

Rhode Island Early Learning Council Meeting

December 15, 2010 12:00-2:00 p.m.

Location: Community College of Rhode Island – Knight Campus, Room 4090
400 East Avenue, Warwick, RI

Agenda

12:00-12:15	Welcome /Meeting Overview	Deborah Gist/ Elizabeth Burke Bryant
12:15-12:45	Updates	Elizabeth Burke Bryant/ Deborah Gist/ Michele Palermo/ Leanne Barrett Early Learning Council Members
12:45-1:45	Discussion: Improving Access to High Quality Programs	Leanne Barrett Tammy Camillo Michele Palermo Discussion: Council Members
1:45-1:55	Public Comment	Public Participants
1:55-2:00	Wrap-up/Next Steps	Deborah Gist/ Elizabeth Burke Bryant

RHODE ISLAND EARLY LEARNING COUNCIL MEETING

December 15, 2010

Noon-2:00 p.m.

Community College of Rhode Island – Knight Campus, 400 East
Avenue, Warwick, RI

Room 4090





MEETING AGENDA

12:00-12:15	Welcome /Meeting Overview
12:15-12:45	Updates
12:45-1:45	Discussion: Improving Access to High Quality Programs
1:45-1:55	Public Comment
1:55-2:00	Wrap-up/Next Steps

UPDATES



EARLY LEARNING WEBSITE

- ◎ With funding from the Pew Charitable Trust, Rhode Island KIDS COUNT has developed a central website to support the work of the Early Learning Council.
- ◎ Website has information on young children and early learning programs in Rhode Island and will provide updates on the work of the Council.
- ◎ Website features photos of children and teachers from early learning programs in Rhode Island, including Woonsocket Head Start, Beautiful Beginnings, Connecting for Children and Families, Ready to Learn Providence, and Mariposa Preschool.
- ◎ www.EarlyLearningRI.org



UPDATE: KINDERGARTEN ASSESSMENT RECOMMENDATIONS

- ◎ October Workgroup meeting – sought input regarding the various purposes of assessment
- ◎ November Workgroup meeting – sought input on recommendations specific to identified purposes
- ◎ Next Step: small group will meet 1-2x to finalize draft recommendations
- ◎ January Workgroup meeting – review draft recommendations
- ◎ March Early Learning Council Meeting – present recommendations for consideration



UPDATE: NGA READY STATES EARLY CHILDHOOD DATA PLANNING PROJECT

Data on young children in publicly funded early care and education programs are stored in various agency data systems (inside and outside of state government).

Improved and linked data systems will help Rhode Island close service gaps, improve the quality of services, and understand developmental and school readiness outcomes for children.

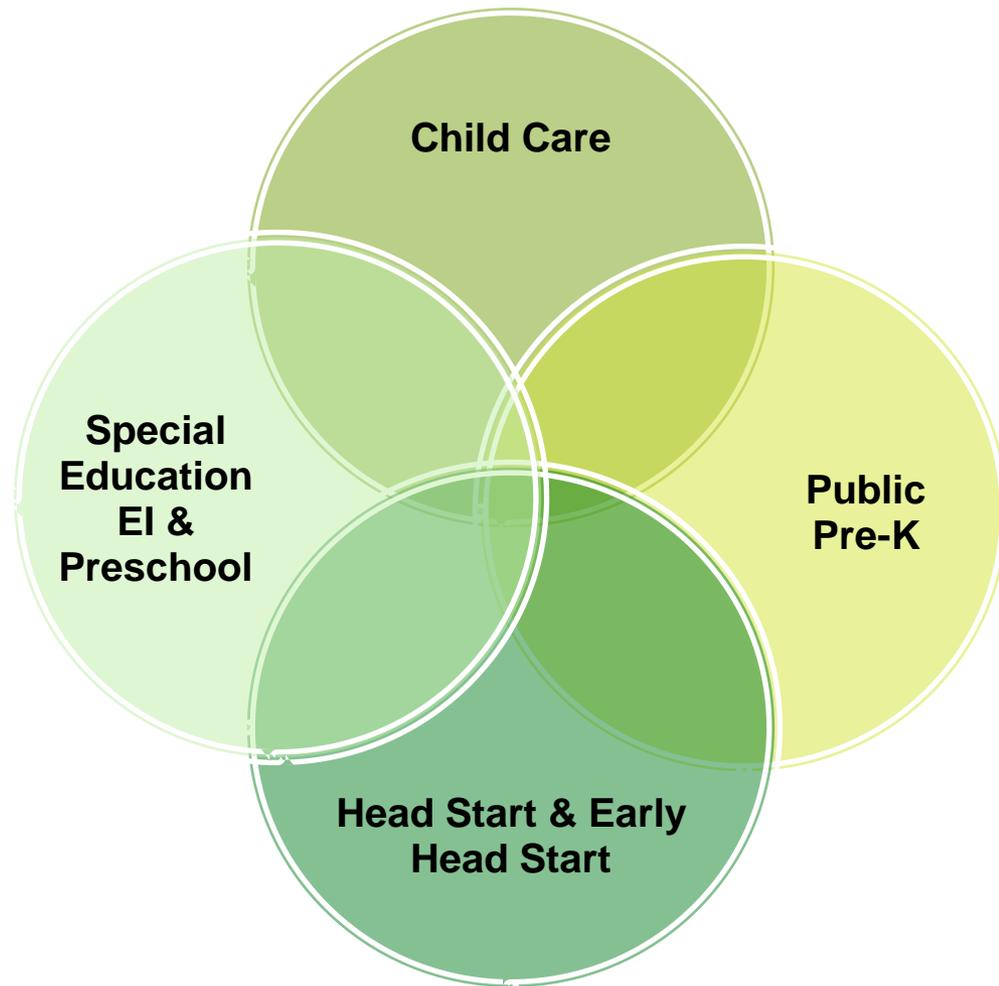
The Rhode Island Ready States Data Planning Team has:

- ⦿ Finalized early childhood policy questions requiring data
- ⦿ Completed initial data inventory and map
- ⦿ Identified options and ideas to enhance and link data systems
- ⦿ Drafted initial recommendations including early focus areas

ACCESS



A HIGH-QUALITY EARLY LEARNING SYSTEM



CHILD CARE IN RHODE ISLAND





CHILD CARE IN RHODE ISLAND

- ❖ Child care is a critical part of Rhode Island's early learning system, providing children with opportunities to build important social, emotional and cognitive skills.
- ❖ Families also need reliable, affordable child care in order to work at paid employment.
- ❖ In 2006-2008 in Rhode Island, 68% of children under age 6 and 74% of children ages 6 to 17 had all parents in the workforce.



CHILD CARE AFFORDABILITY

Average Annual Cost for Full-Time Child Care, Rhode Island, 2009

PROGRAMTYPE	COST PER CHILD
Child Care Center (infant care)	\$11,374
Child Care Center (preschool care)	\$9,119
Family Child Care Home (preschool care)	\$8,303
School-Age Center-Based Program (child age 6 - 12)	\$7,067

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2009). *Statewide survey of childcare rates in Rhode Island*. Kingston, RI: University of Rhode Island.

- ❖ The average cost of licensed child care for two children in Rhode Island exceeds the state's median rent and is nearly as high as the average monthly mortgage payment.
- ❖ Using a federal affordability guideline, a Rhode Island family would need to make at least \$91,000 per year to afford the average cost of child care for a 3-year-old in a licensed child care center.



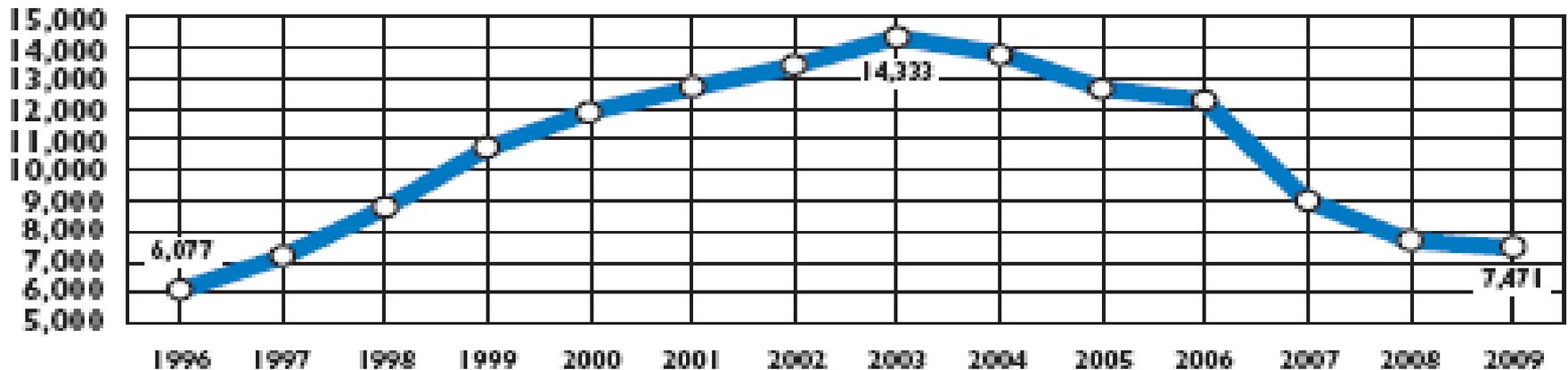
CHILD CARE SUBSIDIES

- ❖ Federal and state funds are available for low-income working families with children ages birth to 12. Parents must be working or in an education or training program.
- ❖ In RI, all income-eligible working families with children ages birth to 12 and incomes up to 180% of the FPL (\$32,958 for a family of three) are eligible for a child care subsidy.
- ❖ Families with incomes above the poverty line must make co-payments directly to the provider.
- ❖ Rates paid to providers are set by the state. Weekly full-time rates are currently set at \$188 for infants/toddlers in centers and \$155 in family child care, \$157 for preschoolers in centers and \$150 in family child care, and \$142 for school-age children in both centers and family child care.



RECENT HISTORY OF CHILD CARE SUBSIDIES IN RHODE ISLAND

Child Care Subsidies, Rhode Island, 1996-2009



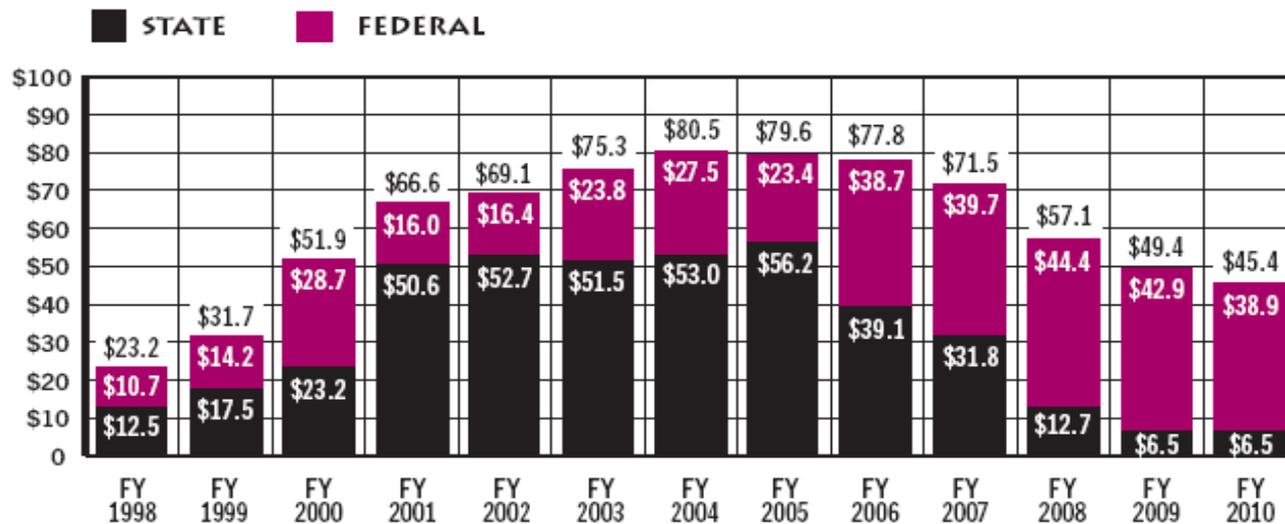
Source: Rhode Island Department of Human Services, December 1996 – December 2009.

- ❖ Passed in 1998, Starting Right expanded child care subsidy eligibility to 225% of FPL and set rates at the 75th percentile of a current market rate survey.
- ❖ Beginning in 2004, new administrative policies – including increased family co-payments, redefining part-time care, requiring family participation in child support enforcement, and freezing provider rates – reduced child care subsidies.
- ❖ In 2007 and 2008, many Starting Right reforms were repealed: eligibility was reduced to 180% of FPL and language requiring biennial rate adjustments was eliminated. The number of children with a child care subsidy has been cut in half from 14,333 in 2003 to 7,471 in 2009.



RECENT HISTORY OF CHILD CARE SUBSIDIES IN RHODE ISLAND

CHILD CARE SUBSIDY FINANCING, RHODE ISLAND, STATE FISCAL YEARS 1998 - 2010



- ❖ Rhode Island uses a mix of state and federal financing: including federal Child Care Development Fund (CCDF) and Temporary Aid to Needy Families (TANF) funding.
- ❖ State general revenue funding for child care subsidies in RI has dramatically declined since FY2005, from a high of \$56.2 million in 2005 to \$6.5 million in 2010.
- ❖ Due to increased use of federal TANF dollars, the total funding for child care subsidies has decreased from a high of \$80 million in 2004 to \$45.5 million in 2010.

HEAD START & EARLY HEAD START





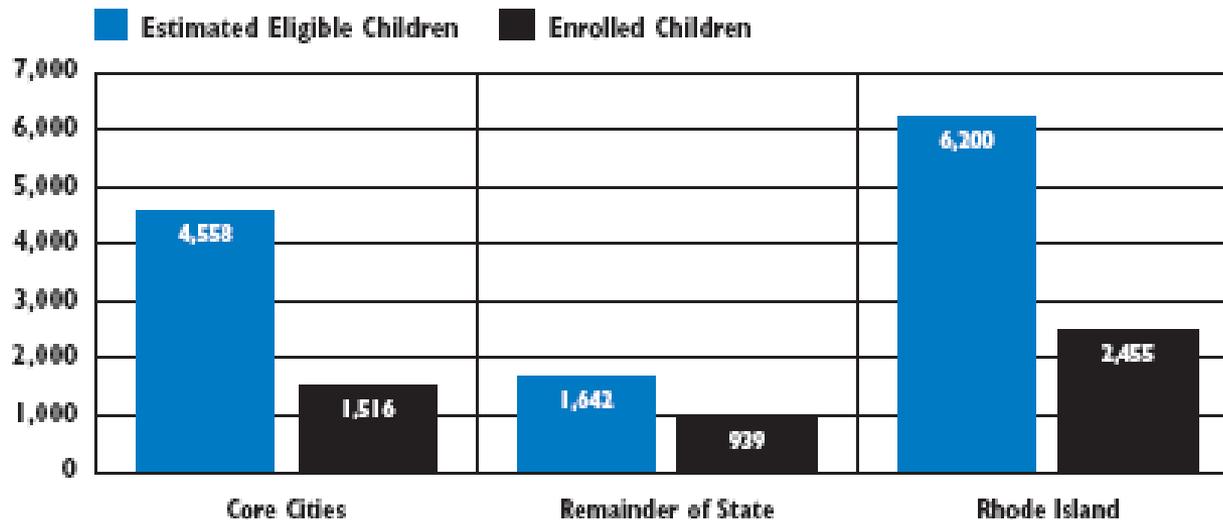
HEAD START & EARLY HEAD START

- ❖ Federally-funded program to improve children's school readiness.
- ❖ Lowest income families are eligible (100-130% FPL).
- ❖ Early Head Start serves pregnant women and children up to age 3.
- ❖ Head Start serves children age 3 to kindergarten entry.
- ❖ Comprehensive services for children and families.
- ❖ Proven short-term and long-term benefits to children.
- ❖ In FFY 2007 federal funding for Rhode Island totaled \$22.1 million.
- ❖ Rhode Island invests \$800,000 in state funds and \$200,000 in federal funds so more children can participate in Head Start (156 children in SFY 10).



HEAD START ENROLLMENT

Access to Head Start, Rhode Island, 2009



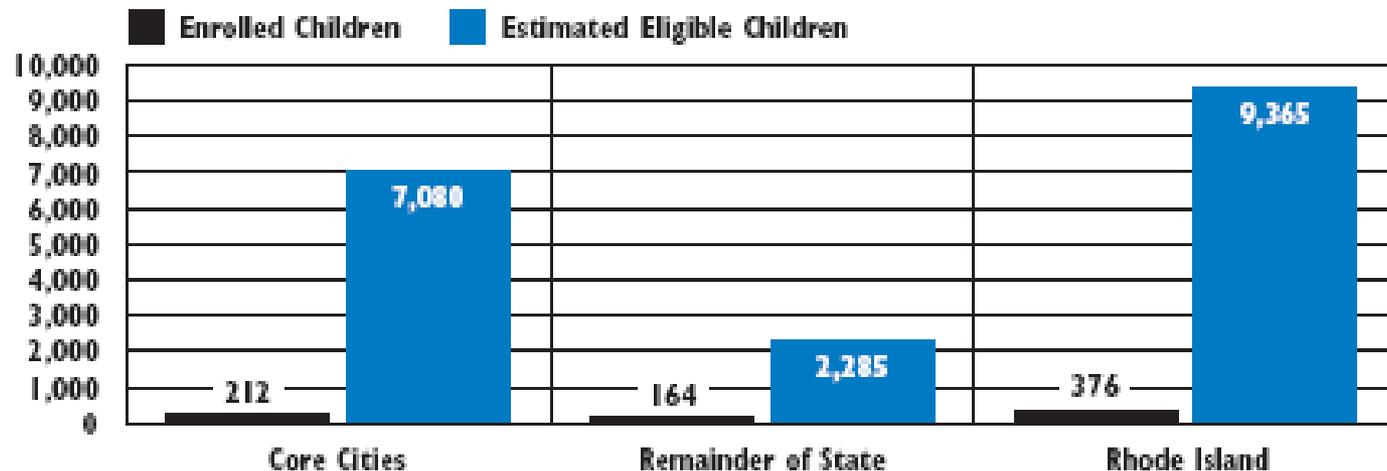
Source: Rhode Island Head Start program data compiled by Rhode Island KIDS COUNT, 2009.

- ❖ Nationally & in RI, there are not enough funded Early Head Start and Head Start spots for eligible children.
- ❖ In 2009 in RI, 40% of preschool children eligible for Head Start were enrolled.

EARLY HEAD START ENROLLMENT



Access to Early Head Start, Rhode Island, 2009



Source: Rhode Island Early Head Start program data compiled by Rhode Island KIDS COUNT, 2009.

- ❖ In 2009 in RI, only 4% of infants and toddlers eligible for Early Head Start were enrolled.

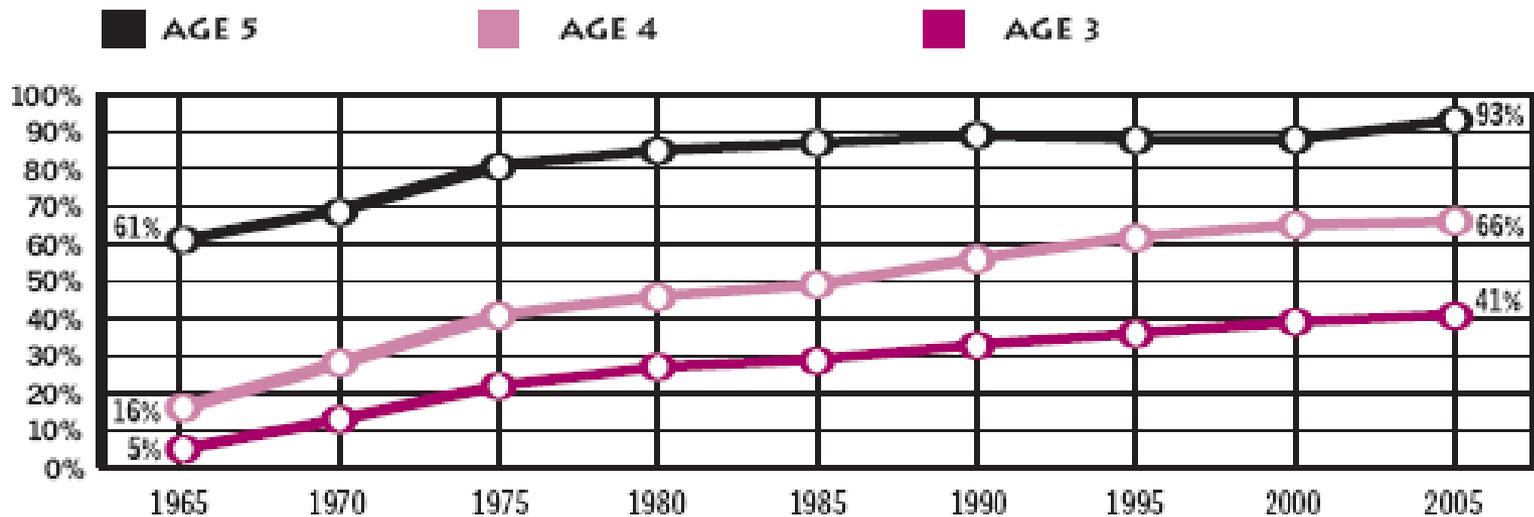
PRESCHOOL FOR 3- TO 5-YEAR-OLDS



ENROLLMENT IN PRESCHOOL



KINDERGARTEN AND PRESCHOOL EDUCATION PARTICIPATION BY AGE, UNITED STATES, 1965–2005

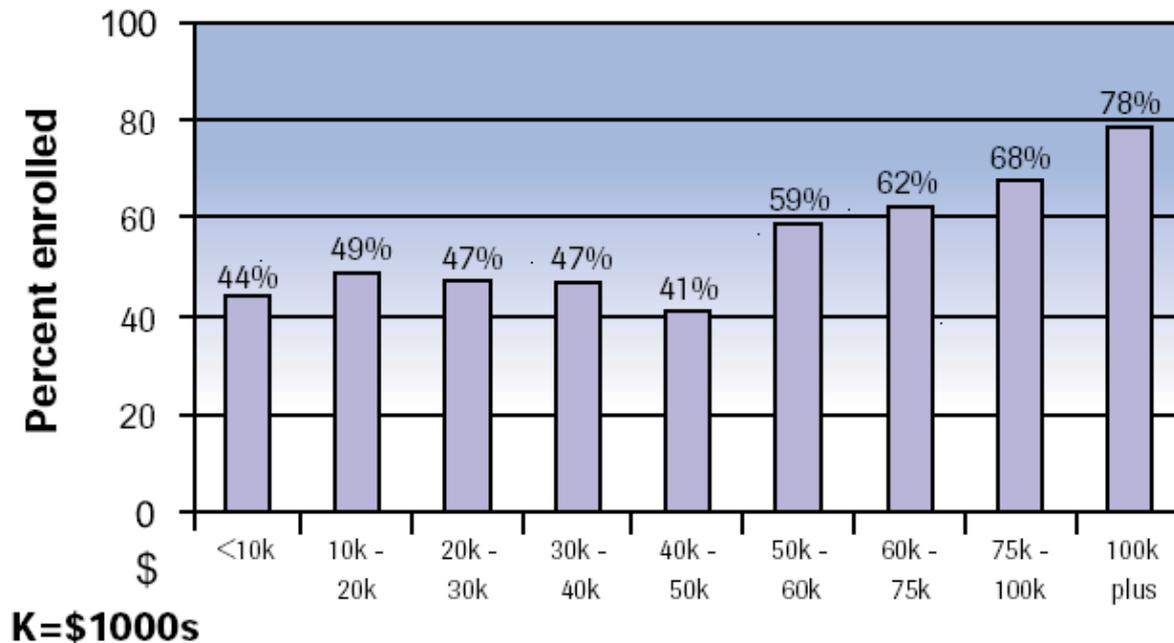


- ❖ US preschool enrollment has increased steadily for many decades.
- ❖ Growth has occurred for children with both employed and non-employed mothers.



ACCESS TO PRESCHOOL

Figure 3. Preschool Participation by Income: 2001



Source: National Institute for Early Education Research, Rutgers



ACCESS TO PRESCHOOL

**MEDIAN FAMILY INCOME & SCHOOL ENROLLMENT FOR CHILDREN AGES 3 AND 4,
SELECTED CITIES AND TOWNS RHODE ISLAND, 2000**

Top 3 Income Cities & Towns	Median Family Income	Preschool Enrollment	Bottom 3 Income Cities & Towns	Median Family Income	Preschool Enrollment
East Greenwich	\$108,555	70%	Central Falls	\$22,008	33%
Barrington	\$88,794	70%	Providence	\$24,546	48%
Jamestown	\$79,574	63%	Pawtucket	\$33,562	39%

Source: U.S. Census 2000, Summary File 3: QT-P19 and P8

- ❖ Families with low to moderate incomes and those with low parental education levels are the least likely to have access to preschool.
- ❖ High-quality preschool programs improve all children's learning and development and produce especially dramatic gains for low-income children.



GROWTH OF PUBLIC PRE-K

- ❖ The Committee on Economic Development recommends expanding access to high-quality Pre-K to improve the fiscal position of states and the nation.
- ❖ As of 2008-2009 there were more than 1.2 children in state-funded Pre-K in the U.S.
- ❖ In Oklahoma, nearly 90% of 4-year-olds receive a free public education (through state Pre-K, Head Start, or Special Education). In 8 other states, more than half of 4-year-olds attend a public preschool program. In Rhode Island, 16% of 4-year olds participate in Head Start or Preschool Special Education programs.
- ❖ Up until September 2009, Rhode Island was one of only 12 states without a recognized state-funded Pre-K program.



RHODE ISLAND PRE-K DEMONSTRATION PROGRAM

- ❖ Two years of planning: 2007-2009
- ❖ Launched in September 2009 and continued in September 2010: 126 children in 7 classrooms in 4 urban communities (Providence, Central Falls, Woonsocket, and Warwick).
- ❖ High-quality standards and adequate funding per child to enable programs to pay competitive wages to teachers.
- ❖ Rhode Island's Pre-K program uses a mixed delivery system which builds on community infrastructure (child care, Head Start, and public schools).
- ❖ Combination of state funds (\$700,000/year) and federal ARRA Title I funds (\$450,000) from Providence and Central Falls.
- ❖ Expansion plan in the new School Funding Formula will gradually increase state investment from \$700,000/year to \$10 million/year.

EARLY CHILDHOOD SPECIAL EDUCATION



EARLY CHILDHOOD SPECIAL EDUCATION

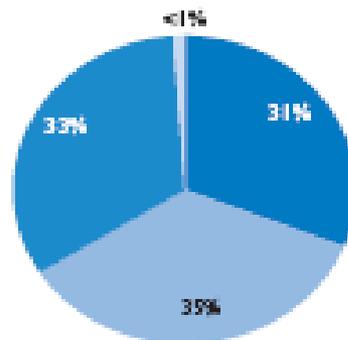


- ❖ In 1975, the federal IDEA law gave children with disabilities the right to a free appropriate education beginning at age 3.
- ❖ In 1986, IDEA was amended to require states to provide special education early intervention services from birth.
- ❖ IDEA law provides the only entitlement young children in Rhode Island have to receive a publicly-funded education prior to kindergarten.

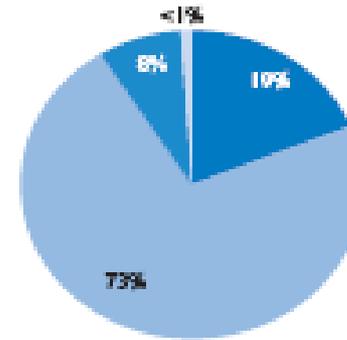
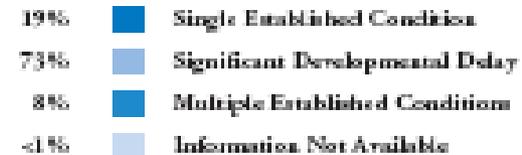


EARLY INTERVENTION FOR INFANTS & TODDLERS

Early Intervention Enrollment, by Age, Rhode Island, 2009



Early Intervention Enrollment, by Eligibility, Rhode Island, 2009



n = 3,795

Source: Rhode Island Department of Human Services, Center for Child and Family Health, 2009.

- ❖ 10% of Rhode Island’s infants and toddler are enrolled in Early Intervention.
- ❖ Early Intervention is managed by the Rhode Island Department of Human Services. There are 10 certified Early Intervention providers.

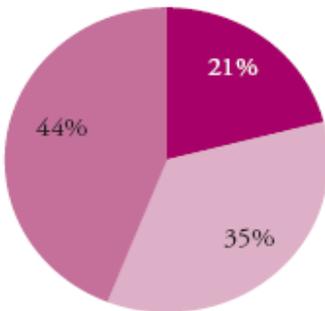
PRESCHOOL SPECIAL EDUCATION



PRESCHOOL SPECIAL EDUCATION ENROLLMENT, RHODE ISLAND, 2008-2009 SCHOOL YEAR

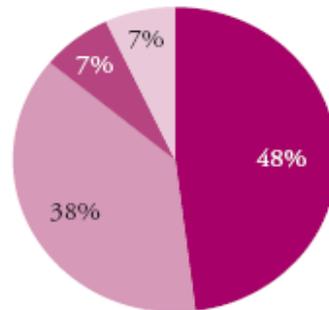
By Age

- 21% Age 3
- 35% Age 4
- 44% Age 5



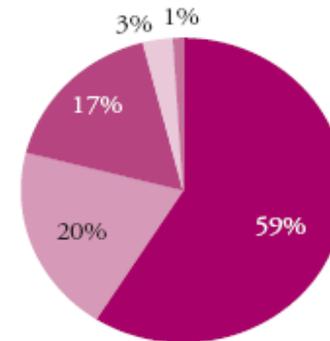
By Disability

- 48% Speech or Language Impairment
- 38% Developmental Delay
- 7% Autism
- 7% Other



By Educational Environment

- 59% Inclusive Early Childhood Classroom*
- 20% Special Education Classroom
- 17% Service Provider Location
- 3% Special Education School
- 1% Home or Residential Facility



n=2,930

- ❖ At age 3, children with disabilities receive special education through their local school district.
- ❖ Many districts create inclusive programs for preschoolers with special needs by recruiting typically developing 3-4 year old children.



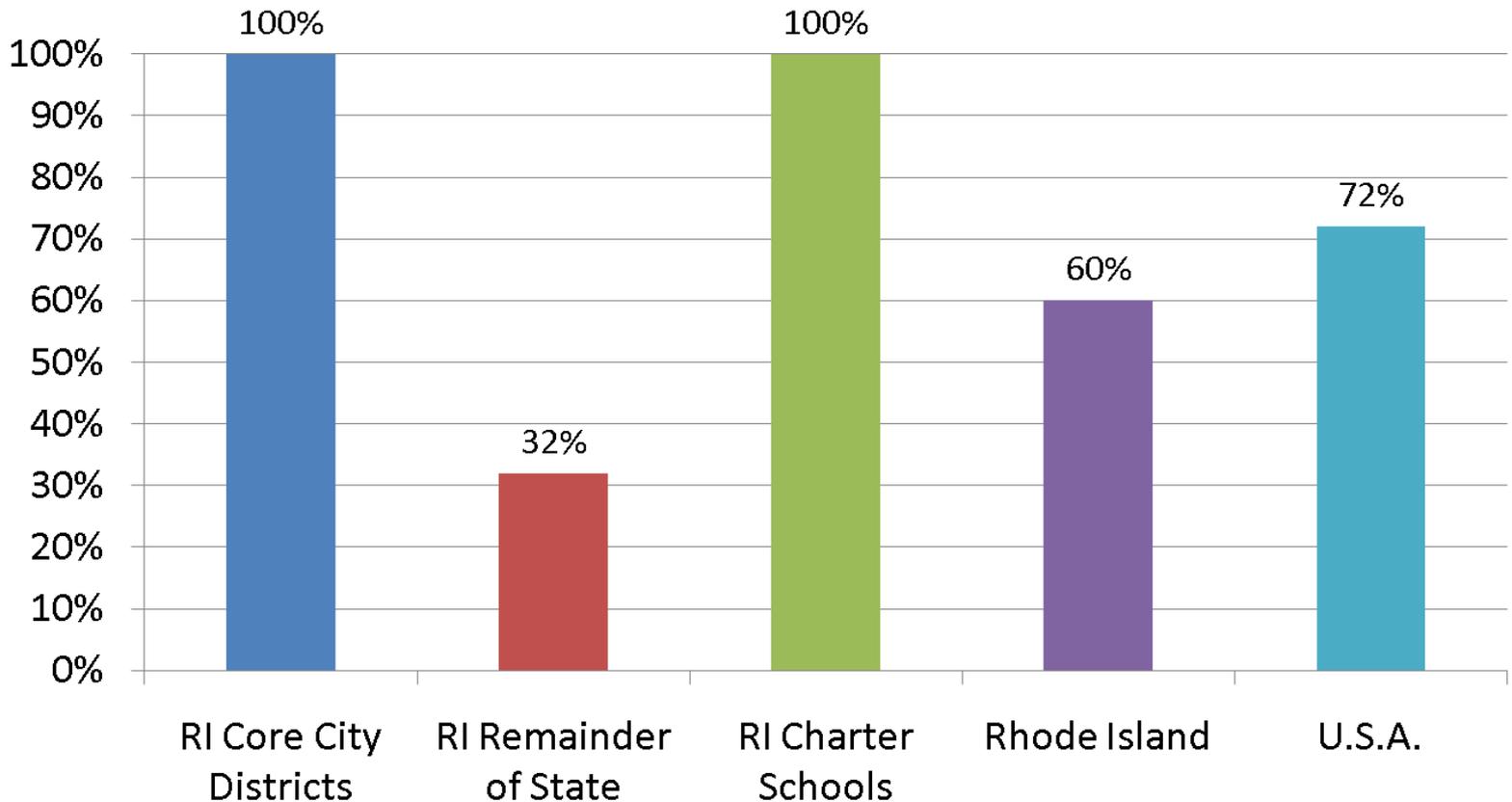
FULL-DAY KINDERGARTEN

- ◎ Children in full-day kindergarten make greater academic gains than those in half-day classes.
- ◎ Full-day kindergarten is especially beneficial to low-income and minority children by helping to close the achievement gaps.
- ◎ Teachers in full-day kindergarten have more time to provide meaningful learning opportunities (e.g. 68% of full-day k program spend more than one hour on reading per day vs. 37% in half-day programs).



FULL-DAY KINDERGARTEN

Children in Full-Day Public Kindergarten,
Rhode Island and U.S., 2009-2010

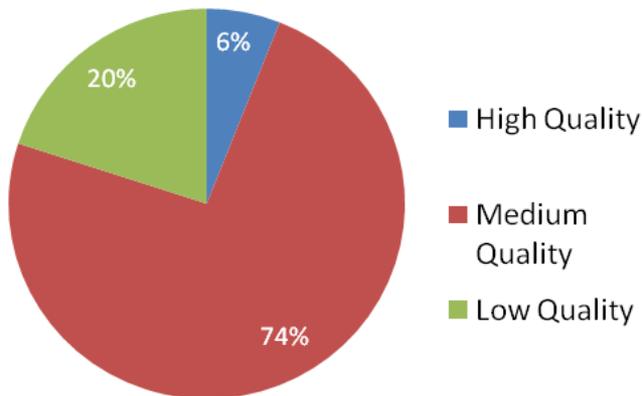


QUALITY

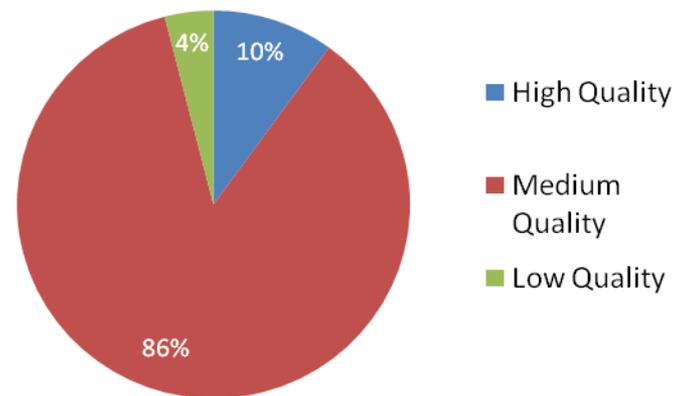


EARLY CHILDHOOD CENTER QUALITY RHODE ISLAND

Infant-Toddler Center Classroom Quality



Preschool Center Classroom Quality

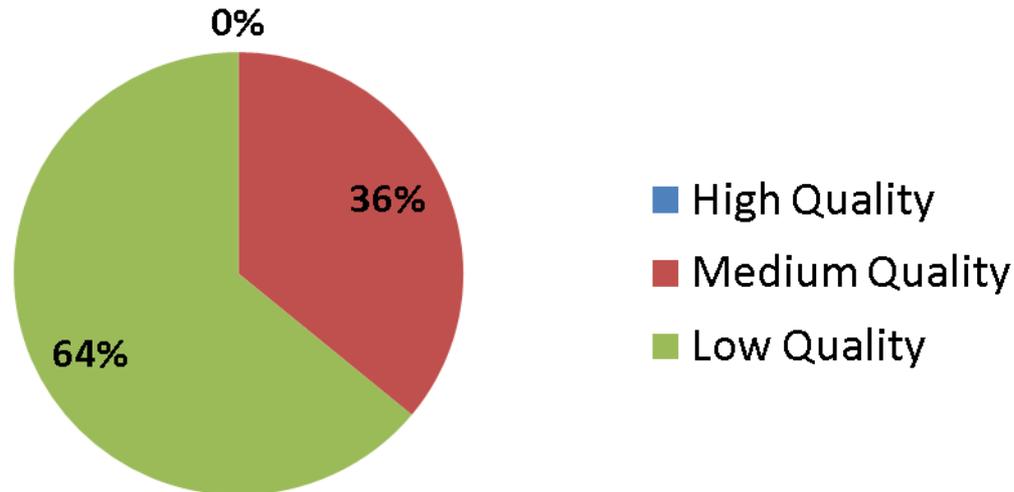


High-quality early learning programs provide a language-rich environment, offer frequent intentional learning opportunities for children, and have a positive climate characterized by warm, responsive interactions between staff and children.



FAMILY CHILD CARE QUALITY RHODE ISLAND

Family Child Care Quality



Source: Rhode Island 2010 Family Child Care Quality Study, Frank Porter Graham Child Development Institute, University of North Carolina – Chapel Hill.



Rhode Island Program Quality Standards

BrightStars and Accreditation

RIDE Comprehensive Early Childhood Education Program Approval

DCYF License or RIDE BEP/Private School/Special Education Regulations

- Basic requirements pertaining to health, safety, facilities
- Basic educational requirements
- **Mandatory** for all early childhood programs

- **BrightStars**: for licensed programs serving children ages birth to 12. Higher star ratings are awarded for demonstrating achievement of research-based quality standards including: increased credentials of staff, higher quality learning environments, curriculum and assessment components. Individualized quality improvement planning and support.
- **NAEYC** accreditation for community-based and school-based early learning centers serving children ages birth through kindergarten.
- **NAFCC** accreditation for family child care homes serving children ages birth through 12.
- **Voluntary**

- For community-based and school-based programs serving children ages 3 to 6
- Comprehensive educational standards and requirements pertaining to health, safety, facilities
- Aligned with national benchmarks for high quality PreK
- Aligned with RI Early Learning Standards
- **Voluntary**



CHILD CARE LICENSING

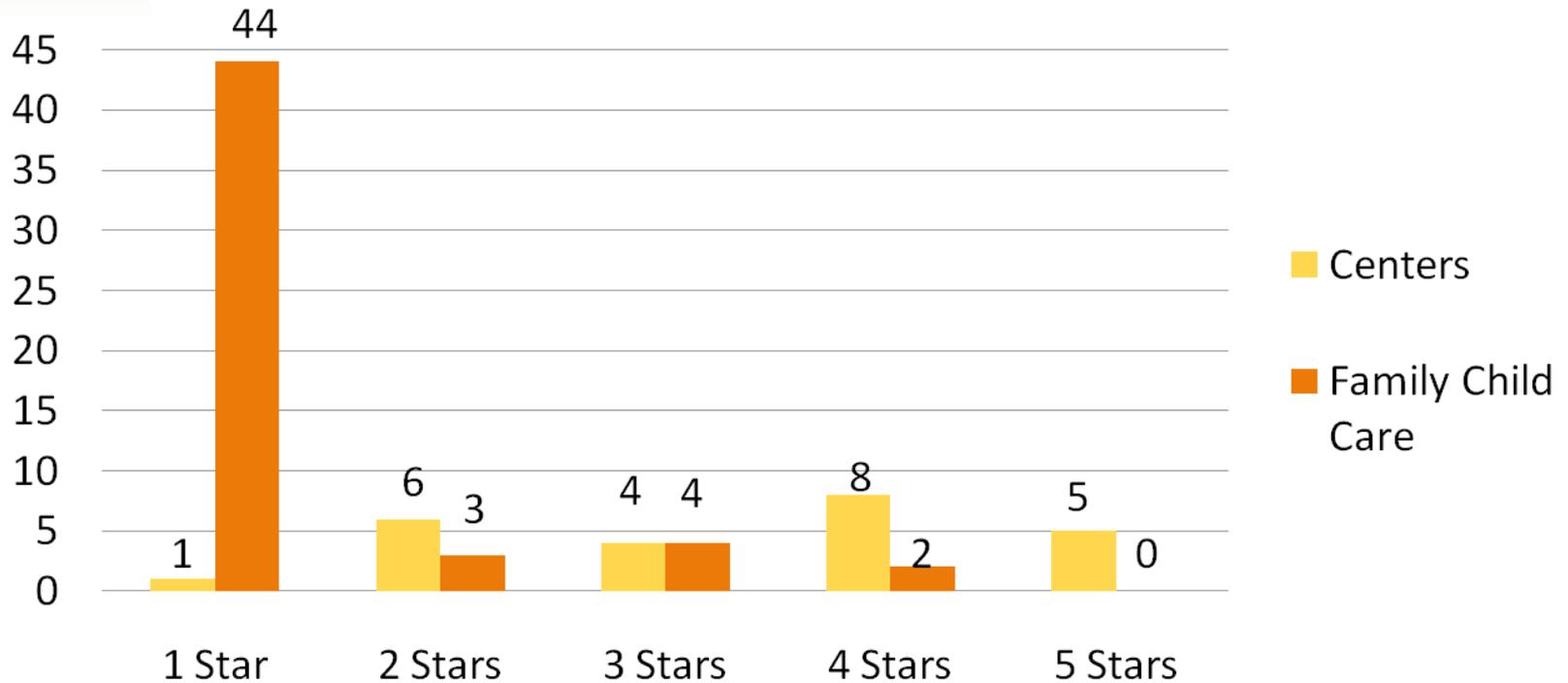
- ❖ Licensing is the foundation of quality.
- ❖ DCYF licenses approx.:
 - **300** child care/early learning centers
 - **740** family child care homes
 - **100** school-age child care programs.
- ❖ Improving child care licensing standards and enforcement and making licensing information available to the public helps to improve program quality.



BRIGHTSTARS

- ❖ 23 states have QRIS systems designed to systematically measure program quality, support and reward incremental quality improvements, and align supports to improve quality.
- ❖ BrightStars has 5 star levels and measures research-based criteria across 6 quality domains : child's daily experience, teaching and learning, staff-child ratio and group size, family communication and involvement, staff qualifications, and program management.
- ❖ BrightStars was launched in 2009 and currently has 77 participating programs (24 centers/preschools and 53 family child care homes). Ratings for school-age child care programs will begin in 2011.

BRIGHTSTARS RATINGS FOR PARTICIPATING PROGRAMS 2010



Star Rating Distribution by Type



BRIGHTSTARS PROGRAMS WITH IMPROVED RATINGS 2010

❖ 25% of 2009 cohort (n=5) increased their overall star-rating

❖ Program Goal Areas (top 5):

- Indoor space: 67%
- Curriculum: 46%
- Learning context: 38%
- Outdoor space: 33%
- Health and safety: 33%

QI Funds Allocation (top 4):

- Indoor space: 30%
- Professional dev.: 28%
- Outdoor space: 19%
- Learning context: 17%

❖ BrightStars and partners provide ongoing support for program QI.



RIDE APPROVAL STANDARDS

- ❖ Requires Core Approval prior to application
 - Community-based programs – DCYF license
 - Public school programs – BEP
 - Private PK-12 school programs – RIDE Private School Approval

- ❖ Approval Process
 - Application
 - Facilities Site Visit
 - Initial Program Site Visit (ECERS, Administrator Interview)
 - Final Program Site Visit (CLASS, Teacher Interview)



RIDE APPROVAL STANDARDS

❖ Structural Standards

- Physical Facilities
- Health and Safety
- Children's Age Requirements
- Staff-Class Size, Staff/Child Ratio
- Staff Qualifications/Ongoing Professional Development
- Administration

❖ Educational Program Standards

- Curriculum
- Child Assessment
- Differentiated Teaching and Learning
- Family Engagement



RIDE APPROVAL STANDARDS

- ❖ 155 programs were approved in July of 2010 (198 in 09/10)
 - 1 has since closed due to low enrollment
 - 33 have indicated they will continue to operate under a DCYF license only in 2011-2012
 - 3 have indicated they will close their K program in 2011-2012 due to low enrollment

- ❖ Currently, 118 programs have active applications
 - 15 are applying for K Approval only
 - 32 are applying for both PK and K
 - 71 are applying for PK only



RIDE APPROVAL STANDARDS

- ❖ Reported reasons for dropping RIDE Approval include; teacher qualifications, cost of lowering group size, facilities issues related to ECERS, asbestos
- ❖ Next steps in approval transition include conducting ECERS, reviewing documents related to program curriculum, system of child assessment, program improvement planning, staff supervision and evaluation system, and family engagement efforts.

IMPROVING ACCESS TO HIGH- QUALITY PROGRAMS



CORE ACTION AREAS FOR ACCESS AND QUALITY

ACCESS

- ❖ Expand child care subsidy program for low- and moderate-income working families. Remove access barriers and strengthen continuity.
- ❖ Expand access to Head Start and Early Head Start to reach our most vulnerable children and families.
- ❖ Expand the state Pre-K program to provide a high-quality learning environment to 3- and 4- year old children in the critical preschool years.
- ❖ Provide more opportunities for young children with special needs to attend inclusive, high-quality early childhood programs.
- ❖ Expand access to full-day kindergarten.



CORE ACTION AREAS FOR ACCESS AND QUALITY

QUALITY

- ❖ Strengthen licensing and basic regulations as a foundation of quality. Work to align quality standards across multiple systems.
- ❖ Ensure rates are adequate to support high-quality programming.
- ❖ Offer financial incentives for programs to improve quality.
- ❖ Provide high-quality professional development opportunities to the early care and education workforce.
- ❖ Provide pathways and support for the early care and education workforce to attain credentials and degrees that are recognized in the field. Ensure higher education programs are relevant, high-quality and articulated across institutions and departments.



INITIAL OUTREACH TO IDENTIFY IDEAS FROM FIELD

Memo to formal and informal associations from the early learning field asking each group to identify 3-5 ideas to improve children's access to high-quality early learning programs.

- Rhode Island Permanent Legislative Commission on Child Care
- Rhode Island Head Start Association
- Rhode Island Association for the Education of Young Children
- DHS Child Care Community Exchange
- Rhode Island Child Care Directors' Association
- Family Child Care Homes of Rhode Island
- Interagency Coordination Council (Early Intervention)
- Early Intervention Directors' Association
- Early Childhood Network (Preschool Special Education)
- Rhode Island Special Education Advisory Committee
- Association of Rhode Island Administrators of Special Education
- Rhode Island Parent Information Network



CHILD CARE ELIGIBILITY

- ❖ Restore eligibility for child care subsidies to families earning 181% to 225% or 250% of FPL.
- ❖ Lessen the “cliff effect” by allowing families to retain child care subsidies as their incomes increase above 180% of FPL to 225% or 250% of FPL.
- ❖ Address administrative and regulatory barriers to accessing and retaining eligibility for child care subsidies to support enrollment continuity of children (e.g. move to a 12 month certification period, extend time parents can retain child care during periods of unemployment/job search, etc.)



CHILD CARE PROVIDER RATES

- ❖ Increase reimbursement rates to support quality.
- ❖ Increase reimbursement rates so higher-quality providers will accept children with DHS child care certificates.
- ❖ Implement a tiered reimbursement system that offers higher reimbursement rates to providers that demonstrate that they meet higher standards of care via their BrightStars ratings.



ACCESS FOR VULNERABLE POPULATIONS

- ❖ Restore 344 slots of state funded Head Start. Renew focus on the success of Rhode Island's Head Start and Early Head Start programs serving our most vulnerable children.
- ❖ Provide transportation to and from home and Head Start/Early Head Start programs.
- ❖ Increase the capacity of programs to provide high quality instruction to children who are learning English as a second language .
- ❖ Explore implications of expanding Early Intervention to cover children up to age 5.
- ❖ Improve access to therapies/services for children without Medicaid.
- ❖ Simplify the process for gaining access to Kids Connect at child care centers so there are more programs state-wide that can serve children with special needs.
- ❖ Improve access to and relationship with DCYF when serving children in the care of DCYF.



EXPANDING STATE PRE-K

- ❖ Provide more children with access to high-quality early learning programs to reduce need for later special education services to “catch up.”
- ❖ Expand state pre-kindergarten program
- ❖ Provide more support so low- and middle-income families who do not qualify for subsidized programs can access quality child care and early learning opportunities.



WORKFORCE

- ❖ Develop and provide ongoing, sustained, high quality professional development across all of early childhood and early childhood special education spanning birth through age eight. Emphasis on integration of training across all programs (e.g. common standards, curriculum, assessment, etc.).
- ❖ Improve higher education programs for teachers, early childhood educators, and EI providers.
- ❖ Develop early childhood educators' leadership skills.
- ❖ Develop/expand training programs for child care staff working with children with disabilities and technical assistance to support inclusive child care settings.
- ❖ Improve articulation of coursework among state higher education institutions.



INFORMATION FOR FAMILIES

- ❖ Improve state-wide communication with families regarding options for early childhood care and education.
- ❖ Create an accessible up-to-date directory of child care centers including those who accept DHS subsidies
- ❖ Coordinate, centralize, translate and expand the reach of information about access to quality programs, focusing on web-based information delivery systems, existing information networks (UWRI's 211, e.g.), and face-to-face points of contact with families (DHS, DCYF, schools, college and school district registration centers, hospitals, EI programs, churches, laundromats, stores, libraries).
- ❖ Improve access to parenting information, education and resources for families and professionals.



EARLY LEARNING COUNCIL DISCUSSION

What issues are important to lift up?

Is there anything missing?

Will the structures that are in place around quality get us to where we want to go?

What more can we do?

NEXT STEPS



- ❖ **Focus in March will be early childhood workforce development.**

- ❖ We plan to cover the following topics:
 - ❖ workforce data
 - ❖ workforce study/registry planning
 - ❖ update on core competencies project and TEACH

- ❖ Next steps

IDEAS FROM THE FIELD
TO EXPAND
YOUNG CHILDREN'S ACCESS
TO HIGH-QUALITY
EARLY LEARNING PROGRAMS

RHODE ISLAND

DECEMBER 2010



State of Rhode Island and Providence Plantations

HOUSE OF REPRESENTATIVES
REPRESENTATIVE GRACE DIAZ *District 11*

December 1, 2010

Dear Early Learning Council

We, the Permanent Legislative Commission on Child Care, are writing to submit our suggestions for ways to improve Rhode Island children's access to early learning programs.

We take as a starting point, the 1997 Starting Right Initiative which established the Child Care Assistance Program to ensure access to affordable, high-quality child care and early education for all Rhode Island families with children from birth to 16 years old. The Initiative included three inter-dependent policies: subsidies for parents with low to moderate income to enable them to purchase high-quality care; adequate payment for child care providers and training to promote a stable, regulated, and qualified provider community, and quality initiatives to promote child development. As planned, the state's investments in the subsidized child care program, which were targeted to low and moderate income families, have benefited all Rhode Island children and families by improving and providing stability to the entire child care system. In recent years, however, policy changes, including roll-back of eligibility limits and failure to provide adequate reimbursement for providers have resulted in fewer families having access to quality child care/ early learning.

We recommend that the Early Learning Council include the following proposals to improve access to early learning programs especially for children in low to moderate income families:

- 1) **Increase the eligibility limit for the Child Care Assistance Program to 250% of the federal poverty level.** When Starting RItE was enacted, it was determined that families with incomes below 250% of the federal poverty level (FPL) needed assistance paying for regulated care. The income eligibility limit was gradually increased from 185% to 225% FPL but then rolled back to 180% FPL as a cost-savings measure. If, due to budget constraints, it is not feasible to increase the income eligibility limits, thus allowing more families to participate, then we suggest a policy change that would allow currently enrolled families to remain eligible for the program at higher income levels. This would address the "cliff effect" that happens when a currently-eligible family receives a slight pay increase that puts them over the income limit and results in a dramatic increase in child care costs. Instead, the state should allow families, once they are on the program, to continue to receive assistance until they reach a higher "exit income limit", thus allowing a more gradual phase-out of eligibility. We suggest an "exit income limit" of 250% FPL.

- 2) **Increase reimbursement rates to support quality.** In creating the Starting Right program, the General Assembly sought to raise reimbursement rates to a level high enough so that providers would accept children participating in the Child Care Assistance Program and to increase the numbers of child care providers. Starting Right required that the state increase child care provider reimbursement rates to the 75th percentile of the current market rate based on a biennial survey. Over the years, in response to budget constraints, reimbursement rates have not kept pace as promised and providers are now reimbursed at the 75th percentile of the average of the 2002 and 2004 market rates, rather than the current 2009 survey. As a way to incentivize quality program improvement, and ensure adequate reimbursement rates, we suggest investigating ways to increase reimbursement rates in such a way as they are tied to quality standards – perhaps creating a tiered provider reimbursement system or implementing bonuses tied to quality.
- 3) **Direct the Department of Human Services to address barriers to accessing and retaining eligibility for the Child Care Assistance Program**

Our Commission has identified a number of issues that should be addressed to simplify enrollment and improve retention in the Child Care Assistance Program. Since CCAP provides access to early learning for thousands of Rhode Island children, it is vital that there is a simple enrollment process and that once a child is participating that disruptions to his/her program are limited. There are a number of administrative changes that the Department of Human Services could make to improve enrollment and retention. We have attached a list of issues that we believe need to be addressed.

Sincerely,



Representative Grace Diaz, Chair

Permanent Legislative Commission on Child Care in RI

Administrative Changes to Improve Children's Access to and Retention in Early Learning Programs

- Eliminate/reduce the amount of time families have "pending" child care certificates by using pre-screening and reducing financial risks for providers
- Average income/hours over a longer period of time (currently only a four week time frame)
- Reduce co-payments for families
- Improve access for language-minority parents
- Contracts for higher-quality care serving low-income children statewide
- Remove requirement to cooperate with the Office of Child Support Enforcement*
- Minimum of 12 weeks for child care vouchers
- Remove \$10,000 asset test*
- Research and/or change countable income (parent/grandparent vs household)
- Change work requirement for number of hours working (allow less than 20)*
- Change recertification to a 12 month period
- Extend the amount of time families can keep child care after a layoff (currently only 21 days)
- For families already working 20 hours, expand child care up to 40 hours for time parents are taking classes*
- Provide information for providers to help families during eligibility determination process and at renewals
- Strategies to enforce co-payments and reduce change from provider to provider
- Adequate information from DHS to providers about case closures with 2 week payment

*Requires statutory amendment

Rhode Island Association for the Education of Young Children
An Affiliate of the National Association for the Education of Young Children
Promoting excellence in early childhood education

November 18, 2010

Leanne Barrett
Coordinator, Rhode Island Early Learning Council
Rhode Island KIDS COUNT
One Union Station
Providence, RI 02903

Dear Leanne:

I'm writing with the information we've gathered from our discussions with RIAEYC directors and members.

We have intentionally tried not to replicate the suggestions proposed by Kids Count and the Poverty Institute, nor those raised at the PLC meeting. However, the ELC can assume that RIAEYC would certainly support many of those proposals, particularly those that relate to lessening the financial and administrative challenges families face when confronting the barriers to accessing quality care.

Here are our additional suggestions:

1. Coordinate, centralize, translate and expand the reach of information about access to quality programs, focusing on web-based information delivery systems, existing information networks (UWRI's 211, e.g.), and face-to-face points of contact with families (DHS, DCYF, schools, college and school district registration centers, hospitals, EI programs, churches, laundromats, stores, libraries).
2. Reach out to and train individuals at those points of contact in those organizations and systems (EI staff, pediatricians, school registration staff, DHS case workers) in the importance of quality programs and in assisting families to access to those programs. Require one point of contact in all relevant organizations and/or divisions for coordination of these activities.
3. Conduct annual, brief, culturally and linguistically appropriate trainings for families about the importance of quality care and the information they need to access that care, in partnership with appropriate agencies and state departments.
4. Integrate information on quality child care into the R&R system by, e.g., highlighting programs that are BrightStars, Accredited, and/or RIDE approved, collecting information from families for follow-up email/mail contact on selecting quality care.

Of course, these suggestions could, even should, be important components of the future work of BrightStars and the RI Child Care Resource & Referral Center.

Sincerely,

Chris Amirault, Ph.D.



Karen Beese, Child Care Specialist
Department of Human Services, Office of Child Care
57 Howard Ave, Louis Pasteur Building
Cranston, RI 02920
(401) 462-1390

December 3, 2010

Dear Early Learning Council Members,

I am writing on behalf of the DHS Child Care Community Exchange in response to a request for suggestions on ways to improve Rhode Island children's access to high quality early learning programs.

After soliciting responses from our membership, we offer the following recommendations to the Early Learning Council, in order of popularity:

1. **Increase the eligibility limit for the Child Care Assistance Program (CCAP), preferable to 225% of the federal poverty level (FPL).** In recent years the eligibility limit was lowered to 180% FPL as a cost-saving measure. We recommend returning this threshold back to 225% in order to assist a greater number of Rhode Island's low income families and children.
2. **Increase Reimbursement Rates for approved CCAP Providers.** Payment rates to child care providers must be adequate to provide access to the child care market, and in turn, to high quality early learning programs. Federal guidelines suggest that rates be set no lower than the 75th percentile of the local market rate, based on a market rate survey conducted within the last two years. Current provider reimbursement rates are equivalent to the 75th percentile of the average of the 2002 and 2004 market rates, rather than the more recent 2009 survey. Due to this discrepancy, many providers are currently caring for CCAP approved children at a financial loss to their business.
3. **Change the CCAP Recertification Period from a 6-month period to a 12-month period.** Currently, an eligible child may be authorized to receive CCAP child care services for a period of six (6) months. Increasing the authorization period to 12 months would align with the current certification periods of the Supplemental Nutrition Assistance Program (SNAP) and the Medical Assistance Programs also offered through the Department of Human Services.
4. **Tiered Reimbursement Rates for approved CCAP Providers, based on BrightStars Rating.** Implement a tiered reimbursement system that offers higher reimbursement rates to providers that demonstrate that they meet higher standards of care via their BrightStars ratings. This will encourage quality improvement in all programs, and reward programs that have been identified as high-quality.

Thank you for allowing our membership the opportunity to be included in such an important discussion.

Sincerely,

Karen Beese
Child Care Specialist

EARLY CHILDHOOD NETWORK (Preschool Special Education)

November 23, 2010

Hi Leanne,

Our group met last week and identified the following as ways to increase and/ or challenges to children's access to high quality early learning programs:

1. Increase the capacity of programs to provide high quality instruction to children who are learning English as a second language (this is both a capacity and training issue)
2. Provide transportation to children enrolled in Head Start (between home and Head Start).
3. Teacher training programs placing an increased emphasis on family engagement and parenting education; development of early childhood educators' leadership skills especially for special educators who are required to organize large instructional teams.
4. Providing preventative programming to reduce number of children requiring special education services
5. Need for ongoing, sustained, high quality professional development across all of early childhood and early childhood special education spanning birth through age eight. Emphasis on integration of training across all programs (e.g. common standards, curriculum, assessment, etc.).

Those were the top five selected by the group. Have a good Thanksgiving.

Ann Turrell
Early Childhood Educational Specialist
Rhode Island Department of Education

November 18, 2010

Leanne C. Barrett
Policy Analyst
Rhode Island KIDS COUNT
One Union Station
Providence, RI 02903

Dear Leanne:

The Early Intervention Directors Association held a meeting on Thursday, November, 4, 2010. We discussed the request from The Rhode Island Early Learning Council to identify ideas on how Rhode Island can improve children and families access to high-quality learning programs. The Directors present at the meeting would like to offer the following suggestions:

- Explore implications and expansion of Early Intervention to cover children up to age 5
- Improve current state-wide communication with families regarding options for early childhood care and education
- Quality child care and early learning opportunities for low-and middle income families who do not qualify for subsidized programs such as Head Start
- Accessible up to date directory of child care centers including those who accept DHS subsidies
- Expand universal pre-kindergarten program
- Training programs for child care staff working with children with disabilities
- Simplify the process for gaining access to Kids Connect at child care centers so there are more programs state-wide that can serve these children
- Grant program training program staff to provide inclusive child care
- Identify what resources already exist in Rhode Island and make connections instead of creating more programs/resources to “fill the gaps”
- Better access to and relationship with DCYF when serving families with young children.

We realize that this list has more suggestions than requested, but we feel all are doable in a state the size of Rhode Island. There are many, many resources out there for families; however, there is no “central point” of entry for families attempting to navigate the current service delivery system.

We greatly appreciate the opportunity to provide input and look forward to further collaboration with the Council.

Regards,

Lee-Ann Beaupre The Homestead Group	Lisa LaDew Meeting Street	Darlene Magaw Family Resources Community Action	Heather Brennan Family Service of RI	Leslie Wiedenman Grodin Center, Inc.
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Susan Hawkes Easter Seals, RI	Valory McHugh Looking Upwards, Inc.	Kathleen Cross James L. Maher Center	Alex Arnold Children’s Friend & Service	Linda Hughes ORS Services for the Blind and Visually Impaired
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Absent: Ernest VanDuesen, J. Arthur Trudeau Memorial Center
Ellen Jacobs, Hasbro Children’s Hospital

FAMILY CHILD CARE HOMES OF RHODE ISLAND

December 10, 2010

Hi Leanne,

At our last Association meeting the FCCHRI membership was asked to offer ideas to improve children's access to high-quality early learning programs. The following are the recommendations from Family Childcare Homes of RI, Inc.

1. Bringing the rate of reimbursement for DHS children up to where it should be for 2011
2. To fix DHS Policies that create financial barriers to parents and providers. For example, the time it takes for an application to go from pending to approved.
3. Articulation of the higher education system.

I hope this wasn't too late,

Have a great weekend

Colleen Dorian
President
Family Child Care Homes of Rhode Island

RI INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION (ICC)
CHAIR LISA LANDRY-TESTA CO-CHAIR BENEDICT LESSING
16 LLADNAR DRIVE LINCOLN, RI 02865

December 10, 2010

Dear Early Childhood Council Members:

As per your request, The Rhode Island Interagency Coordinating Council on Early Intervention has provided a list of recommendations for the Early Childhood Council to assist in meeting the needs of families statewide. The suggestions are as follows:

1. There appears to be a significant need in RI for specific training at the higher education level with respect to Early Intervention. Although we have professionals trained in different disciplines (ex. SLP, PT, OT, Educators, etc.), they come into the EI system without a strong background in the Early Intervention model. Many states are offering coursework at the graduate level in Early Intervention (ex. Florida State).
2. There is a need to develop system capability to provide needed and recommended services to all eligible young children and their families, not just those in the Medicaid system. Many children whose families have third party coverage without Medicaid back-up are not able to avail themselves of services such as HBTS, Respite, Kids Connect, Clinical therapies, etc. This limited system as it stands now does not support early intervention as a means of prevention of later more serious disabilities, or as a means to minimize utilization of healthcare

dollars when problems have not been able to be addressed at earlier ages. The system as it is now does not support all children's rights to have supports that will help them grow and develop to their potential.

3. There is a continuing need to consolidate resource and parenting information for both families and professionals that is easily accessible and organized. This would impact information (but not limited to) regarding parenting classes, educational programs, therapies, counseling services, etc.

If you have any further questions please feel free to contact me.

Respectfully,

Lisa Landry-Testa

ICC Chair

Rhode Island Child Care Directors Association
P.O. 742
East Greenwich, RI 02816

Leanne C. Barrett
Rhode Island KIDS COUNT
1 Union Station
Providence, RI 02903

Dear Leanne,

The Rhode Island Child Care Directors Association promotes high quality early learning programs for children from infancy through early school age. The association acknowledges the research which indicates that high quality early care and education experiences foster brain architecture creating a foundation for lifelong learning, behavior, and both physical and mental health. Providing high quality early care and educational learning opportunities are critically important for children living in economically deprived communities as well as thriving communities.

Significant investments and resources are required to support high quality early care and education programs. State investments in the Starting Right Child Care Assistance program fell by almost 90% since 2005. In Rhode Island, the child care subsidy program is linked to work or work-related activities. In this climate of high unemployment and reduced work hours, access to these high quality programs is limited.

In response to the request from the Early Learning Council regarding recommendations to improve children's access to high quality early learning programs, the Rhode Island Child Care Directors Association offers the following recommendations:

1. ***Increase the child care subsidy reimbursement rate to center base programs.*** Current rates do not reflect the most recent market rate surveys. In fact, the current rate of reimbursement is approximately 25% less than the market rate. Programs are less likely to accept families with a child care voucher.
2. ***Increase the income eligibility for families that are requesting child care subsidy.*** Family income eligibility has decreased from a high of 225% of the federal poverty guidelines to the current low of 180% thus eliminating many low wage working families access to the child care subsidy program.
3. ***Re-certify families every 12 months.*** This will allow for children to remain in a program for a length of time where they can learn and gain skills that will

enable them to succeed in school. At the present time, certification occurs for a maximum of six months, often with disruption of service.

The Rhode Island Child Care Directors Association appreciates this opportunity for their input regarding this issue of access. Our members are deeply concerned regarding the fractured and antiquated early care and education system in Rhode Island. We would value the opportunity for further discussions and input.

Sincerely,

Charlotte Moretti, M.Ed.
Chair, Rhode Island Child Care Directors Association
Executive Director, The Academy for Little Children



RHODE ISLAND HEAD START ASSOCIATION

State President: Barbara Schermack
654 Green End Avenue
Middletown, RI 02842
401 846 5454, X145
(Fax) 401 847 2960
bschermack@ebcap.org

To: Leanne Barrett, Coordinator
Rhode Island Early Learning Council

From: Barbara Schermack, Chairperson
Rhode Island Head Start Directors' Association

Re: Ideas to Improve Children's Access to High Quality Early
Learning Programs

Date: December 2, 2010

The Rhode Island Head Start Directors have a long history of advocacy for pre-school children from our state's most impoverished families. It has been extremely difficult to celebrate the establishment of the state Pre-K program at a time of significant reduction of poor children's access to high quality early learning programs i.e. seventy percent (70%) reduction in state spending for Head Start and eighty-nine percent (89%) reduction in state spending for child care for low income families.

Although we recognize the importance of high quality early learning programs for all Rhode Island children, it is critically (!) important for the poorest, and therefore our recommendations are on their behalf:

- (1) Consider the comprehensive nature of Head Start and its supports for vulnerable families. These supports enable children to fully benefit from their early learning experience. **Restore state funding to the original 500 Head Start slots**, which have been reduced to 156 currently.
- (2) Child care centers are struggling to maintain quality at a time of increasing regulations and expectations. Low income families face exclusion from high quality center based programs if such centers can no longer afford to serve them at current state subsidy rates. **Increase reimbursement rates to center based programs to support both high quality and inclusion of low income children.**
- (3) Countless low-income children have lost access to high quality early learning programs because their parents have lost eligibility for child care assistance. At the very least, **continue to support children in their pre-Kindergarten year with CCAP funds at high quality early learning centers.**
- (4) We support the establishment of the Early Learning Council, made possible with ARRA funds through the federal **Office of Head Start**. We are hopeful that this partnership will bring a **renewed focus on the successes of Head Start and Early Head Start in Rhode Island and the children who are most in need of quality early learning programs.**

We would be pleased to discuss our recommendations further, and look forward to your favorable response.

Rhode Island Head Start Programs

- CHILD Inc.
- Children's Friend & Service
- Comprehensive Community Action Program
- East Bay Community Action Program
- Meeting Street School
- South County Community Action, Inc.
- Tri-Town Community Action Agency
- Woonsocket Head Start Child Development Association, Inc.

Rhode Island Special Education Advisory Committee

Paul Stroup, Jr.
Chairperson

Mary Pendergast
Vice Chairperson

Sharon Terzian, Corresponding Secretary

Ann Brockmann, Susan Donovan & Sharon Schubert Recording Secretaries

December 3, 2010

To: Leanne Barrett, Coordinator, Rhode Island Early Learning Council

From: Rhode Island Special Education Advisory Committee

Re: Ideas to Improve Children’s Access to High-Quality Early Learning Programs

We are responding to your request regarding specific ideas on how Rhode Island can improve children’s access to high-quality early learning programs. We have identified current challenges and suggested solutions for improvements that could be implemented over the next 5 years, resulting in improved access to high-quality early learning programs. A summary of these ideas are as follows:

Current Challenge	Suggested Solution for Improvement
1. Children enrolled in a behavioral health program (e.g., partial day treatment program at Bradley) lose health insurance and IMMEDIATELY lose support services.	1. Implement an additional system or best practice model/mandate for at least transitional home visits before dropping or exiting family/child to get them some type of safety net services.
2. Parents who do not receive Medicaid have difficulty navigating the system (e.g. completing necessary paperwork) due to the complexity of the process.	2. Provide these parents with a person who can help them navigate the system successfully.
3. Integrated experiences for 3-5 year old children with disabilities are scarce. Due to budget cuts, there are sometimes waiting lists.	3. Provide incentives for after school programs to include students with disabilities. Increase funding stream for integrated programs.
4. Communication and collaboration between the Department of Human Services and School Departments so that the transition from EI to school is seamless. Sometimes school districts find out about a child entering the district’s program only a few weeks before the child’s third birthday.	4. Develop and implement a model for seamless service delivery from EI to school that would include a transition plan from EI to school and a person who would assist families in making that transition.
5. The cycle of adolescents as young as 15 or 16 having children.	5. Break the cycle – long term process Short term – Provide access to a pre-school or possibly an early childhood charter school for these children.
6. Students are kicked out of integrated after school programs or other programs because they present behavioral challenges that staff cannot handle.	6. Provide financial support and high quality training of staff to ensure that the children will have the necessary support to be successful in these inclusive environments. This training should be on-site and individualized for that child and should include a parent component to ensure consistency across settings.
7. Parents who may qualify for services under Medicaid may not know about the services or how to access them.	7. Educate pediatricians about the CEDAR center and how to access/apply for services through them. Have CEDAR center literature available at multiple venues

	that parents typically access.
8. If a child leaves EI before they have an official diagnosis, it is hard for the child to receive special education services once they enter the school system.	8. See number 4 above.
* Some parents whose children are receiving services are transient and service providers have difficulty contacting them (e.g. no phone).	

Sincerely,

Paul C. Stroup Jr.
Chair RISEAC

[Paul Stroup@msn.com](mailto:Paul_Stroup@msn.com)
401-721-2131(W)

The Rhode Island Special Education Advisory Committee is an active voice in advocating that all students receive superior educational services enabling each student to achieve optimum success throughout the school years and into the world of adulthood.

Rhode Island's 2010 Family Child Care Quality Study



Kelly L. Maxwell
& Syndee Kraus

FPG Child Development Institute

The University of North Carolina at Chapel Hill

December 2010

*Rhode Island's
2010 Family Child Care
Quality Study*

Kelly L. Maxwell
& Syndee Kraus

FPG Child Development Institute

The University of North Carolina at Chapel Hill

December 2010

Rhode Island's 2010 Family Child Care Quality Study
© 2010 by Kelly L. Maxwell & Syndee Kraus

This report is available online at www.rikidscount.org

Suggested citation: Maxwell, K. L., & Kraus, S. (2010). *Rhode Island's 2010 family child care quality study*. Chapel Hill: The University of North Carolina, FPG Child Development Institute.

This study was funded by The Rhode Island Foundation and the Nellie Mae Education Foundation through a contract between Rhode Island KIDS COUNT and the FPG Child Development Institute (FPG). BrightStars, Rhode Island's Quality Rating and Improvement System for early care and learning programs, was launched with funding from United Way of Rhode Island, CVS Caremark Charitable Trust, and the Rhode Island Department of Human Services.

Several people worked hard to complete this study and report. The FPG team included Kelly Maxwell, Principal Investigator; Syndee Kraus, project director; Gina Walker, administrative assistant; Elizabeth Gunn, Lloyd DeWald, and Michelle Lemon, programmers; Angelia Baldwin, data entry. Gina Harrison helped design the report. The Rhode Island team included Leanne Barrett, Policy Analyst, Rhode Island KIDS COUNT and Tammy Camillo, Director, and staff of the Rhode Island Association for the Education of Young Children, which is the implementation agency for BrightStars. The FPG and Rhode Island teams worked closely to conduct this study. FPG provided guidance, helped design the study and develop data collection tools, analyzed the data, and wrote the report. RIAEYC provided guidance and was responsible for recruitment and data collection. Rhode Island KIDS COUNT helped design the study and provided guidance on policy recommendations. We would like to thank the family child care providers who welcomed us into their homes so that we could better understand the care they provide to young children in Rhode Island.

NATIONWIDE, most young children are cared for regularly by someone other than their parents, and family child care is a common form of non-parental care. Fourteen percent (14%) of infants, 19% of toddlers and 13% of three- and four-year-olds are cared for in a home by someone other than a relative.¹ About one-quarter of children are in family child care at some point during their first five years of life, spending an average of 31 hours per week in family child care, which may include night and weekend hours.² Rhode Island currently has 746 licensed family child care and group family child care homes, with the capacity to serve 4,855 children.³

There are many reasons families choose family child care homes. They are often one of the few options available for families who work non-traditional schedules (e.g., second shift or weekends), and the cost of family child care is often lower than center-based care.⁴ Further, some parents prefer the home-like feel of family child care homes—especially for their infants and toddlers—over more formal child care centers and preschools.⁵

As in center-based settings, research has demonstrated a statistically significant link between the quality of the care provided in family child care homes and children’s academic and social skills.⁶ Research on brain development has underscored the importance of providing high quality experiences for young children.^{7,8} Thus, improving the quality of family child care homes is an important strategy for supporting children’s readiness for school success.

To recognize and support quality early care and education, Rhode Island early childhood leaders developed BrightStars, a Quality Rating and Improvement System (QRIS) for early care and learning programs. A QRIS is a systematic approach “to assess, improve, and communicate the level of quality in early care and education programs.”⁹ A state QRIS generally includes five common elements: quality standards, a process for monitoring the quality standards, outreach and support to programs and practitioners, financial incentives, and dissemination of ratings and information to parents and consumers.^{10,11}

Rhode Island developed its QRIS from 2005 to 2008; implementation began in 2009. Through a statewide planning period funded by United Way of Rhode Island, Rhode Island KIDS COUNT worked with a 30-member steering committee, national and local consultants, and families to draft a comprehensive set of quality standards and criteria for early care and learning programs (child care centers/preschools, family child care homes, and school-age programs). These standards and criteria were developed within a 5-level framework to be used as the basis for a QRIS. Starting in 2008, these frameworks were pilot-tested with a sample of programs.^{12,13,14} BrightStars leadership used the pilot data to finalize the *Child Care Center and Preschool Quality Framework*¹⁵ as well as the *Family Child Care Quality Framework*.¹⁶ Implementation of BrightStars began in January 2009 with child care centers/preschools and in September 2009 with family child care homes. The *School-Age Child Care (K-5) Framework* will be finalized and implemented statewide in 2011.

During the BrightStars development period, Rhode Island early childhood leaders decided to gather data to better understand the current quality of care across all three types of programs: centers/preschools, family child care, and school-age programs. Recognizing that implementing a QRIS is a strategy designed to help programs make

“Family child care is essential to families and communities . . . the quality of care and caregiver-child relationships have important impacts on children’s development. The services supplied by family child care providers are also vital to local economies; family child care providers represent an estimated 300,000 small businesses across the United States . . .”²

incremental quality improvements over time, Rhode Island leaders wanted to better understand the quality of care as BrightStars implementation began and to have data with which to compare future improvements in the state's early care and education system. Rhode Island leaders realized that they could not solely rely on BrightStars implementation data because programs that volunteer to participate in BrightStars may be more likely to provide high-quality care. Thus, a series of studies was conducted to understand the quality of care in randomly selected programs across Rhode Island. Randomly selected programs are more likely to represent the range of quality and program characteristics found across Rhode Island. Findings from these studies can also be used to guide the development of focused quality improvement initiatives in Rhode Island. This report focuses only on licensed family child care homes. A previous report describes findings from a similar quality study of child care centers and preschool programs¹⁷ and a future report will address findings from school-age programs.

Study Description

The purpose of the Rhode Island Family Child Care Quality Study was to gather data to better understand the quality of care and education in licensed family child care homes.

Program Selection

The goal of the Family Child Care Quality Study was to gather data on the quality and characteristics of 50 family child care homes across Rhode Island, using the *BrightStars Family Child Care Quality Framework* as a guide for the type of information collected.

Recruitment of providers for this study occurred in two steps. First, the randomly selected family child care homes that participated in the 2008 Pilot Test were asked to be in this new study. Of the 25 homes in the Pilot Test, 8 were no longer licensed or were no longer providing care. Four more did not have a working phone number or could not be reached after repeated calls. Two providers declined to participate. Thus, 11 of the 25 homes in the Pilot Test agreed to participate in the Family Child Care Quality Study. An additional 39 homes were needed to meet the goal of obtaining data from 50 family child care homes.

The second step in the recruitment process required randomly selecting more programs from the list of all licensed family child care homes. To recruit 39 more family child care providers in the study, BrightStars staff sent recruitment letters to 278 randomly selected licensed family child care programs across Rhode Island. Of those, 154 were eligible to participate (e.g., they were open and had a working phone number). Of the 154 homes, 39 agreed to participate in the Family Child Care Quality Study. This represents a response rate of 25%. [The response rate for the Family Child Care Pilot Test was 30%.]¹⁸ Response rates in other states that have conducted observational studies of randomly selected family child care homes have varied widely. For instance, Pennsylvania had a response rate of 21%, Delaware had a response rate of 36%, Massachusetts had a response rate of 57%, and Maine had a response rate of 79%.^{19,20,21,22}

Forty-five (90%) of the participating homes in this study were in Providence County, with two (4%) in Kent County and three (6%) in Washington County. This distribution is similar to that found statewide. According to state licensing data published in the *2010 Rhode Island KIDS COUNT Factbook*, 89% of all licensed family child care homes are located in Providence County, 6% are located in Kent County and 3% are located in Washington County.²³ The two remaining counties in Rhode Island (Bristol and Newport) have 3% of the family child care providers in the state.

Measures

Data were gathered from family child care homes using multiple methods: review of written documents, provider self-report and data collector observation.

Participants provided BrightStars staff with written documentation about licensing compliance, accreditation, program self-assessments, child assessments, family involvement, and program administration. Providers were also asked to report basic information about their program (e.g., enrollment, number of children receiving child care subsidies) and their education and credentials.

BrightStars staff observed the participating family child care homes and completed the *Family Child Care Environment Rating Scale-Revised* (FCCERS-R), a widely used instrument for examining the global quality of family child care homes.²⁴ It is specifically designed for use in homes serving children birth through 12 years of age.

The FCCERS-R measures the following aspects of child care home quality: Space and Furnishings (e.g., furnishings for relaxation and comfort, space arrangement, display); Personal Care Routines (e.g., greeting/departing, safety practices); Listening and Talking (e.g., helping children understand language, helping children use language); Activities (e.g., fine motor, art, promoting acceptance of diversity); Interaction (e.g., supervision of play and learning, interactions among children); Program Structure (e.g., schedule, group play activities, provisions for children with disabilities); and Parents and Provider (e.g., provisions for parents, balancing personal and caregiving responsibilities). The “Parents and Provider” items on the FCCERS-R instrument were not completed for this study.

Scores on the FCCERS-R can range from 1 to 7 with higher scores indicating higher quality. Total mean scores from 1 to 2.9 are considered “low” quality, scores from 3.0 to 4.9 are considered “medium” quality, and scores of 5.0 or greater are considered “good” or “high” quality.

During each visit, BrightStars staff also completed a facility observation checklist, which documented the observed group size and ratio.

Procedures

Data collection began in late fall of 2009 and continued through summer 2010. Three BrightStars staff members and consultants were responsible for all data collection. They were trained to reliability on the FCCERS-R and received additional training on the other measures. Observations typically lasted 3 to 4 hours, beginning in the morning. To maximize the inclusion of programs representing a range of quality, incentives in the form of a \$100 gift card were offered to programs. Data collectors were bilingual so data could be collected in homes where English or Spanish was spoken; 65% of providers in the study spoke Spanish as their primary language.

Findings

Almost all of the participating homes (88%) served preschool-age children, and two-thirds (66%) served school-age children. More than half of the homes served infants (56% served children birth to 18 months) and toddlers (59% served children age 19 to 36 months).

Fifty-six percent (56%) of the homes had a maximum capacity of 8 children; 34% had a maximum capacity of 6; and 10% had a maximum capacity of less than 6. Providers reported enrolling a range of 1 to 15 children, with a mean total enrollment of 6.4 children. It is important to note that enrollment is not the same as children present: providers could enroll several part-time children while still operating within their legal capacity because not all the children are present at the same time. According to state licensing, a provider can care for a maximum of 6 children by herself; she can care for 8 children if there is an assistant. (Group family child care homes can serve up to 12 children, but none of these were included in the study).

Almost all (94%) of the participating providers reported that they accept children whose families receive financial assistance through the Child Care Assistance Program at the Rhode Island Department of Human Services. The percentage of children enrolled who received subsidies varied. Of the programs that reported accepting children with subsidies, 20% were currently not serving any children with subsidies. Finally, 10% of the homes served at least one child with a disability.

Licensing Compliance

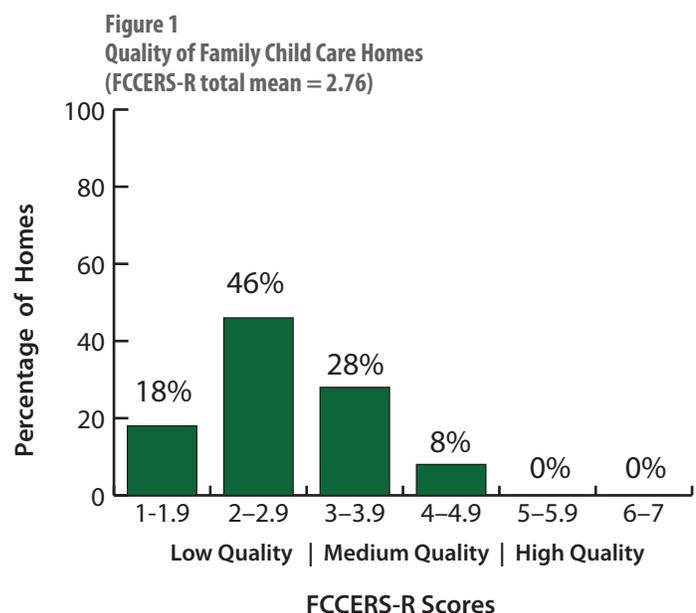
Ninety-six percent (96%) of providers reported compliance with critical areas of licensing requirements (28% were able to provide a written document that verified licensing compliance). The critical areas of compliance for family child care homes, as defined by the Child Care Licensing Office, are: 1) number of children in care and their supervision; 2) qualifications of provider and assistants; 3) physical space and home safety; 4) health and nutrition; 5) activities, materials, and equipment; 6) behavior management; and 7) administration.

National Accreditation

Two percent (2%) of programs in this study were accredited by the National Association for Family Child Care (NAFCC).

Quality

This section includes information about the observed quality of family child care homes, as measured by the *Family Child Care Environment Rating Scale-Revised* (FCCERS-R). The mean FCCERS-R total score was 2.76 (range = 1.44 to 4.58). As evident in Figure 1, nearly two-thirds (64%) of the homes were rated as having low quality (i.e., FCCERS-R scores of less than 3.0). The remaining homes (36%) were rated as having medium quality (i.e., FCCERS-R scores between 3.0 and 4.9). No homes were rated as having high quality (i.e., FCCERS-R scores of 5.0 or greater). Information about the FCCERS-R subscales is provided in Table 1. The subscales of Listening and Talking, Interaction, and Program Structure



were relative strengths compared to the other subscale scores, with mean scores in the medium range. Mean scores for Space and Furnishings, Personal Care Routines, and Activities were in the low range.

Curriculum and Child Assessment

Sixty-six percent (66%) of family child care providers serving preschoolers reported using a curriculum that is aligned with the Rhode Island Early Learning Standards; only 16% of providers serving preschoolers had written documentation to verify this (i.e., curriculum referenced all domains of the RI Early Learning Standards). Fifty percent (50%) of providers reported distributing written information to parents about the availability of Early Intervention and Child Outreach screenings (18% provided written documentation to verify this). Fifty-eight percent (58%) of providers reported gathering child-level assessment information for the purpose of guiding instruction (14% provided written documentation to verify this).

Number of Children Present and Ratio

The total number of children present (i.e., group size) and the number of children per adult (i.e., staff-child ratio) are important aspects of quality because it is easier for adults to meet the health and developmental needs of each child if there are fewer children and more adults in a group. On the day of the observation, the mean number of children present was 3.3 (range of 1-8), with a child-adult ratio of 2.2 children per every adult (range: 1 to 6 children per adult). Ninety-four percent (94%) of programs met state licensing ratio requirements. According to Rhode Island licensing requirements, a provider without an assistant can care for no more than six children. If the provider cares for children younger than 18 months old, she can care for no more than four children younger than 6 years old. Of these four children, no more than two can be younger than 18 months old. If the provider works with an assistant, she can care for eight children. Of the eight children, no more than four can be younger than 18 months old.

Provider Qualifications

Although BrightStars staff requested transcripts and teaching certificates to verify information about provider qualifications, it was not always possible to obtain these documents. Thus, the information presented in this section was self-reported.

Table 2 provides information about the highest educational level of providers. Fifty-two percent (52%) of providers in the study had no more than a high school diploma. Eighteen percent (18%) of providers had either an Associate's or Bachelor's degree. Of those with an Associate's or Bachelor's degree, 45% had an early childhood related major.

More than half (56%) of the family child care homes had a full-time assistant working with the provider; however, no data were collected from assistants.

The Rhode Island Department of Education offers professional development to early care and education

Table 1
FCCERS-R Subscale Scores

Subscale	Mean	Range
Space and Furnishings	2.89	1.67– 5.33
Personal Care Routines	2.04	1.17 – 3.83
Listening and Talking	3.39	1.00 – 6.33
Activities	2.43	1.00 – 6.34
Interaction	3.99	1.25 – 6.75
Program Structure	3.41	1.33 – 7.00

Table 2
Highest Education Level of Providers

Degree	Percentage of Providers
Less than High School or GED	14%
High School or GED	38%
CDA*	4%
Some college (but no degree)	26%
Associate's	6%
Bachelor's or more	12%

*The CDA is technically a certificate, not a degree.

professionals about the state’s early learning standards through three levels of certification. In this study of licensed family child care homes, 90% of the providers did not have a Rhode Island Early Learning Standards Certificate. Two percent (2%) reported having a Level I Certificate, 2% had a Level II Certificate, and 2% had a Level III Certificate. Four percent (4%) of the providers reported having a Certificate but did not indicate the level.

Family Communication and Involvement

Information about different aspects of communication and involvement with families was also collected for this study. Thirty-six percent (36%) of family child care providers reported offering parent-teacher conferences at least twice a year (2% provided written documentation to verify this).

Forty-two percent (42%) of providers reported using at least two different strategies for communicating with and involving families, as shown in Table 3 (8% were able to verify the use of these strategies through written documents).

Table 3
Percentage of Providers Using Strategies for Communicating with Families (self-reported)

Strategy	Percentage
Send a month newsletter	24%
Host a family meeting, social event, or workshop four times per year	28%
Offer ideas and suggestions to support learning at home at least four times per year	46%
Conduct an annual family survey	24%

Program Management

Twenty-four percent (24%) of family child care providers reported that they had conducted a comprehensive program self-assessment during the past year (4% provided written documentation to verify this).

Study Limitations

These data provide rich information about family child care homes in Rhode Island. Information was obtained using multiple methods (i.e., observations, interview, questionnaire, review of documents). The information in this study, however, is not perfect. For instance, some providers may have misunderstood some of the questions asked. Although data collectors were trained to use the observational measures, there is always a certain amount of observer error. The study participation response rate of 25% also suggests that the providers in this study may not be representative of those throughout Rhode Island. Readers should keep these limitations in mind when interpreting the findings. Even with these cautions, though, the study provides important information about the quality of licensed family child care in Rhode Island.

Conclusions and Recommendations

The data from this study suggest that family child care providers in Rhode Island are working hard to serve young children and their families. Ninety-six percent (96%) of providers reported compliance with the Rhode Island licensing requirements. No family child care provider was caring for more than the legal capacity of children on the day of the study visit. Ninety-four percent (94%) of family child care programs met state licensing ratio requirements. Fifty-eight percent (58%) of providers reported that they gathered child assessment information to help guide instruction.

Observed quality in Rhode Island’s licensed family child care homes was generally low. A little over 60% of the family child care homes in this study fell into the “low” quality range, with all of the remaining programs in the “medium” quality range. No program in the study received a FCCERS-R score in the “high” quality range. It is important to note, though, that there are high-quality licensed family child care programs in Rhode Island that have received FCCERS-R scores of 5 or greater through the BrightStars rating process.

The findings from this Rhode Island study are similar to other research describing licensed family child care as poor-to-medium quality.²⁵ The FCCERS-R measures many different aspects of quality including health, safety, materials, activities, and provider-child interactions. Low quality is generally characterized by the following: few age-appropriate toys available for the age groups enrolled (e.g., toys appropriate for babies but not for preschoolers); inappropriate provider expectations about children’s behavior (e.g., expecting children to sit still for long periods of time); language used by the provider is aimed primarily at controlling children’s behavior (e.g., “stop”, “come here”) rather than promoting learning (e.g., “Look how the red car rolls over the bridge”); multiple indoor and outdoor safety hazards (e.g., difficult for the provider to adequately supervise the children; outdoor play area is not fenced); and recommended health practices not followed (e.g., not washing hands thoroughly to prevent the spread of germs).

Improving the quality of family child care homes will require multiple, coordinated strategies. These quality improvement efforts should build on the growing body of research regarding how best to support quality improvement in family child care. Although the research base is still sparse, some recent research studies and a review of the literature on improving the quality of family child care suggest some important considerations when developing and implementing quality improvement efforts. Past research in family child care indicates that Rhode Island’s providers would likely benefit from increased on-site coaching and consultation that uses a well-defined model and specially-trained and closely supervised consultants.^{26,27,28} With so many homes in the low quality range, special supports may be needed to first emphasize basic health and safety issues of caring for young children as well as a general understanding of appropriate expectations for children of various ages.

The Supporting Quality in Home-Based Child Care project, funded by the Office of Planning, Research and Evaluation within the Administration for Children and Families in the U.S. Department of Health and Human Services, issued a series of reports in 2010 that provide helpful guidance in developing and implementing effective quality improvement efforts for family child care.^{29,30} They propose that intensity and individualization should each be considered when developing support services. With regard to *intensity*, consider whether the technical assistance strategy is intense enough to likely produce the intended outcome. For example, a one-day workshop is unlikely to result in lasting changes in practice. Instead, most providers will need sustained support to improve quality. With regard to *individualization*, consider whether the technical assistance strategy or collection of strategies is suitable for the wide range of people who provide family child care.

The findings from this study of family child care homes suggest two important dimensions on which to individualize for Rhode Island providers: education and primary language. There is a wide range of education levels in Rhode Island's family child care provider community. Half (52%) of the providers in this study had no more than a high school diploma, and only 18% had an Associate's degree or higher. The variability among provider education levels will require careful planning of the specific professional development efforts and supports that best match a provider's needs for strengthening her teaching practices. Strategies like T.E.A.C.H. Early Childhood,[®] which Rhode Island will implement in 2011, can help family child care providers access the college coursework they need to provide high-quality early care and education. Second, 65% of the providers in the study spoke Spanish as their primary language. It is important to tailor materials and quality improvement efforts to meet the needs of those who do not speak English as their first language.

Another possible strategy is to offer quality improvement supports to a group or network of family child care providers. Research suggests that family child care networks with the following features may be more successful in improving quality: hosting regular meetings, offering telephone assistance, training providers, having a network coordinator with post-baccalaureate training, conducting frequent visits to the homes, and using a formal quality assessment tool.³¹ This strategy may be particularly useful in Providence, where there is a large concentration of providers.

Rhode Island leaders should use the BrightStars quality frameworks as the overarching system for organizing and aligning various aspects of the early childhood education system, including professional development. Organizing efforts around the BrightStars quality framework will help move Rhode Island toward an integrated, comprehensive system of early care and education. The findings from this study suggest that few family child care providers have a college degree (Associate's or higher) or a Rhode Island Early Learning Standards Certificate, both of which are components of the BrightStars quality framework. It may be useful to expand access to higher education and professional development opportunities for family child care providers and to consider how best to support family child care providers in implementing an early learning program in a home-based setting in which they likely care for children of multiple ages.

In closing, Rhode Island KIDS COUNT and BrightStars leaders should be applauded for conducting a statewide study of family child care. We hope that these findings will be useful in guiding Rhode Island's future investments in improving the quality of early care and education provided for young children in family child care homes.

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This was a collaborative project among three organizations.



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BrightStars
Recognizing Quality Care & Learning

We thank these organizations for their support of BrightStars and this project.



Rhode Island's 2009 Child Care Center & Preschool Quality Study



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Several people worked hard to complete this study and report. The FPG team included Kelly Maxwell, principal investigator; Donna Bryant, investigator; Syndee Kraus, project director; Gina Walker, administrative assistant; Elizabeth Gunn, Lloyd DeWald, and Michelle Lemon, programmers; Angelia Baldwin, data entry. Gina Harrison helped design the report. The Rhode Island team included Leanne Barrett, policy analyst, Rhode Island KIDS COUNT and Tammy Camillo, director, and staff of the Rhode Island Association for the Education of Young Children, which is the implementation agency for BrightStars. The FPG and Rhode Island teams worked closely to conduct this study. FPG provided guidance, helped design the study and develop data collection tools, analyzed the data, and wrote the report. RIAEYC provided guidance and was responsible for recruitment and data collection. Rhode Island KIDS COUNT helped design the study and provided guidance on policy recommendations. We would like to thank the administrators and teachers who welcomed us into their programs and classrooms so that we could better understand the care available to young children in Rhode Island.

NATIONWIDE, most young children are cared for regularly by someone other than their parents. Twenty percent (20%) of all infants and toddlers and 44% of all three- and four-year-olds are served in a center-based care arrangement.¹ Research has demonstrated a statistically significant link between the quality of early care and education and children's academic and social skills.^{2,3,4} Children who attend higher quality programs have better academic and social skills when they enter school. Research on brain development also has underscored the importance of providing high quality, enriching experiences for young children because those experiences form the foundation for later learning.^{5,6} Thus, improving the quality of early care and education is an important strategy for supporting children's development and readiness for school success.

To recognize and support quality early care and education, Rhode Island early childhood leaders developed BrightStars, a Quality Rating and Improvement System (QRIS) for early care and learning programs. A QRIS is a systematic approach "to assess, improve, and communicate the level of quality in early care and education programs."⁷ A state QRIS generally includes five common elements: quality standards, a process for monitoring the quality standards, outreach and support to programs and practitioners, financial incentives, and dissemination of ratings and information to parents and consumers.^{8,9}

Rhode Island developed its QRIS over the past few years; implementation began in 2009. Through a statewide planning period funded by United Way of Rhode Island, Rhode Island KIDS COUNT worked with a 30-member steering committee, national and local consultants, and families to draft a comprehensive set of quality standards and criteria for early care and learning programs (child care centers/preschools, family child care homes, and school-age programs). These standards and criteria were developed within a 5-level framework to be used as the basis for a QRIS. These frameworks were pilot-tested with a sample of programs.^{10,11} BrightStars leadership used the pilot data to finalize the *BrightStars Child Care Center and Preschool Quality Framework*¹² as well as the *BrightStars Family Child Care Quality Framework*.¹³ BrightStars began rating child care centers/preschools in January 2009 and began rating family child care homes in September 2009. The *BrightStars School-Age Child Care Quality Framework* will be finalized in 2010 and implemented statewide in January 2011.

"Early experiences determine whether a child's brain architecture will provide a strong or weak foundation for all future learning, behavior, and health."⁵

During the BrightStars development period, Rhode Island early childhood leaders decided to gather data to better understand the current quality of care across all three types of programs: centers/preschools, family child care, and school-age programs. Recognizing that implementing a QRIS is a strategy designed to help programs make incremental quality improvements over time, Rhode Island leaders wanted to better understand the quality of care as BrightStars' implementation began and to have data with which to compare future improvements in the state's early care and education system. Findings from this study of a random sample of programs can also be used to guide the development of focused quality improvement initiatives in Rhode Island. This report focuses only on child care centers and preschool programs. Future reports will describe findings from similar quality studies of family child care and school-age programs.

Study Description

The purpose of the Rhode Island Child Care Center and Preschool Quality Study (also referred to as the “Center Quality Study”) was to gather data to better understand the quality of care and education in child care centers and preschool programs, using key components delineated in the *BrightStars Child Care Center and Preschool Quality Framework*.

Program Selection

The Rhode Island Child Care Center and Preschool Quality Study was designed to build on the earlier Pilot Test of the *BrightStars Child Care Center and Preschool Quality Framework*. In the summer and early fall of 2008, BrightStars staff gathered pilot data from a random sample of 25 licensed/approved child care centers and preschools. The Pilot Test was designed to gather data to help the BrightStars Steering Committee refine the standards and criteria before formally implementing the *BrightStars Child Care Center and Preschool Quality Framework* in January 2009.

The goal of the Center Quality Study was to gather data on the quality of 50 infant/toddler and 50 preschool classrooms as well as program-level characteristics. For each program recruited, one classroom from each of the two age groups (infants/toddlers and preschoolers) was randomly selected for observation. Some participating programs served only one age group, so 69 programs were needed to obtain data from 50 classrooms of each age group.

Recruitment occurred in two steps. First, the randomly selected programs that participated in the Pilot Test were asked to be in this new study, and 23 of the 25 agreed. These programs needed only to allow a trained assessor to observe one or two randomly selected classrooms because the other program-level data had already been gathered as part of the Pilot Test. Of these 23 programs, 19 served both infants/toddlers and preschoolers and 4 served only preschoolers. Thus, an additional 27 preschool classrooms and 31 infant/toddler classrooms were needed to meet the goal of obtaining data from 50 infant/toddler and 50 preschool classrooms.

To meet this goal, the second step in the recruitment process required randomly selecting more programs. From a pool of 104 randomly selected licensed/approved programs across Rhode Island, 69 were eligible to participate (e.g., they were open, had a working phone number). Of those 69 programs, 46 agreed to participate in the Center Quality Study. This represents a response rate of 67%. (The response rate for the Pilot Test was 43%.¹⁴) Both program-level and classroom observation data were gathered from these 46 programs.

The 69 programs in this study were located across the state of Rhode Island. About half of the programs (55%) were located in Providence County. Twenty percent (20%) were in Kent County, 12% in Washington County, 9% in Newport County, and 4% in Bristol County.

Measures

Multiple measures were used to gather program-level and classroom-level data for the Center Quality Study.

Program-Level Measures

Program directors were asked to provide for review by BrightStars staff written documentation about licensing compliance, accreditation, program self-assessments, child assessments, family involvement, and program administration. Directors were also asked for basic information about their program (e.g., enrollment, number of children receiving child care subsidies, participation in Head Start). During each visit, BrightStars staff completed a facility observation checklist, which documented the observed group size and ratios for half of the classrooms

for each age group served (classrooms were randomly selected). The director and lead group teachers were asked to complete a questionnaire about their qualifications and, if possible, to submit documentation of their degrees, coursework, and credentials. Finally, the Rhode Island Department of Children, Youth, and Families provided data regarding licensing compliance for those programs in the Pilot Study.

Classroom-Level Measures

Classroom-level data about global quality were gathered through the *Infant/Toddler Environment Rating Scale-Revised* (ITERS-R)¹⁵ and the *Early Childhood Environment Rating Scale-Revised* (ECERS-R).¹⁶ The ITERS-R is a widely used instrument for examining global classroom quality. It is specifically designed for use in classrooms serving children birth to 2 ½ years of age. The ITERS-R measures the following aspects of classroom quality: Space and Furnishings (e.g., furnishings for relaxation and comfort, room arrangement, display); Personal Care Routines (e.g., greeting/departing, safety practices); Listening and Talking (e.g., helping children understand language, helping children use language); Activities (e.g., fine motor, art, promoting acceptance of diversity); Interaction (e.g., supervision of play and learning, peer interactions); Program Structure (e.g., schedule, group play activities, provisions for children with disabilities); and Parents and Staff (e.g., provisions for personal needs of staff, supervision and evaluation of staff). In this study, we did not complete the “Parents and Staff” items on the ITERS-R.

Scores on the ITERS-R can range from 1 to 7 with higher scores indicating higher quality. Total scores from 1 to 2.9 are considered “low” quality, scores from 3.0 to 4.9 are considered “medium” quality, and scores of 5.0 or greater are considered “good” or “high” quality.

The ECERS-R is a widely used measure of global classroom quality specifically designed for use in classrooms serving children 2 ½ to 5 years of age. The ECERS-R measures the following aspects of classroom quality: Space and Furnishings (e.g., furnishings for relaxation and comfort, room arrangement, display); Personal Care Routines (e.g., greeting/departing, safety practices); Language-Reasoning (e.g., quality of books and pictures, encouraging children to communicate); Activities (e.g., fine motor, art, promoting acceptance of diversity); Interaction (e.g., supervision of children, interactions among children); Program Structure (e.g., schedule, group time, provisions for children with disabilities); and Parents and Staff (e.g., provisions for personal needs of staff, supervision and evaluation of staff). In this study, we did not complete the “Parents and Staff” items on the ECERS-R.

Scores on the ECERS-R can range from 1 to 7 with higher scores indicating higher quality. Total scores from 1 to 2.9 are considered “low” quality, scores from 3.0 to 4.9 are considered “medium” quality, and scores of 5.0 or greater are considered “good” or “high” quality.

Procedures

Data collection began in late fall of 2008 and continued through summer 2009. Two BrightStars staff members were responsible for all data collection. They were trained to reliability on the classroom observation measures by the ECERS-R and ITERS-R scale authors. FPG and BrightStars leadership provided training on the program-level measures. Data collection in classrooms typically lasted 3 to 4 hours beginning in the morning. Program-level measures were typically completed in the afternoon of the same day. To maximize the inclusion of programs representing a range of quality, incentives in the form of a \$75 gift card were offered to programs.

Findings^a

The Child Care Center and Preschool Quality Study included a range of programs. Almost all of the participating programs (96%) served preschool-age children. About three-fourths (77%) served toddlers (age 19 to 36 months), and about half (54%) served infants (birth to 18 months). Seventy-four percent (74%) of programs served infants, toddlers and preschoolers. Fifty-one percent (51%) were not-for-profit organizations. A few programs (9%) reported receiving Head Start funds.

Programs varied in size, with a mean total enrollment of 61 children. Forty-one percent (41%) served fewer than 50 children; 48% served between 50 and 99 children; and 10% served 100 or more children. Many of the participating programs (86%) reported that they accept children whose families receive financial assistance through the Child Care Assistance Program at the Rhode Island Department of Human Services. Of the programs that reported accepting children with subsidies, 12% were currently not serving any children with subsidies; 51% reported that fewer than 25% of the enrolled children received subsidies; 11% reported that between 26% and 50% of the enrolled children received subsidies; and 25% reported that more than half of the enrolled children received subsidies. Finally, 58% of the observed preschool classrooms included at least one child with a disability, and 26% of the observed infant/toddler classrooms included at least one child with a disability.

Licensing Compliance

Eighty-five percent (85%) of the programs were compliant with critical areas of licensing; 15% did not meet basic licensing requirements. Licensing compliance was measured through a report produced by the Rhode Island Department of Children, Youth and Family's Child Care Licensing Office. The critical areas of compliance for child care centers, as defined by the Child Care Licensing Office, are: 1) staff/child ratio and maximum group size, 2) supervision of children, 3) prohibited disciplinary actions/corporal punishment, 4) licensed capacity, 5) use of passenger restraints/transportation, 6) items of potential danger to children, 7) reporting of child abuse and/or neglect, 8) staff background checks (criminal and child abuse and neglect, 9) proper procedures for administering medication to children, 10) room temperature/ventilation/lighting, 11) qualified personnel – head teacher (and nurse if serving children under 18 months), 12) safety of indoor and outdoor equipment, and 13) physically safe environment/clean and free of hazards.

National Accreditation

Sixteen percent (16%) of programs in this study were accredited by the National Association for the Education of Young Children (NAEYC). Most of these programs were accredited under the previous system of accreditation that was in place prior to 2007. This percentage is higher than the 2009 statewide percentage of accredited programs (11%¹⁷), suggesting that the sample of programs in this study may be of higher quality compared to all child care centers and preschools across Rhode Island.

^a Unless otherwise specified, the data presented in this section were obtained through observation or verified by data collectors (e.g., document review).

Classroom Quality

This section includes information about the observed quality of classrooms and is organized by the age of the children in the classroom: infant/toddler or preschool.

Infant/Toddler Classroom Quality

The *Infant/Toddler Environment Rating Scale-Revised* (ITERS-R) was used to measure the observed global quality of early care and education classrooms serving infants and toddlers. The mean ITERS-R total score in the 50 infant/toddler classrooms in this study was 3.65 (range = 1.71 to 5.50). As evident in Figure 1, almost three-fourths (74%) of the infant-toddler classrooms were rated as having medium quality (i.e., ITERS-R scores between 3.0 and 4.9). Twenty percent (20%) were rated as having low quality, and 6% were rated as having high quality. With the exception of Personal Care Routines, the ITERS-R mean subscale scores were in the medium quality range (see Table 1). The subscales of Listening and Talking, Interaction, and Program Structure were relative strengths compared to the other subscale scores.

Figure 1
Quality of Infant/Toddler Classrooms in Child Care Centers
(ITERS-R total mean = 3.65)

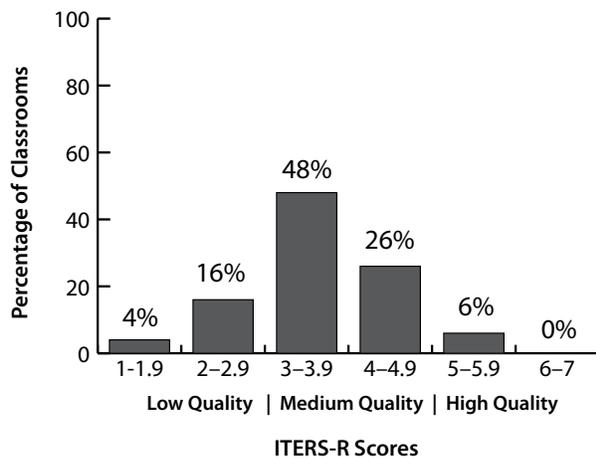


Table 1
ITERS-R Subscale Scores in Infant/Toddler Classrooms

Subscale	Mean	Range
Space and Furnishings	3.72	2.00 – 5.40
Personal Care Routines	2.61	1.33 – 4.83
Listening and Talking	4.42	1.33 – 7.00
Activities	3.68	1.25 – 5.56
Interaction	4.27	1.50 – 7.00
Program Structure	4.36	1.67 – 7.00

Preschool Classroom Quality

The *Early Childhood Environment Rating Scale-Revised* (ECERS-R) was used to measure the global quality of preschool classrooms. The mean ECERS-R total score in preschool classrooms was 4.09 (range = 2.89 to 5.49). As evident in Figure 2, 86% of preschool classrooms were rated as having medium quality (i.e., ECERS-R scores between 3.0 and 4.9). With the exception of Personal Care Routines, the ECERS-R mean subscale scores were in the medium or high quality range (see Table 2). Interaction, Language-Reasoning, and Program Structure were relative strengths compared to other subscale scores.

Figure 2
Quality of Preschool Classrooms in Child Care Centers and Preschool Programs (ECERS-R total mean = 4.09)

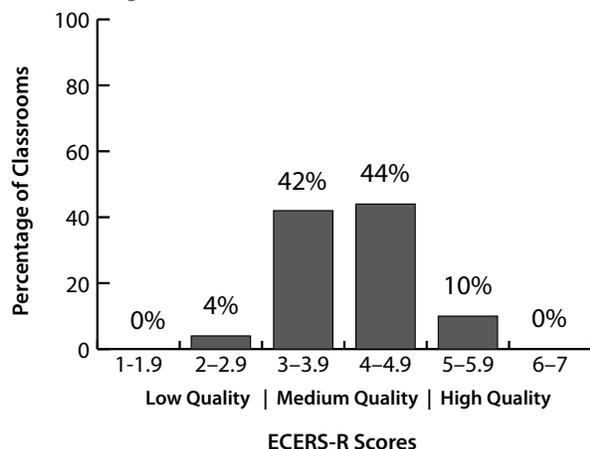


Table 2
ECERS-R Subscale Scores in Preschool Classrooms

Subscale	Mean	Range
Space and Furnishings	3.50	2.38 – 6.00
Personal Care Routines	2.74	1.50 – 3.67
Language-Reasoning	4.88	2.75 – 7.00
Activities	4.19	2.30 – 5.80
Interaction	5.23	2.00 – 7.00
Program Structure	4.82	2.00 – 7.00

Curriculum and Child Assessment

Twenty-nine percent (29%) of programs serving preschoolers used a curriculum that is aligned with the Rhode Island Early Learning Standards (i.e., curriculum referenced all domains of the RI Early Learning Standards). Seventy-one percent (71%) of programs provided written information to parents about the availability of Early

Intervention and Child Outreach screenings.

Eighty-two percent (82%) of programs gathered child-level assessment information for the purpose of guiding classroom instruction.

Table 3
Group Size and Ratio

	Mean	Range	RI Maximum Allowed
Group Size			
Infants (B-18 mos.)	5.79	2 – 11	8
Toddlers (19-35 mos.)	7.27	0 – 15	12
Three-year-olds	11.55	4 – 24	18
Four-year-olds	11.74	4 – 30	20
Five-year-olds	10.92	3 – 20	24
Ratio (Children per Adult)			
Infants (B-18 mos.)	2.68	1.33 – 4	4
Toddlers (19-35 mos.)	3.89	1 – 7	6
Three-year-olds	6.12	2.5 – 15	9
Four-year-olds	5.95	1 – 11	10
Five-year-olds	6.21	1.5 – 10	12

Group Size and Ratio

The total number of children in a class (i.e., group size) and the number of children per adult (i.e., ratio) are important aspects of quality because it is easier for adults to meet the health and developmental needs of each child if there are fewer children and more adults in a group. Eighty percent (80%) of programs met the group size requirements as specified in state licensing (see Table 3.) Seventy-two percent (72%) of programs met the stricter group size requirements based on the age of the *youngest* child in the classroom, rather than the age of *most* children in the classroom. Eighty-three percent (83%) of the

programs included only one group of children per room; 17% used a physical barrier to separate groups of children within the same room.

Ninety-one percent (91%) of programs met the ratio requirements as specified in state licensing (see Table 3). Eighty-five percent (85%) of programs met stricter ratio requirements based on the age of the *youngest* child in the classroom, rather than the age of *most* children in the classroom.

Director Qualifications

Although BrightStars staff requested transcripts and teaching certificates to verify information about the qualifications of program directors, it was not always possible to obtain these documents. Thus, the information reported below was self-reported by directors. Ninety-one percent (91%) of program directors had an Associate’s degree or higher (see Table 4). Of those with an Associate’s degree or higher, 63% majored in early childhood education or a related field.^b Only 11% of program directors reported having a RI Early Learning Standards Level III Certificate.

Table 4
Highest Education Level of Directors

Degree	Percentage of Directors
High School or GED	6%
Associate’s	13%
Bachelor’s or more	78%

Lead Group Teacher Qualifications

Although BrightStars staff requested transcripts and teaching certificates to verify information about teacher qualifications, it was not always possible to obtain these documents. Thus, the information presented in this section was self-reported.

Table 5 provides information about the highest educational level of lead group teachers.^c Sixty-six percent (66%) of preschool lead group teachers and 40% of infant/toddler lead group teachers had an Associate’s degree or higher. Of the preschool lead group teachers with an Associate’s degree or higher, 75% majored in early childhood education or a related field. Of the infant/toddler lead group teachers with an Associate’s degree or higher, 93% majored in early childhood education or a related field.

Table 5
Highest Education Level of Lead Group Teachers

Degree	Percentage of All Lead Group Teachers	Percentage of Infant/Toddler Teachers	Percentage of Preschool Teachers
High School or GED	17%	25%	10%
CDA*	10%	14%	8%
Some college (but no degree)	18%	21%	16%
Associate’s	20%	23%	16%
Bachelor’s or more	35%	17%	50%

*The CDA is technically a certificate, not a degree.

About two-thirds (68%) of preschool lead group teachers did not have a Rhode Island Early Learning Standards Certificate. A few (6%) had a Level I Certificate, 12% had a Level II Certificate, and 2% had a Level III Certificate. Seven percent (7%) of the preschool lead group teachers reported having a Certificate but did not indicate the level, and 5% of preschool lead group teachers did not provide any information about certification.

^b Majors in early childhood or a related field included: early childhood education, early childhood special education, human development, psychology, sociology, social work, education, pediatric nursing, home economics/family and consumer science, recreation, and child and family studies.

^c Lead group teacher is defined as the individual with primary responsibility for a group of children who occupy an individual classroom or well-defined space. The lead group teacher must spend the vast majority of time with one group of children who attend at the same time rather than divide time between classrooms or float between groups.

Sixty percent (60%) of the programs created individual professional development plans for lead group teachers.

Family Communication and Involvement

Program directors provided information about different aspects of communication and involvement with families. Sixty percent (60%) of programs offered parent-teacher conferences at least twice per year. Twenty-eight percent (28%) of programs had an advisory board that included families and met at least four times per year. Table 6

Table 6
Strategies for Communicating with Families

Strategy Offered	% Programs
Monthly newsletter	67%
Host a family meeting, social event, or workshop four times per year	69%
Offer ideas and suggestions to support learning at home at least four times per year	60%
Conduct an annual family survey	62%

presents information about other kinds of communication with families. Seventy-seven percent (77%) of programs offered at least two of the strategies in Table 6.

Program Management

Thirty-one percent (31%) of programs provided evidence that they had conducted a comprehensive program self-assessment during the past year.

Study Limitations

These data provide rich information about child care centers and preschool programs in Rhode Island. Information was obtained from different individuals (i.e., administrators, teachers), using multiple methods (i.e., observations, interview, questionnaire, review of documents). The information in this study, however, is not perfect. For instance, some administrators or teachers may have misunderstood some of the questions asked. Although data collectors were trained to use the classroom observation measures, there is always a certain amount of observer error. Further, there is a high probability that higher quality programs were more likely to participate than lower quality programs. For instance, a higher percentage of programs in the study were accredited by NAEYC compared to programs across the state (16% vs. 11%). Thus, the findings may be somewhat higher/better than that found in all licensed centers and preschool programs across the state. Readers should keep these limitations in mind when interpreting the findings. Even with these cautions, though, we believe the study provides important information about the quality of early childhood education in Rhode Island.

Conclusions and Recommendations

The data from this study suggest that program administrators and teachers are working hard to serve young children and their families. Ninety-one percent (91%) of programs met the Rhode Island child:staff ratio requirements, while 80% met the group size requirement. Eighty-two percent (82%) of programs gathered child assessment information to help guide classroom instruction. Sixty-seven percent (67%) of programs distributed a newsletter to communicate regularly with families and 77% used at least two strategies to communicate with parents.

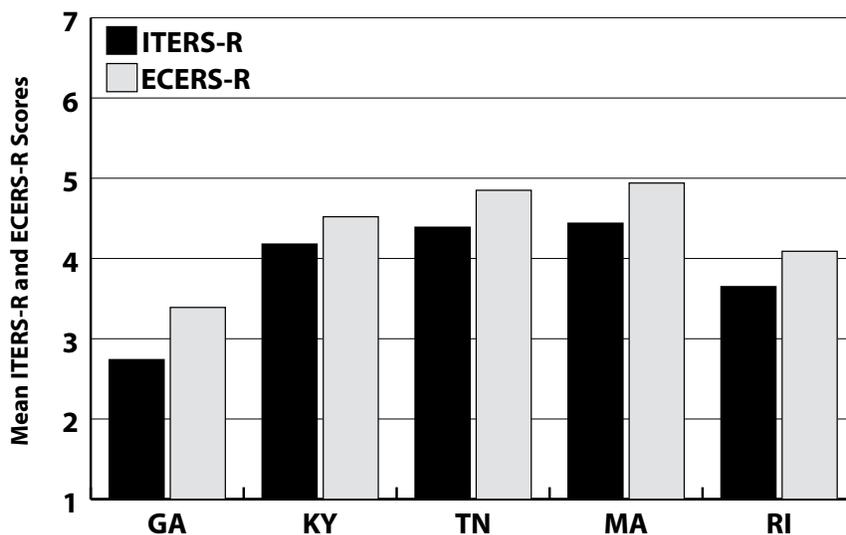
There is room for improvement in the quality of center-based care and education in Rhode Island. The quality of center-based care and education was mainly in the “medium” range. Quality could be improved by efforts that move programs from medium quality to high quality. Eighty-six percent (86%) of preschool classrooms and 74% of infant/toddler classrooms were rated as having a “medium” level of quality (i.e., ECERS-R or ITERS-R mean scores between 3.0 and 4.9). Medium quality is generally characterized by a fundamentally safe environment with access to good quality materials, although activities and interactions could be more enriching and purposeful to support children’s development and learning. Additionally, only 10% of preschool classrooms and 6% of infant/toddler classrooms were rated as having “high” quality.

Strengthening the quality of care for infants and toddlers is needed to ensure that the youngest children in Rhode Island have the high quality care and education needed to support positive development and later school success. The quality of infant/toddler classrooms in Rhode Island was not as high as the quality of preschool classrooms, with five times as many infant/toddler classrooms rated as having a “low” level of quality (i.e., 20% of infant/toddler classrooms had an ITERS-R mean score less than 3.0; while only 4% of preschool classrooms had an ECERS-R mean score less than 3.0). As evident in Figure 3, this pattern is similar to those in other states. With research documenting the importance of early brain development,¹⁸ it seems especially important to strengthen the quality of center-based early care and education for infants and toddlers in Rhode Island.

The quality of center-based care in Rhode Island was lower than some other states and higher than others. Figure 3 provides ITERS-R and ECERS-R means scores from four other states: Georgia, Kentucky, Tennessee, and Massachusetts. The states included for comparison were chosen because they had data that provided a broad picture of quality in that state. Many studies of child care rely on samples of convenience or of a specific sub-population (e.g., those applying for a high level on a state’s rated license), which do not reflect the broader early care and education system. Data from Georgia, Kentucky, and Massachusetts were gathered from random samples of licensed centers within each state. Tennessee data were from the entire population of licensed centers (and therefore representative of the child care system). Although no state is exactly like any other state in terms of their child care policies, investments in child care quality, and child population, these other state data help place the Rhode Island findings in a broader context. It is worth noting that Georgia does not have a QRIS. Kentucky and Tennessee have had a state QRIS in place for several years. Massachusetts began developing a QRIS in 2008. Additionally, 35% of licensed center-based programs in Massachusetts are accredited by the National Association for the Education of Young Children.¹⁹

Data from North Carolina, Tennessee, and New Jersey document that improvements in quality are possible with investments over time. When Smart Start first began in North Carolina in 1994, a study of 180 preschool classrooms across the state found that only 13% were of high quality. Five years later, 29% of 133 preschool classrooms visited were rated as high quality.²⁵ When Tennessee first began its Report Card and Star Quality Program, 31% of centers were rated as high quality. Seven years later, 46% of centers were rated as high quality.²⁶

Figure 3
Cross-State Comparisons of Center-Based Quality



Georgia: These data were collected in 2008-09 from 97 infant/toddler classrooms and 109 preschool classrooms in a sample of 112 randomly selected licensed centers.²⁰

Kentucky: These data were collected in 2007-08 from 39 infant/toddler classrooms and 61 preschool classrooms in a sample of 99 randomly selected licensed centers.²¹

Tennessee: These data were collected in 2007-08 as part of the TN STARS program from all licensed child care centers (1,315 infant/toddler classrooms and 1,972 preschool classrooms).²²

Massachusetts: The infant-toddler data were collected in 2004 from 102 centers serving infants and 104 centers serving toddlers. The ITERS-R mean presented in the table is an average of the ITERS-R for infants and toddlers. The preschool data were collected in 2000 from 90 centers serving preschoolers.^{23, 24}

Finally, the quality of the Abbott pre-kindergarten classrooms in New Jersey has improved over the last 8 years. In 1999-2000, the average ECERS score in pre-k classes in New Jersey was 3.9 and in 2007-08, the average ECERS-R score was 5.2.²⁷ These documented changes in quality demonstrate the improvements possible when investments are made to strengthen the quality of care.

Continued education and professional development are key strategies for improving the quality of early care and learning in Rhode Island. Moving programs to higher levels of quality will likely require a broad array of strategies including access to higher education and professional development opportunities. The professional development will need to be tailored to particular needs. Given that one-quarter of infant/toddler lead group teachers in this study had only a High School diploma or GED, the types of professional development and supports offered to these teachers will likely need to be different than those offered to preschool teachers, half of whom in this study had a Bachelor’s degree. Programs providing a low level of quality care may need basic information about health and safety practices and general child development. As decisions are made about developing, revising, and delivering professional development for the early childhood community, leaders should base their efforts on research. Research suggests that effective professional development is focused on specific content, actively engages participants, and is of sufficient duration.^{28, 29} On-site technical assistance also may be

useful in providing ongoing support to teachers to ensure that they have the depth of understanding and skills needed to translate knowledge into practice in the classroom.³⁰

Multiple strategies are necessary to support and sustain high quality early care and learning programs in Rhode Island. Strategies to strengthen the quality of center-based care may include continued education and professional development for teachers and administrators, technical assistance, teacher compensation initiatives, and program incentives for quality improvement.³¹ Strategies will be needed not only to *improve* the quality but also to *maintain* high quality early care and learning in Rhode Island. Compensation strategies, for example, will help attract and retain highly qualified individuals to ensure that Rhode Island’s young children have the best quality early learning experiences possible. Financial incentives, such as linking subsidy reimbursement to higher levels of quality, may also be useful in supporting high quality care and education.

Rhode Island leaders should use BrightStars to provide an overarching framework for organizing and aligning various aspects of the early childhood education system, including professional development. Organizing efforts around the BrightStars quality framework will help move Rhode Island toward an integrated, comprehensive system of early care and education.

In closing, Rhode Island KIDS COUNT and BrightStars leaders should be applauded for conducting a statewide study of child care. We hope that these findings will be useful in guiding Rhode Island’s future investments in improving the quality of center-based care and education for young children. ✍

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BrightStars

Recognizing Quality Care & Learning

Rhode Island Early Learning Council Meeting

December 15, 2010 12:00-2:00 p.m.

Location: Community College of Rhode Island – Knight Campus, Room 4090
400 East Avenue, Warwick, RI

Meeting Summary

In Attendance: Co-chair Commissioner Deborah Gist, Co-chair Elizabeth Burke Bryant, Leanne Barrett, Mindy Mertz representing Thomas Brady, Tammy Camillo, Maryanne Finamore-Allmark, Leslie Gell, Kristen Greene, Khadija Lewis Khan, Patricia Martinez, Michele Palermo, Larry Pucciarelli, Barbara Schermack, Barbara Fields (LISC), Susan Warford, Katheryn Tavaras representing Tony Maione

12:00-12:15	Welcome /Meeting Overview	Deborah Gist/ Elizabeth Burke Bryant
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The meeting of the Rhode Island Early Learning Council was called to order at 12:25 pm by Co-Chairs Deborah Gist and Elizabeth Burke Bryant.

12:15-12:45	Updates	Elizabeth Burke Bryant/ Deborah Gist/ Michele Palermo/ Leanne Barrett Early Learning Council Members
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Early Learning Council Website

- With funding from the Pew Charitable Trust, Rhode Island KIDS COUNT has developed a central website to support the work of the Early Learning Council: www.EarlyLearningRI.org.
- Website has information on young children and early learning programs in Rhode Island and will provide updates on the work of the Council.
- Website features photos of children and teachers from early learning programs in Rhode Island, including Woonsocket Head Start, Beautiful Beginnings, Connecting for Children and Families, Ready to Learn Providence, and Mariposa Preschool.
- There is a community calendar that can be used by the entire community to post events.

Participation

- As you know we have signed on for a very bold agenda and we have some deep systems work to do in many areas.
- It is very important that we have many different perspectives at the table as we do this work and it is important that everyone at the table is prepared.
- With that in mind, we want to emphasize the importance of consistency of service on this Council.
- In some instances people who are here are actual designees and others are representatives.
- We are comfortable with that but we really want the same people coming so there is some consistency.
- If you aren't able to come, please let us know – send an email to Leanne. If you think you will be a designee situation, please let us know.

Rhode Island Early Learning Council Meeting

December 15, 2010 12:00-2:00 p.m.

Location: Community College of Rhode Island – Knight Campus, Room 4090
400 East Avenue, Warwick, RI

Meeting Summary

- If you have any questions about that for your unique situation please talk to Deborah or Elizabeth offline.

Status Update on Kindergarten Assessment (Michele)

- We had an October Workgroup meeting where we sought input regarding the various purposes of assessment.
- The Workgroup met again in November where we sought input on recommendations specific to identified purposes.
- As a next step a small group met 1-2 times to finalize draft recommendations for Kindergarten Assessment. We used a study from Washington State as a resource.
- We plan to review those draft recommendations in the January Workgroup meeting and present a final set of recommendations for consideration at the March Early Learning Council Meeting.

Comments

- The small group format worked well. Michele had a really great vision and gave us better sense of what was needed from us. And we made huge progress as small group. We liked that model and we think that one of the reasons we struggled to do it in the last workgroup is that the group was too big to accomplish the goal.
- We can put the Washington State study on the website. It describes Washington's approach to developing a Kindergarten Assessment. They have spent 1-2 years in a planning phase. They are currently in the pilot stage and preparing for statewide implementation.

Status Update on Ready States Early Childhood Data Planning Project

- Currently, data on young children in publicly funded early care and education programs are stored in various agency data systems (inside and outside of state government).
- Improved and linked data systems will help Rhode Island close service gaps, improve the quality of services, and understand developmental and school readiness outcomes for children.
- To date, the Rhode Island Ready States Data Planning Team has:
 - Finalized early childhood policy questions requiring data
 - Completed initial data inventory and map
 - Identified options and ideas to enhance and link data systems
 - Drafted initial recommendations including early focus areas
- A small group including Larry and Michele and others in the community has moved this work along and it has now merged into Council's work plan on data.
- Our next steps will be to present recommendations to the Early Learning Council for consideration in March.
 - We are still working on finalizing that with a small group of people.
 - Some of our early ideas are building on work of the DOH and RIDE regarding storing developmental screening data in a central database. This will be an early win. We have also talked about working more closely with Head Start agencies in the state to track child participation data on a state level.

Rhode Island Early Learning Council Meeting

December 15, 2010 12:00-2:00 p.m.

Location: Community College of Rhode Island – Knight Campus, Room 4090
400 East Avenue, Warwick, RI

Meeting Summary

- We are working towards a unique identifier using the KIDSNET ID and linking it to the RIDE SASAS ID. We haven't figure out exactly how it will work.
- We will post the report on website and we will be able to talk about it in March.
- Our team is getting good feedback at the national meetings. They would be very excited if we got Head Start participation in a state database.

Comments

- What is the future of Early Learning Council given the governor's transition?

The Early Learning Council is receiving Federal dollars to accomplish a specific scope of work that was outlined in our proposal so it is our understanding from a member of the transition team that they are counting on us to keep the work going.

- We have already lost a member. Does that spot remain vacant?

It depends on the type of vacancy. In the Head Start law there are categories of organizations that must be represented. Those spots must be filled. It is also possible that the Governor will want to make additional appointments. If there was a new appointment process we will let you know.

12:45-1:45	Discussion: Improving Access to High Quality Programs	Leanne Barrett Tammy Camillo Michele Palermo Discussion: Council Members
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Overview of Access to Rhode Island's Early Learning System (Leanne) – *see presentation for more detail*

Child Care in Rhode Island

- Child care is a critical part of Rhode Island's early learning system, providing children with opportunities to build important social, emotional and cognitive skills.
- Families also need reliable, affordable child care in order to work at paid employment.
- In 2006-2008 in Rhode Island, 68% of children under age 6 and 74% of children ages 6 to 17 had all parents in the workforce.

Child Care Affordability

- The average cost of licensed child care for two children in Rhode Island exceeds the state's median rent and is nearly as high as the average monthly mortgage payment.
- Using a federal affordability guideline, a Rhode Island family would need to make at least \$91,000 per year to afford the average cost of child care for a 3-year-old in a licensed child care center.

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Child Care Subsidies

- Federal and state funds are available for low-income working families with children ages birth to 12. Parents must be working or in an education or training program.
- In RI, all income-eligible working families with children ages birth to 12 and incomes up to 180% of the FPL (\$32,958 for a family of three) are eligible for a child care subsidy.
- Families with incomes above the poverty line must make co-payments directly to the provider.
- Rates paid to providers are set by the state. Weekly full-time rates are currently set at \$188 for infants/toddlers in centers and \$155 in family child care, \$157 for preschoolers in centers and \$150 in family child care, and \$142 for school-age children in both centers and family child care.

Recent History of Child Care Subsidies in Rhode Island

- Passed in 1998, Starting Right expanded child care subsidy eligibility to 225% of FPL and set rates at the 75th percentile of a current market rate survey.
- Beginning in 2004, new administrative policies – including increased family co-payments, redefining part-time care, requiring family participation in child support enforcement, and freezing provider rates – reduced child care subsidies.
- In 2007 and 2008, many Starting Right reforms were repealed: eligibility was reduced to 180% of FPL and language requiring biennial rate adjustments was eliminated. The number of children with a child care subsidy has been cut in half from 14,333 in 2003 to 7,471 in 2009.
- Rhode Island uses a mix of state and federal financing: including federal Child Care Development Fund (CCDF) and Temporary Aid to Needy Families (TANF) funding.
- State general revenue funding for child care subsidies in RI has dramatically declined since FY2005, from a high of \$56.2 million in 2005 to \$6.5 million in 2010.
- Due to increased use of federal TANF dollars, the total funding for child care subsidies has decreased from a high of \$80 million in 2004 to \$45.5 million in 2010.

Head Start/Early Head Start

- Federally-funded program to improve children's school readiness.
- Lowest income families are eligible (100-130% FPL).
- Early Head Start serves pregnant women and children up to age 3.
- Head Start serves children age 3 to kindergarten entry.
- Comprehensive services for children and families.
- Proven short-term and long-term benefits to children.
- In FFY 2007 federal funding for Rhode Island totaled \$22.1 million.
- Rhode Island invests \$800,000 in state funds and \$200,000 in federal funds so more children can participate in Head Start (156 children in SFY 10).

Head Start Enrollment

- Nationally & in RI, there are not enough funded Early Head Start and Head Start spots for eligible children.

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- In 2009 in RI, 40% of preschool children eligible for Head Start were enrolled.

Early Head Start Enrollment

- In 2009 in RI, only 4% of infants and toddlers eligible for Early Head Start were enrolled.

Enrollment in Pre-School

- US preschool enrollment has increased steadily for many decades.
- Growth has occurred for children with both employed and non-employed mothers.

Access to Pre-School

- Families with low to moderate incomes and those with low parental education levels are the least likely to have access to preschool.
- High-quality preschool programs improve all children's learning and development and produce especially dramatic gains for low-income children.

Growth of Public Pre-K

- The Committee on Economic Development recommends expanding access to high-quality Pre-K to improve the fiscal position of states and the nation.
- As of 2008-2009 there were more than 1.2 children in state-funded Pre-K in the U.S.
- In Oklahoma, nearly 90% of 4-year-olds receive a free public education (through state Pre-K, Head Start, or Special Education). In 8 other states, more than half of 4-year-olds attend a public preschool program. In Rhode Island, 16% of 4-year olds participate in Head Start or Preschool Special Education programs.
- Up until September 2009, Rhode Island was one of only 12 states without a recognized state-funded Pre-K program.

Rhode Island Pre-K Demonstration Program

- Two years of planning: 2007-2009.
- Launched in September 2009 and continued in September 2010: 126 children in 7 classrooms in 4 urban communities (Providence, Central Falls, Woonsocket, and Warwick).
- High-quality standards and adequate funding per child to enable programs to pay competitive wages to teachers.
- Rhode Island's Pre-K program uses a mixed delivery system which builds on community infrastructure (child care, Head Start, and public schools).
- Combination of state funds (\$700,000/year) and federal ARRA Title I funds (\$450,000) from Providence and Central Falls.
- Expansion plan in the new School Funding Formula will gradually increase state investment from \$700,000/year to \$10 million/year.

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Early Childhood Special Education

- In 1975, the federal IDEA law gave children with disabilities the right to a free appropriate education beginning at age 3.
- In 1986, IDEA was amended to require states to provide special education early intervention services from birth.
- IDEA law provides the only entitlement young children in Rhode Island have to receive a publicly-funded education prior to kindergarten.

Early Intervention of Infants and Toddlers

- 10% of Rhode Island's infants and toddler are enrolled in Early Intervention.
- Early Intervention is managed by the Rhode Island Department of Human Services. There are 10 certified Early Intervention providers.

Pre-School Special Education

- At age 3, children with disabilities receive special education through their local school district.
- Many districts create inclusive programs for preschoolers with special needs by recruiting typically developing 3-4 year old children.

Full-Day Kindergarten

- Children in full-day kindergarten make greater academic gains than those in half-day classes.
- Full-day kindergarten is especially beneficial to low-income and minority children by helping to close the achievement gaps.
- Teachers in full-day kindergarten have more time to provide meaningful learning opportunities (e.g. 68% of full-day k program spend more than one hour on reading per day vs. 37% in half-day programs).

Questions/Comments

- Is Pre-K or full day kindergarten a part of Rhode Island CAN's (Rhode Island Campaign for Achievement Now) agenda?

Mary Ellen Butke is the Director of RI-CAN. They want to be aggressive in moving education reform forward. Their agenda is still in development so the Early Learning Council could be of some influence in encouraging them to include early child care in their education reform agenda. We know how important it is that kids are reading at grade level by the end of 3rd grade. The younger we address the gaps the better. The older they get, the harder it is to catch them up.

- What are the implications for the funding formula for this September?

We do not know yet. The Board of Regents has included all of the funding formula in their budget to the governor. Because of the transition, there will be several meetings happening in the next several

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weeks where it will become clearer. The new governor has until February 1st to make his budget public.

Pre-K is categorically funded along with special education in the new funding formula. This will support our focus on fostering a mixed delivery system rather than money flowing to the districts for Pre-K. This always requires our constant advocacy.

- When we look at the costs of child care in this report and consider what we learned from the recent quality evaluations we need to acknowledge that these figures do not represent the true cost of a high quality program. They represent the cost of the current state. As we raise standards on child care providers we need to make sure we realize that it costs more to provide high quality program.
- The current cost data has not ever been based on the actual cost to provide a strong early learning program. The cost is based on the market rate survey which measures what families are currently paying for child care. One of the goals of the Council is to better understand the real costs to deliver a high-quality early learning program.
- When we think about access, we first have to ask whether we have enough high quality programs in this state. We know that the answer is no, so how do we grow high quality programs?

Overview of the Quality Infrastructure in Rhode Island (Tammy Camillo and Michele Palermo) – *see presentation for more detail*

- High-quality early learning programs provide a language-rich environment, offer frequent intentional learning opportunities for children, and have a positive climate characterized by warm, responsive interactions between staff and children.
- Did a baseline of quality for both center-based programs with randomly selected providers. We made sure it was a research-based sample. There were 50 preschool classroom and 50 infant-toddler classrooms.
- Used a nationally recognized tested tool to assess quality.
- We found that the majority of center-based classrooms are medium quality. 86% of classrooms serving preschoolers were medium quality while 10% were high-quality and 4% were low quality.
- We found that 120% infant/toddler classrooms were low quality and 74% were medium quality. Just 6% were high-quality.
- One of our recommendations is to put focused resources into improving the quality of infant/toddler programs.
- We conducted a similar study in Family Child Care programs a year later. There were 50 randomly selected homes across the state. Both had a good selection of programs statewide; some where large; some were small and we had representation from every county.

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- We found that 64% of the family child care programs in the study were low quality and the rest were medium quality. While we were not surprised – this report is a call to action to focus more attention on family child care quality and help providers achieve these standards.
- We need to put our resources into things that will specifically impact family child care program quality.

Questions/Comments

- Did the study have a representative sample of programs that accepted child care subsidies?

Yes, most programs did accept child care subsidies. We found that RI does not look tremendously different from other states. Most states have many early learning programs that struggle to achieve quality standards we know are important for children's learning and development. .

- We have an infrastructure to support quality in this state. We can set the standards high and people will strive to meet them but this only takes us part of the way. We need to provide the support to help get programs there. BrightStars can do that to a limited extent but even more so with the support of our partners.
- We need to remember that the number of family child care homes is half of what it was a few years ago. Nobody knows what happened to those programs and how many of them are operating in an unlicensed manner. We need to think about those kids in the unlicensed setting.
- Infant-toddler care is seriously underfunded which is why we see such a difference in quality.
- We need to recognize how brave the programs are that decided to participate in BrightStars. I think for programs that have a 4, 5 and even 3 stars rating it was probably an easy decision. But programs who are 1 star are taking a big leap of faith. It is our responsibility to support them. They participated because they trust us and they trust this community to not look at their rating and reject them. We should make sure that programs participating in Bright Stars can get higher reimbursement because of their participation.
- Can we do case studies of those programs that move their ratings up? So others could look at how they did that for others to use as learning tools?

Rhode Island Program Quality Standards

- DCYF License or RIDE BEP/Private School/Special Education Regulations
 - Basic requirements pertaining to health, safety, facilities.
 - Basic educational requirements.
 - Mandatory for all early childhood programs.

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- BrightStars and Accreditation
 - BrightStars: for licensed programs serving children age's birth to 12. Higher star ratings are awarded for demonstrating achievement on research-based quality standards including: increased credentials of staff, higher quality learning environments, and curriculum and assessment components. Individualized quality improvement planning and support.
 - NAEYC accreditation for community-based and school-based early learning centers serving children ages birth through kindergarten.
 - NAFCC accreditation for family child care homes serving children ages birth through 12.
 - Voluntary.
- RIDE Comprehensive Early Childhood Education Program Approval
 - For community-based and school-based programs serving children ages 3 to 6.
 - Comprehensive educational standards and requirements pertaining to health, safety, facilities.
 - Aligned with national benchmarks for high quality Pre K.
 - Aligned with RI Early Learning Standards.
 - Voluntary.

Child Care Licensing

- Licensing is the foundation of quality.
- DCYF licenses approx.:
 - 300 child care/early learning centers
 - 740 family child care homes
 - 100 school-age child care programs.
- Improving child care licensing standards and enforcement and making licensing information available to the public helps to improve program quality.

Bright Stars

- 23 states have QRIS systems designed to systematically measure program quality, support and reward incremental quality improvements, and align supports to improve quality.
- BrightStars has 5 star levels and measures research-based criteria across 6 quality domains: child's daily experience, teaching and learning, staff-child ratio and group size, family communication and involvement, staff qualifications, and program management.
- BrightStars was launched in 2009 and currently has 77 participating programs (24 centers/preschools and 53 family child care homes). Ratings for school-age child care programs will begin in 2011.

BrightStars Programs with Improved Ratings 2010

- 25% of 2009 cohort (n=5) increased their overall star-rating.

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- **Program Goal Areas (top 5):**
 - Indoor space: 67%
 - Curriculum: 46%
 - Learning context: 38%
 - Outdoor space: 33%
 - Health and safety: 33%
- **QI Funds Allocation (top 4):**
 - Indoor space: 30%
 - Professional dev.: 28%
 - Outdoor space: 19%
 - Learning context: 17%
- BrightStars and partners provide ongoing support for program QI.

RIDE Approval Standards

- Requires Core Approval prior to application
 - Community-based programs – DCYF license
 - Public school programs – BEP
 - Private PK-12 school programs – RIDE Private School Approval
- Approval Process
 - Application
 - Facilities Site Visit
 - Initial Program Site Visit (ECERS, Administrator Interview)
- Final Program Site Visit (CLASS, Teacher Interview)
- Structural Standards
 - Physical Facilities
 - Health and Safety
 - Children’s Age Requirements
 - Staff-Class Size, Staff/Child Ratio
 - Staff Qualifications/Ongoing Professional Development
 - Administration
- Educational Program Standards
 - Curriculum
 - Child Assessment
 - Differentiated Teaching and Learning
 - Family Engagement
- 155 programs were approved in July of 2010 (198 in 09/10)
 - 1 has since closed due to low enrollment
 - 33 have indicated they will continue to operate under a DCYF license only in 2011-2012
 - 3 have indicated they will close their K program in 2011-2012 due to low enrollment
- Currently, 118 programs have active applications
 - 15 are applying for K Approval only
 - 32 are applying for both PK and K
 - 71 are applying for PK only

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- Reported reasons for dropping RIDE Approval include; teacher qualifications, cost of lowering group size, facilities issues related to ECERS, asbestos
- Next steps in approval transition include conducting ECERS, reviewing documents related to program curriculum, system of child assessment, program improvement planning, staff supervision and evaluation system, and family engagement efforts.

Questions/Comments

- Have any public schools applied for RIDE approval?

Districts primarily have preschool for special education students or inclusive preschool special education classrooms. There are a few programs currently going through RI Early Learning Standards training which is part of the approval process. Right now the focus is on getting all of the current programs through the transition to the new standards. New applications are being accepted, but we are also encouraging programs to wait a year.

- Are the standards set in stone? There is a lot of anxiety over these standards in the community and there are a lot of barriers to achieving them. There are a lot of questions about feasibility and how programs can get there.
- A part of the transition process includes getting really good information about what the barriers are. We did not have that before. Currently, we are in the programs 2-3 times a year and we clearly are seeing trends. I think that in a year or two we will look at the information on barriers and decide what it means. Do we need to change the standard? Or target resources so it is not a barrier for programs? Do we need to re-word the standard, etc. Or we may find that it is not tied to child outcomes as significantly as we originally thought. So it is definitely going to be a set of standards that we revise on a much more frequent basis.
- RIDE was really thoughtful when we developed these. The standards are high. We built on top of NAEYC and aligned with national PreK benchmarks. They are voluntary standards. At the same time, we know it won't be helpful if programs are not able to participate. We want programs to meet the standards. We are committed to being mindful of unintended consequences, while ensuring that we are approving comprehensive educational programs.
- This reinforces the need to do a workforce study. We need to gather valid and reliable information about wages and the real issues that are impacting programs.
- TEACH is being looked at as a silver bullet to improve program quality. It is not the silver bullet. It will be a very long time before we can add a bachelor's component to TEACH especially with the cost of classes at URI and RIC. We need to remember that we are training the incumbent workforce. If you

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are just starting out with an associate's degree, it is usually an 8-9 year plan to get a Bachelor's degree when you are working in an early childhood program..

- When North Carolina started their Pre-K program, they started with a standard that you had to have a bachelor's degree or be working on one. I think we need to be looking at this (adding a timeline to achieve a bachelor's degree). North Carolina also sets aside 10% of their Pre-K funding to help support early childhood educators who are pursuing a bachelor's degree.
- When we look at the ways that programs aren't meeting the standards, we see many that are not about cost, but are more about professional development and credentials and I think we need to look at how we provide that professional development for programs seeking RIDE approval.
- RIDE has funds to provide professional development, but it is a challenge to find entities to provide the kind of professional development we need. We need a professional development system which includes more onsite mentoring and technical assistance versus more workshops.

Core Action Areas for Access and Quality (Leanne)

ACCESS

- Expand child care subsidy program for low- and moderate-income working families. Remove access barriers and strengthen continuity.
- Expand access to Head Start and Early Head Start to reach our most vulnerable children and families.
- Expand the state Pre-K program to provide a high-quality learning environment to 3- and 4- year old children in the critical preschool years.
- Provide more opportunities for young children with special needs to attend inclusive, high-quality early childhood programs.
- Expand access to full-day kindergarten.

QUALITY

- Strengthen licensing and basic regulations as a foundation of quality. Work to align quality standards across multiple systems.
- Ensure rates are adequate to support high-quality programming.
- Offer financial incentives for programs to improve quality.
- Provide high-quality professional development opportunities to the early care and education workforce.
- Provide pathways and support for the early care and education workforce to attain credentials and degrees that are recognized in the field. Ensure higher education programs are relevant, high-quality and articulated across institutions and departments.

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Initial Outreach to Identify Ideas from Field

- Memo to formal and informal associations from the early learning field asking each group to identify 3-5 ideas to improve children's access to high-quality early learning programs:
 - Rhode Island Permanent Legislative Commission on Child Care
 - Rhode Island Head Start Association
 - Rhode Island Association for the Education of Young Children
 - DHS Child Care Community Exchange
 - Rhode Island Child Care Directors' Association
 - Family Child Care Homes of Rhode Island
 - Interagency Coordination Council (Early Intervention)
 - Early Intervention Directors' Association
 - Early Childhood Network (Preschool Special Education)
 - Rhode Island Special Education Advisory Committee
 - Association of Rhode Island Administrators of Special Education
 - Rhode Island Parent Information Network
- Ideas are just an initial set of ideas from some of the core constituents. The poll was not inclusive of all of constituent's e.g. we did not poll elementary school principals and parents.
- Used this as an exercise to engage other planning groups in the state and get them engaged in the Council's work.
- We feel like this was a success – we received a lot of positive feedback.
- We would like to continue to reach out to other tables.

Child Care Eligibility

- Restore eligibility for child care subsidies to families earning 181% to 225% or 250% of FPL.
- Lessen the "cliff effect" by allowing families to retain child care subsidies as their incomes increase above 180% of FPL to 225% or 250% of FPL.
- Address administrative and regulatory barriers to accessing and retaining eligibility for child care subsidies to support enrollment continuity of children (e.g. move to a 12 month certification period, extend time parents can retain child care during periods of unemployment/job search, etc.)

Child Care Provider Rates

- Increase reimbursement rates to support quality.
- Increase reimbursement rates so higher-quality providers will accept children with DHS child care certificates.
- Implement a tiered reimbursement system that offers higher reimbursement rates to providers that demonstrate that they meet higher standards of care via their BrightStars ratings.

Access for Vulnerable Populations

- Restore 344 slots of state funded Head Start. Renew focus on the success of Rhode Island's Head Start and Early Head Start programs serving our most vulnerable children.

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- Provide transportation to and from home and Head Start/Early Head Start programs.
- Increase the capacity of programs to provide high quality instruction to children who are learning English as a second language.
- Explore implications of expanding Early Intervention to cover children up to age 5.
- Improve access to therapies/services for children without Medicaid.
- Simplify the process for gaining access to Kids Connect at child care centers so there are more programs state-wide that can serve children with special needs.
- Improve access to and relationship with DCYF when serving children in the care of DCYF.

Expanding State Pre-K

- Provide more children with access to high-quality early learning programs to reduce need for later special education services to “catch up.”
- Expand state pre-kindergarten program
- Provide more support so low- and middle-income families who do not qualify for subsidized programs can access quality child care and early learning opportunities.

Workforce

- Develop and provide ongoing, sustained, high quality professional development across all of early childhood and early childhood special education spanning birth through age eight. Emphasis on integration of training across all programs (e.g. common standards, curriculum, assessment, etc.).
- Improve higher education programs for teachers, early childhood educators, and EI providers.
- Develop early childhood educators' leadership skills.
- Develop/expand training programs for child care staff working with children with disabilities and technical assistance to support inclusive child care settings.
- Improve articulation of coursework among state higher education institutions.

Information for Families

- Improve state-wide communication with families regarding options for early childhood care and education.
- Create an accessible up-to-date directory of child care centers including those who accept DHS subsidies
- Coordinate, centralize, translate and expand the reach of information about access to quality programs, focusing on web-based information delivery systems, existing information networks (UWRI's 211, e.g.), and face-to-face points of contact with families (DHS, DCYF, schools, college and school district registration centers, hospitals, EI programs, churches, laundromats, stores, libraries).
- Improve access to parenting information, education and resources for families and professionals.

Questions/Comments

- Perhaps a few people from the Early Learning Council Workgroup and the Early Learning Council can come together and develop a couple of priorities.

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- When we meet there seem to be a lot of updates but not a lot of time for discussion. It would help if we could get the materials earlier so we can prepare ahead and then use the meeting time for a quick update and more in-depth discussion.
- That is a great suggestion that we can put into action for March. We want this to be much more participatory.
- Since some of the recommendations around access do have to do with legislation would make sense for the ELC Workgroup to prioritize or tease out the ones that need legislation?
- It might make the most sense to form an ad hoc subgroup of the Council to discuss recommendations through legislation and then vet those recommendations through email to the Council. Elizabeth Burke Bryant volunteered to pull this ad hoc group together to review the recommendations to improve access.

1:45-1:55	Public Comment	Public Participants
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Public Attendees: Susan Zoll (Ready to Learn Providence), Christine Arouth (Newport COZ/Sullivan School), Amy Vogel (Dr. Day Care Family), Melissa Tourgee (Darlington Early Childhood Center), Stephanie Eisermann (Darlington Early Childhood Center), Tammy Russo (RIPIN), Jeff Gale (RI EAYC), Sue Vandell (RIPIN), Deborah Masland (RIPIN), Deborah Meiklejohn (RIPIN), Susanna Beckwith (Reach Out and Read RI)

- No public comments

1:55-2:00	Wrap-up/Next Steps	Deborah Gist/ Elizabeth Burke Bryant
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The meeting of the Rhode Island Early Learning Council was adjourned at 2:00 pm by Co-Chairs Deborah Gist and Elizabeth Burke Bryant.

Handouts:

- Agenda
- Meeting Slides
- Family Child Care Quality Study

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- Building Ready States: A Governor's Guide to supporting a comprehensive, high-quality early childhood state system
- Access and Quality Memos from the Early Learning Field