



Comparing New and Established Home-Based Child Care Providers in the 2019 National Survey of Early Care and Education

A Foundation for Building and Stabilizing Child Care Supply

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Key Findings

This brief uses weighted data from the nationally representative 2019 National Survey of Early Care and Education (NSECE) to examine how listed and unlisted home-based child care (HBCC) providers who were new to HBCC (offering HBCC for three years or less) in 2019 compared to more established HBCC providers. Research focused specifically on new HBCC providers is limited. Understanding the characteristics and experiences of new HBCC providers may provide a foundation for building and stabilizing child care supply. Findings about provider and caregiving characteristics, motivations and intentions, and participation in public programs and supports are described below for both new and established providers within three distinct groups: 1) listed, 2) unlisted paid, 3) unlisted unpaid providers.

— **Individual characteristics.** There were few differences in individual characteristics between new and established listed and unlisted HBCC providers.

— **Listed Providers.** Compared to established listed providers, new listed providers were younger on average and had lower rates of homeownership. New providers reported higher rates of having prior experience working in a child care center-based or school setting.

— **Unlisted Paid Providers.** New and established unlisted paid providers had similar individual characteristics. They reported similar average ages, rates of home ownership, other employment outside of child care, previous experience working in a center or school setting, and educational attainment.



- **Unlisted Unpaid Providers.** There were some differences in new and established unlisted unpaid providers' race and ethnicity. For example, greater proportions of new unlisted unpaid providers were Hispanic/Latino/a and lower proportions were Black or African American.
- **Caregiving characteristics.** There were several noted differences in caregiving characteristics between new and established listed and unlisted providers.
 - **Listed Providers.** Compared to established listed providers, new listed providers, on average, cared for fewer children overall and fewer children with whom they had a prior relationship.
 - **Unlisted Paid Providers.** Compared to established unlisted paid providers, new providers in this group cared for fewer children with whom they had a prior relationship. New providers also reported lower rates of offering care for preschool and school aged children compared to established providers' rates of offering care for these age groups of children.
 - **Unlisted Unpaid Providers.** Compared to established unlisted unpaid providers, new providers in this group cared for fewer children overall and fewer children with whom they had a prior relationship. New providers reported higher rates of caring for infants and toddlers and lower rates of caring for preschool and school aged children. New providers also reported lower rates of caring for children with an emotional, developmental, or behavioral condition that affects their care along with offering child care during nontraditional hours compared to established providers.
- **Motivations and caregiving intentions.** There were several differences between new and established listed and unlisted providers in their main motivations for offering HBCC and in their intentions to continue offering care.
 - **Listed Providers.** Compared to established listed providers, a higher percentage of new listed providers reported helping children and families as their main reason for offering HBCC.
 - **Unlisted Paid Providers.** Compared to established unlisted paid providers, a lower percentage of new unlisted paid providers reported an intent to continue offering child care; new providers also reported fewer years on average in which they would continue child care provision compared to established providers.
 - **Unlisted Unpaid Providers.** Compared to established unlisted unpaid providers, a lower percentage of new providers in this group reported an intent to continue offering child care; new providers also reported fewer years on average in which they would continue child care provision compared to established providers. Compared to established unlisted unpaid providers, a higher percentage of new unpaid providers reported supporting and nurturing children's well-being as their main responsibility when looking after children.



- **Participation in public programs and supports.** There were several differences between new and established listed and unlisted providers in their participation in public programs and supports.
 - **Listed Providers.** Compared to established listed providers, new providers reported lower rates of participation in public programs and supports such as the federal Child and Adult Care Food Program (CACFP), a network, or meeting with other child care providers.
 - **Unlisted Paid Providers.** There were no differences in participation in public programs and supports between new and established unlisted paid providers.
 - **Unlisted Unpaid Providers.** Compared to established unlisted unpaid providers, new providers reported lower rates of participation in the CACFP and receiving help from a coach or visitor.

Findings have potential implications for child care and early education (CCEE) programs, local and state agencies, networks, and others who support HBCC providers.

- **Understanding the needs of new HBCC providers and tailoring supports to meet these needs.** Programs and services seeking to engage new providers may consider conducting needs assessments to better understand the specific types of supports that would be most useful to new HBCC providers.
- **Connecting with other child care providers.** Opportunities to meet with other HBCC providers and build peer networks may offer social and educational support for new listed (e.g., family child care) providers and introduce them to additional programs in which they may wish to participate, like subsidy or the CACFP.
- **Building HBCC supply by supporting tenure and attachment to HBCC work.** States and communities seeking to increase the supply of HBCC may want to focus on HBCC providers during the early years of child care provision.
- **Leveraging providers' commitment to children and families.** Programs seeking to support new HBCC providers may consider leveraging the strengths of these providers around their intentions to offer nurturing and support for children's wellbeing.
- **Support for unlisted HBCC providers who care for infants and toddlers.** Policies may consider compensation or financial and materials support for unpaid unlisted providers who meet the needs of families seeking care for infants and toddlers.



Introduction

Home-based child care (HBCC) is a cornerstone of child care and early education (CCEE) options available to families. HBCC is the most common nonparental child care arrangement in the United States especially for families with infants and toddlers, those living in rural areas, and those who work nontraditional hour schedules (Datta et al., 2021; Kwon et al., 2026; Lee et al., 2024). There are many potential strengths and benefits of HBCC settings that may meet the individual needs of families and children. These may include opportunities for siblings to be cared for together, small group sizes and individualized attention, flexibility, and continuity of care for children from infancy through school-age (Bromer et al., 2021a; Orland et al., 2022). The HBCC sector consists of providers who offer care in a residential setting, either in the provider's or the child's home, and whose regulatory status may vary (i.e. licensed, license-exempt, unlicensed) depending on a variety of setting characteristics and state policy contexts (Bromer et al., 2025). Typically, licensed HBCC providers are referred to in policy and research contexts as family child care (FCC) while license-exempt or unlicensed HBCC providers are referred to as family, friend, and neighbor (FFN) providers.

Recent data from state child care resource and referral agencies across the United States suggest a 4% increase in the number of FCC settings between 2023 and 2024 (Child Care Aware of America, 2025). This follows decades of FCC decline prior to the COVID-19 pandemic (National Center on Early Childhood Quality Assurance [NCECQA], 2019). Explanations for these increases are not yet known although some data suggest that new FCC providers may be entering the field. For example, some data have shown that providers may move from center-based to FCC settings, others may move from unlicensed FFN care to licensed FCC, and still others may be entering FCC for the first time (Bromer et al., 2021b; Lucas et al., 2024). Less is known about changes in FFN care although national data indicate slight increases in the numbers of unpaid FFN providers from 2012 and 2019 (Datta et al., 2021). Little is known about the factors behind the increases in this unpaid FFN sector.





Study Background

METHODOLOGY

Research attention has largely focused on HBCC providers who leave the field with limited attention to HBCC providers who are new (within the first 3 years) to providing HBCC. By exploring the characteristics and experiences of new and established HBCC providers, this brief aims to inform policymakers, practitioners, and programs seeking to strengthen and build the supply of HBCC. This brief explores the following research questions using the nationally representative home-based provider dataset from the 2019 National Survey of Early Care and Education (NSECE):

1. What are the characteristics of new and established listed and unlisted HBCC providers?
2. Among listed and unlisted providers, how do new HBCC providers differ from established HBCC providers?

MEASURES AND SAMPLE

To answer these research questions, we examined a range of variables from the 2019 NSECE home-based provider datasets. Selected study variables included those related to four categories: 1) individual provider characteristics; 2) caregiving characteristics; 3) motivations and intentions, and 4) participation in public programs and supports. See Appendix for a full list of study variables along with a more detailed description of the study methodology.

We examined both the listed and unlisted HBCC provider datasets and separated the unlisted sample of providers by payment status (i.e. unlisted paid, unlisted unpaid). The NSECE designates HBCC providers as listed and unlisted depending on whether they appear on local, state, or national lists of child care and early education (CCEE) providers, and often include licensed, regulated, registered, and license-exempt HBCC providers. Many listed providers, especially those who are licensed, may be commonly referred to as “family child care” (FCC) providers. Unlisted HBCC providers are those who do not appear on public lists and often include providers who are not licensed by state regulatory agencies and do not accept public funding (Datta et al., 2021). Many unlisted providers, especially those who are not paid, may be commonly referred to as “family, friend, and neighbor” (FFN) caregivers. In this brief, we define “new” as working with children in HBCC for 36 months or fewer after subtracting any time they reported working in center-based settings (see Appendix for methods detail).

The 2019 NSECE included a sample of 349 new listed, 148 unlisted paid, and 400 unlisted unpaid home-based providers. Weighted, this represents 8,100 new listed, 382,920 unlisted paid, and 1.23 million unlisted unpaid nationally in 2019. It also included a sample of 3,556 established listed HBCC providers, 206 unlisted paid HBCC providers, and 805 unlisted unpaid HBCC providers. Weighted, this represents 75,450 established listed, 576,200 unlisted paid, and 2.5 million unlisted unpaid HBCC providers nationally in 2019.



ANALYSIS

Descriptive analyses were conducted to understand providers' characteristics and experiences. Significance testing examined differences between groups of new and established HBCC providers by provider type (listed, unlisted paid, unlisted unpaid). A chi-square or independent samples t-test was run based on whether the variable was continuous or categorical. Results are reported for comparisons between new and established providers in the data tables. Only statistically significant ($p < .05$) results are reported. Findings are reported separately for each category of new and established provider (e.g., listed, unlisted paid, unlisted unpaid). Comparisons are not made across the three types of listed, unlisted paid, and unlisted unpaid providers.

Findings

INDIVIDUAL PROVIDER CHARACTERISTICS

Listed HBCC Providers

New and established listed providers shared many individual provider characteristics (see Table 1). About half of new and established providers in this group were White and about a fifth were Black or African American, and a fifth were Hispanic/ Latino/a. Close to a third of all providers spoke a language other than English (could be another language in addition to English or only another language). Close to three quarters of new and established providers had some college or higher education, and more than half held an early childhood certificate. Average income from child care work (in 2018) was similar for new and established listed providers. Close to a fifth of new providers and 12% of established listed providers held other employment outside of child care.

Significant differences between new and established listed providers were also found. Compared to established providers, new listed providers were younger (40 years old vs. 51 years old; $p < .001$) and reported lower rates of homeownership (69% vs. 82%; $p < .01$). However, new listed providers reported higher rates of prior work experience in a center or school-based setting compared to established providers (58% vs. 35%; $p < .001$).

**Table 1. Individual Provider Characteristics of New and Established Listed HBCC Providers**

	New Listed	Established Listed
Age in years (Mean/SD)	40 (13) ^{***}	51 (11)
Race and ethnicity		
White	48%	50%
Black or African American	22%	23%
Hispanic/Latino/a	22%	19%
Other ¹	8%	8%
Languages spoken		
English only	73%	68%
Speaks other language	27%	32%
Education level		
High school or below	29%	26%
Some college credit	28%	36%
Associate degree	25%	19%
Bachelor's degree or higher	18%	19%
Relevant professional development		
CDA or state certification in Early Childhood or related field	66%	55%
Prior experience		
Previous center or school experience	58% ^{***}	35%
Income, other employment, housing		
Total income from child care program in 2018 (Mean/SD)	\$30,742 (41,479)	\$39,866 (73,247)
Other employment outside child care	21%	12%
Homeowner	69% ^{**}	82%

Note. P-values indicate whether the chi-square test of differences between new and established providers was statistically significant. *p < .05, **p < .01, ***p < .001

¹Other includes Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and multiple categories.



Unlisted Paid HBCC Providers

New and established unlisted paid providers shared similar individual provider characteristics (see Table 2). Both groups of providers were, on average, 40 years old and about two fifths were White, a fifth to a third were Black or African American, and similar proportions of these providers were Hispanic/Latino/a. About a third of new and established unlisted paid providers spoke a language other than English. About two thirds of providers had some college degree or higher and less than a quarter held a CDA or state certification in early childhood education or a related field. Over a third to a half had prior experience working in a center or school setting. About a third had other employment outside of child care and similar proportions were homeowners. No significant differences were found between new and established unlisted paid providers.

Unlisted Unpaid HBCC Providers

New and established unlisted unpaid providers were similar on nearly all individual provider characteristics. Unlisted unpaid providers were, on average, in their early fifties and about a third spoke a language other than English. About two thirds of unpaid providers had some college or higher and less than 10% reported holding a CDA or state certification in early childhood education or a related field. A third to two thirds of unpaid providers had prior experience in a child care center or school setting. About two fifths of unpaid providers had additional employment outside of their work caring for children and just under two thirds were homeowners. As Table 2 indicates, there were significant differences in race/ethnicity between new and established unlisted unpaid providers ($p < .01$).



Table 2. Individual Provider Characteristics of New and Established Unlisted Paid and Unpaid HBCC Providers

	New Unlisted Paid	Established Unlisted Paid	New Unlisted Unpaid	Established Unlisted Unpaid
Age in years (Mean/SD)	40 (16)	45 (16)	52 (18)	55 (16)
Race and ethnicity¹			**	
White	47%	40%	59%	61%
Black or African American	19%	32%	14%	22%
Hispanic/Latino/a	31%	20%	22%	12%
Other ²	3%	8%	5%	4%
Languages spoken				
English only	62%	70%	70%	78%
Speaks other language	38%	30%	30%	22%
Education level				
High school or below	35%	40%	32%	40%
Some college credit	28%	32%	28%	22%
Associate degree	13%	10%	10%	12%
Bachelor’s degree or higher	24%	18%	30%	26%
Relevant professional development				
CDA or state certification in Early Childhood or related field	24%	15%	2%	6%
Prior experience				
Previous center or school experience	54%	33%	65%	29%
Other employment, housing				
Other employment outside child care	30%	36%	38%	42%
Homeowner	38%	31%	60%	60%

Note. P-values indicate whether the chi-square test of differences between new and established providers was statistically significant. * = p < .05, ** = p < .01, *** = p < .001

¹ These results do not identify which specific response categories contribute to the observed differences.

² Other includes Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, other, and multiple categories.



CAREGIVING CHARACTERISTICS

Listed HBCC Providers

New and established listed providers shared many caregiving characteristics (see Table 3). Almost all new and established listed providers offered child care in their own homes. They both regularly cared for an average of eight children. A vast majority of new and established providers offered child care for infants and toddlers and preschool aged children, and around two thirds offered care that included school aged children. Around a quarter cared for at least one child with an emotional, developmental, or behavioral condition that affects their care. New and established listed providers worked more than 50 hours per week, on average, and around a fifth offered child care during nontraditional hours. Over half of new and established listed providers used a curriculum or set of prepared learning activities.

Two significant difference were found in the caregiving characteristics between new and established listed providers. Compared to established listed providers, new listed providers regularly cared for fewer children overall (7.6 vs. 8.8; $p < .05$) and fewer children with whom they had a prior relationship (1.23 vs 1.65, $p < .05$).

— Table 3. Caregiving Characteristics of New and Established Listed HBCC Providers

	New Listed	Established Listed
Provides care in own home	94%	97%
Total children in care (Mean/SD)	7.6 (6.5)*	8.8 (4.9)
Number of children in care with a prior relationship to the provider (Mean/SD)	1.23 (1.76)*	1.65 (2.83)
Provides care for children with whom they have a prior relationship	10%	6%
Provides care for infants/ toddlers (under 3 years old)	91%	91%
Provides care for preschool aged children (3-5 years old, not yet in Kindergarten)	89%	90%
Provides care for school-aged children (Kindergarten or older)	69%	65%
Provides care for children with an emotional, developmental, or behavioral condition that affects care	29%	24%
Hours worked per week (Mean/SD)	53 (21)	55 (22)
Provides nontraditional hour care	21%	24%
Uses a curriculum	60%	55%

Note. P-values indicate whether the chi-square test of differences between new and established providers was statistically significant. * $p < .05$, ** $p < .01$, *** $p < .001$



Unlisted Paid HBCC Providers

New and established unlisted paid providers shared some similar caregiving characteristics (see Table 4). Over two-thirds of providers offered care in their own home. Both new and established providers regularly cared for three children on average. Over half offered care for infants and toddlers and around a fifth cared for at least one child with an emotional, developmental, or behavioral condition that affects their care. New and established providers worked an average of 40 hours per week and around half offered care during nontraditional hours.

Significant differences were found in caregiving characteristics of new and established unlisted paid providers. Compared to established unlisted paid providers, new unlisted paid providers cared for fewer children with whom they had a prior relationship (1.56 vs. 2.31; $p < .05$) although nearly two thirds of both groups reported caring for any children with whom they had a prior relationship. Compared with established providers, new unlisted paid providers reported lower rates of offering care for preschool aged children (44% vs. 59%; $p < .05$) and school aged children (43% vs. 65%; $p < .01$).

Unlisted Unpaid HBCC Providers

There were few similarities in caregiving characteristics between new and established unlisted, unpaid providers. Most unlisted unpaid providers offered care in their own home and almost all had a prior relationship with children in their care. New and established unlisted unpaid providers worked an average of 35 hours per week.

There were several significant differences in caregiving characteristics between new and established unlisted, unpaid providers. Compared to established providers, new providers regularly cared for fewer children overall (1.42 vs. 2.11; $p < .001$) and fewer children with whom they had a prior relationship (1.43 vs. 2.11; $p < .001$). New providers also reported higher rates of caring for infants and toddlers (51% vs. 30%; $p < .001$) and lower rates of caring for preschool aged children (29% vs. 47%; $p < .001$) and school aged children (41% vs. 71%; $p < .001$) compared to established providers. Although few unlisted unpaid providers offered care for children with an emotional, developmental, or behavioral condition that affects their care, new providers reported lower rates of caring for a child with a condition that affects their care compared to established providers (9% vs. 15%; $p < .05$). While over half of unlisted unpaid providers offered nontraditional hour care, new providers reported lower rates of caring for children during these hours compared to established providers (51% vs. 64%; $p < .01$).



Table 4. Caregiving Characteristics of New and Established Unlisted Paid and Unpaid HBCC Providers

	New Unlisted Paid	Established Unlisted Paid	New Unlisted Unpaid	Established Unlisted Unpaid
Provides care in own home	69%	68%	83%	76%
Total children in care (Mean/SD)	2.98 (4.06)	3.20 (2.86)	1.42 (1.09) ^{***}	2.11 (1.65)
Number of children in care with a prior relationship to the provider (Mean/SD)	1.56 (1.88) [*]	2.31 (2.52)	1.43 (0.99) ^{***}	2.11 (1.52)
Provides care for children with whom they have a prior relationship	65%	66%	96%	98%
Provides care for infants/toddlers (under 3 years old)	58%	53%	51% ^{***}	30%
Provides care for preschool aged children (3 to 5 years, not yet in Kindergarten)	44% [*]	59%	29% ^{***}	47%
Provides care for school aged children (Kindergarten and older)	43% ^{**}	65%	41% ^{***}	71%
Cares for children with an emotional, developmental, or behavioral condition that affects care	19%	23%	9% [*]	15%
Hours worked per week (Mean/SD)	40 (34)	42 (35)	36 (36)	37 (33)
Provides nontraditional hour care	54%	48%	51% ^{**}	64%

Note. P-values indicate whether the chi-square test of differences between new and established providers was statistically significant. *p < .05, **p < .01, ***p < .001

MOTIVATIONS AND CAREGIVING INTENTIONS

Listed HBCC Providers

New and established listed providers shared many similar motivations and caregiving intentions (see Table 5). Both new and established listed HBCC providers reported they intend to offer care for at least 10 more years, on average, and a vast majority planned to continue caring for children for five years or more. Nearly two thirds of new and established providers viewed their main responsibility caring for children as meeting children’s health and safety needs, which may not be surprising given these were likely providers who participated in state licensing and subsidy programs that have health and safety requirements. Around a fifth reported supporting and nurturing children’s well-being as a main responsibility. As a note, providers could only select one response option. While this may provide an understanding of



how providers think about their main responsibility, it does not suggest that other response options may not have been important or a key responsibility.

New and established listed providers differed significantly in their reports of their main motivation for offering HBCC ($p < .05$). While half of both new and established listed providers reported their main motivation to be career-related, a lower percentage of new providers reported career-related motivations compared to established providers (50% vs. 59%). While less than a third of new and established providers reported their main motivation to be helping children and families, a lower percentage of new providers reported this as their main motivation (27% vs. 16%).

Table 5. Motivations and Caregiving Intentions for New and Established Listed HBCC Providers

	New Listed	Established Listed
Years planning to care for children (Mean/ SD)	11 (9)	10 (9)
Plans to continue offering care 2+ years	94%	92%
Plans to continue offering care 5+ years	81%	75%
Main reason for offering HBCC^{1,2}	*	
Career related	50%	59%
Help children/families	27%	16%
Work at home/Stay home with own children	17%	17%
Earn money	3%	6%
Other	3%	2%
View of main responsibility when looking after children³		
Meeting children's basic health and safety needs	63%	63%
Supporting and nurturing children's well-being	23%	19%
Supporting children's learning and development	14%	15%
Other	0.6%	3%

Note. P-values indicate whether the chi-square test of differences between new and established providers was statistically significant. * = $p < .05$, ** = $p < .01$, *** = $p < .001$.

¹ These results do not identify which specific response categories contribute to the observed differences.

² Response options were collapsed into five categories by the authors. The original response options: It is my personal calling or career (Career related); It is a step toward a related career (Career related); To earn money (Earn money); To have a job that lets me work from home (Work at home/Stay home with own children); To work and take care of my children at the same time (Work at home/Stay home with own children); To help children (Help children/ families); To help children's parents (Help children/families; and Other (SPECIFY).

³ Response options were collapsed into four categories by the authors. The original response options: Help their development (Support children's learning and development); Keep them safe/ out of trouble (Meeting children's basic health and safety needs); Provide them love and nurturing (Supporting and nurturing children's well-being); Teach them values (Support children's learning and development); Help them learn so they can do well in school (Support children's learning and development); Provide children's basic needs such as meals and transportation (Meeting children's basic health and safety needs); Support children's wellbeing (Supporting and nurturing children's well-being); Other (SPECIFY).



Unlisted Paid HBCC Providers

New and established unlisted paid providers reported similar motivations for offering HBCC and similar views of their main responsibilities when caring for children (see Table 6). Over half of new and established unlisted paid providers reported their main motivation for offering HBCC was to help children and families. A majority of new and established unlisted paid providers viewed their main responsibility when looking after children as meeting basic health and safety needs. Similar to above, providers could only select one response option. While this shows what they may view as their main or top priority, it does not necessarily indicate that the other options were also not important to them.

New and established unlisted paid providers differed significantly in their intentions to continue caring for children. Compared to established unlisted paid providers, new providers reported fewer years that they intend to continue caring for children (5 years vs. 9 years; $p < .01$). While over half of both new and established unlisted paid providers said they intended to continue offering care for two or more years, a lower percentage of new providers reported this intent compared to established providers (58% vs. 78%; $p < .05$). Similarly, a lower percentage of new providers compared to established providers reported their intent to continue HBCC for five or more years (39% vs. 62%; $p < .01$).

Unlisted Unpaid HBCC Providers

New and established unlisted unpaid providers shared some similarities around intent to continue offering care and their main reason for offering care (see Table 6). Around half of these providers reported planning to continue offering care for two or more years. A vast majority reported helping children and families as their main reason for offering HBCC.

Significant differences were observed in how new and established unlisted unpaid providers viewed their intent to continue offering care in the long term as well as in their views of their main responsibility when caring for children. Compared to established unlisted unpaid providers, new providers reported fewer years for which they intended to continue caring for children (4 years vs. 8 years; $p < .05$). Similarly, a lower percentage of new providers reported an intent to continue offering child care for five or more years compared to established providers (30% vs. 45%; $p < .01$). Additionally, new and established unlisted unpaid providers differed in how they viewed their main responsibility when caring for children ($p < .05$). While more than half of both new and established providers reported their main responsibility as meeting health and safety needs of children, a lower percentage of new providers reported this compared to established providers (56% vs. 64%). While less than a third of both new and established providers reported their main responsibility as supporting and nurturing children's wellbeing, a higher percentage of new unlisted unpaid providers reported this as their main responsibility compared to established providers (32% vs. 22%). As noted throughout, providers could only select one response option. While this may indicate what providers reported was the most important to them as their main responsibility, it does not necessarily indicate that the other response options were also not important to them.



Table 6. Motivations and Caregiving Intentions of New and Established Unlisted Paid and Unpaid HBCC Providers

	New Unlisted Paid	Established Unlisted Paid	New Unlisted Unpaid	Established Unlisted Unpaid
Years planning to care for children (Mean/SD)	5 (7)**	9 (10)	4 (7)*	8 (16)
Plans to continue offering care 2+ years	58%*	78%	49%	58%
Plans to continue offering care 5+ years	39%*	62%	30%**	45%
Main reason for offering HBCC¹				
Help children/families	60%	55%	86%	83%
Career related	15%	28%	9%	11%
Earn money	18%	9%	1%	.2%
Work at home/Stay home with own children	7%	5%	2%	2%
Other	1%	3%	2%	4%
View of main responsibility when looking after children^{2,3}			*	
Meeting children’s basic health and safety needs	73%	70%	56%	64%
Supporting and nurturing children’s well-being	15%	14%	32%	22%
Supporting children’s learning and development	10%	13%	7%	11%
Other	1%	3%	6%	3%

Note. P-values indicate whether the chi-square test of differences between new and established providers was statistically significant. *p < .05, **p < .01, ***p < .001

¹ Response options were collapsed into five categories by the authors. The original response options: It is my personal calling or career (Career related); It is a step toward a related career (Career related); To earn money (Earn money); To have a job that lets me work from home (Work at home/Stay home with own children); To help children (Help children/ families); To help children’s parents (Help children/ families); To work and take care of my children at the same time (Work at home/Stay home with own children); and Other (SPECIFY).

² These results do not identify which specific response categories contribute to the observed differences.

³ Response options were collapsed into four categories by the authors. The original response options: Help their development (Supporting children’s learning and development); Keep them safe/ out of trouble (Meeting children’s basic health and safety needs); Provide them love and nurturing (Supporting and nurturing children’s well-being); Teach them values (Supporting children’s learning and development); Help them learn so they can do well in school (Support children’s learning and development); Provide children’s basic needs such as meals and transportation (Meeting children’s basic health and safety needs); Support children’s wellbeing (Supporting and nurturing children’s well-being); and Other (SPECIFY).



PARTICIPATION IN PUBLIC PROGRAMS AND SUPPORTS

Listed HBCC Providers

New and listed providers had many similarities regarding their participation in public CCEE programs and supports (see Table 7). Over a third of new and established providers reported that they have ratings in their state’s quality rating and improvement system (QRIS) and a quarter served subsidized children. Over a third received help from a home visitor or coach in the past year while half reported having help from someone outside of their household with child care. Around two thirds of new and established listed providers attended workshops sponsored by community agencies or FCC networks in the past year while a third to two fifths of all listed providers reported they had relationships with schools or other programs for professional development. Similar percentages of listed providers reported helping families access services that they need and having access to family support services.

New and established listed providers differed significantly in their participation in the CACFP, networks, and meetings with other providers. While more than half of all listed providers participated in the CACFP; new providers reported lower participation in this program compared to established providers (55% vs. 68%; $p < .05$). Low percentages of new and established listed providers reported being sponsored by an organization or being part of a network yet new providers reported even lower rates of network affiliation compared to established providers (9% vs. 15%; $p < .05$). Compared to established providers, new providers also reported lower rates of meeting with other child care providers (37% vs. 53%; $p < .01$).

— **Table 7. Participation in Public Programs and Supports for Listed HBCC Providers**

	New Listed	Established Listed
Participation in Child and Adult Care Food Program (CACFP)	55%*	68%
QRIS rating	38%	40%
Serves subsidized children	25%	25%
Sponsored by an organization or part of network	9%*	15%
Help from home visitor/coach	37%	32%
Help with child care	51%	55%
Meets with providers	37%**	53%
Attended community/family child care workshop	62%	68%
Relationship with schools/programs for professional development	34%	46%
Access to family support resources	40%	47%
Helps families access services	46%	42%

Note. P-values indicate whether the chi-square test of differences between new and established providers was statistically significant. * $p < .05$, ** $p < .01$, *** $p < .001$



Unlisted Paid HBCC Providers

New and established unlisted paid providers reported similar rates of participation in public programs and supports (see Table 8). Among both new and established unlisted paid providers, few reported participation in the CACFP, being sponsored by an organization or part of a child care network, or having help from a home visitor or coach in the past year. Around a third received assistance from another adult outside their household when caring for children. A quarter to a third of unlisted paid providers reported meeting with other child care providers. Low percentages also reported attending a community or FCC workshop in the past year and around a fifth reported having a relationship with schools or programs for professional development. Over a quarter had access to family support services and around a fifth helped families to access services that they needed. No significant differences were found between new and established unlisted paid providers.

Unlisted Unpaid HBCC Providers

There were similarities across new and established unlisted unpaid providers in their participation in public programs and supports, which was limited for both groups of providers. Small percentages of providers were sponsored by an organization or FCC network yet close to half reported that they had received help with child care from someone outside their household and close to a third reported meeting with other child care providers. Low percentages of these providers reported attending a community or FCC workshop in the past year or having a relationship with schools or programs for professional development. On the other hand, many of these providers reported that family support resources were available to them to support their needs and about a quarter of providers reported that they helped families access services.

Although unlisted unpaid providers reported very low participation in public programs and supports, there were some significant differences between new and established unlisted unpaid providers. Compared to established unpaid providers, new providers reported lower participation in the CACFP (0.03% vs. 2%; $p < .01$) or having help from a coach or home visitor in the past year (2% vs. 5%; $p < .05$).



Table 8. Participation in Public Programs and Supports for New and Established Unlisted Paid and Unpaid HBCC Providers

	New Unlisted Paid	Established Unlisted Paid	New Unlisted Unpaid	Established Unlisted Unpaid
Participation in CACFP	7%	7%	.03%**	2%
Sponsored by an organization or part of network	13%	12%	3%	5%
Help from home visitor/coach	7%	8%	2%*	5%
Help with child care	33%	35%	44%	46%
Meets with providers	24%	32%	25%	31%
Attended community/family child care workshop	13%	12%	3%	5%
Relationship with schools/programs for professional development	20%	24%	12%	11%
Access to family support resources	28%	27%	34%	28%
Helps families access services	19%	22%	23%	26%

Note. P-values indicate whether the chi-square test of differences between new and established providers was statistically significant. * $p < .05$, ** $p < .01$, *** $p < .001$





Discussion

This brief uses the nationally representative 2019 NSECE dataset to compare the characteristics and experiences of new and established listed and unlisted HBCC providers. Prior research has mostly focused on the decline of licensed HBCC with less research attention on potential differences between new and experienced HBCC providers. The analysis of three separate types of HBCC providers – listed, unlisted paid, unlisted unpaid – in the NSECE dataset allowed us to examine the characteristics and experiences of new and established providers across the full range of HBCC provision including paid and unpaid HBCC providers. Understanding the experiences of new providers may help to inform efforts to better distribute resources, tailor support services, and build the supply of HBCC.

Findings illustrate that new listed and unlisted HBCC providers have distinct characteristics and experiences compared to established HBCC providers. Across the HBCC samples, our analysis indicates that new HBCC providers (listed and unlisted) care for fewer children compared to established providers and had lower reports of participation in public programs or supports. For example, compared to established unlisted paid and unpaid providers, new unlisted paid and unpaid providers reported higher rates of intending to leave HBCC work after a few years.

Findings highlight distinct individual characteristics of **new listed providers** that could inform recruitment and professional development efforts. For example, over half of new listed providers reported having prior experience in a child care center or school setting compared to just over a third of established providers. This finding suggests that new providers may need support in the aspects of home-based child care that are different from center or school settings. They may also bring other knowledge from these settings into their HBCC activities although we did not find any differences in curriculum use, for example, between new and established listed providers.

Findings also indicate that new providers may face distinct challenges compared to established providers. New listed providers have less economic stability than established providers. For example, new listed providers had lower rates of home ownership compared to established listed providers. This may be due to new listed providers being younger than established providers on average or a timing effect such as the housing market that makes it more challenging to be a homeowner. Except for the CACFP and training workshops, only about half to less than half of listed providers overall (new and established) reported participation in state child care programs or supports. However, new providers participated less than their established counterparts in public programs that support child care providers such as the CACFP, networks, and peer support opportunities. Participation in these types of programs and supports could be beneficial to new providers who are just starting out in HBCC work.

Findings indicate that **new unlisted paid providers** may share similar experiences to established unlisted paid providers. Both groups had similar individual characteristics and similar motivations and responsibilities related to caring for children (a majority reported their care is



focused on meeting children's health and safety needs). Both new and established unlisted paid providers reported low rates of participation in public programs –no more than a third reported participating in any type of program or support. Differences here were seen around children in care and providers' intent to stay in child care. Compared to two thirds of established paid providers who reported they plan to continue child care for five or more years, new unlisted paid providers reported much lower rates of intending to care for children in the long term indicating child care work for these new providers may be a temporary activity.

There were many differences between the new and established unlisted unpaid HBCC providers. Findings indicate that **new unlisted unpaid providers** differed from established providers across individual characteristics and experiences. The caregiving characteristics of new unlisted unpaid providers also looked different from established providers in terms of numbers of children in HBCC (new providers reported fewer children in care) and ages of children in care (new providers reported caring for younger children), and relationships of children in care (new providers reported caring for fewer children with whom they have a prior relationship). The greater percentage of new unpaid providers caring for infants and toddlers (over half) may fill a need for families, as finding infant and toddler care can often be challenging for many families.

Although all unpaid providers reported very low rates of participation in public programs, new unpaid providers reported lower participation than established unpaid providers. The 2019 NSECE only asks about certain types of supports and may not fully capture the types of supports that may be of interest or may not be available to unlisted HBCC providers. New providers may also not be aware or eligible for available supports or resources which may further explain their lower reports of participation in public programs. For example, eligibility for CACFP participation often requires licensure and subsidy participation, although some states have extended participation to license-exempt providers who meet health and safety requirements (Bromer et al., 2025).

Limitations and Next Steps

Limitations regarding the analyses conducted for this brief are twofold. First, the NSECE provides a snapshot of provider characteristics and their experiences at one point in time and does not, for example, include retrospective data on the characteristics of established providers from when they were starting out as new HBCC providers. Thus, we cannot determine which characteristics and experiences are a result of providers being new to the HBCC sector or what may be a cohort or timing effect. Second, this analysis utilized the 2019 NSECE dataset, so it may not reflect the current landscape of HBCC settings and providers. However, this analysis provides a glimpse into the characteristics and experiences of providers at that specific time which may help to inform our understanding of new providers as they are entering HBCC and the supports new HBCC providers may need. These analyses may be replicated with future national data sets to provide a comparison over time as well as a snapshot of current trends across the HBCC sector.



Potential Implications

Findings from this analysis have potential implications for CCEE programs and policies, local and state agencies, networks, and others who support HBCC providers. The findings may also have implications for distributing resources, tailoring interventions, and building the supply of HBCC.

○ **Understanding the needs of new HBCC providers and tailoring supports to meet these needs.**

Programs and services seeking to engage new providers may consider conducting needs assessments to better understand the specific types of supports that would be most useful to new providers. Messaging and outreach activities may need to be tailored to different types of HBCC providers. For example, unlisted providers, often FFN providers, may benefit from tailored approaches to support that meet their needs and circumstances given their low levels of participation in public programs and supports.

○ **Connecting with other child care providers.** Fewer new listed HBCC providers report connecting with other providers compared to more established listed providers. This finding indicates the need to better understand whether new listed providers want and would engage with peer supports if available. Previous research found that peer support in HBCC can help prevent feelings of isolation and may buffer feelings of burnout (Hamm et al., 2005; NCECQA, 2023; Bromer et al., 2021a). Opportunities to meet with other HBCC providers and build professional networks may offer social and educational support for new FCC providers and introduce them to additional supports they may wish to access, such as public programs (Bromer et al., 2021b).

○ **Building HBCC supply by supporting tenure and attachment to HBCC work.** New unlisted HBCC providers (both paid and unpaid) reported lower rates of intending to stay in HBCC work compared to established unlisted providers. Initiatives seeking to increase the supply of HBCC may want to focus on unlisted HBCC providers during these early years of child care provision when they may view their child care arrangement as temporary. There may be windows of opportunity in the first three years of HBCC provision for supporting, engaging, and helping HBCC providers feel committed and connected to child care work.

○ **Leveraging providers' commitment to children and families.** New listed HBCC providers reported a commitment to supporting children and families in their communities. New unlisted unpaid providers reported that their main child care responsibility was to nurture and care for children's wellbeing. Support initiatives seeking to support a stable HBCC sector may consider amplifying and communicating to the public about the potential benefits of HBCC for children, families, and communities.

○ **Supporting unlisted HBCC providers who care for infants and toddlers.** New unlisted unpaid HBCC providers reported higher rates of caring for infants and toddlers compared to established providers. Building the supply of HBCC may include support for unlisted or unlicensed and unpaid providers, especially for families of infants and toddlers. These providers' willingness to care for infants and toddlers may increase choices for families who are looking for a home-based child care option for their children. Policies may consider compensation or financial and materials support for unpaid unlisted providers who meet the needs of families seeking care for infants and toddlers.



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Appendix

DATASET

The 2019 NSECE is a nationally representative study of child care focusing on use and supply (NSECE Project Team, 2023). It has four separate, interconnected surveys for families with young children under the age of 13, center-based child care programs, the center-based child care workforce, and home-based child care providers. The home-based provider survey included questions about providers' enrollment, individual characteristics, program operations, and participation in public programs and supports.¹ The NSECE designated home-based providers as listed and unlisted. This analysis focuses on both the listed and unlisted samples. Analyses were conducted using the restricted-use data file so that we could obtain the information needed to calculate new providers.

VARIABLES

We selected variables from the NSECE that allowed us to understand the characteristics of providers and their caregiving conditions, motivations and intentions, and interactions with outside supports and public programs. These variables, which may have not been shown to all providers based on their classification of listed and unlisted, included:

Individual Provider Characteristics

- Their age
- Their racial and ethnic background
- If they speak another language
- If they have an associate degree or higher
- If they have a CDA or state certification
- If they have previous experience working in a center-based setting or school
- Their income from their work caring for young children
- If they have other employment outside of child care
- If they own their home

¹ 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.



Caregiving Characteristics

- If they provide care in their own home or the child's
- The number of children they generally care for
- The number of children they care for with whom they have a prior personal relationship
- If they care for children with whom they have a prior personal relationship
- If they enroll any infants and toddlers
- If they enroll any preschool age children
- If they enroll any school age children
- If they enroll at least one child with an emotional, developmental, or behavioral condition that affects their care
- Their hours of operation
- If they operate during non-traditional hours
- If they use a curriculum or set of prepared learning activities

Motivations and Intentions

- The number of years they plan to care for children
- If they plan to care for children for at least two more years
- If they plan to care for children for at least five more years
- How they view their main reason for working in child care
- How they view their primary responsibility for caring for children





Participation in Public Programs and Supports

- If they participate in the Child and Adult Care Food Program (CACFP)
- If they have a QRIS rating
- If they serve any children receiving child care subsidies
- If they are sponsored by an organization or part of a provider network
- If they have worked with a coach or home visitor in the past 12 months
- If they have help from someone outside the household when caring for children, like an assistant
- If they meet with others who care for children
- If they have gone to a workshop sponsored by a community agency or family child care network in the past 12 months
- If they have a relationship with a school or program that provides professional development
- If they have access to a family support resource, mental health consultant, or guidance counselor to help with issues that parents raise
- If they help families access any services, including developmental assessments, health screening, therapeutic services, counseling services, or social services

SAMPLE

We restricted our sample to listed and unlisted providers who reported three years or less of experience caring for children in a home-based setting. We calculated this by subtracting the time respondents reported working in a center-based setting or other organization working with children from their total reported years and months of experience caring for children.

ANALYSIS

We began by examining descriptive statistics for the samples of new and established listed and unlisted providers to obtain rates (or percentages) and mean scores. We then conducted significance testing to examine the differences between new and established listed and new and established unlisted HBCC providers. Comparisons across provider types (i.e. listed, unlisted paid, unlisted unpaid) were not conducted. All analyses used sample weights.