Characteristics of Home-Based Child Care Providers

Home-based providers are a heterogeneous group that cared for approximately 7.2 million children, from birth to age 5, in 2012. This brief uses data from the National Survey of Early Care and Education (NSECE) to provide an overview of the different types of home-based providers as well as information about these providers’ experiences, educational backgrounds, and professional development. The brief concludes with questions for further exploration by state leaders.

What Are the Different Types of Home-Based Providers?

The NSECE defines three types of home-based providers:

1. **Listed**: These providers appear on state or national lists of early care and education (ECE) services, such as licensed, regulated, license-exempt, and registered home-based providers.

2. **Unlisted paid**: These providers receive payment for the care of at least one child. They do not appear on state or national lists.

3. **Unlisted unpaid**: These providers do not receive payment for the care they provide. They include family and friends who may or may not live in the same household as the children they regularly care for; they do not appear on state or national lists (NSECE Project Team, 2016, p. 3).

The large majority of home-based providers (72 percent) are unlisted and unpaid, and they serve the greatest number of young children (57 percent); see figure 1 (NSECE Project Team, 2016, p. 16). Unlisted paid providers represent about a quarter of home-based providers and serve 33 percent of the children in home-based care. Listed providers are the smallest group of home-based care providers (3 percent), serving the fewest young children (11 percent). Across all three types, home-based providers care for approximately equal numbers of infant and toddlers and preschoolers (NSECE Project Team, 2016, p. 16). Looking at all types, these home-based providers serve an estimated 7.2 million children, which is comparable to the number served by center-based providers at that time (NSECE Project Team, 2016, p. 16).
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Not surprisingly, very few (less than 3 percent) of unlisted unpaid providers care for a child they do not already know personally, whereas 35 percent of unlisted paid providers care for at least one child they do not know (NSECE Project Team, 2016, p. 18). On the other hand, nearly all listed providers (91 percent) care for at least one child with no prior personal relationship.

Who Are the Individuals Providing Home-Based Care?

Most (60 percent) unlisted unpaid providers are 50 years old or older. Thirty-eight percent of listed providers and 40 percent of unlisted paid providers are in this age group (NSECE Project Team, 2016, p. 7).

As figure 2 shows, listed providers have the most experience caring for children other than their own (NSECE Project Team, 2016, p. 12).

Listed providers are also more likely to have some college or higher levels of education: 63 percent, versus 48 percent of unlisted paid and 54 percent of unlisted unpaid providers (NSECE Project Team, 2016, p. 10). Twenty percent of unlisted unpaid providers report having a bachelor’s degree, compared to 15 percent of their
counterparts (listed and unlisted paid). However among those with some college or higher education, listed providers are more likely to report having an ECE-related major (34 percent) than their counterparts (7 percent unlisted paid; less than 2 percent unlisted unpaid)\(^1\).

Among paid providers, listed providers are more likely to participate in training and professional development than unlisted providers (see figure 3).\(^2\)

**Figure 3. Percentage of Home-Based Providers Participating in Professional Development Activities in the Past 12 Months**

![Bar chart showing percentage of home-based providers participating in professional development activities.](source)


Note: Training and professional development data were not available for unlisted unpaid providers.

**Why Do Home-Based Providers Care for Young Children?**

Table 1 shows that home-based providers report many reasons for working with children (NSECE Project Team, 2016, p. 14). Listed providers (47 percent) were more likely to report a personal career or calling as their primary reason than the other two types of providers. Conversely, unlisted paid (45 percent) and unlisted unpaid (77 percent) providers were more likely to report helping children’s parents as their primary reason for working with children.

**Table 1. Primary Reason for Working with Children (percentage of home-based providers)**

<table>
<thead>
<tr>
<th>Primary Reason</th>
<th>Listed</th>
<th>Unlisted Paid</th>
<th>Unlisted Unpaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is my personal calling or career</td>
<td>47%</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td>It is a step toward a related career</td>
<td>1%*</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>To earn money</td>
<td>8%</td>
<td>12%</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

\(^1\) Only providers who did not previously have relationships with the children they serve and who had some college or higher education were asked to report their postsecondary education major.

\(^2\) Training and professional development data were not available for unpaid unlisted providers (NSECE Project Team, 2016, p. 11).
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<table>
<thead>
<tr>
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<th>Listed</th>
<th>Unlisted Paid</th>
<th>Unlisted Unpaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>To have a job that lets me work from home</td>
<td>5%</td>
<td>8%</td>
<td>**</td>
</tr>
<tr>
<td>To help children</td>
<td>9%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>To help children's parents</td>
<td>8%</td>
<td>45%</td>
<td>77%</td>
</tr>
</tbody>
</table>


* Interpret data with caution because of small number of respondents.
** Value suppressed because of small number of respondents.

### Questions for States to Consider

- **State-level data.** What data does your State have about the various types of home-based providers? What is the State’s responsibility for overseeing and supporting each type of home-based provider?

- **Working with “unlisted” providers.** Child care and early education is only one part of the early childhood system that is designed to support the optimal growth and development of young children. National data show that a significant portion of unlisted providers report caring for children as a way to help the children’s parents, with far fewer reporting that they provide care to help children. This has implications for whether or how these providers see themselves professionally. What is the State’s goal in providing supports for this provider group and what supports would be appealing to them? Although unlisted providers may not fall under the purview of the state child care or education agency, how can these agencies partner with other organizations, either public or outside of the public system, that are part of the broader early childhood system? Are there state-sponsored early childhood development efforts through libraries, maternal and child health, or other parts of the early childhood system that are relevant to unlisted providers? Are there community-based initiatives in early childhood development that are relevant to unlisted providers?

- **Supporting quality for children.** Once you determine the scope of the State’s responsibility for all types of home-based providers, and the relevant agencies, what are the most effective outreach and quality improvement strategies for each type of home-based provider? The NSECE shows different motivations as well as different engagement in professional development activities among different types of home-based provider.

- **Engagement with child care assistance.** If unlisted unpaid providers are eligible for child care subsidy payments, is your State prepared to monitor these providers as part of the new Child Care and Development Block Grant reauthorization? How will the state work with children if these providers elect not to participate as the new reauthorization requirements go into practice?

- **Professional development opportunities.** National data show that three-quarters of listed providers participated in professional development workshops, that nearly one-third reported taking a college course in the last year, and that over one-third participated in coaching. If providers in your State want to take a college course, how easy is it for them to do so? Are there data in your State about providers’ preferences for taking college courses? If so, how are those data used to guide course offerings? Are courses available in multiple modalities (for example, in-person, online) that can accommodate providers’ preferences? Are courses offered in the evenings or on weekends? Likewise, what is known about the relevance of professional development and coaching opportunities for your State’s listed providers? Is there anything that should be considered when designing and delivering these efforts to maximize participation and impact? Does your state know if unlisted providers want to become listed, and if so, what are pathways for the transition and what is the state’s role in the transition?
Reference