Rhode Island

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“Like a Family”

Providers Share the Rewards and Challenges of Operating a Family Child Care Program in Rhode Island

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Table of Contents

Introduction

Family child care (FCC) providers offer home-based care to mixed age groups of up to 12 children (but typically 6 or fewer children). They often charge lower tuition than child care centers and are more likely than centers to communicate in children's native language and provide food and programming that reflects the culture of families in the local community. In addition, families with infants and toddlers seeking smaller, more personal care arrangements often prefer FCC providers over larger centers. For these reasons, FCC providers are a vitally important component of the child care sector, yet they face unique challenges trying to balance the multiple responsibilities of running a child care program without the additional staffing support common to child care centers.

Education Development Center, in partnership with the Rhode Island Department of Human Services (DHS), is engaged in a research project examining targeted supports that are designed to promote longevity and workforce development among FCC providers. As part of this project, the research team conducted 15 interviews[1] with FCC providers to gain a deeper understanding of their experiences and perspectives on managing a program.

The interview findings provide insight into the day-to-day experiences, strengths, and challenges of FCC providers, with particular attention to how they define and deliver quality child care as well as the supports and barriers that shape their ability to do so. Providers described a strong commitment to children and families, emphasizing individualized care; early learning; family relationships; and a nurturing, home-like environment. At the same time, they highlighted the challenges of balancing caregiving with business and personal responsibilities, meeting administrative and quality requirements, and managing financial stress. The experiences described by these FCC providers are broadly consistent with findings from research on FCC providers across the United States. Rather than representing entirely new or unique challenges, Rhode Island FCC providers' accounts reflect long-standing patterns documented in the broader FCC literature.[2]

These findings, based on the experiences of a small subset of FCC providers in Rhode Island, offer valuable context for understanding FCC providers' experiences and identifying areas

1 Eight of the interviews were conducted in Spanish and seven were conducted in English.

2 See for example: National Library of Medicine: Financial Challenges of Family Child Care Providers During the COVID-19 Pandemic: A Phenomenological Study and National Association for Family Child Care: 2025-2026 Annual Survey Report

where policies, professional development, administrative processes, and other supports may better align with the realities of operating an FCC program. The findings are organized around several key themes that emerged across the interviews, including providers' motivations and approaches to care, relationships with families, balancing care and compliance, navigating the quality rating system, accessing professional development, and managing challenges and opportunities.

Motivations and Approaches to Care

Providers described several motivations for opening an FCC program. Many decided to open their program when they had their own children. They valued the opportunity to spend time caring for their young children and creating a job caring for others. As one provider shared:

> *I was looking for something that could solve the problem of me not having to take my son elsewhere, spend time with him, but at the same time generate income, because at that moment I really needed it. And from there I started, and here we are.*

In a few interviews, providers explained that having a child with special needs made the choice clearer as continuity and familiarity were especially important. Others were motivated by a passion for children and enjoyment in supporting early learning and children's development. In addition, some providers had previous experience working in centers or in their own family's program, which gave them relevant skills and experience for their current role.

Providers described personalized, family-centered approaches to child care and early learning, emphasizing the importance of creating a close-knit community among parents and providing care they would want for their own children. They sought to create an "at-home" environment where children received one-on-one nurturing care tailored to their individual needs and development. As one provider described, *"I feel like I kept the home roots…like a family setting."*

Most providers mentioned the value of learning through play with some adding a structured curriculum that focused on specific math, science, or literacy skills. As one shared, *"I believe that kids learn through both, through play, but also doing hands-on activities that enhance their math skills, their science skills, social skills, reading skills."* A couple of providers emphasized social-emotional development and values such as kindness and gratitude. Overall, their approach focused on building strong relationships with families while creating a warm, individualized environment that supported each child's learning and development.

Building Strong Family Relationships

Providers stressed the importance of good communication with families as the key to running successful programs. They all shared the benefits of using family handbooks for establishing consistent guidance and clarifying program policies for families. As one provider explained:

> *I feel that* [the handbook] *also builds trust and consistency, ensuring that we're all on the same page together to support the children, and they don't have any surprises that are randomly like, oh, this is this policy. Nope, you're aware of that. You sign off on that parent and guardian handbook upon your enrollment, so that way, all expectations are clear.*

For ongoing communication, providers use multiple communication methods, including text messages or WhatsApp to share daily activities, while bulletins, flyers, letters, and notes are used for announcements and important information. Providers also use photos and video calls to document incidents or concerns and often have one-on-one communication with parents at the end of each day.

Regarding payments, providers accepted multiple options, including cash, checks, and digital payments to accommodate families. They were also flexible with families' payment schedules, and most did not have trouble collecting payments regularly. Providers noted that the Child Care Assistance Program (CCAP) online portal makes it easier for them and families to communicate about payments. They appreciated having a centralized place to view payment information, which helped make the payment process clearer and more manageable for both providers and families.

Balancing Care and Compliance

Providers described balancing the demands of child care, business operations, and personal responsibilities as an ongoing challenge. Managing children's care and learning while also running a business, attending courses or trainings, and maintaining household responsibilities often required working long hours. Echoing many others, one explained, *"After I finish working… I'm in college too… if I have to send an email, if I have to fill out a form in the system, I leave everything for the night…before bed."*

Many mentioned weekends spent cleaning or shopping for and preparing meals so they could focus on children during the week. Although many felt they had good systems in place, others were still struggling, especially if they had their own school-aged children with their own activities and needs. As one provider shared:

> *Another challenge is balancing your personal time off with the needs of the business and the families I serve. So in the beginning, I was like, okay, how am I still gonna take time off for my family, so I can spend time with them, because I'm a mom first, this is their childhood, too, and still meet the needs of all the families that walk through my doors and maintain my business. So in the beginning, that was a little hard for me. But now I've kind of been like, nope, this is how I operate.*

Many providers do get support from assistants (typically their spouses, grown children, or parents), but the multiple demands of the job often fall on them alone. They also pointed out that hiring assistants comes with the risk of being "out of ratio" if the assistant calls in sick. Because of the nature of small family-centered programs, finding an assistant who can easily adapt and support the unique setting can be a challenge. Even with support, they feel that they have to be "on" 100% all of the time.

Among providers serving families using CCAP subsidies to help pay for child care, several shared additional administrative burdens. Some had challenges communicating with CCAP staff, although most issues were solved once they found the right person and developed relationships. Others mentioned the low CCAP payments and the discomfort of collecting co-payments. These additional demands led one provider to share, *"There's a reason why I feel like a lot of* [providers] *don't want to take CCAP. Just because the pay is very, very little."* Despite these challenges, some providers continue to accept CCAP because participating can help maintain enrollment and fill otherwise vacant slots.

Navigating the Quality System

While providers often define quality in terms of the relationships they build with children and families, the state measures quality through the BrightStars rating system, which includes factors such as staff credentials and degrees. BrightStars participation is generally voluntary, but it is required for providers serving children through CCAP.

Although a few providers viewed the system positively, most felt the requirements were excessive and that their ratings did not accurately reflect the quality of care they provided. Many described being "dinged" for issues they considered minor, and several felt the system placed too much weight on degrees compared with years of experience and positive outcomes for children and families. FCC providers also described finding it difficult to complete the college courses needed to obtain credit hours, particularly when courses were not offered in their primary language. As one provider explained, which reflected the views of others:

> *...a star does not determine the work you do in your home. Because it may be that a person who has two* [stars], *does better service than one who has five stars. But the one with the five stars met the requirements. And maybe the one who has two, does as good a job as the other does; the difference is that maybe they haven't gone to college. So I, for me, feel that a star does not reflect what you do, but we are measured through that.*

Because of the way BrightStars calculates star ratings across domains, a provider's overall rating cannot be higher than their lowest-rated domain. Providers felt this structure did not give enough credit for the areas in which they excelled, because a lower score in one domain could weigh down their overall rating despite strong performance in others.

Accessing Professional Development and Support

In Rhode Island, FCC providers have two main sources of professional development (PD) and support, both of which receive funding from DHS. The Center for Early Learning Professionals (CELP) serves as the coordinating center for all approved early childhood education PD and training in the state and also offers its own no-cost courses and technical assistance. The Service Employees International Union Education and Support Fund (ESF)—known to providers as "the Union"—offers PD and other services to FCC providers that serve children whose families are enrolled in CCAP.

Providers viewed CELP as a source of high-quality PD that supports them in improving their BrightStars ratings, while the availability of online courses and after-hours options made it easier to fit PD into their busy schedules. FCC providers appreciated the connection between the PD offered by CELP and the Rhode Island Start Early System (RISES),[3] noting that having their CELP training and PD participation reflected in RISES made it easier to document and track their PD and quality requirements associated with BrightStars.

> *I just feel like with DHS, BrightStars, Center for Early Learning Professionals, they're all kind of networking together, and working together…I value that organization, because I just feel like the high-quality training is there, so that way it can help support your daily practices,* [the] *needs of the children, and they kind of all work together…the puzzle pieces fit.*

Providers also described ESF PD as beneficial, given that it helps them strengthen their programs and feel more confident and safe in their roles.

> *Look, I have a very large and very valuable source for me, which is the training fund, ESF. Why? Because ESF has given itself the task of looking for different training that can increase professionalism.*

Providers also shared that they would appreciate trainings specifically focused on challenging behavior and different parenting styles. Several providers who have worked in the field for over 20 years felt that strategies that have worked in the past were not working with today's families. Providers also expressed interest in additional training focused on children with special needs, particularly autism and speech-related concerns, so they can get children and families the support they need.

3 RISES launched in 2025 and serves as a centralized source of information on Rhode Island's early childhood professionals, including workforce registry data, licensing information, and training and technical assistance data.

Managing Challenges and Opportunities

Providers described daily challenges related to both caring for young children and managing the broader responsibilities of running a child care business. While they found the work rewarding, providers described additional responsibilities, such as cleaning, grocery shopping, and other tasks, which added to their workload. Nearly two-thirds of FCCs statewide are licensed for six or fewer children, which means they are not required to have an assistant and therefore must shoulder all program-related responsibilities themselves rather than delegating certain tasks to other staff.

This means that multiple work responsibilities, such as cleaning and food preparation, necessarily happen after program hours, making timely child pickups essential in helping providers manage such tasks while retaining time for themselves. The providers we interviewed generally described positive relationships with families, but several reported challenges with late pickups and families not following program rules, which could result in additional unpaid work.

Some providers also felt that CCAP reimbursement did not fully reflect the value of their work or the costs of operating their programs. While the FCC weekly CCAP reimbursement rate for toddlers and preschoolers is close to the rate paid to child care centers for those age groups, the CCAP rate for infants is 34% lower than that paid to centers. Some felt that FCC providers receive less financial and other support than center-based programs. As one shared:

> *We have nothing unless we pay for it ourselves and sometimes we can't… it's an exhausting job because you do more than 60 hours a week. Why? Because once you finish you have to clean; if you miss something you have to go to the grocery store.* [And] *you have to clean, because no one is going to come to your house if you have a disaster to leave their children and…feel confident.*

Providers described strategies for managing the demands of work that can make it difficult to fully disconnect. Because many operate their programs from their homes and work alone, they may have little opportunity for breaks during the day and often have additional work to complete outside program hours. Providers described how even small opportunities to step away from the program and create some separation between work and home can help them recharge. For example, one provider described having an assistant take over for a few minutes so she could step outside, while another advised spending time in nature, adding, *"Walk away. I camp every weekend during the summer… Do I take my stuff with me? Yes. But just the change of scenery to get things done sometimes* [is] *definitely healthy."*

Some providers also said they would like to grow their businesses by serving more children, but doing so would require hiring and relying on assistants, which sometimes is not cost-effective.

Conclusions and Recommendations

In these 15 interviews, FCC providers shared candid reflections about the joys and challenges of their chosen careers. While many of the themes echoed existing studies, the providers appreciated the opportunity to tell their own stories and to offer suggestions for improvements. A frequently mentioned challenge was creating boundaries between work and personal time, as many aspects of the job need to be completed outside of care hours. Providers could benefit from learning strategies for managing time and the demands of the job that creep into evenings and weekends. Providers also indicated they would benefit from PD related to addressing challenging behaviors, working with families around behavior issues, and meeting the needs of children with special needs.

These providers, almost unanimously, felt that BrightStars ratings did not accurately reflect the quality of their programs, and many felt disrespected by the standards, especially the limitation placed on providers who do not have degrees. They would appreciate changes to BrightStars that would honor what they do instead of feeling punished for what they lack. Providers also shared mixed reports of their interactions with licensors, DHS, and CCAP staff. Ensuring consistent communication would make a big difference for providers who are trying to keep up with changing regulations and requirements.

Finally, a major concern, voiced in different ways, was low compensation for the hours and care that this job requires. Supporting FCC providers in rate-setting practices that include time spent on responsibilities outside of direct-care hours, and exploring ways for CCAP reimbursement rates to reflect the reality of these uncompensated but necessary work hours, could help these providers feel more respected for the multidimensional roles they play in providing care for the children in their communities.