**HBCCSQ NSECE Analysis** Brief

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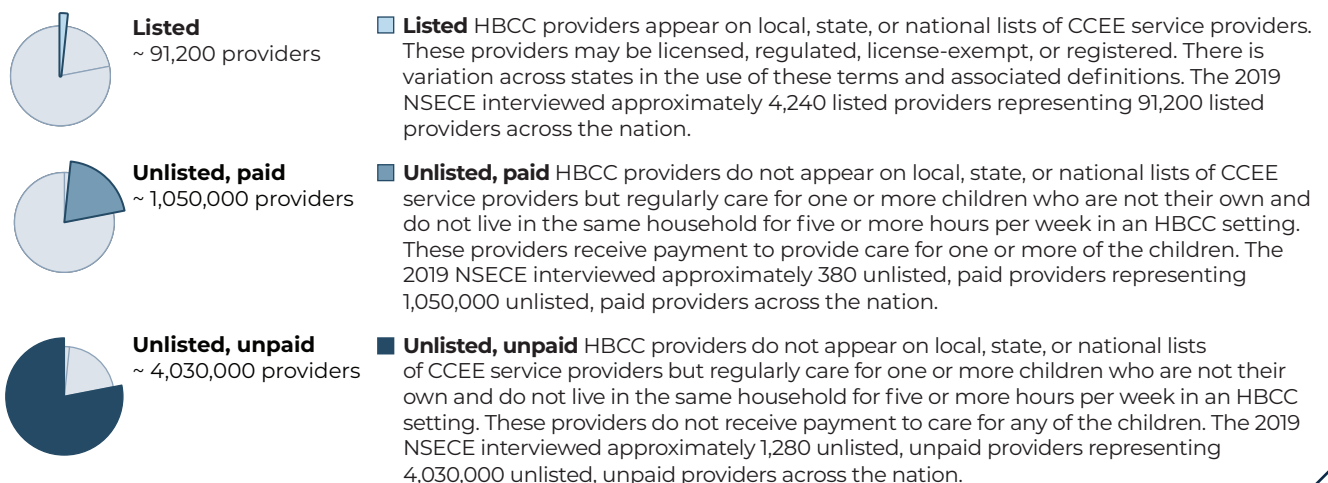
# A National Portrait of Unlisted Home-Based Child Care Providers
## The Communities Where Providers Live

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 listed providers and unlisted providers who do and do not receive payment (Exhibit 1). 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] This brief focuses on describing the characteristics of the communities in which unlisted HBCC providers live and, for many, where they typically care for children.[7] It uses the 2019 National Survey of Early Care and Education (NSECE), the American Community Survey (ACS), and the Child Opportunity Index (COI) 2.0.

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 presented in this brief link the NSECE 2019 Home-Based Provider Survey with an expansive range of community characteristics from the ACS and COI 2.0. 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.[8]

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



**Listed**
~ 91,200 providers

**Listed** HBCC providers appear on local, state, or national lists of CCEE service providers. These providers may be licensed, regulated, license-exempt, or registered. There is variation across states in the use of these terms and associated definitions. The 2019 NSECE interviewed approximately 4,240 listed providers representing 91,200 listed providers across the nation.

**Unlisted, paid**
~ 1,050,000 providers

**Unlisted, paid** HBCC providers do not appear on local, state, or national lists of CCEE service providers but regularly care for one or more children who are not their own and do not live in the same household for five or more hours per week in an HBCC setting. These providers receive payment to provide care for one or more of the children. The 2019 NSECE interviewed approximately 380 unlisted, paid providers representing 1,050,000 unlisted, paid providers across the nation.

**Unlisted, unpaid**
~ 4,030,000 providers

**Unlisted, unpaid** HBCC providers do not appear on local, state, or national lists of CCEE service providers but regularly care for one or more children who are not their own and do not live in the same household for five or more hours per week in an HBCC setting. These providers do not receive payment to care for any of the children. The 2019 NSECE interviewed approximately 1,280 unlisted, unpaid providers representing 4,030,000 unlisted, unpaid providers across the nation.

### Measuring HBCC community characteristics

The NSECE design allows us to identify the census tract or group of census tracts where HBCC providers lived and, for most, where they provided care. In 2019, 87 percent of unlisted providers and 96 percent of listed providers reported caring for children in their own home.[7] Providers who care for children outside of their own home may also provide care in their community. However, children and their families may or may not live in the same community as their HBCC provider.

Knowing where HBCC providers live allows matching of the geographic areas used in the NSECE to other sources of information on community resources and conditions. For the purposes of this brief, we examined information from two such sources:

1. The American Community Survey (ACS) is an ongoing survey of the nation's population conducted by the United States Census Bureau. It provides detailed demographic, housing, social, and economic data for all geographic areas. We drew characteristics from the 2013-2017 ACS 5-year estimates.[9]
2. The Child Opportunity Index 2.0 is a compilation of community features associated with children's healthy development. These measures focus on three domains: education, health and environment, and social and economic resources.[10]

We define each characteristic below the exhibit in which it is presented. Unless otherwise noted, we categorize communities with "high," "moderate," and "low" levels of each community characteristic as those in the top, middle, and bottom thirds of the distribution of all NSECE communities, respectively.

## Compared to other HBCC providers, more **unlisted, unpaid** providers lived in communities that were rural, had more green space, were less walkable, and had fewer CCEE centers.

The majority of unlisted, unpaid providers lived in urban areas, as did other providers. However, higher proportions of unlisted, unpaid providers lived in rural areas compared to other providers. Unlisted, unpaid providers also lived in communities with larger amounts of green space relative to other HBCC providers.

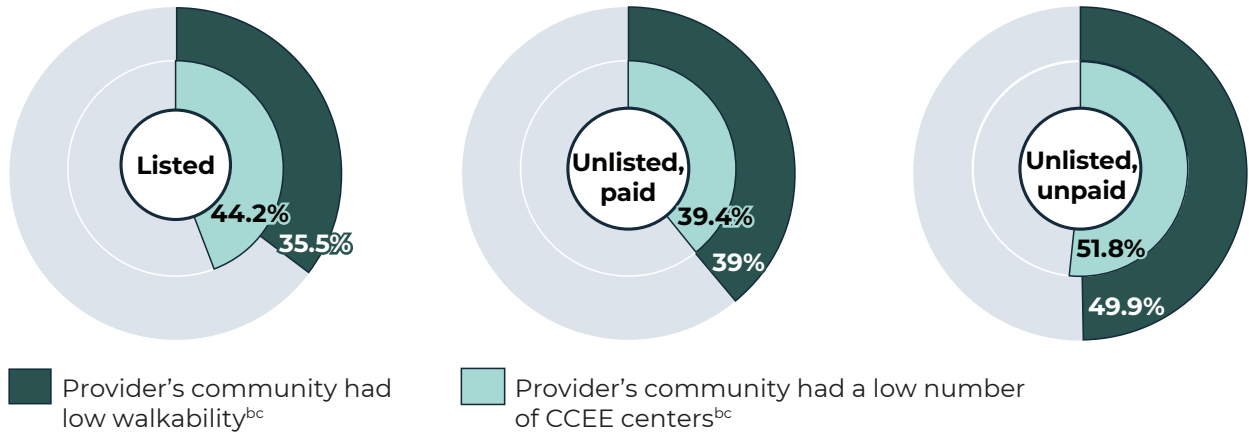| | Listed | Unlisted, paid | Unlisted, unpaid |
|---|---|---|---|
| | **11.8%** lived in rural communities[bc] | **10.4%** lived in rural communities | **17.2%** lived in rural communities |
| Density of population outside of urban area[bc] | 17.2% | 16.1% | 24.4% |
| Density of green space[bc] | 77% | 75.3% | 82% |
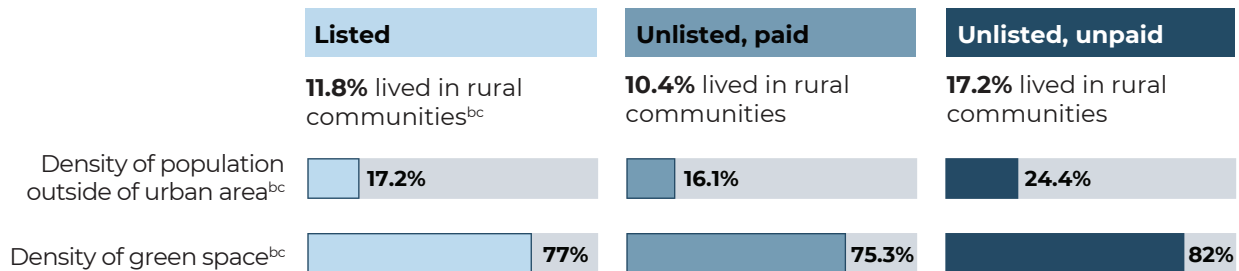
Non-urban population density measures the percentage of the total population that lived outside of an urban area (ACS). The national average was 19.3%. Based on ACS data about urban population density, the NSECE defines rural communities as those where less than 30% of the population lived in an urban area.

Density of green space measures the percentage of total geographic surface area that was not covered by an impenetrable surface (for example, surfaces covered by asphalt, concrete, or brick; COI 2.0). The national average was 74.0%.

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.
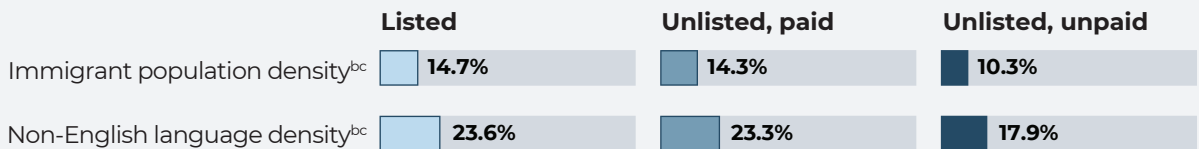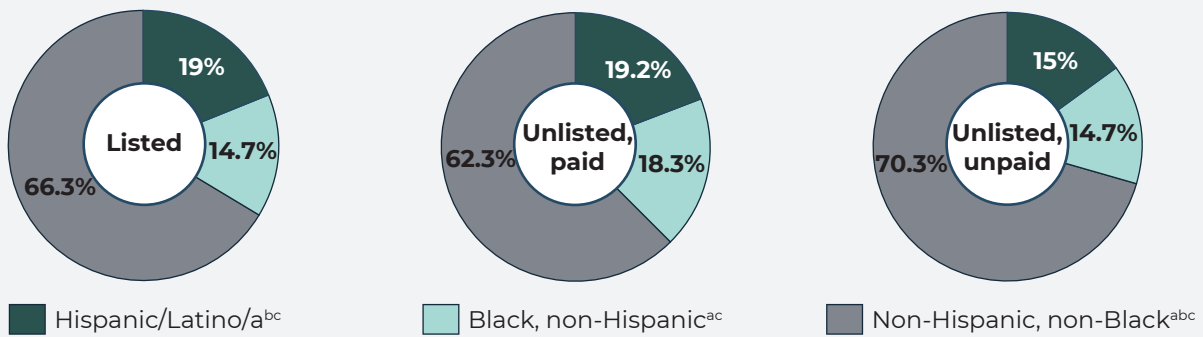
Compared to other HBCC providers, unlisted, unpaid providers were more likely to live in communities with low walkability as characterized by fewer public transit options and street intersections, less residential housing, and less diversity of land use (i.e., different types of businesses and amenities). About half lived in communities with a low number of nearby CCEE centers, a larger proportion than other HBCC providers.



**Listed** 44.2% 35.5%

**Unlisted, paid** 39.4% 39%

**Unlisted, unpaid** 51.8% 49.9%

■ Provider's community had low walkability[bc]

■ Provider's community had a low number of CCEE centers[bc]

The community walkability score indexes different community features (for example, proximity to transit stops and street intersection density) that influence the choice to walk as a mode of transportation (COI 2.0).

Number of nearby CCEE centers measures the number of CCEE centers within a 5-mile radius of each community, converted to natural log units (COI 2.0).

HBCC providers lived in communities with populations with varied compositions of racial and ethnic backgrounds as well as immigration statuses. On average, compared to other HBCC providers, **unlisted, unpaid** providers lived in communities with fewer immigrants, fewer households that spoke a non-English language, and fewer residents who were Hispanic/Latino/a. Compared to other HBCC providers, **unlisted, paid** providers lived in communities with greater proportions of residents who were Black, non-Hispanic and lower proportions of residents who were neither Hispanic/Latino/a nor Black, non-Hispanic.
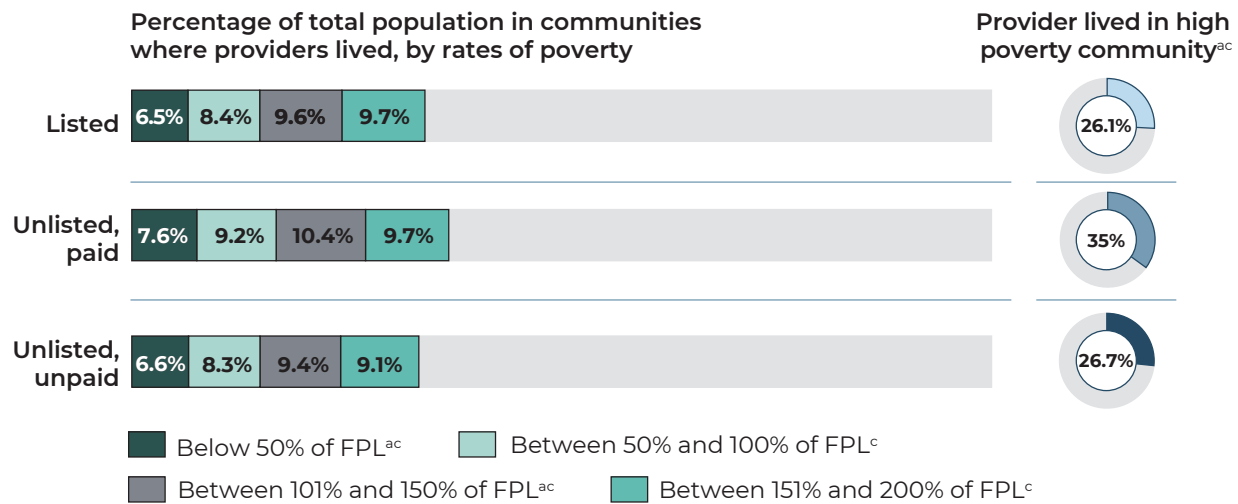
**Percentage of total population, by race and ethnicity**



**Listed** 19% 14.7% 66.3%

**Unlisted, paid** 19.2% 18.3% 62.3%

**Unlisted, unpaid** 15% 14.7% 70.3%

■ Hispanic/Latino/a[bc]    ■ Black, non-Hispanic[ac]    ■ Non-Hispanic, non-Black[abc]

| | Listed | Unlisted, paid | Unlisted, unpaid |
|---|---|---|---|
| Immigrant population density[bc] | 14.7% | 14.3% | 10.3% |
| Non-English language density[bc] | 23.6% | 23.3% | 17.9% |

Immigrant population density measures the percentage of the total population who were immigrants (ACS). The national average was 13.4%.

Density of non-English language speaking households measures the percentage of total households that spoke a language other than English (either exclusively or alongside English; ACS). The national average was 21.3%.

Hispanic/Latino/a and Black non-Hispanic population densities measure the percentage of the total population who identified as each race/ethnicity (ACS). The national averages were 17.6% and 12.4%, respectively.
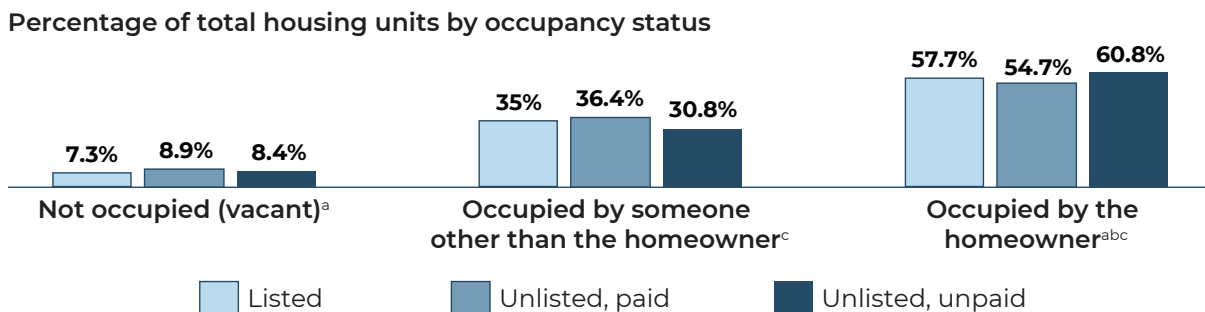
Compared to other HBCC providers, **unlisted, paid** providers lived in communities with the highest poverty rates, highest housing vacancy rates, and lowest rates of homeownership. They also lived in communities with the least access to healthy foods and the highest concentrations of industrial pollutants.

On average, unlisted, paid providers lived in communities where a greater percentage of families lived at or below poverty compared to other HBCC providers. About a third lived in high poverty communities compared to about one-quarter of listed and unlisted, unpaid providers.

**Percentage of total population in communities where providers lived, by rates of poverty**

**Provider lived in high poverty community**[ac]

| | Below 50% of FPL[ac] | Between 50% and 100% of FPL[c] | Between 101% and 150% of FPL[ac] | Between 151% and 200% of FPL[c] | High poverty |
|---|---|---|---|---|---|
| Listed | 6.5% | 8.4% | 9.6% | 9.7% | 26.1% |
| Unlisted, paid | 7.6% | 9.2% | 10.4% | 9.7% | 35% |
| Unlisted, unpaid | 6.6% | 8.3% | 9.4% | 9.1% | 26.7% |

Legend:
- Below 50% of FPL[ac]
- Between 50% and 100% of FPL[c]
- Between 101% and 150% of FPL[ac]
- Between 151% and 200% of FPL[c]

Poverty density measures the percentage of total households with incomes at or below the federal poverty level (FPL; ACS). The national average was 14.6%. The NSECE defines high poverty communities as those where at least 20% of the population lived at or below poverty. The light grey bar includes the percentage of the total population with incomes above 200% of the FPL.

Although all HBCC providers lived in communities in which most housing units were occupied and very few were vacant, unlisted, paid providers lived in communities with slightly higher housing vacancy rates, on average, compared to listed providers. They also lived in communities in which proportionally fewer non-vacant homes were occupied by the homeowner compared to other HBCC providers.

**Percentage of total housing units by occupancy status**

| | Not occupied (vacant)[a] | Occupied by someone other than the homeowner[c] | Occupied by the homeowner[abc] |
|---|---|---|---|
| Listed | 7.3% | 35% | 57.7% |
| Unlisted, paid | 8.9% | 36.4% | 54.7% |
| Unlisted, unpaid | 8.4% | 30.8% | 60.8% |

Legend:
- Listed
- Unlisted, paid
- Unlisted, unpaid

The housing vacancy rate measures the percentage of total housing units that were vacant (COI 2.0). The national average was 8.6%. The homeownership rate measures the percentage of total occupied (non-vacant) housing units that were occupied by the homeowner (COI 2.0). The national average was 61.2%.

Compared with other HBCC providers, unlisted, paid providers were more likely to live in communities with very low access to healthy foods. They were also more likely than listed providers to live in communities with very high levels of industrial pollution of air, water, and soil.
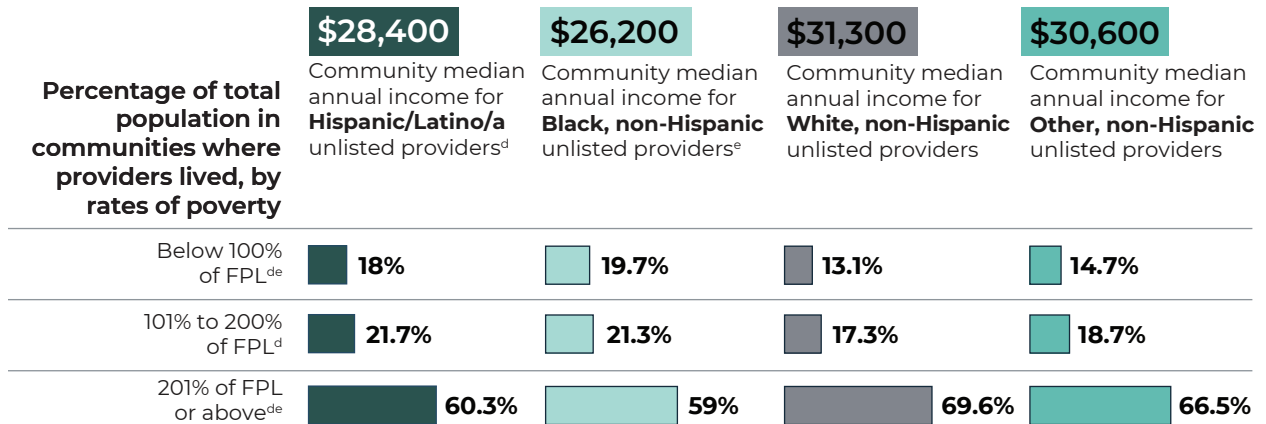
| | |
|---|---|
| **Listed** | 7.8% / 5.5% |
| **Unlisted, paid** | 14.2% / 12.6% |
| **Unlisted, unpaid** | 9.3% / 10.6% |

■ Provider's community had very low access to healthy foods[ac]
■ Provider's community had very high levels of industrial pollutants[a]
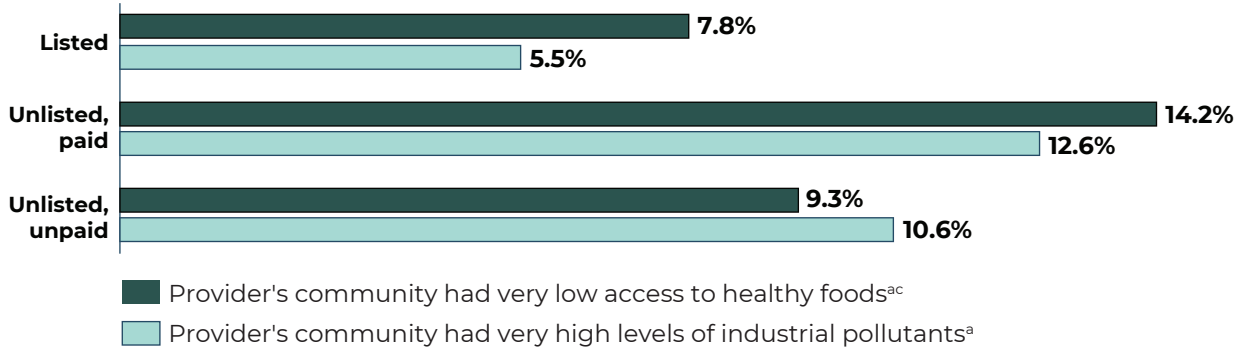
Access to healthy foods measures the percentage of total households without a car that were located further than a half-mile from the nearest supermarket (COI 2.0). The national average was 4.5%. We define communities with "very low" access to healthy foods as those in the top 10 percent of the distribution.

The industrial pollution score indexes toxic chemicals released by industrial facilities into the air, water, and soil (COI 2.0). We define communities with "very high" levels of industrial pollution as those in the top 10 percent of the distribution.

# Among unlisted providers generally, those who identified as Black, non-Hispanic more often lived in higher poverty communities posing systemic barriers to stable employment, safe housing, healthy food, and clean environments compared to unlisted providers of other races and ethnicities.

Most unlisted providers lived in communities where a majority of families earned incomes above the federal poverty level. However, those who identified as Hispanic/Latino/a or Black, non-Hispanic lived in communities with higher poverty rates and lower median incomes compared to unlisted providers who identified as White, non-Hispanic, on average.

| Percentage of total population in communities where providers lived, by rates of poverty | **$28,400** Community median annual income for **Hispanic/Latino/a** unlisted providers[d] | **$26,200** Community median annual income for **Black, non-Hispanic** unlisted providers[e] | **$31,300** Community median annual income for **White, non-Hispanic** unlisted providers | **$30,600** Community median annual income for **Other, non-Hispanic** unlisted providers |
|---|---|---|---|---|
| Below 100% of FPL[de] | 18% | 19.7% | 13.1% | 14.7% |
| 101% to 200% of FPL[d] | 21.7% | 21.3% | 17.3% | 18.7% |
| 201% of FPL or above[de] | 60.3% | 59% | 69.6% | 66.5% |

These estimates combine unlisted, paid and unlisted, unpaid providers. We compare means or percentages between each pair of race/ethnicity groups. Superscripts 'd' and 'e' indicate statistically significant differences between White, non-Hispanic unlisted providers and Hispanic/Latino/a and Black, non-Hispanic unlisted providers, respectively.

Unlisted providers who identified as Black, non-Hispanic were two to three times more likely than unlisted providers of other races and ethnicities to live in communities with very high female unemployment, very high housing vacancy rates, very high levels of industrial pollution, and very low access to healthy foods.

**Very high community female unemployment rate**[defg]
- 11.5% — Hispanic/Latino/a
- 22.6% — Black, non-Hispanic
- 4.1% — White, non-Hispanic
- 6.9% — Other, non-Hispanic

**Very high community housing vacancy rate**[efg]
- 9.2% — Hispanic/Latino/a
- 30.5% — Black, non-Hispanic
- 8.7% — White, non-Hispanic
- 9% — Other, non-Hispanic

**Very high community pollution levels**[efg]
- 9.7% — Hispanic/Latino/a
- 21.8% — Black, non-Hispanic
- 8.9% — White, non-Hispanic
- 9.1% — Other, non-Hispanic

**Very low community access to healthy food**[efg]
- 8.9% — Hispanic/Latino/a
- 30.7% — Black, non-Hispanic
- 6.8% — White, non-Hispanic
- 8.4% — Other, non-Hispanic

Legend:
- Hispanic/Latino/a
- Black, non-Hispanic
- White, non-Hispanic
- Other, non-Hispanic

The female unemployment rate measures the percentage of women in the labor force who were unemployed (ACS). The national average was 6.6%.

We define communities with "very high" female unemployment, housing vacancy rates, and levels of industrial pollution as those in the top 10 percent of the distribution, and communities with "very low" access to healthy foods as those in the bottom 10 percent of the distribution.

These estimates combine unlisted, paid and unlisted, unpaid providers. We compare means or percentages between each pair of race/ethnicity groups. Superscript 'd' indicates a statistically significant difference between Hispanic/Latino/a and White, non-Hispanic unlisted providers. Superscripts 'e', 'f', and 'g' indicate statistically significant differences between Black, non-Hispanic unlisted providers and White, non-Hispanic, Hispanic/Latino/a, and Other, non-Hispanic unlisted providers, respectively.

## Implications

These findings highlight differences among the communities in which HBCC providers lived, and in which most cared for children. They also point to certain disparities in community characteristics for unlisted paid providers and unlisted providers who were Hispanic/Latino/a and Black. Unlisted, paid providers lived in communities with less economic stability, characterized by higher poverty rates, higher housing vacancy rates, and lower rates of homeownership, compared with their listed and unlisted, unpaid peers. These findings mirror the economic characteristics of unlisted, paid providers themselves, whom we find had the lowest household incomes and had the lowest rates of home ownership relative to other HBCC providers.[11] Among unlisted providers generally, we also identify racial and ethnic inequities in the economic characteristics of the communities in which unlisted providers lived, including the constellation of complex and reinforcing factors that relate to community poverty, such as less access to stable employment for women, housing, clean environments, and healthy food.

The architects and administrators of strategies to support the quality and sustainability of unlisted HBCC providers can consider the barriers and opportunities present in their communities to better tailor and target those efforts. For example, policymakers may wish to consider whether existing government programs from which few unlisted, paid providers report receiving reimbursement,[1] such as the Child and Adult Food Program, can provide an opportunity to support providers in communities with high rates of poverty and low access to healthy foods. Future research that links information about HBCC providers with the characteristics of their communities can help policymakers to identify these opportunities. For instance, in this series, we find that unlisted providers in more rural communities were less likely to report participating in professional development activities.[12] Additional research could investigate strategies for increasing access to professional

development for providers in rural areas. In addition, research could examine the ways in which community and environmental factors might influence HBCC providers' caregiving activities. For example, we find that unlisted providers who lived in urban areas and had less access to green space were more likely to spend time with children in outdoor community spaces, like public parks.[13] Leveraging available data about providers with data about their communities can inform support efforts that are tailored to the unique needs and challenges of unlisted HBCC providers.

## 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] NSECE Project Team. "2019 National Survey of Early Care and Education (NSECE) User's Guide – Home-based Provider." OPRE Report #2022-[forthcoming]. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021.

[8] 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.

[9] United States Census Bureau. "2013-2017 American Community Survey 5-Year Estimates." Suitland, MD: U.S. Census Bureau, 2018.

[10] Noelke, Clemens, Nancy McArdle, Mikyung Baek, Nick Huntington, Rebecca Huber, Erin Hardy, and Dolores Acevedo-Garcia. "Child Opportunity Index 2.0 Technical Documentation." Waltham, MA: Institute for Child, Youth, and Family Policy, The Heller School of Social Policy and Management, Brandeis University, 2020.

[11] Schochet, Owen, Ann Li, Patricia Del Grosso, Nikki Aikens, Sally Atkins-Burnett, Toni Porter, and Juliet Bromer. "A National Portrait of Unlisted Home-Based Child Care: Provider Demographics, Economic Wellbeing, and Health. OPRE Brief #2022-280. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US. Department of Health and Human Services, 2022.

[12] Schochet, Owen, Ann Li, Patricia Del Grosso, Nikki Aikens, Sally Atkins-Burnett, Toni Porter, and Juliet Bromer. "A National Portrait of Unlisted Home-Based Child Care: Caregiving Histories, Motivations, and Professional Engagement. OPRE Brief #2022-281. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US. Department of Health and Human Services, 2022.

[13] Schochet, Owen, Ann Li, Patricia Del Grosso, Nikki Aikens, Sally Atkins-Burnett, Toni Porter, and Juliet Bromer. "A National Portrait of Unlisted Home-Based Child Care: Learning Activities, Caregiving Services, and Children Served. OPRE Brief #2022-292. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US. Department of Health and Human Services, 2022.

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