Los Angeles County | Mid-Point Evaluation Report

What We've Learned So Far about the Thriving Providers Project in Los Angeles County

Introduction

Stanford | Center on Early Childhood HOME GROWN

Child care providers are essential for ensuring both family well-being and a thriving economy. However, the early care and education (ECE) sector is in crisis. National survey data indicate that providers are struggling to pay for basic needs and are experiencing emotional distress (RAPID, 2021). At the same time, parents of young children are struggling to access and afford child care (RAPID, 2022; RAPID, Dec 2025). In direct response to these nationwide experiences, Home Grown, a funder collaborative that aims to increase access to and quality of home-based child care (HBCC) in the United States, launched the Thriving Providers Project (TPP) in 2022. TPP is a first-of-its-kind direct cash transfer (DCT) program specifically for HBCC providers, who constitute the largest group of caregivers in the U.S. (Home Grown, 2023). Despite HBCC being the preferred child care setting for many families, HBCC providers report higher rates of material hardship than center-based providers (RAPID, 2021). HBCC providers are often excluded from funding opportunities and benefits available in the ECE sector, including public payment systems (Home Grown, 2023).

Underlying Home Grown's choice to utilize recurring DCTs for TPP is a fundamental belief that a predictable income may result in recipients having the bandwidth to think beyond meeting basic needs each week. As a pilot initiative, 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 evaluate and continuously learn about TPP in all pilot sites, including Colorado, New York City, Philadelphia, Los Angeles County, Allegheny County (PA), and Transylvania County (NC). Using SCEC's Continuous Improvement Rapid Cycle Learning and Evaluation (CIRCLE) Framework, the SCEC has conducted a longitudinal, mixed-methods evaluation of TPP. We gather data from TPP evaluation participants and parents/family members of the children they serve, and we compare trends we find among TPP evaluation participants to trends from the SCEC RAPID Survey Project's national sample of child care providers. Grounded in the TPP theory of impact (TOI), we aim to understand how DCTs affect HBCC providers' economic stability and emotional well-being as well as the availability and quality of care provided to young children and families.

In this midpoint brief, we share what we've learned about family, friend, and neighbor (FFN) providers' experiences with TPP and the impacts of direct cash transfers (DCTs) in Los Angeles (LA), the fourth TPP implementation site. In partnership with First 5 LA (the local funding partner) and Visión y Compromiso (the implementation partner), the pilot of TPP launched in LA in March 2025. This brief draws on data collected from LA HBCC providers between March 2025 and January 2026.

Because this is a pilot initiative with a relatively small, site-specific sample, findings should be interpreted as

descriptive of participating providers' experiences rather than representative of all FFN providers in Los Angeles County. Additional details about the study design and methodology are available in the Colorado Thriving Providers Project: Final 18-Month Evaluation Report.

TPP in LA

In partnership with Visión y Compromiso, which provides comprehensive and ongoing leadership development, capacity building, advocacy training, and support to over 4,000 *promotoras*[1] and community health workers, the pilot of TPP launched in LA in March 2025. In all, 25 HBCC providers who met LA-specific eligibility criteria enrolled in TPP, receiving $954 per month for 18 months. In order to qualify, applicants were required to:

- be a licensed exempt FFN caregiver
- currently, and for the next 12 months, be caring for at least one child, age birth–5 years old, for an average of 15 or more hours per week
- be 18 years old or older on 2/28/25
- currently live in Los Angeles County, California
- have an individual income at or below $24,000 per year

Priority was given to applicants based on their zip code, if they cared for at least one child aged birth–3 years old, cared for at least one child aged 0–5 who has special needs, cared for more than one child ages 0–5, were not earning income for child caring (e.g., paid by parents, state subsidy program), and applicants with the lowest incomes.

As part of the "unconditionality" focus of cash assistance in TPP, participants were not required to participate in the evaluation in order to receive the DCTs. During the TPP enrollment process, providers had the opportunity to opt into the SCEC's evaluation, and 16 of 25 chose to do so.

In this brief, we share what we have learned so far about these 16 FFN providers' experiences with TPP in LA at the midpoint of program implementation. Because this cohort participated during a period of significant and overlapping disruptions in Los Angeles, we first describe the key contextual factors that shaped their experiences before turning to the findings.

LA Context

The 16 providers who enrolled in the evaluation did so during a period of extraordinary disruption in Los Angeles. Two acute events—the January 2025 wildfires and sustained federal immigration enforcement—created compounding instability for participants and the families they served throughout the pilot period. A third piece of context—participants' exclusion from the Child and Adult Care Food Program (CACFP)—reflects a longer-standing structural barrier. Each is described below.

Wildfires

In early January 2025, dry conditions and intense winds fueled deadly wildfires across Los Angeles County. Most notably, the Palisades and Eaton Fires burned more than 37,000 acres, destroyed over 16,000 structures, and caused more than 30 fatalities. These events coincided with the launch of TPP in LA, resulting in delays to some project activities and creating ongoing disruptions for participants and the families they served. The impacts of the fires extended well beyond containment, affecting income, child care arrangements, and daily life throughout much of the pilot period. These experiences align with broader findings from the RAPID California Voices project, which documented widespread disruptions to family well-being, work, and routines following extreme weather events (RAPID, March 2025), as well as Home Grown's work with HBCC providers affected by the LA fires, which highlighted lost income, enrollment instability, and the critical role of community-based organizations in supporting recovery (Vilen, 2025; Alvarez, 2025).

[1]*Promotoras* are trusted community members who share lived experience, language, and culture with the populations they serve. They are trained to provide culturally responsive outreach, education, and support and act as bridges between communities and formal systems including health, education, and social services.

Immigration

From January 2025 to January 2026, the federal administration enacted a series of immigration enforcement measures, deploying U.S. Immigration and Customs Enforcement (ICE) at significantly increased levels. In June 2025, ICE activity in parts of downtown LA prompted widespread protests. Although enforcement intensity fluctuated across the year, its presence was sustained throughout the first nine months of TPP in LA and directly affected participants and the families they care for. The threat of enforcement created fear across immigrant communities and nonimmigrant communities alike in LA County, causing families to fear engagement and participation in public benefits, child care, and other essential services. This reflects broader findings from the RAPID California Voices project, where 41% of California parents with young children reported noticing the impacts of immigration enforcement activities in their community, including reduced feelings of safety and belonging, job loss and financial difficulties, and declining trust in institutions such as schools and health care systems (RAPID, 2026). These dynamics shaped the financial stability of participants and the families they serve as well as the broader conditions under which this evaluation took place.

Transitional Kindergarten Expansion

Participants in LA also took part in TPP during a period of change in California's early care and education landscape. The state's ongoing expansion of transitional kindergarten (TK) has increased access to publicly funded early learning opportunities for four-year-olds and has been associated with enrollment declines and financial pressures for some child care providers and programs in California. Recent reporting suggests that growth of TK has contributed to closures among some child care providers and may be reshaping demand for care, particularly for children approaching school age (Nguyen, 2026; Gold, 2025). While these TPP data do not yet indicate whether TK expansion has affected TPP LA evaluation participants directly, it represents an important contextual factor that may influence enrollment patterns, family child care demand, and provider income over time.

CACFP

The Child and Adult Care Food Program (CACFP) is a federally funded initiative that reimburses child care providers for serving nutritious meals, with sponsors acting as intermediaries that administer reimbursements and provide support to providers. Unlike the wildfires and immigration enforcement described above, CACFP access is not an acute disruption but rather a longstanding structural challenge affecting many FFN caregivers. California has historically been supportive of FFN providers, including allowing FFN providers serving subsidy-eligible children to participate in the state's child care subsidy system. However, prior landscape analyses have documented persistent barriers to FFN participation in programs such as CACFP, including limited sponsor availability, administrative complexity, burdensome documentation requirements, and program structures that may not align well with FFN caregiving arrangements (First 5 LA, 2023). We learned from First 5 LA that there are not enough CACFP sponsors in LA County who include FFN caregivers in their programs, and those that do often serve only limited geographic areas. During the first 9 months of the pilot, not a single evaluation participant reported receiving CACFP reimbursements even though they were eligible. This suggests that structural barriers continue to limit access to available supports.

TPP Learnings So Far

TPP and this evaluation are ongoing in LA; thus, the findings presented here are preliminary. In addition to learning about evaluation participants' experiences with TPP, we continue to learn more about the context and stories of FFN providers, including their motivations and challenges. The analyses in this report are based on 115 survey responses collected from the 16 TPP evaluation participants between March 2025 and January 2026.

Table 1. TPP LA Demographics

Demographic Variable	Evaluation Sample (N = 16)	RAPID National Provider Survey Comparison Sample (N =141)
Provider Type	FFN	FFN
Race/Ethnicity	Latinx 87.5% Black 0% Other (non-White) 0% White 0% No Response 12.5%	Latinx 29.1% Black 22% Other (non-White) 12.1% White 36.9% No Response 0%
Preferred Language	Spanish 87.5% English 12.5% Other 0% No Response 0%	Spanish 8.5% English 85.1% Other 2.1% No Response 4.3%
Gender	Woman 87.5% No Response 12.5%	Woman 100% No Response 0%
Household Income	Below 200% FPL 93.8% Between 200-400% FPL 0% Above 400% FPL 0% No Response 6.2%	Below 200% FPL 46.8% Between 200-400% FPL 36.9% Above 400% FPL 12.1% No Response 4.3%

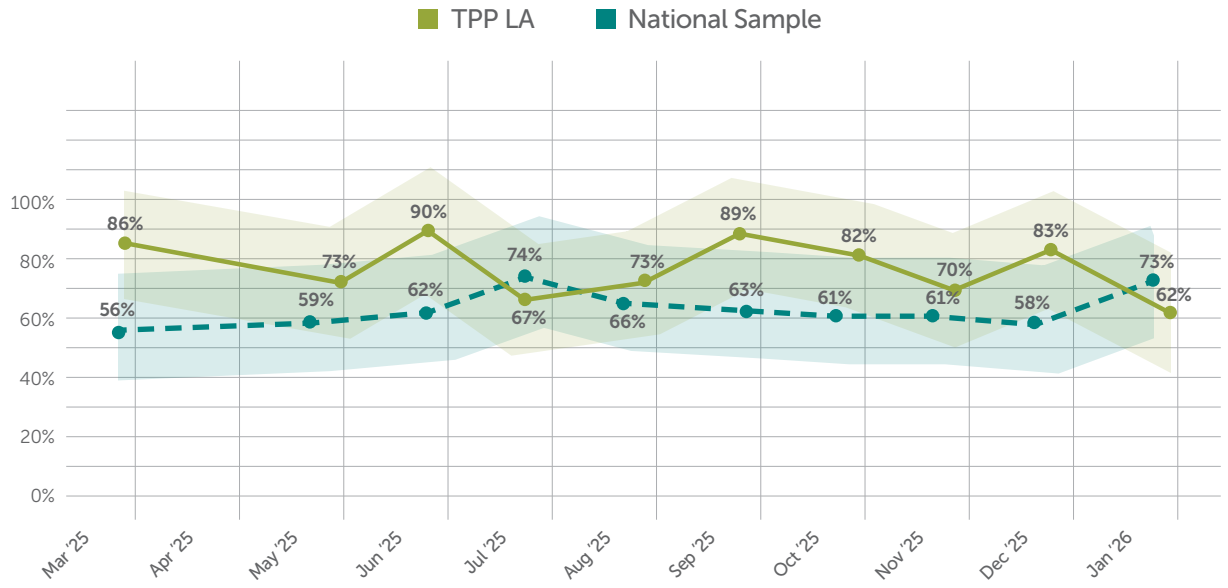
Table 1 illustrates the degree to which the LA evaluation sample differs from the national FFN provider comparison group. Nearly all LA evaluation participants fell below 200% of the federal poverty level (FPL), compared to fewer than half in the national sample, and 87.5% reported Spanish as their preferred language, compared to 8.5% nationally. These differences are important to keep in mind when interpreting the findings that follow, which draw on nine months of data from this specific, and notably under-resourced, group of providers. We will continue to gather data and report on participants' full 18-month experience in the final report.

We administered a core set of survey questions to all TPP evaluation participants, along with additional questions presented according to predefined survey logic. Survey findings are reported in several ways. First, monthly survey responses are presented as both counts (number of responses) and percentages. Monthly totals vary because they reflect the number of participants who opted into the survey each month and answered the specific question being reported. For questions displayed through survey logic, totals reflect only participants who were presented with and answered those questions. Second, where appropriate, findings are reported across the full project period using the total number of responses and corresponding percentages. These analyses include all responses collected for a given question from baseline through the end of the reporting period. Appendix A summarizes each survey question included in the findings, the months in which it was administered, the average number of monthly responses, and the total number of responses across the study period. Finally, qualitative responses are presented verbatim whenever possible, with only minor spelling and grammatical edits made to improve readability without changing participants' intended meaning.

1. Participants Report Material Hardships, but Use DCTs to Cover the Cost of Basics

Material hardships remained widespread among TPP evaluation participants throughout the pilot, with 62% of participants (five out of eight) reporting material hardship in January 2026 and an average rate of 76.6% of responses (72 out of 94) indicating material hardship across all months of DCTs. These rates of material hardship were comparable to those seen in the RAPID national FFN provider sample over a similar time period, with an average 63.8% of responses (190 of 298) indicating material hardship from March 2025 to January 2026 (see Figure 1).

Figure 1. Percentage of TPP evaluation participants and RAPID national sample reporting material hardship over time



For TPP evaluation participants, utilities emerged as the most common burden (67.9%, 57 out of 84 responses), followed by housing (44.0%, 37 out of 84) and food (41.7%, 35 out of 84). Compared to the RAPID national FFN provider sample, TPP LA participants reported lower rates across nearly every hardship category. The gaps were largest for health care (20.2%, 17 out of 84, TPP vs. 53.1%, 113 out of 213, RAPID) and food (41.7%, 35 out of 84, TPP vs. 53.5%, 114 out of 213, RAPID), with more modest differences in housing (44.0%, 37 out of 84, TPP vs. 52.1%, 111out of 213, RAPID) and utilities (67.9%, 57 out of 84, TPP vs. 74.2%, 158 out of 213, RAPID). Child care hardship was rare among TPP participants with 2 out of 84 responses (2.4%) indicating experiencing this hardship compared to 30 out of 213 responses (14.1%) nationally, a difference that likely reflects the fact that TPP participants are themselves providing care rather than purchasing it.

These comparisons should be interpreted carefully. The TPP LA sample is small, and differences in geography, eligibility criteria, and the specific disruptions this cohort faced all complicate direct comparison with a national sample. That said, the pattern is consistent with participants directing DCT payments toward basic household expenses, as open-ended responses describe:

> **"This really helps with groceries, utilities, diapers and wipes for the children. Also, other essentials we need for the household."** - Evaluation Participant

> **"It has helped me a lot. I've been able to provide better meals with fresh, organic products. On one occasion, I was also able to pay the electricity bill ..."** - Evaluation Participant

2. TPP Evaluation Participants Reported Greater Confidence They Can and Will Remain in the Field

At program launch in March 2025, 35.7% of TPP evaluation participants (five out of 14) agreed or strongly agreed that they felt financially confident they could continue providing child care. This starting point matters because it establishes that the majority of TPP evaluation participants entered the pilot without confidence in their long-term financial ability to stay in the field.

That picture shifted quickly once payments began arriving. By June 2025, just two months into receiving DCTs, 100% of the 10 TPP evaluation participants who answered this question reported that payments were helping them remain in the child care workforce. This pattern held with 90.9% of respondents (10 out of 11) in October 2025 and 87.5% of respondents (seven out of eight) in January 2026 stating that payments helped them. This is a consistently high level of retention support across nine months, sustained through the wildfires and immigration-related disruptions described above.

Open-ended responses give texture to what that stability meant in practice:

> **"I haven't had to go work somewhere else because the assistance I receive through the TPP program helps cover some of the expenses that come up."** - Evaluation Participant

These findings are especially notable given documented challenges with retention across the early childhood workforce (Bromer et al., 2021; Silver, 2024) and the particular pressures facing this cohort.

3. HBCC is the Preferred Child Care Arrangement for Many Families

For many families, choosing an FFN provider is not a fallback. Rather, it is a deliberate decision rooted in trust, familiarity, and cultural fit. Focus group findings with parents of children in TPP participants' care revealed that families selected their providers for reasons that go well beyond availability or cost:

> **"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."** - Parent/family focus group participant

These relationships are not easily replaced. When FFN providers leave the field—whether due to financial pressure, burnout, or the kinds of disruptions this cohort faced—families lose caregivers they have specifically chosen, and children lose continuity with adults they know and trust. The retention findings above suggest that reliable cash support may help preserve those relationships.

4. Evaluation Participants Report that Enrolling in TPP was Easy and that Payments were Reliable

A recurring challenge in child care payment systems is that reimbursements arrive late, inconsistently, or only after significant administrative effort (Home Grown, 2023; RAPID, 2021). This burden falls hardest on FFN providers who lack the administrative infrastructure of larger programs. TPP was designed with this in mind. In May 2025, 85.7% of evaluation participants (12 out of 14) reported that the application process was simple and easy, with no participants reporting difficulty. An additional 92.3% of evaluation participants (12 out of 13) agreed that their DCT would arrive consistently, and the same proportion of participants reported that the process of receiving payments felt effortless.

These findings point to what reliable, low-burden payments can look like in practice and why the design of payment systems matters as much as the payments themselves. They also land at a consequential moment for policy: While TPP's approach aligns with the goals of the 2024 Child Care Development Fund Final Rule, which emphasized consistent and timely provider payments, federal policy makers proposed rescinding several of those requirements in 2026. The experiences of TPP participants in LA offer a concrete illustration of what is at stake in that debate for providers like the ones in this cohort.

5. Evaluation Participants Report Very High Levels of Comfort with Seeking Assistance from Visión y Compromiso

Consistent engagement with program supports depends on providers feeling comfortable asking for help. We tracked participants' comfort with seeking assistance from Visión y Compromiso throughout the pilot period, and the growth in comfort over time is notable. In March 2025, the program's launch month, just over half of participants (eight out of 15) reported feeling comfortable seeking assistance from Visión y Compromiso. By May 2025, that figure had risen to 92.3% of participants (12 out of 13), and by October 2025 it reached 100% of the 10 evaluation participants who responded to this question. This level of comfort was maintained through January 2026. Across all survey waves, 84.5% of responses (49 out of 58) indicated comfort seeking assistance from Visión y Compromiso.

Other indicators point in the same direction. Across all survey waves, 78% of participants (46 out of 59) reported trusting at least one staff member at Visión y Compromiso. In January 2026, 87.5% of participants (seven out of eight) reported feeling like part of a community of child care providers, suggesting that the program fostered connections that extended beyond the receipt of monthly payments.

The growth in trust and comfort is particularly notable given the broader context in which the pilot operated. Throughout much of the implementation period, immigration enforcement activities created fear and uncertainty across many immigrant communities in Los Angeles and reportedly reduced some families' willingness to engage with schools, service providers, and other institutions (Gold, 2025). Against this backdrop, participants' increasing willingness to seek support from Visión y Compromiso suggests that the organization served as a trusted and accessible source of support during a period when trust in many institutions was being challenged.

Together, these findings suggest that Visión y Compromiso's role extended beyond program administration. As a community-embedded organization with longstanding relationships in immigrant communities across Los Angeles County, Visión y Compromiso appears to have helped create the conditions that enabled providers to remain engaged with the program, seek support when challenges arose, and stay connected to resources throughout a period marked by wildfires, immigration enforcement activity, and financial instability. These findings underscore the important role trusted community-based organizations can play in implementing programs designed to support providers facing complex and overlapping challenges.

6. Evaluation Participants Report Low Engagement in Public Benefits and CACFP

Across the first nine months of implementation, only 26.1% of survey responses (12 out of 46) indicated that participants were receiving any form of public or employment-related benefits, including supports such as Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI), meaning approximately three in four were not accessing available supports despite the high rates of economic hardship documented throughout this report.

Engagement with CACFP was even more limited. Across all survey waves, no evaluation participants reported receiving CACFP reimbursements to help offset the cost of meals provided to children in their care. As discussed in the LA context section, longstanding barriers related to sponsor availability, program requirements, and administrative burden may help explain this finding. Together, these results suggest that access to CACFP remains limited for many FFN providers despite the potential benefits the program offers.

7. Wildfires and Immigration-Related Events Caused Disruption to Income, but DCTs Helped Mitigate the Effects

Income fluctuations were a persistent feature of the pilot period. Across all survey waves, 33.7% of responses (34 out of 101) indicated participants experienced income instability, driven by a combination of factors common to child care, such as fluctuating participation, and disruptions specific to this cohort and this moment in Los Angeles. Monthly rates of income fluctuations ranged from a high of six out of 10 participants (60%) reporting income volatility in May 2025 to a low of two out of 10 participants (20%) in June 2025.

The January 2025 wildfires affected participants' ability to provide care in multiple ways. Among the 11 participants who responded to the wildfire impact question, 36.4% (four out of 11) reported pausing child care entirely, and 27.3% (three out of 11) reported stopping child care in their home, a distinct disruption that may reflect providers moving care to another location rather than stopping altogether. An additional 18.2% (two out of 11) reported reducing their hours. Participants described how these disruptions rippled through the families they serve and into their own income:

> **"It affected me because the parents of the children I looked after were laid off because the project they were working on was canceled when the electricity poles burned down. Another mother was laid off because the houses she cleaned burned down."** - Evaluation Participant

Immigration enforcement created a separate but overlapping source of income instability. Participants described losing families from their care due to deportation, the detention of partners, and parents missing work out of fear of ICE activity:

> **"This month, one of the children I care for was deported, which reduced my income."**
> - Evaluation Participant

> **"Thank you very much for all your support. With the immigration raids sometimes parents prefer not to go out when they hear that immigration is in their area, and they don't go to work."** - Evaluation Participant

Against this backdrop, participants consistently reported that DCTs helped buffer against income instability. Across all responses to this survey item, 83.3% (25 out of 30 responses) indicated agreement that DCTs helped with income stability, with monthly rates ranging from 66.7% (2 out of 3) to 100%. By January 2026, all respondents (N = 2) agreed that DCTs were helping them manage income variability. While the sample sizes underlying these figures are small, the consistency of the pattern across months and across the qualitative responses suggests that reliable payments provided meaningful insulation against a year of significant financial disruption.

8. Debt Persists for Evaluation Participants, but DCTs Help Reduce It

Debt and overdue bills were a persistent reality for participants throughout the pilot. At program launch in March 2025, 71.4% of respondents (10 out of 14) reported having overdue bills or debt, and that figure remained consistently high across all survey waves, with an overall rate of 78.5% (84 out of 107 responses).

By January 2026, 83.3% of respondents with debt (five out of six) reported using their DCT to pay it down—up from 44.4% (four out of nine) when the question was first asked in June 2025. Across all responses, 67.5% (27 out of 40) indicated use of DCTs as a debt reduction strategy. Open-ended responses illustrate what that looked like in practice:

> **"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."** - Evaluation Participant

Despite this progress, financial precarity remained high at the midpoint. Of the 8 respondents in January 2026, half reported they would not currently be able to cover a hypothetical $400 emergency expense. Among the half of respondents who said they could cover it, 12.5% (1 out of 8) reported having the funds readily available. For that half, they shared they would need to borrow money, would pay credit balances over time, would sell belongings, and/or would use their DCT. While this is a self-reported, hypothetical measure, it is a widely used indicator of financial fragility and one we will continue to monitor through the final report.

9. Open-Ended Responses Reveal How DCTs May Support TPP Evaluation Participants' Well-Being and Their Capacity to Provide Quality Care

Providers described connections between financial stability, reduced stress, and their ability to be present with the children in their care. Because well-being is shaped by many factors beyond income, including caregiving demands, household responsibilities, and broader economic uncertainty, these patterns emerge most clearly through participants' own words rather than quantitative survey trends alone:

> **"I have more time and feel more relaxed about taking care of the children."**
> - Evaluation Participant

> **"... this program has taught me how to take care of my children and take care of myself."**
> - Evaluation Participant

Participants also described using increased financial stability to invest in enriching experiences for the children they care for:

> **"I have been able to take them to visit other libraries, as well as a museum, and make a garden outside the apartment with soil and pots and plant some seeds so that the children are motivated to eat things they have grown themselves."**
> - Evaluation Participant

These responses suggest that the effects of reliable cash support may extend beyond household finances, reaching into the daily realities of care. Given the qualitative nature of these data, these findings are best understood as illustrative rather than conclusive, and we will continue to explore this dimension of participants' experiences through focus groups and the final report.

Conclusion

FFN providers occupy a unique and undervalued position in the child care landscape, caring for the youngest, most vulnerable children while facing some of the greatest financial instability of any caregiver type. The LA cohort experienced that instability in particularly acute form, navigating devastating wildfires and sustained immigration enforcement activity alongside the everyday economic precarity that characterizes FFN caregiving.

Against that backdrop, findings from the first nine months of TPP in LA offer a consistent signal: Reliable, unconditional cash transfers may meaningfully strengthen financial stability for FFN providers. Participants reported that DCTs helped them remain in the child care workforce, buffer themselves against income volatility, reduce debt burdens, and cover essential household expenses. Many also described how predictable payments reduced financial stress and increased their capacity to focus on the children in their care.

At the same time, these findings make clear that a $954 per month DCT alone cannot approximate the true value of the care work that these FFN providers offer nor resolve the structural challenges in the child care system that impact them. Most participants carried overdue bills and debt throughout the pilot, many reported utility and food hardship, and half reported they would be unable to cover a hypothetical $400 emergency at the midpoint. These are indicators of financial fragility that will require sustained, systemic attention beyond any single program.

In the months ahead, we are expanding data collection to include focus groups with providers in LA, which is an important step toward understanding participants' own interpretations of their experiences and what the conclusion of the pilot may mean for them and the families they serve. These conversations will complement the survey data presented here and help situate the quantitative trends within providers' fuller stories. We will share findings from the complete 18-month implementation period in a final report. Across all TPP sites, we will continue to draw on these learnings to build a more nuanced, comparative picture of how consistent, reliable cash supports HBCC providers under varying local conditions, including those as challenging as the ones faced in Los Angeles.

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Appendix A

Survey Question Administration and Response Counts

Survey Question	Total Responses	Average Responses	Months Surveyed
Material Hardship – Paying for the Basics	94	10.4	May'25, Jun'25-Jan'26
Types Material Hardship	72	8	May'25, Jun'25-Jan'26
DCTs and Remaining a Child Care Provider	29	9.6	Jun'25/Oct'25/Jan'26
Simplicity of Applying for DCTs	14	14	May'25
Consistency of DCTs	13	13	May'25
Comfort Level Seeking Assistance from VyC	58	11.6	Mar'25/May'25/Jun'25/Oct'25/Jan'26
Staff Trust Levels – VyC	59	11.8	Mar'25/May'25/Jun'25/Oct'25/Jan'26
Community of Providers	59	11.8	Mar'25/May'25/Jun'25/Oct'25/Jan'26
Childcare Subsidy Status	46	11.5	Mar'25/Jun'25/Oct'25/Jan'26
CACFP Funding Status	46	11.5	Mar'25/Jun'25/Oct'25/Jan'26
Experienced Income Fluctuations	101	10.1	May'25, Jun'25-Jan'26
Impact of Wildfires on Income	11	11	May'25
Impact of DCTs on Income Stability	30	3.3	May'25, Jun'25-Jan'26
Overdue Bills and/or Debt	107	10.7	May'25, Jun'25-Jan'26
Debt Reduction Strategies	49	8.2	Mar'25, Jun'25, Oct'25-Jan'26
Strategies for Managing Sudden Financial Needs	107	10.7	May'25, Jun'25-Jan'26

Note. These are listed in the order that they appear in the report.