



Allegheny Child Care Matters Pilot Program Evaluation Report

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Introduction

Access to stable, regulated early learning and out-of-school time programs is critically important for both children’s development and family stability.ⁱ Yet, many families in Allegheny County struggle to access the care they need. For example, in 2024, residents of Allegheny County, Pennsylvania were asked to rank their top priorities for the county. Expanding high-quality afterschool programs and making child care more affordable both rose to the top.ⁱⁱ This lack of access has broad implications, not only for children’s developmental outcomes but also for family well-being, workforce participation, and the region’s economic resilience.

To address these challenges and better support working families, the Allegheny County Department of Children Initiatives (DCI) launched the Allegheny County Child Care Matters (ACCM) Pilot Program in 2022. The ACCM Pilot Program was created to support equitable access to stable, regulated¹ child care to allow working families to maintain or increase their participation in the workforce.

To achieve these goals, the ACCM Pilot Program provides child care subsidies to families whose incomes are too high to qualify for the state’s Child Care Works (CCW) subsidy program (200 percent of the Federal Poverty Income Guidelines), but under 300 percent of the Federal Poverty Income Guidelines. Aside from this key change to income eligibility thresholds, the ACCM Pilot Program adheres to the same regulations and policies as the state’s CCW subsidy program.

In 2024, to better understand whether the ACCM Pilot Program is meeting its intended goals, DCI partnered with MEF Associates to evaluate the program. As part of this evaluation, MEF conducted focus groups with 32 participating parents² and 10 child care providers. MEF also analyzed ACCM Pilot Program administrative data that included over 300 families who participated in the program. (See Appendix A for more information about the evaluation design and methodology.)

Overall, the evaluation findings suggest:

- **The ACCM Pilot Program is a valuable tool for improving working families’ access to stable, regulated early learning and out-of-school time programs.** With stable care in place, parents reported feeling more reliable at work, earning raises and promotions, finishing their education, and exploring new career opportunities. The benefits extended beyond workforce participation. Families also reported positive impacts on their children’s development and improved financial stability. Together, these changes improved parents’ psychological health, well-being, and family functioning.
- **The ACCM Pilot Program confers benefits to providers and integrates smoothly into existing operations.** For example, providers reported benefits such as increased enrollment and stability thanks to the predictable revenue source.

¹ Throughout this report, we use the phrase “regulated care” to describe child care programs regulated by the state of Pennsylvania (child care centers, group child care homes, and family child care homes) and relative care that is approved by the state through a different process. While relative is not “regulated” by the state in the same way as other child care types, relative providers must complete CareCheck (the state’s child abuse and state police background check) and a Federal criminal history clearance. Source: Pennsylvania Department of Human Services. (2025). *Child Care Works (CCW) – Subsidized Child Care Program*. <https://www.pa.gov/agencies/dhs/resources/early-learning-child-care/child-care-works>

² Throughout this report, we use “parents” to refer to adult representatives of families participating in the ACCM Pilot Program.

The remainder of this report explores child care access in Allegheny County and presents detailed findings from this evaluation. It is organized as follows:

- **Section I** provides historical context for the ACCM Pilot Program by describing the child care landscape in Allegheny County and longstanding challenges faced by families and providers.
- **Section II** describes the components of the ACCM Pilot Program, as well as the characteristics of families and providers participating in the program.
- **Section III** details the experiences of parents and providers participating in the ACCM Pilot Program.
- **Section IV** summarizes the key takeaways from the evaluation and considerations for sustaining future support for Allegheny County families.

Acknowledgments

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We also thank all the parents and child care providers in Allegheny County who participated in the focus groups for this evaluation, as well as members of the evaluation's Community Advisory Committee for providing their crucial insights to improve the design of this evaluation. Community Advisory Committee members included: Missy Fuller, LaRae Cullens, Valisa Dutrieille, Aneia Dutrieille, Miauana Connor, Alicia Andrews, and Bonny Yeager.

We also wish to express gratitude to Shafiqua Little for leading focus group facilitation, Helena Wippick for her feedback and support on administrative data analysis, and Caroline Brent-Chessum for her work on graphics and formatting.

Exhibit 1: Overview of the ACCM Pilot Program Evaluation and Key Findings

The ACCM Pilot Program Evaluation

Evaluation Goals

- ↳ Better understand characteristics of families participating in the ACCM Pilot Program
- ↳ Gain a more comprehensive understanding of how the ACCM Pilot Program is affecting participating families
- ↳ Better understand provider experiences with the ACCM Pilot Program
- ↳ Integrate feedback from community members with lived experience into the study design

Information Sources for the Evaluation



Administrative data on families enrolled in ACCM Pilot Program



Focus groups:
32 parents
10 child care providers



Community Advisory Committee with local stakeholders

Key Findings



Family access to child care

- With financial support from the ACCM Pilot Program, parents were able to improve their child care arrangements and access stable, regulated child care.
- Despite many benefits, families faced some challenges finding open child care slots.



Parents' workforce participation

- Once participating in the ACCM Pilot Program, many parents were able to join the workforce, advance in their careers, or advance in their education.



Parents' financial stability

- With reduced child care costs resulting from the ACCM Pilot Program, parents were able to afford other basic needs, enrich their families' lives, and save for the future.
- Despite the financial benefits associated with the ACCM Pilot Program, some families still faced financial instability.



Psychological well-being and family functioning

- Parents described the relief of having access to affordable and reliable child care and how it improved their mental health.
- Despite the many benefits, some anxiety remained around the affordability of child care in the future.



Provider experiences

- Overall, providers had a positive experience participating in the ACCM Pilot Program as it fit well with their operations, provided important revenue, and allowed them to serve more families.

Section I. Child Care Challenges in Allegheny County

Allegheny County’s early care and education system includes a wide array of regulated child care and out-of-school time programs designed to support working families (see Box 1). According to the Pennsylvania Office of Child Development and Early Learning, there are 721 regulated child care facilities in the county with capacity to serve about 40,000 children when fully staffed.ⁱⁱⁱ

This mixed-delivery system offers important infrastructure to support working families. Yet, Allegheny County—like many communities throughout the United States^{iv}—has faced significant barriers to ensuring equitable access to stable, regulated child care for many working families in the county.

This section provides historical context for the ACCM Pilot Program by describing these barriers—beginning with an examination of child care shortages, then exploring the financial barriers that prohibit many families from accessing care. This section concludes with the broader implications of these gaps on parents’ employment and workforce participation.³ Whenever possible, we leverage extant data and reflections from focus group participants to further enhance our description of the historical context.

Box 1. Types of Child Care in Allegheny County’s Mixed-Delivery System

Allegheny County’s mixed-delivery system includes a variety of regulated early learning and out-of-school time programs and relative care, including:

- **Child care centers** serve seven or more children not related to the owner/operator. Some child care centers serve school-age children in **out-of-school time programs**.
- **Group child care homes** serve seven to 12 children of various ages or seven to 15 children from fourth grade through age 15.
- **Family child care homes** serve four to six children in the provider’s home.
- **Relative care providers** are grandparents, great grandparents, aunts, uncles, or older siblings providing care to a child. They must be age 18 or older and live in a residence separate from the child for whom they provide care. Grandparents can provide care for up to six children at one time and other eligible family members can provide care for up to three children. Relative care providers must pass state and Federal background checks.

Child Care Shortages in Allegheny County

Recent data suggest that there is a child care shortage in Allegheny County. In 2022, about 52,700 children under age six had parents who were working or able to work.^v Yet, estimates from 2025 indicate there are only around 40,000 available child care slots in the county^{vi}—leaving about 12,700 young children who cannot be served by regulated providers in Allegheny County. During the ACCM Pilot Program Evaluation focus groups, both families and providers underscored the real-world challenges associated with these gaps—noting that many families who seek care are often put on long waiting lists. These challenges also extend into elementary years. In Pennsylvania, for every child currently enrolled in an out-of-school time program, four more would participate if a suitable program were available.^{vii}

³ This chapter draws on the following data sources: (1) publicly available data for the county and the Commonwealth of Pennsylvania, (2) focus groups with parents who participated in the ACCM Pilot Program, and (3) focus groups with child care providers who serve families participating in the ACCM Pilot Program. For more information about the evaluation methods, please see Appendix A.

Child care subsidies are also in short supply. According to 2024-2025 state data on child care subsidies, 9,275⁴ children in Allegheny County receive child care subsidies through the state’s Child Care Works (CCW) subsidy program and are currently enrolled in a child care program. Meanwhile, the county has over 42,000 children aged 0 to 11 who are below 200 percent of the Federal Poverty Income Guidelines and are eligible for the state’s CCW subsidy program.^{viii}

Staffing and funding constraints limit providers’ capacity to serve more children. Because of the low pay and taxing work conditions, workforce retention has become a major challenge for the field—in Allegheny County and elsewhere in the U.S. The Allegheny County child care workforce comprises over 5,000 workers^{ix}—with the average worker making less than \$30,000 annually.^x During the ACCM Pilot Program Evaluation, providers shared that these low wages—coupled with rising program costs and financial strain associated with maintaining multiple certifications—makes it incredibly difficult for programs to attract and retain qualified staff. While these challenges were once mitigated by additional COVID-era and state funding, these funding sources have gone away, leaving many providers to struggle again.

Financial Barriers to Accessing Care in Allegheny County

Challenges imposed by the child care shortage are exacerbated by the high cost of care. In 2024, the annual price of child care for an infant in Allegheny County was close to \$13,000—a price tag that puts regulated child care out of reach for many of the county’s residents.^{xi} While the existing CCW subsidy program was designed to support many of these families, challenges remain. For example, to be eligible for financial assistance through the existing CCW subsidy system, Allegheny County families must have an income below 200 percent of Federal Poverty Income Guidelines and meet the associated work or education requirements. This means that a single mother of one earning more than \$40,880 per year would not qualify—nor would a family of four earning more than \$62,400. For families just above the eligibility threshold, child care can represent 30 percent or more of their income.

To make ends meet, parents often make difficult sacrifices. For example, during the ACCM Pilot Program Evaluation focus groups, one parent described forgoing payments for their bills and living with extended family to afford child care. Likewise, a few parents discussed using credit cards or overdrafting their bank accounts to pay for child care and “stay afloat.” For some families, enrolling their child in a care program was simply not an option. Some parents explained that their moderate income did not always reflect their current financial situation, feeling that despite their incomes being too high to be eligible for government programs, they were still struggling financially.

Child care shortages and high costs leave some families using child care that is unstable, unreliable, or that does not meet their needs. In 2024, 37 percent of surveyed working mothers in Pennsylvania considered their arrangements informal/irregular.^{xii} Findings from ACCM Pilot Program Evaluation echo these challenges, with many Allegheny County parents sharing that they often turned to informal support from family members, friends, or hired help because they could not afford to pay out-of-pocket for regulated child care. While parents expressed gratitude for these informal supports, they noted that they were often unpredictable or insufficient. Parents reported switching caregivers frequently, limiting

⁴ This number (9,275) represents children who are both receiving the subsidy and enrolled in a child care program. The number is higher if accounting for children enrolled in child care subsidy but not enrolled in a program. Source: Pennsylvania Office of Child Development and Early Learning and Pennsylvania Department of Education. (2025, June 20) [Subsidized Child Care and Keystone START – Access to Quality](#).

child care to a few days a week, or taking their children to work. Some parents also shared that older relatives were not always able to meet the physical or developmental needs of their young children.

The ongoing struggle to access stable child care places a significant emotional burden on families. In the ACCM Pilot Program Evaluation focus groups, many parents reported that child care challenges negatively affect their mental health, often leaving them feeling stressed, overwhelmed, and uncertain about the future. For some, the challenge of balancing work and care responsibilities—particularly for those working from home—created a sense of constant pressure and isolation. Others pointed to financial strain as a major source of anxiety. Unexpected child care expenses, over-drafted bank accounts, and the fear of depleting savings left parents feeling on edge and unsure of how to make ends meet. Parents also described the emotional toll for other family members who cared for their children, especially for older caregivers who struggled to balance caregiving responsibilities with their own needs and other responsibilities.

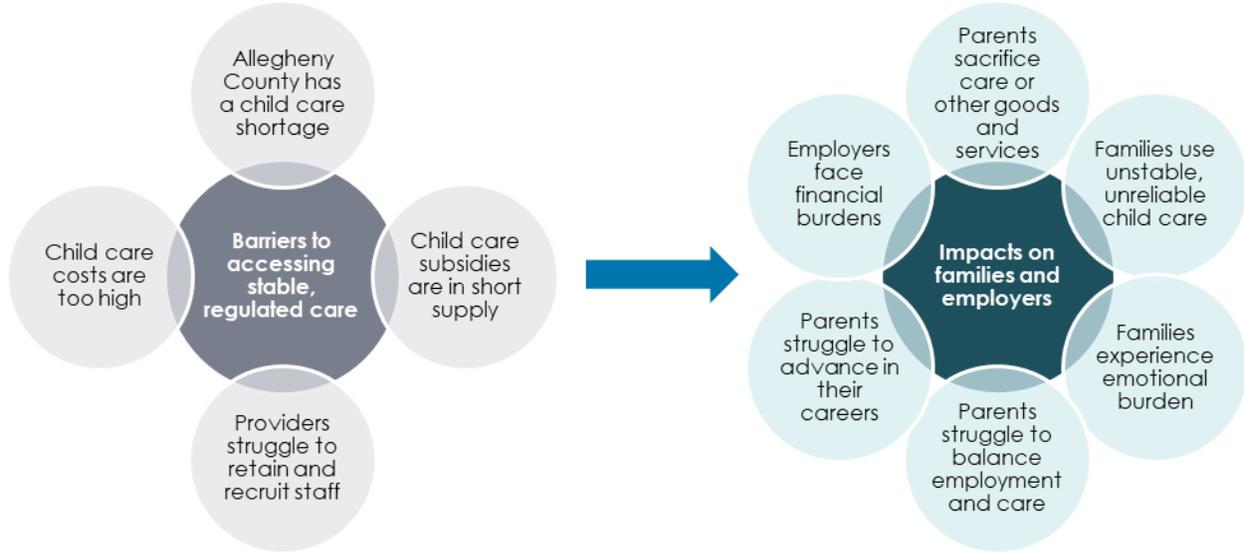
Employment and Workforce Development Challenges

Parents in Allegheny County struggle to balance employment and providing care for their children. In 2023, more than half of Pennsylvania’s parents said problems with child care hurt their efforts at work—leading them to miss full days of work, leave work early, or be distracted.^{xiii} In the same year, when Allegheny County parents were asked what actions the county should take to help people access good jobs, residents responded that the county should prioritize expanding supportive services that help people get to work, such as free or low-cost transportation and free or low-cost child care options.^{xiv} In the ACCM Pilot Program Evaluation focus groups, many parents echoed these challenges—often describing needing child care in order to work, but not earning enough money to afford regulated child care. Other parents shared that child care challenges led them to miss work, consistently show up late, or care for their children while working—to the point where they feared losing their jobs.

Challenges with child care also prevent parents from advancing their careers. In 2024, mothers in Pennsylvania reported that child care problems curtailed their career opportunities. Specifically, 38 percent of mothers reported turning down a new job offer and about one-third reported turning down further education or training.^{xv} In the ACCM Pilot Program Evaluation focus groups, parents discussed forgoing career opportunities or being underemployed so that they could provide care for their children. Other parents reported considering major changes to their career trajectories—such as leaving school or leaving the labor force altogether. Finally, some parents even considered changing their jobs—either to earn less money so they could qualify for the CCW subsidy or to provide part time care for their children.

These struggles impose significant burdens on employers. Allegheny County serves as a hub for health care, higher education, professional services, finance, and manufacturing industries that rely on parents for many of these jobs. However, research suggests that across Pennsylvania, businesses lose \$1.52 billion each year due to child care challenges that disrupt and distract parents from work.^{xvi} The ACCM Pilot Program Evaluation focus groups confirmed this reality with multiple parents highlighting how their child care challenges were perceived negatively by employers and sometimes led to challenging consequences.

Exhibit 2: Child Care Challenges in Allegheny County



Section II. Addressing Child Care Challenges with the ACCM Pilot Program

In an effort to address the challenges described in Section I, DCI launched the ACCM Pilot Program in 2022. In the section below, we detail the core components of the ACCM Pilot Program and describe the families and providers who have participated in the ACCM Pilot Program by summarizing administrative data.

Core Components of the ACCM Pilot Program

The goal of the ACCM Pilot Program is to support working families in maintaining or increasing participation in the workforce by expanding access to child care. To do so, the ACCM Pilot Program expands eligibility for child care subsidies to families who do not meet the state's CCW subsidy income eligibility requirements. Specifically, the ACCM Pilot Program targets families whose incomes exceed 200 percent of the Federal Poverty Income Guidelines (the threshold for Pennsylvania's CCW subsidy) but remain below 300 percent of the Federal Poverty Income Guidelines.

The ACCM Pilot Program is built on the existing framework of Pennsylvania's subsidized child care program, adhering to the same CCW subsidy state regulations and policies. Therefore, to qualify for the ACCM Pilot Program, families must also meet all other requirements for the state's CCW subsidy.⁵ Specifically, children must be under the age of 13 and each adult family member must work at least 20 hours per week, up to 10 hours of which can be for training. Participating families must enroll their

⁵ CCW eligibility requirements can be found here: [Child Care Works \(CCW\) — Subsidized Child Care Program](#)

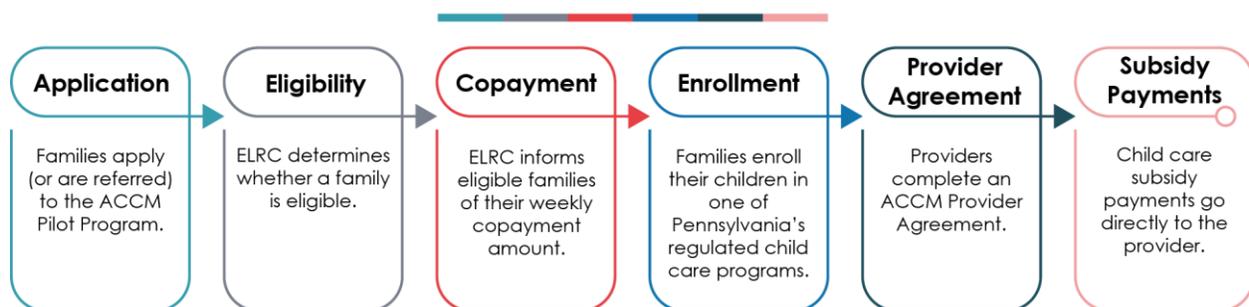
children in a state-regulated child care program or a relative care provider who meets state requirements during hours that coincide with parents’ work, education, or training hours.

Exhibit 3 describes the primary components of the ACCM Pilot Program. Eligible families either apply directly to the ACCM Pilot Program or may be referred by the Region 5 Early Learning Resource Center (ELRC), Allegheny County’s resource and referral agency. For example, if they apply for the state’s CCW subsidy, but are over the income limit, ELRC staff may refer them to the ACCM Pilot Program. Once an ACCM Pilot Program Population Specialist from the ELRC determines that a family is eligible, they inform the family of their weekly copayment amount. Copayment amounts are based on family income and may not exceed seven percent of their annual income.

Families participating in the ACCM Pilot Program can enroll their children in one of Pennsylvania’s regulated child care programs, which includes child care centers, family child care homes, group child care homes, or relative care (see Box 1 for definitions of provider types). Once eligible families choose a provider, they notify the ELRC, and the provider must complete an ACCM Provider Agreement. Once the child is enrolled, all child care subsidy payments go directly to the provider. If funding is not available at the time of application, eligible families may be placed on a waiting list.

Exhibit 3: Core Components of the ACCM Pilot Program

ACCM Pilot Program Goal: To support working families in maintaining or increasing participation in the workforce by expanding access to child care.



Who Participates in the ACCM Pilot Program

From the start of the ACCM Pilot Program in April 2022 through December 2024, a total of 451 children enrolled, coming from 314 families.⁶ This enrollment rate is far less than the number of Allegheny County families enrolled and receiving care in the state’s CCW subsidy program, which included over 9,000 children as of June 2025.⁷

The remainder of this section describes the characteristics of these families, children, and providers participating in the ACCM Pilot Program—drawing on administrative data made available as of

⁶ During this same timeframe, 207 children exited the program—typically because they became eligible for CCW and were transferred.

⁷ More children are enrolled but not receiving care. Source: Pennsylvania Office of Child Development and Early Learning, & Pennsylvania Department of Education. (2025, June 20). *Subsidized child care and Keystone START – Access to quality*. <https://tableau.pa.gov/t/DHS-Public/views/SubsidizedChildCareDashboards/SubsidizedAccessToQuality>

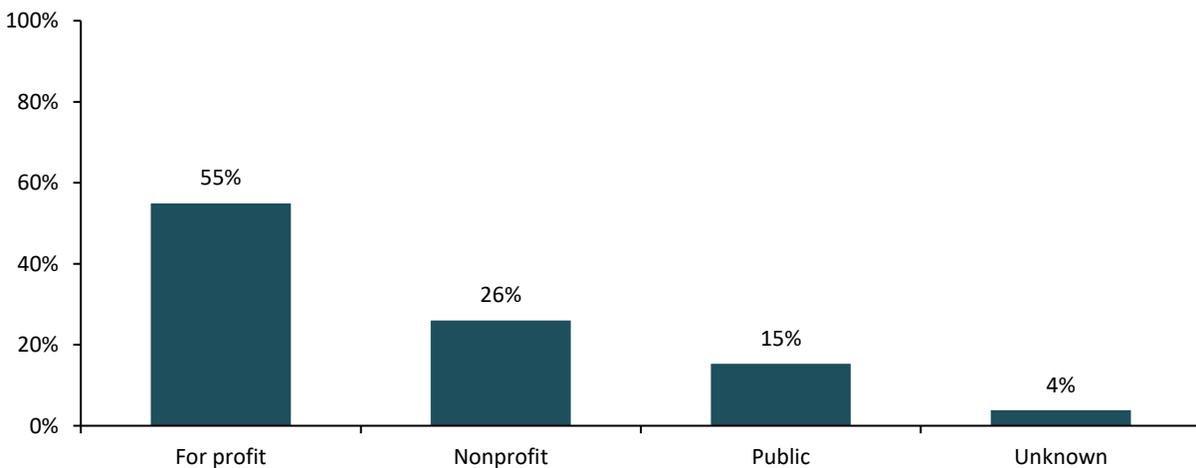
December 2024.⁸ It is important to note that not all 314 families were actively enrolled in the ACCM Pilot Program throughout the 2022-2024 period. The characteristics below sometimes describe the full sample and other times focus on families who were actively enrolled as of December 2024. This information is specified in the text and accompanying exhibit notes.

Characteristics of Families and Children in the ACCM Pilot Program

Workforce and Employment Characteristics of Participating Parents. The vast majority (84 percent) of families who participated in the ACCM Pilot Program at any point as of December 2024 had at least one parent working on a Monday to Friday schedule. The large majority (83 percent) of these parents worked full-time (40 hours per week) or more.

About half (55 percent) of the working parents who participated in the ACCM Pilot Program at any point reported working in for-profit organizations (Exhibit 4). Of these parents working for the for-profit sector, they reported working across 18 different industries (Exhibit 5). The most common industries included finance and insurance, retail trade, health care and social assistance, waste management and remediation, educational services, accommodation and food services, and construction.

Exhibit 4: Distribution of Parents who Participated in the ACCM Pilot Program by Type of Employer



Note: Information only includes the most recent employer reported by the parent in the ACCM administrative data. The data includes parents who participated in the ACCM Pilot Program at any point as of December 2024 ($n=366$).

⁸ The data sources include information submitted at the time of application by families enrolled in the program that was updated over time (e.g., when a child changes provider), and ACCM providers data submitted by the ELRC as of February 2025. Given that families' data are updated regularly, we can only provide a description of the program as of December 2024 and cannot describe changes over time. For more information about the analysis of the data, see Appendix A.

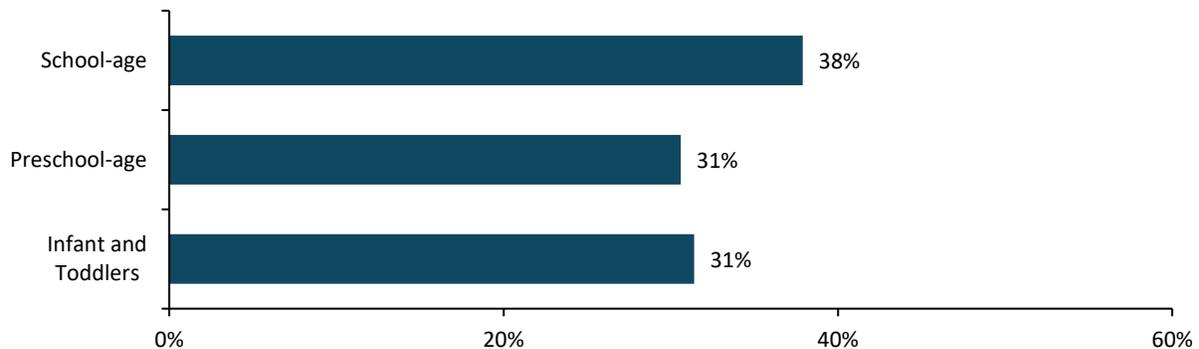
Exhibit 5: Percentage of Parents who Participated in the ACCM Pilot Program, by Employer Industry (For-profit Industries Only)

Industry	Percentage of ACCM Pilot Program Parents
Finance and Insurance	16.4%
Retail Trade	14.9%
Health Care and Social Assistance	13.4%
Administrative and Support and Waste Management and Remediation Services	8.0%
Accommodation and Food Services	7.0%
Educational Services	7.0%
Construction	5.5%
Manufacturing	5.5%
Transportation and Warehousing	5.5%
Professional, Scientific, and Technical Services	5.0%
Wholesale Trade	2.5%
Arts, Entertainment, and Recreation	2.0%
Information	2.0%
Real Estate, Rental, and Leasing	2.0%
Utilities	1.5%
Other Services (except Public Administration)	1.0%
Mining, Quarrying, and Oil and Gas Extraction	0.5%
Skilled Trade	0.5%

Note: Information only includes the most recent employer reported by the parent in the ACCM administrative data. The data includes parents who participated in the ACCM Pilot Program at any point as of December 2024 ($n=201$).

Child and Family Characteristics. Approximately one-third (37 percent) of all children who participated in the ACCM Pilot Program lived in the same municipality as their provider. Families who participated represented more than half (60 percent) of all the county’s municipalities, coming from 78 different municipalities in total. Furthermore, the distribution of school-age, preschool-age children, and infants and toddlers served were similar (Exhibit 6).

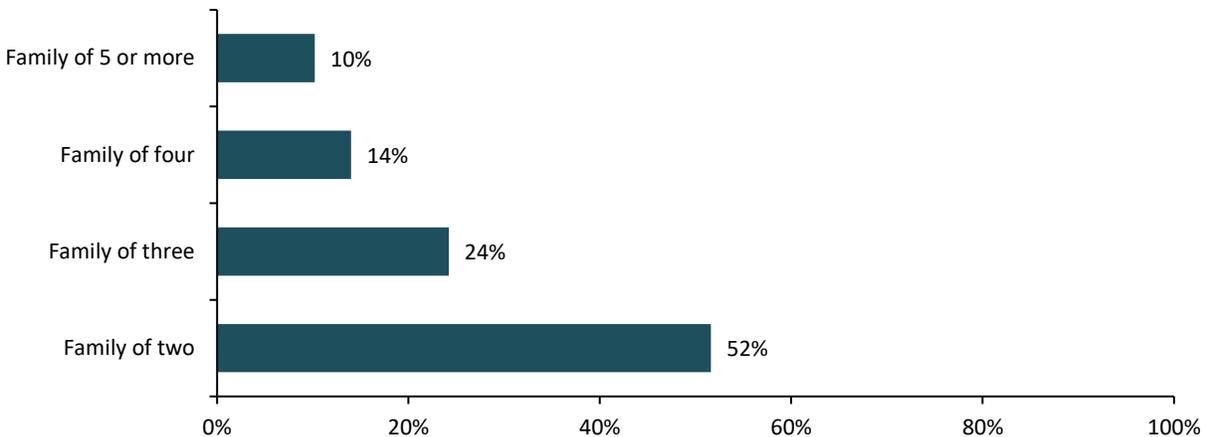
Exhibit 6: Age of Children Enrolled in the ACCM Pilot Program as of December 2024



Note: Age groups are defined as follows: Infant and Toddlers (0-35 months), Preschool-age (36 to 59 months), School-age (5 to 13 years). The data includes children who were actively participating in the ACCM Pilot Program as of December 2024 ($n=248$).

At least half (52 percent) of the families who participated in the ACCM Pilot Program lived in single-parent households with one child and one parent (Exhibit 7).

Exhibit 7: Family Size Distribution of Families who Participated in the ACCM Pilot Program



Note: The data includes all families who participated in the ACCM Pilot Program at any point as of December 2024 (n=314).

Finally, in alignment with eligibility requirements, nearly all families enrolled in the ACCM Pilot Program had incomes between 200 percent and 300 percent of Federal Poverty Income Guidelines.⁹ About one third of families reported annual household incomes between \$35,000 and \$49,000, and about one half reported incomes between \$50,000 and \$74,999.¹⁰

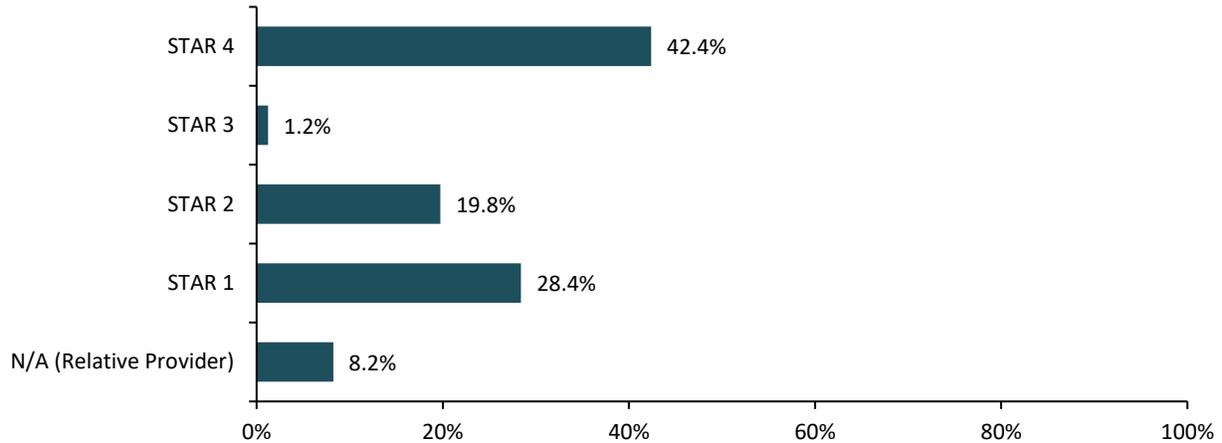
Type of Child Care. Most children actively participating in the ACCM Pilot Program as of December 2024 were enrolled in center-based care programs (90 percent). Just a few were enrolled in relative care (5 percent), group child care homes (3 percent), and family child care homes (2 percent). Children most frequently enrolled in programs ranked as STAR 4 in the Keystone STARS system for quality improvement, this highest possible rating (see Exhibit 8).¹¹

⁹ A few families (14 percent) had incomes between 100 percent and 199 percent of the FPG and even fewer had incomes less than 100 percent of the Federal Poverty Income Guidelines (2 percent). These families likely became eligible for CCW but had not yet transitioned to CCW.

¹⁰ This estimate includes families who were actively enrolled as of December 2024. It includes all families and does not adjust for family size, as do the eligibility requirements.

¹¹ Pennsylvania uses the Keystone STARS as their Quality Rating and Improvement System for early care and education programs. Programs that participate in the system earn ratings from STAR 1 through STAR 4. Each rating reflects a higher set of standards in four areas including staff education, learning environment, leaderships/management, and family/community partnerships. Source: Pennsylvania Department of Education. (2025). *Keystone STARS*. <https://www.pa.gov/agencies/education/programs-and-services/instruction/early-learning/keystone-stars.html>

Exhibit 8: Percentage of Children Enrolled in Each STAR Rating as of December 2024



Note: The data includes children who were actively participating in the ACCM Pilot Program as of December 2024 ($n=257$). These data include 10 children who were actively enrolled with multiple providers and are therefore included multiple times, once for each provider. Families missing information about their child's provider are omitted.

Child Care Schedules. About half (54 percent) of the children participating in the ACCM Pilot Program as of December 2024 enrolled in child care every weekday with full-time care. About one quarter (25 percent) were enrolled every weekday, but with part-time care. The remaining families (21 percent) were enrolled on other schedules, such as care provided on weekend days or care provided fewer than 5 days a week on weekdays.¹²

Characteristics of Providers Participating in the Program

Overall, 208 child care providers participated in the ACCM Pilot Program from the start of the ACCM Pilot Program in April 2022 through December 2024.¹³ Most of the providers were child care centers (82 percent), while the remaining were relative care (9 percent), group child care homes (6 percent), and family child care homes (3 percent). These providers operated in 92 municipalities, accounting for 70 percent of the 130 municipalities that make up Allegheny County. Just over one-third of these providers were rated as STAR 4 in the Keystone STARS program for quality improvement (38 percent), about one-third were rated as STAR 1 (34 percent), one fifth as STAR 2 (20 percent), and a few as STAR 3 (4 percent).¹⁴

¹² Note: This calculation excludes 84 children that did not have child care schedule information.

¹³ The data set includes 18 relative care providers who participated in the ACCM Pilot Program at some point during its implementation.

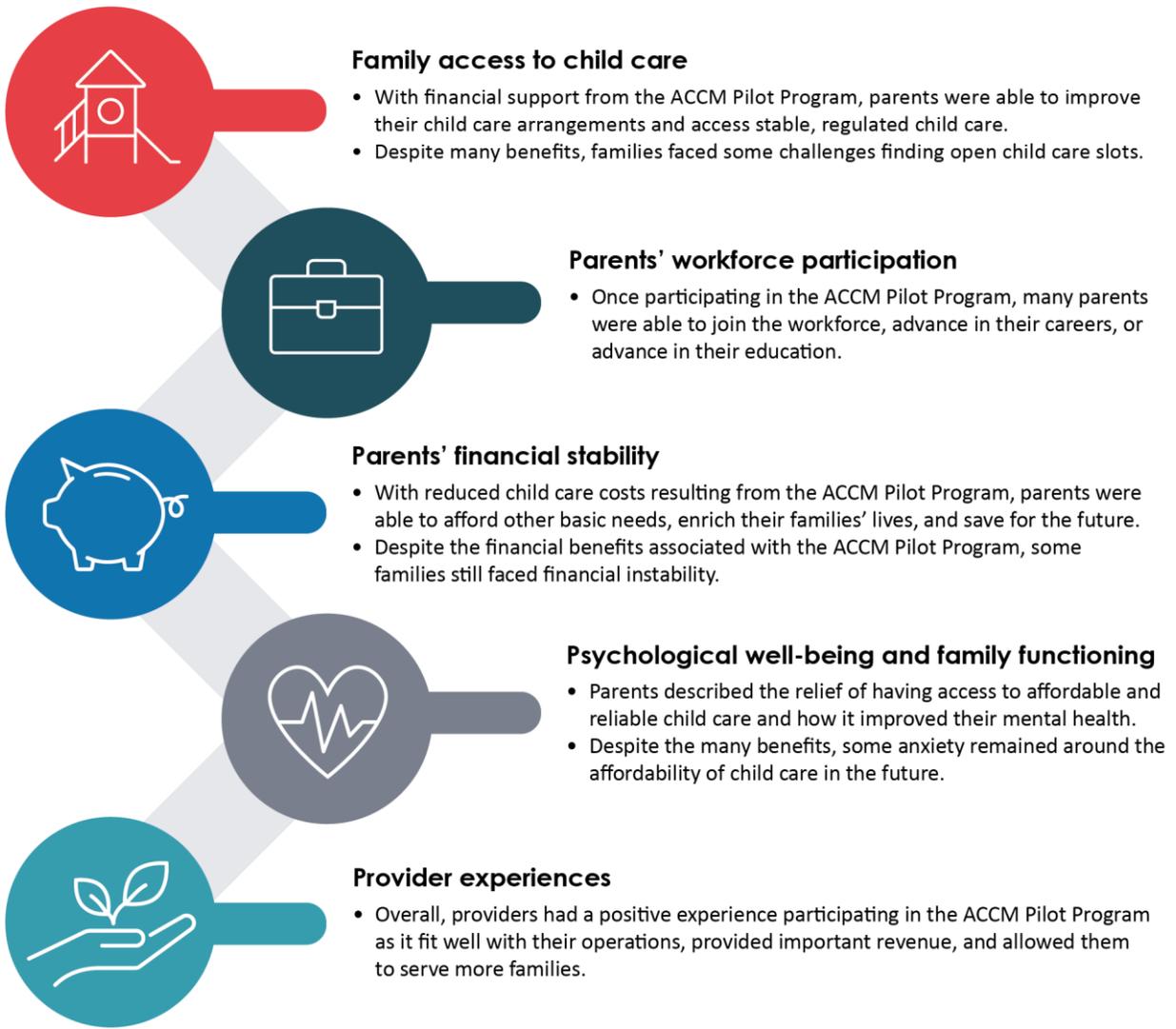
¹⁴ These data exclude all relative care providers as they are not rated using the Keystone STAR system and seven additional providers that as of February 2025 were closed. STAR ratings were not provided for these programs.

Section III. Family and Provider Experiences with the ACCM Pilot Program

This section highlights findings about the perceived impacts of the ACCM Pilot Program, drawing on focus groups with parents and child care providers who participated in the ACCM Pilot Program, as well as some of the ACCM Pilot Program administrative data. As shown in Exhibit 9, parents and providers described a wide range of positive experiences with the ACCM Pilot program. They also described some challenges, although these were less pervasive.

We elaborate on these findings below according to five main areas of perceived impacts and experiences: (1) family access to child care, (2) workforce participation, (3) financial stability, (4) psychological well-being and family functioning, and (5) provider experiences.

Exhibit 9: An Overview of Key Findings





Family Access to Child Care

With financial support from the ACCM Pilot Program, parents were able to improve their child care arrangements and access stable, regulated child care.

The ACCM Pilot Program allowed parents to enroll their children in child care programs that would have otherwise been outside of their budgets. These parents reflected on how the ACCM Pilot Program serves families that make too much to qualify for child care assistance and other government programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or the Supplemental Nutrition Assistance Program (SNAP) but cannot afford to pay the out-of-pocket costs for care. Accordingly, nearly all parents from the focus groups described how child care subsidies from the ACCM Pilot Program allowed them to enroll their children in stable, regulated child care programs. Additionally, one parent of a school-age child discussed how the ACCM Pilot Program allowed their child to attend camps and out-of-school time programs that would have otherwise been too expensive. The reduced price also meant that families could enroll their children in care five days a week at a full-time schedule. According to ACCM Pilot data for December 2024, 79 percent of families participating in the ACCM Pilot Program at that time were enrolled in child care programs every weekday, most of whom were enrolled full time.¹⁵

“I think at the time I was paying \$300 every week and my payments are about like \$175 now.” - Participant from parent focus group

During ACCM Pilot Program focus groups with child care providers, providers reiterated how the ACCM Pilot Program improved child care access for families in their communities that otherwise would not qualify for child care subsidies but make too little to afford to pay out-of-pocket.

“I feel like the program really fills that gap with people that don't quite make the standard funding. It can definitely be a lifeline for those families.” – Participant from provider focus group

For many parents, a major benefit of the ACCM Pilot Program is that they could access high-quality programs. Financial support from the ACCM Pilot Program provided parents with broader access to programs. In turn, parents had more flexibility when looking for child care arrangements and could be more selective about where they enrolled their children. According to ACCM Pilot Program data, over half of all families participating in the ACCM Pilot Program for whom we had data on child care quality, enrolled their children in high-quality programs (i.e., STAR 4 or STAR 3 programs). Importantly, parents stressed that without the ACCM Pilot Program, these types of providers would have been out of reach. These parents were thrilled about the opportunity that high-quality care provided for their children, particularly younger children. These parents in the focus groups were excited that their children were able to have stable and consistent routines and enriching experiences throughout their day such as art and morning routines like circle time.

“I could have never afforded the center that I sent my kids to without the [ACCM Pilot]. It was four Keystone STARS. Amazing. The quality of care

¹⁵ This calculation only includes families that provided information about their children's schedule.

was just so fantastic there is no way I would ever be able to afford that.” - Participant from parent focus group

Many parents described how access to child care, due to the ACCM Pilot Program, had positive impacts on their child’s development. Observing healthy child development was particularly important to parents in the focus groups, many of whom were parents of infants and toddlers. During the focus groups, parents were excited about how their children were thriving thanks to the stable, regulated care afforded through the ACCM Pilot Program. Parents cited various examples of how the child care programs were positively promoting their children’s development—such as potty training, learning to walk, saying new words, improvements in writing and spelling, and growth in their social skills. Many of these parents were grateful for the opportunity for their child to socialize and spend quality time with other children and learn from them. They described this as a major benefit and improvement compared to their previous arrangements that were often at home or with relatives.

“Developmental learning has skyrocketed... family’s fun and stuff, but they weren’t doing those lessons that they get in the morning with circle time and the art and all the things that they’re doing... My son comes home saying things all the time that I’m like, ‘Wow!’... I’m so happy that he gets to experience that.” - Participant from parent focus group

“The greatest benefit for me is... being able to actually afford to put him in a facility... Because he was at home with me and my mom... not around other children.” - Participant from parent focus group

Despite the many benefits, families faced some challenges finding open child care slots.

Once receiving the ACCM Pilot subsidy, some parents struggled to find open child care slots that met their needs. While parents were grateful to have financial support for child care, many who were participating in the ACCM Pilot Program struggled to find open slots when seeking to enroll their children in child care programs. They faced issues common among many families searching for child care in Allegheny County and Pennsylvania.^{xvii} For example, many parents described going on multiple waiting lists to secure a slot. Likewise, other parents struggled to reach or communicate with programs to learn whether they had available slots. These issues were particularly difficult for parents who needed immediate child care or those transitioning from an informal child care arrangement. Child care providers who participated in the focus groups also noted that long waiting lists were a major barrier to serving more families. In addition, a few parents also discussed struggling to find programs that provided care during the non-regular hours that they worked.

“It was difficult finding a spot. I got put on about nine wait lists because I called the top ten in my area and they’re all like, ‘oh, we’d love to, but we can’t take any newborns right now...give us a year.” - Participant from parent focus group



Workforce Participation

Once participating in the ACCM Pilot Program, many parents were able to join the workforce, advance in their careers, or advance in their education.

Multiple parents in the ACCM Pilot Program focus groups directly attributed being able to join the workforce or advancing in their careers to having access to stable child care through the ACCM Pilot Program. These parents described how access to regular child care through the program meant that they no longer had to balance work and provide care for their child or constantly seek care arrangements. With the ability to devote more time and effort to their careers, parents felt more stability in their employment and were able to delve deeper into their careers. Some parents even reported exploring new careers that better fit their interests, skill sets, and training.

Many parents also reported being able to work full time due to the ACCM Pilot Program. According to ACCM Pilot Program data, 80 percent of parents actively enrolled in the ACCM Pilot Program worked Monday through Friday. Additionally, over 80 percent of parents who reported working hours worked full time (40-60 hours per week). With the ability to work, parents were able to participate in a wide range of professions in the labor force and contribute to the local economy.

"I worked from home as a loan officer for a nonprofit... I was kind of stuck there... But once I was able to put [my child] in daycare, I elevated. I'm now a branch manager at a bank." - Participant from parent focus group

"For a lot of parents to get a job and maybe get out of the welfare cycle... you're stuck between a rock and a hard place... you're in that situation where you don't have anybody to watch your kid while you're at work... [The ACCM Pilot Program] allows people to get unstuck and build their lives up." - Participant from parent focus group

During the ACCM Pilot Program focus groups, child care providers also discussed how many parents struggled to work due to lack of access to care. They saw child care as an important resource not only for children, but also their parents. These providers also perceived the ACCM Pilot Program as a bridge to workforce participation.

"So, because of the income bracket being higher, we are able to service those younger families which is great because that way they can go out and work as well and still afford child care." - Participant from provider focus group

Multiple parents who participated in the ACCM Pilot Program were early childhood professionals who were able to work more hours and advance their careers. This is particularly important, given the challenges in recruiting and retaining members of this workforce (described above in Section I). Likewise, during the ACCM Pilot Program focus groups, several providers also discussed colleagues (other providers) who benefited from the ACCM Pilot Program. They noted that other providers were able to take on more hours, receive wage increases, or get promoted.

"When I applied to ACCM, I was actually a preschool teacher. But when I... got into the program, I was able to go full time into my job. I was actually promoted to director at the child care facility that my daughter attends." - Participant from parent focus group

A few parents completed their education after accessing stable child care through the ACCM Pilot Program. Some parents noted how completing their education allowed them to obtain better jobs. Others would have quit their studies if not for the ACCM Pilot Program. Some families were mindful that they might become ineligible for the ACCM Pilot Program after finishing their education and advancing their career. However, they still expressed appreciation for the temporary support that helped them transition to the private pay market.

"My wife successfully defended her PhD while we were getting this help... Without the support, I don't think she [would have been] able to finish any sooner... I'm a PhD candidate about to finish my studies. So, it was helping me... I could also progress on my own studies... I was able to gain experience as a teacher. I was able to accept the teaching faculty position within my university." - Participant from parent focus group

Other parents felt that they became more reliable employees after accessing more stable child care. Parents discussed how they were no longer distracted by the constant concern about where they would find child care or by having to provide care themselves while working. Others were grateful that they no longer had to take days off or leave early, given that the ACCM Pilot Program allowed them to find more stable, reliable care. Some of these parents also felt that better performance at work helped improve their relationship with their employer.

"I'm seen as more dependable, you know? Before, I was trying to budget days and take days I didn't earn yet... because I couldn't afford the child care. I just think the relationship has really gotten so much more positive because I'm seen as dependable... I never didn't want to go [to work], I just needed help with the child care." - Participant from parent focus group



Financial Stability

With reduced child care costs resulting from the ACCM Pilot Program, parents were able to afford other basic needs, enrich their families' lives, and save for the future.

With reduced child care costs, parents could better afford other basic needs. Parents consistently described how the ACCM Pilot Program significantly reduced their households' child care costs. According to ACCM Pilot Program data, families paid an average copay of \$316 per month. This is a drastic reduction from the monthly out-of-pocket child care costs in Allegheny County that are about

\$1,100 per month on average.¹⁶ With significantly reduced child care costs, families were able to better afford basic needs such as groceries, bills, rent, housing, or moving expenses, or they were finally able to repair a broken car.

“A large part of it for me is buying groceries and things that my kids need because I have other children that are still young... I think I paid \$248 or like \$250 [on child care per week]. It's went down by like 75%.”- Participant from parent focus group

Some parents were able to go beyond basic needs and afford other goods and experiences to enrich their children and families' lives. For example, parents described purchasing learning kits for their children. Others described paying for extracurricular activities such as Girl Scouts, team sports, and cheerleading. Some parents also donated to their child's school, participated in picture day at school, or went on an occasional vacation.

“I'm able to get little developmental play kits for [my son]. We're able to live a happy life where I'm not constantly counting all my dollars and cents.” - Participant from parent focus group

Many parents mentioned that the ACCM Pilot Program allowed their families to start saving and paying off debt. The ACCM Pilot Program helped to give parents a sense of financial security which meant being able to more effectively budget, save, and plan ahead. This gave parents hope for the future. Multiple parents even shared they were able to recently buy homes. These parents at least partially attributed this success to being able to save more, due to the ACCM Pilot Program.

“[The ACCM Pilot Program] definitely helped with family planning. I was able to conserve more money.” - Participant from parent focus group

“In terms of my family and being on the program, I was able to purchase a home... I think [the ACCM Pilot Program] has...assisted me with budgeting.” - Participant from parent focus group

Despite the financial benefits associated with the ACCM Pilot Program, some families still faced financial instability.

Several parents who were participating in the ACCM Pilot Program discussed how they still struggled financially. Many of these parents described struggling to afford basic goods. A few parents even described struggling to afford to pay their child care copays. This was clearly frustrating for parents who were working full-time, but still had a challenging financial situation.

“Even with the pilot program, I wasn't going to be able to afford the copay every week.” - Participant from parent focus group

¹⁶ This estimate is based on a 2022 projection of the median cost of center-based care for infants in 2024. Source: U.S. Department of Labor Women's Bureau. (2024) *Childcare Prices by Age of Children and Care Setting 2022*. <https://www.dol.gov/agencies/wb/topics/childcare/price-by-age-care-setting-2022>



Psychological Well-being and Family Functioning

Parents described the relief of having access to affordable and reliable child care and how it improved their mental health.

During the focus groups, nearly every parent described how the ACCM Pilot Program reduced their stress. Parents explained that their stress was reduced for two key reasons—because the program improved their financial stability and because it removed the constant burden of arranging care. These parents described feeling a sense of relief, equilibrium, and stability now that they could afford child care and consistently work without relying on family members.

“I’ve seen a decrease in my anxiety because I know where the help is coming from. It’s a big stressor off of your life. My anxiety has come down 100%.” - Participant from parent focus group

For some families, the positive impacts on mental health extended to their children and older relatives. For instance, several parents described how they relied on family members (often older relatives) to provide child care prior to participating in the ACCM Pilot Program. Having these children enrolled in regulated care through the ACCM Pilot Program relieved stress for these family members who were often juggling many responsibilities. Other parents felt that their children’s mental health had improved. They noted that their child care had become more predictable, allowing their children to spend time with other children on a consistent schedule.

“Since my mom watched my daughter, it also gave her a break because she was stressed because not only was she taking care of my kids, she was taking care of my grandma and also my sister who has a disability.” - Participant from parent focus group

The positive impacts on mental health were especially pronounced for single mothers. Many single mothers discussed how they did not have other sources of financial support or a partner who could provide child care. Some had recently gotten out of abusive relationships. For these mothers, having access to child care was paramount—or, as one mother called it, “a godsend.” Access to child care meant they could work and provide for their children. This significantly reduced their stress and instilled a sense of empowerment. These findings are particularly noteworthy, given that at least half of the families who participated in the ACCM Pilot Program lived in single parent households.

“As a single parent, it’s even much more of a burden so you know, getting in the [ACCM Pilot] program, I definitely felt obviously less stressed out, but there was also this sense of empowerment... I’m still able to manage my own payments. I had a lot less stress... my anxiety definitely decreased knowing that I didn’t have to rely on others.” - Participant from parent focus group

Despite the many benefits, some parents felt anxiety around the affordability of child care in the future.

Parents frequently expressed feeling uncertain about whether they would be able to afford child care in the future. Several parents were nervous about what the future without child care support might look like. In many cases, they described the possibility that they would return to the unstable arrangements

that they experienced prior to receiving the ACCM Pilot Program subsidy. This uncertainty about the future of the program and what this might mean for families, made parents anxious.

“That has caused a little bit of anxiety just trying to figure out, you know, come the summer, what are we going to do? Am I going to have to work part time to be home with [name of child] ninety percent of the time? When that ten percent, you know, maybe grandma will help watch... How am I going to figure out, you know, this half-day situation if the funding is gone?... That’s definitely added on an extra amount of stress.” - Participant from parent focus group



Provider Experiences

Overall, providers had a positive experience participating in the ACCM Pilot Program as it fit well with their operations, provided important revenue, and allowed them to serve more families.

Providers enrolled more children because of the ACCM Pilot Program. Several providers explained that they had accepted more families because of their participation in the ACCM Pilot Program. The ACCM Pilot Program helped broaden their reach within the community. As a result, families' interest in these programs was greater and more frequently converted to enrollments. This allowed providers to care for more children coming from working households with low incomes. One provider described how the ACCM Pilot Program allowed them to open additional slots and increase their enrollments.

“Basically, it allowed us to provide more care to children... we have a scholarship system we run amongst ourselves that we’ve had to limit more year by year... So, this allows us to expand to a wider variety of children to allow them into our services when parents otherwise could not afford our care.” - Participant from provider focus group

“Our enrollment has been able to increase drastically. Like, at one site, we’re able to offer 18 spots.” - Participant from provider focus group

Providers were also able to maintain more families enrolled in full-time child care. By retaining more families with low incomes who were at risk of reducing care hours or withdrawing, providers were able to maintain consistent enrollment levels. This stability was important for planning and managing staffing, classroom capacity, and overall program operations. As one provider explained, the stability and consistency of the ACCM Pilot Program subsidy payments made them a critical revenue source.

“Instead of coming two days a week, they were able to come five days a week because it becomes more affordable.” - Participant from provider focus group

“So, for us, this funding is essential for us to really operate. We have several families that don’t meet the qualifications for the ELRC [sic CCW] funding.” - Participant from provider focus group

Section IV. Looking Ahead

The ACCM Pilot Program sought to address two distinct, yet intimately related issues: increasing access to child care and improving workforce participation. Our evaluation suggests that parents perceived a wide range of positive impacts from the ACCM Pilot Program in both areas. Parents discussed having greater access to child care, improved participation in the workforce, increased financial stability, and improved psychological well-being and family functioning. Child care providers observed similar impacts on the families they served. They also discussed how the ACCM Pilot Program fit well with their current operations and supported their ability to operate and serve families.

While the experiences of both parents and providers were overwhelmingly positive, they also described some challenges with the ACCM Pilot Program and the child care system at large. For example, some parents struggled to find open slots and felt anxious about whether they would be able to afford child care in the future. Despite these challenges, all focus group participants expressed that they would recommend participating in the ACCM Pilot Program to other parents and providers.

These positive findings about a relatively small pilot program suggest that scaling child care subsidies could benefit working families and employers throughout Allegheny County and Pennsylvania at large. If Allegheny County or Pennsylvania were to pursue scaling up the ACCM Pilot Program as a next step, it will be important to consider a variety of interrelated factors—including sustainable funding mechanisms, policy levers to improve access, and effective communication and support for families and providers.

Sustainable funding mechanisms. Because the current funding landscape presents several challenges to scaling up, states and counties may have to consider funding mechanisms that do not necessarily depend on federal funding.¹⁷ Allegheny County can draw inspiration from other states that have successfully increased income limits for child care subsidies using a variety of funding mechanisms.^{xviii}

For example, Washington State uses funds from a capital gains tax to expand access to its child care subsidy program to those making up to 60 percent of the state median income.^{xix} Similarly, in 2023, Vermont expanded child care subsidy eligibility to individuals with incomes up to 575 percent of the Federal Poverty Line. The expansion is funded by a mix of state general funds and the Child Care Contribution, a 0.44 percent payroll tax.^{xx} Outside of the ACCM Pilot Program, Pennsylvania has also allowed families enrolled in CCW to stay in the program even as their incomes increased above 200 percent of the Federal Poverty Income Guidelines, as allowed by the 2014 Child Care Development Fund re-authorization.^{xxi} This policy ensured that families did not lose access to child care as a result of professional and career growth.

Policy levers for improving access. If Allegheny County or Pennsylvania were to pursue scaling up the ACCM Pilot Program as a next step, it will be important to consider additional policy levers that can be used to improve access. As reported by parents in this evaluation, even with improved access to child care through the ACCM Pilot Program, families were still placed on long waiting lists, delaying their access to care. Likewise, some providers discussed how increasing access to child care without

¹⁷This is due to the ending of the American Rescue Plan Act (ARPA) funds directed to the child care sector, and recent proposed federal legislation seeking to freeze or eliminate funding for early learning and care programs. Sources: Guarino, A. (2025, June 17). *Overview: White House Budget Request, FY2026*. First Five Years Fund. <https://www.ffyf.org/resources/2025/06/overview-white-house-budget-request-fy2026/>; ChildCare Aware. (2025) *American Rescue Plan (ARP)*. <https://www.childcareaware.org/our-issues/public-policy/american-rescue-plan-arp-act/>

increasing their ability to hire a qualified workforce and expand their operations adds onto already growing waiting lists. Findings like these highlight the need to consider mechanisms to increase the supply of care and support the child care workforce, regardless of whether Allegheny County or Pennsylvania scales up the ACCM Pilot Program.

Allegheny County can look to other states for potential strategies that could be replicated. For instance, along with recently expanding eligibility to child care financial assistance^{xxii}, Massachusetts also provides operational grants to licensed child care programs and gives early education and care staff priority access to child care financial assistance.^{xxiii} The state also uses funds from a 4 percent income surtax on high earners to increase subsidy reimbursement rates to providers.^{xxiv} Similarly, Vermont's child care subsidy expansion bill also includes investments to increase subsidy reimbursement rates for child care providers, funds to help programs prepare for expansion, and funds to help programs recruit and retain staff members.^{xxv}

Effective communication and support for families and providers. Finally, it is also important that any future efforts to scale up the ACCM Pilot Program continue to promote a positive experience for families and child care providers. For families, this means providing resources to support their child care search and creating strong lines of communication between families and staff working on the subsidy program. For providers, this means being able to integrate a new program smoothly into their current business operations and limiting administrative burdens. This could be done by using reporting requirements and processes that are consistent with the CCW subsidy program's requirements. It may also require careful communication between staff working on the subsidy program and providers to ensure that program requirements are well understood and easily navigated.

Together, these findings suggest that sustained investment in child care affordability can yield meaningful returns for families, providers, and the broader economy. Allegheny County has already taken important steps through recent initiatives and partnerships—but the results of the ACCM Pilot Program make clear that there is more work to do. By continuing to prioritize smart, scalable policies that address both affordability and supply, the county can build a stronger, more equitable child care system that supports families' well-being and effective workforce participation.

Appendix A. Evaluation Methodology

In this section, we describe MEF’s approach to conducting the ACCM Pilot Program Evaluation, including descriptions of:

- The Community Advisory Committee,
- Evaluation Research Questions,
- Administrative Data Analysis Methodology, and
- Focus Group Methodology.

Community Advisory Committee

MEF convened the Community Advisory Committee (CAC) to ensure that the evaluation design benefited from feedback from community members with lived experience with the ACCM Pilot Program. The CAC was comprised of three members of the early education and care workforce who participated in the ACCM Pilot Program (one was also a parent who participated in the ACCM Pilot Program), two parents of children who participated in the ACCM Pilot program, a representative from the evaluation’s funder (Eden Hall Foundation), and a representative from a local workforce development organization. Staff from DCI and staff from the Region 5 ELRC who worked directly with child care providers and parents in Allegheny County also occasionally attended CAC meetings.

Over the course of the evaluation, MEF facilitated three meetings to update CAC members on evaluation progress and to gather feedback from CAC members on the evaluation design and findings. The timing and content of these meetings are presented in Exhibit A.1. Each meeting was one-hour long, and early education workforce members and parents received a \$100 electronic gift card for each meeting they attended.

Exhibit A.1. Community Advisory Committee Meetings

Meeting Focus	Timing	Meeting Description
Introduction to the ACCM Pilot Evaluation, the CAC, and reviewing research questions	December 2024	CAC members were introduced to the ACCM Pilot Program Evaluation. They were also given an overview of the role of the CAC and the activities they would be supporting throughout the evaluation. CAC members participated in an activity where they brainstormed questions they had about the ACCM Pilot Program and compared these to the planned research questions. The results from this activity were used to refine the research question.
Refining focus group protocols	January 2025	CAC group members heard updates on the evaluation. The group was introduced to the plan for the focus groups and participated in an activity where they reviewed and provided feedback about the focus group protocols. Feedback from this activity was used to refine the focus group protocols.
Reviewing preliminary findings	May 2025	CAC group members heard updates on the evaluation. The evaluation team shared preliminary findings from analyses of administrative data and focus groups with the CAC. The CAC shared their reactions to the findings.

Evaluation Research Questions

The primary research topics and research questions that guided this evaluation are presented below in Exhibit A.2. The exhibit also includes the data sources used to address research questions.

Exhibit A.2. Research Questions and Data Sources

Research Question	Data Source
Description of families accessing the ACCM Pilot Program	
What are the demographic characteristics of families accessing the ACCM Pilot Program?	Subsidy Enrollment Data
Where do families accessing the ACCM Pilot Program live? Are they concentrated in certain municipalities or dispersed throughout the county?	Subsidy Enrollment Data
What are the characteristics of providers participating in the ACCM Pilot Program?	Subsidy Enrollment Data and Providers data
What are the characteristics of employers of parents/caregivers participating in the ACCM Pilot Program?	Subsidy Enrollment and Public Data
The ACCM Pilot Program's potential impacts on family access to child care	
Did the ACCM Pilot Program allow families to access child care that was previously unaffordable and/or inaccessible?	Parent Focus Groups
The ACCM's potential impacts on adult workforce participation	
Did enrollment in the ACCM Pilot Program allow families to access new job opportunities?	Parent Focus Groups
Did enrollment in the ACCM Pilot Program allow families to sustain or increase work opportunities?	Parent Focus Groups
Was participation in the ACCM Pilot Program perceived as beneficial by employers?	Parent Focus Groups
Other potential impacts on families	
Did access to the ACCM Pilot Program allow families to afford other non-child care services?	Parent and Provider Focus Groups
Did access to the ACCM Pilot Program improve families' psychological well-being and functioning?	Parent and Provider Focus Groups
Providers' perceived value and experiences with the ACCM Pilot Program	
What has been the experience of child care providers with the ACCM Pilot Program? What is the value they perceive from the initiative? What are potential barriers to implementing the ACCM Pilot Program?	Provider Focus Groups
How does the ACCM Pilot Program improve employment opportunities for child care staff?	Provider Focus Groups
What are systems-level changes needed to address the needs of families and providers?	Provider Focus Groups

Administrative Data Analysis

Administrative data analysis relied on two data sets:

1. The first data set included enrollment data about families participating in the ACCM Pilot Program. This dataset—provided by DCI—included characteristics of families and children who had participated in the ACCM Pilot Program as of December 2024 and was updated as families reported changes (e.g., changes in child care provider, income).
2. The second data set included data on regulated child care providers participating in the ACCM Pilot Program. This dataset—provided by the ELRC—included information such as provider addresses, STAR ratings, and other variables on providers who had participated (or were currently participating) in the program as of December 2024. The ELRC also provided MEF with a supplementary data set on relative care providers who participated in the program at any point during its implementation.

Once MEF was granted access to these datasets, staff thoroughly reviewed data dictionaries and met with DCI and the ELRC to understand variable definitions, formats, and relationships.

To analyze the data about families participating in the ACCM Pilot Program, MEF first developed code using Stata to clean and provide proper version control mechanisms. MEF also maintained detailed scripts of all extraction methods and transformations applied to the dataset, enabling reproducibility and transparent documentation of the entire data analysis process. Next, MEF implemented a data cleaning and validation process to ensure quality and integrity of the data. We ran diagnostic checks to identify missing values, outliers, and inconsistencies using summary statistics and visualization tools. Every time an inconsistency was found, we discussed the appropriate methods to handle it with DCI. For each key variable of interest as described in the research questions, we created frequency tables and cross tables to describe the population. After completing the analysis, we exported all tables from Stata into Excel for comprehensive reporting. We implemented a quality control and review process, documenting the data handling procedures, reviewing any assumptions made during the process, and checking output consistency.

To analyze the data about providers, MEF created summary tables in Excel. We implemented a quality control and review process, documenting the data handling procedures, reviewing any assumptions made during the process, and checking output consistency. Locations of providers and families were reported based on addresses and cities. To obtain the families' and providers' municipalities, we accessed U.S. Census geographic data available in Census Geocoder (<https://geocoding.geo.census.gov/geocoder/>). To assess the match in location between families and providers, these locations were compared to each other within each family.

To identify the characteristics of parents' employers (e.g., industry, organizational type), we conducted an online search and classified each organization based on information available on their official websites and other publicly accessible sources. This process was supported by the use of ChatGPT Pro. Specifically, we instructed ChatGPT Pro to:

- Conduct an online search for information about each organization that parents had listed as their place of employment in the ACCM Pilot Program administrative data.
- Classify each organization as a for-profit, non-profit, government organization, or “not enough information”—and provide a justification for each classification.

- Classify each organization by providing the two-digit code used by the North American Industry Classification System—and provide a justification for each classification.

We imported the list of organizations in batches of 10 and then ran the prompt each time to prevent hallucination (incorrect responses). All classifications were subsequently reviewed by two MEF staff to ensure consistency and validity before being included in the analysis. MEF staff made corrections if there were inaccuracies, which were typically misspellings of organizations.

Focus Groups

Parent Focus Groups

Throughout March, 2025, MEF Associates led six focus groups with 32 parents participating in the ACCM Pilot Program. Parent focus groups allowed us to gain a more comprehensive understanding of families' perceptions of how the ACCM Pilot Program affected their lives in several dimensions including the ability to obtain child care, find and sustain employment, access other early childhood services, and improve family well-being and functioning.

Exhibit A.3. includes characteristics of parents who participated in the parent focus groups. These summary characteristics were collected when individuals registered to participate in the focus groups using the Qualtrics registration surveys.

Exhibit A.3. Characteristics of Parent Focus Group Participants

Characteristic	<i>n</i>	Percent
Gender		
Female	29	91%
Male	3	9%
Race/Ethnicity		
Black	10	31%
White	11	34%
Hispanic or LatinX	1	3%
Not Listed	1	3%
Age		
25 to 34	16	50%
35 to 44	14	44%
45 to 54	1	3%
55 to 64	1	3%
Employment/Education status		
Full-time	30	94%
Part-time	1	3%
School	1	3%
Relationship with child		
Parent	31	97%
Other (not listed)	1	3%
Status with ACCM Pilot Program		
Currently enrolled	25	78%
Previously enrolled	7	22%
Type of child care provider		
Child care center	29	91%
Family child care home	1	3%

MEF researchers drafted semi-structured focus group protocols. For outreach, MEF partnered with the Region 5 ELRC to email all parents who had participated or were currently participating in the ACCM Pilot Program. The email introduced parents to the ACCM Pilot Program Evaluation, explained the focus groups, and provided a link to a Qualtrics survey to register. Parents were then able to register for focus groups by answering several survey questions about their characteristics and child care arrangement. Parents were eligible to participate if they had at any point participated in the ACCM Pilot Program, were at least 18 years of age, and consented to being audio and video recorded for note-taking purposes, all of which they were asked to indicate in the survey. A total of 53 parents completed the registration. All parents who registered were sent a confirmation email and a reminder email shortly before the focus group they registered to participate in. Overall, 32 parents attended the focus groups. See Appendix A for a summary of characteristics of participants of the parent focus groups.

All focus groups lasted one hour and 30 minutes and were facilitated virtually on Zoom in English. Focus groups were audio and video recorded and a notetaker was present during all focus groups, except for one, to summarize findings in real time. Transcripts were also produced for each focus group. Focus group participants each received a \$100 gift card.

After completing the focus groups, each transcript was uploaded to the software Dedoose for analysis. Based on the focus group notes, MEF staff developed a codebook with key themes that reflected responses to each of the focus group protocol questions and other important themes that arose during the focus groups. MEF created 15 parent codes representing larger themes and a total of 50 child codes that were categorized under the parent codes to provide more in-depth analysis of each theme.

After the codebook was developed, two MEF staff coded each focus group transcript by reading through the transcript, highlighting excerpts, and assigning these excerpts codes from the codebook. Throughout the process, MEF staff added codes for new themes that arose. Once coding was complete, highlighted and coded excerpts were exported into an Excel spreadsheet with their assigned codes. These excerpts were organized based on the assigned codes to analyze the themes and understand the prevalence of different experiences of parents across focus group participants.

Provider Focus Groups

Throughout March 2025, MEF Associates led three focus groups with 10 child care providers that worked at child care programs participating in the ACCM Pilot Program. Provider focus groups allowed us to gain a more comprehensive understanding of providers' experiences with the ACCM Pilot Program, their perceived value of the ACCM Pilot Program, and their perception of how it impacted the families they serve.

MEF Researchers drafted semi-structured focus group protocols. For outreach, MEF partnered with the Region 5 ELRC to email all regulated child care providers who had participated or who were currently participating in the ACCM Pilot Program. The email introduced child care providers to the ACCM Pilot Program Evaluation, explained the focus groups, and provided a link to a Qualtrics survey to register.

Child care providers were then able to register for focus groups by answering several survey questions about the type of program at which they worked and their position at the program. Providers were able to participate if they had at any point worked at a child care program that participated in the ACCM Pilot Program, were at least 18 years of age, and consented to being audio and video recorded for note taking

purposes, all of which they were asked to indicate in the survey. A total of 25 providers completed the registration. All providers who registered were sent a confirmation email and a reminder email shortly before the focus group they registered to participate in.

Overall, 10 providers attended the focus groups. Exhibit A.4. includes characteristics of child care providers who participated in the provider focus groups. These summary characteristics were collected when individuals registered to participate in the focus groups using the Qualtrics registration surveys.

Exhibit A.4. Characteristics of Provider Focus Group Participants

Characteristic	<i>n</i>	Percent
Type of child care provider		
Child care center	8	80%
Family child care home	2	20%
Position of participant*		
Executive director	1	10%
Director	3	30%
Director/Administrator	2	20%
Owner/Operator	2	20%
Administrator	2	20%

*Survey respondents were able to choose multiple positions out of the following options: director, owner/operator, administrator, senior staff, teacher, and not listed (specify). Two respondents chose both director and administrator. These responses were grouped together in this table.

All focus groups lasted one hour and 30 minutes and were facilitated virtually on Zoom in English. Focus groups were audio and video recorded, and a notetaker was present during all focus groups to summarize findings in real time. Transcripts were also produced for each focus group. Focus group participants each received a \$100 gift card.

After completing the focus groups, each transcript was uploaded to the software Dedoose for analysis. Based on the focus group notes, MEF staff developed a codebook with themes that reflected responses to each of the focus group protocol questions and other important themes that arose during the focus groups. MEF created nine parent codes representing large themes and a total of 52 child codes that were categorized under the parent codes to provide more in-depth analysis of each theme.

After the codebook was developed, two MEF staff coded each focus group transcript by reading through the transcript, highlighting excerpts, and assigning these excerpts codes from the codebook. Throughout the process, MEF staff added codes for new themes that arose. Once coding was complete, highlighted and coded excerpts were exported into an Excel spreadsheet with their assigned codes. These excerpts were organized based on the assigned codes to analyze the themes and understand the prevalence of different experiences of providers across focus group participants.

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