



Thriving Providers Project: Leveraging State and Federal Benefits and Programs to Fill the Gaps



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Stanford Center on Early Childhood

The Stanford Center on Early Childhood (SCEC) is an initiative of the [Stanford Accelerator for Learning](#), which seeks to accelerate solutions to the most pressing challenges facing learners. The SCEC leverages the current moment of revolutionary science and deep, omnidirectional collaboration across sectors to change the way that research in early childhood is conducted, communicated, and utilized, with the overarching goal of ensuring that *each and every child thrives from the start*.

HOME GROWN

Home Grown is a national collaborative of funders committed to improving the quality of and access to home-based child care (HBCC). Home Grown launched the Thriving Providers Project (TPP) in 2022 after seeing the success of direct cash transfers provided through the [HBCC Emergency Fund](#) in helping HBCC providers survive the pandemic. Home Grown is committed to creating sustainable pathways for HBCC providers to earn a living wage, recognizing that economic instability is an underlying issue impacting the availability and quality of child care.

Public benefit access and use is a critical issue for the early childhood workforce. The Thriving Providers Project (TPP) is specifically designed to [safeguard participants' benefits](#) and mitigate potential reductions. Given the income distribution of TPP participants, we anticipate that many would be eligible for or accessing public benefits. We also wondered if providers might seek out additional benefits if they have support including additional time, information or peer support to do so.

In this update on TPP, we share what we've learned so far about evaluation participants' experiences accessing benefits (for example, Temporary Assistance for Needy Families (TANF), Social Security Income (SSI), Food Stamps, Supplemental Nutrition Assistance Program (SNAP) etc.). We share findings across three

sites: Colorado (Family, Friends, and Neighbors (FFN) Cohort), New York City (Family Child Care Cohort), and Philadelphia (Family Child Care Cohort) where Home-Based Child Care (HBCC) providers received a monthly Direct Cash Transfer (DCT) to support their income for 18 months. While projects began at different dates, served different segments of the HBCC population, and DCTs varied in amount across sites, we present data for each site at 12 months into the project. We also draw on preliminary data collected from a new site in LA County (FFN Cohort). See Table 2 for key features of each site. We collected data and insights from HBCC providers participating in TPP, who opted into our evaluation, via monthly online surveys and virtual focus groups. The findings are presented below.

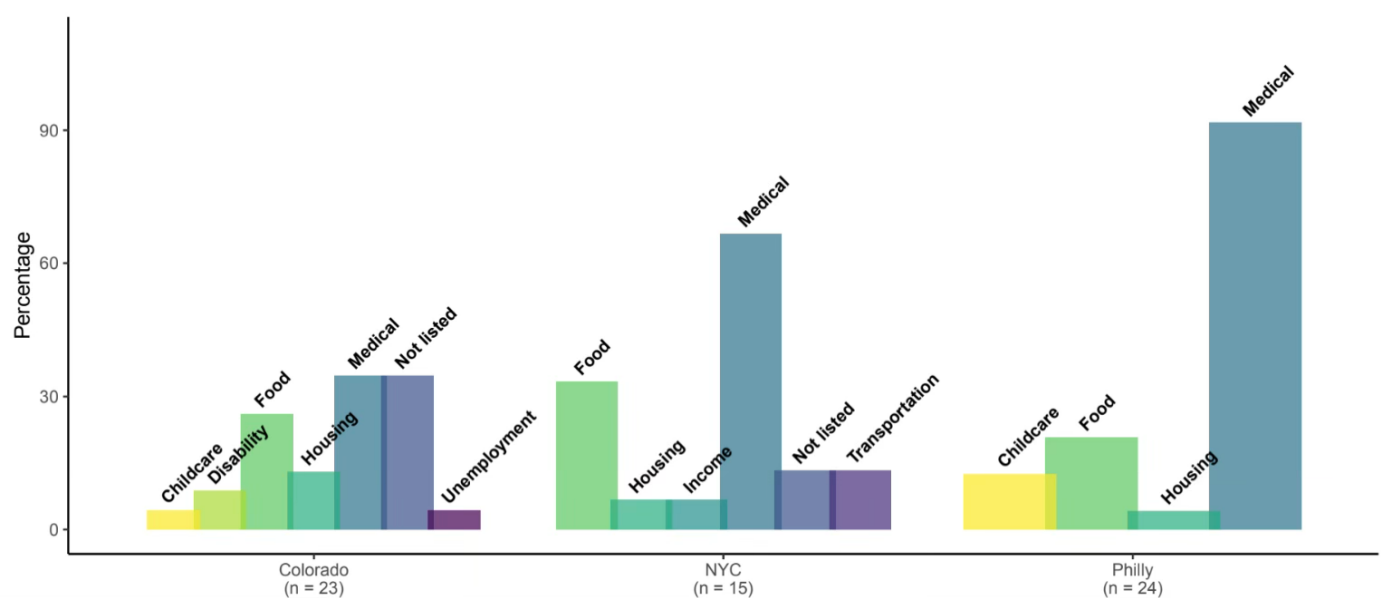
Findings

1. Among those receiving benefits, medical and food benefits were most common.

A greater percentage of TPP evaluation participants reported receiving medical benefits in New York City and Philadelphia than in Colorado (see Figure 2). Utilization of food benefits were reported fairly consistently across sites, a theme which is also exemplified in the qualitative data presented below. Lower benefits utilization overall in Colorado and, to

a lesser extent, in New York City, could be due in part to the fact that both sites have higher percentages of Hispanic/Latino(a) participants that speak Spanish, who may experience barriers to or concerns around accessing benefit programs as a result of their ethnic and cultural background, compared to participants in Philadelphia. Only a small number of participants reported on the types of benefits used, so sample sizes are small.

Figure 1. Percentage Of Types of Public/Employment Benefits Reported by TPP Evaluation Participants



2. A higher percentage of parents using home-based child care in New York City and Philadelphia receive child care subsidies via their child care provider compared to parents in Colorado.

We asked TPP evaluation participants if the child(ren) they care for received money from child care subsidies or a similar federal or state program. This was very high in New York City and Philadelphia (sometimes reaching 100%; see Figure 3). Conversely, in Colorado it was close to 0%, likely a result of policies in Colorado that exclude FFN providers from participation in the subsidy system. Even when the child they care for is eligible for the Colorado Child

Care Assistance Program (CCCAP), FFN providers are not directly reimbursed by the state for providing that care unless they are qualified exempt. Very few FFN in the state hold the Qualified Exempt status; therefore, many cannot access this benefit.

In addition, we asked providers whether they were receiving money from the Child and Adult Care Food Program (CACFP) to help cover the cost of providing food to the children they care for. As shown in Figure 5, 88% of providers in Colorado responded ‘no,’ compared to the 75% who responded ‘yes’ in Philadelphia, and the 95% who responded ‘yes’ in New York City (see Figure 4).

Figure 2. Percentage TPP Evaluation Participants Caring for Children Receiving Child Care Subsidies

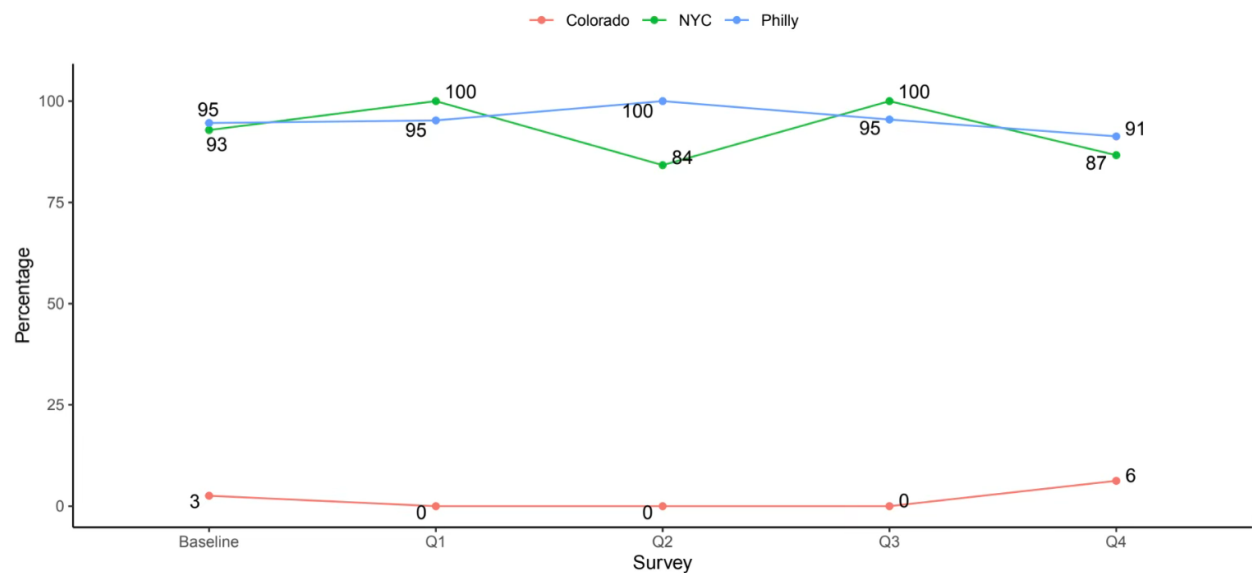
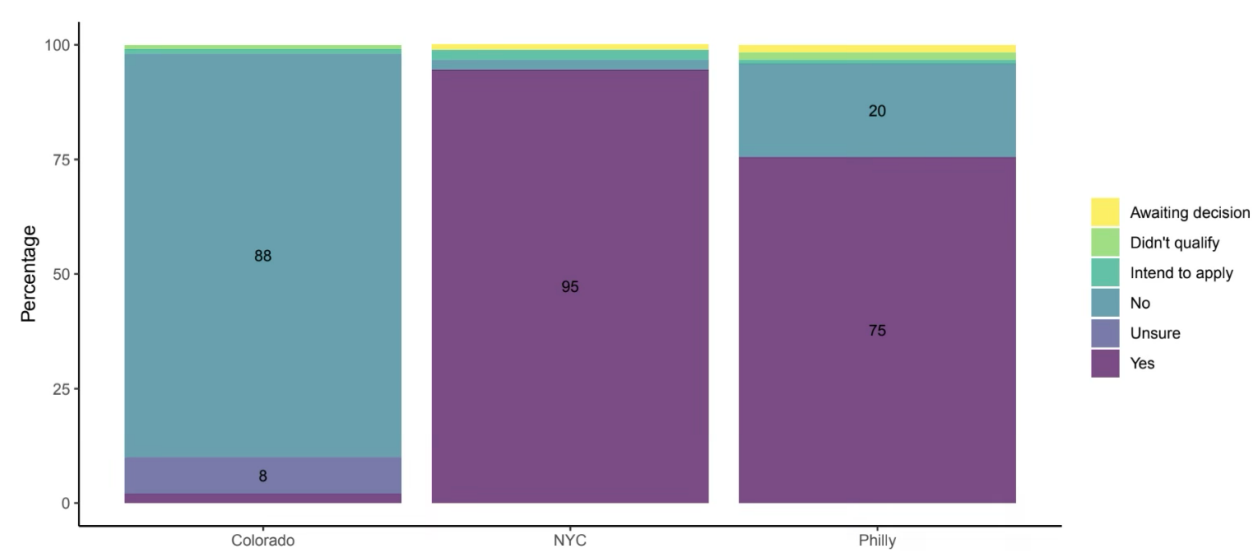


Figure 3. Percentage of TPP Evaluation Participants Receiving CACFP funding



3. **TPP evaluation participants across all sites report using the DCT income to support paying for basic needs.**

Qualitative data reveals the common expenses for basic needs across sites that providers cover with DCTs, which include food, rent, and utility bills.

"[Through TPP] I've been able to continue to provide food weekly for the children enrolled in the program without high levels of stress waiting for the reimbursement from the food program..."

TPP Evaluation Participant, Philadelphia

"Direct Transfers are a great help for the month's rent [and] food."

TPP Evaluation Participant, Colorado

"It [TPP] helps me pay for various things such as medical prescriptions, electricity, and food."

TPP Evaluation Participant, New York City

"It provides a cushion since subsidy payments are monthly payments."

TPP Evaluation Participant, Philadelphia

"The electric bill can be real high so it's been helping me keep my bill, keep my electric bill down and I've been buying food... for my babies."

Philadelphia Focus Group Participant

4. **TPP recently launched in LA County, and evaluation participants report engaging with some public assistance programs.**

In LA County (in contrast to other sites), TPP participants reported on specific benefits engagement as part of their application process for TPP. These data show that TPP evaluation participants in LA County engage with some public assistance programs including CalFresh or SNAP, SSI, and WIC (Special Supplemental Nutrition Program for Women, Infants, and Children). In LA County (in contrast to other sites), TPP participants reported on specific benefits engagement as part of their application process for TPP. These data show that TPP evaluation participants in LA County engage with some public assistance programs including CalFresh or SNAP, SSI, and WIC (Special Supplemental Nutrition Program for Women, Infants, and Children).

Table 1. LA Benefits Engagement

| Public Assistance Program | Percentage of LA TPP Evaluation Participants (n=16) Using Program |
|---------------------------|---|
| CalFresh or SNAP | 6 (37.5%) |
| TANF | 0 |
| SSI | 1 (6%) |
| WIC | 2 (12.5%) |
| Other | 2 (12.5%) |
| None | 6 (37.5%) |

With 18 months of data in Colorado, and 12 months of data for TPP in New York City and Philadelphia, we can see some differences in benefits engagement amongst evaluation participants as a result of different policies and child care provider types. In most states ECE system leaders exclude FFN caregivers from eligibility criteria to access childcare subsidy and CACFP funding, even though [federal law permits states to fund FFN care with these resources](#). As a result many FFN are only paid by parent fees, when they are paid, and have average earnings of less than \$10,000 annually. As both TPP and other data reveal¹, both policy barriers and demographic characteristics prevent FFN from earning a living wage for

their care work and even serve as barriers to accessing public benefits that would supplement their otherwise low child care wages.

"I can buy healthier [food] options, and I know that what we eat is good for our bodies and gives us more energy... We're currently going through a very difficult situation with the immigration raids—I haven't been able to go out and everything has gotten more complicated. That's why this support you're providing is incredibly valuable to my family and the children. I am deeply grateful."

TPP Evaluation Participant, LA County

1 According to NSECE data, relative to other home-based providers, a greater percentage of paid FFN providers identified as Hispanic/Latino than any other category of home-based provider, experienced lower levels of wealth as measured by low household income, had less access to health care compared to other HBCC providers and were most likely to speak a language other than English ([OPRE 2022](#)). As it relates to immigration status, 15.5% of paid FFN and 7.7% of unpaid FFN identified as immigrants to the United States ([OPRE 2022](#)).

Home Grown’s Takeaways

The Thriving Providers Project demonstrates that direct cash transfers support home-based child care providers to meet basic needs while continuing to care for children. Yet, the findings presented here also highlight persistent inequities in benefit utilization, particularly for FFN caregivers who are systematically excluded from child care subsidies, CACFP, and other public benefits. To build a truly equitable child care system, state and federal leaders should consider:

- Removing policy barriers that prevent FFN caregivers from accessing or utilizing subsidies and nutrition programs.
- Strengthening outreach and language access to ensure all providers can navigate benefit systems.
- Recognizing and compensating for the essential role FFN and family child care providers play in the ECE workforce.
- Investing in providers is investing in children, families, and communities.

Table 2. TPP Site Characteristics

| Site | Provider Type: Family Child Care (FCC) or Family, Friend, and Neighbor (FFN) | Launch Date | Total TPP Participants | Total Evaluation Participants |
|--------------------|---|---------------------------------------|------------------------|-------------------------------|
| Colorado | FFN | Multiple Cohorts - Summer & Fall 2022 | 100 | 54 (54%) |
| New York City | FCC | June 2024 | 50 | 36 (72%) |
| Philadelphia | FCC | May 2024 | 45 | 37 (82%) |
| Los Angeles County | FFN | April 2025 | 25 | 16 (64%) |