

Child Care Community Fund: *Year 2* *Evaluation Report*



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**Oregon Employment Department —
Child Care Division**

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Informing policy, improving programs

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EXECUTIVE SUMMARY

In 2003, the Oregon Legislature enacted the Oregon Child Care Contribution Tax Credit. Proceeds from these credits have been used to fund two child care enhancement pilot projects administered by the Oregon Employment Department's Child Care Division. This report describes the implementation and outcomes associated with the second pilot project, the Child Care Community Fund (CCCF), administered by Neighborhood House in Multnomah County. The project is guided by three goals:

- To decrease the cost of child care to 10% of gross family income;
- To increase and stabilize child care provider wages; and
- To increase child care quality through provider access to professional development and other enhancements.

The CCCF consists of three components: a parent subsidy component, a provider wage enhancement component, and specialized technical assistance and supports aimed at quality improvement. These three components are designed to jointly influence the three project goals, and represent a multi-pronged approach to determining the kinds of investments that are needed to create high-quality, affordable child care.

In addition to overseeing the administration of the CCCF, the Oregon Employment Department's Child Care Division (CCD) is overseeing an evaluation of the programs. NPC Research, a Portland-based research and evaluation firm, received both evaluation contracts from the CCD.

Project Implementation

The project was fully operational during Year 2. The evaluation documents key findings related to program implementation.



- Since inception, the project has served 37 providers (and 4 directors) and 365 children at 17 facilities. (The control group has consisted of a total of 48 providers and 7 directors serving 481 children at 15 facilities.)
- Facility recruitment was an ongoing challenge throughout Year 1 and early Year 2. As a result, program participation did not begin for some facilities until late in Year 1 or early Year 2; follow-up data on providers and families from these facilities will be presented in the Year 3 report.
- Over \$300,000 in subsidies were provided to 110 children in 72 families.
- Eleven providers received wage enhancements totaling over \$11,000.
- The Project Director provided extensive technical assistance and individualized support to participating facilities and providers during Year 2, including 122 site visits, 412 emails, and over 1,000 telephone conversations resulting in over 1,300 hours of personalized technical assistance.

Preliminary Child Care Affordability Outcomes

A primary goal of the project is to decrease the cost of child care for families in need, and to this end, the project subsidizes the cost of child care for parents who meet in-

come eligibility criteria and whose children are enrolled in participating child care facilities. Findings from parent survey data suggest that families participating in the subsidy program are benefiting in the intended way. Specifically, compared to income-matched control parents, CCCF subsidy parents:

- Spent less on child care (\$413 per month versus \$506 per month, or \$2.50 per hour versus \$4.07 per hour);
- Purchased more child care (35 hours per week versus 25 hours per week); and
- Showed larger reductions in financial stress over time.

Further, CCCF subsidy parents reported that the subsidy was playing a key role not only in helping them to afford child care, but also in helping them pay for basic living expenses, and allowed them to spend more hours in paid employment.

Preliminary Professional Development Outcomes

In addition to increasing the affordability of quality child care, a second goal of the CCCF project is to increase providers' commitment to professional development and to increase and stabilize provider wages. The program offers wage enhancements for providers who enroll and advance on the Oregon Registry at Step 5 or above and offers scholarships for trainings and a variety of networking opportunities. While just 37 CCCF and control providers had completed follow-up data collection in time for this report, preliminary results suggest that the CCCF is making gains in these areas:

- All of the CCCF providers who have completed follow-up data collection were enrolled on the Oregon Registry, compared to just 27% of the control providers.
- All of these CCCF providers advanced at least one Step between baseline and fol-

low-up, while no control providers advanced.

- CCCF reported significantly more networking opportunities than control providers.
- CCCF providers showed increases in confidence in a variety of domains over time.
- CCCF showed somewhat greater reductions in financial stress over time.
- CCCF facilities tended to report increased revenues at follow-up.

Preliminary Child Care Quality Outcomes

The program offers a variety of supports designed to enhance child care quality, such as facility enhancement funds and mentoring and technical assistance for providers. Trained data collection staff from the evaluation team visited each provider to conduct a structured assessment of child care quality at baseline and at follow-up. These results should be considered preliminary, given the small sample of only 32 CCCF and control providers with both baseline and follow-up assessments. These observations did not show more improvement in quality among the CCCF group; instead, both treatment and control group providers appear to be improving in quality in a number of domains. Scores were relatively high at both baseline and follow-up in a number of domains. However, scores were lower in some areas, suggesting that CCCF technical assistance should focus on the following topics:

- Provision of age-appropriate equipment
- Materials for literacy development;
- Use of positive guidance techniques;
- Support for language and literacy; and
- Opportunities for learning and cognitive development.

Focusing individualized assistance and support for the CCCF providers in these areas may result in improvements in these domains during Year 3.

Conclusions

Preliminary outcome data suggest that parent subsidies are having their intended effects, both in terms of the absolute amount spent by parents on child care, as well as on the associated reductions in family financial stress, and the increased ability of these parents to contribute to the workforce. Provider out-

comes too, are promising, including increased engagement in professional development and advancements on the Oregon Registry. While child care quality scores increased over time, this increase was evident for both the CCCF and control group. Quality score data highlight several areas in which there is room for improvement, and with concentrated effort in those areas during Year 3, CCCF providers may have the opportunity to improve quality relative to control providers.

INTRODUCTION

What Is The Child Care Community Fund Project?

In 2003, the Oregon Legislature enacted the Oregon Child Care Contribution Tax Credit. Taxpayers who make a contribution to the program receive a 75-cent Oregon state tax credit on every dollar. Proceeds from these credits have been used to fund two child care enhancement pilot projects awarded through competitive requests for proposals administered by the Oregon Employment Department's Child Care Division. The first project, the Lane County Child Care Enhancement Project (CCEP) was awarded to Lane Community College. That 3-year pilot project and evaluation was completed in 2008. The second project, the Child Care Community Fund (CCCF) was awarded to Neighborhood House in Multnomah County in 2007.

Both projects are guided by three goals:

- To decrease the cost of child care to 10% of gross family income;
- To increase and stabilize child care provider wages; and
- To increase child care quality through provider access to professional development and other enhancements.

The CCCF consists of three components: a parent subsidy component, a provider wage enhancement component, and specialized technical assistance and supports aimed at quality improvement. First, the project subsidizes the cost of child care for parents who meet income eligibility criteria and whose children are enrolled in participating child care facilities. To be eligible for the parent subsidy, a family's income must be at or below 70% of the state median income.

Second, the program offers wage enhancements for providers who enroll and advance on the Oregon Registry at Step 5 or above.

Wage enhancements both act as incentives for participation in ongoing professional development and training, and serve as a means for increasing child care provider income, thus potentially influencing providers' ability to remain in the field.

Third, the program offers a variety of supports designed to enhance child care quality, such as facility enhancement funds, scholarships for trainings, networking opportunities, and mentoring and technical assistance for providers.

These three components are designed to jointly influence the three project goals, and represent a multi-pronged approach to determining the kinds of investments that are needed to create high-quality, affordable child care. A series of program logic models (see Appendix A) showing the relationship of program activities to expected outcomes was designed for the Lane County CCEP program and is applicable to the current project as well (Worcel, Green, & Brekhus, 2006¹).

What Is The Child Care Community Fund Project Evaluation?

In addition to overseeing the administration of the CCEP and CCCF, the Oregon Employment Department's Child Care Division (CCD) is overseeing an evaluation of the programs. NPC Research, a Portland-based research and evaluation firm, received both evaluation contracts from the CCD. Below we describe the study design and research questions, sample selection, and evaluation methodology.

¹ Worcel, S. D., Green, B. L., & Brekhus, J. (2006). Lane County Child Care Enhancement Project Evaluation: Year 1 Final Report. NPC Research: Portland, OR.

STUDY DESIGN AND RESEARCH QUESTIONS

NPC Research received a contract to conduct a 3-year evaluation of the CCCF, which includes a process and an outcome study. The process study focuses on documenting, describing, and explaining program implementation. A process study allows evaluators to determine whether a program is implemented as intended, highlight program accomplishments and challenges, and share lessons that may be useful to others seeking to implement similar projects. The process study addresses several key research questions:

- How well was the CCCF implemented and to what extent did it produce desired outputs?

- What were the barriers and facilitators of successful implementation?
- How were project funds expended?
- Are the number and characteristics of parents, children, and providers different for the CCCF and control groups?
- Are CCCF providers satisfied with the CCCF pilot project?

The second component of the evaluation is an outcome study. The purpose of the outcome study is to understand the outcomes of the project on participating providers and families. Table 1 lists the study's research questions and related outcomes.

Table 1. Outcome Study Research Questions and Outcomes

Research Questions	Outcomes
1. Are CCCF parents spending less than 10% of their household income on child care?	1a. Increased affordability of care 1b. Reduced parental financial stress
2. Are CCCF parents more satisfied with their child care arrangements?	2a. Increased stability of care 2b. Greater parental workforce productivity 2c. Increased satisfaction with care
3. Do CCCF providers show more evidence of engagement in professional development activities?	3a. More professional development activities, as measured by numbers of trainings/classes and OR advancement 3b. Increased motivation for professional development 3c. Increased provider networking supports
4. Are CCCF providers compensated at a rate commensurate with their level of training and education?	4a. Increased provider income 4b. Decreased provider financial stress
5. Are CCCF facilities more likely to have stable revenue and less likely to have problems with issues of parent non-payment?	5a. Increased revenue stability 5b. Decreased problems with parental non-payment
6. Are CCCF providers more likely to stay in the field longer?	6a. Increased provider retention 6b. Decreased provider stress
7. Are CCCF providers more likely to make facility improvements?	7a. Increased environmental quality of care
8. Are CCCF children experiencing higher quality child care?	8a. Increased quality of child-caregiver interactions 8b. Increased quality of social-emotional development environment 8c. Increased quality of cognitive/language development environment

SAMPLE SELECTION

The evaluation employed a randomized design, with providers randomly assigned to either the CCCF intervention or to a control group. The recruitment goal was to enroll 12 facilities in each group (10 family providers and 2 centers) for a total of 24 facilities.

The Neighborhood House recruitment goals were met in 2008-09, although enrollment proceeded quite slowly and was ongoing throughout the first year rather than all sites enrolling at the start of the project. This was a result of challenges encountered in attracting sufficient numbers of facilities and providers to participate. In addition, as sites dropped out or became ineligible to continue participating in the study, attempts were made to recruit new sites in order to maintain recruitment goals. As a result, the number of facilities and providers who were due to complete a 1-year follow-up in time for this Year 2 report is less than the total number enrolled in the study. Table 2 displays the cumulative total number of facilities, providers, families, and children enrolled in the CCCF and control groups.

Table 2. CCCF & Control Facilities

	CCCF	Control
# facilities	17	15
# providers	37 (plus 4 directors)	48 (plus 7 directors)
# children at these facilities	365	481

Table 3 shows the total number of facilities and providers enrolled in the Neighborhood House project who completed a baseline survey, the total number of facilities and providers who had completed a follow-up survey as of the cut-off date for this report (May 15, 2009), and the remaining providers whose follow-up data were not yet due in time for this report. It is important to note that the two

control center sites included in this report have since been discontinued from the study because both joined another child care quality improvement initiative. All follow-up data on those sites (and the providers within those sites) was collected prior to the sites' participation in the new program; the sites were dropped from the study subsequently. New control center sites have been added to the program, and their follow-up data will be included in the Year 3 report.

Some facilities for whom data were collected at baseline will not participate in follow-up data collection. Three treatment family child care facilities and three control family child care facilities dropped out of the CCCF study over the first two years of the CCCF program. Among treatment sites, two family child care (FCC) facilities had their living situation change, e.g., moved and did not reopen or had housemates move in, reducing their space for child care. The third treatment FCC site was asked to leave the program because the director, despite closing for the summer months, attempted to continue receiving participation incentives. These treatment sites only completed baseline data because they dropped out of the study before they became eligible for their 1-year follow-up. The three control FCC sites were dropped from the study when they went out of business. The CCCF program director recruited new FCCs to take the place of each FCC that dropped from the program. In addition, the program director recruited one additional treatment center because the two participating treatment centers had far fewer providers and children than the control centers.

Likewise, some providers who participated in baseline data collection will not participate in follow-up data collection. As of this report, a total of 4 treatment family providers, 9 treatment center providers, 4 control family providers, and 13 control center providers left the study before they became due for their 1-year follow-up. In addition, 2 control family providers and 13 control center pro-

viders dropped out of the study after completing their 1-year follow-up. The reasons for provider exits are described in more detail in the Provider Retention section of this re-

port. Appendix B contains demographic and other descriptive information about the providers in each study group.

Table 3. CCCF & Control Participation in Data Collection

CCCF					Control			
	Base- line	Follow- up com- pleted by May 15	Follow- up not yet due	Left before follow-up	Baseline	Follow- up com- pleted by May 15	Follow- up not yet due	Left before follow-up
Family Child Care								
Facilities	14	5	6	3	11	6	2	3
Providers	18	7	7	4	18	9	5	4
Center Child Care								
Facilities	3	2	1	0	4	2	2	0
Providers	19	6	5	8	30	11	8	11
	(plus 4 Direc- tors)	(plus 2 Direc- tors)	(plus 1 Direc- tor)	(plus 1 Director)	(plus 7 Direc- tors)	(plus 2 Direc- tors)	(plus 3 Direc- tors)	(plus 3 Direc- tors)

METHODOLOGY

The CCCF process and outcome evaluations rely on information gathered from a variety of different sources, using several methodologies. The four types of information used for the evaluation include program-level data, facility-level data, provider-level data, and parent-level data. These data sources are described below.

CCCF Program-level Data

In order to address many of the key process study questions, it is necessary to gather information about program implementation. The program-level data collected for this evaluation consist of quarterly reports and sample tracking data, both described below. In addition, NPC staff members were in frequent phone, email and in-person contact with CCCF staff members to exchange in-

formation about project and evaluation activities.

Quarterly Reports: The CCCF Program Director completes quarterly reports; these reports include information about the number of providers and families served, the types of activities conducted, and the allocation of funds. Findings in this report reflect data submitted on the quarterly reports for the second year (covering the period from July 1, 2008 through June 30, 2009).

Provider Tracking Data: The CCCF Program Director compiles and updates a list of all providers in both groups that includes information about providers' date of enrollment in the project, Oregon Registry step, wage enhancement amounts, and, for providers who leave the program, date and reason for exit.

Facility-level Data

The evaluation team is collecting two types of data from each facility, as described below.

Facility Owner/Director Survey: At baseline (shortly after a facility's enrollment in the CCCF or control group), the facility directors were asked to complete a written director survey. This survey, developed for this evaluation by NPC, gathers information about enrollment and revenue fluctuations and business practices. Facility directors complete this survey again 12 and 24 months after the baseline survey.

Family Tracking Data: NPC works with each facility director and the CCCF Project Director quarterly to collect updated information on enrolled families. This family tracking data includes enrollment and exit dates and reason for exit (if applicable) for every child at the facility along with information about whether the family receives a DHS subsidy and/or a CCCF subsidy.

Provider-level Data

The third type of data necessary for both the process and outcome evaluations is information from providers themselves. Providers are included in the evaluation if they work directly with children for an average of 20 hours or more per week. CCCF providers can share their perceptions of the services they are receiving, and data from providers in both study groups can be used to highlight differences in key outcomes such as income stability and quality of care. NPC is conducting up to three rounds of data collection visits per provider (one at baseline immediately following facilities' engagement with the project and then annually thereafter). These site visits consist of an observation and a provider survey (the Provider Enrollment Survey at baseline, and a Provider Follow-Up Survey at the second and third data collection point). Each of these components is described in more detail below.

Observations:

NPC staff members conduct observations with every provider in the two study groups using the Quality of Early Childhood Care Settings (QUEST) instrument developed by Abt



Associates. This instrument consists of multiple subsections that measure environmental quality, the quality of the cognitive development environment, and social/emotional quality. The environmental quality subsections include ratings of health and safety in a variety of areas and the appropriateness/adequateness of equipment and materials. The subsections focusing on cognitive development include ratings of instructional style, learning opportunities, and language development. The subsections that focus on social/emotional quality include ratings of the caregiver's use of positive guidance, supervision style, and supporting social development and play. Each observation takes approximately two hours. Observations are conducted at baseline (shortly after a facility's enrollment in the CCCF or control group) and 12 and 24 months after baseline.

Participant Enrollment Survey. All providers in both study groups completed a Participant Enrollment Survey at baseline. This written survey includes sections on background and demographic information, provider confidence in a variety of domains, provider commitment to the field, and professional development activities. This measure was developed by the Oregon Child Care Research Partnership for use with all State-funded child care projects. NPC added several additional sections to this survey to cap-

ture data necessary for this particular program evaluation, including items to measure financial stress, networking opportunities, and feelings of accomplishment as child care providers.

Provider Follow-up Survey: At the time of each follow-up observation, providers are asked to complete a paper-and-pencil survey that serves as a follow-up instrument to the Participant Enrollment Survey. This brief survey includes a subset of PES items that we want to track over time along with the additional items developed for this evaluation, including a measure of financial stress.

Parent-level Data

The evaluation also includes a parent survey component. The parent survey is administered with each family once annually during the 3-year evaluation. Baseline parent survey data collection occurs 3 months after CCCF facilities enroll in the program (to allow for several months of parent subsidy receipt prior to the survey so that these parents can answer knowledgeably about how the subsidy has helped their families), and occurs in tandem with baseline provider data collection for the control group (because by definition none of the control parents receive subsidies, and therefore there is no need to delay the survey administration). The second and third rounds of parent surveys are collected 12 and 24 months after the baseline surveys. The data collection is longitudinal in design; that is, those parents who complete the first parent survey are contacted and invited to complete the second and third parent surveys so that the evaluation team can measure change over time.

Parent Survey. The parent survey, developed by NPC for this study, includes questions about parental satisfaction with care, stability of care, amount spent on child care, financial stress, and work productivity. In exchange for their participation in the survey, parents receive a \$15 gift card to Fred Meyer.

In order to maximize the parent sample size, NPC employed a three-pronged approach to baseline parent survey data collection.

Survey parties: NPC staff visited each facility at a pre-arranged time (during busy pick-up times) and invited parents to complete the survey while they pick up their children.

Drop-boxes: NPC staff left extra blank surveys and drop-boxes at each facility and asked facility directors to have parents complete the surveys when they drop off or pick up their children.

Mailed surveys: Finally, NPC mailed surveys to those parents who received CCCF subsidies who do not complete a survey either at a survey party or through a drop box. Surveys were not mailed to parents who did not receive a CCCF subsidy (that is, parents at control facilities or parents at CCCF facilities who do not qualify for subsidies). Receiving the highest possible response rate from CCCF subsidy parents is the primary concern of the evaluation team, as it is these parents who can comment on what effect the subsidies have had on their families. Furthermore, these parents have signed a release agreeing to be contacted for the evaluation.

In order to maximize retention for the 12-month follow-up surveys, NPC used several approaches to follow-up parent survey data collection.

Six-month telephone check-in calls: NPC staff called each parent who completed a baseline surveys, 6 months before they were due for their 1-year follow-up to confirm that their phone number and address are still valid. If phone numbers were not valid, NPC attempted to get updated phone numbers from the CCCF Project Director for subsidy parents or updated phone numbers from the child care site director for CCCF treatment sites.

Mailed surveys: Approximately 2 weeks before the parent became due to complete their follow-up survey, NPC staff mailed surveys

to each parent who completed a baseline survey. Up to three replacement surveys were mailed at approximately 2-week intervals if there was no response from the parent and their address was still valid, e.g., their survey was not returned to sender.

Phone calls: After the follow-up survey was mailed to each parent, NPC staff made a confirmation call within 5 business days to ensure that the parent received the survey in the mail and to ask if they had any questions. The parent was also asked if they would prefer to complete the survey over the phone, and if so, the survey was completed during the call; if not, it was scheduled for a later date. If NPC staff did not reach the parent by phone but the phone number appeared to be in working order and valid for the parent, staff left weekly voicemail messages to confirm that the parent received the survey and remind them to complete and return it in order to receive a gift card.

Child Care Facility: After repeated unsuccessful attempts to have a CCCF parent complete a survey, NPC staff asked the child care facility director for updated contact information for the parent if applicable and/or assistance in reminding parents to complete a follow-up survey.

Project Director: After repeated unsuccessful attempts to have a CCCF subsidy parent complete a survey, the CCCF Project Director included the survey with the parent's subsidy re-enrollment paperwork and encouraged the parent to complete and return the survey to NPC.

A total of 272 parents completed a baseline survey: 56 parents receiving CCCF subsidies (representing 81%² of subsidy parents) and

216 other parents (representing 57%³ of all other families). As illustrated in Table 4, as of May 15, 2009 (the cut-off date for inclusion in this report), a total of 119 parents completed a follow-up survey: 22 parents receiving the CCCF subsidy (representing 96%⁴ of subsidy parents who were due for their follow-up prior to the cut-off for this report) and 97 other parents (representing 79%⁵ of all other families who were due for their follow-up prior to the cut-off for this report). See Appendix C for demographic information about parent survey respondents.

³ There were a total of 103 non-subsidy CCCF parents and a total of 273 control parents eligible to complete baseline, equaling 376 non-subsidy families.

⁴ Twenty-two (22) subsidy parents completed a follow-up survey out of 23 eligible. The subsidy parent who did not complete a follow-up survey had an invalid phone number and no forwarding mailing address. The count of subsidy parents eligible for a follow-up survey does not include the 11 subsidy parents who never responded to multiple attempts to complete a baseline survey. An additional 35 subsidy parents were not yet due for their follow-up as of the data cut-off date for this report.

⁵ Ninety-seven (97) non-subsidy parents completed a follow-up survey out of 123 eligible. Those who did not complete a follow-up survey but were eligible included 14 who were eligible but had not yet responded and 12 were considered dropped from the study due to the following reasons: 5 for invalid phone numbers and no forwarding mailing addresses, 3 refused, and 4 were deemed non-responsive to three or more follow-up attempts by telephone and mail. An additional 93 non-subsidy parents were not yet due for their follow-up as of the data cut-off date for this report.

² A total of 69 parents had been enrolled to receive subsidies, but 11 did not respond to three or more attempts by telephone and mail to complete a baseline survey.

Table 4. CCCF & Control Parents Survey Sample Sizes

	Baseline	Follow-up by May 15⁶
CCCF Subsidy⁷		
Number received	56	22
Recruitment/retention rate	81%	96%
CCCF Non-subsidy		
Number received	48	23
Recruitment/retention rate	47%	70%
Control		
Number received	168	74
Recruitment/retention rate	62%	82%

⁶ These retention rates are calculated based on the number of families whose follow-ups were due during the study period and for whom all follow-up protocols in an attempt to reach the family had been completed. Parent follow-up interviews that were still “in process” were not included.

⁷ A parent is counted in the CCCF Subsidy group if they had ever received a subsidy. Although some parents may have received the subsidy but then later were un-enrolled due to becoming ineligible or leaving their child care site, they are still counted in the CCCF Subsidy group for this table and subsequent analyses.

Data Collection Timeline

As outlined above, some types of data are collected quarterly, while other data elements are conducted annually. Data collection for this evaluation is conducted on a rolling basis; that is, as each facility is enrolled in the CCCF or control group, NPC conducts baseline data collection, and then the quarterly and annual follow-up due dates are calcu-

lated based on the date of the baseline data collection. Similarly, as new families enroll in the facilities, NPC collects the baseline parent survey, and annual follow-up due dates are calculated based on the date of the baseline survey. Table 5 summarizes the data collection activities, including who completes each activity and when each activity is conducted.

Table 5. CCCF Evaluation Data Collection Activities

Data Collection Component:	Who Does This?	When Is This Completed?
CCCF Program-level Data		
Quarterly Reports	CCCF Project Director	Quarterly
Sample Tracking Data	CCCF Project Director	Quarterly
Facility-level Data		
Facility Director Survey	Facility Directors	Baseline, 12 & 24 months post-baseline
Family Tracking Data	Facility Directors & CCCF Project Director	Quarterly
Provider-level Data		
Observation	Providers who work with children 20+ hours/week	Baseline, 12 & 24 months post-baseline
Participant Enrollment Survey		
Provider Follow-Up Survey		
Parent-level Data		
Parent Survey	Parents	Baseline, 12 & 24 months post-baseline

About This Report

In subsequent sections of this report, we outline the program activities and outcomes related to the three project goals. The next section presents the program activities and outcomes focused on families, followed by a section on program activities and outcomes related to professional development and a section on program activities and outcomes related to child care quality. The final section of the report provides a discussion of the implications of the study findings for research, policy, and practice. This report includes de-

scriptive data on all participants who completed baseline data collection, as well as change over time data for the subset of providers and parents who completed a second round of data collection prior to the cut-off for this report; the Year 3 report will include data on those additional providers and parents who complete follow-up data collection during Year 3.

FAMILY ACTIVITIES AND OUTCOMES

Program Activities Focused on Families

One of the three primary aims of the CCCF program is to address the issue of child care affordability, with the goal of helping low income parents keep child care expenditures to within 10% of family income. As illustrated in the logic model in Appendix A, by addressing child care affordability, the program hopes to impact both the stability of income for providers and the stability of care for children (due to fewer child care changes). Ultimately, increased stability of care for children and increased income for providers could result in program improvements and higher retention in the field.

To address this program goal, the CCCF program provides subsidies at the CCCF facilities to income-eligible families (families at or below 70% of state median income) to keep their child care expenditures within 10% of family income. Eligible parents must first apply for a DHS subsidy, and then the CCCF subsidy will help cover additional costs in order to keep the family's share of the cost to 10% of family income. To receive a CCCF subsidy, a family must complete enrollment paperwork and then must complete re-enrollment paperwork every 6 months. During Year 2, CCCF spent \$304,056 (72% of Year 2 expenditures) on family subsidies to support a total of 110 children in 72 families, for an average of \$2,764 per child. The average length of time a family received the subsidy between July 1, 2008 and June 30, 2008 was 248 days (approximately 8 months), ranging from a low of 53 days to a high of 365 days (approximately 2 to 12 months). See Appendix D for a breakdown of all Year 2 program expenditures.



Family Outcomes Findings in Brief

Analyses of family outcomes investigated differences between CCCF subsidy parents and a matched control sample of similarly low-income families. Key findings include the following:

- CCCF subsidy parents spent less money per month on child care, but appeared to be purchasing more hours per week (35 hrs/week vs. 25), compared to matched controls.
- CCCF subsidy parents also reported at follow-up that the subsidy was allowing them to work more hours, a key goal of the project.
- While the CCCF subsidy group reported significantly more financial stress than matched controls at baseline, at follow-up the two groups reported comparable amounts of stress, despite drops in CCCF subsidy family incomes and increases in matched control family incomes.
- CCCF subsidy parents reported that the subsidy helps their families meet basic needs and keep children in high-quality care.
- There were no differences over time in child care stability: there were few

changes in child care arrangements for families in any group.

- Parents overall were extremely satisfied with the quality of care their children are receiving in both the CCCF and control groups, and there were no differences over time or between groups on satisfaction with the quality of care.

Family Outcomes Detailed Findings

The parent survey is completed by parents whose children receive care at CCCF sites as well as by parents whose children receive care at the control sites. Furthermore, the CCCF parents can be broken into two subgroups: those who receive subsidies and those who do not. By definition, the CCCF subsidy parents are lower income than CCCF non-subsidy parents and the control sample as a whole, and therefore we have created an income-matched sub-sample of the control parents in order to examine differences in family outcomes between CCCF subsidy and control parents. The matched control sample consists of the control parents with incomes comparable to the CCCF subsidy sub-sample⁸. In addition to having similar income levels, the two groups did not differ in family size. However, these two subsamples did differ on two demographic variables: the CCCF

subsidy sample was significantly younger and had significantly less education than the matched control sample (and the CCCF non-subsidy and remaining control samples). Therefore, we have controlled for age and education levels in the subsample analyses reported below.

AFFORDABILITY OF CARE

Table 6 presents baseline parent income and child care expenditure data. As expected, the CCCF subsidy and matched control samples have significantly lower income than the CCCF non-subsidy and remaining control parents. Also as expected, the CCCF subsidy group spends significantly less on child care and pays a lower hourly rate than the other three groups of parents. Furthermore, the subsidy parents utilize more child care: these parents have significantly more children enrolled in care and buy more hours of care than the other three groups of parents, perhaps due to the lower hourly rate they pay.

⁸ Twelve control sample parents did not report income level, and therefore these parents could not be placed in either the matched control or non-matched control samples and are excluded from subsample analyses reported here.

Table 6. Baseline Parent Income & Child Care Expenditures

	CCCF Subsidy	Matched Control	CCCF non- subsidy	Remaining Control
Average monthly take-home income ^a	N = 53	N = 86	N = 42	N = 66
Mean	\$1,964	\$2,292	\$4,282	\$6,151
Range	\$448-3,900	\$0-\$4,000	\$400-12,000	\$4,167-\$12,000
Average monthly expenditure on child care (all care) ^b	N = 52	N = 82	N = 45	N = 66
Mean	\$413	\$506	\$568	\$755
Range	\$0-1,000	\$0-1,080	\$0-2,200	\$200-2,200
Average monthly expenditure on <u>this</u> child care ^c	N = 52	N = 78	N = 44	N = 64
Mean	\$322	\$442	\$373	\$606
Range	\$0-\$600	\$0-\$1,080	\$0-\$845	\$90-\$1,450
Average number of children at <u>this</u> child care ^d	N = 55	N = 86	N = 47	N = 66
Mean	1.5	1.2	1.3	1.3
Range	1-3	1-2	1-4	1-2
Number of hours per week children are in this child care arrangement ^e	N = 53	N = 84	N = 47	N = 65
Mean	35	25	25	27
Range	4-55	1-50	5-50	8-47
Average out-of-pocket per-child per-hour rate for <u>this</u> child care ^f	N = 51	N = 71	N = 44	N = 62
Mean	\$2.50	\$4.07	\$3.89	\$5.51
Range	\$0 to \$7.50	\$0 to \$10.88	\$0 to \$13.70	\$1.30 to \$13.85

^a CCCF subsidy and matched control parents had significantly lower income than CCCF non-subsidy and non-matched control parents, $p < .001$.

^b CCCF subsidy parents spent significantly less on all child care, $p < .001$.

^c CCCF subsidy parents spent significantly less on *this* child care, $p < .001$.

^d CCCF subsidy parents had significantly more children enrolled, $p < .001$.

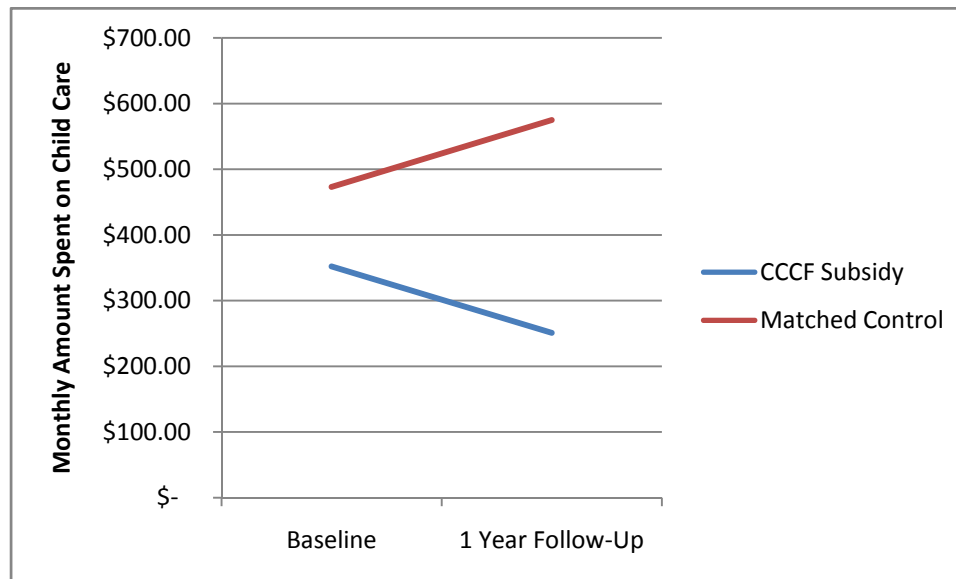
^e CCCF subsidy children received significantly more hours of care, $p < .001$.

^f CCCF subsidy parents had significantly lower hourly rate, $p < .001$.

It is possible to examine change over time on these income and child care expenditure variables for the subset of parents who have completed two rounds of parent surveys. For this subset of 57 (22 subsidy and 35 matched control) families, there was a significant time by group interaction: while CCCF subsidy parent monthly income dropped slightly between baseline and follow-up (from \$2,249 to \$2,060), the matched control sample's monthly income rose considerably between the two time points (from \$2,235 to \$3,495). Similarly, while the CCCF subsidy group continued to spend significantly less on child care than the other groups at follow-up, there was a significant time by group interaction: the monthly amount spent by the CCCF sub-

sidy group on **all child care** decreased (from \$352 to \$251), while the monthly amount spent by the matched control group on **all child care** increased (from \$473 to \$575). (See Figure 1.) There were no significant changes over time in the amount spent on **this child care** or on the number of hours of **this** care purchased, number of children in **this** care, or hourly rates for **this** care. Thus, the changes in total monthly amounts spent on all child care appear to be due to increases or decreases in the utilization or cost of **other** child care arrangements. The data collected for this study do not allow for an investigation of why control parents may have changed their utilization of **other** care.

Figure 1. Changes in Child Care Expenditures on All Child Care



The parent survey also asked parents about what sources of help they may receive in paying for child care. Table 7 presents this information for all parents who completed a baseline survey. Parents rarely rely on help

from family members, employers, or a dependent care assistance program, but a sizeable minority of parents, particularly in the CCCF groups, utilize DHS subsidies.

Table 7. Baseline Sources of Help for Child Care Expenses

Do you receive help paying for child care from:	CCCF subsidy	CCCF non-subsidy	Control
	% (n) N = 56	% (n) N = 48	% (n) N = 168
Family members ^a	0% (0)	0% (0)	10% (16)
DHS subsidy ^b	32% (18)	21% (10)	11% (18)
Employer-subsidized child care	2% (1)	0% (0)	2% (4)
Dependent care assistance program	5% (3)	0% (0)	2% (3)
Other: Site scholarship	0% (0)	0% (0)	1% (2)

^a Control families were significantly more likely to receive assistance from family members, $p < .001$.

^b Control families were significantly less likely to receive DHS subsidies, $p < .001$.

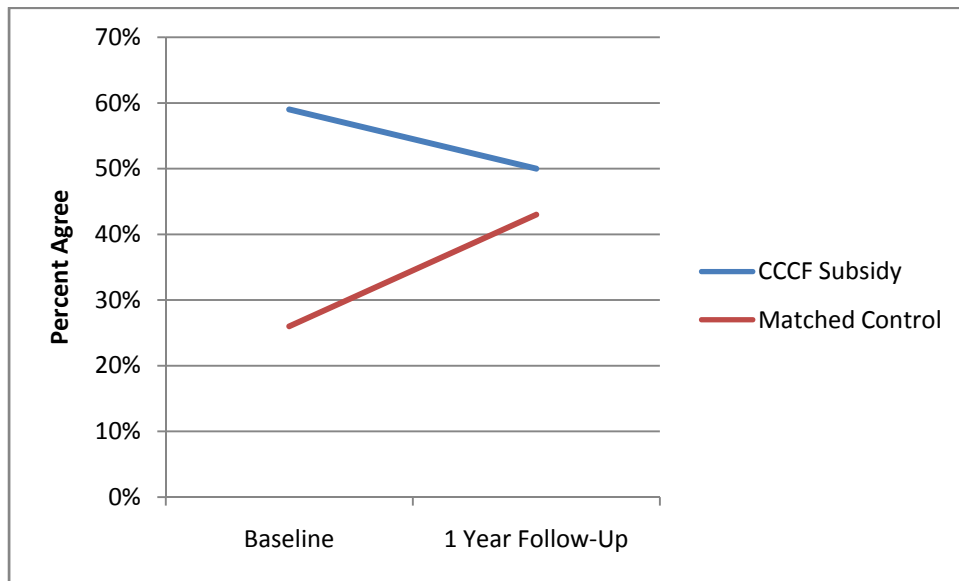
Parents answered a series of questions on the survey about financial stress, including how often they worry about being able to pay their child care bills, how often they worry about their finances overall, and a scale to measure how often they worry about a series of basic financial needs (such as rent/mortgage and groceries). Table 8 reports baseline and follow-up data for the CCCF subsidy and matched control groups for those parents who have completed two rounds of surveys. Despite the fact that the CCCF subsidy and matched control groups had similarly low incomes, and while the analyses con-

trolled for differences in age and education level, at baseline the CCCF subsidy group reported significantly more worry over paying child care bills and had higher financial needs scale scores than the matched control sample. However, these differences disappeared at follow-up; the CCCF subsidy and matched control groups did not differ on any of the three measures of financial stress at follow-up. While control parents' stress levels increased over time, CCCF parents were experiencing less financial stress since beginning to receive the subsidy (see Figure 2).

Table 8. Parent Financial Stress

	CCCF Subsidy % (n)	Matched Control % (n)
I often worry about whether I will be able to pay my child care bills.	N = 22	N = 35
% agree at baseline	59% (13)	26% (9)
% agree at follow-up	50% (11)	43% (15)
Significant change over time?	No	No
CCCF subsidy less worried?	No difference at follow-up; at baseline subsidy parents more worried	
I often worry about my family's finances overall.	N = 22	N = 35
% agree at baseline	77% (17)	54% (19)
% agree at follow-up	82% (18)	74% (26)
Significant change over time?	No	No
CCCF subsidy less worried?	No	
Financial Stress Subscale:		
I often worry about meeting my family's financial needs (e.g., mortgage/rent, food, etc.) ⁹	N = 20	N = 33
Baseline mean	2.1	1.6
Follow-up mean	2.3	1.9
Significant change over time?	No	No
CCCF subsidy less worried?	No difference at follow-up; at baseline CCCF subsidy parents more worried	

⁹ Cronbach's alpha for this scale at baseline and follow-up was high, with alpha = .91.

Figure 2. Percent of Parents Worrying About Ability to Pay Child Care Bills

The follow-up survey included several additional questions to capture information about how the current economic environment may be impacting families participating in the study. Parents were asked whether, during the past 12 months, they or a spouse had lost a job, had reduced wages, or had reduced hours. One-fifth (20%) of those parents who had completed a follow-up survey reported that they or a spouse lost a job in the past year (with no differences between the CCCF subsidy and matched control group), 16% of parents reported reduced wages (again, with no differences between groups), and significantly more CCCF subsidy parents (50%) reported reduced work hours than matched control parents (15%).

Those parents who receive a CCCF subsidy were asked a series of questions on the survey about how the subsidy has helped their families. Table 9 displays this data for all subsidy families who have completed a survey. Almost all parents stated that it would

be difficult to afford their child care arrangement without the subsidy and almost half said they would have to remove their child from care if they did not have the subsidy. Nearly all families believed the subsidy has helped them to afford their basic needs and keep their standard of living, and two-thirds stated that the subsidy has helped them save toward long-term goals. Two additional items about hours purchased and hours worked were added to the survey after most parents had already completed their baseline survey. However, a subsample of parents did answer these new questions: *over three-quarters of these parents said that the subsidy had allowed them to purchase more hours of care and work more hours than they otherwise would have*. These responses are consistent with findings showing that CCCF subsidy parents purchased significantly more hours of care compared to matched controls.

Table 9. Impact of CCCF Subsidy on Families Receiving the Subsidy

	Strongly Disagree % (n)	Disagree % (n)	Agree % (n)	Strongly Agree % (n)
We would not have been able to afford this child care without the subsidy	0% (0)	13% (6)	28% (13)	59% (27)
If we didn't have the subsidy we would have to take our child out of this child care	11% (5)	41% (19)	13% (6)	35% (16)
The CCCF subsidy has helped our family	0% (0)	0% (0)	2% (1)	98% (46)
The CCCF subsidy has helped us to afford our basic needs (e.g., food, mortgage/rent, etc.) ¹⁰	0% (0)	2% (1)	41% (18)	57% (25)
The CCCF subsidy has improved our standard of living	0% (0)	7% (3)	37% (17)	57% (26)
The CCCF subsidy has helped us be able to save for our long-term goals	4% (2)	28% (13)	33% (15)	35% (16)
The CCCF subsidy has helped us place our children in care for more hours*	5% (1)	16% (3)	21% (4)	58% (11)
The CCCF subsidy has helped us be able to work more paid hours*	6% (1)	17% (3)	22% (4)	57% (10)

* These items were added to the survey after most parents had already completed their survey; therefore the sample size for these items is smaller. We will continue to ask these items on follow-up surveys, however, and will therefore have more data to report in the Year 3 report.

¹⁰ Cronbach's alpha for this scale=.89.

Parents' qualitative responses mirror the quantitative responses displayed in Table 8. Parents described how the subsidy helps their families, explaining that the subsidy allowed them to pay bills or debt: "I can afford to make all my bill payments (and credit) on time to avoid extra fees that I normally wouldn't be able to pay. And after all my debt is paid off then I can begin to save for my daughter's future." Parents also explain that the subsidy has allowed them to access high-quality care: "I would not have been able to send my child to such a loving, caring child care if not for this subsidy." A provider reiterated this statement: "Many parents cannot afford child care on their own. This program enables the child care to continue providing healthy and safe care through the scholarships offered by this project. We are more than thankful."

Other parents described how the subsidy has helped them get or keep employment: "I am able to afford sending my daughter to day-care. If not [for the subsidy], I would have had to cut my hours at work and get state assistance." Some parents explain that the subsidy had allowed them to send their children to care for more hours or days each week in order to bolster their children's early childhood education and/or to allow the parents to work more hours.

CHILD CARE UTILIZATION

The evaluation team worked with each facility to track all children enrolled over time in order to document enrollments and terminations of care across all families. There were no differences between treatment and control group families in terms of stability of care: in Year 2, approximately 30% of the children

enrolled in both groups left their child care facility. The parent survey also included a series of questions to gather information about families' child care utilization, including questions about the stability of arrangements and the number and type of arrangements. The questions about child care stability include, at baseline and follow-up, questions about how many times families had changed child care arrangements in the past year, how many days of work parents had missed due to child care changes/problems, and the average number of child care arrangements families

utilize. In addition, at follow-up, parents were asked whether their children were still receiving care from the same provider they were using at the time of the baseline survey. Over two-thirds of the parents reported their children were still with the same provider at follow-up, and there were no differences between the CCCF subsidy and matched control group on any of these variables; CCCF subsidy families indicated no more child care stability than the matched control families at baseline or at follow-up, nor were there any changes over time. Few families had changed child care providers in the past year (at baseline or follow-up) and few parents had missed any days work due to child care problems. The lack of findings in this domain could be due to the relatively small number of parents who have completed follow-up surveys; the Year 3 report will include data on all families for these items.

In addition to questions about child care stability, the survey included questions about the types of care utilized. As illustrated in Table 10, nearly half of the parents reported utilizing care provided by a relative; most reported not having to pay for relative care.

"I have been able to provide consistent ongoing child care for my children that is top quality without feeling stressed out each month financially. I am no longer having to incur debt to meet monthly expenses— [the subsidy] has helped to alleviate a good deal of stress."
— CCCF subsidy parent

Smaller numbers of parents reported utilizing care provided by friends, neighbors, or nannies/babysitters, and few parents reported

utilizing other child care centers or some other type of child care arrangement.

Table 10. Types of Additional Child Care Arrangements Utilized

	CCCF Subsidy % (n) N = 56	Matched control % (n) N = 86
Do you use child care provided by a relative?		
Yes; we pay for this care	9% (5)	8% (7)
Yes; we do not pay for this care	34% (19)	41% (35)
No	57% (32)	51% (44)
Do you use child care provided by a friend or neighbor?		
Yes; we pay for this care	7% (4)	5% (4)
Yes; we do not pay for this care	4% (2)	12% (10)
No	89% (50)	84% (72)
Do you use child care provided by a nanny/babysitter?		
Yes; we pay for this care	11% (6)	14% (12)
Yes; we do not pay for this care	2% (1)	1% (1)
No	88% (49)	85% (73)
Do you use another family or center child care facility?		
Yes; we pay for this care	2% (1)	1% (1)
Yes; we do not pay for this care	1% (1)	6% (5)
No	96% (54)	93% (80)
Do you use any other type of child care arrangement?		
Yes; we pay for this care	5% (3)	1% (1)
Yes; we do not pay for this care	0% (0)	0% (0)
No	95% (53)	99% (85)

It was possible to examine change over time in utilization of these child care arrangements for the subsample of parents who have completed follow-up surveys. This analysis revealed no significant changes over time in utilization, or any significant differences between study groups. Thus, while data presented earlier suggest that matched control families had an increase in child care expenditures for other types of care, data do not reveal an increased utilization of other types of care. It could be, then, that the increased expenditures are due to an increase in cost for these care arrangements (something not captured on the parent survey), or it could be that with a larger follow-up sample it will be possible to detect significant differences over time in types of care arrangements.

PARENTAL ASSESSMENT OF CHILD CARE QUALITY

Finally, the parent survey included a section to measure parents' satisfaction with the

quality of care their children were receiving. This section included a satisfaction with quality of care scale and two additional items that measure parents' agreement with whether the care arrangement was what their children needed and whether parents agreed that their providers are skilled professionals. There were no changes over time for the subset of parents who had completed follow-up surveys, nor were there any differences between CCCF and control parents at baseline or follow-up. Most parents rated the child care quality highly (an average scale score of 4.8 out of a possible 5.0); 95% of parents "often" or "always" felt that the child care arrangement was what their children need; and 98% of parents "often" or "always" felt that their providers were skilled professionals. These high satisfaction ratings at baseline may make it difficult to show changes over time associated with CCCF program involvement.

PROFESSIONAL DEVELOPMENT, INCOME, AND RETENTION ACTIVITIES AND OUTCOMES

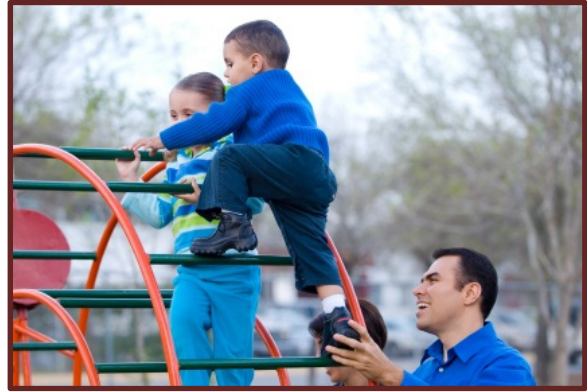
Program Activities Focused on Professional Development, Income, and Retention

During Year 2, the CCCF program continued and expanded on activities that were implemented in Year 1, including provider networking groups, site visits and other technical assistance, and program and wage enhancements.

NETWORKING GROUPS

During Year 1, the CCCF Project Director established three networking groups, which have continued through Year 2. One additional networking group was created for the additional CCCF center enrolled in Year 2. There is a group for each of the three participating centers and one for the participating family providers. Each networking group meets approximately monthly and these meetings provide an opportunity for providers to learn and gain support from fellow providers, while also offering an opportunity for the program to provide trainings. By the end of Year 2, the family provider network had 11 meetings, and each center group had between 10 and 12 meetings.

The topics and trainings covered at the monthly meetings included Child Care Division rules and regulations, Oregon Registry enrollment and advancement pathways, health and safety practices, accounting and other business practices, Harms/Clifford assessments to evaluate classroom environment, classroom yoga, curriculum creation, Building Blocks of Social and Emotional Development, Opening Doors to Inclusive Child Care, and Creating a Climate for Growth.



Further, most CCCF providers also attended the annual Child Care Improvement Project conference, which included sessions on a range of topics including strengthening partnerships with parents, learning about the Ages and Stages Questionnaire, focusing marketing strategies, and bringing the natural environment to the classroom.

SITE VISITS AND TECHNICAL ASSISTANCE

The Project Director conducted a total of 122 site visits to participating providers, in addition to 1,173 phone calls and 412 emails, resulting in 1,350 hours of technical assistance customized to site needs, including the following:

- Enrolling on the Oregon Registry;
- Planning the physical environment while ensuring safety;
- Identifying and implementing environmentally-friendly practices;
- Establishing and improving contracts, insurance, and financial practices;
- Complying with license and Child Care Division health and safety issues;
- Advertising; and
- Training and education options.

A total of \$82,848 was spent during Year 2 on program administration, including staff time to provide technical assistance and run the networking group. The project director estimated that approximately 63% of program time was spent on these tasks; applying this proportion to the total administrative expenditures, approximately \$52,000 of program expenditures (12% of Year 2 expenditures) went to support technical assistance and networking groups. (See Appendix D for a breakdown of Year 2 expenditures.)

PROGRAM AND WAGE ENHANCEMENTS

The CCCF program provided enhancements to sites, wage enhancements to providers, and scholarship funds to providers to offset costs for trainings, classes, and conferences. In Year 2, \$12,825 was provided for program enhancements as improvement grants, \$11,800 was expended on wage enhancements for 11 providers, and \$2,340 was used on scholarships to providers for trainings and classes. (See Appendix D for a breakdown of Year 2 program expenditures.)

Professional Development, Income and Retention Findings in Brief

Key outcome findings relating to professional development, retention, and income include the following:

- All CCCF providers who completed a follow-up were enrolled on the Oregon Registry (OR), compared to just 27% of control providers. All of these CCCF providers advanced Steps between baseline and follow-up, while no control providers advanced.
- CCCF providers reported significantly more networking opportunities than control providers.

- While the two groups did not differ significantly in confidence ratings, CCCF providers showed increased in confidence over time.
- CCCF providers showed somewhat greater reductions in financial stress over time.
- CCCF facilities tended to report increased revenues at follow-up.

Professional Development, Income, and Retention Detailed Findings

MOTIVATION FOR PROFESSIONAL DEVELOPMENT

Two items measuring provider motivation were rated on a 5-point scale, ranging from 1 “Strongly disagree” to 5 “Strongly agree”: “I would like to improve my training/education in childhood care and education” and “It is important to me to improve my education and training.” These two items revealed few differences between CCCF and control groups, as well as few differences between baseline and follow-up within groups. Of the providers who had completed baseline and follow-up surveys for this report (15 CCCF and 22 control providers), there was no significant difference between CCCF and control groups at baseline or follow-up regarding the motivation to improve training and education in childhood care and education; within the CCCF and control groups, there were no significant differences among center and family providers. Among control providers however, there was a significantly smaller proportion who agreed at follow-up that they would like to improve training and education in childhood care as shown in Table 11.

Table 11. Provider Motivation for Professional Development

	CCCF N = 15 % (n)	Control N = 22 % (n)
I would like to improve my training/education in childhood care and education		
Agree at baseline	93% (14)	96% (21)
Agree at follow-up	87% (13)	64% (14)
Significant change over time?	No	Yes
CCCF group more motivated?		No
It is important to me to improve my education and training		
Agree at baseline	93% (14)	91% (20)
Agree at follow-up	87% (13)	64% (14)
Significant change over time?	No	No
CCCF group more motivated?		No

OREGON REGISTRY ACTIVITY

The Oregon Registry (OR) provides a pathway for professional recognition in childhood care and education by certifying achievements such as obtaining degrees, credentialing, or certification through formal education and community-based training. OR status was obtained from two sources: baseline and follow-up provider surveys as well as from the Project Director, who updated this information in a quarterly provider update spreadsheet from OR records. Because many providers responded on the survey that they were enrolled on the OR but did not know what step they were on, the information updated by the Project Director provided more reliable and complete data.

The CCCF and control providers who had completed baseline and follow-up surveys for this report included equivalent proportions of CCCF and control providers (27%) who were enrolled on the Oregon Registry at baseline as shown in Table 12. Eleven additional CCCF providers became enrolled be-

tween baseline and follow-up; there were no new enrollments in the control group.

In addition to being more likely to enroll, CCCF providers were also more likely to reach or exceed Step 5 or higher on the OR from baseline to follow-up compared to control providers. There were no significant differences at baseline or follow-up comparing center and family providers within CCCF and control groups.

Further, CCCF providers were more likely to move up on the Oregon Registry from baseline to follow-up, where 100% of the follow-up CCCF group moved up on the OR compared to only 9% of the control group. Since the 2 control group providers who did move up on the Oregon Registry from baseline to follow-up were in the control family group, this made a trend-level difference when comparing control family and center providers ($p < .10$).

Further, two CCCF family providers received assistance from the Project Director to advance them from Registered to Certified pro-

viders. There were no control family providers who moved from Registered to Certified in Year 2.

Table 12. Provider Professional Development Activities

	CCCF N = 15 % (n)	Control N = 22 % (n)
Oregon Registry Enrollment		
Enrolled at baseline	27% (4)	27% (6)
Enrolled at follow-up	100% (15)	27% (6)
Significant change over time?	Yes	No
CCCF group more likely to enroll?	Yes	
Enrolled at Step 5 or Higher	N = 15	N = 22
At Step 5 at baseline	0% (0)	5% (1)
At Step 5 at follow-up	47% (7)	5% (1)
Significant change over time?	Yes	No
CCCF group more advanced?	Yes	
Progressed on Oregon Registry	N = 15	N = 22
Moved up steps on Registry	100% (15)	9% (2)
More CCCF progressed?	Yes	
College Credit Courses		
College courses in previous year at baseline	9% (2)	7% (1)
College courses in previous year at follow-up	14% (3)	7% (1)
Significant change over time?	No	No
More CCCF group had courses?	No	
Workshops/Trainings		
Workshops in previous year at baseline	73% (11)	68% (15)
Workshops in previous year at follow-up	100% (15)	82% (18)
Significant change over time?	Yes	No
More CCCF group had workshops?	Trend	

Table 12 also presents providers' professional development activities. The baseline and follow-up provider survey asked providers to indicate if they had attended any college credit courses or workshops or trainings in the previous year. If they attended any courses, workshops, or trainings, they were asked to indicate which topic areas were covered in 16 areas as well as what "other" topics they may have attended.

Similar proportions of providers in both groups participated in college-credit courses and workshops or trainings at baseline. Most providers in both groups did not participate in any college credit courses at baseline or follow-up. There were no differences between center and family providers within each group at baseline or follow-up.

The majority of providers in both groups did participate in some workshops or trainings at baseline, and the difference between groups was not significant. Among CCCF providers, a significantly larger proportion (100%) had participated in a workshop or training at follow-up compared to baseline (73%). The difference in proportions between the CCCF (100%) and control (82%) groups at follow-up was at the level of a trend ($p < .10$). Within the control group, there was a significant difference at baseline, where the proportion of control center providers who had attended a workshop or training in the previous year was significantly larger than that of control family providers.

The most common workshops attended by CCCF providers at baseline were childhood health and safety, child abuse, childhood nutrition, and development of curriculum. The most common workshops attended by control providers at baseline were working with parents, childhood health and safety, observation and assessment, guidance of behavior,

and challenging behaviors. The most common workshops attended by both groups at follow-up included observation and assessment, development of curriculum, and working with parents. In addition, CCCF providers had workshops or trainings on childhood safety and on children's social growth and challenging behaviors.

NETWORKING SUPPORTS

CCCF providers were more likely to agree that they had networking opportunities and got support from fellow providers as shown in Table 13. Although similar proportions of CCCF and control groups agreed they had opportunities to network with other providers at baseline, the proportion of CCCF providers agreeing at follow-up was significantly larger than at baseline. Further, the proportion of CCCF providers agreeing at follow-up that they had networking opportunities

was significantly larger than that of control providers.

A similar pattern was noted for the item measuring the extent to which the providers agree they are part of a support group of providers. Compared to baseline,

CCCF providers were more likely to agree at follow-up that they get support from other providers. However there was no significant difference between CCCF and control providers on this item.

There were no significant differences between center and family providers at baseline or follow-up for the opportunities to network scale or either of the other networking items, indicating that providers at both family and center facilities experienced networking opportunities similarly. This suggests that the program was successful in supporting networking opportunities across both types of child care settings. The program provided a network for each center and a network for the

"The most beneficial aspect for me is the financial support we receive annually for trainings and professional development."
– CCCF provider

family providers that held regular meetings. Both center and family providers reported that these networks fostered not only a sense of community but also a shared commitment to the quality improvement goals of the pro-

gram. Thus, the participating centers approached the CCCF project as teams, providing mutual support and encouragement to collectively improve each center's quality.

Table 13. Provider Networking Activities

	CCCF N = 15 % (n)	Control N = 22 % (n)
I have opportunities to network with other providers¹¹		
% agree at baseline	40% (6)	59% (13)
% agree at follow-up	87% (13)	55% (12)
Significant change over time?	Yes	No
More CCCF group has opportunities?	Yes	
I am part of a support group of providers		
% agree at baseline	40% (6)	46% (10)
% agree at follow-up	87% (13)	41% (9)
Significant change over time?	Yes	No
CCCF group more likely to be part of a group?	Yes	
I get support from other child care providers		
% agree at baseline	40% (6)	64% (14)
% agree at follow-up	87% (13)	64% (14)
Significant change over time?	Yes	No
CCCF group more likely to get support?	No	

¹¹ This is a 4-item scale. Cronbach's alpha for this scale at baseline = 0.77, Cronbach's alpha for this scale at follow-up = 0.81.

CONFIDENCE

Providers were asked to rate their level of confidence in their skills in 20 areas on the provider survey at baseline and follow-up, including children's health and safety, children's growth and development, caring for children with special needs, and other areas of professional development. The response scale ranged from 1 "Not very confident" to 6 "Very confident". These 20 items were also used to create a 20-item confidence scale.¹²

Mean comparisons were performed by independent samples t-tests to compare CCCF and control groups and paired samples t-tests to compare change over time within CCCF and control groups, but because of the relatively small sample sizes, Mann-Whitney nonparametric rank tests also were performed. In general, the results from t-tests and Mann-Whitney tests produced the same significance levels, but in some instances t-tests revealed significant differences while Mann-Whitney tests showed trend-level differences. In the cases where these tests produced different results, only a trend-level difference was reported since samples sizes were relatively small, particularly when comparing family and center providers within CCCF and control groups.

The skill area that had the highest mean ratings by both groups of providers at baseline was childhood health and safety (CCCF = 5.20, control = 5.55). The skill area that was rated lowest by both CCCF and control providers at baseline was working with children with physical disabilities (CCCF = 2.87, control = 3.82). CCCF center, control family, and control center providers all rated confidence working with children with physical disabilities the lowest at follow-up, while CCCF family providers rated confidence in

infant development and care lowest at follow-up.

There were no significant differences in mean confidence levels between CCCF and comparison group providers, or between family and center-based providers. However, there was a significant increase in the mean confidence scale score among CCCF providers from baseline to follow-up ($p < .05$), whereas the increase among control providers was only at the level of a trend ($p < .10$). The magnitude of the increase from baseline to follow-up among CCCF providers was medium-large (Cohen's $d = .60$), whereas for control providers it was smaller (Cohen's $d = .34$).¹³ This change within the CCCF group was largely accounted for by the significant mean increase among CCCF center providers whose confidence scale mean at baseline was 4.08 and reached 4.82 at follow-up ($p < .05$). The trend-level difference among control providers was largely accounted for by a significant increase in mean confidence scale score by control family providers whose confidence scale mean at baseline was 4.54 and reached 5.05 at follow-up ($p < .05$).

Within the CCCF group from baseline to follow-up, the overall increase in confidence ratings were greatest in the following domains: confidence with children with physical disabilities, confidence dealing with child abuse and neglect, and confidence with utilization of community resources, all of which showed significant change over time. CCCF family providers showed a trend-level increase in confidence working with children with physical disabilities and utilizing community resources, but also showed a trend-level decrease in confidence related to childhood health and safety. CCCF center providers showed significant increases in confidence ratings in six areas, including childhood health and safety, nutrition and meal

¹² This is a 20-item scale. Cronbach's alpha for this scale at baseline = 0.91, Cronbach's alpha for this scale at follow-up = 0.93.

¹³ An effect size of .60 means that the average provider in the CCCF group at follow-up exceeds the scores of approximately 73% of the CCCF group at baseline.

planning, working with children with learning delays, working with families, dealing with child abuse and neglect, utilizing community resources, and self-care, as well as one additional area at the level of a trend, confidence working with different cultures and backgrounds.

SATISFACTION

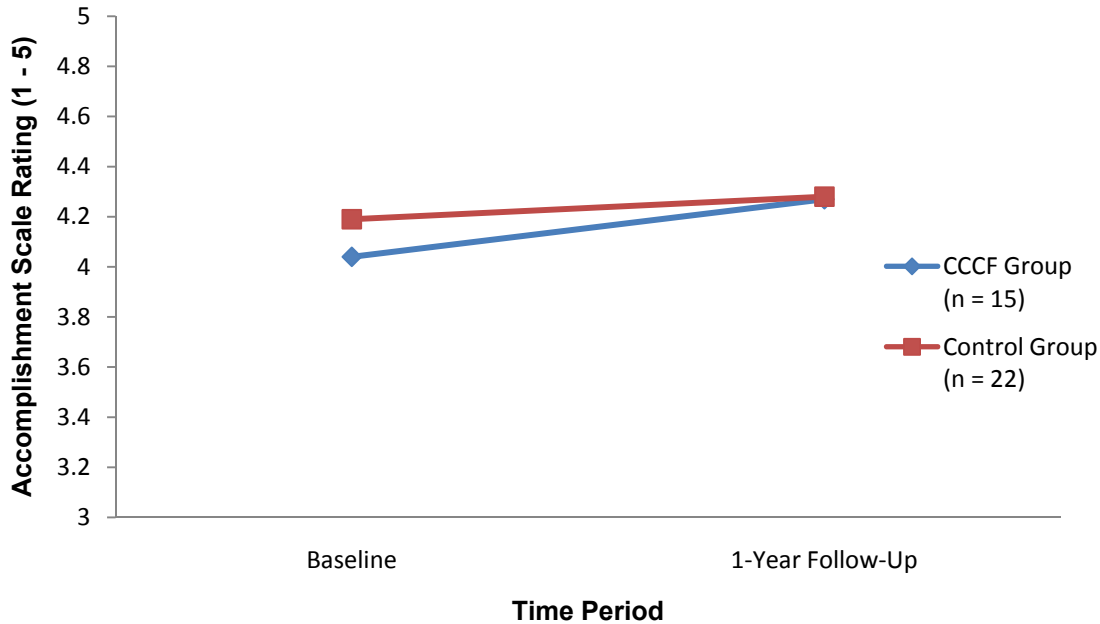
Providers were asked to rate their level of agreement with 8 items on the provider survey at baseline and follow-up to measure their sense of accomplishment or satisfaction as a child care provider. The response scale ranged from 1 “Strongly disagree” to 5 “Strongly agree.”¹⁴ These items assess the providers’ feelings of accomplishment working with children and parents, feeling they

can handle and support the children in their care, feeling they can respond effectively to challenging behaviors, and knowing who to talk to when children need additional support.

There were no significant differences at baseline between CCCF and control providers on the individual items nor on the mean scale score. At follow-up, there was a trend-level increase ($p < .10$) for CCCF providers as shown in Figure 3. Although the difference between baseline and follow-up among CCCF providers was not statistically significant, it did produce a medium effect size (Cohen’s $d = .49$) whereas the control group’s change over time indicated a small effect from baseline to follow-up (Cohen’s $d = .16$).¹⁵

¹⁴ This is an 8-item scale. Cronbach’s alpha for this scale at baseline = 0.70, Cronbach’s alpha for this scale at follow-up = 0.73.

¹⁵ An effect size of .49 means that the average provider in the CCCF group at follow-up exceeds the scores of approximately 69% of the CCCF group at baseline.

Figure 3. Provider Satisfaction & Accomplishment

There was one individual item that did show a significant difference between baseline and follow-up for the CCCF group, which was having a sense of accomplishment working with parents. CCCF providers also showed a trend-level ($p < .10$) increase on the item related to knowing how to respond effectively when a child becomes disruptive. Similarly, trend-level increases were noted for CCCF family providers related to feeling a sense of accomplishment working with children and having the skills and support to reach even the most challenging child, while CCCF center providers showed a trend-level increase related to working with parents.

PROVIDER FINANCIAL STRESS

The provider survey included a scale consisting of seven items that measured the degree to which providers could meet their families' basic needs such as housing, food, and clothing.¹⁶ In addition, the survey included questions about whether providers worried about

their income from child care, whether they worried about their families' finances overall, and whether they were unsure about their income on a month-to-month basis. The responses for these items and scale ranged from 1 "Strongly disagree" to 5 "Strongly agree." For the purposes of these analyses, items were reverse-coded so that an increase in score relates to an increase in stress.

There was one item at baseline that showed a significant difference between CCCF (2.93) and control groups (3.85), such that CCCF providers appeared less worried about their finances overall, compared to controls. However, overall financial stress scale scores at baseline were not significantly different for CCCF vs. control providers, or for family vs. center providers.

There were no significant differences between CCCF and control providers at follow-up on any of the financial stress items or scale, although within the CCCF group, CCCF family providers had a higher mean stress scale score compared to CCCF center providers at the level of a trend ($p < .10$). Within the control group at follow-up, con-

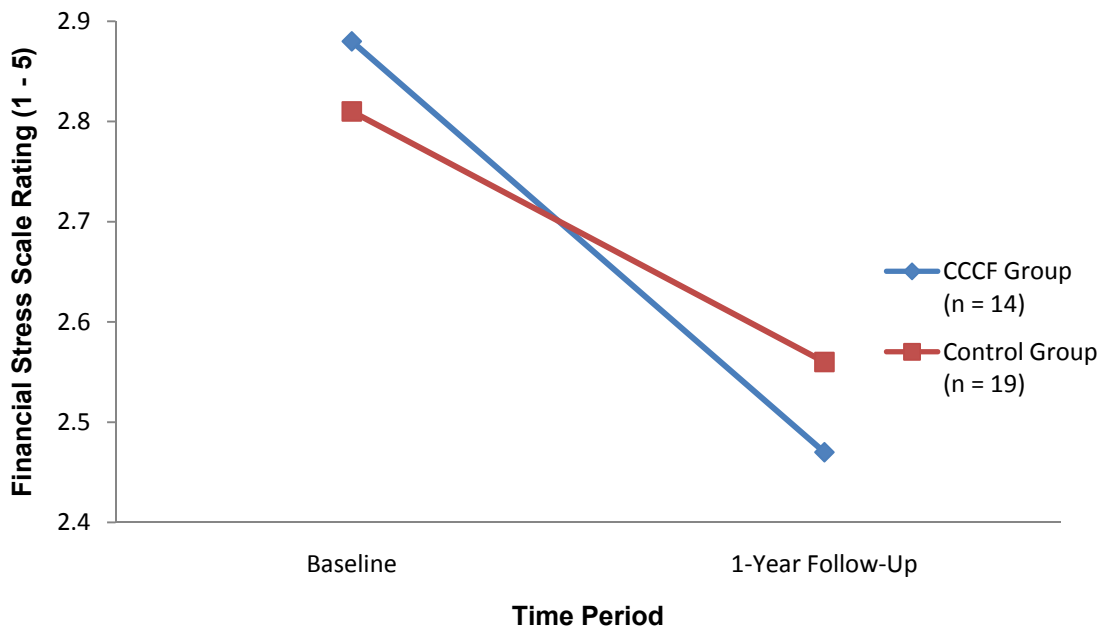
¹⁶ This is a 7-item scale. Cronbach's alpha for this scale at baseline = 0.87, Cronbach's alpha for this scale at follow-up = 0.92.

trol center providers had a higher mean stress scale score compared to control family providers at the level of a trend ($p < .10$).

Although both groups showed a reduction in stress overall from baseline to follow-up, CCCF providers showed slightly greater reductions in financial stress, compared to control providers (see Figure 4). Although this difference between baseline and follow-up within each group was not statistically signif-

icant, it did produce a medium-small effect size among CCCF providers (Cohen's $d = .39$), whereas the control group showed only a small effect from baseline to follow-up (Cohen's $d = .21$). (An effect size of .39 means that the average provider in the CCCF group at follow-up exceeds the scores of approximately 66% of the CCCF group at baseline.)

Figure 4. Provider Financial Stress¹⁷



¹⁷ A decrease on the Financial Stress Scale signifies a reduction in financial stress.

PROVIDER RETENTION

Over the course of the Neighborhood House CCCF project, 96 providers enrolled in the study and completed baseline surveys (41 providers at CCCF sites with 23 at CCCF centers and 18 at CCCF family sites plus 55 providers at control sites with 37 at control centers and 18 at control family sites). Criteria for being included in the study included working at a CCCF or control site 20 or more hours a week in the capacity of director/owner, teacher, assistant teacher, or teacher's aide.

Thirty providers dropped out of the study before completing follow-up surveys: 9 at CCCF centers, 4 at CCCF family sites, 13 at control centers and 4 at control family sites. Another 15 providers dropped out of the study after completing a follow-up survey: 13 control center providers and 2 control family providers. The primary reason for most of the providers leaving the study (22 of 45, 49%) was that two control centers became ineligible when they agreed to participate in a *different* quality improvement/incentive program. This made them inappropriate comparison sites since the incentives they began receiving were similar (actually even greater than) those being provided to CCCF centers. One CCCF family provider was also asked to leave the study due to attempting to continue receiving participation incentives despite closing for the summer months. Thus, 23 of the 45 providers who left the study did so due to reasons related to study design and eligibility criteria and will not be included in the following discussion about provider retention, while 22 of the 45 providers who left the study were related to issues of retention in the field and are discussed below.

Two family CCCF sites and three family control sites went out of business since the program began. The two family CCCF sites that went out of business had living situations change that prompted them to close (1

moved and did not re-open and 1 had housemates move in, reducing their space for child care).

Of the three family control sites that went out of business, 2 did so because of low child enrollments and 1 moved but did not re-open at the new location.

Of the remaining 17 providers who left their jobs, ten were at CCCF sites and seven were at control sites. There were a variety of reasons accounting for their departure.

Of the ten CCCF providers who did not remain at their site, one had left a CCCF family program and nine had left CCCF centers. The CCCF family provider left in order to return to school.

The nine CCCF center providers left their jobs for the following reasons:

- 2 were asked to leave due to health and safety concerns;
- 2 became pregnant and left to stay home with their children;
- 2 had their hours cut due to lower enrollment during summer months and found other jobs;
- 1 was a poor fit for the center where they worked and was asked to leave;
- 1 took a full-time job at a different child care facility; and
- 1 left for medical reasons.

Seven control providers left their site (three from control family sites and four from control centers). The six control family providers left their jobs for the following reasons:

- 1 retired;
- 1 was a poor fit for the site where they worked and was asked to leave; and
- 1 left for unknown reasons.

The four control center providers who left their jobs were for the following reasons:

- 1 was asked to leave due to health and safety concerns;
- 1 returned to school;
- 1 left to work closer to home; and
- 1 transferred to another job for more hours.

Providers were asked to indicate on the provider survey how long they planned to stay in

the child care and education field at both baseline and follow-up. Although not statistically significant, none of the CCCF providers responded that they planned to stay in the field less than three years at baseline or follow-up as shown in Table 14. Further, somewhat more CCCF providers than control providers planned to stay in the field for 5 or more years ($p < .10$).

Table 14. Provider Retention

When you think about your future, how long do you plan to continue working in childhood care and education in the field in any setting or position:	CCCF	Control
	Baseline N = 15 Follow-Up N = 15 % (n)	Baseline N = 18 Follow-Up N = 21 % (n)
Less than 1 year		
% agree at baseline	0% (0)	6% (1)
% agree at follow-up	0% (0)	5% (1)
Significant change over time?	No	No
Significant difference between groups?	No	
1 to 2 years		
% agree at baseline	0% (0)	11% (2)
% agree at follow-up	0% (0)	24% (5)
Significant change over time?	No	No
Significant difference between groups?	Yes	
3 to 5 years		
% agree at baseline	7% (1)	17% (3)
% agree at follow-up	20% (3)	14% (3)
Significant change over time?	No	No
Significant difference between groups?	No	
Over 5 years		
% agree at baseline ¹⁸	93% (14)	67% (12)
% agree at follow-up	80% (12)	57% (12)
Significant change over time?	No	No
Significant difference between groups?	No	

¹⁸ The difference between CCCF and control groups at baseline who said they would stay in the field over 5 years was significantly different at the level of a trend ($p < .10$).

There were no significant differences between control family and control center providers at baseline or follow-up, nor between baseline and follow-up. However, among CCCF providers, CCCF center providers (100%, $n = 8$) were more likely to agree that they planned to remain in the field for more than 5 years at follow-up, whereas CCCF family providers were more likely to say that they planned to remain in the field for 3 to 5 years at follow-up (43%, $n = 3$, $p < .05$).

INCOME & REVENUE STABILITY

The program aims to address income and revenue stability through wage enhancements for individual providers (based on OR advancement) and through parent subsidies and business support for facilities. Eleven CCCF providers received wage enhancements during the year: 9 CCCF family providers and 2 CCCF center providers. Of the 11 providers who received wage enhancements in Year 2, six providers began receiving wage enhancements during the last quarter of the year, while the remaining five providers received wage enhancements during all four quarters of the year. Overall, wage enhancements (WE) for the year ranged from a total

of \$200 to \$5,600, making the average wage enhancement for those who received a WE approximately \$936 for the year. Wage enhancements for the 9 CCCF family providers ranged from \$200 to \$2,200 for the year (average of \$478) and WE for the 2 CCCF center providers ranged from \$400 to \$5,600 (average of \$3,000).

The facility director survey asked whether the facility's revenues **now** (at the time the survey was completed) were about the same as, less than, or more than revenues a year ago. As displayed in Table 15, CCCF and control directors did not differ significantly in their responses, although an increased proportion of control directors at follow-up felt that their facility's revenue was less than a year ago compared to baseline as well as compared to CCCF directors. At the same time, a larger proportion of CCCF directors at follow-up agreed that their facility's revenue was more than a year ago compared to baseline as well as compared to control directors. The small sample sizes for these analyses are likely impacting the significance testing, as clearly there is a trend towards CCCF facilities to be reporting increased income, relative to control facilities.

Table 15. Facility Billing

	CCCF N = 7 % (n)	Control N = 8 % (n)
Would you say the facility's revenue now is:		
Less now than a year ago		
% agree at baseline	29% (2)	25% (2)
% agree at follow-up	14% (1)	38% (3)
Significant change over time?	No	No
Significant difference between groups?	No	
About the same as a year ago		
% agree at baseline	43% (3)	38% (3)
% agree at follow-up	14% (1)	25% (2)
Significant change over time?	No	No
Significant difference between groups?	No	
More than a year ago		
% agree at baseline	29% (2)	38% (3)
% agree at follow-up	71% (5)	38% (3)
Significant change over time?	No	No
CCCF significantly more likely to have more revenue?	No	

The facility survey also asked directors to indicate whether they had any of a variety of business practices in place, including written contracts for parents explaining when payment is due and consequences for late payment, a systematic way of tracking which parents have paid and when, policies or procedures for parents who do not pay their bills on time, written billing statements or summaries for parents, and procedures for parents

leaving the facility to give notice or pay a certain amount if no notice is given.

There were no significant differences between CCCF and control directors on any of these items. The practice that was least likely to be in place for CCCF directors was having a procedure for parents leaving the facility to give notice (57%, n = 4), while the practice that was least likely to be in place for control directors was having a written billing or summary statement for parents (75%, n = 6).

CHILD CARE QUALITY ACTIVITIES AND OUTCOMES

Program Activities Focused on Child Care Quality

The activities focused on child care quality were the same activities as those aimed at influencing provider professional development, income, and retention. As detailed previously, the CCCF project director spends a considerable amount of time and effort providing technical assistance and training to CCCF providers to help them improve the quality of their early childhood environments, including trainings provided through network meetings and individualized technical assistance. (For a more complete description of these activities, please see the earlier section “Program Activities Focused on Professional Development, Income and Retention.”)

Child Care Quality Outcomes Findings in Brief

Results of the QUEST observations should be considered preliminary, given the small sample size of only 32 providers with both baseline and follow-up assessments. The primary findings relating to child care quality include:

- While results suggest that providers’ scores are improving over time, this improvement appears to be happening within both treatment and comparison groups. There is little evidence that the CCCF providers are improving more than comparison providers, at least in most domains.
- Quality scores were relatively high, even at baseline, for a number of the QUEST subscales, suggesting that providers are less likely to need support in these areas. These include space and comfort; safety; caring/responsiveness; supervision, and support for children’s play.



- Other domains continue to need support, in particular, age-appropriate equipment, materials for literacy development, use of positive guidance techniques, support for language and literacy, and opportunities for learning and cognitive development. These are areas that the CCCF program coordinator may want to continue to emphasize in her work with providers.

Child Care Quality Outcomes Detailed Findings

To examine the influence of the CCCF project on observable differences in child care, trained data collectors used the QUEST rating scale, as described previously. Because results from the Lane County Child Care Enhancement Project suggested that there were different levels of improvement for family vs. center-based providers, we first compared outcomes for these two groups (although sample sizes were quite small, $n = 14$ family providers; $n = 18$ for center providers; $n = 13$ treatment, $n = 19$ control). There were no significant differences in outcomes related to the type of provider, so data were collapsed for significance testing (i.e., significance tests compare the level of improvement for treatment vs. control providers, regardless of whether they are family or center-based). The total sample for these analyses consists of 32 providers who were observed at baseline

(Time 1) and one year (Time 2) following enrollment in the NH program. This sample is still extremely small to detect improvements in an applied research setting. Multiple regression analyses were conducted to examine change over time. Specifically, Time 2 scores were used as a dependent variable, controlling for providers' scores at time 1. Group status (CCCF treatment group vs. control) was included as a predictor.

ENVIRONMENTAL QUALITY

Table 16 shows the QUEST results for providers' environmental quality. These indicators measure the extent to which the mate-

rials and physical environments meet high standards for developmental appropriateness and safety. As can be seen, there were no differences in the level of improvement for CCCF providers compared to control, although in generally scores tended to improve over time (and for safety and literacy materials, this change was statistically significant). The one exception to this were scores in infant equipment, for which scores declined (although the sample is extremely small for this item). Generally, results suggest that both the control and treatment groups are showing some level of improvement over time.

Table 16. Improvements in Environmental Quality as Measured by the QUEST*

	All Providers	
	<i>CCCF</i>	<i>Control</i>
Space & Comfort		
	<i>N = 13</i>	<i>N = 19</i>
Baseline mean	2.84	2.78
Follow-up mean	2.91	2.79
<i>Significant change over time?</i>		<i>No</i>
<i>CCCF group improved more?</i>		<i>No</i>
Equipment & Materials – Infants		
	<i>N = 4</i>	<i>N = 3</i>
Baseline mean	2.81	2.96
Follow-up mean	2.48	2.29
<i>Significant change over time?</i>		<i>No</i>
<i>CCCF group improved more?</i>		<i>No</i>
Equipment & Materials – Toddlers		
	<i>N = 8</i>	<i>N = 13</i>
Baseline mean	2.61	2.38
Follow-up mean	2.60	2.44
<i>Significant change over time?</i>		<i>No</i>
<i>CCCF group improved more?</i>		<i>No</i>

	All Providers	
	<i>CCCF</i>	<i>Control</i>
Equipment & Materials – Preschoolers		
	<i>N</i> = 9	<i>N</i> = 9
Baseline mean	2.39	2.08
Follow-up mean	2.49	2.33
<i>Significant change over time?</i>		<i>No</i>
<i>CCCF group improved more?</i>		<i>No</i>
Safety of furnishings and materials		
	<i>N</i> = 13	<i>N</i> = 19
Baseline mean	2.89	2.94
Follow-up mean	2.93	2.97
<i>Significant change over time?</i>		<i>Yes</i>
<i>CCCF group improved more?</i>		<i>No</i>
Materials to support language and literacy		
	<i>N</i> = 13	<i>N</i> = 19
Baseline mean	2.27	2.17
Follow-up mean	2.42	2.28
<i>Significant change over time?</i>		<i>Yes</i>
<i>CCCF group improved more?</i>		<i>No</i>

* QUEST scale scores can range from 1 to 3.

CHILD-CAREGIVER INTERACTIONS

Table 17 shows the results for QUEST scales measuring the quality of interactions between children and caregivers. Children of caregivers who are nurturing and responsive tend to have more positive attachments and are less at risk for social-emotional problems (Shonkoff & Phillips, 2000¹⁹). Scores on two of the three subscales showed marginally significant improvements over time for both groups. CCCF status did not predict outcomes.



¹⁹ Shonkoff, J., & Phillips, D. A (Eds.). (2000). From Neurons to Neighborhoods. Washington, DC: National Academy of Sciences.

**Table 17. Improvements in Quality of Caregiver-Child Interactions
as Measured by the QUEST***

	All Providers	
	CCCF	Control
Caring and responding		
	<i>N = 13</i>	<i>N = 18</i>
Baseline mean	2.80	2.71
Follow-up mean	2.89	2.82
<i>Significant change over time?</i>	<i>Yes (p = .07)</i>	
<i>CCCF group improved more?</i>	<i>No</i>	
Using positive guidance		
	<i>N = 13</i>	<i>N = 19</i>
Baseline mean	2.68	2.63
Follow-up mean	2.70	2.64
<i>Significant change over time?</i>	<i>No</i>	
<i>CCCF group improved more?</i>	<i>No</i>	
Supervision		
	<i>N = 13</i>	<i>N = 19</i>
Baseline mean	2.80	2.78
Follow-up mean	2.87	2.96
<i>Significant change over time?</i>	<i>Yes (p = .07)</i>	
<i>CCCF group improved more?</i>	<i>No</i>	

* QUEST scale scores can range from 1 to 3.

SOCIAL-EMOTIONAL DEVELOPMENT

Table 18 shows results for QUEST subscales that assess the extent to which the child care provider supports the children's social-

emotional development. Similar to the previous findings, there were improvements over time for both treatment and control groups.

Table 18. Changes in Social-Emotional Development Support as Measured by the QUEST*

	All Providers	
	CCCF	Control
Supporting social emotional development		
	<i>N = 13</i>	<i>N = 18</i>
Baseline mean	2.57	2.47
Follow-up mean	2.70	2.67
<i>Significant change over time?</i>		<i>Yes</i>
<i>CCCF group improved more?</i>		<i>No</i>
Supporting play		
	<i>N = 13</i>	<i>N = 19</i>
Baseline mean	2.82	2.72
Follow-up mean	2.92	2.88
<i>Significant change over time?</i>		<i>Yes</i>
<i>CCCF group improved more?</i>		<i>No</i>

* QUEST scale scores can range from 1 to 3.

COGNITIVE/LANGUAGE DEVELOPMENT

Table 19 presents results in terms of the providers' ability to support children's cognitive and language development. Scores in this domain were generally lowered compared to other subscales, but only show improvement (for both groups) in terms of levels of literacy support. Control providers, whose scores

were quite low at Time 1, tended to improve the most in terms of literacy supports. There were no improvements over time for either group in terms of supportive interactional style or frequency of learning activities. The relatively lower scores in this area suggest a possible area for future technical assistance from the CCCF program.

Table 19. Provider Cognitive and Language Development Quality as Measured by the QUEST*

	All Providers	
	<i>CCCF</i>	<i>Control</i>
Supportive instructional style		
	<i>N = 13</i>	<i>N = 19</i>
Baseline mean	2.75	2.66
Follow-up mean	2.81	2.77
<i>Significant change over time?</i>		<i>No</i>
<i>CCCF group improved more?</i>		<i>No</i>
Supporting language development and early literacy		
	<i>N = 13</i>	<i>N = 19</i>
Baseline mean	2.19	1.93
Follow-up mean	2.29	2.34
<i>Significant change over time?</i>		<i>Yes</i>
<i>CCCF group improved more?</i>	<i>No (control improved more)</i>	
Learning activities and opportunities		
	<i>N = 13</i>	<i>N = 19</i>
Baseline	2.31	2.32
Follow-up	2.30	2.40
<i>Significant change over time?</i>		<i>No</i>
<i>CCEP group improved more?</i>		<i>No</i>

* QUEST scale scores can range from 1 to 3.

DISCUSSION AND CONCLUSIONS

Summary of Project Progress

RECRUITMENT AND ENROLLMENT

While project recruitment goals were met this year, recruitment and retention of providers in the program (and therefore, the evaluation) has been an ongoing challenge for the CCCF project. To date, 8 treatment and 17 control providers have exited the project prior to collecting a first follow-up assessment. This, coupled with the lengthy recruitment and enrollment period, resulted in fewer follow-up assessments being conducted during the second year of the project than expected. Thus, the results in this report should be considered preliminary. To date, 37 providers have participated in the CCCF program (18 family and 19 center); 48 have participated in the control group (18 family, 30 center). The CCCF providers have served 365 children.

SERVICES PROVIDED

Program services appear to be provided in a manner consistent with the planned program model. The CCCF Project Director has established four provider networking groups (3 for participating centers and one for family providers). These groups meet monthly to enable providers to support and share information with each other, and to provide a venue for trainings provided by the Project Director. Additionally, the Project Director has provided extensive technical support and individualized coaching to providers, including a total of 122 site visits, 412 emails, over 1,000 telephone consultations, and over 1,350 hours of individualized technical assistance. This is a considerable increase from Year 1, in which 88 site visits, 108 emails, and 241 phone consultations were provided. This level of technical assistance is also more consistent with the levels of support provided in the initial Lane County pilot project (in

Lane County during Year 2, the program provided 201 site visits, 425 emails, and 1,198 telephone consultations).

Other supports to providers were also delivered, including over \$12,000 in program improvement grants, over \$11,000 in wage enhancements for 11 providers, and \$2,340 for provider scholarships. In Year 1, just two providers received wage enhancements; in Year 2, this increased to 11 providers.

CCCF also appears to be successfully implementing the parent subsidy program component during Year 2. Just over \$300,000 (72% of Year 2 program expenditures) went to provide child care subsidies to 110 children (30% of the children enrolled at CCCF sites) in 72 families (compared to 37 children and 24 families in Year 1) to enable these families to spend no more than 10% of their income on child care expenses. The per-child subsidy cost was \$2,764, on average.

Preliminary Outcomes

BENEFIT TO FAMILIES

One of the key questions for the CCCF program is “How much does it cost to provide affordable, high –quality child care?” Thus, two primary goals are (1) to ensure that families are spending less than 10% of their income on child care; and (2) to increase parent satisfaction with the quality of their child care provider. To answer these questions, the evaluation collects survey data from subsidy parents and a control group of parents; to



date, the evaluation has collected baseline data from 56 out of 69 families receiving subsidies (81%) and follow-up data from 22 out of 23 families whose 12-month follow-up survey was due during the data collection period (96%). The remaining 35 families will have follow-up data collected during Year 3. Additionally, baseline survey data were collected from 216 non-subsidy parents, and 12-month surveys were completed on 97 of these (79% of those “due”). From this group of non-subsidy parents, we created a matched comparison group of similarly low-income families who did not participate in the subsidy. Preliminary data suggest that families participating in the subsidy program are benefiting in the intended way. Specifically, compared to income-matched controls, CCCF subsidy parents:

- Spent less on child care (\$413 monthly vs. \$506 monthly and \$2.50/hr vs. \$4.07/hr);
- Purchased more child care (35 hrs/week vs. 25 hrs/week); and
- Showed larger reductions in financial stress over time.

Further, CCCF subsidy parents reported that the subsidy was playing a key role not only in helping them to afford child care, but also in helping them pay for basic living expenses, and to spend more time in paid employment. Over 75% of subsidy families reported that the subsidy helped them to purchase more child care so that they could spend more hours in paid employment. In terms of parental satisfaction with the quality of child care, both CCCF and control parents were extremely satisfied at baseline (average scores of 4.8 out of 5), suggesting that there may not be “room for improvement” on this dimension in the current study.

PROVIDER & CHILD CARE QUALITY OUTCOMES

In addition to increasing the affordability of quality child care, a second goal of the CCCF project is to increase child care quality by engaging providers in professional development and networking supports, providing individualized technical assistance, and helping providers to enroll and advance on the Oregon Registry. Preliminary results suggest that the CCCF providers are making gains in these areas, specifically:

- All (100%) of CCCF providers who completed a follow-up were enrolled on the Oregon Registry (OR), compared to just 27% of control providers. Further, 100% of these CCCF providers advanced at least one “Step” between baseline and follow-up, while no control providers advanced.
- CCCF providers reported significantly more networking opportunities than control providers.
- While the two groups did not differ significantly in confidence ratings, CCCF providers showed increases in confidence over time.
- CCCF providers showed somewhat greater reductions in financial stress over time.
- CCCF facilities tended to report increased revenues at follow-up.

Trained data collection staff from the evaluation team also visited each provider to conduct a structured assessment of child care quality using the QUEST observations. However, these results should be considered preliminary, given the small sample size of only 32 providers with both baseline and follow-up assessments. Generally, these observations did not show more improvement in quality among the CCCF group – instead, both treatment and comparison group providers appear to be improving in quality over

time in a number of domains. Further, quality scores were relatively high, even at baseline, for a number of the QUEST subscales, suggesting that providers are less likely to need support in these areas. These include space and comfort; safety; caring/responsiveness; supervision, and support for children's play. Other domains showed room for improvement, specifically: provision of age-appropriate equipment, materials for literacy development, use of positive guidance techniques, support for language and literacy, and opportunities for learning and cognitive development. These are areas that the CCCF program coordinator may want to continue to emphasize in her work with providers.

Conclusions & Recommendations

Preliminary outcome data suggest that parent subsidies are having their intended effects, both in terms of the absolute amount being spent by CCCF parents on child care, as well as the associated reductions in family financial stress and the increased ability of these parents to contribute to the workforce. The increased engagement of subsidy parents in the workforce has the potential to offset the cost of the child care subsidy. While a detailed cost-benefit analysis is not possible, this finding suggests that this intervention may be cost-effective, and that future similar projects and their evaluations should focus on better understanding the potential cost-offsets of these relatively generous child care subsidies.

Provider outcomes, too, are promising although preliminary. The increased engagement of providers in the Oregon Registry, as well as the increases in quality over time, suggest that the program, through the financial incentives and technical assistance, may be having its intended effects. It is worth noting, however, that because the program em-

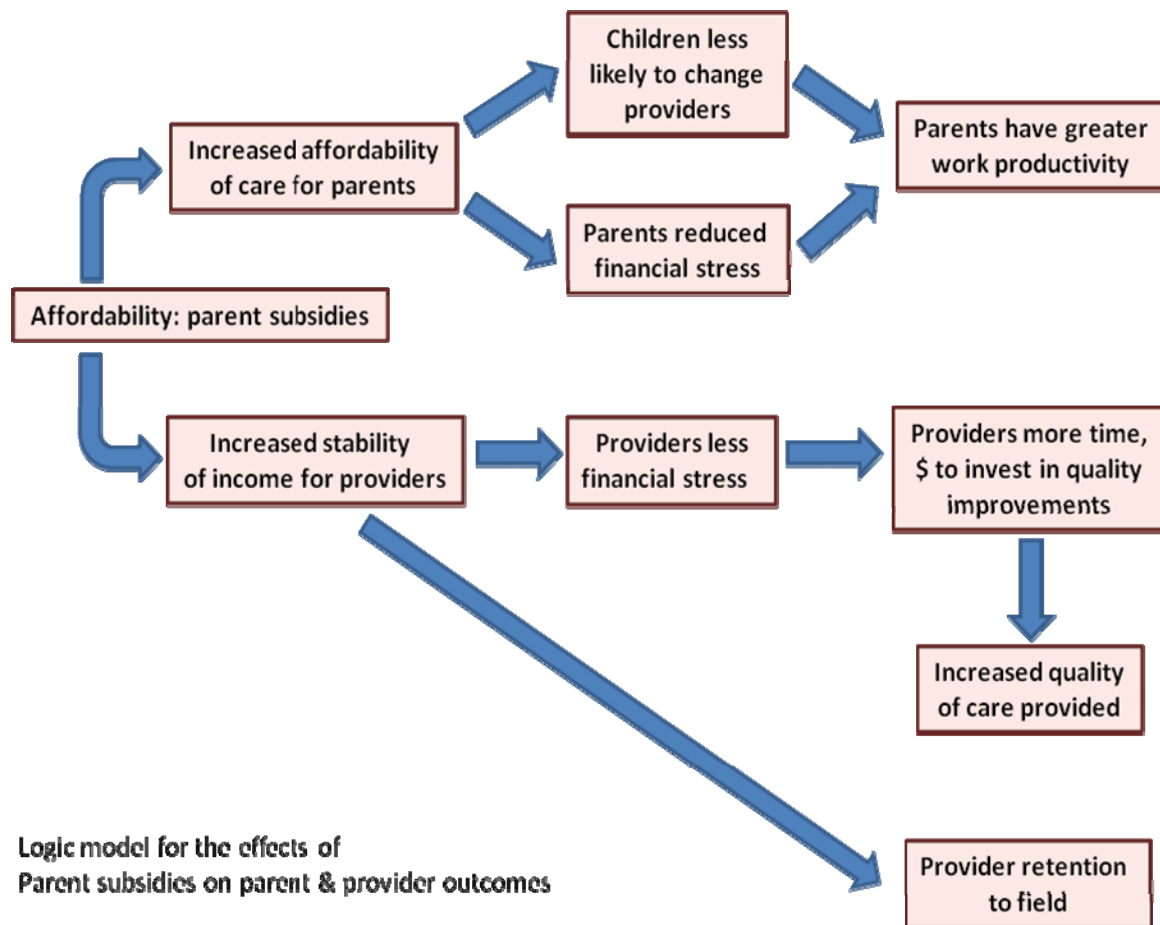
ploys a multi-pronged design (providing parent subsidies, provider financial incentives, and technical assistance for quality improvements), it is not possible to tease out the relative contribution of each component to the observed outcomes.

The slow recruitment, along with relatively high turnover of providers continues to be a challenge. Results from the Lane County pilot suggested that improvements in quality were largest among providers who participated in the program at least 2 years. Because of the difficulties in recruiting providers initially, there will be relatively few providers who reach this benchmark by the end of the final study year. Further, it is interesting to note that there were improvements in quality among both the treatment and control providers. This effect was seen, albeit to a lesser extent, in the Lane County pilot as well. It may be that having a trained observer who is in regular communication with the providers (visits are annual, but quarterly contacts are made with each provider to update enrollment statistics) may lead some providers to change their practices simply due to this increased monitoring.

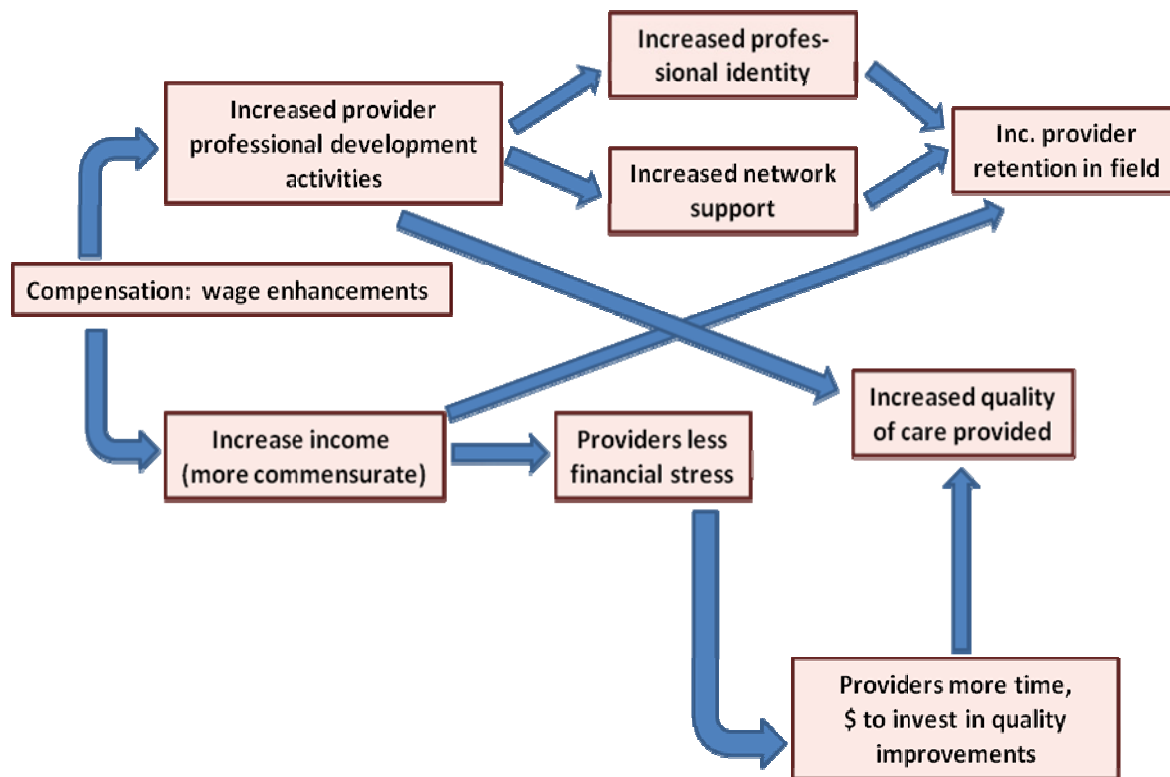
There are, however, particular domains that are in need of additional improvement, and where the project director may want to focus her technical assistance, specifically: (1) support for language and literacy; (2) promotion of positive guidance techniques; and (3) support for cognitive and social development. All of these areas were among those that showed dramatic improvements over time in the Lane County pilot and should be strongly emphasized in ongoing TA efforts provided by the CCCF Project Director. Increasing the frequency of site visits that can incorporate observations and hands-on coaching of provider behavior may be important to achieving more significant improvements in these areas during Year 3.

APPENDIX A: PROGRAM LOGIC MODELS

Logic Model for the Effects of Parent Subsidies on Parent & Provider Outcomes

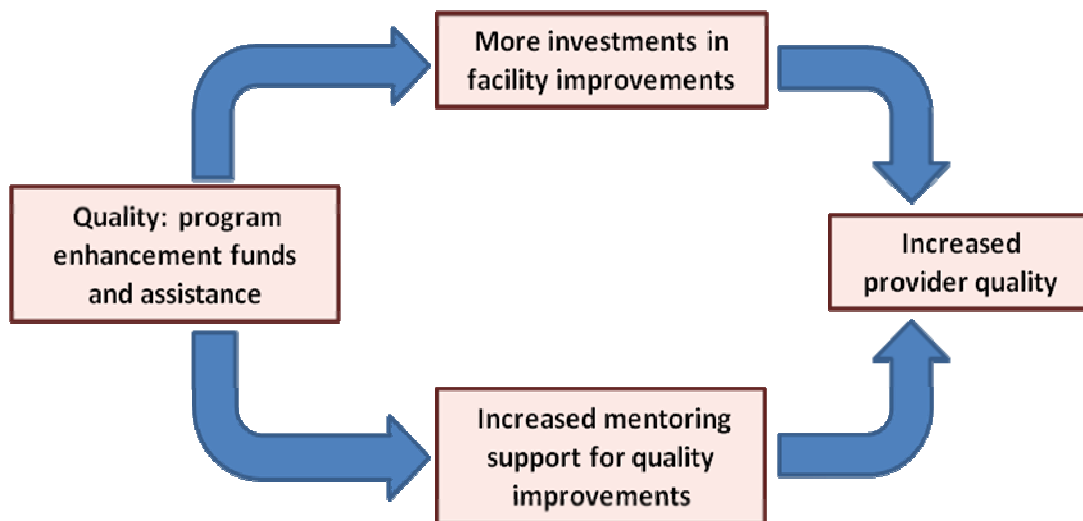


Logic Model for the Effects of Wage Enhancements on Parent & Provider Outcomes



Logic model for the effects of
Wage enhancements on parent & provider outcomes

Logic Model for the Effects of Program Enhancement Funds and Technical Assistance



CCEP Logic model for the effects of
Program enhancement funds and technical assistance

APPENDIX B: PROVIDER CHARACTERISTICS

Table B1. Provider Demographics

Characteristic²⁰	CCCF % (n)	Control % (n)
Gender	N = 41	N = 55
Female	93% (38)	95% (52)
Male	7% (3)	6% (3)
Age ²¹	N = 41	N = 55
25 and under	29% (12)	20% (11)
26 to 35	39% (16)	40% (22)
36 to 45	22% (9)	11% (6)
46 and older	10% (4)	29% (16)
Race/ethnicity ²²	N = 41	N = 54
White	61% (25)	80% (43)
Hispanic	22% (9)	6% (3)
African American	15% (6)	11% (6)
Asian/Pacific Islander	2% (1)	4% (2)
American Indian/Alaskan Native	0% (0)	0% (0)
Other	0% (0)	0% (0)
Primary Language	N = 40	N = 55
English	90% (36)	91% (50)
Spanish	8% (3)	4% (2)
Other	3% (1)	6% (3)
Highest Education Level	N = 41	N = 55
Master's degree	0% (0)	7% (4)
Bachelor's degree	12% (5)	13% (7)
Associate's degree	22% (9)	20% (11)
Certification (child-related/other)	12% (5)	13% (7)
High school diploma/GED	49% (20)	42% (23)
Less than high school	5% (2)	6% (3)

²⁰ Some percentages within each characteristic for each group may not equal 100% due to rounding.

²¹ The proportion of control providers 46 years of age or older is larger than that of the treatment group at the level of a trend ($p < .10$).

²² The proportion of control providers who are Caucasian is larger than that of the treatment group, while the proportion of control providers who are Hispanic is smaller than that of the treatment group, both at the level of a trend ($p < .10$).

Table B2. Baseline Provider Professional Characteristics

Characteristic	CCCF % (n)	Control % (n)
Type of position	N = 41	N = 55
Director	42% (17)	33% (18)
Staff	59% (24)	67% (37)
Length of time in field ²³	N = 40	N = 54
Over 5 years	20% (8)	7% (4)
3 to 5 years	23% (9)	26% (14)
1 to 2 years	23% (9)	11% (6)
Less than 1 year	35% (14)	56% (30)
Income from child care	N = 39	N = 53
\$15,000 or less	62% (24)	49% (26)
\$30,000 or less	97% (38)	91% (48)
Child care percent of total income	N = 40	N = 54
Only source of income	23% (9)	43% (23)
More than half of income	25% (10)	17% (9)
About half of income	28% (11)	20% (11)
Less than half of income	25% (10)	20% (11)

²³ The proportion of control providers who have been in the field for over 5 years is smaller than that of the treatment group at the level of a trend ($p < .10$).

APPENDIX C: PARENT DEMOGRAPHIC CHARACTERISTICS

Table C1. Parent Demographics

Characteristic	CCCF		
	CCCF Subsidy Parents % (n)	Non-subsidy parents % (n)	Control Parents % (n)
Age ^a	N = 55	N = 47	N = 166
Mean	30	34	35
Range	22-47	23-45	21-60
Race/ethnicity ^b	N = 55	N = 48	N = 168
White	65% (36)	73% (35)	83% (139)
Hispanic	4% (2)	4% (2)	2% (3)
African American	0% (0)	0% (0)	0% (0)
Asian/Pacific Islander	0% (0)	4% (2)	4% (7)
American Indian/Native Alaskan	0% (0)	2% (1)	0% (0)
Other	31% (17)	17% (8)	11% (19)
Language Spoken	N = 55	N = 48	N = 168
English at home	100% (55)	98% (47)	98% (164)
Spanish at home ^c	9% (5)	10% (5)	2% (4)
Other at home	0% (0)	8% (4)	5% (8)
Highest Education Level ^d	N = 55	N = 48	N = 167
Bachelor's degree or higher	20% (11)	44% (21)	62% (103)
Associate's degree	13% (7)	17% (8)	15% (25)
Certification	15% (8)	8% (4)	5% (9)
Some vocational/trade school	15% (8)	4% (2)	4% (7)
High school diploma/GED	33% (18)	19% (9)	11% (18)
Less than high school	6% (3)	8% (4)	3% (5)
Number of children	N = 55	N = 48	N = 168
Mean	1.9	1.9	1.7
Range	1-5	1-5	1-6

^a CCCF subsidy parents are significantly younger than CCCF non-subsidy and control parents, $p < .01$.

^b CCCF subsidy parents are more likely to identify as "other" race and less likely to be White compared to CCCF non-subsidy and control parents, $p < .01$.

^c Control group less likely to speak Spanish at home, $p < .05$.

^d CCCF subsidy parents have significantly lower education levels, $p < .001$.

APPENDIX D: YEAR 2 PROGRAM EXPENDITURES

Year 2 CCCF Program Expenditures

