Currently we reward those higher performing programs, and I get it because we want to make sure they stay and that they're providing services to children. But I also know that those lower performing programs are programs who haven't chosen to come in the system. There needs to be incentive for them to do that, and to improve their quality. So, I think that's a missing and important element. Particularly when we think about the service gaps that exist all over the state."

– STAKEHOLDER

"I think the system of support, or the portfolio of support needs to look differently given [home-based providers'] day to day circumstances and the fact they don't have a full team or staff working with them in support of the children. So the on ramps need to definitely be different."

– STAKEHOLDER

Home-based providers feel that curriculum requirements are a barrier to participation. Providers need more options to fit the realities of home-based care and wish GSQ would allow more flexibility for implementing curricula that meet the needs of infants and toddlers, diverse learners, and mixed-age groups. They report feeling coerced by the current system to implement required curricula. Providers and other stakeholders also state that current curriculum options are written for center-based providers and that the cost of approved packaged curricula, accompanying child assessments, and required training are too costly for home providers.[3]

"So a one-star center, it's a difference of a $1.50 an hour for a five-star center. So we calculated that $1.50 eight hours a day, five days a week for the entire year. And for a center of 50 children, that center from a difference of a one-star to a five-star, that's a difference of $156,000. That angers me because at this point it's like you're being coerced to participate. If you decide to use another curriculum, Abeka book or whatever, and you say, 'I don't want to participate,' you're saying no to a possible $156,000. That's being coerced."

– PROVIDER

3   Only 25% of family child care (FCC) staff survey participants responded that an approved curriculum is very important for quality, compared to 49% of child care provider staff. Based on survey responses, the top three curricula concerns for FCC staff were: cost, applicable to home-based setting, and address multiple age groups. For child care provider staff the top three were: address all learning domains, available training, and applicable in multiple settings.

"There are many home providers that are doing amazing intentional educational activities with their children, but because they don't fall under some sort of formal curriculum, they're not able to highlight those in the current system the way that it is."

– LICENSING STAFF

"I don't know what's included in them and it's not that I'm not doing those things but I can't afford the book to prove that I'm doing it."

– HOME-BASED PROVIDER

"I don't have hours in the day to study that to do it the way they want it done but I can take their assessment tool and look at what I do and gauge all the children and assess them based on the units and the different things that I do."

– HOME-BASED PROVIDER

"But that's been the big hang up for a lot of my programs…. They have their way of educating the children which appears to be very successful, but it just doesn't quite fit into that box, which is difficult."

– LICENSING STAFF

Family child care and home-based providers value benchmarks and assessments that allow them to "see themselves in the system." Many providers and other stakeholders, however, feel GSQ is more focused on center-based than home-based programs.

"If I'm a new home provider and I'm looking at Great Start to Quality and I'm 'Okay, what do I have to do?' Some of the things do lend more to centers than to homes, which I think is probably an obvious lean, but it is hard sometimes for our new home providers to really wrap their heads around."

– LICENSING STAFF

"But the biggest thing we hear is they don't see themselves in the indicators and it feels like the state wants them to become centers ..."

"Yes. And I can't tell you how many providers I've heard saying that Great Start to Quality is 'trying to force us all to be little centers.'"

– STAKEHOLDERS AND LICENSING STAFF

For many providers, including home-based providers, on-site assessment is a major deterrent to seeking higher star levels.

"It was so intimidating, especially for my staff more than me. But yeah, it was like, they're assessing for a few hours when that doesn't even touch what I could really do. I mean, if I had two babies that day and a special needs child and like they said, all the kids in between, it's a big deal. Just to judge us for a few hours, it doesn't even touch what we really can do and who we really are, I think. I mean, all of us are way better than what we were in those few hours that they were there."

– HOME-BASED PROVIDER

"I think there needs to be some very clear differences between assessing a center and a group where there's multiple people to share in the workload and a home provider that's somebody doing it all by themselves."

– HOME-BASED PROVIDER

"I don't agree with somebody from Great Start coming in to assess how I run my program. I agree to being a three star, but I don't agree with them assessing how I run my program, which is why I don't go for a four or a five star because I just don't agree to doing that. I'm not going to do it, even to be a three star, so I'll drop down to a two or nothing at all at that point, because I'm not going to do it."

– HOME-BASED PROVIDER

Providers, families, and other stakeholders value a focus on staff qualifications, and also understand the importance of addressing experience. However, they feel that under the current rating system, degree status carries more "weight" and may diminish other quality benchmarks. Providers state that degree requirements pose a major barrier to participation in GSQ.[4]

"I don't know what the magic answer is here, but home providers particularly have always asked why doesn't their experience count—figuring out if there is a way to honor that experience, but at the same time … [recognizing that] times have changed and this is not what we do anymore."

– STAKEHOLDER

4 Of all stakeholders, FCC staff survey participants had the lowest support for qualifications—42% responded that qualifications are very important for quality, compared with 49% of resource center staff and 53% of child care provider staff.

" ... usually because of that element, around education, other elements of quality that that program is already excellent in, but you can't see it if it was all together under a three. It has to break out so that that communication to families is quite clear."

– STAKEHOLDER

"This may be a really perfect case where relying on educational credentials for a provider could be harmful because you might run into situations where you have communities, especially maybe refugee or immigrant communities where you've got someone who's naturally adept and ready to provide child care services but maybe doesn't come with some sort of a credential letter, degree following their name, but it doesn't make them ill prepared at providing that wonderful care."

– PARENT

Providers and other stakeholders value application, self assessment, and reporting processes that are easy to navigate and responsive to the daily realities of working with children, but note that current processes can be long and burdensome. The extensive paperwork and reporting systems are perceived to be a barrier to participation.

"We know that some providers are very frustrated with the time restraints. It's like they're working with these kiddos all day long until six, seven at night. Now they're supposed to do the ratings, they've got the membership piece, they apply for an application, get that back, then do the SAS. And it's like gathering information from everybody uploading this when some of them don't even know what uploading is, and then trying to connect everything. And they give up and say, 'Forget it. I'm done.' It's very frustrating."

– RESOURCE CENTER STAFF

ALIGNMENT & COMMUNICATION

Well-aligned expectations and effective cross-agency communication among agencies working in programs engaged in QRISs can streamline processes and procedures and support improved quality. When expectations, standards, and regulations are aligned "on the back end" of a QRIS, providers are better able to navigate multiple systems of oversight and accountability, and ultimately provide a more seamless, high-quality experience for children and families. In **Michigan**, stakeholders note the importance of improving cross-agency communication and building more consistency and alignment in expectations and terminology across those who are monitoring and supporting providers. Stakeholders note that better alignment and communication could go a long way toward reducing confusion and duplication of effort and supporting improved program quality.

Licensing and resource center staff value consistency across measures and policies for monitoring quality but shared that licensing requirements sometimes differ from program quality domains and indicators, causing duplication of effort and confusion for providers. Some licensing and resource center staff report that the current GSQ goes "above and beyond" the licensing requirements, which can be challenging for some providers who may be unable or unwilling to try to meet both standards.

> "They do a lot with paper work [and] requirements go above and beyond the minimum licensing standards, which would be instead of a program director [needing] 16 hours of training, they need 24 a year. So, they're upping the ante a little bit from what licensing is requiring."
>
> – LICENSING STAFF

"Licensing has requirements, too. So I think where there's going to be some confusion, and the waters will get muddied again…. How are we aligning with licensing for that beginning thing that might trigger our very first level and get people in, hopefully someday. But I think that's where confusion might set in. Because like, 'Oh, I got to do this for licensing, but then I got to do this for this.'"

– RESOURCE CENTER STAFF

"Licensing doesn't recognize an assistant teacher role per se in the sense of we don't require any specific educational experience requirements for that role, so I just would be somewhat concerned about using that terminology, because I think it would further confuse providers in the sense of thinking that licensing requires those types of education and experience requirements for that role."

– LICENSING STAFF

Providers value hearing consistent terminology from support and monitoring staff and note that having a common set of terms and references could help them navigate separate systems and reduce current levels of confusion.

Providers and other stakeholders value ongoing communication between licensing and resource center staff as a way to ensure more consistency in their work with programs and would welcome more established channels for coordinating support.

> "So we have a nice partnership. We used to meet with them twice a year, but that's changed under the new requirements. And I miss having that connection and being able to talk with the Great Start folks. There's also a concern that many of the things that we do in licensing may … We have to be careful, I think sometimes, about what we can or can't share with Great Start."
>
> – LICENSING STAFF

AWARENESS & ENGAGEMENT

Public and provider awareness and engagement help ensure the effectiveness and sustainability of QRISs by improving both supply and demand. The success of a state QRIS requires communication, outreach, and engagement with a range of stakeholders, including providers and parents. Effective outreach and communication increase family understanding and demand and expand provider participation. Past studies have found, however, that broad awareness or understanding of the QRIS is limited and for parents and providers who have been engaged, the process is often confusing and overwhelming. In **Michigan**, stakeholders report that awareness of GSQ among families and providers is uneven. Families and providers alike often lack basic understanding of what it is and how to use it.

> **Resource center staff** recognize and value the role they can play in facilitating engagement in GSQ and shared that some providers are unaware of what GSQ is, why they should participate in it, and how resource centers can be supportive, while other providers are aware and continue to participate as a result of supports they receive.

> "The struggle initially can be just to get them to see the why behind it. But I think more often than not once they are in and working with our team and are a part of it, they then can see all of the benefits. We have very few providers that once they're participating they choose not to participate again. Almost all of them want to stay in because they can see the benefit through the support, the resources, the lending library, free PD, just a whole variety of options that we're able to offer them."
>
> – RESOURCE CENTER STAFF

"But I think we had to take the time to educate people on what the benefit of participating in the system would be for a tribal program. And so we had some presentations and trying to encourage the centers to participate. Because for example, their major benefit is getting extra funding for participating."

– STAKEHOLDER

Families generally have positive experiences and feedback about GSQ as it relates to their child's care and the staff they encounter. However, some families have limited knowledge of the star rating system and how it works while others place a higher value on other criteria for selecting a program.

"I have a four year old son and a two year old daughter and I just found out about [GSQ] in maybe the last six months. Prior to that, when I was looking for care for my kids, a lot of it had to do with just asking people that I knew for their recommendations and having that personal recommendation."

– PARENT

"I'll say that even more so than a star rating, I'm actually going to look to things like what people I trust say about an institution, so if I'm looking for a place, I'm going to ask people who have had experience with it and that will be even more so I think an indicator for me of whether it's a good choice for us."

– PARENT

"I've never even known that there was a star rating, to be honest with you."

– PARENT

Overall, there may be a lack of clear understanding within the **community of providers, licensing, and resource center staff** with regard to the intent of GSQ to provide benchmarks and quality ratings that are intentionally designed to exceed basic licensing requirements.

"In a real general way, when saying, how does Great Start to Quality define quality? It's, how much do you go above and beyond licensing health and safety standards in those different areas."

– RESOURCE CENTER STAFF

COVID-19: National and State Impact

COVID-19 has deeply impacted the lives of children, families, and providers—hitting people of color the hardest.

Children & families of color are experiencing:

- Higher proportion of reported cases and deaths
- Higher percentage of job loss
- Higher percentage of loss of funds to cover expenses
- Higher rates of emotional distress among adults and children

Providers are:

- Struggling to stay in business, support essential workers, and find required health and safety supplies
- Being forced to close their doors
- Trying to find ways to support virtual learning

Parents are:

- Scrambling to find ways to balance work, care, and learning on their own
- Worrying about finding care when programs are closed
- Struggling to feed, clothe, and house children (especially in low-income and racially diverse families)
- Experiencing loss of emotional support and high levels of stress

Young children are:

- Experiencing the pandemic at a critical developmental period
- Losing access to important early care and education programs
- Lacking development in important foundational skills needed for school success
- Missing opportunities for social interactions and developing social and emotional skills
- Experiencing stress due to parental stress, loss, and fear

COVID-19 IN MICHIGAN

Overall, the Coronavirus pandemic has increased unmet need for child care, put child care out of reach for many more parents and families facing increased economic hardships, and left providers who are among the lowest paid in the state struggling to survive. As part of the stakeholder engagement approach, we wanted to recognize the impact that COVID-19 has had on providers, families, and children in the state and included a question across all types of information gathering that asked how respondents were faring. Here is what we heard:

- **Providers** are overwhelmed with new health and safety requirements and therefore are spending less time and focus on other aspects of program quality and quality improvement.

- **Families** feel that changes are happening fast and that they need more communication channels to receive updates from providers, especially now that rules have changed around drop-off. Families miss opportunities to connect with providers given this new reality.

- **Families** looking for new programming and care are concerned about building trust with providers, and families caring for children at home are concerned about their abilities to support learning.

- **Licensing staff** report seeing an uptick in renewal applications that include modification requests to serve school-aged children.

- **Resource center staff** report difficulties with virtual coaching and note that inequities related to access to and knowledge of how to use technology are a barrier for some providers.

- **Resource center staff** report that much of their current work with providers is focused on addressing well-being and providing supports related to sustaining their business.

Going from Numbers to Quality Improvement

KEY TAKEAWAYS

- **Stakeholders are supportive** of the proposed change to develop a quality improvement approach for GSQ.

- **Stakeholders want a clear understanding** of "what the system will look like" in practice.

- **Stakeholders want more information** on how progress and improvement will be measured and tracked.

Quality Rating and Improvement Systems and the research informing them have evolved over the years, and we are now seeing a shift in many states from a ratings-based system to a continuous quality improvement system. By making continuous quality improvement a core component of a QRIS, providers are empowered to "own the change" rather than merely check items off a list. In response to the proposed revision to GSQ, stakeholders generally approved of the change. Their comments and questions also revealed gaps in understanding and some important elements of the new approach that will require additional clarification and clear communication of both the process and intended outcomes.

Questions and Concerns

The most common concerns participants expressed had to do with the methods/tools in which "quality" will be measured. Specifically:

- What will be the quality indicators?

- Which assessments will be used for those indicators?

- Can there be a variety of assessments based on the diversity of provider programs?

- Will an observation be still included only for the higher "ratings/indicators"?

- If observations are still included, how can they be structured in a way that is less subjective?

Stakeholders are supportive of the proposal to develop a quality improvement approach for GSQ.

They overwhelmingly agreed that the current system did not truly encourage providers to work to improve their quality, and believed the shift had the potential to support providers—especially home-based providers—in being able to build on their special context and current practices to advance to higher levels of quality and recognize the value of participating.

"I've always wanted to see more intentionality around the CQI and how to support folks to actually get better."

– STAKEHOLDER

"In my mind, the new focus makes sense. I think a number's a number and we get hung up on that, but if we really want to push quality, we need to use that terminology, versus 'I'm a five star.' Okay, well, what does a five star mean? But I'm a high quality program, we want quality to be the word out there, we want to emphasize that and not necessarily emphasize a number."

– LICENSING STAFF

"I really, really love this idea. When I work with my programs, I always stress, 'I don't want you to do something for the points. I want you to do something because you see the value in it and that you're going to continue to do these things even after I'm not here or nobody's watching over your shoulder.' So I think taking the emphasis off the points and more on the actual quality is a very positive thing. I'm curious on how that will be done."

– RESOURCE CENTER STAFF

"I think when you implement a shift like that, it would encourage people to have a better program. You know what I mean? When there's things in place to help you along the way to know what a quality program looks like in the ways that you can take that information and make your program a higher quality program, then it's a win-win."

– FAMILY CHILD CARE PROVIDER

"I like this because I feel like Great Start is more of a challenge for homes in many ways than it is for centers. But with homes, a lot of folks can't get past a three star if they don't have the proper education. And they may be an amazing provider doing wonderful things with children, outdoor experiences and whatever, bringing their passions to their care, and can't get above a three star because they don't have an associate's degree. So, I do think that that's a huge value added. If there is more focus on how their practices are changing and improving over time versus a snapshot of just one day or one piece of training or education missing, that would make a difference."

– LICENSING STAFF

Stakeholders want a clear understanding of "what the system will look like" in practice. There was general agreement that there is a need for more information and explanation of exactly what will be the same and what will be different between the current star system and the new proposed system.

"I'm definitely intrigued by the idea and I liked the idea of quality. However, I feel like before I could surely comment on it, I'd want more information as to what all of this actually looks like. I feel like there's not quite enough information for that. And not knowing that another question that would happen to programs who have an existing rating on this scale, would this rating translate over whatever body would be starting again? What impact would this have on their subsidy? Going from one system to the other kind of all of those finer details."

– RESOURCE CENTER STAFF

When asked by the facilitator, "Does this sound like it might entice you to want to participate?" the provider said …

"I'm still scared."

– HOME-BASED PROVIDER

"There still has to be some sort of measurement in there. What does this actually look like? So that's my biggest curiosity."

– STAKEHOLDER

"That relates back to even the cultural and the language part of it. The ... observers need to be trained in cultural diversity and what different classrooms look like? Their tool on what they're doing with observations will be critically important in the quality improvement process."

– STAKEHOLDER

"I would have to know, who is going to determine the level of improvement? A little bit of improvement can contain a whole lot of quality and what others may think of as improvement in some programs may have less quality. You can move forward quickly with some quality or you can move forward slowly with a whole lot of quality."

– STAKEHOLDER

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" ... as we think about a redesign and what the role of an on-site assessment can be. What would it look like to have a tool? Whether it's done locally or by the program, that helps them really.... Let me focus on the very concrete things, focus on my environment, the tangible. I can see it and do things, and then later coming in, building their capacity there, and then shifting into, okay, now let's look at the things like what the CLASS does and that really do require that journey of professional development, that introspection and reflection, and deep attention and growth for your individual practices and how I'm engaging with children, how I'm setting up very intentionally all these different aspects of my program to gain the best outcome.... So I really hold that as a continuum in my mind in what feels manageable. I think about a home provider or a novice teacher. I can grab onto the environment of my classroom. That's something ... I can do that."

– STAKEHOLDER

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Where Do We Go from Here?

Recommendations and Considerations for a Revised GSQ

 KEY TAKEAWAYS
Considerations for a revised GSQ include the following focus areas:

- **Communication and engagement** during revision and rollout

- **Transition process** that ensures providers are supported and informed

- **Family voices** and choices

- **Clarity and accessibility** of revised documents

- **Tools and resources** including additional training and technical assistance needed to meet benchmarks of quality

- **Assessment tools and procedures** that align with a quality improvement approach

Stakeholders shared insights and considerations for finalizing and rolling out the revised system, as well as some considerations for what it will take to fully implement components of the revised GSQ.

Communication and engagement during revision and rollout

Create an iterative rollout process that provides opportunities to authentically engage providers and families and keep them informed through ongoing outreach and communication.

Stakeholders encouraged creating a rollout process that includes targeted communication and engagement strategies that allow providers, families, licensing and resource center staff, and others to be informed and provide input. They stressed the importance of maintaining platforms for communication and engagement, and of developing messages that clearly describe the quality improvement process and make ratings more transparent to families. Taking an iterative approach to rollout that facilitates understanding and community feedback will reduce confusion, ensure broad-based buy-in and participation in the new system, and increase a sense of ownership.

"I can't stress enough two things. One, communication, and two, collaboration. Yeah, I think those are things that we have a lot of room for growth in and need to think outside the traditional boxes of what communication looks like and collaboration looks like."

– STAKEHOLDER

"You have to pay attention to the demand side, and engage families in the process, in the development, and get their reaction. They are a huge driver, and if we don't take an opportunity to bring them along, then we won't increase the number of programs that are participating. Their families are the reason that they're there."

– STAKEHOLDER

"I just think it's a key element and it's also the right thing to do. To engage the community in the process. The parents in the process. It's their children's lives right? And they should be able to react if nothing else. I know it takes a lot of time to bring them along from start to finish, but give them something to respond to, so that the nuances can be worked out, and then keep it moving.... Communication I think is going to be the biggest thing. Now I've heard in other states, providers felt like [they] really knew what was going on, [they] knew that they were starting in one place and [they] ... knew [they] were going to do it in phases or cohorts or whatever. 'So now might not be my time, but I will get a chance soon,' and work will have been done on the model, if you will, between the starting point and later on. So communicating what that looks like and why and how is going to be just critical."

– STAKEHOLDER

Transition process that ensures providers are supported and informed

Provide guidance and institute a phased-in process to support providers in transitioning to the new system.

While stakeholders overwhelmingly approved of the decision to move to a quality improvement approach, they recognized that providers and those who support them will need careful guidance to implement the new system. They recommended the use of a phased-in approach to implementation that would allow for OGS to assess and monitor issues and challenges and make mid-course corrections, and would also allow more time for providers and support staff to successfully make the shift. Of high importance now is the need to create transition procedures and support structures to ensure shifting to the new system does not cause backward movement overall and in particular in relationship to new COVID-related licensing requirements.

"I do think it's going to take guidance. This whole shift in transition is going to take a lot of careful planning, but also careful phasing iteration and transparency as well as pausing in between phases and reflecting, 'Okay, what tweaks do we need to make?' That's been one of the biggest and loudest lessons I have pulled from other states who have gone through this process."

– STAKEHOLDER

Family voices and choices

Ensure that family feedback and insights on program quality and priorities for their children are integrated into the implementation and program support efforts.

Families are very clear about how program quality is defined and have strong opinions about what they want their children to learn and what they look for when selecting programs for their children. It will be important as the revised GSQ is rolled out and implemented that family priorities be considered.

"We want our children to be able to express themselves, express their feelings and make sound decisions and know their worth. I think that's beautiful—the foundations and fundamentals of childcare, social, emotional development."

– PARENT

"I know with young ones, the most important thing is giving them opportunity to play, opportunity to play with blocks, opportunity to do puzzles, opportunities to paint and just to play. That's where they start to learn those things, if we're talking about the young ones."

– PARENT

Clarity and accessibility of revised documents

Provide clear definitions of terms and explanations of the scope and intent of domains and indicators.

In reviewing proposed revisions, including the new set of domains, stakeholders expressed some confusion with regard to some terminology and called for clear and concise definition of terms and statements of intent or expectations reflected in the indicators.

"Well, definitely I think it's an appropriate thing to have in there. But I too would be interested to know what the indicators are, especially for the community involvement. What that would entail especially in my rural areas. I'll be interested to see what that expectation would be in terms of, is it just providing resources to families? Is it actually engaging in community activities?"

– LICENSING STAFF

"Are they going to give us specifics? Because otherwise, if we don't get specifics, then we're left in the dark. I mean, that's how I feel. And then we're grabbing at straws and I'm like, 'Oh, that's not the right thing. You should have this.' And that causes too much confusion. That would not go well."

– HOME-BASED PROVIDER

"Something that jumps out to me right away is the, 'at a single point in time.' That's very broad to me, I guess. I'm not really following."

– LICENSING STAFF

Tools and resources including additional training and technical assistance needed to meet benchmarks of quality

Consider what will be needed to adequately implement new quality benchmarks in practice.

Stakeholders recognized that in order to implement new expectations and meet quality benchmarks, providers may need additional training and technical assistance in certain topic areas, programs may need additional resources and coaching supports, and resource center staff may need to adjust time commitments and responsibilities to meet the need for additional and longer-term consultation and on-site support .

"I know we have the structure in place, I'm not quite sure the elements within that structure are really what is needed. So, taking a closer look at what the quality improvement consultants [can do], and the amount of time [they have] ... I know the one in southeast Michigan reduced the amount of time the QIC [quality improvement consultant] can stay. And I do think that was a state mandate. So now they only work with them for three months, nobody can change their quality in three months."

– STAKEHOLDER

"I think I would like to see more QI [quality improvement] staff receiving ToT [Trainer of Trainer] with these curricula so that we can provide the appropriate training and also adjust it to the providers that we're serving.... We focus on a lot of areas of professional development but it's very rare for us to get opportunities to get training directly to pass on this curriculum to the providers in that way. Instead, we just support through resource and coaching, but we're not actually certified in that curriculum."

– LICENSING STAFF

Assessment tools and procedures that align with a quality improvement approach
Ensure assessment strategies address some of the barriers encountered with the current system and implement new approaches that support continuous quality improvement.

When asked to comment on the transition from a rating to a quality improvement approach, a number of stakeholders reflected on the current validation process and noted a number of challenges or barriers—including aligning the assessment tool to program practices and curriculum—that could potentially be eliminated as GSQ moves to a new process.

"I think that instructional quality is not as robust an element, again, because I know we couldn't use both tools when we designed [GSQ]. The state couldn't afford to have the PQA [Program Quality Assessment] and CLASS [Classroom Assessment Scoring System]. And so I think that it's the other missing element."

– STAKEHOLDER

"I guess I've kind of had issues in the past regarding curriculum with Great Start to Quality because it appears that the tool that Great Start to Quality uses is High Scope. Not everyone uses High Scope. And it doesn't appear to be an even playing field if you choose to use another curriculum that you may not score as high in the area with the points, if you are not getting assessed with another curriculum."

– LICENSING STAFF

APPENDIXES

APPENDIX A: Methodology

SRC employed a mixed-methods approach to gather insight from stakeholders and craft key takeaways. This approach included data collection and analysis from focus groups, interviews, and a survey.

Focus Groups and Interviews: Data Collection and Analysis

In order to gain deep and meaningful insights on the GSQ revision, SRC conducted 10 interviews and 21 focus groups across various stakeholder groups. The goal of the interviews was to gather a cross-sector, cross-organizational, and systems-wide early childhood perspective from leaders who directly or indirectly interface with GSQ. The goal of the focus groups was to hear directly from families, providers, and support staff who may or may not have had experience with GSQ to better understand their insights, barriers, and hopes for a revised QRIS.

The 10 interviews included leaders from across Michigan's early childhood system, representing early childhood education training and higher education; an intertribal council; and nonprofit, research, and philanthropy; along with regional leaders from across the state who touch GSQ (representing parents, the Early Childhood Support Network, GSQ staff, and the Early Learning Neighborhood Collaborative).

Outreach for the 21 focus groups spanned across five regions. The regional breakdown is as follows:

SOUTHEAST MI	WEST MI	MID MI	NORTHERN MI	UPPER PENINSULA
City of Detroit	Benton Harbor	Saginaw	Ludington	Marquette
Ypsilanti	Grand Rapids	Mt Pleasant	Cheboygan	Dickinson Iron
Washtenaw	Battle Creek	Bay City	Traverse City	Sault Ste Marie
Oakland	Kalamazoo	Lansing	Alpena	

Due to the COVID-19 pandemic and social distancing rules and regulations, focus groups were hosted virtually, which allowed for inclusivity across stakeholder groups in one snapshot. Parent and provider focus group participants specifically received gift cards in the amount of $60 as a token of appreciation for their time and expertise. The breakdown of focus groups held were six family focus groups, three resource center focus groups, five licensing center focus groups, and seven provider focus groups (including family child care, home-based, group, and non-GSQ-participating providers). Focus groups varied in size but allowed an engaging conversation about various experiences and perspectives across all provider settings in the state. At the conclusion of the focus group, participants completed an exit survey, which provided a better understanding of the demographics of those who participated. While no language translation services were requested, the option of a translator was offered in outreach efforts.

Exit Survey Breakdown

Providers, Licensing Staff, Support Providers (65 respondents)

• The majority of participants identify as White, followed by Black or African American

• Nearly all participants speak primarily English at home

• Generally, participants equally serve children across all age groups (infants through preschoolers)

• Participants primarily reside in Kalamazoo, Genesee, Wayne, and Kent Counties

Family (49 respondents)

• The majority of participants identify as White, followed by Black or African American

• All participants speak primarily English at home

• The majority of participants were parents

• The majority of participants noted a household income of $50,000 or above (over 37% of participants noted a household income of at least $70,000)

• Participants primarily reside in Bay, Marquette, and Dickinson Counties

Analysis was guided by a thematic coding scheme, developed in alignment with the goals of this report. During the coding process, these thematic codes were applied directly to transcribed data (such as transcriptions of focus groups and interviews). After coding was completed, the project team gathered all coded data to conduct a comprehensive and triangulated analysis within each thematic code. This analysis resulted in the key themes and takeaways shared in this report.

Survey: Data Collection and Analysis

SRC also conducted a stakeholder survey to gather insights on specific items related to the GSQ revision. The survey contained relevant questions for each stakeholder type and was designed to only show participants these relevant questions for ease of use. It was launched in June 2020 and was open for responses through mid-July 2020. Data collection was facilitated by the Michigan Department of Education via messaging to the field across various channels. The final analytical sample included 3,596 completed survey responses.[5]

SURVEY COMPLETION RATE BREAKDOWN (# surveys completed/total # surveys initiated)

Resource Center Staff: 172/311 = 55.31% completion

Child Care Provider Staff: 1,971/3,125 = 63.07% completion

FCC Provider Staff: 761/1,263 = 60.25% completion

Family: 172/274 = 62.77% completion

Licensing Staff: 71/223 = 31.84% completion

Other: 449/969 = 46.34% completion

A descriptive analysis was conducted for each survey item by stakeholder type. The results of these analyses revealed response patterns that were reviewed by the project team and triangulated with focus group and interview data as part of the overall analysis process.

5 The final analytical sample included 3,596 completed survey responses out of 6,166 initiated surveys (58.32% completion rate). Participants were not required to complete specific questions, so they had the ability to stop completing the survey at any time. For the purposes of conducting a meaningful analysis, only completed responses were included in the final analysis.

APPENDIX B: Feedback on Domains and Indicators

Staff Qualifications

- **Overall approval of the decision to separate domains for Professional Development and Staff Qualifications**

- **Interviews (with various stakeholders)**
  - Separation of Staff Qualifications from Professional Development will enable providers to see more opportunities for advancement in ratings
  - The issue of past experience as a proxy for credentials or degree status was raised

- **Families**
  - Value education/training and experience and want to know that providers have the right training and experience to support the individual needs of their children

- **Resource Center and Licensing Staff**
  - Terms must be clearly defined and aligned with licensing terminology, staff positions, and requirements (e.g., Assistant Teacher is not a position addressed in licensing standards)
  - Benchmarks and requirements are primarily focused on center-based programs

- **Providers**
  - Domain and requirements are not appropriate for home-based programs
  - Providers would value recognition of past experience as a measure of quality in addition to degree status
  - Compensation is a barrier to hiring qualified staff for small providers and impacts their ability to attain higher levels

Professional Development and Continuous Quality Improvement

- **Interviews (with various stakeholders)**
  - Approve of emphasizing a practice-based approach by linking training to on-site supports and coaching, but recognize the change will require more coaching time and resources
  - Suggest using innovative or alternative approaches to training to increase access for home providers (cohorts, shared training, etc.)
  - On specialized training topics: Provide training on infant and toddler development and social-emotional development for home-based providers (who are caring for the majority of infants and toddlers)

- **Families**
  - Value knowing what training teachers have had or are accessing to meet the individual needs of their children
  - On specialized training topics: Provide anti-bias training to address the rise in suspensions in preschool

- **Resource Center and Licensing Staff**
  - Approve of separating Professional Development and Staff Qualifications as a way to emphasize the importance of continuous quality improvement

- Value flexible training options

- Encourage using multiple coaching models and consultants to better align with provider contexts and needs

- **Providers (home-based specifically)**

  - Need guidance on how to implement/select training

  - Suggest creation of new training topics (e.g., cultural awareness) as topics have not changed over time

  - The domain is more appropriate for center-based programs

  - To meet training requirements, training must be offered at times convenient for a home-based schedule

- **Recurring issue: Use of MiRegistry is a barrier to participation (confusing system, cost, etc.)**

Cultural Competency and Inclusive Practices

- **Interviews (with various stakeholders)**

  - Cultural considerations must be threaded throughout the program (i.e., must include but move beyond old constructs of materials and themes only)

  - Focus on equity must be a part of this domain

  - Providers will need additional training and ongoing support to implement expectations with fidelity

  - Define culture broadly (beyond race, culture, and language) to expand to all families (this will be important in areas of the state that are not highly diverse)

  - Ensure providers in specific regions of the state have adequate training and support to work effectively with tribal populations

- **Families**

  - Children must be able to see themselves represented in the program/center staff and materials

  - The physical environment can play an important role in honoring and recognizing family culture and traditions

  - Families value knowing if providers can support bilingual/dual-language learners

  - Families value knowing providers can support the special needs of their children and integrate them into the daily learning experience

- **Resource Center and Licensing Staff**

  - Differing opinions on what to include in this domain (some think the domain should be integrated into others or split into two separate domains)

  - Ensure benchmarks and domain description are clearly stated and support broad understanding of culture as inclusive of all families (i.e., beyond race, culture, and language)

  - Ensure benchmarks facilitate provider flexibility in adapting program practices to support the population served (e.g., use of culturally specific curricula)

- **Providers**

  - Meeting and implementing benchmarks will require additional training and support for providers

  - Suggest including requirements or benchmarks that include the development of an implementation plan

Curriculum, Instruction, and the Environment

- **Interviews (with various stakeholders)**

  - Approve of the focus on the physical environment but suggest moving beyond structural indicators to include a focus on the role of the environment as a component of daily learning and instruction ("the third teacher")

  - Adult-child interactions must be the highest priority for meeting quality benchmarks in this domain

  - Consider alternatives to current curriculum requirements for home-based providers (portfolio of appropriate approaches, guidelines and checklists, etc.)

  - Interviewees in urban areas saw a need to include a measure focused on facilities (poor conditions diminish learning opportunities and put children at risk)

- **Families**

  - Value play, development of "soft skills," and interactions between children and adults as the most important aspects of their children's learning experience

  - Value individualized instruction for children based on special needs and learning styles

  - Learning environments represent the diversity of the community

- **Resource Center and Licensing Staff**

  - Some structural indicators for learning environment are not aligned with a home-based program context

  - Requirements and supports must be in place to ensure the curriculum is actually being implemented with fidelity (vs submitting a photo of the curriculum cover page)

  - Ensure constraints in the current system are taken into account; curriculum adoption takes time, curriculum training is expensive, and resource staff may not always have the information to help with a specific curriculum

  - Consider alternative measures of instructional practice that do not require implementation of a specific curriculum (recognize quality and success that does not include implementation of one of the required curricula)

  - When assessing fidelity to a specific curriculum, providers should have time and support to understand and implement the multiple components of a curriculum

  - Language and perception matter; find ways to help providers identify the positive things they are already doing and make connections/change the perception of what a curriculum is

- **Providers**

  - Use of approved curriculum and the curriculum approval process is intimidating and a barrier to participation for home-based providers

  - Finding the time and resources to learn and prepare curriculum components is very challenging

  - Home-based providers need more options to fit their context and value more options for curricula choice, specifically to meet the needs of infants and toddlers and mixed-age groups

  - Providing local options to meet providers' training needs is important

  - Suggest breaking this domain into three separate sections

Family and Community Partnerships

- **Interviews (with various stakeholders)**
  - Generally approve of the approach to this domain but note the need for additional training, especially around the meaning of community connections and strategies for partnering with community resources
  - Appreciate the opportunity to connect families to services early (e.g., connecting families to screening and referral)
  - Consider family engagement and partnerships as a key component of a high-quality program

- **Families**
  - Families want to know that providers will listen to families' requests and concerns
  - Families care about building trust with providers so that they know how their child is doing through open and flexible lines of communication

- **Resource Center and Licensing Staff**
  - Must clearly define community to avoid confusion and difficulty implementing expectations
  - Overall reaction is that the domain is too broad

- **Providers**
  - Home-based providers expressed confusions about what "community" means and how it relates to their practice
  - Need more information to understand how community relates to program quality

APPENDIX C: References (for applicable sections)

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