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Professional Development Impact on Quality Interactions in Home-Based Early Childhood Settings

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**Professional Development Impact on Quality Interactions in
Home-Based Early Childhood Settings**

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Abstract

Recent literature was examined to explore the relationship between professional development and quality interactions in home-based early childhood settings. Home-based child care was identified as a setting preferred by parents (Melvin et al., 2022). However, the educators in these settings often worked alone, worked long hours, and were less likely to have a degree than educators in other early childhood settings (Durden et al., 2016). The understanding of what constituted quality in these under-recognized settings was more challenging to quantify and less studied than quality in other early education settings (Han et al., 2021). A thorough literature review was conducted, and data was synthesized to extract information about home-based settings, degree attainment, professional development needs, quality indicators, and how educators in these settings defined quality. Other factors that may impact quality interactions were identified. Home-based early childhood educators overwhelmingly were found to view themselves as professionals and defined quality in home-based settings differently than measurement tool definitions (Hooper et al., 2021). Process and practical quality were surmised to be the niche in which home-based educators excel (Lanigan, 2011). It was found that supporting this subset of early childhood educators required regular and ongoing professional development that honored and acknowledged the uniqueness of this setting (Abell et al., 2014; Durden et al., 2016).

Keywords: home-based child care, early childhood education, practical quality, process quality, professional development, structural quality

Chapter One: Introduction

The significance of early childhood education was accentuated throughout the global pandemic that began in 2020 (Bipartisan Policy Center, 2020). This overlooked component of the infrastructure of working parents gained more attention as businesses closed and essential workers were relied heavily upon (Delaney et al., 2021). As many schools and child care centers closed or reduced capacity during the pandemic, home-based child care settings were often able to continue caring for children as small group sizes of consistent children were typical. Before the pandemic home-based child care was a preferred setting of many families for early childhood care and education (Melvin et al., 2022). Forty percent of children with working mothers spent more time in home-based child care than any other child care setting (NAFCC, 2022). With almost half of the nation's children being cared for in this type of setting, assuring that home-based educators were poised to support growth and development of the children through quality interactions was integral to the well-being of young children.

Importance of Topic to Early Childhood Education

Within the field of early childhood education, there are many settings in which children are cared for and educated. These settings include center-based child care, school-based child care, Head Start, private preschools, and regulated home-based child cares (Arcan et al., 2020; Durden et al., 2016). The literature describing the characteristics of home-based child care settings was limited (Forry et al., 2013; Hallam et al.; 2017, Han et al., 2021; Melvin et al., 2022; Ota & Austin, 2013; Schaack et al., 2017). The literature that does exist demonstrated mediocre quality in most sectors of early childhood education with home-based child care often scoring lower than center-based care (Bromer & Korfmacher, 2017, Eckhardt & Egert, 2020; Hallam et al., 2017; Han et al., 2021; Lanigan, 2011).

Regular participation in professional development garnered the home-based educator more respect from parents and other early childhood professionals (Lanigan, 2011; Ota & Austin, 2013). The research collected and analyzed for this paper indicated that having a degree showed no significant correlation with higher caregiver sensitivity (Schaack et al., 2017), but ongoing, recent, and relevant professional development was shown to contribute to higher quality interactions in all caregiver types (Bromer & Korfmacher, 2017; Ota & Austin, 2013). Professional development courses designed for the specific early childhood educational setting were more likely to promote quality interactions than a degree alone (Schaack et al., 2017). While a degree supported basic knowledge, ongoing professional development that met the current needs of the educator provided opportunities to adapt and improve current practices.

Scope of Research

The purpose of this research was to explore how professional development improved quality interactions for home-based early childhood educators. This paper examined quantitative, qualitative, and mixed methods studies from the past eleven years as well as position statements from national advocacy organizations. The research utilized had a focus of regulated home-based early childhood settings and connecting quality interactions to formal education and/or ongoing professional development.

Definition of Terms

Studies utilized different terms dependent on where the research was conducted and how early childhood education was identified in those geographical areas. Each state had different requirements and definitions for each educator type. For the purposes of this paper the following definitions were utilized.

Home-Based Child Care

Early childhood educators who were self-employed and offered a program in the caregiver's private home providing care and education to young children as a paid profession were deemed home-based child care educators (HBCC). One person was often responsible for all business, child care, and education duties (Hallam et al., 2017). HBCC operated within the legal requirements of the state and thus were often listed, licensed, or registered, had prescribed minimum environmental standards, and had continuing education requirements (Ota & Austin, 2013; Schaack et al., 2017). Unlike other early childhood education settings, HBCC were likely to care for children of multiple ages in the same group and may have cared for multiple children from the same family for many years (Forry et al., 2013; Lanigan, 2011). HBCC were the most likely of early childhood educational settings to offer non-standard hours of care and were a financially viable option for many low-income families (Durden et al., 2016).

Professional Development

Professional development was the continuing education or training that was required to maintain a legal status as an early childhood educator in the state. According to state laws, this may have included in-service training, professional development classes or conferences, or higher education coursework. There may have been state requirements for content and a minimum number of hours to be completed each year (Durden et al., 2016; Lanigan, 2011). Professional development was intended to assure educators had the knowledge and skills needed to positively impact child learning (Gaumer Erickson et al., 2016). It served to bridge research to practice. Early childhood educators often identified professional development as a component of quality (Hooper et al., 2021).

Global Quality

The summative measurement of quality in early childhood educational settings was referred to as global quality (Han et al., 2021; Lanigan, 2011). The components of global quality included structural, process, and practical quality. How to measure quality in early childhood educational programs lacked consensus, particularly for HBCC programs (Hooper et al., 2021). Quality was strongly influenced by social constructs and thus was not regarded as an objective concept (Hooper et al., 2021; OECD, 2015; Smith, 2015).

Structural Quality

Structural quality was often described as the staff qualifications, group sizes, and educational attainment of staff (Han et al., 2021). Structural quality was measured with assessments and tools and consisted of modifiable indicators (Lanigan, 2011). The components of this structural framework often failed to demonstrate association with child outcomes (Hooper et al., 2021).

Process Quality

Process quality was caregiving sensitivity, and the relationship and interactions between the educator and the children (Han et al., 2021; Lanigan, 2011). It was the interactions with the program staff that the children and family experienced daily (Hooper et al., 2021). Process quality may have also been described as instructional quality (Forry et al., 2013). This type of quality was more challenging to quantify and thus was not as robustly measured (Forry et al., 2013; Hooper et al., 2021). Some surmised that process quality may have been the unique niche in which HBCC settings excelled (Lanigan, 2011). HBCC provided uniquely personalized care, often over a period of years. This longevity supported nurturing relationships. Additionally, children from the same family were cared for in mixed-age groups.

Practical Quality

Practical quality was not mentioned often in the literature but had a place in the conversation as it was a significant determinant for parents (Lehrer et al., 2015). The location, hours, and cost of child care were key factors for parents to consider. Access and availability to child care impacted decisions for families. Convenience was identified as a factor in many family's child care decisions (Han et al., 2021). Research has shown that when the care that was convenient was also high quality, children and families benefitted.

Quality Rating and Improvement Systems (QRIS)

Measuring and defining the quality of care in early childhood education was challenging, but particularly so in HBCC. It was found to be more costly in time and money to carry out research in small HBCC settings compared to larger center- or school-based settings (Smith, 2015). Most states had Quality Rating and Improvement Systems (QRIS) intended to improve the quality of early childhood education, thus promote kindergarten readiness. QRIS were designed to improve quality, but few were linked to outcome measures (Sabol et al., 2013). QRIS may not have been tailored for HBCC having been developed in the center-based care model (Hooper et al., 2021). With QRIS having been designed for centers and adapted for HBCC, it may not have reflected the unique nature of this care setting (Garrity et al., 2020; Susman-Stillman et al., 2013). Setting type was less a determinant for quality than the structures and processes that happened within the context of that setting.

Child Outcomes

Child outcomes were the evidence that the child was receiving an appropriate and valuable educational experience and demonstrated improved growth and development from the care and education. Just as process quality was challenging to measure, so were child outcomes.

Since children were often cared for in a variety of settings including with parents, informal care settings, as well as formal care settings such as regulated home-based care or center-based care, understanding the positive impact of just one portion of these settings was challenging. HBCC quality and associated child outcomes had little research (Han et al., 2021). Data showed that children who consistently attended a formal child care arrangement, whether it be center-based or home-based, demonstrated higher cognitive and academic skills than children who had no formal early childhood education (Bassok et al., 2016).

Conclusion

Early childhood care and education was found to be a complex and ever evolving system of schools, child care centers, and home-based care providers. Home-based early childhood educators were the least likely to have higher education, often worked alone, and typically worked longer hours than what was considered full-time. Children from low-income backgrounds were also the most likely to be cared for in home-based settings (Durden et al., 2016). Assuring families had an array of choices as part of a robust mixed delivery system of child care and early education was found to promote equity (Melvin et al., 2022). Quality interactions in these settings were integral to robust early childhood options for children and families. Lanigan (2011) stated home-based settings had historically been selected by families for a multitude of reasons including mixed-age groups, lower cost, home-like setting, and long-term relationships. Positive impacts to the actual and perceived quality of home-based early childhood settings effected family functioning (Smith, 2015). Professional development that was targeted towards the home-based sector of early childhood education provided the educators already working in this sector with reasonable, accessible, and achievable options for continued professional growth and development (Han et al., 2021). Targeted professional development was

accomplished through courses that were accessible in the scheduled time and location, had a low cost, and provided opportunities for professional networking and relationship building (Abell et al., 2014; Durden et al., 2016). This data served to inform professional development course writers, trainers, and higher education professionals that home-based early childhood educators were often under-served but filled a unique and distinctly valuable portion of the early childhood educational landscape.

Chapter Two: Literature Review

Due to the popularity and prevalence of home-based early childhood programs, researchers have worked to gain an understanding of how to measure the quality of these settings and how it can be strengthened in ways that were proven to benefit the children who were enrolled (Melvin et al., 2022). Parents and families were the consumers of child care and early childhood education. Research indicated that what parents valued may not have been intuitive. One study indicated that parents valued the relationship with the educator and support of child emotional well-being, as well as effective communication between the program and the family (Lehrer et al., 2015). The parental attention to process and practical quality elements were less studied yet potentially more impactful to the child and family experience. Understanding what quality elements existed and demonstrated benefit to children and families informed how to promote quality interactions in home-based child care (HBCC) settings.

Significantly less research has been completed in home-based environments than center- or school-based early childhood settings (Forry et al., 2013; Hallam et al., 2017; Han et al., 2021; Hooper et al., 2021; Smith, 2015). This was particularly true of home-based programs that cared for infants and toddlers (Schaack et al., 2017). The lack of data created challenges in understanding how care was delivered differently and how the indicators of quality may have been different from more robustly studied settings. Researchers discovered a common belief that quality was higher in center-based programs, yet the data were mixed (Susman-Stillman et al., 2013) and may have depended more on program structure than program type (Abner et al., 2013). Home-based child care was found to be a unique service model with very real structural differences from other settings. One researcher asserted, “It is not simply a watered-down version of center child care” (Doherty, 2014, p. 164).

Role of Home-Based Educators in Mixed Delivery Early Childhood Systems

An authentic mixed delivery system of early childhood education was described as including robust options for families (Melvin et al., 2022). These options included home-, center-, and school-based options in both the public and private sectors. Unfortunately, funding of home-based programs in mixed delivery models was found to be limited. Theoretically, these systems allowed home-based programs to partake in federal and state funding streams, but functional implementation was often limited. Melvin et al. (2022) asserted intentionality at the federal level to include home-based settings to the same degree as school-based programs was critical to equity and transforming child and family outcomes. This commitment to equitable support and funding of all early childhood program types was echoed by early childhood advocacy groups (Power to the Profession, 2020). Lack of consistent funding has contributed to the significant decline in home-based settings (NAFCC, 2022). A decline in home-based care has reduced parental choice in early childhood care options.

Home-based child care educators, commonly referred to as family child care providers, were identified as an integral component in the early childhood care and educational landscape and provided important opportunities for families (Abell et al., 2014; Han et al., 2021; Schaack et al., 2017). The youngest children were identified as the most vulnerable and merited being cared for in high quality settings with attentive and qualified caregivers. Yet, infant and toddler care was often rated lowest in quality measures (Doherty, 2014; Susman-Stillman et al., 2013). Despite HBCC being perceived as slightly less safe, it was perceived as being more nurturing than center-based care (Durdan et al., 2016). Home-based care settings were found to be a prominent care setting for infants and toddlers as well as families with a low socio-economic status (Forry et al., 2013; Hooper et al., 2021; Lehrer et al., 2015). HBCC was widely perceived

to be more affordable for families than other care settings (Durden et al., 2016; Lanigan, 2011). Factors other than direct cost impacted affordability perceptions. Availability, convenience, hours of operation, and location were identified by families as valuable and part of the affordability equation (Lanigan, 2011; Lehrer et al., 2015). Parent perceptions of the care purchased was found to be just as relevant as other measures of quality that were more easily regulated and measured like education and professional development requirements.

Professional Development Versus Higher Education

A simplistic view of quality improvement may be to assume that quality would improve if all early childhood educators were required to have a degree. There was found to be a high variability of educational backgrounds across the field (Eckhardt & Egert, 2020). Data from the National Association for Family Child Care (2022) indicated that over 33% of HBCC had a degree in an early childhood related major. The evidence was mixed on whether having a higher education degree led to higher global quality and creating more stimulating environments (Forry et al., 2013; Schaack et al., 2017). Educators without degrees who attended relevant professional development were found to engage in higher quality interactions than peers who did not attend (Abell et al., 2014; Burchinal et al., 2002, as cited in OECD, 2015).

It cannot be assumed that a degree was predictive of professional behaviors (Goffin, 2016). The connection between higher education of early childhood educators and higher quality or improved child outcomes was not consistently supported in the literature (Abell et al., 2014; OECD, 2015). Research indicated that parents may be less concerned about educator training than the actual child interactions (Lehrer et al., 2015). The relationships of educator qualifications to quality of care were described as complex and possibly dependent on the setting and the personal characteristics of the individual educator.

The amount of child care-related training an educator participated in was found to have a greater impact on quality interactions than the formal education of the early childhood educator (Doherty, 2014; Smith, 2015). This is not to say higher education was not valuable, but it was not a determining factor to quality interactions. It was a contributing factor. Attitudes and beliefs were demonstrated to be impacted and shaped by educational experiences (Doherty, 2014; Susman-Stillman et al., 2013). Little data was found connecting teacher educational attainment to child outcomes thus a degree requirement did not seem to be a solid return on investment (Goffin, 2016; Schaack et al., 2017). It was surmised that required degrees for personnel already working in the early childhood field would create barriers. Increased expectations and higher educational requirements without providing support to the educators already in the field would create a disproportionate negative impact on HBCC educators (Power to the Profession, 2020). Higher education had significant financial and time costs associated with it (Goffin, 2016). The field of early childhood education was found to be comprised primarily of females (Durden et al., 2016) and people of color (Melvin et al., 2022). The low pay and low-income status of many early childhood educators made a degree requirement burdensome and not likely to produce improvements in child outcomes and quality interactions. Some quality elements may be promoted by a degree requirement, but this was not found to be a solution. Professional development was widely accepted as integral to professionalism (Abell et al., 2014). Professional development was identified as an equitable and accessible requirement proven to directly impact the actions and beliefs of the educator.

While individual states required pre-service training for home-based child care licensure, there generally was a lack of pre-service training for this sector of early childhood educator (Eckhardt & Egert, 2020; Han et al., 2021). Clear educational pathways that supported quality

interactions in early childhood environments were limited (Bromer & Korfmacher, 2017). Support of quality interactions seemed to be particularly pertinent to the home-based educator. HBCC educators contended with negative public perceptions of the setting. The perception that early childhood education provided in a home environment was less valuable was a barrier to professionalism. Adoption of professional behaviors such as participation in professional development training helped overcome negative perceptions. Degree attainment alone did not assure quality interactions (Susman-Stillman et al., 2013) or professionalism (Goffin, 2016). Professional development was identified as a predictor of process quality in HBCC settings (Forry et al., 2013).

The Impact of Professional Development on Quality Interactions

Early childhood specific coursework and training has been positively correlated to educators demonstrating better caregiving sensitivity and higher global quality measures (Schaack et al., 2017). Education alone was not adequate to assure an educator provided high quality care (Hooper et al., 2021). Formal education, like licensing standards, helped assure minimum standards were met. Professional motivations and intentional actions of individual educators impacted growth of quality. For HBCC educators without a degree or early childhood specific training, professional development was crucial to supporting growth and development as a professional (Han et al., 2021). Professional development training within the last year was positively associated with providing higher quality and more sensitive care (Durden et al., 2016; Smith, 2015). This finding suggested that just a degree or more remote professional development was not as beneficial for positive impacts on quality as recent, ongoing professional development.

Global Quality

Quality across early childhood education settings was found to be inconsistent and often considered inadequate (Bassok et al., 2016; Forry et al., 2013). Care was often described as average to mediocre (Susman-Stillman et al., 2013). There were no data assuring that the features deemed to indicate quality in one type of setting indicated quality in another type of setting (Hooper et al., 2021; Susman-Stillman et al., 2013). The global or overall quality in home-based settings varied widely but was often found to be minimal to inadequate (Eckhardt & Egert, 2020; Schaack et al., 2017). Some data indicated that structural elements had a greater impact on global quality in center child care while process elements had a greater impact in HBCC settings (Eckhardt & Egert, 2020).

Structural Quality

Regulations comprised most structural elements that were considered to promote quality. These included ratios, safety protocols, curriculum, and caregiver education (Bassok et al., 2016). Structural elements were defined as the quantitative features that could be regulated and measured. Structural features had inconsistent and weak associations with child outcomes (Bassok et al., 2016). Structural elements were positively correlated with perceived teaching abilities of center-based educators, but not of home-based educators. Conversely, the perceived abilities of home-based educators were positively correlated with personal attributes and sensitivity (Susman-Stillman et al., 2013). This accentuated the differences in quality elements based on setting type. Personal attributes and sensitive caregiving were consistently identified as hallmarks of process quality. How a program implemented regulations impacted the child experiences and family perceptions of quality, or process and practical quality (Bassok et al., 2016).

Process Quality

Caregiving sensitivity was challenging to quantify and measure but was frequently cited as a unique dimension of home-based care settings (Doherty, 2014; Eckhardt & Egert, 2020; Hooper et al., 2021; Melvin et al., 2022; Schaack et al., 2017). Researchers surmised that the intimate and personalized nature of the care setting along with the long-term relationships that could be formed between educator and the children and families supported these warm and sensitive interactions. Relationships were a primary theme in defining quality in Hooper et al.'s (2021) qualitative analysis of HBCC educators describing quality. This included relationships with children and with families. The emotional availability of the caregiver influenced the relationship between adult and child and was identified as a majorly critical component of quality (Susman-Stillman et al., 2013). Characteristics of the educator such as attitudes and beliefs and motivations for the work provided pivotal impacts to process quality (Forry et al., 2013; Susman-Stillman et al., 2013). Clear descriptions of quality were challenging to define. The personal characteristics of an individual caregiver was highly correlated to process quality in home-based settings (Eckhardt & Egert, 2020), just as the personal preferences of parents and families defined practical quality (Lehrer et al., 2015).

Practical Quality

The flexibility that home-based programs offered in scheduling and location made them attractive to families. These features often made home-based programs accessible and convenient (Hallam et al., 2017). Parents were found to generally be satisfied with the cost of home-based programs (Lehrer et al., 2015). The relationship that the educator developed with the child and family led to stronger parental satisfaction in home-based care than in center-based care (Lehrer et al., 2015). Parental satisfaction was not typically a measurement criteria of formal quality

measurement tools. The consideration of parental satisfaction added validity to practical concerns as a determinant of quality care. These findings indicated that multiple perspectives must be considered when assessing and describing early childhood program quality (Lehrer, 2015) as cultural and societal components were often relied upon.

Quality Aspects Unique to Home-Based Programs

The National Association for Family Child Care (2022) defined predictors of quality. These included professional support, licensing, training, provider experiences, and financial resources. Evidence revealed that home-based programs provided consistent and reliable care arrangements and smaller group sizes and thus fostered responsive relationships (Bromer & Korfmacher, 2017). The care of children in multi-age groups and in a home-based environment were elements that promoted relationships and social emotional development. These were defined as unique to HBCC yet were not typically formally measured as elements of quality (Hooper et al., 2021). Family engagement was found to be a popular topic for QRIS programs to promote. The HBCC educator was found to have unique opportunities to engage with families in person every day. Daily interactions with families was identified as an interface that many other early childhood educators did not experience. The daily interpersonal interactions supported relationships and thus encouraged quality caregiving.

HBCC typically provided care to multi-age groups of children, allowing siblings to be cared for together and families to remain in a consistent care setting for multiple years (Melvin et al., 2022). This provided stability and continuity of care that simply was not possible in many other settings. Continuity and flexibility in child care arrangements fostered family support. These components of quality differed from widely held beliefs, were more challenging to quantify, so may not have been as robustly identified (Han et al., 2021). Parents demonstrated

less awareness of structural or more formal measures of quality, and yet were innately attuned to the process and practical elements of quality care (Lehrer et al., 2015).

How Quality is Measured

Not only have home-based settings been studied less, but the tools used to collect data may not have been as sensitive to the unique nature of home-based settings (Hooper et al., 2021). The defining and measuring of quality in home-based settings was complicated and challenging for researchers to accurately quantify (Abell et al., 2017). Understandings and dominant beliefs about quality were developed from the child care center model and thus were center-centric and may not have reflected nuances of home-based settings (Hallam et al., 2017; Hooper et al., 2021). The results were mixed for home-base child care settings depending on how the quality of care was measured (Bromer & Korfmacher, 2017; Forry et al., 2013). Quality in home-based settings appeared to be centered on the individual educator personal attributes more than the setting or caregiver qualifications (Durden et al., 2016). The possible reasons for this were numerous, including the most common measurement tool, the Family Daycare Rating Scale (FDCRS) and its newer version, the Family Child Care Rating Scale-Revised (FCCRS-R), focused on structural quality rather than process quality (Schaack et al., 2017). Structural characteristics alone were not found to be as predictive of quality in home-based settings as other settings (Doherty, 2014).

This focus on structural elements was a narrow and antiquated definition of quality. FDCRS was conceptualized for centers and adapted for use in home-based care settings, thus may not capture unique characteristics of home-base settings. It may also fail to highlight positive aspects while exemplifying negative components (Abner et al., 2013; Hallam et al., 2017; Han et al., 2021; Hooper et al., 2021; Schaack et al., 2017). The quality measured by this

tool was not predictive of child outcomes (Abner et al., 2013). Home-based care was determined to be a distinct model of care and could not be compared to center-based care (Doherty, 2015). Researchers expressed concerns about the validity of quality measures and how well nuances of different settings were captured (Abner et al., 2013). A primary strength identified in HBCC was the personal relationships. Parents with children who attended home-based care identified greater satisfaction with the educator relationship than parents with children attending center-based care (Lehrer et al., 2015). Home-based educators consistently named relationships as a key identifier of quality (Doherty, 2014; Hooper et al., 2021). Relationships were challenging to quantify and measure. Research indicated that several aspects of quality could be discriminated by parents (Lehrer et al., 2015). This informed that parents were thoughtful about quality but may not have placed the same value on components that quality rating tools measure.

Quality Rating and Improvement Systems

Improving quality has been incentivized through Quality Rating and Improvement Systems (QRIS) (Bassok et al., 2016; Hooper et al., 2021). Just like the measurement tools, these programs were designed for center-based care and adapted for home-based programs thus the unique aspects of home-based programs were not accounted for or properly recognized (Hooper et al., 2021). One example of this was mixed-age groups. Home-based programs often had children enrolled whose ages span the early childhood years. QRIS system expectations focused on individual age groupings and thus did not capture positive nuances of mixed-age settings (Hallam et al., 2017). Less than half of the QRIS in the United States had separate indicators and standards for different program types (Hallam et al., 2017). QRIS measured structural elements of early childhood programs and the relationship between ratings and child outcomes was not studied (Sabol et al., 2013).

HBCC programs were found to voluntarily participate in these quality initiatives, but at a much lower rate than child care centers (Hallam et al., 2017; Han et al., 2021). Participation in QRIS programs formalized the program structure of many home-based early childhood programs, yet perceptions still existed that home-based programs were informal and lacked structure. Efforts to understand the structure of an early childhood program were essential as it cannot be assumed that home-based equates unstructured. QRIS programs initially attempted to transform HBCC into smaller versions of child care centers, but these attempts were not successful and did not result in measurable quality improvements (Doherty, 2014; Goffin & Barnett, 2015).

Child Outcomes and the Relationship to Quality Measures

Data linking the quality of early childhood care and education to child outcomes were limited (Abner et al., 2013; Durden et al., 2016; Han et al., 2021; Hooper et al., 2021; Sabol et al., 2013; Schaack et al., 2017). This was particularly salient for home-based settings (Forry et al., 2013). The number of hours a child spent in a care setting did not appear to be linked to the lack of child outcomes (Abner et al., 2013). The structure or formality of the setting was more integral than the number of hours a child was in attendance. One challenge identified in collecting data for HBCC settings was inconsistent definitions and requirements across states. Home-based child care was found to be both regulated and unregulated. The data, if available, was rarely separated by regulation status (Schaack et al., 2017). Home-based care was often considered to be informal (Abner et al., 2013) irrespective of other factors. With the introduction of QRIS, programs that adopted the standards were found to function as structured but may have been classified as unstructured or informal due to the location in a private home rather than a center or school setting.

Data suggested that children who attended structured programs cognitively outperformed peers who did not attend structured settings (Abner et al., 2013; Bassok et al., 2016). Abner et al. (2013) noted better support of language and reasoning skills in settings with a more formal approach thus correlating moderate to high quality programs with formal approaches. Early childhood educators with progressive beliefs about child rearing and development showed positive correlations to children's academic skills regardless of setting (Forry et al., 2013). Progressive beliefs about child development and early childhood education encouraged home-based programs to adopt a more formal approach.

The data were unclear on how home-based programs with a more formal approach to early childhood care and education fared in promoting positive child outcomes (Forry et al., 2013). The data examined compared formal and structured settings to informal and unstructured settings, not home-based to center- or school-based care. Bassok et al. (2016) defined structured or formal as correlating to center-based and unstructured or informal as correlating to home-based. It was noted that in formal settings, more reading and math activities were completed daily, and less television was viewed. This study acknowledged that differences in sector definitions masked variations in settings thus created significant challenges in clarifying within- and between-sector operational differences.

Clarifying differences in sectors was just as challenging as defining elements of quality and correlating educational requirements to outcomes. While education and training in child development provided accepted elements of structural quality, educators having a degree was uncorrelated to child outcomes in most instances (Schaack et al., 2017). However, recent, and ongoing professional development consistently and positively impacted educator actions and beliefs (Arcan et al., 2020).

Components of Professional Development

Little data was available on the training needs of early childhood educators, especially home-based educators (Arcan et al., 2020; Han et al., 2021). It was widely acknowledged that HBCC educators typically had less academic preparation than educators who work in other settings of early childhood education (Durden et al., 2016). This made professional development selection and available topics of the utmost importance. Additionally, a national poll indicated 93% of parents preferred HBCC educators who participated in regular professional development (Durden et al., 2016). While QRIS were developed as a quality improvement incentive, these systems became a driver of professional development delivery. This encouraged educators to take greater responsibility in participating in and selecting professional development topics, thus promoting structural quality and greater professionalism (Goffin & Barnett, 2015).

Self-selection of topics indicated that the learning needs varied depending on setting, but all early childhood educators benefited from training that supported individual needs rather than generic topics. When training was available, HBCC frequently self-selected courses on the topics of social emotional, physical, and cognitive development, and health and safety topics (Durden et al., 2016). This self-selection supported data that indicated caregiver-child interactions and relationships should be a focus of professional development sessions for HBCC (Eckhardt & Egert, 2020). Communicating and engaging with parents was a topic need shared by all settings (Arcan et al., 2020). Research indicated that HBCC educators were likely to seek out and need distinct types of professional development compared to educators in other settings (Susman-Stillman et al., 2013). This was logical as the roles and responsibilities of a HBCC educator were identified to be significantly different and more complicated than that of an early childhood educator working in other settings. Professional development options needed to acknowledge

and address this difference so the lived experience of this unique and less acknowledged sector of early childhood educators could be adequately supported (Melvin et al., 2022). Quantifying how HBCC educators defined quality in the home-based setting was found to be integral to the development of training opportunities designed to support the HBCC educator (Abell et al., 2014; Doherty, 2014).

The quality of a HBCC program was directly influenced by the quality of the person providing the care (Hooper et al., 2021). While all early childhood educators had an impact on the enrolled children, a HBCC educator's attitude, professional development, and professionalism were paramount to the program quality. Research demonstrated that program quality was bolstered through professional contacts, and recent and pertinent training that was accessible to the HBCC educator (Abell et al., 2014; Arcan et al., 2020; Han et al., 2021).

Relevant Training

Professional development that was recent and specialized to the early childhood setting had positive associations with higher quality care and higher global quality ratings (Arcan et al., 2020; Doherty, 2014; OECD, 2015). Multiple studies acknowledged that HBCC educators' beliefs and practices were malleable (Forry et al., 2013; Han et al., 2021; Hooper et al., 2021). These educators were willing and capable of learning information. Home-based educators were demonstrated to be adept at implementing practices that improved program quality when training endorsed learning and skill development in ways that supported needs. The learning itself had an impact on quality but only when paired with educators that created and curated high-quality environments and interactions (OECD, 2015).

A key factor in creating professional development for HBCC was validation of this setting as a unique sector of early childhood education. Researchers suggested that any

professional development must acknowledge the challenges and opportunities that this type of setting afforded (Doherty, 2014). For professional development to reflect the demands of the workforce needed to meet the needs of those new to an early childhood educational career as well as those with ample experience. While the percentage of HBCC educators with degrees was lower than other sectors of early childhood educators, need for higher level and more rigorous opportunities in professional development offerings were identified (Durden et al., 2016).

In addition to the professional development attended being relevant to the home-based setting and designed for the unique needs of these educators, high-intensity professional development was shown to provide greater gains in quality measures (Han et al., 2021). High intensity was defined as multiple sessions on the same subject to allow a depth of discovery, discussion, and understanding along with the opportunity to network with other HBCC educators.

The amount of professional development that was beneficial was not clearly defined in the data. The dosage of professional development that supported quality interactions may have been dependent on skillsets, and professional and life experiences of the individual. Data clearly showed that recent, regular, and being required were keys to valuable professional development opportunities (Bromer & Korfmacher, 2017; Eckhardt & Egert, 2020; OECD, 2015). Training approaches often relied upon knowledge transfer between peers. When educators were able to network with others and receive mentoring or coaching, more sustainable quality gains were actualized (Abell et al., 2014). This supported the concept of peer interactions fostering professional growth.

Professional Contacts

Home-based early childhood educators who had regular contact with other home-based educators were found to offer higher quality care (Doherty, 2014; Eckhardt & Egert, 2020; Han et al., 2021). This contact was accomplished through professional development classes, association meetings, informal gatherings, or formal coaching and mentoring (Bromer & Korfmacher, 2017).

Mentoring

Mentoring was shown to enact positive changes in practices or attitudes as well as establish or strengthen behaviors or skills correlated with quality care (Abell et al., 2014). Adding a mentoring component to professional development opportunities allowed for the information to be adjusted to better meet the needs of the individual educator's knowledgebase, skills, and experiences (Abell et al., 2014). It was found to be essential that mentoring or coaching was enacted as partnering with the educator, no matter the setting, rather than adopting the stance of being an expert (Abell et al., 2014).

Networking

Networking with and receiving support for peer HBCC educators was identified as a significant benefit of attending professional development classes (Doherty, 2014). HBCC educators often worked alone and did not have in-person access to peers or mentors during the work day. This was a challenge that center- and school-based educators did not identify at the level of HBCC (Han et al., 2021). Being able to connect with other professionals doing similar work provided opportunities for personal as well as professional growth.

Accessible in Time and Location

While many educators attended training during the work day, this was identified as strategically challenging for the home-based educator. HBCC educators did not work in a centralized environment, averaged 54 hours a week working (Durden et al., 2016), and may have had financial barriers to contend with (Han et al., 2021). Research demonstrated that the scheduling of workshops aimed at early childhood educators failed to account for the long work day or travel required by home-based educators (Abell et al., 2014). These challenges, particularly for rural home-based educators, led to lower access to quality training opportunities (Abell et al., 2014). It is not surprising that HBCC educators preferred professional development that was conducted locally (Durden et al., 2016) and in a publicly accessible space (Abell et al., 2014). Online learning opportunities were also demonstrated to be effective at promoting and developing professional competencies (Durden et al., 2016).

Delivery Method

Professional development opportunities had traditionally been offered as in-person, trainer-led events. Prior to the global pandemic, evidence of HBCC educators accessing online learning opportunities was rare (Durden et al., 2016). Online and self-paced options for professional development grew during the pandemic, increasing accessibility to ongoing training and educational options. The number of professional development events and attendees increased for Minnesota early childhood educators of all types from 2021 to 2022 as more accessible options were generated during the pandemic (Gershone, 2022). When learning opportunities existed, and were accessible either in person or online, research demonstrated that HBCC accessed these types of courses (Durden et al., 2016).

Other Factors in Quality Interactions

Much of the research data on home-based settings was collected from home-based educators who were seeking additional education or professional development opportunities (Schaack et al., 2017; Smith, 2015). These home-based educators likely adopted a more professional orientation, and this may have impacted quality caregiving behaviors. The intentionality of these educators was predictive of quality interactions (Smith, 2015). Despite HBCC being a time-intensive and challenging job, many were dedicated to this profession and demonstrated significant professional motivation.

Professional Motivation

Professional motivation was another factor influencing quality mentioned in multiple studies. Professional motivation was also described as an educator's fidelity or intentionality in providing valuable experiences (Bromer & Korfmacher, 2017). Early childhood educators who were seeking professional development opportunities and viewed themselves as professionals often demonstrated higher quality caregiving (Susman-Stillman et al., 2013). The National Association for Family Child Care shared that 75% of listed HBCC attended a professional development workshop in the past year (NAFCC, 2022). In addition to seeking training, HBCC demonstrated higher levels of responsiveness and reported higher job satisfaction than peers in other settings (Susman-Stillman et al., 2013). HBCC educator professional motivation was predictive of aspects of process quality (Susman-Stillman et al., 2013). Professional motivation impacted distinct aspects of quality depending on setting type.

Research demonstrated that caregiving behaviors were different dependent on setting type (Forry et al., 2013; Susman-Stillman et al., 2013). Researchers surmised that because HBCC were self-employed and actions directly impacted the businesses, this provided motivation to

maintain the quality of care provided, whereas an employee of a different type of setting may not have had the same intrinsic motivation. This may explain why researchers observed more consistent caregiving actions in HBCC than in center-based care (Susman-Stillman et al., 2013).

Membership in professional organizations was briefly mentioned by researchers as a potential indicator of quality interactions and intentions (Abell et al., 2014). Joining child care associations was identified as a direct business expense for self-employed educators. It is unclear if home-based educators deemed this as valuable. Researchers did not consider the impact of business expenses when determining criteria for quality indicators.

Personal Situation

When discussing factors impacting the quality of caregiving, the financial well-being of HBCC emerged as a determinant. Secure income was positively associated with global and process quality (Durden et al., 2016; Eckhardt & Egert, 2020; Forry et al., 2013). Finances that assured the ability to provide resources positively impacted the quality of caregiving the HBCC educator demonstrated. Financial security was positively correlated with professional motivation (Forry et al., 2013). QRIS programs were tied to financial incentives. One study found a positive correlation to observed quality in HBCC environments within six months of an injection of QRIS supports (Goffin & Barnett, 2014) thus supporting the assertion that financial security positively impacted caregiving quality.

Mental Health

The mental health of a HBCC educator was predictive of global quality. However, mental health was not found to be predictive of the educator's responsiveness (Forry et al., 2013). This may indicate that professional motivation played a role in interpersonal interactions. Stress and job demand demonstrated negative associations with observed quality, not with the educator's

sensitivity towards children (Forry et al., 2013). This was a further demonstration that process quality was challenging to quantify and may have a larger role than quality ratings scales indicated. Being able to reflect on feelings and modify behavior was a trait that HBCC educators identified as an indicator of quality and promotive of quality interactions (Doherty, 2014). These other factors that were shown to impact quality interactions were not directly correlated to the experience level of the educator. Susman-Stillman et al. (2013) noted less inconsistencies in caregiving behaviors over time in home-based educators than center-based educators with similar duration of educational experience.

Years in the Field

Experience in early childhood education and the age of the educator were not positively correlated to high quality interactions but formal training in the care and education of children were (Arcan et al., 2020; Forry et al., 2013). The data reinforced the need for continued and ongoing professional development throughout an educator's career working with young children. This indicated that writers of professional development courses would be well served to continually strive to engage the inexperienced as well as the experienced educator, thus supporting quality interactions across all experience levels of educators.

Conclusion

In summation, the research indicated the level of quality in home-based early childhood environments was dependent on multiple factors and could not be assumed to be the same as other early childhood settings. The general educational attainment of an educator was valuable and contributed to initial quality. For educators with and without a degree, ongoing and relevant professional development that was targeted to the needs of the work has been demonstrated to be the most effective in promoting quality interactions (Schaack et al., 2017). Additionally, home-

based educators benefitted from networking with peers and other educational professionals as the work was often isolated and without direct contact with other adults (Doherty, 2014). While quality ratings and measurements were a baseline or starting point, the primary development of these programs was for center-based care settings and may not have consistently captured the unique quality features of home-based settings (Garrity et al., 2020; Susman-Stillman et al., 2013). Understanding quality elements in the context of distinct types and structures of settings was imperative to supporting educators in all settings but particularly so for home-based early childhood educators. Whether degreed or not, as educators gained practical experience, the need for more advanced training content grew (Han et al., 2021; Schaack et al., 2017). Professional development was found to be essential for all early childhood educators, not just those lacking degrees or at the beginning of careers. Han et al. (2021) asserted that intentional support of the professional development needs of the HBCC educator supported quality interactions while maintaining the uniqueness of this early childhood setting. Abell et al. (2014) recommended accomplishing this by designing programs to highlight and strengthen this underserved sector of early childhood educator. In addition to professional development designed for the educator type, potential future studies were identified as key to gain further understanding of home-based early childhood education.

Chapter 3: Discussion, Application, Future Studies

Research overwhelmingly indicates that recent and ongoing professional development is integral for all educator types regardless of level of degree attainment (Bromer & Korfmacher, 2017; Ota & Austin, 2013). These data are particularly relevant for the home-based early childhood educator as educators in these settings are the least likely of all early childhood educator types to have earned a degree (Durden et al., 2016). The seeking of professional development opportunities confirms the professional actions and intentionality of the home-based educator. The home-based educator needs foundational knowledge and supportive structures. Pre-service and continuing education is necessary to increase quality and elevate this sector as an equal partner in the early childhood educational system. Participants in Hooper et al. (2021) affirmed that lifelong learning was essential to quality interactions irrespective of the educator having a degree.

The task ahead is to develop courses that meet the needs of all educator types in the early childhood system. To accomplish this course developers and writers must employ a breadth of knowledge and understanding so courses can be created that meet the ever-changing needs of new and experienced educators alike. The ongoing educational needs of an individual early childhood educator cannot be generalized by background or area of practice. Each individual educator will have differing needs and interests, but continued education specific to early childhood education and child development are predictive of higher global quality, particularly in home-based settings (Schaack, et al., 2017). An improved understanding of the unique strengths and needs of different sectors of the early childhood educational system validates intentional adjustments to acknowledge each sector for its unique properties while establishing improved systems to support children and families.

Limitations

There remains limited data and research available on the unique aspects of quality in home-based early childhood settings. The information that is available adds to the understanding of the individual nature of these settings. Data that has been collected tended to be from home-based educators who were seeking professional development. It is unknown whether this level of professional motivation is representative of the field. Just as the sites studied volunteered for the research, participation in Quality Rating and Improvement Systems is also voluntary. Each state regulates home-based early childhood education differently and thus definitions are not standardized. The lack of standardization creates difficulty comparing like settings across the country. Multiple studies questioned the appropriateness of the most common measurement tools for home-based settings citing a center-centric history and narrative that may not be applicable to home-based settings (Abner et al., 2013; Hallam et al., 2017; Han et al., 2021; Hooper et al., 2021; Schaack et al., 2017). While these measurement tools may not yield results that distinguish the nuances of home-based settings, more sensitive tools do not currently exist.

Applications to Inform Instructional and Educational Practices

Despite the limitations in the literature, the need for professional development to acknowledge that educators who work in different settings require individualized content was found (Schaack et al., 2017). Effective professional development offerings reflect the diversity of the educators and diversity of the settings in which early childhood care and education are delivered. When home-based early childhood educators have a person with the same background in the role of professional development trainer or higher education instructor, the ability to visualize themselves as an equal and equitable partner in the early childhood educational system is honored (Melvin et al., 2022). Participation in professional development is a professional

behavior, and all levels and types of early childhood educators should be required to attend on a regular and ongoing basis.

Future Studies

The information gathered with this review suggests the need for continued research on home-based settings, the educators who elect this work, and how to support growth and development of quality interactions within the home-based early childhood educational model. An improved understanding of how quality interactions differ in various settings, how to deliver impactful professional development for the home-based educator, how caregiver interactions correlate to child outcomes, and how to link quality improvement measures to child outcomes are all potential future studies.

First, to better understand and support home-based early childhood educators there must be an improved understanding of the measures of quality that exist and demonstrate significance in this setting (Eckhardt & Egert, 2020). Home-based educators were consistently able to clearly denote quality indicators that varied from quality indicators conceived for other settings. Further exploration of the quality nuances would promote understanding of how to build and support quality interactions in this setting type.

Secondly, studies indicated that professional development was an effective method to provide child growth and development knowledge. Professional development is an integral component of building quality and capacity in home-based early childhood settings. With home-based educators consistently demonstrating the ability to adapt and expand attitudes, beliefs, and actions to make positive program changes, a better understanding of how to deliver professional development to this sector of educators is paramount to quality improvements. Further investigation of home-based early childhood settings is warranted to better understand the

nuances of the process and practical quality elements found in home-based programs.

Understanding delivery methods and content of professional development and higher education that support home-based early childhood educators is integral to engaging this sector of early childhood educators in promoting professional growth (Durden et al., 2015). A further investigation of delivery approaches and frameworks that prevent a mismatch between the course offerings content and the early childhood professionals attending is warranted (Forry et al., 2013). Further study expanding upon the data already available to determine dosage, frequency, design, and content relevance is important for course writers, trainers, and higher education instructors to gain a better understanding of how to design, present, and differentiate instruction for various early childhood educator types.

Quality improvements are ineffective unless positively correlated to child outcomes. The understanding of what quality elements correlate with improved child outcomes is scant. A third future investigation would be to better understand what elements of early childhood care and education positively correlate with improved child outcomes so the field of early childhood education can adjust practices to better support growth and development of children (Schaack et al., 2017). Home-based programs along with center- and school-based programs would benefit from a clear understanding of practices, requirements, and quality elements that show a direct correlation to an improved child and family experience.

Finally, a better understanding linking Quality Rating and Improvement Systems ratings to child outcomes are necessary to assure efficacy of practices and that a quality rating designation is improving the lives of children (Hallam et al., 2017). For ratings to be a valuable indicator of quality the processes and actions enacted to gain that rating must support proven growth and development of children, be positively correlated with child outcomes, support what

families need and desire in an early childhood program, and honor and acknowledge the nuances between early childhood settings.

Conclusion

This body of research endorses that the early childhood educational system is complex, and the elements of quality are challenging to quantify. Educators enter the field through various backgrounds and pathways. A lack of clear career pathways adds to the complexity of the system. Center- and school-based settings have been researched at a significantly higher rate than home-based programs (Han et al., 2021). Despite the scant body of data available on home-based settings, consistent themes have emerged. These themes include the challenges of measuring quality across settings, program location being less impactful than processes utilized, family satisfaction with care is important, and professional development being essential for all educator types.

Quality is challenging to define and measure and is dependent on the formality or structure of a setting (Bassok et al., 2016). Quality across all early childhood settings was found to be mediocre with home-based settings often faring worse than center- or school-based programs (Bromer & Korfmacher, 2017). The global quality of any early childhood educational program is contrived from a mix of structural, process, and practical quality elements. The evidence discussed indicates home-based settings likely excel at process quality despite this not being a focus of formal quality measurement tools. Home-based educators consistently described the quality in home-based settings to be different from other, more robustly studied, early childhood settings (Hooper et al., 2021). This self-identification is an indication that home-based educators understand nuances about these settings that research has rarely addressed. The personal characteristics of the educator and the relationships developed are key to quality in

home-based settings (Susman-Stillman et al., 2013). The emphasis on process quality is divergent from the center-centric narrative that has influenced the creation of quality measurement tools and Quality Rating and Improvement Systems.

A formal approach, irrespective of setting location, garners more positive results than an informal approach (Bassok et al., 2016). An assumption of quality based on program location is likely to be inaccurate as research clearly demonstrates that for home-based programs, the personal characteristics and intentionality of the individual educator are paramount to quality interactions (Smith, 2015). The structure enacted in an early childhood program likely has a greater impact on promoting quality interactions than the program location. Home-based settings that have adopted progressive child development strategies and processes are found to function in a more formal manner. Sorting out setting processes from setting types is challenging for researchers and often home-based settings are classified as being informal simply because of the location in a private home. Thus, the assumed quality of home-based programs is often generalized by the setting location as informal rather than the actions of the educator which may be more formal and progressive. Data consistently demonstrates not only the malleability of home-based educator practices and beliefs but the positive impact of recent, ongoing, and relevant professional development, particularly for educators without a degree or less experience in the field (Forry et al., 2013).

Home-based child care is integral to a robust mixed-delivery system of early childhood education. Family preference plays a vital role in determining quality (Lehrer et al., 2015). Family choice and respecting family perceptions of process and practical quality elements have merit, as parents are the consumers of early childhood care and education. Quality is socially constructed and is influenced by the community and culture of families; thus, it is not an

objective concept (Hooper et al., 2021). Formal quality measurement tools may not be sensitive enough or aligned properly to identify the level of impact that the individual elements of global quality have on overall quality interactions.

Professional development is essential for all educator types. While a degree provides an initial level of knowledge; ongoing, recent, and relevant professional development has been shown to support quality interactions for all early childhood educators (Bromer & Korfmacher, 2017). Professional development supporting quality interactions is particularly relevant for the home-based educator. Requiring a degree may not provide a solid return on investment but requiring professional development is invaluable. Professional development that is achievable, affordable, and accessible along with meeting the need of the sector is positively correlated with quality interactions (Schaack et al., 2017). The professional development needs of educators and the settings in which they work are varied, so understanding that quality is defined differently in various settings is crucial. Abell et al. (2014) suggested designing courses for this unique sector, acknowledging the challenges of these educators, and honoring the differences as valuable and important, could create observable differences in quality practices.

Creating targeted professional development to address the unique needs of diverse settings would provide more than knowledge to home-based educators. Home-based early childhood educators would also experience support of their professional motivations and opportunities to develop professional contacts and relationships as these are shown to support higher quality interactions (Han et al., 2021). Intentional support of home-based early childhood educators through targeted professional development can improve interactional quality and thus elevate the overall quality of early childhood education.

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