Rhode Island's 2010 School-Age Child Care Quality Study

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Several people worked hard to complete this study and report. The FPG team included Kelly Maxwell, principal investigator; Syndee Kraus, project director; Katie Hume, research assistant; Gina Walker, administrative assistant; Elizabeth Gunn, Michelle Lemon and Yanfang Kong, 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. A special thank you is extended to Lori Connors-Tadros from the Afterschool Investments Project for reviewing a draft of this report and providing insight into national school-age program quality issues. Finally, we would like to thank the administrators and staff who welcomed us into their programs so that we could better understand the care available to school-age children in Rhode Island.

NATIONALLY, about 15% of school-age children—8.4 million children—participate in an after-school program; most of the children served are in elementary school.[1] In 2010, there were 203 licensed school-age child care programs in Rhode Island with spaces for over 11,000 children. About half of the 203 school-age programs were stand-alone, independent programs and the other half were operated as part of a licensed early childhood center. The majority of the licensed school-age child care slots in Rhode Island (68%) were in independently operated programs while the remainder (32%) were in licensed early childhood centers.[2] Research has demonstrated that high quality school-age programs promote children's social development, academic skills and health as well as prevent behaviors such as delinquency. [3,4] Research suggests that school-age programs are most effective when they a) provide quality programming including adequate supervision and structure, well-trained staff, and intentional activities; and b) coordinate with families, schools and other community organizations.[5]

Research has demonstrated that high quality school-age programs promote children's social development, academic skills and health as well as prevent behaviors such as delinquency. [3, 4]

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."[6] 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.[7,8]

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.[9,10,11] BrightStars leadership used the pilot data to finalize the *Child Care Center and Preschool Quality Framework*[12] as well as the *Family Child Care Quality Framework.*[13] 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) Quality Framework* will be implemented statewide in 2011.

During the BrightStars development period, the steering committee 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 child care and early learning 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, independent school-age child care programs. Previous reports described findings from similar quality studies of child care centers and preschool programs[14] and family child care.[15]

Study Description

The purpose of the Rhode Island School-Age Child Care Quality Study was to gather data to better understand the quality of care and education in licensed, stand-alone school-age child care programs, using key components delineated in the BrightStars *School-Age Child Care (K-5) Quality Framework*.

Program Selection

The goal of the School-Age Quality Study was to gather data on the quality and characteristics of 30 randomly selected licensed, stand-alone programs serving school-age children. This study did not include data from child care centers that also provide school-age care.

From a pool of 73 randomly selected licensed school-age programs across Rhode Island, 21 (29%) were no longer operating a school-age program, did not have a working phone number, or could not be reached to confirm that that they were open (i.e., called multiple times but no one ever answered and voicemail was not available). Of the 52 programs that were eligible to participate in the study, 30 agreed to do so. This represents a response rate of 58%. [The response rate for the Pilot Test was 46%.[16]]

The programs in this study were located across the state of Rhode Island. Forty percent (40%) of the programs were located in Providence County, 26% in Kent County, 20% in Washington County, 7% in Newport County and 7% in Bristol County.

Measures

Multiple measures were used to gather program-level and group-level data for the School-Age Quality Study.

Program-Level Measures. Program-level data were gathered through director interviews and document reviews. Program directors were asked to provide 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). During each visit, BrightStars staff completed a facility observation checklist, which documented the observed group size and ratios. The director and all lead staff were asked to complete a questionnaire about their qualifications and, if possible, to submit documentation of their degrees, coursework, and credentials.

Group-Level Measures. Group-level data about global quality were gathered through the *School-Age Care Environment Rating Scale* (SACERS).[17] The SACERS is specifically designed to assess before- and after-school group care programs for school-age children, 5 to 12 years of age. The SACERS measures the following aspects of program quality: Space and Furnishings (e.g., furnishings for relaxation and comfort, room arrangement); Health and Safety (e.g., meals/snacks, safety practices); Activities (e.g., arts & crafts, language/reading, cultural awareness); Interactions (e.g., staff supervision of children, peer interactions); Program Structure (e.g., schedule, free choice, use of community resources); Staff Development (e.g., opportunities for professional growth, supervision and evaluation of staff); and Special Needs Supplementary Items (provisions for children with disabilities). In this study, only the first item from the Special Needs Supplementary items was included. None of the items from the Staff Development subscale were included because they are rated based on self-report, rather than observation of the program. This exclusion of items is consistent with practices in other state QRIS. Scores on the SACERS can range from 1-7 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 occurred between September and December 2010. Two BrightStars staff/consultants were responsible for all data collection. They were trained to reliability on the SACERS. Data collection in classrooms typically lasted 2 to 3 hours. Program-level measures were typically completed on 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

The School-Age Child Care Quality Study included a range of stand-alone programs serving school-age children. Eighty-nine percent (89%) were not-for-profit organizations. Seventy percent (70%) of the programs in this study were part of a larger organization that included multiple sites. Programs varied in size, with a mean total enrollment of 41 children. Seventy-four percent (74%) served fewer than 50 children, while 26% served between 50 and 100 children. Sixty-three percent (63%) of the observed groups included at least one child with a disability (e.g., cognitive, physical, social-emotional).

All of the programs reported that they accepted 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. Twelve percent (12%) were not serving any children with subsidies at the time of the study. Forty-six percent (46%) of the programs reported that 25% or less of the enrolled children received subsidies; 23% reported that between 26% and 50% of the enrolled children received subsidies, and 19% of the programs reported that more than half of the enrolled children received subsidies.

Program directors provided data about the total number of children enrolled in their programs, by grade. Programs were much more likely to serve younger school-age children than older children. Seventy-eight percent (78%) of school-age programs in this study enrolled kindergartners. Ninety-two percent (92%) of programs enrolled first graders, second graders, and third graders. Eighty-five percent (85%) of programs enrolled fourth graders. Fifty-eight percent (58%) of programs enrolled fifth graders. Fifty percent (50%) of programs enrolled sixth graders. Thirty-eight percent (38%) of programs served seventh graders, and only 23% of programs served eighth graders.

Table 1
Enrollment Information for Participating School-Age Programs

Grade of Children Enrolled	Percentage (number) of Children Enrolled in All Participating Programs
Kindergarten	13% (134)
1st Grade	22% (231)
2nd Grade	16% (163)
3rd Grade	16% (164)
4th Grade	12% (131)
5th Grade	9% (94)
6th Grade	6% (65)
7th Grade	3% (30)
8th Grade	3% (30)
Total	**100% (1,042)**

Across all participating school-age programs, a total of 1,042 children were enrolled. Table 1 provides grade-level information on the number and percentage of children enrolled across all participating programs. This information provides an overall picture of the ages of children served in Rhode Island school-age programs. About two-thirds (67%) of all the children enrolled in school-age programs were in K–3rd grade, and almost all (88%) were in elementary school. Only 12% of the children enrolled were in middle school (grades 6-8).

Licensing Compliance

All of the school-age programs in this study reported that they were compliant with the critical areas of licensing. Twelve percent (12%) of programs were able to provide documentation of their licensing compliance; however, most of the programs (73%) did not have the licensing form to verify this self-reported information. Fifteen percent (15%) of programs were able to provide documentation, but the documentation indicated that they were not compliant with the critical areas of licensing. The critical areas of compliance for school-age programs, as defined by the Child Care Licensing Office, are: 1) staff/child ratio, 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) following proper procedures for administering medication to children, 10) room temperature/ventilation/lighting, 11) qualified personnel, 12) safety of indoor and outdoor equipment and 13) physically safe environment/clean and free of hazards.

National Accreditation

None of the programs in the study were accredited by the Council on Accreditation After School Recognition program.

Figure 1
Quality of School-Age Groups
(SACERS total mean = 3.92)

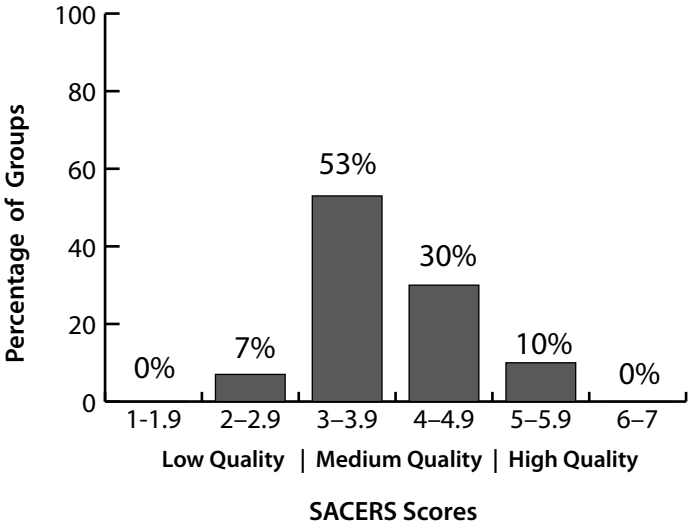

Table 2
SACERS Subscale Scores

Subscale	Mean	Range
Space and Furnishings	3.68	2.36–5.73
Health and Safety	3.47	2.50–4.66
Activities	3.30	2.00–4.75
Interactions	5.07	2.00–6.63
Program Structure	3.97	1.75–6.67

Group-Level Quality

This section includes information about the observed program quality for groups of children. The mean SACERS total score was 3.92 (range = 2.73 to 5.41). Most of the programs in the study were rated as "medium" quality or better, with 93% of the school-age programs in this study receiving an average SACERS total mean score of 3.0 or greater. Figure 1 shows the distribution of overall average mean SACERS scores, while Table 2 gives the average mean subscale scores.

Curriculum and Child Assessment

Of the 27 programs that completed a document review, all reported that the program's plan or curriculum includes weekly opportunities for physical activity, creative expression, and academic support; this was verified with written documentation at 85% of these programs.

Thirty-five percent (35%) of programs reported gathering written, individualized information about children's learning and development. Twenty-two percent (22%) of programs were able to verify that they did this.

Group Configuration, Size and Ratio

The total number of children in a group (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 safety as well as developmental needs of each child if there are fewer children and more adults in a group.[18] Data about group configuration, group size and ratios were gathered through observation of each group in the participating programs. Note that this information is based on the number of children and adults present during the observation and may differ from the enrollment data provided by the director. Table 3 provides group size and ratio information, organized by the grade of the youngest child served.

Most of the programs (87%) in this study served all children in the program in one group. Of the 13% of programs serving children in more than one group, the number of groups ranged from two to five. Sixty-one percent (61%) of groups included children only in elementary school (K-5), and thirty-nine percent (39%) of groups included children from both elementary and middle school.

Seventy-three percent (73%) of programs met the group size requirements as specified in BrightStars (i.e., no more than 24 children in a group with kindergartners and no more than 26 children in a group without kindergartners). Ninety-seven percent (97%) of programs met the ratio requirements as specified in state licensing (i.e., no more than 13 children assigned to one adult). Fifty percent (50%) of programs either posted the program's minimum staff-child ratio or provided it to families in writing.

Table 3
Group Size and Ratio by Grade for Youngest Child Served

Grade of Youngest Child in Group	Group Size Median (range)	Average Number of Children per Adult (range)
Kindergarten	15 (5–38)	7.3 (2.5–29)
1st Grade	14 (9–68)	7 (2.8–9)
2nd Grade	27 (14–39)	8.6 (7.8–9.3)
3rd Grade	50	7.1
5th Grade	12	9 (6–12)

Director Qualifications

Although BrightStars staff requested transcripts to verify information about the qualifications of program directors, it was not always possible to obtain these documents for this study. Thus, the information reported below was self-reported by directors. Fourteen percent (14%) of program directors had completed some college courses, and 86% held at least a Bachelor's degree (see Table 4). Of those with a college degree, 59% majored in Child/Youth Development or a related field.[a]

Table 4
Highest Education Level of Directors

Degree	Percentage of Directors
Some college (but no degree)	14%
Bachelor's or higher	86%

Lead Staff Qualifications

Although BrightStars staff requested transcripts to verify information about staff qualifications, it was not always possible to obtain these documents for this study. Thus, the information about staff qualifications was self-reported.

a Majors in Child/Youth Development 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.

Table 5
Highest Education Level of Lead Staff

Degree	Percentage of Lead Staff
High School or GED	8%
Some college (but no degree)	33%
Associate's degree	16%
Bachelor's or higher	43%

Table 5 provides information about the highest education level of lead staff.[b] Fifty-nine percent (59%) of lead staff had an Associate's degree or higher. Of those with a degree, 41% majored in Child/Youth Development or a related field.

Thirty-one percent (31%) of programs provided documentation demonstrating that they have a written Individual Professional Development Plan (IPDP) for each lead staff member.

Table 6
Percentage of Programs Offering Strategies for Communicating with Families

Strategy	Percentage Self-Report	Percentage Verified with Evidence
Monthly Newsletter	80%	44%
Conduct an annual family survey	58%	33%
Host a family meeting, social event, or workshop 4 times per year	56%	46%
Offer parent-staff conferences at least 2 times per year	32%	15%
Offer ideas and suggestions to support learning at home at least 4 times per year	24%	11%
Have a parent advisory board that meets at least 4 times per year	12%	0%

Family Communication and Involvement

Program directors provided information about different aspects of communication and involvement with families, such as newsletters and family meetings (see Table 6). Fifty-nine percent (59%) of the programs were able to verify that they offered at least one of these communication strategies; 40% offered two or more; and 33% offered three or more.

Program Management

Fifteen percent (15%) of programs provided evidence that they had conducted a comprehensive program self-assessment during the past year.

Study Limitations

The data from this study provide rich information about licensed, independent school-age child care programs in Rhode Island. Information was obtained from different individuals (i.e., administrators, lead staff), using multiple methods (i.e., observations, interview, questionnaire, review of documents). The information in this study, however, is not perfect. For instance, some administrators 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. Additionally, the measures used in this study may not have covered aspects of quality and program characteristics that may be of interest to readers. Some of the Rhode Island school-age programs in this study, for instance, may demonstrate characteristics of high-quality programs that are not measured by the SACERS and, therefore, are not included in this report. Finally, this study did not include data from school-age classrooms in licensed child care centers, so findings should not be generalized to those classrooms. Even with these cautions, though, we believe the study provides important information about the quality of licensed, independent school-age programs in Rhode Island.

b Lead staff have primary responsiblity for children in the program. Programs must have a sufficient number of lead staff (1 lead staff for every 24–26 children enrolled in the program).

Conclusions and Recommendations

The data from this study suggest that Rhode Island licensed school-age programs are working hard to provide quality programs for school-age children and their families. Ninety-seven percent (97%) of programs had good ratios of adults per child (i.e., 13 or fewer children assigned to one adult). Seventy-three percent (73%) of programs had no more than 24 children in a group that included kindergartners. Eighty-five percent (85%) of programs offered weekly opportunities for physical activity, creative expression, and academic support.

There is room for improvement in the quality of school-age programs in Rhode Island. Eighty-three percent (83%) of school-age programs in the study were rated as having a "medium" level of quality (i.e., SACERS mean score between 3.0 and 4.9) and 10% were rated as having a "high" level of quality (i.e., SACERS mean score of 5.0 or greater). Seven percent (7%) of programs were rated as having a "low" level of quality (i.e., SACERS mean score less than 3.0). Fifteen percent (15%) of programs conducted a program self-assessment in the past year. Thirty-five percent (35%) reported that they gathered information about each child to help individualize the program to children's needs and interests.

Supporting quality school-age programs will require multiple strategies, including professional development and technical assistance designed to address the unique needs of school-age care providers. Strategies supporting quality practices need to specifically address issues of providing high-quality care and education for children in a mixed-age setting. The data from this study suggest that about two-thirds of programs serve at least one child with a disability. Thus, it may be helpful to offer professional development opportunities about individualizing the structure, content, and activities in school-age programs to best meet the needs of children with disabilities as well as their typically developing peers. Finally, most school-age programs rely on part-time staff who may have difficulty accessing professional development.[19] Strengthening quality will require strategies that meet the unique needs of school-age programs.

Rhode Island leaders should use BrightStars to provide an overarching framework for organizing and aligning various aspects of the early childhood education system including school-age programs. Organizing efforts around the BrightStars quality frameworks will help move Rhode Island toward an integrated, comprehensive system of early care and education. As Rhode Island leaders move forward in strengthening the early childhood system, they should continue their intentional inclusion of school-age programs.

The decision to include two quality assessment observation tools in the *BrightStars School-Age Child Care (K-5) Quality Framework* nicely balances the need for a valid, reliable quality assessment tool with the interests of the school-age program community in the state. Many Rhode Island after-school programs use the Rhode Island Program Quality Assessment Scale (RIPQA), which is based on the national Youth Program Quality Assessment (YPQA) tool developed by HighScope for programs serving children in grades 4 through 12.[20] Some Rhode Island after-school programs serving younger children in grades K through 5 have begun using the Younger Youth Program Quality Assessment (now named the School Age Program Quality Assessment; SAPQA) also developed by HighScope.[21] Although Rhode Island school-age providers have been using the SAPQA, the authors are still conducting research to determine whether it produces scores that are reliable and valid enough for the high stakes purpose of assigning public ratings of quality within a QRIS framework. The SACERS has evidence of producing reliable, valid scores and was selected by Rhode Island leaders to be the independently-rated quality observation measure used in the Rhode Island BrightStars framework. This is consistent with most other state QRISs that use the Environmental Ratings Scales across child care centers, family child care programs, and school-age programs. The SACERS covers much of the same—but not all—constructs covered in the School Age Program Quality Assessment. The SAPQA is designed to be content-neutral and focuses primarily on adult-child

interaction and instruction related to cognitive engagement (C. Smith, personal communication, February, 2011). The SACERS measures a broad range of structural and process features and includes content-specific items (e.g., art, math/reasoning and blocks/construction).

The *BrightStars School-Age Child Care Quality Framework* also requires programs to conduct a self-assessment using the SAPQA that can inform the development of a quality improvement plan. Using both the SACERS and the SAPQA recognizes the importance of different aspects of school-age program quality and the need for assessments that are reliable and valid for—as well as aligned with—school-age programs.

The decision regarding the quality assessment tools included in the *BrightStars School-Age Child Care (K-5) Quality Framework* should be revisited in a few years. When data are available that demonstrate that the SAPQA provides reliable and valid scores for school-age program quality, Rhode Island leaders may want to reconsider its use for the independently-completed measure of the learning environment within the BrightStars quality framework.

Rhode Island leaders should think broadly about including school-age classrooms and programs in BrightStars. Although the pilot and quality study of school-age programs were limited to independent, stand-alone school-age programs, about a third of Rhode Island's licensed school-age slots in 2010 were in licensed early childhood centers.[22] Early childhood centers are already included in BrightStars, although their rating is based only on services for young children birth to five (even if the program also provides after-school services). Leaders may want to consider expanding BrightStars to include school-age classrooms in early childhood centers as a strategy for strengthening a broader array of programs serving school-age children.

In closing, Rhode Island KIDS COUNT and BrightStars leaders should be applauded for intentionally including school-age programs in the state's QRIS and for conducting a statewide study of licensed, independent school-age programs. Rhode Island can serve as an example to other states across the country that include school-age programs in QRIS.

Four strategies are recommended for the successful inclusion of school-age programs in QRIS: involve school-age leaders throughout the process, use standards that address the needs of older children, recognize the unique circumstances for school-age program staff, and reduce barriers for diverse programs to participate in the QRIS.[23] Rhode Island has utilized these strategies in developing the quality framework for school-age programs and plans to continue doing so when implementing BrightStars with school-age programs.

From the beginning, Rhode Island has intentionally worked with the school-age program community to develop a quality framework that recognizes the importance and uniqueness of school-age care. This collaborative, thoughtful approach is commendable and should support stronger quality improvement efforts in school-age programs. It also serves as an important model for other states. We hope that the findings from this study will be useful in guiding Rhode Island's future investments in improving the quality of school-age programs.

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