



HBCCSQ NSECE Analysis Brief

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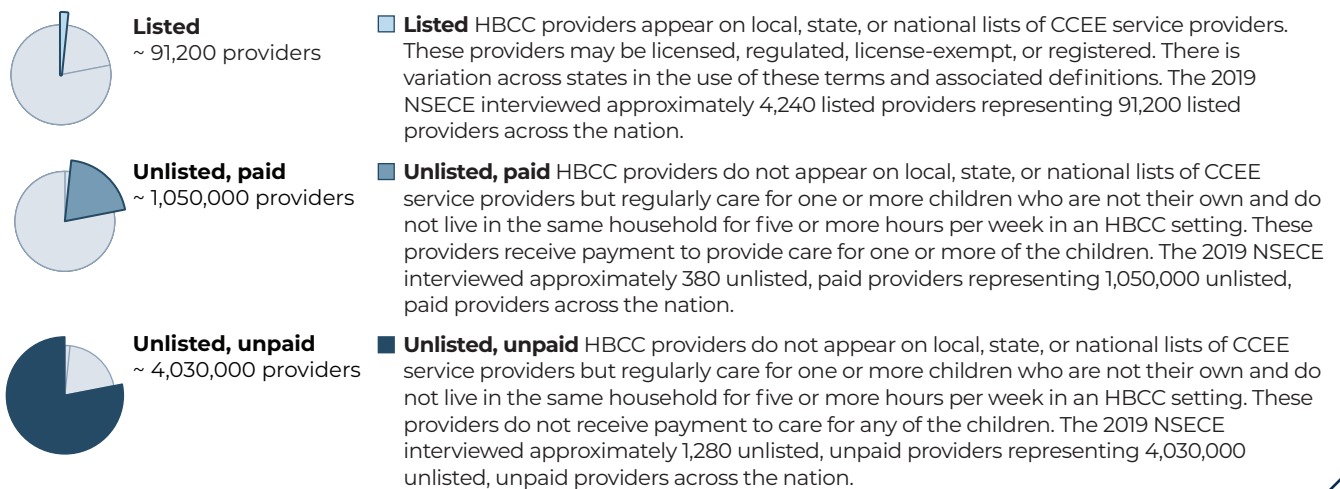
A National Portrait of Unlisted Home-Based Child Care Providers

Provider Demographics, Economic Well-being, and Health

In 2019, more than 5 million providers cared for one or more children either in their own home or in a child’s home.¹ Home-based child care (HBCC) providers are a varied group that includes both listed providers and unlisted providers who do and do not receive payment. HBCC is especially prevalent in communities of color, communities with high concentrations of people from immigrant backgrounds, areas of concentrated poverty, and rural communities.^{2,3} Yet, research on HBCC lags behind research on center-based child care and early education (CCEE),⁴ and the least is known about unlisted providers who do not appear on state or national provider lists and work outside the formal systems supporting CCEE programs.^{5,6} Using the 2019 National Survey of Early Care and Education (NSECE), this brief focuses on the demographic, educational, economic, and health and wellbeing characteristics of unlisted HBCC providers.

These analyses were conducted as part of the Home-Based Child Care Supply and Quality (HBCCSQ) project. This project aims to fill gaps in the knowledge base on HBCC. The analyses drew from an expansive range of variables from the 2019 NSECE Home-Based Provider Survey. We examined each characteristic separately for unlisted providers who accepted payment, unlisted providers who did not accept payment, and listed providers, and conducted pairwise comparisons between each of these groups using two-tailed t-tests. We **highlight differences** between groups when the *p*-value associated with this test falls below the 5 percent level. We weighted all analyses using NSECE-constructed weights so that results are representative of HBCC providers across the nation in 2019.⁷

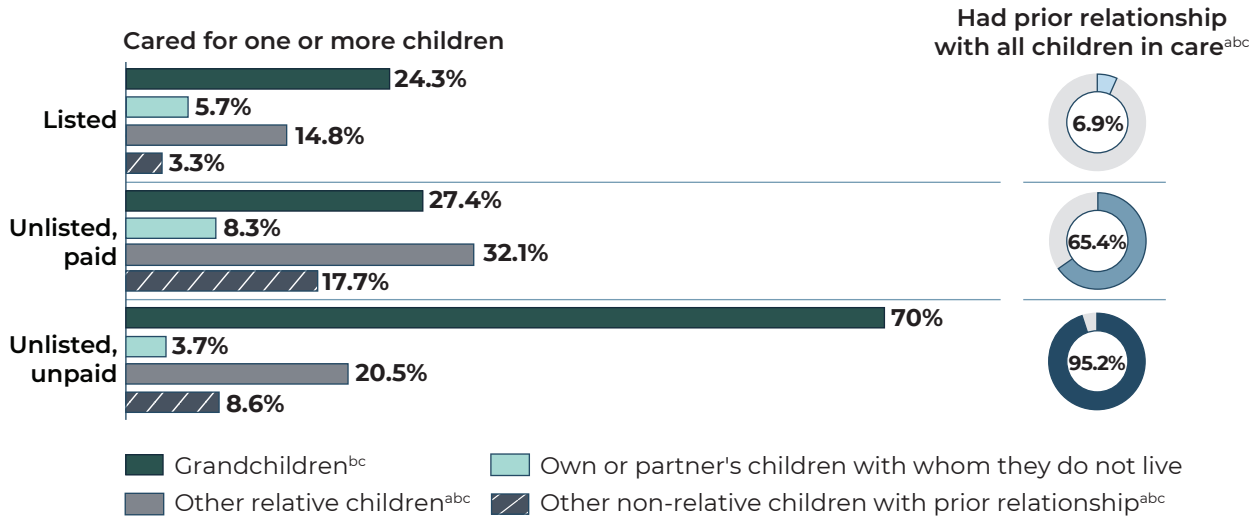
Exhibit 1. Types of HBCC providers as defined by the NSECE



Unlisted, unpaid providers were mainly older relatives, often caring for grandchildren, and most identified as White, non-Hispanic.

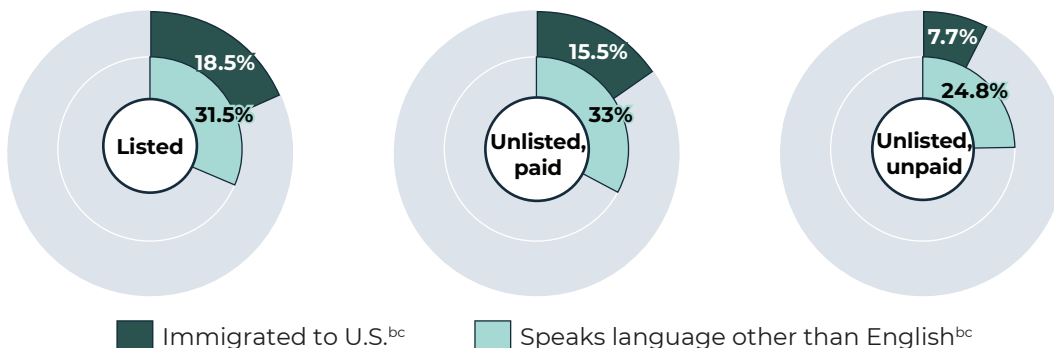
Unlisted, unpaid providers were older than other HBCC providers and almost exclusively cared for children with whom they had a prior personal relationship. Compared to other HBCC providers, the greatest proportion cared for grandchildren, while, compared to unlisted, paid providers, fewer cared for other relative children (such as nieces, nephews, and cousins) and other non-relative children with whom they had a prior relationship.

Age of provider	Listed	Unlisted, paid	Unlisted, unpaid
60 or higher ^{bc}	21.1%	18.8%	45.5%
50 to 60 ^{abc}	32.5%	15.3%	21.9%
40 to 50 ^{abc}	25.3%	15.4%	10.3%
30 to 40 ^{bc}	16.8%	22.2%	9.4%
Under 30 ^{abc}	4.3%	28.3%	12.9%

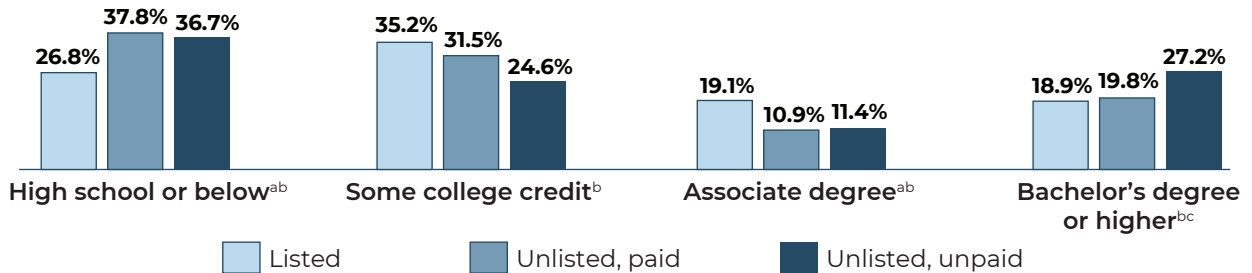


We use superscripts to indicate **statistically significant differences** between group means or percentages. Superscript 'a' indicates a difference between listed and unlisted, paid providers; 'b' indicates a difference between listed and unlisted, unpaid providers; and 'c' indicates a difference between unlisted, paid and unlisted, unpaid providers.

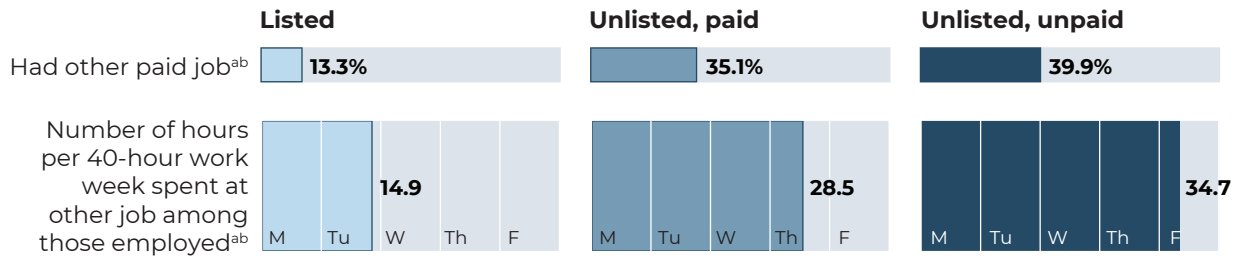
Compared to other HBCC providers, unlisted, unpaid providers were more likely to be **White, non-Hispanic**, and less likely to be immigrants and to speak a language other than English.



Unlisted, unpaid providers reported a mix of education levels; they were both more likely than other providers to have a bachelor's degree and more likely than listed providers to have a high school education or below.

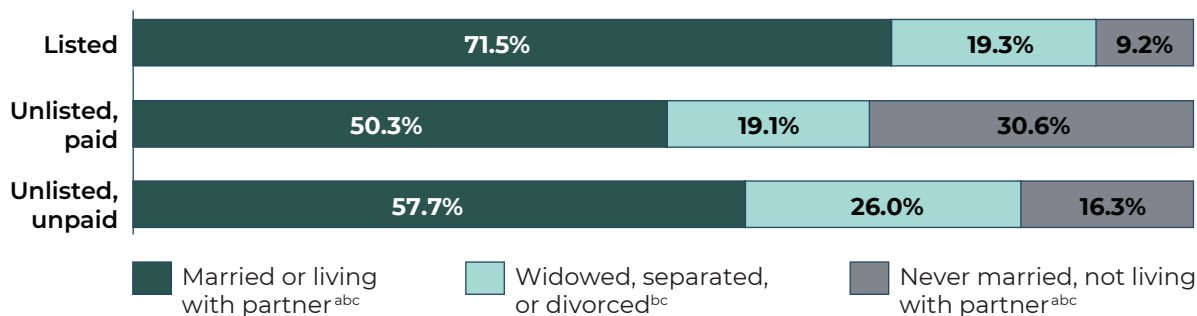


Meanwhile, unlisted, unpaid providers reported fewer economic resources in some areas than listed providers. They had **lower incomes** and rates of home ownership, even though 40 percent reported having a paid job in addition to providing regular unpaid care.

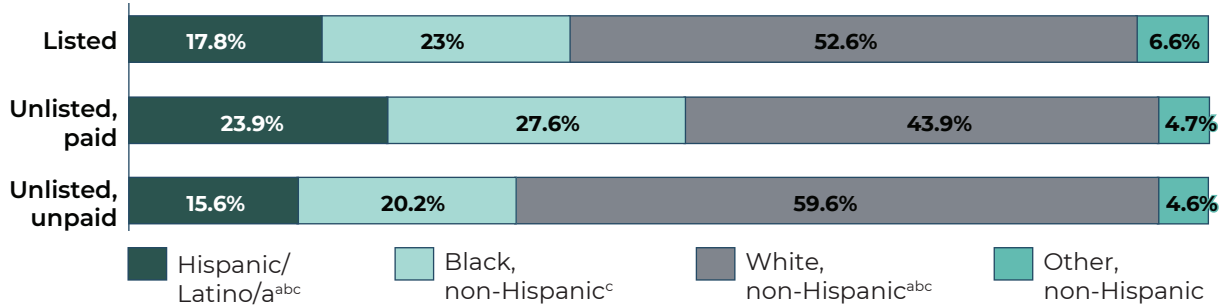


Unlisted, paid providers were younger, were more likely to identify as Black or Hispanic/Latino/a, experienced lower levels of wealth as measured by low household income and low home ownership, and had less access to health care compared to other providers.

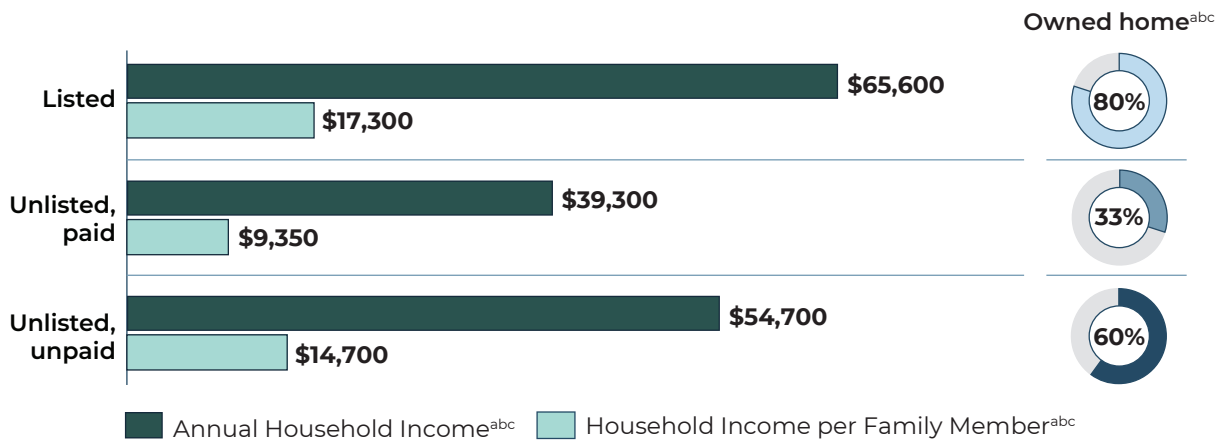
Unlisted, paid providers were **younger** than other HBCC providers. Compared to unlisted, unpaid providers, they were less likely to care for one or more **grandchildren**, and were the most likely to care for other relative and non-relative children with a prior relationship. Approximately half reported being married or living with a partner, although this was a smaller proportion compared to other HBCC providers.



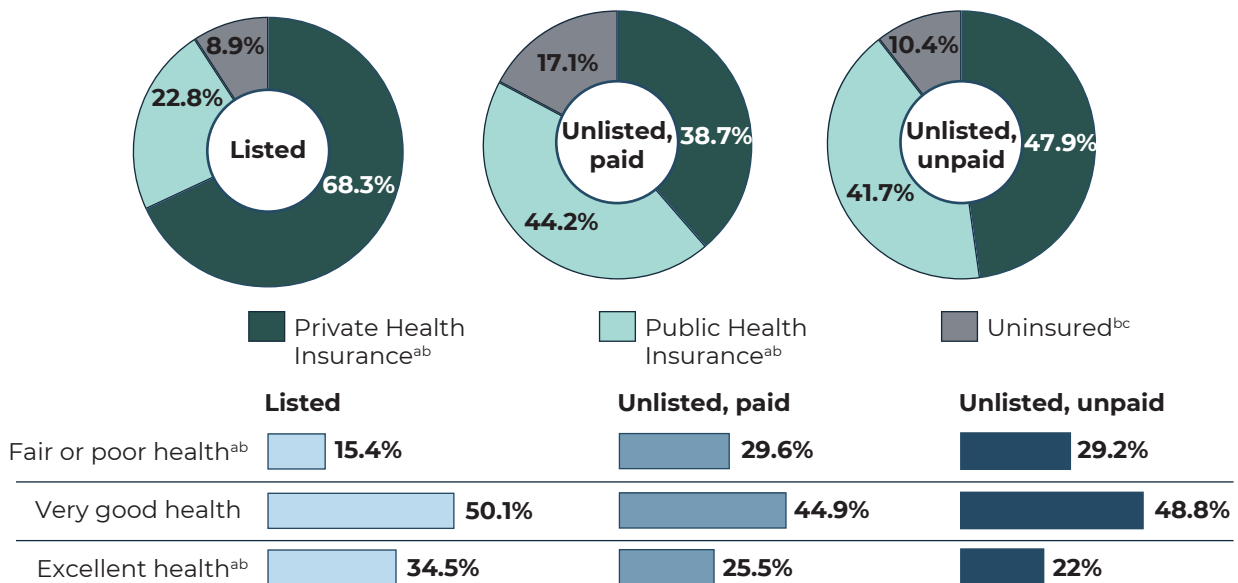
Relative to other providers, a greater percentage of unlisted, paid providers identified as Hispanic/Latino/a and the fewest identified as White. They were more likely than unlisted, unpaid providers to identify as Black, non-Hispanic.



Unlisted, paid providers had the lowest household incomes, lived in homes with the most family members, and had the lowest rates of home ownership relative to other HBCC providers.



Although most providers were insured, unlisted, paid providers were the most likely to be without health insurance and had lower self-reported health statuses compared to listed providers.



Implications

These findings highlight specific disparities among groups of home-based providers in economic, educational, and health experiences. For instance, lower household incomes and rates of home ownership indicate less economic stability among unlisted, paid providers compared to their listed and unlisted, unpaid peers. At the same time, they were much more likely than listed providers to have other paid employment. The findings also point to provider age as an important gateway to understanding key differences among HBCC providers, including in their health statuses and future plans for providing CCEE. Finally, the data suggest a need to better understand the role of certain unlisted provider characteristics – such as immigration status and home ownership status – in their ability and/or willingness to become licensed or regulated. More broadly, greater awareness of these meaningful differences in providers' experiences can inform programs and strategies for sustaining home-based providers and supporting quality of care in home-based settings.

Endnotes

- ¹ NSECE Project Team. "Home-Based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics." OPRE Report #2021-85. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021.
- ² NSECE Project Team. "Measuring Predictors of Quality in Early Care and Education Settings in the National Survey of Early Care and Education." OPRE Report #2015-93. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2015.
- ³ Porter, Toni, Diane Paulsell, Patricia Del Grosso, Sarah Avellar, Rachel Hass, and Lee Vuong. "A Review of the Literature on Home-Based Child Care: Implications for Future Directions." Washington, DC: Mathematica Policy Research, 2010.
- ⁴ Bromer, Juliet, Toni Porter, Christopher Jones, Marina Ragonese-Barnes, and Jaimie Orland. "Quality in Home-Based Child Care: A Review of Selected Literature." OPRE Report #2021-136. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021.
- ⁵ Doran, Elizabeth, Ann Li, Sally Atkins-Burnett, Jasmine Ford, Jaimie Orland, Marina Ragonese-Barnes, Nathan Mix, Natalie Reid, and Ashley Kopack Klein. "Quality in Home-Based Child Care: Summary of Existing Measures and Indicators." OPRE Report #2022-27. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022.
- ⁶ Hooper, Alison, Gerilyn Slicker, and Danielle Riser. "Identifying a Typology of Unlisted Paid Home-Based Child Care Providers Using Latent Profile Analysis." *Early Education and Development*, 32, pp. 1053-1066, 2021.
- ⁷ For detailed information about the 2019 NSECE sample design, key elements of its component surveys, and other unique survey features, see: NSECE Project Team. "2019 National Survey of Early Care and Education Data Collection and Sampling Methodology Report." OPRE Report 2022-118, Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022.

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