



RHODE ISLAND EARLY LEARNING FACILITY NEEDS ASSESSMENT

JULY 2014

Report to the Community





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Section 1 – Introduction

*"Every person needs a place that is furnished with hope."
–Maya Angelou*

This report details the findings of the Rhode Island Early Learning Facility Needs Assessment conducted by LISC's Rhode Island Child Care Facilities Fund (RICCFF) from January through May 2014. The report includes detailed information regarding the overall condition of Rhode Island early learning facilities with a particular focus on issues that may present barriers to meeting and maintaining licensing standards, including group size.



The Rhode Island Early Learning Facility Needs Assessment was commissioned by the Rhode Island Department of Education (RIDE) in the context of the larger effort of the Race to the Top Early Learning Challenge (RTT-ELC). RTT-ELC aims to improve the quality of early learning programs and to close the existing achievement gap for all Rhode Island children, especially for children with high needs. Rhode Island's RTT-ELC focuses on improving child outcomes by supporting increased access to high-quality early learning programs. Rhode Island recognizes that the physical environment plays a key, foundational role in supporting high-quality early learning.

The Needs Assessment focused intensively on structural facility issues that relate to the state's child care licensing standards. It was widely understood that some centers in operation were located in spaces that do not meet the regulatory standards established in the DCYF regulations for child care licensure promulgated in November of 2013. However, there was no clear data on the scope or complexities of the specific issues faced by centers, therefore, this needs assessment was designed to analyze the type and extent of these issues.

The needs assessment further focused on aspects of the physical environment that may create challenges to centers as they work to move up within the quality rating and improvement system. Also fundamental to the overall assessment are key elements that are supported through research as having a causal relationship to programmatic quality. Items include such things as amount of space available for each child, number of children in a group, health and safety in the center including reducing exposure to toxins and preparing for potential emergencies, overall condition of the facility, access to natural light, and quality and safety of outdoor spaces.

Conducted by the Rhode Island LISC Child Care Facilities Fund, the process encompassed an on-line survey, on-site assessments, and interviews with key stakeholders. The assessment focused only on early learning centers, not on family child care homes. Specifically included were licensed child care facilities serving infant-preschool aged children, Head Start centers, state pre-K sites, public school facilities with preschool classrooms and traditional nursery school settings.

A substantial amount of data was gathered during this process. The items selected for inclusion in this report are those viewed as most relevant to the state's priorities, as well as those items that are most prevalent and appear to need a level of intervention. For interested parties, LISC can provide additional details, further expand details on priority issues, and/or analyze data in different formats as desired.

Rhode Island's early learning system is built on research-based principles. There is a growing acknowledgement of the rich body of research related to the physical environment and its relationship to overall program quality. Although the major research studies in the early childhood field have neglected the physical environment as a critical contributor to the quality equation there is a wealth of highly applicable research that exists in other areas. The fields of environmental psychology and architecture have produced numerous applied research studies demonstrating correlations between school design attributes and both student achievement and teacher retention. Much of this literature is available on the US Department of Education's National Clearinghouse for Educational Facilities website, in academic journals from related fields such as environmental psychology, and in collections of articles such as *Spaces for Children: The Built Environment and Child Development* edited by Carol Simon Weinstein and Thomas G. David (1987).



Our youngest children, those under the age of five, are in a stage of rapid development with their daily experiences dramatically impacting their overall brain development. Because children's experiences are strongly influenced by their surroundings, the environment we provide for them has a crucial impact on the way the child's brain develops (Strong-Wilson & Ellis, 2007).

Many children spend a large portion of their waking hours in early childhood group settings – up to 12,000 hours from infancy until kindergarten. This is more time than he or she will spend in both elementary and secondary school (Greenman, 2005). The type of environments we create in our early childhood settings can be expected to have a profound impact on both a child's day-to-day experience as well as longer-term child outcomes.

Rhode Island's early childhood leaders recognize that facilities have a critical role to play in the overall design of our early learning system. The Rhode Island Early Learning Facility Needs Assessment was intended to serve as a first step in better understanding the current quality and condition of our facilities and in prioritizing needed improvements.

"More than the physical space, (the environment) includes the way time is structured and the roles we are expected to play. It conditions how we feel, think, and behave; and it dramatically affects the quality of our lives."

–Jim Greenman



Section 2 – Methodology & Tools

Methodology

The Rhode Island Early Learning Facility Needs Assessment incorporated these three components:

- An on-line survey sent to all early childhood centers
- On-site facility assessments for randomly selected centers
- Interviews with key stakeholders including DCYF child care licensing personnel, BrightStars quality rating and improvement staff, public preschool administrators, RI Head Start Directors' Association, RI Child Care Directors' Association, and selected training and technical assistance providers



Interviews with key stakeholders helped to inform the development of both the on-line survey and the on-site assessment tool, both of which were designed specifically for use in this project. While valuable information was obtained through interviews and surveying, the most objective, reliable, and thorough information was collected through on-site visits to centers.

Leadership on the project was provided by staff of the Rhode Island LISC Child Care Facilities Fund with technical support offered by national LISC staff with specialized expertise in child care facilities and research methodologies.

Tools

Survey – A 50-question survey was developed to gather general information regarding each center administrator's understanding of their facility's needs and priorities, particularly as they relate to licensing status and quality initiatives. Early learning facilities included licensed child care facilities, nursery schools, parent co-ops, and public preschool programs. The survey was built on a Zoomerang/Survey Monkey platform and was available on-line. Centers were initially notified about the survey via a hard copy mailing with follow-up reminders sent by e-mail. Responses were tracked, and personal phone calls were made and e-mails sent to any centers that had not completed the survey over a 5-week time frame. Nearly 82% of early learning centers participated in the survey process.

Rhode Island Early Learning Facility Survey



[Click here to take the Rhode Island Early Learning Facility Survey](#)



On-Site Assessments – A total of 58 randomly selected centers were visited over a 6-week time frame running from March 14 through April 30, 2014. This represents approximately 17% of all licensed early learning centers. A total of 68 centers were originally randomly selected, but only 58 of these agreed to the visit. Each center visit ranged from 2 to 5 hours in length and involved interviewing, measuring, and observation. Facilities were evaluated utilizing a tool designed specifically for this purpose. In developing the criteria for the tool the following regulations were considered:

- Rhode Island Department for Children, Youth, and Families Group Child Care Program Regulations for Licensure
- Rhode Island Department of Education Comprehensive Early Childhood Education Programs Standards for Approval of Preschool and Kindergarten Programs
- BrightStars Framework
- Early Childhood Environmental Rating Scale (ECERS) and Infant Toddler Environmental Rating Scale (ITERS)
- Americans with Disabilities Act (ADA) as it pertains to child care and educational spaces
- U.S. Consumer Product Safety Commission, Public Playground Safety Guidelines

Additional consideration was given to best practice in facility design and to research regarding safety and quality in early learning environments.

The tool facilitated the gathering of concrete, measurable results for 255 items, assessing the interior and exterior of the facility, classroom characteristics, playground areas, safety and environmental practices, and building systems and supports. This tool is now undergoing refinement and will be made available to Rhode Island early learning centers in the fall of 2014 as a facility self-assessment instrument. It will have further usefulness as a technical assistance tool and a training instrument.

The tool is available in hard copy document form and in an electronic format usable on both PCs and iPad devices. During site visits, information collected on the tool's 255 data points was input electronically, allowing automatic tabulation of results and streamlining of analysis.

We examined data gathered through these on-site assessments in conjunction with data gathered through the on-line surveys. Items directly observed through on-site assessment were given most weight when making the recommendations presented in this report; however, the extensive information gathered through on-line surveying was also very helpful in painting the overall picture of early learning facilities in Rhode Island and in guiding our understanding of how center administrators view and prioritize their own space needs.



Interviews – Interviews were conducted with key stakeholders at the beginning of the needs assessment process. Parties interviewed included DCYF child care licensing personnel, BrightStars quality rating and improvement staff, public preschool administrators, RI Head Start Directors’ Association, RI Child Care Directors’ Association, and selected training and technical assistance providers. Feedback gathered from these groups and individuals helped to inform the development of the on-site assessment tool. Interviews were also used as a way to help inform the community about the process which was integral in obtaining the very high level of participation achieved.



Section 3 - Center Characteristics

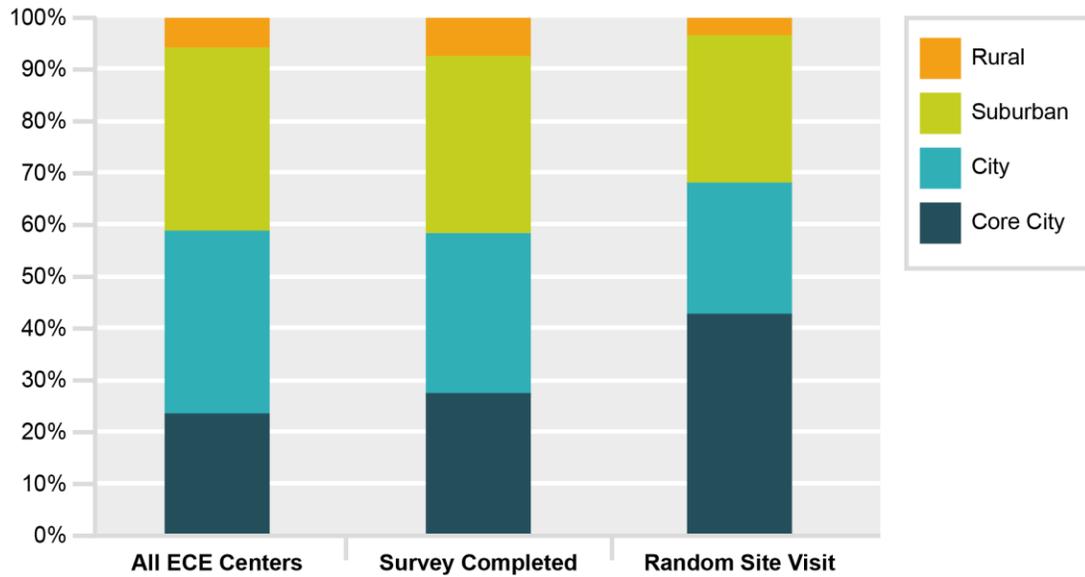
Our purpose in examining key center characteristics across a considerable set of data points was twofold. First we wanted to better understand the early learning center landscape as it relates to things such as location and type of center. Second, we wanted to be able to compare a baseline of the universe of centers to the sampling of centers that completed surveys and the random sampling of centers visited to identify any possible areas where the random selection might not be fully representative of the whole. As the charts on the following pages show, centers completing surveys were fairly representative of all centers. With a survey response rate of nearly 82% this is to be anticipated.



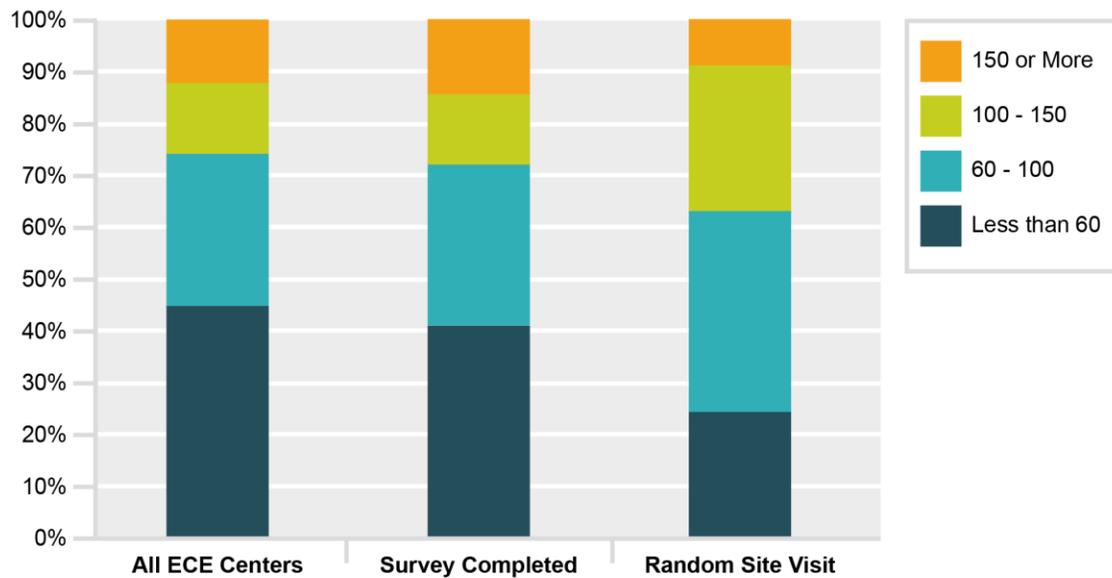
The randomly selected centers are reasonably representative of the whole. The main characteristics where there is some slight variation are in the areas of center location and center size. Specifically, approximately 57% of total centers are in urban areas but 67% of centers visited are in urban areas and 25% of total centers serve more than 100 children but 38% of centers visited have more than 100 children. The percentage of BrightStars-rated centers visited is also very slightly higher than the total percentage of rated centers as are the percentages of Head Start and state pre-K classrooms. Despite these slight variations we believe that the randomly selected group is highly representative on the whole of a wide array of types of centers with widely ranging needs and priorities. We did visit centers in every county and nearly every community in Rhode Island, and saw centers of all program types and sizes. Sixty-eight centers were randomly selected originally; however, because 10 of these declined a visit, a total of 58 sites were visited. This represents 17% of the total number of early learning centers in our state. For purposes of the early learning facility assessment, early learning centers were defined as licensed child care centers, nursery schools, Head Start programs, state pre-K classrooms, and public school preschool classrooms/centers.



Location

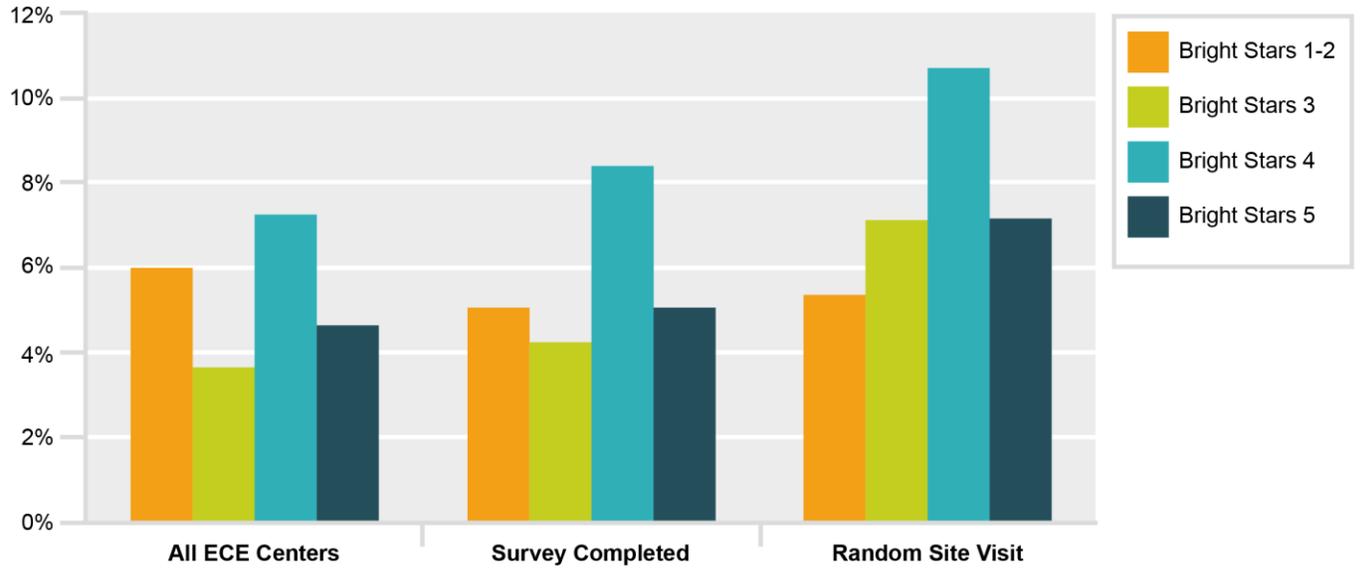


Capacity

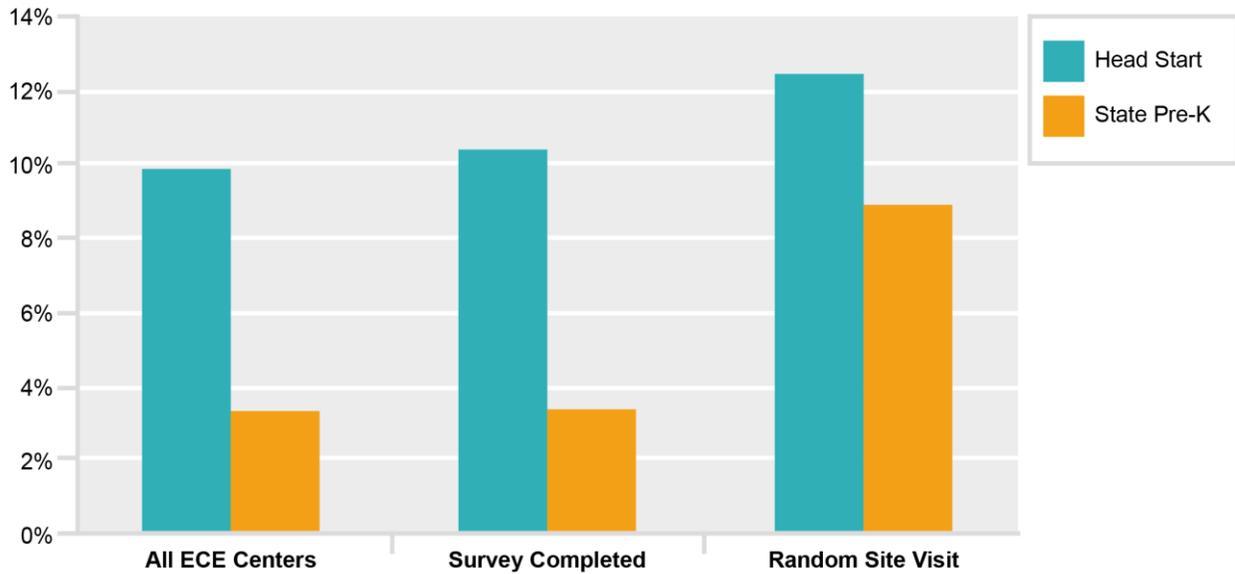




Bright Stars Rating

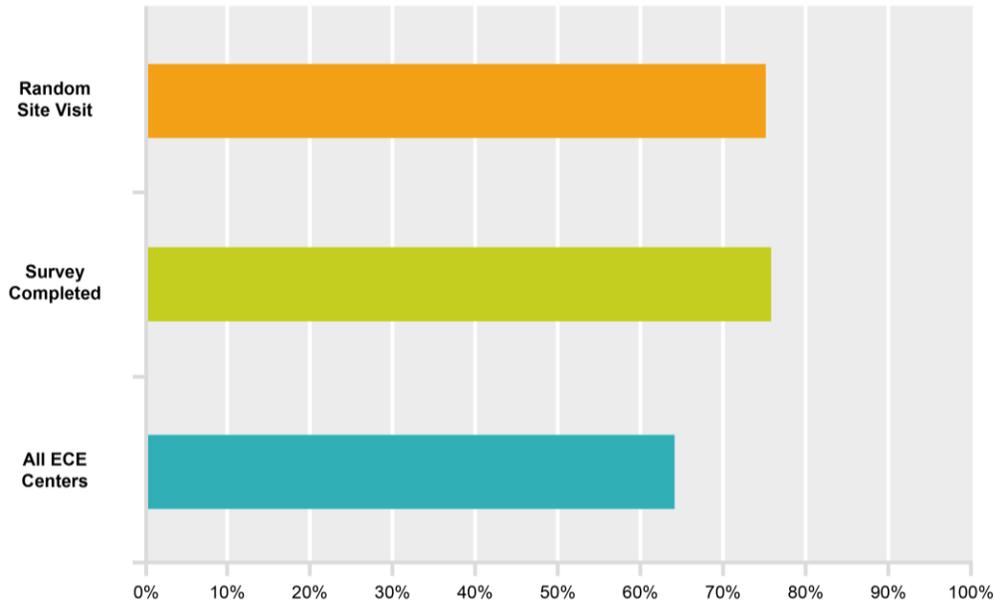


Head Start & State Pre-K





CCAP Approval



Age & Type of Facilities

Information collected through the on-line survey reveals the following about key characteristics of early learning facilities in Rhode Island:

- 34% were built to serve as an early learning facility
- 34% are spaces where an investment has been made to retrofit the space to serve as an early learning setting
- 32% are being used for early learning but are not designed for this purpose
- 14% are operating in a church
- 19% are operating in a building owned by a “parent agency”
- 2% receive free space from a city/town
- 2% receive free space from some other entity
- 18% have a mortgage on the facility
- 5% share the space with others
- 8% have a very short-term lease
- 10% have a long-term (greater than 10 year) lease
- 18% have leases in the 3- to 10-year range

The majority of buildings housing early learning centers are more than 10 years old, with only 12% having been built since the year 2000 and nearly 40% having been built prior to 1975. The age of facilities being used for early learning in Rhode Island and the low percentage of centers that were actually built for the purpose of providing early care and education are very likely contributing factors to many of the facility challenges and concerns observed.



Cost of Facilities

We recognize that facility issues can often be a symptom of other issues and not the sole issue a center may be facing. Facility issues are frequently tied to overall financial issues which are widely reported in centers across the state. In an effort to better understand the cost of space in Rhode Island we looked at square footage costs and also explored differences in the cost per square foot of leased space versus owned space for the centers visited. On average and in nearly all specific cases, leased spaces cost significantly more per square foot than owned spaces. As noted previously, only 18% of centers responding to the online survey had a mortgage. Mortgage debt is not widely viewed as a tool to help improve facilities, yet, for those centers that have taken this path, they are much more likely to be in spaces designed for early learning, which are newer, in better condition, and which cost less per square foot.

| Facility Cost Information of Sites Visited | | |
|-----------------------------------------------|----|---------|
| Leased Facility | 27 | 49% |
| Owned Facility | 22 | 39% |
| Free Space | 3 | 5% |
| Greatly Reduced/Nearly Free Space | 4 | 7% |
| Average price per square foot of leased space | | \$23.83 |
| Average price per square foot of owned space | | \$13.60 |

Note: Square footage costs were calculated by taking the total annual occupancy costs per year and dividing those by number of children served x 50 sq. feet. So, for example, a facility with annual occupancy costs of \$100,000 that serves 100 children would have per square foot costs of \$20.00 ($100,000 / (100 \times 50)$).

Enrollment Capacity

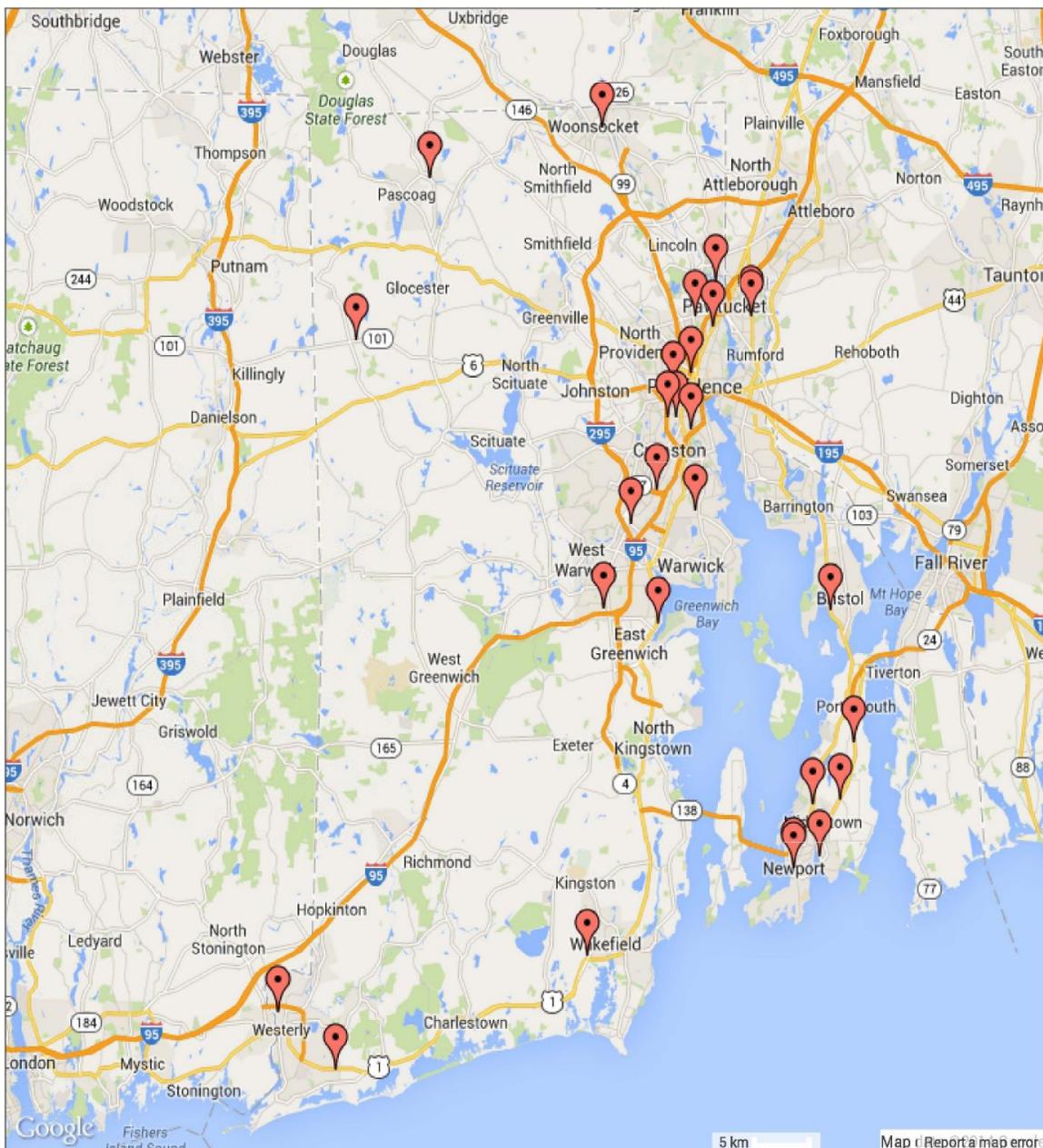
We closely examined enrollment capacity for all centers visited during the on-site assessment process. Because enrollment in public school settings functions very differently from community-based centers, we excluded the two public schools visited from our enrollment calculations. Of the 56 community-based early learning centers visited, a total of 28 centers (50%) were operating below their licensed capacity and reported low enrollment affecting them in various ways, most notably financially. In addition, 9 (16%) were significantly under-enrolled (operating at less than 65% of capacity). Twenty-eight (50%) were completely full, with 8 (14%) of those operating with significant waiting lists. Of those centers operating with waiting lists, 5 (9%) would expand to serve more children if they could obtain funding to expand or modify their facilities. All of the centers that expressed a desire to expand to meet waiting list needs currently provide services to infants and/or toddlers or would like to add services for this age group. In addition, all of those centers meet certain established quality criteria such as being rated at the 4- or 5-star level or operating Head Start or state pre-K classrooms.

Centers with openings were observed across the state, with the greatest concentration in the core urban areas. We did not observe any centers in the upper East Bay to have openings, and the same was true in the western portion of the state. Northern RI centers were rarely observed to have openings. The map on the following page shows centers visited with openings by location.



Noting this as an important trend, we examined enrollment data from our survey responses as well. Based on this self-reported data, it can be assumed that a total of 45% of centers are operating below ideal enrollment levels, with 25% operating at a very low level (less than 65% enrolled). Infant and toddler classrooms are most likely to be operating at full capacity with openings most likely available at the preschool level.

The following map shows locations of centers visited that have enrollment openings. Fifty percent of the randomly selected 56 community-based centers were not fully enrolled at the time of our on-site visits.





Conclusions and Recommendations

We know from the financial modeling done previously by Anne Mitchell as part of Rhode Island's RTT-ELC efforts, that two of the most important variables in a center's overall financial viability are the size of the center and its ability to maintain full enrollment. Given this context, it is important to note that 75% of centers serve fewer than 100 children. It is also important to note that somewhere between 45% and 50% of centers are operating below full capacity. Both of these factors are almost certainly contributing to the financial challenges facing early learning programs in our state.

Throughout this report, issues related to the overall condition of facilities will be identified. In most cases, these conditions relate directly to a lack of financial resources to address the problems. There are a number of factors in the way our early care system is structured that may be contributing to these financial challenges.

If the system capacity is greater than the number of children needing care, then it will need to adjust to better serve community needs. Examples of this may be centers adding new age groups or varying their models of care, such as adding part-day or other specialized programming. Doing these things may have facility implications as centers seek to make modifications that help them remain viable.

Small centers may benefit from some strategic alliances that help them to share costs in areas such as bulk purchasing, sharing of key staff, and other shared management opportunities that enable them to achieve the efficiencies of larger centers. This different way of thinking likely requires a level of technical support currently unavailable to early childhood centers in our state.

Finally, although true for only a small percentage of centers, it is worth noting that some of the centers that we visited expressed an interest in expanding their services. It is also worth noting that all of the centers that specifically indicated an interest in expanding operate programs of very high quality as defined within the frameworks of our system (at four and five star BrightStars levels, operating Head Start or state pre-K classrooms). In an effort to make more quality early learning options available to families we recommend exploring the viability of assisting high-quality centers willing to serve additional children by exploring creative ways to incentivize or support this expansion.



Section 4 – Key Licensing & Alignment Issues

Overall Licensing Compliance Issues

One of the most critical components of this assessment involved examining the scope and complexity of issues related to centers' challenges in meeting the newly revised child care licensing regulations as they related to their physical space. We have heard anecdotally for many years that due to widespread variances and grandfathering of spaces many centers operate in facilities with some or even multiple components that do not meet the technical intent of the regulation. In many cases facility regulations have not changed. What has changed is that effective November 2014 centers will no longer be grandfathered into operating in spaces that do not meet regulation. For purposes of assessing overall compliance with “structural licensing” issues, we specifically looked at the following items:

- **Group size** (This was looked at as both a physical issue [for example, a large classroom that needed to be appropriately subdivided] and as a business practice issue [for example, a classroom in which more children than allowed by “maximum group size standard” have been enrolled – see additional information below].)
- **Location of classrooms** (for example, below-ground spaces or infant/toddler spaces on the second floor)
- Amount of direct **natural light** in classrooms
- **Same-level location of spaces used by children** (for example, child bathrooms on the same floor as the classrooms)
- **Entrance security**





Because interpretation and implementation of group size practices vary so widely we categorized “group size” issues into two types. The first type we termed physical or structural. This referred to very large, open spaces which housed multiple groups of children that were not separated by an appropriate barrier. For example, a large, open space housing 54 preschool aged children where each of the three groups of 18 children are divided only by furnishings such as bookcases and low shelving units.

The second category of group size issue was referred to as “business practice”. This referred to a classroom space appropriately separated from other classrooms (for example by a wall or a stable four foot partition) but with more than the allowable number of children enrolled in the room. For example a preschool classroom with floor to ceiling walls in which 23 children (instead of the 18-20 allowed) were present or a toddler room separated from another room by a stable four foot partition with 14 (instead of the allowable 12) toddlers present.

We examined data from two sources: as self-reported through the on-line survey and as directly observed during on-site assessments. As the charts that follow indicate, **a substantial number of centers were directly observed to have a structural issue that poses a challenge in meeting licensing regulations.** These are not only issues related to group size, but relate to a range of facility-based structural challenges. Significant numbers of centers also self-report issues which are barriers to meeting licensing regulations.

| Licensing Compliance Issues | Self-Reported | Observed |
|--------------------------------------------------------|------------------------------------|----------|
| Licensing/Facility issue - <i>all categories</i> | 85 37% | 30 54% |
| Group size - <i>all issues</i> | 64 28% | 25 45% |
| Group size - <i>physical Issue</i> | 40 17% | 11 20% |
| Group size - <i>business practice</i> | 26 11% | 18 32% |
| Bathroom on different floor from children's classrooms | 17 7% | 3 5% |
| Some or all rooms below ground | <i>Not specifically identified</i> | 5 9% |
| Some classrooms without windows/direct natural light | 15 7% | 7 12% |
| Exterior door not secured | 11 5% | 3 5% |

When responding to the on-line survey, no administrators self-reported having classrooms located below ground level. This misreporting makes sense given what we heard during our on-site assessments and is very likely due to the fact that we did not observe any centers with classrooms that were 100% underground. Basement or below-grade classrooms typically extend above ground level to some degree, often allowing in natural light from a high window. Perhaps for this reason, even the presence of a staircase to reach the space failed to trigger an understanding that the space should be considered located below ground. This is clearly an area that will require much stronger clarification to ensure consistent interpretation and subsequent application of the standard.



Overall our visits confirmed that significant numbers of physical spaces in Rhode Island do not meet all regulations as they relate to facility and group size standards. Spaces are highly individualized, and a one-size-fits-all approach will not help to solve the problems observed. In some cases, the facilities are structurally sound and are generally conducive to providing quality care but have some component that needs modest renovation (for example, securing an entry or moving a child bathroom). In other cases, the space is so far misaligned with both licensing standards and best practice guidance that the logical approach is to relocate to a new facility. Fixes for group size can range from adjusting numbers of children served in classrooms, which in some cases will mean offering care to fewer children, to completely reconfiguring spaces to better accommodate the capacity needs of the center.

Alignment Issues

Throughout the course of our visits we saw wide variation in how individuals and entities define group size. The group size regulation has been in place in Rhode Island since the early 1990s, but it has not been enforced consistently. Meeting the group size criteria is critical to fully meeting licensing standards and to ensuring progression through the state's tiered quality rating system. These criteria also impact centers seeking NAEYC accreditation or aspiring to operate state-funded pre-K classrooms. For these reasons we must create a clearly defined and uniformly understood definition of group size.

A potential alignment issue was noted with relationship to BrightStars, the Rhode Island quality rating and improvement system. The BrightStars framework is built upon the premise that centers meet and ideally exceed baseline, fundamental licensing criteria. However, we observed several centers with structural licensing issues that had BrightStars ratings, sometimes at the highest levels.

BrightStars rated centers with structural / facility licensing issues

| BrightStars Rating | As Observed by LISC |
|--------------------|--------------------------|
| 1 and 2 | 67% (2 out of 3 visited) |
| 3 | 25% (1 out of 4 visited) |
| 4 | 50% (3 out of 6 visited) |
| 5 | 25% (1 out of 4 visited) |

Characteristics of Centers with Structural Licensing Issues

To better understand the types of centers and the make-up of children and families most impacted by the structural facility issues, we examined various characteristics of centers exhibiting facility-related licensing compliance issues during our on-site assessments. The table on the following page highlights this data.



Characteristics of Centers with Structural Licensing Issues

| Observed Issues | | |
|-----------------------------------------------------|----|-----|
| Total centers with at least one issue | 30 | 54% |
| For profit | 19 | 63% |
| Non profit | 11 | 37% |
| No CCAP children | 9 | 30% |
| >50% CCAP | 9 | 30% |
| <20% CCAP | 12 | 40% |
| Observed Group Size Structural Issues | | |
| Total | 11 | 20% |
| For profit | 6 | 38% |
| Non profit | 5 | 31% |
| No CCAP | 5 | 31% |
| >50% CCAP | 3 | 19% |
| <20% CCAP | 3 | 19% |
| Observed in preschool | 5 | 31% |
| Observed in infant | 5 | 31% |
| Observed in toddler | 3 | 19% |
| Observed Non-Group-Size Structural Issues | | |
| Total | 15 | 27% |
| For profit | 7 | 47% |
| Non profit | 8 | 53% |
| No CCAP | 5 | 33% |
| >50% CCAP | 4 | 27% |
| <20% CCAP | 6 | 40% |
| Observed Business Practice Group Size Issues | | |
| Total | 18 | 32% |
| For profit | 15 | 83% |
| Non profit | 3 | 17% |
| No CCAP | 6 | 38% |
| >50% CCAP | 3 | 17% |
| <20% CCAP | 9 | 50% |
| Observed in preschool | 9 | 50% |
| Observed in toddler | 8 | 44% |
| Observed in infant | 8 | 44% |



Number of Observed Structural Licensing Issues per Site

The complexity of addressing these structural facility issues is not the same across all sites. Further, some sites have many more challenges than others as the following data shows:

- **12 centers (21%) were observed to have 1 issue**
- **8 centers (14%) were observed to have 2 issues**
- **4 centers (7%) were observed to have 3 issues**
- **1 center (2%) was observed to have 4 issues**
- **5 centers (9%) were observed to have 5 issues**
- **1 center (2%) was observed to have 7 issues**

Addressing the Group Size Dilemma

Many centers had already made moves toward addressing their group size challenges, but in doing so some had created additional, and sometimes greater, challenges. It cannot be emphasized strongly enough that spaces cannot simply be split up without careful planning and a broad view of the many potential consequences of doing so. Light, access to plumbing features, HVAC, and emergency egress are just some of the things that can be impacted by spaces that are divided without appropriate thought and planning. Further, in some cases, centers were observed to have made efforts to carve out small areas for small groups of children in spaces too small to enable them to structure appropriate learning centers. This will have very negative impacts related to Environmental Rating Scale (ECERS/ITERS) scores as they move through the quality process.

Having enough square footage per child is perhaps one of the most valuable items in space planning. While states typically regulate 35-45 sq. ft. of usable space per child, it is widely accepted by all experts in the field that **a minimum** of 50 sq. ft. is needed to design and run very high quality early learning environments. The well-being, constructive behavior, and social integration of preschool children in group settings are highly dependent on the size of the classroom. There is a large body of research that shows that the amount of classroom space per child is the single most important environmental factor affecting the quality of child care programs and the welfare of children and staff. Some of the earliest research was done in the late 1970s for the U.S. Corps of Army Engineers to develop quality standards for Army child development centers. That study recommended a standard of 42 sq. ft. of activity area as adequate per child and 50 sq. ft. as optimum (Moore 1994).

If we become too focused on practices that seek to maximize every possible square foot of space and have a single-minded goal of getting as many children into a space as possible, we run a great risk of configuring spaces that may satisfy the literal definition of group size but meet neither the intent of the regulation nor promote quality early learning environments. Additional information related to group size is provided in the recommendations section of this report.



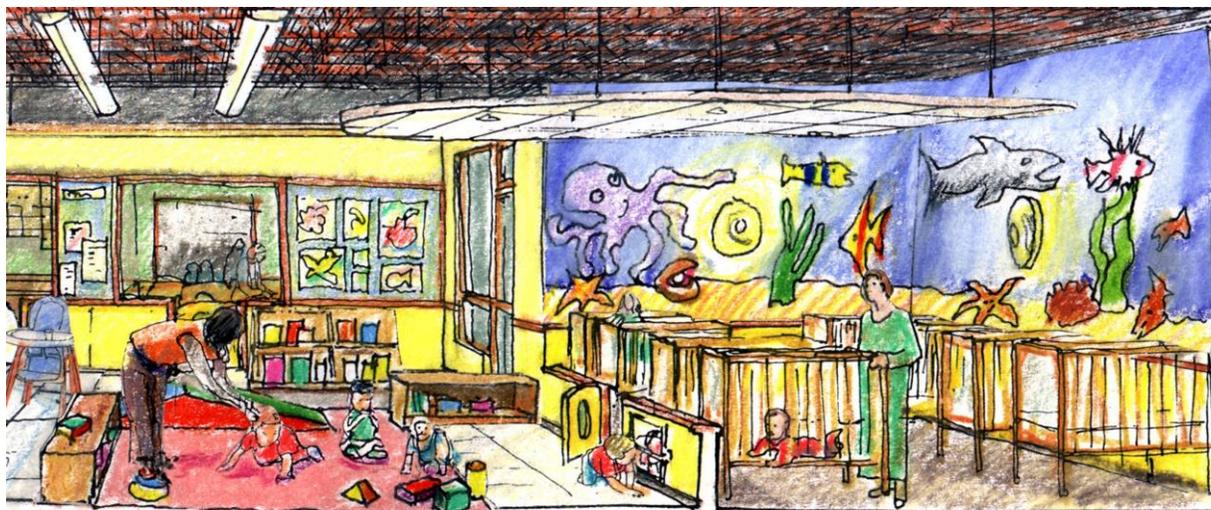
During our on-site facility assessments, these additional observations related to group size were made:

| | Infant | Toddler | Preschool |
|-------------------------------------------------------------------------------------|--------|---------|-----------|
| Percent of classrooms divided with floor to ceiling walls | 47% | 52% | 74% |
| Percent of classrooms divided with 4-ft stable dividers | 25% | 24% | 10% |
| Percent of classrooms divided with only furnishings | 28% | 24% | 16% |
| Percent of classrooms with more than allowable group size currently enrolled | 29% | 21% | 16% |

Other Key Regulatory Items

There were some additional regulatory items noted during on-site assessments which should be considered in terms of their potential impact both on basic licensing and on overall adherence to our established quality ladder in Rhode Island. All of these items were observed in infant and toddler classrooms and appeared to lack clarity and consistency of application in terms of what was being mandated by individual licensors. It is important to note that even if centers with these issues are considered to meet licensing standards, the items will impact their environmental rating scale (ITERS) scores. Items were as follows:

- 3% of centers were observed to have infant/toddler classrooms on a second floor. This is not allowable according to current licensing standards.
- 32% of centers did not have sufficient square footage or layout to enable cribs to be placed at least 2 feet apart and 58% did not have sufficient square footage for cribs to be placed at least 3 feet apart.
- In 10% of centers there was not an appropriate storage area for infant formula.
- In 13% of centers the diaper changing area was not separated from the food preparation area.
- In 37% of centers there were not separate sinks available for food preparation and diaper changing.



D.W. ARTHUR ASSOCIATES ARCHITECTS



Centers' Self-Reported Licensing Issues

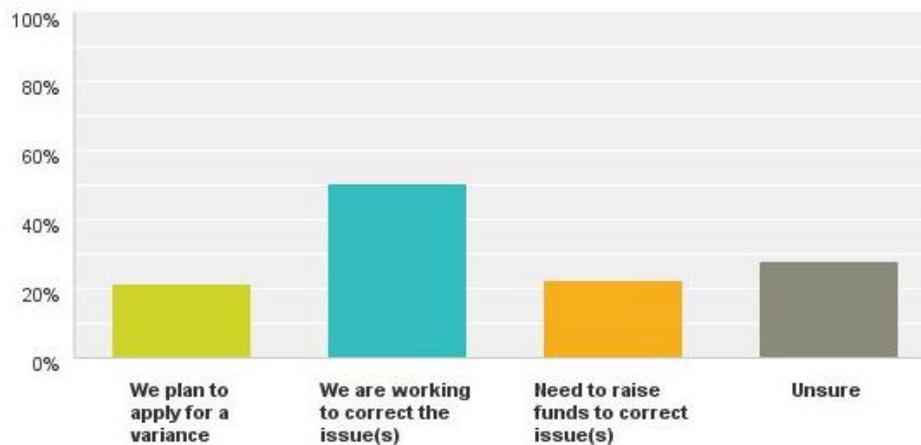
Centers self-reporting facility barriers to licensing identified the following as their top issues:

- Rooms not appropriately divided: 36%
- Asbestos: 24%
- Plumbing: 22%
- Too many children in one or more rooms: 19%
- Not enough equipment or materials: 13%
- Entry is not secure: 14%
- Storage issues: 10%
- Health and safety related item: 6%
- No natural light: 6%

When asked how they planned to address their compliance issues, they provided the following responses:

Q20 If your facility does not fully comply with the new DCYF regulations how do you plan to address this?

Answered: 97 Skipped: 190





Conclusions and Recommendations

It was evident that tremendous confusion continues regarding licensing standards as they relate to physical space. Specific, technical addendums to the licensing regulations clarifying physical space requirements would benefit all in determining full compliance and in supporting centers in moving toward full compliance.

It is apparent that there are significant numbers of centers that need to make major adjustments to their physical space in order to come into full compliance. In some cases, this will involve moving to a new space entirely. Examples of this include centers operating in basement spaces or centers with classrooms that have no way to provide access to natural light. Making these types of renovations takes both money and time. Based on our observations it is impossible to imagine that all centers will have complied with all regulations related to physical space by November of 2014. It should be reasonable to expect, however, that by November of 2014 they would have a plan and time line in place to address the challenges. However, this is only a reasonable expectation if all centers that are required to make these modifications receive formal notification of the requirement to do so and clear direction as to the expectations of the corrections that need to be made. At the time of our visits (generally April of 2014), many centers with licensing issues related to physical space had not had a licensing visit since the new regulations were put in place. In addition, many centers will need a high level of support in developing these plans, which in many cases will be beyond the scope of technical assistance currently available. For example, the RICCF currently focuses its technical assistance efforts on centers that serve substantial numbers of DHS (CCAP) - subsidized children. Many centers that do not fall into this category also need assistance. Further, current RICCF resources are likely insufficient to offer the scope of technical assistance and support needed given the number of facilities and degree of work required in a short time frame.

Funding to address these issues is critical. That said, the state must be careful not to “throw good money after bad.” Later sections in this report further describe the overall condition of facilities. In many cases making modifications solely focused on resolving a particular licensing or group size issue may be costly and may not address overarching building issues. It may also be investing money in a facility that is not the best long-term space or location for a particular program. Any facility modifications should ideally be made in the context of a *comprehensive* space plan. This type of plan assesses the entire facility and its overall suitability and prioritizes needed improvements. Assisting centers in developing these plans would be one way that the state could begin to support centers in thoughtful planning and management of their space.

Finally, not all of the group size issues identified related to physical space. In 32% of centers visited, the group size issue related to the practice of enrolling too many children into a classroom, for example, 22 children in a preschool room or 10 infants in an infant space. These are not spaces that would benefit from being subdivided and, in fact, taking steps to divide the space would almost certainly result in significant quality issues and potential physical space issues. This is a business practice that has emerged over the years as one way to deal with the economic challenges of operating these centers. The majority of administrators interviewed on this subject did not defend the practice as what they believed was best for the children in their care or for their program as a whole, but, rather, defended it as critical to the viability of their business. Again, appropriate technical support is needed to help these centers make the types of modifications that will support them both in meeting licensing requirements and in designing classroom environments that will help them achieve high levels of quality in the BrightStars system. To be fully successful, this technical support will also need to encompass greater



support for owners and administrators related to business management and strategies that help them make improvements to their center while also maintaining the viability of their business. Providing this level of technical support will require an expansion of currently existing resources. This technical assistance should be coordinated between licensing personnel and appropriate technical assistance staff who have a broader vision of all aspects of the quality continuum.

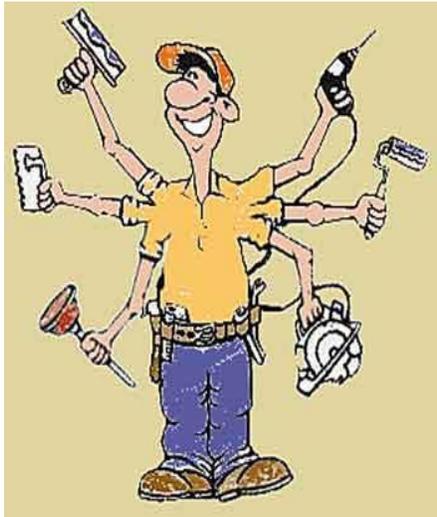
There has been very limited support to early childhood administrators in our state regarding the multitude of challenges inherent in operating a complex business. While ongoing training and support have been available related to curriculum and staff supervision, virtually no support has been offered related to overall management of centers. Implementing this type of program would not solve all issues, but would serve to strengthen centers overall. Although our charge was to examine physical spaces, we would be remiss not to draw attention to this lack of widespread technical support for owners and administrators as it is clearly a causal factor of the physical space issues.

It is also important to note that during on-site assessments we received feedback from centers operating within the appropriate group size configurations that many of their classrooms had, in fact, been licensed by DCYF to serve more children than they were enrolling. It was consistently reiterated to us that this was a common and widespread practice and the way their license had been issued supported their claim. However, large numbers of centers, in fact the majority of centers, understood the intent of group size and opted to not exceed those regulations and best practice recommendations. We want to support all centers in meeting and achieving quality, but also want to be certain that whatever incentives and resources are put in place also support those programs that have made every effort over the years to offer the highest quality of care regardless of how it was regulated.

From an alignment standpoint we should pay attention to the number of centers that achieved BrightStars ratings but did not actually fully comply with licensing regulations in the areas we were observing. Any parent utilizing our quality rating system as a mechanism to select high quality care for their child should have absolute assurance that if they select a high-level center this center complies with all basic regulations for the safety and well-being of their child. This area of misalignment seems to warrant a deeper look.



Section 5 – Overall Building & Site Conditions



Observed Building Condition Issues

The overall condition of a facility will impact a variety of things. Issues with building condition are frequently related to the safety and well-being of the building's occupants. The overall condition of a center can also dramatically impact how children and teachers feel about and act within their space. And finally, the overall condition and appearance of a facility will have an impact on how visitors and potential clients view the center.

A total of 69% of centers visited had some issue related to their overall building/site condition at the time of our visit. Most centers were very aware of and often willingly pointed out issues with building condition but blamed lack of funding as the

primary reason that they were unable to keep up with building maintenance. The most prevalent secondary reasons cited for issues with building condition were lack of knowledge or expertise with overall physical plant management and the related theme of a lack of anyone on staff with responsibility for facility maintenance and/or expertise in facility management. In leased facilities it was common to hear that landlords had limited willingness to address building condition issues. In small private centers administrators and owners often rely on friends and family to help them with projects as needed.

There is extensive research into the relationship between poor building quality and student learning. Most of this information is available through the U.S. Department of Education website, archived under Impact of Inadequate School Facilities on Student Learning. While this research took place in older grades, most can be assumed to also relate to the early childhood years. In fact, in many cases, the impact of poor environmental conditions may have an even greater effect on very young, developing children. Some of the most key pieces of research include; students' standardized achievement scores were lower in schools with poor building conditions (Edwards, 1991) and (Cash, 1993), student achievement is lower in sub-standard buildings (Hines, 1996) and physical conditions have direct connections to teacher morale impacting things such as absenteeism, reduced levels of effort and reduced effectiveness (Corcoran et al., 1988).

According to recent findings of the National Institute of Building Sciences, it was historically uncommon to devote substantial resources to facility life-cycle Operation and Maintenance (O&M) concerns. However, it is now widely recognized that O&M represents the greatest expense in owning and operating a facility over its life cycle.



The following chart highlights key areas in which we noted building condition issues.

| | Criteria | Frequency Observed |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------|
| Common Areas | Common area ceiling is damaged and shows signs of water stains or excessive water | 40% |
| | Common area flooring shows excessive wear (e.g., cracks, peeling, torn carpet, etc.) | 36% |
| | Common area walls and flooring show splinters and other similar hazards | 12% |
| | Common area walls and trim show peeling paint | 33% |
| | Common areas (reception, hallways, meeting spaces, etc.) do not have overall well-maintained, inviting appearance | 33% |
| Classrooms | Classroom ceilings are damaged and show water stains | 41% |
| | Classroom flooring is not in good repair/shows excessive wear | 33% |
| | Classroom walls/floors show splinters and other apparent hazards | 3% |
| | Classroom walls show peeling paint | 33% |
| | Classroom heating units, AC, and other fixed features are not intact and in good working condition | 14% |
| Bldg. Exterior | Area is littered with trash and debris | 7% |
| | Windows and trim are not in good condition | 16% |
| | Exterior of building including stairs, sidewalk, etc., is not in good condition | 22% |
| | Area between parking and entry has obvious child hazards, including poisonous plants, sharp objects, tripping hazards, etc. | 17% |
| | Roof does not appear to be in good condition | 24% |

In 40 of the 58 centers visited, multiple issues related to building condition were noted. Specifically:

- 2 centers have 10 issues
- 1 center has 9 issues
- 3 centers have 8 issues
- 1 center has 7 issues
- 5 centers have 6 issues
- 4 centers have 5 issues
- 5 centers have 4 issues
- 7 centers have 3 issues
- 7 centers have 2 issues
- 5 centers have 1 issue

The remaining 18 centers visited are immaculately maintained with absolutely no observed issues related to overall condition.



We examined characteristics of children served in the 58 centers and determined that it is much more likely for low-income, state-subsidized (DHS) children to be served in buildings found to be in poor condition. Sixty-three percent of the centers identified with building condition issues each serve more than 90% DHS-subsidized children while only 3% of these centers have no DHS children. Conversely, 61% of the centers with no observed building condition issues serve 100% private-paying children while only 6% of the centers with no observed building condition issues each serve more than 90% DHS children.

This trend of better maintained facilities serving more private-paying children is not surprising. Those centers are likely to have more resources to fund ongoing maintenance services and in general are more likely to operate in newer, more modern facilities. Additionally, parents who are paying for child care out of pocket usually have a wider range of options and thus are able to place greater expectations on centers. We recommend paying close attention to this important trend and strategizing ways to ensure that centers that make a strong commitment to serving our state's neediest children have the resources they need to maintain safe and healthy environments.

Observed Building System Issues

We also observed issues related to "building systems," HVAC, etc. The most prevalent challenge related to the ability to control temperature in individual classrooms, which can and does result in an uncomfortable and unhealthy environment for some children and teachers.

| Criteria | Frequency Observed |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| There are no individual controls for classroom temp to allow center to maintain each room at appropriate temp | 55% |
| Center does not have working central AC | 38% |
| Heating system is not in good working order | 24% |
| Circuit breakers are thrown regularly because of overloads to system | 17% |
| Sample of classrooms indicates inappropriate temperatures (temperature should be between 65 and 74 degrees at child height and at min of 68 degrees at infant crib level) | 16% |

An important note to the table above is that we measured these temperatures between the last week of March and the end of April, when the weather was generally very temperate. Based on issues observed with heating centers and our conversations with staff during visits, we believe that had temperatures been measured during winter months significantly higher numbers of centers would have been unable to maintain appropriate temperatures.



Building systems issues can be very costly to repair, but in some cases can save precious resources in the long run. For example, replacing an archaic and inefficient heating system with a newer and energy-efficient system can not only tremendously improve conditions within the center but can also significantly decrease annual operating costs. Few centers have building reserve funds that enable them to tackle these bigger building systems issues. Even fewer centers have an overall building plan that prioritizes needed upgrades and includes anticipated costs to upgrade and maintain large-ticket items.

Observed Site Issues

Centers also had issues related to parking and exterior circulation. These are summarized below:

| Criteria | Frequency Observed |
|---------------------------------------------------------------------------------------------------|--------------------|
| Drop-off/pick-up parking area is located where children have to cross in front of moving vehicles | 53% |
| Parking for staff and families is insufficient | 40% |
| Drop off/pick-up parking is not located near center entrance | 14% |

In many cases there is little that could be done to resolve these issues. They are symptomatic of the broader issue that many centers are not ideally located or designed. However, in some cases more thoughtful planning and redesign of exterior spaces and circulation could result in better and safer access to the facility for families.

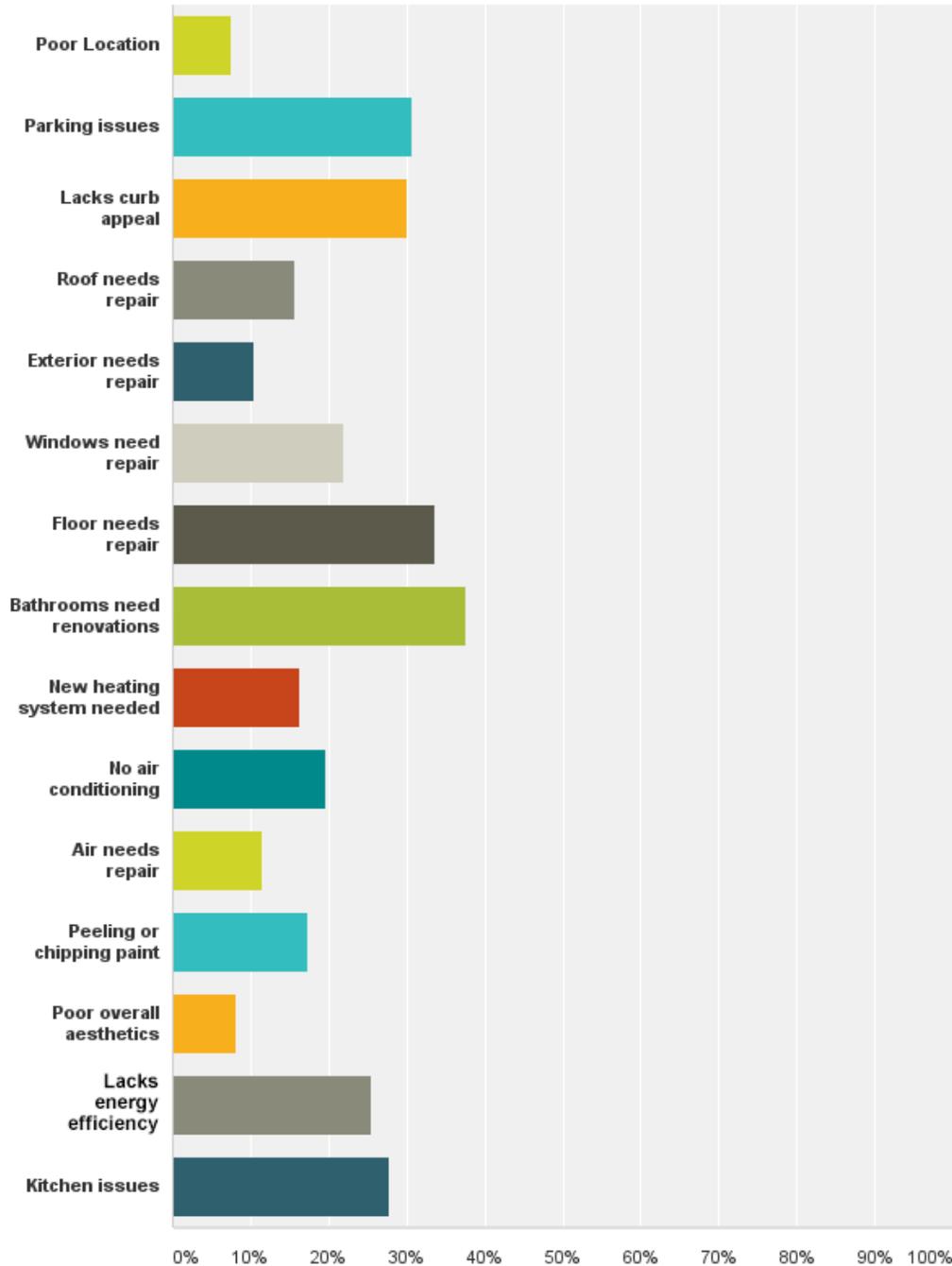
Self-Reported Building Condition and Site Issues

The chart on the following page highlights overall building issues as self-reported by programs through the on-line survey. Survey data shows that centers also have a high level of self-recognition that there are areas needing upgrading. When interviewed, administrators consistently cite a lack of funding as the primary reason for not being able to adequately maintain facilities. They further cite a lack of knowledge of facility plant management. The majority of independent centers do not have anyone on staff whose job includes the oversight and management of facilities. Centers were also frequently observed to make sometimes illogical decisions about their priorities for improvement. For example, they might replace flooring below a ceiling that has a perpetual leak or update heating systems without any thought to things such as windows or insulation. It was also commonly observed that programs had invested sometimes large amounts of money modifying, adding to, and improving spaces that fundamentally did not meet their needs and in some cases did not meet licensing regulations. Administrators have a high level of awareness that they do not know how to make good decisions about building priorities and frequently admitted to being reactive in nature. A common theme is a feeling of being overwhelmed with all of the competing priorities of their jobs and the many initiatives in the state. Facility issues often take a back seat to other day-to-day issues. Few administrators have plans in place that map out the overall comprehensive needs of their facilities, including things such as needed maintenance and replacement schedules.



Q34 Are there issues related to your facility's overall building condition that are negatively impacting your center's operations? If so, specify issues below.

Answered: 173 Skipped: 114





Conclusions and Recommendations

Facilities serving our youngest children seem to be showing the visible signs of a system that has been struggling financially over the past few years due to downturns in the economy, cutbacks in subsidy eligibility, under-enrollment, and the overall aging of the spaces housing programs. In some cases administrators seem to not notice the conditions around them but in most cases they are acutely aware of the issues but are overwhelmed, not knowing how to keep up with all of the things needing attention. Some centers are in leased spaces where landlords are not willing to make necessary upgrades. Replacing roofs, replacing flooring, changing out windows and heating systems, and updating siding or other exterior materials all can be extremely costly and centers consistently indicated that their annual operating revenues are not sufficient to enable them to make these needed repairs.

The best ways that the state can support these types of issues are as follows:

- Consistently require programs to maintain their facilities. Ongoing maintenance is absolutely critical to prevent buildings from reaching the level where very costly repairs are required.
- Develop a system to support programs in creating facility maintenance plans that encompass ongoing daily maintenance procedures as well as larger-scale facility plans that map out costs and priorities for replacement and maintenance.
- Develop a system to support programs in better assessing the overall costs of their facilities and in making long-term decisions regarding the suitability of their spaces. (In many cases programs might be better served programmatically and financially by moving to newer spaces better suited to supporting early learning centers.)
- Continue to pay attention to the true cost of care and ensure that programs have the resources they need to maintain all aspects of safety and quality in their facilities and programs moving forward.
- Consider offering one-time funding to centers that meet certain established criteria to deal with some of these big-ticket one-time expenditures.

A Carnegie Foundation (1988) report on urban schools concluded that "the tacit message of the physical indignities in many urban schools is not lost on students. It bespeaks neglect, and students' conduct seems simply an extension of the physical environment that surrounds them." Similarly, Poplin and Weeres (1992) reported that, based on an intensive study of teachers, administrators, and students in four schools, "the depressed physical environment of many schools... is believed to reflect society's lack of priority for these children and their education."



Section 6 – Outdoor & Indoor Play Space

During our interview process with key groups including DCYF licensing, BrightStars staff, RIDE staff, ECERS reliable consultants, and early childhood administrators, playgrounds were identified as being in critical need of attention. In addition, nearly 75% of the requests for technical assistance at the Rhode Island Child Care Facilities Fund over the past two years have included requests for assistance with outdoor spaces. The results of this needs assessment have verified the importance of prioritizing attention to improving both the safety and the quality of these play spaces.

There is a growing and compelling body of research related to the critical importance of outdoor play. There are also strong comprehensive national standards related to playground safety. Despite this, poor-quality outdoor play space was the most prevalent issue found across all types of facilities. This was observed in centers throughout the state and regardless of characteristics of children served. The issue appeared to stem from a lack of resources dedicated to the development and maintenance of safe, quality outdoor space, a lack of knowledge of playground safety regulations, a lack of understanding of the design and development of quality outdoor environments, and a lack of regulation of safety standards related to playground spaces.

Children will be smarter, better able to get along with others, healthier and happier when they have regular opportunities for free and unstructured play in the out-of-doors. (Burdette and Whitaker, 2005)





Playground Safety Observed

Every center visited (100%) had at least one issue related to safety on the playground. Sixty-seven percent of center playgrounds had 5 or more safety issues and 17% of centers had 10 or more safety issues! The following findings are particularly concerning:

- 65% of playgrounds did not have sufficient fall surfacing in place under gross motor structures. (This is considered a life safety issue.)
- 38% of playgrounds did not have sufficient use zones around equipment. (This is considered a life safety issue.)
- 36% of playgrounds had equipment that is not age appropriate.
- 52% of playgrounds were located immediately adjacent to parking lots and do not have safety features (i.e., concrete bollards) in place to protect from vehicles.
- 31% of playgrounds were located immediately adjacent to roadways and do not have safety features (i.e., concrete bollards) in place to protect from vehicles.
- 20% of playgrounds serve as shared space for multiple age groups (i.e., toddlers use preschool playgrounds, etc.). This practice will almost always create a scenario where the space is either unsafe for one age group or not appropriately challenging for the other age group.

The charts on the following pages are a comprehensive summary of items observed related to playground safety during our on-site assessments. These items were taken directly from the United States Consumer Product Safety Commission’s (USCPSC) Public Playground Safety Handbook and the ECERS and ITERS tools. Our on-site assessments were conducted primarily during the months of March and April. In many cases we were told that playground enhancements would be done before the playground was “opened” for the season, but given the expectation that children play outdoors year-round the outdoor spaces were observed and measured assuming that they were in full use.

| | Criteria | Frequency Observed |
|-----------------|------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Location | Playground is immediately adjacent to classrooms and can be directly accessed from each classroom | 17% |
| | Playground is adjacent to some but not all classrooms | 34% |
| | Playground is conveniently located and accessed from common area | 40% |
| | Playground can be accessed safely by crossing through a secure area | 43% |
| | Access to playground requires crossing potentially unsafe area | 24% |
| | Playground is located directly adjacent to a parking lot and there are no safety features separating parking from playground | 52% |
| | Playground is located directly adjacent to roadway and there are no safety features separating playground from road | 31% |



| | Criteria | Frequency Observed |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Fencing | Playground is not securely fenced | 7% |
| | Fencing does not meet 4' requirement | 31% |
| | Fencing has large gaps that could cause entrapment or other safety concerns | 47% |
| | Fencing has sharp or protruding sections | 57% |
| Surfacing | Playground does not have a varied mixture of 3 or more surfacing types | 74% |
| | Playground does not have suitable area of surfacing for children to ride tricycles, riding toys | 41% |
| | Surfacing used in fall zones does not meet safety standards | 66% |
| Equipment | Use zones around large equipment are not appropriately sized (should be 6-9', depending on adjacent use) | 38% |
| | Play structures more than 30" in height are not placed at least 9' apart | 33% |
| | Swing axis zone does not have protective surfacing extending, in back and in front, 2x the height of the suspension bar | 19% |
| | Height and chute exit regions of slides are not appropriate | 21% |
| | Height of equipment is not age appropriate | 36% |
| | Equipment type (intended use) is not age appropriate | 41% |
| | Playground has equipment that is considered obsolete | 19% |
| | S-hooks are open | 10% |
| | Chains are not in good condition | 9% |
| | Equipment has protruding bolts | 10% |
| | Equipment has sharp points or edges | 9% |
| | Elevated surfaces, like platforms and ramps, do not have guardrails to prevent falls | 26% |
| | Playground has entrapment hazards | 14% |
| | Pressure-treated wood structures built before 2005 are used | 34% |
| | There is no documentation that pressure-treated wood structures built before 2005 have been treated with oil-based sealant within the past 2 yrs | 45% |



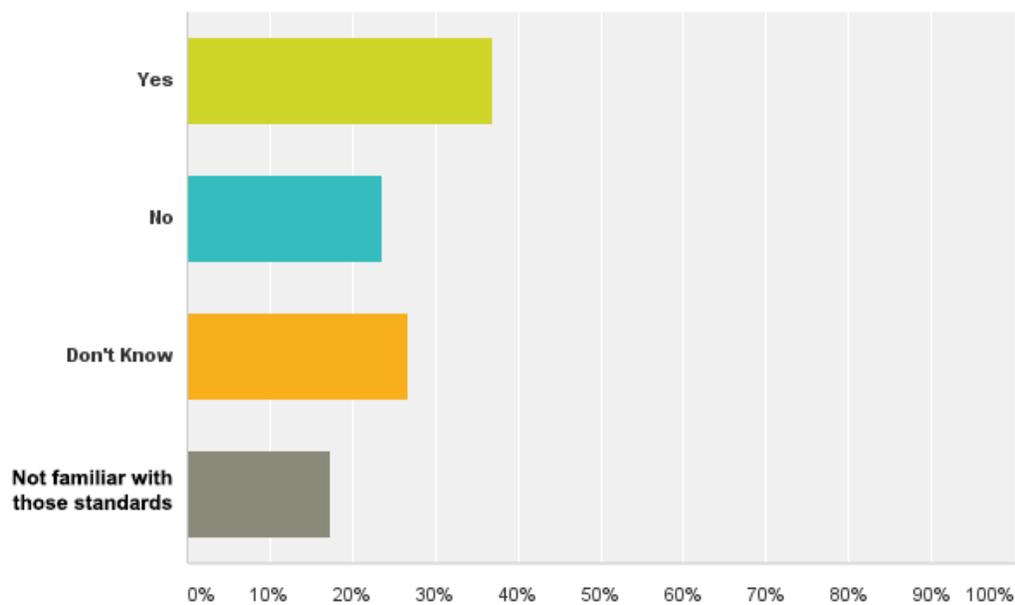
| | Criteria | Frequency Observed |
|-----------------------|----------------------------------------------------------------------------------------------|--------------------|
| General Safety | Debris and other obvious hazards such as trash, glass, metal, animal waste observed in space | 17% |
| | Space is not designed so teachers have good visibility of children at all times | 19% |
| | Space does not have sufficient shade | 38% |
| | Space does not have sufficient drainage | 12% |
| | Space has tripping hazards | 29% |

Playground Safety Self-Report

While some programs are aware of the safety issues on their playgrounds and in some cases are working to address these issues, there does not appear to be a widespread understanding of playground safety. This is most evident in the responses to our on-line survey question regarding compliance with the USCPSC Public Playground Safety Handbook:

Q21 Does your playground meet all standards outlined in the USCPSC Public Playground Safety Handbook?

Answered: 255 Skipped: 32

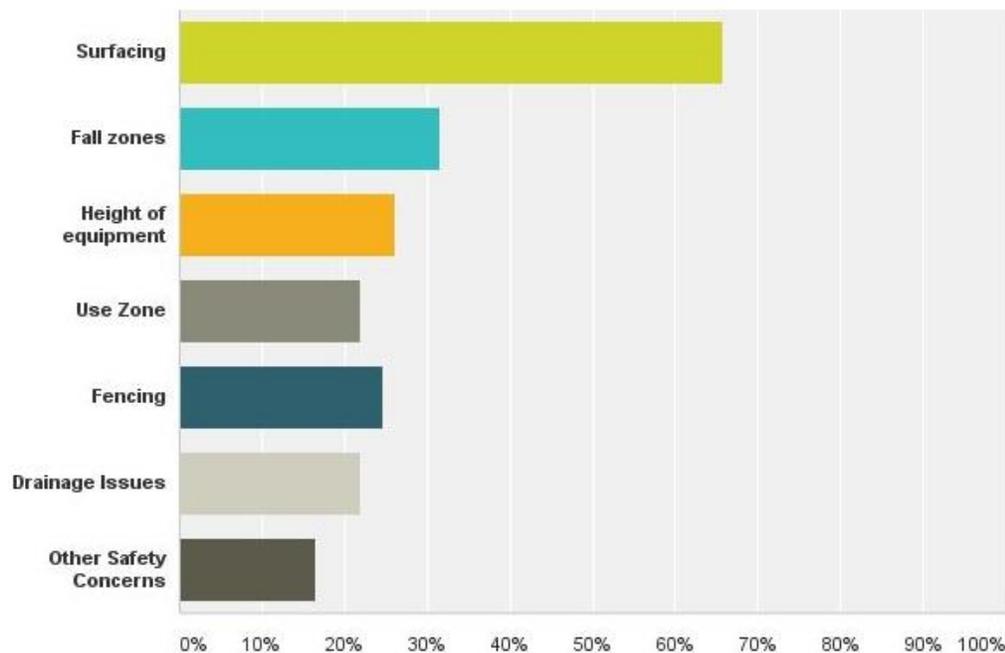




Center administrators who are familiar with the standards and able to recognize that their playground has safety issues appear able to accurately identify issues consistently with what was observed during our on-site assessments. The chart that follows shows key playground issues as self-reported by center administrators.

Q22 Which areas of your playground do not comply with the USCPSC Public Playground Safety Handbook standards?

Answered: 73 Skipped: 214



Research has shown that the majority of injuries in a child care setting occur on the playground. Equipment is especially tied to playground injuries. The lack of appropriate fall zones and surfacing on child care playgrounds in Rhode Island is of concern. Research on injuries in a child care setting has shown the following...

Most injuries (51%) occurred on the playground. Many injuries (18%), and more than half of fractures and concussions (53%) were due to falls from climbing equipment. (Briss, Sacks, Kresnow, & O'Neill, 1993). The most important risk factor for injury was the height of the tallest piece of climbing equipment on the playground (Briss, Sacks, Addiss, Kresnow, & O'Neill, 1995).



Playground Quality

Our on-site assessments determined that few playgrounds meet all or even most of the following established basic criteria for quality. The key items we looked at related to overall playground quality were as follows:

Surfacing – Highest-quality playgrounds incorporate at least three different surfacing types. This variety supports the provision of a range of activities, provides varying tactile experiences, and offers the highest level of safety. Only 24% of playgrounds visited had three or more types of surfacing.

Storage - Secure and convenient storage enables teachers to provide an array of activities on the playground by introducing “loose parts” and other activities to the space. Only 41% of centers observed have this type of storage available.

Activities Offered – Highest-quality playgrounds offer a wide array of activities in a natural setting (trees, child-safe plants, etc.). When varied activities are offered and sufficient materials are available, centers can achieve “substantial portion of the day” through ECERS/ITERS during outdoor time. In addition, providing varied activities for children allows them to engage in open-ended play in ways that encourage constructive behavior and that minimize accidents. We looked for the following types of activities and features to be present on playgrounds:

- Suitable area for riding toys
- Age-appropriate climbing and upper body equipment
- Area to play games
- Sand play
- Water play
- Dramatic play (with props)
- Art area
- Block building
- Quiet/Rest area
- Gardening area
- Natural features
- Swings

Seventy percent of playgrounds evaluated offered 6 or fewer of these activities and only 17% offered 10 or more. It is important to note that 80% of centers visited have more than enough exterior square footage to facilitate the creation of a quality playground space. Nearly 50% of centers had made efforts to incorporate gardening as an activity, but very few playgrounds were observed to incorporate a variety of natural features and to thoughtfully incorporate “green spaces” and other nature based components. This is despite a wide body of research on the importance of exposing children to nature. Key elements of this research include:

- Contact with the natural world can significantly reduce symptoms of attention deficit disorder in children as young as five years old. (Kuo and Taylor, 2004)
- The greener a child's everyday environment, the more manageable are their symptoms of attention-deficit disorder. (Taylor, Kuo and Sullivan, 2001)



- Access to green spaces for play, and even a view of green settings, enhances peace, self-control and self-discipline within inner city youth, and particularly in girls. (Taylor, Kuo and Sullivan, 2001)
- Green plants and vistas reduce stress among highly-stressed children ...- with the results the most significant where there are the greatest number of plants, green views and access to natural play areas. (Wells and Evans, 2003)
- Proximity to, views of, and daily exposure to natural settings increases children's ability to focus and enhances cognitive abilities. (Wells, 2000)
- Nature is important to children's development in every major way; intellectually, emotionally, socially, spiritually and physically. Play in nature is especially important for developing capacities for creativity, problem-solving, and intellectual development. Therefore changes in our modern built environments should be made to optimize children's positive contact with nature. (Kellert, 2005)
- Studies of children in schoolyards with both green areas and manufactured play areas found that children engaged in more creative forms of play in the green areas, and they also played more cooperatively. (Bell and Dymont, 2006)

Many center administrators are very aware of the need to improve their outdoor spaces and have a strong desire to do so. Administrators cite lack of financial resources as the primary barrier to improving outdoor spaces.

Indoor Gross Motor

Only 33% of programs have a designated area available for gross motor activities indoors. Of those programs that have made space available for gross motor activities indoors, 47% have an area that is suitable for climbing, jumping, crawling, balancing, etc., and only 57% have adequate safety mats available. Seventy-nine percent of centers that do have an indoor gross motor area have made storage space available for this purpose.

Conclusions and Recommendations

There is a rapidly growing body of research related to the importance of outdoor play, yet the inadequacy of outdoor and indoor play spaces is the most prevalent issue among all center types. It was observed regardless of location type, size type, and quality type, and in both community-based settings and public schools. The issues were twofold: safety and quality. Dedicating financial and technical resources to this issue would benefit centers of all types and would promote a safer, well-rounded child care experience.

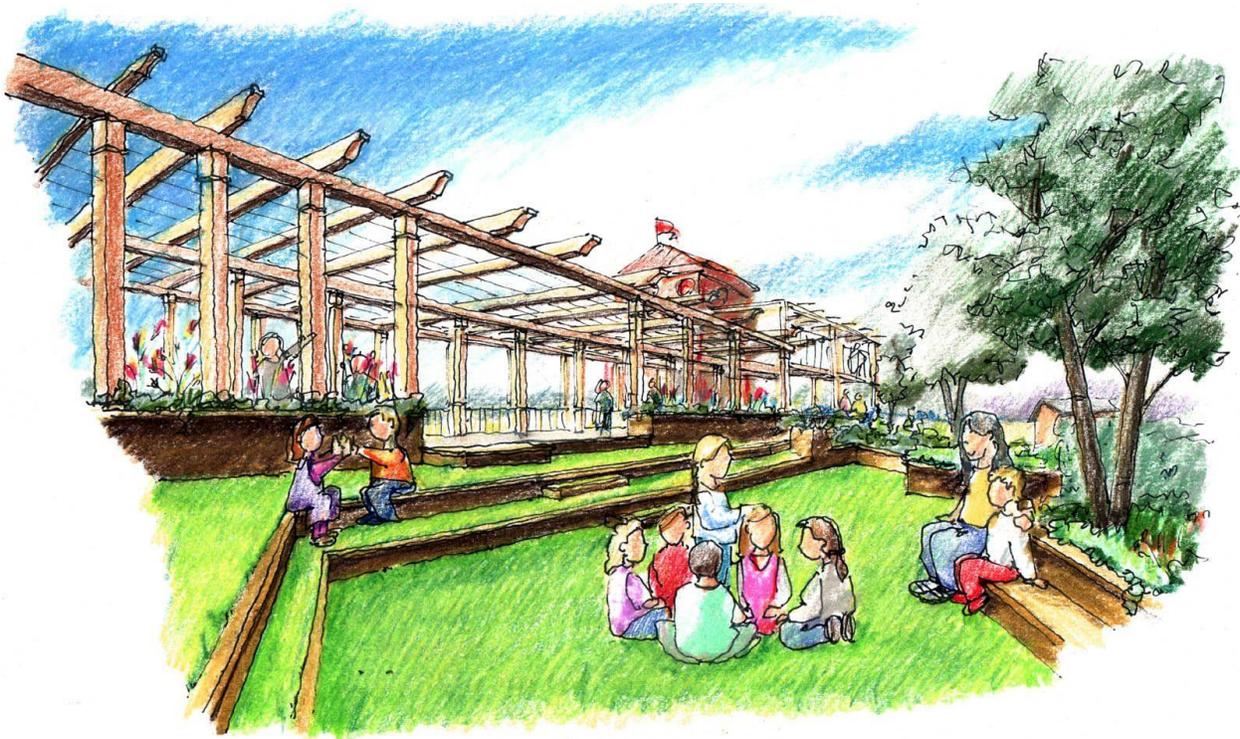
Ways that the state might consider supporting the improvement of indoor and outdoor play spaces include the following:

- Require centers to provide documentation that their playgrounds have been inspected by certified playground inspectors who are trained and certified in the administration of national public playground safety standards. This is a criteria that NAEYC has recently added to its accreditation process. Since these inspections have a cost, the state might also consider dedicating resources to support centers in obtaining these inspection reports.
- Provide additional training for individuals monitoring centers, such as licensors, so that they can better identify and work with centers to correct playground safety issues.
- Incorporate some baseline playground safety or quality requirements into the BrightStars framework.



- Provide funding for certain qualified centers to have full playground audits conducted. These types of audits encompass a basic safety inspection report and additional recommendations for strategies to enhance both the safety and quality of the playground. With additional funding made available, these audits can then be expanded into full playground-improvement plans.
- Dedicate financial resources to help centers with plans as noted above make actual improvements to their playground spaces.
- Dedicate financial resources to help qualified centers with plans create indoor gross motor spaces to enhance children’s abilities to engage in gross motor activities regardless of weather.

There are undoubtedly other strategies for achieving overall improvement of play spaces. Simply allowing centers to continue to operate with playgrounds that so clearly do not meet established national safety standards should not be considered a viable option.





Section 7 – Safety & Environmental Issues

During the last decade the United States has experienced an unprecedented number of emergencies. Natural, technological, or man-made disasters and other emergencies are likely to continue during the coming decade. When these types of disasters strike, those most vulnerable are our youngest children, those under the age of 5.

Emergency Preparedness

Children under the age of 5 are not able to protect themselves from harm. Centers' having plans in place that best prepare them to care for children in an emergency is critical; however, our on-site assessments were not encouraging:

- While 60% of centers have made some effort to develop an emergency preparedness plan, fewer than 20% of centers have actual comprehensive plans in place, including things such as the presence of a written plan, staff training, parent awareness, and clear chains of command and communication in an emergency.
- Only 25% of centers have begun coordinating plans with their city or town.

To date, our child care centers have not received the type of guidance and support they need to develop concrete plans to best care for the children in case of emergency. This is an area where cross-departmental efforts and greater interface with local municipalities can benefit and improve our system. Municipalities that have reached out to centers and are working with them on coordinating plans include Central Falls (all centers observed), Middletown (all centers observed), Newport (all centers observed), North Providence (some centers), Pawtucket (some centers), and Providence (some centers).

Other Life Safety Issues

Although all but one center visited recently passed a fire inspection, we observed the following issues during on-site visits:

- Emergency exits were not clearly labeled in 20% of centers.
- Emergency exits were obstructed in 12% of centers.
- Emergency lighting was not available when systems fail in 18% of centers.
- Hallways were cluttered and not easily navigated in 11% of centers.

These violations may indicate a training issue. Center staff needs to better understand the importance of paying attention to life safety issues at all times, not only during inspections.



Quality child care must take place in safe and healthy settings. Because no environment can be absolutely safe, all staff must be prepared to handle medical emergencies and to use the appropriate emergency medical services (Wiebe & Fuchs, 1999)



Building Security

We were pleased to find that 91% of facilities have controlled access. However, in 40% of centers staff does not have a clear view of individuals entering the center and in 9% of centers a locked door has to be opened in order for staff to see who is at the door, negating the purpose of the locked door. Other items related to building security observed include:

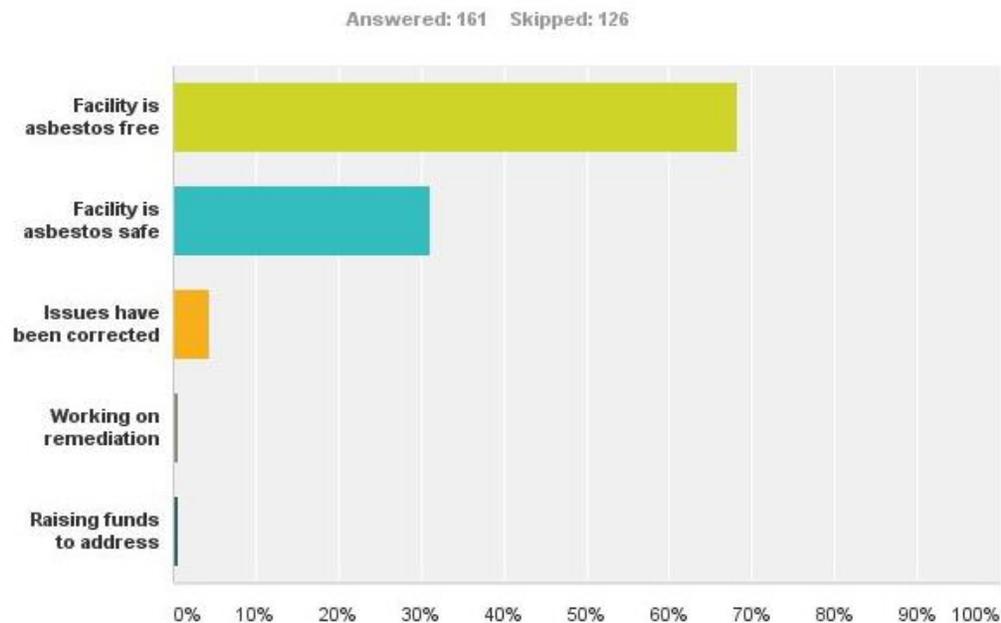
- The absence of exterior signage clearly directing visitors to the main entry in more than 62% of centers visited.
- The absence of interior signage directing visitors to the office or other main location upon entry in 41% of centers visited.
- Inadequate exterior lighting in 19% of centers visited.
- The absence of any form of security lighting in 33% of centers visited.

Environmental Hazards

All centers visited provided evidence that they are lead-free or lead-safe. Ninety-three percent of centers provided radon test results showing appropriate levels within the required time frame. However, only 55% of centers can demonstrate that they have been inspected for the presence of asbestos.

Through the on-line survey process, 68% of centers indicated having had an asbestos inspection. Those centers that had an inspection report the following outcomes:

Q12 If you have had an asbestos inspection which of the following apply?





Overall, based on self-report, issues of asbestos are very minor. However, given the age and condition of many facilities, some issues related to asbestos are likely to be identified when all remaining centers are inspected over the coming year.

Cleaning Practices

More than 87% of centers visited appear clean; however, 64% of centers visited could not demonstrate that only EPA-approved cleaning solutions are used. Eighteen percent of centers are not cleaned professionally on a regular basis, and instead rely on the teaching staff to clean the center at the end of each school day. Cleaning chemicals were observed in areas accessible to children in at least 20% of centers visited.

Protection from Hazardous Substances

In general, centers have given thoughtful consideration to keeping obvious hazards away from children. All but 4% of centers have secure places for medicines and first aid supplies to be stored. However, this thinking did not consistently extend to the less-obvious toxins. For example, while child medications were nearly always secured, adult pocketbooks, backpacks, etc., were frequently observed unsecured at child level and at times medication bottles were clearly visible within the bags.

There is also limited knowledge in more than half of centers regarding the types of cleaning products being used and the consequences of not using appropriate types of products to minimize exposure to potentially harmful substances. The following table highlights some of the most concerning findings:

| Criteria | Frequency Observed |
|----------------------------------------------------------------------------------------------------------------|--------------------|
| Center is not able to demonstrate that only EPA cleaning products are used | 64% |
| Cleaning products are stored in areas accessible to children | 20% |
| Center does not have secure storage for cleaning supplies | 7% |
| Secure storage is not available for adult possessions | 40% |
| Hazards such as poisonous plants and sharp objects are observed upon entry to the facility | 19% |
| Center does not take active steps to minimize exposure to toxins from such things as pesticides and herbicides | 55% |
| Center does not have secure storage for first aid supplies | 4% |
| Center does not have secure storage for children’s medications | 4% |
| Mechanical equipment is not located in a secure space separate from children’s areas | 26% |
| Center does not have a utility room with running water separate from the kitchen or bathroom facilities | 12% |
| Utility room does not lock | 21% |



Many of these issues can be addressed readily with proper guidance and minimal cost. Despite a large body of research related to the negative impacts of toxins on children, widespread lack of knowledge on the subject was evident.

Pediatric professionals are increasingly concerned that a number of developmental problems and illnesses are caused or exacerbated by noxious gases, particulates of metals and fibers and radiation (Noyes, 1987). As listed by Aronson (1988), many potentially toxic materials can be found in child care centers, such as pesticides, art materials, cleaning agents, fuel by-products, cigarette smoke, building materials, improperly fired ceramics, and ground soil. Aronson (1988) presents a concise summary of immediate reactions as well as long term problems associated with chemical exposure.

Children differ from adults in important physiological and behavioral ways that affect the young child's susceptibility and vulnerability to environmental hazards, including higher rates of oxygen consumption and metabolism, differences in body composition, developing body systems/organs (such that disruption of development may cause severe damage), and behavioral differences (Gratz & Boulton, 1992).

Risk cannot be entirely eliminated in any environment, but it can be significantly reduced. A number of specific resources (Aronson, 1988; Greenspan, 1991; Gursky, 1991; Noyes, 1987) provide excellent recommendations to manage environmental hazards. The prevention and management of environmental hazards in child care centers is possible with attention to the following: knowing the composition of building materials and products used within the center, watching for and eliminating hazards regularly, being familiar with the local health department, finding out who can answer questions and asking them frequently, and using common sense. Following these suggestions helps to decrease the potential risks for children in child care settings.

Conclusions and Recommendations

We observed a number of areas where the safety of children is compromised. Many of these issues relate more to practice, training, and expectations than to funding.

Centers should have systems in place that provide not only for emergency responses but also for regular proactive and preventative monitoring of the environment to identify any potential hazards indoors and out. Administering checklists can help to point out hazards that staff working in an environment on a daily basis may overlook. However, 50% of centers visited do not have evidence of any system for conducting safety checks of the physical environment or for prioritizing corrective action plans to ensure regular maintenance and prevention of any potential child hazards. Further, 57% of centers visited do not have evidence that they conduct any type of safety checks on their playground spaces.

Cross-departmental efforts can help to support administrators and staff in understanding and implementing practices and procedures to better protect children. This is also an area where tapping into resources available nationally and through other states may streamline the process for improving these areas in our centers. Ensuring the basic health and safety of our youngest children should always be a foundational priority of our system of quality care.



Section 8 – ADA Compliance

ADA compliance in an existing facility is generally accepted to mean that the facility has made reasonable accommodations for individuals with disabilities. Because the vast majority of early learning facilities in Rhode Island were built in the prior century, it is not expected by most regulatory bodies that they be fully compliant. However, most programs do desire to achieve the maximum level of ADA compliance possible. It is important to look at existing facilities through the lens of what would be required to make the facility accessible should a child with a physical disability be enrolled.



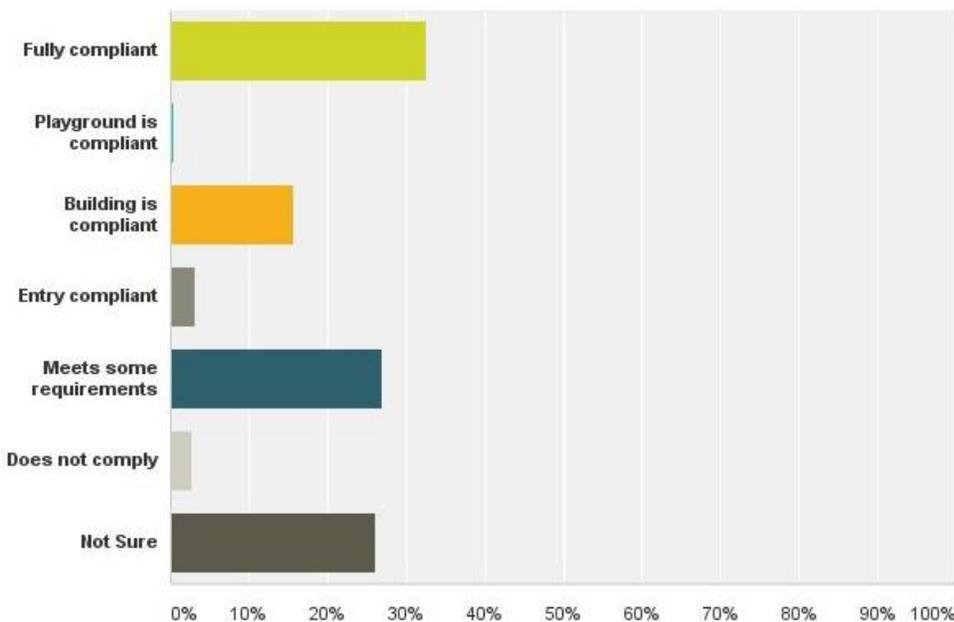
For this particular component of assessment, the self-reported information was reasonably consistent with what we observed on-site. Most centers have a fairly good understanding of the areas in which their facilities do not comply, though many do not have a good sense of how to bring the center into compliance should that be necessary.

Self-Reported Compliance

Sixty-four percent of centers surveyed indicated a full understanding of ADA compliance requirements and 25% of centers indicated that they are somewhat familiar with requirements. Those centers familiar with ADA standards characterized their facilities as follows:

Q28 Do you believe your facility meets ADA requirements?

Answered: 249 Skipped: 38





On-Site Compliance Assessments

During on-site assessments facilities were inspected in the following areas to explore overall ADA compliance both in the classroom and in common areas:

| Criteria | Frequency Observed |
|-----------------------------------------------------------------------------|--------------------|
| Common doorways are at least 32" wide | 95% |
| Classroom doorways are at least 32" wide | 91% |
| Loose carpeting or mats are a max of 1/2" high | 98% |
| Doors children use to access play areas are accessible | 50% |
| Hallways meet OSHA standard of at least 28" wide | 93% |
| Hallways meet ADA standard of at least 36" wide | 79% |
| Door handles are no higher than 48" | 95% |
| Door handles are operable with a closed fist | 34% |
| Children's bathrooms are handicapped accessible (1 stall at least 32" wide) | 43% |
| Playground provides activities suitable for children with disabilities | 26% |
| Large equipment is accessible | 19% |
| Playground surfacing meets ASTM ADA guidelines | 16% |

Conclusions and Recommendations

On-site assessment yielded information that was fairly consistent with self-report information. Many facilities are fully ADA compliant. The greatest ADA issues observed related to playground spaces. Given the overall need to improve these outdoor spaces, it will be important to pay attention to increasing accessibility when making other playground improvements.

Some items observed could be modified fairly easily. For example, almost all doors have handles placed at appropriate height. However, only 35% of centers have handles that can be operated with a closed fist. By simply changing out these door knobs, accessibility would be improved. More than half of children's bathrooms do not have handicapped accessibility but in many cases simple solutions are apparent. Sometimes a modification to a door frame or a bathroom partition is all that is needed to provide the 32" width.

Overall many centers would be able to achieve ADA compliance with minimal modifications, if technical support and funding were made available.



Section 9 – Classroom & Program Quality Features

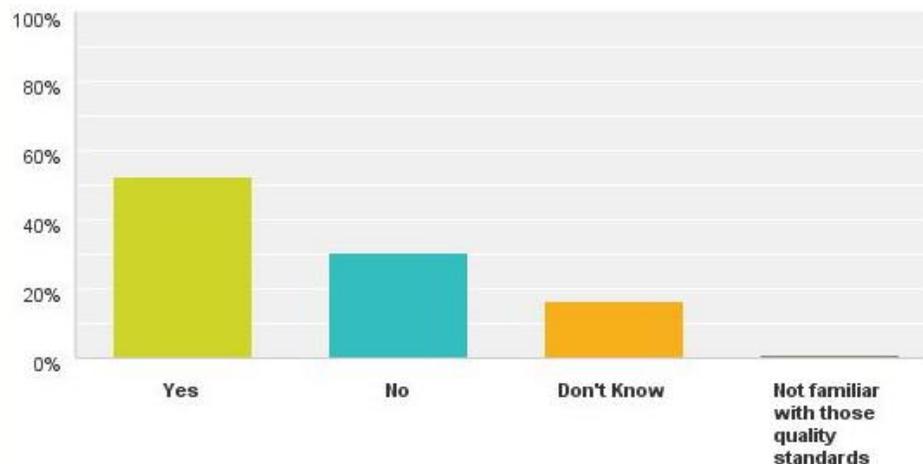
Overall Quality Supports

More than 50% of centers reported that there are aspects of their current facilities that prohibit them from moving up the established “quality ladder” in Rhode Island, specifically from attaining a higher BrightStars rating, achieving NAEYC Accreditation, or obtaining RIDE Preschool Approval. The following chart shows center responses to this survey question:



Q25 Are there aspects of your facility (indoors or out) that you believe are prohibiting you from moving up the Rhode Island quality ladder (BrightStars, RIDE, NAEYC, etc.)?

Answered: 248 Skipped: 39



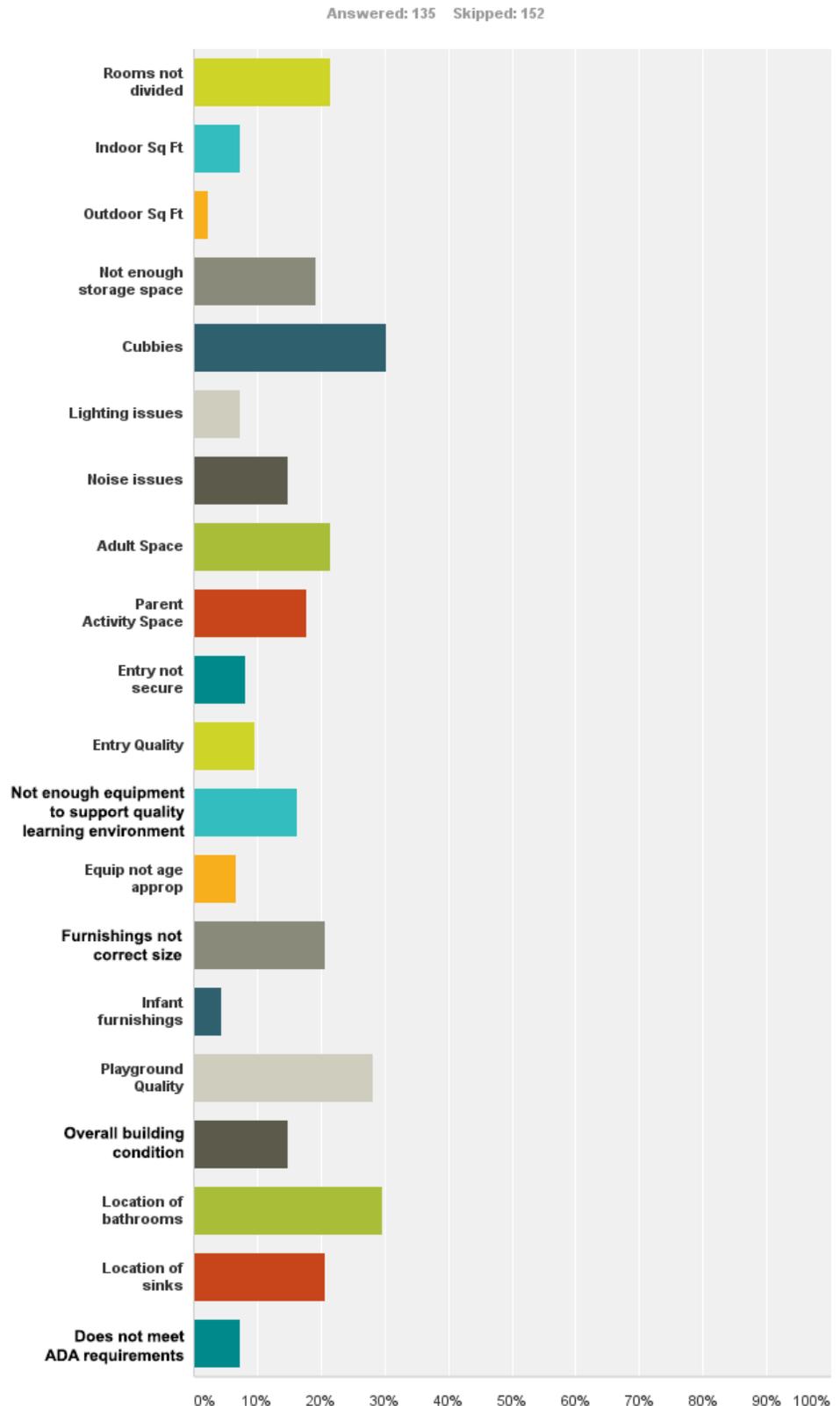


RHODE ISLAND EARLY LEARNING FACILITY NEEDS ASSESSMENT

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Centers were further asked to better describe the specific areas relating to quality that are impacting them. Items ranking highest include equipment and furnishings, with a specific focus on appropriate child cubbies; rooms not correctly divided; playground issues; location of bathrooms; and storage space. A breakdown of these responses follows:

Q26 If you answered YES to question #25, please identify those items which you believe are having the greatest impact on your ability to move up the Rhode Island quality ladder.





Plumbing Features

Interviews conducted with the BrightStars quality rating system staff and with other ECERS and ITERS reliable raters/consultants consistently pointed to plumbing features as a strong support for program quality. Specifically, the location and ease of supervision of children’s bathrooms and the presence of sinks within classrooms were viewed as very important to supporting quality in a variety of ways. This includes allowing appropriate supervision, minimizing wait times for children, encouraging appropriate autonomy in children, and maintaining good hand washing procedures throughout the day. The feedback is consistent with a study conducted at the School for Young Children in Hartford, CT, which pointed to location of child bathrooms as a key indicator in the quality of adult:child interactions.

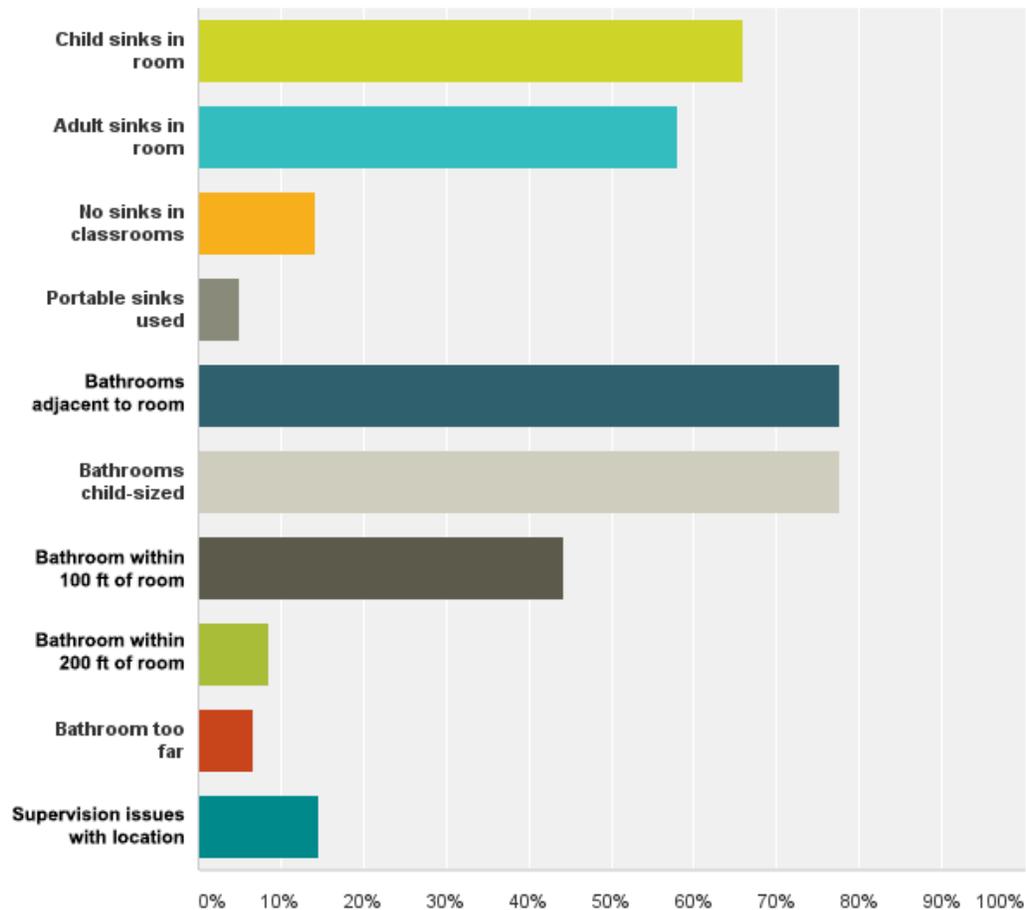
During our on-site facility assessments the following was noted relative to location of sinks and child bathrooms:

| Criteria | Frequency Observed |
|----------------------------------------------------------------------------------------------------|--------------------|
| Bathroom opens directly into classroom | 45% |
| Location and design of bathroom provides good sightline into space | 29% |
| Bathroom located reasonably close (<100') to classroom | 62% |
| Children must travel substantial distance from classroom to reach bathroom | 10% |
| Center has combo of classrooms with adjacent bathrooms and bathrooms requiring child to leave room | 38% |
| Children's bathrooms are handicapped accessible (1 stall at least 32"wide) | 43% |
| Each classroom has at least 1 child sink and 1 adult sink | 24% |
| Each classroom has at least 1 adult sink but no child sink | 12% |
| Each classroom has at least 1 sink that is shared by children and adults | 34% |
| Some, but not all, classrooms have sinks | 22% |
| Classrooms do not have sinks | 14% |

These findings were reasonably consistent with what was reported to us through the on-line survey, the results of which are shown on the following page.

**Q29 Check all that are true for your center / school.**

Answered: 255 Skipped: 32



Many centers have bathrooms in good locations and even more already have sinks present in classrooms. However, there are a notable percentage of centers that would greatly benefit from the addition of sinks to classrooms and even more ideally, when feasible, from the relocation of bathrooms to provide better adjacency and supervision. Studies abound regarding the importance of hand washing in child care facilities as a mechanism for preventing the spread of disease (Kendall & Moukaddem, 1993, May 1993; Niffenegger, 1997; Mohle-Boetani, Stapleton, Finger, Bean, Poundstone, Blake, & Griffin, 1995; Starr, 1995). Creating easier access to running water for hand washing with the addition of sinks to classrooms could have great benefit to early learning centers.



Lighting and Acoustics

Lighting and acoustics only come into play within our quality system at the RIDE level. However, there is a body of research, most notably from the California Board of Energy, on the importance of both of these items relative to the space in which young children are educated. Therefore, we examined both the quantity and quality of light in classrooms. We also measured sound levels to the degree possible in classrooms with no children. The following items are notable:

| | Criteria | Frequency Observed |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Lighting | Classrooms have varied light types | 16% |
| | Lighting levels can be adjusted with dimmers/multiple switches | 31% |
| | Fluorescent lighting is only light source used | 83% |
| | Energy-efficient fixtures and/or bulbs are used for majority of lighting | 29% |
| | Where natural lighting is sufficient to be primary lighting source, lights in natural lighting zone are switched separately to save energy | 24% |
| | Majority of classrooms have sufficient light | 97% |
| Acoustics | Noise level is appropriate in all classrooms | 40% |
| | Noise level is appropriate in some classrooms | 24% |
| | Noise level is not appropriate in any classrooms | 19% |

The majority of classrooms have a sufficient level of light to meet RIDE standards. However, the quality of light is often very poor. Most centers are lit with a fairly harsh, completely fluorescent lighting system which offers minimal ability to alter light throughout the day based on type of activity. In addition, few centers have the ability to independently switch off light in natural lighting zones in order to increase energy efficiency.

Nearly 40% of classrooms have appropriate acoustical levels; however, in nearly 20% of centers no classrooms have acoustical readings in appropriate ranges. We were not able to measure this criterion in all centers, because truly accurate readings are taken only when classrooms are empty. Classrooms with acoustical levels above the acceptable range were generally open to other areas, adjacent to loud surrounding noise (roadways, auxiliary areas, etc.), or were not well designed acoustically (high ceilings, etc.).



Storage

We examined storage relative to its impact on programmatic quality in two particular areas. These were the availability of bulk storage for materials to be rotated on a regular basis and the presence of children’s cubbies to allow for the storage of children’s personal possessions without sharing space or experiencing any cross-contamination among children.

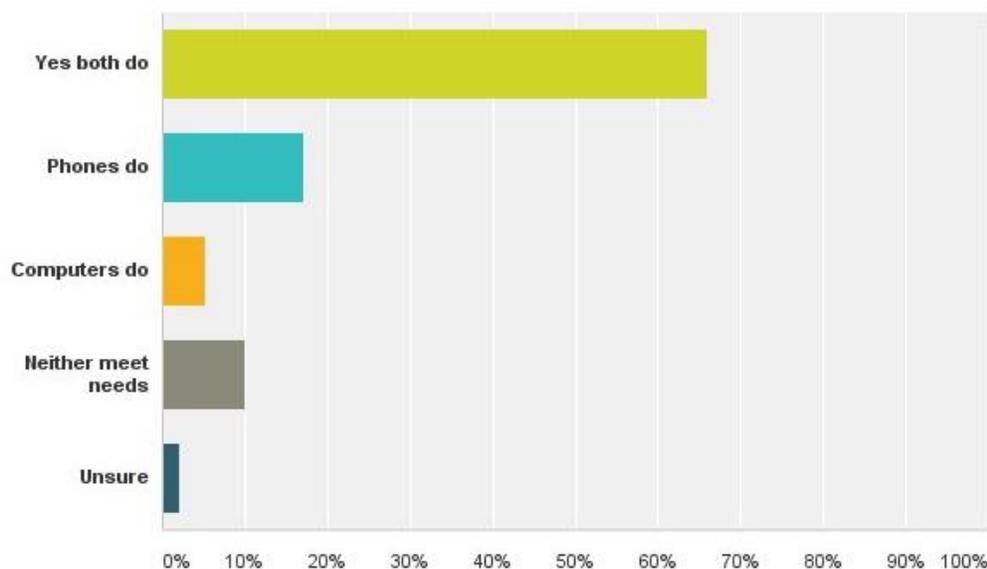
We found that 76% of centers have sufficient storage for bulk and seasonal items, although many centers would benefit from improved organization of these items to better inventory and rotate materials. Large bulk storage areas were often found to be completely full and often cluttered. Simple solutions ranging from cleaning out unused materials to shelving units that allow for better organization of materials will help in many centers. Only 15% of centers have cubbies that enable the storage of children’s personal possessions in a way that they do not touch others’ belongings. This is a specific criteria on the ITERS/ECERS checklists and one that centers are struggling with. The 15% of centers with cubbies that meet the criteria generally had to have them custom built.

Technology Needs

We reviewed two areas of technology needs for centers related to telephone systems and computer systems. Having adequate telephone systems ensures support for parent communications as well as emergency management. Access to computers enables teachers to work on curriculum, child assessment, and child outcomes in higher-level curriculum frameworks. Overall most centers reported that their technology needs are generally being met.

Q39 Do you feel that your computer and phone systems meet your needs?

Answered: 250 Skipped: 37

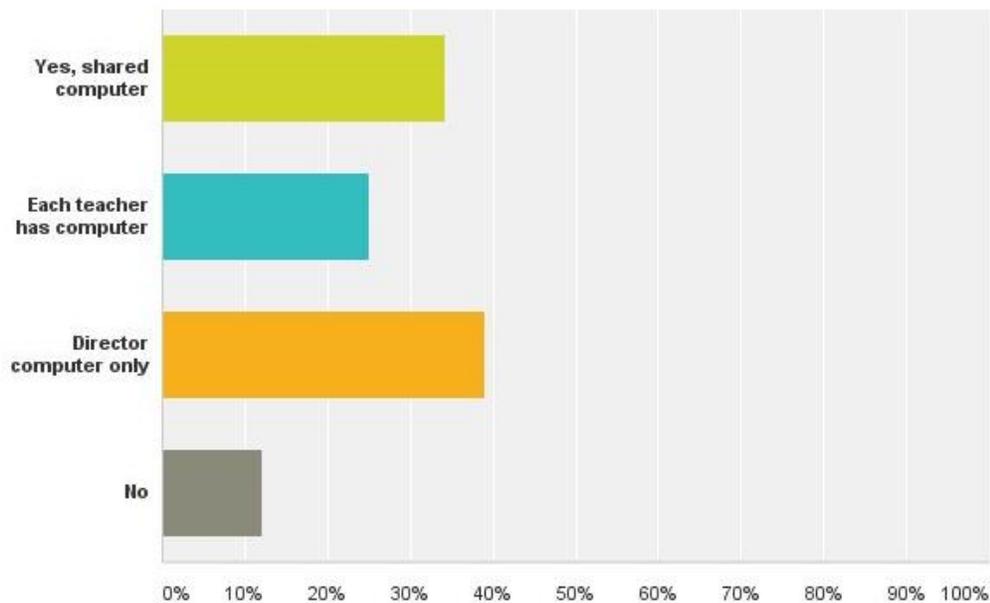




We further explored this question by asking about the availability of phones and computers as follows:

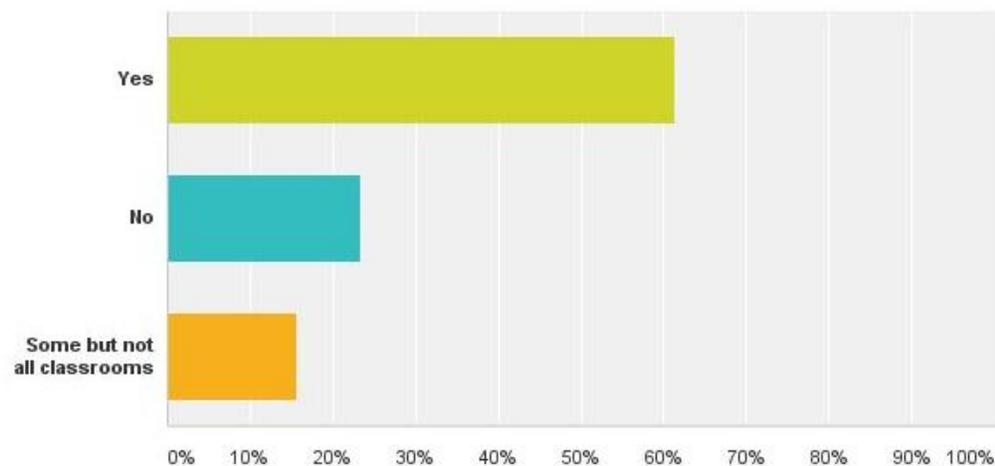
Q36 Do you have computers available for teachers to use?

Answered: 248 Skipped: 39



Q38 Do you have phones in each classroom?

Answered: 248 Skipped: 39



In general it appears that approximately 70% of centers have technology that meets their needs. However, as many as 30% of centers could benefit from upgrades to these systems.



Adult Spaces

We looked at three types of “adult spaces” in supporting quality programming: a space for staff to meet confidentially with parents, a space for teachers to work on planning and preparation separate from the classroom, and a space for staff to take a break away from the classroom. The presence of these adult areas was found to be a strength in centers, as indicated through these surveys and on-site assessment results:

- 92% of programs have a space for staff to meet confidentially with parents
- 80% of programs have a space for teachers to plan and prepare outside of the classroom
- 87% of programs have a space for staff to take a break outside of the classroom

Despite the majority of centers having some adult space dedicated to these three key functions, the spaces did not always fully meet programmatic needs.

Conclusions and Recommendations

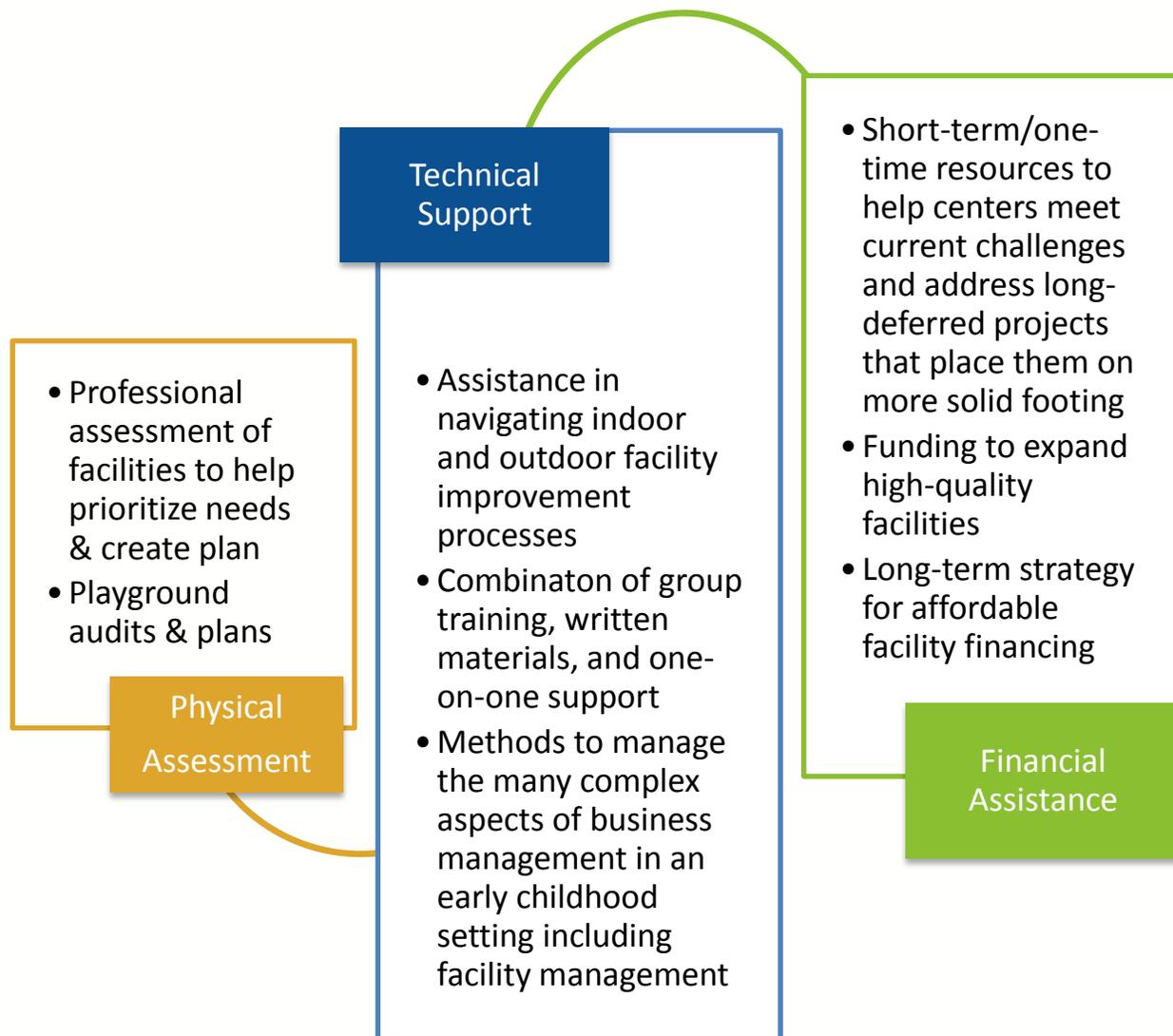
All of the areas described in this section represent modifications that can typically be made to any existing facility. Thus, if financial resources were available to centers, these are all items that should be considered for inclusion. Something relatively simple like adding a sink to a classroom can make a big difference to the functioning of that center.

We do not recommend, however, dedicating any resources to facility renovations without those renovations’ being part of a larger plan. For example, it would not make sense to invest in major bathroom modifications in a building that has other structural issues that may impact a center’s licensing or quality status nor would it make sense to focus intensive financial and technical resources into improving group size in a facility that has multiple structural issues and may not be well suited overall to the provision of early childhood programming.



Summary of Recommendations

We recommend a three-pronged response to address the many challenges identified in this report. This response incorporates support to physically and fully assess indoor and outdoor facility needs, ongoing technical assistance to support centers in navigating these current challenges, and financial resources to help address key issues.





Physical Assessment

Physical assessment refers to the type of professional services needed to help programs better understand their overall facility needs. Providing funding in the absence of a concrete plan can and often does result in wasted money and in unintended negative results. Before funding is invested in a space, a physical assessment should be made to ensure that the space is meeting programmatic needs, is fully compliant with licensing standards, and will support the program in moving up a quality continuum. This type of assessment is ideally conducted by a building professional such as a licensed architect with specialized expertise in educational facilities. This individual should have the additional support of individuals who have a firm understanding of Rhode Island's specific requirements.

We also recommend that strong consideration be given to conducting playground audits at as many sites as is feasible. While this may not be realistic for 100% of centers within the confines of available resources, there could be prioritization of at least some centers, such as those demonstrating commitments to quality and serving large numbers of low-income children. Comprehensive playground audits would encompass both an inspection by a certified playground inspector and concrete recommendations for improving the space.

Technical Support

Years of experience in operating a child care facilities fund have shown that centers will be most successful in implementing any project when they have access to technical support. Successful support for facility projects generally includes guidance in understanding both regulations and best practices and intensive support for navigation of the many complex steps in a facility project. Technical assistance should be closely coordinated with other systems of regulation and support, and should be offered by individuals who have a true understanding of the complexities of these processes.

We recommend comprehensive technical assistance via these five methods:

- **Written materials** – For some of the widespread issues identified, developing written technical guidance will be useful to a variety of stakeholders including regulators, technical assistance providers, and early education providers. The development of short issue briefs and technical papers on key regulatory topics can help to ensure that all stakeholders understand critical areas similarly, examples in this category include group size and natural light. Short issue briefs focused on best practices would help both technical assistance providers and early education providers to better understand and prioritize changes to their environments. Examples in this category might include outdoor play spaces and layout of indoor spaces. The development of these types of materials should be considered as one key system support.
- **Training** – Some of the needs identified throughout this report should be addressed with specialized group training. For maximum impact, this training must be provided by an entity or individuals who have the background and preparation to offer quality support and expertise on this subject matter.
- **Group technical support** – While building situations may be individualized, many themes cut across most centers. Therefore, the provision of group technical assistance around common areas may be beneficial in supporting groups of centers in planning and implementing improvement projects.



- **On-site technical assistance** – Due to the highly individualized needs of facility work, on-site and individualized technical assistance is frequently needed. Assistance may range from assessing the best way to rearrange spaces to meet goals such as complying with group size to planning major renovations to organizing for a move to a new space.
- **Development of professional plans** – No major renovation projects should be undertaken absent a professional plan. This plan can and should include space design as well as costs and overall project feasibility. Providing support to qualified centers to create these types of plans will help to ensure that funds are spent wisely and that good decisions regarding space are made.

We also recommend prioritizing the implementation of a stronger overall system to support center administrators in their development of core competencies. And we stress the importance of ensuring that these core competencies fully incorporate things such as financial management, facility management, risk management, strategic planning, marketing, enrollment, staffing patterns, and more. Helping to strengthen and better support center administration will eventually result in stronger programs and better facilities.

Finally, we emphasize the importance of aligned technical assistance, beginning at the foundational licensing level with clearer guidance regarding facility requirements. A checklist or other type of tool that clearly measures physical space on a range of objective, measurable criteria would benefit both regulators and individuals offering technical support around physical space issues.

Financial Assistance

Access to funding is absolutely essential to helping centers meet the many and varied needs they are facing and which must be addressed in a fairly short time frame. We recommend that two types of funding be part of the overall strategy to improve early learning facilities.

As an immediate, short-term strategy, access to one-time grant funding for eligible centers would support them in making critical facility repairs and improvements. We recommend that funds be prioritized for those centers demonstrating a commitment to quality of care and according to a well mapped out plan for improvements that ensures compliance with regulations. We further recommend that centers be able to demonstrate that they either own the facility or that they are in a very favorable lease agreement (long-term, reasonable rate consistent with or below the market), and that the facility is suitable overall to meet the program's needs. Centers should be asked to match the funds at some percentage and in some way. Matching could be viewed as a cash match or as an in-kind match (demonstrating an ability to secure donated goods or services, etc.). Should the state consider this type of grant program, we estimate grants needed in the range of \$25,000 to \$100,000. Finally, we would strongly recommend that playground improvements be prioritized. Given that playground needs were so prevalent across all categories of centers, making funding available to improve them would be equally beneficial to centers in all categories and of all types.

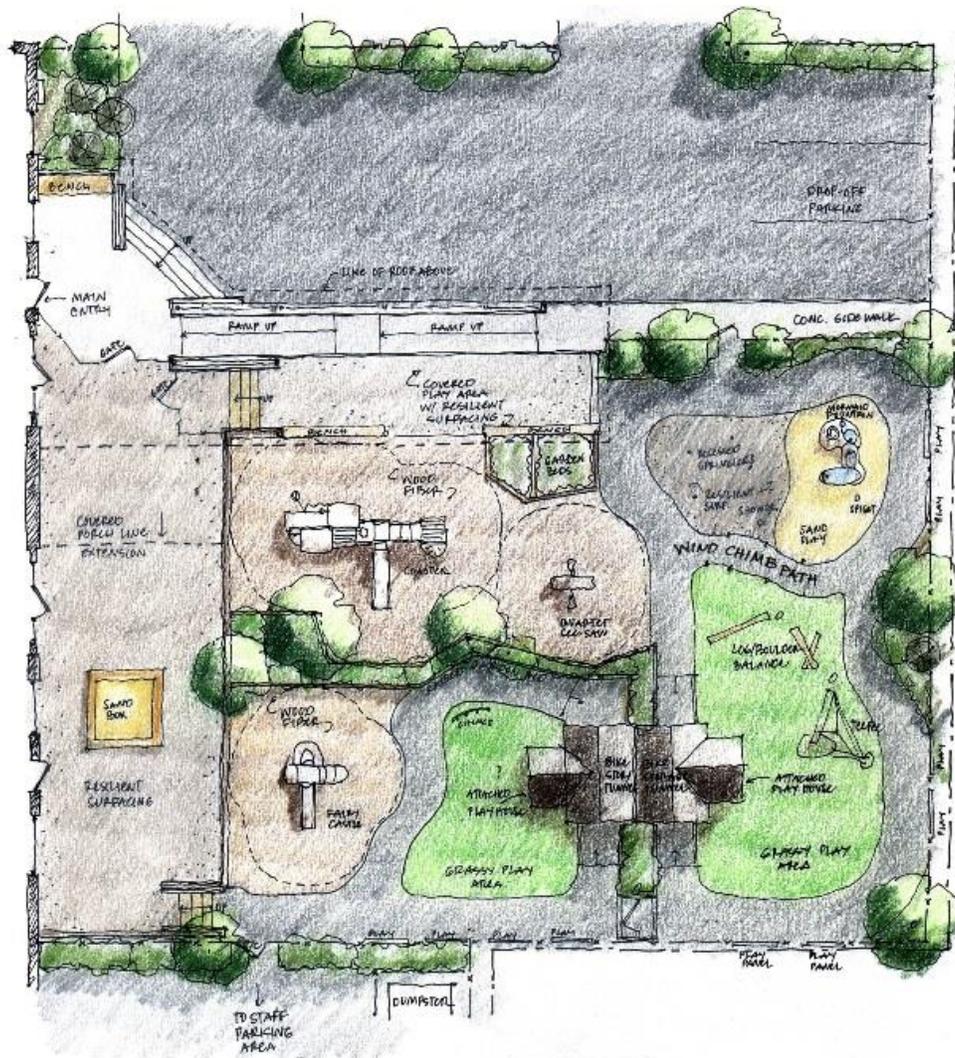


A second key area to consider is creative funding to help high-quality centers expand their services. This could be a strong component in supporting better facilities and better access to quality care. Currently centers working to expand their facilities bear the full burden of either raising all capital from private sources or borrowing funds and utilizing operating revenues to make repayments. Possible options include providing grant funds to pay for at least some portion of expansion costs or providing additional operating funding that could be used to subsidize their loan repayments. Another is to offer grant funding to pay for furnishings and equipment for centers that can raise or borrow the funding for actual construction costs. In general, creative thinking around this topic could incentivize centers that are making clear commitment to offer high-quality education to low-income and at-risk populations to expand the availability of this type of care and education to additional low-income children, especially infants and toddlers.

In closing, we want to emphasize that even if one-time grant funds are made available, a number of ongoing issues related to early learning facilities will remain in our state. The momentum of the Race to the Top Early Learning Challenge Grant should be used to prioritize discussions regarding a legislative agenda that supports the provision of better access to very affordable facility funding for high-quality early learning programs serving substantial numbers of low-income children. The State of Rhode Island currently has a child care facilities fund – the RICCF. Through this fund, all *qualified centers* have access to some very limited grant dollars and to low-interest loans. But to fully meet the physical capital needs identified through this assessment there would need to be significantly expanded access to subsidized sources of capital to make loans highly flexible and truly affordable for the financially challenged early childhood field. LISC has worked with a number of other states to structure and improve programs that support long-term facility investments through a variety of mechanisms including LISC-operated funds and public offerings. LISC published a national paper on this subject with the National Institute for Early Education Research that catalogs a wide variety of facility financing approaches implemented in states across the country. We look forward to working with Rhode Island to strategize models that will best support local needs.



Dr. Anita Rui Olds was a designer, consultant, writer and instructor. She was one of North America's leading experts on child care center design. She was passionate about designing children's play spaces that would fulfill their developmental needs and provide a "rich environment for the wild spirit to flourish." Her words are a perfect ending to this report.



Children are miracles.

Believing that every child is a miracle can transform the way we design for children's care. When we invite a miracle into our lives we prepare ourselves and the environment around us.

We may set out flowers or special offerings.

We may cleanse ourselves, the space, or our thoughts of everything but the love inside us. We make it our job to create, with reverence and gratitude, a space that is worthy of a miracle!

Action follows thought.

We can choose to change.

We can choose to design spaces for miracles, not minimums.



RHODE ISLAND EARLY LEARNING FACILITY NEEDS ASSESSMENT

JULY 2014

Report to the Community

Rhode Island Child Care Facilities Fund

Telephone: 401.331.0131

Website: www.rilisc.org

Rhode Island LISC Office

146 Clifford Street, Providence, RI 02903

A Project of LISC

Local Initiatives Support Corporation

501 Seventh Avenue, 7th Floor, New York, NY 10018

The RICCF provides the capital and technical expertise that child care programs need to improve the quality and capacity of their physical space.