



EARLY LEARNING FACT SHEET

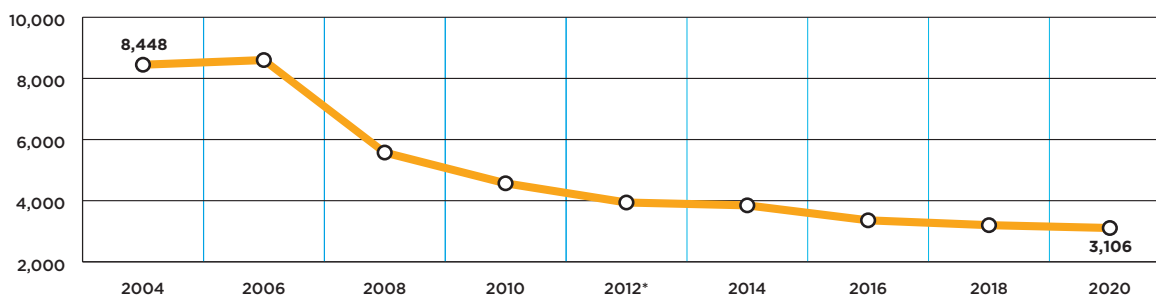
Promoting early learning and development Birth to 8

Building and Sustaining a High-Quality Family Child Care System in Rhode Island

Family child care, or paid child care that takes place in the home of a licensed provider, is an essential part of the child care and early learning system in Rhode Island and nationally. It is particularly important for infants and toddlers, children of color, and low-income families.¹

Family child care offers a home-based setting in residential neighborhoods with mixed-age groups where siblings can interact and be together. These programs often charge lower tuition than centers and have more flexible and responsive schedules with extended hours available. Families often seek out family child care because they want to find a caregiver and educator who can become a trusted and consistent person in the child's and family's life over many years. Many family child care providers run programs that prioritize communication and education in children's native language(s) and offer food, activities, and celebrations that reflect the culture of families in the neighborhood.^{2,3}

FAMILY CHILD CARE PROGRAM CAPACITY, RHODE ISLAND, 2004-2020



Source: Options for Working Parents, 2004-2006. Rhode Island Department of Children, Youth and Families, 2008-2018. Rhode Island Department of Human Services, 2020. RI Early Care and Education Data System (ECEDS), 2016-2020. *In the 2013 Factbook, data was collected as of January 2013, instead of December 2012.

- In Rhode Island, 14% of licensed child care slots available for children under age six are in family child care homes. Nationally, 24% of children receiving a child care subsidy are enrolled in family child care. In Rhode Island, 22% of children in the Child Care Assistance Program (CCAP) are in family child care.^{4,5}
- In January 2020 in Rhode Island, there were 460 family child care homes that were licensed to serve 3,106 children. Since 2004, there has been a decrease of 5,342 licensed family child care slots in Rhode Island, a 63% decline, while the number of slots for children under age six in licensed early learning centers has increased by 908 slots, a 5% increase. Overall, the loss of family child care homes has contributed to a decline in available child care slots in Rhode Island of almost 4,500 slots for children under age six since 2004.^{6,7}
- The decline in availability of family child care in Rhode Island follows a national trend. Between 2005 and 2017, the number of licensed family child care programs in the U.S. fell 48%. The drop has been attributed to low and unpredictable income and no benefits, long hours, isolation, lack of respect, rising costs, increased competition from centers, and increased requirements and regulations, among other factors.⁸
- Family child care is more common in urban areas of the state. As of January 2020, the majority of licensed family child care homes (72%) were located in one of the four core cities and 60% were located in Providence. Almost every city and town in the state has at least one licensed family child care home.⁹

FAMILY CHILD CARE EDUCATORS, RHODE ISLAND, 2014

Female	99%
Latina	58%
Speak Spanish Only	44%
Speak English Only	38%
Bilingual in English and Spanish	17%
Have children enrolled who speak a language other than English at home	45%
High school education or less	36%
Some college credits but no degree	40%
Associate degree	10%
Bachelor's degree or more	14%
Median hours working in program per week and per year	50 hrs/week and 51 wks/year
Earn less than \$40,000 annually	84%
Do not have health insurance	43%
Have one or more regular assistants	45%
Pay regular wages to assistants	74%
Median wage paid to assistants	\$9.00/hour

Source: Oldham, E. & Hawes, S. (2014). *Rhode Island early learning workforce study: Licensed centers and family child care homes*. Retrieved October 13, 2020, from www.earlylearningri.org. Note: English and/or Spanish surveys were sent to all 664 licensed family child care homes and 217 were completed for a response rate of 33%. Of surveys completed by family child care providers, 52% were completed in English and 48% in Spanish.

- Compared with national data, there are fewer Rhode Island family child care educators with a two-year college degree or higher (24% in Rhode Island vs. 32% nationally). In Rhode Island, English speaking family child care providers are about twice as likely to have an associate degree or higher (31% of English speakers vs. 15% of Spanish speakers).¹⁰
- In 2019 as part of an early childhood workforce needs assessment, the state conducted five focus groups with a total of 55 Spanish-speaking child care providers. A key finding from these focus groups was that a major stressor for family child care providers is the lack of coordination among organizations they interact with as well as the lack of recognition for their work. The report also identified a need for access to more college coursework and degree pathways for Spanish-speaking family child care providers.¹¹
- As of January 2020, 87% of licensed family child care homes in Rhode Island accepted children with a CCAP subsidy, compared with 73% of licensed centers.¹²
- As of December 2019, 83% of the children using a CCAP subsidy in family child care with known ethnicity were Hispanic compared with 43% for centers.¹³
- As of January 2020, 78% of the 460 licensed family child care programs in the state were participating in the BrightStars Quality Rating and Improvement System. Ninety-eight percent of those participating had a one- or two-star rating, a rating that does not require an educational credential or an on-site program observation of practices. There were seven programs (2%) that had achieved a three- or four-star rating which means the provider has an educational credential (CDA or college coursework/degree) and they had achieved at least a medium rating on an independent standardized quality observation tool.¹⁴
- The federal *Child Care and Development Block Grant Act* requires states to spend 12% of child care funding on quality improvement activities, including specific strategies to improve the quality of infant and toddler care.¹⁵ In Rhode Island, a variety of trainings and quality improvement opportunities for family child care providers are available through the Center for Early Learning Professionals, LISC, the Rhode Island Association for the Education of Young Children, and the SEIU Education Support Fund. Prior to closing in September 2020, Ready to Learn Providence provided a significant amount of quality improvement support to family child care providers. In addition, the Community College of Rhode Island and Rhode Island College offer college coursework and early childhood education degrees for family child care providers through the T.E.A.C.H. Early Childhood initiative which connects education credentials with improved compensation. There are currently no pathways to college degrees for Spanish-speaking family child care providers in Rhode Island.

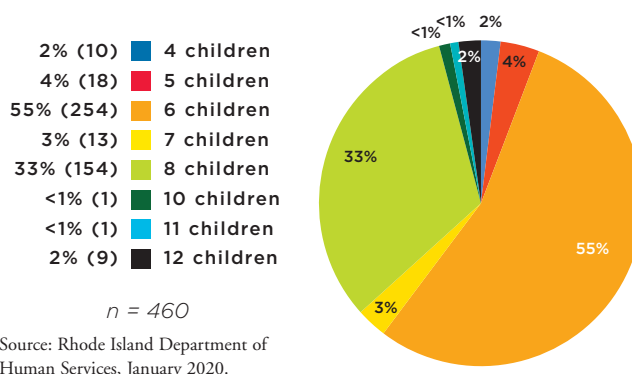
Financial Viability of Family Child Care

Family child care programs are small businesses led almost entirely by women and depend on weekly tuition payments from parents and from the state's Child Care Assistance Program in order to cover overhead costs, food and supplies, and pay themselves and any staff they employ a wage. Revenue is driven by enrollment. Licensing rules limit the number of children that can be present at any time (including the provider's own young children as part of the maximum capacity limit). The decline in the number of family child care homes nationwide is at least partially driven by low compensation and challenges running a financially viable business with unpredictable revenue and high staffing costs.¹⁶

Rhode Island does not allow family child care providers working alone to care for more than two children under 18 months of age and caps capacity at six children. A family child care home may care for up to four children under 18 months of age if the provider has an approved assistant and the total number of children present does not exceed eight. Rhode Island also has a larger "group family child care home" license which allows a provider to care for up to 12 children at a time with no more than eight under 18 months with two approved staff assistants. These limits are based, in part, on the fact that very young children are not capable of self-preservation and must be carried out of the building in the event of an emergency. An adult can be expected to carry no more than two children at a time, while older children can follow the provider on foot. Both Head Start and the American Academy of Pediatrics recommend stricter ratios and more limited capacity for the youngest children under 24 months because children under age two have difficulty following directions and acting independently.^{17,18,19,20}

In Rhode Island as of January 2020, 61% of family child care homes had a licensed capacity of six or fewer children which could be staffed with just the provider herself. Another 36% had a licensed capacity of seven or eight children which would require an approved staff assistant in addition to the provider. Only 2% were licensed to serve more than eight children which requires up to two approved assistants depending on the number of children under 18 months present.²¹

MAXIMUM LICENSED CAPACITY OF FAMILY CHILD CARE HOMES, RHODE ISLAND, JANUARY 2020



Revenue and Wages

Almost 40% of family child care providers in Rhode Island have a licensed capacity greater than six children, requiring one or more approved, regular assistants. As of October 1, 2020, the minimum wage in Rhode Island is \$11.50/hour. While Rhode Island law exempts "individuals working in and about a private home" and individuals employed by immediate family members (spouse or parents of business owner and children under the age of 21 employed by their parents) from the minimum wage law, many family child care providers try to pay a competitive wage as they seek to recruit and retain consistent and qualified assistants.^{22,23,24}

ESTIMATED WEEKLY REVENUE AND HOURLY WAGES FOR FAMILY CHILD CARE PROGRAMS IN RHODE ISLAND, 2018

CAPACITY	WEEKLY REVENUE AT FULL ENROLLMENT	ESTIMATED HOURLY WAGE FOR PROVIDER AND ANY ASSISTANT(S)
6	\$760	\$15.20 (1 educator)
8	\$1,026	\$10.26 (2 educators)
12	\$2,227	\$10.39 (3 educators)

Note to Table: Rhode Island KIDS COUNT calculated estimates of the maximum weekly revenue and hourly wages of licensed family child care educators using average weekly tuition from the University of Rhode Island's 2018 Statewide Survey of Child Care Rates in Rhode Island. **The estimates are best case scenario and assume full enrollment and full collection of tuition from parents and the state,** staff working 50 hours per week, and 70% of revenue available for wages with 2 infants, 2 toddlers, 2 preschoolers, and 1 educator for a program serving 6 children; 4 infants, 2 toddlers, 2 preschoolers, and 2 educators for a program serving 8 children; and 8 infants, 2 toddlers, 2 preschoolers, and 3 educators for a program serving 12 children.

Family Child Care and COVID-19

- In March 2020, Rhode Island ordered all licensed child care programs to shut down to reduce the transmission of COVID-19. **Programs were allowed to reopen in June 2020** under new emergency regulations. By the end of June, 80% of family child care programs that were licensed pre-COVID were approved to reopen and by the end of August, 85% were approved to operate.²⁵
- Using federal *CARES Act* funding and through a series of Governor's Executive Orders, **the state has supported family child care providers** by maintaining CCAP subsidy payments during the closure period, temporarily increasing the payment rates to the federal equal access standard at reopening, and paying based on enrollment by temporarily waiving the attendance policy. The increased rates are currently set to expire on November 26, 2020 and the enrollment-based payment policy on January 2, 2021. The Department of Human Services hopes to extend these rates and payment policies through at least June 30, 2021 if adequate federal and state funding is allocated.²⁶
- Between June and August 2020 there were **four COVID-19 cases associated with licensed family child care homes** and 42 associated with licensed child care centers.²⁷
- Since they were allowed to reopen in June 2020, **some child care programs have temporarily closed classrooms or programs when staff and children were ordered to quarantine** due to a positive test or exposure to COVID-positive people. During June and July 2020, 853 children and staff members of licensed child care programs (centers and family child care) were quarantined in Rhode Island. A Centers for Disease Control and Prevention report stated that the impact of quarantines on child care programs in Rhode Island "was substantial" but was "critical to minimizing outbreaks in child care programs."²⁸
- As of July 2020 in Rhode Island, **there were 1,666 active CCAP certificates in use in family child care homes, down 23% from July 2019 and down 28% since December 2019**. Overall, the number of active CCAP certificates in use in all types of child care in Rhode Island declined 30% between July 2019 and July 2020. Family child care homes saw a less dramatic decline than centers which saw a 32% decline from July 2019 to July 2020.^{29,30}
- Across the U.S., child care and early learning programs report a **significant decline in enrollment and attendance since the COVID-19 crisis began**, which may be due to both increased unemployment of parents and fear of COVID-19 transmission in group settings.³¹

Strategies to Support Program Quality Improvement

An independent evaluation of the quality of family child care in Rhode Island found that observed quality of programs was generally low and **recommended that the state implement multiple coordinated research-based strategies to support quality improvement**. Recommendations included:

- Increase **access to college coursework and degrees for both English and Spanish speaking providers** (which has been done through the T.E.A.C.H. Early Childhood model and the bilingual family child care cohort 15-credit program at Rhode Island College)
- Provide **individualized and sustained on-site coaching and consultation** using a well-defined model with specially-trained and closely supervised consultants who are fluent in the provider's language.
- Implement **staffed family child care networks** that include well-educated and paid network coordinators, frequent visits to homes, use of a formal quality assessment tool, regular meetings, and frequent telephone consultation.³²

Staffed Family Child Care Networks

Staffed family child care networks can effectively improve the quality of child care and help providers build robust and sustainable businesses. A recent evaluation of the All Our Kin staffed family child care network in Connecticut found the model increased the supply of family child care, improved the quality of care, the quality of adult-child interactions and health and safety practices, and produced improved child outcomes. Staffed family child care networks require sufficient and sustainable funding and would help family child care providers access resources (like the Child Care Relief Fund and the Paycheck Protection Program during COVID) and participate in the state's early care and education system (like RI Pre-K and Head Start/Early Head Start Child Care Partnerships).^{33,34,35,36,37}

Recommendations

1. Stabilize the family child care system

Goal: Ensure family child care providers have the resources and support they need to survive the pandemic and continue to operate so they can support children, families, and the economy. Recommendations that would also help owners, administrators, and staff of licensed early learning centers are marked with an asterisk.

- Restore at least a portion of the \$46 million in state funding for child care that was cut during the last recession and maintain the temporary rate increase by amending the child care statute and maintain the policy to pay CCAP subsidies based on enrollment.*
- Implement strategies to supplement the wages of family child care providers to sustain high-quality programs and incentivize quality improvement and credential/degree attainment.*
- Develop and disseminate resources in English and Spanish and provide a staffed, bilingual helpline to help all family child care programs statewide access resources that help low-wage and self-employed workers during the pandemic and beyond, including support for those who contract COVID and/or are required to quarantine due to COVID-19 exposure. Resources could include information about Worker's Compensation, Unemployment Insurance, Temporary Disability Insurance/Temporary Caregivers Insurance, Paid Sick and Safe Leave, Medicaid and health insurance, SNAP, and housing and eviction prevention assistance. Reach out proactively to all family child care homes to inform them and help them apply for federal and state grant and loan programs designed to help small businesses and child care programs.*
- Update and clarify capacity and staffing regulations for family child care homes to address confusion about the number of infants allowed, to promote high-quality and safe care, and to improve financial viability. Consider adopting the Head Start policy that family child care partners working alone may take care of six children with no more than two under age two and those working with an assistant may take care of 12 children with no more than four under the age of two.

2. Invest in staffed family child care networks

Goal: Create a system of staffed networks that connects family child care providers to their peers and to qualified and effective advisors who can provide sustained, individualized coaching and assistance to support their growth and development.

- Create regional, staffed family child care networks to help all providers statewide. Consider adopting the All Our Kin model for staffed family child care networks.
- Provide adequate funding for networks so they can employ qualified staff to provide sustained, individualized, relationship-based coaching to providers on business practices, family engagement, quality improvement, curriculum and child assessment, and health and safety.

3. Include family child care in the state's comprehensive, mixed-delivery early care and education system

Goal: Ensure family child care providers are seen as a critical, valuable part of Rhode Island's early childhood education system, and are included and supported equitably in policy and in practice.

- Conduct surveys of all family child care providers in English and Spanish in future workforce studies to track changes in the workforce over time.
- In areas of high need, recruit educators with child development and early education knowledge and experience to become family child care providers. Adequate funding is needed to make family child care a viable and dependable source of income for educators.
- Maintain and expand support for T.E.A.C.H. Early Childhood scholarships, the Rhode Island College 15-credit Spanish bilingual cohort, the substitute staff pool, and other strategies to provide access to higher education coursework and degrees in Spanish and English.*
- Ensure college coursework required for early childhood associate and bachelor's degrees is scheduled at night and on the weekends so those working in the field can complete coursework. Allow early educators to complete student teaching with supervision and coaching while working in their own programs.*
- Develop strategies to help family child care providers compete for RI Pre-K program funding and to become Head Start and Early Head Start Child Care Partners through staffed networks.
- Automatically award three college credits at the Community College of Rhode Island (CCRI) to all providers who are awarded a national CDA (Child Development Associate) certificate regardless of their immediate plan to enroll in a CCRI certificate or degree program.

Family Child Care Organizations in Rhode Island

In 1978, providers founded a non-profit statewide organization, **Family Child Care Homes of Rhode Island** (www.familychildcarehomesri.org), to promote quality care for children by offering professional development at monthly meetings and an annual conference, building public awareness of quality family child care, advocating for providers with state agencies, and facilitating networking and resource sharing among providers.

In 2013, legislation was signed into law that allowed family child care providers in Rhode Island to unionize. Providers selected **Service Employees International Union (SEIU) 1199** to represent them in negotiations with the state about the Child Care Assistance Program. In recent contract negotiations, SEIU secured funding for an Education and Support Fund (www.seiueducation.org) to provide professional development and support for family child care programs.

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