



## HBCCSQ NSECE Analysis Brief

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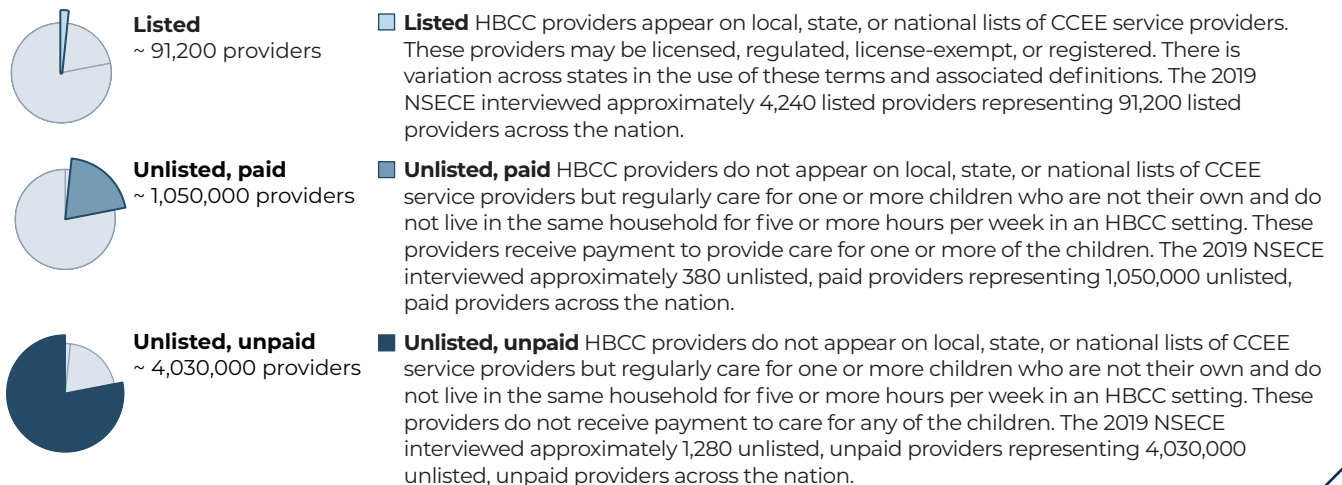
# A National Portrait of Unlisted Home-Based Child Care Providers

## Caregiving Histories, Motivations, and Professional Engagement

In 2019, more than 5 million providers cared for one or more children either in their own home or in a child’s home.<sup>1</sup> 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.<sup>2,3</sup> Yet, research on HBCC lags behind research on center-based child care and early education (CCEE),<sup>4</sup> 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.<sup>5,6</sup> Using the 2019 National Survey of Early Care and Education (NSECE), this brief focuses on unlisted providers’ caregiving histories, motivations, and recent experiences with professional supports.

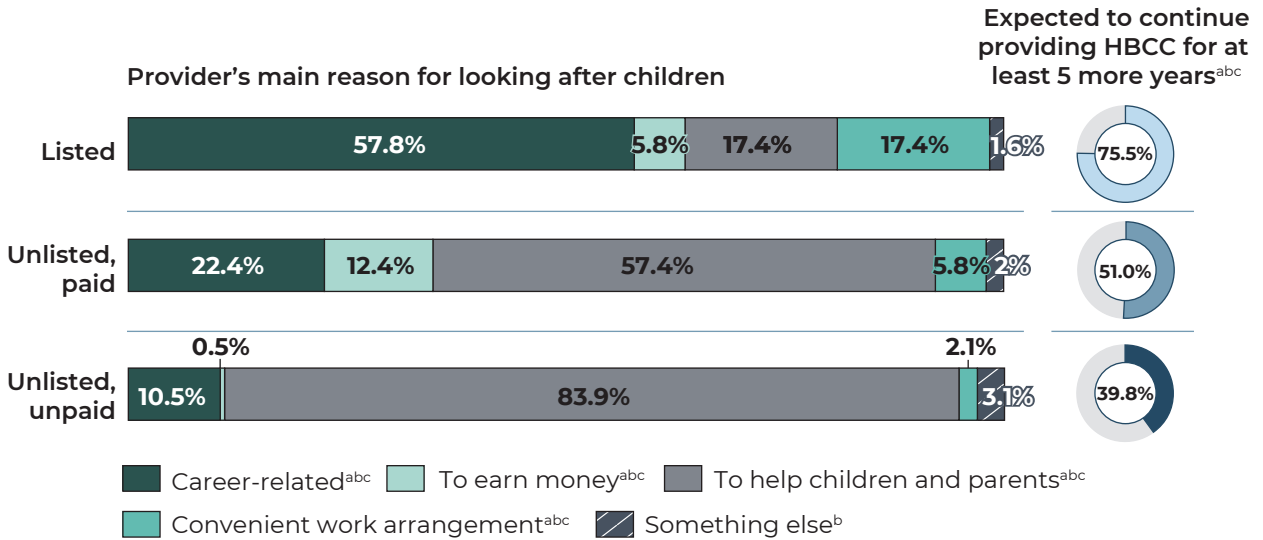
These analyses were conducted as part of the Home-Based Child Care Supply and Quality (HBCCSQ) project. This project aims to fill gaps in the knowledge base on HBCC. The analyses drew from an expansive range of variables from the 2019 NSECE Home-Based Provider Survey. We examined each characteristic 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.<sup>7</sup>

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



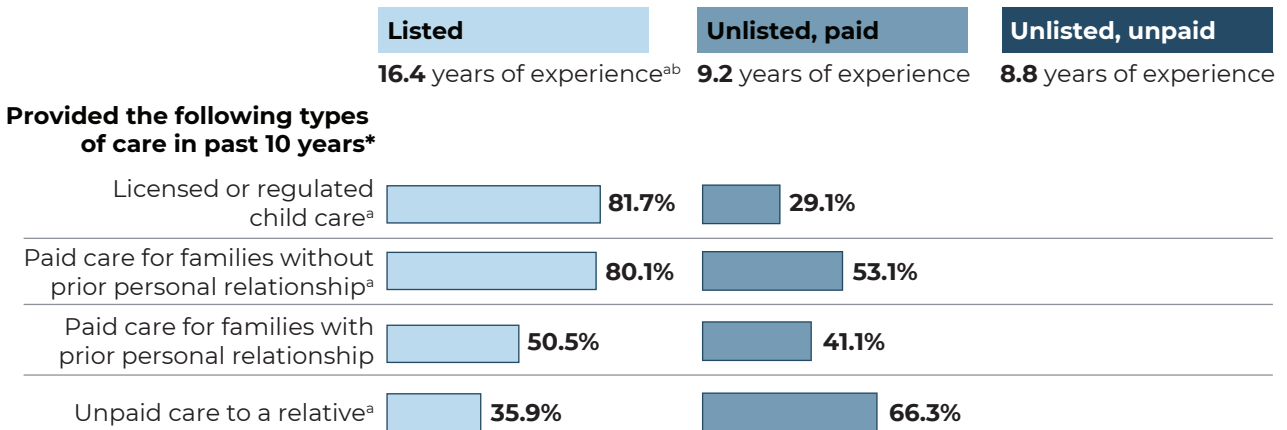
## Many **unlisted, paid** providers indicated that they see caring for children as their career and demonstrated a commitment to providing child care and early education.

Though most unlisted, paid providers reported that they mainly provided care to help families, more than a third reported their main reason for looking after children was either career-related or to earn money, and more than half expected to continue providing HBCC for at least five more years. These proportions were higher than unlisted, unpaid providers, but lower than listed providers.



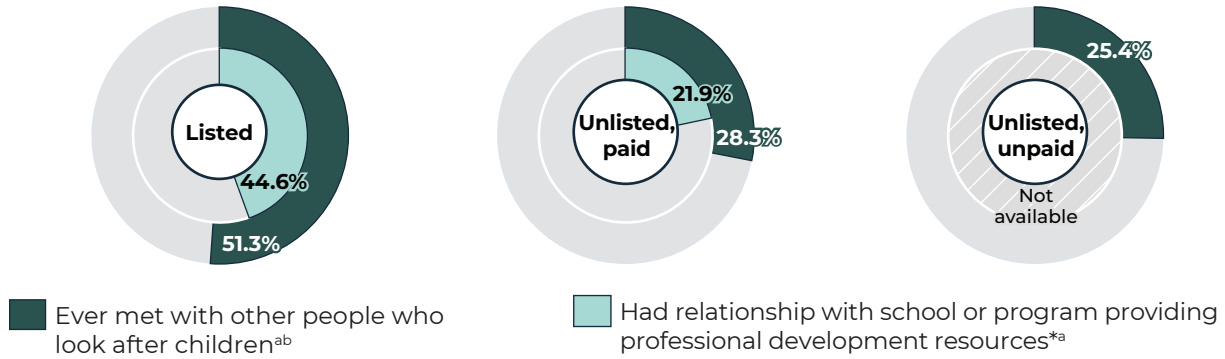
We use superscripts to indicate **statistically significant differences** between group means or percentages. Superscript 'a' indicates a difference between listed and unlisted, paid providers; 'b' indicates a difference between listed and unlisted, unpaid providers; and 'c' indicates a difference between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

Unlisted, paid providers reported many years of experience caring for children under 13, although fewer than listed providers. Among unlisted, paid providers **who were asked**, in the past decade, more than half provided paid care to a non-relative and approximately one in three provided licensed or regulated care.



\* These items were only asked of non-relationship-based providers and relationship-based providers who were paid and regularly served 4 or more children in their own home (97% of listed providers and 51% of unlisted, paid providers).

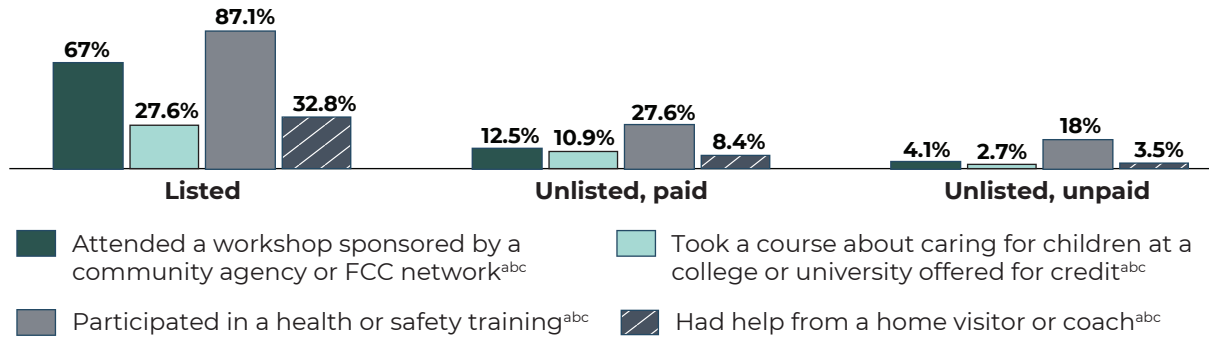
Although fewer than listed providers, about one-third of unlisted, paid providers ever reported meeting with other providers who care for children. Among those **who were asked**, one-fifth reported a current relationship with a school or program that provided professional resources.



\* This item was only asked of non-relationship-based providers and relationship-based providers who were paid and regularly served 4 or more children in their own home (97% of listed providers and 51% of unlisted, paid providers).

### Fewer **unlisted, unpaid** providers reported participating in professional development activities relative to other paid providers, although some reported access to a network of other providers.

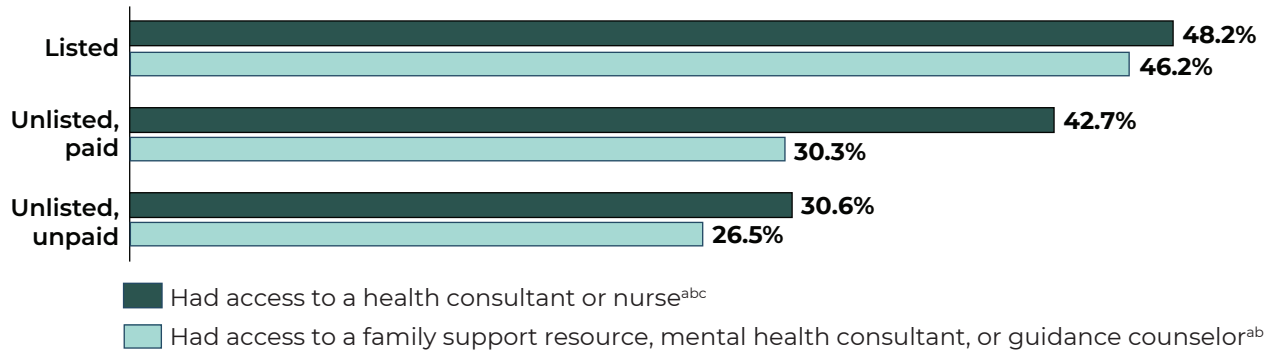
In the past year, compared to other HBCC providers, the smallest proportion of unlisted, unpaid providers reported having attended a sponsored workshop, taken a course about caring for children for credit, participated in a health or safety training, or received coaching or help from a home visitor.



Although uncommon among all providers, almost no unlisted, unpaid providers who participated in professional development activities such as workshops or credit-bearing courses received any cost assistance for those activities.



Compared to other HBCC providers, fewer unlisted, unpaid providers – just one in three – reported having access to nurses or health consultants to help with nutrition, allergies, or other health-related issues. One in four reported having access to other family support resources to help with issues that parents raise, which is fewer than listed providers.



Although small proportions of unlisted, unpaid providers had accessed **formal professional development** supports, more than half had accessed, or knew where to access, networks of other peers who also look after children.

**73.4%**

of **Listed** providers knew where to access a network of other providers.<sup>ab</sup>

**56.1%**

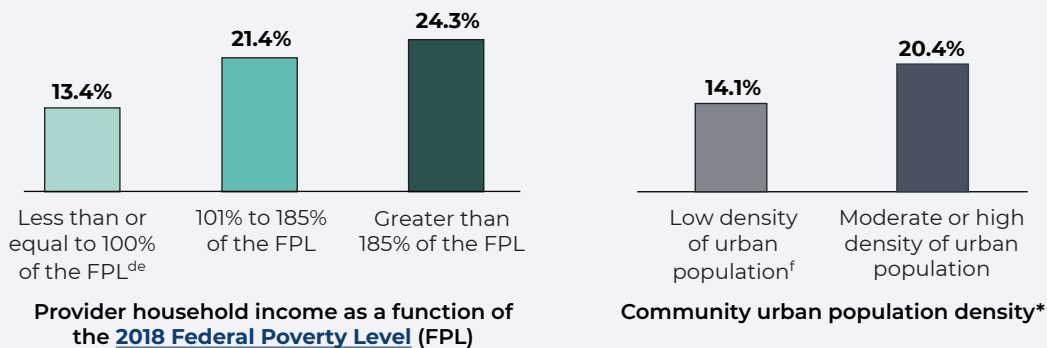
of **Unlisted, paid** providers knew where to access a network of other providers.

**57%**

of **Unlisted, unpaid** providers knew where to access a network of other providers.

Among both **unlisted, paid** and **unlisted, unpaid** providers, those with household incomes at or below poverty were less likely to report having access to one or more formal professional development supports as compared to unlisted providers with higher household incomes. Unlisted providers who lived in rural areas were also less likely to report having accessed professional development supports than providers in less rural areas.

**Received any professional development supports**



Superscripts 'd' and 'e' indicate differences between providers with incomes less than or equal to 100% of the FPL and providers in each other income group; 'f' indicates a difference between low density urban population and moderate or high density urban population.

\*Communities with a low density of urban population are defined as those in the bottom third of the distribution of the ratio of urban population-to-total population according to the American Community Survey (ACS).

## Implications

HBCC provider motivation and professional engagement may be linked with providers' intentions to remain in the field.<sup>8</sup> The findings highlight a variety of motivations among unlisted, paid providers, including to advance their careers in education and earn income. At the same time, professional engagement, such as attending trainings, taking credit-bearing courses, and collaborating and networking with other providers, may increase providers' professional identities and motivation related to advancing their career. The finding that most unlisted providers, including particularly those with lower incomes and those who lived in rural communities, did not have access to professional development resources, and almost none received cost assistance for these activities, suggests the need to rethink strategies for professional engagement in HBCC. This could begin by considering opportunities to engage unlisted providers in the types of less formal professional settings (for example, meetings with peers, health consultants, and guidance counselors) that some reported in the data. Attention to and investment in these strategies seem worthwhile in light of the relatively long CCEE tenures reported by unlisted HBCC providers, and the considerable proportion who expected to continue providing care to children for five years or more.

## Endnotes

- <sup>1</sup> 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.
- <sup>2</sup> 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.
- <sup>3</sup> 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.
- <sup>4</sup> 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.
- <sup>5</sup> 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.
- <sup>6</sup> 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.
- <sup>7</sup> 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.
- <sup>8</sup> Hooper, Alison. "Predictors of Instructional Practices Among a Nationally Representative Sample of Home-Based Child Care Providers." *Child Youth Care Forum*, 47, pp. 747-768, 2018.

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