

# Examining Quality in Family Child Care: An Evaluation of All Our Kin



Evaluation conducted by Toni Porter and Kayla Reiman. | Report authored by Christina Nelson, Toni Porter, and Kayla Reiman.

**Examining Quality in Family Child Care: An Evaluation of All Our Kin**

Evaluation conducted by Toni Porter and Kayla Reiman.

Report authored by Christina Nelson, Toni Porter, and Kayla Reiman.

This research was funded by The Grossman Family Foundation. We thank them for their support and acknowledge that the findings and conclusions presented in this report are those of the authors alone, and do not necessarily reflect the opinions of the Foundation.

# Executive Summary

## Introduction

Family child care — home-based, paid child care by a regulated provider — is one of the most common child care arrangements nationwide, particularly for infants and toddlers, children of color, and children from low-income families. Although child care quality contributes to child outcomes, there is very little research on family child care quality or initiatives to raise quality. Existing research suggests that strategies such as professional development, home consultation, and staffed family child care networks have a positive effect on quality in family child care settings.

## All Our Kin

All Our Kin is a nonprofit organization that offers training, support, and other resources to family child care providers in four Connecticut metro areas: New Haven, Bridgeport, Stamford and Norwalk. Its primary goals are (1) to increase the supply of high-quality, affordable child care options to enable parents to enter and remain in the workforce; (2) to help family child care providers attain economic self-sufficiency through their child care businesses; and (3) to enhance family child care providers' knowledge, skills, and practice as early childhood educators to improve young children's positive outcomes.

For unlicensed caregivers interested in becoming licensed family child care providers, All Our Kin offers a service called the Tool Kit Licensing Program, which helps individuals meet health and safety standards, fulfill state licensing requirements, and become part of a professional community of child care providers.

All Our Kin's Family Child Care Network, which is designed for licensed family child care providers, allows them to engage in educational mentorship, professional development, advocacy and leadership opportunities, and a network of relationships with other providers. Through the Network, they can also gain access to All Our Kin's educational consultants, skilled educators who offer one-on-one consultation about child development and teaching strategies to increase the quality of providers' programs.

Past research has shown that All Our Kin has been successful in increasing the supply of family child care in the communities it serves; that All Our Kin has a positive effect on earnings, educational attainment, and financial sustainability of

participating family child care providers' programs; and that providers reported a better understanding of child development principles after participating in All Our Kin services. Finally, preliminary research conducted by All Our Kin indicates that participation in All Our Kin programs may improve child care quality.

## Methodology

The current study aims to answer the question, **How does the quality of care that All Our Kin family child care providers offer compare to the quality of care of providers who are not associated with All Our Kin?** It used a quasi-

experimental design with one group of 28 All Our Kin providers and one comparison group of 20 licensed family child care providers who had no contact with All Our Kin (nor the opportunity to do so). Trained observers who were unaffiliated with All Our Kin visited all providers' programs for approximately three hours each, evaluating them using two instruments: the Family Child Care Environmental Rating Scale — Revised (FCCERS-R) and the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO). In addition, providers completed a survey about their programs and their professional, demographic, and personal characteristics.



## Results

The data from the observations and the surveys showed that the All Our Kin providers significantly outperformed non-All Our Kin providers on measures of quality. Specifically:

- All Our Kin providers scored, on average, 53 percent higher on the FCCERS-R, and 30 percent higher on the PICCOLO, than providers who were not associated with All Our Kin.
- All Our Kin providers performed particularly well on FCCERS-R subscales measuring Interactions and Listening & Talking.
- Sixty-four percent of All Our Kin providers scored 4 or higher on the FCCERS-R, compared to five percent of non-All Our Kin providers.
- All Our Kin providers' average scores on the PICCOLO's Teaching subscale were 76 percent higher than those of the comparison providers.



- **Twenty-nine percent of All Our Kin providers were rated “good” to “excellent” on global quality, compared to five percent of non-All Our Kin providers.** Other studies using the same research tools have found that just seven to nine percent of family child care providers rate as “good” to “excellent” on the Family Day Care Rating Scale (FDCRS: Harms & Clifford, 1989) or the FCCERS-R (Kontos et al., 1995; Peisner-Feinberg et al., 2000; Paulsell et al., 2008).
- **Fifty percent of All Our Kin providers intended to stay in the field of family child care “as long as possible,” compared to seven percent of the comparison providers.** Intention to remain in the field has been shown to be an important correlate of quality.

### Discussion

Since its inception 15 years ago, All Our Kin has gained increasing local and national recognition for its innovative model and focus. This study demonstrates that All Our Kin family child care providers offer higher quality care than those who are

unaffiliated with All Our Kin. While it did not establish which components of All Our Kin’s model — e.g., educational consulting, workshops, peer support — have the greatest impact, it confirms the findings of previous scholars who argued that staffed family child care networks, training and professional development, and home consultation visits support quality in family child care environments.

Decades of research findings support the idea that a child’s earliest experiences, including child care, have repercussions on his or her later success in school and in life. Communities looking to increase child care quality for their youngest and most vulnerable children should invest in initiatives like All Our Kin that support family child care providers, who, when given adequate resources and support, have the capacity to offer the high-quality, educational experiences that the children in their care need and deserve.

For more information, please read the full report, available at <http://allourkin.org/Evaluation>.



## A Letter from the Study Author Toni Porter

Dear Reader,

The quality of care that children receive in non-parental child care settings has been an enormous concern since the 1970s, when mothers of young children began to enter the workforce in large numbers for the first time since World War II. This concern is well-warranted. Research shows that the first several years of a child's life are crucial for cognitive, language, social-emotional and physical development. High-quality child care can make a difference in these outcomes, especially for children who have factors — poverty, single-parent households, exposure to other stresses — that place them at risk for struggles in school and later life.

Family child care is a common choice for many parents, particularly families of color, families with low incomes, and families who have infants or toddlers. Still, there is little research-based evidence available about these types of child care arrangements compared to what we know about center-based child care. For me, conducting this evaluation of All Our Kin represented an opportunity not only to examine one model in depth, but also to contribute to the gap in research about the role that family child care networks like All Our Kin play in improving the quality of family child care.

The results are positive. All Our Kin providers scored significantly higher on observational measures of the environment and caregiver-child interactions than a comparison group of non-All Our Kin providers in Connecticut. Equally important, All Our Kin providers' scores were higher than the scores reported for providers in several national studies that used the same measures.

These findings will be of interest to a wide variety of stakeholders, from advocates and policymakers who support public investments in family child care and who need evidence about family child care models, to researchers and practitioners who seek a greater understanding of family child care and approaches for improving its quality. Of course, we hope that the study will lead to future descriptive research on the specific components of models like All Our Kin that contribute to quality as well as impact studies that examine the effects of these approaches on quality and child outcomes.

Many thanks to the family child care providers who participated in this study for welcoming our observers into their homes, and to Jessica Sager and Janna Wagner, whose commitment to the research was essential.

Sincerely,



**Toni Porter**, *Principal Investigator*









## A Letter from Janna Wagner & Jessica Sager, Co-Founders of All Our Kin

Dear Reader,

When we started All Our Kin in 1999, family child care was almost completely ignored by policymakers, nonprofits, and scholars alike. Sixteen years later, things are only just beginning to change. Both in Connecticut and across the country, communities are realizing that family child care must be a key component in any solution to the child care crisis we face as a society. Still, there is a lack of research about family child care, particularly in terms of the quality of family child care programs and the efficacy of specific strategies to improve quality.

In our many years of working with family child care providers, we have observed time and time again what providers are capable of when given resources and support. We have seen providers gain skills and confidence as educators, and we have seen the young children in their care blossom. That's why we're so pleased about *Examining Quality in Family Child Care: An Evaluation of All Our Kin*, a rigorous external evaluation of All Our Kin's impact. The study shows that All Our Kin providers scored an average of 53 percent higher on nationally-recognized measures of quality than providers who were not affiliated with All Our Kin, and that All Our Kin providers did particularly well in subscales measuring interactions, listening and talking, and teaching — all areas that have been shown to promote healthy child development. These results provide evidence for what we've been saying all along: that when organizations like All Our Kin invest in home-based caregivers, they can and do become high-quality educators who provide the early learning experiences that children need and deserve.

*Examining Quality in Family Child Care* makes a strong case for public policies that support family child care providers and invest in their programs as community resources. We are delighted to share this study with you, and we hope that it helps community members, policymakers, and organizations who are working to create child care systems that work for all families, children, and providers.

Sincerely,

A handwritten signature in black ink that reads "Jessica & Janna". The signature is written in a cursive, flowing style.

**Jessica Sager & Janna Wagner**

# Introduction

## WHAT IS FAMILY CHILD CARE?

Across the country, home-based child care is one of the most prevalent child care arrangements for working families, especially children from low-income communities and communities of color (Laughlin, 2013; Johnson, 2005; Layzer & Goodson, 2006). According to the National Survey of Early Care and Education (2013), there are 3,788,000 home-based providers in the United States, 27 percent of whom are paid for the care they provide. Regulated family child care providers, who account for 11 percent of paid home-based providers, are women and men who care for small groups of young children in their homes and are regulated or licensed by the state (as opposed to license-exempt family, friend, and neighbor [FFN] caregivers).

Around 45 percent of all children under five years old whose mothers are working consistently spend time in a home-based child care setting (family child care or family, friend and neighbor care) (Laughlin, 2013). Infants and toddlers are most likely to be cared for in home-based child care, which is notable because the first three years of life represent a particularly critical period for healthy brain development.

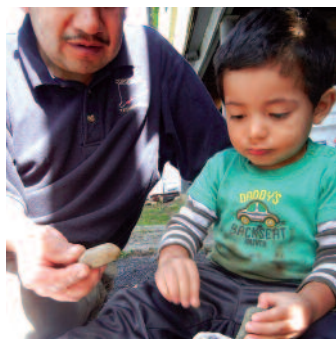
Families choose family child care for a variety of reasons:

**Culture and language.** Many families want to use a child care provider who shares their language and culture. Family child care providers live and work in the same communities as the families they serve, so parents and caregivers may trust their provider and be able to communicate with him or her more effectively about their needs and their child's development.

**Geographic accessibility.** Transportation is a key barrier to accessing child care, particularly when parents and caregivers rely on public transportation, and/or when a child care arrangement is not close to either the family's home or place of work. When families can find family child care options within their neighborhood, dropping off multiple young children is less stressful and less time-consuming.

**Flexibility.** Unpredictable job schedules, evening and night shifts, and employer demands to be on-call at a moment's notice can make it next to impossible for working parents to coordinate child care. Family child care providers may be more likely to accommodate nontraditional child care needs by having extended or even overnight hours.

**Family-like environment.** Many parents feel more comfortable placing their young children in family child care programs because they believe that their children will thrive in a small group setting with a warm, family-like atmosphere.





**Cost.** Child care costs represent a sizeable portion of many families' household budgets, particularly for families with multiple children or with just one working parent. Family child care programs tend to be much more affordable for families than center-based child care settings. In Connecticut, for example, the average annual cost of care for an infant is \$9,790 in a family child care home, compared to \$13,241 in a child care center. (Committee for Economic Development, "Child Care in State Economies" Factsheet, 2015.)

### **EXISTING RESEARCH ON FAMILY CHILD CARE QUALITY**

A variety of studies have demonstrated that children in high-quality child care arrangements score higher on cognitive and language assessments than children in poor quality settings (Clarke-Stewart et al., 2002; Elicker et al., 2005; Loeb et al., 2004). Children who are already at high risk of not being ready for school (including those in families with low incomes, low educational levels, or headed by a single parent) have been shown to benefit the most from high-quality care (Brooks-Gunn & Duncan, 1997).

Although scholars and policymakers have identified child care quality as critical, there is little research on quality in family child care, and findings from existing studies are mixed. Several studies have found that average quality is inadequate (Coley et al., 2001; Elicker et al., 2005), and Kontos et al. (1995) found that only nine percent of family child care providers met the standard for "good" using the Family Day Care Rating Scale (FDCRS), the precursor to the Family Child Care and Environmental Rating Scale-Revised (FCCERS-R). However, Paulsell et al. (2008) found that quality, on average, is minimal to good. Still others have found that family child care homes are safe, that providers are warm, responsive and nurturing, and that providers are engaged with the children in their care (Coley et al., 2001; Fuller & Kagan, 2000; Layzer et al., 2007; Peisner-Feinberg et al., 2000).

### **WHICH PROVIDER CHARACTERISTICS PREDICT QUALITY IN FAMILY CHILD CARE?**

Studies have shown that several provider characteristics are associated with high family child care quality:

- Educational levels
- Specialized training in early childhood
- Child Development Associate (CDA) credential
- Identification of family child care as providers' chosen occupation
- Intention to remain in the field
- Participation in professional organizations
- Contacts with other family child care providers
- Beliefs about child rearing
- Mental health

In addition, a wide range of initiatives have been developed to improve quality in family child care, including training, professional development, consultation and coaching, home visiting, and family child care networks (Porter et al., 2010).

**Training and professional development.** Participation in training workshops has been shown to have a positive effect on family child care quality. One study demonstrated that providers who participated in workshops on a regular basis had higher observed quality than providers who had never attended a workshop or those who had only attended workshops sporadically (Norris, 2001). Another study, an evaluation of a six-month training program that focused on working with young children, found increases in provider responsiveness to children and reduced incidence of detachment (Howes, Galinsky, & Kontos, 1998).

**Consultation, coaching, and home visiting.** Several studies point to the effectiveness of consultation and coaching — intensive individual support by a consultant with a provider — as a strategy for improving quality in family child care (Porter et al., 2010). One evaluation found that consultation and coaching led to improved scores on teaching and learning, provisions for learning, and literacy and numeracy (Bryant et al., 2009). Another found significantly higher gains in observed quality among a cohort of providers who had received intensive coaching than those who had just attended workshops (Ramey & Ramey, 2008).

**Family child care networks.** Family child care networks are staffed organizations that offer a variety of services to providers, from monthly networking and training meetings to home visits and supports for CDA attainment, peer support, and support for accreditation (Porter et al., 2010b). The research on the effectiveness of family child care networks is limited. Studies have found that affiliation with a provider network or association is associated with higher observed quality, particularly when network staff are specially trained (Doherty et al., 2006; Kontos et al., 1995; Bromer et al., 2009). Bromer et al. (2009) also found that specific kinds of network services (holding provider trainings at the network site, regular home visits to help providers work with children and parents, communication between staff and providers between meetings, and a "warm line") were associated with higher quality, whereas other services (referrals to trainings offered by other organizations, provision of materials and equipment, business support, and peer mentoring) were not associated with higher quality.

# The All Our Kin Model



All Our Kin is a Connecticut-based nonprofit organization that is nationally recognized as a model for improving quality in home-based child care. It supports caregivers across a continuum that includes family, friend and neighbor caregivers who seek to become licensed; newly licensed providers who need assistance to establish their programs; and experienced family child care providers who want to enhance their education and engage in professional development.

All Our Kin was established as a response to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 in order to help single mothers of very young children who were struggling to find work and affordable child care in their communities. It opened its doors in a New Haven housing development in 1999 with just two staff members, six children, and six mothers. In the subsequent 15 years, All Our Kin has expanded its staff, programmatic offerings and geographic catchment area to meet three primary goals: (1) to increase the supply of high-quality, affordable child care options to enable parents to enter and remain in the workforce; (2) to help family child care providers attain economic self-sufficiency through their child care businesses; and (3) to enhance family child care providers' knowledge, skills, and practice as early childhood educators to improve young children's positive outcomes. In 2014, All Our Kin provided services to 405 caregivers in New Haven, Bridgeport, Stamford, and Norwalk and the surrounding areas. Of these providers, 235 were licensed at the time of the study, 103 were in the process of becoming licensed, and 67 were other community educators.



## ALL OUR KIN'S PROGRAMS

**Tool Kit Licensing Program** The Family Child Care Tool Kit Licensing Program, a collaboration with the Connecticut Children's Museum, provides resources, mentorship and support to help unlicensed family, friend and neighbor caregivers and other potential providers meet health and safety standards, fulfill state licensing requirements, and become part of a professional community of child care providers. The Tool Kit Program includes materials, equipment and ongoing support from in-house licensing coordinators.

**Family Child Care Network** The centerpiece of the All Our Kin model is its Family Child Care Network, through which providers engage in educational mentorship, professional development, advocacy and leadership opportunities, and a network of relationships with other family child care providers. Network members convene for monthly meetings, educational workshops and trainings including a 10-session business series, CDA credential coursework and preparation, and an annual professional development conference. Network members have access to zero-interest loans/grants and a "warm line" they can call for advice at any time. In addition, they can choose to participate in intensive, one-on-one consultation with All Our Kin educational consultants, skilled educators who have a high degree of expertise in both child development and adult learning.





## Prior Research on All Our Kin's Effectiveness

All Our Kin has conducted several studies to measure its impact. In 2007, Holt, Wexler, & Farnam found that All Our Kin had a significant impact on family child care supply, increasing the number of family child care providers in New Haven even as the number of providers across Connecticut declined. A later study, conducted in 2011 by the Connecticut Center for Economic Analysis, found that All Our Kin had a positive effect on the economic viability of its providers' family child care businesses and improved their educational levels. Six in ten providers reported increases of \$5,000 in income in their first year after licensure, and close to half reported that the amount doubled in the following year. A significant proportion of the providers also increased their levels of education: 47 percent of the providers had completed a CDA, and 11 percent had completed an associate's degree after becoming licensed.

Other All Our Kin research has focused on quality. In a 2013 qualitative study which used interviews, focus groups, and a telephone survey, All Our Kin providers reported that they had gained a better understanding of child development and how to support children's cognitive, language, social-emotional and physical development (Weiser & Susman, 2013). Providers' views of themselves as professionals also improved. Many providers

credited All Our Kin for their interest in pursuing professional advancement through obtaining a CDA or an associate degree (Weiser & Susman, 2013).

Internal research suggests that All Our Kin has improved the child care quality that its network members offer. A 2008 internal study with the National Association for Family Child Care Accreditation Readiness Checklist found marked improvements in practice among the 20 providers observed by staff in pre- and post-tests (All Our Kin, 2009a). Another internal study with 25 providers enrolled in All Our Kin's CDA program found that a significant proportion of providers reported positive changes in practice between the pre- and post-tests (All Our Kin, 2009b).

Because All Our Kin is one of the few organizations of its kind, there is considerable interest in learning about its model and replicating it to increase quality in family child care programs in other communities. By answering the question, *How does the quality of care offered by All Our Kin family child care providers compare to the quality of care of providers who are not associated with All Our Kin?*, the current study represents a formal external evaluation of the effectiveness of All Our Kin's model.



## Study Design



The evaluation used a quasi-experimental design with a group of 28 randomly-selected All Our Kin providers who met the eligibility criteria for participation and a comparison group of 20 family child care providers who had never had contact with All Our Kin. Providers in both groups had to be licensed and caring for a minimum of three children. Providers in the All Our Kin sample had to have had a minimum of seven educational consulting visits and participated in a minimum of 15 All Our Kin programs between October 2012 and October 2014. Providers in the non-All Our Kin comparison group had to have had no contact with All Our Kin. These non-All Our Kin providers were recruited from Hartford, Waterbury, Danbury, and New Britain, communities which share many of the same characteristics as the cities in which All Our Kin is located, but are located far enough away from All Our Kin offices that providers would not have had the chance to participate in the All Our Kin network.

There were no statistically significant differences in the demographic characteristics of the two groups (See Table A, page 17).

In order to measure quality of care in these two groups, observers used two instruments — the Family Child Care Environmental Rating Scale-Revised (FCCERS-R) and the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) — as well as a paper and pencil survey, which included questions about the providers' programs, the number and ages of children in care, and providers' professional, demographic, and personal characteristics.

The FCCERS-R was chosen because it is an established tool in the field for measuring quality in family child care. It measures the quality of the child care environment with 38 items in seven subscale areas (space and furnishings, personal care routines, listening and talking, activities, interaction, program structure, and parent and provider). Each item is rated from 1 ("inadequate") to 7 ("excellent").

Some researchers have recognized that the FCCERS-R does not fully capture adult-child interactions, which represent a crucial component of overall quality. For this reason, the current evaluation also employed the PICCOLO, which exclusively measures adult-child interactions with 29 items in four subscale areas (affection, responsiveness, encouragement, and teaching). Each item is rated from 0 ("absent," or no behavior observed) to 2 ("definite," or strong/frequent behavior).

In order to gather data, trained observers visited family child care providers' programs for approximately three hours to conduct FCCERS-R and PICCOLO evaluations. Observers were hired as independent contractors who had no prior connection with All Our Kin. During the course of the evaluation, observers were not told which providers were members of the All Our Kin network and which were not.







Eric Carle  
De la cabeza  
a los pies

Harpas Colibríes



## Findings

The study found that quality on both observation tools was statistically higher for All Our Kin providers than non-All Our Kin providers. Furthermore, All Our Kin providers' mean scores on each individual FCCERS-R subscale, and three out of the four PICCOLO subscales, were statistically significantly higher than those of non-All Our Kin providers.

### FCCERS-R (See Table B, page 17)

Mean overall quality for All Our Kin providers was 4.39, close to "good" (a score of 5), compared to a mean of 2.86 (below 3, "minimal") for non-All Our Kin providers. Sixty-four percent of All Our Kin providers were rated at a global score of 4 or higher, while only five percent of non-All Our Kin providers scored at these levels.

In addition, All Our Kin providers scored higher than non-All Our Kin providers on each of the seven FCCERS-R subscales, particularly on the subscales measuring Interactions and Listening and Talking. The mean score for Interactions for All Our Kin providers was 5.73 compared to 4.26 for non-All Our Kin providers, and the mean score for Listening and Talking was 5.14 for All Our Kin providers compared to 3.12 for non-All Our Kin providers.

Finally, All Our Kin providers' scores were higher than the scores for providers in other studies of family child care quality. The table below highlights these differences:

	STUDY	FCCERS Global Quality Scores
<b>Current Evaluation: All Our Kin Providers</b>	Porter & Reiman, 2015	4.39
<b>Other Evaluations of Family Child Care Providers</b>	Fuller & Kagan, 2000	2.5-3.0
	Loeb et al., 2004	2.8-3.8
	Elicker et al., 2005	2.9
	Paulsell et al., 2008	3.4
<b>Other Evaluations of Family Child Care Providers Participating in Quality Interventions</b>	Peisner-Feinberg et al., 2000	3.61
	Forry et al., 2013	3.48

### PICCOLO (See Table B, page 17)

All Our Kin providers' scores on the PICCOLO were also significantly higher than those of non-All Our Kin providers. The mean total score for All Our Kin providers was 43.0 (out of a possible 58), while non-All Our Kin providers' mean total score was 33.1. Similar to the FCCERS-R findings, All Our Kin providers scored significantly higher than non-All Our Kin providers on three out of the PICCOLO's four subscales. On the "Encouragement" subscale, All Our Kin providers' mean score was 10.3 (compared to 7.8 for non-All Our Kin providers), and on the "Teaching" subscale, All Our Kin providers' mean score was 9.6 (compared to 5.5 for non-All Our Kin providers).



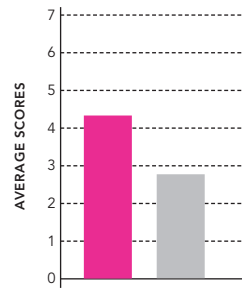




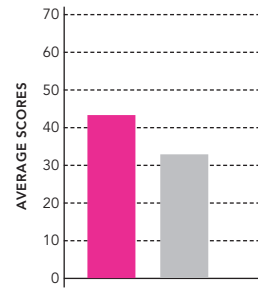
## Results

All Our Kin ■ Comparison ■

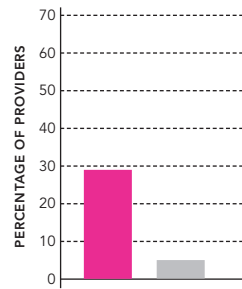
### FCCERS Scores



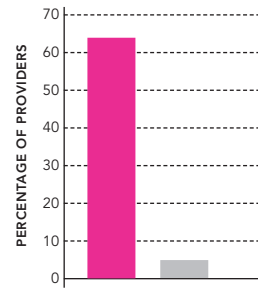
### PICCOLO Scores



### Scoring "5" or above

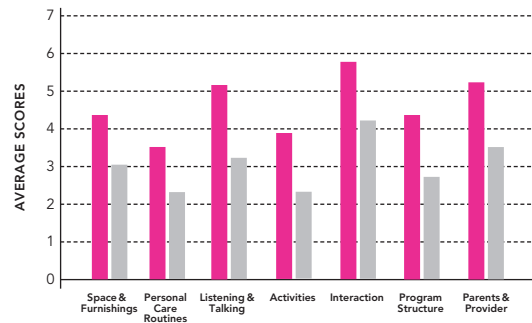


### Scoring "4" or above



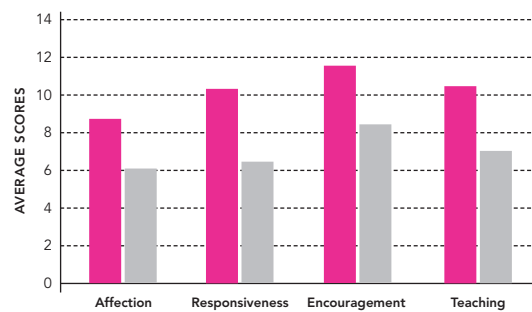
## FCCERS Subscales

All Our Kin ■ Comparison ■



## PICCOLO Subscales

All Our Kin ■ Comparison ■



## Survey Findings

An analysis of the results from the pencil and paper survey given to all providers revealed some differences between the personal characteristics of the All Our Kin providers and the comparison group. When asked how many years they planned to stay in the field, 35 percent of providers answered with 10 years or more and 32 percent chose to write in a variation of “as long as possible.” Overall, 50 percent of All Our Kin providers planned to stay in the field “as long as possible,” as opposed to seven percent of comparison providers. These results are noteworthy because other studies have found that intention to stay in the field is linked to global quality.

The survey also revealed that All Our Kin providers were 2.52 times more likely than non-All Our Kin providers to have a CDA (Child Development Associate credential). Of the 16 All Our Kin providers who had completed a CDA, eight had obtained it directly through All Our Kin’s CDA classes, and five had received help from All Our Kin in the CDA renewal process. Thus, CDA completion can be seen as a direct result of participation in the All Our Kin network; moreover, even when holding CDA completion constant, All Our Kin providers’ scores on measures of quality were significantly higher than providers who were not associated with All Our Kin.

Survey findings indicated that the only survey scale in which All Our Kin providers reported significantly lower scores than non-All Our Kin providers was social support. These findings were surprising, given All Our Kin’s opportunities for peer networking and individual consultation from educational consultants. To better understand these findings, study authors developed a second set of questions relating to professional social support (for example, asking providers how often they can get advice about work-related issues) and questions relating to personal social support (for example, asking providers how often they have someone to confide in). This survey, which was completed by 194 family child care providers at the May 2015 annual All Our Kin Family Child Care Conference, indicated that increased participation in AOK services was associated with higher levels of social support. This relationship was stronger for professional social support than for personal social support.

## Discussion

The results of this study indicate that All Our Kin family child care providers score higher on measures of provider quality than non-All Our Kin providers. While results are explored in detail in the previous section, the study’s primary findings were:

- **All Our Kin providers scored, on average, 53 percent higher on the FCCERS-R, and 30 percent higher on the PICCOLO, than providers who were not associated with All Our Kin.**
- **All Our Kin providers performed particularly well on FCCERS-R subscales measuring Interactions and Listening & Talking.**
- **Sixty-four percent of All Our Kin providers scored 4 or higher on the FCCERS-R, compared to five percent of non-All Our Kin providers.**
- **All Our Kin providers’ average scores on the PICCOLO’s Teaching subscale were 76 percent higher than those of the comparison providers.**
- **Twenty-nine percent of All Our Kin providers were rated “good” to “excellent” on global quality, compared to five percent of non-All Our Kin providers.** Other studies using the same research tools have found that just seven to nine percent of family child care providers rate as “good to excellent” on the FCCERS-R (Kontos et al., 1995; Peisner-Feinberg et al., 2000; Paulsell et al., 2008).
- **Fifty percent of All Our Kin providers intended to stay in the field of family child care “as long as possible,” compared to seven percent of the comparison providers.** Intention to remain in the field has been shown to be an important correlate of quality.

Without adequate resources and support, family child care providers struggle to provide high-quality care, even when they are extremely dedicated to the success of the children in their program. However, as this study has shown, staffed family child care networks like All Our Kin may be an effective way to increase quality in family child care programs. The findings reported above are not surprising: previous research has already shown that family child care network affiliation is associated with higher observed quality, particularly when network staff have been specially trained in the field of early care and education. All Our Kin staff are well versed in both child development and adult learning best practices, and the All Our Kin model is built around evidence-based practices such as regular program visits and having a “warm line” through which providers can receive advice and support from All Our Kin staff. The results of the current evaluation suggest that investing in similar models may have a substantial impact on child care quality, which has been shown to be consequential for child outcomes in school and even later on in life.







# Policy Recommendations



Despite the fact that so many infants and toddlers are in family child care settings and that many of these young children are at risk for poor educational outcomes, the role of family child care in local and national child care landscapes has largely been ignored. As a result, policymakers have not allocated significant funds or other resources towards the improvement of family child care quality. However, the findings from this evaluation indicate that initiatives like All Our Kin can have a positive effect on quality in family child care. There is substantial need for investments in staffed family child care networks like All Our Kin.

This evaluation provides evidence that, in order to ensure that children in all care settings have high-quality early learning experiences that will prepare them for lifelong success, new state and national policies should be crafted that:

- Invest in family child care networks like All Our Kin that are built on a foundation of research-based practices, including making regular consulting visits to providers' programs, holding provider trainings at a network site, communicating with providers between meetings, and offering a "warm line."
- Support further research initiatives that study quality in family child care settings and the effectiveness of initiatives to improve quality in family child care.



## Questions for Future Research

This study was an important first step in gathering data about All Our Kin's effectiveness. However, more research is needed in order to gain a more in-depth understanding of quality in All Our Kin family child care programs.

**Which All Our Kin strategies are most effective?** Without further research, it is impossible to identify which All Our Kin programs are making the biggest impact in terms of child care quality. The All Our Kin providers in this study participated in numerous distinct types of professional development opportunities, including one-on-one intensive educational consulting, workshops, multi-week workshop series, and access to a peer support network. Knowing which programs are particularly influential in increasing the quality of family child care providers' programs would allow for more targeted investment in resources and potentially even greater quality gains.

**How does All Our Kin provider quality affect child outcomes?** Prior research has demonstrated that high-quality child care is generally linked to positive outcomes for children, including high scores on cognitive and language assessments. Does this hold true for the family child care programs in the present evaluation? During the next phase of the evaluation (Year Two), researchers will investigate this question by measuring All Our Kin and non-All Our Kin children's performance in standardized measures of cognitive and social-emotional development.





**TABLES**

**Table A: Comparison of AOK and non-AOK Provider Demographic Characteristics**

Provider Characteristics	Total	AOK	Non-AOK	p-value
<b>Race/Ethnicity</b>	<b>n=45</b>	<b>n=27</b>	<b>n=18</b>	p=.402
Latino of any race	42% (19)	52% (14)	28% (5)	
Black	33% (15)	30% (8)	39% (7)	
White	18% (8)	15% (4)	22% (4)	
Other race	7% (3)	4 % (1)	11 % (2)	
<b>Age Range</b>	<b>n=41</b>	<b>n=24</b>	<b>n=17</b>	p=.177
<30	9% (4)	4% (1)	18% (3)	
30-39	16% (7)	19% (5)	12% (2)	
40-49	35% (15)	46% (12)	18% (3)	
50-59	28% (12)	23% (6)	35% (6)	
60+	12% (5)	8% (2)	18% (3)	
<b>Education</b>	<b>n=45</b>	<b>n=27</b>	<b>n=18</b>	p=.327
< High school	4% (2)	0% (0)	11% (2)	
High school or GED	24% (11)	30% (8)	17% (3)	
Some college	31% (14)	30% (8)	33% (6)	
Associate degree (AA)	16% (7)	19% (5)	11% (2)	
Bachelor's degree (BA)	20% (9)	15% (4)	28% (5)	
Graduate school	4% (2)	7% (2)	0% (0)	
<b>Child Development Associate (CDA)</b>	<b>n=44</b>	<b>n=27</b>	<b>n=17</b>	<b>p=.020*</b>
	45% (20)	59% (16)	24% (4)	
<b>Highest Early Childhood Education</b>	<b>n=34</b>	<b>n=20</b>	<b>n=14</b>	p=.855
None	44% (15)	40% (8)	50% (7)	
Some college	26% (9)	25% (5)	29% (4)	
AA	15% (5)	20% (4)	7% (1)	
BA	15% (5)	15% (3)	14% (2)	
<b>Income</b>	<b>n=32</b>	<b>n=18</b>	<b>n=14</b>	p=.990
Less than \$15,000	9% (3)	6% (1)	14% (2)	
\$15,001-\$25,000	16% (5)	17% (3)	14% (2)	
\$25,001-\$35,000	22% (7)	22% (4)	21% (3)	
\$35001-\$50,000	28% (9)	28% (5)	29% (4)	
\$50,001-\$65,000	13% (4)	17% (3)	7% (1)	
Over \$65,000	13% (4)	11% (2)	14% (2)	
<b>Years of Experience</b>	<b>n=43</b>	<b>n=25</b>	<b>n=18</b>	p=.539*
10 years or fewer	35% (15)	40% (10)	28% (5)	
11-20 years	35% (15)	36% (9)	33% (6)	
21 years or more	30 % (13)	24% (13)	39 % (7)	

Sample sizes vary based on provider survey responses.

\* Denotes Chi-square approximation. All other p-values in this chart use Fisher's Exact Test.



**Table B: Comparison of AOK and Non-AOK Observed Quality**  
Observed Quality: PICCOLO and FCCERS-R (n=48)

	AOK (n=28)		Non-AOK (n=20)		
	Mean	SD	Mean	SD	Sig
<b>FCCERS-R</b>	4.39	1.01	2.86	.863	<b>.000</b>
Space/Furnishings	4.27	1.03	3.04	1.08	<b>.000</b>
Personal Care Routines	3.47	1.35	2.28	.877	<b>.001</b>
Listening/Talking	5.14	1.47	3.12	1.40	<b>.000</b>
Activities	3.90	1.22	2.26	.727	<b>.000</b>
Interaction	5.73	1.26	4.26	1.53	<b>.001</b>
Program Structure	4.41	1.93	2.76	1.06	<b>.000</b>
Parent/Provider	5.18	.870	3.57	1.45	<b>.000</b>
<b>PICCOLO</b>	43.04	9.13	33.05	9.85	<b>.001</b>
Affection	12.00	1.61	9.90	2.92	<b>.007</b>
Responsiveness	11.14	2.65	9.90	2.55	.111
Encouragement	10.32	2.99	7.80	3.33	<b>.009</b>
Teaching	9.57	3.47	5.45	3.27	<b>.000</b>

For more information, please read the full report, available at <http://allourkin.org/Evaluation>

## REFERENCES

- All Our Kin (2009a). *NAFCC longitudinal results*. Unpublished report.
- All Our Kin (2009b). *Program impact report*. Unpublished report.
- All Our Kin (2015). *Results from the 2015 annual conference survey*. Unpublished, New Haven, CT: All Our Kin.
- Bromer, J., Van Haitisma, M., Daley, K., & Modigliani, K. (2009). *Staffed support networks and quality in family child care: Findings from the Family Child Care Network Impact Study*. Chicago, IL: Local Initiatives Support Corporation-Chicago.
- Brooks-Gunn, J., & Duncan, G. (1997). The effects of poverty on children. *The Future of Children*, 7(2), 55–71.
- Bryant, D.M., Wesley, P.W., Burchinal, M., Sideris, J., Taylor, K., Fenson, C., & Iruka, I. U. (2009). *The QUINCE-PFI Study: An Evaluation of a Promising Model for Child Care Provider Training: Final Report*. Chapel Hill, NC: FPG Child Development Institute.
- Burchinal, M., Howes, C., & Kontos, S. (2002). Structural predictors of child care quality in child care homes. *Early Childhood Research Quarterly*, 17, 87–105.
- Clarke-Stewart, K. A., Vandell, D. L., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? *Early Childhood Research Quarterly*, 17, 52–86.
- Coley, R. L., Chase-Landsdale, P. L., & Li-Grining, C. P. (2001). *Child care in the era of welfare reform: Quality, choices, and preferences*. (Policy Brief 01-4, Reform of Welfare, Children, and Families: A Three-City Study.) Baltimore, MD: Johns Hopkins University.
- Doherty, G., Forer, B., Lero, D.S., Goelman, H., & LaGrange, A. (2006). Predictors of quality in family child care. *Early Childhood Research Quarterly*, 21, 296–312.
- Elicker, J., Clawson, C., Hong, S-Y., Kim, T-E., Evangelou, D., & Kontos, S. (2005). *Child care for working poor families: Child development and parent employment outcomes*. Community child care research project: Final report. West Lafayette, IN: Purdue University.
- Forry, N., Iruka, I., Tout, K., Torquati, J., Susman-Stillman, A., Bryant, D., & Daneri, M. P. (2013). Predictors of quality and child outcomes in family child care settings. *Early Childhood Research Quarterly*, 28(4), 893–904.
- Fuller, B. & Kagan, S. L. (2000). *Remember the children: Mothers balance work and child care under welfare reform*. (Growing up in poverty project: Wave 1 findings). Berkeley, CA: University of California, Berkeley; New Haven, CT: Yale University.
- Fuller, B., Kagan, S. L., Loeb, S., & Chang, Y. (2004). Child care quality: centers and home settings that serve poor families. *Early Childhood Research Quarterly*, 19, 505–527.
- Harms, T., & Clifford, R. M. (1989). *Family Day Care Rating Scale*. New York, NY: Teachers College Press.
- Howes, C., Galinsky, E., & Kontos, S. (1998). Child care sensitivity and attachment. *Social Development*, 7(1), 25–36.
- Johnson, J. O. (2005). *Who's Minding the Kids? Child Care Arrangements: Winter 2002*. Washington, DC: U.S. Census Bureau.
- Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1995). *Quality in family child care and relative care*. New York: Teachers College Press.
- Lanigan, J.D. (2011). Family child care providers' perspectives regarding effective professional development and their role in the child care system: A qualitative study. *Early Care and Education Journal*, 38, 399–409.
- Laughlin, Lynda. (2013). *Who's Minding the Kids? Child Care Arrangements: Spring 2011*. Current Population Reports, P70-135. Washington, DC: U.S. Census Bureau.
- Layzer, J. I., & Goodson, B. D. (2007). *National study of child care for low-income families: A description of family child care and the experiences of the families and children who use it: Final Report*. Washington, DC: U.S. Department of Health and Human Services.
- National Survey of Early Care and Education Project Team. (2013). *Number and characteristics of early care and education (ECE) teachers and caregivers: Initial findings from the National Survey of Early Care and Education (NSECE)*. OPRE Report #2013–38, Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Paulsell, D., Boller, K., Aikens, N., Kovac, M., & Del Grosso, P. (2008). *Better beginnings: The state of early learning and kindergarten readiness in East Yakima and White Center*. Princeton, NJ: Mathematica Policy Research.
- Peisner-Feinberg, E., Bernier, E., Bryant, D., & Maxwell, K. (2000). *Family child care in North Carolina*. Chapel Hill, NC: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.
- Porter, T., Paulsell, D., Del Grosso, P., Avellar, S., Hass, R., & Vuong, L. (2010a). *A review of the literature on home-based child care: Implications for future directions*. Princeton, NJ: Mathematica Policy Research.
- Porter, T., Nichols, T., Del Grosso, P., Begnoche, C., Hass, R., Vuong, L., & Paulsell, D. (2010b). *A compilation of initiatives to support home-based child care*. Princeton, NJ: Mathematica Policy Research.
- Ramey, S., & Ramey, C. (2008). *The Right from Birth study: An evidence-informed training model to improve the quality of early child care and education*. Presentation at the Child Care Policy Research Consortium Meeting, Washington, DC.
- Weiser, J. & Susman, C. (2013). *All Our Kin New Haven program family child care assessment and policy recommendations*. New Haven, CT: Opportunities Exchange and Susman Associates.











This publication was made possible by the generous support of  
The Grossman Family Foundation.

All Our Kin's programs and services are supported by:

The Annie E. Casey Foundation  
Anonymous  
Arbor Brothers  
Blessing Way Foundation  
Carolyn Foundation  
Clementina Foundation  
The Community Foundation for Greater New Haven  
The Community Fund for Women & Girls  
Connecticut Office of Early Childhood  
Dalio Foundation  
David Slifka  
Fairfield County's Community Foundation: The Fund for Women & Girls  
The Goodnow Fund  
The Leever Foundation  
Lewis G. Schaeneman, Jr. Foundation, Inc.  
Lone Pine Foundation  
The Miles and G. Elizabeth Lasater Fund  
Ms. Foundation for Women  
Netter Family Fund  
New Haven Early Childhood Council  
New Haven Investment Fund, LLC  
New World Foundation  
Norwalk Early Childhood Council  
Office of Head Start  
Pitney Bowes Foundation  
Stamford Early Childhood Council  
The TK Foundation  
Trinity Church on the Green  
The Tudor Foundation, Inc.  
The UIL Holdings Corporation,  
The United Illuminating Company and Southern Connecticut Gas  
United Way of Greater New Haven  
Viking Global Foundation  
William Caspar Graustein Memorial Fund  
William Graustein  
Yale University

...and many additional partners and friends.

