

Providers' and Parents' Perceptions of and Experiences With Maryland EXCELS Child Care Quality Rating System

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Executive Summary

Since 2015, the Maryland State Department of Education (MSDE) has required child care providers who enroll children receiving a child care scholarship to participate in the state's quality rating and improvement system, Maryland EXCELS,¹ in order to receive child care scholarship payments.² To understand how this policy change affected providers' participation in Maryland EXCELS and families' access to high-quality child care, and the implementation of Maryland EXCELS more broadly, the Maryland Child Care Policy Research Partnership (MD CCPRP) surveyed child care providers and families through two online surveys and conducted follow-up interviews and focus groups with a subset of those surveyed from 2021–2022.³ This brief summarizes key findings from these data collection efforts and provides programmatic and future research recommendations for MSDE leaders' continued consideration in light of recent policy changes implemented since data collection began.⁴

Key findings

1. **Most providers are participating in Maryland EXCELS because it is a requirement for serving children with a child care scholarship.**
 - Of the 52 percent of all providers participating in Maryland EXCELS in 2021, roughly three-quarters of both family child care (FCC) and center-based survey respondents shared that being able to serve children with scholarships influenced their decision to participate in Maryland EXCELS (76% and 79% respectively).

¹ Maryland Excellence Counts in Early Learning and School Age Care (EXCELS)

² Child care scholarships (often referred to as child care subsidies in other states) are a form of financial assistance for child care costs for eligible working families in Maryland.

³ Respondent counts (n's) were as follows: Provider survey: 984; current provider interviews: 46; parent survey: 666; parent focus group participants: 37.

⁴ In 2022, MSDE raised provider scholarship reimbursement rates from the 60th to the 70th percentile of the state market rate and expanded eligibility for families from 65 percent of State Median Income (SMI) to 75 percent SMI.

<https://news.maryland.gov/msde/maryland-expands-child-care-scholarship-program-to-provide-affordable-child-care-to-more-families/>

2. Many providers see the program requirements they must demonstrate to earn a higher Maryland EXCELS rating as being too burdensome or not necessary.

- While center-based providers were more likely than FCCs to be rated levels 3–5 (47% compared with 23%), just over half of center-based respondents (51%) and almost three-quarters of FCCs (73%) participating in Maryland EXCELS had a published rating of 1 or 2 at the time of the survey.
- About three-quarters of both FCCs and center-based respondents with a published quality rating of 1 or 2 reported that the process to increase their rating was too time-consuming or not worth the investment (81% and 73% respectively) or that they did not need the Maryland EXCELS ratings to attract families to their program (74% and 72% respectively).
- Compared to center-based respondents, FCC providers were more likely to report that the process for moving up in quality ratings was hard to understand (71% vs. 59%). Some FCCs shared that increasing quality ratings was not worth the time and effort (e.g., inadequate scholarship reimbursement rates and quality ratings not attracting families; n = 5).
- Among center-based respondents, 79 percent (significantly more than the 52% of FCC providers) indicated that staff qualifications and/or credentials were a barrier to increasing their quality rating.

3. Providers participating in Maryland EXCELS shared reasons that aligned with MSDE goals around supporting program quality improvement.

- Roughly three-quarters of both FCC and center-based respondents shared that they strongly desired to serve children with scholarships (76% and 79% respectively) or to leverage the EXCELS program training and technical assistance (TA) provided by MSDE so they could more effectively promote children’s development (75% and 79% respectively).
- About two-thirds of both FCC and center-based providers already participating in the program felt it was important to participate in Maryland EXCELS to better attract families (59% & 69% respectively) or because they wanted to be a part of an early childhood program quality improvement initiative (58% and 70% respectively).
- About two-thirds of both FCC and center-based respondents agreed it was important to participate in Maryland EXCELS as part of their professional development (66% and 70% respectively).

4. Providers not participating in Maryland EXCELS varied by urbanicity and race/ethnicity.

- A greater percentage of FCC providers in non-urban areas chose not to participate (69%) compared with FCC providers in urban areas (52%).
- About one-third (30%) of center-based programs in urban areas opted not to participate. The percentage of non-urban center-based programs that chose not to participate in Maryland EXCELS was too small to report.
- Compared to Black and Hispanic FCC providers, more White and Asian FCC providers opted not to participate in Maryland EXCELS. Researchers did not specifically ask about reasons for this difference.

5. Quality Assurance Specialists (QAS) play an important role in helping providers publish and move up in ratings; however, communication and processes intended to support providers could be streamlined and improved.

- QAS were regarded as very helpful resources for providers when working to improve the quality of their programs. In interviews, providers shared how their QAS sent email reminders about upcoming deadlines and were available to answer questions or provide more intense support when needed.

- That said, some providers reported during interviews that their QAS was difficult to reach or impatient with them (n = 3). A few providers also touched on how navigating licensing and Maryland EXCELS requirements was not clear or mentioned that they received conflicting information when trying to increase their quality rating score (n = 3), which made the process more time-consuming and burdensome.

6. There is a disconnect between providers' goals and parents' awareness of Maryland EXCELS.

- Nearly two-thirds of surveyed FCC and center-based providers (59% and 68% respectively) indicated they participate in Maryland EXCELS to attract families, but only about 40 percent of the surveyed parents were familiar with Maryland EXCELS.
- While quality of care was a top priority for most parents participating in the scholarship program, only 25 percent of surveyed parents considered Maryland EXCELS ratings when choosing a provider.

Recommended action steps

Based on our study's findings, we provide the following recommendations to ensure that Maryland's QRIS policies and practices are equitable and effective:

Provider-focused recommendations

1. Develop incentives for Maryland EXCELS participation that go beyond scholarship program participation because many providers do not want or need to serve children receiving scholarships.
2. Create more equitable opportunities for providers, especially FCCs and providers from racially or ethnically marginalized communities, to improve their credentialing and qualifications. These opportunities could involve infusing resources (e.g., funds for materials and fees, coverage while taking classes, or additional time allotted to complete training while also working full-time) to support providers who wish to seek additional education and credentials. It may also be helpful to establish a way to recognize years of experience outside of traditional schooling or other credentials.
3. Seek to understand non-urban FCC providers' reasons for not participating in Maryland EXCELS. Then, target incentives and supports for participation at FCC providers located in non-urban communities, as less than one-third of non-urban family child care providers elected to participate in Maryland EXCELS.
4. Provide additional training and guidance for MSDE Quality Assurance Specialists (QAS) working with providers to meet Maryland EXCELS requirements. Ensure that MSDE QAS are accessible and trained in a strengths-based model for supporting child care providers and ensure that MSDE QAS and other MSDE personnel who review providers' supporting documentation have a consistent understanding of the requirements for meeting each quality rating level.
5. Review the processes for increasing a Maryland EXCELS rating to assess opportunities to streamline and to make it less time intensive for providers.
6. Conduct more research to determine how bonuses and increased scholarship reimbursement rates have changed providers' perceptions of the Maryland EXCELS and scholarship programs and dig deeper to understand remaining barriers to participation.

Parent-focused recommendations

1. Increase consumer education efforts to increase families' awareness of the Maryland EXCELS program, the benefits of choosing a Maryland EXCELS-rated provider, and how to search for Maryland EXCELS-rated providers. Specifically, consider ways to integrate or align the [Maryland Family Network's LOCATE](#) search tool and MSDE's [Maryland EXCELS directory](#) and ensure information is provided in languages parents speak. In addition, the research team recommends incorporating family voice and perspectives on defining and communicating on child care program [quality](#).

2. Ensure that Maryland EXCELS dimensions clearly reflect aspects of quality that matter most to families (e.g., health and safety, learning and school readiness, staff-parent communication).⁵ In addition, incorporate parent perspectives in the development of consumer educational materials related to child care quality.

Overall, findings show that there is great potential to increase providers' participation in Maryland EXCELS as well as families' awareness of Maryland EXCELS. Incentivizing more providers to participate may make more high-quality child care options available to families, a need that is particularly salient in non-urban areas of Maryland. Capitalizing on these incentives to improve quality is critical given that many Maryland EXCELS-participating providers may never serve a child with a scholarship. Increased consumer education about Maryland EXCELS could allow more parents to consider quality ratings when searching for and choosing a provider. Engaging additional providers and parents in Maryland EXCELS may motivate continuous quality improvement among providers in their pursuit to attract customers and provide high-quality care to children and families. Additionally, more providers of all types and backgrounds need to be participating in Maryland EXCELS to ensure that Maryland families have equitable access to high-quality child care options

⁵ Gerson, C. S., Griffith, I., Solomon, B., Halle, T., Banghart, P., Darling, K., & Madill, R. (2024). Parents' perspectives on child care quality and quality ratings in Maryland. *Child Trends*. <https://doi.org/10.56417/2805p7016w>

Overview

Over the past three decades, many states have adopted a systems-level approach to assess and improve the quality of early care and education (ECE) programs through the use of quality rating and improvement systems (QRIS).ⁱ In general, the overall goals of QRIS are to:ⁱⁱ

1. Improve the quality of ECE programs to support better early learning outcomes for children.
2. Inform parents about the importance of high-quality ECE programs and where to find them.
3. Provide financial incentives for ECE providers who choose to participate, typically through bonuses and child care subsidy reimbursements.
4. Provide supports such as trainings, mentorships, and technical assistance to ECE programs.

Views vary on the efficacy of QRIS in meeting these goalsⁱⁱⁱ and the definition of “quality” is not fully inclusive as current definitions have historically left out the viewpoints of Black, Hispanic/Latino, and Indigenous communities. While there is much room to make QRIS more equitable, these systems have created indicators for important elements of quality including teacher-child ratios, teacher-child interactions, and learning and development guidelines which can provide a useful structure to promote child care quality.^{iv} As more providers participate in QRIS, it potentially promotes greater and more equitable access to high-quality child care. ECE providers who choose to participate in their state’s QRIS are encouraged to continuously work toward program quality improvement.⁶ In turn, this may help improve child outcomes as high-quality child care programming provides a safe and enriching environment that supports the development of children’s language,^v social-emotional skills,^{vi} and cognitive skills.^{vii}

However, not every child has access to high-quality child care, with cost being a primary barrier for families with lower household incomes. Child care subsidies may increase equitable access to high-quality child care, as the use of subsidies has been associated with greater utilization of formal, high-quality child care.^{viii,ix} However, only about one in six potentially eligible children received subsidies in 2019, and that access varied significantly by race-ethnicity.^x Despite these findings, as more providers participate in state QRIS, more families will have equitable access to a range of programs that have been rated across many dimensions of quality.

As part of the 2019 Maryland Child Care Policy Research Partnership (see Box 1), this research brief summarizes perceptions about and experiences with Maryland’s QRIS and Maryland EXCELS (see Box 2^{xi}), as reported during 2021 and 2022 by Maryland center-based and family child care (FCC) providers, as well

Box 1. The Maryland Child Care Policy Research Partnership

In October 2019, Child Trends, in partnership with the Maryland State Department of Education (MSDE) Division of Early Childhood, received funding for a four-year project from the Office of Planning, Research, and Evaluation within the U.S. Department of Health and Human Services to investigate how Maryland’s Child Care and Development Fund (CCDF) policies, regulations, and initiatives enacted since the Child Care and Development Block Grant (CCDBG) Act of 2014 have affected low-income families’ equitable access to high-quality child care.



⁶ States’ requirements around which providers are required to participate in QRIS vary. For more information, see <https://ecquality.acf.hhs.gov/resource-guide/standards-and-criteria>.

as families with children who received child care scholarships⁷ and participated in these programs. In collaboration with MSDE, this study examined child care providers' responses to an ongoing incentive grant program⁸ and an October 2015 MSDE policy requiring providers to participate in Maryland EXCELS to receive child care scholarship reimbursement. We also explored parent perspectives on child care quality and whether and how parents consider Maryland EXCELS ratings as part of their child care decision. Both of these research areas shed light on how the 2015 policy change (i.e., requiring providers to participate in Maryland EXCELS to receive a scholarship reimbursement) and the implementation of Maryland EXCELS more broadly help promote equitable access for Maryland families to high-quality child care programming that supports children's development and meets parents' needs.

Below we describe our research questions, methods, and findings. The brief concludes by summarizing key findings identified across data collection efforts, as well as recommendations for future programming and policy-making.

Box 2. Overview of Maryland EXCELS

In Maryland, the QRIS is known as Maryland Excellence Counts in Early Learning and School Age Care ([EXCELS](#)). Early care and education (ECE) programs that wish to serve children who receive a child care subsidy (referred to as a “scholarship” by MSDE) must participate in Maryland EXCELS. ECE programs that wish to participate in Maryland EXCELS must (1) be licensed, (2) meet [Maryland EXCELS quality standards](#), and (3) submit an application with supporting evidence to justify a rating. Programs are awarded a quality rating on a scale from 1 to 5 (higher ratings indicate higher quality). Then providers have up to one year to voluntarily publish that rating before it expires. Program ratings can change if a program submits additional evidence, has a change in accreditation status, or has a change in license or compliance status changes in relationship to the Maryland EXCELS standards. Notably, higher scholarship payments are available to programs publishing at quality rating levels 3, 4, or 5; this practice is referred to as ‘tiered reimbursement.’*

*Source: Maryland State Department of Education. Maryland EXCELS Toolkit. <https://marylandexcelstoolkit.org/frequently-asked-questions/#general>

Research questions

The study addressed the following provider-focused research questions:

- What are the characteristics of providers participating in Maryland EXCELS?
- What are providers' perceptions of the advantages and challenges of participating in Maryland EXCELS?
- For what purposes do providers use quality incentive bonus funds offered by MSDE?

⁷ Maryland refers to child care subsidies, funded through the federal Child Care and Development Block Grant (CCDBG), as [child care scholarships](#). In Maryland, families who are low-income and are working, in a training program, or in school are eligible to receive child care scholarships.

⁸ Originally established in 2002, MSDE offers a Child Care Quality Incentive Grant (CCQIG) program to foster professionalism among providers and quality of child care programs. For more information, see <https://earlychildhood.marylandpublicschools.org/ccqig>.

The study also addressed the following research questions focused on families receiving child care scholarships:

- What are families' perspectives of child care quality?
- How familiar are families with Maryland EXCELS?
- To what extent might families consider Maryland EXCELS ratings when searching for and choosing a provider in the future?

This brief presents data from a variety of sources, including a survey of center-based child care and FCC providers, a survey of parents receiving child care scholarships, follow-up interviews with a subgroup of providers who took the provider survey, and follow-up focus groups with a subgroup of parents who completed the parent survey. In the sections below, we first present findings from current providers and then from parents. In each section, survey data precede interview or focus group data.

Methods

This section provides a brief summary of the sample for each data collection referenced in this brief. For a full description of analytic methods used with each data source, see [Appendix 1: 2019 Maryland Child Care Research Partnership \(MDCCPRP\) Detailed Data Collection & Analysis Methods Summary](#).

Provider survey

The sampling frame for the survey of providers included all licensed center-based providers and registered FCC providers (N = 3000) who were currently operating in Maryland as of April 2021, approximately one year after the beginning of the COVID-19 pandemic.

Sampled providers included those both participating and not participating in Maryland EXCELS. Due to the small number of large FCC providers and providers with Maryland EXCELS ratings of 3+, we purposely oversampled these providers by contacting all providers in these two categories. The remaining providers were then stratified by whether they were located in a non-urban area, their Maryland EXCELS rating (if applicable), and whether they served families receiving scholarships, sampling twenty percent (20%) of each group for a total of 1,221 providers. Sampled providers were sent a customized QR code survey link via email and postcard. The survey was open from June 1 through July 13, 2021.

A total of 984 providers completed the survey (679 FCC providers [75% of the sample]; 305 center-based respondents [25% of the sample]). Among these programs, 95 percent reported that they were operating at the time of the survey.⁹ The number of respondents for each survey question (excluding those who responded "N/A") is reported as "(n = X)" in the title for each exhibit. Ns reported as ranges describe the minimum and maximum number of respondents who answered any one specific response option. For example, an exhibit title might read "Reasons influencing providers' decision to do X (n = YYY-ZZZ)" where YYY is lowest number of respondents for any single reason, and ZZZ is the highest number of respondents for any single reason.

Provider interviews

Interviews were held with providers who expressed interest in participating in interviews on the provider survey. To ensure diversity among interviewees, interview participants were selected based on key characteristics including program type (centers vs. FCC), enrollment of children who receive a child care

⁹ Some providers who responded were temporarily closed due to the pandemic.

scholarship, Maryland EXCELS participation, urbanicity, race/ethnicity, primary language spoken, and selected survey responses (e.g., likelihood of program operating in three years). The research team conducted forty-six 30- to 60-minute virtual interviews between September 2021 and January 2022: 37 percent (n = 17) with FCC providers and 63 percent (n = 29) with center-based program representatives. Among FCC providers, 71 percent (n = 12) were participating in Maryland EXCELS and 29 percent (n = 5) were not. Among center-based program representatives, 90 percent (n = 26) were participating in Maryland EXCELS, and 10 percent (n = 3) were not. Qualitative data were analyzed to identify overarching themes and areas of consensus and divergence.

Parent survey

The sampling frame for the parent survey included all parents in Maryland with at least one child who was age 5 or under using a scholarship to attend a formal child care arrangement as of September 1, 2021. The research team oversampled Hispanic parents from the population described above by sampling all Hispanic parents because of MSDE's interest in understanding Spanish-speaking parents' experiences. We then drew a random sample from the remaining families in the population. A total of 1,452 eligible parents were invited to participate in an online survey and were sent a unique survey link via email and postcard. The survey was open from November 2021 to January 2022. A total of 666 parents responded to the survey (response rate 46%). Ns are reported using the same conventions described under Provider Survey methods above.

Parent focus groups

The research team conducted virtual focus groups with 37 parents who expressed interest in participating in a follow-up discussion on the parent survey. Participants were grouped based on their provider's EXCELS rating (level 1–2 and level 3–5), place of residence (urban/non-urban), and language (English/Spanish). The research team spoke with 30 urban-residing parents (16 who had children enrolled with lower rated [levels 1–2] providers; 14 who had children enrolled with higher rated [levels 3–5] providers), two non-urban-residing parents (one who had a child enrolled with a higher rated provider and one who had a child enrolled with a non-rated provider), and five Spanish-speaking parents (all who had children enrolled with higher rated providers) between April and May 2022. We conducted a total of seven focus groups in English, one small focus group with Spanish-speaking parents (n = 2), and three individual interviews with Spanish-speaking parents to accommodate scheduling challenges.

Provider Participation in Maryland EXCELS

This section summarizes study findings for each of the four research questions pertaining to providers:

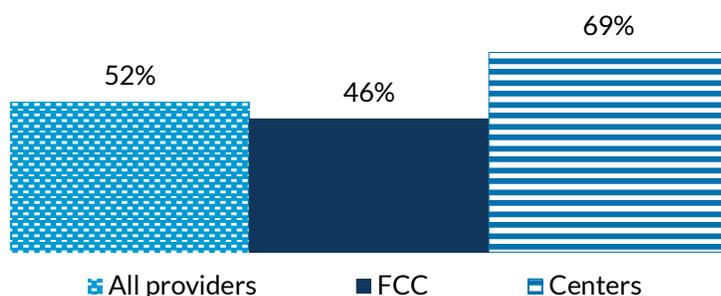
- What are the characteristics of providers participating in Maryland EXCELS?
- What are providers' perceptions of the advantages and challenges of participating in Maryland EXCELS?
- For what purposes do providers use quality incentive bonus funds offered by MSDE?

Characteristics of participating child care providers

Based on the current provider survey, just over half (52%) of all respondents were participating in Maryland EXCELS in 2021. A smaller proportion of FCC programs (46%) than center-based programs (69%) were participating in Maryland EXCELS (see Exhibit 1).

Looking at quality ratings, about two-thirds of participating child care programs were rated EXCELS levels 1 to 2 (66% of all rated programs, 73% of FCC, and 51% of centers), and 31 percent of all participating programs were rated EXCELS level 3 to 5 (23% of FCC programs and 47% of center-based programs) (see Exhibit 2). Among participating providers, twice as many center-based providers as FCC providers achieved higher-quality ratings. A small fraction (1%) of each type of program was participating (i.e., they had applied and had been assigned an EXCELS rating) but had not yet published their rating.

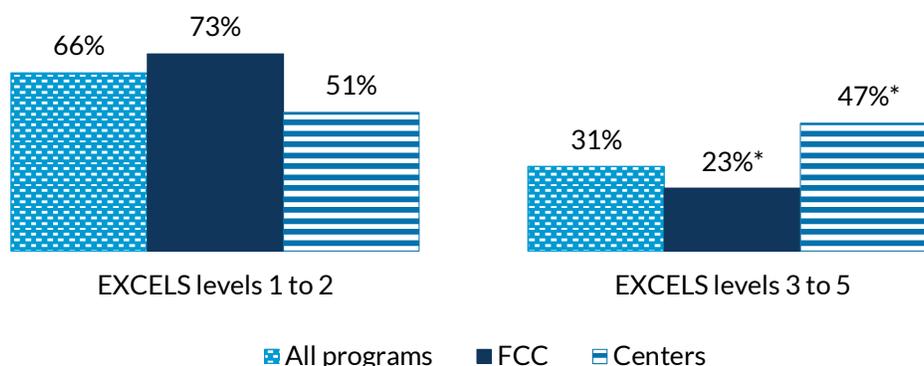
Exhibit 1. Percentage of all providers participating in Maryland EXCELS in 2021 (n = 361 FCCs and n = 238 Centers)



Note: Percentages include a small proportion of providers (<1%) who are participating in Maryland EXCELS but have not yet published their ratings. Statistically significant differences by provider type are noted with an asterisk.

Source: MD CCPRP 2021 Current Provider Survey

Exhibit 2. Distribution of Maryland EXCELS ratings among participating providers in 2021, by level (n = 361 FCC providers and n = 238 center-based providers)

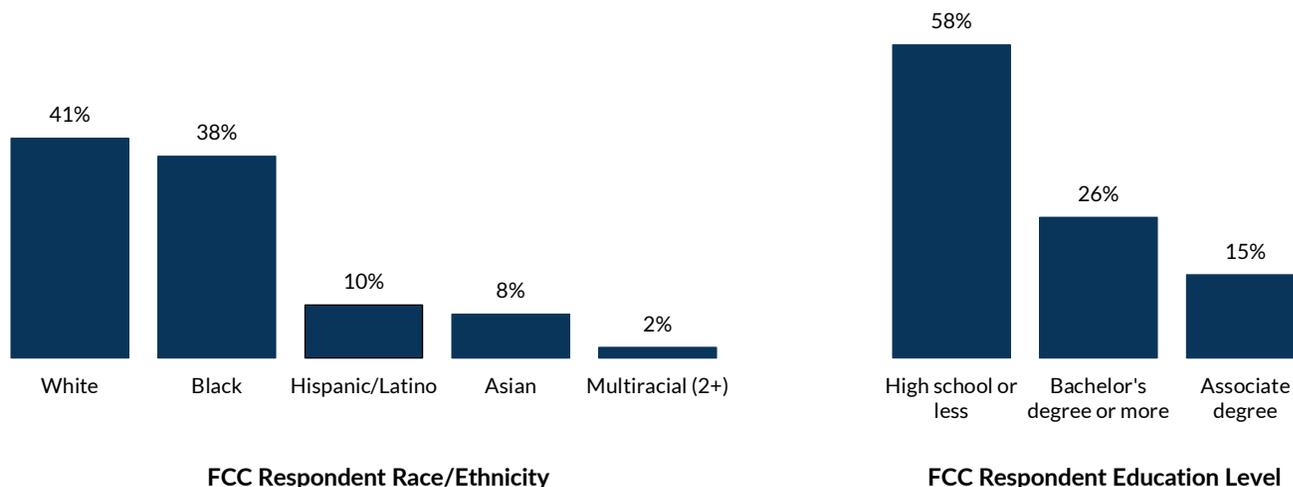


Note: Statistically significant differences by provider type are noted with an asterisk. Totals by provider type do not sum to 100 percent because a small number of providers were in the process of participating with Maryland EXCELS but had not yet been assigned or published their rating level.

Source: MD CCPRP 2021 Current Provider Survey

Providers participating in Maryland EXCELS also reported on their race/ethnicity and level of education (see Exhibit 3). We only report demographics for FCC providers because center-based survey respondents may not be representative of the characteristics of all staff in their program. In 2021, Maryland FCC providers were primarily White (41%) or Black (38%); Hispanic providers (10%) and Asian providers (8%) made up most of the remaining providers. Among FCC providers, 58 percent reported completing high school as their highest level of education, 15 percent completed an associate degree as their highest level of education, and 26 percent completed a bachelor's degree as their highest level of education.

Exhibit 3. FCC providers' race/ethnicity (n = 567) and education level (n = 592)



Note: Race/ethnicity detail does not sum to 100 percent as two racial groups were not reported due to low sample size. Details about center-based providers' characteristics are not included as we only collected this information from program representatives who completed the survey and did not gather information about the characteristics of all staff in each program.

Source: MD CCPRP 2021 Current Provider Survey

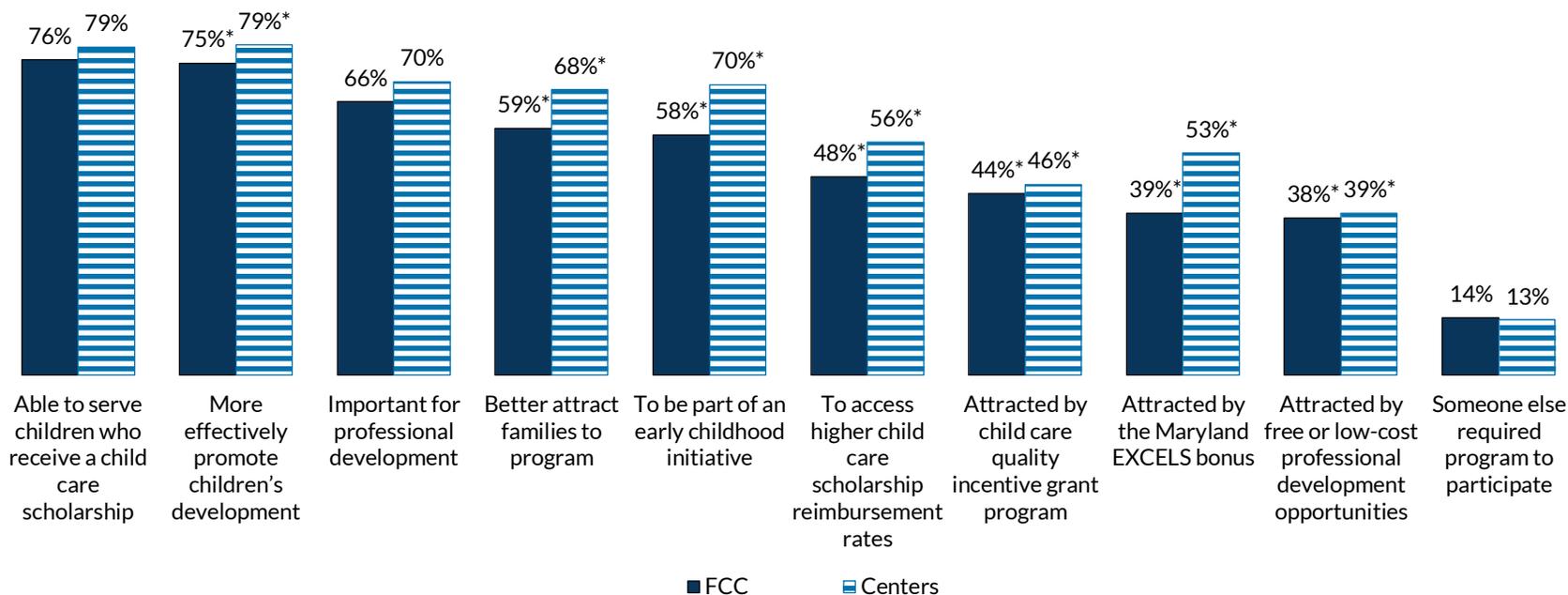
Providers' perceptions of the advantages and challenges of participating in Maryland EXCELS

Providers who were participating in the Maryland EXCELS program were asked via the provider survey what factors influenced their decision to participate in Maryland EXCELS (see Exhibit 4). Similar patterns were seen in FCC and center-based providers' endorsement of different reasons identified in the survey. Roughly three-quarters of both FCC and center-based respondents shared that they strongly desired to be able to serve children with scholarships (76% and 79% respectively) or leverage the EXCELS program training and TA provided by MSDE so they could more effectively promote children's development (75% and 79% respectively). About two-thirds of both FCC and center-based providers felt it was important to participate in Maryland EXCELS to better attract families to their program (59% and 69% respectively) or because they wanted to be part of an early childhood program quality improvement initiative (58% and 70% respectively). In addition, roughly half of both FCC and center-based providers (48% and 56% respectively) wanted to access higher scholarship reimbursement rates that were contingent upon participating in Maryland EXCELS at levels 3, 4, or 5, or they were attracted by the CCQIG incentive grant program (44% and 46% respectively).

Providers participating in Maryland EXCELS also acknowledged benefits to their professional pursuits. About two-thirds of both FCC and center-based provider survey respondents agreed it was important to participate in Maryland EXCELS as part of their professional development (66% and 70% respectively) and two-fifths of FCC and center-based respondents were attracted by the free or low-cost professional development opportunities offered by MSDE (38% and 39% respectively). Less than one-fifth of surveyed

providers (14% of FCC and 13% of centers) reported that they joined the Maryland EXCELS program because someone else in their organization required them to participate.

Exhibit 4. Reasons that “Very much” influenced providers’ decision to participate in Maryland EXCELS (n = 365–378 FCC providers, n = 234–242 center-based providers)



Notes: Respondents were given the option to select more than one reason and confirm whether each reason contributed “Very much”, “Somewhat”, or “Not at all”. Providers were invited to ‘check all that apply’ thus Ns vary for each reason.

* Indicates statistically significant differences between FCCs and center-based providers.

Source: MD CCPRP 2021 Current Provider Survey

During follow-up interviews with 46 providers, all interviewees, regardless of having participated in Maryland EXCELS, were asked what they perceived as the advantages to participating in Maryland EXCELS. Many providers (n = 25) discussed the intersection of Maryland EXCELS and the child care scholarship program. Eight providers specifically highlighted that being a Maryland EXCELS-rated provider allowed them to serve children with scholarships and thus help families who would typically be unable to afford care. Many providers (n = 20) emphasized the financial advantages to serving

“There is no disadvantage. The advantage is you could help the families in your community.”

-Family child care provider

children with scholarships, and that these advantages increase not only with higher numbers of children with scholarships but also with higher-quality rating levels. One provider shared,

"I only have four [children who receive subsidy] but at level 5, the additional amount is high."

"I feel proud that I'm doing additional things to let my families know that I'm a quality childcare."

-Center-based provider

Several providers discussed benefiting from Maryland EXCELS participation in the form of personal and/or professional growth (n = 15), such as gaining a sense of pride in knowing they operate a high-quality program (n = 8). One FCC provider stated,

"...to know that, without a shadow of a doubt, I am offering quality care and it is care that I would want my own children to [receive], that just gives me peace of mind."

A few providers mentioned that they improved their own program's quality by going through the process of updating policies and procedures (n = 3). One center-based respondent shared,

"...it definitely helped to improve our program. [Maryland EXCELS] had me go through our policies, go through our handbook and had me look at some practices and policies that we could have been implementing in our program."

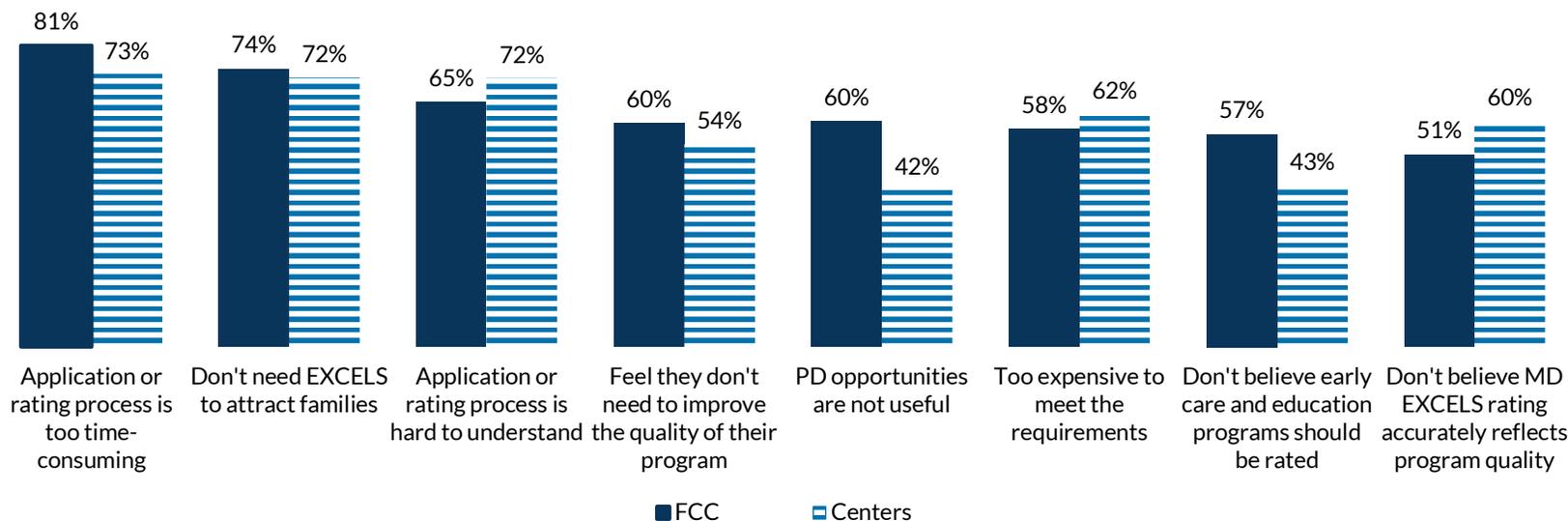
Two additional providers shared that they felt more educated as a result of going through the process to become rated and accessing the additional professional development opportunities. One provider noted,

"There have been many tools that have opened my mind to say 'Okay, this business that I have in my hands is much bigger than just a nanny.'" Another provider also noted that having a Maryland EXCELS rating helps with staff morale because "they know they're working for a higher-level center."

A couple of providers also mentioned that they use Maryland EXCELS language on their own websites to describe what it means to be a high-quality program, which they felt attracted families to their programs. Two providers also discussed using their EXCELS rating as a conversation starter with families around how their program provides quality care.

The provider survey also asked providers who chose *not* to participate in Maryland EXCELS about their reasons for not participating (see Exhibit 5). Two-thirds to three-quarters of both FCC and center-based providers reported that the process to enroll was too time-consuming (81% and 73% respectively), they didn't need the Maryland EXCELS ratings to attract families to their program (74% and 72% respectively), or the application was difficult to understand (65% and 72% respectively). Half or more programs also reported that they didn't feel they needed to improve the quality of their program (60% of FCCs and 54% of centers), it was too expensive to meet Maryland EXCELS program requirements (58% of FCCs and 62% of centers), or they didn't believe Maryland EXCELS ratings accurately reflected program quality (51% of FCCs and 60% of centers). In addition, 60 percent of FCCs and 42 percent of center-based respondents reported that the associated professional development opportunities were not useful, and 57 percent of FCCs and 43 percent of center-based respondents did not believe early care and education programs should be rated at all.

Exhibit 5. Reasons that “Very Much” or “Somewhat” contributed to providers’ decision NOT to participate in Maryland EXCELS (n = 177–188 FCC providers, n = 26–30 center-based providers)

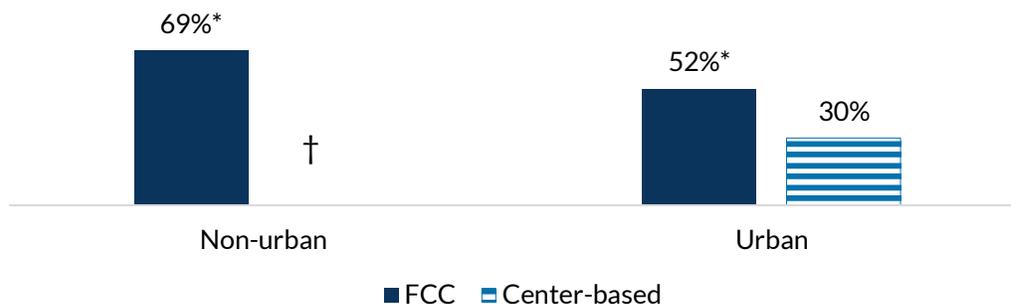


Note: Respondents were given the option to select more than one reason and confirm whether each reason contributed “Very much”, “Somewhat”, or “Not at all”. Providers were invited to ‘check all that apply’ thus Ns vary for each reason. None of the differences by program type were statistically significant.
Source: MD CCPRP 2021 Current Provider Survey

FCC providers’ likelihood of participating in Maryland EXCELS varied by urbanicity and race/ethnicity. We found that a greater percentage of FCC providers in non-urban areas chose not to participate (69%) compared with FCC providers in urban areas (52%; see Exhibit 6).¹⁰ In addition, 30 percent of center-based providers in urban areas opted not to participate. The percentage of non-urban center-based programs that chose not to participate in Maryland EXCELS was too small to report.

¹⁰ The U.S. Census Bureau defines urban areas as encompassing at least 5,000 people or at least 2,000 housing units. <https://www.census.gov/newsroom/blogs/random-samplings/2022/12/redefining-urban-areas-following-2020-census.html>

Exhibit 6. Percentage of providers that were NOT participating in Maryland EXCELS, by type of child care provider and urbanicity (n = 312 FCC providers and 64 center-based providers)



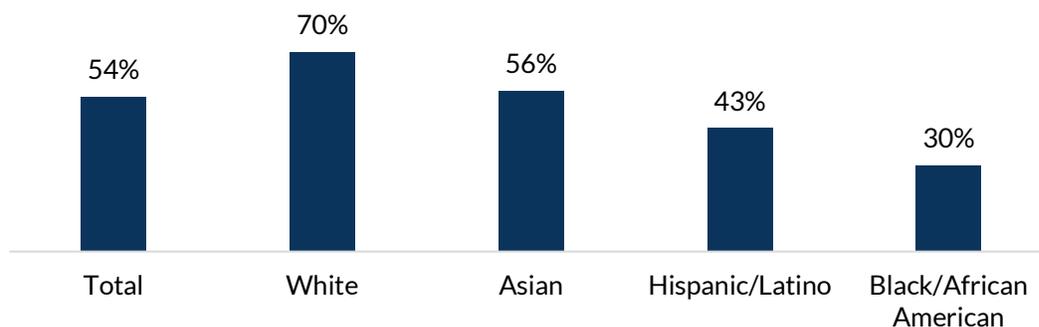
* Indicates statistically significant differences between non-urban and urban FCCs

† The number of center-based providers in non-urban areas that chose not to participate in Maryland EXCELS was too small to report.

Source: MD CCPRP 2021 Current Provider Survey

Also using provider survey data, keeping in mind that 54 percent of all surveyed FCC providers opted *not* to participate in Maryland EXCELS, there were disparities in participation by race and ethnicity (see Exhibit 7). More White and Asian FCC providers (70% and 56% respectively) opted *not* to participate in the program than Hispanic and Black providers (43% and 30% respectively). Reasons for these differences may vary by provider and there may be multiple reasons that lead a provider to participate or not.

Exhibit 7. FCC providers NOT participating in Maryland EXCELS, total and by race/ethnicity (n = 234)



Note: Race categories not shown in this exhibit had sample sizes too small to report. White providers were significantly less likely to participate than Hispanic and Black providers. Asian providers were significantly less likely to participate than Black providers. All other comparisons were not significantly different.

Source: MD CCPRP 2021 Current Provider Survey

Based on provider interview data, among providers who had never participated in Maryland EXCELS,¹¹ most indicated that participation seemed to involve a lot of time, and they did not perceive any clear benefits that would make it worth the effort. Providers who previously participated in Maryland EXCELS (n = 2) indicated that they stopped participating mainly because they were no longer getting inquiries from families with scholarships. These providers also discussed the time and effort required to participate, and felt it was not worth the effort if they were not serving children with scholarships. One FCC provider noted,

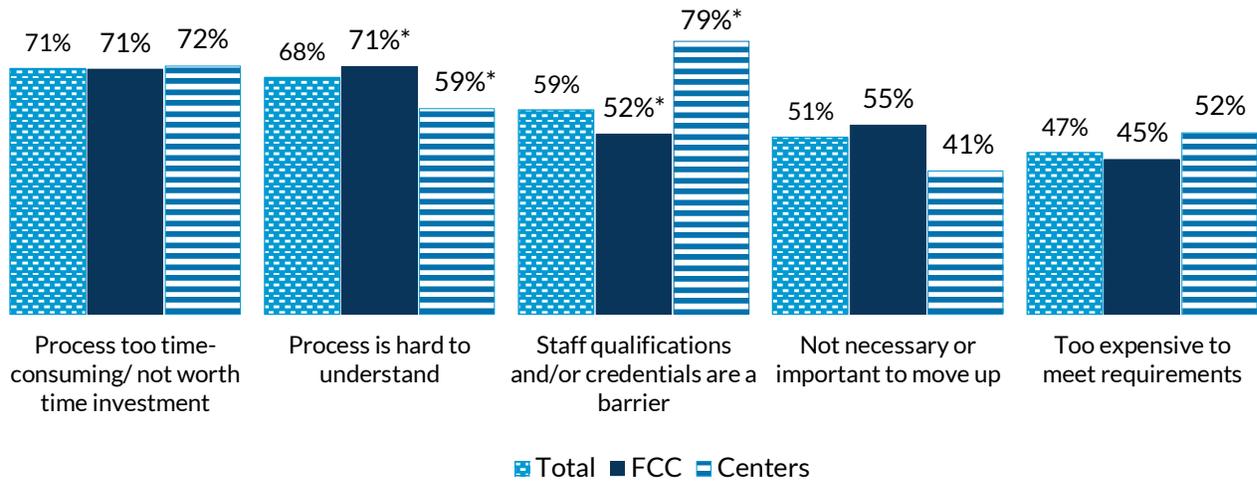
¹¹ Providers who have never participated in Maryland EXCELS included 3 center-based respondents and 3 family child care providers. They included one non-urban residing provider and 5 urban and four who identified as White, one who identified as Black, and one who did not report their race or ethnicity.

“It was a lot of work. It’s a lot of paperwork and a lot of time and lots of submissions, a lot of questions, things that come through you have to redo... You got a little bit more money, I think it’s a percentage more per kid. I sat down and figured it out, it was not worth it.”

Factors preventing providers from increasing their Maryland EXCELS quality rating over time

Providers rated as levels 1–2 reported a variety of barriers to increasing their Maryland EXCELS quality rating over time. Exhibit 8 summarizes reasons from the survey that providers endorsed as preventing them from increasing their ratings. Nearly three-quarters of these lower quality programs reported that the process was too time-consuming. A similarly high proportion said the process was too hard to understand (68% overall, 71% FCC, 59% Centers). Notably, staff qualifications were a significantly greater barrier for center-based respondents (79%) compared with FCC providers (52%)—a 27 percentage point difference. Compared to FCC providers, who are sole proprietors, center-based providers may experience greater challenges as they have more staff that need to navigate the credentialing process and/or obtain higher degrees. Still, over half of FCC survey respondents acknowledged qualifications and credentialing as barriers. Additionally, roughly half of all programs reported that moving to a higher rating was not important (51%) and cost was a barrier (47%).

Exhibit 8. Reasons reported by Level 1–2 providers that “Very Much” or “Somewhat” prevented them from increasing their Maryland EXCELS rating, total and by provider type (n = 186–193 FCCs and 63–65 Centers)



Note: Respondents were given the option to select more than one reason and confirm whether each reason contributed “Very much”, “Somewhat”, or “Not at all”. Providers were invited to ‘check all that apply’ thus Ns vary for each reason.

* Indicates statistically significant differences between FCCs and center-based providers.

Source: MD CCPRP 2021 Current Provider Survey

Survey findings were mirrored in provider interview findings. When asked about the advantages of participating in Maryland EXCELS, ten providers (out of 46) did not perceive any benefits or were not motivated to move up in ratings. Many providers (n = 20) indicated that requirements for increasing one’s quality rating, such as additional training or documentation, are very time-consuming, and the time and effort required have prevented them from doing so. One provider shared,

“It just seems overwhelming for no reason to me...it’s not [going to] hurt me or harm me if I stay at a Level 3 or go higher or lower.”

Some providers also felt that the incentives associated with higher ratings were not worth the effort (e.g., reimbursement rates are not adequate, higher ratings do not attract parents, and in fact, they sometimes deter parents who assume higher ratings mean higher costs) (n = 5). Many providers also felt that the existing guidance about how to complete requirements and move to the next level of Maryland EXCELS was not clear, which added to the time and effort required (n = 14). Importantly, many providers said they appreciated the support of their Quality Assurance Specialist (QAS).¹² One FCC provider stated,

"My [QAS]...she was such a tremendous help. If it was not for her, I wouldn't have done it."

However, a few indicated their QAS was not patient or had limited availability (n = 3). Two providers shared how they received conflicting information when working to increase their quality rating score.¹³ When receiving technical assistance, one center-based provider shared,

"We have been getting a lot of technical assistance, but still there is a lot of things that need to be clarified...we get different answers through different people. So, they're not on the same page, they're learning and it's kind of making our jobs more difficult."

Another provider highlighted that their QAS was not the person who reviewed and approved their supporting materials, and that guidance provided by their QAS was inconsistent with the feedback received regarding their quality level documentation.

"There's a disconnect between the [QAS] and the ones that are actually reviewing. [QAS] might give you help, but then it's not exactly what the person that's actually giving you the levels needs."

Additionally, consistent with the survey findings, staff qualifications posed a barrier for many providers—especially when trying to increase their quality rating from a level 3 to a level 4, or from a level 4 to a level 5. The accreditation process was also noted by a few FCC providers as a barrier to increasing their quality rating from a 2 to a 3.

"...a basic level 3 for EXCELS is you would have to go through the accreditation program, and I would never ever want to be accredited as a family provider, if I was a center absolutely hands down. But as a family provider there are far too many restrictions that already impede on our home."

Furthermore, some FCC providers reported facing unique challenges related to increasing their quality ratings because they typically have less time available to dedicate to the process and fewer supports (n = 4).

Use of bonus funds

Since 2013, during specific time periods, MSDE has provided bonus funds to programs for publishing a Maryland EXCELS first-time rating, a higher rating, or republishing a quality rating level 5.¹⁴ Based on the

"I have somebody that takes over with the kids, and I can do some paperwork on Mondays. And I'm also taking classes at a college level, so I have to balance that and I have to do my homework and I have to do kids' paperwork, I have get ready for my inspection and I got to do lesson plans."

-Family child care provider

¹² A QAS is an MSDE employee who assists providers with the Maryland EXCELS system, including support to meet standards, provide evidence of eligibility, or help with registering for the program. They also help with other MSDE initiatives such as: accreditation, credentialing, and training or related to Maryland EXCELS. See <https://marylandexcels.org/resource/maryland-excels-contact-information/> for more information.

¹³ Both FCC and center-based providers were vague when describing the MSDE staff they were communicating with while working to increase their quality rating score. It is unclear whether providers were always referring to a disconnect between QAS and other MSDE personnel or different people with similar roles.

¹⁴ Bonus programs available to providers prior to our April 2021 survey were active July 1, 2013–December 31, 2015 and October 1, 2018–September 30, 2019. In addition, providers that were published at a quality rating 3, 4, or 5 as of December 1, 2020 were awarded a \$1,250 stipend in January 2021.

provider survey, among those participating in Maryland EXCELS, roughly two out of every five FCC providers (39%) and half of center-based respondents (53%) were attracted by the Maryland EXCELS bonus program. During interviews, providers who indicated they received bonus funds were asked how they were using those funds. The majority of FCC providers (n = 6) and almost half of center-based respondents (n = 10) indicated using the funds to purchase materials, curriculum, furniture, or upgrades needed to their facility. A smaller number of providers indicated using the additional funds to cover staff payroll and bonuses, and one FCC provider reported providing a bonus to themselves with the extra funding. One FCC provider and one center-based respondent shared that they gave the additional funds to families who were struggling to pay their co-pay. One FCC provider and three center-based respondents also reported using funds to offer or attend staff trainings.

Providers' perceptions of families' understanding of Maryland EXCELS

Finally, during interviews, providers were asked how they perceived families' awareness and understanding of what it means to be a Maryland EXCELS-rated program. Many providers noted that most of their families did not know what being a rated program meant (n = 25).¹⁵ One FCC provider stated,

"[Parents] want to know my experience. They want to know what my personality is. What I'm going to do with the kids, what we do during the day. They don't care about a rating on a piece of paper, so that wasn't doing anything for me."

Another provider shared that she felt her 5-star rating may have hindered families from reaching out to her, believing that they would not be able to afford her rates. In contrast, two providers shared that families had heard about Maryland EXCELS and this awareness had increased compared to previous years. Two other providers felt that their program was sought after because they were an EXCELS-rated program.

"I've never had [a family] say, 'Oh, I chose your program because you're accredited', or 'I chose your program because you're in EXCELS.'"

-Center-based respondent

¹⁵ This theme was prevalent among both Maryland EXCELS-participating and non-participating providers.

Parent Perspectives on Child Care Quality, Maryland EXCELS, and the Child Care Search Process

This section summarizes study findings for each of the three research questions pertaining the families:

- What are families' perspectives of child care quality?
- How familiar are families with Maryland EXCELS?
- To what extent might families consider Maryland EXCELS ratings when searching for and choosing a provider in the future?

Families' perspectives on child care quality

The parent survey and focus groups—both of which were limited to parents receiving child care scholarships—found that the child care location, willingness to accept a scholarship, quality of care ([as defined by the parent](#)), and type of provider (home versus center) were among the top reasons why parents chose their provider. In focus groups, when asked what high-quality care means to them, parents emphasized the importance of cleanliness, safety, positive parent-staff interactions, one-on-one attention given to children, and having a stimulating learning environment that promotes school readiness. Some parents shared that their child's happiness is a sign that they are being well cared for and an indicator of quality because “*children should look and feel happy to return back to that childcare.*” Parents emphasized a shift in priorities as children get older, including an even stronger focus on school readiness.

“For me, quality childcare for my child was that my child was going to get the love and support regarding her development and her growth that she would get at home. That was super important for me.”

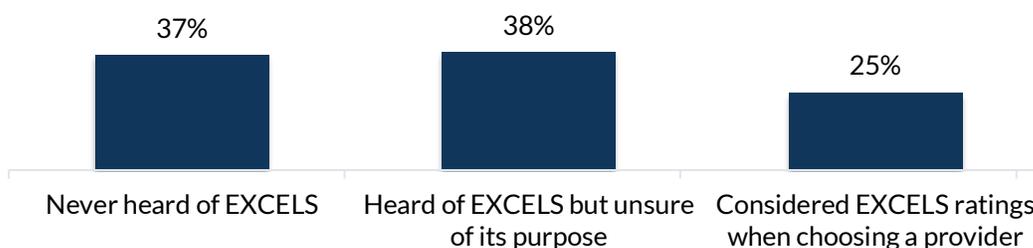
-Parent of a 19-month-old child

Families' familiarity with Maryland EXCELS

While quality of care was a top priority for parents, only 25 percent of parents who completed the parent survey considered EXCELS ratings when choosing a provider (see Exhibit 9). In focus groups, most parents indicated that they were not familiar with the Maryland EXCELS rating system and thus did not consider EXCELS ratings when choosing a child care provider. Only one of 37 parents who participated in focus groups indicated using the [Maryland EXCELS search tool](#) to find an EXCELS rated provider in their area. A non-urban-residing parent noted that while they had looked at EXCELS ratings when searching for a provider, “[*programs with ratings of*] 1s and 2s are all I had ever seen.” As a result, this parent was unable to factor EXCELS ratings into their decision-making process. Instead, when searching for care, parents described prioritizing online parent reviews (e.g., Google reviews), first-hand experiences with providers, and word of mouth from friends and family members. As one parent said,

“I would look it up on the internet, then I'd go to [visit] and ask the provider ‘Okay... what do you focus on? ... What do you offer?’ ... Then, if I like what she is offering me, I would contact a parent who could tell me about the experience they are having with her at the moment.” - Parent of a two-year-old child

Exhibit 9. Parent-Reported Knowledge of Maryland EXCELS, among Parents Receiving a Child Care Scholarship (n = 666)



Source: MD CCPRP 2021–22 Parent Survey

Families’ perceptions of whether EXCELS ratings accurately reflect quality of care

During focus groups, parents were asked whether their providers’ Maryland EXCELS rating accurately reflected the quality of care they provided. Findings indicate that parents’ perceptions varied by program quality rating. Parents whose children were enrolled in a program with an EXCELS rating of 3–5 (n = 18) generally felt that the rating was an accurate reflection of program quality, whereas parents whose children were enrolled in a program with an EXCELS rating of 1–2 (n = 18) generally felt that the rating was too low and did not accurately reflect the quality of care provided by the program. As one parent said:

“I mean, she doesn't have a curriculum, but she does have a monthly theme. She does teach them their letters. She has a nice little schedule; they have a set schedule every day. They are busy all day long, she keeps them, you know, doing stuff. But she's definitely an in-home daycare ... [I think her rating should be] more like a 3.” - Parent of a two-year-old child

Families’ consideration of EXCELS ratings in future child care searches

After receiving a brief overview of EXCELS in focus groups, most parents shared that, while they may consider EXCELS ratings when searching for care in the future, they would likely prioritize other program characteristics over state quality ratings. Specifically, parents emphasized the difficult balance between finding high-rated providers that have vacancies, convenient program hours, affordable rates, and nearby locations. As one parent said:

“I feel like, to be honest, if you find someone with a rating of 5, either their hours might not work for you, or it might be far [away]. When you are depending on a voucher to send your kids to daycare, you don't really have a lot of options ... I mean, if I had money, I would send them to the best daycare.” - Parent of a three-year-old child

“[If I knew that a provider had a quality rating of 5], well, yes, that would be a factor [in my decision-making], but I think also would be a factor if they would put who's full and not full. Because that doesn't help us at all, with the rating ... we can call till we're blue in the face, but people don't have vacancies.”

-Parent of a two-year-old child

A few parents mentioned receiving information about Maryland EXCELS but were unsure of how to use or reference the ratings in their search. Overall, parent survey and focus group findings demonstrate a need to

better educate parents about the Maryland EXCELS rating system and provide concrete tools for using EXCELS ratings when choosing a provider.

Summary of Key Findings

Findings from our analyses revealed the following important insights into providers' perceptions of and experiences with the Maryland EXCELS program, and parents' perceptions of child care quality and their likelihood to consider Maryland EXCELS ratings when choosing child care.

- 1. Most providers are participating in Maryland EXCELS because it is a requirement for serving children with a child care scholarship.** According to administrative data analysis, of the 52 percent of all providers participating in Maryland EXCELS in 2021, roughly three-quarters of both FCC and center-based survey respondents shared that being able to serve children with scholarships influenced their decision to participate in Maryland EXCELS (76% and 79% respectively). Given that only a small proportion of income-eligible children utilize the Maryland child care scholarship program,¹⁶ this has significant implications if MSDE wants to increase the quality of all providers (many of whom will never serve a child with a scholarship).
- 2. Many providers see the program requirements they must demonstrate to earn a higher Maryland EXCELS rating as being too burdensome or not necessary.** In 2021, just over half of center-based survey respondents (51%) and almost three-quarters of FCC providers had a published Maryland EXCELS rating 1 or 2. Roughly three-quarters of center-based and FCC respondents with a published rating of 1 or 2 reported the process to increase their rating was too time-consuming or not worth the investment (81% and 73% respectively) or that they didn't need the Maryland EXCELS ratings to attract families to their program (74% and 72% respectively). Center-based respondents were more likely to perceive staff qualifications and/or certifications as a barrier to increasing their quality rating compared to FCC providers. Compared to center-based respondents, FCC providers were more likely to report that the process for moving up in quality ratings was hard to understand (71% vs. 59%). FCC providers also shared that higher reimbursement rates were still inadequate, and higher-quality ratings did not attract more families. Meeting requirements to increase quality ratings may be more burdensome for FCC providers who typically own their program and wear multiple hats (e.g., lead teacher, cook, cleaner, program administrator).
- 3. Provider participating in Maryland EXCELS shared reasons that aligned with MSDE goals around supporting program quality improvement.** Across data collection efforts, participating providers highlighted a multitude of advantages to participating in Maryland EXCELS, including the ability to serve children with scholarships, financial benefits (e.g., bonuses, higher reimbursement rates¹⁷), along with pride related to program improvement, and personal and professional growth. In the survey, roughly three-quarters of both FCC and center-based respondents shared that they strongly desired to be able to serve children with scholarships (76% and 79% respectively) or leverage the EXCELS program training and TA provided by MSDE so they could more effectively promote children's development (75% and 79% respectively). About two-thirds of both FCC and center-based providers already participating in the program felt it was important to participate in Maryland EXCELS to better attract families (59% and 69% respectively) or because they wanted to be part of an early childhood program

¹⁶ Based on administrative data analyses, the number of children under age 6 who used a Maryland scholarship was 12,867 in January 2018, 17,795 in January 2019, and 20,736 in January 2020.

¹⁷ Although an advantage for many, some providers indicated that the reimbursement rates were inadequate leading some to opt out of serving children who receive scholarship. Increased reimbursement rates are critical to increasing equitable access to child care. Higher reimbursement rates are an incentive for providers to serve children who are receiving child care scholarships. The more providers who view this as an advantage, the more high-quality child care options will be available for low-income families.

quality improvement initiative (58% and 70% respectively). About two-thirds of both FCC and center-based respondents agreed it was important to participate in Maryland EXCELS as part of their professional development (66% and 70% respectively).

4. **Providers not participating in Maryland EXCELS varied by urbanicity and race/ethnicity.** A greater percentage of FCC providers in non-urban areas chose not to participate in Maryland EXCELS (69%) compared with FCC providers in urban areas (52%). About one-third (30%) of center-based programs in urban areas opted not to participate. The number of non-urban center-based programs that chose not to participate in Maryland EXCELS was too small to report. When examining Maryland EXCELS participation by race and ethnicity, among FCC providers, compared to Black and Hispanic providers, more White and Asian providers opted not to participate. Reasons for this are unclear and should be further examined in future research. It is possible that Black and Hispanic providers are more likely to reside in areas where the demand for providers who accept scholarships is higher. Providers serving marginalized communities may also have similar lived experiences as families who need a scholarship and may be more driven to support their communities in this way.
5. **Quality Assurance Specialists (QAS) play an important role in helping providers publish and move up in ratings; however, communication and processes intended to support providers could be streamlined and improved.** Both FCC and center-based providers frequently reported the process to increase their quality rating was too time-consuming or not worth the time investment and that the process was hard to understand. In interviews, providers shared how they used their QAS to ask questions and seek support. While QAS were perceived as helpful, three providers noted that their QAS was difficult to reach or impatient with them through the process. Other providers also noted receiving mixed messages from different QAS and MSDE personnel. This misalignment made the process more time-consuming and burdensome.
6. **There is a disconnect between providers' goals and parental awareness of EXCELS.** Among surveyed providers, nearly two-thirds of both FCC and center-based providers (59% and 68% respectively) reported that they participate in Maryland EXCELS to better attract families. However, only about 40 percent of the surveyed parents were familiar with Maryland EXCELS, and even fewer (25%) mentioned they considered EXCELS ratings when choosing a child care provider. In focus groups, parents were largely unfamiliar with the rating system and frequently used other sources to assess program quality, including online parent reviews, first-hand experiences with providers, and word of mouth. While parents indicated that they may consider Maryland EXCELS ratings when searching for care in the future, many said they would likely prioritize other program characteristics, including affordability and location. Providers also emphasized that parents often value other program characteristics over a provider's Maryland EXCELS rating.

Conclusion & Recommendations

This research brief summarizes child care provider and parent perceptions and experiences related to Maryland's child care quality rating and improvement system based on data collected using mixed methods over a two-year period (2021–2022). Overall, findings indicate that there is potential to increase provider participation in Maryland EXCELS and promote greater awareness among families to consider quality ratings when searching for and choosing a provider. Engaging additional providers and parents in Maryland EXCELS may motivate continuous quality improvement among providers in their pursuit to provide high-quality care to children and families.

With regard to the disparities in participation by race and ethnicity (see Exhibit 6), Hispanic and Black child care providers may be more willing to work with the quality rating system generally, especially if (due to historic inequities) they have more demand from families that are eligible for child care scholarships which requires that they work with the system to serve those families. There may also be other unstudied factors

related to their desire to serve children who are in need. Regardless, if providers of all types and backgrounds have equitable access to quality improvement resources and supports, additional engagement in the Maryland EXCELS system has the potential to increase the overall quality of child care options available to families in Maryland.

Since these data were collected, MSDE has made several notable improvements to the Maryland EXCELS program, including revising program standards to allow programs that have met all other criteria, but are awaiting [accreditation](#) to be awarded, a Maryland EXCELS level 4 rating and providing [bonuses](#) of varying amounts for publishing at a higher rating.¹⁸ In addition, MSDE has made significant improvements to the child care scholarship program, including streamlining enrollment for families and providing higher reimbursement rates for providers, which may motivate more providers to participate in Maryland EXCELS as an avenue for serving families who receive a child care scholarship.¹⁹

The recommendations provided below seek to build on these improvements by making provider participation in Maryland EXCELS more accessible and rewarding, demonstrating alignment between parents' needs and Maryland EXCELS standards, and ensuring information about Maryland EXCELS reaches all families so they can make fully informed decisions.

Provider-focused recommendations

1. Determine how bonuses as well as increased scholarship reimbursement rates have changed providers' perceptions of the Maryland EXCELS and scholarship programs and dig deeper to understand remaining barriers to participation.
2. Develop incentives for Maryland EXCELS participation that go beyond scholarship program participation because many providers do not want or need to serve children receiving scholarships.
3. Create more equitable opportunities for providers, especially FCCs and providers from racially or ethnically marginalized communities, to improve their credentialing and qualifications. To do this, we provide two recommendations that could be implemented individually or together:
 - a. Infuse more resources and build up system supports to help providers who are willing to seek higher qualifications. Specifically, providers need help paying for costs of professional development (e.g., time spent learning, materials, fees), staff coverage while taking classes (e.g., substitutes during the program day or child care for their own children for evening and weekend classes), and additional time allotted to complete training while also working full-time.
 - b. Consider differentiating educational achievement expectations and standards for FCC providers compared to center-based providers. FCC providers lack the supports and infrastructure offered by most center-based programs that may allow them to pursue further education or certifications concurrent with running their business. There may also be stronger indicators of quality than degrees/certifications held to justify higher-quality ratings in FCC programs.²⁰

¹⁸ The Institute for Innovation in Development, Engagement, and Learning Systems (IDEALS) at the Johns Hopkins University School of Education recently surveyed providers in Maryland to see whether bonuses incentivized them to increase their Maryland EXCELS rating (Hur, E.H., Buchy, L., Mull, L., Bubier, I., Phung, V. [Forthcoming, 2024]. Maryland EXCELS bonus evaluation study: Phase 1 initial results. Johns Hopkins School of Education.). Preliminary data shared with Child Trends suggest similar themes as reported by providers to Child Trends (i.e., the process to seek higher ratings is too much work for not enough benefit, even with bonuses offered, and that additional supports and incentives would be welcomed).

¹⁹ For more information on our research related to the Maryland child care scholarship program, see [Maryland Child Care Policy Research Partnership](#) webpage.

²⁰ Build Initiative, QRIS National Learning Network (2019). Engaging Family Child Care in QRIS. <https://buildinitiative.org/wp-content/uploads/2021/06/QRIS2019FamilyChildCareReportREV2-1.pdf>

4. Seek to understand non-urban FCC providers' reasons for not participating in Maryland EXCELS. Then, target incentives and supports for participation at FCC providers located in non-urban communities, as less than one-third of non-urban FCC providers elect to participate in EXCELS.
5. Provide additional training and guidance for MSDE Quality Assurance Specialists (QAS) working with providers to meet state requirements. Specifically:
 - a. Ensure that MSDE QAS are accessible and trained in a [strengths-based model](#) for supporting child care providers.
 - b. Ensure that MSDE QAS and other MSDE personnel who review providers' supporting documentation have a consistent understanding of the requirements for meeting each quality rating level.
6. Review the processes for increasing a Maryland EXCELS rating to assess opportunities to streamline and to make it less time intensive for providers.

Parent-focused recommendations

1. Increase consumer education efforts to increase families' awareness of the Maryland EXCELS program, the benefits of choosing a Maryland EXCELS-rated provider, and how to search for Maryland EXCELS-rated providers. Consider ways to integrate or align the Maryland Family Network's [LOCATE search tool](#) and MSDE's [Maryland EXCELS directory](#) to help parents find high-quality providers that meet their needs and availability in their area. Ensure all information is provided in languages parents speak. The research team recommends incorporating family voices and perspectives on defining and communicating about child care program quality.
2. Ensure that Maryland EXCELS dimensions clearly reflect aspects of quality that matter most to families (e.g., health and safety, learning and school readiness, staff-parent communication).²¹ In addition, incorporate parent perspectives in the development of consumer educational materials related to child care quality.

In conclusion, the findings in this brief highlight the need to facilitate more equitable access to supports providers' need to increase quality. This work also identified a need for improved strategies to inform families about the Maryland EXCELS program and ensure that families' definitions of quality are better reflected in consumer education materials. Future research should explore whether recent changes to MSDE policies and practices have improved provider participation in Maryland EXCELS and families' equitable access to and use of high-quality child care.

²¹ Gerson, C. S., Griffith, I., Solomon, B., Halle, T., Banghart, P., Darling, K., & Madill, R. (2024). Parents' perspectives on child care quality and quality ratings in Maryland. *Child Trends*. <https://doi.org/10.56417/2805p7016w>

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