



Cross Site Evaluation Brief

What We Are Learning About the Thriving Providers Project Across Participating Cohorts

Introduction

Stanford | Center on Early Childhood



A strong early care and education (ECE) system is foundational to both family stability and economic growth. Yet, across the United States (U.S.), the home-based child care (HBCC) workforce faces persistent financial insecurity, income volatility, emotional hardship, and limited access to benefits and public supports ([RAPID, 2021](#)). [HBCC providers](#), who constitute the largest segment of the child care workforce ([Home Grown, 2023](#)) and who are the preferred child care setting for many families, often juggle care with minimal compensation to serve families with the greatest barriers to accessing high-quality care ([RAPID, 2022](#); [RAPID 2025](#)).

In response to these conditions, Home Grown, a funder collaborative that aims to build a more inclusive child care system that values and supports HBCC as a quality option for families and children in the U.S., launched the Thriving Providers Project (TPP) in 2022. TPP provides recurring, unrestricted direct cash transfers (DCTs) to HBCC providers to improve economic stability and support workforce sustainability. Underlying Home Grown's choice to utilize recurring DCTs for TPP is a

fundamental belief that a predictable income may result in recipients having bandwidth to think beyond meeting basic needs each week. As a pilot project, TPP seeks to address HBCC providers' compensation as a foundational step in building effective policies and programs for the ECE workforce and quality care experiences for young children and their families.

Since 2022, the Stanford Center on Early Childhood (SCEC) has partnered with Home Grown to support continuous learning and evaluation across TPP pilot sites in Colorado, Philadelphia, New York City, and Los Angeles (see Appendix A).¹ Using the Continuous Improvement Rapid Cycle Learning and Evaluation (CIRCLE) framework and guided by the [Theory of Impact \(TOI\)](#), SCEC conducted a longitudinal, mixed-methods evaluation to examine how DCTs support providers' economic stability, well-being, and ability to sustain quality care for young children and families.

In this cross-site brief, we draw on data across the four pilot locations to identify shared patterns and site-specific conditions shaping provider experiences.

¹In this brief, all references to New York City and Los Angeles participants represent the first cohorts of TPP taking place in those locations. In January 2026, a second cohort of Los Angeles and New York City TPP participants launched

Cross-Site Context and Participants

Home Grown partnered with local implementation partners and trusted community-based organizations (CBOs) to recruit participants in locations that represent major population centers across the U.S. — Impact Charitable and five family, friend, and neighbor (FFN) providers serving CBOs (Colorado), Public Health Management Corporation (Philadelphia), All Our Kin (New York City), and Visión y Compromiso (Los Angeles) (see Table 1).

Table 1. Description of CBOs by Site

CBO	Cohort	Description of Work
Impact Charitable	Colorado	A nonprofit focused on directing philanthropic and investment resources toward individuals, entrepreneurs, and institutions facing the greatest systemic barriers. Impact Charitable has run a dozen DCT programs across the U.S., distributing \$44 million in DCTs to over 26,000 individuals. Impact Charitable codesigned and led TPP in Colorado, alongside a network of aligned partners, including five CBOs that recruited FFN providers for the TPP pilot: Colorado Statewide Parent Coalition, Early Childhood Network, San Luis Valley Early Childhood Council, United Way of Weld County, and Valley Settlement.
Public Health Management Corporation (PHMC)	Philadelphia	A nonprofit public health institute serving the Greater Philadelphia region. PHMC partners with government agencies, health systems, and community organizations to address complex public health and social service challenges. In Philadelphia, PHMC partnered with Home Grown to recruit and support family child care (FCC) providers, leveraging its deep community relationships and data-informed approach to reach providers in high-need neighborhoods.
All Our Kin (AOK)	New York	A national nonprofit organization dedicated to strengthening FCC by training, supporting, and sustaining home-based educators. Through coaching, business development support, licensing assistance, and peer networks, AOK helps providers build sustainable small businesses while improving care quality for children and families. In New York City, AOK partnered with Home Grown to recruit and support Bronx-based FCC providers, drawing on its trusted network and bilingual, culturally responsive workforce supports.
Visión y Compromiso	Los Angeles	A community-based nonprofit organization dedicated to improving health and well-being by building leadership and advocacy capacity among promotores and community health workers through training, outreach, and culturally grounded approaches that strengthen trust and access to services in Spanish-speaking and immigrant communities. In Los Angeles County, Visión y Compromiso partnered with Home Grown to reach and support FFN caregivers, leveraging trusted community networks to engage providers often disconnected from formal early childhood systems.

Eligibility criteria varied by site, expanding participation to providers often excluded from formal workforce supports. All participants identified as HBCC providers. Philadelphia and New York City cohorts consisted of licensed FCC providers, who provide care and education out of a private residence, typically, but not always, as a business. Colorado and Los Angeles cohorts included FFN caregivers who are providers who have previous relationships with the children for whom they care and who make up the majority of HBCC.

Across sites, participants reflect the larger HBCC workforce that is overwhelmingly female, largely low-income, and racially and linguistically diverse. In addition, Philadelphia participants were primarily Black or African American and English-speaking, reflecting the city's FCC workforce and recruitment priorities in neighborhoods experiencing child care shortages. Participants in New York City, Colorado, and Los Angeles were largely Spanish-speaking Hispanic/Latina caregivers, underscoring the central role immigrant and bilingual providers play in sustaining care access for working families.

Economic vulnerability emerged as a consistent characteristic across sites. A majority of participants lived below 200% of the federal poverty level (FPL) at program entry, with particularly high rates in Colorado, Philadelphia, and New York City. In their recruitment efforts, partners prioritized recruiting providers serving subsidized families facing economic hardship, operating in high-poverty areas, or facing systemic barriers to economic stability (see Table 2).

Table 2. TPP Evaluation Participant Demographic Breakdown by Site²

Site	Colorado	Philadelphia	New York City	Los Angeles
Survey Dates	June 2022 through April 2024	May 2024 through December 2025	June 2024 through January 2026	March 2025 through October 2026
Total Participants	100	45	50	25
Evaluation Sample (total at baseline)	54	37	36	16
Provider Type	FFN	FCC	FCC	FFN
Primary Race/Ethnicity	79.6% Hispanic/Latino (a)	83.8% Black or African American	75% Hispanic/Latino (a)	87.5% Hispanic/Latino (a)
Primary Preferred Language	83% Spanish	94.6% English	63.9% Spanish	87.5% Spanish
Gender	75.9% Female	94.6% Female	83.3% Female	87.5% Female
Household Income (below 200% FPL)	96.3%	70.3%	72.2%	93.8%
Cash Amount	\$500/month	\$500/month	\$1,000/month	\$954/month

Despite regional differences, participants shared common challenges: operating with limited financial compensation for their work, navigating child care payment systems and enrollment fluctuations, absorbing unexpected expenses, and sustaining care in communities with limited access to affordable child care. Participation in the evaluation was voluntary and not required to receive DCT payments. As a result, findings reflect the experiences of providers who consented to participate and may not represent all TPP participants.

²See Appendix B for full demographic breakdown by site.



Methodological Overview

SCEC conducted a longitudinal mixed-methods evaluation across sites between 2022 and early 2026 using a rapid-cycle learning approach designed to inform program improvement.

Data sources included:

- recurring provider surveys tracking financial stability, income volatility, hardship, and well-being
- open-ended responses describing provider experiences and decision making
- virtual focus groups with providers
- virtual focus groups with parents and family members
- implementation partner insights documenting site conditions and disruptions
- RAPID Survey Project national data for contextual comparison

These four pilots include relatively small, site-specific samples (total N across sites = 143); accordingly, this brief relies heavily on participant-reported experiences and qualitative responses to describe TPP's impact. The evaluation team analyzed survey data both at the site level and in aggregate across Colorado, Philadelphia, New York City, and Los Angeles. Site-level analyses examine how provider experiences varied across local contexts while aggregated analyses identify broader cross-site patterns and trends over time across the full sample of participating providers. Because survey participation varied by month and across sites as cohorts entered the evaluation at different times, results reflect available responses at each time point. The iterative design of the evaluation and the ongoing addition of pilots also influenced available responses, as insights from earlier sites informed the addition of new questions in later cohorts.

The team conducted thematic analysis of qualitative responses and focus group data to identify recurring patterns and contextual factors that deepen interpretation of quantitative findings. Trends were also considered alongside national data from the RAPID Survey Project for additional context. The RAPID Survey Project, a national longitudinal survey created by SCEC, examines the experiences of families with young children and the adults who care for them. National RAPID findings show that many child care providers experience financial insecurity and emotional hardship, making it difficult to sustain their work (RAPID, 2021). At the same time, parents continue to face significant barriers to accessing affordable, high-quality child care (RAPID, 2022; RAPID 2025). RAPID began during the COVID-19 pandemic to provide actionable, real-time data to inform program and policy decisions affecting young children and their caregivers. For this evaluation, the team used RAPID survey methodologies and considered national RAPID provider survey data collected via Qualtrics as contextual comparison.³ While not a matched sample, these data informed advisory discussions and helped contextualize patterns observed in TPP participants' experiences.

For additional methodological detail, see the [Colorado Thriving Providers Project: Final 18-Month Evaluation Report](#).

³See Appendix C for RAPID Comparison Samples Demographics.

Findings

1. Reliable Cash Support Helped TPP Evaluation Participants Remain in the Field

TPP evaluation respondents in Philadelphia (79%), New York City (73.3%), and Los Angeles (100%) reported in their first quarterly survey that DCTs had a direct impact on helping them remain in the child care workforce. In Colorado, 100% of TPP evaluation participants reported in their second quarterly survey⁴ that consistent payments positively affected their ability to stay in the field. These data suggest an immediate effect of receiving DCTs, a pattern reinforced by aggregated survey data showing that across the full data collection period, 85.3% of TPP evaluation participants across sites agreed or strongly agreed that DCTs allowed them to remain in the child care field.

TPP evaluation participants described the payments as both financial support and recognition of their work. Across sites, they reported increased confidence in their ability to continue offering child care and said that more financial stability, reduced stress, and the ability to meet basic needs made remaining in the field more feasible.

“Last year I had a very difficult time financially, which is why I was at the point of leaving my job as a child care provider. Because of TPP, I continue to work in what I like.”

- Colorado evaluation participant

“I was going to quit being a child care provider before receiving the direct cash transfers but because I am receiving this help of the \$1,000 per month, I no longer need to quit being a child care provider. The income I was receiving for taking care of the two children I care for wasn’t enough. I was barely getting by and living paycheck to paycheck. I honestly thought of quitting and closing the day care business and getting another job but thank God I didn’t have to do that since I’m receiving the direct cash transfer.”

- New York City evaluation participant

This finding is notable given persistent instability across the HBCC workforce. National data show that many HBCC providers operate under financially fragile conditions and have limited access to benefits or financial protections (RAPID, 2024). Over the past two decades, the number of licensed FCC programs in the U.S. has steadily declined. Between 2005 and 2017 alone, the number of licensed FCC providers fell by approximately 48%, reflecting ongoing challenges related to compensation, financial precarity, and administrative burden (Bromer et al., 2021). Many FCC educators also report long work hours, limited benefits, and difficulty sustaining their programs financially, contributing to high turnover and concerns about the long-term stability of the workforce (Bromer et al., 2021). Within this broader context, TPP evaluation participants’ reports that predictable cash support helped them remain in the field highlight the potential for stable income to support workforce continuity.



⁴At the six-month mark, we began asking Colorado TPP evaluation participants whether DCTs helped them remain in child care. In Philadelphia, New York City, and LA, we began asking this survey question shortly after participants received their first cash payment.

2. Child Care Workforce Stability Supported Stable, Trusted Care for Families

Family focus group findings reinforce why workforce stability matters for families. Across sites, parents described choosing home-based providers based on trust, cultural familiarity, and long-standing relationships. When providers remain in the field, families are able to maintain stable caregiving arrangements with individuals they know and rely on. Parents emphasized that these relationships provide a sense of safety and consistency for both children and caregivers.

"After the trial period, it was clear that my child's social needs were being met. Coming from a similar cultural background as the provider, there are certain things that are just understood. This provided [a] certain level of comfortability."

- Philadelphia parent family focus group participant

"For me, it is a friend. Because I've known her for a long time and I trust her a lot, I like the way she interacts with children. She has previous experience taking care of children. It's convenient for me because she doesn't live far from my home. And I see she is very patient with my daughter."

- Los Angeles parent family focus group participant

Families who participated in focus groups also noted that they often face the greatest barriers to accessing child care due to geography, cost, or nonstandard work hours. In this context, the stability of trusted home-based providers becomes especially important. When providers remain open, families may experience greater stability in their child care arrangements, which can support children's continuity of care and provide parents with additional peace of mind.

"Okay, in my case it's a relief, because in order for me to work, I'm leaving my child in hands that I trust and I could work peacefully because I know they [are] taking care of my baby."

- New York City parent family focus group participant

"I believe child care is an essential part of the community ... it's essential for building the foundation for your child to grow and start being part of the outside community."

- Philadelphia parent family focus group participant

3. TPP Evaluation Participants Reported that Reliable, Consistent DCTs Increased their Sense of Economic Stability and Buffered Against Income Fluctuations

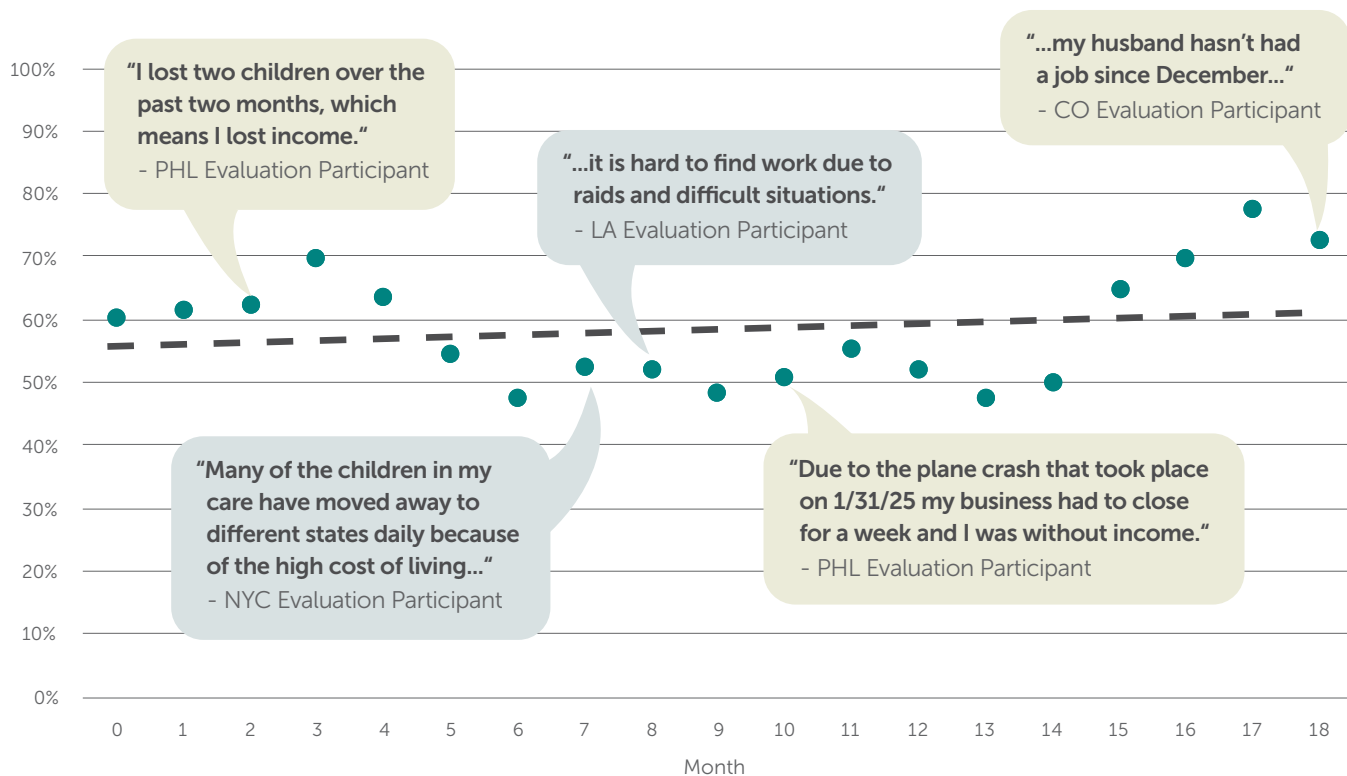
Across all four sites, TPP evaluation participants described HBCC income as inherently unpredictable. Enrollment changes, delayed subsidy payments, seasonal attendance patterns, temporary closures, and administrative disruptions created ongoing financial instability. FCC providers commonly experience these types of fluctuations, including periods of low enrollment or delayed reimbursements (Bromer et al., 2021). TPP evaluation participants also described additional disruptions affecting their income, such as delays in subsidy payments, the loss of food program sponsorships, and broader economic shocks affecting families in their care.

Figure 1 illustrates these patterns across the evaluation period. TPP evaluation participants frequently reported income fluctuations, which even slightly increased over time, linked to changes in family enrollment, local economic pressures, and unexpected disruptions that temporarily reduced revenue. As the examples highlighted

in the figure demonstrate, participants navigated a range of circumstances — from families moving away due to rising costs of living, to temporary closures, to household economic instability affecting parents’ ability to pay for care.

Figure 1. Percentage Experiencing Fluctuations in Income

TPP evaluation participants experienced persistent income fluctuations characteristic of working in the early childhood field.



Despite these persistent fluctuations, participants consistently reported that predictable DCTs helped stabilize their finances and buffer cash-flow gaps. TPP evaluation participants frequently described the payments as a dependable financial anchor that allowed them to manage uneven revenue, cover fixed expenses, and avoid crisis-driven financial decisions. Many reported using the funds to meet basic household needs such as rent, food, and utilities while also paying down credit card balances, utility bills, and other debts.

Survey responses reinforce these patterns. Across the 509 survey responses collected so far, 92.3% of respondents agreed or strongly agreed that DCTs helped them manage income fluctuations and volatility. Site-level averages were similarly high: Colorado (88.6%, n=132), Philadelphia (95.2%, n=228), New York City (93.3%, n=119), and Los Angeles (83.3%, n=30).⁵ TPP evaluation participants emphasized that child care operates as a fluctuating business, and the transfers helped them manage instability rather than eliminate it.

Taken together, these findings suggest that while income fluctuations persisted and slightly increased, which is a likely reality of HBCC work, cash support improved providers’ ability to navigate financial fluctuations and maintain stability.



⁵The Los Angeles total response n is lower because this cohort site is only halfway through the 18-month data collection period.

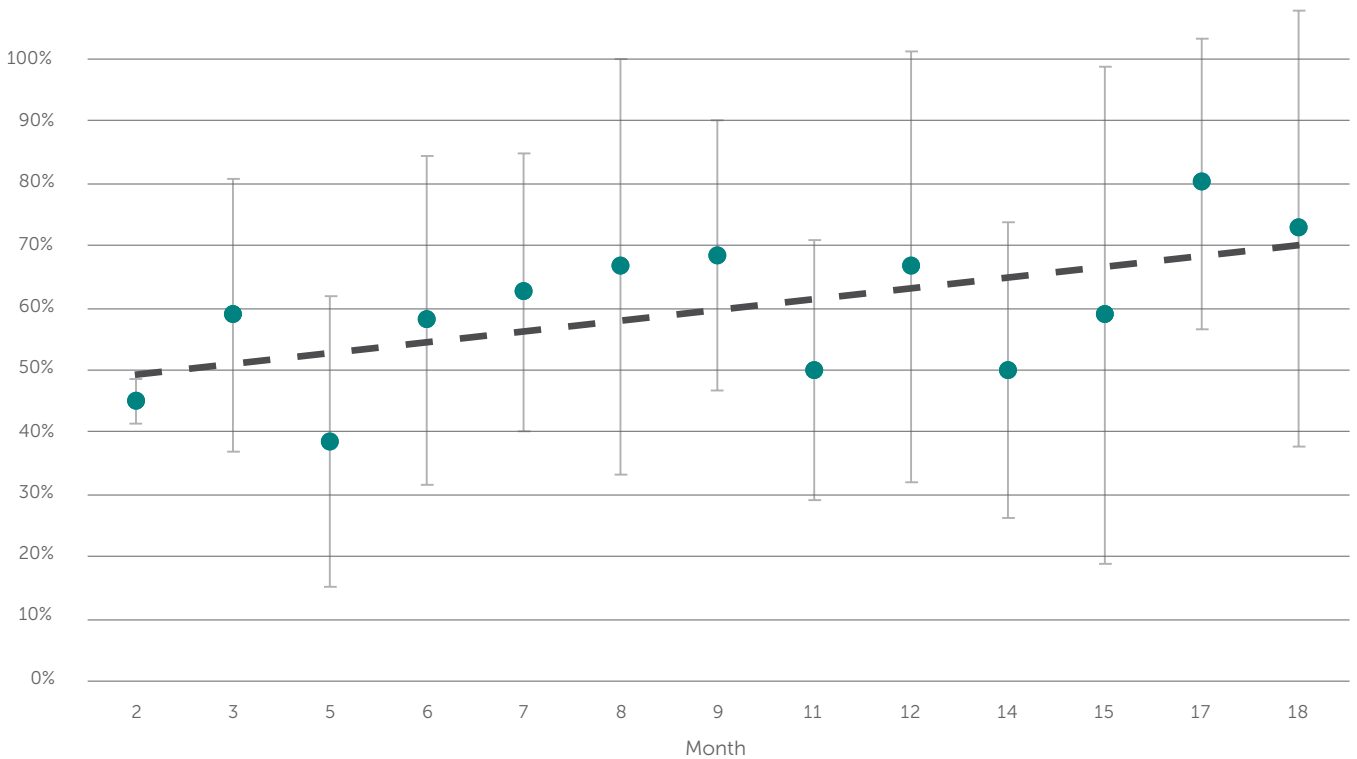


4. Reliable Cash Support Helped TPP Evaluation Participants Reduce Debt Over Time

Participants across sites reported ongoing debt and overdue bills, most commonly credit cards, medical expenses, utilities, and personal loans. Over time, they increasingly used DCTs to pay down balances and prevent further accumulation. As predictable DCTs continued, many TPP evaluation participants shifted away from short-term coping strategies such as borrowing from family or delaying payments. Instead, they applied funds to past-due bills and high-interest debt, identifying DCTs as their most reliable tool for managing financial obligations (see Figure 2; $r = 0.57, p = 0.043$).⁶

Figure 2. Percentage Using Direct Cash Transfer to Reduce Debt

TPP evaluation participants increasingly used DCTs to reduce debt over time.



These patterns suggest that consistent income support helped providers move from reactive financial management toward gradual debt reduction.

⁶All error bars represent the margin of error at the 95% confidence level.

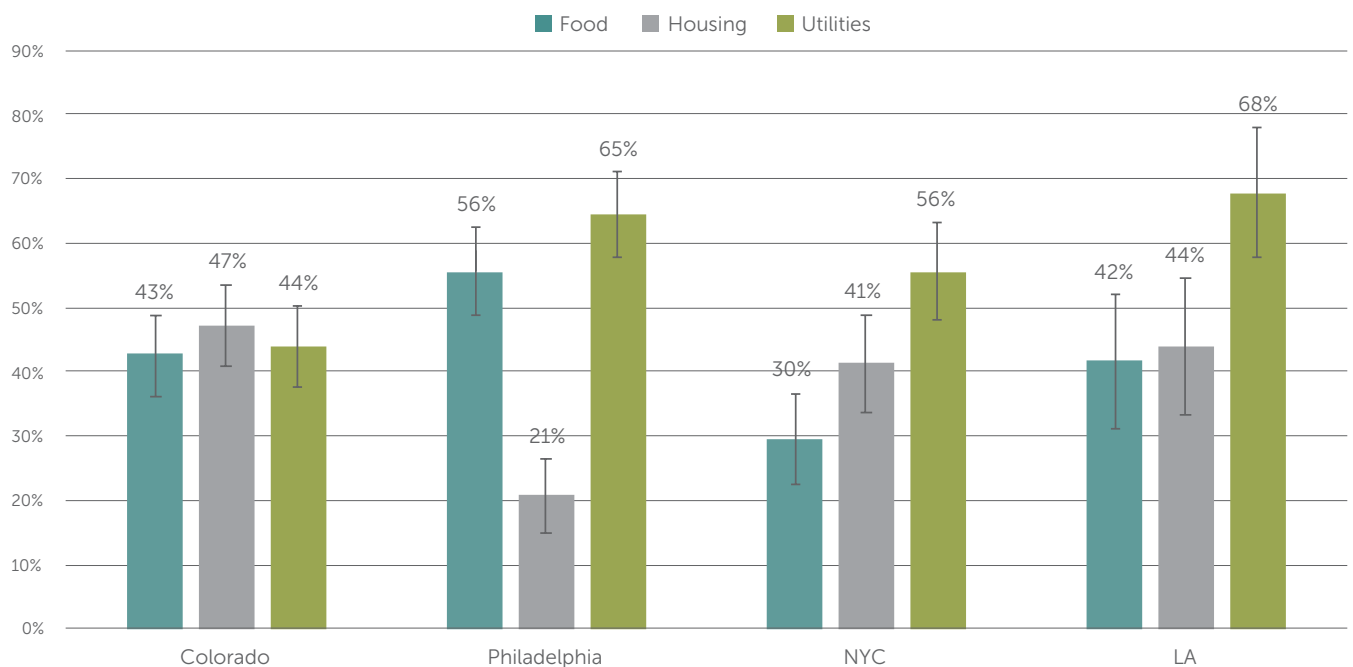
5. Financial Stability Improved Over Time Despite Ongoing Material Hardship

Across sites, financial pressures varied by local context, though material hardship remained a common experience across cohorts. TPP evaluation participants reported ongoing strain related to unexpected expenses, utilities, food costs, housing, and other household needs. Beyond expected income volatility, many experienced utility arrears, food insecurity, medical expenses, and accumulated credit card debt.

TPP evaluation participants across sites reported multiple, overlapping financial pressures, although rates varied by location. Across sites, food, housing, and utilities emerged as the three most consistent and difficult categories of material hardship for participating providers (see Figure 3). While these hardship types appeared consistently across sites, the magnitude of hardship varied by location, reflecting differences in local cost of living, housing markets, and policy contexts. Participants in Philadelphia reported the highest rates of food hardship, followed by Colorado and Los Angeles, while New York City reported lower rates. Colorado TPP evaluation participants experienced housing hardship more frequently than food and utility hardships, with Los Angeles and New York City close behind, and lower rates in Philadelphia. Participants most frequently experienced utilities hardship in New York City, Philadelphia, and Los Angeles, with Colorado falling just behind the other sites.

Figure 3. Types of Material Hardships Experienced by Site

TPP evaluation participants across sites reported food, housing, and utility hardships, with utilities emerging as the most commonly reported challenge overall.



Open-ended survey responses reinforce the material hardship TPP evaluation participants faced across sites:

“Food has been one of the biggest calamities because it’s so expensive; especially serving healthier food.” - Philadelphia evaluation participant

“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 or [Child Care Subsidy Intermediary]. I am honestly not sure how I would’ve been able to adapt so quickly when we lost multiple families at the same time and not receiving their copayments to help with food.” - Philadelphia evaluation participant

While material hardship remained a common experience for participants, they increasingly described greater ability to manage expenses over time. Similar to debt reduction trends, TPP evaluation participants increasingly reported paying bills on time rather than postponing payments to the next billing cycle, which could be a key indicator of improved financial stability over time. Participants described using DCT payments to absorb unexpected costs, including repairs, medical needs, and household expenses, without falling behind on essential bills.

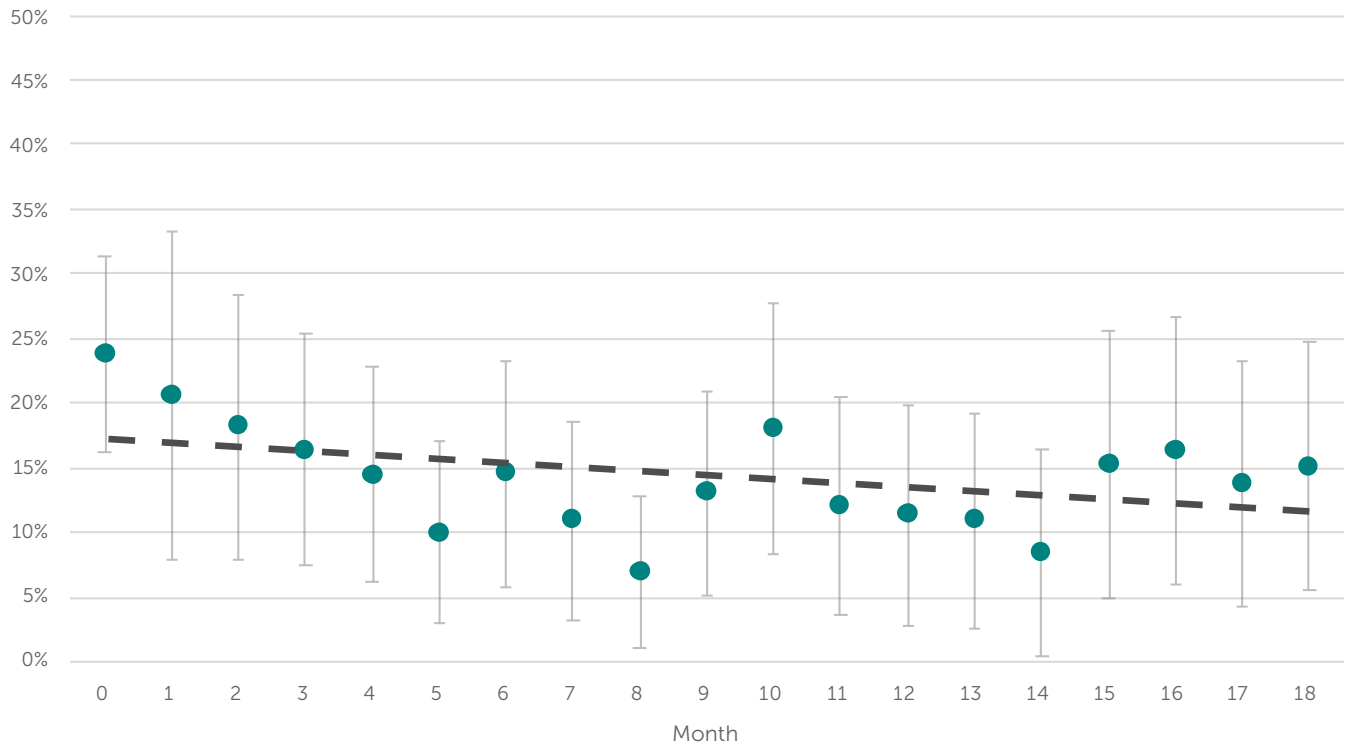
“The monthly deposit I receive from [AOK] has been immensely beneficial in stabilizing my financial situation. It provides a reliable source of income that I can depend on, allowing me to meet my financial obligations more comfortably and plan for the future with greater confidence. This consistent support not only alleviates financial stress but also enables me to focus more on personal and professional growth of my business knowing that my basic needs are securely met each month when caring for children.” - New York City evaluation participant

“I am deeply grateful for the opportunity to receive this support. It helps me cover my bills and allows me to gradually pay off my past-due debts.” - Los Angeles evaluation participant

Consistent with these experiences, reports of severe financial problems declined over the program period ($r = -0.42, p = 0.077$), suggesting improved capacity to manage financial volatility and material hardship (Figure 4).

Figure 4. Percentage Reporting Extreme or Major Financial Problems

The degree that TPP evaluation participants report extreme or major financial problems declined over time, indicating improved capacity to manage volatility.



Utility costs, credit card balances, and personal debt remained persistent stressors for TPP evaluation participants. However, they increasingly reported greater ability to keep accounts current and avoid compounding late fees and penalties. These patterns indicate incremental stabilization rather than the elimination of hardship.

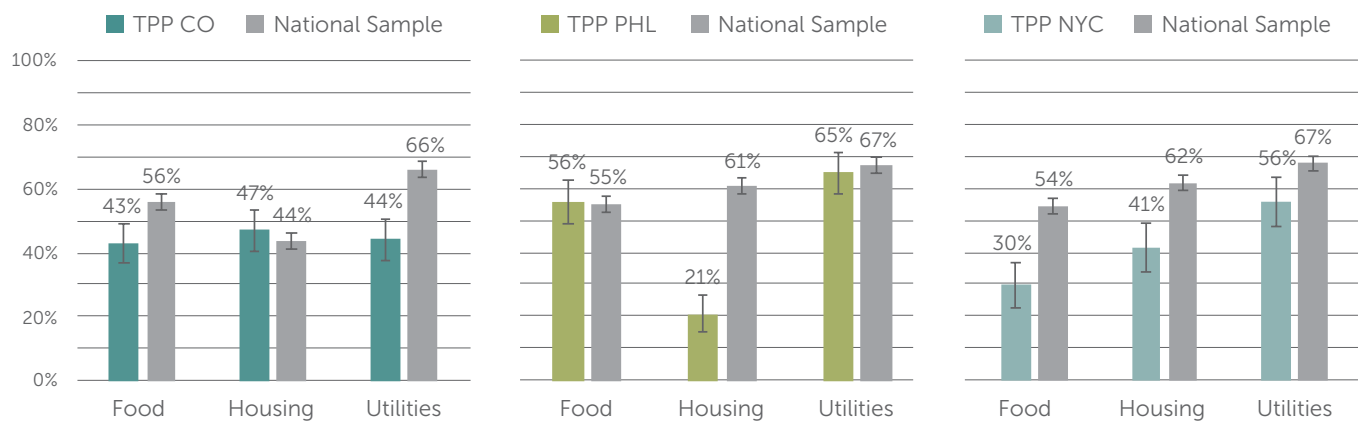
To better understand how participants' experiences compared to broader national trends, we examined hardship indicators alongside national provider benchmarks from the RAPID Survey Project after approximately 18 months of program participation.⁷ Across Colorado, Philadelphia, and New York City, TPP evaluation participants generally reported lower levels of food, housing, and utility hardship than the national RAPID provider sample (Figure 5). In several cases, the confidence intervals for TPP participants did not overlap with the national sample, suggesting meaningful differences between the groups.

Patterns varied somewhat by site. In Philadelphia, TPP participants reported substantially lower levels of housing hardship than providers in the national RAPID sample, while participants reported food hardship rates more similar to national levels. In New York City, TPP participants reported much lower levels of food hardship, and lower levels of housing and utility hardships than the national comparison group. In Colorado, hardship levels for housing were closer to national benchmarks, though utilities and food hardship remained lower among TPP participants.

Taken together, these comparisons suggest that while financial pressures persisted across sites, TPP participants reported somewhat lower levels of material hardship than providers nationally. These patterns point to improved financial stability relative to broader sector conditions, even as variation across sites reflects differences in local cost pressures, housing markets, and policy contexts.

Figure 5. Reported Types of Material Hardships (Cumulative Mean)

Compared with national RAPID provider benchmarks, TPP participants reported lower levels of several major financial hardships after approximately 18 months of participation.



6. DCTs Helped Providers Navigate System Disruptions and Gaps in Public Supports

Across sites, providers experienced local disruptions and systemic barriers that affected income stability. These included delayed subsidy payments, interruptions in reimbursement programs, benefit eligibility challenges, and administrative delays that disrupted expected revenue streams.

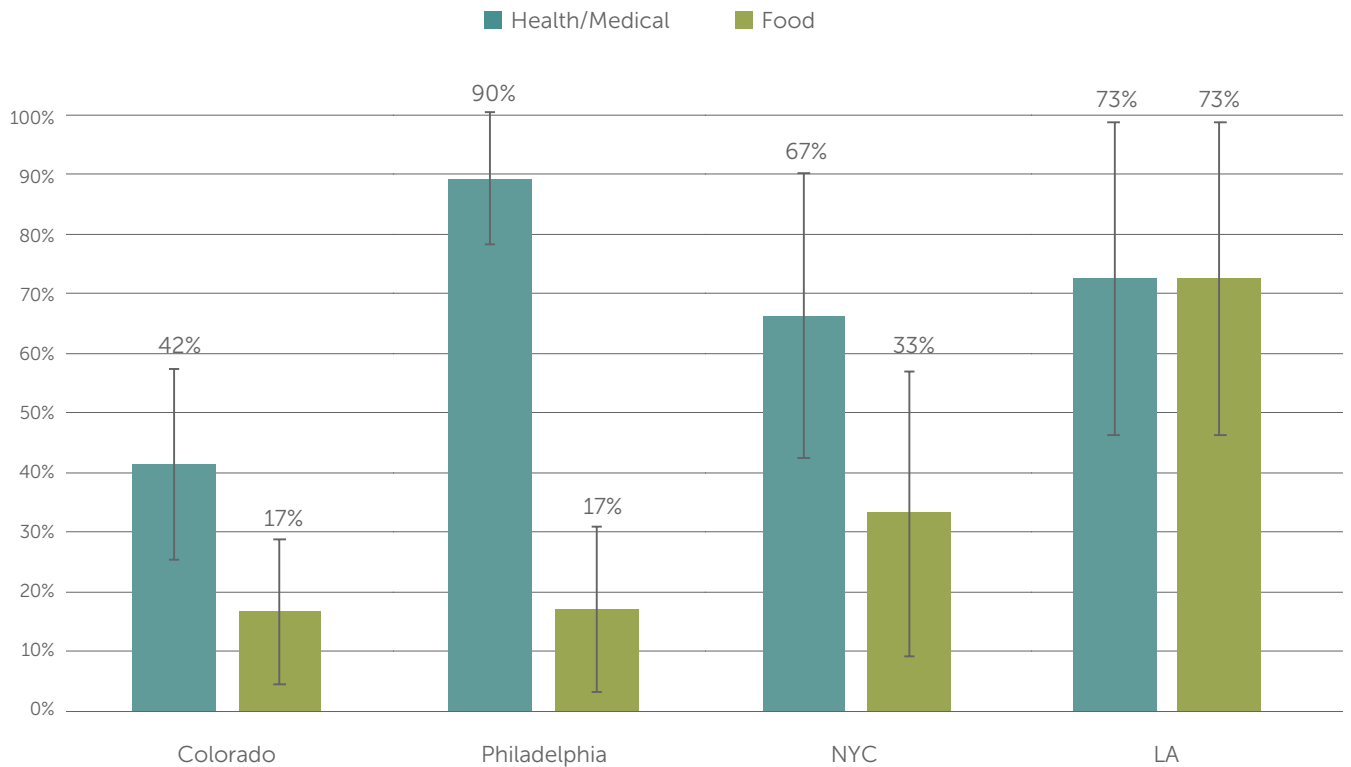
TPP evaluation participants reported using DCT payments to bridge gaps created by these disruptions. They covered food costs when reimbursement programs failed, managed expenses during subsidy payment delays, and sustained operations during temporary closures or enrollment disruptions. In this way, DCTs functioned as a buffer against systemic instability rather than a replacement for public supports.

Access to public benefits varied substantially by site. As shown in Figure 6, Philadelphia providers reported the highest access to health/medical benefits (90%) while Colorado providers reported lower access (42%). Food assistance access also varied widely, ranging from 17% in Colorado and Philadelphia to 73% in Los Angeles. These differences highlight uneven safety net coverage across regions and underscore the role of predictable cash support in filling critical gaps (Figure 6).

⁷Los Angeles data are not included in this comparison because Los Angeles had completed only nine months of participation at the time of analysis. The figure presents results from sites with approximately 18 months of available data.

Figure 6. Types of Benefits Accessed by Site

TPP participants accessed multiple public benefit programs, with participation varying by benefit type and availability.



Despite differing policy environments, TPP evaluation participants across sites described similar vulnerabilities when public systems faltered.

“The freeze on the voucher program [has] affected my program. I have few open slots available and I haven’t been able to fill them out yet because of the issues with the vouchers. I’m not affiliated [with] a network so [it’s] hard to find families that can afford the current child care fees. At the present time all my children have some kind of child care subsidy to help pay for the program.” - New York City evaluation participant

“One issue impacting my family child care business is that family providers have been targeted and removed from the [federal] food program without any fault of their own. This has severely affected the quality of the food we serve [in our programs].”

- Philadelphia evaluation participant

Predictable DCTs helped mitigate the impact of administrative delays, reimbursement losses, and benefit gaps that routinely disrupt provider income streams.

“My experience with TPP was excellent. I’m so grateful for the opportunity and for being chosen. These funds have helped me tremendously with my day-to-day operations, providing the children with necessities and other needs, as well as food, due to the termination of family providers from the food program.” - Philadelphia evaluation participant

7. TPP Participants Reported that Increased Stability Reduced Stress and Supported Caregiving Quality

In open-ended qualitative responses, TPP evaluation participants consistently described reduced financial stress and greater peace of mind. Although survey measures of emotional well-being remained relatively stable over time, multiple TPP evaluation participants indicated that predictable cash support made a meaningful difference in their day-to-day experiences. Participants reported feeling calmer, more present, and better able to focus on the children in their care, even amid ongoing financial pressures and caregiving demands.

“Receiving direct payments has given me peace of mind knowing that I can remain open and of quality during inconsistent enrollment.” - Philadelphia evaluation participant

Providers emphasized that reduced financial strain supported their ability to sustain and strengthen the care they provide. When participants felt more financially secure, they described being better positioned to invest in their programs in concrete ways — purchasing educational materials, covering essential expenses, and making staffing decisions that supported safe, high-quality care.

“It has helped me a lot because I can buy things to help the children I care for ... books that help them have a better learning experience” - Los Angeles evaluation participant

Some providers in Philadelphia also used the transfers to fill urgent gaps caused by delayed reimbursements, allowing them to continue meeting children’s needs during funding disruptions.

“Direct cash transfers allow me to provide an environment for the children to learn, while awaiting my paycheck.” - Philadelphia evaluation participant

“I am currently using the money I received to put towards improving the outdoor play space.” - Philadelphia evaluation participant

“Had a flood in the basement where my day care is located. Had to clean the carpet. Had money on hand saved to do so. Had to replace toys, had money to do so as well.” - Philadelphia evaluation participant

Rather than emphasizing material purchases alone, providers highlighted the emotional bandwidth that financial stability created. Reduced stress allowed them to plan activities, respond more attentively to children’s needs, and maintain stable, nurturing environments.

“I thought about looking for a part-time job ... but thanks to the deposits I can focus on child care and take advantage of opportunities ... that help me give better quality care.” - Colorado evaluation participant

“My student roster has fluctuated over the last six months. Receiving direct payments has allowed me to stay consistent in my bills and in the quality of my program. Most importantly, receiving direct payments has given me peace of mind knowing that I can remain open and of quality during inconsistent enrollment. Receiving direct payments has not only purchased items for my child care facility but has also helped me to continue to pay for my health care coverage and put a small amount of money aside monthly for retirement.” - Philadelphia evaluation participant

Providers also described how the transfers supported continuity of care and program quality by stabilizing finances during enrollment fluctuations and other disruptions.

“Receiving direct payments [has] allowed me to stay consistent in my bills and in the quality of my program” - Philadelphia evaluation participant

Together, these findings suggest that economic stability supported providers’ emotional well-being, strengthened caregiving capacity, and reinforced the quality and continuity of care. This pattern aligns with the TOI expectation that financial security strengthens both provider well-being and the care environments children experience.

Conclusion

HBCC providers play an essential role in supporting young children, families, and local economies, yet persistent income volatility and material hardship continue to shape day-to-day realities of this workforce. Across Colorado, Philadelphia, New York City, and Los Angeles, providers described difficult financial conditions, fluctuating enrollment, delayed payments, and gaps in public systems while striving to sustain stable, nurturing care environments.

Findings from the cross-site analysis demonstrate the potential of reliable, consistent DCTs to buffer against income instability and reduce the cascading effects of financial volatility. While income fluctuations persisted, predictable payments provided a financial anchor that helped providers meet basic needs, manage cash-flow gaps, reduce overdue bills and debt, and absorb unexpected expenses. In qualitative research, providers also described meaningful reductions in stress and increased peace of mind, highlighting how economic stabilization can support emotional well-being and caregiving capacity.

Across sites, increased financial stability supported providers’ ability to remain in the field, maintain program continuity, and strengthen the quality of care they provide. When providers experience greater economic security, they may be better positioned to sustain safe, stable learning environments and meet children’s daily needs. These outcomes benefit families and communities alike.

This pilot reflects findings from a relatively small sample, but participants’ experiences underscore the importance of predictable income supports as part of broader strategies to stabilize and strengthen the HBCC workforce. Strengthening economic stability for providers supports not only their own well-being, but also the continuity and quality of care that young children and families rely on.

Further inquiry will continue to deepen the evidence base. Additional surveys, provider interviews, and family focus groups could further illuminate how predictable income supports shape providers’ financial stability, workforce participation, and caregiving environments over time. Continued implementation across future cohorts will also provide opportunities to examine how these patterns evolve across different policy contexts and provider populations and to better understand longer-term impacts on workforce retention, program stability, and child care access.

To that end, SCEC and Home Grown will continue to monitor trends across TPP sites still in the process of implementation — including the first Los Angeles cohort, Allegheny County, Transylvania County, and a second cohort in Los Angeles and New York City — and share cross-site learning as the project evolves. These findings contribute to growing evidence that improving financial stability for HBCC providers represents a critical path toward strengthening ECE systems nationwide.⁸

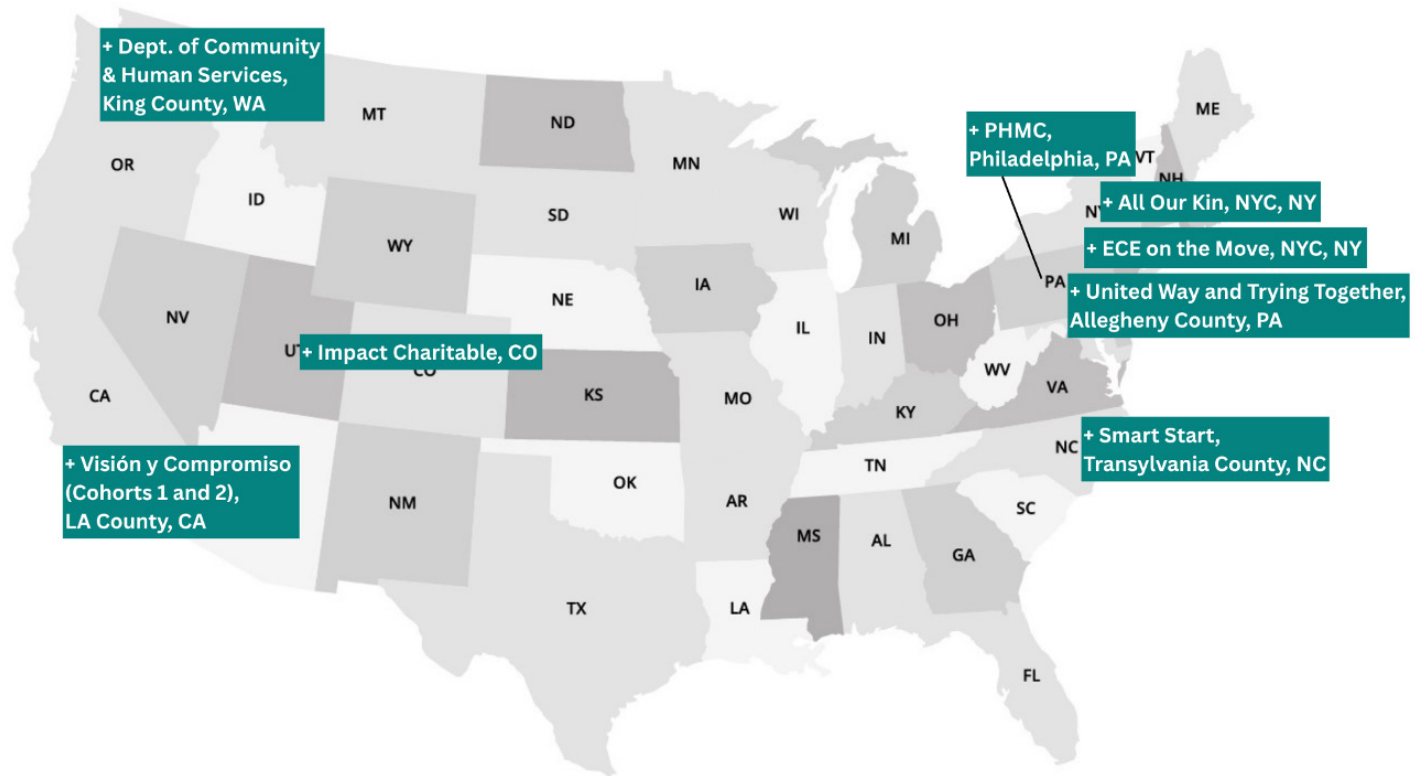
⁸See site-specific reports by visiting the [Thriving Providers Project resources page](#).



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Appendix A. Partner's Site Map



As of March 2026

Appendix B. TPP Evaluation Participant Demographics

	Colorado (n = 54)		Philadelphia (n = 37)		New York City (n = 36)		Los Angeles (n = 16)	
	n	Percent	n	Percent	n	Percent	n	Percent
Race/Ethnicity								
Black	0	0.0%	31	83.8%	4	11.1%	0	0.0%
Latinx	43	79.6%	4	10.8%	27	75.0%	14	87.5%
Other Race/ Ethnicity	0	0.0%	0	0.0%	0	0.0%	0	0.0%
White	0	0.0%	1	2.7%	0	0.0%	0	0.0%
No Response	10	18.5%	1	2.7%	5	13.9%	2	12.5%
Preferred Language								
Spanish	45	83.3%	2	5.4%	23	63.9%	14	87.5%
English	9	16.7%	35	94.6%	13	36.1%	2	12.5%
Gender								
Female	41	75.9%	35	94.6%	30	83.8%	14	87.5%
Male	1	1.9%	1	2.7%	0	0.0%	0	0.0%
No Response	12	22.2%	1	2.7%	6	16.7%	2	12.5%
Household Income (Pre-TPP)								
Below 200% FPL	52	96.3%	26	70.3%	26	72.2%	7	93.8%
Between 200- 400% FPL	2	3.7%	5	13.5%	4	11.1%	3	0.0%
Above 400% FPL	0	0.0%	5	13.5%	2	5.6%	5	0.0%
No Response	0	0.0%	1	2.7%	4	11.1%	1	6.2%
Provider Type Identity								
Babysitter/ nanny	5	9.3%	0	0.0%	0	0.0%	0	0.0%
Center Teacher	1	1.9%	0	0.0%	0	0.0%	0	0.0%
Family, Friend, Neighbor (FFN)	34	63.0%	7	18.9%	11	30.6%	11	68.8%
Home-based	3	5.6%	26	70.3%	21	58.3%	1	6.2%
Other	0	0.0%	0	0.0%	0	0.0%	1	6.2%
No Response	11	20.4%	4	10.8%	4	11.1%	3	18.8%

Appendix C. RAPID Comparison Samples Demographics

	Colorado RAPID Comparison Sample (n = 991)		Philadelphia RAPID Comparison Sample (n = 1261)		NYC RAPID Comparison Sample (n = 1144)	
Comparison Months	June 2022 - April 2024		May 2024 - November 2025		June 2024 - December 2025	
	n	Percent	n	Percent	n	Percent
Race/Ethnicity						
Black	189	19.1%	269	21.3%	229	20.00%
Latinx	182	18.4%	404	32.0%	385	33.70%
Other Race/Ethnicity	81	8.2%	101	8.0%	88	7.70%
White	536	54.1%	485	38.5%	442	38.60%
No Response	3	0.3%	2	0.2%	0	0.00%
Preferred Language						
Spanish	60	6.1%	102	8.1%	91	8.00%
English	792	79.9%	1041	82.6%	952	83.20%
Other	17	1.7%	16	1.3%	15	1.30%
No Response	122	12.3%	102	8.1%	86	7.50%
Gender						
Female	991	100.0%	1261	100.0%	1144	100.00%
Household Income						
Below 200% FPL	238	24.0%	576	45.7%	550	48.10%
Between 200-400% FPL	245	24.7%	366	29.0%	337	29.50%
Above 400% FPL	151	15.2%	177	14.0%	162	14.20%
No Response	357	36.0%	142	22.0%	95	8.30%
Provider Type Identity						
Family, Friend, Neighbor (FFN)	185	18.7%	278	22.0%	264	23.10%
Home-based	806	81.3%	983	78.0%	880	76.90%