## Executive Summary

Home-based child care (regulated family child care and legally-exempt family, friend and neighbor care) is one of the most common child care arrangements for young children, especially infants and toddlers under age three (Laughlin, 2013). Recent Census data indicate that approximately 45% of all children under age five with working parents regularly spend time in these settings (Laughlin, 2013). Findings from the National Survey of Early Care and Education (NSECE), a nationally representative survey of the early care and education workforce, provide another perspective on the prevalence of home-based child care (NSECE, 2013). The number of home-based providers was triple the number of center-based teachers (NSECE, 2013).

The quality of home-based care is important because research indicates that children in high-quality care have better results on cognitive and language assessments than children in poor quality settings. High-quality care is especially important for children who are at high risk of not being ready for school—those in families with low incomes, those in households headed by a single parent, and those whose parents have low educational levels (Brooks-Gunn & Duncan, 1997). Yet, findings on the quality of family child care show mixed results, with some studies indicating that the care is poor or minimal and others that caregivers are responsive and nurturing to children and engaged with the children in their care.

This study focuses on the quality of care offered by family child care providers in All Our Kin (AOK), a nationally-recognized model for improving family child care quality. Established in 1999 in New Haven, Connecticut, AOK uses a high-touch model to support providers across a continuum that extends from family, friend and neighbor caregivers who seek to become licensed, and newly licensed providers who need assistance to establish their programs, to experienced family child care providers who want to enhance their education and professional development. The centerpiece of AOK's model is its family child care network, which offers a variety of activities including intensive consultation, monthly meetings, trainings, Child Development Associate (CDA) credential coursework and scholarships, and an annual conference.

Using a quasi-experimental design with 28 AOK network members and 20 family child care providers outside of AOK's service areas who had had no contact with AOK, the study sought to

examine two questions: (1) How does the quality of care that AOK family child care providers offer compare to the quality of care of family child care providers who are not affiliated with AOK?, and (2) What provider characteristics are associated with quality? Study methods consisted of a paper and pencil survey as well as observations with the Family Child Care Environmental Rating Scale-Revised (FCCERS-R: Harms, Cryer, & Clifford, 2007) and the Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO: Roggman, Cook, Innocenti, Norman, & Christensen, 2013). The survey included questions about the demographic characteristics of the providers, the characteristics of their family child care programs, and their attitudes towards and beliefs about providing child care.

Study findings indicate that observed family child care quality was significantly higher on both the FCCERS-R and the PICCOLO for AOK family child care providers compared to family child care providers who were not affiliated with AOK. The mean FCCERS global quality score for AOK providers was 4.39, close to "good" (a score of 5), compared to a global mean of 2.86 (below 3, "minimal") for non-AOK providers. In addition, a significantly higher proportion of AOK providers (54%) were rated at a global score of 4 or higher than non-AOK providers (5%). The proportion of AOK providers with scores 5 and over, in the "good" to "excellent" range, was also higher than that for non-AOK providers: 29% for the AOK providers compared to 5% for non-AOK providers. Mean PICCOLO total scores for AOK providers were 43.04 of a possible total of 58, compared to non-AOK providers' mean scores of 33.05.

The study also found positive relationships between observed quality and provider intrinsic motivation, provider intention to stay in the field ("years planned to work'), and self-efficacy. In addition, it found that self-efficacy was positively related to motivation, intention to stay in the field, and social supports. Observed quality was also associated with education, but no statistically significant relationships were found between quality and specialized education in early childhood, a CDA or provider experience. Traditional beliefs and job demands were negatively associated with observed quality.

The findings suggest that the AOK network model's emphasis on relational supports and specific components that focus on enhancing provider knowledge and practice have significant potential for improving the quality of care that family child care providers offer. Future research is

needed to identify the effectiveness of individual components—singly or in combination –- on quality in general, and for providers at different stages of professional development, in particular. In addition, there is a need for research on the relationship between network quality, the quality of care provided by network participants, and outcomes for children. Answers to these questions can contribute to strengthening the AOK model as well as to the field's understanding of how family child care networks like AOK represent effective strategies for improving quality for young children.