Pilot Test of the Draft Rhode Island BrightStars Family Child Care Framework

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BrightStars is Rhode Island’s quality rating and improvement system for child care and early learning programs. Over a two-year 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 standards and criteria for child care and early learning programs (child care centers/preschools, family child care homes, and school-age programs) in Rhode Island. The draft frameworks were intended to reflect the range of quality within all types of care in Rhode Island, establish research-based quality benchmarks, and provide a basis for quality improvement efforts.

Rhode Island KIDS COUNT contracted with FPG Child Development Institute (FPG) at the University of North Carolina at Chapel Hill (UNC-CH) to collaborate with the Rhode Island Association for the Education of Young Children (RIAECY) to develop and implement a statewide pilot test of the draft frameworks. The core members of the BrightStars Pilot Test Team were: Kelly Maxwell and Synde Kraus from FPG, Leanne Barrett from Rhode Island KIDS COUNT, and Tammy Camillo, Shane Szrom, and a bilingual consultant from RIAECY. This team worked closely to conduct the pilot test. FPG provided guidance, helped develop data collection tools, and analyzed the data. RIAECY was responsible for recruitment and data collection. Rhode Island KIDS COUNT provided general advice on multiple aspects of the project.

The primary purpose of the pilot test was to use data to review and potentially revise the draft BrightStars standards and criteria before formally implementing BrightStars statewide. For the pilot test, data were collected from 25 randomly selected licensed/approved child care centers and preschools, 25 randomly selected licensed family child care homes, and 25 randomly selected licensed school-age programs. Findings from the pilot test of centers and preschools have already been reported (Maxwell, 2008), and BrightStars was officially implemented in licensed/approved child care centers and preschools in January 2009. This report focuses on the sample of family child care homes in preparation for implementing BrightStars with family child care providers in September 2009. A future report will describe the pilot findings from school-age programs.

**Framework Revisions for Pilot**

A multi-step process was used to refine the standards and criteria before collecting data for the pilot test. As a first step, FPG met with the Evaluation Subcommittee of the BrightStars Steering Committee to develop the following guidelines for revising the draft framework:

- Criterion is not covered in licensing/regulations,
- Criterion is based on research regarding high quality care and education, and
- Criterion is feasibly measured by either direct observation or review of program documents.
As a second step, the core pilot test team used the guidelines to reduce the number of criteria and revise the wording, as needed. These revisions were then reviewed and approved by the Evaluation Subcommittee.

The Family Child Care Framework used in the pilot test contained 26 standards that measured 46 different aspects of quality.

**Measures for the Pilot Test**

Five types of data were used for the pilot test:

1. Review of existing program documents
2. Facility observation checklist
3. Provider questionnaire
4. Provider qualifications and professional development form
5. Compliance data from the Department of Children, Youth, and Families (DCYF)

RIAEYC also asked for verification of provider qualifications through college transcripts. Copies of the pilot test tools are available from RIAEYC.

**Pilot Sample**

To reach the goal of piloting the framework with 25 licensed family child care homes, 120 providers were contacted. Of the 120 programs contacted, 84 were eligible to participate in the pilot (e.g., were open, had a working phone number). Twenty five of the 84 programs agreed to participate, which represents a response rate of 30%.

Most of the family child care homes in the pilot sample were located in Providence County (22), with 1 from Kent County and 2 from Washington County. Table 1 provides more information about the characteristics of the 25 family child care homes.

**Table 1. Characteristics of the Family Child Care Pilot Sample**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAFCC accredited</td>
<td>0%</td>
</tr>
<tr>
<td>Serve infants</td>
<td>64%</td>
</tr>
<tr>
<td>Serve preschoolers</td>
<td>84%</td>
</tr>
<tr>
<td>Serve school age children</td>
<td>72%</td>
</tr>
<tr>
<td>Accept child care subsidies</td>
<td>96%</td>
</tr>
</tbody>
</table>

The size of family child care homes participating in the pilot varied. Most (60%) of the participating programs were licensed to serve 8 children, 20% were licensed to serve 6 children, and 20% were
licensed to serve 5 or fewer children. The average (mean) number of children enrolled was 7, although it is important to recognize that not all children enrolled may be served at any one time due to differing schedules. Family child care homes in the sample also varied in the percentage of children served who received child care subsidies. Although only one provider reported not accepting children with subsidies, four providers were not currently serving any children receiving subsidies. For four providers, 50% or less of enrolled children received subsidies. For seven providers, 50 to 99% of enrolled children received subsidies. For nine providers, 100% of enrolled children received subsidies.

The characteristics of the sample suggest that the pilot included a range of family child care homes. Because of the voluntary nature of this project and the relatively low response rate of 30%, it is important to acknowledge that the sample may differ from the general population of licensed family child care homes in Rhode Island.

**Family Child Care Pilot Findings**

BrightStars relies on a “building blocks” model for assigning a star rating. Within the building blocks model, a program must meet all criteria for Level One to earn a one-star rating. To earn a two-star rating, a program must meet all criteria for Level Two.

Using the building blocks model with the original pilot framework from 2007, 4 family child care homes were not eligible for a one-star rating because they were not compliant with licensing standards. An additional 18 homes did not meet all of the one-star criteria using the verified level of data (i.e., the provider could verify her self-reported information by also providing some type of written documentation). Only 3 homes met all the criteria required at the one-star level.

Using the less-stringent self-report data, 4 family child care homes were not compliant with licensing standards, 2 homes did not meet all of the one-star criteria, and 19 homes met all of the one-star criteria. It is important to note that the pilot test was a test of the draft family child care framework, not providers. As such, the findings were interpreted as limitations in the draft framework, not the quality of individual family child care homes.

**Initial Revisions to the Family Child Care Framework**

As a next step, BrightStars leadership developed a revised, reduced Family Child Care Framework based on the final Child Care Center and Preschool Quality Framework from December 2008. Seven of the nine standards in the Child Care Center and Preschool Quality Framework apply to family child care and were tested with the pilot data (standards for maximum group size and director qualifications were excluded):
1. child’s daily experience
2. teaching and learning
3. curriculum and child assessment
4. minimum staff-child ratio
5. family communication and involvement
6. lead group teacher qualifications
7. program management

Using this revised framework, 21 of the pilot family child care homes met the criteria for a one-star rating. Four homes were not compliant with licensing standards. The findings were the same using verified or self-report data.

### Recommendations Based on the Pilot

The following recommendations were made to the BrightStars steering committee, based on the findings of the pilot test.

1. **Build the infrastructure now.** Although BrightStars is just beginning, now is the time to create or expand the infrastructure needed to support its long-term success. If, for example, BrightStars requires providers to obtain a RI Early Learning Standards Level II Certificate, then the Rhode Island Department of Education (RIDE) will need to ensure that the certificate program has enough trainers and is offered at the appropriate times to accommodate family child care providers. If many family child care providers speak Spanish, it will be important to ensure that materials, training, and consultation are offered in both English and Spanish. It is recommended that the BrightStars funders and leadership develop an action plan related to the infrastructure needed to support the successful implementation of BrightStars with family child care homes.

2. **Test the upper limits of the framework.** It is recommended that data be gathered on the revised family child care framework in 5 to 10 more family child care homes that are either nationally accredited or considered to be exemplary programs. The original random sample of 25 programs did not include any nationally accredited homes, and it will be useful to determine how high quality family child care homes will be rated using the revised framework. These additional data will provide important information to finalize the family child care framework.

3. **Use the pilot data to test possible revisions to the framework.** It is recommended that the BrightStars leadership use the original pilot data to test any further revisions to the family
Further Testing of the Framework

Following up on the recommendation to further test the upper limits of the revised quality framework with family child care providers, data were gathered and analyzed from an additional 7 family child care providers in June and July 2009. These 7 providers were either nationally accredited or generally recognized as providing high quality care. The sample was intentionally selected to reflect these characteristics as well as include providers whose formal education exceeded a high school diploma. The data from these additional providers were meant to inform decisions about the framework revision for family child care providers, not to describe the quality of individual family child care homes.

Using the verified levels of evidence, 6 of the 7 providers were rated at the 1-star level and 1 was rated at the 3-star level. There was not one particular criterion that was consistently problematic for all providers. Each provider exhibited a different pattern of strengths and weaknesses. Examining the data, it seems like high quality providers could relatively easily make changes in their program that would allow them to earn at least a 3-star level on the quality framework.

Future Work

Data from a pilot sample of approximately 25 child care centers and preschools, 25 family child care homes, and 25 school-age programs have been collected. This report describes the pilot findings from family child care homes. A previous report described pilot findings from the child care center and preschool pilot, and a future report will be issued for the pilot results from school-age programs. The data from these pilot studies will help the BrightStars leadership team revise the frameworks before implementing them statewide.

In addition to these pilot data, BrightStars and FPG are working together to gather baseline data on the quality of care statewide in each of these three types of programs. Data collection methods include document review, questionnaires, observational checklists, and environmental rating scales in randomly selected classrooms. Currently, data are being gathered from a random sample of 50 preschool classrooms and 50 infant/toddler classrooms in child care centers and preschools across
Rhode Island. This fall, data will be gathered from a random sample of 50 family child care homes. Future reports will describe the findings from these studies.

Other Reports