ABSTRACT

Title of Dissertation:	FAMILY CHILD CARE: CHARACTERISTICS, RELATIONSHIPS, AND PARENT OUTCOMES
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Researchers employing qualitative methods consistently emphasize the close relationship between parents and providers as a unique feature of family child care (FCC) arrangements that is often missed in quality improvement initiatives (Ang et al., 2017; Hooper et al., 2019). Strong parent-provider relationships may be a critical conduit to support positive provider, parent, and child outcomes (Blasberg et al., 2019; Forry et al., 2012). However, little is known about how these constructs operate in FCC settings. I examined the association between FCC providers' characteristics, the quality of the parent-provider relationship, and how these connections relate to parental involvement and well-being. My results revealed that FCC providers' educational attainment and the pleasure they derived from their profession were positively associated with the quality of the relationship they formed with families in their programs. However, these relationships were not found to be related to FCC providers' years of experience, feelings of burnout and stress, and professional development. Further, parents' perceptions of this

relationship were related to better parental mental health outcomes. Yet, there were mixed associations between parents' perceptions of the parent-provider relationship and their engagement in their children's education. Findings of this study highlight the need to understand the distinct aspects of quality in FCC settings. FCC offers unique features, such as closer parent-provider relationships, that need to be examined to successfully promote high-quality care in FCC homes and to inform the early childhood field about mechanisms that support positive outcomes in FCC providers and the families they serve.

FAMILY CHILD CARE: CHARACTERISTICS, RELATIONSHIPS, AND PARENT OUTCOMES

by

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Dissertation submitted to the Faculty of the Graduate School of the
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Dedication

To the family child care providers and families who took time out of their busy lives to share their experiences with me and help me with my work. Thank you for everything.

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Chapter 1: Introduction

For many families, child care is a necessary expense as well as a fundamental component of the daily routine and functioning of the family unit. In the United States, about 60% of children under the age of 5 experience at least one form of non-parental child care, including formal and informal arrangements (National Center for Education Statistics, 2019). Researchers suggests that enrollment in high-quality care can be beneficial to children's cognitive and social development, with long-lasting protective outcomes (Larose et al., 2021; Vandell et al., 2010), especially for children from low-income backgrounds (Bustamante et al., 2022; Foundation for Child Development, 2020). Additionally, child care not only facilitates parental employment and job stability (Ahn, 2012) but may also be a source of instrumental and social support for families that extends beyond traditional caregiving practices (Hooper, 2020). These settings' distinct features and characteristics differentially affect how families perceive and utilize these diverse child care arrangements (Tang et al., 2021). Thus, it is important to understand the nuances within child care, particularly settings such as family child care that are prevalent with families at socioeconomic risk.

Family child care (FCC), a subcategory of home-based child care (HBCC), is commonly described in the United States as a licensed and regulated non-parental child care arrangement that is delivered in a residential setting, in which the provider is paid and has no relationship with at least one child under their care (Blasberg et al., 2019). FCC arrangements operate as businesses, and care is typically delivered to small groups of mixed-aged children in the providers' homes (NSECE Project Team, 2021). FCC homes tend to be open year-round and provide care more often during non-standard hours compared to other formal child care arrangements, such as center-based care or Head Start. Researchers examining national samples

have noted that FCC homes operate on average 10-13 hours a day, and about a third of these homes offer care during the evening, weekends, and/or overnight (Henly & Adams, 2018; NSECE Project Team, 2021).

FCC is one of the most common forms of child care arrangements for infants and toddlers, low-income and minority families, and single-parent households (Barnett & Li, 2021; Bromer et al., 2013). Exploring a national sample, Henly & Adams (2018) found that about 58 percent of low-income parents with children under the age of 6 worked at least some non-standard hours, making family child care a more appropriate setting for meeting the child care needs of these types of families. Although FCC is an essential form of child care, there is not nearly the same depth of research on these settings as center-based care. The few researchers that focus on FCC settings have shown that compared to center-based child care and Head Start, the global quality of FCC homes is often low, particularly for children from low-income families (Bassok et al., 2016; Porter et al., 2010). Further, researchers have revealed that, on average, FCC has lower structural and process quality levels compared to formal child care arrangements (Ansari & Winsler, 2012; Elicker et al., 2005; NICHD, 2000). Thus, in recent years, improving the quality in FCC settings has been an essential goal for policy and public investments. For example, networks such as Early Head Start-Child Care (EHS-CC) partnerships have been created that support and train FCC providers to improve the care provided to infants and toddlers from low-income backgrounds (Hooper et al., 2019; Porter & Reiman, 2015).

Most quality improvement initiatives, however, tend to use measures of global quality that assess process and structural characteristics, which often overshadows the more nuanced domains of quality that can be perceived as strengths in FCC settings (Doran et al., 2022; Garrity et al., 2021). Family child care arrangements have features that are distinct from the way quality

of care is often operationalized in center-based care and Head Start (Hooper et al., 2019). For example, children enrolled in FCC homes tend to spend multiple years in the same setting; this continuity of care typically allows families and children to build close relationships with their FCC providers (Laughlin, 2013). Yet, these relationships tend to be underrepresented in global quality measures. Research studies with children in center-based care and school settings have revealed that the quality of the parent-provider relationship is a critical conduit to support positive parent and child outcomes, making it a vital construct to investigate when examining quality in FCC settings (Forry et al., 2012).

Additionally, because FCC homes are open year-round and during non-standard hours (Layzer et al., 2007; NSECE Project Team, 2021), FCC arrangements may augment parent-provider relationships. Qualitative researchers have found that the relationship parents form with their FCC provider and the flexibility of FCC settings appear to offer additional support for parents that extend beyond the traditional provision of child care (Ang et al., 2017). However, there is a lack of empirical attention to how these distinct features may influence parents and children enrolled in FCC homes.

Moreover, large-scale research studies that include FCC arrangements in their samples tend to combine FCC with other forms of home-based child care, making research findings on FCC challenging to discern and generalize. Other forms of HBCC, such as family, friend, and neighbor (FFN) care, differ dramatically from FCC homes. While both occur in residential settings and tend to have low child-to-provider ratios and group sizes, FFN care is typically unregulated and does not operate as a business, allowing greater leeway in the standards and requirements providers must meet (Hooper & Hallam, 2019). Researchers need to investigate more nuanced and specific quality domains pertinent to family child care, such as the long-

lasting relationships families form with their FCC provider (Porter et al., 2010; Blasberg et al., 2019) and how these bonds may affect children and parents.

Family child care offers unique features that need to be further examined to successfully promote not only high-quality care in FCC homes but also to understand how to best support FCC providers and the children and families they serve. Over the last decade, there has been a significant decline in the number of FCC arrangements across the United States, with reports showing a 50% drop between 2005 and 2017 (National Center on Early Childhood Quality Assurance (ECQA Center), 2020). Moreover, as FCC providers face stressors from the COVID-19 pandemic, the number of FCC homes continues to drop, leaving many vulnerable families and children without accessible and affordable high-quality child care arrangements (Bromer et al., 2021). Examining FCC settings singularly would extend current research beyond comparing FCC arrangements to center-based care or Head Start and may be more appropriate for measuring the quality of FCC homes.

Additionally, research with nationally representative samples has revealed that FCC providers encompass a large group of diverse individuals with a wide range of educational, training, and demographic backgrounds, as well as different beliefs and motivations for providing care (NSECE, 2021; Paulsell et al., 2010). These differences significantly affect and are mirrored in the quality of care delivered to children (Iruka & Forry, 2018; Jacob, 2009). Because of the wide range of variability between FCC homes, particularly in domain-specific measures of quality (Bassok et al., 2016; Iruka & Forry, 2018; Porter et al., 2010), within sample variability should be the focus of research studies to veer away from a deficit model and instead examine the strengths that may be already embedded in the nature of family child care. Such research could inform the early care and education field with respect to which FCC

characteristics can enhance the quality of care and promote participant children's and parents' positive outcomes.

Current Study

Driven by the dearth in the literature that relates exclusively to family child care settings, I conducted an examination of family child care programs used by a group of diverse families. Specifically, this study addresses the nuanced characteristics of FCC homes by investigating provider and parent characteristics that may influence the relationships between parents and providers and how these relationships can affect parental functioning. Although qualitative researchers have revealed that the close relationship families form with their FCC providers can act as a form of social and emotional support for parents (Ang et al., 2017), no quantitative study has been conducted to examine what shapes the quality of these relationships in family child care arrangements and the effect these unique relationships might have on the well-being of parents enrolled in these settings.

In this study, I recruited 120 FCC providers and 90 female primary caregivers as participants in a cross-sectional study collecting data from FCC providers and parents of children enrolled in these settings. During the interview with the FCC providers, I collected information about providers' demographic characteristics, professional well-being, as well as the attitudes, knowledge, and practices regarding the families in their program. Specific features of providers' FCC homes were also gathered, including the quality of the environment. During the interview with parents, I collected information on a range of family characteristics, including parents' perspectives on the quality of their relationships with their FCC providers, parental depression and stress, and parents' involvement in their children's education. Using the data collected, my study had three primary research aims:

1. To describe the characteristics of FCC settings, FCC providers, and the families of children enrolled in these child care arrangements (e.g., attitudes, knowledge, and practices of FCC providers, quality of the FCC environment, relationships providers have with parents).
2. To examine the association between FCC providers' and parents' characteristics and the quality of the parent-provider relationship.
3. To consider how the quality of the parents' relationships with their FCC providers relates to parental functioning.

Theoretical and Conceptual Framework

This study is guided by the integration of two conceptual models used as a framework to examine how the relationships parents have with their FCC providers are influenced by provider and parent characteristics and, in turn, affect the functioning of the parents of children in these settings. The first model, developed by Child Trends on behalf of the Office of Planning, Research, and Evaluation, provides a broad approach for understanding and investigating quality in home-based child care (HBCC) arrangements (Blasberg et al., 2019). The model includes key characteristics of HBCC settings that were empirically derived from large-scale descriptive studies on these arrangements but have often been ignored in existing measures of quality (Forry et al., 2012; Porter et al., 2010). In addition, using a strengths-based approach, the model emphasizes how certain quality aspects may be displayed differently in HBCC settings compared to center-based child care (Blasberg et al., 2019). Although many of the characteristics highlighted in the model are not unique to home-based child care, the model establishes the groundwork to address research questions related to the influence these features can have on children and families participating in family child care, a subcategory of HBCC.

According to the model, there are three main components of quality in home-based child care: *Foundations for Sustainability of Care; Lasting Relationships; and Opportunities for Learning and Development*. Each component encompasses separate but interrelated elements that support quality and may be associated with outcomes for children, families, and the providers themselves. *Foundations for Sustainability of Care* comprises features that can help foster high-quality environments in HBCC arrangements. These include, amongst others, managing business and finances, creating a safe environment for children, and demonstrating openness to change (Blasberg et al., 2019). HBCC providers have the unique responsibility of managing many of these elements in their child care arrangements, which can differentially affect the quality of care they are able to provide (Layzer et al., 2007; Paulsell et al., 2010). The second component of the model, *Lasting Relationships*, includes elements focused on the relationships providers develop and maintain with enrolled children, their parents, and the surrounding community (Blasberg et al., 2019). Because of the continuity of care and added emotional and social support offered by HBCC providers (Bromer & Henly, 2009; Ang et al., 2017), the lasting relationships observed in HBCC homes may be a unique component of quality in home-based child care that requires further investigation (Blasberg et al., 2019).

Finally, *Opportunities for Learning and Development*, the third component of the model, emphasizes the instructional and caregiving practices of HBCC providers that directly influence the quality of care. These elements include the way providers support children's development and build on children's experiences to foster learning and promote their well-being (Blasberg et al., 2019). Overall, this model points to the importance of studying the distinct elements of HBCC settings to expand our understanding of high-quality care and how to best support providers, families, and children in these arrangements (Blasberg et al., 2019). Using this

conceptual framework as a guide and explicitly focusing on the *Lasting Relationships* component, the proposed study aims to investigate the parent-provider relationship and its influence on parents' outcomes.

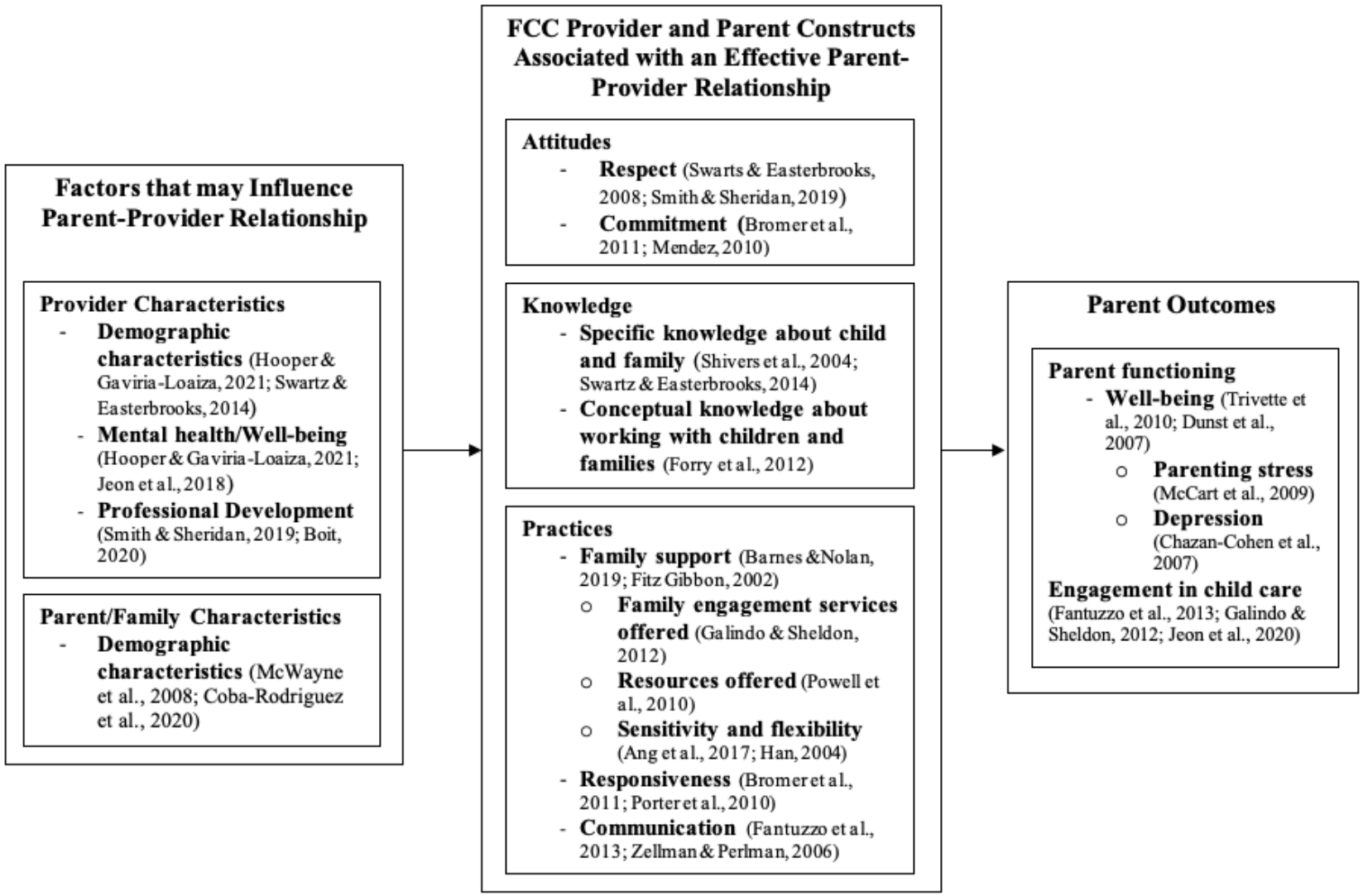
Moreover, the *Lasting Relationships* component of the Child Trends model was conceptualized from a multidimensional theoretical model that emphasizes the importance of the quality of family-provider relationships for children's and parents' positive outcomes (Bromer et al., 2011; Forry et al., 2012). This second model undergirding the current study draws upon previous empirical research and theory and identifies three primary constructs associated with effective parent-provider relationships, factors that may affect these relationships, and the influence these have on parent and child functioning. The three interrelated but distinct components of the model include the *Attitudes* providers have towards the families in their programs, the providers' family-specific and conceptual *Knowledge*, and the *Practices* providers employ with their families (Bromer et al., 2011; Forry et al., 2012).

The *Attitudes* construct encompasses providers' beliefs and values, which shape the providers' interactions, respect, and commitment regarding the families in their program. The *Knowledge* construct emphasizes the providers' knowledge of the specific families and children they work with and the conceptual knowledge providers may have about working with families and children. Finally, the *Practices* construct consists of the support providers offer, such as family engagement services and resources, and providers' flexibility, communication, and sensitivity towards families in their program (Bromer et al., 2011; Forry et al., 2012). The *Attitudes, Knowledge*, and *Practices* of providers are theorized to be associated with the quality of the relationship families have with their providers and, in turn, significantly affect various parent and child outcomes, such as parents' well-being, work-life balance, parenting

practices, and involvement in their children's programs, as well as children's socioemotional development (Bromer et al., 2011; Forry et al., 2012). Moreover, the conceptual model also highlights several provider and parent/family factors that may influence the attitudes, knowledge, and practices providers employ with families in their program and are hypothesized to impact the effective facilitation of high-quality parent-provider relationships. Provider factors include demographic characteristics, such as education, experience, and age, providers' mental health and well-being, and the professional development and training providers receive throughout their careers. Parental and family factors comprise demographic characteristics, such as race and ethnicity, financial need, linguistic abilities, and children's age and overall health. These factors can influence the approach, willingness, and skills providers possess to develop effective relationships with the families in their programs (Forry et al., 2012; Hooper & Gaviria-Loaiza, 2021).

Together, these two conceptual models provide a valuable framework to empirically examine the factors that affect parents' relationships with their FCC providers and understand how these relationships influence parental functioning. Figure 1 below displays a diagram of the adapted conceptual model from the multidimensional theoretical framework with relevant empirical citations that will be utilized to highlight the pathway of interest in the current study.

Figure 1. *Adapted Conceptual Model for Proposed Study*



Specific Research Questions and Hypothesized Results

There is a great need for research about the unique characteristics of FCC and how these affect parent outcomes. It is essential for the early childhood field to have a thorough understanding of the characteristics of FCC settings, providers, and families, which may influence the knowledge, attitudes, and practices of FCC providers and the relationship parents form with their providers. To our knowledge, no quantitative research study has examined the potential associations between these relationships and parents' well-being in family child care settings (Ang et al., 2017; Bromer & Henly, 2009). Given the large gaps in research regarding FCC and its effect on parent functioning, this research study focuses on the following key research questions and associated hypotheses.

Research Question 1. Do provider characteristics, such as demographic characteristics, well-being, and professional development, predict the quality of the relationship providers form with parents in their program?

- Hypothesis 1.1- FCC providers' demographic characteristics will influence the quality of the parent-provider relationship. Specifically, FCC providers who have higher levels of education and more years of experience working in FCC will report higher relationship quality with the parents in their program.
- Hypothesis 1.2- FCC providers who report higher levels of well-being, specifically more professional satisfaction, but lower levels of burnout and secondary traumatic stress, will report better parent-provider relationship quality.
- Hypothesis 1.3 – FCC providers who report having more professional development experiences will report higher levels of quality in their relationships with the parents in their program.

Few studies have investigated the specific factors that affect the quality of parent-provider relationships in family child care settings. Research with Head Start teachers suggests that earning graduate school credits or a graduate degree significantly predicts positive parent-teacher relationships (Hooper & Gaviria-Loaiza, 2021). Similarly, studies have found that professional development geared towards family engagement positively affects pre-service and ECE teachers' practices and attitudes towards families in their programs (Boit, 2020; Smith & Sheridan, 2019). Further, studies have found that early care and education teachers' and FCC providers' well-being is linked to the relationships they are able to form with families. Researchers suggest that lower levels of stress and greater professional commitment are associated with higher levels of responsiveness and connection towards families (Hooper & Gaviria-Loaiza, 2021; Jeon et al., 2018).

Examining the link between FCC provider characteristics and the quality of their relationships with parents could assist quality improvement programs to support FCC providers' functioning through specialized supports or professional development services that can improve the parent-provider relationship. If these hypotheses are supported, professional development activities offered to providers should not only address building high-quality relationships, but also provide targeted resources to support providers' professional well-being. Further, professional development and program design activities that focus on family engagement efforts should consider addressing providers' characteristics and well-being as a fundamental element to their successful implementation.

Research Question 2. Are parent demographic characteristics, such as parents' financial need and linguistic ability, associated with the quality of the relationship providers form with parents in their program?

- Hypothesis 2.1– The financial need and linguistic ability of the parents enrolled in the FCC programs will influence the quality of the parent-provider relationship. Providers with a higher percentage of families enrolled in their program in need of financial and linguistic support will report lower levels of parent-provider relationship quality.

Different family circumstances can impact providers' relationship building processes and the way providers interact with children and families (Mitsch et al., 2020; Boit, 2020). Whereas parental factors that influence the parent-provider relationship in family child care settings have not been directly investigated, several studies have found that parents from low-income, minority backgrounds, and those with limited language abilities, tend to have greater difficulties connecting with their children's teachers and are less involved in their children's early care and education programs (Coba-Rodriguez, 2020; Li et al., 2021; McWayne et al., 2008). Studies with parents of children in Head Start programs suggest that parents who do not speak English well tend to encounter many barriers in their involvement with the program and report significantly lower levels of communication with teachers (Li et al., 2021). Additionally, families from low-income backgrounds often report feeling unease in their children's early care and education programs and cite employment demands as an obstacle to their involvement (McWayne et al., 2008).

Addressing research question 2 could advance knowledge of the parental factors that are associated with effective parent-provider relationships in FCC settings and can inform parental engagement efforts relative to this type of child care arrangement. If the hypothesis is supported, the findings from this study would suggest that FCC providers should work on building closer and more effective relationships with parents of children in their program who have greater

financial needs and limited linguistic abilities. Professional development activities could focus on how to support parents from low-income, minority backgrounds and those who may not speak English well.

Research Question 3. Does the quality of the parents' relationships with their FCC providers influence parental involvement in family child care?

- Hypothesis 3- The parents' perception of the relationship with their FCC providers will positively influence parental involvement in FCC activities. We expect parents who report having better relationships with their FCC providers to participate in more activities and family events, as well as volunteer in FCC activities more often.

Nationally representative research with parents of children in kindergarten have revealed that family-centered practices, which positively influence the quality of the parent-teacher relationship, significantly increases family engagement (Galindo & Sheldon, 2012). Similarly, a study directly investigating parent-teacher relationships in center-based childcare found that teachers' direct support to parents was positively associated with parents' involvement in their children's learning at home and at the child care center, as well as with their communication with teachers (Lang et al., 2017). Thus, the quality of the relationship between parents and FCC providers may significantly affect parents' engagement in FCC arrangements, where families and children tend to experience greater continuity of care (Blasberg et al., 2019). Addressing this research question could inform how FCC providers tackle family engagement issues and barriers to participation in FCC activities. If our hypothesis is supported, results would suggest that FCC providers work toward building closer relationships with parents who are not as involved in FCC activities.

Research Question 4. How does the quality of the parents' relationships with their FCC providers relate to parental functioning, specifically parenting stress and parental depression?

- Hypothesis 4.1- Parents who report a higher quality relationship with their FCC providers will report lower parenting stress.
- Hypothesis 4.2 - Parents who report a higher quality relationship with their FCC providers will report lower depressive symptoms.

The association between parent-provider relationship and parental well-being has not been directly investigated, but researchers have found that the employment of family-centered practices, which aim to strengthen the parent-provider relationship, positively influence parents' functioning, including parenting stress and depression (Dunst et al., 2007; Trivette et al., 2010). Early Head Start programs, which focus on building strong family-provider relationships, have been found to decrease maternal depression over time (Chazan-Cohen et al., 2007). Additionally, as part of a pilot study of a family-based intervention designed to support and empower families in Early Head Start, qualitative interviews revealed significant reductions in the parenting stress of those parents enrolled in the intervention (McCart et al., 2009).

The results from this research question could inform quality improvement efforts for FCC (e.g., specialized training to FCC providers to promote parental well-being through relationships). If these hypotheses are supported and having a better relationship with their FCC provider diminishes parents' depressive symptoms and parenting stress, professional development activities should directly address building high-quality relationships with parents to support parental functioning and connect parents to resources regarding stress and depression.

Significance and Implications of the Research

In this study, I aimed to examine the relationships FCC providers build with parents of children in their program and how this connection influences parents' functioning. Because FCC primarily serves infants and toddlers in low-income, minority families who have challenges accessing center-based care (Bromer et al., 2013; Henley & Adams, 2018; NSECE Project Team, 2016; Office of Child Care, 2019), family child care settings are crucial avenues in which young children in high-risk populations can access and benefit from high-quality care that is more suitable to the needs of the entire family. Thus, this study focuses on a major service delivery setting for children and families from low-income and minority backgrounds.

Understanding the characteristics of FCC providers and the families enrolled in these settings is crucial to providing effective, high-quality services tailored to the specific needs of children and parents at high risk for poor outcomes. FCC providers tend to participate less often than center-based care teachers in programs and professional development geared toward improving the quality of care for low-income families (ECQA Center, 2015; Hooper & Hallam, 2021; Swartz et al., 2016). Learning about FCC providers' characteristics can aid in overcoming barriers to participation in these quality improvement programs through specialized supports. Additionally, many providers are not supported to enhance their skills in working with families, particularly those of infants and toddlers from diverse economic backgrounds (Swartz & Eastbrooks, 2014), which qualitative researchers have revealed is a particularly difficult challenge for FCC providers (Lanigan, 2011). Many early childhood teachers report unease and a lack of preparation on how to build supportive relationships with parents of children in their classrooms (Boit, 2020). Therefore, this study has the potential to inform professional development and program design efforts that aim to enhance the quality-of-care FCC offers.

Research on the unique aspects of FCC settings (e.g., parent-provider relationships) can help inform programs, such as Early Head Start and the EHS-CC partnerships about feasible mechanisms for fostering positive outcomes in children and families. EHS-CC partnerships have increasingly directed their focus to increasing the quality of FCC settings. Yet, there is a dearth of research on how to integrate these types of initiatives most effectively into diverse child care arrangements. Further, although research in center-based child care and schools has shown that the quality of the relationship between teachers and families can positively influence parental engagement and parents' well-being (i.e., Dunst et al., 2007; Galindo & Sheldon, 2012; Mendez, 2010), to my knowledge, there are no quantitative research studies that have examined the relation between the parent-provider relationship and the functioning of parents in FCC settings. My study explicitly addresses whether FCC offers parents additional support beyond that of just child care services and promotes parental well-being (Forry et al., 2012). Thus, this study has the potential to fill a major gap in the empirical literature and can inform policy and practice in the child care arena.

Additionally, research on the characteristics of FCC settings and the well-being of FCC providers and parents of children enrolled in FCC during the unprecedented times brought on by the COVID-19 pandemic can inform programs and policy on how to move forward and help stabilize these important child care arrangements. The COVID-19 pandemic has significantly affected the child care workforce, expanding historical inequities and exacerbating existing challenges not only within family child care but across early care and education programs (Bromer et al., 2021; Weiland et al., 2021). Shutdowns, isolation requirements, and health and safety precautions implemented during the pandemic created numerous difficulties for an already overburdened population of family child care providers across the country. Compared to center-

based programs, FCC homes were more likely to remain open and continue with in-person enrollment throughout the pandemic (Quick et al., 2020; Zhang et al., 2022), leaving FCC providers to handle early conflicting information and uncertainty. I conducted this study throughout the COVID-19 pandemic, examining the characteristics and well-being of FCC providers and parents as well as the relationships they form with one another during an extraordinary period. Consequently, this study could inform FCC policy and practice regarding influences on effective high-quality relationships and how these affects parental functioning within the broader context of a global pandemic.

Using a theoretically driven model as the framework of the project, I specifically examined providers' and parents' perceptions of the attitudes, knowledge, and practices providers employ with the families and children in their programs, as well as the factors that affect these constructs. For example, FCC provider and parent characteristics, such as providers' education, experience, professional well-being, and parents' financial and linguistic needs, can influence how providers and parents form relationships with each other (Boit, 2020; Hooper & Gaviria-Loaiza, 2021). Additionally, the attitudes, knowledge, and practices providers utilize are theorized to be key components of the relationship parents have with their FCC providers and are hypothesized to significantly influence parent and child outcomes (Bromer et al., 2011; Forry et al., 2012). Most researchers examine these components have conducted research with children and families in center-based care. Thus, this study will uniquely contribute to the research on how these constructs may interact and affect the parent-provider relationship in FCC settings, where parents may have closer relationships with their providers (Blasberg et al., 2019). Similarly, quantitative research is needed to understand how the support FCC providers offer

families influences the quality of the parent-provider relationship and, ultimately, parents' outcomes.

Because of the significant number of children, families, and providers involved in FCC, there has been an increased focus in federal and state policy to create initiatives that improve the overall quality of FCC settings (Bromer & Kormacher, 2017). Family child care, above any other form of home-based care, creates an optimal avenue for implementing these quality initiatives as it tends to already follow some licensing and regulation requirements (Bromer et al., 2009). However, there is still a need to understand the distinct aspects of quality in FCC settings in order to inform these policies and quality improvement efforts, which is a primary objective of the current study.

Investigating only family child care arrangements in this study allows for a more refined examination of the quality of FCC settings and may contribute to the creation of improved quality assessment protocols for FCC arrangements. In addition, because the sample for the current study is drawn from highly diverse areas, the study will contribute to the knowledge about essential child care populations and the families in the project's geographic location who may be in most need of support. Finally, the proposed study can inform the professional development and family engagement components of EHS-CC partnerships and other quality improvement initiatives through its focus on FCC quality and parent functioning.

Chapter 2: Literature Review

Promoting the quality of parent-provider relationships has been an integral component of most early care and education programs, with many quality initiatives emphasizing the vital role of parents in their children's education and development (Fantuzzo et al., 2004; Forry et al., 2012; Sheridan et al., 2019). These relationships, however, have been primarily studied in formal child care arrangements, such as center-based care and Head Start, or with parents of school-aged children (Elicker et al., 2013; Forry et al., 2012; Mendez, 2010). To our knowledge, no empirical research study has focused on the relationship parents in family child care (FCC) settings form with their providers. Qualitative studies and publicly available reports have consistently emphasized the close, lasting relationships between parents and providers as a unique feature of FCC arrangements that should be further examined as these may significantly affect the well-being of parents and children enrolled in these settings (Ang et al., 2017; Blasberg et al., 2019). Additionally, FCC providers often point to these relationships as gauges of quality missed in most measures used for high-stakes ratings and certain quality improvement programs (Doherty, 2015; Hooper et al., 2019).

Compared to center-based care, FCC homes tend to serve a greater number of infants and toddlers and a higher rate of families from low-income and minority backgrounds. Thus, FCC is a crucial platform from which to potentially improve the developmental outcomes of children that may be at a disadvantage (NSECE Project Team, 2016). Given the importance of FCC homes in the lives of at-risk families, it is imperative to understand the unique characteristics of family child care settings to better support not only the providers who operate these child care settings but also the parents and children enrolled in FCC homes.

The current study examines parent-provider relationships and the effect these have on the functioning of parents of children enrolled in family child care settings. This chapter reviews the relevant literature about FCC settings and parent-provider relationships to understand these associations. This literature review is organized into two main sections: 1) FCC providers and 2) parents who choose this type of care. Within each section, research related to the quality of parent-provider relationships and their implications for the specified population is further discussed. When available, research that centers on family child care arrangements is examined. However, because empirical research explicitly focusing on FCC settings is extremely limited, a broad scope of pertinent literature is summarized in this review. Empirical studies related to key constructs in this study investigate providers and families of children enrolled in different types of early care and education settings, including center-based care, Head Start, preschool, and kindergarten programs.

Guided by the theoretical framework of the proposed study, the first section describing literature on FCC providers highlights pertinent research on the three main constructs associated with effective parent-provider relationships. The providers' *Attitudes* towards the families enrolled in their programs, the family-specific and conceptual *Knowledge* that providers have, and the *Practices* providers employ with their families are discussed. The second section, focusing on parents in family child care settings, further describes parent-provider relationships and the effects these have been shown to have on parental involvement and parental functioning.

Family Child Care Providers

Background Characteristics

FCC providers encompass a large group of mostly female caregivers marked by their diversity in demographic characteristics, motivations, experiences, and instructional practices.

There are around 1 million family child care providers in the United States, nearly the same amount as the number of teachers in child care centers, including for-profit and non-profit daycare centers, as well as Head Start programs (NSECE Project Team, 2021). This constitutes a vast number of providers that greatly influence young children's development and, thus, should be the subject of child care research. In terms of racial and ethnic background, most studies examining FCC find that a large percentage, if not the majority, of the providers in their samples are Caucasian, followed by a smaller group of African American or Hispanic providers (Hooper & Hallam, 2019). In addition, large studies on family child care have revealed a wide age range for FCC providers, typically spanning from the early 20s to early 70s, with most studies finding an average age of providers in their early 40s (Forry et al., 2013; Paulsell et al., 2010). This wide range in ages is mirrored by the extensive range of providers' years of experience caring for children (Slot, 2018). National samples find that about 61% of FCC providers have, on average, more than 10 years of experience, with providers working between 1 to 20 years (NSECE Project Team, 2021).

Whereas home-based providers tend to have, on average, lower educational levels compared to center-based teachers, the educational background of FCC providers varies extensively (Slot, 2018). For example, data from the National Survey of Early Care and Education (NSECE), a nationally representative study of providers in the U.S., revealed that about 25.3% of FCC providers had a high school diploma or less, a third (33%) attended some college but had no degree, and another third (36%) had completed an associate's degree or higher (NSECE Project Team, 2021). Conversely, a report of the National Study of Child Care for Low-Income Families across five states in the U.S. found that, of 673 FCC providers in the sample, 81% completed a high school diploma, 37% of providers attended some college, and

only 8% had completed an associate degree or higher. However, this study also noted that 90% of these providers had received some form of child development and early childhood education course or training, highlighting the importance of a more refined examination of FCC providers' education and training (Layzer et al., 2007).

Generally, FCC providers tend to earn low salaries, with most wages putting providers close to or below the federal poverty line. In 2019, the mean average compensation for child care workers, including home- and center-based child care teachers, was around $25,500 per year (U.S. Bureau of Labor Statistics, 2019). In the National Study of Child Care for Low-Income Families, the average household income of FCC providers was about $35,000, but only around 53% of that income came from their work in their child care home. Most of the providers in this study were married and had spousal support contributing to the reported household income (Layzer et al., 2007). Similar findings were observed by the NSECE Project Team (2021), in which the mean income of listed FCC providers in 2019 was around $50,000. However, approximately 41% of providers earned less than half of their household income, underscoring the large percentage of FCC providers that rely on other sources of revenue aside from their family child care business. Moreover, most large-scale data that report on FCC providers' economic well-being do not consider the potential ramifications of the recent COVID-19 pandemic, which may have disproportionality affected child care workers, especially FCC providers. A study of child care programs in California revealed that FCC providers were about four times more likely to report a loss of income during the pandemic compared to center-based teachers, and about a third of providers had to rely on some form of public assistance (Kim et al., 2022).

Despite the many challenges that low wages present for FCC providers; several focus groups and surveys have revealed different motivations that prompt these professionals to become and continue working as family child care providers. While money is often not considered a primary motivation for FCC providers to continue working in the field, many emphasize that starting their own business was a significant incentive to join the profession (Paulsell et al., 2010). Similarly, providers underline that running a business in their own homes allows them to spend time with their own children while having a job and earning income (Fitz Gibbon, 2002; Layzer et al., 2007). A small study examining the daily routines and career paths of 22 FCC providers revealed that most providers opened a family child care business because they wanted high-quality care for their own children, which was unavailable in their area. Becoming paid child care providers themselves allowed them to control their children's care while still earning money (Tonyan & Nuttall, 2014).

In many studies that ask about the motivation for providing child care, FCC providers emphasize their love for children and the vital support they offer families as essential factors for continuing their work in family child care (Bromer et al., 2021; Hooper, 2020; Lee et al., 2019). Because families typically continue to have the same FCC provider for several years, providers can often build strong relationships with the children they care for and their families (Ang et al., 2017). Qualitative studies have found that, in general, home-based providers form closer relationships with the families in their program compared to center-based teachers (Bromer & Henly, 2009; Fitz Gibbon, 2002). For example, center-based teachers in a small qualitative study emphasized feeling constrained by the policies of their program in terms of how much they could do to help families, a barrier FCC providers, as proprietors of their own child care operations, do not need to worry about (Bromer & Henly, 2009). In this study, FCC providers often discussed

how they were able to accommodate their policies and schedules to help parents with logistical and economic difficulties. However, center-based teachers noted this flexibility was not possible in their center-based child care organizations, with all centers having strict drop-off and pick-up schedules, as well as fees that were beyond the teachers' control (Bromer & Henly, 2009). Despite this evidence, few researchers have considered the relation of these FCC provider characteristics to the quality of care they offer, the effect these diverse characteristics have on the parent-provider relationship, and the resultant outcomes for the parents of children in their program.

Providers' Well-Being

While the help FCC providers offer is often invaluable to parents, researchers have found that the vast assortment of responsibilities providers face creates several challenges (Faulker et al., 2016; Gerstenblatt et al., 2014; Layzer et al., 2007). One of the prevalent difficulties providers encounter is maintaining a sense of a professional relationship with the families that they serve. In focus groups, providers frequently discuss how the blend of roles often leads to parents taking advantage of their relationships and having unrealistic expectations of providers' responsibilities. These close relationships have also been found to cause FCC providers to feel uncomfortable enforcing policies and setting boundaries with the families of children in their program (Bromer & Henly, 2009; Gerstenblatt et al., 2014).

Correspondingly, FCC providers often feel that families and people, in general, do not perceive them as professionals and often see them more as babysitters, creating a culture of disrespect for the profession and a source of great stress for providers (Bromer et al., 2021; Paulsell et al., 2010). Examining the work-related stress of 10 FCC providers through several focus groups, Faulker et al. (2016) found that parental interactions, parents' needs, and public

perception of their profession were some of the most prevalent sources of stress providers faced. In addition, FCC providers often emphasize that the lack of respect creates a problematic environment in which to run a business (Faulker et al., 2016). Similarly, a qualitative study with 22 FCC providers found that a lack of respect from parents was common among participants. Providers in this sample noted that this was a particularly salient stressor when the nature of running their own business required their attention 24 hours a day (Fernandez et al., 2018).

Further, multiple studies have noted isolation as one of the biggest challenges FCC providers have to face in their profession (Lanigan, 2011; Rusby et al., 2013). Provider isolation in family child care is a shared challenge discussed by professionals in the field, and it is a particularly prevalent theme in focus groups. FCC providers, on average, do not receive the same amount of support offered by peers or mentors compared to center-based teachers (Fuligni et al., 2009). This external assistance offers providers and teachers opportunities for self-reflection and professional development, potentially reducing stressors associated with their profession. In a qualitative study with 54 FCC providers examining their perspectives on effective professional development and their roles in the early child care and education system, the solitary nature of the job emerged as a recurring theme in focus groups. However, 80% of the providers noted a reduction in isolation and stress when they joined a professional development program (Laningan et al., 2011).

The unique stressors of family child care and providers' well-being may directly influence how providers can form relationships with parents of children in their program. Studies have found associations between providers' work-related stress and well-being and their ability to effectively facilitate relationships with families (Hooper & Gaviria-Loaiza, 2021; Luckey et al., 2021; Park et al., 2021). For example, in a large study with family child care providers,

researchers found that FCC provider-family relationships were positively associated with providers' well-being, measured as job-related coping skills and strategies (Luckey et al., 2021). Further, researchers surveying Head Start teachers have found that job satisfaction and depressive symptomatology influenced teachers' relationships with families in their program. Teachers who reported higher levels of job satisfaction presented better attitudes and practices with families, while teachers' depressive symptoms significantly predicted worse attitudes (Hooper & Gaviria-Loaiza, 2021).

Similarly, Park et al. (2021) found that job satisfaction and professional exhaustion within a group of FCC providers were significantly related to the relationships these providers were able to form with families. FCC providers who had a positive appraisal of their profession reported significantly better relationships with families compared to providers who felt committed to their jobs but experienced burnout (Park et al., 2021). Family child care providers' well-being is a significant concern in the early care and education field. Providers often report taking on multiple roles to successfully run their businesses, care for children, and support families (Bromer et al., 2021). Thus, it is necessary to understand how FCC providers' well-being and professional stressors are associated with the relationships they form with families of children in their programs in order to identify how best to support FCC providers and the families they serve.

Providers' Attitudes

Research on early care and education settings has distinguished providers' attitudes, responsiveness, and communication towards families as key to promoting high-quality care and is a critical foundation in effective parent-provider relationships. The way in which providers communicate and respond to families is established through the providers' positive attitudes and

respect toward the parents of children in their program (Oke et al., 2021). In a qualitative study with multiple stakeholders involved in center-based child care programs, results revealed that the communication and rapport of center-based providers and families represented one of the primary components all participating groups discussed when describing "quality" in the child care setting (Harrist et al., 2007). Further, scholars have stated that when providers are responsive to the needs of the families they serve and consistently communicate with parents, it can help foster children's positive development (Elicker et al., 2013) and support providers' positive perceptions of children (Iruka et al., 2011). Examining the interpersonal relationships of providers, parents, and children in Early Head Start programs, Elicker et al. (2013) found that the caregiver-parent relationship, conceptualized as the collaboration, communication, and trust between parents and providers, was significantly associated with children's emotional competence. Additionally, in a multi-state study with families and children in preschool and kindergarten, researchers found that higher levels of communication, trust, and agreement between parents and teachers were significantly associated with an increased likelihood that African American children would be rated as less aggressive by their teachers compared to their White peers (Iruka et al., 2011).

Some studies have highlighted family child care providers' emotional responsiveness and child-provider interactions as significant strengths compared to center-based care (Porter et al., 2010; Susman-Stillman et al., 2013). Researchers have documented that family child care providers tend to have, on average, positive interactions with the children and families in their homes, and the vast majority of providers are affectionate and sensitive towards children (Elicker et al., 2005). A study with 98 child care providers found that FCC providers had higher levels of emotional availability and responsiveness towards the children in their care, regardless of their

self-reported intrinsic motivation for caregiving and dissatisfaction with their jobs when compared to center-based teachers. Conversely, center-based teachers who showed low motivation in this study exhibited a steep decline in their positive caregiving behavior over the course of a year (Susman-Stillman et al., 2013).

Researchers have also shown that parents with children in FCC homes are significantly more likely to communicate with their providers about their children's development and activities in their program compared to parents with children in center-based care (Zellman & Perlman, 2006). A study examining the use of parental involvement measures in child care quality ratings found that parents with children in FCC settings were more likely to have been in contact with their provider in the previous six months and less likely than center-based parents to indicate they did not have any contact with their provider (Zellman & Perlman, 2006). However, more research is needed on the patterns of communication with families in FCC settings and the potential benefits that these have on parental outcomes and children's development.

Studies with children in preschool and kindergarten have found that teachers' responsiveness, as well as communication between teachers and parents, play an instrumental role in building close relationships between the school and home context (Zaoura & Aubrey, 2011; Rimm-Kaufman & Pianta, 1999). Further, a higher frequency of contact between preschool teachers and parents is strongly associated with the quality of this relationship (Rimm-Kaufman & Pianta, 1999). In the development and validation of a family involvement measure, Fantuzzo et al. (2013) found that Home-School Conferencing, characterized by the communication between parents and teachers, was significantly associated with parents' satisfaction with their preschool children's teachers.

Further, researchers have revealed that parents are highly aware of the importance of communicating with their children's teachers, proposing that their relationships improve by increasing communication and contact (Zaoura & Aubrey, 2011). In a small qualitative study, parents of school-aged children constantly noted their beliefs that more interactions with their children's teachers would strengthen their trust in and relationship with them (Zaoura & Aubrey, 2011). Similarly, in another small qualitative study, researchers found the usefulness of texting parents for improving communication and parental involvement (Snell et al., 2020). Prekindergarten and Head Start teachers indicated that texting parents not only increased communication with parents but helped build warm and engaged relationships with families (Snell et al., 2020). Regular and open communication appears to be a significant feature for the development of successful and effective partnerships between parents and teachers in all early education settings, which can, in turn, positively influence parental engagement and young children's socioemotional development (Elicker et al., 2013; Murray et al., 2015; Sheridan et al., 2010).

However, studies focusing on center-based care have found that the communication between parents and providers is typically limited, with a consistent pattern of brief, irregular, and superficial exchanges (Perlman & Fletcher, 2012). For example, one recent qualitative study with 20 parents focusing on the health and nutrition of children in FCC homes revealed that parents primarily communicate with their FCC provider in person, during drop-off and pick-up, believing in-person exchanges to be the most convenient way to engage FCC providers (Mena et al., 2020). Further, parents in this study emphasized that despite their brief interactions, the frequency of the communication reinforced their personal relationship with the provider and the value this relationship had for them (Mena et al., 2020). Thus, the communication patterns

between FCC providers and parents may differ from those of teachers in center-based care and preschool and consequently have a distinct influence on the relationship between parents and providers.

Providers' Knowledge

Providers' knowledge about a specific child and family may also influence how providers interact with the families they serve. Researchers have emphasized the importance of understanding young children's and their families' individual needs to establish positive relationships with parents and the significance of these relationships to the quality of care providers offer (McKim, 1993; Shivers et al., 2004; Swartz & Eastbrooks, 2014). The perceptions providers have about families also influence their caregiving practices. In a study with center-based teachers (Shivers et al., 2004), those who viewed the families' lives as chaotic and lacking in certain areas tended to incorporate more "parent education" in their practices and to view their role as teaching children as well as the parents. On the other hand, teachers who perceived families as doing a good job with their children had more of a "hands-off" approach to parents, believing that their role was to care for the children and support parents who worked, rather than impose involvement with the child care center.

Additionally, providers' conceptual knowledge about working with children and families appears to interact with a provider's knowledge of a specific family and be related to how providers interact with families (Swartz & Eastbrooks, 2014). Researchers focusing on center-based teachers have found that those who had never worked with a parent before perceived their relationships with parents more positively when the teacher had more knowledge of child development (Swartz & Eastbrooks, 2014). In this study, providers with more knowledge of child development and who had worked with parents before perceived the parent-provider

relationship less positively. These findings suggest that teachers who had worked with parents before viewed parents as more of a hindrance than an asset in their job as educators. However, researchers have found that training on specific family engagement topics significantly improves how teachers interact with families (Smith & Sheridan, 2019). Further, researchers conducting a qualitative study with pre-service teachers in a professional development program geared towards improving teacher-parent relationships revealed that as teachers interacted with families, they understood the importance of knowing the families of children in their classroom and building strong partnerships with the parents (Boit, 2020). Nevertheless, despite extensive evidence regarding how family-specific and conceptual knowledge influence parent-provider relationships in center-based child care settings, there is limited understanding of how providers' knowledge in these arenas is associated with parent-provider relationships in family child care arrangements.

Providers' Practices

Support, Services, and Resources. Researchers suggest that child care settings can be a source of social capital and support for low-income families (Barnes & Nolan, 2019). These sources of support appear to be amplified in FCC settings compared to center-based care. Further, researchers using qualitative methodology with both center-based and FCC providers revealed that providers report going above and beyond typical caregiving practices, such as helping parents navigate complex subsidy payments, allowing flexible drop-off and pick-up times that adjust to parents' varying work schedules, and helping with daily routines when parents do not have time for them (Bromer & Henly, 2009). FCC providers appear to act as instrumental, informal sources of information for parents, providing not only care for their children but often offering emotional, social, and personal support (Hooper, 2020). A recent

qualitative study with 29 FCC providers highlighted the multiple roles providers manage while running their family child care homes, including taking on a relational role with the families of the children in their programs. In this study, over half of the providers noted that they had not only become an extension of the child's family but consistently provided additional services and emotional support to parents (Hooper, 2020). In another small qualitative study examining work-related stressors and provider well-being, 11 family child care providers emphasized the additional support and resources they offer families that go beyond traditional caregiving practices (Gerstenblatt et al., 2014). Further, many of these providers found the additional roles to be taxing yet rewarding parts of their jobs, noting the unique function they play in the lives of families in their programs. Thus, FCC providers have to learn to successfully navigate multiple roles, including being child care providers, business owners, as well as advisors, and second parents to the children and families they serve (Hooper, 2020; Gerstenblatt et al., 2014).

Researchers have acknowledged the crucial role of instrumental and social support provided to parents through early care and education settings for parents' well-being and children's positive developmental outcomes (Bromer & Henly, 2004; Lamb & Ahnert, 2007). Resources (e.g., material support and information) and emotional support can be especially important for families from low-income backgrounds, who often lack these resources and tend to have unreliable social networks (Henly et al., 2005; Wilson, 2012). A recent case study with 12 licensed FCC providers revealed that even though providers significantly varied in terms of their educational practices and professional development experiences, they all maintained close relationships with the families in their programs, providing support and resources when needed (Hooper & Hallam, 2021). However, there is a lack of quantitative research on these supports and their influence on parent outcomes within FCC settings.

Flexibility. FCC arrangements offer families flexible and affordable care on which parents can rely to maintain employment and financial stability, particularly for families from low-income backgrounds (Elicker et al., 2005; Hofferth & Collins, 2000; Scott et al., 2005). Compared to center-based care and Head Start programs, family child care settings often provide more flexibility in meeting the needs of parents who do not work standard hours (Elicker et al., 2005). Qualitative studies point to family child care providers' ability as business owners to accommodate the logistical and economic difficulties faced by parents of children enrolled in their programs (Bromer & Henly, 2009). Additionally, longitudinal qualitative interviews with 38 mothers from low-income backgrounds found that the distinct features offered by FCC providers, such as reliability and flexibility with schedules, helped participants maintain their employment. This benefit was particularly true for mothers who worked multiple jobs, had irregular or unpredictable work schedules, and worked non-standard hours (Scott et al., 2005).

One of the most important reasons parents identify for their decisions to utilize FCC is the extended hours and flexibility FCC homes offer, a feature that is particularly important to parents from low-income backgrounds who tend to work non-standard hours (Carlin et al., 2019; Elicker et al., 2005; Han et al., 2004; Schilder et al., 2021). Center-based child care settings typically do not accommodate irregular work schedules and are often less flexible than FCC homes if, for example, parents need to pick up their children late or if the parents do not have a fixed work schedule (Elicker et al., 2005). Using data from the NICHD Study of Early Child Care, a multi-site study focusing on nonmaternal care arrangements used by families in the U.S., Han (2004) examined the relationship between work schedules and parents' child care choices. The study found that mothers working non-standard hours, including nights and weekends, were more likely to use family child care compared to center-based care for the children's first three

years. Center-based care was never reported as the preferred type of care by families working non-standard hours; it was only favored by those who worked conventional business hours (Han, 2004).

FCC homes provide a unique source of support for families regarding their employment. Researchers have shown that the flexibility of FCC settings significantly affects maternal employment and job stability, particularly for mothers from low-income backgrounds (Hofferth & Collins, 2000; Scott et al., 2005). However, more research is needed to understand the relation between the flexibility FCC settings offer and how it influences the relationship parents have with their FCC providers as well as parent functioning.

Quality of Family Child Care

Research on the quality of FCC settings exclusively is sparse; most studies compare FCC to more formal child care arrangements such as center-based care and Head Start. FCC is typically included in studies with larger child care samples, with few studies investigating FCC independently from other forms of home-based child care arrangements. There is a need to conduct studies that focus exclusively on FCC that can identify the unique and varying features of these settings that relate to the quality of care provided.

Quality in early care and education settings has been traditionally measured by differentiating between process and structural quality or combining these to assess the overall global quality of a child care environment and is typically used in high-stakes quality improvement efforts and initiatives (Slot, 2018; Tout et al., 2017). On average, FCC settings have lower observed global quality scores compared to center-based care and Head Start, but there is significant variability within samples of FCC homes and providers (Bassok et al., 2016; Iruka & Forry, 2018; NICHD, 2004). Further, in nationally representative samples, providers'

educational attainment and, more precisely, specialized training of providers in early childhood education appear to be strong predictors of quality in FCC homes (NICHD, 2006; Porter et al., 2010).

Early researchers focusing on the quality of FCC found that only about 10% of FCC providers offered young children what would be considered high-quality care (Kontos et al., 1995). Findings from a study examining the child care arrangements of 307 working families from low-income communities in Indiana revealed that Head Start and licensed center-based child care had the highest levels of global quality. In contrast, the lowest quality ratings were observed in licensed family child care, childcare ministries, and unlicensed relative care. Moreover, although the average observed quality score for FCC was the highest amongst all informal care settings, the global quality in FCC homes did not statistically differ from childcare ministries and relative care (Elicker et al., 2005).

More recent researchers suggest that FCC quality varies substantially across different communities. For example, family child care settings in low-income areas tend to score lower on global quality measures than FCC homes in higher-income neighborhoods (Hatfield et al., 2015). Further, researchers investigating diverse patterns of process quality in 350 family child care programs found four distinct quality patterns grounded in observations of providers' interactions with children and instructional and caregiving practices. Process quality in these profiles ranged widely from very low to good; however, academic activities in FCC homes were considered infrequent for three of the four profiles. The profiles included: 1) "very low process quality with infrequent academic activities"; 2) "low process quality with infrequent academic activities"; 3) "minimal process quality with infrequent academic activities"; and 4) "good process quality with weekly academic activities." In addition, family child care settings with good process quality

were the only ones with weekly language, literacy, and math activities, highlighting the importance of instructional practices in the measurement of quality in family child care (Iruka & Forry, 2018). Such results emphasize the need to understand family child care separately from center-based care as the differences in quality among FCC homes may be greater and more illuminating than those observed when these settings are compared to formal child care settings.

Despite lower scores in quality measures, some researchers have found that FCC providers exhibit more positive performance compared to those in center-based care in specific domains of quality, such as their emotional responsiveness and sensitivity towards the families and children they serve (Porter et al., 2010). Yet, many quality measures used in studies that include FCC homes have been directly adapted from those used in center-based care settings and ignore the potential strengths of family child care arrangements, potentially resulting in an inadequate representation of quality in a home-based environment (Ang et al., 2017).

One of the main issues affecting research on the quality of FCC homes is the operationalization of what "quality" is in family child care. In qualitative studies that examine FCC providers' perceptions and definitions of quality, providers naturally point to the differences between what quality looks like in family child care compared to center-based care (Hooper et al., 2019; Garrity et al., 2021). In focus groups, FCC providers have emphasized the close relationships with the children and families they serve, rather than instructional practices, as gauges of high quality. While FCC providers also point to learning activities and opportunities in the home-based context, it appears that for these providers, a key factor of FCC quality is the overall well-being and happiness of children and families in their programs (Doherty, 2015; Hooper et al., 2019).

In a qualitative study with 62 FCC providers, several components were identified as necessary to achieve high-quality care in family child care settings. Providers noted that it was not only essential to care for children's physical and emotional safety, making sure the provider is affectionate and supportive to each child under their care, but to also maintain a collaborative and professional relationship with families (Doherty, 2015). Further, Hooper et al. (2019) documented, in a smaller qualitative study with 28 FCC providers, that providers' definition of high-quality care primarily included the relationships they form with children and families in their programs. In these focus groups, most providers pointed to how the relationships they formed with the families in their programs were often different from those of center-based teachers, with providers offering emotional and social support to parents and acting as an extension of the child's family (Hooper et al., 2019). Finally, a recent qualitative study with 60 FCC providers highlighted the incongruence between providers' model of care and their states' QRIS standards and definitions of quality. FCC providers in this study emphasized love and affection, family, community, and cultural continuity in their approach to teaching and caring for children. In contrast, school readiness, a pillar of QRIS programs, was not mentioned as an outcome or quality measure of FCC by any of the providers (Garrity et al., 2021).

These differences in how FCC providers describe high-quality care emphasize the need to further examine these distinct features within family child care settings. Some researchers have argued that only measuring the global quality of FCC obscures the potential benefits of home-based care, such as the relationships providers build with children and families through the continuity of care they deliver (Doran et al., 2022; Porter et al., 2010). Improving how FCC quality is measured and conceptualized is imperative for a thorough understanding of how to best

serve providers, increase the quality of care delivered to high-risk families, and positively influence parent and children's outcomes.

Parents in Family Child Care Settings

Background Characteristics

According to nationally representative studies, FCC homes tend to serve primarily families from low-income, minority communities, as well as a large percentage of single-parent households and families with lower levels of education (NSECE Project Team, 2016). Further, national data indicate that about 20% of families receiving subsidy, or financial support offered to low-income families to pay for child care, attend FCC homes (Office of Child Care, 2019). Parents choose this type of child care arrangement over subsidized center-based programs and Head Start due to flexible schedules, affordability, and the home-like environment children experience (NSECE Project Team, 2016; Porter et al., 2010). Additionally, families in rural areas also tend to select and are able to access family- or home-based child care over center-based care more often (Anderson & Mikesell, 2019). According to a report by the Urban Institute (Henly & Adams, 2008), four main populations across the United States may have significant challenges accessing child care centers and should be considered a high priority for programs and federal policies focused on improving the quality of care. These populations are: 1) children whose parents work non-standard hours; 2) infants and toddlers; 3) children of families who live in rural areas; and 4) children with disabilities (Henly & Adams, 2008). Because these populations have difficulty accessing center-based care, family child care creates an opportunity for children in these populations to receive and benefit from high-quality care in a home-based setting that is more suitable to the needs of the entire family.

Parent-Provider Relationships

Parents note that the close relationships children and families form with FCC providers are important factors for choosing FCC. Using data from the family child care settings in the National Study of Child Care for Low-Income Families, Layzer et al. (2007) found that 43.5% of the 642 parents that were interviewed noted their close relationship with the provider as a reason for choosing and keeping their children enrolled in the FCC setting. Additionally, about 60% of parents cited the provider's openness to parents changing schedules and the provider's communication with them as "extremely important" characteristics of their family child care arrangement (Layzer et al., 2007). In a study with 62 FCC providers, many parents reported having a strong connection with their FCC providers and other families and often described spending time with other child care families outside of the FCC context and considering each other as friends (Doherty, 2015).

Although the help providers offer is often invaluable to parents, researchers have found that the close parent-provider relationships can also create several challenges for FCC providers (Faulker et al., 2016; Gerstenblatt et al., 2014; Layzer et al., 2007). One of the biggest difficulties FCC providers face is maintaining a sense of a professional relationship with the families that they serve. In focus groups, providers frequently discuss how the blend of roles often leads to parents taking advantage of their relationships and sets unrealistic parental expectations about the responsibilities of providers. These close relationships have also been found to cause FCC providers to feel uncomfortable enforcing policies and setting boundaries with their families (Bromer & Henly, 2009; Gerstenblatt et al., 2014).

Nevertheless, despite providers reporting close associations with parents as a source of stress in their jobs, both providers and parents generally share positive feelings about each other

(ECQA Center, 2020). Amongst a sample of low-income working families, FCC and relative care providers reported the highest levels of quality in parent-provider relationships compared to those working in Head Start and center-based care (Elicker et al., 2005). In a series of focus groups in a small qualitative study, FCC providers noted they felt that the continuity of care they were able to offer families and children for multiple years allowed them to foster closer relationships between themselves and the families (Hooper et al., 2019). In a multi-site study investigating the decline and supply of family child care, about 19% of FCC providers expressed their relationships with families as the main aspect of their profession that kept them in their job despite all other challenges. Moreover, some providers also discussed their own reliance on families of children for support, particularly during the COVID-19 pandemic (Bromer et al., 2021). These positive relationships thus may be a source of important social support in the parents' lives, making FCC homes an important and unique context to promote not only children's development, but also parents' well-being.

Parent Involvement in Family Child Care

Parental involvement is a crucial component of federally funded programs supporting families with young children from low-income backgrounds, such as Head Start, with researchers showing that it can enhance children's positive learning and development (Fantuzzo et al., 2013). Yet, parental involvement in FCC settings is only beginning to be emphasized in licensing requirements and quality improvement practices (EQCA Center, 2015). However, parents' involvement in child care activities is an aspect of family engagement that can be influenced by the relationship between parents and FCC providers (Fantuzzo et al., 2013; Galindo & Sheldon, 2012).

Parents who feel comfortable and supported by their providers may be more willing to participate in different activities in their children's FCC homes, such as attending parent meetings and events or volunteering in child care activities. Researchers examining parents of children in kindergarten showed increases in parents' involvement when teachers have clear and robust engagement strategies and practices (Galindo & Sheldon, 2012). Further, studies on home visiting programs in Early Head Start have also found that those sites that encourage and implement family-centered practices, such as home visitors' supportive relationships with families, often see increases in parental engagement (Korfmacher et al., 2008).

Most of the research focusing on the influence that parent-provider relationships have on parental involvement has been conducted with school-aged children, not infants and toddlers in child care settings (Galindo & Sheldon, 2012). The relationship between parents and child care providers and its subsequent impact on parental involvement may differ for younger children in child care, particularly those in FCC settings (Zellman & Perlman, 2006). A study examining the association between parents' and center-based teachers' co-caring relationships and parental involvement found that the support teachers provided parents had the strongest positive association with parents' engagement in center-based activities and their children's education (Lang et al., 2017). More research is needed to investigate this association in family child care arrangements, where the type of support FCC providers offer families may extend beyond traditional caregiving practices and be different from that of center-based child care.

Parental Functioning

The quality of the relationship parents have with their FCC providers may also influence parental functioning, including depressive symptoms and parenting stress. Given the close relationships documented between FCC providers and the families they serve, providers often

offer emotional and instrumental support that may significantly affect parents' psychological outcomes (Forry et al., 2012; Layzer et al., 2007). While the relation between parent-provider relationships and parental well-being has not been directly investigated in FCC, researchers have found that early care and education programs that emphasize family-centered practices and include strategies to strengthen the relationship between parents and providers, positively influence parental well-being (Dunst et al., 2007; Trivette et al., 2010). Programs that focus on building family-provider relationships, such as Early Head Start, have been found to significantly predict decreases in maternal depression over time (Chazan-Cohen et al., 2007). Further, a qualitative pilot study examining the effectiveness of an intervention designed to meet the individual needs of families with children in Early Head Start reported significant reductions in parenting stress (McCart et al., 2009). Nevertheless, there is a substantial need for research that directly investigates the influence of parents' relationships with their FCC providers on their well-being.

Summary

Researchers have recognized the importance of the quality of parent-provider relationships for children's development in different early care and education settings (Forry et al., 2012; Sheridan et al., 2019). Programs aiming to improve the quality of care and education for young children often target strengthening the partnership between parents and educators (Bromer et al., 2011; Fantuzzo et al., 2004). Most studies examining these relationships, however, have focused on families with children in center-based child care or Head Start and preschool programs and center around children's outcomes (Elicker et al., 2013; Forry et al., 2012; Mendez, 2010). Despite wide recognition that parents in family child care settings tend to form closer relationships with their providers compared to those in center-based child care

arrangements (Ang et al., 2017; Hooper et al., 2019), to my knowledge, no study has examined how these relationships could influence parental involvement and functioning.

Family child care, one of the most popular forms of child care arrangements in the United States, provides services to a wide range of families and children, particularly infants and toddlers from low-income and minority families (NSECE Project Team, 2016). Thus, examining the unique features of FCC arrangements, such as the close parent-provider relationships, can help understand how to better support a large number of young children and families at-risk for compromised developmental and social outcomes.

The quality of the relationship between parents and providers has been theorized to be particularly influenced by the providers' *Attitudes* towards the families, the family-specific and conceptual *Knowledge*, and the *Practice*s providers employ when working with families in their program (Bromer et al., 2011; Forry et al., 2012). Moreover, because of the diversity within the early care and education workforce and the families they serve, several provider and parent characteristics can impact the effective facilitation of parent-provider relationships. Whereas a substantial number of researchers examine how these components influence the parent-provider relationships, very few studies include family child care providers (Blasberg et al., 2019; Forry et al., 2012).

Because of the home-like environment and continuity of care typically observed in family child care settings, the way FCC providers interact with their families may differ from the interactions of teachers in center-based child care, Head Start, or preschool programs with families. Some studies have emphasized, for example, that FCC providers are more responsive and communicate more often with the families enrolled in their program compared to center-based care teachers (Porter et al., 2010; Zellman & Perlman, 2006). Further, families in FCC

settings often maintain the same provider for multiple years, creating a continuity of care that may not only influence the providers' family-specific knowledge, but also affects the support, services, and resources providers can offer families (Hooper et al., 2019).

Qualitative studies have shown that FCC providers often provide parents with social, emotional, and personal support that extends beyond typical caregiving practices (Bromer & Henly, 2009; Hooper, 2020). Additionally, FCC settings tend to offer flexible and affordable care that is often more suitable to the needs of low-income families (Henly & Adams, 2018). Researchers have found that FCC providers are more flexible with their daycare schedules as well as their payments to support families and children enrolled in their program compared to center-based care (Ang et al., 2017; Bromer & Henly, 2009). How FCC providers interact with the families in their program may then affect the quality of parent-provider relationships. However, more research that focuses on family child care settings is needed to investigate these associations.

Further, multiple qualitative studies point to the close and lasting parent-provider relationships in family child care settings (Ang et al., 2017; Bromer & Henly, 2009; Doherty, 2015; Layzer et al., 2007). In these studies, FCC providers often highlight these relationships as gauges of a high-quality program that is unique to family child care settings and is often overlooked in measures of global quality used for high-stakes purposes (Doherty, 2015; Hooper et al., 2019). The quality of the parent-provider relationship has been found to significantly influence both parent and child outcomes. For example, parents' relationship with their providers appears to influence parental involvement in center-based care, Early Head Start, and preschool settings (Korfmacher et al., 2008; Lang et al., 2017; Galindo & Sheldon, 2015). Additionally, in these settings, close relationships between parents and educators have also been found to

significantly reduce maternal depressive symptoms and parenting stress (Chazan-Cohen et al., 2007; McCart et al., 2009). However, no studies have focused on these associations within family child care settings. More research is needed to examine whether the close parent-providers relationships discussed in qualitative studies influence parental involvement and well-being.

In sum, there is a paucity of quantitative evidence focused on the relationships FCC providers have with families as a key aspect of the quality of family child care arrangements. Moreover, very limited research has examined the role of the FCC provider-family relationship with respect to parent functioning. FCC settings offer unique features, such as the close parent-provider relationships, that should be examined to successfully promote not only high-quality care in FCC homes but also to understand how to best support FCC providers and the children and families they serve. Consistent with the multidimensional theoretical model that emphasizes the importance of the quality of FCC family-provider relationships for children's and parents' positive outcomes (Bromer et al., 2011; Forry et al., 2012; see Chapter 1), I aimed to investigate the factors that affect this relationship within FCC settings and its implications for parents' program engagement and mental health. Overall, this study fills a major gap in the literature on understanding the processes that occur within FCC settings, a form of child care essential for the social and economic stability of families from low-income backgrounds.

Chapter 3: Research Design and Methodology

In this study, I exclusively examined family child care settings employing a quantitative research design and collecting cross-sectional data through virtual interviews with a convenience sample of FCC providers and parents of children enrolled in participating FCC programs. I gathered data from 120 FCC providers across Maryland and Washington, DC and 90 female primary caregivers with a young child (6-36 months of age) enrolled in a participating FCC home. It is important to note that I collected all data during the COVID-19 pandemic, which affected all recruitment and data collection efforts. The health and safety regulations implemented during the pandemic prevented any type of in-person recruitment or data collection; thus, all procedures were designed to accommodate the restrictions devised as a result of COVID. Below are descriptions of the participants, procedures, measures, and analytic plan pertinent to this study.

Participant Description and Recruitment

Family Child Care Providers

To ensure an examination of only family child care settings, FCC providers had to meet specific criteria for participation. Family child care is defined in this study as licensed and regulated non-parental child care arrangements delivered in residential settings. However, the term is often conflated in research and practice with unlicensed family, friend, and neighbor care that also takes place in the home. Because of the diversity of home-based child care arrangements, eligible participants had to own and operate a licensed FCC home. Additionally, FCC providers often work alone, without additional help or support from other FCC providers. The isolating nature of this environment adds multiple other stressors to an already overburdened

population, which would have clouded my focus on provider characteristics and relationships with parents. Thus, FCC providers had to belong to a larger FCC staffed network or organization to participate in the study. Further, given that I am a bilingual, native-Spanish speaker, I was able to extend participation to Spanish-speaking FCC providers. Therefore, only FCC providers who spoke English or Spanish were eligible to participate in the study.

Recruitment of participating FCC providers occurred through successful partnerships with family child care staffed networks and organizations across Maryland and Washington, DC. Specifically, I partnered with the Maryland State Family Child Care Association (MSFCCA), the DC Family Child Care Association, and the Latino Child Care Association of Maryland. I approached leadership of these organizations to discuss the current study and to send emails on my behalf about participation in the study. These emails included a Google Forms link in which interested FCC providers could input their contact information and learn more about the project. I contacted FCC providers who completed the Google Form to discuss participation, answer any questions or concerns, and invite them to be part of in study. Providers who were interested in participating scheduled a time that was convenient for the virtual interview to take place. Additionally, as suggested by the networks' leadership, I was invited to discuss the study during virtual professional development trainings set up by the staffed networks. FCC providers were given an overview of the study and were informed that participation was entirely voluntary and not a component of their professional development training, and about compensation for study participation (i.e., $50 gift card). Providers, who were interested in participating, scheduled a time that was convenient for the virtual interviews to take place at the end of their training session.

Subsequently, I recruited and interviewed 120 family child care providers for this study. Table 1 below displays the demographic information for participating FCC providers (n=120). All providers were female and were racially and ethnically diverse, with most participants identifying as African American (37.5%), White (35.8%), or Latinx (21.7%). Resembling other studies with FCC providers (e.g., NSECE Project Team, 2021), my sample's educational level varied extensively, ranging from providers receiving a high school diploma or GED (15%) to obtaining a master's degree or above (6.7%). Most providers (42.5%) had obtained a Bachelor's degree. Additionally, providers' years of experience varied substantially, ranging from 1 to 37 years, with providers working in family child care on average for about 15.5 years (*SD*=9.3). However, on average, providers had worked in the early childhood education field for around 20.6 years (*SD*=9.0).

Table 1. *Demographic Characteristics of Participating FCC Providers*

Variable	**Total Sample (n=120)**
Provider Age	50.7 (9.8) [23-70]
Race	
African American	45 (37.5%)
White	43 (35.8%)
Latinx	26 (21.7%)
Asian	6 (5.0%)
Marital Status	
Single	12 (10.0%)
Partnered or Married	83 (69.2%)
Divorced/Separated/Widowed	25 (20.8%)
Completed Education	
Master's degree and above	8 (6.7%)
Bachelor's degree	43 (35.8%)
Two-year college (Associates)	24 (20.0%)
Some college courses	27 (22.5%)
Highschool diploma/GED	18 (15.0%)
Child Development Associate (CDA) or equivalent	39 (32.5%)

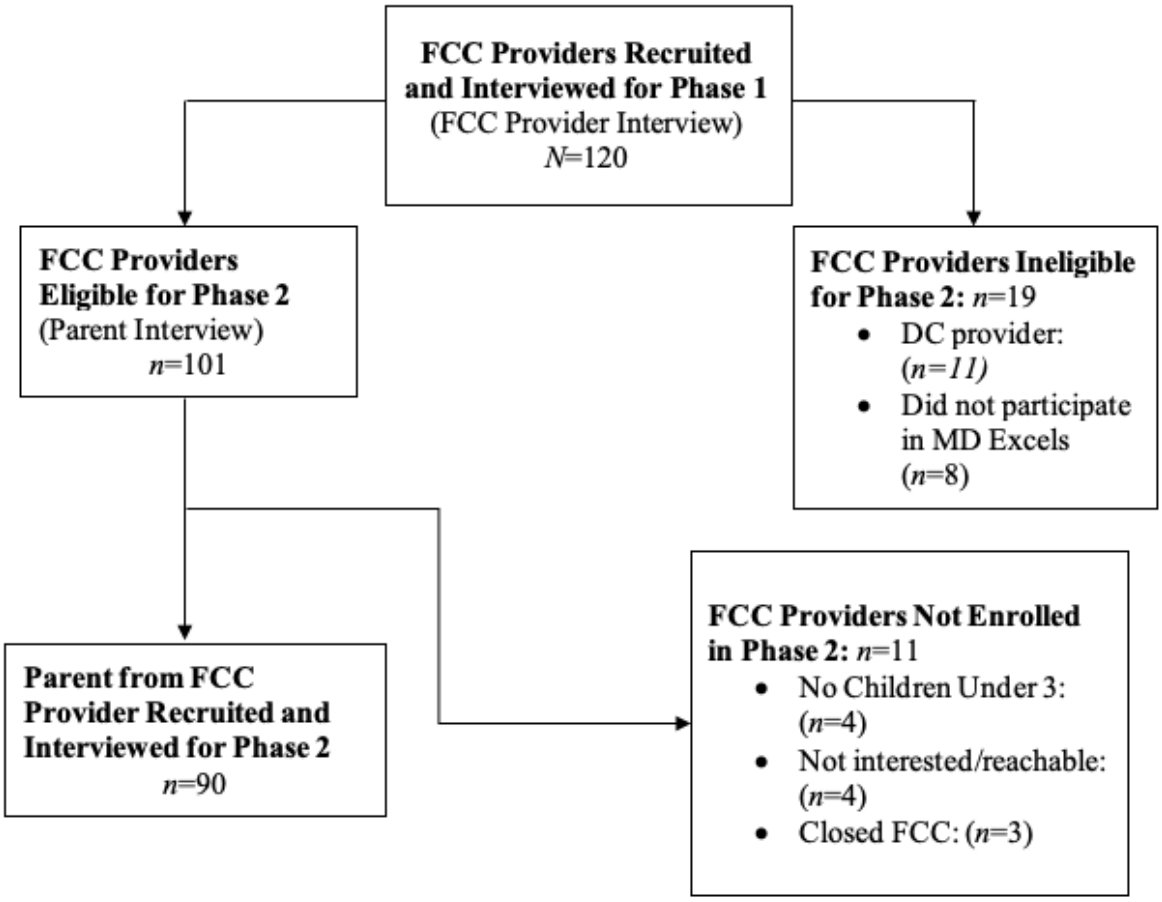
Working on one	13 (10.8%)
Years as FCC provider	15.5 (9.3) [1-37]
Years in ECE programs	20.7 (9.0) [3-42]
Years planned to continue as FCC provider	
Less than a year	3 (2.7%)
1-2 years	8 (7.1%)
3-4 years	12 (10.7%)
5-10 years	48 (42.9%)
More than 10 years	41 (36.6%)
Location of FCC Home	
Washington, DC	11 (9.2%)
Maryland	109 (90.2%)
Montgomery County	24 (20.0%)
Baltimore City	20 (16.7%)
Baltimore County	16 (13.3%)
Anne Arundel County	11 (9.2%)
Howard County	10 (8.3%)
Other MD County	28 (25.7%)

Parents of Children Enrolled in FCC Homes

Parents invited to participate in my study met the following inclusion criteria: (1) have a child between 6-36 months of age enrolled in an FCC home that participated in the first phase of interviews for the study and was part of the Maryland Excels program; (2) be the child's female primary caregiver; (3) be able to speak English or Spanish; and (4) have known their FCC provider for at least 6 months. Due to the inclusionary criteria, specifically participation in Maryland Excels, I did not include all 120 FCC providers from the first phase of interviews for parent recruitment in this study. I recruited and interviewed virtually a total of 90 female primary caregivers meeting these criteria. The number of participants was derived and selected from the power analysis conducted to examine what would be necessary to detect an effect of the hypotheses using linear regression analysis. Each parent was recruited from a separate FCC setting (i.e., 90 distinct FCC homes). Figure 2 below displays a recruitment flowchart for this

study. Further, to avoid confusion with FCC providers who are sometimes labeled in literature as caregivers, the term "parents" will be used to discuss participating female primary caregivers in this study.

Figure 2. *Study Recruitment Flowchart*



The sample of 90 parents in this study were registered in a sub-sample of FCC homes that participated in Maryland's quality rating and improvement system (QRIS) for licensed child care and early education programs in Maryland (see quality of care section below for detailed explanation). Originally, this study included an FCC setting observation, which involved entering participating FCC homes for an extended period to observe the quality of the child care environment. However, given the significant challenges of entering FCC homes during the

COVID-19 pandemic and because quality of care would only be used as a control variable in the primary analyses regarding parents, I decided to measure quality of care differently in this study. Because the MD Excels rating can be used as a proxy measure of the overall level of quality of these FCC homes in this study, parents were invited to participate if their child attended one of the participating FCC homes enrolled in the Maryland Excels program. My goal was to enroll 1 female primary caregiver with a child between 6 and 36 months of age per FCC settings, for an overall sample of 90 families from 90 family child care providers.

I used a stratified sampling strategy, based on children's ages to recruit parents. This allowed for a systematic analysis of the influence child age has on any parent variable of interest in the research questions and guaranteed a suitable distribution of ages for children. Based on their agreement to be contacted for future studies in their signed consent form, I contacted the sub-sample of FCC providers for an updated list of children's ages enrolled in their program. Specific age ranges of the same length (6 months) were selected to create "buckets" in which participating FCC providers would be randomly placed given their updated enrollment list. Because any female primary caregiver with a child between 6 and 36 months of age enrolled in a participating FCC home could join in the study, I created 5 "buckets" with 6-month intervals: 6-12.5 months, 12.6-18.5 months, 18.6-24.5 months, 24.6-30.5 months, and 30.6-36 months. This stratification allowed for a wide range of child ages and prevented providers from selecting the parents themselves.

Once the randomization of FCC providers in age "buckets" took place, I contacted each provider and asked for their help talking to female primary caregivers with age-eligible children in their program about the study and invite them to participate. If a potential parent did not meet the inclusionary criteria (e.g., parent had known FCC provider for less than 6 months) or the

FCC provider did not have a child between the pre-selected age range, FCC providers were randomly placed into another "bucket" and asked about potential families of children within that age range. This process continued until an eligible parent allowed the FCC provider to give me their contact information and reach out to them for participation in the study. I contacted each interested parent to discuss participation, the $50 gift card as compensation for their time, answer any questions or concerns, and invite them to participate in the study. Parents who were interested in participating scheduled a time that was convenient for the virtual interview to take place.

The relationships I formed with FCC providers were integral to the recruitment efforts and enrollment procedures of parents in this study. Originally, recruitment was going to take place in person, requiring me to go to the FCC homes during drop-off or pick up times to talk to eligible parents about the project. However, due to the health and safety restrictions of the COVID-19 crisis, recruitment had to be conducted remotely, relying heavily on the help of participating FCC providers. To meet the objective of recruiting 90 female primary caregivers for the parent interview portion of this study, I sent or hand-delivered FCC providers 5 bilingual children's books as compensation for their time and effort helping me recruit the parents in their programs. This allowed me to have further contact with FCC providers that had not been responsive to emails, texts, or phone calls about recruiting families for this study.

Through close partnerships with the participating FCC providers, I successfully recruited and interviewed 90 female primary caregivers with a child between 6-36 months (M=25.12, SD=8.30) in this study. Table 2 shows the demographic information for the parents and their children in the study (n=90). Parents had an average age of 33.3 years (SD=6.2). About 46.7% of parents were White, 36.2% were African American, 8.9% were Latinx, 3.3% were Asian, and

4.4% identified as bi-racial or multi-racial. However, children's race and ethnicity varied substantially from that of their primary caregivers, with parents identifying about a third of children (32.2%) as bi-racial or multi-racial. In terms of parents' educational experience, it ranged from receiving a high school diploma or GED (28.9%) to obtaining a master's degree or above (21.1%). Most parents were married or lived with a partner (68.9%) and were employed (88.9%) at the time of the interview. Additionally, 43.3% of parents reported that their children had been in the current FCC home between 6 months to less than 1 year, 20.0% between 1 year but less than 2 years, and 36.7% reported that their child had been in the FCC home for over 2 years.

Table 2. *Demographic Characteristics of Participating Parents and their Children*

Variable	**Sample (n=90)**
Parent Age	33.3 (6.2) [19-53]
Child Age (Months)	25.12 (8.30) [6.0-36.6]
Parent Race	
White	42 (46.7%)
African American	33 (36.7%)
Latinx	8 (8.9%)
Asian	3 (3.3%)
Bi-racial/Multi-racial	4 (4.4%)
Child Race	
White	25 (27.8%)
African American	30 (33.3%)
Latinx	5 (5.6%)
Asian	1 (1.1%)
Bi-racial/Multi-racial	29 (32.2%)
Marital Status	
Single/Divorced/Separated	28 (31.1%)
Married/with Partner	62 (68.9%)
Completed Education	
High School diploma/GED	26 (28.9%)
Some college courses, no degree	18 (20.0%)
Two-year college (Associates)	12 (13.3%)

Bachelor's degree	15 (16.7%)
Masters' degree or above	19 (21.1%)
Currently Employed	80 (88.9%)
Annual Household Income	
Less than $25,000	11 (12.2%)
$25,000-$44,999	31 (34.4%)
$45,000-$74,999	21 (23.3%)
$75,000 or more	26 (28.9%)
Receives Child Care Scholarship/Subsidy	39 (43.3%)
Time in Current FCC Program	
6 months-less than 1 year	39 (43.3%)
1 year – less than 2 years	18 (20.0%)
2 years or more	33 (36.7%)
Location of FCC Home	
Baltimore City	20 (22.2%)
Montgomery County	19 (21.1%)
Anne Arundel County	10 (11.1%)
Baltimore County	10 (11.1%)
Howard County	8 (8.9%)
Other MD Counties	23 (25.6%)

Family Child Care Provider Interview

I conducted virtual interviews with family child care providers between January and September of 2021. Interviews were completed in the providers' preferred language (English or Spanish), over Zoom or telephone based on the participants' preference, and at a time that was convenient for the provider. Most participants (66.7%) preferred to complete the interview during a week day (vs. weekend day), and out of those, almost half (46%) chose to be interviewed in the evening, after work (after 5:30pm). Before beginning the interview, I texted or emailed participants an online consent form from Qualtrics in which they could type their name and provide consent to participate. At the beginning of the interview, I read over the consent form with the participant, providing explanation or clarity where needed to ensure understanding of the purpose of the study. Participants were also reminded that they could refuse to answer any

question they were not comfortable with and could stop the interview at any time. Additionally, participants were reminded that their responses would be kept confidential, and results would be reported in aggregate form only.

All measures were administered verbally to ensure providers' understanding of the questions and that items were not accidentally skipped. If the participant chose to have the interview through Zoom, they were shown response cards to aid in answering questions during the interview. If participants chose to complete their interview over the phone, they were texted these response cards throughout the interview. Online questionnaires were collected using Qualtrics and upon completion of the interview, data were immediately uploaded. The interviews took approximately an hour and a half to two hours depending on the FCC provider. At the end of the interview, I paid participants with a $50 gift card and gave them a short resource guide. Further, I collected payment receipt through a confirmation text message or email from the provider.

Quality of Family Child Care Setting

As mentioned previously, the evolving situation of the COVID-19 pandemic presented multiple challenges to the data collection process. Originally, this study included an observation of participating FCC settings, which required entering FCC homes for about 4 hours to observe the quality of the child care environment. IRB requirements to meet health and safety regulations and participating FCC providers' hesitancy at having someone else in their home given the multiple young, unvaccinated children under their care, made it difficult to gather these data. Additionally, because quality of care would only be used as a control variable in the primary research questions regarding parents, I obtained a proxy for quality of care through the quality rating assigned by the Maryland Excels program.

Maryland Excels is a voluntary quality improvement program that goes beyond traditional licensing requirements and uses a rating from 1 to 5 (with 5 being the highest) to indicate the overall level quality of a family child care program. The overall quality rating level is given to a program through individual 1 to 5 ratings in five different standards of practice. These standards are comprised of 1) licensing and compliance; 2) staff qualification and professional development; 3) accreditation and rating scales; 4) developmentally appropriate learning and practice; and 5) administrative policies. Appendix B provides a brief explanation of each standard within the Excels program and the main requirements for each rating level. The quality rating levels for each standard and overall quality rating build on each other; documentation for verification of rating levels is required from FCC providers every year. These ratings are publicly available data and are verified and published by external Maryland Excels evaluators on a yearly basis. Table 3 presents the distribution of the quality rating levels by standard with means and standard deviations of each for the participating parents' FCC homes in the study (n=90).

Table 3. *Maryland Excels Quality Rating Levels of Participating FCC Homes*

	1	2	3	4	5	*M (SD)*
Maryland Excels Overall Quality Rating	43 (47.8%)	10 (11.1%)	27 (30%)	1 (1.1.%)	9 (10.0%)	2.14 (1.31)
Licensing and Compliance	12 (13.3%)	0 (0%)	3 (3.3%)	0 (0%)	75 (83.3%)	4.40 (1.38)
Staff Qualification and Professional Development	34 (37.8%)	4 (4.4%)	18 (20.0%)	10 (11.1%)	24 (26.7%)	2.84 (1.29)
Accreditation and Rating Scales	37 (41.1%)	15 (16.7%)	27 (30.0%)	2 (2.2%)	9 (10.0%)	2.23 (1.41)
Developmentally Appropriate Learning and Practice	43 (47.8%)	8 (8.9%)	25 (27.8%)	2 (2.2%)	12 (13.3%)	2.25 (1.42)

Administrative Policies and Practices	43 (47.8%)	8 (8.9%)	27 (30.0%)	0 (0%)	12 (13.3%)	2.22 (1.40)

Note. n=90

Parent Interview

I conducted virtual interviews with parents between October of 2021 and June of 2022, over Zoom or telephone at a time that was convenient for the parent. Most parents (83.3%) chose to complete their interview during a week day (vs. weekend day) and out of those participants, about half (50.6%) were interviewed after work in the evening (after 5:30pm). The interview was also conducted in the parent's preferred language, which I asked about during recruitment procedures. Parents were reminded via phone call or text message about the interview the day before the visit to ensure their availability and continued interest in the study. I was flexible with parents if they needed to cancel or reschedule the interview, which happened often (about 44% of interviews were rescheduled at least once).

I obtained informed consent from parents at the beginning of the interview. Participants were sent a text message or email with the online consent form from Qualtrics in which they could sign their names and consent to participate. I reminded parents that the study was completely voluntary, had no impact on the services they were currently receiving, and that their responses would be kept strictly confidential. Again, like with FCC providers, all questions in the interview were administered verbally to guarantee parents' understanding of the questions and completion of all items. Participants were also shown or sent response cards to help in answering questions. Questionnaires were completed using Qualtrics and upon completion of the interview, data were immediately uploaded. The interview lasted about an hour and participants were paid with a $50 gift card for their time.

Protection of Human Subjects

This study investigated factors associated with the relationships that parents have with family child care providers and how these influence various parent outcomes, specifically parental involvement, and mental health functioning. To examine the research questions, I used a quantitative research design and collected cross-sectional data from FCC providers, and parents of children who were between 6-36 months of age. Data collection methods predominantly involved self-report data from a sample of FCC providers and the parents they served. Before collecting any data, I submitted the study and all protocols to the University of Maryland Institutional Review Board (IRB) for review and approval.

Informed consent. To ensure participants' understanding of the study, I read all consent forms aloud, and participants' verbal and written consent were obtained. All participants were reminded that involvement in this study was completely voluntary, and all information collected would be kept strictly confidential and would not affect their enrollment in any FCC network, organization, or their receipt of any services. During the informed consent procedures, I also informed participants that the only instances in which confidentiality would be breached were if the participant disclosed the intent to harm themselves or others, and in cases of suspected child abuse and neglect. I emphasized that participants could refuse to answer any question they were not comfortable with or could stop their participation in the study at any time. Additionally, a signed copy of the consent form with the appropriate contact numbers for the researchers and PI of the study were given to the participants in the event they had any additional questions about the project.

Potential risks. This study involved self-report instruments that addressed parents' well-being, including measures that examined depressive symptoms and parenting stress. Potential

risks of this study included the psychological risk from the self-reported depression or high levels of stress. However, there were procedures established, with appropriate referrals, which kept this potential risk to a minimum. Breach of confidentiality is also a risk in any study, but there were many procedures, such as the use of password protection of all electronic data, to ensure that no such breach occurred.

Potential benefits. There were no direct benefits of this study to participants. However, if participants expressed a need and willingness for supports, I provided them with referrals for additional services. Procedures included reporting concerns (with the participants' consent) to the appropriate personnel (e.g., specialists in mental health clinics), who could help participants. I gave a resource guide to all participants at the end of the interviews which included mental health, substance abuse, and domestic violence services. Upon completion of data collection interviews, all participants also received an online gift card as compensation for their time. Parents and providers were told that an indirect benefit of the study was information for policymakers that may result in enhanced supports to FCC settings.

Measures

The measures I selected for this study aimed to optimize the information that was collected while trying to minimize the burden on the participants (See Appendix C for FCC Provider and Parent Interviews). The instruments have been successfully used with diverse groups of participants including low-income, minority groups in studies, such as the Early Head Start Research and Evaluation Project (EHSREP) and Baby FACES (Kopack Klein et al., 2016; Vogel et al., 2015). Further, as some participants preferred Spanish as their primary language, it was important to pay careful attention to the cultural competence of the research measures. All the measures in this study were translated to Spanish using appropriate translation and back-

translation methods that ensured their appropriate use with a Spanish-speaking population in this study when necessary. Table 4 below shows a summary of the primary measures and variables for this study.

Table 4. *Summary of Primary Variables in the Study*

FCC Provider Variables	
Parent-Provider Relationship	Provider reported quality of parent-provider relationship (FPTRQ-Provider/Teacher Measure)
Provider Characteristics	Provider reported information on demographics and other characteristics related to the role of FCC providers
Provider Professional Well-Being	Provider reported professional satisfaction and job fatigue (ProQOL)
Child and Parent Characteristics	Provider reported information about their FCC home, including characteristics of children and families enrolled.
Parent Variables	
Parent Demographics	Parental age, race/ethnicity, education, employment; adults and children in the home; family income; food and income insecurity; parental work schedule
Parent-Provider Relationship	Parent reported quality of parent-provider relationship (FPTRQ-Parent Measure)
Parental Involvement	Parent reported involvement in FCC settings (questions from Baby FACES: Parent Interview & Equitable Parent-School Collaboration Research Project)
Parental Functioning	Parent reported depressive symptoms (CESD); Parent reported parenting stress (PSI)

FCC Provider Measures

Background Questionnaire. The background questionnaire includes items related to the provider's demographic and other characteristics. It incorporates variables such as race/ethnicity, education, income, and training and experience in the field of early childhood education. The questionnaire also includes questions that specifically target and capture the different roles FCC providers must navigate as business owners and teachers, including caregiving practices and involvement in professional development.

Family Child Care Home Questions. Specific questions about the providers' family child care home and the families who use this type of child care arrangement were asked to understand and describe the characteristics of the FCC environment. The questions are derived from the 2019 National Survey of Early Care and Education Home-Based Provider Questionnaire (NSECE Project Team, 2019). Questions include items such as operating hours, the number and ages of all children in the program, subsidy/scholarship receipt, and language skills of families enrolled.

The Family and Provider/Teacher Relationship Quality (FPTRQ)– Provider/ Teacher Measure (Kim et al., 2015) was used to describe the FCC providers' attitudes, knowledge, and practices with the parents in their family child care setting. The FPTRQ-Provider/Teacher Measure is a self-report questionnaire designed to capture the quality of the relationships between educators and parents of children from birth through 5 years of age in a variety of early care and education settings, including FCC homes. This version examines providers' perspectives examining their work with the parents and children in their programs. Questions target the providers' communication and practices with parents, their knowledge about the families they serve, and their attitudes towards working with families. The provider/teacher measure includes 64 items; psychometric testing was conducted in pilot and field studies with various program types and participants of diverse backgrounds (Porter et al., 2015). All the items can be aggregated to obtain a total score, or items can be grouped into three main constructs (Knowledge, Practices, and Attitudes). The Knowledge construct assesses the knowledge providers have about families in their program. The Practices construct focuses on providers' collaboration, responsiveness, and communication practices they employ with families. The Attitudes construct relates to providers' beliefs, commitment, and respect towards parents and

children enrolled in their FCC home. The total score and constructs of the measure for this sample have acceptable to good internal consistency with Cronbach's alpha ranging from 0.63-0.87.

The Professional Quality of Life Scale (ProQOL; Stamm, 2010) was used to measure FCC providers' professional satisfaction, fatigue, and stress related to their jobs. The ProQOL is comprised of 30 Likert-style items (1=never to 5=very often) that comprise three subscales with 10 items each: compassion satisfaction; burnout; and secondary traumatic stress. Compassion satisfaction is defined as the professional satisfaction providers derive from their job; burnout reflects the negative feelings and fatigue in their profession; and secondary traumatic stress represents the secondary exposure to traumatically stressful events that providers may experience in their work with families. In this sample, the subscales of this measure had good internal consistency (α=0.81, 0.75, and 0.80 for compassion satisfaction, burnout, and secondary traumatic stress, respectively).

Parent Measures

Demographic Background. Data on family demographics were obtained through a background questionnaire that included items such as the age of child/parent, parent education and employment history, race and ethnicity, marital status, household income, number of children in the home, other adults in the home, and parent's country of birth. Questions also included service receipt and specific questions about the experiences of their children in their family child care program (e.g., days per week and hours per day the child is in the FCC home).

The Family and Provider/Teacher Relationship Quality (FPTRQ)– Parent Measure (Kim et al., 2015) was used to examine parents' perspectives of their interactions and quality of the relationship with their FCC providers. This measure was used as the main predictor in the

research questions regarding parents' engagement and functioning of the current study. Analogous to the provider/teacher measure, the 75-item parent version of the FPTRQ was developed to assess parents' perspective of the quality of the relationships with their provider in a variety of early care and education settings with parents of children between 0-5 years of age. This self-report questionnaire includes items exploring different relationship-based topics, including issues parents discuss with providers, their comfort level with them, parents' perceptions of the support and services they receive, and whether they feel their providers judge them based on their backgrounds. All the items can be aggregated to obtain a total score, or these can be grouped into three main constructs (i.e., Knowledge, Practices, and Attitudes). The Knowledge construct assesses the specific information parents feel comfortable sharing with their providers. The Practices construct focuses on parents' report of the collaboration, responsiveness, and communication they feel they have with their FCC providers. The Attitudes construct relates to the parents' perception of the providers' beliefs, commitment, and respect towards them. The psychometric properties of the measure were tested in a pilot and a larger research study with various program types including family child care settings and with families of diverse backgrounds, showing acceptable to good internal consistency scores (Kim et al., 2015). Cronbach's alpha for the total score and constructs in this study ranged from 0.88 – 0.96, indicating good to excellent internal reliability.

Parent Involvement. To assess parent engagement and involvement in their children's child care and learning, 9 questions used in the Baby FACES: Parent Interview 2010-2012 version were adapted. Specifically, parents were asked about the activities in which they may have participated related to their family child care setting, such as attending family events or group activities held by FCC providers or volunteering to help on parent committees. The

number of times a parent reports to have been involved in activities related to their children's family child care setting in the past year is recorded as "not at all," "once or twice," or "three or more times" (Administration for Children and Families, 2011). The reliability of the scale in this study was good ($\alpha = 0.75$). Additionally, 11 questions adapted from the Equitable Parent-School Collaboration Research Project (2015) were asked to assess parents' knowledge and confidence, as well as decision-making and influence with their children's early education. Total engagement scores were calculated by summing all 11 questions, with higher scores indicating more parents' engagement in their children's child care and learning. In this sample, the reliability for parents' engagement was also good ($\alpha = 0.75$).

The Center for Epidemiologic Studies-Depression Scale (CES-D; Radloff, 1977) was used to examine parents' self-reported depressive symptoms. Parents were asked how many days in the past week they have experienced certain depressive symptoms. The 20-item questionnaire yields a total score from summing all responses in a 4-point Likert-type scale from 0 (rarely or none of the time) to 3 (most or all of the time). A score 16 or above indicates clinical levels of symptoms of depression. The measure has been reliably used with large samples of ethnic minority, low-income parents (e.g., Rafferty et al., 2010). The reliability in this sample was reasonably good, with an α of 0.75.

The Parenting Stress Index-Short Form (PSI/SF; Abidin, 1995) is a 36-item parent-report measure of parenting stress, composed of three subscales: parental distress; parent-child dysfunctional interactions; and difficult child. The parental distress subscale (12 items) focuses on parents' perception of their role as parents. The parent-child dysfunctional interactions subscale (12 items) addresses their view of their relationships with the target children. The difficult child subscale (12 items) relates to their perspectives on their children's behavior. The

instrument uses a 5-point Likert-type scale for participants' responses. A total parenting stress score can be derived from all items, with a score of 90 or above indicating clinical stress levels. The PSI/SF has been widely used with parents of young children from high-risk backgrounds, displaying high levels of reliability and validity (Belcher et al., 2007). Based on this sample, Cronbach's coefficient for the total score and each subscale were good to excellent, with α ranging from 0.78- 0.93.

Analytic Plan

This study investigated the quality of the relationship parents have with their FCC provider, factors that may influence this relationship, and its association to parents' engagement and functioning. Four main research questions were examined. In this study, each parent can be matched with a unique family child care provider; there is no nesting of parents within the FCC settings given the 1:1 match. Thus, multiple regression analyses can be used as the main analytic approach. The following section describes the major data analytic approaches that were used, including preliminary analysis, and linear regression analyses performed in R version 4.2.1. Table 5 shows a summary of the main research questions and the associated analytic approach for each.

Table 5. *Summary of Research Questions, Data Analytic Strategies, and Corresponding Variables*

Research Questions	Analytic Approach	Construct/Variables
1. Do provider characteristics, such as demographic characteristics, providers' well-being, and professional development, predict the quality of the relationship providers form with parents in their program?	Multiple regression analyses	Dependent Variable: FCC providers' perception of parent-provider relationship (FPTRQ-Provider Version) Predictors: Hypothesis 1.1: FCC providers' education level and years of experience Hypothesis 1.2: FCC providers' professional well-being (ProQOL) Hypothesis 1.3: FCC providers' professional development experience Covariates: FCC providers' age and race/ethnicity
2. Are parent demographic characteristics, such as parents' financial need and linguistic ability associated with the quality of the relationship providers form with parents in their program?	Multiple regression analyses	Dependent Variable: FCC providers' perception of parent-provider relationship (FPTRQ-Provider Version) Predictors: Hypothesis 2.1: Children in FCC home enrolled in subsidy/ scholarship system; Parents speaking language other than language spoken by provider Covariates: FCC providers' income, race/ethnicity, and level of education
3. Does the quality of the parents' relationship with their FCC provider influence parental' involvement in family child care?	Multiple regression analyses	Dependent Variable: Parent's level of involvement Predictor: Hypothesis 3.1: Female primary parents' perception of parent-provider relationship (FPTRQ-Parent Version) Covariates: Child gender and age, parents' race/ethnicity
4. How does the quality of the parents' relationship with their FCC providers relate to parental functioning, specifically parenting stress, and parental depression?	Multiple regression analyses	Dependent Variable: Parent's well-being (PSI & CES-D) Predictors: Hypothesis 4.1 & 4.2: Female primary parents' perception of parent-provider relationship (FPTRQ-Parent Version) Covariates: Parent's age, race/ethnicity, children's developmental need and age

Statistical Power Analysis. Power analyses using G*Power (Faul et al., 2009) determined that in order to see a power of .80, with a medium effect size of .30, and alpha of .05, an estimated sample size of 84 would be necessary to detect an effect of the hypotheses using linear regression analysis. Consequently, my sample size of 120 FCC homes and 90 parents provided sufficient power for both types of model analyses.

Preliminary Analyses. First, the data were cleaned and assessed for outliers (+ or – 3 standard deviations) and other extreme patterns using frequency counts and data plots. The totals, subscales, and composites for measures were calculated when necessary and reliability of all measures was evaluated. All variables of interest were also assessed for normality. Descriptive statistics, including psychometric properties, were calculated for all measures. Further, missing data rates were evaluated for all variables of interest. Even though rigorous protocols were followed to minimize missing data, a few missing observations (<5%) were presented for some variables, due to either accidental skipping or a participant's "non-response" for a single item. However, no patterns in missingness were detected and data were assumed to be missing completely at random (MCAR). Multiple imputation was conducted in R 4.2.1 to handle missing data, reduce bias in the parameter estimates, and preserve statistical power.

All independent variables were examined for multicollinearity. When independent variables are highly correlated, the effects of these on the dependent variable cannot be separated, restricting the utility of the estimated regression model. In general, the risk of multicollinearity exists when the variance inflation factor (VIF) is greater than 5.0 (Lomax & Hans-Vaughn, 2013). The independent variables for all research questions did not have a VIF greater than 2.0.

Lastly, correlation analyses were also used to examine the associations between the variables of interest and to select control variables for subsequent analyses. The goal of this study was to explore the relation between parent-provider relationships, factors that may influence these, and parental variables that could be affected by these relationships. In order to this, I aimed to isolate the influence of the independent variables in each research question from other potential confounding variables. All potential covariates that could be theoretically relevant to the key variables of interest in each research question were identified. I considered several control variables for each research question and only those that emerged as relevant for each separate research question through correlation analysis were included in the analytic models. Appropriate covariates selected for the research questions are displayed in Table 5 below.

Analysis of Research Questions. In this study I examined four research questions, using multiple regression analyses. In the first research question, to examine the association between FCC providers' characteristics and the quality of the parent-provider relationship, I ran a series of multiple regression models for four outcome variables based on the providers' version of the FPTRQ: the FPTRQ total score, and each of the measure's constructs (attitudes, knowledge, and practices towards families). Researchers studying Head Start teachers have shown that there is substantial variance between models predicting construct scores with this measure, emphasizing the need to consider each construct of the parent-provider relationship separately, as well as the total overall quality of the relationship (Hooper & Gaviria-Loaiza, 2021). FCC providers' level of education and years of experience were added as predictors to answer Hypothesis 1.1. Providers' level of education was dichotomized to represent two groups: 1) providers with a Bachelor's degree or higher (42.5%); and 2) providers with less than Bachelor's degree (57.5%). The number of years of experience was entered as a continuous variable. In separate models, I

added the three subscales of the ProQOL (i.e., compassion satisfaction, burnout, and secondary traumatic stress) as predictors to answer Hypothesis 1.2. Finally, I added FCC providers' professional development experience as a predictor in separate models to address Hypothesis 1.3. I identified FCC providers' age and race/ethnicity as relevant covariates and added these variables to each model.

The second research question followed the same procedure. To assess how parent demographic characteristics influence the quality of the parent-provider relationship, I ran a series of multiple regression models with the four outcome variables of the providers' version of the FPTRQ measure. I included the percentage of children in FCC homes enrolled in the subsidy/scholarship system, as well as the percentage of parents speaking a language different from that of their providers and in need of linguistic support as predictors in each model. Further, I identified FCC providers' race/ethnicity, level of education, and income as pertinent control variables and added these variables to the models.

Research question three examined the association between parents' perception of the parent-provider relationship and their involvement in the FCC setting. To address this research question, I again used multiple regression analysis with parents' engagement and participation in FCC activities as two separate outcome variables in two models. I added the three constructs of parent's version of the FPTRQ (attitudes, knowledge, and practices) as predictors. Child's gender and age, as well as parents' reported race and ethnicity were identified as appropriate covariates and were added to both models.

Even though I gathered both the provider and parent versions of the FPTRQ in this study, and each participating parent can be associated with one of the FCC providers that was interviewed in the first phase of the study, creators of the measure at Child Trends advised me to

handle these responses separately. They recommended using the provider version when it was associated with provider outcomes (i.e., RQ1 and RQ2) and the parent version of the measure to examine parent outcomes (i.e., RQ3 & RQ4). Consequently, I used both versions of the FPTRQ separately to answer my research questions.

Finally, to address the fourth research question examining how the quality of the parents' relationships with their FCC providers influences parenting stress and parental depression, I ran a series of multiple regression models with separate outcome variables using the CES-D and PSI total score. In these models, only the FPTRQ Total score was added as a predictor instead of the three separate constructs (Knowledge, Practices, and Attitudes). The total score of the parent FPTRQ reflects the overall quality of the relationship between parents and providers and addresses the primary research question. However, all models related to research question 4 were also completed with the three separate constructs of parent's version of the FPTRQ as predictors and can be found in the Appendix A. Additionally, to further examine the relation between parents' relationship with their FCC provider and their overall well-being, I created a psychological risk composite adapted from the Baby FACES maternal risk variable, using three items from the CESD and PSI (Vogel et al., 2015). The composite includes the risk of clinically depressive symptoms on the CESD (score≥16) and parenting stress one standard deviation or higher than the sample mean on the Parenting Distress subscale and the Parent-Child Dysfunctional Interaction subscale of the PSI. The psychological risk composite was added as an outcome variable with the total score of the parents' FPTRQ in a separate model. Parents' age, race/ethnicity, and children's developmental need and age were identified as pertinent control variables and were added to every model regarding the fourth research question.

Chapter 4: Results

Descriptive Statistics

Descriptive statistics for the primary variables related to the FCC provider interview (RQ1 & RQ2) are displayed in Table 6. I examined four sets of variables to answer these two research questions: 1) Providers' perspective of parent-provider relationships; 2) Provider characteristics; 3) Provider professional well-being; and 4) Parent characteristics. Table 7 shows descriptive information for the primary variables related to the female primary parent interview (RQ3 & RQ4). Three sets of variables were examined to answer RQ3 and RQ4: 1) Parents' perspective of the parent-provider relationship; 2) Parents' involvement; and 3) Parents' well-being. I computed the means and standard deviations, as well as Cronbach's alphas when appropriate, for each variable (see Table 6 and 7).

Table 6. *Descriptive Statistics of Primary Variables for FCC Provider Interview*

Variable	*M (SD)* [Range]	*n (%)*	Cronbach's α
Family and Provider/Teacher Relationship Quality (FPTRQ; Kim et al., 2015)			
Total Score	172.33 (12.89) [134-199]		0.87
Knowledge Construct	39.32 (6.0) [19-48]		0.85
Practices Construct	79.9 (7.03) [58-92]		0.85
Attitudes Construct	53.12 (3.94) [45-63]		0.63
Provider Characteristics			
Education (1=BA or higher)		59 (49.2%)	
Years of Experience as FCC Provider	15.54 (9.32) [1-37]		
Professional Development Experience	U.S (1.70) [0-8]		0.65
Professional Quality of Life Scale (ProQOL; Stamm, 2010)			
Compassion Satisfaction Scale	45.97 (4.11) [32-50]		0.81
Burnout Scale	18.59 (5.32) [10-37]		0.75
Secondary Traumatic Stress Scale	18.11 (5.84) [10-39]		0.80
Child and Parent Characteristics			
Percent of children in enrolled in subsidy/scholarship program	21.94 (31.52) [0-100]		
Percent of parents that need linguistic support	14.77 (25.65) [0-100]		

Table 7. *Descriptive Statistics of Primary Variables for Parent Interview*

Variable	Measure	*M (SD)* [Range]	Cronbach's α
Family-Provider Relationship			
	FPTRQ-Total Score:	231.23 (21.88) [162-264]	0.96
	FPTRQ-Knowledge Construct:	53.43 (5.55) [41-60]	0.90
	FPTRQ-Practices Construct:	111.36 (15.45) [62-132]	0.95
	FPTRQ-Attitudes Construct:	68.89 (4.55) [50-72]	0.88
Parent Involvement			
	Total Parent Engagement Score [a]	34.91 (5.54) [20-46]	0.75
	Participation in FCC Activities [b]	2.22 (2.48) [0-17]	0.75
Parent Well-Being			
	CESD Total Score	8.17 (5.81) [0-29]	0.75
	PSI Total Score	62.29 (18.15) [37-118]	0.93
	PSI- Parental Distress Subscale	23.09 (8.20) [12-47]	0.87
	PSI – Parent-Child Dysfunctional Interaction Subscale	17.27 (4.62) [12-35]	0.78
	PSI- Difficult Child Subscale	21.93 (7.55) [12-51]	0.87
	Psychological Risk [c]	0.47 (0.86) [0-3]	0.70

Note. [a] Score stem from questions of the Equitable Parent-School Collaboration Research Project (2015), higher scores indicate higher levels of parent engagement in their children's education.
[b] Number of times a parent reports to have been involved in FCC activities in the past year. Each question is recorded as 0= "not at all," 1= "once or twice," 2= "three or more times." All 9 questions are added to achieve total score.
[c] Psychological risk composite consists of 3 items: CESD total score ≥ 16 (0=no vs. 1=yes), PSI-Parent Distress Subscale is at least one SD above sample mean (0=no vs. 1=yes), and PSI-Parent-Child Dysfunctional Interaction Subscale is at least one SD above sample mean (0=no vs. 1=yes).

Providers' Perspective of Parent-Provider Relationships

I used the provider version of the Family and Provider/Teacher Relationship Quality (FPTRQ; Kim et al., 2015) measure to assess the quality of the parent-provider relationship, specifically providers' perspectives on the attitudes, knowledge, and practices they employ with families in their family child care homes. The possible response range for the measure's total relationship quality score is 51-204; scores for FCC providers in this study ranged from 134-199 (M=172.33, SD= 12.89). This indicates the quality of the relationship providers in this sample form with parents in their programs was relatively high. Because the FPTRQ (Kim et al., 2015) was recently developed, the measure has not been normed using a nationally representative sample. However, the three main constructs of the measure can be compared between the providers in the current sample and the family child care providers in the field study conducted for the development of the measure. As shown in Table 8, providers in the current sample had higher means in their knowledge and practices and a slightly lower mean in the attitudes construct compared to FCC providers in the field study. However, there was only a statistically significantly difference in the knowledge ($t(176) = 2.89$, $p<0.01$) and practices ($t(137) = 2.67$, $p<0.01$) constructs in this sample. Providers' attitudes with the families in the current sample seem to be comparable to those of the field study.

Table 8. *FPTRQ-Provider Constructs Compared to Measure's Field Study*

	N	Mean (SD)	Range	*p*
Knowledge Construct				
Field Study	89	36.7 (6.8)	16-48	
FCC Project	120	39.32 (6.0)	19-48	<0.01
Practices Construct				
Field Study	88	76.3 (11.1)	38-92	

	FCC Project	120	79.9 (7.03)	58-92	<0.01
Attitudes Construct					
	Field Study	86	54.0 (4.6)	44-63	
	FCC Project	120	53.12 (3.94)	45-63	0.15

Provider Characteristics

Provider characteristics included providers' report of their level of education, years of experience working as an FCC provider, and their professional development experience. I dichotomized provider's education level to represent two groups 1) Bachelor's degree or higher (49.2%); and 2) less than a Bachelor's degree (50.8%). Providers' years of experience varied substantially, ranging from 1 to 37 years, with providers working in family child care for about 15.5 years (*SD*=9.3), on average. Providers' reports on their professional development experiences in the past 12 months ranged from 0 to 8 activities (*M*=4.35, *SD*=1.70). Most providers (73.3%) reported at least 4 professional development activities in the past year that helped them maintain or improve their skills in caring for children.

Provider Professional Well-Being

The Professional Quality of Life Scale (ProQOL; Stamm, 2010) measured providers' feelings of pleasure, burnout, and stress regarding their jobs. Building on findings from multiple field studies using the ProQOL measure, a score of 22 or less in each subscale indicates low levels in the respective scale, 23-41 indicate average levels, and a score of 42 or higher suggest high levels in each subscale. FCC providers in this sample reported high levels of compassion satisfaction (*M*=45.97, *SD*=4.11), denoting that they derive a great amount of professional satisfaction from their jobs. Additionally, providers in this study reported low levels of burnout (*M*=18.59, *SD*=5.32) and secondary traumatic stress (*M*=18.11, *SD*=5.84), indicating that

providers tended to have positive feelings about their effectiveness in their work and low levels of secondary exposure to traumatically stressful events (see Table 6).

Parent Characteristics

Parent characteristics of families enrolled in providers' FCC homes included providers' report of the percentage of children in their program enrolled in subsidy and of parents that need linguistic support. On average, FCC providers in this study indicated that about 21.94% (*SD*=31.52) of the children enrolled in their FCC home were part of the child care scholarship/subsidy program, which provides financial assistance with the cost of child care to eligible working families. Further, the mean percentage of parents that spoke a different language from the FCC provider and needed linguistic support 14.77% (*SD*=22.65). It is important to note that only one FCC provider indicated that all the parents in their program spoke a different language from them. Most providers (60.8%) did not have parents in need of linguistic support.

Parents' Perspective of Parent-Provider Relationship

I measured parents' perspective of the relationship they form with their children's family child care provider using the parent version of FPTRQ. Overall, parents in this sample reported relatively high levels of relationship quality scores with their children's providers, with scores ranging from 162 to 264 (*M*=231.23, *SD*=21.88). The possible response range for the parent FPTRQ measure is 66-264, indicating that parents in this sample tended to report scores on the higher end of the measure. As with the provider version of the FPTRQ, the three main constructs of the measure can be compared between the parents in the current sample and the parents of children in family child care homes that were part of the field study conducted for the development of the measure. As shown in Table 9, parents in the current sample had lower

means in their perception of providers' knowledge about their families and the practices their FCC providers employed compared to parents in the field study. However, there was only a statistically significant difference in the practices construct ($t(144) = 2.55$, $p < 0.05$). Compared to parents in the field study, parents' beliefs about their providers' interaction and engagement with their families were significantly lower in this sample. Parents' perceptions of providers' knowledge and attitudes in the current sample appear to be comparable to those of parents in the field study. It's important to note that parents participating in the field study were relatively similar in terms of their demographic background to the parents in this study. For example, parents in the field study had a wide range and distribution of education and income levels that resembled those of the parents in this sample. One of the only significant differences in both samples was participation of Latinx parents. About 18% of the sample in the field study identified as Latinx compared to just 9% of my sample (Kim et al., 2015).

Table 9. *FPTRQ-Parent Constructs Compared to Measure's Field Study*

	N	Mean (SD)	Range	*p*
Knowledge Construct				
Field Study	252	53.5 (7.6)	15-60	
FCC Project	90	53.43 (5.55)	41-60	.93
Practices Construct				
Field Study	243	115.9 (13.8)	53-132	
FCC Project	90	111.36 (15.45)	62-132	.02
Attitudes Construct				
Field Study	247	68.8 (5.1)	46-72	
FCC Project	90	68.89 (4.55)	50-72	.88

Parents' Involvement

I used two separate measures to assess parents' involvement in their children's education and activities in the FCC home. To assess parents' engagement in their children's learning and educational setting, I adapted questions from the Equitable Parent-School Collaboration Research Project (2015). Total parent engagement scores ranged from 20 to 46 (M=34.91, SD=5.54). Additionally, I used questions adapted from the Baby FACES- Parent Interview to measure participation in specific FCC activities. While participation scores ranged from 0 to 29, the average score for parents in this sample was 2.22 (SD=2.48). This indicates that most parents reported low levels of participation in FCC activities.

Parents' Well-being

Parents' well-being included measures of parents' depressive symptomatology and parenting stress. To measure parents' depressive symptoms, I used The Center for Epidemiological Studies Depression Scale (CESD; Radloff, 1977). CESD total scores in this sample ranged from 0 to 29 (M=8.17, SD=5.81). A score of 16 has been established as a cutoff for individuals reporting symptoms in the clinical range, with higher scores indicating greater levels of depressive symptomatology. In this sample, only 13.3% of participants scored above the cutoff score of 16, indicating relatively low levels of clinically depressive symptoms. I utilized the Parenting Stress Index (PSI; Abidin, 1990) to measure parents' levels of perceived parental stress. PSI total scores ranged from 37 to 118 (M=62.29, SD=18.15). Only 5.6% of participants scored above the cutoff score of 90 on the total stress scale which categorizes parents as clinically stressed. Relatively few parents in this sample reported clinically high parenting stress levels. However, the total PSI score and the three PSI subscales showed adequate variability, with higher scores indicating greater parenting stress levels (see Table 7).

In addition, I created a psychological risk composite consisting of three items from the CESD and PSI, adapted from the Baby FACES maternal risk variable, to represent overall parent well-being (Vogel et al., 2015). The composite includes the risk of clinically depressive symptoms on the CESD (score ≥16), coded as 0=no vs. 1=yes, and parenting stress one standard deviation or higher than the sample mean on the Parenting Distress subscale (*M*=23.09, *SD*=8.20) and the Parent-Child Dysfunctional Interaction subscale (*M*=17.27, *SD*=4.62) of the PSI, coded as 0=no vs. 1=yes for each subscale. Psychological risk composite scores ranged from 0 to 3 (*M*=0.47, *SD*=0.86), indicated low levels of psychological risk for parents in the sample.

Preliminary Analysis

Pearson correlations, performed to examine the relations among all variables of interest and covariates related to the FCC provider and parent interviews, which are displayed in Tables 10 and 11 respectively. Among the FCC provider variables (Table 10), all three constructs of the FPTRQ measure were significantly positively correlated with the FPTRQ total score ($p<0.001$), or the overall quality of the parent-provider relationship as expected. Similarly, all three subscales of the Professional Quality of Life Scale (ProQOL) were significantly positively correlated with each other ($p<0.001$). There were no significant correlations between providers' report of the knowledge they have about the families in their program and other primary variables of interest. The practices providers employ with families were significantly related to providers professional development activities ($p<0.05$), compassion satisfaction ($p<0.001$), and sense of burnout ($p<0.05$), as measured by the ProQOL. Additionally, the attitudes that providers have towards the parents in their program appear to be significantly correlated with all three ProQOL subscales ($p<0.01$). Providers' education, years of experience, the percentage of

children enrolled in subsidy, and the percentage of parents with a language need were not significantly correlated with any of the FPTRQ constructs or the total score.

Table 10. *Correlations Among FCC Provider Variables of Interest & Covariates*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. FPTRQ-Knowledge	-													
2. FPTRQ-Practices	.41***	-												
3. FPTRQ-Attitudes	.35***	.26**	-											
4. FPTRQ-Total Score	.79***	.81***	.61***	-										
5. Provider has BA or higher	.10	.09	.14	.14	-									
6. Years of Experience in FCC	.17	.15	-.03	.16	-.18*	-								
7. ProQOL- Compassion Satisfaction	.15	.34***	.38***	.37***	.09	-.01	-							
8. ProQOL – Burnout	-.09	-.22*	-.36***	-.27**	-.19*	.07	-.61***	-						
9. ProQOL- Secondary Traumatic Stress	-.05	-.14	-.28**	-.19*	-.01	.04	-.36***	.60***	-					
10. Number of PD activities in last year	-.03	.21*	.12	.14	.23*	-.16	.17	-.16	-.04	-				
11. Percentage children enrolled in subsidy	-.03	.16	.07	.10	-.05	.08	.03	-.20*	-.11	.11	-			
12. Percentage parents w/ language need	-.11	.15	-.13	-.01	.13	-.23*	.11	-.09	-.05	.17	-.13	-		
13. Provider age	.10	.12	.08	.14	-.09	.58**	.17	-.22*	-.14	-.07	.17	-.21*	-	
14. Provider income [a]	.06	-.10	.01	-.03	.28**	-.06	-.01	.16	.06	.14	-.14*	.06	-.21*	-

The correlations amongst variables of interest in the parent interview as well as relevant covariates are shown in Table 11. As expected, all three constructs of the FPTRQ were significantly and positively correlated with the FPTRQ total score ($p<0.001$), or the overall quality of the parent-provider relationship. The three subscales of the PSI were likewise highly correlated with each other and the total parenting stress score ($p<0.001$). Further, regarding the variables of interest, parents' perception of the knowledge their providers have about their families was significantly related in the expected directions with parents' engagement ($p<0.05$), depressive symptoms ($p<0.01$), and parenting stress ($p<0.001$). Parents' report of the practices their providers employ with families was positively related to parents' engagement ($p<0.05$) and participation in FCC activities ($p<0.05$), and negatively related to parents' depressive symptoms ($p<0.05$) and parenting stress ($p<0.01$). Finally, parents' opinions about their providers' attitudes towards them were positively correlated with their engagement ($p<0.01$), and negatively correlated with their parenting stress ($p<0.001$). It is important to note that the covariates displayed in Table 11, except for the Maryland Excels overall score, were those which emerged as relevant and were added to the appropriate models in subsequent analyses. None of the variables of interest in the parent interview were significantly associated with any individual quality indicator of Maryland Excels or the overall score.

Table 11. *Correlations Among Parent Variables of Interest & Covariates*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. FPTRQ-Knowledge	-															
2. FPTRQ-Practices	.39***	-														
3. FPTRQ-Attitudes	.39***	.70***	-													
4. FPTRQ-Total Score	.62***	.95***	.79***	-												
5. Total Parent Engagement Score	.26*	.66***	.31**	.62***	-											
6. Participation in FCC Activities	.20	.25*	.11	.26*	.37***	-										
7. CES-D	-.34**	-.21*	-.18	-.27**	-.10	-.14	-									
8. PSI-Total Score	-.35***	-.33**	-.35***	-.39***	-.25*	-.11	.69***	-								
9. PSI-Parental Distress	-.36***	-.27*	-.28**	-.34**	-.21*	-.07	.73***	.90***	-							
10. PSI- Parent-Child Dysfunctional Interaction	-.31**	-.31**	-.36***	-.38***	-.17	-.10	.48***	.82***	.57***	-						
11. PSI – Difficult Child	-.26*	-.30**	-.31**	-.34***	-.27*	-.14	.56***	.93***	.72***	.74***	-					
12. Child is a girl	-.04	.24*	.28**	.21*	.17	.14	-.01	-.05	-.05	-.03	-.04	-				
13. Child Age	-.04	-.21	-.25*	-.20	-.13	.13	-.02	.06	.03	.01	.11	-.10	-			
14. Parent Age	.10	.01	.07	.04	-.21	-.17	-.29**	-.21*	-.22*	-.16	-.17	-.06	.06	-		
15. Child has special developmental need	-.04	-.10	.03	-.09	-.10	-.09	.17	.29**	.27*	.33**	.20	.02	.13	.17	-	
16. Maryland Excels Overall Score [a]	-.16	-.15	-.19	-.18	-.14	.08	.01	.17	.13	.19	.16	-.04	.07	.03	.06	-

Note. *p<0.05, **p<0.01, ***p<0.001

[a] Maryland Excels Overall Score was used as a proxy of overall quality of care of the FCC home and was added to correlation table to test as a potential covariate. However, because it was not significantly correlated with any variable of interest it was dropped from subsequent analyses.

Analysis of Research Questions

Research Question 1: Do provider characteristics, such as demographic characteristics, providers' well-being, and professional development, predict the quality of the relationship providers form with parents in their program?

- Hypothesis 1.1- FCC providers' demographic characteristics will influence the quality of the parent-provider relationship. FCC providers who have higher levels of education and more years of experience working in FCC will report higher relationship quality with the parents in their program.
- Hypothesis 1.2- FCC providers who report higher levels of well-being, specifically more professional satisfaction, but lower levels of burnout and secondary traumatic stress, will report better parent-provider relationship quality.
- Hypothesis 1.3 – FCC providers who report having more professional development experience will report higher levels of quality in their relationships with the parents in their program.

To examine the relation between providers' characteristics and the quality of the parent-provider relationship, I conducted a series of multiple regression models including providers' age, race, and ethnicity as covariates (see Tables 12-14). To answer Hypothesis 1.1., I added providers' level of education and years of experience in four separate models as predictors. Results of my analyses, displayed in Table 12, indicate that these variables significantly predicted the overall quality of the parent-provider relationship ($F(6, 113) = 2.58$, $p<0.05$, $R^2=.12$), and the measures' individual constructs, including providers' knowledge about families ($F(6, 113) = 2.70$, $p<0.05$, $R^2=.13$), practices they employ ($F(6, 113) = 2.42$, $p<0.05$, $R^2=.11$), and attitudes towards parents in their programs ($F(6, 113) = 2.39$, $p<0.05$, $R^2=.11$). Having a

Bachelor's degree or higher was significantly associated with the overall quality of the relationship (ß=.19, $p<0.05$) and was specifically related to providers' attitudes towards families in their FCC home (ß=.20, $p<0.05$). Providers who had at least a Bachelor's degree reported significantly higher levels of quality in their relationship with families enrolled in their program, as well as better attitudes towards them, compared to providers who did not have a Bachelor's degree. Providers' years of experience working in family child care did not significantly predict the overall quality of the relationship or any of the individual constructs.

Table 12. *Summary of Regression Analyses of Provider Education Level and Years of Experience Predicting Parent-Provider Relationship*

Variable	FPTRQ-Total			FPTRQ-Knowledge			FPTRQ-Practices			FPTRQ-Attitudes		
	B	ß	*SE*	*B*	ß	*SE*	*B*	ß	*SE*	*B*	ß	*SE*
Constant	166.61		6.59	38.63		3.06	76.80		3.61	51.17		2.02
Provider Education [a]	4.93*	.19	2.45	2.12[+]	.18	1.14	1.24	.09	1.34	1.57*	.20	.75
Years of Experience in FCC	.17	.13	.16	.08	.12	.07	.17	.22	.09	-.07	-.15	.05
Provider Age	-.01	-.01	.15	-.01	-.01	.07	-.05	-.07	.08	.05	.12	.05
Provider Race: Black	4.64	.18	2.75	-.71	-.06	1.28	4.45**	.31	1.51	.90	.11	.84
Provider Race: Latinx	-3.63	-.12	3.35	-4.25**	-.29	1.56	2.90	.17	1.84	-2.28*	-.24	1.03
Provider Race: Asian	7.14	.12	5.83	1.94	.07	2.71	5.42	.17	3.19	-.23	-.01	1.79
R^2	0.12			0.13			0.11			0.11		

Note. [a] Provider has Bachelor's degree or higher=1, Provider has less than Bachelor's degree=0.
[+] trending, *p<0.05, **p<0.01, ***p<0.001

Further, in separate regression models, I added the three subscales of the ProQOL (compassion satisfaction, burnout, and secondary traumatic stress) as predictors to investigate the relation between providers' professional well-being and the quality of the parent-provider relationship (Hypothesis 1.2), conditional on providers' age, race/ethnicity, and education level. The results of these analyses, shown in Table 13, suggest that, together, the predictor variables accounted for a statistically significant portion of the variance for the overall quality of the parent-provider relationship ($F(7, 112) = 5.20$, $p<0.001$, $R^2=.25$), providers' family-specific knowledge ($F(7, 112) = 3.02$, $p<0.01$, $R^2=.16$), practices ($F(7, 112) = 3.15$, $p<0.01$, $R^2=.17$), and attitudes towards families in their programs ($F(7, 112) = 6.21$, $p<0.001$, $R^2=.28$). Providers' compassion satisfaction, or the pleasure that they derive from being able to do their work well, was significantly associated with the overall quality of the parent-provider relationship ($\beta= .39$, $p<0.001$). Additionally, when examining the individual constructs as outcomes, providers' compassion satisfaction significantly predicted the practices providers employ ($\beta= .34$, $p<0.01$) and their attitudes towards families enrolled in their program ($\beta= .33$, $p<0.01$). Providers who had greater satisfaction in their ability to be an effective caregiver, reported higher levels of quality in their relationships with the parents in their programs, more relationship-based practices, and better attitudes towards families in their FCC homes. Providers' burnout, or feelings of hopelessness and difficulties in dealing with their jobs, and their experiences of secondary traumatic stress were not significantly associated with the overall quality of the relationship or providers' knowledge, practices, or attitudes.

Table 13. *Summary of Regression Analyses of Professional Satisfaction and Fatigue Predicting Parent-Provider Relationship*

Variable	FPTRQ-Total			FPTRQ-Knowledge			FPTRQ-Practices			FPTRQ-Attitudes		
	B	ß	*SE*	*B*	ß	*SE*	*B*	ß	*SE*	*B*	ß	*SE*
Constant	115.62		19.71	24.92		9.67	48.20		11.31	42.50		5.88
PROQOL Compassion Satisfaction	1.22***	.39	.33	.32^{+}	.22	.16	.58**	.34	.19	.32**	.33	.10
PROQOL Burnout	-.03	-.01	.33	-.06	-.05	.16	.15	.11	.19	-.19	-.16	.10
PROQOL Secondary Traumatic Stress	-.01	-.01	.23	.07	.07	.11	-.04	-.03	.13	-.04	-.06	.07
Provider Age	.02	.01	.12	.02	.03	.06	.02	.02	.07	-.02	-.04	.04
Provider Race: Black	1.16	.04	2.8	-1.78	-.14	1.39	3.30*	.23	1.62	-.36	-.04	.84
Provider Race: Latinx	-8.88**	-.29	3.22	-5.96***	-.41	1.58	.49	.03	1.85	-3.40**	-.36	.96
Provider Race: Asian	2.01	.03	5.50	.46	.02	2.70	3.08	.10	3.15	-1.53	-.09	1.64
Provider Education [a]	4.59^{+}	.18	2.33	1.94	.16	1.14	1.23	.09	1.34	1.42*	.18	.69
R^2	0.25			0.16			0.17			0.28		

Note. [a] Provider has Bachelor's degree or higher=1, Provider has less than Bachelor's degree=0.
$^{+}$ trending, *p<0.05, **p<0.01, ***p<0.001.

Finally, to address Hypothesis 1.3, I added FCC providers' professional development experience as a predictor in separate models, including providers' age, race/ethnicity, and education level as covariates. Table 14 displays the results of these analyses. Again, the combination of these variables significantly predicted the overall quality of the parent-provider relationship ($F(6, 113) = 2.82$, $p<0.05$, $R^2=.13$), providers' family-specific knowledge ($F(6, 113) = 2.54$, $p<0.05$, $R^2=.12$), practices ($F(6, 113) = 2.28$, $p<0.05$, $R^2=.11$), and attitudes towards families in their programs ($F(6, 113) = 2.18$, $p<0.05$, $R^2=.12$). However, the number of professional development activities providers completed in the past 12 months was not significantly associated with the overall quality of the parent-provider relationship or providers' knowledge, practices, or attitudes towards families in their programs.

Table 14.*Summary of Regression Analyses of Provider's Professional Development Predicting Parent-Provider Relationship*

Variable	FPTRQ-Total			FPTRQ-Knowledge			FPTRQ-Practices			FPTRQ-Attitudes		
	B	ß	*SE*	*B*	ß	*SE*	*B*	ß	*SE*	*B*	ß	*SE*
Constant	160.19		7.09	37.35		3.32	72.46		3.92	50.38		2.18
Number of PD Activities in Past 12 months	1.14	.15	.73	.14	.04	.34	.67	.16	.40	.33	.14	.22
Provider Age	.10	.08	.12	.04	.06	.06	.05	.07	.07	.02	.04	.04
Provider Race: Black	2.94	.11	2.81	-1.06	-.09	1.32	3.28*	.27	1.55	.73	.09	.87
Provider Race: Latinx	-6.43 $^{+}$	-.21	3.36	-4.93**	-.34	1.57	.86	.05	1.86	-2.35*	-.25	1.03
Provider Race: Asian	5.53	.09	5.76	1.47	.05	2.70	4.16	.13	3.18	-.10	-.01	1.77
Provider Education [a]	4.17	.16	2.46	1.98	.16	1.15	.73	.05	1.36	1.47^{+}	.19	.76
R^2	0.13			0.12			0.11			0.12		

Note. [a] Provider has Bachelor's degree or higher=1, Provider has less than Bachelor's degree=0.
$^{+}$ trending, *p<0.05, **p<0.01, ***p<0.001.

Providers' race and ethnicity played a significant role across all models related to research question 1. African American providers scored significantly higher (between 3.28 to 4.45 points more) in the practices construct compared to White providers. Further, compared to White providers, Latinx providers in this sample scored significantly lower in the family-specific knowledge and attitudes constructs (between 4.25 to 5.96 points lower in family-specific knowledge and 2.28 to 3.40 points less in the attitudes construct).

Research Question 2: Are parent demographic characteristics, such as parents' financial need and linguistic ability, associated with the quality of the relationship providers form with parents in their program?

- Hypothesis 2.1– The financial need and linguistic ability of the parents and children enrolled in the FCC programs will influence the quality of the parent-provider relationship. Providers with a higher percentage of families enrolled in their program in need of financial and linguistic support will report lower levels of parent-provider relationship quality.

To assess how the financial need and linguistic ability of parents and children enrolled in FCC programs influence the quality of the parent-provider relationship, I ran a series of multiple regression models with the four outcome variables of the providers' version of the FPTRQ measure, including providers' race/ethnicity, education level and annual household income as covariates. Results of these analyses, presented in Table 15, suggest that these variables only significantly predicted providers' knowledge about families ($F(7, 112) = 2.15$, $p<0.05$, $R^2=.12$), and the practices they employ with them ($F(7, 112) = 2.17$, $p<0.05$, $R^2=.12$). The combination of variables did not significantly predict the overall quality of the relationship providers form with parents in their program ($F(7, 112) = 1.93$, $p =.07$, $R^2=.11$), or the attitudes towards families

($F(7, 112) = 2.39$, $p = .09$, $R^2 = .10$). The results also indicate that hypothesis 2.1 was not supported and the percentage of children enrolled in subsidy/scholarship and the percentage of parents in need linguistic support were not significantly related to the overall quality of the parent-provider relationship or providers' knowledge, practices, or attitudes towards families in their programs. However, compared to White providers, Latinx providers scored significantly lower in the family-specific knowledge construct of the FPTRQ ($\beta = -.32$, $p<0.001$). No other significant differences were found between FCC providers regarding race/ethnicity categories. Additionally, there was a significant relation between providers' education level and the attitudes construct of the FPTRQ. Providers who had at least a Bachelor's degree reported significantly better attitudes towards families in their program, compared to providers who did not have a Bachelor's degree (ß=.20, $p<0.05$).

Table 15. *Summary of Regression Analyses of Children in Subsidy and Parental Need Predicting Parent-Provider Relationship*

Variable	FPTRQ-Total			FPTRQ-Knowledge			FPTRQ-Practices			FPTRQ-Attitudes		
	B	ß	*SE*	*B*	ß	*SE*	*B*	ß	*SE*	*B*	ß	*SE*
Constant	169.32		2.72	39.72		1.29	77.15		1.48	52.44		.84
Percentage of children enrolled in subsidy	.01	.01	.04	-.01	-.15	1.12	.02	.10	.02	-.01	-.04	.01
Percentage of parents that have language need	.04	.09	.05	-.97	-.08	1.19	.05^{+}	.19	.03	-.01	-.06	.02
Race: Black	4.26	.16	3.08	-.29	-.02	1.34	3.22^{+}	.22	1.67	1.33	.16	.95
Race: Latinx	-6.14	-.20	3.60	-4.77**	-.32	1.56	.24	.01	1.96	-1.61	-.17	1.11
Race: Asian	6.78	.12	5.68	1.95	.08	2.61	4.48	.14	3.09	.36	.02	1.75
Provider Education [a]	4.73^{+}	.18	2.57	1.93	.17	1.18	1.22	.09	1.40	1.57*	.20	.79
Provider Income [b]	-.52	-.02	2.58	.19	.03	1.20	-.83	-.06	1.40	.12	.02	.79
R^2	0.11			0.12			0.12			0.10		

Note. [a] Provider has Bachelor's degree or higher=1, Provider has less than Bachelor's degree=0. [b] Provider household income is more than $50,000 per year = 1, Provider household income is less than $50,000 per year=0.
$^{+}$ trending, *p<0.05, **p<0.01, ***p<0.001.

Research Question 3: Does the quality of the parents' relationship with their FCC provider influence parental involvement in family child care?

- Hypothesis 3- The parents' relationship with their FCC providers will positively influence parental involvement in FCC activities. We expect parents who report having better relationships with their FCC providers to participate in more activities and family events, as well as volunteer more often.

Table 16 shows the results of the multiple regression analyses I conducted to assess the association between parents' perception of the parent-provider relationship and their involvement in their children's education and FCC setting activities, including child's gender and age, as well as parent's race/ethnicity as covariates. Results of my analyses suggest that the combination of variables significantly predicted parents' engagement in their children's education ($F(7, 82) = 11.75$, $p<0.001$, $R^2=.46$) as well as their participation in FCC activities ($F(7, 82) = 2.11$, $p<0.05$, $R^2=.15$). Parents' report of the practices their FCC provider employs was significantly related to parents' engagement in their children's child care and learning (ß=.81, $p<0.001$), and their participation in FCC activities (ß=.32, $p<0.05$). Parents who reported higher levels of collaboration, responsiveness, and communication with their FCC providers, indicated more engagement in children's education and higher rates of participation in FCC activities. Further, parents' perception of their providers' attitudes towards them significantly predicted their engagement in their children's child care and learning (ß=-.32., $p<0.01$), however, this was not in the expected direction. Parents who reported better perception of their providers' beliefs, commitment, and respect towards them, indicated significantly less engagement in their children's child care and learning.

Table 16. *Summary of Regression Analyses of Parent-Provider Relationship Predicting Family Involvement*

Variable	Total Parent Engagement Score			Participation in FCC Activities		
	B	ß	*SE*	*B*	ß	*SE*
Constant	24.96		7.92	-1.43		4.63
FPTRQ-Knowledge	.08	.08	.09	.07	.16	.05
FPTRQ-Practices	.29***	.81	.04	.05*	.32	.03
FPTRQ-Attitudes	-.39**	-.32	.14	-.11	-.19	.08
Child Gender [a]	.57	.05	.95	.90	.18	.56
Child Age	-.03	-.04	.05	.05	.16	.03
Parent Race: Black	1.30	.11	1.01	-.27	-.05	.59
Parent Race: Other[b]	.50	.03	1.29	-1.16	-.17	.75
R^2	0.46			0.15		

Note. [a] Child is female=1, Child is male=0; [b] Other=Latinx, Asian, or Bi-racial/Multiracial.
*p<0.05, **p<0.01, ***p<0.001.

Research Question 4: How does the quality of the parents' relationship with their FCC providers relate to parental functioning, specifically parenting stress, and parental depression?

- Hypothesis 4.1- Parents who report a higher quality relationship with their FCC providers will report lower parenting stress.
- Hypothesis 4.2 – Parents who report a higher quality relationship with their FCC providers will report lower depressive symptoms.

To examine how the quality of the parents' relationship with their FCC providers influences parents' parenting stress and depressive symptomatology, I conducted a series of multiple regression models including parents' age, and race/ethnicity, and children's age and developmental need as covariates (see Tables 17 & 18). Results of these analyses suggest that

these variables significantly predicted parents' depressive symptomatology ($F(6, 83) = 3.57$, $p<0.01$, $R^2=.21$), and parents' overall parenting stress ($F(6, 83) = 5.43$, $p<0.001$, $R^2=.28$). The overall quality of the relationship between parents and providers was significantly associated with parents' depression scores (ß=-.28, $p<0.01$), and overall parenting stress (ß=-.37, $p<0.001$). Parents who had better relationship quality with their FCC providers, reported significantly lower levels of depressive symptomatology and parenting stress. It is important to note the significant association between child developmental need and parents' depressive symptoms, and overall parenting stress. Parents who had a child with a special developmental need reported significantly higher levels of depressive symptomatology (ß=-22, $p<0.05$), more parenting stress (ß=-.31, $p<0.01$), compared to parents whose child did not have a special developmental need.

Table 17. *Summary of Regression Analyses of Parent-Provider Relationship Predicting Parent Well-Being*

Variable	CES-D Total Score			PSI-Total		
	B	ß	*SE*	*B*	ß	*SE*
Constant	34.17		7.32	154.50		21.72
FPTRQ-Total	-.07**	-.28	.03	-.31***	-.37	.08
Parent Age	-.25*	-.27	.10	-.66*	-.23	.29
Parent Race: Black	1.43	.12	1.34	2.02	.05	3.99
Parent Race: Other [a]	1.13	.07	1.67	2.93	.06	4.95
Child Developmental Need [b]	3.73*	.22	1.72	16.21**	.31	5.11
Child Age	-.06	-.09	.07	-.09	-.04	.21
R^2	0.21			0.28		

Note. [a] Other=Latinx, Asian, or Bi-racial/Multiracial; [b] Parent's child has a special developmental need=1, Parent's child does not have a special developmental need =0.
[+] trending, *p<0.05, **p<0.01, ***p<0.001

Further, as shown in Table 18, parents' overall perception of the relationship and select covariates also significantly predicted parents' overall psychological risk ($F(6, 83) = 3.06$, $p<0.01$, $R^2=.18$). Parents' perspective of the overall quality of the parent-provider relationship was significantly related to parents' psychological risk (ß=-.30, $p<0.01$). After including parents' age and race/ethnicity, as well as children's age and developmental need in the model, parents who reported better parent-provider relationship quality had significantly less psychological risk.

Table 18. *Summary of Regression Analyses of Parent-Provider Relationship Predicting Parent Psychological Risk*

Variable	Parent Psychological Risk		
	B	ß	*SE*
Constant	4.12		1.10
FPTRQ-Total	-.01**	-.30	.004
Parent Age	-.03	-.18	.02
Parent Race: Black	.21	.12	.20
Parent Race: Other [a]	.32	.14	.25
Child Developmental Need [b]	.52+	.20	.26
Child Age	-.01	-.12	.01
R^2	0.18		

Note. [a] Composite of three items: CESD total score ≥ 16 (0=no vs. 1=yes), PSI-Parent Distress Subscale at least one SD above sample mean (0=no vs. 1=yes), and PSI-Parent-Child Dysfunctional Interaction Subscale at least one SD above sample mean (0=no vs. 1=yes).
[b] Other=Latinx, Asian, or Bi-racial/Multiracial; [b] Parent's child has a special developmental need=1, Parent's child does not have a special developmental need =0.
+ trending, *p<0.05, **p<0.01, ***p<0.001.

Chapter 5: Discussion

The primary goal of the current study was to explore the characteristics of FCC homes, in particular the factors that relate to the quality of the parent-provider relationship from the perspectives of the providers and the parents. Specifically, I conducted an examination of family child care with three research aims: (1) to describe the characteristics of FCC settings, FCC providers, and the families enrolled in these child care arrangements; (2) to examine the association between FCC providers' and parents' characteristics and the quality of the parent-provider relationship; and (3) to consider how the quality of parents' relationships with their FCC providers relates to parent functioning. Through collecting cross-sectional data via interviews with FCC providers and parents of young children enrolled in these FCC settings, this study made a preliminary step toward understanding the relationships providers form with families in their programs and how these relationships are associated with parents' engagement and mental health. To my knowledge, no other quantitative study has examined these associations exclusively in family child care settings.

The findings of my study partially support the multidimensional theoretical model that focuses on the importance of parent-provider relationships for parents' outcomes and provider and parental factors that influence the effective facilitation of these relationships (Bromer et al., 2011; Forry et al., 2012; see Chapter 1). Through my analysis, I found that FCC providers' educational attainment and the pleasure they derived from their profession were positively associated with the quality of the relationship they formed with families in their programs. However, I did not find these relationships to be related to FCC providers' years of experience, feelings of burnout and stress, and professional development. Further, parents' perceptions of

this relationship were related to better parental mental health outcomes. Yet, there were variable associations between parents' perceptions of the parent-provider relationship and their engagement in their children's education. Thus, the results of this study fill a substantial gap in the empirical literature that can inform policy and practice in the child care arena, yet still leave many questions regarding family child care unanswered. In the following sections, I consider the study's main findings in the context of the current literature, explore the policy and practice implications of this research, and delineate study limitations and future research directions.

Provider Characteristics and Parent-Provider Relationships

To better understand how provider characteristics relate to parent-provider relationships, I examined FCC providers' educational attainment, years of experience, well-being, and professional development. The following section discusses findings for each provider characteristic examined in this study.

Education Level and Years of Experience

In this study, FCC providers' level of education varied substantially, ranging from receiving a high school diploma or GED (15%) to obtaining a Master's degree (6.7%). These data are comparable to nationally representative studies that demonstrate that family child care providers in the US have a wide array of educational backgrounds (NSECE Project Team, 2021). Although there is evidence that FCC providers' educational attainment is strongly associated with overall quality of care (e.g., Iruka & Forry, 2018; Raikes et al., 2005), this study uniquely examined the relation of education and the quality of parent-provider relationships. Consistent with literature examining Head Start teachers' characteristics (Hooper & Gaviria-Loaiza, 2021), I found that higher levels of educational attainment were significantly associated with better

parent-provider relationship quality. FCC providers in this study who had at least a Bachelor's degree reported considerably higher levels of quality in their relationships with families and, specifically, better attitudes towards families in their program when compared to providers who did not have a Bachelor's degree. Past researchers have found FCC providers' education to be a strong structural predictor of quality in family child care and a crucial opportunity for quality improvement (Burchinal et al., 2002; Clarke-Stewart et al., 2002; Harding Weaver, 2006; Iruka & Forry, 2018; Raikes et al., 2005), but no other study has investigated the relation between providers' education and parent-provider relationships. Additionally, about half of the FCC providers in this study who had a Bachelor's degree (52.9%) had received a degree in Early Childhood Education, Education or Child/Human Development. Thus, the findings of this study add to the literature that emphasizes the importance of FCC providers' higher educational attainment for improved quality of care.

However, contrary to my hypothesis, FCC providers' years of experience in family child care did not significantly predict the quality of the relationship providers form with the families in their programs. This finding is inconsistent with many qualitative and quantitative studies which have documented the role of providers' level of experience in their relationships with families (Ang et al., 2017; Garrity et al., 2021; Hooper & Gaviria-Loaiza, 2021; Forry et al., 2012). In this sample, FCC providers' years of experience ranged from 1 to 37 years, with the mean number of years providers worked in family child care being about 15.5 years. Yet, despite the extensive range of experience FCC providers had in this study, educational attainment, explicitly earning a Bachelor's degree, appeared to be a stronger positive predictor of the parent-provider relationship quality than FCC providers' experience. It is possible that having such a varied population in terms of years of experience in a smaller sample such as the one in this

study, may have not statistically allowed for the significant prediction of parent-provider relationships. A larger sample may be necessary to discern the association between FCC providers' years of experience and the quality of the relationships they form with the families in their program.

These results mirror findings related to the overall quality of the family child care environment. Whereas FCC providers' educational attainment appear to be strong structural predictors of quality of care (e.g., Iruka & Forry, 2018; Raikes et al., 2005), research on providers' years of experience working in family child care has produced more inconsistent or null findings (e.g., Colwell et al., 2013; Phillips & Morse, 2011). Having more years of experience may not necessarily equate to engaging in better family-centered or caregiving practices, the way that specific educational training does, such as having a Bachelor's in an education-related field (Fukkink & Lont, 2007; Graham et al., 2020). It is possible that a similar mechanism is at play with the effective parent-provider relationships in this study. In fact, in this study, FCC providers' educational attainment was negatively correlated with providers' years of experience.

FCC Provider's Well-being

In the current study, FCC providers' compassion satisfaction, or the pleasure they derive from being able to do their work well, was significantly and positively associated with the overall quality of the parent-provider relationship, the practices they employed, and their attitudes towards families in their programs. This is consistent with research that documents the relation between provider professional well-being and their practices. Specifically, researchers studying FCC providers have found providers' job-related coping skills and positive feelings about their work are significantly associated with providers' reports of positive relationships with

families in their programs (Luckey et al., 2021; Park et al., 2021). Thus, FCC providers' commitment to their profession and job satisfaction appear to be particularly important in their ability to build effective high-quality relationships with families of children enrolled in their FCC homes.

However, contrary to extant research on the relation between provider burnout and practices (Park et al., 2021; Whitaker et al., 2015), providers' feelings of burnout or secondary traumatic stress were not significantly related to the overall quality of the relationship or providers' knowledge, practices, or attitudes towards families. These findings may be due to the strong relation between job satisfaction and feelings of burnout and stress. Researchers examining early childhood education teachers have shown that burnout and traumatic stress have a significant negative influence on teachers' job satisfaction and self-efficacy (Madigan & Kim, 2021; Robinson et al., 2019; Skaalvik & Skaalvik, 2009). Even though I did not find any indication of multicollinearity between these predictor variables, it is possible that the strong association between these obscured the independent effects of burnout and secondary traumatic stress.

Additionally, FCC providers in this sample reported high levels of compassion satisfaction, indicating that they derived considerable professional pleasure from their jobs and profession. Providers also reported low levels of burnout and secondary traumatic stress, suggesting providers, on average, held positive feelings about their work and did not have many experiences with secondary exposure to traumatic events. FCC providers' high sense of well-being in this sample may be a reason for the lack of significant associations between providers' reports of burnout, secondary traumatic stress, and any of the parent-provider relationship variables.

The findings regarding providers' positive attitudes about their profession in this study may likely be attributable to methodological issues. First, response bias may have resulted in a lower number of FCC providers who experienced more stress or fatigue with their work. I recruited all providers in this sample virtually during the height of the Covid-19 pandemic, either through professional development sessions or by providers signing up to learn more about the project. This recruitment method could have biased the sample towards participants who were highly committed and satisfied with their profession. Further, providers experiencing high levels of burnout and secondary traumatic stress may have found completing an interview, like the one for this study, to be an additional burden in an already difficult and stressful time, so they may have opted to not participate.

Additionally, as part of the exclusionary criteria of my study, only FCC providers who were part of a more extensive FCC staff network or organization were eligible to participate. FCC providers who are not part of these networks may be more isolated and thus may experience higher rates of burnout and stress than the participants in this study. Nevertheless, as the results show, FCC providers' well-being, especially job satisfaction, appears to be particularly important to building better relationships with families in their programs. Even after including providers' feelings of burnout, secondary traumatic stress, and other demographic covariates in the models, providers' compassion satisfaction was positively related to the overall quality of the relationship, their practices, and attitudes towards families in their programs (see Table 13).

Professional Development

Based on research with early care and education teachers, I hypothesized that providers who reported more professional development experiences would also report higher levels of quality in their relationship with the families in their program. However, contrary to my

hypothesis, the number of professional development activities FCC providers reported in this study was not significantly associated with the overall quality of the relationship or any of the constructs regarding providers' family-specific knowledge, practices, or attitudes. Although researchers have generally found that professional development focusing on family engagement is positively related to teachers' practices and attitudes toward families (Boit, 2020; Smith & Sheridan, 2019), some studies have not documented this relation (Hardin et al., 2010; Jacobbe et al., 2012). Additionally, whereas I asked participating FCC providers various questions regarding their professional development activities in the past year, the prompt asked providers to think about different activities that may have helped them maintain or improve their skills in working with children and families. The professional development questions were not specific to practices regarding building relationships with families of children in their program and thus may have obfuscated possible relations between professional development and the specific practices examined in this study (i.e., pertinent to parent-provider relationships).

Researchers examining professional development often document significant associations between a specific topic and providers' immediate skills and knowledge (Bromer & Korfmacher, 2017; Smith & Sheridan, 2019). Further, qualitative researchers have found that early childhood teachers often feel unprepared to build strong relationships with families, pointing to a lack of professional development opportunities that solely focus on working and improving their skills with parents of children in their classrooms (Boit, 2020). FCC providers also repeatedly note that the professional development sessions offered often do not align with the culture of family child care, including their unique experiences with families of children in their program (Garrity et al., 2021). It is possible that most of the professional development activities reported by FCC

providers in this study focused on improving their skills with children rather than families, potentially explaining the null findings between these variables.

Family Characteristics and Parent-Provider Relationships

In this study, I also examined providers' reports of the percentage of children in their programs who were enrolled in subsidy and the percentage of parents in need of linguistic support as proxies for the numbers of families from low socioeconomic and ethnic minority backgrounds. Contrary to previous research (e.g., Coba-Rodriguez, 2020; Li et al., 2021; McWayne et al., 2008), I did not find significant associations between these family characteristics and the overall quality of the parent-provider relationship, as well as providers' knowledge, practices, and attitudes towards families in their programs. The lack of an association between these factors and the quality of the parent-provider relationships may be due to their distribution in this sample.

For example, although there was a range from 0 to 100% of children receiving subsidy enrolled in the FCC homes, the average percentage of children registered in subsidy was about 21.9%. This indicates that most providers had a lower rate of families enrolled in the subsidy program. Further, the FPTRQ asks providers to consider their relationships with all the families of children enrolled in their program. It is possible that some significant associations may have surfaced if the sample of FCC providers had more families with children enrolled in the subsidy system.

Providers' barriers to participation in the subsidy system and parental choices of family child care arrangements may have also contributed to the low percentage of subsidy-recipient children. Researchers have found that family child care providers face multiple challenges navigating complex subsidy systems and cite inequitable subsidy policies as part of why they

decide to leave the field (Bromer et al., 2021; Garrity et al., 2021). In addition, FCC providers often equate the subsidy system with inconsistent or lower payment and significantly more paperwork (Bromer & Porter, 2020). For example, only 38% of FCC providers in this study believed that the subsidy system was more reliable in payment than private pay, and 77% of providers thought families in the subsidy program required significantly more paperwork than private pay families. It is possible that these beliefs, comparable to those found in other studies (Hooper & Hallam, 2021; Schneider et al., 2017), are barriers to providers' participation in the subsidy system and contribute to the low percentage of subsidy-receipt families.

Further, the percentage of parents that spoke a different language from their FCC provider and needed linguistic support was also relatively low amongst participating FCC providers. Most providers (60.8%) in this study did not have a parent needing linguistic support. Studies have pointed to the cultural consideration parents make when choosing their children's child care arrangement, particularly when selecting home-based settings (Garrity et al., 2021; Hill et al., 2021). Employing qualitative methods with immigrant family child care providers, Garrity and colleagues (2021) revealed the importance of cultural continuity in their work with children, emphasizing parents' desire to seek out providers who know their culture, religion, and language. FCC providers in this sample may have had a low percentage of parents needing linguistic support because of parents' documented preference to seek out FCC providers from their own culture.

Parent-Provider Relationships and Parent Involvement

Parents' involvement in their children's education appears to be a strong protective factor for children's academic success including their cognitive and social-emotional skills (Fantuzzo et al., 2013; McWayne et al., 2008). Consistent with extant evidence (e.g., Galindo & Sheldon,

2012; Lang et al., 2017), I found that parents' reports of the practices their FCC providers maintain were positively associated with their engagement in their children's care and learning and their participation in FCC activities. However, contrary to my hypothesis, parents' perception of their providers' attitudes towards them negatively predicted their engagement in their children's learning and was not significantly related to their participation in FCC activities. Further, parents' comfort level with the specific information they share with their provider (i.e., Knowledge construct) was not associated with either measure of parent involvement. These results point to the importance of understanding parents' perceptions of the collaboration, responsiveness, and communication they have with the FCC provider regarding their engagement and participation in FCC activities over all other measures associated with the parent-provider relationship.

However, it is important to note the unexpected negative association between parents' perception of their providers' attitudes towards their family and their overall engagement in their children's learning and child care setting. The Attitudes construct of the FPTRQ examines parents' assessment of their providers' beliefs, commitment, and respect towards them. Further, the measure of parents' engagement assessed parents' knowledge, confidence, and influence on their children's early education. Theoretical models examining parents' motivation for engagement have emphasized parents' perception of their role in their children's education, as a key factor that shapes their involvement. If parents believe they need to hold an active role and responsibility for their children's education and have skills and knowledge that are helpful to their children, they are more likely to have higher rates of engagement (Green et al., 2007; Murray et al., 2014; Walker et al., 2010).

Researchers focusing on Head Start families have found that parents' who identify the education of their children as the teachers' responsibility are less involved compared to parents who believe themselves to be important agents in their children's learning (Waanders et al., 2007). Additionally, qualitative researchers have identified many parents' belief that their responsibility is to prepare their young children for learning and see their role as more of caregivers rather than educators. Compared to parents who viewed education as a parent-teacher partnership, parents who emphasized their caregiver role were more likely to perceive teachers solely as educators (Curry & Holter, 2019; Posey-Maddox & Haley-Lock, 2020). It is possible that parents in this study who saw their FCC provider as more committed and respectful may have not felt the need to engage as much in their children's learning, viewing their role in their children's education differently and trusting FCC providers to promote their children's learning and development. Nevertheless, more research is needed to further investigate the relationship between parents' perception of their providers' attitudes and their engagement.

Additionally, it is also possible that parents' low levels of participation in FCC activities may have impacted the results of my study. As mentioned before, parents' participation scores ranged from 0 to 29, yet the average score was 2.22, indicating that, on average, parents in this sample did not often participate in FCC activities. The COVID-19 pandemic likely affected parents' ability to participate in FCC activities the year before the study interview. For example, 53% of parents in the study reported that at the time of their interviews, their FCC provider was still not allowing any parents inside their child care home due to their providers' health and safety concerns. It is probable that there were just not many opportunities for parent participation in FCC activities, potentially explaining the low participation rates. If the study had been

conducted during a different, relatively average time, there might have been more opportunities for participation and greater variability in parents' involvement.

Parent-Provider Relationships and Parent Well-being

To my knowledge, this is the first empirical study to directly investigate the association between parent-provider relationships and parental well-being in family child care settings. Consistent with previous research examining families in Early Head Start and those of school-aged children (e.g., Chazan-Cohen et al., 2007; Trivette et al., 2010), I found that parents' perception of the overall parent-provider relationship was strongly predictive of parents' well-being. Specifically, parents who reported having better relationship quality with their FCC providers conveyed significantly fewer depressive symptoms and lower levels of parenting stress.

A growing number of researchers suggest that child care settings can act as sources of social support for families that may, in turn, improve parental mental health, lower stress, and promote well-being (Barnes & Nolan, 2019; Kossek et al., 2008; Thoits, 2011; Veseley et al., 2013). Social support has been found to directly influence parental functioning through the provision of emotional and instrumental supports; increases of support and social capital in parents are strongly associated with decreases in depressive symptoms and parenting stress (Racine et al., 2019; Thoits, 2011). Researchers conducting qualitative studies highlight FCC providers' tendency to provide resources and care that go above and beyond typical caregiving practices, fostering "family-like" relationships with parents (Ang et al., 2017; Bromer & Henly, 2009; Dominguez & Watkins, 2003). Thus, family child care providers may be uniquely situated as important sources of social support in parents lives that can promote their well-being.

Further, previous researchers have revealed strong, co-occurring associations between parental depressive symptomology and parenting stress (Khalsa et al., 2022; Vogel et al., 2015). My study found similar strong correlations between these parent variables. Thus, I created a psychological risk composite to examine parents' relationship with their FCC provider and overall psychological well-being. In this study, I found that parents' perception of their relationship with their FCC provider was predictive of parents' psychological risk, highlighting the significant influence relationships in family child care settings have on parents' functioning.

Researchers focusing on parents of children in Early Head Start have revealed strong associations between this psychological risk composite and family's economic hardship, children's developmental risk, and poor health outcomes (Vogel et al., 2011). Additionally, parenting stress and depressive symptomatology have independently and consistently been related to negative outcomes for both parents and their children (McMahon & Menis, 2012; Urizar & Munoz, 2022; Venta et al., 2016; Ward & Lee, 2020). Given the importance of both constructs on parents' and children's overall functioning, it is important to identify supports, such as parents' relationship with their FCC providers, which could lessen their psychological risk.

Other Findings

My analysis of the primary research questions produced two significant findings outside the goals of this study. First, providers' race/ethnicity appeared to be an important covariate across all models regarding providers' perception of their relationship with families in their program (RQ1 & RQ2). Specifically, compared to White providers in the study, African American providers scored significantly higher in the practices construct of the FPTRQ, which pertains to providers' collaboration, responsiveness, and communication practices with families

of children enrolled in their FCC homes. In addition, Latinx providers scored significantly lower in the family-specific knowledge and attitudes constructs when compared to White providers in the study. Other studies have found similar racial/ethnic differences in teachers' reports of their relationships with and their perception of parents (e.g., Hooper & Gaviria-Loaiza, 2021; Nzinga-Johnson et al., 2009). Researchers have revealed that the racial or cultural match between teachers and parents significantly influences how teachers perceive families of children in their classrooms. This, in turn, affects how parents effectively communicate and interact with teachers (Calzada et al., 2015; Nzinga-Johnson et al., 2009).

It is possible that the racial/ethnic match of FCC providers and families of children enrolled in this study may have affected FCC providers' perception of the parent-provider relationships. For example, 88.6% of African American providers in this sample were matched racially with most children enrolled in their programs, indicating a higher racial match between FCC providers and families. In comparison, 80.8% of Latinx providers did not match ethnically with most children enrolled in their programs (i.e., they tended to provide care for white children). However, additional research regarding these findings is needed to understand how race/ethnicity is associated with parent-provider relationships.

The second finding pertains to the lack of significant associations between the quality of care indicators, assessed with the Maryland Excels QRIS, and any of the parent-provider relationship variables from either the providers' or parents' perspective. Quality Rating and Improvement Systems (QRIS), such as Maryland Excels, have become one of the primary approaches by which states and local governments assess, improve, and support the quality of early care and education settings across the U.S. (Hallam et al., 2017). However, many states

have struggled to engage licensed family child care professionals, particularly at higher rating levels (ECQA Center, 2020).

Researchers have documented that this may be due in part to a misalignment between FCC providers' visions of quality, which often emphasize close relationships with children and families in their programs, and the rating criteria and measurement tools that are conventionally used in these rating systems (Doran et al., 2022; Garrity et al., 2021). For my study, I used Maryland Excels as a proxy for quality of care, but it is possible that it does not align with FCC providers' operationalization of "quality," which often highlights love, affection, and relationships above all else (Ang et al., 2017; Garrity et al., 2021). In addition, Maryland Excels has only two features that directly assess family-provider relationships: providers' reciprocal communication, measured through family engagement and family conferences; and providers' creation of an individualized family service plan and transition plan for a child (Doran et al., 2022). These concrete assessments conducted through a checklist, may ignore the nuances and benefits of the relationship providers form with families of children in their programs. The lack of association between measures of parent-provider relationships and quality of care indicators in this study highlights the need to further explore traditional, such as those used in the QRIS, as well as nontraditional standards of quality, and emphasize the potential strengths of FCC arrangements.

Policy and Practice Implications

The results of this study can help inform policy and practice related to family child care arrangements, FCC providers, and families of children enrolled in these settings. FCC has become a primary focus of quality improvement initiatives across the country, with increased federal and state policy interest in the quality of care in FCC homes (Bromer et al., 2019; Hooper

& Hallam, 2019). Several public policy investments and mechanisms maintain these efforts and directly affect FCC providers' work, and the children and families enrolled in these child care settings. First, the 2014 reauthorization of the Child Care and Development Block Grant (CCDBG) Act allowed the continuation of federal funds to improve child care quality for low-income families across the US. Further, authorized through the CCDBG Act, the Child Care and Development Fund (CCDF) program enabled states to invest in raising the quality of child care by directly supporting the early care and education workforce, including FCC providers. Finally, the American Rescue Plan Act (ARPA; 2021) included around $39 billion to support and stabilize the child care field through the COVID-19 pandemic. Funds from the CCDF program and the ARPA resources offer a concrete pathway to support FCC providers from financial and psychological perspectives. The findings from this study have direct implications for these policies and resultant practices.

I found some facets of the parent-provider relationships to positively influence parents' engagement in their children's education and were significantly associated with a decrease in parents' depressive symptoms and parenting stress in this study. These findings reinforce the need for professional development activities that directly focus on building high-quality relationships between FCC providers and parents to address parental engagement and support parents' well-being. A small part of the CCDF plan which states complete to receive federal funding centers around the meaningful partnerships that child care providers and families must develop to support children's positive outcomes. States are required to delineate how they will use federal funds to specifically target family engagement issues. Both DC and Maryland, where providers from this sample were located, include training sessions geared towards improving family engagement. Maryland, for example, offers specific professional development training to

child care providers to improve their practices with families. At the same time, DC primarily focuses its family engagement efforts on sessions directed toward parents (Office of Child Care, 2022). Despite the differences in the target audience, these trainings offer a clear opportunity to further encourage building high-quality parent-provider relationships that can improve parent engagement and well-being. Thus, professional development and family engagement efforts, already funded through CCDF, should focus on specialized training that promotes parental well-being through effective parent-provider relationships, and offer incentives for providers to participate in these family-specific professional development opportunities.

Further, despite the documented importance of family engagement in children's positive development (e.g., Fantuzzo et al., 2013), researchers have found several barriers that often prevent parents from participating in their children's learning and the activities of the child care setting (Calzada et al., 2015; Lang et al., 2017). Effective parent-provider relationships could help FCC providers tackle family engagement issues, and barriers to participation they encounter with families of children enrolled in their programs. In this study, I found that parents' perspectives of the parent-provider relationship quality was significantly related to higher rates of parent engagement and participation in FCC activities. Parents' perceptions of their providers' relationship-building practices appeared to be particularly crucial to parents' engagement and participation. Maryland's and DC's Quality Improvement Systems rely on providers' self-assessment of their current practices with families to address quality indicators of family engagement. Given the findings from this study, FCC providers who need to improve in this quality indicator can be advised, through the technical assistance they already receive, to focus on building closer relationships with parents who are not as involved in the child care context.

Providers can explicitly improve the collaboration, responsiveness, and communication (i.e., the practices) they employ with the families in their programs.

In this study, I also found that FCC providers' education level and well-being, especially their professional satisfaction, were essential to building better relationships with families. These findings highlight the need to address FCC providers' characteristics and welfare to promote successful and high-quality relationships that can influence parents' engagement and well-being. Accordingly, the results of this study provide further support for recent policy changes and program efforts to increase the educational attainment of the early childhood education workforce (McLean et al., 2021). FCC providers who had a Bachelor's degree or higher, reported greater levels of quality in the relationship with the families in their program, pointing to the importance of providers' higher education. Both DC and Maryland offer financial and technical support for providers to obtain their Bachelor's degrees, however, FCC providers' time and professional constraints may prevent them from taking advantage of these opportunities (Bromer et al., 2021). Maryland has begun the development of an online Bachelor's pilot program geared towards FCC providers, potentially overcoming participation barriers (Office of Child Care, 2022). Efforts such as these, that take into consideration FCC providers' characteristics, may be the key to addressing participation barriers and effectively promote high-quality parent-provider relationships that can influence parental positive outcomes.

Moreover, professional development activities offered to FCC providers should not only address building high-quality relationships with families but also provide targeted resources to support providers' job satisfaction. Currently, CCDF support for providers' well-being is minimal, with most funds directed towards improving providers' education and the physical environment of the FCC setting. I found FCC providers' professional satisfaction to be of

particular significance in my study. Therefore, professional development and program design activities that focus on relationship-building efforts should consider not only addressing providers' characteristics but also their well-being as a fundamental element to their successful implementation. Notably, the Administration for Children and Families (2021) has launched a new initiative to support the well-being of teachers in Head Start and child care contexts.

Additionally, focusing on FCC providers' professional satisfaction as part of building effective parent-provider relationships could also help alleviate the pervasive decline of FCC arrangements observed throughout the country (ECQA Center, 2020). Researchers and policymakers have noted the sharp decline in the number of licensed FCC homes over the past few years, resulting in about a 50% decrease nationwide between 2005 and 2017 (Bromer et al., 2021; ECQA Center, 2020). As FCC providers continue to face challenges related to the recent COVID-19 pandemic (Bromer et al., 2021), the number of FCC homes continues to drop, resulting in fewer child care options for families that need the flexibility and benefits that FCC settings supply. In addition, FCC providers tend to experience multiple unique stressors in their profession, working alone or with one or two other staff members, operating a business while caring for multiple children, working long hours, and receiving low or unpredictable wages. Moreover, the expansion of licensing and regulatory requirements necessary to keep their business operating, combined with the lack of support to navigate complex licensing systems, are some of the factors researchers believe have influenced the rate of this decline (Bromer et al., 2021; Norton et al., 2019). Focusing efforts on providers' professional well-being and satisfaction in their jobs can begin to address some of the challenges that lead FCC providers to close their family child care home and potentially slow the decline in availability of this child

care option. This approach is imperative to support not only FCC providers but the families that rely on these child care arrangements.

Research Limitations and Future Directions

Despite the significant relations I found in this study, some limitations and potential avenues for future empirical directions should be considered. First, it is essential to note that these data were not collected temporally and only addressed contemporaneous relations; thus, the study does not allow for any interpretation of causality. It is possible that the significant associations found in this study were bi-directional in nature. For example, providers' perception of parent-provider relationship quality may influence providers' professional satisfaction and well-being. Similarly, parents' engagement, depressive symptomatology, and parenting stress may affect their perception of their relationship with their FCC providers. Future researchers should consider the potential bi-directional relation between these variables to understand parent-provider relationships better and should include longitudinal studies to address these relations from a temporal perspective.

Further, participating FCC providers in my study comprised of a small convenience sample of licensed FCC providers across DC and Maryland. Despite variability in FCC providers' characteristics and similarities with nationally representative samples (e.g., NSECE Project Team, 2021), my results are not generalizable to a broader population of FCC providers. Similarly, I recruited parents in this study only from FCC homes participating in the Maryland Excels program, affecting the generalizability of the study findings regarding the children's parents.

My study also exclusively relied on self-report measures, which could have biased the findings. For example, FCC providers' and parents' reports of their relationship with each other

may have been overestimated by participants answering in a socially desirable manner. However, no observational measure exists to assess parent-provider relationship quality. Moreover, while I collected information on multiple variables related to provider and parent characteristics, which could have been used as covariates in this study, it is possible that some of the null associations were a product of inaccurate reporting. For example, I asked participating parents to report their household incomes. However, I noted some inconsistencies with receipt of services and their reported income, which may indicate incorrect reporting.

The COVID-19 pandemic may have also influenced the results of my study. Researchers have found that this crisis was particularly challenging for the early care and education workforce, affecting their financial stability, health, and well-being (Weiland et al., 2021). Despite federal and state relief efforts that endeavored to mitigate the detrimental sequalae of the pandemic, FCC providers were amongst the group of essential personnel that had to keep working while contending with inconsistent information and high levels of uncertainty. The multiple challenges that FCC providers encountered throughout this period not only potentially affected participation in the study, but also could have shaped the responses to all interview questions. It is possible that given the extraordinary circumstances and challenges of the time, FCC providers who were more committed to their profession and experienced fewer difficulties agreed to participate in the study. As part of the interview, I asked participating FCC providers and parents questions related to the COVID-19 pandemic to better understand their experiences during this time. As a supplemental study, I will focus on the unique experiences of these participants during the pandemic and assess how these relate to parent-provider relationships and parental outcomes.

Additionally, even though I gathered both the provider and parent versions of the FPTRQ and could match each parent with a participating FCC provider, I could not combine both versions for a more comprehensive assessment of the parent-provider relationship. After speaking with the measure creators, they advised me to use these sets of responses separately. They recommended using the provider version when it was associated with provider outcomes (i.e., RQ1 and RQ2) and the parent version of the measure to examine parent outcomes (i.e., RQ3 & RQ4). Despite measuring the same type of constructs, questions in the parent and provider versions of the FPTRQ do not have one-to-one correspondence. There is currently no established analytical approach that can easily combine these two versions. Creating an entirely new measure of the parent-provider relationship was beyond the scope of my study but should be addressed in future research studies. Considering the parent-provider relationship from both perspectives of the relationship together can advance knowledge on what affects these relationships and how these influence parent outcomes.

Future research should also address other family and environmental characteristics that may be related to the parent-provider relationship. For example, other indicators of parent adversity or social support could be associated with the effective facilitation of high-quality relationships and can affect both FCC providers' and parents' perceptions of their relationship with each other. Finally, researchers focusing on center-based care and Head Start programs have found that the quality of the relationship between parents and teachers may be particularly important for children's positive socioemotional outcomes (Jeon et al., 2020; Sheridan et al., 2019). However, there is a lack of research on how the parent-provider relationship influences children's outcomes within family child care settings. Future studies should investigate these

associations to understand how to best promote high-quality care and thereby enhance the development of enrolled children.

Conclusion

Family child care is one of the most popular child care arrangements in the United States, providing services to a wide range of families and children, particularly infants and toddlers from low-income and minority backgrounds (Hooper & Hallam, 2019; NSECE, 2016). Qualitative researchers continually emphasize the multiple roles taken by FCC providers that go above and beyond typical caregiving practices, such as helping parents navigate educational, employment, and financial difficulties (Ang et al., 2017; Bromer & Henly, 2009). Additionally, families continue with the same FCC provider for multiple years, offering children and parents continuity of care, which may foster closer relationships between providers and families (Ang et al., 2017). Researchers have shown that the quality of relationships between providers and parents is significantly higher among relative and family child care compared to center-based care (Elicker et al., 2005).

FCC offers unique features, such as closer parent-provider relationships, that must be examined to successfully promote high-quality care in FCC homes and inform the early childhood field about mechanisms that support positive outcomes in FCC providers and the families they serve. However, there is a stark lack of descriptive research on these relationships and their influence on parental outcomes, particularly quantitative studies. To my knowledge, this is the first quantitative study to examine parent-provider relationships within FCC settings and provides an examination of FCC homes, FCC providers, and families of children enrolled in these child care settings.

Consistent with the multidimensional theoretical model that centers the importance of parent-provider relationships for parents' positive outcomes (Bromer et al., 2011; Forry et al., 2012; see Chapter 1), I found that FCC providers' educational attainment and professional satisfaction significantly contributed to providers' perceptions of the parent-provider relationship quality. Further, parents' opinions of their relationships with their FCC providers were significantly related to their engagement in their children's education and their symptoms of depression and parenting stress. These findings suggest that promoting strong, high-quality relationships between parents and FCC providers can support parental well-being and improve family engagement. This study also highlights the importance of FCC providers' professional satisfaction to facilitate effective, high-quality relationships, emphasizing the need to address providers' well-being. Overall, this study fills a significant gap in the empirical literature on the unique features of FCC, specifically the import of parent-provider relationships within this fundamental service delivery setting for children and families.

Appendix A

Table 19. *Summary of Regression Analyses of Provider-Parent Relationship Constructs Predicting Parental Well-Being*

Variable	CES-D Total Score			PSI-Total		
	B	ß	*SE*	*B*	ß	*SE*
Constant	35.56		10.63	181.40		31.34
FPTRQ-Knowledge	-.26*	-.25	.12	-.66^{+}	-.20	.34
FPTRQ-Practices	-.06	-.15	.06	-.12	-.10	.16
FPTRQ-Attitudes	.01	.01	.18	-.72	-.18	.54
Parent Age	-.23*	-.25	.10	-.64*	-.22	.29
Parent Race: Black	1.11	.09	1.40	.43	.01	4.12
Parent Race: Other [a]	1.32	.07	2.17	1.82	.04	5.01
Child Developmental Need [b]	3.49*	.21	1.75	16.39**	.31	5.12
Child Age	-.05	-.07	.07	-.09	-.04	.22
R^2	0.23			0.30		

Note. [a] Other=Latinx, Asian, or Bi-racial/Multiracial; [b] Caregiver's child has a special developmental need=1, Caregiver's child does not have a special developmental need =0.

$^{+}$ trending, *p<0.05, **p<0.01, ***p<0.001

Table 20. *Summary of Regression Analyses of Provider-Parent Relationship Constructs Predicting Parental Psychological Risk*

Variable	Caregiver Psychological Risk		
	B	ß	*SE*
Constant	5.93		1.57
FPTRQ-Knowledge	-.04*	-.27	.02
FPTRQ-Practices	.002	.04	.01
FPTRQ-Attitudes	-.03	-.19	.03
Parent Age	-.02	-.17	.02
Parent Race: Black	.08	.05	.21
Parent Race: Other [a]	.23	.10	.25
Child Developmental Need [b]	.52*	.21	.26
Child Age	-.01	-.11	.01
R^2	0.23		

Note. [a] Other=Latinx, Asian, or Bi-racial/Multiracial; [b] Caregiver's child has a special developmental need=1, Caregiver's child does not have a special developmental need =0.
[+] trending, *p<0.05, **p<0.01, ***p<0.001

Appendix B

Table 21. Maryland Excels Quality Rating Level Requirements by Standard

	1	2	3	4	5
Licensing and Compliance	Basic health and safety practices, including minimum training, ratios, and group sizes.	Licensing and compliance inspection reports due every year. Findings cannot show violation of compliance with any licensing requirement (injurious treatment, child protection, supervision, or capacity and group size).			
Staff Qualification and Professional Development	Meeting basic staff registration requirements	Provider and staff must hold current Maryland Child Care Staff Credential at Level 2 or higher	Provider and staff must hold current Maryland Child Care Staff Credential at Level 3 or higher	Provider and staff must hold current Maryland Child Care Staff Credential at Level 4 or higher	Provider and staff must hold current Maryland Child Care Staff Credential at Level 4+ or higher
Accreditation and Rating Scales	No accreditation or rating scale necessary	Completion of MSDE approved accreditation training with the last 12 months.	Provider must conduct a self-assessment using the FCCERS-R. Program improvement plan for any subscale score below 4.0.	FCCERS-R conducted by external MSDE assessor. Program improvement plan for any subscale score below 4.5.	Program is accredited by NAFCC. FCCERS-R conducted by external MSDE assessor. Program improvement plan for any subscale score below 5.0.
Developmentally Appropriate Learning and Practice	Daily schedule or lesson plan needed that addresses developmental needs of each child enrolled	State-recommended or recognized curriculum guides lesson planning process. Provider observes children's developmental progress.		Implementation of curriculum that is aligned with Maryland Early Learning Standards and/or state-recommended or recognized curriculum.	Implementation of state-recommended or recognized curriculum. Provider conducts ongoing assessments of children's developmental skills.
Administrative Policies and Practices	Family handbook, or written contract,	At least two different types of family	At least three different types of family	At least four different types of family	At least five different types of family

	parent-teacher conference schedule	engagement opportunities. Parent-family conferences at least once a year.	engagement opportunities. Parent-family conferences at least once a year. Participation in food program, nutrition policy needed.	engagement opportunities. Parent-family conferences at least twice a year.	engagement opportunities. Parent-family conferences at least twice a year.

Note. A comprehensive document for the Family Child Care Maryland Excels Standards can be found on the website at: https://marylandexcels.org/wp-content/uploads/2015/12/Family-Child-Care-Standards-March-2014.pdf

Appendix C

FCC Provider Interview Protocol

Before we start, I want to remind you that all the information you tell me is confidential. You can refuse to answer any question you're not comfortable with and stop the interview at any time.

FPTRQ-Director Measure (Kim et al., 2015)
The following questions ask about your early education and child care program. It asks general questions about the education or care environment, and the parents and families of children enrolled in your program.

A01. How many children ages 0-3 are currently enrolled in your program?
_____ children

A02. What are the ages of children you will accept into your program?
[MARK ALL THAT APPLY]
- ☐ Less than 6 months
- ☐ 6 months – less than 1 year
- ☐ 1 year – less than 2 years
- ☐ 2 years – less than 3 years
- ☐ 3 years – less than 4 years
- ☐ 4 years – less than 5 years
- ☐ 5 years or more

A03. Approximately how many of the children in your program belong to each of the following racial/ethnic groups?
[THE COLUMNS SHOULD ADD TO THE TOTAL ENROLLMENT IN YOUR PROGRAM. DO NOT INCLUDE CHILDREN THAT ARE ENROLLED IN A KINDERGARTEN PROGRAM.]

Race/Ethnicity	**Number**
3a. White, not Hispanic or Latino	
3b. Black or African American, not Hispanic or Latino	
3c. Hispanic/Latino of any race	
3d. Two or more races, not Hispanic or Latino	
3e. Asian, not Hispanic or Latino	
3f. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	
3g. American Indian or Alaska Native, not Hispanic or Latino	
Total enrollment (sum of a through g)	

A04. How many aides and teaching assistants, if any, are employed in your program?
_____ aides and teaching assistants

A05. How many family service workers, if any, are employed in your program?
_____ family service workers

A06. Which of the following methods are used to communicate with families?

	Yes	No	Refused	Don't Know
6a. Website				
6b. Newsletter				
6c. Calendar				
6d. Bulletin Boards				
6e. Email				
6f. Text message				
6g. Telephone				
6h. Parent-teacher conferences				
6i. In-person discussion				
6j. Other				

A06a. Other, specify: _____

A07. Since September, has your program given any family information about the following:

	Yes	No	Refused	Don't Know
7a. Employment or job training?				
7b. Food pantries?				
7c. Women, Infants, and Children (WIC)?				
7d. Child care subsidies or vouchers?				
7e. Temporary Assistance for Needy Families (TANF)?				
7f. Adult education, GED classes, ESL classes, or continuing education?				
7g. Housing assistance?				
7h. Energy or fuel assistance?				
7i. Immigration or legal services?				
7j. Domestic violence programs?				
7k. Substance abuse programs?				
7l. Health insurance?				

A08. Since September, has your program provided referrals for the following services:

	Yes	No	Refused	Don't Know
8a. Health screening (medical, dental, vision, hearing, or speech)?				
8b. Developmental assessments? (e.g. for delays)				
8c. Psychological counseling services for children? (e.g. for behavioral issues)				
8d. Psychological counseling services for parents?				
8e. Social services such as housing assistance, food stamps, financial aid, or medical care?				

A09. Since September, has your program offered the following to any family:

	Yes	No	Refused	Don't Know
9a. Sick care?				
9b. Extended hours?				
9c. Flexibility to drop off early or pick up late as needed?				
9d. Flexibility to pay for child care services after the payment due date?				
9e. Help getting transportation to and/or from the care setting?				

A10. Since September, has your program received funding from any of the following?

- ☐ State pre-kindergarten
- ☐ Head Start
- ☐ Child Care and Development Fund (CCDF)
- ☐ Title 1
- ☐ Local or community organizations (e.g., United Way)
- ☐ Child Care Subsidy/State Child Care Voucher
- ☐ Other
- ☐ Refused
- ☐ Don't Know

A11. Do you ask parents to provide you feedback about your program?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

A12. How often do you use the feedback you receive from parents to make changes to your program?

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Very often
- ☐ Refused

☐ Don't Know

Listed below are some questions about the environment of your child care program. Think about your program before the COVID-19 crisis. However, please let me know if this is currently different because of COVID-19.

At your program:		Yes	No	Not currently possible b/c of COVID	Refused	Don't Know
A13.	Parents can visit the care setting anytime during care hours					
A14.	There are a variety of opportunities for parent involvement, including:					
	14a. volunteering in program/care activities					
	14b. bringing in materials such as arts and crafts					
	14c. participating in a parent committee					
	14d. observing their own children in the care setting					
A15.	Parents are invited to shape the planning of the program					
A16.	The program has suggestion boxes or surveys for family members to give feedback about the program					
A17.	The program offers special activities just for fathers or other male members of the family					
A18.	Written information and materials provided to families are in all languages spoken by families					
A19.	Written information and materials provided to families are at the appropriate literacy level					
A20.	The program provides opportunities for family events					
A21.	There are opportunities for parents to get together					
A22.	The program provides parenting information through:					
	22a. parenting workshops/classes					
	22b. bulletin boards					
	22c. newsletters					

	22d. resource library with books and/or videos					
	22e. pamphlets					

FPTRQ- Provider/Teacher Measure (Kim et al., 2015)

These questions ask about you and your family child care home. It also asks about the parents and families of children whose learning and development you support. Some of these questions will be about how you and the families of children in your care communicate and work together.

B01. Since September, how often have you met with or talked to parents about the following regarding their child?

	Never	**Rarely**	**Sometimes**	**Very Often**	**Refused**	**Don't Know**
1a. Their child's experiences in the education and care setting						
1b. Their child's abilities						
1c. Their child's learning						
1d. Problems their child is having in the education and care setting						
1e. What to expect at each stage of their child's development						
1f. How their child is progressing towards developmental milestones						
1g. Goals parents have for their child						
1h. How their child is progressing towards the parents' goals						

B02. Since September, how often have you met with or talked to parents about the following regarding the education and care their children receive?

	Never	**Rarely**	**Sometimes**	**Very Often**	**Refused**	**Don't Know**
2a. Your expectations for the children in your care						
2b. The rules you have for children in your care						
2c. How they feel about the education and care you provide						

B03. Listed below are some things families may or may not share with you. Thinking about the children and families you serve, for how many children and their families do you know the following?

	None	**Some**	**Most**	**All**	**Refused**	**Don't Know**

3a. If children have siblings						
3b. If children have other adult relatives living in their households						
3c. Their parents' schedules						
3d. The marital status of children's parents						
3e. The parenting styles of children's parents						
3f. The employment status of children's parents						
3g. Their financial situation						
3h. The role that faith and religion play in children's households						
3i. Their cultures and values						
3j. What their families do outside of the education and care setting to encourage their children's learning						
3k. How parents discipline their child						
3l. Changes happening at home						

B04. Since September, how often have you been able to do the following?

	Never	**Rarely**	**Sometimes**	**Very Often**	**Refused**	**Don't Know**
4a. Share information with parents about their children's day						
4b. Offer parents books and materials on parenting						
4c. Suggest activities for parents and children to do together						

B05. We would like to learn about how you and the families of children in your program work together. How often are you able to do the following?

	Never	**Rarely**	**Sometimes**	**Very Often**	**Refused**	**Don't Know**
5a. Answer parents' questions when they come up						
5b. Work with parents to develop strategies they can use at home to support their child's learning and development						
5c. Set goals with parents for their child						
5d. Offer parents ideas or suggestions about parenting						

5e. Provide parents the opportunity to give feedback about your performance						

B06. Please indicate how much you agree or disagree with each of these statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Refused	Don't Know
6a. I am open to using information on new and better ways to teach and care for children						
6b. I encourage parents to provide feedback on my care and teaching practices						
6c. I encourage parents to make decisions about their children's education and care						
6d. Even though my professional or moral viewpoints may differ, I accept that parents are the ultimate decisionmakers for the care and education of their children						

B07. When planning activities for children in your program, how often are you able to take into account the following?

	Never	Rarely	Sometimes	Very Often	Refused	Don't Know
7a. Information parents share about their children						
7b. Families' values and cultures						

B08. Please indicate how much you agree or disagree with each of these statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Refused	Don't Know
8a. Sometimes it is hard for me to support the way parents raise their children						
8b. Sometimes it is hard for me to support the way parents discipline their children						
8c. Sometimes it is hard for me to support the goals parents have for their children						
8d. Sometimes it is hard for me to work with parents who do not share my beliefs						

B09. People work in care and education settings for many reasons. Please indicate how much you agree or disagree with each of these statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Refused	Don't Know
9a. I teach and care for children because I enjoy it						
9b. I see this job as just a paycheck						
9c. I teach and care for children because I like being around children						
9d. If I could find something else to do to make a living I would						

B10. People vary in what they consider part of their job. Please indicate how much you agree or disagree with each of these statements. Part of my job is to…

	Strongly Disagree	Disagree	Agree	Strongly Agree	Refused	Don't Know
10a. Help families get services available in the community						
10b. Offer parents information about community events						
10c. Respond to issues or questions outside of normal care hours						
10d. Change my work schedule in response to parents' work or school schedule						
10e. Learn new ways to teach and care for children						
10f. Change activities offered to children in response to families' feedback						

B11. In the last ten years, have you received training or coursework on how to recognize signs of:

	Yes	No	Refused	Don't Know
11a. Developmental delays in children				
11b. Child abuse and neglect				
11c. Domestic violence				
11d. Substance abuse				
11e. Depression or mental health issues in parents				
11f. Hunger				

B12. Since September, have you personally helped families in any of the following ways:

	Yes	No	Refused	Don't Know
12a. Encouraged families to seek or receive services?				
12b. Made appointments or arrangements for families to receive services they need?				
12c. Helped families find services they need?				

Professional Quality of Life Scale (PROQOL; Stamm, 2010)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as an FCC provider. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

	1.Never	2.Rarely	3.Sometimes	4.Often	5.Very Often	Refused	Don't Know
D01. I am happy							
D02. I am preoccupied with more than one person I *[help]*.							
D03. I get satisfaction from being able to *[help]* people.							
D04. I feel connected to others.							
D05. I jump or am startled by unexpected sounds.							
D06. I feel invigorated after working with those I *[help]*.							
D07. I find it difficult to separate my personal life from my life as an FCC provider.							
D08. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.							
D09. I think that I might have been							

affected by the traumatic stress of those I *[help]*.							
D10. I feel trapped by my job as an FCC provider.							
D11. Because of my *[helping]*, I have felt "on edge" about various things.							
D12. I like my work as an FCC provider.							
D13. I feel depressed because of the traumatic experiences of the people I *[help].*							
D14. I feel as though I am experiencing the trauma of someone I have *[helped]*.							
D15. I have beliefs that sustain me.							
D16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.							
D17. I am the person I always wanted to be.							
D18. My work makes me feel satisfied.							
D19. I feel worn out because of my work as an FCC provider.							
D20. I have happy thoughts and feelings about those I *[help]* and how I could help them.							
D21. I feel overwhelmed because my case [work] load seems endless.							
D22. I believe I can make a difference through my work.							

D23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.							
D24. I am proud of what I can do to *[help]*.							
D25. As a result of my *[helping]*, I have intrusive, frightening thoughts.							
D26. I feel "bogged down" by the system.							
D27. I have thoughts that I am a "success" as an FCC provider.							
D28. I can't recall important parts of my work with trauma victims.							
D29. I am a very caring person.							
D30. I am a very caring person.							

Family Child Care Home

E01. The following questions are about children you take care of.

	1a. How many children do you look after in each of the following age groups?	**1b.** How many hours do you consider full-time enrollment for this age group?	**1c.** How many children are currently enrolled full time in this age group?	**1d**. At this time, how many vacancies do you have in this age group?
0-12 months old		_____ hours ☐ No 'full-time' status defined		
1-2 years of age		_____ hours ☐ No 'full-time' status defined		
2-3 years of age		_____ hours ☐ No 'full-time' status defined		
3-5 years, not yet in kindergarten		_____ hours ☐ No 'full-time' status defined		

School-age (kindergarten and up)		_____ hours ☐ No 'full-time' status defined		
Total				

E02. How many of the children you look after have a physical condition that affects the way you look after them?

_____ Number of children

E03. How many of your children have an emotional, developmental or behavioral condition that affects the way you look after them?

_____ Number of children

E04. Do you live in the same household with any of the children you regularly look after?

☐ Yes → (ASK E04a.)
☐ No → (GO TO E05)

E04a. How many of the children you regularly look after live in your household?

_____ number of children

E05. Are you related to any of the children you regularly look after?

☐ Yes
☐ No

E06. Please think about the children you look after but are not related to. Did you have personal relationships with any of their families before you began caring for them?

☐ Yes
☐ No → (GO TO E07)

E06a. What is the number of children whose families you had a prior personal relationship with? Please do not include any children you are related to.

_____ number of children

E07. Do you receive payment for looking after all of the children you care for? This includes payments from parents and family members as well as from government agencies or other organizations.

☐ Yes → (SKIP TO E08)
☐ No → (ASK E07a.)

E07a. How many children do you look after without receiving regular payment?

_____ number of children

E08. Do you have any of the following to help families afford the care you offer…

8a. Sliding fee scale

☐ Yes
☐ No

8b. Scholarships
☐ Yes
☐ No

8c. Other discounts such as for siblings, children of staff members or members of an affiliated organization or congregation
☐ Yes
☐ No

8d. Another arrangement
☐ Yes
☐ No

E09. How else do you help families afford the care you offer?

Verbatim Text: _____

E10. How many children in your program are paid for only by their families with no subsidies, discounts, or scholarships?

_____ number of children

E11. How many of the children you look after speak a language other than English at home?

_____ number of children

E12. How many of your children have a parent who needs the help of an interpreter or a child to speak with you?

_____ number of children

E13. What languages do you or others speak when working directly with children or talking to their parents? [SELECT ALL THAT APPLY]
☐ English
☐ Spanish
☐ Other, Specify: _____

E14. In the past year, has your program served any young children who were experiencing homelessness, for example, by living in a shelter or because their families did not have a regular place to stay? Please answer to the best of your knowledge.
☐ Yes
☐ No
☐ Don't Know

E15. Does a federal, state or local agency or group such as a human services or education agency or department, a welfare, employment or training program pay part or all of the cost for any of the children you look after?

☐ Yes → (GO TO E15a)
☐ No → (SKIP E16)

E15a. Do the government agencies or programs that pay you …

	Yes	No
15b1. contract with you for a guaranteed number of slots		
15b2. pay you for vouchers or subsidies for specific eligible children		
15b3. have some other payment arrangement Specify: _____		

E16. Do you limit the number of children with child-care subsidies that you serve at any one time?
☐ Yes
☐ No

E17. Many providers have perceptions or experiences of the child care subsidy system whether or not they are currently receiving child care subsidies. How would you compare the experience of serving families who pay your fees themselves with families who are participating in the subsidy system in terms of…

E17a. Reliability of payment
1. Subsidy much more
2. Subsidy somewhat more
3. Subsidy and private pay about the same
4. Private pay somewhat more
5. Private pay much more
88. Refused
99. Don't Know

E17b. Amount of money your program receives for a child
1. Subsidy much more
2. Subsidy somewhat more
3. Subsidy and private pay about the same
4. Private pay somewhat more
5. Private pay much more
88. Refused
99. Don't Know

E17c. Paperwork or other administrative requirements
1. Subsidy much more
2. Subsidy somewhat more
3. Subsidy and private pay about the same
4. Private pay somewhat more
5. Private pay much more
88. Refused
99. Don't Know

E17d. Ease of filling vacancies

1. Subsidy much more
2. Subsidy somewhat more
3. Subsidy and private pay about the same
4. Private pay somewhat more
5. Private pay much more
88. Refused
99. Don't Know

E18. What your operating hours during a typical weekday (Monday-Friday).

Start time: _____:_____AM/PM
End time: _____:_____AM/PM

E18a. Do you provide care during nontraditional hours? Please select all that apply.

☐ Early morning (before 7am)
☐ Evening (after 6pm)
☐ Overnight
☐ Weekends
☐ Do not provide care during nontraditional hours

E19. Do you charge an extra fee if a parent is late to pick up a child after the agreed-upon time?

☐ Yes
☐ No
☐ Refused
☐ Don't Know

E20. Do you permit parents to use care on schedules that vary from week to week?

☐ Yes
☐ No → (SKIP TO E23)
☐ Refused
☐ Don't Know

E20a. How many of the children you look after have schedules that vary from week to week?

_____ number of children

E21. Are you paid for days that children are scheduled to come but do not, because of illness, vacation, or other personal reasons outside of your control?

☐ Yes
☐ No
☐ Refused
☐ Don't Know

E22. How many weeks per year do you look after children other than your own who are under age 5?

_____ number of weeks

E23. The last time you were sick, what arrangements did you make for the children you normally look after? SELECT ALL THAT APPLY

- ☐ You told parents you could not look after children
- ☐ You had someone else come to take care of the children
- ☐ You sent the children to a different location
- ☐ You took care of the children anyway
- ☐ You never get sick?
- ☐ Something Else: _____

E24. Does your program have an overall quality rating from Maryland Excels or a QRIS?

- ☐ Yes
- ☐ No → (SKIP TO E25)
- ☐ Refused
- ☐ Don't Know

E24a. In the past two years, have you moved from one rating to a better one?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

E25 In the past 12 months …

25a. has someone visited your program to make sure you were complying with health, safety or other requirements?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

25b. has someone visited your program to monitor the quality of services other than meeting health and safety requirements?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

Caregiving Practices from

National Survey of Early Care and Education Project Team. (2019). *2019 National Survey of Early Care and Education (NSECE): Home-based Provider Questionnaire*. (OPRE Report No. 2019-120). U.S. Administration for Children and Families, Office of Planning, Research and Evaluation.
https://www.acf.hhs.gov/sites/default/files/opre/2019_home_based_provider_questionnaire.pdf.

F01. Do you plan the daily activities of the child(ren) you look after?

- ☐ Yes
- ☐ No → (SKIP TO F2)
- ☐ Refused
- ☐ Don't Know

F01a. How much time do you spend each week planning children's activities?

_____ hours per week

F02. Thinking about a typical day when children are in your care. Not including lunch or nap breaks, how much time is spent in the following kinds of activities throughout the day with children between 0-3 years old?

F02a. Learning activities with the whole group

1. No time
2. 30 minutes or less
3. About one hour
4. About two hours
5. Three hours or more
88. Refused
99. Don't Know

F02b. Learning activities done with small group (2 or more children)

1. No time
2. 30 minutes or less
3. About one hour
4. About two hours
5. Three hours or more
88. Refused
99. Don't Know

F02c. Learning activities one-on-one (with individual children)

1. No time
2. 30 minutes or less
3. About one hour
4. About two hours
5. Three hours or more
88. Refused
99. Don't Know

F02d. Activities selected by the child (e.g., time for children to explore freely)

1. No time
2. 30 minutes or less
3. About one hour
4. About two hours
5. Three hours or more
88. Refused
99. Don't Know

F02e. Routine care (such as diapering, feeding, and bathroom needs)

1. No time
2. 30 minutes or less
3. About one hour
4. About two hours
5. Three hours or more
88. Refused
99. Don't Know

F02f. Vigorous physical activity either indoors or outdoors

1. No time
2. 30 minutes or less
3. About one hour
4. About two hours
5. Three hours or more
88. Refused
99. Don't Know

F02g. Singing/rhyming planned in advance

1. No time
2. 30 minutes or less
3. About one hour
4. About two hours
5. Three hours or more
88. Refused
99. Don't Know

F02h. Book reading or sharing

1. No time
2. 30 minutes or less
3. About one hour
4. About two hours
5. Three hours or more
88. Refused
99. Don't Know

F03. What food do you provide the children in your care?

F03a. Snacks

☐ Yes
☐ No
☐ Refused
☐ Don't Know

F03b. Meals such as breakfast, lunch, or dinner

☐ Yes
☐ No
☐ Refused
☐ Don't Know

F04. Do you participate in the Child and Adult Care Food Program?

☐ Yes
☐ No
☐ Not eligible
☐ Refused
☐ Don't Know

F05. On most days, while children are in your care, how much time do they spend doing something with a screen, such as watching TV or a movie, or working or playing a game on a computer or tablet?

☐ 1 ½ hours or more

- ☐ 30 minutes to 1 ½ hours
- ☐ Less than 30 minutes
- ☐ Children do not use screens while in your care
- ☐ Refused
- ☐ Don't Know

F06. Do you use a curriculum or prepared set of learning and play activities?

- ☐ Yes
- ☐ No → (SKIP TO F07)
- ☐ Refused
- ☐ Don't Know

F06a. What is the name of the curriculum or prepared activities you use?

- ☐ Creative Curriculum for Infants, Toddlers, and Twos
- ☐ High/Scope for Infants and Toddlers
- ☐ Program for Infant/Toddler Care (PITC)
- ☐ An approach, such as Montessori or Project Approach
- ☐ A curriculum I developed myself
- ☐ Creative Curriculum for Family Child Care (birth through age 12)
- ☐ Lakeshore Learning's Family Child Care Curriculum (birth through pre-K)
- ☐ High Reach Curriculum Package for Family Child Care
- ☐ High Scope Family Child Care Curriculum (birth through age 12)
- ☐ Gee Whiz Digital Curriculum for Family Care Providers
- ☐ Project Early Kindergarten for Family Child Care
- ☐ Another curriculum (Please specify:_____)
- ☐ Refused
- ☐ Don't Know

F06b. Have you received 4 or more hours of training on how to use this curriculum?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

F06c. Are you sponsored by an organization (for example, a church, Head Start or Catholic Charities) that organizes family child care in your area or are you part of a family child care provider network? CODE ALL THAT APPLY.

- ☐ Yes, sponsored by an organization
- ☐ Yes, part of a provider network
- ☐ Neither
- ☐ Refused
- ☐ Don't Know

F07. Do you know of places where you could meet with other people who are looking after children or learn about how to help children grow and learn?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

F08. Do you have any formal or informal relationships with schools or programs that give you access to resources or professional development for looking after children under age 3?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

Professional Development

G01. Are you a member of a professional association, such as a state or national family child care association, or a union such as Service Employees International Union, American Federation of Teachers, American Federation of State, County and Municipal Employees (AFSCME) or the Teamsters?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

G02. Do you have access to a family support resource/mental health consultant/guidance counselor to help you with issues that parents raise?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

G03. Do you have access to a health consultant or nurse who can help with nutrition, allergies, or other health-related issues?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

G04. These questions are about different types of activities that may help you maintain or improve your skills in looking after children and working with families. In the past 12 months, have you participated in any of the following activities either in person or online to help you maintain or improve your skills in looking after children or work with families?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

G04a. (In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children and families?) …Had help from a home-visitor or coach

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

G04b. (In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children and families?) …Gone to a workshop sponsored by a community agency or family child-care network

☐ Yes
☐ No
☐ Refused
☐ Don't Know

G04c. Did you attend a series of two or more workshops?

☐ Yes
☐ No
☐ Refused
☐ Don't Know

G04d. (In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children and families?) Took a course about caring for children at a college or university which was offered for credit

☐ Yes
☐ No
☐ Refused
☐ Don't Know

G04e. (In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children and families?) Participated in another type of activity?

☐ Yes (Specify: _____)
☐ No
☐ Refused
☐ Don't Know

G05. Did you take a college or university course in the past 12 months where you were asked to demonstrate skills related to working with children while being observed?

☐ Yes
☐ No
☐ Refused
☐ Don't Know

G06. In the past 12 months, have you received any training on strategies for working with children of different races, ethnicities or cultures?

☐ Yes
☐ No
☐ Refused
☐ Don't Know

G07. In the past 12 months, have you developed or updated a plan for your professional development with the help of an advisor?

☐ Yes
☐ No
☐ Refused
☐ Don't Know

COVID-19 Questionnaire

The following questions are about how the COVID-19 pandemic has affected you and your ability to run your business and provide care for young children.

H01. Did your program close as a result of the COVID-19 pandemic?

- ☐ Yes
- ☐ No, we were designated as an emergency child care program
- ☐ No, I remained open
- ☐ Other (Specify:_____)

H01a. On what date did you close because of the COVID-19 health emergency?

_____ mm/dd/yyyy

H01b. On what day were you able to reopen?

_____ mm/dd/yyyy

H02. What is your current status today?

- ☐ Open
- ☐ Open, serving children of essential workers only
- ☐ Closed

H03. How many children were enrolled in your program before March, 2020 when the restrictions of the COVID-19 pandemic were implemented?

_____ number of children

H04. How many children are enrolled in your program now?

_____ number of children

H04a. What is your average enrollment right now compared to the average enrollment you had at this same time last year?

- ☐ Significant decrease
- ☐ Slight decrease
- ☐ About the same
- ☐ Slight increase
- ☐ Significant increase

H05. How damaging has COVID-19 been to your program?

- ☐ Not damaging
- ☐ Somewhat damaging
- ☐ Very damaging

H06. Have you experienced a loss in revenue as a result of the COVID-19 pandemic?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

H07. Have you had COVID-19?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

H08. How big of a worry is…

	Low	Medium	High	Refused	Don't Know
8a. Loss of revenue?					
8b. Paying business expenses on time?					
8c. Families not returning after COVID-19?					
8d. Getting Personal Protective Equipment or Cleaning Supplies?					
8e. Paying staff or yourself (if sole proprietor)?					
8f. Employee absences?					
8g. Ensuring staff return after the public health emergency ends?					

H09a. Have you or will you apply for the Small Business Administration (SBA) Paycheck Protection Program?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

H09b. Have you or will you apply for the SBA Economic Injury Disaster Loan?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

H10. If your business had to close for a period of time due to COVID-19/Coronavirus, what kinds of support might your business/program need? Please check all that apply.

- ☐ Grants to pay for fixed costs during closure
- ☐ Grants for reopening costs
- ☐ Regulatory relief
- ☐ Help with applying for government resources
- ☐ Grants to pay staff during a closure
- ☐ Low-interest loans

☐ Other

H11. If your program has become an Essential Personal Child Care (EPCC) site, has your program changed in any of the following ways? Please check all that apply.

☐ Fewer-children/low child attendance
☐ Increased difficulty in obtaining needed supplies, including cleaning supplies and personal protective equipment
☐ Increased costs for cleaning supplies
☐ Loss of revenue
☐ Increased difficulty in obtaining needed food and beverages
☐ Laid off employees
☐ Other (Specify: _____)
☐ FCC home not an EPCC site → (SKIP TO H11b)

H11a. What factors influenced your decision to keep your business/program open as an EPCC site? (Please check all that apply.)

☐ Parents of children are essential personnel
☐ Maintaining cash flow/ revenue
☐ Maintaining employment for staff
☐ Other (Specify: _____)

H11b. If you did not become an EPCC or EPSA site, what circumstances influenced your decision to close your business/program due to COVID-19/Coronavirus? Please check all that apply

☐ Concern about contributing to spread of COVID-19
☐ Government mandate/orders
☐ Possible exposure to someone in immediate community
☐ K-12 school closures
☐ Employee in high-risk categories for COVID-19
☐ Low enrollment/attendance
☐ Supply shortages, including food, cleaning supplies and PPE
☐ Other (Specify: _____)

H12. How have the revised group size limits impacted your business/program? Please check all that apply.

☐ Had to reduce enrollment
☐ Fewer outdoor/ playground activities
☐ Other
☐ Increased staffing costs
☐ Had to hire more staff

H13. Are you continuing to charge families tuition for children that are not attending while your business/ program was/is closed?

☐ Yes
☐ No
☐ Refused
☐ Don't Know

H14. What kinds of supports have been most helpful for you during this COVID-19 health crisis? (e.g. support from other providers I know or in my association, my network specialist/coach, the agency who handles my subsidy payments).

Background Questionnaire
Now I'm going to ask you some questions about yourself. Remember your answers are be kept confidential.

I01. What is your date of birth?

___ ___/___ ___/___ ___
mm **dd** **yy**

I02. Are you Hispanic, Latina, or of Spanish origin (Circle all that apply):

0 No
1 Yes, Mexican, Mexican American, Chicano/a
2 Yes, Puerto Rican
3 Yes, Cuban
4 Yes, Central American
5 Yes, another Hispanic, Latina or Spanish origin
88 Refused
99 Don't know

I02a. Are you Caribbean or from the continent of Africa?

0 No
1 Yes: _____
88 Refused
99 Don't know

I03. What is your race? (Select all that apply):

1 White
2 Black or African American
3 American Indian or Alaska Native
4 Asian: _____
5 Pacific Islander: _____
6 Other: _____
88 Refused
99 Don't know

I04. In what country were you born?

1 USA
2 Mexico
3 El Salvador
4 Other Central American country: _____
5 South American country: _____
6 Caribbean country: _____
7 African country: _____
8 Asian country: _____
9 European country: _____

4 Other: _____
88 Refused
99 Don't know

I05. What language or languages do you speak at home? (Select all that apply):
1 English
2 Spanish
3 Creole
4 Other: _____
88 Refused
99 Don't know

I06. What is your current marital status?
1 Single
2 Married or living with a partner
3 Separated
4 Divorced
5 Widowed
88 Refused
99 Don't know

I07. What is your highest education level?
1 High school diploma or GED
2 Some college courses
3 One year degree (e.g., technical college or child development program)
4 Two year college degree (Associates Degree)
5 Bachelors Degree
6 Masters Degree
7 Doctorate (MD, PhD, JD, EdD)
88 Refused
99 Don't know

I07a. What year did you complete your highest level of education (e.g., 1990)?

_____ year

I07b. If you have a Bachelors, Masters, or Doctorate, what was your major?
1 Early Childhood Education
2 Education
3 Early Childhood Special Education
4 Special Education
5 Social Work
6 Family/Child/Human Development
7 Other (Specify: _____)
88 Refused
99 Don't know

I08. Do you have a current Child Development Associate (CDA) or State equivalent certificate?
☐ No
☐ Yes

☐ Working on one
☐ Refused
☐ Don't Know

I09. Do you have any special endorsements, licenses, or certificates from your State or professional association?

☐ No → (SKIP TO I10)
☐ Yes
☐ Working on one
☐ Refused
☐ Don't Know

I09a. What endorsement(s), license(s), or certificate(s) do you have? Please list as many as you have.

_____

I10. Are you currently taking any early childhood or child development courses at a community or 4-year college or university?

☐ No
☐ Yes
☐ Refused
☐ Don't Know

I11. Approximately what was your total household income in 2019? Please include your income from looking after children, and the wages and salaries earned by you or other adults in your household. Also include government assistance, gifts, or other income you may have had.

_____ Dollars

I11a. Would you say your total household income in 2019 before taxes or deductions was…

☐ Less than $15,000
☐ $15,001 to $25,000
☐ $25,001 to $35,000
☐ $35,001 to $50,000
☐ $50,001 or more
☐ Refused
☐ Don't Know

I11b. Approximately how much of your household income in 2019 came from your work taking care of children?

☐ All
☐ Almost all
☐ More than half
☐ About half
☐ Less than half
☐ Very little
☐ Refused
☐ Don't Know

I12. How many years have you worked as a family child care provider?

_____ number of years

I12a. Including years working in other programs, how many years have you worked in early care and education, since you were 18 years old?

_____ number of years

I13. About how many more years do you plan to work as a family child care provider?

- ☐ Less than a year
- ☐ 1-2 years
- ☐ 3-4 years
- ☐ 5-10 years
- ☐ More than 10 years

I14. What do you see as your responsibilities as a family child care provider? (Check all that apply)

- ☐ Help prepare children for school
- ☐ Create a home-like atmosphere
- ☐ Be a substitute parent for them
- ☐ Keep children safe
- ☐ Help them to learn to get along with other children
- ☐ Help them to learn to get along with other people
- ☐ Teach them what is right
- ☐ Other (Specify: _____).
- ☐ Refused
- ☐ Don't Know

I15. When you first began, what made you decide to provide care for children?

I15a. What is the main reason you continue to provide care?

Parent Interview Protocol

Study ID: _____
Date of Interview: _____

What county in Maryland is your child's FCC home located?: _____

FPTRQ-Parent Version

These first questions ask about your child's family child care provider and how you work and communicate with them.

Since September, how often have you met with or talked to your childcare provider about the following?

	Never	Rarely	Sometimes	Very Often
1a. Your child's experiences in the education and care setting				
1b. Your child's abilities				
1c. Your child's general behavior				
1d. Your child's learning				
1e. Goals you have for your child				
1f. What to expect at each stage of your child's development				
1g. Your vision for your child's future				

Since September, how often have you met with or talked to your childcare provider about the following?

	Never	Rarely	Sometimes	Very Often
2a. Your provider's expectations for your child				
2b. The rules your provider has for children in his or her care				
2c. How you feel about the care and education your child receives				

How comfortable would or do you feel sharing the following information with your childcare provider?

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
3a. If your child has siblings				
3b. If you have other adult relatives living in your household				
3c. Your household schedule				
3d. Your marital status				
3e. Your personal relationship with a spouse or partner				
3f. Your employment status				
3g. Your financial situation				
3h. Your family life				
3i. The role that faith and religion play in your household				
3j. Your family's culture and values				
3k. What you do outside of the education and care setting to encourage your child's learning				

3l. How you discipline your child				
3m. Problems your child is having at home				
3n. Changes happening at home				
3o. Health issues your child has such as food allergies or asthma				

How often does your childcare provider:

	Never	Rarely	Sometimes	Very Often
4a. Share information with you about your child's day?				
4b. Offer you books or materials on parenting?				
4c. Suggest activities for you and your child to do together?				
4d. Ask you about the cultural values and beliefs you want him/her to communicate to your child?				

How often does your childcare provider:

	Never	Rarely	Sometimes	Very Often
5a. Ask about your family?				
5b. Work with you to develop strategies you can use at home to support your child's learning and development?				
5c. Listen to your ideas about ways to change or improve the care and education your child receives?				
5d. Offer you ideas or suggestions about parenting?				
5e. Provide you with opportunities to make decisions about your child's education and care?				
5f. Provide you with opportunities to give feedback on his or her performance?				
5g. Remember personal details about your family when speaking with you?				
5h. Contradict you in front of your child?				

How much are the following statements like your childcare provider?

My child care provider…

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
6a. Respects me as a parent				
6b. Is flexible in response to my work or school schedule				
6c. Treats me like an expert on my child				
6d. Tells me how my child is progressing towards goals or developmental milestones				
6e. Uses my feedback to adjust the education and care provided to my child				
6f. Encourages me to be involved in all aspects of my child's care and education				
6g. Asks me questions to show he/she cares about my family				
6h. Reflects the cultural diversity of students in activities				
6i. Shows respect for different ethnic heritages				
6j. Is respectful of religious beliefs				
6k. Encourages parents to provide feedback on the way he/she cares for and teaches children				
6l. Communicates the cultural values and beliefs I want my child to have				

Please indicate how much the following words are like your childcare provider.

My child care provider is…

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
7a. Caring				
7b. Understanding				
7c. Rude				
7d. Flexible				
7e. Dependable				
7f. Trustworthy				
7g. Impatient				
7h. Unfriendly				
7i. Respectful				
7j. Judgmental				
7k. Available				

How much do you agree or disagree with the following statements?

I trust that my child care provider…

	Strongly disagree	Disagree	Agree	Strongly agree
8a. Can maintain a safe environment for my child				
8b. Has my child's best interest at heart				

How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree
9a. My childcare provider judges my family because of our faith and religion				
9b. My childcare provider judges my family because of our culture and values				
9c. My childcare provider judges my family because of our race/ethnicity				
9d. My childcare provider judges my family because of our financial situation				

Ona scale of 1–5, where 1 is the worst you can imagine and 5 is the best you can imagine, how would you describe your relationship with your childcare provider?

_____

For how long has your current childcare provider been teaching or caring for your child?

- ☐ Less than 6 months
- ☐ 6 months-less than 1 year
- ☐ 1 year – less than 2 years
- ☐ 2 years or more

Thinking about all of your children, how many childcare providers have you ever worked with?

- ☐ 1
- ☐ 2-3
- ☐ 4-5
- ☐ More than 5

FCC Home

The following are some questions about your child's experiences in your current family child care home.

In a typical week, how many days per week is your child in the family child care home?

_____

Given your family's childcare needs, is this:

- ☐ About right
- ☐ Not enough
- ☐ Too much

In a typical day, how many hours per day is your child in the family child care home?

_____

Given your family's childcare needs, is this:

- ☐ About right
- ☐ Not enough
- ☐ Too much

Do you have any other children currently enrolled in your FCC home?

- ☐ No
- ☐ Yes

How many of your children are currently enrolled in your FCC home?

Were any of your other children ever enrolled in your FCC home?

- ☐ No
- ☐ Yes

How many of your children have been enrolled in your FCC home?

Other than cost, if you could change one thing about your child's current childcare arrangement, what would it be?

- ☐ More convenient
- ☐ Different type of setting or facility (e.g., prefer a center)
- ☐ Fewer different arrangements to get the coverage I need
- ☐ Fewer children/smaller setting
- ☐ More communication from the provider
- ☐ Better quality environment (play areas, toys, etc.)
- ☐ Provider I liked or trusted more
- ☐ Provider who better represented my child’s culture, language or ethnicity
- ☐ Something else:
- ☐ Nothing, it’s just right.

Do you use any other type of child care arrangements aside from your current family child care home?

- ☐ No
- ☐ Yes

What type of child care arrangements do you also use? (Select all that apply)

- ☐ Child care center/preschool
- ☐ Early Head Start program
- ☐ Other FCC home
- ☐ In-home care (nanny/sitter; paid)
- ☐ Myself/loved ones (family/friend; unpaid)
- ☐ Other (specify):

CES-D

Now I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way during the last week.

	Rarely or never (1)	Some or a little of the time (2)	Occasionally (3)	Most or all of the time (4)
You were bothered by things that usually don't bother you.				
You did not feel like eating; your appetite was poor.				
You felt you could not shake off the blues, even with the help of your family and friends.				
You felt you were just as good as other people.				
You had trouble keeping your mind on what you were doing.				
You felt depressed.				
You felt that everything you did was an effort.				
You felt hopeful about the future.				
You felt your life had been a failure.				
You felt fearful.				
Your sleep was restless.				
You were happy.				

You talked less than usual.				
You felt lonely.				
People were unfriendly to you.				
You enjoyed life.				
You had crying spells.				
You felt sad.				
You felt that people disliked you.				
You could not get going.				

PSI

These statements are about how you might feel about being a parent. For each statement, tell me how much you agree or disagree.

	Strongly disagree (1)	Disagree (2)	Not sure (3)	Agree (4)	Strongly Agree (5)
I often have the feeling that I cannot handle things very well.					
I find myself giving up more of my life to meet my child's needs than I ever expected.					
I feel trapped by my responsibilities as a parent.					
Since having this child I have been unable to do new and different things.					
Since having this child I feel that I am almost never able to do things that I like to do.					
I am unhappy with the last purchase of clothing I made for myself.					
There are quite a few things that bother me about my life.					
Having this child has caused more problems than I expected in my relationship with my partner.					
I feel alone and without Friends.					
When I go to a party I usually expect not to enjoy myself.					

I am not as interested in people as I used to be.					
I don't enjoy things as I used to.					
This child rarely does things for me that make me feel good.					
Most times I feel that this child does not like me and does not want to be close to me.					
This child smiles at me much less than I expected.					
When I do things for this child I get the feeling that my efforts are not appreciated very much.					
When playing, this child doesn't often giggle or laugh.					
This child doesn't seem to learn as quickly as most children.					
This child doesn't seem to smile as much as most children.					
This child is not able to do as much as I expected.					
It takes a long time and it is very hard for this child to get used to new things.					
I expected to have closer and warmer feelings for this child than I do and this bothers me.					
Sometimes this child does things that bother me just to be mean.					
This child seems to cry or fuss more often than most children.					
This child generally wakes up in a bad mood.					
I feel that this child is very moody and easily upset.					
This child does a few things which bother me a great deal.					
This child reacts very strongly when something happens that he/she doesn't like.					
This child gets upset easily over the smallest thing.					
This child's sleeping or eating schedule was much harder to establish than I expected.					
There are some things this child does that really bother me a lot.					

This child turned out to be more of a problem than I had expected.					
This child makes more demands on me than most children.					

Thank you. And now I have three more questions about how you may feel as a parent. For each question, please tell me the response that best describes your feelings.

I feel that getting my child to do something or stop doing something will be:

1. Much easier than I expect
2. Somewhat easier than I expect
3. About as hard as I expect
4. Somewhat harder than I expect
5. Much harder than I expect

Think carefully and count all the things that your child could do that bother you. For example, refuse to listen, is overactive, cries, interrupts, fights, whines, and so on.

How many things can you count that you think bother you:

1. 0-3 things
2. 4-5 things
3. 6-7 things
4. 8-9 things
5. 10 or more things

How do you feel you are as a parent? Do you feel you are…

1. A very good parent
2. A better than average parent
3. An average parent
4. A person who has some trouble being a parent
5. A person who is not very good at being a parent

Engagement

You are your child's first and most important teacher. So, we would like to ask you some questions about your involvement in your child's learning and life at their family child care home.

Please choose your level of confidence about each of the following statements:

	Not Confident At All	Somewhat Confident	Very Confident
I feel confident in my ability to support my child's learning at home.			
I feel confident in my ability to make sure my			

child's school meets my child's learning needs.			

Please let us know how often you've done the following things this past year.

	Never (1)	Once or twice a year (2)	Almost every month (3)	Almost every week (4)	More than once per week (5)
You have talked to your child's child development center/home staff about your child's development.					
You have talked to your child's child development center/home staff about your child's behavior.					
You have talked to your child's child development center/home staff about parenting issues.					
You have asked for a meeting with a teacher at your child's child development center/home about how to improve educational opportunities for your child.					
You have collaborated with other parents to improve conditions for children in your child's child development center/home or neighborhood.					

Please select the extent to which you disagree or agree with each of the following statements:

	Strongly disagree (1)	Disagree (2)	Neither Disagree or Agree (3)	Agree (4)	Strongly agree (5)
I am involved in making the important decisions in my child's FCC. (1)					
I have opportunities to influence what happens at my child's FCC. (2)					
My child's FCC helps me develop my leadership skills. (3)					
My child's FCC involves me in meaningful ways to improve the child development center/home. (4)					

In the past year, did you or other family members....

	Not at all	Once or twice	Three or more times	N/A
a. Attend special events or activities at the FCC home, such as a children's performance or a holiday party				
b. Attend parent workshops suggested by my FCC provider				
c. Attend events meant to engage men/fathers at the FCC home				
d. Attend group socialization activities for parents and their children				
e. Volunteer in FCC program activities				
f. Recommend this program to other families				
g. Encourage other enrolled families to participate in program activities				
h. Act as an interpreter for families who do not speak English well				
i. Participate on the Policy Council or some other committee				

Reading and Literacy Practices (RLP)

The following questions are about activities you do with your child/children.

In the past week, have you or someone in your family done the following things with your child? If yes, tell us how many times you have done this in the past week.

	No (1)	1-2 times (2)	3-5 times (3)	6-7 times (4)
Read your child a story?				
Told your child a story?				
Sang songs to your child?				
Described/narrated what the child was experiencing?				
Taught him/her songs or music?				
Played with toys or games indoors?				
Talked with him/her while doing everyday tasks and errands like going to the post office, the bank, or the store?				
Talked with him/her about what happened on that day at the FCC?				
Talked about TV programs or videos?				

Played counting games like singing songs with number or reading books with numbers?				

Informal Learning Opportunities (ILO)

In the past month, have you or someone in your family done the following things with your child? If yes, tell me how many times you have done this in the past month. If the activity or statement is not appropriate, please select "Not Applicable."

	No (1)	1 time (2)	2-3 times (3)	Every Week (5)	N/A (6)
Visited a library?					
Visited a playground or park?					
Gone to a play, concert, or other live show?					
Visited an art gallery, museum, or historical site?					
Visited a zoo, aquarium, or petting farm?					

COVID-19 Questionnaire

The next questions are about how the COVID-19 pandemic affected you and your child's experiences in their family child care home.

Was your child's childcare interrupted due to COVID-19?

☐ No
☐ Yes, the program did not provide on-site services or closed
☐ Yes, the program reduced on-site hours
☐ Yes, the program served only essential workers

Has or did your family child care program provide any remote or online services during the COVID-19 pandemic? (For example, emailing activities or worksheets, Zoom classes or meetings, using especial apps with activities)

☐ Yes
☐ No

What type of remote or online services were provided during the COVID-19 pandemic?

How useful were these services or activities?

☐ Not at all useful
☐ Somewhat useful

☐ Very useful

When thinking about your child care needs for the next three months, how concerned are you about the following?

	Very concerned	Somewhat concerned	Very concerned
My family child care program will close.			
My family won't be able to afford my family child care program			
My family will not have transportation to access my family child care program			
I will not be able to return to work/school fully with available child care options			
My work/school hours are not compatible with available child care options			
My child and family will be more likely to be exposed to COVID-19			

Does your child have an IFSP, or special developmental or medical needs?

☐ Yes
☐ No

If they were using any of the following services, are you currently able to access these services?

	Did not use	Yes, problems accessing	No problems accessing
Physical health services			
Mental/behavioral health services			
Speech therapy			

Occupational therapy			
Physical therapy			
Developmental/special education classroom services			
Early supports for infants and toddlers			
Other:			

How much you agree with the following statements?

	Strongly disagree (1)	Disagree (2)	Neither Disagree or Agree (3)	Agree (4)	Strongly agree (5)
The COVID-19 pandemic has disrupted my home and family life.					
I worry about the effects of the COVID-19 pandemic on my ability to meet my family's basic needs.					
I worry about the effects of the COVID-19 pandemic on my mental health					
I worry about the effects of the COVID-19 pandemic on my young children's mental health					
I worry my young child(ren) is (are) missing out on important developmental opportunities (socialization and learning) because of the COVID-19 pandemic.					
Because my child has a special health care or educational need, I worry my young child(ren) is (are) not receiving adequate support during the COVID-19 pandemic.					

Would you say your current level of stress or anxiety as a parent/caregiver is...

- ☐ Much lower than usual
- ☐ Somewhat lower than usual
- ☐ About the same as usual
- ☐ Somewhat higher than usual
- ☐ Much higher than usual

Demographic Questions

The following are demographic questions about you and your child.

What is your relationship to the child?

1 Birth Mother
2 Adoptive Mother
3 Grandmother
4 Foster Mother
5 Aunt
6 Other

What is your date of birth?
Date of Birth: MM/DD/YYYY
_____/_____/_____

What is the date of birth of your child?
Date of Birth: MM/DD/YYYY
_____/_____/_____

Is your (target) child a boy or a girl?

An early birth is one that occurs at 36 weeks or earlier in pregnancy. Did you have an early birth?

☐ No
☐ Yes

How much did your (target) child weigh at birth?

☐ 5 ½ pounds of more (>=2500 grams)
☐ Less than 5 ½ pounds (<2500 grams)

Starting with your oldest child, tell me each child's birth date, whether the child is a boy or girl, and whether the child is currently living with you.

a. DOB	b. Gender		c. Living w/you	
	M	F	Y	N
1.	1	2	1	0
2.	1	2	1	0
3.	1	2	1	0

Are you Hispanic, Latina, or of Spanish origin (Select all that apply):

☐ No
☐ Yes, Mexican, Mexican American, Chicano/a
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, Central American

☐ Yes, another Hispanic, Latina or Spanish origin

How many hours do you work per week? _____

What is your current work situation?

☐ Working outside the home
☐ Working from home
☐ Hybrid format
☐

Are you currently unemployed as a result of the COVID-19 pandemic?

☐ Yes
☐ No, other reason
☐ No, was not working before the pandemic

What is the highest grade, degree or certificate that you have completed? ***[MARK ONE]***

☐ 11th grade or below
☐ 12th grade/GED
☐ Vocational Certificate
☐ Some College
☐ Bachelor's degree
☐ Graduate school degree

What would you say was your household's income last year, before taxes?

☐ Less than $25,000
☐ $25,000-$34,999
☐ $35,000-$44,999
☐ $45,000-$54,999
☐ $55,000-$74,999
☐ $75,000 or more

Do you receive money or aid from any of the following sources?
[READ ALL – Mark a Response for a-k]

		No	**Yes**
a.	Medical Assistance	0☐	1☐
b.	Food Stamps	0☐	1☐
c.	WIC (Women, Infants, and Children	0☐	1☐
d.	TANF (Temporary Aid to Needy Families)	0☐	1☐
e.	Social Security	0☐	1☐
f.	Unemployment or Workers Compensation	0☐	1☐
g.	Other public aid	0☐	1☐
h.	A job	0☐	1☐

i.	Your spouse or partner	0□	1□
j.	Your parents	0□	1□
k.	Any other sources	0□	1□

Do you receive a child care scholarship, subsidy or voucher?

- ☐ No
- ☐ Yes

What do you see as the main responsibilities of a family child care provider?

What factors were the most important to you when you first chose your current family child care home?

What is the main reason you continue to have your child in your current FCC home?

Glossary

Child Care and Development Block Grant (CCDBG) – the principal federal policy mechanism that provides child care assistance to families and funds the initiatives and programs aimed to raise the quality of child care.

Early Head Start–Child Care (EHS-CC) Partnership – partnerships formed between Early Head Start and child care settings that aim to improve the quality of care delivered to infants and toddlers from low-income backgrounds through the provision of additional resources and professional development services to child care providers.

Family-centered practices – an approach to service delivery that views the family unit, and not only the child, as the focus of care and often includes strategies to enhance the family-provider relationship.

Family Child Care (FCC) – any licensed or regulated child care arrangement that takes place in a home, operating as a business, in which one provider takes care of multiple children, with or without additional staff members and receives payment for their care.

Family, Friend, and Neighbor (FFN) Care – most common form of home-based child care provided by a family member, friend or neighbor who may or may not receive payment for their care. FFN is typically unregulated and, unlike FCC arrangements, it does not operate as a business.

Global Quality – an all-encompassing assessment of child care quality that combines both process and structural characteristics and is often used in high-stakes quality improvement efforts and ratings such as the QRIS (see below).

Home-Based Child Care (HBCC) – umbrella term for all non-parental child care arrangements that occur in a residential setting, including regulated paid family child care, and unpaid or paid home-based care with a non-parental family member, friend, or neighbor.

Process Quality – quality features that children experience directly, including interactions with providers and peers, as well as providers' caregiving and instructional practices.

Quality Rating and Improvement Systems (QRIS) - one of the primary approaches by which states, and local governments assess, improve, and support the quality of early care and education settings across the US.

Structural Quality – quality factors that create the context for process quality to occur, such as provider's education level and years of experience, adult-to-provider ratio, and group size.

References

Abidin, R. R. (1995). *Parenting Stress Index Short Form*, *Manual* (3rd ed.). Psychological Assessment Resources, Inc.

Administration for Children and Families. (2011). *Learning as We Go: A First Snapshot of Early Head Start Programs, Staff, Families, and Children, Technical Appendices*. U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/opre/as_we_go_tech.pdf

Administration for Children and Families. (2021). *Head Start University Partnerships: Building the Evidence Base for ECE Workforce Well-Being*. U.S. Department of Health and Human Services. https://www.acf.hhs.gov/opre/project/head-start-university-partnerships-building-evidence-base-ece-workforce-well-being

Ahn, H. (2012). Child care subsidy, child care costs, and employment of low-income single mothers. *Children and Youth Services Review*, *34*(2), 379-387. https://doi.org/10.1016/j.childyouth.2011.11.010

Anderson, S., & Mikesell, M. (2019). Child care type, access, and quality in rural areas of the United States: A review. *Early Child Development and Care*, *189*(11), 1812-1826. https://doi.org/10.1080/03004430.2017.1412959

Ang, L., Brooker, E., & Stephen, C. (2017). A Review of the Research on Childminding: Understanding Children's Experiences in Home-Based Childcare Settings. *Early Childhood Education Journal*, 45(2), 261–270. https://doi.org/10.1007/s10643-016-0773-2

Ansari, A., & Winsler, A. (2012). School readiness among low-income, Latino children attending family childcare versus centre-based care. *Early Child Development and Care*, 182(11), 1465–1485. https://doi.org/10.1080/03004430.2011.622755

Barnes, C., & Nolan, S. (2019). Professionals, friends, and confidants: After-school staff as social support to low-income parents. *Children and Youth Services Review*, *98*, 238-251. https://doi.org/10.1016/j.childyouth.2019.01.004

Barnett, S., & Li, Z. (2021). *Who cares for infants and toddlers? Change from 2012 to 2019 and its implications.* Infant and Toddler Policy Research Center at NIEER. https://nieer.org/wp-content/uploads/2021/01/ITC_DataSnapshot_Who_Cares_for_Infant_and_Toddlers_2012_2019-20201209.pdf

Bassok, D., Fitzpatrick, M., Greenberg, E., & Loeb, S. (2016). Within- and Between-Sector Quality Differences in Early Childhood Education and Care. *Child Development*, 87(5), 1627–1645. https://doi.org/10.1111/cdev.12551

Belcher, H.Ch M., Watkins, K., Johnson, E., & Ialongo, N. (2007). Early Head Start: Factors associated with caregiver knowledge of child development, parenting behavior, and parenting stress. *NHSA Dialog*, *10*(1), 6-19. https://doi.org/10.1080/15240750701301639

Blasberg, A., Bromer, J., Nugent, C., Porter, T., Shivers, E. M., Tonyan, H., Tout, K., & Weber, B. (2019). *A conceptual model for quality in home-based child care* (OPRE Report No. 2019-37). Child Trends. https://www.acf.hhs.gov/sites/default/files/opre/cceepra_hbcc_conceptual_model_508b.pdf

Boit, R. (2020). Navigating the process of building parent-teacher partnerships: Experiences of early childhood pre-service teachers. *Journal of Childhood, Education & Society*, *1*(2), 167-181. https://doi.org/10.37291/2717638X.20201238

Bromer, J., Haitsma, M. Van, Daley, K., Abt, K., & Modigliani, E. D. (2009). *Staffed Support Networks and Quality in Family Child Care: Findings from The Family Child Care Network Impact Study*. Erikson Institute, Herr Research Center for Children and Social Policy. https://www.erikson.edu/wp-content/uploads/fccnetwork_execsummary1.pdf

Bromer, J., & Henly, J. R. (2004). Child care as family support: Caregiving practices across child care providers. *Children and Youth Services Review*, *26*(10), 941–964. https://doi.org/10.1016/j.childyouth.2004.04.003

Bromer, J., & Henly, J. R. (2009). The work–family support roles of child care providers across settings. *Early Childhood Research Quarterly*, 24(3), 271-288. https://doi.org/10.1016/j.ecresq.2009.04.002

Bromer, J., & Korfmacher, J. (2017). Providing High-Quality Support Services to Home-Based Child Care: A Conceptual Model and Literature Review. *Early Education and Development*, 28(6), 745–772. https://doi.org/10.1080/10409289.2016.1256720

Bromer, J., McCabe, L. A., & Porter, T. (2013). Special section on understanding and improving quality in family child care: Introduction and commentary. *Early Childhood Research Quarterly*, 28, 875–878. https://doi.org/10.1016/j.ecresq.2013.08.003

Bromer, J., Paulsell, D., Porter, T., Henly, J. R., Ramsburg, D., & Weber, R. B. (2011). Family-sensitive caregiving: A key component of quality in early care and education arrangements. In In M. Zaslow, I. Martinez-Beck, K. Tout, & T. Halle (Eds.), *Quality measurements in early childhood settings* (pp. 161–190). Brookes.

Bromer, J., Porter, T., Melvin, S., & Ragonese-Barnes, M. (2021). *Family child care educators' perspectives on leaving, staying, and entering the field: Findings from the Multi-State Study of Family Child Care Decline and Supply.* Herr Research Center, Erikson Institute. https://www.erikson.edu/wp-content/uploads/2021/11/FCD_DeclineStudy_2021.pdf

Burchinal, M., Howes, C., & Kontos, S. (2002). Structural predictors of child care quality in child care homes. *Early Childhood Research Quarterly*, 17(1), 87-105. https://doi.org/10.1016/S0885-2006(02)00132-1

Bustamante, A. S., Dearing, E., Zachrisson, H. D., & Vandell, D. L. (2022). Adult outcomes of sustained high-quality early child care and education: Do they vary by family income?. *Child Development*, *93*(2), 502-523. https://doi.org/10.1111/cdev.13696

Calzada, E. J., Huang, K. Y., Hernandez, M., Soriano, E., Acra, C. F., Dawson-McClure, S., ... & Brotman, L. (2015). Family and teacher characteristics as predictors of parent involvement in education during early childhood among Afro-Caribbean and Latino immigrant families. *Urban education*, *50*(7), 870-896. https://doi.org/10.1177/0042085914534862

Carlin, C., Davis, E. E., Krafft, C., & Tout, K. (2019). Parental preferences and patterns of child care use among low-income families: A Bayesian analysis. *Children and Youth Services Review*, *99*, 172-185. https://doi.org/10.1016/j.childyouth.2019.02.006

Child Care and Development Fund (CCDF) Program, 81 Fed. Reg. 67, 438, 67, 442 (Sept. 30, 2016) (codified at 45 C.F.R. pt. 98). https://childcareta.acf.hhs.gov/ccdf-fundamentals/history-and-purposes-ccdbg-and-ccdf

Chazan-Cohen, R., Ayoub, C., Pan, B. A., Roggman, L., Raikes, H., McKelvey, L., Whiteside-Mansell, L., …Hart, A. (2007). It takes time: Impacts of Early Head Start that lead to

reductions in maternal depression two years later. *Infant Mental Health Journal*, 28(2), 151-170. https://doi.org/10.1002/imhj.20127

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(1), 52-86. https://doi.org/10.1016/S0885-2006(02)00133-3

Coba-Rodriguez, S., Cambray-Engstrom, E., & Jarrett, R. L. (2020). The home-based involvement experiences of low-income Latino families with preschoolers transitioning to kindergarten: Qualitative findings. *Journal of Child and Family Studies*, *29*(10), 2678-2696. https://doi.org/10.1007/s10826-020-01781-7

Colwell, N., Gordon, R. A., Fujimoto, K., Kaestner, R., & Korenman, S. (2013). New evidence on the validity of the Arnett Caregiver Interaction Scale: Results from the early childhood longitudinal study-birth cohort. *Early Childhood Research Quarterly*, 28(2), 218-233. http://dx.doi.org/10.1016/j.ecresq.2012.12.004

Curry, K. A., & Holter, A. (2019). The influence of parent social networks on parent perceptions and motivation for involvement. *Urban Education*, *54*(4), 535-563. https://doi.org/10.1177/0042085915623334

Dominguez, S., & Watkins, C. (2003). Creating networks for survival and mobility: Social capital among African-American and Latin-American low-income mothers. *Social problems*, *50*(1), 111-135. https://doi.org/10.1525/sp.2003.50.1.111

Doran, E., Li, A., Atkins-Burnett, S., Forde, J., Orland, J., Ragonese-Barnes, M., Mix, N., Reid, N., & Kopack Klein, A. (2022). *Compendium of Measures and Indicators of Home-Based Child Care Quality.* OPRE Report #2022-28. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of

Health and Human Services. https://www.acf.hhs.gov/opre/report/compendium-measures-and-indicators-home-based-child-care-quality

Doherty, G. (2015). Quality in Family Child Care: A Focus Group Study with Canadian Providers. *Early Childhood Education Journal*, 43(3), 157–167. https://doi.org/10.1007/s10643-014-0645-6

Dunst, C. J., & Dempsey, I. (2007). Family–professional partnerships and parenting competence, confidence, and enjoyment. *International Journal of Disability, Development and Education*, 54(3), 305-318. https://doi.org/10.1080/10349120701488772

Elicker, J., Clawson, C., Hong, S. Y., Kim, T. E., Evangelou, D., & Kontos, S. J. (2005). *Child Care for Working Poor Families: Child Development and Parent Employment Outcomes: Community Child Care Research Project, Final Report*. Faculty Publications from Nebraska Center for Research on Children, Youth, Families, and Schools. 25. http://digitalcommons.unl.edu/cyfsfacpub/25

Elicker, J., Wen, X., Kwon, K., & Sprague, J.B. (2013). Early Head Start relationships: Association with program outcomes. Early Education and Development, 24, 491-516. https://doi.org/10.1080/10409289.2012.695519

The Equitable Parent-School Collaboration Research Project. (2015). *User's guide for road map family engagement survey: Data inquiry for equitable collaboration.* University of Washington (EPSC-UW). https://education.uw.edu/sites/default/files/programs/epsc/Users%20Guide%20Road%20Map%20Survey.pdf

Fantuzzo, J., Gadsden, V., Li, F., Sproul, F., McDermott, P., Hightower, D., & Minney, A. (2013). Multiple dimensions of family engagement in early childhood education:

Evidence for a short form of the Family Involvement Questionnaire. *Early Childhood Research Quarterly*, *28*(4), 734-742. https://doi.org/10.1016/j.ecresq.2013.07.001

Fantuzzo, J., McWayne, C., Perry, M. A., & Childs, S. (2004). Multiple dimensions of family involvement and their relations to behavioral and learning competencies for urban, low-income children. *School Psychology Review*, 33(4), 467-480. https://doi.org/10.1080/02796015.2004.12086262

Faul, F., Erdfelder, E., Buchner, A., & Lang, A. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, *41*, 1149–1160. https://doi.org/10.3758/BRM.41.4.1149

Faulkner, M., Gerstenblatt, P., Lee, A., Vallejo, V., & Travis, D. (2016). Childcare providers: Work stress and personal well-being. *Journal of Early Childhood Research*, 14(3), 280-293. http://doi.org/10.1177/1476718x14552871

Fernandez, J., Mootoo, C. J., Romero, S., & Rasmussen, A. (2018). Role conflict among family childcare providers in the Bronx. *Children & Society*, *32*(6), 470-480. https://doi.org/10.1111/chso.12282

Fitz Gibbon, H. M. (2002). Child care across sectors: A comparison of the work of child care in three settings. In F.M. Cancian, D. Kurz, A.S. London, R. Reviere & M.C. Tuominen (Eds.), *Child care and inequality: Rethinking carework for children & youth* (pp.45-58). Routledge.

Forry, N., Bromer, J., Chrisler, A., Rothenberg, L., Simkin, S., & Daneri, P. (2012). *Family-provider relationship quality: Review of conceptual and empirical literature of family-provider relationships*, OPRE Report #2012-46. U.S. Department of Health and Human

Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/sites/default/files/opre/fprq_literature_review.pdf

Forry, N. D., Davis, E. E., & Welti, K. (2013). Ready or not: Associations between participation in subsidized child care arrangements, pre-kindergarten, and Head Start and children's school readiness. *Early Childhood Research Quarterly*, 28(3), 634–644. https://doi.org/10.1016/j.ecresq.2013.03.009

Fukkink, R. G., & Lont, A. (2007). Does training matter? A meta-analysis and review of caregiver training studies. *Early Childhood Research Quarterly*, *22*(3), 294-311. https://doi.org/10.1016/j.ecresq.2007.04.005

Foundation for Child Development. (2020). *Getting It Right: Using Implementation Research to Improve Outcomes in Early Care and Education.* https://www.fcd-us.org/assets/2020/06/GettingitRight_UsingImplementationResearchtoImproveOutcomesinECE_2020.pdf

Fuligni, A. S., Howes, C., Lara-Cinisomo, S., & Karoly, L. (2009). Diverse pathways in early childhood professional development: An exploration of early educators in public preschools, private preschools, and family child care homes. *Early Education and Development*, 20(3), 507-526. https://doi.org/10.1080/10409280902783483

Galindo, C., & Sheldon, S. B. (2012). School and home connections and children's kindergarten achievement gains: The mediating role of family involvement. *Early Childhood Research Quarterly*, *27*(1), 90-103. https://doi.org/10.1016/j.ecresq.2011.05.004

Garrity, S. M., Longstreth, S. L., Lazarevic, V., & Black, F. (2021). Examining the tensions between cultural models of care in family childcare and quality rating improvement

systems. *Children and Youth Services Review*, *122*, 105927. https://doi.org/10.1016/j.childyouth.2021.105927

Gerstenblatt, P., Faulkner, M., Lee, A., Doan, L., & Travis, D. (2014). Not babysitting: Work stress and well-being for family child care providers. *Early Childhood Education Journal*, 42(1), 67-75. http://doi.org/10.1007/s10643-012-0571-4

Graham, L. J., White, S. L., Cologon, K., & Pianta, R. C. (2020). Do teachers' years of experience make a difference in the quality of teaching?. *Teaching and Teacher Education*, *96*, 103190. https://doi.org/10.1016/j.tate.2020.103190

Green, C. L., Walker, J. M., Hoover-Dempsey, K. V., & Sandler, H. M. (2007). Parents' motivations for involvement in children's education: An empirical test of a theoretical model of parental involvement. *Journal of Educational Psychology*, *99*(3), 532. https://doi.org/10.1037/0022-0663.99.3.532

Hallam, R., Hooper, A., Bargreen, K., Buell, M., & Han, M. (2017). A Two-State Study of Family Child Care Engagement in Quality Rating and Improvement Systems : A Mixed-Methods Analysis. *Early Education and Development*, 28(6), 669–683. https://doi.org/10.1080/10409289.2017.1303306

Han, W. J. (2004). Nonstandard work schedules and child care decisions: Evidence from the NICHD study of early child care. *Early Childhood Research Quarterly*, 19(2), 231-256. https://doi.org/10.1016/j.ecresq.2004.04.003

Harrist, A. W., Thompson, S. D., & Norris, D. J. (2007). Defining quality child care: Multiple stakeholder perspectives. *Early Education and Development*, *18*(2), 305-336. https://doi.org/10.1080/10409280701283106

Hatfield, B. E., Lower, J. K., Cassidy, D. J., & Faldowski, R. A. (2015). Inequities in access to quality early care and education: Associations with funding and community context. *Early Childhood Research Quarterly*, 30, 316–326. http://dx.doi.org/10.1016/j.ecresq.2014.01.001

Henly, J. R., & Adams, G. (2018). *Increasing access to quality child care for four priority populations: Challenges and opportunities with CCDBG reauthorization*. Urban Institute. https://www.urban.org/research/publication/increasing-access-quality-child-care-four-priority-populations

Henly, J. R., Danziger, S. K., & Offer, S. (2005). The contribution of social support to the material well-being of low-income families. Journal of Marriage and Family, 67(1), 122–140. https://doi.org/10.1111/j.0022-2445.2005.00010.x

Hofferth, S., & Collins, N. (2000). Child care and employment turnover. *Population Research and Policy Review*, 19(4), 357-395. https://doi.10.1023/A:1026575709022

Hooper, A. (2020). "I'm a Teacher, Unofficially": How Home-Based Providers Perceive and Navigate Their Roles. *Journal of Research in Childhood Education*, *34*(2), 223–237. https://doi.org/10.1080/02568543.2019.1676847

Hooper, A., & Gaviria-Loaiza, J. (2021). Predictors of Head Start Teachers' Perceived Quality of Relationships with Families. *NHSA Dialog: The Research to Practice Journal for the Early Childhood Field*, *24*(1).

Hooper, A., & Hallam, R. (2019). Identifying profiles of listed home-based child care providers based on their beliefs and self-reported practices. *Early Childhood Research Quarterly*, 47, 194-205. https://doi.org/10.1016/j.ecresq.2018.11.008

Hooper, A., & Hallam, R. (2021). An in-depth examination of family child care providers and their engagement with outside systems using a mixed methods case study approach. *Children and Youth Services Review*, *123*, 105959. https://doi.org/10.1016/j.childyouth.2021.105959

Hooper, A., Hallam, R., & Skrobot, C. (2019). "Our quality is a little bit different": How family childcare providers who participate in a Quality Rating and Improvement System and receive childcare subsidy define quality. *Contemporary Issues in Early Childhood*, 1-19. https://doi.org/10.1177/1463949119858985

Iruka, I. U., & Forry, N. D. (2018). Links between patterns of quality in diverse settings and children's early outcomes. *Journal of Education*, *198*(1), 95-112. https://doi.org/10.1177/0022057418800941

Iruka, I. U., Winn, D. M. C., Kingsley, S. J., & Orthodoxou, Y. J. (2011). Links between parent-teacher relationships and kindergartners' social skills: Do child ethnicity and family income matter? *Elementary School Journal*, *111*(3), 387–408. https://doi.org/10.1086/657652

Jacobbe, T., Ross, D. D., & Hensberry, K. K. R. (2012). The effects of a family math night on preservice teachers' perceptions of parental involvement. Urban Education, 47, 1160–1182. https://doi.org/10.1177/0042085912447805

Jeon, L., Kwon, K. A., & Choi, J. Y. (2018). Family child care providers' responsiveness toward children: The role of professional support and perceived stress. *Children and Youth Services Review*, *94*, 500-510. https://doi.org/10.1016/j.childyouth.2018.08.023

Jeon, H. J., M. McCartney, C., Richard, V., & Johnson, S. J. (2020). Associations between parent-teacher and teacher-child relationships and children's socioemotional

functioning. *Early Child Development and Care*, 1-15. https://doi.org/10.1080/03004430.2020.1711747

Khalsa, A. S., Weber, Z. A., Zvara, B. J., Keim, S. A., Andridge, R., & Anderson, S. E. (2022). Factors associated with parenting stress in parents of 18-month-old children: Parenting stress in parents of toddlers. *Child: Care, Health, and Development*. https://doi.org/10.1111/cch.12954

Kim, Y., Austin, L. J., Montoya, E., & Powell, A. (2022). Education and Experience of the California ECE Workforce. Center for the Study of Child Care Employment (CSCCE). University of California, Berkeley. https://cscce.berkeley.edu/publications/data-snapshot/education-and-experience-of-the-california-ece-workforce/

Kim, K., Porter, T., Atkinson, V., Rui, N., Ramos, M., Brown, E., Guzman, L., Forry, N., and Nord, C. (2015). *Family and Provider/Teacher Relationship Quality Measures: Updated User's Manual*, OPRE Report #2014-65, Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.

Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1995). *Quality in family child care and relative care*. Teachers College Press.

Kopack Klein, A., Kemmerer, C., West, J., & Lim, G. (2016). *Early Head Start Research and Evaluation Project (EHSREP): 1996-2010 Measures Compendium*. OPRE Report 2016-101. Office of Planning, Research and Evaluation, Administration for Children and Families, U. S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/opre/ehsrep_measures_final_508.pdf

Korfmacher, J., Green, B., Staerkel, F., Peterson, C., Cook, G., Roggman, L., … & Schiffman, R. (2008). Parent Involvement in Early Childhood Home Visiting. *Child Youth Care Forum* 37(4)**,** 171–196. https://doi.org/10.1007/s10566-008-9057-3

Kossek, E. E., Pichler, S. M., Meece, D., & Barratt, M. E. (2008). Family, friend, and neighbour child care providers and maternal well-being in low-income systems: An ecological social perspective. *Journal of Occupational and Organizational Psychology*, *81*(3), 369-391. https://doi.org/10.1348/096317908X324387

Lamb, M. E., & Ahnert, L. (2006). Nonparental child care: Context, concepts, correlates, and consequences. In W. Damon & R. M. Lerner (Series Eds.) & K. A. Renninger, & I. E. Sigel (Vol. Eds.), *Handbook of Child Psychology: Vol. 4. Child psychology in practice* (6th ed., pp. 950– 1016). Wiley.

Lang, S. N., Schoppe-Sullivan, S. J., & Jeon, L. (2017). Examining a self-report measure of parent–teacher cocaring relationships and associations with parental involvement. *Early Education and Development*, *28*(1), 96-114. https://doi.org/10.1080/10409289.2016.1195672

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 Childhood Education Journal*, 38(6), 399-409. https://doi.org/10.1007/s10643-010-0420-2

Larose, M. P., Côté, S. M., Ouellet-Morin, I., Maughan, B., & Barker, E. D. (2021). Promoting better functioning among children exposed to high levels of family adversity: the protective role of childcare attendance. *Journal of Child Psychology and Psychiatry*, *62*(6), 762-770. https://doi.org/10.1111/jcpp.13313

Laughlin, L. (2013). *Who's Minding the Kids? Child Care Arrangements: Spring 2011. Current Population Reports, P70-135.* U.S. Census Bureau. https://www.census.gov/prod/2013pubs/p70-135.pdf

Layzer, J.I., Goodson, B.D., & Brown-Lyons, M. (2007). *National Study of Child Care for Low-Income Families: Care in the home: A Description of family child care and the experiences of the families and children that use it.* Abt Associates Inc. https://www.acf.hhs.gov/sites/default/files/opre/a_description_of_family_child_care_and_the_experiences_of_the_families.pdf

Lee, A., Kim, H., Faulkner, M., Gerstenblatt, P., & Travis, D. J. (2019). Work engagement among child-care providers: An application of the job demands–resources model. Child & Youth Care Forum,48(1), 77-91. https://doi.org/10.1007/s10566-018-9473-y

Li, L. W., Ochoa, W., McWayne, C. M., Priebe Rocha, L., & Hyun, S. (2021). "Talk to me": Parent–teacher background similarity, communication quality, and barriers to school-based engagement among ethnoculturally diverse Head Start families. *Cultural Diversity and Ethnic Minority Psychology*. https://doi.org/10.1037/cdp0000497

Lomax, R., & Hahs-Vaughn, D. (2013). *An introduction to statistical concepts*. Routledge.

Luckey, S. W., Lang, S. N., & Jeon, L. (2021). Examining associations among provider-family relationships, provider coping strategies, and family child care providers' relationships with children. *European Early Childhood Education Research Journal*, *29*(6), 877-894. https://doi.org/10.1080/1350293X.2021.1985556

Madigan, D. J., & Kim, L. E. (2021). Towards an understanding of teacher attrition: A meta-analysis of burnout, job satisfaction, and teachers' intentions to quit. *Teaching and Teacher Education*, *105*, 103425. https://doi.org/10.1016/j.tate.2021.103425

McCart, A., Wolf, N., Sweeney, H. M., & Choi, J. (2009). *The application of a family-based multi-tiered system of support.* NHSA Dialog: A Research-to-Practice Journal for the Early Intervention Field, 12(2), 122-132. https://doi.org/10.1080/15240750902774692

McKim, M. K. (1993). Quality child care: What does it mean for individual infants, parents, and caregivers? *Early Child Development and Care*, 88, 23–30. https://doi.org/10.1080/0300443930880103

McMahon, C. A., & Meins, E. (2012). Mind-mindedness, parenting stress, and emotional availability in mothers of preschoolers. *Early Childhood Research Quarterly*, *27*(2), 245-252. https://doi.org/10.1016/j.ecresq.2011.08.002

McLean, C., Austin, L.J.E., Whitebook, M., & Olson, K.L. (2021). *Early Childhood Workforce Index – 2020*. Center for the Study of Child Care Employment, Univeristy of California, Berkley. https://cscce.berkeley.edu/workforce-index-2020/wp-content/uploads/sites/3/2021/02/Early-Childhood-Workforce-Index-2020.pdf

McWayne, C., Campos, R., & Owsianik, M. (2008). A multidimensional, multi-level examination of mother and father involvement among culturally diverse Head Start families. *Journal of School Psychology*, 46, 551-573. https://doi.org/10.1016/j.jsp.2008.06.001

Mena, N. Z., Risica, P. M., Gans, K. M., Lofgren, I. E., Gorman, K., Tobar, F. K., & Tovar, A. (2020). Communication With Family Child Care Providers and Feeding Preschool-Aged Children: Parental Perspectives. *Journal of Nutrition Education and Behavior*, *52*(1), 10-20. https://doi.org/10.1016/j.jneb.2019.10.015

Mendez, J. L. (2010). How can parents get involved in preschool? Barriers and engagement in education by ethnic minority parents of children attending Head Start. *Cultural Diversity and Ethnic Minority Psychology*, 16(1), 26-36. https://doi.org/10.1037/a0016258

Mitsch, M. K., Branch, J. M., & Weglarz-Ward, J. M. (2020). Integrating family content in teacher preparation programs using intentional reflection and planning. *Journal of Early Childhood Teacher Education*, *41*(2), 197-208. https://doi.org/10.1080/10901027.2020.1740843

Murray, E., McFarland-Piazza, L., & Harrison, L. J. (2015). Changing patterns of parent–teacher communication and parent involvement from preschool to school. *Early Child Development and Care*, *185*(7), 1031-1052. http://dx.doi.org/10.1080/03004430.2014.975223

National Center for Education Statistics. (2019). *Percentage of children from birth through age 5 and not yet in kindergarten participating in weekly nonparental care and the mean number of hours per week that children spend in current primary weekly nonparental care arrangements with relative, nonrelative, or center-based provider, by child and family characteristics: 2016* (ECPP-NHES-2016) [Data set]. National Household Education Surveys Program. https://nces.ed.gov/nhes/tables/ECPP_HoursPerWeek_Care.asp

National Center on Early Childhood Quality Assurance (ECQA Center). (2020). *Addressing the Decreasing Number of Family Child Care Providers in the United States.* https://childcareta.acf.hhs.gov/sites/default/files/public/1909_addressing_decreasing_fcc_providers_final_0.pdf

National Survey of Early Care and Education (NSECE) Project Team (2016). *Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education*. (OPRE Report #2016-13). Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/opre/characteristics_of_home_based_early_care_and_education_toopre_032416.pdf

National Survey of Early Care and Education Project Team (2019). *2019 National Survey of Early Care and Education (NSECE) Home-based Provider Questionnaire,* OPRE Report #2019-120, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/2019nsece-hb-feb2022.pdf

National Survey of Early Care and Education (NSECE) Project Team (2021). *Home-based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics.* OPRE Report No. 2021-85, Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/opre/report/home-based-early-care-and-education-providers-2012-and-2019-counts-and-characteristics

NICHD Early Child Care Research Network. (2000). Characteristics and quality of child care for toddlers and preschoolers. *Applied Developmental Science*, 4(3), 116-135. https://doi.org/10.1207/S1532480XADS0403_2

NICHD Early Child Care Research Network. (2004). Type of child care and children's development at 54 months. *Early Childhood Research Quarterly*, *19*(2), 203-230. https://doi.org/10.1016/j.ecresq.2004.04.002

NICHD Early Child Care Research Network. (2006). Child-care effect sizes for the NICHD Study of Early Child Care and Youth Development. *American Psychologist*, 61(2), 99-116. https://doi.org/10.1037/0003-066X.61.2.99

Norton, M., Bump, J., Tercha, J., Robertson, L., & Gardey, C. (2019). Closing the Gap: How CCR&Rs Can Help Communities Meet Their Child Care Supply and Demand Needs. *Child Care Aware of America.* https://info.childcareaware.org/download-closing-the-gap-report?submissionGuid=a4ce7544-a890-4f82-873e-5e485cffd398

Nzinga-Johnson, S., Baker, J. A., & Aupperlee, J. (2009). Teacher-parent relationships and school involvement among racially and educationally diverse parents of kindergartners. *The Elementary School Journal*, *110*(1), 81-91. https://doi.org/10.1086/598844

Office of Child Care. (2014). Child Care and Development Block Grant Act (CCDBG) of 2014: Plain Language Summary of Statutory Changes. U.S. Department of Health and Human Services, Administration for Children and Families. https://www.acf.hhs.gov/occ/resource/ccdbg-of-2014-plain-language-summary-of-statutory-changes

Office of Child Care. (2019). *FY 2018 CCDF data tables (preliminary).* U.S. Department of Health and Human Services, Administration for Children and Families. https://www.acf.hhs.gov/occ/resource/fy-2018-ccdf-data-tables-preliminary

Office of Child Care. (2022). *Approved CCDF Plans (FY 2022-2024).* U.S. Department of Health and Human Services, Administration for Children and Families. https://www.acf.hhs.gov/occ/form/approved-ccdf-plans-fy-2022-2024

Oke, A., Butler, J.E. & O'Neill, C. (2021). Identifying Barriers and Solutions to Increase Parent-Practitioner Communication in Early Childhood Care and Educational Services: The Development of an Online Communication Application. *Early Childhood Education Journal,* 49, 283–293. https://doi.org/10.1007/s10643-020-01068-y

Park, C. E., Zinsser, K. M., & Jeon, L. (2021). Committed to Caring: Cluster-Analysis of Appraisals and Feelings of Family Childcare Work. *Child & Youth Care Forum*, *51*(2), 1-29. https://doi.org/10.1007/s10566-021-09625-1

Paulsell, D., Porter, T., Kirby, G., Boller, K., Sama Martin, E., Burwick, A., Ross, C., & Begnoche, C. (2010). *Supporting quality in home-based child care: Initiative design and evaluation options.* Mathematica Policy Research, Inc. https://www.acf.hhs.gov/sites/default/files/opre/supporting_options.pdf

Perlman, M., & Fletcher, B. A. (2012). Hellos and How Are Yous: Predictors and Correlates of Communication Between Staff and Families During Morning Drop-Off in Child Care Centers. *Early Education and Development*, *23*(4), 539–557. https://doi.org/10.1080/10409289.2010.548766

Phillips, B. M., & Morse, E. E. (2011). Family child care learning environments: Caregiver knowledge and practices related to early literacy and mathematics. *Early Childhood Education Journal*, 39(3), 213-222. https://doi.org/10.1007/s10643-011-0456-y

Porter, T., Paulsell, D., Del Grosso, P., Avellar, S., Hass, R., & Vuong, L. (2010). *A review of the literature on home-based child care: Implications for future directions.* Mathematica Policy Research, Inc. https://www.acf.hhs.gov/sites/default/files/opre/lit_review.pdf

Porter, T. & Reiman, K. (2015). *Examining quality in a family child care network: An evaluation of All Our Kin.* Early Care and Education Consulting. http://www.allourkin.org/sites/default/files/ExaminingQualityinFCC2016.pdf

Posey-Maddox, L., & Haley-Lock, A. (2020). One size does not fit all: Understanding parent engagement in the contexts of work, family, and public schooling. *Urban Education*, *55*(5), 671-698. https://doi.org/10.1177%2F0042085916660348

Quick, H., White, L., Brodziak de los Reyes, I., Bergey, R., & Carbuccia-Abbott, M. (2020). A system in jeopardy: California's early learning system and its dual language learners during the COVID-19 pandemic. American Institutes for Research. https://www.air.org/sites/default/files/A-System-in-Jeopardy-COVID-DLLs-September-2020.pdf

Radloff, L.S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385–401. https://doi.org/10.1177/014662167700100306

Rafferty, Y., Griffin, K. W., & Robokos, D. (2010). Maternal depression and parental distress among families in the Early Head Start Research and Evaluation Project: Risk factors within the family setting. *İnfant Mental Health Journal*, *31*(5), 543-569. https://doi.org/10.1002/imhj.20271

Raikes, H.A., Raikes. H.H., & Wilcox, B. (2005). Regulation, subsidy receipt and provider characteristics: What predicts quality in child care homes? *Early Childhood Research Quarterly*, 20(2), 164-184. http://doi.org/10.1016/j.ecresq.2005.04.006

Rimm-Kaufman, S. E., & Pianta, R. C. (1999). Patterns of family-school contact in preschool and kindergarten. *School psychology review*, *28*(3), 426-438. http://doi.org/10.1080/02796015.1999.12085975

Robinson, O. P., Bridges, S. A., Rollins, L. H., & Schumacker, R. E. (2019). A study of the relation between special education burnout and job satisfaction. *Journal of Research in Special Educational Needs*, *19*(4), 295-303. https://doi.org/10.1111/1471-3802.12448

Rusby, J. C., Jones, L. B., Crowley, R., & Smolkowski, K. (2013). Associations of caregiver stress with working conditions, caregiving practices, and child behaviour in home-based child care. *Early Child Development and Care*, 183(11), 1589-1604. https://doi.org/10.1080/10409289.2017.1303305

Schilder, D., Willenborg, P., Lou, C., Knowles, S., & Jaramillo, J. (2021). *Comparing Potential Demand for Nontraditional-Hour Child Care and Planned Policies across States.* Urban Institute. https://www.urban.org/sites/default/files/publication/104601/comparing-potential-demand-for-nontraditional-hour-child-care-and-planned-policies-across-states.pdf

Schneider, K. G., Warfield, M. E., Joshi, P., Ha, Y., & Hodgkin, D. (2017). Insights into the black box of child care supply: Predictors of provider participation in the Massachusetts child care subsidy system. *Children and youth services review*, *79*, 148-159. https://doi.org/10.1016/j.childyouth.2017.06.014

Scott, E. K., London, A. S., & Hurst, A. (2005). Instability in patchworks of child care when moving from welfare to work. *Journal of Marriage and Family*, 67(2), 370-386. https://doi.org/10.1111/j.0022-2445.2005.00122.x

Skaalvik, E. M., & Skaalvik, S. (2009). Does school context matter? Relations with teacher burnout and job satisfaction. *Teaching and Teacher Education*, *25*(3), 518-524. https://doi.org/10.1016/j.tate.2008.12.006

Sheridan, S. M., Knoche, L. L., Edwards, C. P., Bovaird, J. A., & Kupzyk, K. A. (2010). Parent engagement and school readiness: Effects of the Getting Ready Intervention on preschool children's social-emotional competencies. Early Education and Development, 21(1), 125-156. https://doi.org/10.1080/10409280902783517

Sheridan, S. M., Smith, T. E., Moorman Kim, E., Beretvas, S. N., & Park, S. (2019). A meta-analysis of family-school interventions and children's social-emotional functioning: Moderators and components of efficacy. *Review of Educational Research*, *89*(2), 296-332. https://doi.org/10.3102/0034654318825437

Shivers, E. M., Howes, C., Wishard, A. G., & Ritchie, S. (2004). Teacher-articulated perceptions and practices with families: Examining effective teaching in diverse high quality child care settings. Early Education & Development, 15(2), 167-186. https://doi.org/10.1207/s15566935eed1502_3

Slot, P. (2018). *Structural characteristics and process quality in early childhood education and care: A literature review.* OECD Education Working Papers, No. 176, OECD Publishing, http://dx.doi.org/10.1787/edaf3793-en

Smith, T. E., & Sheridan, S. M. (2019). The effects of teacher training on teachers' family-engagement practices, attitudes, and knowledge: A meta-analysis. *Journal of Educational*

and Psychological Consultation, *29*(2), 128-157. https://doi.org/10.1080/10474412.2018.1460725

Snell, E. K., Hindman, A. H., & Wasik, B. A. (2020). Exploring the use of texting to support family-school engagement in early childhood settings: teacher and family perspectives. *Early Child Development and Care*, *190*(4), 447-460. https://doi.org/10.1080/03004430.2018.1479401

Stamm, B.H. (2010). *The concise ProQOL manual.* Pocatello, ID: ProQOL.org. http://www.proqol/uploads/ProQOL_Concise_2ndEd_12-2010.pdf

Susman-Stillman, A., Pleuss, J., & Englund, M. M. (2013). Attitudes and beliefs of family- and center-based child care providers predict differences in caregiving behavior over time. *Early Childhood Research Quarterly*, *28*(4), 905–917. https://doi.org/10.1016/j.ecresq.2013.04.003

Swartz, M. I., & Easterbrooks, M. A. (2014). The role of parent, provider, and child characteristics in parent–provider relationships in infant and toddler classrooms. *Early Education and Development*, *25*(4), 573-598. https://doi.org/10.1080/10409289.2013.822229

Swartz, R., Wiley, A., A. Koziol, N., & Magerko, K. (2016). Psychosocial influences upon the workforce and professional development participation of family child care providers. *Child & Youth Care Forum: Journal of Research and Practice in Children's Services*, 45(5), 781-805. http://doi.org/10.1007/s10566-016-9353-2

Tang, J., Lewis, S., Cutler, L., Hallam, R., & Collier, Z. K. (2021). Characteristics of home-based child care providers who offer non-standard hour care. *Early Childhood Research Quarterly*, *55*, 284-294. https://doi.org/10.1016/j.ecresq.2020.12.005

Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of health and social behavior*, *52*(2), 145-161. https://doi.org/10.1177/0022146510395592

Tonyan, H. A.., & Nuttall, J. (2014). Connecting cultural models of home-based care and childminders' career paths: an eco-cultural analysis. *International Journal of Early Years Education*, 22(1), 117–138. https://doi-org/10.1080/09669760.2013.809654

Tout, K., Magnuson, K., Lipscomb, S., Karoly, L., Starr, R., Quick, H., … & Roberts, J. (2017). *Validation of the quality ratings used in quality rating and improvement systems (QRIS): A synthesis of state studies.* (OPRE Report No. 2017-92). Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/opre/cceepra_qris_validation_report_b508.pdf

Trivette, C. M., Dunst, C. J., & Hamby, D. W. (2010). Influences of family-systems intervention practices on parent-child interactions and child development. *Topics in Early Childhood Special Education*, 30(1), 3-19. https://doi.org/10.1177/0271121410364250

Urizar, G. G., & Muñoz, R. F. (2022). Role of maternal depression on child development: a prospective analysis from pregnancy to early childhood. *Child Psychiatry & Human Development*, *53*(3), 502-514. https://doi.org/10.1007/s10578-021-01138-1

U.S. Bureau of Labor Statistics. (2019). *Occupational employment and wages, May 2019: Childcare workers*. https://www.bls.gov/oes/2019/may/oes399011.htm

Vandell, D. L., Belsky, J., Burchinal, M., Steinberg, L., Vandergrift, N., & NICHD Early Child Care Research Network. (2010). Do effects of early child care extend to age 15 years?

Results from the NICHD study of early child care and youth development. *Child Development*, 81(3), 737-756. https://doi.org/10.1111/j.1467-8624.2010.01431.x

Venta, A., Velez, L., & Lau, J. (2016). The role of parental depressive symptoms in predicting dysfunctional discipline among parents at high-risk for child maltreatment. *Journal of Child and Family Studies*, *25*(10), 3076-3082. https://doi.org/10.1007/s10826-016-0473-y

Vesely, C. K., Ewaida, M., & Kearney, K. B. (2013). Capitalizing on Early Childhood Education: Low-Income Immigrant Mothers' Use of Early Childhood Education to Build Human, Social, and Navigational Capital. *Early Education & Development*, *24*(5), 744-765. https://doi.org/10.1080/10409289.2012.725382

Vogel, C. A., Boller, K., Xue, Y., Blair, R., Aikens, N., Burwick, A., . . ., & Stein, J. (2011). Learning as we go: A first snapshot of Early Head Start programs, staff, families, and children. (Report No. 2011-7). Washington, DC: Office of Planning Research, and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/opre/aswego.pdf

Vogel, C. A., Caronongan, P., Thomas, J., Bandel, E., Xue, Y., Henke, J., . . ., & Murphy, L. (2015). Toddlers in Early Head Start: A portrait of 2-year-olds, their families, and the programs serving them (Vol.2) Technical Appendices; Report No. 10). Washington, DC: Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services (USDHHS). https://www.acf.hhs.gov/sites/default/files/opre/bfacestechappfinal23150.pdf

Waanders, C., Mendez, J. L., & Downer, J. T. (2007). Parent characteristics, economic stress and neighborhood context as predictors of parent involvement in preschool children's

education. *Journal of School Psychology*, *45*(6), 619-636. https://doi.org/10.1016/j.jsp.2007.07.003

Walker, J. M., Shenker, S. S., & Hoover-Dempsey, K. V. (2010). Why do parents become involved in their children's education? Implications for school counselors. *Professional School Counseling*, *14*(1). https://doi.org/10.1177/2156759X1001400104

Ward, K. P., & Lee, S. J. (2020). Mothers' and fathers' parenting stress, responsiveness, and child wellbeing among low-income families. *Children and Youth Services Review*, *116*, 105-218. https://doi.org/10.1016/j.childyouth.2020.105218

Weiland, C., Greenberg, E., Bassok, D., Markowitz, A., Rosada, P. G., Luetmer, G., ... & Snow, C. (2021). Historic Crisis, Historic Opportunity: Using Evidence to Mitigate the Effects of the COVID-19 Crisis on Young Children and Early Care and Education Programs. Education Policy Initiative, University of Michigan, and Urban Institute. https://edpolicy.umich.edu/sites/epi/files/uploads/EPI-UI-Covid%20Synthesis%20Brief%20June%202021.pdf

Whittaker, J. E. V., Harden, B. J., See, H. M., Meisch, A. D., & T'Pring, R. W. (2011). Family risks and protective factors: Pathways to Early Head Start toddlers' social–emotional functioning. *Early Childhood Research Quarterly*, *26*(1), 74-86. https://doi.org/10.1016/j.ecresq.2010.04.007

Wilson, W. J. (2012). *The truly disadvantaged: The Inner City, the Underclass, and Public Policy*. University of Chicago Press.

Zaoura, A., & Aubrey, C. (2011). Home-School Relationships in Primary Schools Parents' Perspectives. *International Journal about Parents in Education*, *5*(2).

Zellman, G. L., & Perlman, M. (2006). Parent involvement in child care settings: Conceptual and measurement issues. *Early Child Development and Care*, *176*(5), 521-538. https://doi.org/10.1080/03004430500147490

Zhang, Q., Sauval, M., & Jenkins, J. M. (2022). Impacts of COVID-19 on the child care sector: Evidence from North Carolina. *Early Childhood Research Quarterly*. https://doi.org/10.1016/j.ecresq.2022.07.003