Rhode Island's 2010 Family Child Care Quality Study

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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 programs[17] 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.

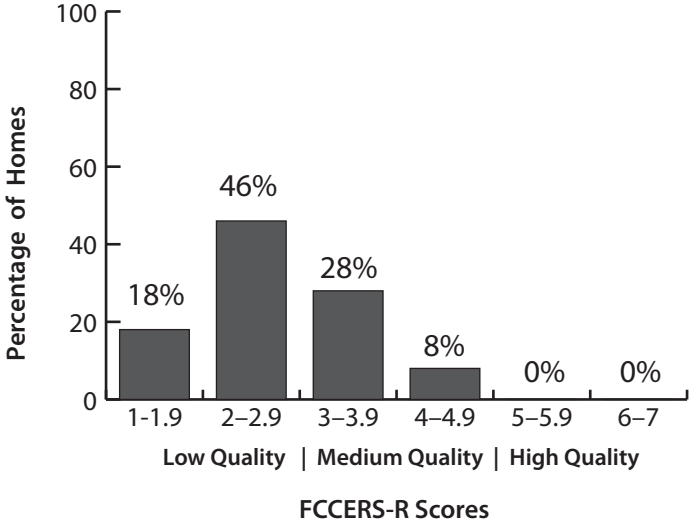
National Accreditation

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

Figure 1
Quality of Family Child Care Homes
(FCCERS-R total mean = 2.76)



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.

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

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 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 Comunicating 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.

References

[1]Mulligan, G.M., Brimhall, D., & West, J. (2005). *Child care and early education arrangements of infants, toddlers, and preschoolers: 2001* (NCES 2006-039). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office. Retrieved August 25, 2010 from http://nces.ed.gov/pubs2006/2006039.pdf

[2]Morrissey, T. (2007). *Family child care in the United States.* New York: Child Care & Early Education Research Connections. Retrieved August 25, 2010 from http://www.researchconnections.org/childcare/resources/11683/pdf

[3]Rhode Island Department of Children, Youth, and Families. (2010, August). *Licensing capacity dataset for family child care and group care homes* [Data file]. Providence: Author.

[4]Hamm, K., & Jones-DeWeever, A. (2004, October). *Family child care: Recent trends and new directions* (Publication No. G716). Washington, DC: Institute for Women's Policy Research.

[5]Buell, M., Pfister, I., & Gamel-McCormick, M. (2002). Caring for the caregiver: Early head start/family child care partnerships. In H. Fitzgerald, J. M. Love, H. H. Raikes, & J. Robinson (Eds.), *Infant Mental Health Journal Early Head Start Special Issue,* 213–230.

[6]See Reference 2.

[7]National Research Council and Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development.* Washington, DC: National Academy Press.

[8]National Scientific Council on the Developing Child. (2007). *The timing and quality of early experiences combine to shape brain architecture: Working paper #5.* Retrieved November 2, 2009 from http://www.developingchild.harvard.edu

[9]Mitchell, A. W. (2005). *Stair steps to quality: A guide for states and communities developing quality rating systems for early care and education* (p.4). Alexandria, VA: United Way of America, Success by 6.

[10]Tout, K., Zaslow, M., Halle, T., & Forry, N. (2009). *Issues for the next decade of quality rating and improvement systems.* OPRE Issue Brief #3. Washington DC: Child Trends.

[11]Zellman, G. L., & Perlman, M. (2008). *Child care quality rating and improvement systems in five pioneer states: Implementation issues and lessons learned.* Santa Monica, CA: RAND Corporation.

[12]Maxwell, K. (2008). *Pilot test of the draft Rhode Island BrightStars child care center and preschool framework.* Chapel Hill: The University of North Carolina, FPG Child Development Institute. Retrieved November 18, 2009 from http://www.rikidscount.org

[13]Maxwell, K. (2009). *Pilot test of the draft Rhode Island BrightStars family child care framework.* Chapel Hill: The University of North Carolina, FPG Child Development Institute. Retrieved November 18, 2009 from http://www.rikidscount.org

[14]Maxwell, K. (2010). *Pilot test of the draft Rhode Island BrightStars school age child care (K-5) framework.* Chapel Hill: The University of North Carolina, FPG Child Development Institute. Retrieved November 22, 2010 from http://www.rikidscount.org

[15]*BrightStars Child Care Center and Preschool Quality Framework.* Retrieved November 18, 2009 from http://www.brightstars.org/providers/childcare-centers-and-preschools.aspx

[16]*BrightStars Family Child Care Quality Framework.* Retrieved November 18, 2009 from http://www.brightstars.org/providers/family-child-care-homes.aspx

[17]Maxwell, K. L., & Kraus, S. (2010). *Rhode Island's 2009 child care center and preschool quality study.* Chapel Hill: The University of North Carolina, FPG Child Development Institute.

[18]See Reference 13.

[19]Bergsten, M., & Fiene, R. (2004). *Family and group child care homes: Factors underlying quality of care: PA 2002.* Harrisburg: Pennsylvania State University, Capital Area Early Childhood Training Institute.

[20]Gamel-McCormick, M., Buell, M., Amsden, D., & Fahey, M. (2005). *Delaware early care and education: Baseline quality study.* Newark, DE: Center for Disabilities Studies.

[21]Marshall, N., Creps, C., Burstein, N., Cahill, K., Robeson, W. W., Wang, S., … Glantz, F. (2003). *Massachusetts family child care today: A report of the findings from the Massachusetts cost and quality study.* Wellesley, MA: Wellesley Centers for Women.

[22]Marshall, N., Creps, C., Burstein, N., Squibb, B., Roberts, J., Dennehy, J., … Wang, S. (2004). *The cost and quality of family child care in Maine.* Wellesley, MA: Wellesley Centers for Women.

[23]Rhode Island KIDS COUNT. (2010). *2010 Rhode Island KIDS COUNT Factbook.* Providence: Author.

[24]Harms, T., Cryer, D. R., & Clifford, R. M. (2007). *Family child care environment rating scale: Revised edition.* New York: Teachers College Press.

[25]Paulsell, D., Porter, T., & Kirby, G. (2010). *Supporting quality in home-based child care, final brief.* Princeton, NJ: Mathematica Policy Research, Inc.

[26]Koh, S., &Neuman, S. (2009). The impact of professional development in family child care: A practice-based approach. *Early Education & Development, 20:* 3, 537-562. doi: 10.1080/10409280902908841

[27]Bryant, D., Wesley P., Burchinal, M., Sideris, J., Taylor, K., Fenson, C., & Iruka, I. (2009). *The QUINCE-PFI study: An evaluation of a promising model for improving child care quality.* Chapel Hill: The University of North Carolina, FPG Child Development Institute.

[28]Bromer, J., Van Haitsma, M., Daley, K. & Modigliani, K. (2008). *Staffed support networks and quality in family child care: Findings from the Family Child Care Network Impact Study, executive summary.* Chicago: Erickson Institute.

[29]Paulsell, D., Porter, T., Kirby, G., Boller, K., Martin, E. S., Burwick, A., ... Begnoche, C. (2010). *Supporting quality in home-based child care: Initiative design and evaluation options.* Princeton, NJ: Mathematica Policy Research, Inc.

[30]See Reference 25.

[31]See Reference 28.

This was a collaborative project among three organizations.

UNC
FPG CHILD DEVELOPMENT INSTITUTE

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

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FOUNDATION