



Allegheny County | Mid-Point Evaluation Report

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

Introduction

Stanford | Center on Early Childhood



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, 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 the 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.

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 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.

In this midpoint brief, we share what we've learned about relative caregivers' experiences with TPP and the impacts of direct cash transfers (DCTs) in Allegheny County, Pennsylvania, the fifth TPP implementation site. In partnership with [United Way of Southwestern Pennsylvania](#) (the local funding partner) and [Trying Together](#) (the implementation partner), an organization dedicated to advancing high quality early learning through advocacy, systems change, and support for early childhood professionals, the TPP evaluation was launched in Allegheny County in May/June 2025 with a baseline survey. This brief draws on data collected from Allegheny County HBCC providers between May/June 2025 and April 2026.

NOTE: 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 relative caregivers participating in TPP in Allegheny County. Additional details about the study design and methodology are available in the [Colorado Thriving Providers Project: Final 18-Month Evaluation Report](#).

TPP in Allegheny County

To be eligible to participate in the TPP evaluation in Allegheny County, applicants were required to:

- currently serve as a [Relative Child Care Provider](#), as defined by the Pennsylvania Department of Human Services, receive income through the [Child Care Works \(CCW\)](#) subsidy program for a child in their care, and intend to continue throughout the Thriving Providers Project,
- be invited to apply through the local implementation partner, and
- belong to one of the communities identified through local data as facing barriers to accessing services and resources, such as child care, transportation, health care, and food.

Priority was given to providers who:

- were grandparents or great-grandparents
- provided care during nontraditional hours (6:00 p.m. – 6:00 am weekdays or anytime on weekends)
- cared for at least one child under age five
- had provided relative child care for at least one year, and
- cared for at least one child with special needs (e.g., complex medical conditions or developmental needs).

Twenty-five relative care providers who met Allegheny County specific eligibility criteria enrolled in TPP and will receive \$500 per month for 18 months, ending in December 2026. Consistent with TPP's unconditional cash transfer model, participation in the evaluation was not required to receive monthly payments. During the enrollment process, providers had the opportunity to opt into the SCEC's evaluation, and 17 of the 25 TPP participants chose to do so.



Over the course of the evaluation, the number of respondents has varied across survey waves, as some participants voluntarily withdrew from the evaluation or became temporarily ineligible during the project's eligibility reverification process. As a result, denominators reported throughout this brief reflect the number of participants who were eligible and completed each survey at that time.

In this midpoint brief, we share what we have learned from these evaluation participants during the first three quarters of TPP implementation in Allegheny County. Findings draw on monthly and quarterly surveys, open-ended survey responses, and virtual focus groups with parents and family members of children in participating providers' care. Where appropriate, we compare participant responses with a subset of providers from the RAPID Survey Project national child care provider survey who completed surveys during the same period. Before presenting the findings, we first describe the key contextual factors that shaped participants' experiences during the pilot.

Allegheny County Context

Child Care Works Subsidies

Relative caregivers in Allegheny County participate in Pennsylvania's CCW program as Relative Care Providers. To receive subsidy payments, providers must meet program requirements, complete an Early Learning Resource Center (ELRC) Provider Agreement, and submit monthly attendance invoices for eligible children. Because reimbursement is tied to children approved for CCW, changes in a family's eligibility or participation in the program can interrupt provider payments. Trying Together reported that missed paperwork deadlines, communication delays between families and case managers, or changes in family eligibility sometimes resulted in interruptions to subsidy reimbursement.

This dynamic has important implications for TPP evaluation participants, the majority of whom were grandparents providing care for their grandchildren. Unlike many other child care arrangements, these caregiving relationships often continued regardless of whether reimbursement was available because the children were family members. Implementation partners described providers continuing to care for children after the subsidy ended, particularly when parents worked nontraditional hours or experienced employment instability. In these situations, providers often absorbed the financial impact of interrupted subsidies while maintaining consistent care for children.

The findings presented throughout this report should be interpreted within this context. Household income, caregiving expenses, and changes in subsidy payments shaped participants' financial experiences throughout the pilot. This context also shaped the evaluation sample. As family eligibility changed during the project's eligibility reverification process, some providers became temporarily ineligible to participate in TPP, resulting in fluctuations in the number of eligible evaluation participants over time. This context helps explain why participants frequently described using the DCT to offset lost income, cover essential household expenses, and continue providing care during periods of financial uncertainty.



TPP Learnings So Far

TPP and this evaluation are ongoing in Allegheny County; thus, the findings presented here are preliminary. In addition to learning about evaluation participants’ experiences with TPP, through the evaluation we continue to learn more about the context and stories of family, friend, or neighbor (FFN) providers, specifically relative caregivers in this cohort, including their motivations and challenges. The analyses in this report are based on 124 survey responses collected from the TPP evaluation participants between May/June 2025 and April 2026.

Table 1. TPP AC Demographics

Demographic Variable	Evaluation Sample at Baseline (N = 17)	RAPID National Provider Survey Comparison Sample (N =110)
Provider Type	Relative Caregivers	FFN
Race/Ethnicity	Black 52.9% Latinx 0% Other (non-White) 0% White 35.3% NA 11.8%	Black 17.3% Latinx 32.7% Other (non-White) 9.1% White 40.9% NA 0%
Preferred Language	English 100% Other 0% Spanish 0% NA 0%	English 83.6% Other 2.7% Spanish 8.2% NA 5.5%
Gender	Man 5.9% Woman 82.4% NA 11.8%	Man 0% Woman 100% NA 0%
Household Income	Below 200% FPL 82.4% Between 200-400% FPL 5.9% Above 400% FPL 0% NA 11.8%	Below 200% FPL 52.7% Between 200-400% FPL 35.5% Above 400% FPL 8.2% NA 3.6%

Table 1 summarizes the demographics of the evaluation sample and of the RAPID national provider survey sample whose data we used for comparison. Of all available RAPID provider survey data, we restricted the sample to female FFN providers who took the survey within the same time frame as TPP evaluation participants in Allegheny County.

Across the pilot, we administered a core set of survey questions to all 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 pilot period using the total number of responses and corresponding percentages. These analyses include all responses collected for a given question from the start of cash payments 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 pilot. 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. TPP Evaluation Participants Reported Greater Confidence They Can and Will Remain in the Field

Allegheny County TPP evaluation participants consistently reported that DCTs helped them continue providing child care. Across the pilot, 85% of responses (28 out of 33) indicated agreement that receiving DCTs had allowed participants to remain child care providers. Agreement has remained consistently high throughout the pilot, with 83% of TPP evaluation participants (10 out of 12) reporting this in October 2025, 92% (11 out of 12) in January 2026, and 78% (7 out of 9) in April 2026.

"[DCTs are] helping with bills so I don't have to go find a different job."

- Evaluation Participant

"I don't need to work a 2nd job and can watch the kids." - Evaluation Participant

"It covers the food for them to eat while here and prevents me from needing a 2nd job on weekends and evenings so I can offer additional hours." - Evaluation Participant

Relatedly, across all post-baseline survey waves, 100% of responses (33 out of 33) showed that the DCT had helped them in some way. Open-ended responses provide important context for understanding how participants experienced these benefits.

"[The DCT] allows me to provide food and additional resources for the children."

- Evaluation Participant

"[DCTs] help me buy more supplies for the kids and a few things for myself. Help me pay small bills." - Evaluation Participant

"I got a replacement washer and dryer. New tires and some work on my car."

- Evaluation Participant

"I've been able to spend more time with the kids because I have cash on hand to cover any expenses that come up." - Evaluation Participant

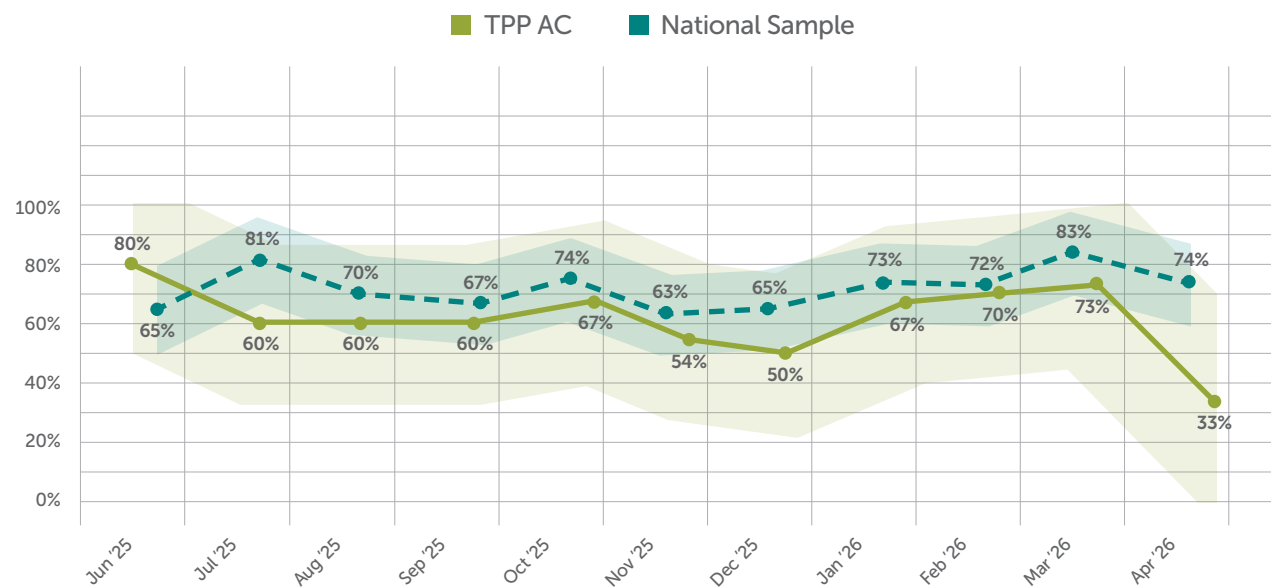
Participants also described using the payments to maintain reliable transportation, purchase food, replace essential household items, and address unexpected expenses that might otherwise have disrupted their caregiving. Collectively, these responses suggest that the benefits of the DCT extended beyond improving financial stability. These findings suggest that participants viewed the monthly payments as an important source of support, specifically for resources like food and supplies for the children, as they continued providing care.

2. Participants Report Material Hardship but Describe Using DCTs to Cover the Cost of Basic Needs

Material hardship remained common among TPP evaluation participants throughout the pilot, with 60% of survey responses (64 out of 107) indicating that participants experienced difficulty paying for basic needs such as food, housing, medical care, and utilities. At baseline, 80% of participants (12 out of 15) reported experiencing at least one form of material hardship. Although reports of hardship fluctuated throughout implementation, they generally declined over time, reaching 33% (3 out of 9) in April 2026 after peaking at 73% (8 out of 11) in March 2026. While month-to-month changes should be interpreted cautiously because of the small sample size, the overall pattern suggests that fewer participants reported difficulty meeting basic needs during the latter months of the pilot.

Across much of the pilot, rates of material hardship among TPP evaluation participants were similar to, or lower than, those observed among the RAPID national FFN provider comparison sample (Figure 1). While material hardship in the national comparison sample remained relatively stable over time, hardship among TPP evaluation participants fluctuated more substantially before declining to its lowest level during the final month of this reporting period.

Figure 1. Comparison of percentage of TPP evaluation participants vs RAPID National ECE Sample reporting material hardship over time



Among participants experiencing material hardship, food and utilities consistently emerged as the most common financial challenges. In April 2026, 67% (2 out of 3) of participants reporting hardship identified difficulty paying for food and utilities. Participants’ open-ended responses suggest that the DCT frequently helped them meet these essential household expenses.

“It really comes in handy for a bill or food. I really appreciate it.” - Evaluation Participant

“It just helped to pay more towards my utilities.” - Evaluation Participant

“Without the extra Direct Cash payment I wouldn’t be able to pay for some expenses or food.” - Evaluation Participant

When asked how they would pay for a hypothetical \$400 emergency expense, the proportion identifying the DCT as their strategy increased from 0% (0 out of 10) at the beginning of the pilot to 44% (4 out of 9) by April 2026. At the same time, financial vulnerability remained evident. In April 2026, 22% (2 out of 9) reported they would pay credit over time to cover the expense while 33% (3 out of 9) indicated they would be unable to pay it at all. These findings suggest that although many participants continued to experience financial insecurity, they increasingly viewed the DCT as a reliable source of support.

It is important to note that Allegheny County participants differ from the national comparison sample in important ways, including their role as relative caregivers and their local implementation context. Nevertheless, the overall pattern is consistent with participants describing the DCT as a flexible source of support that helped them meet basic household needs while navigating ongoing financial hardship.



3. Debt Persists for Evaluation Participants but DCTs Help Reduce It

Like material hardship, debt persisted as an ongoing financial challenge for TPP evaluation participants. Across the pilot, 85% of survey responses (82 out of 96) indicated that TPP evaluation participants had overdue bills or debt. Among the 43 responses reporting on type of debt, the most common financial obligations were utility bills (58%; 25 out of 43), credit card debt (53%; 23 out of 43), and medical debt (33%; 14 out of 43). These data show that participants continued to experience ongoing financial strain despite receiving monthly cash transfers.

Although debt remained widespread, participants consistently reported using the DCT to reduce outstanding financial obligations. Across the pilot, 66% of responses (41 out of 62) indicated that participants used DCTs to pay down debt, making the monthly DCT the most frequently reported debt reduction strategy. By April 2026, 83% of participants (5 out of 6) who reported debt indicated they had used their DCT to reduce outstanding bills. These findings indicate that participants prioritized the monthly DCT to address existing financial obligations rather than discretionary spending. Open-ended responses reinforce these quantitative findings, illustrating how participants used the DCT to improve their financial stability while meeting everyday household needs.

"The payment allowed me to pay for things that I didn't have the money for."

- Evaluation Participant

"The payments allowed me to use cash instead of a card." - Evaluation Participant

"It has helped me keep reliable transportation including gas for my car and food and snacks." - Evaluation Participant

DCTs did not eliminate debt, but findings show that they provided participants with greater flexibility to make progress toward overdue bills and reduce some of the financial pressures associated with persistent debt. Rather than replacing other income sources, participants consistently described the monthly payments as helping them manage existing financial obligations while continuing to provide care for the children in their families.

4. Relative Caregivers Invest Their Own Time and Resources to Provide Care

TPP evaluation participants described investing their own financial resources into caring for children. These findings illustrate that, for many relative caregivers, providing care extends beyond the time spent with children and includes meaningful financial and employment trade-offs.

In April 2026, every participant who reported on how much of their own money they estimated spending each month on providing child care reported spending at least \$50 per month of their own money to provide care, and 67% (6 out of 9) reported spending between \$200 and \$299 per month on items such as food, toys, educational materials, and cleaning supplies. These expenses represent direct investments in children's daily experiences that are not reimbursed through public funding. Open ended responses demonstrate this trend:

"Helps with purchasing diapers, wipes, and snacks." - Evaluation Participant

"It allows me to provide food and additional resources for the children."

- Evaluation Participant

"The direct cash transfers have helped me with buying food and winter items for the children." - Evaluation Participant

"They really help with providing extra money so that I can get things for my grandkids." - Evaluation Participant

Participants also reported opportunity costs associated with providing relative care. Among the six participants who responded to questions about employment trade-offs, 33% (2 out of 6) reported turning down work opportunities, 33% (2 out of 6) reported choosing not to apply for other jobs, 17% (1 out of 6) reported leaving the workforce, and 17% (1 out of 6) reported reducing hours at another job in order to continue providing care.

Taken together, providing relative child care often involves financial and employment trade-offs that extend beyond the direct responsibilities of caregiving. Although participants described the DCT as helping offset some of these costs, many continued to invest their own financial resources and make personal employment sacrifices in order to provide consistent care for children in their families.

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

Despite experiencing ongoing financial hardship, TPP evaluation participants reported limited engagement with several public support programs. Although many participants described ongoing challenges paying for basic needs, participation in the Child and Adult Care Food Program (CACFP) remained consistently low throughout implementation.

Across the pilot, only 8% of participants reported receiving CACFP reimbursements. In the most recent quarter, just 1 out of 12 participants reported receiving CACFP benefits. This finding is particularly notable given that food consistently emerged as one of the most common financial hardships participants experienced. Among participants reporting material hardship in April 2026, 67% (2 out of 3) identified food and utilities as the expenses that were most difficult to afford.

Taken together, these findings suggest that while direct cash transfers helped participants meet immediate household needs, many relative caregivers remained disconnected from existing public benefit programs that could provide additional support. Understanding the barriers to accessing programs such as CACFP, including eligibility requirements, administrative burden, or limited awareness, may represent an important opportunity for strengthening future supports for relative caregivers.

"I keep taking care of my grandkids as my responsibilities to me and them. I would never let the amount of money stop me from taking care of them. No amount of money would ever replace them. I love my grandkids with all my heart, and they know that."

- Evaluation Participant

Relatedly, relative caregivers continue to provide care, even when reimbursement is interrupted, because the children in their care are family members. Trying Together has identified opportunities to strengthen access to CACFP for relative caregivers, including expanding sponsorship models and reducing administrative barriers. Improving participation in CACFP may represent an important opportunity to complement direct cash assistance by helping offset one of participants' most commonly reported household expenses. Against this backdrop, predictable monthly payments appear to have helped alleviate some of the financial pressures associated with remaining in caregiving roles.

6. TPP Evaluation Participants Reported that Enrolling in TPP was Easy and that Payments were Reliable

A recurring challenge in many child care payment systems is that reimbursements may arrive late, inconsistently, or only after providers complete ongoing administrative requirements (Home Grown, 2023; RAPID, 2021). Relative child care providers participating in Pennsylvania's CCW program receive support from their local ELRC, but they are also responsible for meeting program requirements and submitting documentation to receive reimbursement. Against this backdrop, consistent, low-burden payment systems are a central feature of TPP's design.

Among TPP evaluation participants, 89% reported that the application process for receiving DCTs was simple and easy, and 100% (10 out of 10) reported feeling confident that their monthly payment would arrive reliably. Participants described the DCT as predictable and easy to access, allowing them to focus on providing care rather than navigating payment processes.

This consistency was an important aspect of the intervention, providing participants with confidence that monthly support would arrive when expected. These findings demonstrate what reliable, low-burden payments can look like in practice and suggest that the design of payment systems matters alongside the amount of financial support provided. They also come 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 Allegheny County offer a concrete illustration of what is at stake in that debate for providers like the ones in this cohort.

7. Trying Together Fostered Trust and Connection Among TPP Evaluation Participants

Consistent engagement with program supports depends on providers feeling comfortable asking for help. We tracked participants' comfort with seeking assistance from Trying Together throughout the pilot period and found that 77% of providers (33 out of 43) reported that they were comfortable or very comfortable doing so.

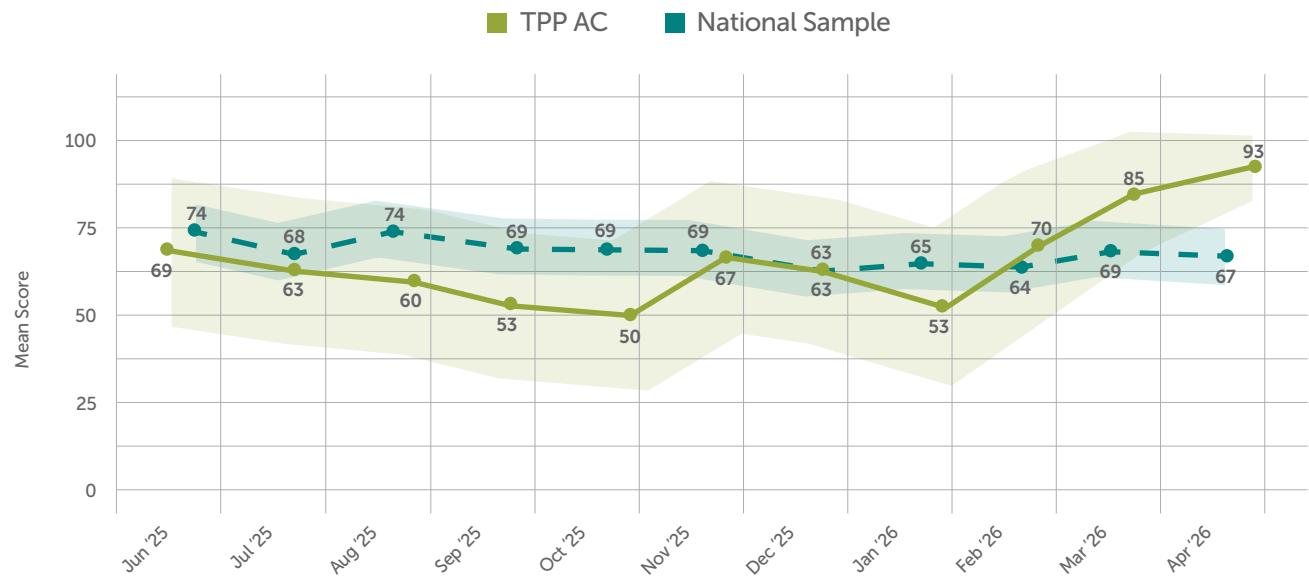
Other indicators point in the same direction. Across all survey waves, 88% of responses (38 out of 43) reported trusting at least one staff member at Trying Together. In April 2026, 89% of participants (8 out of 9) reported feeling like part of a community of child care providers, suggesting that the program fostered connections that extended beyond the receipt of monthly payments.

As a trusted community partner, the organization appears to have helped create opportunities for connection, support, and relationship building throughout the pilot. Furthermore, these findings underscore the important role trusted community-based organizations can play in implementing programs designed to support providers facing complex and overlapping challenges.

8. Participants Described Greater Hopefulness, Improved Well-Being, and an Increased Capacity to Provide Care

In addition to describing improvements in their financial stability, TPP evaluation participants described how predictable monthly payments supported their overall well-being. Mean hopefulness scores¹ increased from 50 in October 2025 to 85 in March 2026 and 93 in April 2026. During the same period, the RAPID national FFN provider comparison sample remained relatively stable, with mean hopefulness scores ranging from 63 to 69 and ending at 67 in April (Figure 2). By the final months of the reporting period, TPP evaluation participants reported substantially higher levels of hopefulness than the national comparison sample.

Figure 2. Comparison of TPP evaluation participant vs RAPID National ECE Sample mean hopefulness scores



Related to hopefulness, some participants described how having a predictable monthly payment reduced day-to-day financial stress, created greater peace of mind, and allowed them to devote more attention to caring for the children in their families.

"I'm able to get the kids more." - Evaluation Participant

"The payments help me take care of the children. I can purchase food, take them on outings, purchase additional resources for them." - Evaluation Participant

"[DCTs have] allowed me to not worry about meals, not worry of utility and [be] able to afford to stay home and provide the care." - Evaluation Participant

¹Hopefulness is represented on a scale of 0 (feeling hopeful about the future "rarely or none of the time") to 100 (feeling hopeful "most or all of the time").

While emotional well-being is influenced by many factors beyond financial resources, the convergence of the quantitative and qualitative findings suggests that participants themselves experienced greater financial stability and increased hopefulness alongside an enhanced capacity to provide stable, responsive care. These findings reinforce that the monthly payments provided meaningful support beyond workforce retention alone.

Conclusion

Relative caregivers occupy a unique position within the HBCC landscape. They often provide care because of their deep commitment to their family despite changes in reimbursement, family circumstances, or financial hardship. Although the caregiving model provides critical stability for families, it also means that relative caregivers may have to shoulder significant financial responsibilities while remaining largely invisible within early childhood funding and support systems.

Against that backdrop, findings from the first nine months of TPP in Allegheny County suggest that reliable, unconditional monthly cash transfers may meaningfully strengthen financial stability for relative caregivers. Participants consistently reported that DCTs helped them remain in caregiving roles, buffer themselves against income volatility, reduce debt, cover essential household expenses, and navigate unexpected financial challenges. TPP evaluation participants also described reduced financial stress, greater hopefulness about the future, and an increased capacity to focus on providing care for the children in their families.

At the same time, these findings make clear that direct cash assistance alone cannot resolve the broader structural challenges relative caregivers continue to face or fully reflect the value of the care they provide. Income volatility, overdue bills, and material hardship persisted throughout the pilot, engagement with public support programs such as CACFP remained limited, and participants continued to invest their own financial resources while making employment tradeoffs to provide care. Many participants also reported ongoing utility and food hardship, and one-third of participants in the most recent survey indicated they would be unable to cover a hypothetical \$400 emergency expense. Together, these findings suggest that while predictable monthly cash transfers can provide an important foundation for financial stability, sustained policy and systems changes are needed to fully recognize and support the essential role relative caregivers play within the early childhood system.

During the second half of the pilot, we will continue collecting longitudinal survey data while deepening our understanding of participants' experiences through additional qualitative data collection. These data will provide greater insight into how relative caregivers interpret the impacts of the pilot over time and what the conclusion of TPP may mean for them and the families they support. Findings from the complete 18-month evaluation will contribute to a growing body of evidence about how predictable, unconditional cash supports can strengthen financial stability and well-being among home-based child care providers across diverse local contexts.

References

1. Home Grown. (2023, May). Home-based child care fact sheet.
2. RAPID Survey Project. (2021, July 1). Who is providing for child care providers?
3. RAPID Survey Project. (2022, March 15). Child care difficulties on the rise for parents of young children.
4. RAPID Survey Project. (2025, December 9). Parents of young children report widespread disruptions and challenges to child care access.



Appendix A

Survey Question Administration and Response Counts

Survey Question	Total Responses	Average Responses	Months Surveyed
DCTs and Remaining a Child Care Provider	33	11	Oct'25, Jan'26, Apr'26
Direct Cash Transfers Help in Any Way	33	11	Oct'25, Jan'26, Apr'26
Material Hardship—Paying for the Basics	107	10.7	Jul'25-Apr'26
Types of Material Hardship	64	6.4	Jul'25-Apr'26
Strategies for Managing Sudden Financial Needs	105	10.5	Jul'25-Apr'26
Overdue Bills and/or Debt	96	10.7	Aug'25-Apr'26
Types of Debt	43	8.6	Aug'25-Oct'25, Jan'26, Apr'26
Debt Reduction Strategies	62	8.9	Oct'25, Nov'25-Apr'26
Out-of-Pocket Spending on Child Care	9	9	Apr'26
Impacts of Providing Child Care	6	6	Apr'26
CACFP Funding Status	24	12	Oct'25, Jan'26
Consistency of DCTs	10	10	Jul'25
Comfort Level Seeking Assistance from Trying Together	43	10.75	Jul'25, Oct'25, Jan'26, Apr'26
Staff Trust Levels—Trying Together	43	10.75	Jul'25, Oct'25, Jan'26, Apr'26
Community of Providers	43	10.75	Jul'25, Oct'25, Jan'26, Apr'26
Hopefulness	107	10.7	Jul'25-Apr'26

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