Quality in Family Child Care Networks: An Evaluation of All Our Kin Provider Quality

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ABSTRACT

This article presents findings from a quasi-experimental evaluation of quality with a sample of 28 family child care providers in the All Our Kin Family Child Care Network, a staffed family child care network which offers a range of services including relationship-based intensive consultation, and 20 family child care providers who had no affiliation with All Our Kin. The All Our Kin Network providers had significantly higher scores on a measure of global quality and on a measure of adult-child interactions than the comparison group. The results suggest that network participation contributes to improved family child care quality and have implications for future quality improvement efforts.

Although family child care is one of the most common child care arrangements for infants and toddlers, little research has focused on its quality or interventions to improve it. In June 2014, All Our Kin, a Connecticut-based nonprofit organization that operates a nationally recognized staffed family child care network which offers a wide range of services including relationship-based intensive consultation, began a partnership with an external researcher to conduct an evaluation to compare the quality of care offered by the All Our Kin Family Child Care Network family child care providers with similar family child care providers who had had no affiliation or contact with All Our Kin. In this article, we provide an overview of family child care; describe All Our Kin’s model and the providers it serves; present the evaluation findings; and discuss the implications of these findings for policy, practice, and research.

Imagine you are at a child care conference with 100 people. The speaker asks you to raise your hand if your children were ever cared for by a family member other than a partner or a sibling, a friend or neighbor, or a regulated family child care provider. Forty-five people raise their hands.

We often use this strategy to help people become more aware of the prevalence of home-based child care (care provided by regulated family child care providers or family members, friends, and neighbors who are legally exempt from regulation). The response reflects reality. Census data indicate that nearly half of all families with children under 5 years old whose parents are working regularly spend time in these types of nonparental home-based child care arrangements (Laughlin, 2013). Many of these families have low incomes and are of color (Laughlin, 2013). Findings from the 2012 National Survey of Early Care and Education (NSECE), a nationally representative survey of the early care and education workforce and families’ use of child care, provide another perspective on home-based child care. Estimates of the size of the early care and education workforce indicate that the nearly 4 million home-based providers were close to quadruple the 1 million center-based teachers (NSECE, 2013).

Parents seek home-based child care for a variety of reasons (Porter, Paulsell, Del Grosso et al., 2010). Research has shown that parents value the family-like atmosphere with a small group of children in which the provider can offer individual attention to their
Providers at the All Our Kin Conference learn how to support social-emotional development in their programs.

infant or toddler (Porter, Paulsell, Del Grosso et al., 2010). They want the flexibility of a program schedule that can meet their needs for child care early in the morning, late in the evening, at night, and on weekends (Chaudry et al., 2011). The convenience of care in the neighborhood and the lower cost compared to center-based care play a role in their choices as well (Sandstrom, Giesen, & Chaudry, 2012). Some families also want a provider who shares their cultural values, language, and traditions (Porter, Paulsell, Del Grosso et al., 2010).

Data from the NSECE Household Survey supported these earlier findings (NSECE, 2014). Families with children under 3 years old were more likely to rate family child care as excellent on having a nurturing environment, a flexible schedule, and affordable cost than they rated center-based care (NSECE, 2014). Conversely, these families were less likely to rate family child care as excellent on educational preparedness and safety compared to center-based care (NSECE, 2014).

Family Child Care Quality

The NSECE family respondents’ views on how well family child care providers can support children’s readiness for school parallel, to some extent, research findings about the quality of family child care. Quality is an important issue, because research shows that high-quality child care is associated with positive child outcomes (Clarke-Stewart, VandenBerg, Marinelli, O’Brien, & McCarty, 2002; Elicker et al., 2005; Loeb, Fuller, Kagan, & Carrol, 2004). High-quality care is especially important for children who are at risk of poor readiness for school—those who live in poor families, who live in single-parent households, whose parents have low educational levels, and who experience stress (Brooks-Gunn & Duncan, 1997).

Like center-based care, the quality of family child care varies (Porter, Paulsell, Del Grosso et al., 2010a). Some studies that used the Family Day Care Rating Scale (Harms & Clifford, 1989) and its revised version, the Family Child Care Environment Rating Scale-Revised (FCCERS-R; Harms, Cryer, & Clifford, 2007), have found that, on average, quality is inadequate (Coley, Chase-Landsdale, & Li-Grining, 2001; Elicker et al., 2005; Fuller & Kagan, 2000; Fuller, Kagan, Loeb, & Chang, 2004; Kontos, Howes, Shinn, & Galinsky, 1995) or minimal to good (Paulsell, Bolker, Aiken, Kovac, & Del Grosso, 2008; Raikes, Raikes, & Wilcox, 2005). Several of these studies found only small percentages of providers—7% to 10%—who provided care that was rated as good to excellent. Other studies that used such instruments as Quality of Early Childhood Settings Caregiver Rating Scale—Revised (Goodson, Layzer, & Layzer, 2003) and the Caregiver Interaction Scale (Arnett, 1989) have found that family child care homes were safe; that providers were warm, responsive, and nurturing; and that providers were engaged with the children (Coley et al., 2001; Fuller & Kagan, 2000; Layzer, Goodson, & Brown-Lyons, 2007; Peisner-Feinberg, Bernier, Bryant, & Maxwell, 2000).

STRATEGIES TO IMPROVE FAMILY CHILD CARE QUALITY

What strategies are effective for improving family child care quality? A 2010 review of the literature on home-based child care found 10 studies of interventions that aimed to improve family child care quality (Porter, Paulsell, Del Grosso et al., 2010).

Taken together, findings from these studies suggested that several specific types of strategies have the potential for improving family child care quality. These strategies include training through a workshop series, professional development through a credit-bearing or credential program, consultation in which a consultant works with a provider to jointly identify needs and then to develop a plan to address these needs, and a home visiting program model that combined two visits a month with monthly network meetings (Porter, Paulsell, Del Grosso et al., 2010).

Later studies supported and supplemented these findings. For example, an evaluation of training workshops with the Circle of Security model with All Our Kin Family Child Care Network providers found positive outcomes on providers’ self-efficacy for managing children’s challenging behaviors (Gray, 2015). Several studies of coaching—particularly coaching combined with coursework—have found positive effects on family child care practices (Isener et al., 2011; Moreno, Green, & Koehn, 2015; Neuman & Cunningham, 2009), and another study of home visiting showed positive outcomes on group family child care providers’ readiness to change and the quality of the early literacy environments (Peterson & Weber, 2012).

There is some indication that family child care networks—organizations with staff that offer a variety of services to providers—have the potential to improve family child care quality, but research on the effectiveness of this approach is limited (Bromer, Van Haisma, Daley, & Modigliani, 2009). Some studies have found that affiliation with a network was associated with quality (Doherty, Foret, Lero, Goelman, & LaGrange, 2006; Kontos et al., 1995).

Bromer et al. (2009) sought to examine the effectiveness of family child care networks in a study which compared family child care
quality in networks with specially trained staff, networks without specially trained staff, and providers who were members of family child care associations. They found higher quality among providers in the networks with specially trained staff (Bromer et al., 2009). They also found specific network services that were associated with quality (see Table 1).

A qualitative study of home-based providers' perceptions of supports they received from specially trained staff indicated that providers learned about child development, specifically for infants and toddlers, how to arrange their environment, and new practices (Bromer & Pick, 2012). Many of the providers reported that their relationship with their specialist was trusting, comfortable, close and personal (Bromer & Pick, 2012).

I have learned that I have to have more patience with the children...but the younger kids...even though I know you have to give them time...it is hard to change your thinking, because I am like that. So, I am changing...yes... (Bromer & Pick, 2012, p. 7)

Because while she is actually interacting with the children she's telling me what she's doing...and she's watching me and telling me what I'm doing...So she's reinforcing what I'm already doing. (Bromer & Pick, 2012, p. 11)

All Our Kin

All Our Kin was founded in 1999 to train, support, and sustain community child care providers in New Haven, Connecticut. Although Connecticut is, overall, a wealthy state, it contains large pockets of severe poverty. Economic opportunity is particularly limited for families of color and those living in the state's under-resourced urban areas (TrendCT, 2015). Connecticut also has one of the largest academic achievement gaps in the nation between low-income students and their non-low-income peers (U.S. Department of Education, 2011).

All Our Kin's co-founders sought to address three interrelated problems—the lack of affordable, accessible child care options in struggling communities; the poor quality of existing child care options; and the low pay and lack of recognition for child care providers. They aimed to invest in family child care providers, who were, at the time, ignored by other organizations, scholars, and policymakers. All Our Kin launched the Family Child Care Network in 2002. All Our Kin expanded its services to Bridgeport in 2012, and then to Stamford and Norwalk in 2014. In 2014, the agency served approximately 360 caregivers with the capacity to serve up to 2,160 children. Close to 70% of the children in care were eligible for public child care subsidies (Waite, Carstensen, Coghlan, Graziano, & Farr, 2011).

Through All Our Kin's programs, family child care providers receive the training and resources necessary to provide high-quality, sustainable child care programs. In turn, these providers make it possible for parents to secure and maintain employment by providing reliable, consistent care that is affordable and accessible. Finally, by raising the quality of care in these home-based programs, All Our Kin supports infants' and toddlers' healthy social, emotional, physical, and cognitive development.

THE ALL OUR KIN MODEL

All Our Kin's services begin with the Family Child Care Tool Kit Licensing Program, which helps unlicensed family, friend, and neighbor caregivers meet health and safety standards, fulfill state licensing requirements, and become part of a professional community of child care providers. Licensure indicates that programs meet health and safety standards and operate under state supervision, provides the possibility of increased income by raising the number of children for whom providers can legally provide care and higher subsidy rates, and professionalizes providers' status as early childhood educators.

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. The Family Child Care Network was designed to use research-based practices in early childhood coaching and teacher mentoring. Providers affiliated with the Family Child Care Network convene for monthly meetings,
workshops and classes, and an annual professional development conference. They have access to a "warm line" they can call for advice at any time, zero-interest loans and grants, financial management and education training, and marketing and referral opportunities. (See Figure 1.)

ALL OUR KIN SERVICES
The heart of the All Our Kin Family Child Care Network is program visits with All Our Kin's educational consultants, who have extensive training and experience in both child development and adult learning and who visit family child care programs to provide on-site coaching. The educational consultants partner with providers in goal setting, observation, practice, and reflection, modeling educational experiences and demonstrating new strategies to improve program quality. All services are bilingual to meet the needs of the 50% of All Our Kin's providers who speak Spanish as their preferred language.

All Our Kin's Family Child Care Network prioritizes relationship-building and a strength-based approach. Trust, respect, and cultural competency are at the core of the model. Connecticut does not require its family child care providers to engage in ongoing professional development, nor does it have a Quality Rating and Improvement System, so participation in All Our Kin's programs is completely voluntary and built out of providers' internal motivation to improve the quality of the care they provide. All Our Kin staff members deeply respect providers' expertise and commitment to quality, and this respect forms the basis for their ongoing relationships.

ALL OUR KIN'S CORE VALUES FRAMEWORK
The following values guide and inform All Our Kin staff members' work in the field:

Maintain High Standards
Set the highest standards for yourself. Never compromise on excellence. Strive to be a model of best practice. Be ambitious.

Hold yourself accountable for the quality of everything you produce.

Focus on Strengths
Value children, providers, and parents, and respect their unique perspectives, backgrounds, and experiences. Start from a place of potential and positivity. Understand that an asset-based approach to change requires sensitivity, flexibility, respect, and commitment. Work in partnership with providers and parents to improve outcomes for children.

Place Relationships First
Create authentic relationships based on recognition of each person's individuality and grounded in mutual respect. Approach others without prior judgment. Work cooperatively and collaboratively with people at different educational levels. Be culturally and linguistically sensitive. Work hard at building community wherever you go, both inside and outside All Our Kin.

Commit to Transformative Outcomes for Children, Providers, and Families
Believe in and commit to the bold goal of quality early care and learning experiences for all children and equity for all caregivers. Continually ask yourself whether your work is improving outcomes for children and caregivers.

Engage in Continuous Learning
Seize every opportunity to gain more knowledge and use it to inform your work. Reflect on your experiences and change your practice in response. Be open to feedback and constructive criticism. Be humble, honest, and admit mistakes. Understand that we don't yet know all the right answers, and keep trying new strategies. Use data to inform your work. Persist in the face of obstacles. Experiment, innovate, and explore.

The All Our Kin Evaluation
From its inception, All Our Kin has sought to understand whether it is making a difference for the family child care providers it serves. A 2011 evaluation documented its effects on the economic viability of providers' businesses through increases in their income and improving their levels of education (Waite et al., 2011). In a qualitative evaluation, providers reported increases in their understanding of child development and how to support it (Weiser & Susman, 2013). Providers also reported an improved sense of professionalism, attributing their decisions to pursue additional education or a Child Development Associate (CDA) credential to their participation in All Our Kin (Weiser & Susman, 2013).
Fifteen years after its inception, All Our Kin had become a nationally recognized model for improving quality in family child care. It had been profiled in a federally funded study of initiatives to support quality in these settings (Porter, Paulsell, Nichols, Begnoche, & Del Grosso, 2010), and it had been selected as a site for the Early Head Start Family Child Care Demonstration project (Del Grosso, Akers, & Heinkele, 2011). It was clear that All Our Kin needed additional evidence of its model’s potential to improve quality in family child care. To address this need, All Our Kin sought to conduct a formal external evaluation. The evaluation aimed to examine two primary questions:

- How does the quality of care that All Our Kin’s Family Child Care Network providers offer compare to the quality of care offered by family child care providers who are not affiliated with All Our Kin?
- What provider characteristics are associated with quality?

To examine these questions, we chose a quasi-experimental design that would compare the quality of care offered by All Our Kin’s Family Child Care Network providers with the quality of child care offered by a group of other family child care providers in Connecticut who had no prior contact with All Our Kin.

**STUDY MEASURES**

Our methods consisted of a provider survey and observations with two instruments: the FCCERS-R and the Parenting Interactions With Children Checklist of Observations Linked to Outcomes (PICCOLO; Roggman & Cook, 2013).

**The Provider Survey**

The provider survey included questions about the following:

- The program schedule and the number and ages of children in care, because these characteristics may influence quality (Kontos et al., 1995; NICHD Early Child Care Research Network, 2005; Raikes et al., 2005).
- Selected provider demographic characteristics, including education, specialized education in early childhood including a CDA credential, and years of experience working in child care, because research has indicated that these characteristics are associated with quality (Doherty et al., 2006; NICHD Early Child Care Research Network, 2000; Raikes et al., 2005). In addition, we asked about provider race/ethnicity, age, and income.
- Six subscales that assessed provider attitudes and beliefs, because research suggests that provider personal characteristics are associated with quality (Forry et al., 2013). These subscales included items about provider motivation for providing child care, self-efficacy, social supports, depressive symptoms, beliefs about child rearing, and job stress. In addition, there was an item related to years intended to provide child care.

**The Observation Scales**

The FCCERS-R observational instrument (Harms et al., 2007) uses 38 items grouped into seven subscales to measure the global quality of the environment. Each item is rated from 1 (inadequate) to 7 (excellent); subscale ratings are based on the average of the individual item ratings. Subscales include: space and furnishings, personal care routines, listening and talking, activities, interaction, program structure, and parents and provider (items related to the relationship between the parent and the provider).

The PICCOLO observational instrument (Roggman & Cook, 2013), which was originally intended to assess parent interactions with children, has been used in family child care (Norman & Christiansen, 2013) and in the Early Head Start evaluation (Roggman & Cook, 2013). It uses 29 items grouped into four subscales to measure the quality of caregiver interactions with children 10 to 47 months old. Each item is rated on a 3-point response scale with 0, absent (no behavior observed), 1, barely (brief or minor behavior), and 2, definite (strong or frequent behavior). Subscales include affection, responsiveness, encouragement, and teaching.

**STUDY DESIGN**

The target sample size was 30 Al. Our Kin Family Child Care Network providers and 30 non-All Our Kin family child care providers.
Family child care is one of the most common child care arrangements for infants and toddlers.

Study Eligibility
All providers had to be licensed family child care providers and caring for a minimum of three children, with at least one child between 10 and 47 months old, because PICCOLO observations are intended for children in this age group. Eligibility criteria for All Our Kin providers were designed to include providers who had participated in network services that focused on quality improvement. Between October 2012 and October 2014, providers had to have had a minimum of seven intensive consultation visits from All Our Kin educational consultants; and providers had to have participated in a minimum of 15 All Our Kin programs, with a minimum of 5 in 2014. All Our Kin providers who had participated only in the Tool Kit Licensing Project were excluded from sample eligibility.

Eligibility criteria for non-All Our Kin providers were designed to include only those family child care providers who had had no contact with All Our Kin. That meant that providers had never participated in any All Our Kin activities nor had they had the opportunity to participate.

We used e-mails and follow-up phone calls to recruit the eligible All Our Kin Family Child Care Network providers. For the non-All Our Kin providers, we sent letters to all 275 licensed family child care providers in Hartford, Waterbury, Danbury, and New Britain, all urban communities that shared some characteristics with the All Our Kin sites. We also made follow-up calls to these providers.

In total, 73 providers—30 All Our Kin Family Child Care Network providers and 43 non-All Our Kin providers—agreed to participate in the study, but 2 All Our Kin Family Child Care Network providers and 23 non-All Our Kin providers dropped out before the observations were conducted. Attrition was related to a variety of issues—family problems, the winter weather, and lack of provider response to scheduling the observation. Among the non-All Our Kin providers, there may have been a trust issue: some providers stated that they were not comfortable allowing anyone other than a state employee to enter their home. The final sample consisted of 28 All Our Kin Family Child Care Network providers and 20 non-All Our Kin providers. All participating providers provided informed consent and received a check for $100.

THE SAMPLE
Almost all of the providers in our study sample were women, the majority of whom were of color. More than two thirds had some college education or had completed an undergraduate degree. Approximately half had some specialized coursework or a degree in early childhood and close to half had obtained a CDA credential. Many providers had a great deal of experience providing child care. The only significant difference between the All Our Kin Family Child Care Network providers and the non-All Our Kin providers was the proportion of providers who reported having a CDA credential: 59% of the All Our Kin Family Child Care Network providers compared to 24% of non-All Our Kin providers. Because the All Our Kin Family Child Care Network offers CDA classes and scholarships, however, this difference may largely be a result of participation in the Network rather than a difference in demographic characteristics.

Many of the providers in the sample were poor or low-income. A quarter had incomes below $25,000, close to the 2014 federal poverty level (DeNavas-Walt & Proctor, 2015), and another fifth had incomes between $25,000 and $35,000, significantly less than $33,700, the federal median income in 2014 (DeNavas-Walt & Proctor, 2015).

All of the providers offered full-time care to children, and most of them cared for children with a variety of age ranges. Approximately 70% of the sample provided full-time care for infants and toddlers under 3 years old, and 39% provided part-time care to children in this age group. The only significant difference between the All Our Kin Family Child Care Network providers and the non-All Our Kin providers was in the mean number of children 18–23 months old in part-time care, where there was a higher average number of children with Network providers.

FINDINGS
In this section we report on the findings related to our first research question: How does All Our Kin family child care provider quality compare to the quality of care offered by non-All
Our Kin providers: The findings about personal characteristics related to quality are reported in the full study (Porter & Reiman, 2015).

Observed quality on both the FCCERS-R and the PICCOLO was statistically higher for the All Our Kin Family Child Care Network providers than non-All Our Kin providers. All Our Kin Network providers also had statistically higher scores on all of the FCCERS-R subscales and three of the four PICCOLO subscales than the non-All Our Kin providers.

**FCCERS-R Scores**
Mean global quality for the All Our Kin Family Child Care Network providers was 4.39, close to good (a score of 5) compared to a global mean of 2.86 (below 3, minimal) for non-All Our Kin providers. Mean scores on all the FCCERS-R subscales for the All Our Kin Network providers were also significantly higher than those for non-All Our Kin providers.

In addition, 64% of the All Our Kin Family Child Care Network providers were rated at 4 or above compared to 5% of non-All Our Kin providers. The proportion of All Our Kin Network providers with scores 5 and over in the good to excellent range was also higher than that for non-All Our Kin providers (29% vs. 5%).

An examination of the ratings of the 9 All Our Kin Family Child Care Network providers with FCCERS-R ratings of 5 and above showed considerably higher participation rates, and participation in a broader range of activities, than those for the

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3 All Our Kin Network providers who were rated 3 and under. Mean participation in activities for the high-scoring group, for example, was 65.6 compared to 51.0 for the low-scoring group. In addition, the high-scoring group participated in a wider variety of activities—educational workshops, a business workshop series, and more years of intensive consultation—than the low-scoring group.

**PICCOLO Scores**
Mean total PICCOLO scores for the All Our Kin Family Child Care Network providers were higher than non-All Our Kin
providers' means (43.04 vs. 33.05, out of a total possible score of 58). There were also statistically significant differences in three of the four subscale scores, on which All Our Kin Network providers had higher scores than non-All Our Kin providers. The only PICCOLO subscale in which we did not find a significant difference between the All Our Kin Family Child Care Network and non-All Our Kin providers was "Responsiveness," although All Our Kin Network provider means were higher than those for non-All Our Kin providers.

**Associations With Provider Professional Characteristics**
Of the provider professional characteristics (education, early childhood education, CDA, and years of experience), we found only one—education—that was positively related to FCCERS-R and PICCOLO observed quality. There were no statistically significant correlations between specialized education in early childhood or a CDA credential and observed quality scores, nor was there a significant correlation between experience and observed quality. Regression analysis of FCCERS-R and PICCOLO scores indicated that CDA attainment was not a confounding variable.

**DISCUSSION**
The study demonstrates the potential of the All Our Kin model for supporting quality in family child care. All Our Kin Family Child Care Network providers' total mean scores and almost all of the subscales scores on both the FCCERS-R and the PICCOLO were significantly higher compared to those of non-All Our Kin providers. Furthermore, observed FCCERS-R global quality for the All Our Kin Network providers was higher than observed global scores reported for family child care providers in other studies as was the proportion of All Our Kin Network providers with FCCERS-R scores in the good to excellent category, 5 to 7, and there was a lower proportion of All Our Kin Network providers with ratings of inadequate, 3 or below.

What factors account for the differences in quality between the All Our Kin Family Child Care Network providers and the non-All Our Kin providers? Our study suggests that participation in All Our Kin Family Child Care Network activities may contribute to family child care quality. Although we do not know which specific activities—or some combination of activities—produces these results, prior research on the effects of coaching and consultation strategies points to the potential role of the All Our Kin intensive consultation component, with its emphasis on strong relationships between the specially trained consultants and providers as well as its focus on providers-child interactions. Yet, it is possible that other network activities such as the monthly meetings and the trainings may influence quality, as Bromer and colleagues' (2009) study indicated.

**LIMITATIONS**
There are several limitations to our study. The sample size of 48 family child care providers was relatively small. The study design was quasi-experimental with a treatment group and a comparison group, and, therefore, not as rigorous as a randomized control trial. There may have also been some selection bias, with providers enrolling in the study because they believed they provided high-quality care, and, in the case of the All Our Kin Family Child Care Network providers, loyalty to All Our Kin.

**IMPLICATIONS**
Our study has some important implications for policy, practice, and research. In many ways, the All Our Kin Family Child Care Network providers in the sample were representative of family child care providers who participate in All Our Kin Family Child Care Network services. Equally important, the All Our Kin sample's education levels and experience mirror those of the listed providers (primarily regulated family child care providers) in the NSECE workforce survey (NSECE Project Team, 2013).

**Race/Ethnicity**
To some extent, the All Our Kin Family Child Care Network sample's ethnic/racial characteristics reflected those of the All Our Kin participants who had received direct services in 2014. Latinos represented the highest proportion of providers in the sample (52%), and the All Our Kin participants (61%), and African-Americans accounted for the second largest proportion in both the sample and the participants served, 30% and 25% respectively. The primary difference between the sample and the All Our Kin participants was the proportion of whites. Whites accounted for 15% of the study sample, and 9% of All Our Kin participants in general.

**Educational Levels**
The educational levels of the All Our Kin Family Child Care Network sample providers mirrored, to a large extent, those of the NSECE-listed providers. Approximately 30% of the All Our Kin Network sample had a high school degree or less compared to 34% of the listed providers, and another 30% had some college with no degree compared to 34% of the NSECE listed providers. Higher proportions of the All Our Kin Network sample had an associate's degree or a bachelor's degree and higher than the NSECE-listed providers: 19% of All Our Kin Network providers with an associate's compared to 16% of the listed providers, and 22% of All Our Kin Network providers with a bachelor's or graduate degree compared to 16% of the listed providers.

**Experience**
All Our Kin Family Child Care Network sample providers' years of experience working in child care was comparable to that of the listed providers in the NSECE. Approximately 40% of the All Our Kin Network sample providers had 10 years or less experience compared to 37% of the NSECE listed providers. The percentage of All Our Kin Network sample providers with 10 to 20 years and more than 20 years of experience was also similar to those of the NSECE listed providers: 36% of All Our Kin Network providers with 10 to 20 years compared to 36% of the listed providers and 24% of the All Our Kin Network providers with more than 20 years of experience compared to 27% of the listed providers.

**Income**
The proportion of All Our Kin Family Child Care Network sample providers (22%) with incomes between $25,001 and $35,000 was higher than the proportion of families in New
Haven County, 7.4% (U.S. Census Bureau, 2013). Similarly, 28% of All Our Kin Network sample providers had incomes between $35,001 and $50,000, far higher than the percentage of families in New Haven County (9.9%; U.S. Census Bureau, 2013). By contrast, close to 70% of New Haven county families had incomes above $50,000 compared to 28% of All Our Kin Network sample providers.

Because of the providers' similarities and the multiple ways All Our Kin Family Child Care Network providers scored higher on key instruments, the All Our Kin Family Child Care Network model may represent a promising strategy for improving the quality of family child care. The results also suggest that the All Our Kin Family Child Care Network approach may have potential for enhancing child care quality among family child care providers and for families who have low incomes, the target population for public child care subsidy programs.

The findings on All Our Kin Family Child Care Network provider quality compared to that of non-All Our Kin providers may also have implications for practice. We need to understand more about how networks contribute to quality, particularly about the role of network staff qualifications and in-service training. We also need to learn more about effective ways to support staff who work with providers in various ways.

In addition, our study points to the need to examine the effectiveness of specific network services and the ways in which these services might work together to improve quality. Related to this research is the need to examine the effects of network services for specific types of providers—those who are new to the field, those who have some experience, and those who are seasoned. Such research will help contribute to an understanding of how network resources, which may be limited, can best be used to meet providers' needs and improve quality.

**Conclusion**

As staffed family child care networks are increasingly viewed as promising strategies for improving child care quality, especially for infants and toddlers, this study suggests that a family child care network that provides strong relational supports and a focus on provider knowledge and practice may have a positive effect on quality.

Several fundamental questions remain. Do family child care networks make a difference for children, especially infants and toddlers? What is the relationship between the quality of family child care networks, the quality of care that their members offer to children, and child outcomes? Answers to these questions can contribute to strengthening the All Our Kin model as well as to the field's understanding of how family child care networks like All Our Kin's represent effective strategies for improving quality for young children.

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Christina Nelson is a second-year policy fellow with All Our Kin. She is engaged in advocacy initiatives to build early childhood systems, improve quality across all child care settings, and support access to child care for low-income families. Previously, Christina was a fellow with the Kahn Liberal Arts Institute, where she conducted sociological research on public space and community mobilization.

**Learn More**

All Our Kin
http://allourkin.org

For the full 2015 All Our Kin evaluation as well as other reports on All Our Kin. The website also includes information about the All Our Kin Family Child Care Network activities and other earlier evaluations.

Child Care and Early Education Research Connections
www.researchconnections.org

For more information about a wide range of studies on home-based care, the National Center for Children in Poverty has produced Home-Based Child Care Quality Improvement: A Research Resource List. It is a compilation of studies on family child care and family, friend, and neighbor care grouped into seven categories: policy issues and options for home-based child care; characteristics, needs, interests, experiences, and perspectives of providers and caregivers; factors affecting quality in home-based settings; measuring quality in home-based settings; evaluation of QRI-based quality improvement interventions; evaluation of specific quality improvement strategies and interventions; and overviews, summaries, and reviews of quality improvement strategies and interventions.

National Survey of Early Care and Education

For information about the National Survey of Early Care and Education (NSECE), including reports on the characteristics of teachers and caregivers from the workforce survey, perceptions of early care and education and survey instruments from the household survey, and predictors of quality as well as fact sheets on the characteristics of home-based providers and early care and education during non-standard hours. The NSECE instruments are also available.

Professional Development for Family Child Care Network Staff and Agency Specialists
www.erikson.edu/family-child-care-modules

This is a series of professional development modules for family child care network staff and agency specialists. Research reports on the Erikson Institute Family Child Care Specialist Training Project are available at www.erikson.edu/research/family-child-care-specialist-training-project. For more information about the Training and Research project, contact Juliet Bromer at jbromer@erikson.edu.
REFERENCES


Janna Wagner, MEd, is the chief learning officer and co-founder of All Our Kin. Janna holds a bachelor’s degree in psychology from Yale University and a master’s degree in education from Harvard Graduate School of Education. She taught in the South Bronx through Teach for America and then joined the staff of the Boston Public Schools’ Center for Leadership Development before founding All Our Kin with Jessica Sager in 1999. Ms. Wagner is a 2014–2016 ZERO TO THREE Fellow.


REFERENCES (continued)


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