



Erikson Institute

A National Portrait of Home-Based Child Care Providers:

An analysis of the 2019 National
Survey of Early Care and
Education

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Thank you!

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- / Thanks to our federal partners: Ann Rivera, Bonnie Mackintosh, and Kylee Probert**
- / The content of this presentation does not necessarily represent the official views or policies of OPRE, ACF, or HHS**

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Overview

- / **The Home-Based Child Care Supply and Quality (HBCCSQ) Project**
- / **Types of HBCC providers and their prevalence in the 2019 NSECE Home-Based Provider Survey**
- / **A selection of what we learned about:**
 - Provider demographic, economic, and health and wellbeing characteristics
 - Provider education, experience, and professional and peer supports
- / **Our key takeaways**

The Home-Based Child Care Supply and Quality (HBCCSQ) Project



HBCCSQ project goals and activities



Identify features of quality in HBCC and assess the adequacy of existing measures of quality



Develop a research agenda and study designs on HBCC



Analyze existing and new data to address key questions about the composition and experiences of the HBCC workforce



Develop and test tools that can validly and reliably measure quality in HBCC



We used the 2019 NSECE to describe the characteristics of HBCC providers in a series of research briefs

1. What were HBCC providers' demographic, educational, economic, and health and wellbeing characteristics? OPRE Brief #2022-280
2. What were HBCC providers' caregiving histories, motivations, and recent experiences with professional supports? OPRE Brief #2022-281
3. How did HBCC providers spend their caregiving time, what kinds of caregiving services did they provide, and what were the characteristics of the children they served? OPRE Brief #2022-292
4. What were the characteristics of the communities in which HBCC providers lived and usually cared for children? OPRE Brief #2023-146



Scan this code to access our briefs!



Data and methods of analysis

- / **Characteristics drawn from 2019 NSECE Home-Based Provider Survey Restricted-Use Data Files**
- / **Examined distribution of each characteristic separately for:**
 - / Listed providers
 - / Unlisted, paid providers
 - / Unlisted, unpaid providers
- / **Tested for statistical significance between each pair of groups to help focus on the differences between them**
 $p < .05$, two-tailed t-test
- / **Weighted all analyses using NSECE-constructed weights so that results represent providers across the nation in 2019**

Listed and unlisted HBCC providers



Listed providers appear on local, state, or national lists of providers

They may be:

- Family child care (FCC) providers who are licensed/registered/certified
- Family, friend, and neighbor (FFN) providers who are exempted from being licensed/registered/certified, but participate in public CCEE programs



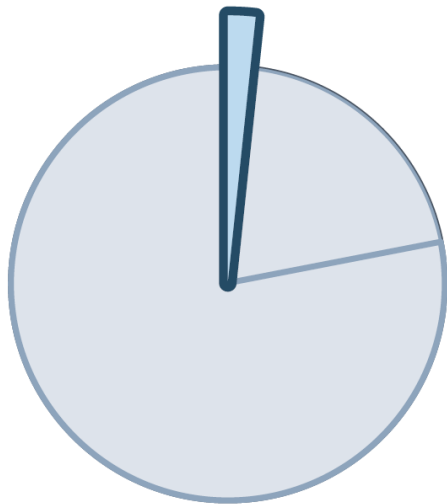
Unlisted HBCC providers regularly care for a child that is not their own, but are neither licensed/registered/certified nor participating in public CCEE programs

They are FFN providers and may be:

- Relatives or non-relatives
- Paid or unpaid

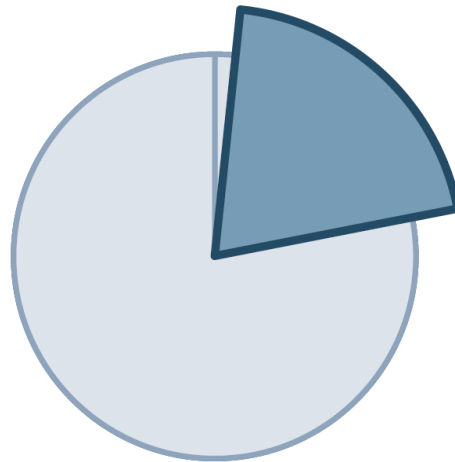
Understanding the prevalence

/ In 2019, over 5 million HBCC providers served over 12 million children under the age of 13



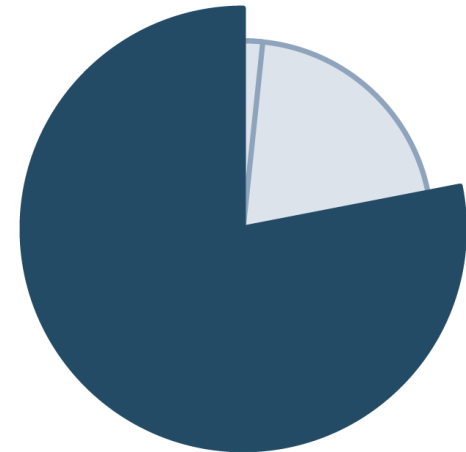
Listed

~ 91,200 providers
~ 785,000 children



Unlisted, paid

~ 1,050,000 providers
~ 3,490,000 children



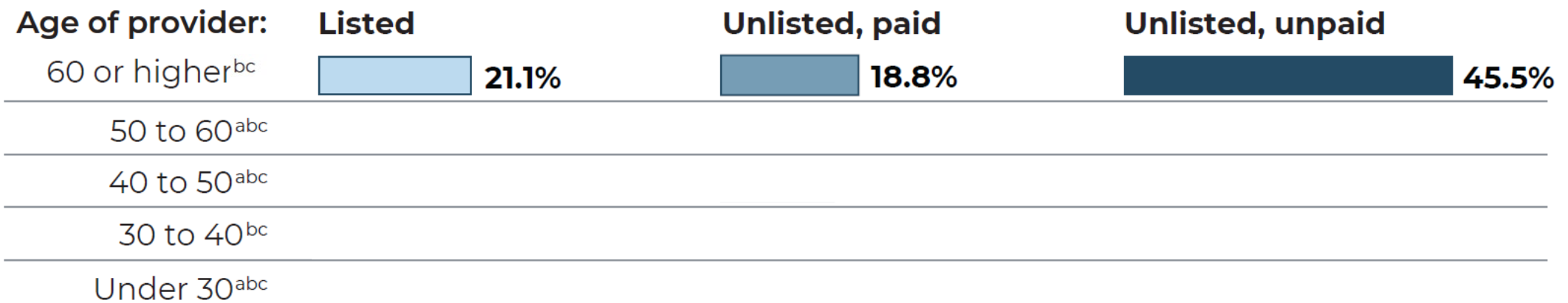
Unlisted, unpaid

~ 4,030,000 providers
~ 8,000,000 children

What we learned

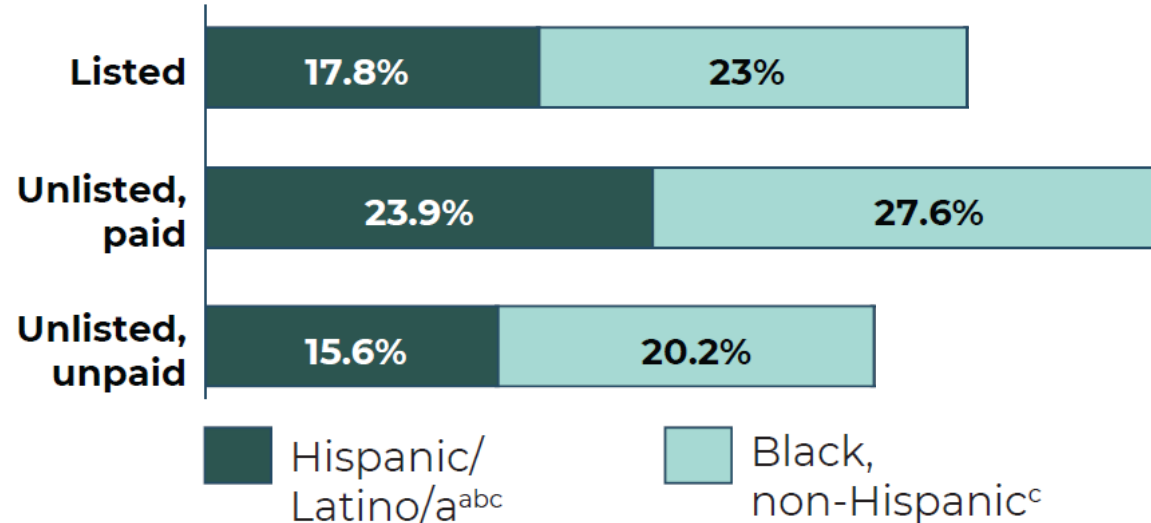
What are the demographic, economic, and health and wellbeing characteristics of HBCC providers?

Unlisted, unpaid providers tended to be older than other providers, followed by **listed** providers. **Unlisted, paid** providers tended to be younger.

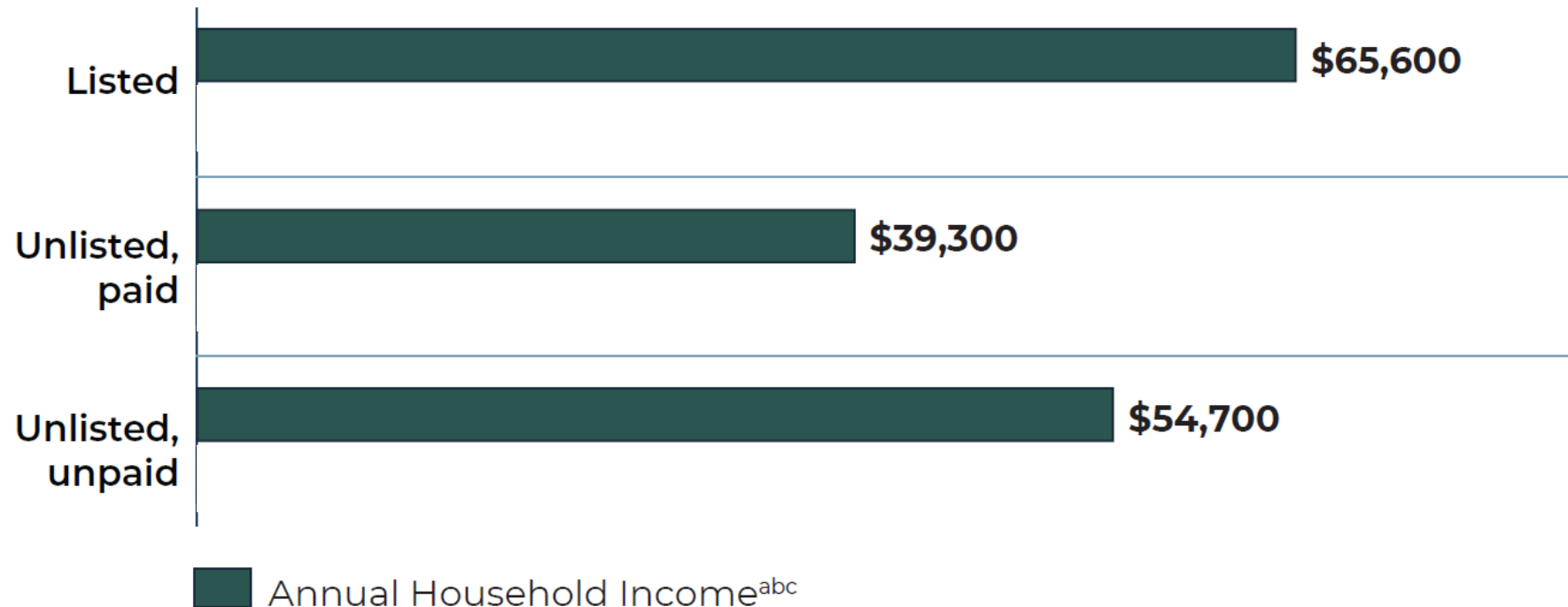


We use superscripts to indicate **statistically significant differences** between group means or percentages. Superscript 'a' indicates a difference between listed and unlisted, paid providers; 'b' indicates a difference between listed and unlisted, unpaid providers; and 'c' indicates a difference between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

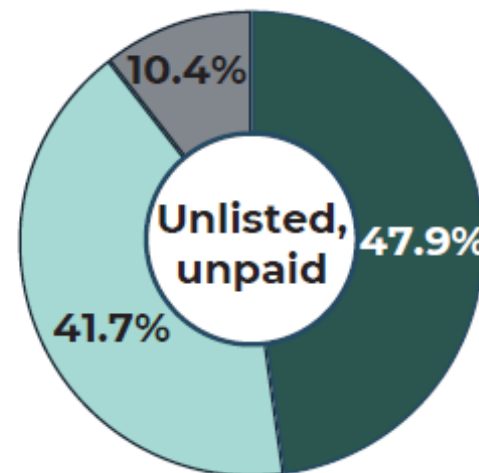
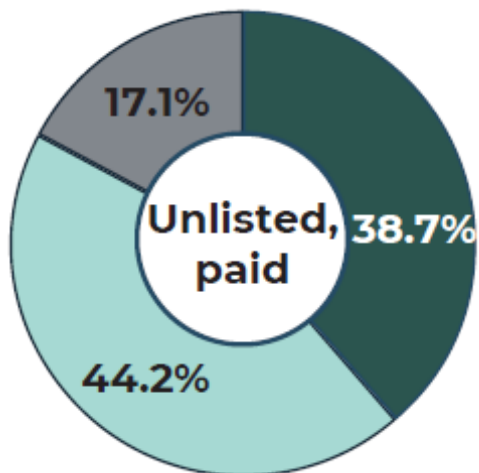
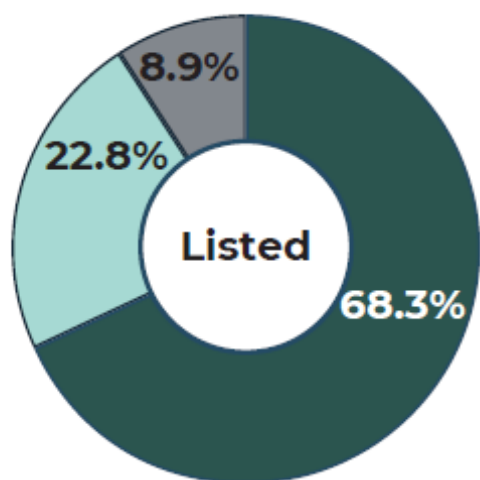
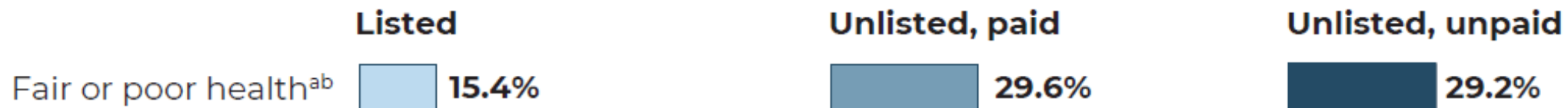
Unlisted, paid providers were most likely to identify as Hispanic/Latino/a or Black, non-Hispanic, whereas **unlisted, unpaid** providers were most likely to identify as White, non-Hispanic.



Unlisted, paid providers had the lowest household incomes to support the most family members and were least likely to own their home. **Listed** providers had higher incomes and most owned their home.



Unlisted, paid and unpaid providers reported lower health statuses than **listed** providers, and **unlisted, paid** providers were most likely to be uninsured (though most were insured).



Private health insurance^{ab}

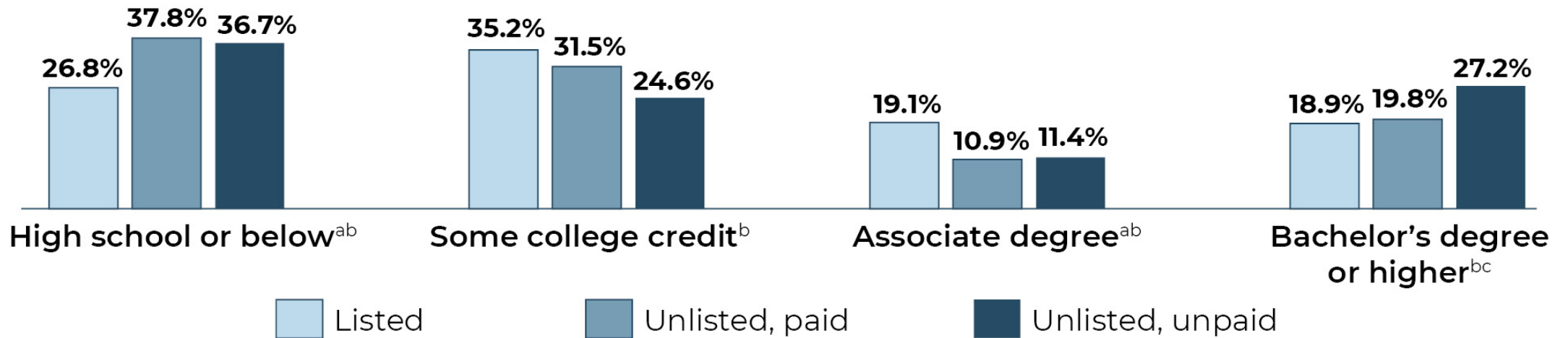
Public health insurance^{ab}

Uninsured^{bc}

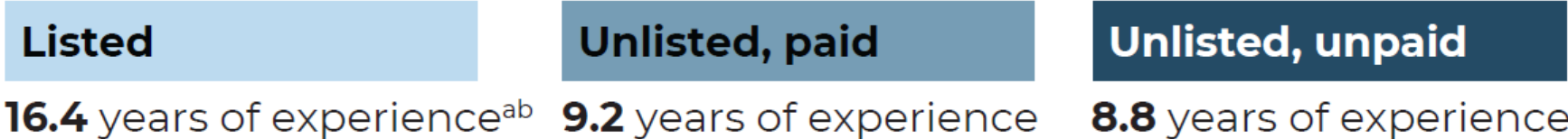
What we learned

What are HBCC providers' education levels, years of experience, and how do they engage with professional supports?

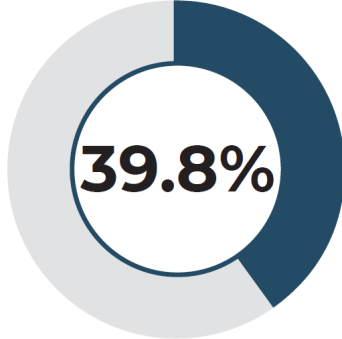
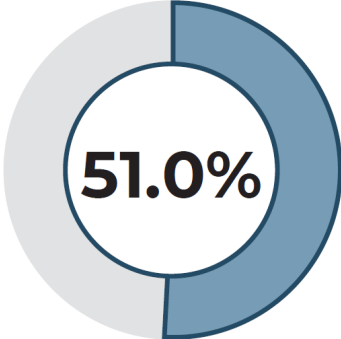
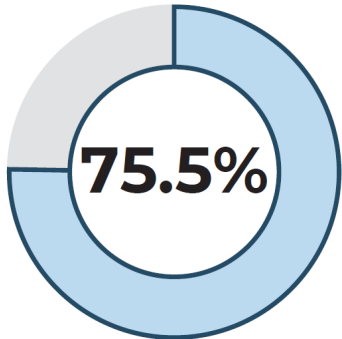
HBCC providers reported a mix of education levels. Compared to **unlisted, paid** and **unpaid** providers, **listed** providers were most likely to have some education beyond high school.



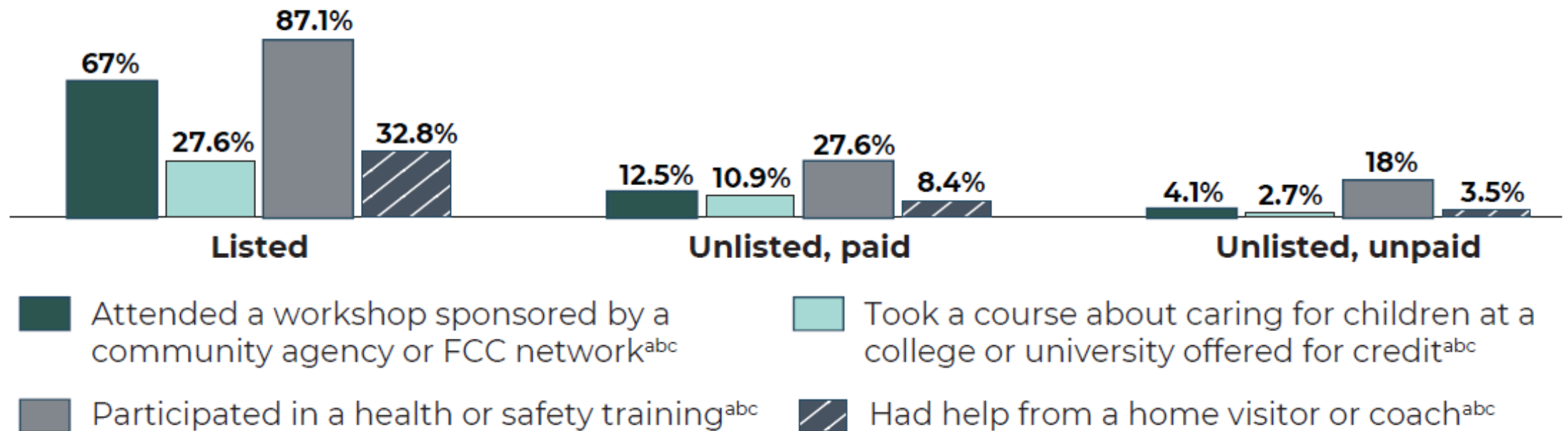
Unlisted, paid and **unpaid** providers reported many years of experience, though fewer than **listed** providers. Most **listed** providers, and many **unlisted** providers, expected to remain in the field for 5 or more years.



Expected to continue providing HBCC for at least 5 more years^{abc}



Unlisted, unpaid providers were least likely to report having engaged in different professional development activities in the past year, followed by **unlisted, paid** providers. Nearly all **listed** providers reported one or more activity.



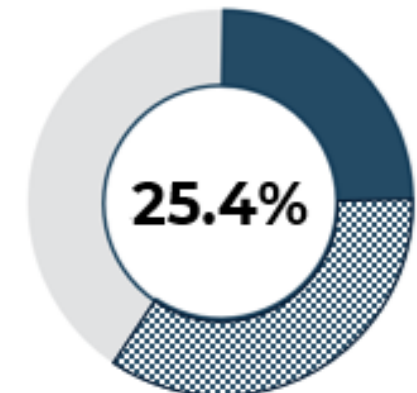
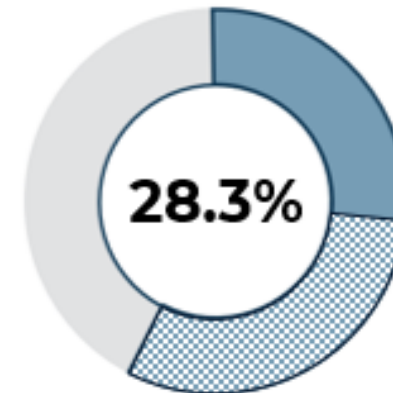
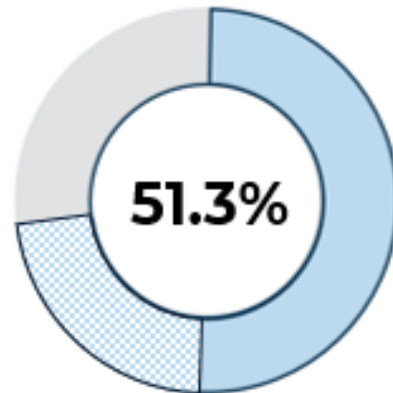
More than half of **unlisted**, **unpaid** and **paid** providers knew where to access networks of other providers who look after children, and some reported meeting with those networks. About half of **listed** providers reported meeting with a peer network.

Listed

Unlisted, paid

Unlisted, unpaid

Accessed a network of providers who look after children^{ab}



Key takeaways



Key takeaways and implications

- / Unlisted, paid providers reported lower incomes, rates of home ownership, and health insurance coverage, indicating less economic stability. These providers were also most likely to identify as Hispanic/Latino/a or Black, non-Hispanic.**
- / Large differences in age among HBCC providers may be important for understanding variation in other characteristics, such as health status, education and experience, and plans for providing CCEE.**
- / Most unlisted providers did not access professional supports, but some reported accessing peer supports. Efforts to engage unlisted providers could begin in less formal settings, such as events with networks of others who care for children.**



Additional information

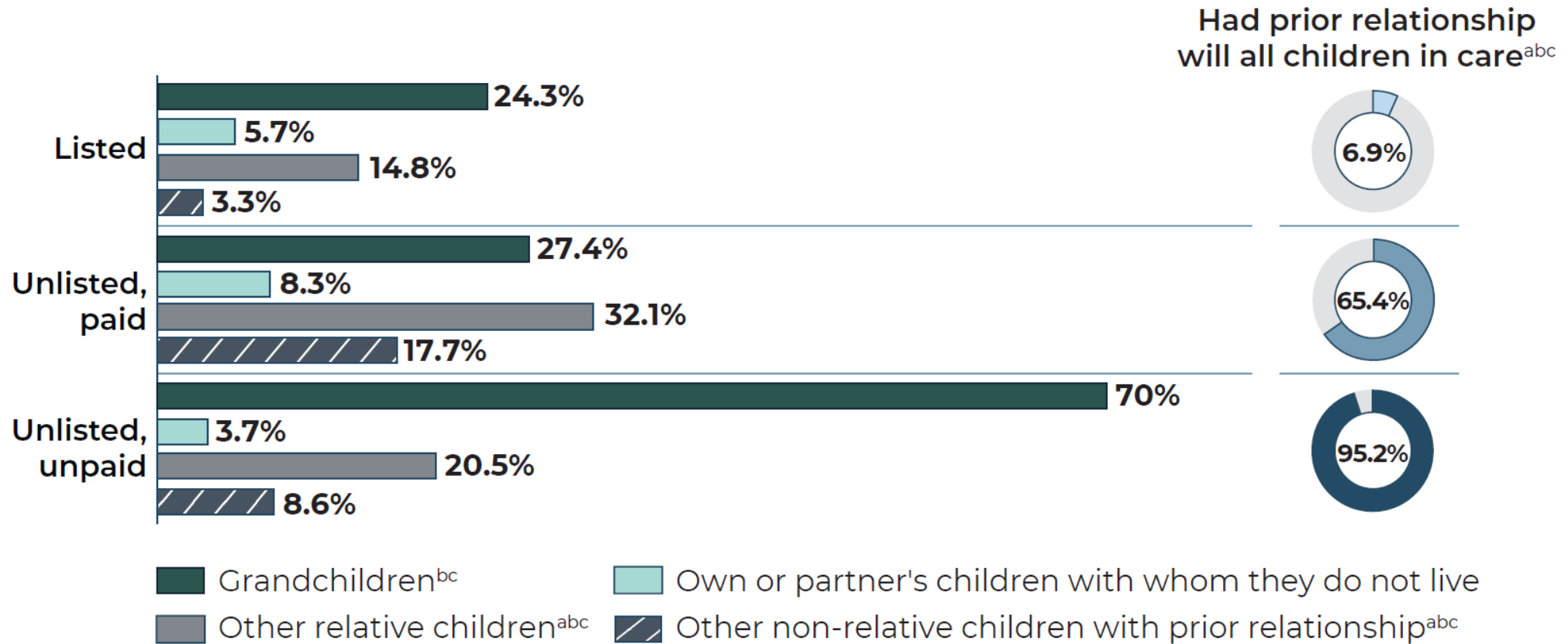
- / More information about HBCCSQ and project products are available on the OPRE website: <https://www.acf.hhs.gov/opre/project/home-based-child-care-supply-and-quality-2019-2024>**
- / For additional information about the study or any thoughts or feedback, please send to:**
 - / Owen Schochet (oschochet@mathematica-mpr.com) or**
 - / Patricia Del Grosso (pdelgrosso@mathematica-mpr.com)**

Extra slides

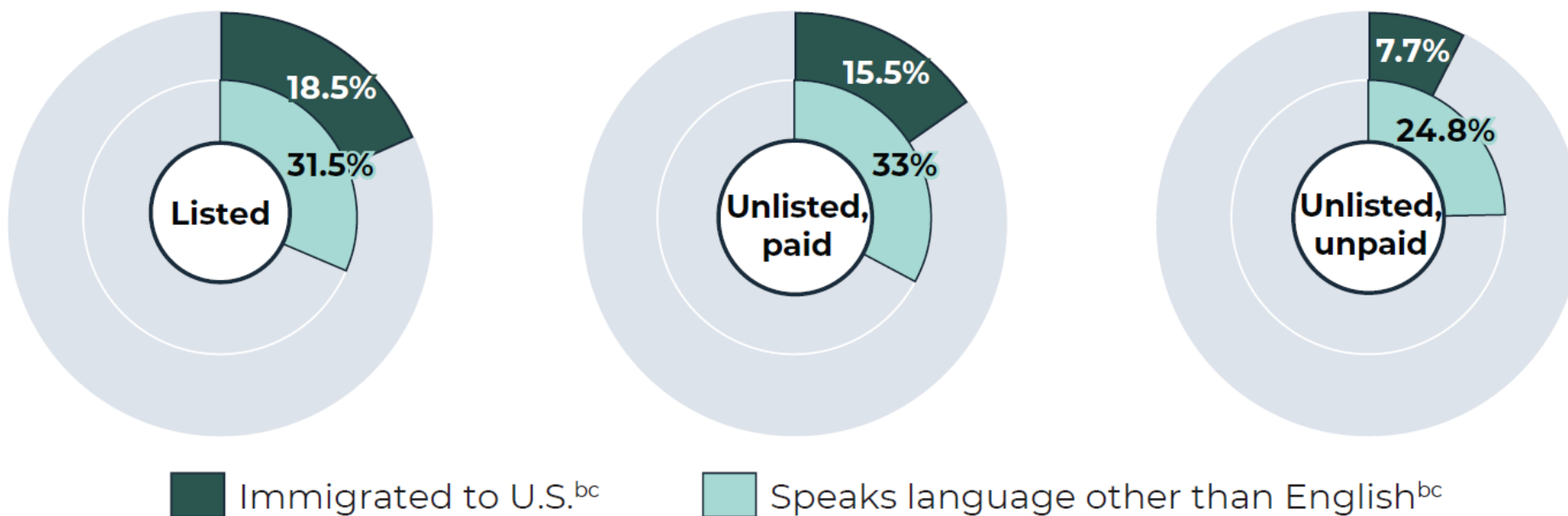
Extra Slides

Provider Demographics, Economic Wellbeing, and Health

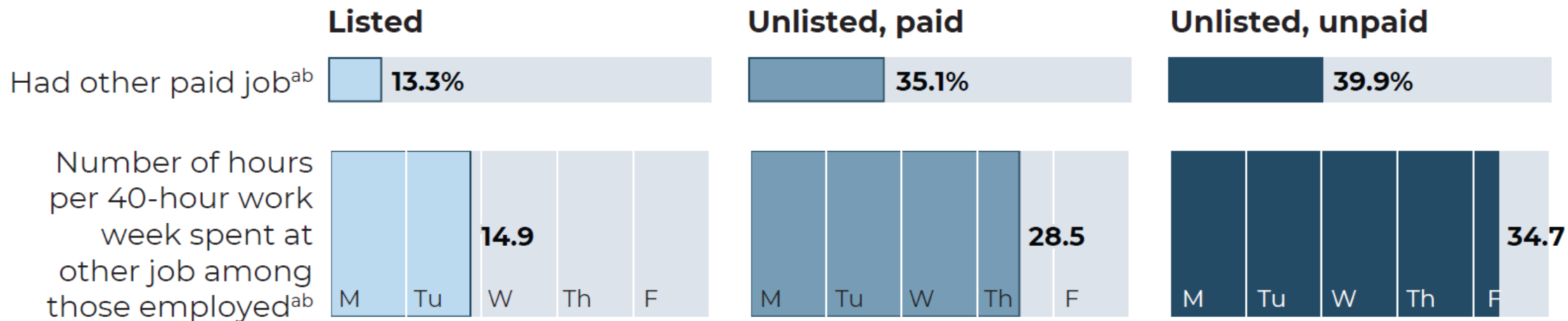
Almost all **unlisted, unpaid** providers had prior relationships with children, and most were grandparents. Nearly all **listed** providers cared for one or more children without a prior relationship.



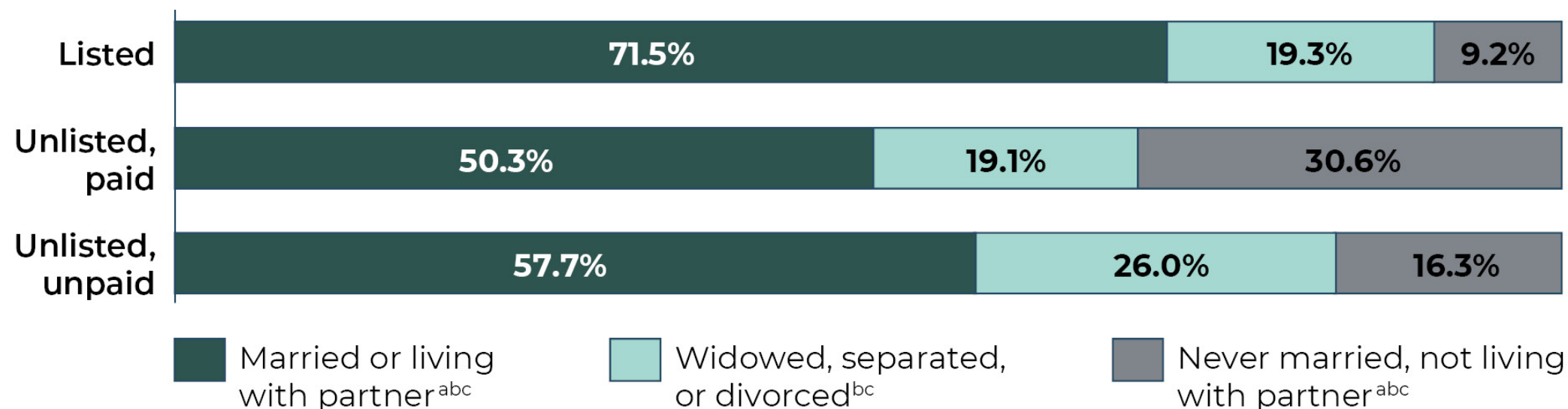
Compared to other providers, **unlisted, unpaid** providers were least likely to be immigrants and to speak a language other than English.



Unlisted, paid and unpaid providers were more likely than **listed** providers to have another paid job in addition to caring for children. Those unlisted providers that had another paid job reported working an additional 30 to 35 hours per week.



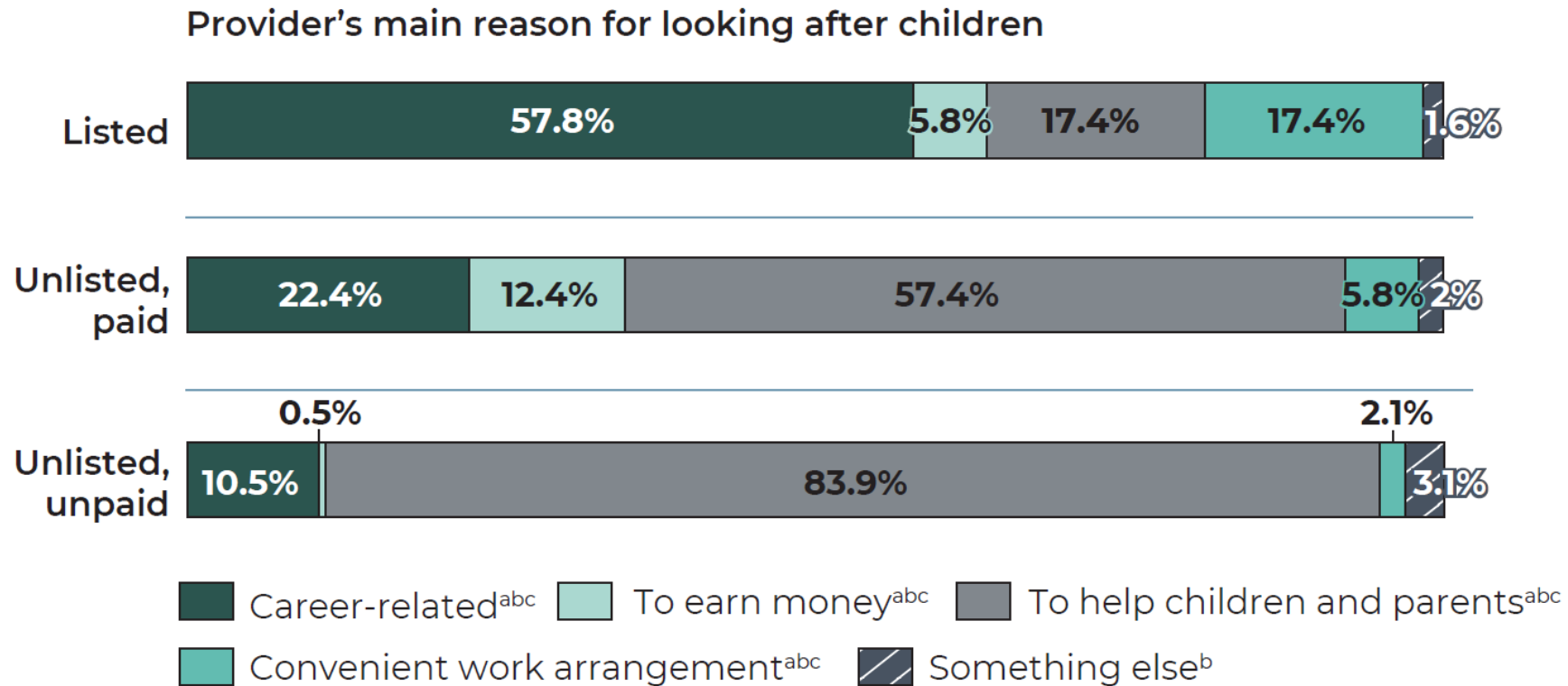
Approximately half of **unlisted, paid** providers reported being married or living with a partner, although this was a smaller proportion compared to other HBCC providers. The greatest proportion of **listed** providers were married or living with a partner.



Extra Slides

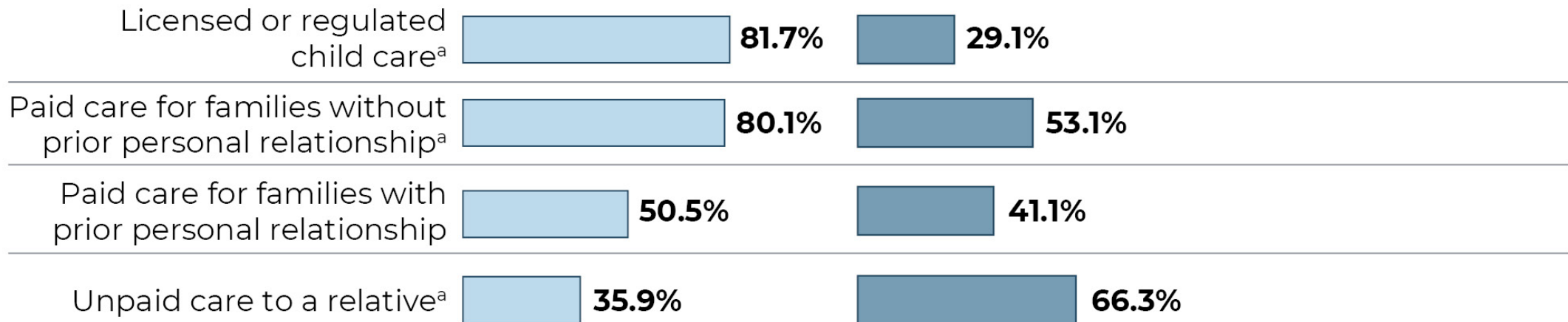
Caregiving Histories, Motivations, and Professional Engagement

Though a smaller proportion compared to **listed** providers, one-third of **unlisted, paid** providers' main reason for providing care was career-related or to earn money. Most **unlisted, unpaid** providers cared for children to help families.



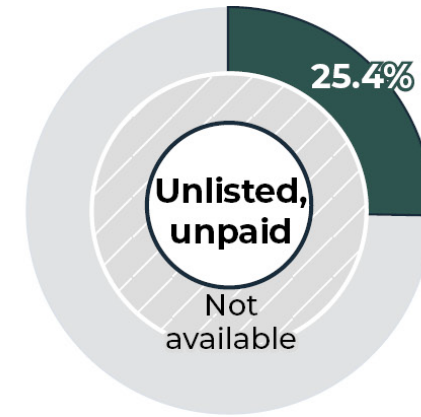
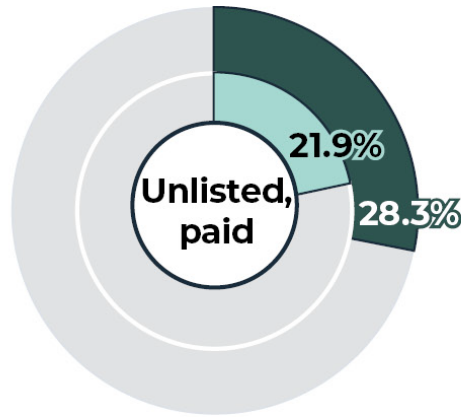
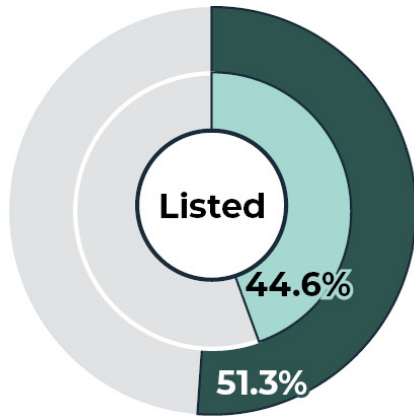
Among **unlisted, paid** providers who were asked, in the past decade, more than half provided paid care to a non-relative and approximately one in three provided licensed or regulated care. Most **listed** providers provided paid, licensed or regulated care in the past 10 years.

Provided the following types of care in past 10 years*



* 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.



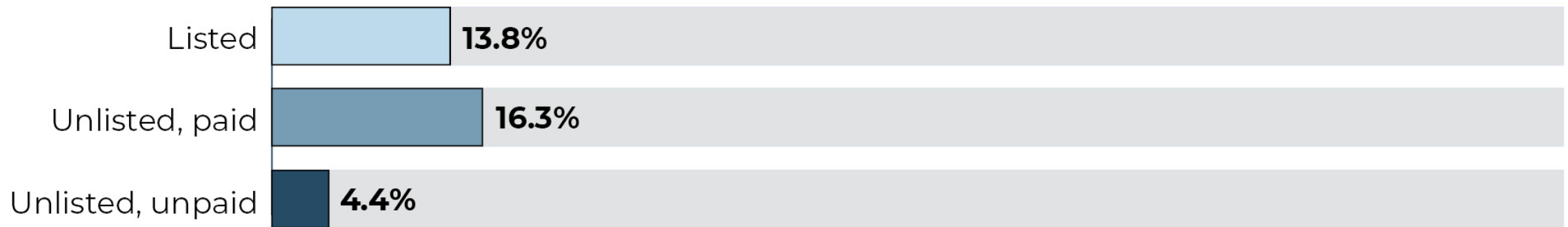
■ Ever met with other people who look after children^{ab}

■ Had relationship with school or program providing professional development resources^{*a}

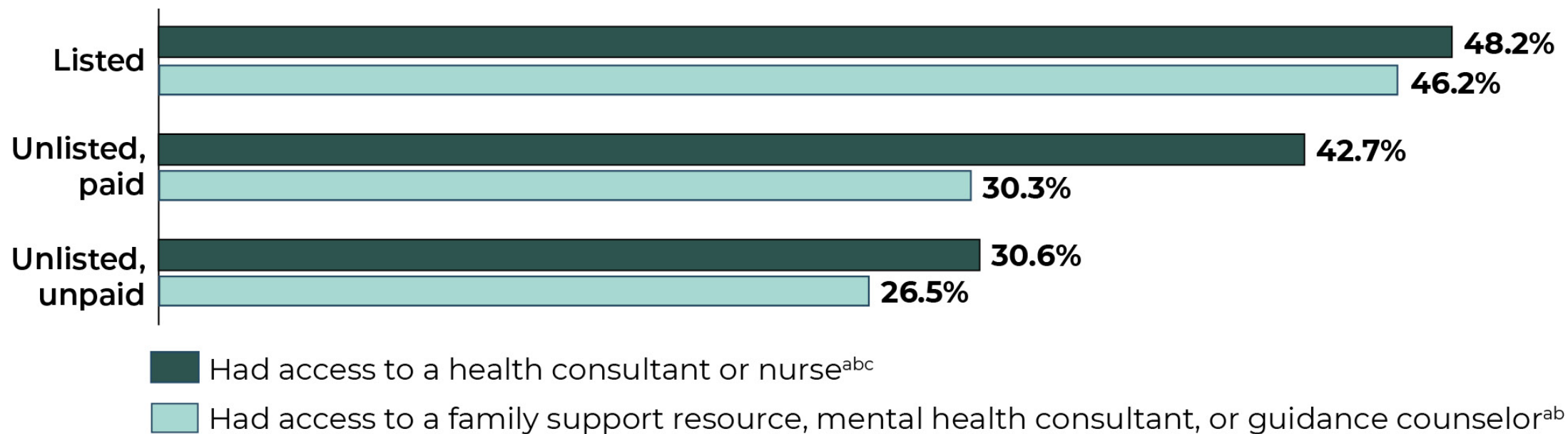
* This item was only asked of non-relationship-based providers and relationship-based providers who were paid and regularly served 4 or more children in their own home (97% of listed providers and 51% of unlisted, paid providers).

Although uncommon among all providers, almost no **unlisted, unpaid** providers who participated in professional development activities received any cost assistance for those activities.

Received cost assistance for professional development activities^{bc}



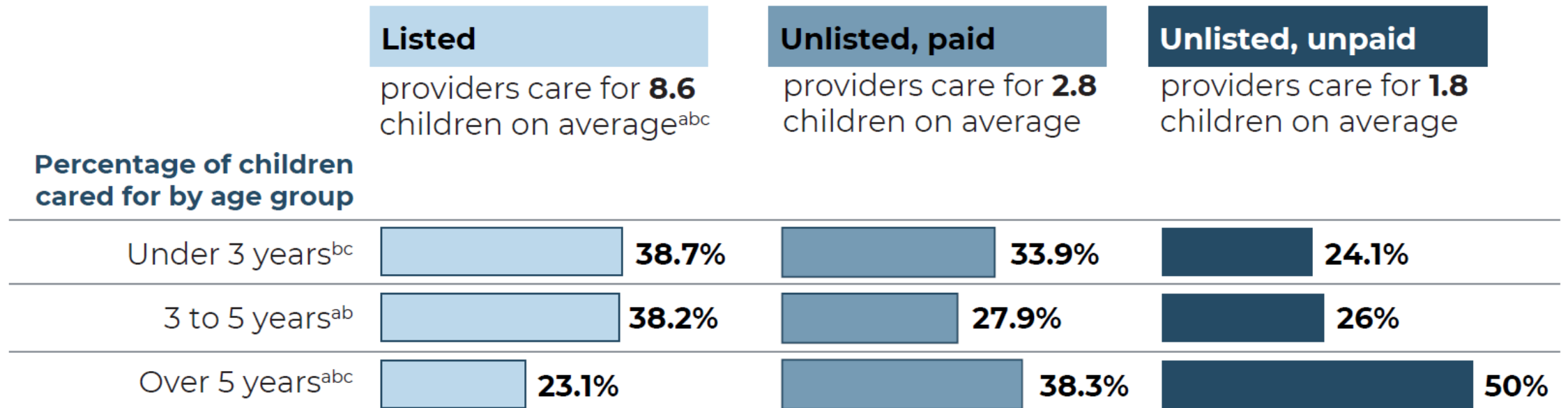
Compared to other HBCC providers, fewer **unlisted, unpaid** providers reported having access to nurses or health consultants. One in four reported having access to other family support resources, which is fewer than **listed** providers.



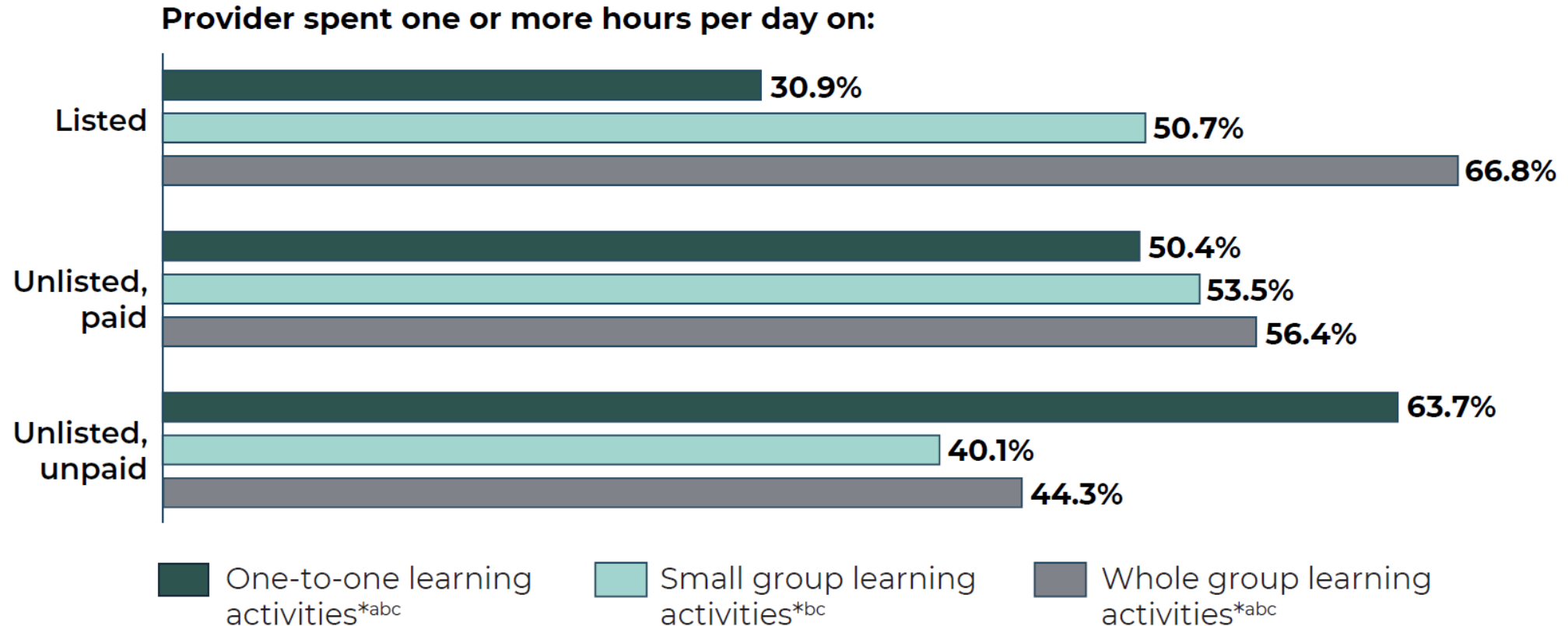
Extra Slides

Learning Activities, Caregiving Services, and Children Served

Unlisted, unpaid providers cared for the fewest children, on average, and **listed** providers cared for the most. Though all providers commonly served mixed age groups, **unlisted, unpaid** providers served proportionally more school-aged children, while **listed** providers served more children under the age of five.

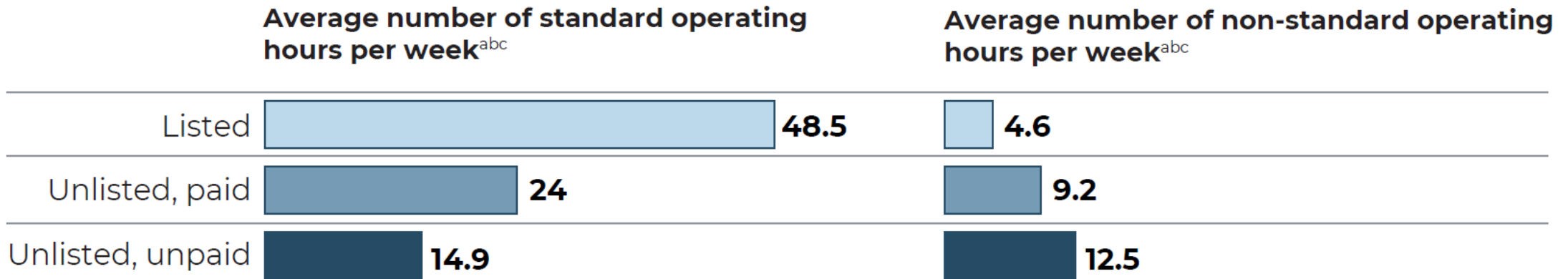


Among providers who planned daily learning activities, **unlisted, unpaid** providers spent the most time in one-to-one activities, while **listed** providers spent the most time in whole group learning activities.



*Only asked of providers who reported spending time planning for children's daily learning activities.

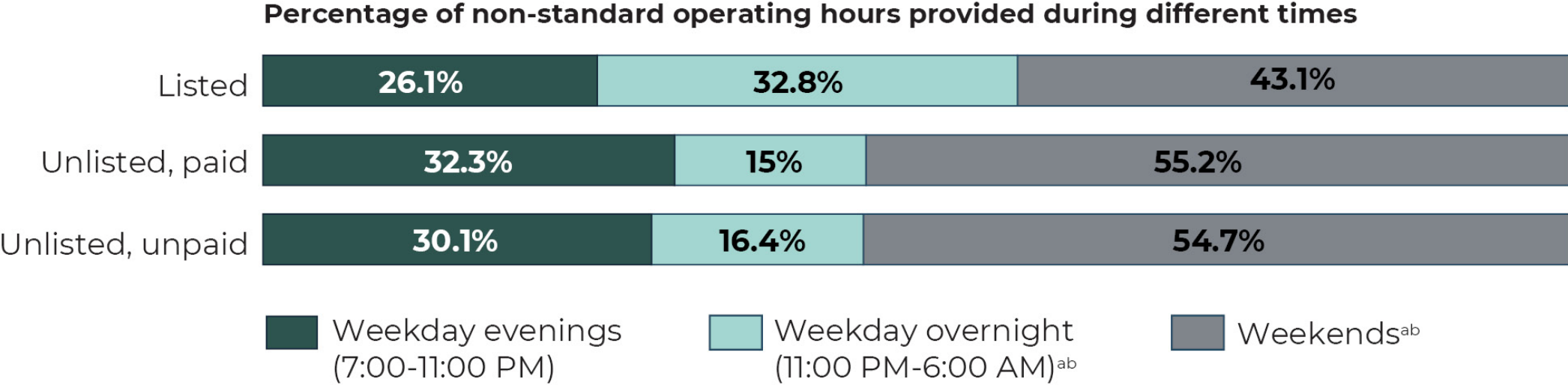
Unlisted, unpaid providers operated for the greatest number of non-standard hours compared to other providers, while **listed** providers operated for the greatest number of standard hours.



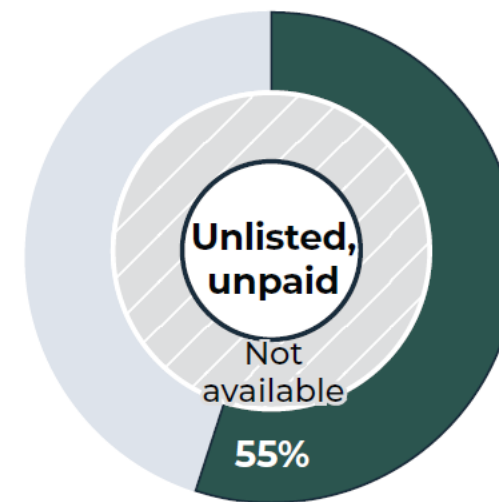
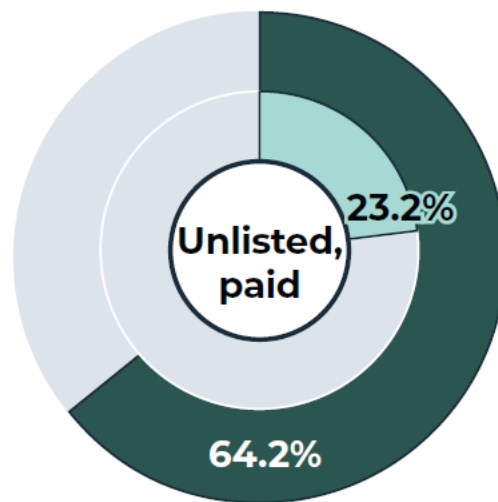
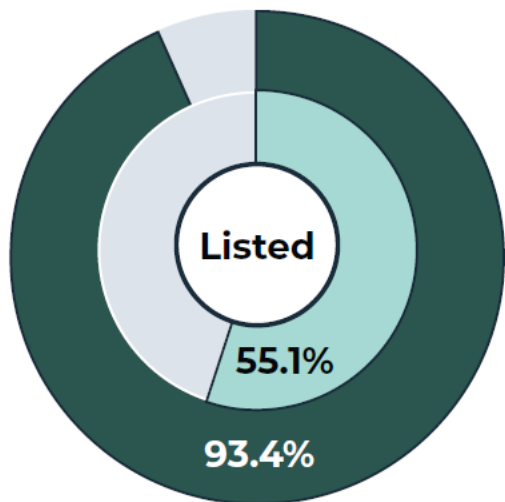
Care provided between the hours of 6:00 AM and 7:00 PM, Monday through Friday

Care provided between the hours of 7:00 PM and 6:00 AM, Monday through Friday, and care provided on weekends

Among providers caring for children during non-standard hour care, the greatest proportion of hours occurred during weekends for all groups, though this proportion was largest for **unlisted, paid and unpaid** providers.



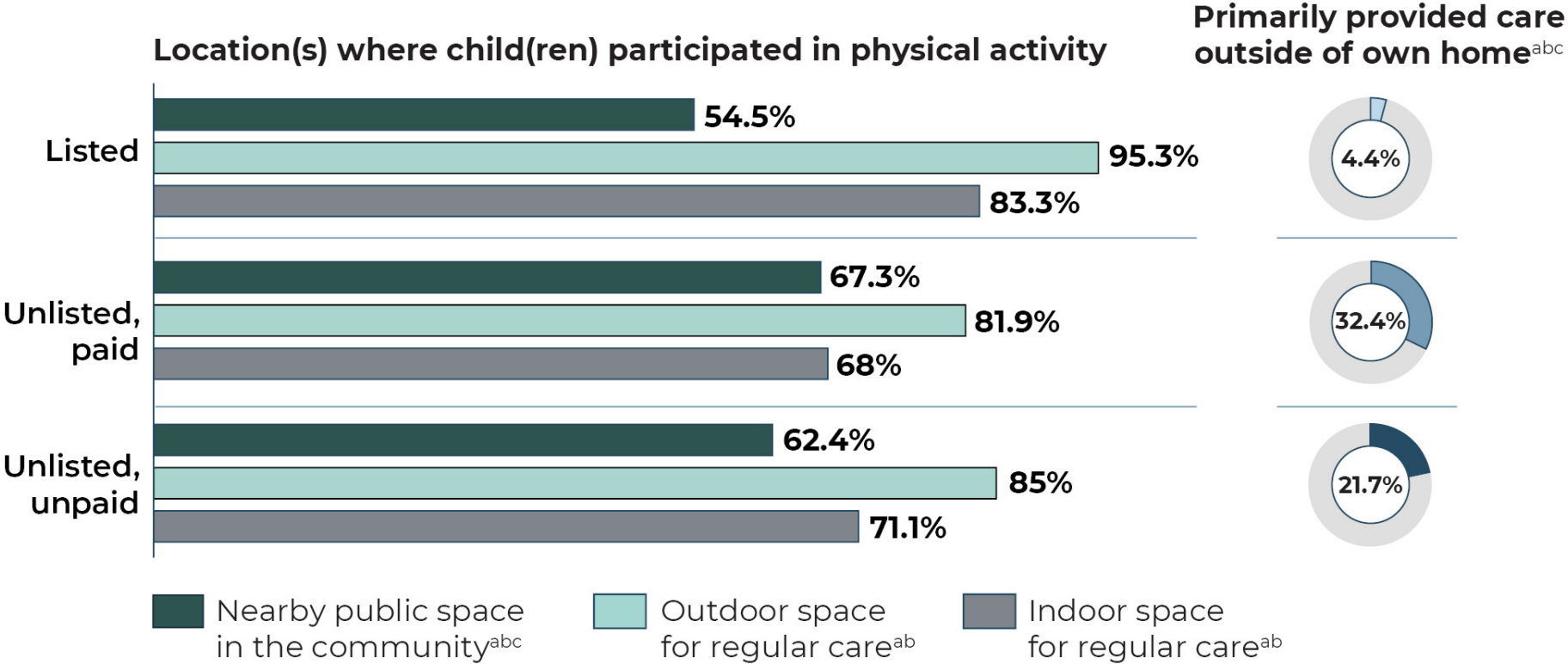
More than half of **unlisted, paid** and **unpaid** providers reported planning daily learning activities, though less than **listed** providers. Few **unlisted, paid** providers asked used a curriculum or prepared set of learning activities.



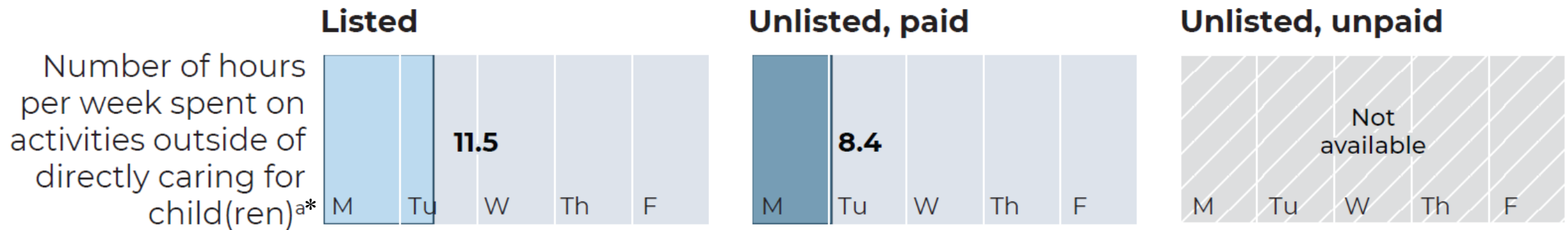
Planned daily learning activities^{ab}
 Used curriculum or prepared set of learning activities^{*a}

*Only asked of providers who care for children with whom they do not have a prior personal relationship or serve at least 4 children. We do not present estimates when they come from fewer than 50 providers.

Compared to other HBCC providers, a greater proportion of **unlisted, paid** providers primarily provided care in the home of the child(ren). About two-thirds reported relying on nearby community public spaces for children’s physical activity, which is also a greater proportion compared to other providers.

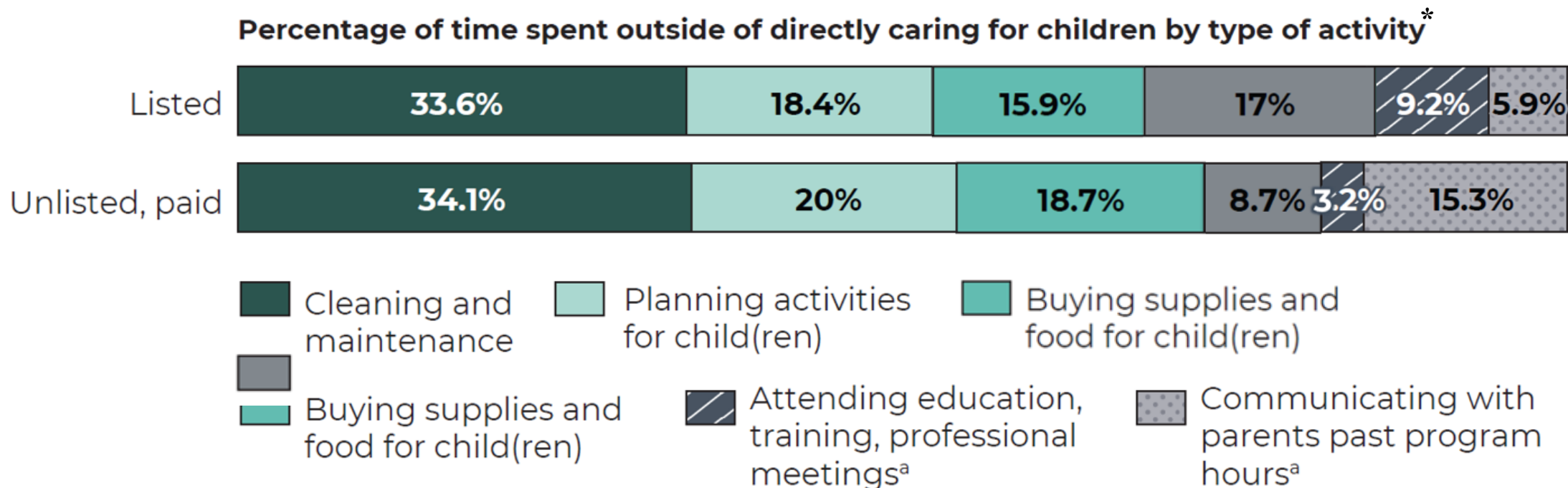


Among those asked, **unlisted, paid** providers spent several additional hours on care-related activities outside of operating hours, though fewer than **listed** providers.



*Only asked of providers who care for children with whom they do not have a prior personal relationship or serve at least 4 children. We do not present estimates when they come from fewer than 50 providers.

Among those asked, **unlisted, paid** providers spent several additional hours on care-related activities outside of operating hours, though fewer than **listed** providers. Proportionally more of this time was spent communicating with families compared to listed providers who spent more time attending professional activities.



*Only asked of providers who care for children with whom they do not have a prior personal relationship or serve at least 4 children. We do not present estimates when they come from fewer than 50 providers.