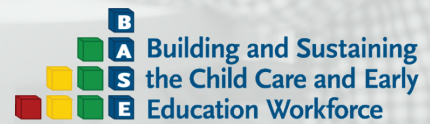




OPRE Report 2025-145

# Supporting Family Child Care Homes in Colorado: Implementation Findings from the Family Child Care Home Benefits Pilot Program



Alexandra Bernardi, Sydney Roach, and Cynthia Miller

**Child care and early education (CCEE) workers have one of the lowest paid occupations nationwide.**<sup>1</sup> They have higher poverty rates than workers from other industries and often rely on public assistance or take a second job to help make ends meet.<sup>2</sup> Low pay also makes it challenging to recruit qualified individuals and to encourage them to stay in CCEE jobs, both of which affect the quality and stability of care provided to children and the access to child care that is available for working parents.<sup>3</sup>

Although they represent a minority (about 10 percent) of paid, home-based child care settings, there are over 90,000 licensed Family Child Care (FCC) homes in the United States, serving nearly 800,000 children under age 13.<sup>4</sup> FCC homes operate within a family’s residence and provide care for at least one child not related to the head of the household. FCC homes serve about eight children on average, and about 40 percent have paid assistants to help with care.<sup>5</sup> The number of licensed FCC homes has fallen over the past 20 years and these providers represent an important part of the child care sector, particularly for families with low incomes, irregular or unpredictable work schedules, and those living in rural areas that typically do not have many child care options.<sup>6</sup>

<sup>1</sup> McLean, Austin, Whitebook, and Olson (2021).  
<sup>2</sup> McLean et al. (2024).  
<sup>3</sup> Markowitz (2019); Ronfeldt, Loeb, and Wyckoff, (2013); Tran and Winsler (2011); Henly and Adams (2018).  
<sup>4</sup> Datta, Milesi, Srivastava, and Zapata-Gietl (2021).  
<sup>5</sup> National Survey of Early Care and Education Project Team (2016).  
<sup>6</sup> Bromer, Melvin, and Ragonese-Barnes (2021).

Beyond low pay, these providers face additional challenges—they can feel isolated, since many do not have additional staff members, and they may also feel the pressure of managing a small business. As small business owners, they also face the challenge of accessing benefits that are typically offered to salaried employees. Few providers report having retirement plans, for example, or paid time off.<sup>7</sup> Surveys indicate that most providers have health insurance, but it is typically through state Affordable Care Act Marketplace plans, Medicaid, or through a spouse.<sup>8</sup> One study found that over 60 percent of former providers listed economic reasons, including low pay and lack of benefits, as a reason for leaving the FCC field.<sup>9</sup>

To better support FCC homes in Colorado, the Colorado Department of Early Childhood (CDEC) launched a pilot program (the Family Child Care Home Benefits Pilot, or “the pilot program”) that offered selected providers additional funding to support their access to benefits. The pilot was targeted to FCC homes in Colorado that serve children from birth through age 5. A study of the pilot was conducted as part of the Building and Sustaining the Child Care and Early Education Workforce (BASE) project. For more information about the BASE project, see Box 1.

## Box 1. The BASE Project

The **Building and Sustaining the Child Care and Early Education Workforce (BASE)** project aimed to increase knowledge and understanding in child care and early education (CCEE) by documenting factors that drive workforce turnover and by building evidence on current initiatives to recruit, advance, and retain a stable and qualified CCEE workforce. The BASE project included a literature review of the existing knowledge base on CCEE workforce retention and turnover; an environmental scan of strategies that are currently in use to build and sustain the workforce; a scan of data sources that could be used to address key questions about the workforce; a conceptual framework depicting factors related to entry, retention, recruitment, and advancement in CCEE and theory-of-change models guiding current strategies; a series of secondary analyses to address questions about how teachers acquire credentials and enter, stay in, and exit the CCEE field; and studies of two state-based workforce development strategies in center-based and home-based settings. BASE was led by MDRC in collaboration with MEF Associates and Decision Information Resources, Inc.

This brief discusses findings from the study of the pilot program, which started in July 2023 and lasted for two years. It presents the characteristics of participating FCC homes, providers, and assistants, as well as providers’ and assistants’ experiences with the pilot program.

## The Pilot Program

Launched in July 2023, the pilot program offered funds to providers to help cover the cost of select benefits.<sup>10</sup> Participating FCC homes received funds each month that could be used to help cover the costs of the following benefits:

---

<sup>7</sup> Bromer, Melvin, and Ragonese-Barnes (2021). For California data, see Montoya et al. (2022).

<sup>8</sup> For California data, see Center for the Study of Child Care Employment (2022).

<sup>9</sup> Bromer, Porter, Melvin, and Ragonese-Barnes (2021).

<sup>10</sup> For more information about the pilot program, see Resler (forthcoming publication).

- 
- Health care (for medical, dental, vision, Health Savings Account or Flexible Spending Account plans)
  - Paid time off (for professional development, sick leave, or vacation)
  - Retirement contributions (for the creation of a fund and to make contributions)

Providers could allocate funds to one or several benefit types and could change their allocation month to month. Although the pilot program targeted these three benefits, providers who already had them and wished to use the funding for other types of benefits could contact CDEC to discuss additional options.<sup>11</sup> Providers (sometimes also referred to as owners) received \$3,000 per year, with an additional \$2,000 per year for each assistant they employed (if any).

Providers were eligible to apply for the pilot program if their FCC homes were licensed; had a Colorado Shines rating of 3, 4, or 5; and at least 50 percent of the children they served received Colorado Child Care Assistance Program (CCCAP) subsidies.<sup>12</sup>

Based on all three requirements, CDEC identified 46 providers that were eligible for the pilot program, 39 of whom completed the application and enrolled.<sup>13</sup> Any assistants the providers employed were also eligible to participate. Participation was voluntary, and participants could opt out at any time for any reason. However, benefit receipt was linked to the provider. If a provider opted out, the provider's staff members would no longer be eligible for those benefits.

## The Study

The study of the pilot program comprised a descriptive analysis and an implementation analysis. The descriptive analysis used survey data to examine the characteristics of the participating FCC homes, providers, and assistants, the characteristics of their jobs, and information on their economic well-being and mental and physical health status. The implementation analysis used data from interviews to examine the implementation of the pilot program, including the infrastructure supporting implementation,

---

<sup>11</sup> Although nearly all providers used the funds to cover the three main benefits, other approved uses might include paying for uncovered medical expenses. Approval was granted on a case-by-case basis. Though not initially included in the pilot program, CDEC extended the use of the award to participants' family members, using the logic that, as sole proprietors, owners needed to provide health care for themselves and their families.

<sup>12</sup> CCCAP, funded by the federal Child Care and Development Fund, provides child care assistance to families with low incomes (with income thresholds determined by the state). Colorado Shines is Colorado's Quality Rating and Improvement System; it sets and awards quality ratings to early and school-age care and education programs. According to Colorado Shines, a rating of 1 means a program is licensed by the state, meets basic health and safety standards, and is regularly monitored. Programs can have a rating of 1 indefinitely, but Colorado Shines provides support to all programs to improve their quality once they receive a rating. Programs with higher ratings (3 to 5) have been assessed in terms of their quality in five areas: workforce qualifications, family partnerships, administration, learning environment, and child health. Quality ratings of 3 to 5 are based on a point system. Different scoring rubrics, which include components specific to each setting, are used to evaluate center-based programs and FCC homes.

<sup>13</sup> Data from CDEC indicate that there are currently about 1,300 licensed FCC homes in the state (Colorado Information Marketplace, 2025). About 10 percent of those providers have Colorado Shines ratings of 3 or higher, and about half of that group have a CCCAP authorization in place, suggesting that about 70 providers met the first two eligibility requirements. In contrast, about 40 percent of centers had ratings of 3 or higher in 2022. This suggests that the FCC homes participating in the pilot program may be a more selective group, and therefore less representative of FCC providers statewide.

challenges and supports for implementation, providers' and assistants' experiences with the pilot program, and providers' perceptions of its effects. See Box 2 for the study's research questions.

## Box 2. The FCC Home Benefits Pilot Study Research Questions

The study addressed research questions related to the characteristics of participating FCC homes and pilot program implementation:

### Descriptive analysis

1. What are the characteristics of providers and assistants in the participating FCC homes, including demographic characteristics and professional credentials?
2. What are the characteristics of FCC homes participating in the pilot program, in terms of size, years of operation, funding sources, children served, and other factors?
3. What are providers' perceptions of the financial stability of the FCC homes, and what challenges do they face with respect to recruitment and retention of staff members?
4. What are the wages and benefits offered to assistants at participating FCC homes?
5. What is the economic well-being of providers and assistants?
6. What is the mental and physical health status of providers and assistants?
7. What are the home-based providers' and assistants' job demands and supports and what are their levels of job satisfaction and stress? Do they plan to remain in the field?

### Implementation analysis

1. How do participating home-based providers and assistants experience the pilot program? What are the barriers and facilitators to participating in the pilot program?
2. What is the implementation infrastructure for the pilot program? What are the challenges and facilitators to implementing the pilot program successfully?
3. What are providers' perceptions about the effects of the pilot program on providers' and assistants' job satisfaction, retention, economic well-being, and psychological well-being?
4. What are providers' perceptions about the effects of the pilot program on their staffing configurations, stability, functioning, and working conditions?

## Characteristics of Participating FCC Homes, Providers, and Assistants

Data from the survey provide information on the demographic and professional characteristics of participating providers and their assistants as well as characteristics of the participating FCC homes. Below

---

are some highlights from the survey data. A more detailed description is provided in the technical supplement.

***The FCC homes.*** On average, the FCC homes had been operating for 21 years and about two-thirds of them reported employing assistants to help with the care of the children. They served an average of 13 children, with an equal split between infants and toddlers (under age 3) and preschool-aged children (ages 3 to 5). A majority of providers (63 percent) reported allowing parents to change their schedules from week to week, and (77 percent) required parents to pay for scheduled days whether or not the child attended. Very few providers reported providing care outside of standard hours, including weekends, nights, or overnight. The most common funding sources were private pay from families, Colorado’s Universal Pre-K (UPK) Program, and the Child and Adult Food Care Program.<sup>14</sup>

The majority of providers (84 percent) reported being able to afford the items they needed to run their FCC home. At the same time, 72 percent reported not having enough money for improvements, and 59 percent worried about having enough money in the future. Consistent with this finding, 53 percent of providers reported being only somewhat confident that they would have enough money to continue providing care in the long term.

***FCC providers and assistants.*** Nearly all providers and most assistants were female, with an average age of 55 for providers and 38 for assistants. About 27 percent of providers and 46 percent of assistants were of Hispanic origin. Just under half of providers had a college degree (with most of those having a bachelor’s degree), and 20 percent of assistants had a college degree (all associate’s degrees). On average, providers had been working in the CCEE field for over 20 years, and assistants had been in the field for 10 years.

***Providers’ and assistants’ economic well-being.*** Twenty-six percent of providers and 20 percent of assistants reported a household income that was below the federal poverty line, although these data should be interpreted with caution given that income information was missing for a large fraction of the sample. The measure of food security, which had less missing data, may provide a more complete picture of economic well-being: based on a series of questions about the adequacy of food in the household, 30 percent of assistants and 19 percent of providers reported having low or very low food security.<sup>15</sup> Assistants reported an average wage at the FCC home of \$13 per hour, and 23 percent reported having another job in addition to their role at the FCC home. In terms of benefits, 7 percent of providers and 10 percent of assistants reported receiving Supplemental Nutrition Assistance Program (SNAP) benefits. Medicaid receipt was higher: 27 percent of providers and 50 percent of assistants reported receiving Medicaid.

---

<sup>14</sup> CDEC operates Colorado’s Universal Pre-K (UPK) Program, which provides free, high-quality preschool to children the year before kindergarten through a variety of licensed providers, including FCC homes, community-based programs, and school-based programs. Provider rates are set by local coordinating organizations and payments are made monthly, based on the number of children in the program. The Colorado Child and Adult Food Care Program, funded by the United States Department of Agriculture (USDA) and administered by the Colorado Department of Public Health and Environment, reimburses providers for healthy meals and snacks served to children and adults in various care settings, including child care centers and FCC homes.

<sup>15</sup> The questions are from the USDA-developed food security module. Five items in the survey assessed food security; teachers were asked “did you ever eat less than you felt you should...,” “...were you ever hungry but didn’t eat because you couldn’t afford enough food,” and “I/we couldn’t afford to eat balanced meals.” If a respondent answered yes to two or more items, they were considered to have low or very low food security. U.S. Department of Agriculture (2024).

---

# Implementation of and Experiences with the Pilot Program

The implementation analysis examined the implementation of the pilot program and the experiences of providers, assistants, and key informants.<sup>16</sup>

## Context: Providers and FCC homes before the pilot program

*Before participating in the pilot program, providers reported that their FCC homes were financially stable, but their personal finances were at times precarious.*

When asked about business finances, most providers described their FCC homes as relatively financially stable before the pilot program. Most providers said that high demand for child care made it easy to find families to fill spots in their FCC homes. However, one provider said that it was easier to find care for infants and toddlers than it was to find care for preschoolers, who are funded through Colorado's UPK Program. Several providers said that they had enough demand to maintain an active waitlist of interested families. When asked about filling spots, one provider stated, "I've really never had to advertise. We're on a 17-month waiting list...It is such a high need in [County]. I get phone calls every day. So, I've honestly not had to advertise through Bridge Care or anything." This sentiment was echoed by several other providers.

Providers reported relying on a range of sources to fund their FCC home, including CCCAP funding, private pay, UPK, Early Head Start, and the Child and Adult Food Care Program. Most providers reported that these revenue streams were sufficient to cover the costs of operating their FCC homes. However, each funding stream was essential, with one provider saying, "[W]ith payroll taxes, and cost of living, and mortgage rates...every little bit of funding that we can get is so monumental for our [FCC home]." Most did not have concerns about keeping their FCC home open, though several mentioned experiencing financial difficulties during the height of the COVID-19 pandemic that threatened the financial stability of their FCC homes.

Most providers with assistants said that they struggled to pay their staff members competitive wages or provide benefits such as health insurance or paid time off under the tight budget constraints of their FCC homes. These providers acknowledged that their assistants were not earning a fair wage. One provider said,

I'm sure everybody wishes they could pay their employees more, and I'm sure their employees wish they could get more. Again, it's just a matter of what the budget looks like...That is top priority: paying fair compensation for your employees because if you don't have employees, you can't work. So that's first on my budget. I do give them bonuses. If I

---

<sup>16</sup> Please note that this brief uses the following terms to convey the prevalence of findings among the 23 providers who were interviewed: "most" refers to 17 or more interviewees; "many" or "majority" refers to between 13 and 16 interviewees; "some" or "several" refers to between 6 and 12 interviewees; and "a few" refers to between 3 and 5 interviewees.

---

have a really good month and my budget allows for bonuses, they get it...I just think that's better than committing to a higher hourly wage that might make me struggle some months.

Despite their tight budgets, some providers reported that they were reluctant to raise tuition rates for families paying out of pocket. They noted that additional revenue from increased tuition would ease financial pressures on their FCC homes, but the families they served would struggle to pay higher rates. One provider described this tension, "It would be nice to be able to charge the parents a little bit more to be able to have a [paid time off] fund and an insurance fund. But I know right now, like, middle-class families, they can't afford my rate that CCCAP is able to pay me."

In terms of their personal finances, most providers reported that they did not have trouble paying for monthly essentials like food and rent, but many providers reported difficulties saving for retirement or building up an emergency fund. One provider recalled,

I didn't have to worry so much about like the food and rent stuff. I had made sure I was there. But as far as retirement or any security for later, I just figured I'd have to do it forever if I wanted to stay in this field... I know that there [were] a couple times I tried to save a little extra and then I ended up not being able to just because something came up, the boiler went out and then I had to fix the fence for licensing.

Taking time off for illness or vacation was a difficult financial decision for providers before the pilot program. A few providers with assistants said that they were able to take occasional days off when absolutely necessary, but this was not a reality for most providers, who could not find or afford substitute teachers. Many providers reported that they took little to no time off, since they would have to close their center for that day, which would mean losing income and inconveniencing the families they served. One provider said,

I very, very, very, very, very rarely missed work. I had one planned vacation during the summer and they knew six months out... But yeah, typically, I don't miss a whole lot. I pretty much work when I'm sick. I work through pain. I'm pretty stubborn. I don't miss very much.

## Providers' and assistants' experiences with the pilot program

*The majority of providers reported that the pilot application process and distribution of funds were relatively straightforward.*

The majority of providers stated that the application for the pilot program was easy to understand and did not take long to complete. These providers reported that the application process took them from 10 minutes to one hour to complete, describing the application as "clicking links and putting in the information." After being selected for the pilot program, most providers reported that routine pilot activities, like sending in receipts, did not take long and were not overly burdensome. Though providers reported varying levels of comfort and expertise with the technology required to apply to and participate in the pilot program, most did not struggle to complete the required documentation.

Most providers said that the frequency and dollar amounts of payments were as expected or higher. For example, one provider stated that she didn't expect to receive consistent payments from the pilot program, saying, "I thought it was...[going to] be a one-time deal, here you go, let's get you started. And to know that

---

it was [going to] be longer than that, that was amazing.” A few providers mentioned that they were initially not sure how the timing and distribution of funds would work, particularly regarding the ability to roll over money from month to month, but CDEC staff members provided clarity and instructions as the pilot program progressed. No providers reported hiring accountants or incurring any additional costs as a result of the pilot program.

*Providers reported some barriers to implementation, in particular with regard to technology and documentation requirements.*

As described above, some providers experienced difficulties with the technology required to apply to and participate in the pilot program. A few providers said that the pilot application took them longer than an hour to complete. One of these providers had difficulties using the online file sharing system selected by the pilot program implementers. Another provider did not recall applying for the pilot program. The process of accessing forms and submitting receipts was described as “frustrating,” “challenging,” and “too complicated” by a few providers. Some of these providers described themselves as not very computer savvy, requiring support from family members, assistants, or CDEC staff members to apply for the program and submit the required receipts. Two providers explained,

The difficulty that I have, because I’m not computer literate, was the monthly reports that we had to do in terms of having to submit the receipts for what we did. It wasn’t that I didn’t have the receipts. If you only do it once a month and it’s not part of what you regularly do, it’s like you’re learning it all over again every month. So every month it was like, ‘Okay. Where do I click this? I know I have to save it.’

[Turning in receipts] seemed to be a huge struggle for everybody. And, you know, some of these women are getting up there in years and we teach preschool. We’re not technical people, most of us. And so, technology is just, oh my goodness. It’s troublesome for some of us. And I keep awesome records. I just had troubles getting them to [CDEC].

Some providers reported feeling confused or overwhelmed with other elements of the paperwork and logistics of the pilot program. One provider felt that CDEC’s template for receipts was confusing to use, so she chose to email receipts to CDEC directly.

A few providers with assistants mentioned confusion about the best way to allocate paid time off (PTO) funds. One provider stated that it was unclear how to pay assistants for PTO if they were salaried versus hourly. Another provider raised concerns about how to allocate PTO to staff members who made different hourly wages given that a fixed amount of funds allocated for PTO would lead to less PTO for staff members earning higher wages.

*Key facilitators of the pilot program included CDEC staff members and fellow pilot participants, as well as the flexible structure of the program.*

Beyond the relative ease of the application process and ongoing documentation requirements, the majority of providers said they had positive experiences with the pilot program because of the support and guidance of CDEC staff members. When they had questions, CDEC staff members were easy to contact and had helpful answers. CDEC staff members offered hands-on help to pilot participants. One provider said, “What surprised me [about the pilot program] is that you had a coach, that you could email [CDEC staff member] and get a response, like, within less than 24 hours. I can honestly say that. Like, normally that doesn’t

---

happen.” Another provider said that she was surprised by “the attention that we get, like all the emails or phone calls and the one-on-one meetings. It just brings a different perspective of knowing that person that’s helping as well.” One participant said that CDEC staff members proactively scheduled meetings to answer participants’ questions. Other providers described CDEC staff members as “wonderful to work with,” “super awesome,” “a breath of fresh air,” “very supportive,” and “truly a blessing.”

In addition to the one-on-one support offered to providers by CDEC staff members, participants enjoyed monthly meetings with other pilot program participants and found those meetings constructive. One provider described the varied content of the meetings as “a nice surprise and a nice change,” and another stated that she enjoyed getting to know other providers in her area. Another provider said that these meetings allowed providers to learn from each other about different ways to utilize the pilot funds.

Two providers said the pilot’s flexibility helped with implementation. One provider described how she was able to use pilot funds to meet a variety of needs, “I didn’t expect it to help me out with my spouse’s medical bills. I was just thinking just mine...I was able to move things around, like use it for my retirement if I needed, use it for medical if I needed it, use it for PTO if I needed it...That was very helpful.”

*All providers used pilot funds for one or more of the following categories: PTO, retirement savings, and health care expenses.*

Information on the use of funds is available in a separate report produced by CDEC and indicates that most providers used the pilot funds for PTO.<sup>17</sup> In November 2024, for example, about 60 percent of participants (providers and assistants combined) used their funds for PTO. About 20 percent used their funds for retirement, and 20 percent used their funds for health benefits. The use of funds for health care was initially higher, at about 28 percent, in the first few months of the pilot program, as individuals took care of unmet medical needs.

Data from the interviews are consistent with the finding that many providers chose to use pilot funds for PTO. Of these providers, most used this time off for vacation days and personal days. Some providers used time off to attend doctor’s appointments or take care of their mental health after particularly stressful periods. One provider said that because of the pilot program, she was able to take time off to care for her ailing father. Before the pilot, this would have been financially burdensome. CCCAP only reimburses FCC homes based on daily child attendance, so providers with primarily CCCAP families receive almost little to no revenue on days when they must close their FCC home. The provider recalled,

There are a lot of families that are CCCAP, and CCCAP does not cover the provider’s absence...I used it a lot last year. Last year, I was taking time off each month. My dad was terminally ill. So I was constantly going back and forth. And that was, like, a blessing to have that extra funding to take the time off. When you’re self-employed, they’re not [going to] say, ‘Oh, yeah, take the week off. Don’t worry about it, we’ll pay you.’ Doesn’t work that way.

One provider used funds from the pilot program to cover her salary when the program closed for holidays. Others used it for classes or professional development, such as child development associate certificate classes.

Another common way to use the pilot funds was by putting the monthly payments into a retirement account. The pilot program enabled some of these providers to open retirement accounts for the first time.

---

<sup>17</sup> Resler (forthcoming).

---

One provider said excitedly, “I have never got to research [retirement] until now. I researched it and it was like, ‘Oh my gosh, I’m actually starting a retirement [account].’ I’m 37 years old. This is amazing.” Another provider stated that the pilot made saving for retirement a straightforward and rewarding process,

It’s just nice to know that I’m contributing something because I was always going to, but then, like, factoring out of your pay and trying to do all the budgeting—I’m just like, “Oh my God.” Sometimes it was too much...I’m a single mom of two... I’m trying to make sure my budget’s managed and I never knew what to contribute. And so [the pilot] is kind of nice because I’m like, ‘Okay, this is exactly what I’m contributing,’ and every once in a while, I’ll throw in extra money, whatever I have available. [The pilot] definitely helped me build a platform that I know, later on, I’ll have something to stand on.

Several providers also used pilot funds to cover health care expenses. Some of these providers used pilot funds to pay for health insurance premiums and copays. One provider said,

My original thought was I [was going to] use [the pilot] for dental procedures, but then my husband wound up in the [intensive care unit]. So we wound up using it for medical purposes, [but] different medical purposes than we were going to in the beginning. It ended up [being] very useful because I had that money to go ahead and pay a lot of those bills that came in.

Several other providers used pilot funds to cover the cost of dental and vision care. Some of these providers stated that they had health insurance before enrolling in the pilot program, but it did not cover dental or vision care. One provider said that the pilot program allowed her to fix an ongoing dental issue, “I don’t remember, before this happened, the last time that I was able to see a dentist, myself or my husband. So, I was like, ‘Oh, my gosh, I might be able to get my teeth fixed.’ And I did. The first year’s budget, the entire budget went to my teeth. I had hardly anything else.”

Some providers used their pilot funds for multiple purposes. For example, one provider stated that she used the pilot to fund paid time off, buy two new pairs of eyeglasses, and start a retirement account.

*Assistants primarily used pilot program funds for PTO.*

The majority of providers with assistants reported that their assistants primarily used their pilot funds for PTO. Some assistants used PTO for vacation and personal days. One assistant used PTO to take college classes; another used PTO for her maternity leave.

None of the providers who were interviewed reported that their assistants used pilot funds for retirement accounts. One assistant used the pilot program funds to purchase life insurance, and one assistant used the funds to cover some health insurance costs.

## Program implementers’ experiences with the pilot program

*Implementation challenges reported by CDEC staff members were minimal and centered on the mechanics of tracking and issuing payments.*

---

CDEC staff members did not report many implementation challenges. They stated that they were able to learn from their experience implementing the center-based pilot program.<sup>18</sup> CDEC staff members used the same payment vendor that they did in the center-based pilot, which allowed CDEC to keep the costs for this pilot program low. Staff members noted that coming up with the core design of the pilot program was a challenge. Since providers operate small businesses and are not typically receiving a set wage or salary, it took time for CDEC to find a way to effectively adjust their compensation. Because the pilot program operated outside of existing infrastructures like CCCAP, it required participants to learn a new and unfamiliar system to upload documents and participate in the pilot program. This skill transfer was more difficult than pilot implementers anticipated. Though CDEC staff members met with providers after the beginning of the pilot as part of ongoing research, they stated that they wished the one-on-one meetings had happened sooner in order to prevent some of the technical issues that arose.

Pilot implementation was somewhat more difficult for providers with assistants. Pilot money flowed from CDEC to providers, who then distributed funds to their assistants if applicable. This made keeping track of attestations and balances somewhat complicated, especially for providers with multiple assistants. One staff member gave an example of this dynamic, “There were definitely hiccups with the assistants not getting their receipts for the eyeglasses, and the owner’s asking, then I’m asking the owner for it...that can slow down the attestation process.” Staff members also noted that assistants tended to be less engaged than providers in pilot program activities such as participating in interviews and filling out surveys.

## Providers’ perceptions of the effects of the pilot program on their FCC home’s staffing configurations, stability, functioning, and working conditions

*Most providers reported that the pilot program improved the overall stability and financial well-being of their FCC homes.*

Almost all providers stated that the pilot program allowed them to increase their FCC homes’ savings and improved their FCC homes’ financial sustainability. For these providers, using the pilot’s funds for PTO or health care expenses freed up space in their FCC home budgets and allowed them to put money back into the FCC home. This helped cover the cost of FCC home supplies, including toys, paper, cleaning supplies, snacks, and meals for students. One provider noted that the state’s food program did not always cover the full costs of providing meals to children, and the pilot program allowed her to shuffle the budget to cover extra food and other expenses, “I know I have the food program, but sometimes the food program [doesn’t] cover everything, so we have to buy extra stuff...for example if I use [pilot funds] for the vacation... I pay myself and for that I can use it for other things for the daycare...if I need to.” Another provider described how the pilot program helped her learn how to budget for herself and her FCC home, allowing her to better serve families,

Even though I’ve been in the business for this long, I wasn’t always as business savvy. I just knew that I had to provide a service, so [I was] not always doing extra, just doing what I needed to do, if that makes sense. And through knowledge and growth, I’m now learning to make sure that I have a budget I’m setting aside. [I’m] also doing things like signing up with

---

<sup>18</sup> Maier et al. (2025).

---

little programs like book of the month, so [the children] now receive a book of the month. [I'm] also learning to do little kudos for my parents. I don't care if it's just a little gift bag with something in it to just say, 'Hey, I love you and I appreciate you for just trusting me with your children'...Some people think of it as [if] it's just a [pilot program] that provides money. But for me, this was a [pilot program] that helped to open my eyes to other things of being able to learn how to do more, a spreadsheet, time management. Are you spending your money properly? And are you actually using the resources that [the pilot program] is giving you? So, this [pilot program] has definitely been very helpful.

Another provider stated that the pilot funds freed up space in the FCC home budget for emergency expenses, "[The pilot program] helps you feel like you have something just in case an emergency happens...That was always what I was worried about [before the pilot] because there were no emergency funds...in an account if the hot water heater goes out or just simple little things that you have to have per licensing." A few providers said that they felt less financial pressure to fill open spots immediately. One of these providers said, "That extra money, it helps me...I say, okay, if I don't fill this slot this month, I'm okay. I'm going to be okay because I know this money is coming in."

A few providers also reported using FCC home funds that were freed up by the pilot program to invest in professional development and FCC home programmatic changes with the goal of increasing their Colorado Shines ratings. This included paying for time spent completing professional development training modules and mandatory training like CPR and first aid, as well as purchasing supplies that would increase their FCC home's rating, such as children's books focusing on particular demographic groups.

Many providers discussed personal finances when asked about FCC home finances, highlighting that personal and FCC home finances are deeply intertwined for home-based providers. One provider noted the connection between her personal medical expense budget and her FCC home budget. The pilot program allowed her to shift money from her personal budget to her FCC home budget, "With the money that [the pilot program] gives me for that dental bill, I can take that and I can put it toward food or supplies or even bills in the daycare. Wherever I need to put it that month, then I'll be able to just put it there." Another provider said, "As a home provider...they are so conjoined, your personal expenses and your business expenses. It's hard to tell what is a personal expense and what is a business expense because they're just all mixed together."

A few providers with assistants stated that the pilot improved recruitment and retention of staff members. One provider said,

I have an amazing assistant and I think that part of the reason she's able to come here is because I was able to offer that compensation pilot...She is in a completely different field, trying something completely different, something new, and really went out on a limb to quit a job that she's been at for many years—and stability, and 401(k), and insurance, and paid vacation—to come work for me.

Another provider said that working in child care is often not a sustainable career for program staff members, despite their passion for the field. She described the pilot as a helpful boost,

In child care, every dollar helps us be able to help [our staff members]. And they want to be in [child care] so bad, but people just can't afford it.... That is why the workforce is such a big turnaround. But I can say that I've had all my teachers for over a year and a half now, and I'm so proud...[the pilot program] helps out, it helps them be able to have a sense of

---

security and have the extra funds to be able to stay in child care and that's what they love and I'm glad that I get to make that happen.

No providers reported incurring any additional, unexpected expenses or unintended consequences due to the pilot program.

## Providers' perceptions of the effects of the pilot program on providers' and assistants' job satisfaction, retention, economic well-being, and psychological well-being

*Providers reported that the pilot program improved their overall job satisfaction and helped them feel more recognized and appreciated.*

When asked if the pilot program had any effect on job-related stress, the majority of providers stated that it decreased their stress by allowing them to take time off and experience a greater sense of financial stability. One provider stated that while participating in the pilot program involved some work, it improved her sense of stability and satisfaction with her job, "Nothing's for free. You have to do a little bit of work. You have to do the surveys, you have to do the meetings, you have to do the paperwork, and that's fine because it's so needed. Just that reassurance and that peace of mind that you're taking care of your staff and yourself." This provider also said that the pilot program improved her relationship with her staff members. When another provider was asked if she felt more satisfied with her job due to the pilot program, she said, "I really do because I feel like there's help out there...I'm not just by myself on this, you know, and so it makes me feel good about me, my job, and stuff like that because for a while, I was really thinking about closing down." Another provider echoed the sentiment that the pilot program increased her desire to remain in the field, saying that she had been starting to feel burned-out.

One participant said that the main downside to her job is the lack of benefits, so the pilot program improved her job satisfaction, "The only drawback of this business is we don't have retirement, we don't have insurance, and we don't have paid vacation. And all the time we felt like we love our job, we love being home with them. It's a good job, but we don't have the other perks that other people have." Another provider also compared her benefits with the ones offered to workers in other industries,

I think it kind of makes me mad in the sense that there's not a place that we have as providers that we can get these benefits...I mean, when you sign your contract and you start with [a different] job, you go to [Human Resources] and they take all that money out of your check, and they do this and they give you that. We don't have that. And there's no place for us to go to tell us how to do that as business owners in a cost-effective way...As business owners, it sucks. And if we had someone working for us, we have to provide all that stuff for them and then try and provide it for ourselves. Financially, you can't do that.

The majority of providers stated that the pilot program made them feel more appreciated and respected. For example, two providers noted that their work and contribution to society often goes unrecognized, and the pilot program was a recognition of their importance. One provider said,

It definitely makes me feel more appreciated and valued, just because it's, like, now we get something...It's really neat that they started this pilot just because it does make us feel like the government, the state...really do respect our line of work. We're not just these people

---

that sit at home and watch babies or teach kids. It's a very undervalued profession or taken-for-granted profession. So it definitely helps our morale when we know that there's, like, the state behind us and that the government's behind us and that we're appreciated.

Another participant shared,

[The pilot program] makes me feel more important, if that makes any sense, like somebody's caring about my health and somebody's caring about my mental well-being...It just makes us be seen.

One participant drew a direct line between this feeling of appreciation and a desire to remain in the field,

Before this program, I can honestly say I was, like...I love what I do but maybe it's time to...throw in the towel. But after doing this [pilot program] and knowing that we are appreciated—even in our home, because sometimes in our home, we're overlooked and we're just looked at as babysitters, let's be realistic. This program definitely lit a different kind of fire in me.

Though positive sentiments were common among interviewees, they were not universal. When asked specifically if the pilot program affected their desire to stay in the field, several providers answered that it did not, since they had already been in the field for a long time and planned to remain in it. Two providers said that they felt more job stress due to the paperwork and time required to participate in the pilot program.

*The majority of providers reported that the pilot program improved their mental and physical well-being.*

The majority of providers reported an improvement in their mental health and well-being due to the pilot program. Providers who chose to use the pilot funds for time off particularly noticed a reduction in stress. They said that they could take time off without feeling guilty about losing significant income or worrying about covering expenses. One provider said,

I feel I can afford to still pay my bills and to have time off...a day here, a day there, you know, and a vacation that's actually paid. So I don't feel guilty taking it. It makes your whole attitude better, and you feel better. You come back refreshed and feeling not as burned-out.

Another provider agreed, "I think it's definitely helped with curbing some burnout. I think on average, family child care providers probably feel burned-out probably three or four times a year. So it's definitely helped with that." One provider stated that her mental well-being had improved, "just to know that I can have that little time off and to know that I can have good insurance." Another provider echoed this sentiment, saying that even though she used most of her pilot funds for retirement, the ability to direct some of the funds toward time off improved her mental health,

For my mental well-being, if I say, 'okay, you know, I can't do this right now, I need a day,' that way I can be there for the children and be what they need and who they need me to be, to know that I can say, 'hey, okay, you know what, I can use X amount of dollars to pay for that day off if need be.' And the guilt wouldn't be there and the stress wouldn't be there...now you know in the back of your mind, 'Hey, I can use some of that for a mental health day.'

---

One provider emphasized the importance of taking time off, “In childcare, you need to take a time off. You need to take care of yourself because it’s such a demanding job, emotionally, mentally. And as you get older, there’s only a few that last in this industry, and our nation is crying out for this because it’s just a shortage.” Another provider who used the pilot funds for a retirement account stated that the pilot program decreased her stress and improved her overall well-being,

My stress level has gone down and physical [health has improved] because stress is down. I’m feeling better, I’m feeling stronger and...it seems like I’m more focused. And I know that that’s really weird to say because, you know, it comes into my account and it goes into the retirement account and it’s done. I don’t see it...but it feels [like it’s] lowering a lot of stress and [I’m] feeling more positive and complete here.

Other providers also saw improvements in their physical health. One provider noted the physical toll that the profession takes on her fellow providers, “I’ve noticed when we do meetings, the majority of providers are gaining weight. And I think that’s because of being at home, you don’t take care of yourself, you don’t even think of taking [care] of yourself because you’re taking [care of] so many kids.” Multiple providers stated that being able to cover medical expenses improved their physical health; one provider said, “I’ve been working as a childcare provider for the last 14 years and this is the first time where I put myself first... I was able to find time to go and take care of my teeth, my eyes. We just let ourselves go and don’t take care of ourselves. But this is the first time I feel like, wow...we have the money.” Another provider said,

So, what the compensation pilot has done for me was, I fixed my teeth. Had I not been able to have the compensation pilot, unfortunately, my teeth just would not have been fixed. It’s helped as far as my stress goes...my teeth [were] a self-confidence thing for me. So, having the ability has just brought that joy back to me. I can smile for real instead of, you know, my fake smile that I did for many years because of it. So, having that stress gone.

Another provider, who used pilot funds for emergency medical expenses for her husband, planned to use the next year’s pilot funds to pay for dental work. She also stated that the pilot program made her “think more about [her] own health and [her] own mental health and more days off.”

*The majority of providers reported that the pilot program improved their personal economic well-being. However, many providers reported that the pilot program did not affect their ability to meet basic needs, since they were able to do so before the pilot program.*

The majority of providers stated that the pilot program allowed them to feel more financially secure overall. Providers referred to the pilot program as “an extra cushion,” something that makes things “a little bit easier on my budget,” “a big help,” and something that “makes a big difference.” Several providers stated that the pilot program increased their ability to build an emergency fund for the FCC home or for personal emergencies. For a few providers, emergencies came up during the course of the pilot program. Two providers described how pilot funds kept them afloat when they incurred unexpected emergency expenses. The first provider explained,

My daughter lost her job recently and she owns a home...When my husband wound up in the ICU, I was really freaking out because I have her bills to pay and my bills to pay right now to keep us all afloat. I was able to use [pilot] money for his ICU bills, and then take my money and use it towards her bills, which was a blessing because now I’m not in debt. It didn’t have to go on a credit card.

---

The second provider recalled,

I did have a [medical] procedure done...The day before, you know, [the doctor is] like, 'Oh, your insurance is only [going to] cover X amount, you're [going to] have to pay this.' So I paid that with [pilot] funding. Had I not, it would have taken it away from another bill or something else. So that helped tremendously.

The pilot program improved providers' ability to save for retirement. One provider used funds freed up by the pilot program to pay off credit card debt. Some providers who were interviewed mentioned that the extra cushion provided by the pilot funds allowed them to serve former and current families by doing things like giving gifts to former students at their high school graduations or helping parents out with basic needs.

Many providers reported that the pilot program did not affect their ability to meet basic needs, since they were able to do so before the pilot program. A few providers reported that the pilot program did not make a significant difference in their personal finances.

*Providers reported that their approach to using benefits shifted due to the pilot program.*

Many providers reported that the pilot program allowed them to take time off from work without losing income for the first time. Before the pilot program, providers took very little time off, but the pilot allowed for more flexibility. As one provider put it, "Now I actually take vacation more than a weekend." Another provider stated, "I feel confident closing and still being able to pay bills while we are able to close our door. Last year, we closed for two weeks, and that was a huge help for me and my dad that we can take a vacation."

The pilot program also affected some providers' approaches to saving for retirement. Among the providers who chose to use pilot funds for retirement savings, several opened a retirement account for the first time as a result of the pilot program. One provider said,

What [the pilot program] made me do is...when I finished paying my bills, and I see what I have left, then I can add to my retirement fund. Because it's there, you need to increase it more, add a little bit to it...I've always thought about it, but I guess I didn't [want to] go start [the retirement account] for fear that I had to stop...because I have other expenses that are more important than taking that extra money and putting it over there. Now that it's there and I know it's not [going to] go away, I can add a little bit to it."

Providers did not report that the pilot program affected their eligibility for other existing benefits.

*Most providers with assistants reported that their assistants experienced improved well-being.*

Most providers with assistants said that being paid during breaks and taking mental health and sick days without fear of losing income improved the mental well-being of their assistants, as well as the overall workplace environment. One provider described the improved atmosphere at her FCC home, "I think that people are less stressed and they...don't feel as bad for asking for time off. So, it's made everybody a little bit more—I don't know what the word is—joyful, or carefree....People don't get burned-out as much if they can take time off." One provider said that her own improved well-being was helpful for her staff, "I think if I'm less stressed, they're less stressed, truthfully."

One provider said being able to help her assistant was one of the most important and beneficial parts of the pilot program, "I feel like childcare providers are beyond important and they're so undervalued....I want

---

my staff to feel appreciated. And there's just some things that I cannot afford to do. So being able to offer my staff help because of the pilot has been incredible." When asked what surprised her about the pilot program, another provider answered that the positive staff reaction was surprising and "the best part" of the pilot program. For the provider whose assistant used pilot funds for paid maternity leave, the pilot program came at the perfect time,

I have never paid for somebody's maternity leave before. Not here or the center...I mean, the pilot came around pretty perfectly... It just happened to come a couple months before she took her leave and she was like, 'Oh my gosh, what a blessing'...To be able to pay your bills while you bond with your baby, nobody could ever take that away from you.

## Providers' reflections and recommendations

*Looking ahead, some providers expressed concern about the pilot program ending. Providers also had suggestions for improving the program.*

Some providers were concerned about the pilot program ending, since they would no longer be able to take PTO or used funds for necessary medical expenses. One provider said,

The problem that I see with the pilot is like, it's great for those two years. As soon as it ends, it didn't help me figure out how to continue past the pilot. Without the funding, these things aren't possible for me. With funding, they're very easy to maintain and can be maintained...Financially, it's helped...It's helped me mentally and physically, just not having to stress about providing those things. But as soon as the funding's done, all those come back.

Others were less concerned about the pilot program ending, saying that they were used to the status quo before the pilot program. About half of the providers stated that they would not make any changes to the pilot program. Many of the providers recommended extending or expanding the pilot program. A few providers stated that the pilot money was not enough to cover the full pay associated with taking days off, and one provider suggested that assistants should receive the same dollar amount as providers.

Some providers suggested other specific changes to the pilot program. Two providers suggested that taxes should be taken out of the pilot funding before being sent to providers. Some providers suggested increased flexibility. Of these providers, one stated that it would have been nice to be able to use the funds for existing health insurance plans or retirement funds. Another provider mentioned that she would like to have used her pilot funds to give assistants a year-end bonus. A few participants wanted more flexibility and clarity about how to use funds across the year in larger chunks, rather than as a monthly allotment. One provider stated that she would prefer a yearly benefit, rather than monthly reimbursements.

## Conclusion

Although they are not a large segment of home-based child care settings, licensed FCC homes represent an important part of the child care sector, particularly for families with low incomes, irregular or unpredictable work schedules, and who live in rural areas that typically do not have many child care options. These providers face many of the same challenges that educators in the broader CCEE field face, with low pay and a lack of access to benefits. The FCC home pilot program sought to address the challenge of affordable benefits, by offering a group of eligible FCC homes funding to help cover their costs.

---

The participating providers had been operating their homes for over 20 years, were generally satisfied with their jobs, and reported an intention to keep operating. Although most providers reported that they could afford the costs of operating their FCC homes, their responses also indicated a certain level of precariousness. Many providers were not very confident in their ability to operate their FCC home in the long term and many also reported that there was not enough money for improvements beyond the necessities.

These providers reported appreciating the funding provided by the pilot program, and the majority of them and their assistants used the funds for paid time off, although some used the funds for previously unmet health care needs. These benefits allowed providers greater flexibility, and the majority of providers stated that the pilot program made them feel more appreciated and respected. They also reported that pilot funding led to an improvement in their program's financial stability.

Agencies interested in implementing similar programs should note the key implementation facilitators reported by providers, which included the relative ease of applying, low paperwork burden, and hands-on support from CDEC staff members. These facilitators allowed providers to participate in a pilot program that most providers described as improving their job satisfaction, economic well-being, and psychological well-being, as well as the overall stability and financial well-being of their FCC homes.

This study offers valuable insights into one method of supporting providers and their FCC homes by improving access to benefits. While the descriptive nature of the study helps illustrate how the pilot program was implemented, further experimental research is necessary to evaluate its impact. Future research should investigate the level of funding required to produce meaningful improvements in provider retention, whether certain types of providers or FCC homes benefit more from this support, and which additional strategies—when combined with funding—can further enhance provider retention and well-being. It would also be useful to examine whether providing additional training in business management increases the effectiveness of this assistance.

---

## References

Bromer, Juliet, Samantha Melvin, and Marina Ragonese-Barnes. 2021. *The Shifting Supply of Regulated Family Child Care in the U.S.* Herr Research Center, Erikson Institute.

Bromer, Juliet, Toni Porter, Samantha Melvin, and Marina Ragonese-Barnes. 2021. *Family Child Care Educators' Perspectives on Leaving, Staying, and Entering the Field: Findings from the Multi-State Study of Family Child Care Decline and Supply.* Herr Research Center, Erikson Institute.

Center for the Study of Child Care Employment. 2022. *Profiles of the California Early Care and Education Workforce, 2020.* Center for the Study of Child Care Employment, University of California, Berkeley.

Colorado Information Marketplace. 2025. "Colorado Licensed Child Care Facilities Report." Website: [https://data.colorado.gov/Early-childhood/Colorado-Licensed-Child-Care-Facilities-Report/a9rr-k8mu/about\\_data](https://data.colorado.gov/Early-childhood/Colorado-Licensed-Child-Care-Facilities-Report/a9rr-k8mu/about_data).

Datta, A. Rupa, Carolina Milesi, Shivani Srivastava, and Claudia Zapata-Gietl. 2021. *NSECE Chartbook – Home-based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics.* OPRE Report No. 2021-85. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Henly, Julia R., and Gina Adams. 2018. *Increasing Access to Quality Child Care for Four Priority Populations: Challenges and Opportunities with CCDBG Reauthorization.* Urban Institute.

Maier, Michelle, Alexandra Bernardi, Michele Abbott, Rebecca Davis, and Cynthia Miller. 2025. *Evaluation of the Colorado Child Care Assistance Program Teacher Salary Increase Pilot.* OPRE Report 2025-136. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available at: <https://www.acf.hhs.gov/opre/project/building-and-sustaining-early-care-and-education-workforce-base>.

Markowitz, Anna J. 2019. *Within-Year Teacher Turnover in Head Start and Children's School Readiness.* EdPolicyWorks and University of Virginia.

McLean, Caitlin, Lea J. E. Austin, Marcy Whitebook, and Krista L. Olson. 2021. *Early Childhood Workforce Index – 2020.* Center for the Study of Child Care Employment, University of California, Berkeley.

McLean, Caitlin, Lea J. E. Austin, Anna Powell, Sophia Jaggi, Yoonjeon Kim, Jenna Knight, Silvia Muñoz, and Marisa Schlieber. 2024. *Early Childhood Workforce Index – 2024.* Center for the Study of Child Care Employment, University of California, Berkeley.

Montoya, Elena, Lea J. E. Austin, Anna Powell, Yoonjeon Kim, Abby Copeman Petig, and Wanzi Muruvi. 2022. *Early Educator Compensation: Findings from the 2020 California Early Care and Education Workforce Study.* Center for the Study of Child Care Employment, University of California, Berkeley.

National Survey of Early Care and Education Project Team. 2016. *Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education,* OPRE Report No. 2016-13. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Resler, Kristi. Forthcoming. *Family Child Care Providers Need Financial Support to Pay for Basic Benefits.* Colorado Department of Early Childhood.

Ronfeldt, Matthew, Susanna Loeb, and James Wyckoff. 2013. "How Teacher Turnover Harms Student Achievement," *American Educational Research Journal* 50, 1: 4–36.

---

Tran, Henry, and Adam Winsler, 2011. "Teacher and Center Stability and School Readiness Among Low-Income, Ethnically Diverse Children in Subsidized, Center-Based Child Care," *Children and Youth Services Review* 33, 11: 2,241-2,252.

U.S. Department of Agriculture. 2024. *U.S. Household Food Security Survey Module: Six-Item Short Form*.

# Acknowledgments

The authors would like to thank several Office of Planning, Research, and Evaluation staff members for their thoughtful feedback and contributions to the preparation of this publication, including Jenessa Malin (Project Officer), Ann Rivera (former Project Officer), and Krystal Bichay-Awadalla, Dianna Tran, Brian Tchen, and Tutrang Nguyen (Project Team Reviewers). We thank MDRC colleagues Dan Bloom, Shira Mattera, and Luisa LaFleur who reviewed and provided valuable comments. We also recognize several BASE team members whose work contributed to this brief: from MDRC, Ben Bui, Brenna Healy, Kara Helzner, Michelle Maier, Victor Porcelli, Daniel Rocha, Carolyn Thomas, and Mallory Undestad. We thank the members of the BASE expert advisory group (Juliet Bromer, Debra Pacchiano, Aisha Ray, Amy Roberts, and Diana Schaack) for providing guidance on all aspects of the project. We are grateful for the partnership with the Colorado Department of Early Childhood in putting this evaluation in place, particularly Angela Ben-Zekry and Kristi Resler. Finally, we express deep gratitude to the child care and early education practitioners, administrators, and teachers who participated in the project and allowed us to learn from their knowledge and experiences.

OPRE Report 2025-145  
September 2025

**Authors:** Alexandra Bernardi, Sydney Roach, and Cynthia Miller.

**SUGGESTED CITATION:** Bernardi, Alexandra, Sydney Roach, and Cynthia Miller (2025). *Supporting Family Child Care Homes in Colorado: Implementation Findings from the Family Child Care Home Benefits Pilot Program*. OPRE Report 2025-145. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available at: <https://www.acf.gov/opre/project/building-and-sustaining-early-care-and-education-workforce-base>

**DISCLAIMER:** The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research, and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services. This report is in the public domain. Permission to reproduce is not necessary. This report and other reports sponsored by the Office of Planning, Research, and Evaluation are available at [www.acf.hhs.gov/opre](http://www.acf.hhs.gov/opre).

**Contract #:** HHSP233201500059I

**Project Director:**

Cynthia Miller  
MDRC  
200 Vesey Street  
23rd Floor  
New York, NY 10281-2103

**Submitted To:** Jenessa Malin (Project Officer), Krystal Bichay-Awadalla, Dianna Tran, Brian Tchen, and Tutrang Nguyen, Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

