



REIMAGINING QUALITY IN QUALITY RATINGS PROGRAMS



Few settings offer greater opportunity for improving our nation's health than the child care environment. The experiences of early childhood lay the foundation for a lifetime of development. Non-parental child care settings – where many young children spend a good portion of their childhood – provide a unique forum for shaping those experiences.

Family child care providers in particular can be thought of as “first responders” for community health. They are likely to share close ties with the children and families they serve and are well-positioned to influence



children's development very early on. They also tend to serve a higher percentage of low-income children and children of color compared to child care centers.¹ In many ways, family child care providers are on the front line of the social determinants of health. Functioning at their best, these providers make it possible for parents to go to school or to work while helping children — many of whom might be at-risk — to develop habits and resiliency so they have the best chance to be ready to succeed in school and life. At the same time, these providers are small business owners, supporting themselves and their own families, and contributing to the local economy. As representatives of the communities they serve and as small business operators, family child care providers are a clear litmus test for the health of their communities — if they are not healthy and successful, it is likely their communities are experiencing similar challenges.

The Public Health Law Center recently completed a project seeking to understand how quality is defined, assessed, and measured in family child care settings through policy. Quality measures are applied to family child care settings through a variety of policy mechanisms including licensing, funding streams, and voluntary quality programs. This resource summarizes our findings relating to quality in family child care settings and Quality Rating and Improvement Systems (QRIS) programs. We found that the many ways that family child care settings are diverse create both challenges and opportunities for defining and implementing quality in these settings.

Family Child Care is Unique and Important

Family child care is just one child care setting within the larger early care and education landscape. However, understanding how “quality” is defined in the policies and systems relating to family child care providers is critical from a health equity perspective because so many children are served by family child care providers.² Some reports estimate nearly fifty percent of children receive care from home-based providers.³ Statistics differ, however, depending on how the setting is defined, and these definitions vary across states. Also, family child care providers and the families they serve are often from priority populations.⁴ For example, a recent Migration Policy Institute report noted that 18% of early care and education workers are immigrants and 23% speak a language other than English at home.⁵ The report noted that these workers, who tend to be in home-based settings, provide important support for children who are dual language learners. They help to build skills in home languages and English, support children in bridging and navigating between home and school cultures, and “[foster] trusting and respectful relationships with families.”⁶

The family child care setting is also unique from other early care and education settings in that it takes place in private residences, and typically involves small groups of children with widely

varying ages. Family child care providers are more likely than centers to be in rural areas, and to provide the atypical child care services that many families need — such as extended hours or non-traditional hours, and culturally and linguistically diverse care.⁷ Family child care providers also are more likely to be located within the community of the parents seeking care, and tend to be smaller compared to child care centers. For this reason, they are in a strong position to develop closer, trusting relationships with parents.⁸ Affordability is another factor that draws parents to family child care; although the lower costs generally align with lower pay for family child care providers. While the early care and education environment is under-resourced in general, this is particularly acute in the family child care setting. Family child care providers are typically women,⁹ and given the historical and structural devaluation of women’s work, pay equity is a significant factor. Finally, providers are also often located in communities experiencing greater health inequities, which makes them a valuable asset, but also creates barriers to providing quality child care.¹⁰

Child Care Aware of America defines child care settings as follows:

- 1 Child care centers provide care for children in groups and generally operate out of non-residential, commercial buildings. Centers are larger and enroll more children than a family child care provider. They are usually divided into groups or classrooms of similarly aged children.¹¹
- 2 Family, Friend, and Neighbor Care is provided in the child’s or caregiver’s home by a person who is a relative, friend or a babysitter or nanny. These programs are typically legally exempt from regulations and may not be required to meet health, safety and training standards unless they care for children who receive government child care subsidies.¹²
- 3 Family Child Care Homes: This type of care is known by many different names, including Family Child Care Home, Licensed Child Care Home, Licensed Group Family Child Care Home, Legally or License-Exempt Home, Certified Child Care Home, Registered Child Care Home or Family, Friend and Neighbor (FFN) Care, depending on where the provider lives and the regulations in the state. Family Child Care Homes may also be classified as a Large or Small Family Home, depending on the maximum number of children in care.¹³

Child care settings are defined by each state, usually through statutes and regulations.¹⁴ For more information on each state’s legal definitions and exemptions for child care settings, please visit: www.publichealthlawcenter.org/resources/healthy-child-care.



Quality Rating and Improvement Systems

Quality measures are being inserted into laws and policies impacting family child care settings, but more needs to be understood about what quality means to parents and for child health outcomes, and how to use quality measures in the regulatory landscape for these settings. One policy mechanism being used is a Quality Rating and Improvement System (QRIS). A QRIS is a systematic approach developed by a state, local, or regional government to define, assess, improve, and communicate the level of quality in individual child care and education programs. Participation in QRIS programs is typically voluntary, although some states require providers who receive certain subsidies to participate.¹⁵ As of January 2017, according to the QRIS National Learning Network, 39 states (including D.C.) have statewide QRIS programs; three states (CA, KS and FL) have regional QRIS programs; and QRIS pilots or planning are occurring in eight states (AL, AK, CT, HI, MO, SD, WV, WY).¹⁶ The only state that does not have a QRIS program is Mississippi. QRIS programs typically build off of licensing requirements, allowing licensing or registration status to satisfy first level standards. Higher level QRIS standards

represent incremental increases in quality (based on the program's conception of quality), to create a rating system typically based on points and/or stars.¹⁷ QRIS programs focus on foundational issues such as licensing compliance, director/staff training and education, learning environments, and family engagement.

A QRIS is usually composed of five common components: 1) program standards addressing the content areas outlined above; 2) technical support for programs and practitioners; 3) financial incentives for programs and practitioners; 4) quality assurance and monitoring; and 5) consumer education.¹⁸ Standards within these categories vary widely among states and localities due to variations in their underlying licensing laws; as a result, a uniform understanding of what quality is and how it should be measured does not exist.

States use a variety of mechanisms to fund QRIS, which also can create variations in programs. A QRIS is typically funded through set-aside funds in the federal Child Care and Development Fund (CCDF).¹⁹ When developing a QRIS, state-level policy makers may tie funding for child care subsidies or other financial support to participation in the QRIS. For example, a state may create a start-up award to encourage early participation by providers and may continue funding provider participants through improvement grants and quality bonuses.²⁰ States may offer other financial incentives, including higher CCDF subsidy reimbursement rates, to providers who achieve higher quality benchmarks.²¹ A few states only allow subsidies to be administered to providers who are rated. Other financial incentives to support provider participation and encourage quality care include grants, loan opportunities, tax credits, educational scholarships for child care staff, child care staff bonuses, and professional development opportunities for providers.²² These types of resources aim to help providers strengthen their child care businesses and simultaneously improve the quality of child care they provide. Often these resources may simply offset the significant costs of complying with the paperwork and assessments needed to be rated.

Family Child Care and QRIS

Review of QRIS across states reveals many variations and inconsistencies in how quality is defined and measured in the development of QRIS standards, particularly regarding how standards apply to different populations and child care settings within the state.²³ Currently, 24 states with a QRIS include a separate category for the family child care setting, although it is unclear how many of these states specifically tailored the indicators for the family child care context.²⁴ Some states, including Maine,²⁵ Massachusetts,²⁶ and Ohio²⁷ have developed separate quality standards — one QRIS for child care centers and another for family child care homes. Other states have similar standards for both types of settings, but tailor the language

and assessment tools to better reflect differences in settings.²⁸ Although states typically measure the additional QRIS standards for family child care programs differently (where they have different measures), several states incorporate accreditation from the National Association for Family Child Care (NAFCC) and/or apply the Family Child Care Environment Rating Scale-Revised (FCCERS-R) as part of their state QRIS programs. Additionally, states have started to incorporate the Business Administration Scale (BAS) for Family Child Care into their systems to measure business and professional practices of programs.²⁹

National Association for Family Child Care accreditation program

The National Association for Family Child Care (NAFCC) accreditation program is the only national program tailored for family child care settings. The NAFCC accreditation process involves more than 300 standards organized into five content areas: (1) relationships, (2) environment, (3) developmental learning activities, (4) safety and health, and (5) professional and business practices.³⁰ The process of accreditation has four steps, which include self-study, application, observation, and decision phases.³¹ According to Mary Beth Salomone Testa, Federal Policy Consultant, NAFCC has administered the family child care accreditation for 25 years. “Its foundation is that the relationships matter — the relationships and interactions — and the research backs this up. Those interactions between that adult caregiver or educator and that child are the crux of quality and everything that happens in that day because of what she drives is what makes for quality. NAFCC accreditation brings together the research and best practices and makes it suitable for the family child care environment, different from some benchmarks that look at centers and then try to wriggle a home-based setting into it.”³²

Family Child Care Environment Rating Scale – Revised

Family Child Care Environment Rating Scale — Revised (FCCERS-R) (previously known as the Family Day Care Rating Scale) is used by many state QRIS programs for measuring quality in family child care settings.³³ The scale uses 38 items that are rated during an observation in the family child care home, divided into the following categories: (1) space and furnishings, (2) personal care routines, (3) listening and talking, (4) activities, (5) interaction, (6) program structure, and (7) parents and provider.³⁴ During the rating, each of the 38 items are scored on a scale to determine an overall quality score for a program. The validity of FCCERS-R has been called into question recently, based on how it was created and its inability to appropriately assess quality in family child care settings.³⁵ For example, researchers have found that the FCCERS-R does not validly assess the dimensions of quality as intended.³⁶



Defining Quality

Quality is often in the eye of the beholder. Its meaning changes depending on who is doing the framing: families/parents, researchers, regulators, or providers. The early care and education field has not reached consensus on how to define quality in general, let alone how to define quality relating to family child care homes. For example, one definition states: “Quality child care — in any setting — is characterized as a safe, stable, educationally resourced environment in which a well-adjusted, intentional caregiver knowledgeable about child development engages children in developmentally appropriate care-related and educational activities.”³⁷ Compare this to another definition: “We define high quality child care as care that occurs in safe settings where children are provided with rich play environments and reciprocal interactions that encourage exploration and learning.”³⁸

A 2010 report prepared by the Office of Planning, Research & Evaluation within the U.S. Department of Health & Human Services Administration for Children & Families noted that the

research on how quality may relate to child health outcomes for family child care settings is limited. It observed that this could be related to the lack of consensus about how to effectively define quality across different family child care settings, as well as to challenges in conducting research in these types of settings.³⁹

The most widely applied definitions or tools for assessing the quality of child care are based on child care center models. As the Migration Policy Institute observed in its report about QRIS programs and the needs of culturally and linguistically diverse children and providers, “Instruments that are meant to measure and define quality across a wide range of programs ... may also skew toward favoring center-based as opposed to home-based environments, where many [culturally and linguistically diverse] providers work.”⁴⁰ This bias towards centers and the lack of research about family child care settings means that family child care providers are frequently undervalued and/or overlooked in the quality debate. Further, the lack of consistency in policies across states, as well as the lack of a shared understanding of the role and value of family child care providers, makes quality measurement and improvement both difficult and less effective. As a result, current QRIS standards in many states may be missing the mark in attempting to appropriately support child development and provider sustainability in family child care settings.

Supporting quality in the family child care setting requires re-imagining what quality means within this context, better recognition of the role and value of family child care in the early care and education system, and more coordination among the various stakeholders working to ensure that all children have quality care. Development of quality measures that are appropriately tailored for family child care settings is crucial. This requires understanding both the assets these providers bring as well as areas of need or challenge, and must come from a process of engagement with and inclusion of family child care providers and parents. Standards that incorporate measures of community well-being, such as child well-being, disparity or opportunity indexes, are also needed. This is currently not a common practice.

A strategic approach to quality definition and assessment, based on a holistic healthy child model, can use laws and policies to support children’s mental and emotional well-being, promote social development, mitigate Adverse Childhood Experiences,⁴¹ and address fundamental social determinants of health.⁴² Policies and systems should focus on supporting underserved children through supporting their child care providers and families, who often experience the same challenges. Although quality child care is important for all children, it is essential that “quality” be conceptualized and operationalized in ways that are informed by the needs, realities, and assets of family child care providers.

Important Concepts to Consider in Defining “Quality” for Family Child Care Settings

✔ Providers Should Be Valued and Supported as Small Businesses

Family child care providers must be valued as more than babysitters; their work should be recognized as a unique and distinct field within the larger early childhood and education system.⁴³ The services, experience, and expertise that family child care providers bring to the field also must be recognized. Family child care providers also are small businesses that contribute to their local economies and offer vital services to their communities in the form of infant care, culturally and linguistically diverse programs, non-traditional and extended hours, care in rural areas, and meeting other family needs. Tailored training, mentoring, and networking opportunities to strengthen their skills should be prioritized, including skills in caring for and educating children, running a business, and engaging and supporting parents. Just as there is no one policy landscape or set of quality measures for the family child care provider, no one model exists to describe how all family child care providers operate. This diversity in approaches makes defining one set of quality measures for this setting even more challenging. Balancing the need for sustainable policy with the need to engage providers is critical. It may be necessary to begin with engagement efforts, and follow these with policy ideas that come out of the engagement process, to sustain progress.⁴⁴

✔ Engage and Include Parents

Several states, including Pennsylvania, Michigan, and Georgia, have acknowledged the importance of family involvement and have surveyed families to develop a comprehensive understanding of what quality child care looks like for different populations. Using a mechanism such as this to gather input, policymakers and regulators can tailor a definition of quality by population, location, and setting.⁴⁵

✔ Develop a Context-Specific QRIS System

Family child care providers participating in a QRIS have access to materials, training, and professional development that may expand their opportunities for self-improvement, business improvement, and improvement in the quality of care they provide. However, to make a QRIS work for family child care providers and the communities they serve, policymakers must begin by acknowledging the differences between types of settings and initiate significant and sustained efforts to reach and include family child care providers. To do this, they must solicit input from diverse providers and populations and tailor quality standards to meet their specific needs and abilities.

✓ Recognize That Access Is Part of Quality

How quality is defined and applied implicates significant economic and practical feasibility concerns, and therefore impacts access to child care.⁴⁶ These concerns are real, and relate to the existence of “child care deserts” across the U.S. According to Child Care Aware of America’s, *Child Care Deserts: Developing Solutions to Child Care Supply and Demand*, quality and access are inextricably linked.⁴⁷ The report outlines important considerations including: supporting women as breadwinners; the need for infant care; overcoming unequal access for minority children; the need for culturally and linguistically appropriate child care; the need for non-traditional hours; and the importance of supporting special needs. In analyzing “quality” in the context of supply and demand dynamics in different states, the report identifies four key ways to address what families need: increase funding and resources, invest in infrastructure, adequately support the child care workforce, and strengthen community capacity building.⁴⁸

Taking an access lens means thinking about the economic sustainability of family child care homes as small businesses as part of the quality debate. Implementing stringent quality requirements on child care providers can unintentionally increase the costs for child care providers to stay in business, raise prices for parents, decrease provider pay, reduce the quality of care, and increase non-compliance with regulations.⁴⁹ Other unintended consequences could include a reduction of children in licensed care as parents and caregivers seek cheaper unlicensed care; a reduction of providers seeking a license; and a reduction in number of child care providers providing infant care, which is already in short supply.⁵⁰ More research is needed on what unintended consequences on access could result from efforts to use policy to impose additional quality standards on providers.⁵¹

✓ Overcome Systemic Barriers to Equity

Finally, how quality is being implemented, and how larger issues of institutionalized racism, sexism, and other barriers are being perpetuated or mitigated, are not well known.⁵² For example, guides and trainings to support providers in achieving success with QRIS may only be available in English, with inspectors or evaluators who also only speak English. Limited English proficiency providers are likely to have more difficulty, or need more time, to navigate the paperwork and bureaucracy involved to successfully participate in QRIS programs. Additionally, low-income and limited English proficiency providers may find it difficult to access higher education opportunities, and may not be able to afford the additional costs related to training or education required for QRIS participation, even when training is subsidized.⁵³ Quality measures may be structured to implicitly privilege wealthier providers in suburban settings. In its examination of QRIS programs, the Migration Policy Institute found that some of the quality indicators in common assessment tools used by these programs are likely to be easier to achieve for

wealthier providers than low-income ones, “yet all programs are rated against a single assumption about what is sufficient (for example, the square footage of each classroom or the number of books per child).”⁵⁴ Often QRIS programs focus on educational attainment, rather than on uplifting the profession through professional development opportunities. Efforts to include higher education requirements in QRIS have been met with opposition due to their inequitable impact on priority populations.⁵⁵

Given these circumstances, many family child care providers who otherwise might wish to participate in a QRIS program may view the standards as not relevant or stacked against them, as the standards are based on center-based care and/or the programs are structured in ways that actually create barriers for their participation. In such cases, it is not surprising that providers may simply choose to avoid participation altogether.⁵⁶

Conclusion

Family child care providers need to be supported and valued. Providers and the families they serve have ideas about what quality is and should be, and engaging these communities in meaningful conversations must be prioritized. More is needed to make a business case for QRIS and family child care. Specifically, states should have QRIS programs that tailor measures for the family child care setting, and that link to other voluntary programs, such as the NAFCC accreditation. Funding streams with embedded quality requirements should ensure that requirements are specifically tailored for family child care and do not unintentionally create exclusionary measures. Voluntary programs should be tied to funding sources to support underserved providers who need assistance. There are good solutions — NAFCC, provider community groups, and state-specific models are providing examples, but those success stories need to be contextualized. And policy efforts around bigger picture issues, such as living wages and health care access for child care providers, must also be viewed as part of the dimensions of quality for family child care providers.

This publication was prepared by the Public Health Law Center at Mitchell Hamline School of Law, St. Paul, Minnesota, with assistance from the Eastern Region Center of the Network for Public Health Law, located at the University of Maryland School of Law. It was made possible with funding from the Robert Wood Johnson Foundation. The Center thanks the following people for their review of a draft of this resource: Allison Gertel-Rosenberg at Nemours Childrens Health System; Dr. Sherri Killins at the Build Initiative; Misty Pearson at the South Carolina Department of Health; and Mary Beth Salomone Testa, consultant for the National Association of Family Child Care.

The Public Health Law Center provides information and legal technical assistance on issues related to public health. The Center does not provide legal representation or advice. This document should not be considered legal advice.

Endnotes

- 1 B.D. Goodson & J.I Layzer, *Defining and Measuring Quality in Home-Based Care Settings: Research-to-Policy, Research-to-Practice Brief*, ADMIN. FOR CHILD. & FAMILIES 3 (2010), available at https://www.acf.hhs.gov/sites/default/files/opre/define_measures.pdf.
- 2 Lynda Laughlin, *Who's Minding the Kids? Child Care Arrangements: Spring 2011*, U.S. CENSUS BUREAU 1-2 (2013), <https://www.census.gov/prod/2013pubs/p70-135.pdf> (breaking down the data further to show that in 2011, 47.6% of children were in relative care, 13.4% of children were in a “day care center,” and 4.6% were in “family day care”).
- 3 B.D. Goodson & J.I Layzer, *Defining and Measuring Quality in Home-Based Care Settings: Research-to-Policy, Research-to-Practice Brief*, ADMIN. FOR CHILD. & FAMILIES 3 (2010), available at https://www.acf.hhs.gov/sites/default/files/opre/define_measures.pdf. This includes unregulated providers as well as small and large family care settings.
- 4 See *Child Care: Indicators on Children and Youth*, CHILD TRENDS DATA BANK 1, 8 (2016), http://www.childtrends.org/wp-content/uploads/2016/05/21_Child_Care.pdf; *The Early Childhood Care and Education Workforce: Challenges and Opportunities*, INST. OF MED. & NAT'L RES. COUNCIL Table B-6 (2011), <https://www.ncbi.nlm.nih.gov/books/NBK189910>. See also Telephone Interview with Sara Benjamin Neelon, Associate Professor, Johns Hopkins Bloomberg School of Public Health (June 12, 2017) (“[Family child care providers] often feel very isolated in their roles and so I think community efforts to promote equity in these settings are really important for those two reasons. One, family child care providers are members of the community, and two, I think they often feel isolated in those positions.”). See also Federal Healthcare Research and Quality Act of 1999, Pub. L. No. 106-129, 113 Stat. 1653 (1999) (defining “priority populations” as groups with unique healthcare needs or issues that require special attention. These groups include: racial and ethnic minority groups; low-income groups; women; children (under age 18); older adults (age 65 and over); residents of rural areas; individuals with special health care needs including individuals with disabilities and individuals who need chronic care or end-of-life care; LGBT populations, and others.).
- 5 Julie Sugarman & Maki Park, *Quality for Whom? Supporting Diverse Children and Workers in Early Childhood Quality Rating and Improvement Systems*, MIGRATION POL'Y INST. 6 (2017), available at <http://www.migrationpolicy.org/research/supporting-culturally-and-linguistically-diverse-children-and-workers>.
- 6 Julie Sugarman & Maki Park, *Quality for Whom? Supporting Diverse Children and Workers in Early Childhood Quality Rating and Improvement Systems*, MIGRATION POL'Y INST. 7 (2017), available at <http://www.migrationpolicy.org/research/supporting-culturally-and-linguistically-diverse-children-and-workers>.
- 7 Dionne Dobbins et al., *Child Care Deserts: Developing Solutions to Child Care Supply and Demand*, CHILD CARE AWARE OF AM. (2016), <http://usa.childcareaware.org/wp-content/uploads/2016/09/Child-Care-Deserts-report-FINAL2.pdf>; Marnie Werner, *A Quiet Crisis: Minnesota's Child Care Shortage*, CTR. FOR RURAL POL'Y DEV. (2016), <http://www.ruralmn.org/publications/a-quiet-crisis-minnesotas-child-care-shortage> (“Child care centers aren’t easy to open in rural communities, though. Centers account for only 33% of child care capacity in Greater Minnesota and 67% in the Twin Cities. The cost of starting up and maintaining a center can be considerable, and smaller communities may not have the number of children needed to cover those costs. Expenses include staff, which are becoming increasingly hard to recruit, renting or purchasing space, and ongoing upkeep. Serving food at a center requires a restaurant-grade kitchen.”).
- 8 Telephone Interview with Sherri Killins, Director of Systems Alignment and Integration, BUILD Initiative (June 7, 2017).
- 9 Mary C. Tuominen, *The Right and Responsibility to Care: Oppositional Consciousness Among Family Child Care Providers of Color*, 29:2 J. WOMEN, POL. & POL'Y 147 (2008).

- 10 Mary C. Tuominen, *The Right and Responsibility to Care: Oppositional Consciousness Among Family Child Care Providers of Color*, 29:2 J. WOMEN, POL. & POL'Y 147, 168 (2008) ("The choice to work within one's own community enables providers of color to assert both racial safety and cultural pride (Uttal and Tuominen 1999). In addition, providers' decisions to offer government-subsidized care within their own neighborhoods translate into two direct economic benefits to the community. First, government-subsidized care supplies needed financial assistance and facilitates lower-income families' ability to pay for care. Second, providers in lower-income communities ensure a more stable source of income for themselves and their own families by offering state-subsidized care (Tuominen 2003). Thus, family child care enables providers of color to attend to the personal obligation of caring for one's immediate family, while simultaneously contributing to the well-being of the community as a whole — both of which are prominent values in inner-city neighborhoods (Newman 2001).").
- 11 *Child Care Centers*, CHILD CARE AWARE, <http://childcareaware.org/families/types-of-child-care/child-care-centers> (last visited Sept. 25, 2017). See also *Types of Child Care*, CHILD CARE AWARE, <http://childcareaware.org/families/types-of-child-care> (last visited Sept. 25, 2017) (containing definitions for Early Head Start/Head Start, Preschool Programs, School-Age Child Care, Vacation and Summer Child Care Programs, and Care in Your Own Home).
- 12 *Family, Friend, and Neighbor Care*, CHILD CARE AWARE, <http://childcareaware.org/families/types-of-child-care/family-friend-and-neighbor-care> (last visited Sept. 25, 2017).
- 13 *Family Child Care Homes*, CHILD CARE AWARE, <http://childcareaware.org/families/types-of-child-care/family-child-care-homes> (Sept. 25, 2017).
- 14 Elizabeth Rigby et al., *Child Care Quality in Different State Policy Contexts*, 26:4 J. POL'Y ANALYSIS & MGMT. 887 (2007), available at <http://www.jstor.org/stable/30162808> ("When considering the association between policy and quality, it is important to distinguish between types of care because specific policies may impact one type more than another. Child care is provided via a fragmented and mixed delivery system for which federal, state, local, and private funding flows to a range of disconnected providers. These providers include firms as autonomous as single individuals caring for one or two children in their homes to federally funded and nationally organized Head Start programs. Because market forces largely determine the quality, availability, and use of child care, policy interventions have an indirect influence on the child care outcome of interest — in this case, quality — may impact quality for some types of care but not others. This differential effect may be intentional-state regulations for child care settings may address the quality of centers but not family child care homes — or it may be unintentional — states may have different abilities to monitor and force compliance in homes than they do in centers." (internal citations omitted)).
- 15 See, e.g., *Texas Rising Star Child Care Provider Certification Guidelines*, TEX. WORKFORCE COMM'N 1.1 (2017), <https://texas-risingstar.org/wp-content/uploads/2017/04/TRS-Guidelines-2017-MARCH-PM.pdf>.
- 16 *Current Status of QRIS in States*, QRIS LEARNING NETWORK (2017), https://qrisnetwork.org/sites/all/files/maps/QRIS-Map_0.pdf.
- 17 Robyn E. Kelton et. al., *Alternative Pathways in Family Child Care Quality Rating and Improvement Systems*, 15:2 EARLY CHILDHOOD RES. & PRAC.(Special Issue) (2013), available at <http://ecrp.uiuc.edu/v15n2/kelton.html>.
- 18 *About QRIS*, QRIS RES. GUIDE, <https://qrisguide.acf.hhs.gov/index.cfm?do=qrisabout> (last visited Sept. 28, 2017); *Common Categories of QRIS Quality Standards*, NAT'L CTR. ON CHILD CARE QUALITY IMPROVEMENT (2011), https://qrisguide.acf.hhs.gov/files/QRIS_Standards_Categories.pdf.
- 19 *About QRIS*, QRIS RES. GUIDE, <https://qrisguide.acf.hhs.gov/index.cfm?do=qrisabout> (last visited Sept. 28, 2017).
- 20 *Top Ten Questions about QRIS*, QRIS COMPENDIUM (2016), <http://qriscompendium.org/top-ten/question-7> (last visited Sept. 28, 2017).
- 21 *About QRIS*, QRIS RES. GUIDE, <https://qrisguide.acf.hhs.gov/index.cfm?do=qrisabout> (last visited Sept. 28, 2017).

- 22 *About QRIS*, QRIS RES. GUIDE, <https://qrisguide.acf.hhs.gov/index.cfm?do=qrisabout> (last visited Sept. 28, 2017); *Top Ten Questions about QRIS*, QRIS COMPENDIUM (2016), <http://qriscompendium.org/top-ten/question-7> (last visited Sept. 28, 2017).
- 23 *Defining and Measuring Quality in Home-Based Care Settings*, U.S. Dep't of Health & Human Serv. Admin. for Children & Families (2010), https://www.acf.hhs.gov/sites/default/files/opre/define_measures.pdf. This includes unregulated providers as well as small and large family care settings.
- 24 Robyn E. Kelton et. al., *Alternative Pathways in Family Child Care Quality Rating and Improvement Systems*, 15:2 EARLY CHILDHOOD RES. & PRAC. (Special Issue) (2013), available at <http://ecrp.uiuc.edu/v15n2/kelton.html>.
- 25 *QRIS State Profile: Maine*, ADMIN. FOR CHILD. & FAMILIES OFF. OF CHILD CARE (2013), https://qrisguide.acf.hhs.gov/files/1311_ME_QRIS_Profile_FINAL.pdf.
- 26 *QRIS State Profile: Massachusetts*, ADMIN. FOR CHILD. & FAMILIES OFF. OF CHILD CARE (2013), https://qrisguide.acf.hhs.gov/files/1311_MA_QRIS_Profile_FINAL.pdf.
- 27 *QRIS State Profile: Ohio*, ADMIN. FOR CHILD. & FAMILIES OFF. OF CHILD CARE (2013), https://qrisguide.acf.hhs.gov/files/1311_OH_QRIS_Profile_FINAL.pdf.
- 28 See *Standards for Participation in Indiana: Licensed Child Care Home*, PATHS TO QUALITY (2008), <http://www.in.gov/fssa/pathstoquality/files/HomesPTQStandards.pdf>; *STARS (Step Ahead Recognition System)*, DEP'T FOR CHILD. & FAMILIES, <http://dcf.vermont.gov/childcare/providers/stars> (last visited Sept 28, 2017) (examples of States tailoring standards to reflect different child care settings).
- 29 Robyn E. Kelton et. al., *Alternative Pathways in Family Child Care Quality Rating and Improvement Systems*, 15:2 EARLY CHILDHOOD RES. & PRAC.(Special Issue) (2013), available at <http://ecrp.uiuc.edu/v15n2/kelton.html>.
- 30 See Tonia Durden, *Gateway to Quality: Online Professional Development for Family Childcare Providers*, 186 EARLY CHILD DEV. & CARE 1079 (2016) (citing a study of family child care finding support mobilizing and recognizing workforce and supportive professional development, and using the CDA (child development associate) as a core component to the analysis).
- 31 Robyn E. Kelton et. al., *Alternative Pathways in Family Child Care Quality Rating and Improvement Systems*, 15:2 EARLY CHILDHOOD RES. & PRAC.(Special Issue) (2013), available at <http://ecrp.uiuc.edu/v15n2/kelton.html>.
- 32 Telephone Interview with Mary Beth Salomone Testa, Federal Policy Consultant, Nat'l Ass'n of Family Child Care (June 8, 2017).
- 33 Diana Schaack et al., *Examining the Factor Structure of the Family Child Care Environment Rating Scale — Revised*, 28 EARLY CHILDHOOD RES. Q 936 (2013).
- 34 Thelma Harms et al., *Family Child Care Environment Rating Scale (FCCERS-R)* (Rev. Ed. 2007).
- 35 Eva Marie Shivers, *A Closer Look at Kith and Kin Care: Exploring Variability of Quality Within Family, Friend and Neighbor Care*, 27 J. APPLIED DEV. PSYCHOL. 411 (2006); Helen Raikes et al., *Family Child Care in Four Midwestern States: Multiple Measures of Quality and Relations to Outcomes by Licensed Status and Subsidy Program Participation*, 28 EARLY CHILDHOOD RES. Q 879 (2013).
- 36 Diana Schaack et al., *Examining the Factor Structure of the Family Child Care Environment Rating Scale — Revised*, 28 EARLY CHILDHOOD RES. Q 936 (2013). See also Julie C. Rusby et al., *The Child Care Ecology Inventory: A Domain-Specific Measure of Home-Based Child Care Quality to Promote Social Competence for School Readiness*, 28 EARLY CHILDHOOD RES. Q 947, 948 (2013) (citing that FCCERS-R has only a small portion on this important school readiness concept).

- 37 Ellen Abell et al., *Mentoring and Facilitating Professional Engagement as Quality Enhancement Strategies: An Overview and Evaluation of the Family Child Care Partnerships Program*, 43:5 CHILD & YOUTH CARE F. 569, 570 (2014), available at <https://link.springer.com/article/10.1007/s10566-014-9254-1> (citing *Child Care and Child Development: Results from the NICHD Study of Early Child Care and Youth Development* (NICHD Early Child Care Research Network ed., 2005)).
- 38 Erik Ruzek et al., *The Quality of Toddler Child Care and Cognitive Skills at 24 Months: Propensity Score Analysis Results from the ECLS-B*, 29 EARLY CHILDHOOD RES. Q 12 (2014), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3857730>.
- 39 B.D. Goodson & J.I. Layzer, *Defining and Measuring Quality in Home-Based Care Settings: Research-to-Policy, Research-to-Practice Brief*, ADMIN. FOR CHILD. & FAMILIES 3 (2010), available at https://www.acf.hhs.gov/sites/default/files/opre/define_measures.pdf.
- 40 Julie Sugarman & Maki Park, *Quality for Whom? Supporting Diverse Children and Workers in Early Childhood Quality Rating and Improvement Systems*, MIGRATION POL'Y INST. 16 (2017), available at <http://www.migrationpolicy.org/research/supporting-culturally-and-linguistically-diverse-children-and-workers>.
- 41 Vincent J. Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults*, 14:4 AM. J. PREVENTIVE MED. 245 (1998), available at <https://www.ncbi.nlm.nih.gov/pubmed/9635069>.
- 42 *Social Determinants of Health*, OFF. OF DISEASE PREVENTION AND HEALTH PROMOTION, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health> (last visited Sept. 25, 2017).
- 43 Mary C. Tuominen, *The Right and Responsibility to Care: Oppositional Consciousness Among Family Child Care Providers of Color*, 29:2 J. WOMEN, POL. & POL'Y 147 (2008).
- 44 Interview with Allison Gertel-Rosenberg, Director of National Prevention and Practice, National Office of Policy and Prevention, Nemours Children's Health System (May 31, 2017).
- 45 Telephone Interview with Sherri Killins, Director of Systems Alignment and Integration, BUILD Initiative (June 7, 2017).
- 46 *Providing Access to Child Care Means More Than Providing Enough Slots*, CHILD TRENDS (2017), <https://www.childtrends.org/providing-access-child-care-means-providing-enough-slots> (last visited Sept. 26, 2017). "According to Child Trends, from a family-based perspective, there are four dimensions of ECE access: "1) *Reasonable effort* (i.e., the level of effort a family needs to exert to learn about and enroll in ECE): This dimension includes measurable indicators such as geographical location, supply of ECE programs, and availability of information about ECE programs. 2) *Affordability*: This refers to indicators such as parents' financial contribution, subsidies and scholarships, advertised price (i.e., the price families are told they will need to pay, before considering financial supports such as subsidies), and programs' expenses for providing ECE. 3) *Supporting the child's development*: This dimension includes indicators such as quality designations (e.g., state QRIS ratings), specialized services, language of instruction, and stability of ECE. 4) *Meeting the parents' needs*: This includes parents' preferred type of program, availability of transportation, and hours of operation."
- 47 Dionne Dobbins et al., *Child Care Deserts: Developing Solutions to Child Care Supply and Demand*, CHILD CARE AWARE OF AM. (2016), <http://usa.childcareaware.org/wp-content/uploads/2016/09/Child-Care-Deserts-report-FINAL2.pdf>. In this report, Child Care Aware of America builds out on the United States Department of Agriculture's concept of food desert and applies it to child care — referring to areas or communities with limited or no access to quality child care. This Child Care Aware report expands on Child Trends' idea of "access" by identifying quality child care as those programs having appropriate ratios; group size; facilities; activities and materials; professional development and training; and warm, positive interactions. The report identified that deserts are most common in "low-income communities, rural communities, among families of color and among families with irregular or nontraditional work schedules."
- 48 Dionne Dobbins et al., *Child Care Deserts: Developing Solutions to Child Care Supply and Demand*, CHILD CARE AWARE OF AM. (2016), <http://usa.childcareaware.org/wp-content/uploads/2016/09/Child-Care-Deserts-report-FINAL2.pdf>.

- 49 See PUB. HEALTH LAW CTR., THE CURRENT CHILD CARE CONTEXT (2013), <http://www.publichealthlawcenter.org/sites/default/files/resources/MN%20Current%20Child%20Care%20Context.pdf> (citing David M. Blau, *Unintended Consequences of Child Care Regulations*, 14:3 LAB. ECON. 513, Abstract (2006), available at <http://www.cpc.unc.edu/research/publications/2865>; V. Joseph Hotz & Mo Xiao, *The Impact of Regulations on the Supply and Quality of Care in Child Care Markets*, 101:5 AM. ECON. REV. 1775, 1797 (2011), available at <http://www.nber.org/papers/w11873.pdf>; Interview with Katy Chase, Executive Director, Minnesota Licensed Family Child Care Association (Dec. 18, 2012) (on file with author)).
- 50 Interview with Allison Gertel-Rosenberg, Director of National Prevention and Practice, National Office of Policy and Prevention, Nemours Children's Health System (May 31, 2017). See also PUB. HEALTH LAW CTR., THE CURRENT CHILD CARE CONTEXT (2013), <http://www.publichealthlawcenter.org/sites/default/files/resources/MN%20Current%20Child%20Care%20Context.pdf>; Interview with Elyse Homel Vitale, Senior Advocate, Cal. Food Policy Advocates (June 1, 2017).
- 51 Telephone Interview with Sara Benjamin Neelon, Associate Professor, John's Hopkins Bloomberg School of Public Health (June 12, 2017).
- 52 Telephone Interview with Sherri Killins, Director of Systems Alignment and Integration, BUILD Initiative (June 7, 2017).
- 53 Julie Sugarman & Maki Park, *Quality for Whom? Supporting Diverse Children and Workers in Early Childhood Quality Rating and Improvement Systems*, MIGRATION POL'Y INST. 16 (2017), available at <http://www.migrationpolicy.org/research/supporting-culturally-and-linguistically-diverse-children-and-workers>.
- 54 Julie Sugarman & Maki Park, *Quality for Whom? Supporting Diverse Children and Workers in Early Childhood Quality Rating and Improvement Systems*, MIGRATION POL'Y INST. 17 (2017), available at <http://www.migrationpolicy.org/research/supporting-culturally-and-linguistically-diverse-children-and-workers>.
- 55 Telephone Interview with Krista Scott, Senior Director, Child Health Policy, Child Care Aware of America, April 17, 2017 (discussing the equity impact of Washington D.C. decision to include a bachelor's degree in licensing standards).
- 56 Interview with Allison Gertel-Rosenberg, Director of National Prevention and Practice, National Office of Policy and Prevention, Nemours Children's Health System (May 31, 2017).