Home-based child care (HBCC) providers support children’s development and help parents work. In 2019, slightly more than 1 million paid or listed HBCC providers cared for 4.3 million children younger than age 13, and another 4 million unpaid HBCC providers cared for another 8 million children.¹ Despite the important role these providers play, however, many appear unlikely to participate in or benefit from public supports. Our recent reviews of their involvement with a diverse set of federal programs and services, including the Child Care and Development Fund, the Child and Adult Care Food Program, home visiting services supported by multiple funding streams, infant and early childhood mental health consultation, and financial supports from the Small Business Administration, find that HBCC providers are consistently less likely to benefit from these programs and services (box 1).² This brief provides an overview of some common barriers HBCC providers face across these federal programs and services and explores the extent to which networks of home-based providers—such as staffed family child care networks or informal networks—could help address these barriers if provided appropriate resources and supports.

Identifying ways to support HBCC providers has become even more important since the beginning of the COVID-19 pandemic, as HBCC providers have faced significant challenges including changes in demand, higher costs, and emotional and financial stress.³ The potential loss of HBCC providers and their increased financial hardship is particularly problematic given families have increasingly turned to HBCC options during the pandemic,⁴ and a robust supply of HBCC providers is likely essential to help
parents get back to work given the pandemic uncertainties, dynamic labor market, and shifting labor patterns. Further, the recent allocation of more than $50 billion in new funding for child care pandemic relief provides states with a unique opportunity to take steps to support and reinforce the HBCC sector.

BOX 1
Key Takeaways

Common Barriers to HBCC Participation in Federal Programs

Across our analyses, we found that HBCC providers face four common challenges that share a single characteristic: all are issues an intermediary organization could potentially address—facilitating the connection between the agency and providers. The four challenges they could help solve include

- lack of knowledge about the program or service system;
- challenges enrolling in the program or accessing the service;
- difficulties meeting the program or service requirements; and
- challenges because the program’s design is not relevant for HBCC providers overall, particularly for those legally exempt from licensing.

How HBCC Networks Can Support HBCC Participation in Federal Programs

HBCC networks vary along many dimensions, but can—if they have the resources and supports—help HBCC providers access federal resources in four ways:

- Conduct outreach and recruitment.
- Provide navigators or link HBCC providers to agency navigators.
- Directly provide services or support for participation.
- Facilitate connections between providers and policymakers, or help facilitate provider leadership and self-advocacy in the policymaking and policy implementation process.

Suggestions for Action

Federal, state, and local governments can take steps to support networks in helping HBCC providers access services:

- Provide consistent and dedicated funding for staffed networks, as well as resources to support informal networks, to ensure they have the resources and tools needed to support HBCC providers.
- Incentivize and support HBCC networks in serving the full range of HBCC providers, including those legally exempt from licensing.
- Support a broad array of child care or intermediary organizations, even if not designated networks, to help HBCC providers participate in federal programs and services.
- Support, fund, and encourage cross-network collaboration by working with networks and HBCC providers to develop tools to support participation.
- Identify and share promising model practices that networks can employ to support HBCC provider participation in different federal programs and services.
This brief builds on numerous publications (briefs and blog posts) our team published this year focusing on barriers HBCC providers face in trying to access or benefit from key federal programs (box 2). The federal programs and services we examined included:

- child care subsidies through the Child Care and Development Fund;
- quality set-aside funds in the Child Care and Development Fund;
- meal reimbursements from the Child and Adult Care Food Program;
- home visiting supports from home visiting initiatives;
- early childhood and infant mental health supports; and
- financial supports from the Small Business Administration.

Looking across these service systems, we find common themes around barriers to access that could be addressed through intermediary organizations such as family child care networks or other formal or informal organizations that represent and work closely with HBCC providers. These findings suggest that states could use the new federal pandemic relief resources to support such organizations and help them work with HBCC providers to maximize their access to federal resources and stabilize this critical sector.

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**BOX 2**

**Urban’s Series on Supporting HBCC Participation in Federal Programs and Services**

This brief is part of and builds on a series of publications supported by the Home Grown Child Care funders’ collaborative focused on supporting greater HBCC provider participation in various federal programs or service systems. These include publications on HBCC providers and:

- the child care subsidy system supported by the Child Care and Development Fund, which helps families with low incomes pay for child care by covering some or all of child care costs by reimbursing child care providers (Adams and Dwyer 2021);
- the Child and Adult Care Food Program, which reimburses child care providers for the costs of providing meals to children in their care (Adams and Hernandez-Lepe 2021a);
- infant and early childhood mental health consultation services that build the capacity of child care providers to prevent, identify, treat, and reduce the impact of mental health problems among children from birth to age 6 (Sandstrom and Dwyer 2021b);
- home visiting services that provide caregivers with education and tailored support to promote safe and stimulating home environments, positive adult-child interactions, and healthy child development, as well as links and referrals to community resources and services to support family well-being (Sandstrom and Dwyer 2021a);
- financial supports and technical assistance from the Small Business Administration (Adams and Hernandez-Lepe 2021b); and
- quality set-aside funds in the Child Care and Development Fund, which helps states fund activities to improve providers’ quality of care.³
Understanding the Context

Before examining how family child care networks can support HBCC providers’ access to federal resources, it is useful to begin with an overview of HBCC providers and the barriers they face in accessing federal supports.

Understanding HBCC Providers

In 2019, slightly more than 1 million listed and unlisted home-based providers who were paid cared for 4.3 million children younger than age 13. This includes 91,200 providers who were listed with a public agency and are assumed to be licensed (referred to as “licensed” or “listed” HBCC in this brief) and another 1.05 million paid HBCC providers who are not listed with any agency including licensing agencies (“unlicensed” or “unlisted” HBCC). HBCC providers play a critical role in caring for America’s children and are likely to care for infants and toddlers, children in rural areas, and children whose families work nontraditional hours (Henly and Adams 2018). These providers vary widely, from individuals caring for several children in their homes, sometimes with paid staff to help, to relatives or close friends caring for children.

These providers also care for significant numbers of children of color, with one survey finding higher use of HBCC providers for Black children younger than age 6 than for other racial/ethnic groups—specifically, about a third (34 percent) of Black children younger than age 6 and not yet in kindergarten were in a nonparental home-based setting as their primary arrangement, and about a quarter of other racial/ethnic groups (including white children) were in these settings. Other data find that HBCC providers are more likely to speak languages other than English at home and have a cultural match between the providers and the children they serve (Hill et al. 2021).

What Do We Know about HBCC Participation in Federal Programs and Barriers They Face?

The extent to which any data are available on HBCC providers’ participation in these federal programs and services, or even whether any data are available on child care providers in general, varies widely across the six federal programs and service systems examined here. However, data from the 2012 National Survey of Early Care and Education show that overall these providers are less likely than child
care centers to report that they participate in and benefit from public child care investments (OPRE 2014; 2016). Further, our recent analyses of the previously mentioned six areas of federal policy all suggest HBCC participation in these programs is fairly low, and particularly low among those legally exempt from licensing.

Across our analyses, we find four common barriers HBCC providers face, which potentially could be addressed by an intermediary organization facilitating the connection between the agency and providers:

- **A lack of knowledge about the program or service system.** A common theme is that HBCC providers may not know about the federal programs and services listed above or that they might be eligible and able to benefit from the programs and services and under what circumstances. Although good data are not available on this issue, our overview across the federal programs and services suggests that providers who live in marginalized or geographically isolated communities, as well as those legally exempt from licensing, may be the least aware. In some cases, this is because the provider may not have access to resources that could connect them to systems and thus could be hard to identify for outreach; in others, it may be because the provider has the misperception that they cannot participate. One expert also suggested that some HBCC providers may distrust public institutions because of previous negative experiences.

- **Challenges enrolling in the program or accessing the service.** Difficulties with the application and enrollment process, or ability to access the service, were another common challenge across our federal programs and services. Either the application process itself was difficult or HBCC providers may face extra hurdles such as literacy or language barriers. For example, when compared with center-based providers, HBCC providers seem somewhat more likely to have lower levels of education and more likely to have been born outside the US and speak languages other than English (Paschall et al. 2021; SCBC 2017).

- **Difficulties meeting the program or service requirements.** Another common challenge HBCC providers face across some programs is that they have trouble meeting the program requirements or demands. Sometimes the requirements themselves are challenging, and sometimes providers may not have resources to meet them or may face language or literacy barriers.

- **Challenges because the program’s design is not relevant for HBCC providers overall—particularly for those legally exempt from licensing.** Another common challenge we identified is that the program designs may not reflect HBCC providers’ realities—especially smaller providers who are exempt from licensing and may be caring for children primarily because of their relationships with the children rather than as a business. A common concern across programs was that services and supports may be more designed around the realities of child care centers than home-based settings.
However, these are only some barriers shaping participation in these programs. As discussed in greater depth in each of the briefs listed in box 2, many larger barriers also play a role, including limited funding, eligibility rules that may create challenges or limit participation, misperceptions about the quality of home-based child care settings, and structural and systemic inequities such as racism or income inequality. Some of these are unique to certain federal programs, and others are common across them. Therefore, while HBCC networks may be able to address some participation barriers, others are likely to remain.

What Are HBCC Networks?

Growing recognition of the home-based child care sector’s importance and concerns about the dramatic decline in licensed family child care (Porter and Bromer 2020; Home Grown 2020) have increased interest in networks’ promising role of supporting home-based providers. In particular, staffed family child care networks have received a significant amount of attention (Home Grown 2020; Porter and Bromer 2020).

Although the term “family child care network,” coined in 2009 (Bromer et al. 2009), is most commonly used to refer to these networks, in this brief we are broadening the term to “HBCC networks” for two reasons. First, the term “family child care networks” often (though not consistently) refers to formal staffed family child care networks, which can have at least one paid staff person to support participating HBCC providers. Yet less formal networks, without paid staff, can also play a critical role in bringing together providers and offering a setting to share best practices and provide peer support, and may be particularly important for reaching smaller and more isolated providers. Second, we also use the broader term “HBCC network” to explicitly include home-based child care providers, such as relatives and other small providers, who may not consider themselves a “family child care provider.” Family child care networks can but do not necessarily include these less-formal providers and may not always work as effectively for them (Bromer et al. 2019). See box 3 for some examples of how different networks function.

Networks of home-based providers can play many roles in supporting these providers:

- giving providers a way to connect to other providers, share experiences, get support from peers, and reduce isolation
- enhancing business practices that improve sustainability
- improving the quality of care
- connecting providers and the children and families they serve to critical resources
- giving providers a way to have a shared voice about their experiences to inform policy, including those who may be geographically or not well connected to institutions or opportunities for leadership
Clearly networks that have staff and resources to engage in these activities will be able to engage in more activities and supports for providers and thus are the best equipped to play an active role. However, smaller informal networks and community child care organizations must not be underestimated, as they can also provide important supports for HBCC providers and help facilitate other organizations reaching these providers. In addition, other organizations, such as Child Care Resource and Referral (CCR&R) agencies can play some of these roles directly or house networks that provide such services.

BOX 3
Understanding the Continuum of HBCC Networks

HBCC networks can take many forms, both formal (staffed) and informal, though networks can vary along a continuum from more to less formal. For example, they can be staffed family child care networks, family child care associations, peer support groups, or ad hoc groups that form through community-based activities such as library reading hours, church, and so on. Generally, networks can provide two overarching benefits to providers: improved quality of care for children and improved sustainability and working conditions for providers.

On one end of the continuum, staffed family child care or HBCC networks offer a menu of services and supports to a targeted group of HBCC providers through paid staff. Services and supports may include training, visits or coaching, peer support opportunities, administrative support, materials and equipment support, business and quality supports, and navigation support around systems participation.

On the other end of the continuum, informal networks are groups of HBCC providers who come together to offer peer support through sharing information and resources with each other. These could arise from existing community groups, such as churches, or from providers engaging with one another through group events like reading hours at a local library. Informal networks lack the financial resources to offer comprehensive supports to providers but can be an easily accessible space for providers to learn and grow. These informal networks can also be a good entry point for outside agencies or organizations to engage with this community of care providers.

How Can HBCC Networks Support HBCC Participation in Federal Programs?

Given the possible activities and supports that HBCC networks can provide, helping HBCC providers access federal resources and supports is a logical role for HBCC networks. HBCC networks can and do play an important role in helping HBCC providers access resources and could—with additional resources and technical expertise—expand their efforts to a broader set of supports. They also can play an important role in helping public agencies and organizations access HBCC providers to provide data, inform policy, or ensure public services are designed appropriately.
Across the federal programs and services, we identified four ways networks could help HBCC providers connect with these federal resources:

- conducting outreach and recruitment
- providing navigators or linking HBCC providers to agency navigators
- directly providing services or support for participation
- facilitating HBCC provider representation and two-way communication with agencies

Networks can undertake one or many of these activities, depending on providers’ needs and their expertise and resources. Below we provide some examples for each activity using insights from our reviews of federal programs and services.12

The experts we consulted, however, clarified that the key to determining the right mix of services and level of effort the network should undertake should be based primarily on the needs and interests of their providers. Seeking input from providers at the outset is crucial.

OUTREACH AND RECRUITMENT
A key role for formal and informal networks is to serve as a conduit for information from trusted messengers, outreach, and recruitment to help HBCC providers learn about federal resources and opportunities. Unless providers know other providers who are participating in a program or service, or their child care agency reaches out to them, they may not know about the various supports available. Further, HBCC providers can face particular challenges to accessing information, including their working conditions that make taking time during the day challenging, as well as more systemic barriers related to structural racism and inequities that can limit some providers’ ability to access resources. Experts described the important role that HBCC networks can play in functioning as trusted community messengers, communicating with HBCCs in their own languages and acknowledging their concerns, and how this can help address distrust some providers may have of government agencies.

Outreach efforts can range from an informal network gathering providers so agencies or community organizations can reach out to them and explain their programs or services to staffed networks conducting outreach and recruitment themselves (discussed further in a later section). Network outreach examples include the following:

- Help HBCC providers understand the CCDF subsidy program requirements and how to meet them and enroll.
- Inform HBCC providers about the food assistance and resources available from CACFP, help them access sponsor agencies, and/or help facilitate sponsor agencies’ outreach to HBCC providers, which could help slow or reverse the precipitous decline in HBCC participation in CACFP.
- Work with state agencies involved in IECMHC to improve HBCC provider awareness and potential use of infant and early childhood mental health services, including engaging with
informal networks to discuss the availability of services, as well as supporting efforts to reduce stigma surrounding mental health services for HBCC providers.

- Partner with **home visiting** agencies to build providers’ awareness of how home visiting services could enhance their ability to support children and families. Most home visiting services work directly with families, but some home visiting supports can work with other home-based caregivers. For example, if home visiting is used as a professional development tool for HBCC providers, networks could help with provider recruitment.

- Reach out to HBCC providers to help them understand how to access **financial supports** available in their community, such as grants or loans, as well as help them access financial services and technical assistance on financial issues key to their economic security (including financial management, budgeting, tax preparation, access to banking, and microenterprise initiatives).

**PROVIDE NAVIGATORS OR LINK HBCC PROVIDERS TO AGENCY NAVIGATORS IF AVAILABLE**

Networks can also employ staff who are experts in helping providers manage the process of enrolling or applying for supports and managing any ongoing requirements or challenges involved with staying enrolled or involved in the service. These efforts could be supported by the individual agencies or by CCDF quality funds as a strategy to improve HBCC access to income and supports. Several examples of network navigation support include the following:

- Actively support HBCC providers who are trying to become approved by **CCDF**, whether in meeting health and safety requirements, filling out paperwork, navigating the criminal background check process, providing access to computer resources to deal with online applications, or addressing other aspects of becoming an approved CCDF provider. For example, a key barrier to completing applications for all programs and services is language and literacy. Networks can employ translators to make applications, which can often be long and detailed, more accessible to non-English speakers. They can also help them manage payment disputes with the agency.

- Partner with **CACFP** sponsor agencies to help HBCC providers enroll in CACFP, learn how to manage paperwork and reporting requirements, provide peer supports, and so forth. While some of these services are provided by sponsor agencies, HBCC networks can help providers link to sponsor agencies, coordinate technical assistance, provide support for navigating system challenges, provide targeted training and peer supports, and so on.

- Help HBCC providers connect with **quality improvement strategies** supported by the CCDF quality set-aside funds, such as professional development offerings, grants and loans, technical assistance, and so on.

- Help HBCC providers identify possible **home visiting resources** in their communities that may be willing to work with them, help home visiting services identify and reach out to support HBCC providers, and support efforts to rethink home visiting strategies to better support HBCC providers.
- Identify **mental health** resources in the community and help HBCC providers access them, and work with mental health support systems to help them understand the important role HBCC providers play in supporting and affecting children’s mental health.
- Actively support HBCC providers around **financial management** and help them access the larger ecosystem of financial supports and financial technical assistance available in their community or state.

**DIRECTLY PROVIDE SERVICES**

HBCC networks can also be the administering agency for federal programs or have staff in the network providing services directly. Although this can be a critical role for networks, they need to be cautious about blending monitoring and enforcement functions with their more supportive activities. Experts recommend that networks with a monitoring role should consider separate staffing or cross-training of staff or intentional communication about monitoring roles versus support roles. Further, if networks take on this role, they need to ensure broad and equitable access to the full range of HBCC providers, including those who may be legally exempt from licensing. This may mean they tailor their services to different members’ needs.

Networks can directly provide services to HBCC providers in many ways:

- Manage child care subsidy contracts for their HBCC providers, thus freeing providers from the administrative complexities of dealing with the state agency’s subsidy reimbursement process.
- Function as a sponsor agency to support HBCC providers’ involvement with the CACFP, facilitating enrollment and ongoing compliance with CACFP requirements.
- Deliver CCDF-funded quality support activities to HBCC providers, such as professional development, support in meeting licensing standards, training in health and safety standards, and so on.
- Serve as an entry point to mental health/IECMHC supports, whether through a staffed family child care network, an informal network through a local community group, or a peer community of practice outside the network structure. This approach can be helpful, as approaching mental health consultation through these networks may make providers more willing to participate because it is in an environment they trust. For example, if a large number of HBCC providers are visiting a literacy center for books or training, they could be pointed toward other services while there. The consultation could be provided directly to a group of providers, such as a training on social-emotional learning, with follow-up one-on-one consultations for providers desiring additional services in their homes.
- Partner with a home visiting agency to support HBCC provider access to home visiting services. Larger staffed networks could serve as a hub to hire mental health consultants and potentially receive funding to hire home visitors and implement a home visiting program.
HELP HBCC PROVIDERS HAVE A VOICE WITH AGENCIES AND POLICYMAKERS

Networks can facilitate two-way connections between providers and policymakers or help facilitate provider leadership and self-advocacy so providers’ voices are heard in the policymaking process; they can also improve program implementation at the state and local level. This can improve policies and practices, so they better meet providers’ needs and are easier to access. Networks can support HBCC providers’ self-advocacy in several ways:

- Facilitate meetings between providers and administering agencies (most relevant when networks are not delivering the services themselves).
- Help identify providers to serve on advisory or policy councils.
- Ensure provider perspectives are part of policy conversations and legislative hearings on federal programs and services under state control (as is the case, for example, with many elements of state CCDF policy).
- Identify gaps in services.
- Help state agencies gather data or information on HBCC providers to improve services.
- Highlight ways services and systems need to be revised to be more relevant and accessible to providers.
- Support action in improving policies and programs to better meet HBCC provider needs.

Because of the different characteristics and administrative structures of the different federal programs and resources in this review, the entities that the HBCC networks would need to work with would differ depending on the system. Such entities could include

- state legislators and state-level policy staff who can make decisions about funding and key policies in areas such as child care, CACFP (in terms of eligibility for license-exempt HBCC), home visiting, mental health, and business supports;
- local agencies or organizations who administer funding or provide supports, including local subsidy agencies, sponsor agencies for CACFP, home visiting agencies, mental health services, and local entities involved in providing financial TA and supports to small businesses; and
- other agencies involved in related support services, including K-12 systems, workforce development agencies, health services, public health entities, CCR&R’s, and community colleges.

Suggestions for Action

Federal and state governments, as well as local governments and community agencies, can take steps to support HBCC networks in helping HBCC providers access federal funds and resources. However, in this effort, these entities must be cognizant of three underlying issues shaping networks’ success.
First, HBCC networks vary widely in quality, focus, and capacity, meaning their ability to take on these responsibilities is equally varied. Although HBCC networks have existed for a long time in some places, they are a relatively newer phenomenon in many areas, and the field is rapidly changing. As a result, it is critical to not expect them to take on all efforts described in this brief without significant investments and supports.

Second, networks’ ability to support providers in accessing federal programs and services will be facilitated or constrained by the policies and practices of the administering agencies at (usually) the state level, and the extent to which they prioritize access by HBCC providers, recognize policy and practice barriers, and/or actively support the engagement and participation of HBCC providers in their systems and programs. In the ideal situation, the entity implementing the federal program would understand the value of HBCC providers, have agency or program staff who recognize the unique strengths and challenges of HBCC, and design policies to be supportive. However, these ideal conditions appear rare. Further, these gaps are particularly large for HBCC providers legally exempt from licensing.

Third, HBCC network efforts will be much more effective if their goals and activities are shaped by their providers’ priorities. In some cases, networks may need to engage in provider education and outreach to convey the full range of potential activities and their benefits before deciding whether to take on these efforts.

Some suggested actions for federal and state governments are the following:

- **Provide consistent and dedicated funding for staffed networks as well as informal networks,** as current funding mechanisms such as fundraising, provider fees, and piecemeal federal funding are insufficient (Home Grown 2020). States could consider using the new federal pandemic relief funds to invest in networks to stabilize and support supply or use funds from the part of CCDF dedicated to supporting quality and supply. When considering such investments, it is important to not only invest in staffed networks, but also support informal networks and peer support systems that may reach other more isolated HBCC providers. Further, nongovernmental organizations, such as foundations, could provide critical, sustainable funding for networks.

- **Incentivize and support HBCC networks to serve the full range of HBCC providers.** Experts mention that many child care networks report supporting both licensed and license-exempt HBCC providers, but in reality, engagement with license-exempt caregivers is limited (Bromer and Porter 2019). Some staffed networks offer license-exempt providers resources but do not train them or visit them in the home. They might allow these providers to attend trainings, but lack of outreach and advertisement means providers do not know about the trainings and/or the resources may be designed for licensed family child care providers who are in effect running small businesses, which can be very different from the interests and needs of a relative caring for a grandchild. Across program areas, experts repeatedly said this is a key barrier for HBCC providers legally exempt from licensing.
- Ensure HBCC networks have the resources and tools needed to engage in activities to support HBCC providers in accessing federal programs and services. As noted earlier, networks can vary widely, ranging from staffed organizations that have resources and dedicated staff to support providers to informal networks of HBCC providers who are not funded. Experts clarified that any level of significant support for HBCC providers requires the network to have funding for dedicated staff and services. And even so, they are likely only able to engage in a subset of activities and will need to take on new responsibilities carefully and only with additional resources. Informal networks can also play a critical role in supporting providers, but their ability to fully engage in a number of the activities outlined above will be limited without adequate resources and staff.

- Support a broad array of child care or intermediary organizations, even if not designated networks, to help HBCC providers participate in federal programs and services. Our analysis suggests that in the absence of HBCC networks, which are still relatively few in number, there could be a role for other intermediary organizations, or entities within the specific federal agencies, to more effectively support participation of HBCC providers in federal programs, even if they do not formally function as an HBCC network. These could include, for example, child care resource and referral agencies, community agencies focusing on supporting local services, entities already working with HBCC providers for other purposes (e.g., through providing training or other supports), and the parts of the administering agencies focused on recruitment and enrollment.

- Support, fund, and encourage cross-network collaboration by working with networks and HBCC providers to develop tools such as resource lists, training on meeting program requirements, fact sheets on accessing federal and state resources, and other supports designed specifically to meet HBCC providers’ needs (including those exempt from licensing). This could be funded and encouraged by federal and state agencies.

- Identify and share promising model practices that networks can employ to support HBCC provider participation in different federal programs and services. Although this brief highlights many possible actions networks could take, further work could identify specific steps involving networks around supporting participation in federal programs, document network successes, and build an evidence-based toolbox of strategies and actions. For program-specific strategies networks could use to support involvement in the different federal programs or service systems, see the other briefs in this series.13

Conclusion

In sum, HBCC networks have great potential to harness and direct supports to HBCC providers and play a supportive role in helping them access key federal resources. As our country works to support child care providers after the devastating impacts of the pandemic, investing in networks and their ability to help providers participate in federal programs and services could be a highly effective strategy to stabilize and support HBCC providers.
Notes


2 Companion briefs published by the Urban Institute discuss HBCC providers’ participation in the child care subsidy system (Adams and Dwyer 2021), the Child and Adult Care Food Program (Adams and Hernandez-Lepe 2021a), infant and early childhood mental health consultation (Sandstrom and Dwyer 2021), and the Small Business Administration (Adams and Hernandez-Lepe 2021b).


6 “Home-based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics,” NSECE.


8 Data from the National Survey of Early Care and Education show that in 2012 7 in 10 child care centers (versus 6 in 10 listed home-based child care providers and only 14 percent of unlisted paid home-based child care providers) reported receiving some public revenue (OPRE 2014).


11 For more information about the role of networks in supporting providers, see Home Grown (2020) and Bromer and Porter (2020).

12 For more information on a particular area of support, see the companion briefs on supporting access to subsidies (Adams and Dwyer 2021), CACFP reimbursements (Adams and Hernandez 2021a), home visiting (Sandstrom and Dwyer 2021a), mental health services (Sandstrom and Dwyer 2021b), or business supports (Adams and Hernandez-Lepe 2021b), as well as Heather Sandstrom and Fernando Hernandez-Lepe, “Six Ways States Can Leverage Funding to Increase Supply and Quality of Home-Based Child Care,” Urban Wire (blog), November 9,
See the companion briefs discussing HBCC providers' participation in the child care subsidy system (Adams and Dwyer 2021), the Child and Adult Care Food Program (Adams and Hernandez-Lepe 2021a), infant and early childhood mental health consultation (Sandstrom and Dwyer 2021b), and the Small Business Administration (Adams and Hernandez-Lepe 2021b).

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