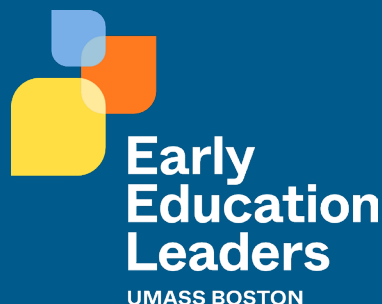

Community Labor United's Care That Works Pilot Evaluation Report: The Refined Model, Implementation Findings, and Lessons for Future

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Executive Summary

Care That Works (CTW) was developed and implemented by Community Labor United (CLU) to address a persistent child care barrier facing parents whose work, training, or apprenticeship schedules fall outside traditional child care hours. The model was designed as a union-solidarity approach that connected parents in good union jobs and training programs with SEIU 509-affiliated family child care providers who were willing and approved to offer early-morning care.

This final evaluation documented the refined CTW model as it operated by the end of the pilot, examined implementation strengths and challenges, and identified lessons for future replication or scale-up. Findings are based on analysis of program documents, implementation records, and qualitative interviews with 12 stakeholders, including six current or former staff members, four matched family child care providers, and two matched parents. The evaluation was guided by questions about the model's operational components, implementation strengths and challenges, the meaning of successful matches for families, factors that limited match volume, and recommendations for future replication.

The refined CTW model consisted of five interrelated operational components: family outreach and engagement; family intake and needs identification; provider pool development and preparation; family-provider matching and placement; and ongoing support and retention. Together, these components formed an integrated model for identifying eligible families, assessing child care needs, recruiting and preparing providers, facilitating matches, and supporting placement stability.

The evaluation suggests that CTW's limited number of matches should not be interpreted simply as a lack of demand or provider interest. Rather, the pilot operated in a highly constrained matching environment. Successful placement required many factors to align at once, including family eligibility, provider availability, geography, schedule, child age, affordability, language fit, and family comfort with the provider. As a result, provider availability did not automatically translate into successful placement, and family interest did not always lead to a feasible match.

Implementation challenges also underscored the importance of infrastructure. Staffing instability, uneven follow-through, fragmented data systems, and limited post-placement monitoring made it difficult to maintain consistent outreach, intake, matching, and ongoing support. Findings suggest that nontraditional-hour child care matching requires more than strong relationships and individualized problem-solving; it requires coordinated operational infrastructure that can support consistent implementation over time.

When the model worked well, CTW had meaningful benefits for families and providers. For parents whose jobs required early start times, reliable child care reduced the risk of being late or missing work and helped support family stability and economic mobility. Providers were also motivated by the opportunity to support working families, particularly women entering or advancing in good jobs. These findings suggest that CTW's value should be understood not only in terms of the number of matches completed, but also in terms of what successful matches made possible for families.

The evaluation points to several priorities for future replication and systems-level investment. Future implementation should strengthen the operational infrastructure needed to support outreach, intake, provider recruitment, matching, and placement monitoring. At the systems level, the pilot suggests that nontraditional-hour child care should be understood as part of the infrastructure needed to support workforce participation and career advancement. Expanding access to this type of care will require intentional investment in coordination roles, provider incentives, family affordability supports, timely payment systems, and cross-sector partnerships among child care, labor, workforce development, funding, and public agencies.

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Introduction and Evaluation Purpose

Care That Works (CTW) was developed and implemented by Community Labor United (CLU), a Massachusetts-based coalition organization focused on advancing economic and racial justice through worker-, family-, and community-centered initiatives.¹ The CTW model was designed to address a persistent child care barrier facing parents, especially women of color, seeking to enter good union jobs that require care outside of traditional child care hours.²

CTW was designed as a union-solidarity model that connected parents in union jobs and training programs with SEIU 509-affiliated family child care (FCC) providers who were willing and approved to offer early-morning care. This approach linked unionized workers and apprentices with FCC providers who were also organized through a union. Through their affiliation with SEIU 509, which represents more than 3,000 FCC providers, participating providers were connected to a collective structure that advocates for quality child care³, fair working conditions, and support for the FCC workforce. This affiliation also provided a mechanism through which providers could help shape child care policy and advocate for improvements in the child care system. In this way, CTW was not only a child care matching model, but also a model grounded in solidarity between unionized workers and unionized child care providers.

The model emerged from recognition that many workers in the building trades and other industries begin working early in the morning, have work schedules that vary from day to day, or travel long distances to job sites. These work demands often require child care outside standard operating hours, creating a significant barrier to workforce participation and career advancement.⁴ FCC providers, when appropriately supported, may be well positioned to offer the flexibility needed to meet these early-morning and nontraditional-hour care needs.

From the outset, CTW operated within eligibility criteria that reflected its workforce-centered purpose and funding requirements. Eligible families had one or more parent who was a union member and/or was participating in a union training program, with a work schedule that required early-morning child care. During the city-funded phase of the pilot, Boston residency was also required.

Since its launch in 2020, CTW has been adapted and refined in response to implementation experiences, family and provider feedback, changing program conditions, and findings from two formative evaluations. Building on these evidence-building and continuous improvement efforts, this final evaluation was undertaken with three primary purposes.

First, it sought to document the refined CTW model as it operated by the end of the pilot. In this report, the “refined CTW model” refers to the model as it operated during the final year of the pilot, after multiple years of implementation, adaptation, and learning. While the model had been implemented and adapted over several years, its operational components and implementation processes refined at the conclusion of the pilot had not yet been fully documented. One important contribution of this evaluation was to make that refined model visible by examining how CTW components fit together as a coherent model.

In this report, the “refined CTW model” refers to the model as it operated during the final year of the pilot, after multiple years of implementation, adaptation, and learning.

Second, the evaluation examined what worked and what did not work. Drawing on the experiences of staff, providers, and families, the evaluation explored implementation strengths, operational challenges, and factors that facilitated or constrained successful matching and placement outcomes.

Third, the evaluation identified lessons learned and recommendations to inform future replication, scale-up, or adaptation of the model. As interest in nontraditional-hour child care continues to grow, understanding both the strengths and limitations of the CTW approach can help future implementers build on the pilot’s successes while addressing challenges encountered during implementation.

Specifically, the evaluation was guided by the following questions:

- 1.** What operational components comprised the refined CTW model?
- 2.** What implementation strengths and challenges shaped the delivery of the refined CTW model?
- 3.** What did successful CTW matches mean for families who accessed early-morning nontraditional-hour care?
- 4.** What factors limited the number of successful matches during the pilot?
- 5.** What lessons and recommendations emerged for future replication?

Findings are based on analysis of program documents, implementation records, and qualitative data gathered from key stakeholders, including program staff, family child care providers, and participating families. A total of 12 individuals participated in individual, 60-minute semi-structured interviews. Interview participants included six current or former staff members, four matched family child care providers, and two matched parents. Staff members were asked to reflect on the operational and administrative dimensions of the pilot, including staffing, systems, partnerships, and the organizational infrastructure needed to sustain the program beyond its pilot phase. Providers and parents were asked to share their experiences with nonstandard-hour care, walk through how the matching process worked for them, and offer recommendations for improving the program.

For the purposes of this report, a *matched* family or parent refers to a parent who was successfully placed with a provider. A *matched* provider refers to a provider who served at least one CTW family through a confirmed placement. An *unmatched* family or parent refers to a parent who expressed interest in the program and completed intake but was never placed with a provider. An *unmatched* provider refers to a provider who participated in CTW recruitment or preparation activities but did not ultimately serve a CTW family through a confirmed placement.

The remainder of the report presents evaluation findings organized around these five evaluation questions. The first findings section describes the refined CTW model as a set of interrelated operational components. The second examines implementation strengths and challenges that shaped delivery of the model. The third discusses what successful CTW matches meant for families who were able to access early-morning nontraditional-hour care. The fourth analyzes factors that limited the number of successful matches during the pilot. The final section presents lessons learned and recommendations for future replication, scale-up, or adaptation.

Evaluation Findings

What operational components comprised the refined CTW model?

Analysis of program documents, implementation records, and stakeholder interviews suggests that the refined CTW model consisted of five interrelated operational components. Together, these components formed an integrated system intended to identify and engage eligible families, assess family needs, develop and prepare a pool of providers, facilitate successful matches, and support placement stability over time.

Although these components are presented separately for clarity, they did not operate as strictly sequential stages. Several components occurred concurrently and interacted throughout implementation. Family outreach and intake were ongoing, provider recruitment and preparation occurred alongside family engagement, and matching required continuous consideration of family needs, provider availability, and logistical feasibility. For this reason, the refined CTW model is best understood not as stages, but as a set of operational components that together made the CTW model function.

To help contextualize the implementation findings, Table 1 presents a brief implementation snapshot that summarizes the scale of pilot participation and movement through the program pipeline. These descriptive figures can show the reach of the pilot, the number of families and providers engaged, and the points at which participation narrowed before successful placement.

Table 1. CTW Pilot Implementation Snapshot

Implementation indicator	Number
Families who submitted interest forms	200
Families who completed intake	22
Providers recruited or engaged	36
Providers approved or prepared to offer early-morning care	18
Successful family-provider matches	9
Active placements at the end of the pilot	12

Table 2 provides a high-level overview of the five operational components that comprised the refined CTW model. The sections that follow describe each component in greater detail, including its purpose, key activities, supporting tools and infrastructure, and intended outputs.

Table 2. Summary of the Refined Care That Works Operational Model

Operational Component		Purpose	Primary Output
	Family Outreach and Engagement	Identify and engage families who may benefit from early-morning child care.	Pool of interested families
	Family Intake and Needs Identification	Assess family needs, eligibility, and readiness for matching.	Clear understanding of family needs and match readiness
	Provider Pool Development and Preparation	Recruit, prepare, and maintain a pool of family child care providers able to offer early-morning care.	Pool of eligible and approved providers
	Family-Provider Matching and Placement	Connect families with providers and facilitate enrollment.	Confirmed child care placements
	Ongoing Support and Retention	Support placement stability and address barriers that emerge after placement.	Stable placements and retention

Before describing the operational components, Table 3 provides a brief overview of the primary organizations and staff roles involved in CTW implementation.

Table 3. Key Organizations and Roles Involved in CTW Implementation

Organization/Role/Group	Description
Community Labor United (CLU)	Lead organization that provided oversight, coordination, and implemented the CTW pilot.
CTW Coordinator*	Staff role responsible for day-to-day implementation, including family intake, matching, placement support, and troubleshooting.
SEIU Local 509	The union representing family child care providers involved in the pilot.
SEIU Field Organizer	SEIU 509 staff role that supported outreach to and communication with family child care providers, administered monthly stipends, and identified supports necessary for participation.
Education and Support Fund (ESF)	Entity that supported payment administration for provider stipends, startup funds, and family scholarship payments.
Family child care providers	SEIU 509-affiliated providers
Building Pathways	Housed the CTW Coordinator and supported individuals within the target population through construction pre-apprentice programs.
International Brotherhood of Electrical Workers Local 103	Supports the target population through an electrical apprenticeship program, helped identify prospective families, and provided funding
New England Community Project (previously known as New England United for Justice)	Helped recruit the target population, both families and providers, and identified support needed beyond child care.

*Supervision for the CTW Coordinator position moved from CLU to Building Pathways in order to refocus the Pilot's target population



Component 1. Family Outreach and Engagement

The first operational component focused on generating awareness, engaging target populations, and collecting initial interest forms from participating families. Families learned about the program through outreach activities, and those who were interested completed and submitted a Family Interest Form.

During the early years of the pilot, recruitment efforts focused primarily on reaching workers and apprentices through labor unions representing various building trade workers — with single, low-income women of color being the intended primary beneficiaries. Over time, family identification and outreach became broader in scope, to include other workers and industries in good jobs with early- morning nontraditional working schedules, including transportation, hospitality and healthcare. CLU partnered with community organizations (e.g. SEIU Local 509, Brookview House, Building Pathways, New England United for Justice), specific local unions, women's committees, training directors, and other stakeholders to help spread the word about the program. Outreach strategies included flyers, posters, presentations, social media posts, emails, text messages, membership meetings, and targeted advertisements in newsletters.

The CTW coordinator played a central role in this component by sharing information about the program, responding to family interest, and presenting CTW through partner networks. Outreach activities were supported by a communications toolkit that included standardized messaging, flyers, posters, social media content, email templates, and presentation materials used by coalition partners and labor organizations to promote the program. The Family Interest Form, available through the CTW website, served as the primary intake mechanism for interested families. The form collected demographic and logistical information, including parent name, phone number, preferred form of communication, reasons for seeking child care, the date child care was needed, preferred type of care, zip code, town where care was needed, town where the parent worked, specific care hours, and the number of children needing placement.

The key output of this component was an initial pool of interested families who could move into intake and needs identification.



Component 2. Family Intake and Needs Identification

The second operational component focused on evaluating incoming applications, making direct contact with families, clarifying nonstandard-hour child care requirements, and determining logistical feasibility for a successful match. This component began with review of submitted Family Interest Forms. The CTW coordinator followed up with families within 48 hours of receiving their submission, typically by phone, to confirm interest and gather additional information. During the intake call, guided by a structured script, the CTW coordinator verified program criteria, including whether the parent was a union member, lived in Boston, needed child care before 6:00 a.m., and held a child care voucher if applicable or necessary.

The intake process also included a detailed discussion of family needs and constraints. The coordinator clarified the family's schedule, geography, drop-off and pick-up needs, child age, and preferred child care arrangement. Financing was also discussed. The coordinator explained the difference between using a subsidy and paying privately, described typical private-pay costs, assessed whether private pay was financially viable for the family, and encouraged eligible families to apply for a subsidy while providing transparent information about the subsidy waitlist.

In the refined model, the CTW coordinator spent substantial time helping families understand their options, including explaining what a family child care program is and how it differs from a traditional center-based program. This was important because some families entered the program with limited understanding of family child care or with expectations that did not fully align with the structure of the pilot.

Intake activities were supported by several administrative tools designed to document family engagement, monitor follow-up activities, and track families' progression through the matching process. Information from the Family Interest Form was transferred into a family tracking sheet used to monitor each family's progress through intake. The sheet documented whether families had been contacted, whether they had received follow-up, and where they stood in the pipeline. Outreach scripts supported consistent communication about eligibility, available child care openings, financial requirements, and next steps. Families were also tracked through the Master Parent List, which included standardized status classifications used to support case management and monitor family progress through the program pipeline. Table 4 provides the Master Parent List's seven distinct status classification fields for data entry:

Table 4. Master Parent List's Status Classification

Classification	Definition
Matched	A parent who has been successfully paired and settled with a child care provider.
Active	A parent who is currently and actively seeking child care.
Hold	A parent who is not presently seeking child care but explicitly requests to remain on the list for future reference.
Waitlisted	A parent who is waiting for an available slot with a specific provider.
Archive	A parent who has explicitly requested to be completely removed from the program database.
Out of area	A parent who expressed initial interest but falls outside the geographic eligibility requirement.
No response	A parent who does not respond to the coordinator's outreach attempts.

The key output of this component was a clearer understanding of each family's child care needs, eligibility, financial situation, and readiness for matching.



Component 3. Provider Pool Development and Preparation

The third operational component focused on identifying, recruiting, and preparing family child care providers capable of offering nontraditional-hour care. In the CTW pilot, nontraditional-hour care referred to early-morning care that began before typical childcare operating hours, often as early as 5:00 or 5:30 a.m. Provider pool development began with the identification and recruitment of potential family child care providers affiliated with SEIU 509. Initial provider recruitment was led by SEIU 509 staff, who conducted outreach through their membership network. During the pilot, providers primarily learned about the program through the SEIU 509 Field Organizer and word of mouth.

Once providers expressed interest, the CTW coordinator engaged directly with them to assess eligibility, current slot availability, and capacity to provide nonstandard-hour care. To participate in the pilot, providers were required to be licensed by the Department of Early Education and Care and in good standing, be willing and approved to provide early-morning care beginning as early as 5:00 or 5:30 a.m., have available early-morning slots for pilot families, and be located within a Boston neighborhood or Greater Boston Area. While the original criteria read that FCCs must be located in the Boston neighborhoods of Dorchester, Roxbury, Mattapan, and Hyde Park, exceptions were made on a case-by-case basis. This criterion was eventually relaxed in Year 2 and beyond to include all neighborhoods of Boston along with the Greater Boston Area.

Providers who met eligibility requirements completed an onboarding process designed to prepare them for participation in the pilot. During onboarding, providers received an orientation on CTW expectations and documentation requirements and completed required forms, including a W-9, a participation agreement, and an EEC Variance Request Form.

A key component of provider preparation involved securing approval to operate during nontraditional hours. The Variance Request Form was submitted to the provider's EEC licensor or coordinator to obtain formal authorization for extended-hour care. Once approved, providers received an updated license indicating authorization to provide early-morning care.

Providers also entered into a participation agreement that outlined expectations for serving families requiring care as early as 5:00 or 5:30 a.m. The agreement established the pilot's financial incentive structure, including a monthly stipend of \$700 once a provider began serving at least one CTW child during nonstandard hours, with an additional \$350 monthly stipend available for each additional CTW child served.

Several tools and systems supported provider pool development by tracking provider participation, documenting provider readiness, and formalizing provider involvement in the pilot. A provider database was used to track participating FCC providers, including provider status, variance approval status, available slots, and participation agreement execution dates. A standardized Child Care Pilot Program Participation Agreement template was used to generate individualized agreements with providers. The agreement documented each provider's participation in the pilot, expectations regarding early-morning care, stipend eligibility, and the terms and conditions governing participation. Overall, the agreement establishes a binding accountability standard for everyone enrolled in the network. The EEC Variance Request Form served as the formal mechanism for providers to obtain approval from the Department of Early Education and Care (EEC) to operate during extended hours. The key output of this component was a pool of eligible, approved, and prepared providers available for matching with participating families.



Component 4. Family-Provider Matching and Placement

The fourth operational component focused on bringing families and providers together, moving from an initial review of family needs to formal placement confirmation. The matching process was primarily coordinated by the CTW coordinator. To begin, the coordinator reviewed each family's child care needs and logistical constraints, including home location, work location, commute route, required drop-off and pick-up times, child age, provider availability, and family preferences. Geography and timing were especially important because matches were most feasible when the provider was located near the family's home or along the parent's commute to the job site, and the provider's schedule was aligned with the parent's workday.

The coordinator then identified potential providers from the existing CTW provider pool. Before sharing provider information with a family, the coordinator verified the provider's current slot availability, confirmed that the provider could accept a child in the relevant age range, and assessed whether the provider could accommodate the family's required nonstandard-hour schedule.

After identifying feasible options, the coordinator shared a curated list of provider names and contact information with the family. The family then contacted providers directly to discuss schedule, logistics, cost, subsidy or private-pay arrangements, food restrictions, curriculum, and other placement considerations. The coordinator encouraged families to schedule an in-person tour so that both the family and provider could assess whether the arrangement was a good fit.

The coordinator followed up with both the family and the provider after the tour or initial conversations. If both parties agreed to move forward, the coordinator documented the successful match and recorded the anticipated child care start date. Once the match was confirmed, the family completed the provider's standard enrollment and onboarding process. When a match could not be made within the existing CTW provider pool, the CTW coordinator provided alternative guidance. This included recommending that families use the external EEC provider search tool or offering other recommendations tailored to the family's needs.

The matching process was supported by several tools and systems designed to facilitate decision-making and coordination. A Matchmaking Prioritization Document guided staff in determining which families should be prioritized for matching by outlining the pilot's central components, overarching strategy, prioritization criteria, baseline requirements, and recommended next steps. In addition, the CTW coordinator managed a centralized matching workflow that tracked family needs, provider availability, age restrictions, and anticipated start dates. This workflow enabled the coordinator to assess fit between families and providers while maintaining matching information in a single location. When a suitable match could not be identified within the CTW provider pool, the CTW coordinator referred families to the Massachusetts Department of Early Education and Care (EEC) provider search tool and offered alternative recommendations tailored to the family's needs.



Component 5. Ongoing Support and Retention

The fifth operational component focused on maintaining established matches, processing financial supports, and addressing operational barriers that emerged during placement. After a family-provider match was established, the CTW coordinator remained involved through periodic check-ins and follow-up communication. Routine operations to support active matches included check-ins with parents and monthly reports from participating family child care providers. During these outreach touches, the coordinator assessed how each match was progressing, provided technical assistance, and noted concerns or grievances. If a language barrier arose between the CTW coordinator and an active provider, the coordinator contacted the SEIU Field Organizer to assist and bridge the communication gap.

A significant operational component of ongoing support involved managing supplemental financial mechanisms designed to support both providers and families. These mechanisms were intended to incentivize FCC providers to offer early-morning care, reduce affordability barriers for families, and address practical stability needs that could affect placement retention. The main financial supports included monthly provider stipends, the Family Scholarship Fund, the Family Stability Fund, and the Provider Startup Fund.

Table 5. Financial Supports Available Through the CTW Pilot

Financial support	Purpose	Key details
Monthly Provider Stipends	Incentivize providers to offer early-morning care	\$700/month for the first CTW child; \$350/month for each additional child.
Family Scholarship Fund	Support families without vouchers who could not afford private pay	\$100 per child/week for up to six months; paid directly to FCCs
Family Stability Fund	Support child care, transportation, and related stability needs	Used flexibly, including transportation assistance
Provider Startup Fund	Support provider participation	One-time purchases such as equipment

Ongoing monitoring relied primarily on coordinator check-ins with families and monthly reports submitted by participating providers. Unlike earlier components of the model, however, this stage lacked a centralized monitoring system once a match was established. Financial processing was facilitated by the SEIU Field Organizer and administered through SEIU's Education and Support Fund (ESF), with Bill.com serving as the primary platform through which providers received stipends and scholarship payments. While these systems supported payment administration, neither the CTW coordinator nor the SEIU Field Organizer had direct administrative access to Bill.com. As a result, staff often needed to contact ESF to verify payment status and respond to provider inquiries, creating additional administrative steps and occasional delays.

The key output of this component was stable placement and retention, supported by troubleshooting, communication, and financial assistance.

What worked and what did not work in implementing the refined model?

The evaluation found that CTW's core model addressed a real need and, when implemented well, had meaningful benefits for families and providers. At the same time, implementation was constrained by staffing instability, limited scale, fragmented data systems, unclear expectations, and insufficient infrastructure for ongoing monitoring and payment processing.



Component 1. Family Outreach and Engagement

Outreach was generally viewed as a successful component of the pilot. The materials used to support outreach, including flyers, email blasts, and presentations, were seen as reliable and effective. The relational nature of outreach was also a strength. Rather than relying only on a rigid protocol, a skilled coordinator could adapt communication methods to family preferences and stay connected through text, calls, and emails.

The initial strategy of targeting union workplaces, women's committees, and organizations focused on bringing women and people of color into union jobs was seen as theoretically sound. The union-to-union relationship was identified as a foundational and valuable element of the program's design.

However, outreach also faced important challenges. Staffing inconsistency and poor fit in the coordinator role undermined the program's ability to maintain consistent outreach and communication. The tools and systems used to support outreach, primarily Excel spreadsheets, were inadequate because there was not always consistent ownership or use across staff members. This led to confusion and lack of clarity about past communications.

Demand from the targeted family demographic also proved insufficient, particularly within Boston. Many potential participants in the trades did not reside in the city, which became a significant issue once city funding imposed geographic restrictions. The program's initial focus on construction trades was also seen as too narrow, and a significant number of interested parents were not union members, raising questions about the union-only requirement. By the final year of the pilot, many families in the existing pool were no longer viable prospects for matching because they were unresponsive, no longer seeking care, outside the eligibility criteria, or not a feasible fit.



Component 2. Family Intake and Needs Identification

The intake process worked best when coordinators were diligent, skilled, and able to engage families directly. In those cases, the process was generally effective at evaluating incoming applicants and guiding families toward formal placement. The information gathered during intake gave the coordinator a better understanding of the factors

necessary to establish a match, including geography, language, availability, child age, work schedule, and financing.

At the same time, intake faced significant implementation challenges. Inconsistent follow-through and staff turnover meant that the intake function was handled by a series of people over time. Providers reported never being matched, and parents frequently noted that they were not followed up with. These issues appeared across multiple years, suggesting a systemic issue rather than isolated incidents.

During the final year of the pilot, the CTW coordinator's role shifted more toward maintaining current matches than supporting new intake, intentionally limiting the family pipeline as the pilot neared completion. The criteria for determining a good match were also not clearly documented until the final year of the pilot, although geography, language, availability, and child age were widely understood to be important. In addition, lack of data entry skills among some staff undermined the program's ability to consistently track engagements and member information, leaving the data management system underutilized.

Expectation-setting was another challenge. Some families showed interest without fully understanding how family child care operated. Others assumed their child care needs could be met quickly or misunderstood the financial aspects of the program, including voucher eligibility and private-pay requirements. These mismatches contributed to disinterest or drop-off before placement.



Component 3. Provider Pool Development and Preparation

Provider recruitment benefited from existing union relationships. Because providers were recruited through SEIU 509, the SEIU 509 Field Organizer already had an established rapport with many of them, which helped ease the onboarding process. Providers were often motivated by a genuine desire to support women in the trades who needed early hours child care. Many providers also described themselves as already being “morning people,” making the early-hours model a natural fit. One provider described this motivation in explicitly mission-driven terms:

“As a woman, a Black woman, I’m all for women empowerment. So, I was like, absolutely. Where do I sign up, what do I need to do? Because child care is expensive, and typically women don’t make as much money as men. You know what I mean, and I know the trades; they pay good money. So, any way I can help a woman, a single mom, a wife or whoever, bring more money to their household, I’m here for it.”

This perspective illustrates that provider participation was not only driven by stipends or available slots. For some providers, CTW aligned with a broader commitment to supporting women, working families, and economic mobility.

Providers generally found program staff clear in explaining expectations and appreciated the information provided about the program's goals and procedures. The expansion of provider locations into different neighborhoods was also noted positively by parents because it made the program more accessible.

However, the program's small scale created a structural barrier for provider engagement. With a limited number of families relative to available providers, many providers were left with open slots, which eroded motivation over time. Providers often hoped to fill multiple slots through CTW, but this was largely not the case.

Provider recruitment also remained limited. During the pilot, providers primarily learned about the program through word of mouth, resulting in limited broader awareness. No dedicated recruitment role was created for provider outreach. Instead, recruitment became an additional responsibility for SEIU 509 workers, where the SEIU 509 Field Organizer felt stretched because recruitment was not their primary focus. At the same time, expanding the provider pool was complicated by the limited number of eligible and ready families. In some cases, existing providers had open slots that could not be filled through CTW, which made additional provider recruitment difficult to prioritize.



Component 4. Family-Provider Matching and Placement

When matches were successful, they had meaningful impacts on families. Successful matches were characterized by children remaining in care for an extended period of time and families feeling confident in the provider relationship. Parents frequently highlighted the importance of the provider's personality, warmth, reliability, and overall fit. For families whose work schedules made lateness a serious employment risk, reliable early-morning care was especially important.

A pivotal administrative shift occurred in Year 2 when the program increased the time and scope of responsibilities for the CTW coordinator. This centralized the matchmaking process within one individual, replacing the earlier model in which multiple individuals handled separate sides of the matching equation. This shift helped reduce fragmentation and made it easier for one person to manage information related to family needs, provider slot availability, age restrictions, and start dates.

The final-year coordinator was viewed as a particular strength. That coordinator brought foundational knowledge of the early childhood landscape and an understanding of family child care programs. The coordinator was effective in explaining family child care to parents, troubleshooting issues, and helping address language and cultural barriers.

However, the matching process was also described as chaotic, particularly when multiple CTW coordinators were involved or when placement uncertainty arose. Delays and inconsistencies in hiring a full-time coordinator repeatedly required the program to rebuild

relationships with both parents and providers. Limited provider availability also constrained family choice. While parents were generally grateful for the care they received, some noted that they had to choose from available options rather than from the range of providers they would have selected under ideal circumstances.

Cases in which a match did not occur, despite matching attempts, were attributed to several factors, including lack of follow-through from previous CTW coordinators, provider disengagement, parent unresponsiveness, limited provider options, and mismatched expectations about family child care or program costs. The high-touch, interpersonal model that made individual matches successful was also identified as a limitation for scale. A pilot can provide intensive, individualized support for each match, but a larger program would need clearer systems, defined criteria, and a basic level of monitoring that does not rely solely on one coordinator's personal problem-solving.



Component 5. Ongoing Support and Retention

Ongoing support worked best when staff were responsive, empathetic, and able to troubleshoot issues as they arose. CTW staff were generally perceived as engaged and responsive when problems came up. Communication with providers was often more successful than communication with families, and some providers reported needing only minimal contact from staff once the placement was functioning well.

The coordinator's responsiveness and creative problem-solving were consistent strengths. This support was valuable because issues such as schedule changes, language barriers, transportation challenges, late drop-offs or pick-ups, and payment questions can create strain in child care arrangements and, if unresolved, may affect placement stability and retention. In the CTW context, these issues could be especially consequential because families often depended on early-morning care to participate in work, training, or apprenticeship programs, and alternative care options were difficult to find.

However, ongoing support was uneven and depended heavily on the individual coordinator's skill level. Some families felt that once they were placed with a provider, they were no longer actively monitored or supported. Current communication methods were described as informal, leaving both families and providers without a clear or reliable point of contact after placement.

Payment processing was a recurring challenge. Staff did not have direct access to payment information and had to go through intermediaries to confirm whether payments had been sent. This created delays and frustration for both staff and providers. Toward the end of the program, payment issues were compounded by changes in reporting methods and lack of consistent communication about those changes.

Providers also expressed a need for clearer expectations and guidelines for parents. Issues included late pickups, early-morning calls about lateness, and children remaining in care longer than expected. Providers noted that parents were not always aware of the rules providers were required to follow. The lack of a parent handbook outlining program expectations, provider operational rules, EEC regulations, and drop-off and pick-up norms was identified as a significant gap.

What did successful CTW matches mean for families who accessed early-morning care?

Although the number of matched families was limited, the experiences of families who were successfully matched illustrate the potential significance of the CTW model. For these families, access to reliable early- morning care was not simply a child care support; it was a condition that made it possible to participate in work, apprenticeship, education, and career advancement opportunities.

Matched parents described the value of having care that aligned with early-morning work schedules and reduced the risk of being late or missing work. For families in union career pathways, reliable early care helped address a practical barrier that could otherwise affect job stability, training participation, and progress toward economic mobility. One parent described how the CTW-supported arrangement continued to shape their child care access even after the initial match:

“I don’t know what I would have done, honestly, if we didn’t have Care That Works. My daycare now still opens early for me, just because they were in Care That Works. My daycare person is so reliable, she’s amazing. In my job, if you’re late, you’re going to get laid off eventually. So just the fact that I know I can get there every morning and drop them off and not having to worry about her waking up or being awake is huge.”

This experience illustrates how access to early- morning care can function as an employment support. For this parent, early-morning care reduced the risk that child care constraints would interfere with work attendance and job stability. The quote also suggests that successful CTW matches could create value beyond the initial placement by helping families sustain reliable care arrangements over time.

For many parents, the relationship with their provider extended beyond child care, becoming a source of stability. One parent in particular described how their provider’s communication, follow-through, and consistency gave them the support they needed while searching for work. They also credit the structure provided by their family child care with having a lasting impact on their son, noting that the habits and expectations he developed carried over into their public-school experience. The reliability of early-morning care allowed one parent to build a stable routine for their family, creating conditions for them to pursue an education:

“When I started there, I was finishing up my associate’s degree. I was able to get my bachelor’s degree, and now I am in my master’s program to become a mental health counselor. So, you guys gave me the opportunity... I feel like because of the early hours that you guys offered, I was able to get my kids on a schedule, and I feel like that impacted the stability with the family. It just helped me. I don’t know how else to answer it.”

These findings suggest that CTW’s potential impact should be understood not only in terms of the number of matches completed, but also in terms of what a successful match made possible for families. When the model worked as intended, it helped convert child care access into a broader support for workforce participation and family economic stability.

What factors limited the number of successful matches during the pilot?

The limited number of successful matches should not be interpreted only as a lack of demand or provider interest. Rather, the evaluation suggests that matching was constrained by the complexity of aligning multiple conditions at the same time. A feasible match required eligible family demand, provider availability, geographic proximity, compatible schedules, child-age fit, affordability, language or communication fit, and family comfort with the provider.

On the family side, the eligible pool was narrowed by several factors, including the program’s focus on union members, Boston residency requirements, early- morning care needs, the state’s child-care voucher freeze, and families’ ability to pay privately or access child care subsidies. Some interested families did not meet the eligibility criteria, while others had expectations about timing, cost, or type of care that did not align with what the pilot could provide. It was suggested that limited match volume was partly influenced by the size and reach of the eligible family pool, especially once geographic and union-related eligibility requirements were applied.

On the provider side, CTW depended on a limited pool of FCC providers who were willing, available, geographically accessible, and approved to provide early- morning care. Even when providers had open slots, those slots did not always align with a family’s location, commute route, child age, schedule, language needs, or preferences. As a result, provider availability did not automatically translate into successful placement.

Taken together, the findings suggest that CTW operated in a highly constrained matching environment. The challenge was not simply to identify families and providers, but to align the right family with the right provider under the right logistical, financial, and relational conditions. This helps explain why the model showed meaningful promise for matched families while producing a limited number of successful matches during the pilot.

What lessons and recommendations emerged for future replication?

Findings from this evaluation suggest that the CTW model offers a promising approach for expanding access to nontraditional-hour child care, particularly for families whose work or training schedules do not align with traditional child care hours. The pilot demonstrated that the model can create meaningful benefits when families are successfully matched with providers. It also generated important lessons about the organizational conditions that support consistent implementation, including stable staffing, reliable data systems, clear communication, coordinated provider recruitment, efficient payment processes, and intentional scaling of both family demand and provider supply.

The following recommendations are organized as a practical action agenda for future implementation. They are intended to help future implementers preserve the strengths of the CTW model while strengthening the infrastructure needed to support the model at greater scale.

Recommendation 1. Strengthen the core operational infrastructure needed to support implementation.

Future replication would be strengthened by establishing the core infrastructure needed to manage family outreach, intake, provider recruitment, matching, placement monitoring, and payment processing. The pilot demonstrated that the CTW model depends not only on strong relationships and individualized support, but also on the systems needed to carry out these activities consistently over time.

A future implementation would benefit from a centralized and consistently maintained data system that allows staff to track families, providers, matches, follow-up contacts, and payment-related information in one place. The system should include clear fields for family outreach status, intake status, provider availability, provider variance approval, match attempts, placement status, follow-up contacts, and payment documentation. These data elements should be intentionally selected so that each field serves a clear operational or evaluation purpose.

Clear ownership of the data system would also support continuity. A designated staff member or team should be responsible for maintaining the system, reviewing entries for completeness, and ensuring that information remains current during staffing transitions. Staff training should address not only how to enter data, but also how accurate and timely data support case management, matching, continuity, and future evaluation.

Recommendation 2. Define staffing roles clearly and ensure sufficient capacity across core functions.

The pilot demonstrated the importance of a skilled coordinator who could build relationships, support families, communicate with providers, and troubleshoot barriers. It also highlighted the value of clearly defining responsibilities across the core functions of the model. Future replication would benefit from specifying who is responsible for family outreach, intake, provider recruitment, matching, placement monitoring, and payment coordination.

Coordinator continuity should be prioritized from the outset. Staffing transitions required the program to rebuild relationships with families and providers and, at times, recover knowledge that was not fully documented. A future implementation should hire and train staff before launch, provide adequate supervision, and create written protocols that preserve institutional knowledge across transitions.

The coordinator role should be treated as a specialized implementation role rather than a general administrative position. Staff need knowledge of early childhood education, understanding of family child care operations, comfort with data systems, strong relational communication skills, and the ability to explain eligibility, subsidies, private-pay expectations, and family child care options to families. These competencies are central to the high-touch nature of the model.

Provider communication would also benefit from clear role assignment. The pilot benefited from SEIU 509's existing relationships with family child care providers, and future replication should build on this relational foundation. SEIU 509 plays an important role in recruitment, resolving payment issues, and provider communication— including updating provider slots and addressing concerns. At the same time, staff were often focused on responding to issues as they arose, and more proactive, routine check-ins with providers could help strengthen engagement in future implementation.

Future replication should also build strong language access and culturally responsive capacity across implementation roles. Although the pilot included Spanish-language capacity among SEIU 509 staff and CTW staff, future implementation may need additional language supports for other languages, such as Haitian Creole, depending on the families and providers served.

Recommendation 3. Strengthen family and provider communication before and after placement.

Future implementation would benefit from clearer and more consistent communication with both families and providers. The pilot showed that successful matches depended not only on logistical fit, but also on shared expectations about what the program could provide, how quickly a match could be made, what family child care looks like, and what families were expected to pay.

At the point of intake, families should receive clear communication materials that explain program eligibility, the role of family child care providers, expected timelines, voucher eligibility, private-pay expectations, and the limits of what CTW can guarantee. Future implementation could also require families to attend a brief information session as part of participation. This session could provide a consistent opportunity to explain that CTW supports matching and placement, but does not necessarily provide free child care or guarantee immediate placement. It could also help families better understand family child care, subsidy and private-pay expectations, and what participation in the matching process involves.

The intake process should also include explicit discussion of family child care as a setting. Some families may need support understanding how family child care differs from center-based care, what qualifications and regulations apply to FCC providers, and why FCC providers may be well positioned to offer flexible or nontraditional-hour care. Clearer communication at this stage can help families make more informed decisions before entering the matching process.

A future program should also develop a family handbook to be distributed at the point of placement. The handbook should outline program expectations, provider operational rules, EEC regulations and compliance requirements, drop-off and pick-up norms, communication expectations, late pick-up procedures, and what families should do if issues arise. This would support providers by ensuring that families understand the rules and expectations providers are required to follow.

Communication after placement should also be built into the model. Families and providers should have a clear point of contact after a match is confirmed. Even if ongoing support becomes less intensive once a placement is stable, future implementers should establish a basic monitoring schedule so families and providers know when check-ins will occur and how to request support if concerns emerge.

Recommendation 4. Formalize matching guidance to support replication and scale.

Future replication would be strengthened by a clearer, more formalized process for identifying potentially viable matches. During the pilot, staff understood that successful matching depended on aligning multiple factors, including geography, timing, language,

child age, schedule, provider availability, affordability, and family preference. These considerations were reflected in intake materials, the process for weighing them and moving from potential fit to confirmed placement relied heavily on the coordinator's relational skills, nuanced judgement, and deep knowledge of the individual families and providers, and ability to navigate complex fit considerations. A formalized matching process would not replace the coordinator's judgment or the family's ultimate decision about fit. Rather, it would make the matching process more explicit, transferable, and easier to replicate. Such a process could help staff document how key factors were assessed, communicate options clearly with families and providers, support staff training and supervision, and maintain continuity if the model is implemented at greater scale or in a different context.

The process should include enhanced record keeping tools to standardize the workflow for making matches. The process should include a uniform method for considering factors required for a feasible match, which factors are preferred, how family choice is incorporated, and how staff should proceed when no ideal match is available. It should address both logistical fit, such as location, commute, schedule, child age, provider availability, variance approval, and affordability, and relational fit, such as family comfort with the provider, language and communication preferences, expectations for care, and provider willingness to accommodate the family's schedule. The Matchmaking Prioritization Document used during the pilot could serve as a foundation for this guidance, particularly for clarifying how families should be prioritized when provider supply is limited.

Recommendation 5. Scale family demand and provider supply together.

Future replication should approach scale as a design challenge, not only a growth goal. The pilot showed that family demand and provider supply need to grow together. When there are too few families, providers may be left with open slots and become less engaged. When there are too few providers, families may have limited options in terms of location, language, schedule, child age, and overall fit.

On the family side, future implementers should revisit eligibility and outreach scope. The union-to-union relationship was a foundational value of the pilot, and future implementation can continue to build on that foundation. During the pilot, outreach expanded beyond the initial focus on building trades to include other workers and industries in good jobs with early- morning nontraditional working schedules. Future replication should build on this adaptation by continuing to engage unions, workforce partners, and community-based organizations that can help identify families whose work or training schedules create child care barriers. This would maintain the model's workforce-centered focus while expanding the pool of families who could benefit.

During the pilot, CLU and partner organizations supported outreach by sharing information about CTW with their members and networks, including distributing flyers and other program materials. Future implementers should build on this partnerships-based outreach by clarifying partner roles, providing consistent outreach materials, and identifying which organizations are best positioned to reach families whose work or training schedules create early-morning child care needs. Any expansion should remain intentional and aligned with the model's core purpose rather than simply increasing volume.

On the provider side, future replication should continue to build on SEIU 509's relationships with family child care providers while exploring additional union-aligned provider partnerships. SEIU 509 relationships were an important strength of the pilot, and a larger program may benefit from engaging a broader range of unionized child care providers, including unionized child care centers where feasible. Expanding provider participation in this way could improve the likelihood of matches based on geography, language, hours, child age, and family preference while preserving the model's union-solidarity foundation.

Scaling should be supported by the infrastructure described throughout these recommendations. A larger program will require reliable data systems, clear staffing roles, documented matching criteria, efficient payment processes, and a basic level of placement monitoring. With these supports in place, future replication could preserve CTW's relational strengths while building the infrastructure needed to serve more families and providers effectively.

Summary of Recommendations

Together, these recommendations identify the organizational capacities that would strengthen future implementation of CTW. Future replication should build on the pilot's core strengths, including trusted relationships, individualized attention to family needs, provider commitment to supporting working families, and a clear focus on nontraditional-hour care. At the same time, future implementation would benefit from stronger systems to support those strengths consistently, including data infrastructure, payment workflows, role clarity, family and provider communication materials, documented matching criteria, provider recruitment strategies, and ongoing monitoring processes.

The central lesson for future replication is that CTW is more than a matching program. It is a coordinated operational model that depends on family engagement, provider readiness, individualized matching, financial supports, and retention infrastructure working together. Future replication will be strongest when these components are planned as part of one integrated model and supported by the organizational capacity needed to sustain them.

Policy and Systems Implications

The CTW pilot points to several policy and systems implications for expanding access to nontraditional-hour child care. First, the pilot suggests that nontraditional-hour child care should be understood as part of the infrastructure needed to support workforce participation and career advancement. For parents whose work, training, or apprenticeship schedules fall outside standard child care hours, access to reliable care can determine whether they are able to participate consistently and remain on a pathway toward economic mobility.

Second, the pilot shows that making nontraditional-hour care available requires intentional supports for providers. Provider willingness is important, but it is not sufficient on its own. Providers also need adequate compensation, a clear and manageable approval process for offering care outside standard hours, administrative support, and timely payment systems. Without these supports, nontraditional-hour care may be difficult for providers to sustain, even when they are committed to supporting working families.

Third, the pilot highlights the importance of financial supports that make nontraditional-hour care affordable for families who cannot manage private-pay arrangements. For some families, moving forward with a CTW placement depended on access to subsidies, scholarships, or other financial assistance. Delays or gaps in subsidy access could limit families' ability to use available care, even when a provider was willing and able to offer a placement.

Finally, the pilot suggests that expanding nontraditional-hour child care requires a coordinated model that can bridge gaps across systems. By launching the CTW pilot, CLU helped make nontraditional-hour care more possible by connecting families with providers, supporting provider preparation, helping families navigate affordability and eligibility issues, coordinating matching and placement, and troubleshooting challenges after placement. These functions required sustained coordination across child care, labor, workforce development, funding, and provider payment systems. Future systems-change efforts could strengthen nontraditional-hour child care by investing in the infrastructure that makes models like CTW possible, including funding for coordination roles, provider incentives, family affordability supports, data systems, and cross-sector partnerships among child care, labor, workforce development, and public agencies.

Conclusion

This evaluation documented the refined Care That Works model that emerged through multiple years of pilot implementation. The evaluation found that the model consisted of five interrelated operational components: family outreach and engagement, family intake and needs identification, provider pool development and preparation, family-provider matching and placement, and ongoing support and retention. Together, these components created the operational structure needed to identify families requiring early-morning child care, prepare a pool of qualified providers, facilitate placements, and support placement stability over time.

The evaluation also found that CTW addressed a real and persistent child care barrier for families whose work or training schedules fell outside traditional child care hours. When matches were successful, families valued having reliable early-morning care, providers were motivated by the opportunity to support working families, and the high-touch coordinator role helped troubleshoot complex barriers that could otherwise prevent families from sustaining employment or training opportunities. These findings suggest that nontraditional-hour child care is not only a child care issue; it is also a workforce participation issue. For families whose jobs, apprenticeships, or training programs require early-morning availability, reliable care can determine whether they are able to show up consistently, remain in the workforce, and pursue longer-term economic mobility.

At the same time, the pilot generated important lessons about what is needed to implement the model consistently and at greater scale. Findings highlight the importance of stable staffing, sufficient family demand and provider supply, reliable data systems, clear expectations for families and providers, efficient payment processes, and ongoing monitoring after placement. These lessons do not diminish the value of the model; rather, they clarify the organizational capacities and infrastructure that would strengthen future implementation.

Overall, the CTW pilot offers a promising foundation for expanding access to nontraditional-hour child care. Future replication should build on the model's relational strengths while investing in the systems, staffing, communication structures, payment infrastructure, and monitoring processes needed to support matching, placement stability, and scale. With these supports in place, CTW can serve as a practical model for helping families access the child care they need to participate fully in work, training, and career advancement opportunities.

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