

Child Care Community Fund Project: *Year 1 Evaluation Report*



Submitted to:

**Oregon Employment Department –
Child Care Division**

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EXECUTIVE SUMMARY

Program & Evaluation Study Overview

In 2003, the Oregon Legislature enacted the Oregon Child Care Contribution Tax Credit, the proceeds of which have been used to fund two child care enhancement pilot projects 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 began in 2005. The second project, the Child Care Community Fund (CCCF) was awarded to Neighborhood House in Multnomah County in 2007. Both projects are being evaluated by NPC Research. This report summarizes the Year 1 progress on implementing the CCCF project in Multnomah County and baseline characteristics of participating providers.

The CCCF 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 program components: (1) provision of parent subsidies to limit the percentage of income spent on child care by low-income parents to 10%; (2) provision of provider wage enhancements designed as incentives for quality improvements and to support provider retention; and (3) individualized technical assistance and supports aimed at enhancing child care quality. These three components are designed to jointly influence the three project goals, and represent a multi-pronged approach to deter-



mining the kinds of investments that are needed to create high-quality, affordable child care. The evaluation consists of a process and outcome study. The process study is design to monitor program implementation, document barriers and successes in engaging child care providers and parents, and provide ongoing feedback to the project about implementation. The outcome study is designed to address eight key questions, linked to the study goals:

Family outcomes:

1. Are CCCF parents spending less than 10% of their household income on child care?
2. Are CCCF parents more satisfied with their child care arrangements?

Provider professional development and retention outcomes:

3. Do CCCF providers show more evidence of engagement in professional development activities?
4. Are CCCF providers compensated at a rate commensurate with their level of training and education?
5. Are CCCF facilities more likely to have stable revenue and less likely to have

problems with issues of parent non-payment?

6. Are CCCF providers more likely to stay in the field longer?

Child care quality outcomes:

7. Are CCCF providers more likely to make facility improvements?
8. Are CCCF children experiencing higher quality child care?

The evaluation employs a number of different data collection techniques to answer these questions, including quarterly reports completed by the program, provider surveys, surveys of facility directors, parent surveys, and observations of child care quality by trained observers.

The CCCF project specifically targeted providers who with limited education and experience. Perhaps because of this, recruitment proceeded somewhat more slowly than anticipated. By the close of Year 1, there were 10 family child care facilities in the CCCF group and 9 in the control group, leaving one family provider remaining to be recruited to reach the program goal. Four child care centers (2 CCCF, 2 control) had been recruited, meeting the program recruitment goal for centers. Following recruitment, facilities were randomly assigned to either receive CCCF supports or to be in the control group; thus this study uses a strong research design to examine the impacts of the CCCF program.

Because of the lengthy recruitment process, implementation of the project activities is still in its early stages. To date, three provider networks have been established (2 for center providers, and one for family providers) and have begun to meet monthly. The program director has made 88 site visits to participating providers, along with 241 phone calls and 108 emails aimed at providing customized assistance. The type of assistance

provided has varied based on provider needs, and has included such topics as: help enrolling on the Oregon Registry; working with children with behavioral issues; physical environments and safety; licensing and business practices; and training and education options. Two facilities have received program enhancement grants, and two providers have received wage enhancements. Finally, the project began disbursing family subsidies in the second quarter. By the end of Year 1, 37 children were receiving CCCF subsidies (representing 24 families).

Baseline Characteristics and Descriptive Information

One of the primary purposes of random assignment is to ensure that the group receiving the CCCF intervention and the control group are equivalent at baseline on characteristics that might influence program outcomes. Therefore, we compared the CCCF intervention providers with the control providers on a variety of measures. Overall, there were few differences in demographic characteristics, work and training experience, or child care quality between treatment and control groups. The few differences that did emerge suggest that CCCF providers (in contrast to control providers) have more problems with parent payment; were younger; had worked longer in the child care field; had less networking support, and had more financial stress. While randomization is designed to eliminate such differences, given the small samples it is not surprising that some differences emerged. Further, centers are randomized at the facility (not individual provider) level; this introduces an even greater likelihood that provider-level differences will occur. Future analyses of outcomes related to these indicators will take into account these baseline differences.

Overall, data suggest that the CCCF program was successful in recruiting a group of pro-

viders with relatively low levels of training and experience. For example, a smaller percentage of Multnomah County CCCF (28%) providers have been in the child care field over 5 years, compared to Lane County CCEP (60%) providers. Further, subsidy parents have experienced many of the challenges associated with obtaining quality consistent care: more subsidy parents (compared to non-subsidy and control parents) use family, friend, or neighbors for regular child care, missed more days of work because of problems with child care, and experienced more financial stress. These are issues that will be tracked over time by the evaluation team to examine the influence of the CCCF program.

Conclusions

Despite struggles to recruit a particularly high-need group of child care providers, the program recruitment objectives have nearly been met. The next year should focus on delivering the kinds of individualized, high-intensity training, technical assistance and other supports that were successfully linked

to positive outcomes in the Lane County CCEP. It will be important for the CCCF program to be thoughtful and consistent with supports provided in center-based child care settings, given the lack of positive results for these providers in Lane County. Focusing on center-level policies, procedures and issues that individual teachers have less control over may be particularly important, along with individualized assistance and mentoring for the center teachers. Additionally, successful enrollment of a larger number of parents in the subsidy component will be an important activity for Year 2 of the program.

During Year 2, the evaluation will collect follow-up data one year post-baseline for all providers and parents, and a preliminary outcome report will be provided in July 2009. It also will be important for the evaluation team and the CCCF program to work closely together to continue to track provider retention, especially so that data related to reasons for providers leaving the field can be collected, and so that replacement providers can be recruited if needed.

INTRODUCTION

What Is the Child Care Community Fund?

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 began in 2005. 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, 2006).

What Is the Child Care Community Fund 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.

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:

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

2. What were the barriers and facilitators of successful implementation?
3. How were project funds expended?
4. Are the number and characteristics of parents, children, and providers different for the CCCF and control groups?
5. 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 assigned to either the CCCF intervention or to a control group. Neighborhood House publicized the project among providers (see pages 7-8 for a description of the recruitment process), and those providers that who agreed to participate were assigned to either the CCCF or control group. The recruitment goal was to enroll 12 facilities for each study group (10 family providers and 2 centers) for a total of 24 facilities. By June 1, 2008 (the cut-off date for inclusion in this report), Neighborhood House had recruited 22 facilities: 2 centers and 9 family providers in each group. See page 15-17 for demographic and other descriptive information about the providers in each study group.

METHODOLOGY

The 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. The data collected from each of these groups is discussed 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 information 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 first year (covering the period from July 2007 through June 2008).

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 are 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 will 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 in both groups 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 a total of 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 will be conducted 12- and 24-months after baseline.

Participant Enrollment Survey. All providers in both study groups complete 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 capture 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 will be 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 once annually during the 3-year evaluation. Baseline parent survey data collection occurs three months after CCCF providers 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 will be collected 12 and 24 months after the baseline surveys. The data collection plan calls for a longitudinal design; that is, those parents who complete the first parent survey will be 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 employs a three-pronged approach to parent survey data collection.

1. *Survey parties:* NPC staff visit each facility at a pre-arranged time (during busy pick-up times) and invite parents to complete the survey while they pick up their children.
2. *Drop-boxes:* NPC staff leave extra blank surveys and drop-boxes at each facility and ask providers to have parents complete the surveys when they drop off or pick up their children.
3. *Mailed surveys:* Finally, NPC mails 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 are not mailed to parents who do 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.

As of June 1, 2008 (the cut-off date for inclusion in this report), a total of 153 parents completed the survey: 21 parents receiving the CCCF subsidy (representing 84% of families receiving a subsidy at the time of the survey administration) and 132 other parents (representing 54% of all other families enrolled at the facilities at the time of the survey administration).

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 calculated based on the date of the baseline data collection. Table 2 summarizes the data collection activities, including who completes each activity and when each activity is conducted.

Table 2. 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

The next section of this report documents the first year of the CCCF project's implementation, including facility recruitment, program activities offered to providers, and the initiation of the parent subsidy component. Next,

the report provides baseline characteristics on the facilities, providers, and families enrolled in the program by June 1, 2008 (the cut-off date for this report).

PROJECT IMPLEMENTATION

Facility Recruitment

During the first quarter of the project, the Project Director finalized all forms and materials and began recruiting facilities. The recruitment goal for the project was a total of 2 centers and 10 family providers in each group (CCCF and control). The project structured its eligibility criteria in order to serve providers who are potentially most in need of assistance. Family providers must have less than 75 hours of education and at least one year of experience; all must be registered with the Child Care Division or agree to become registered within three months. Centers must be certified with the Child Care Division. Once facilities agreed to participate, the Project Director flipped a coin to determine whether the provider would be in the CCCF or control group.

The project employed a variety of advertising and recruitment strategies. Initially, the project was focused on recruiting Multnomah County providers. In addition to mailing and calling providers with information about the project, the Project Director advertised the project with, and asked for referrals from, the Multnomah County Library, local Child Care Division licensing specialists, local CCR&R staff, and the local community health nurse. In addition, the project was advertised on Craigslist and through posters posted in venues around Multnomah County.

Recruiting family child care facilities took the project longer than anticipated. While the four center facilities (two for each study group) were recruited in the first quarter of the project, recruitment of family child care facilities continued throughout Year 1. The recruitment challenges, which the Lane County project did not face, may be due to the more stringent eligibility requirements for this project. Because the Lane County

CCEP attracted a relatively experienced group of pro-viders, the CCCF project cided to focus on providers with less experience and education. As a result, those viders who seemed most interested in participating were those who exceeded the eligibility criteria, and those who met the criteria were most wary of participating. These providers seemed less willing to invite others into their programs and less willing to commit to monthly networking meetings.

As the recruitment process took longer than anticipated, the project advisory board agreed to expand recruitment efforts to include providers in Clackamas and Washington County, and to include exempt providers who were interested in becoming registered or licensed (though no more than 25% of the providers could fall into this category). At this time, the project was advertised in the CCR&R newsletters in Multnomah, Clackamas, and Washington Counties, and the Project Director began recruiting Clackamas and Washington County providers through mailings and phone calls.

By the close of Year 1, the project had recruited a total of 11 family child care facilities for the CCCF group and 10 for the control group. However, one facility in each group discontinued providing care, so at the close of Year 1 the project had 10 family child care facilities in the CCCF group and nine in the control group. Thus, the project has one additional family child care facility left to recruit for the control group.



Table 3. CCCF & Control Facilities Enrolled by June 1, 2008

	CCCF	Control
Family Child Care		
Facilities	9	9
Providers	12	13
Children	101	99
Center Child Care		
Facilities	2	2
Providers	12 (plus 2 Directors)	21 (plus 2 Directors)
Children	75	140

Table 3 displays the number of facilities enrolled as of June 1, 2008, and therefore included in this report.¹ The table lists the number of facilities, the number of providers working with children at least 20 hours per week at those facilities, and the total number of children enrolled at the facilities at any time during Year 1.

One issue to note is that there appears to be a discrepancy in the size of the centers, with far fewer providers being present in the CCCF group. This suggests that the program may want to consider enrolling another center into the CCCF program to ensure sufficient numbers of center providers are served.

Program Activities for Providers

During Year 1, the program began several activities for the enrolled providers, including establishing networking groups, beginning site visits and other technical assistance,

and disbursing program enhancements and wage enhancements.

Networking Groups

The CCCF Project Director established three different networking groups: one for each of the two participating centers, and one for the participating family providers. The Project Director established different groups for each center because the two centers differed in their strengths and needs. Each networking group meets monthly, and these meetings provide an opportunity to learn and gain support from fellow providers, and also offers and opportunity for the program to provide trainings. By the end of Year 1, the family provider network had eight meetings, one of the center networks had nine meetings, and the other center network had eight meetings.

The networking meetings for the family providers took place at the Children's Museum until May 2008, at which time that space became unavailable, and the meetings were moved to the Multnomah Arts Center. The monthly networking meetings for the centers take place at each center.

The topics and trainings covered at the monthly meetings have included Child Care Division rules and regulations, health and safety practices, eco-friendly child care, Building Blocks of Social-Emotional Devel-

¹The table includes two family child care facilities that were dropped from the project because they stopped providing care; these facilities were not dropped until after June 1, and therefore are included in this report. In addition, three family child care facilities were recruited after June 1, 2008, which was the cut-off for inclusion in this report.

opment, Opening Doors to Inclusive Child Care, Creating a Climate for Growth, and teacher-made toys.

A particular highlight for the participating providers was an Appreciation Day at the Children's Museum, where they were treated to dinner, given self-care items such as candles and essential oils, and instructed in self-relaxation techniques.

Site Visits and Technical Assistance

The Project Director has conducted a total of 88 site visits to participating providers, along with 241 phone calls and 108 emails aimed at providing customized assistance. The type of assistance provided has varied based on provider needs, and has included the following topics:

- Enrolling on the Oregon Registry;
- Working with children with sensory integration disorders;
- Working with children with behavioral issues;
- Physical environment and safety;
- Environmentally-friendly practices;

- Contracts, insurance, and financial practices;
- Licensing and Child Care Division compliance around health and safety issues; and
- Training and education options.

Program and Wage Enhancements

The project began disbursing program enhancement grants and wage enhancements in the third quarter. Two facilities have received program enhancement grants (totaling \$500), and the program has disbursed \$800 in wage enhancements. In addition, the project provides some scholarship funds to help providers attend trainings and classes; \$687 was used in Year 1 for this purpose.

**Financially I'm not
completely going from
check to check, scraping by.
No, I have a sense of relief.
– CCCF Subsidy Parent.**

CCCF Subsidies

The project began disbursing family subsidies in the second quarter. By the end of Year 1, 37 children were receiving CCCF subsidies (representing 24 families). A total of \$90,620 was expended on subsidies during Year 1.

BASELINE FACILITY CHARACTERISTICS

The facility director survey included questions about enrollments and exits, revenue fluctuations, and billing systems and practices. Table 4 displays the average number of children who enrolled and the average number who exited in the year

prior to the start of CCCF. There were no significant differences between the CCCF facilities and the control facilities: on average, approximately eight children newly enrolled and between four and five children exited.

Table 4. Enrollment Fluctuations

	CCCF (N=11)	Control (N=11)
Children enrolled in past year		
Mean	7.5	8.0
Range	0-24	0-29
Children exited in past year		
Mean	4.4	4.6
Range	0-8	0-16

The facility director survey asked whether the facility's revenues during the past year fluctuated a lot month-to-month, a little month-to-month, or remained the same month-to-month. In addition, facility directors were asked whether the facility's revenue now is about the same as a year ago, less than a year ago, or more than a year ago. As displayed in Table 5, CCCF and control fa-

cility directors had similar answers to these questions. A majority of directors in both groups (64%) stated that revenues fluctuated a little month-to-month, and directors in both groups were fairly evenly divided between those reporting that revenues were the same as a year ago, more than a year ago, or less than a year ago.

Table 5. Facility Revenues

	CCCF % (n)	Control % (n)
In past year, revenues have:	N=11	N=11
Remained the same month-to-month	27% (3)	27% (3)
Changed a little month-to-month	64% (7)	64% (7)
Changed a lot month-to-month	9% (1)	9% (1)
Revenue now is:	N=11	N=11
About the same as a year ago	27% (3)	36% (4)
Less now than a year ago	27% (3)	27% (3)
More now than a year ago	46% (5)	36% (4)

The facility director survey also included a series of questions to gather information about billing practices and challenges. As displayed in Table 6, CCCF and control facility directors did not differ in their assessments of their billing systems: almost all directors felt their systems were “pretty” or “very” effective. In addition, the two groups of directors did not differ in how bothered they were by families not paying bills on

time or in how often they need to remind parents to pay their bills. However, the two groups did differ significantly on several items relating to parent payments: more families at CCCF facilities (29% of families) were more than one week late in paying bills than control families (7%) and more families at CCCF facilities (7%) have past due bills of more than one month than control families (less than 1%).

Table 6. Facility Billing

	CCCF N=11	Control N=11
Billing system is:		
Very effective	46% (5)	55% (6)
Pretty effective	46% (5)	27% (3)
Not very effective	9% (1)	18% (2)
How bothered are you by families not paying bills on time?		
Not at all	36% (4)	36% (4)
A little	18% (2)	18% (2)
Somewhat	27% (3)	36% (4)
A lot	18% (2)	9% (1)
How often do you have to remind families to pay their bills?		
Never	9% (1)	27% (3)
Every once in a while	55% (6)	55% (6)
Almost every payment period	36% (4)	18% (2)
In past year, how many families exited without paying all that was due?		
Percent of total enrollment	13%	3%
Range	0-50%	0-24%
In average month, how many families are more than one week late in paying?		
Percent of total enrollment*	29%	7%
Range	0-89%	0-25%
In average month, how many families have past due bills for over one month?		
Percent of total enrollment*	7%	0.4%
Range	0-24%	0-24%

*Statistically significant at $p < .05$.

BASILINE PROVIDER CHARACTERISTICS

Demographics

Child care providers completed the Provider Enrollment Survey (PES) at baseline to provide demographic information and describe their work and background as a child care provider. The goal was to have providers complete the PES within 4 weeks of enrollment with the Child Care Community Fund project. As an additional motivation to complete the baseline surveys, sites would not be able to receive their incentive for participating in the study until they completed the necessary surveys and paperwork at baseline.

Seven providers in the control group completed their baseline PES after 4 weeks post-enrollment; five of these providers completed their PES within 35 days post-enrollment due to scheduling conflicts, while the other two completed their baseline PES between 35 and 70 days post-enrollment due to unforeseen circumstances such as illnesses, which required multiple rescheduled visits. One CCCF provider completed their baseline PES 94 days post-enrollment due to relocation and difficulties in rescheduling. However, the majority of providers completed their baseline PES within the target time frame of 28



days post-enrollment: 96% of CCCF providers and 86% of control providers.

Table 7 presents demographic information for the providers in the CCCF and control groups based on the baseline PES. Most providers in both study groups were women, Caucasian, spoke English as their primary language, and had a high school diploma or GED education or higher. Compared to CCCF providers, a larger proportion of control group providers were older than 45 years of age. There were no significant differences between family and center providers within the CCCF and control groups.

Table 7. Provider Demographics

Characteristic	CCCF % (n)	Control % (n)
Gender	N = 26	N = 36
Female	86% (23)	97% (35)
Male	12% (3)	3% (1)
Age	N = 26	N = 36
25 and under	27% (7)	25% (9)
26 to 35	35% (9)	28% (10)
36 to 45	31% (8)	14% (5)
46 and older*	8% (2)	33% (12)
Race/ethnicity	N = 26	N = 36
White	46% (12)	75% (27)
Hispanic	27% (7)	6% (2)
African American	19% (5)	14% (5)
Asian/Pacific Islander	4% (1)	3% (1)
American Indian/Alaskan Native	0% (0)	0% (0)
Other	4% (1)	3% (1)
Primary Language	N = 25	N = 36
English	92% (23)	94% (34)
Spanish	8% (2)	0% (0)
Other	0% (0)	6% (2)
Highest Education Level	N = 26	N = 36
Master's degree	0% (0)	3% (1)
Bachelor's degree	4% (1)	0% (0)
Associate's degree	27% (7)	22% (8)
Certification (child-related/other)	15% (4)	14% (5)
High school diploma/GED	50% (13)	53% (19)
Less than high school	4% (1)	8% (3)

* Statistically significant at $p < .05$.

Experience and Training

Table 8 presents providers' professional characteristics based on PES items. The majority of providers in both groups tended to have

made less than \$30,000 annually from their child care work. A larger proportion of providers in the control group have been in the child care field for less than a year, compared to CCCF providers.

Table 8. Provider Professional Characteristics

Characteristic	CCCF % (n)	Control % (n)
Type of position	N = 26	N = 36
Director	39% (10)	33% (12)
Staff	62% (16)	67% (24)
Length of time in field	N = 25	N = 36
Over 5 years	28% (7)	9% (3)
3 to 5 years	24% (6)	23% (8)
1 to 2 years	28% (7)	9% (3)
Less than 1 year*	20% (5)	60% (21)
Income from child care	N = 26	N = 35
\$15,000 or less	73% (19)	54% (19)
\$30,000 or less	96% (25)	88% (31)
Child care percent of total income	N = 25	N = 35
Only source of income	20% (5)	49% (17)
More than half of income	24% (6)	23% (8)
About half of income	28% (7)	17% (6)
Less than half of income	28% (7)	11% (4)

* Statistically significant at $p < .05$.

Table 9 presents providers' professional development and networking activities based on PES items. Similar proportions of providers in both groups participated in college-credit courses and workshops or trainings. Most providers in both groups did not participate in any college credit courses. The most common workshops attended by both groups were related to childhood health and safety and child abuse. Thirty-one percent of CCCF providers ($n = 8$) and 25% of control provid-

ers ($n = 9$) participated in childhood health and safety workshops, while 42% of CCCF providers ($n = 11$) and 19% of control providers ($n = 7$) participated in child abuse workshops. Other workshop topics included childhood nutrition, children's social growth, observation and assessment, curriculum development, guidance of behavior, challenging behaviors, learning delays, and working with parents.

Table 9. Provider Professional Development & Networking Activities

	CCCF N = 26 % (n)	Control N = 36 % (n)
Oregon Registry		
Enrolled*	35% (9)	44% (16)
Enrolled at Step 5 or higher	0% (0)	6% (2)
Training in Past Year		
College-credit courses	12% (3)	14% (5)
Workshops/trainings	69% (18)	69% (25)
I have opportunities to network with other providers*²		
Strongly agree or agree	58% (15)	67% (24)
Not sure	31% (8)	25% (9)
Disagree or strongly disagree	12% (3)	8% (3)
I am part of a support group of providers*		
Strongly agree or agree	46% (12)	64% (18)
Not sure	19% (5)	14% (3)
Disagree or strongly disagree	27% (9)	22% (15)
I get support from other child care providers*		
Strongly agree or agree	54% (14)	64% (23)
Not sure	19% (5)	14% (5)
Disagree or strongly disagree	27% (7)	22% (8)
I would like to improve my training/education in childhood care and education*		
Strongly agree or agree	96% (25)	89% (32)
Not sure	4% (1)	8% (3)
Disagree or strongly disagree	0% (0)	3% (1)
It is important to me to improve my education and training*		
Strongly agree or agree	96% (25)	89% (32)
Not sure	4% (1)	8% (3)
Disagree or strongly disagree	0% (0)	3% (1)

* Statistically significant at $p < .05$.

² This scale had a Cronbach's alpha = 0.76, 4 items.

A larger proportion of control group providers were enrolled in the Oregon Registry, compared to CCCF providers at baseline. Higher percentages of control group providers also reported that they have opportunities to network with other providers, are part of a support group of providers, and get support from other child care providers, compared to CCCF providers. Further, CCCF providers were more likely to report a desire to improve training and/or education in childhood care and education, compared to control group providers.

These results suggest some baseline differences in the two groups of providers that must be taken into account in subsequent analyses; although randomization is designed to create baseline equivalency, with small sample sizes there is an increased likelihood that randomization will not be sufficient, as in this case. Arguably the most troubling of these differences is the quite large percentage of providers in the control group who have been in the field for less than a year; this finding may have implications for subsequent analyses of provider retention rates.

When comparing family and center providers within the CCCF and control groups, three differences emerged among control group providers (there were no differences between CCCF family and center providers). A significantly larger proportion of family providers in the control group (54%, $n = 7$) were enrolled on the Oregon Registry at Step 0 to 4, compared to no (0) control center providers ($p < .01$). However, when it came to attending workshops in the last year, center providers in the control group did at a significantly higher rate (91%, $n = 21$), compared to only 4 (31%) family control providers ($p < .01$). Finally, center providers in the control group agreed or strongly agreed at a significantly higher rate (100%, $n = 23$) that it was important to improve their education and training, compared to family providers in the control group (77%, $n = 10$, $p < .05$).

Confidence, Satisfaction, and Stress

Provider Confidence in Skills

Providers were asked to rate their level of confidence in their skills in 20 areas on the PES at baseline, including health and safety, children's growth and development, caring for children with special needs, and areas of professional development. The response scale ranged from 1 "Not very confident" to 6 "Very confident." When comparing the mean responses for each item between CCCF and control groups, all but one item (confidence with infant development and care; CCCF providers scored lower on this item than control providers) was statistically equivalent, indicating no real differences between groups.

The skill areas that had the highest mean rating by both groups of providers were confidence with childhood health and safety and confidence working with different cultures and backgrounds. The skill areas that had the lowest mean rating by CCCF providers were confidence with children with physical disabilities (2.85) and confidence with children with emotional disabilities (3.54). For control providers, the areas with the lowest mean rating were confidence with physical disabilities (3.53) and confidence with management and business practices (3.64). This suggests areas that the CCCF program may want to emphasize in their training and technical assistance. Importantly, however, overall across all 20 domains, the CCCF and control groups were quite similar.

Provider Sense of Accomplishments

Providers were asked to rate their level of agreement with 8 items on the PES at baseline to measure their sense of accomplishment as a child care provider. The response scale ranged from 1 "Strongly disagree" to 5 "Strongly agree". These items relate to feeling a sense 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.

These items were examined individually and as a scale (Cronbach's $\alpha = 0.71$). There were no significant differences between CCCF and control groups on any of the individual items. There was also no significant difference between groups on mean scale score: CCCF providers had a mean accomplishment scale rating of 4.13 and control providers had a mean rating of 4.10.

When comparing family and center providers within the CCCF and control groups, several differences emerged. Within the control group, center providers had a significantly higher ($p < .05$) confidence rating dealing with child abuse and neglect (4.91), compared to family providers within the control group (3.92). However, within the CCCF group, family providers had a significantly higher ($p < .05$) mean rating in two areas compared to center providers: confidence with childhood health and safety (5.42 vs. 4.71) and confidence with children with learning disabilities (4.17 vs. 3.14).

Provider Financial Stress

The PES included a scale consisting of 7 items that measured the degree to which providers could meet their families' basic needs,

such as housing, food, and clothing (Cronbach's $\alpha = 0.90$). 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 response scale for these items ranged from 1 "Strongly disagree" to 5 "Strongly agree." As presented in Table 10 there were significant differences for 2 of the 7 items that make up the Financial Needs Scale as well as the item relating to the provider's finances overall ($p < .05$). In each of these instances, CCCF providers' ratings indicated lower financial stress, when compared to the control group. Again, this suggests that baseline differences on stress-related outcomes must be accounted for in subsequent analyses. Interestingly, CCCF parents were also more likely to report more parents having payment problems, despite their lower financial stress scores.

When comparing family and center providers within CCCF and control groups, only one difference emerged among control group providers. Family providers within the control group showed significantly more stress ($p < .05$) around their families being able to afford mortgage or rent payments compared to center providers in the control group (4.00 vs. 3.17).

Table 10. Mean Provider Financial Stress Scores

	CCCF	Control	Significant?
My family is able to afford our mortgage or rent payments	N = 26 4.1	N = 36 3.5	Yes
My family is able to afford clothing when we need it	N = 26 3.8	N = 34 3.2	Yes
I often worry about my family's finances overall	N = 26 3.2	N = 34 3.9	Yes

Retention

Providers were asked on the PES to indicate how long they planned to remain in the child care field. As presented in Table 11, the majority of providers in both groups indicated at baseline that they planned to stay in field for a significant period of time (for 3 to 5 or more years).

When comparing family and center providers within the CCCF and control groups, only

one difference emerged for the control group. A significantly larger proportion of family providers within the control group (46%, n = 6) said they planned to stay in their current position for 3 to 5 years, compared to only 15% (3) of center providers in the control group. These differences point to control group family providers having a longer-term expectation of remaining in their current position compared to control group center providers.

Table 11. Provider Retention

When you think about your future, how long do you continue working:	CCCF % (n) N = 26	Control % (n) N = 36
In your current position	N = 26	N = 33
Less than 1 year	12% (3)	3% (1)
1 to 2 years	15% (4)	30% (10)
From 3 to 5 years	27% (7)	27% (9)
Over 5 years	46% (12)	39% (13)
In your current setting	N = 26	N = 34
Less than 1 year	19% (5)	6% (2)
1 to 2 years	12% (3)	35% (12)
From 3 to 5 years	27% (7)	29% (10)
Over 5 years	42% (11)	29% (10)
In the field in any setting or position	N = 26	N = 30
Less than 1 year	8% (2)	3% (1)
1 to 2 years	8% (2)	17% (5)
From 3 to 5 years	12% (3)	23% (7)
Over 5 years	73% (19)	57% (17)

Two family facilities (with one provider each) closed during Year 1. One was in the CCCF group and one was in the control group. In addition, one family facility (with one provider) was recruited during Year 1 but was dropped from the project due to re-

peated non-response to program requests. ; Two additional providers left family sites (1 CCCF and 1 control) that remained open during Year 1.

Quality of Care

To examine the influence of the CCCF program on the quality of child care environments being provided to children, the Quality of Early Childhood Care Settings (QUEST) observational assessment will be administered annually. As of June 1, 2008, a total of 62 baseline QUEST assessments have been completed, which includes 37 center-based providers and 25 family providers. Of these, 26 were conducted on CCCF providers and 36 on control providers. The QUEST scales range from a low of 1, indicating little or no evidence was observed to a high of 3, indicating consistent evidence was observed.

Environmental Quality

The QUEST taps six dimensions of environmental quality:

1. The quality and comfort of the general space provided, e.g., enough space for children, areas for active and quiet play, adequate lighting, etc.;
2. Quality and developmental appropriateness of equipment, for children less than one year old;
3. Quality and developmental appropriateness of equipment, for children one to three years;
4. Quality and developmental appropriateness of equipment, for children aged three to five;
5. Adequacy of materials to support language and literacy development, e.g., functional print items such as calendars, menus, schedules, reading areas, adequate numbers and variety of books, materials with alphabet letters used, etc.; and
6. Safety of equipment and materials.

As would be expected at baseline, there were no significant differences between CCCF and control provider groups on any of the environmental quality dimensions. The highest

rated dimension for both groups was safety of outdoor materials and equipment, where CCCF providers had a mean rating of 2.87 and control providers had a mean rating of 2.77. The lowest rated dimension for both groups was equipment and materials to support language and literacy development, where CCCF providers had a mean rating of 2.34 and control providers had a mean rating of 2.18.

When comparing family and center providers within the CCCF and control groups, several differences emerged. In each instance center providers had significantly higher mean ratings compared to family providers ($p < .05$). Differences were observed when comparing center and family providers on the following dimensions for the *control* group:

- Quality and developmental appropriateness of equipment for 1- to 3-year olds;
- Quality and developmental appropriateness of equipment for 3- to 5-year olds;
- Adequacy of materials to support language and literacy development; and
- Safety of equipment and materials.

Differences (again, with center providers having significantly higher mean ratings compared to family providers) were observed when comparing center and family providers in the *CCCF* group on the following dimensions:

- Quality and developmental appropriateness of equipment for 1- to 3-year olds and
- Quality and developmental appropriateness of equipment for 3- to 5-year olds.

Quality of Caregiver-Child Interactions

The QUEST measure also assesses the quality of caregiver-child interactions, as rated by a trained observer. The QUEST taps three dimensions of caregiver-child interactions:

1. General caring and responding, e.g., responsiveness to verbal and nonverbal cues from children, warmth and affection, recognition and responsiveness to distress, etc.;
2. Use of positive guidance techniques, e.g., states limits, talks through conflicts, redirects children, etc.; and
3. Adequacy of supervision, e.g., caregiver can see/hear children and supervision is appropriate to age of children.

There were no significant differences between CCCF and control provider groups on any of the caregiver-child interaction dimensions. The highest rated dimension for both groups was supervision where CCCF providers had a mean rating of 2.88 and control providers had a mean rating of 2.76. The lowest rated dimension for both groups was using positive guidance and discipline, where CCCF providers had a mean rating of 2.68 and control providers had a mean rating of 2.62.

When comparing family and center providers within the CCCF and control groups, no significant differences emerged.

Quality of Social-Emotional Development Environment

Promotion of children's social-emotional development is a critical role for early childhood care providers. The QUEST taps two dimensions of the social-emotional development environment:

1. General support for children's social-emotional development, e.g., provide opportunities for pro-social activities and positive peer interactions, teach social rules, etc.; and
2. Specific support for children's play, e.g. provide ample free choice opportunities, interact appropriately during play, etc.

There were no significant differences between CCCF and control provider groups on either of the social-emotional development environment dimensions. The higher rated dimension for both groups was supporting play where CCCF providers had a mean rating of 2.38 and control providers had a mean rating of 2.77. The lower rated dimension for both groups was supporting social and emotional development, where CCCF providers had a mean rating of 2.55 and control providers had a mean rating of 2.48.

When comparing family and center providers within the CCCF and control groups, one difference emerged. Center providers in the control group had a significantly higher mean rating compared to family providers in the control group ($p < .05$) on the dimension related to specific support for children's play.



Cognitive & Language Development

Support for children's cognitive and language development is assessed on the QUEST measure through three dimensions:

1. Using an instructional style that promotes cognitive development, e.g., builds on teachable moments, helps children interact with materials to support cognitive development, encourages questioning, and helps teach specific age-appropriate cognitive skills;
2. Providing a variety of activities that support fine motor, dramatic play, early

math, natural environment, and art- and music-related skills; and

3. Supporting language and early literacy by reading to children, encouraging children to look at books, drawing attention to features of print, and encouraging writing and sounding out letters and words.

There were no significant differences between CCCF and control provider groups on any of the cognitive/language development environment dimensions. The highest rated dimension for both groups was a supportive instructional style where CCCF providers had a mean rating of 2.69 and control providers had a mean rating of 2.66. The lowest rated dimension for both groups was supporting early language development and literacy,

where CCCF providers had a mean rating of 2.07 and control providers had a mean rating of 2.03.

When comparing family and center providers within the CCCF and control groups, one difference emerged. Center providers in the control group had a significantly higher mean rating compared to family providers in the control group ($p < .05$) on the dimension related providing learning activities and opportunities.

Subsequent rounds of observations will allow the evaluation team to determine whether there is any change over time in child care quality, and if so, whether that change is more pronounced in CCCF providers than in control providers.

BASELINE FAMILY CHARACTERISTICS

Parent Demographics

Parents completed a baseline Parent Survey to report demographic information and record their experiences with child care. For control parents, the survey was collected within 3 months of the enrollment of their site with the project. For CCCF parents, baseline was collected between 3 and 4 months after the enrollment of their site to allow parents receiving the CCCF subsidy adequate time to be able to report how the

subsidies have helped their families in the short term.

Table 12 presents demographic information for two sub-groups of CCCF parents (those who received subsidies and those who did not) and the control parents. CCCF subsidy parents were significantly younger than parents in the other two groups ($p < .05$).

No other significant demographic differences were found.

Table 12. Parent Demographics

Characteristic	CCCF		
	CCCF Subsidy Parents	Non-subsidy parents	Control Parents
	% (n)	% (n)	% (n)
Age	N = 19	N = 39	N = 93
Mean*	30.4	35.1	34.5
Range	23 to 46	22 to 45	21 to 58
Race/ethnicity	N = 19	N = 38	N = 93
White	47% (9)	74% (28)	76% (71)
Hispanic	5% (1)	1% (3)	2% (2)
African American	0% (0)	0% (0)	0% (0)
Asian/Pacific Islander	0% (0)	0% (0)	3% (3)
American Indian/Native Alaskan	0% (0)	0% (0)	0% (0)
Other	47% (9)	24% (9)	18% (17)
Primary Language^a	N = 19	N = 38	N = 93
English	100% (19)	97% (37)	97% (90)
Spanish	11% (2)	8% (3)	2% (2)
Other	0% (0)	3% (1)	7% (6)
Highest Education Level	N = 19	N = 38	N = 93
Bachelor's degree or higher	26% (5)	50% (19)	58% (54)
Associate's degree	16% (3)	16% (6)	15% (14)
Certification	5% (1)	13% (5)	4% (4)

Characteristic	CCCF		
	CCCF Subsidy Parents	Non-subsidy parents	Control Parents
	% (n)	% (n)	% (n)
Some vocational/trade school	21% (4)	5% (2)	3% (3)
High school diploma/GED	26% (5)	13% (5)	15% (14)
Less than high school	5% (1)	3% (1)	4% (4)
Number of children	N = 19	N = 38	N = 93
Mean	1.8	1.9	1.7
Range	1 to 3	1 to 5	1 to 6

* Statistically significant difference at $p < .05$.

^a Total for each parent group may exceed 100% as parents could select more than one primary language spoken in their home.

Income, Child Care Expenditures, and Financial Stress

The Parent Survey asks parents to report average monthly take-home income, expenditures on *all* child care, expenditures specifically on CCCF or control facility child care, and number of children attending the CCCF and control child care site as presented in Table 13. Based on these figures, an average per-child, per-hour rate was calculated for each site.

Not surprisingly, CCCF subsidy parents reported significantly lower average monthly take-home income, compared to both the CCCF non-subsidy and control groups ($p < .05$). Control group parents reported significantly lower average monthly take-home income, compared to the CCCF non-subsidy group ($p < .05$), who had the highest average monthly take-home income of all parent groups. These results are not surprising, giv-

en that the CCCF subsidy group, by definition, is lower income than the non-subsidy parents. Also as expected, CCCF subsidy parents reported significantly lower monthly mean expenditures on child care compared to CCCF non-subsidy and control groups. For subsequent follow-up analyses we will attempt to match the subsidy group with similarly low income comparison parents.

As displayed in Table 13, CCCF subsidy parents had, on average, significantly more children per family in their CCCF child care facility, compared to control group parents. CCCF subsidy parents also purchased significantly more hours per child per week on average compared to CCCF-non-subsidy. Not surprisingly, the per-child, per-hour cost of child care for the CCCF subsidy parents is significantly lower, due to the fact that a portion of their cost is subsidized. Thus, CCCF subsidy parents are purchasing more care than control parents, perhaps because they can do so at a discounted rate.

Table 13. Parent Income & Child Care Expenditures

	CCCF Subsidy	CCCF non-subsidy	Control
Average monthly take-home income	N = 18	N = 32	N = 83
Mean*	\$2,122	\$4,736	\$3,706
Range	\$700 to \$3,900	\$888 to \$12,000	\$0 to \$10,600
Average monthly expenditure on child care (all care)	N = 19	N = 35	N = 88
Mean**	\$313	\$660	\$629
Range	\$25 to \$575	\$0 to \$2,200	\$0 to \$2,000
Average monthly expenditure on <u>this</u> child care	N = 19	N = 36	N = 81
Mean***	\$297	\$382	\$527
Range	\$52 to \$575	\$0 to \$845	\$0 to \$1,745
Average number of children at <u>this</u> child care	N = 19	N = 39	N = 91
Mean****	1.5	1.3	1.2
Range	1 to 3	1 to 4	1 to 2
Number of hours per week children are in this child care arrangement:	N = 18	N = 39	N = 88
Mean****	36.3	24.4	26.8
Range	8 to 50	5 to 48	8 to 80
Average per-child per-hour rate for <u>this</u> child care	N = 18	N = 36	N = 78
Mean*****	\$1.84	\$4.32	\$4.39
Range	\$0.39 to \$7.50	\$0 to \$13.70	\$0 to \$10.38

* CCCF subsidy group smaller mean compared to CCCF non-subsidy and control groups, and control group smaller mean compared to CCCF non-subsidy group ($p < .05$).

** CCCF group smaller mean compared to control group ($p < .05$).

***Control group larger mean compared to CCCF subsidy and non-subsidy groups ($p < .05$).

****CCCF group larger mean compared to control group ($p < .05$).

*****CCCF subsidy group smaller mean compared to CCCF non-subsidy and control groups ($p < .01$).

The Parent Survey also asks parents to identify if they receive help for child care expenses from other sources, including family members, Department of Human Services (DHS) subsidy, assistance through their em-

ployer, or other sources. As presented in Table 14, the most common source of child care assistance for all groups was through DHS.

Table 14. Sources of Help for Child Care Expenses

Do you receive help paying for child care from:	CCCF		
	CCCF subsidy	non-subsidy	Control
	% (n)	% (n)	% (n)
	N = 19	N = 39	N = 93
Family members	0% (0)	3% (1)	13% (12)
DHS subsidy	32% (6)	15% (6)	14% (13)
Employer-subsidized child care	0% (0)	0% (0)	3% (3)
Dependent care assistance program	11% (2)	0% (0)	2% (2)
Other: Site scholarship	0% (0)	0% (0)	2% (0)

Through the Parent Survey, the evaluation team examined levels of financial stress among parents using a series of questions about potential financial stressors in parents' lives. Parents were asked if they worried about whether they could pay their child care bills, whether they worry about finances overall, and were asked 7 questions about whether they worry about meeting a variety of needs, including mortgage/rent payments, food, clothing, and medical care, which constitute the Financial Stress Subscale (Cronbach's alpha = 0.90). The response scale for these items ranged from 1 "Rarely" to 5 "All of the time."

Table 15 displays that, not surprisingly due to their lower income, a significantly larger proportion of CCCF subsidy parents reported higher levels of financial stress "Most or all of the time," compared to the other two groups of parents ($p < .01$) for the items related to worrying about being able to pay child care bills and family finances overall. Similarly, CCCF subsidy parents had the highest mean score for the Financial Stress Subscale, compared to CCCF non-subsidy and control group parents ($p < .01$). In subsequent years, the evaluation team will examine change over time on these items to determine whether receipt of the CCCF subsidy helps reduce financial stress.

Table 15. Parent Financial Stress

	CCCF Subsidy % (n)	CCCF non-subsidy % (n)	Control % (n)
I often worry about whether I will be able to pay my child care bills.	N = 19	N = 38	N = 88
Most or all of the time*	58% (11)	16% (6)	16% (14)
Not sure	0% (0)	0% (0)	0% (0)
Rarely or a little	42% (8)	84% (32)	84% (74)
I often worry about my family's finances overall.	N = 19	N = 38	N = 88
Most or all of the time*	90% (17)	34% (13)	39% (34)
Not sure	0% (0)	0% (0)	0% (0)
Rarely or a little	11% (2)	66% (25)	61% (54)
Financial Stress Subscale:			
I often worry about meeting my family's financial needs (e.g., mortgage/rent, food, etc.)	N = 19	N = 37	N = 88
Mean**	2.3	1.3	1.4
Most or all of the time	47% (9)	11% (4)	15% (13)
Not sure	37% (7)	11% (4)	9% (8)
Rarely or a little	16% (3)	78% (29)	76% (67)

* CCCF subsidy group larger percentage compared to non-subsidy and control groups, statistically significant ($p < .01$).

**CCCF subsidy group higher mean compared to non-subsidy and control groups, statistically significant ($p < .01$).

CCCF subsidy parents also answered survey questions about whether and how the subsidy had helped their families. Parents rated on a scale from “Strongly disagree” to “Strongly agree” whether the subsidy had helped their family with a variety of financial needs, as illustrated in Table 16. Most parents agreed that the subsidy had helped their families in a variety of ways, including help with meeting basic needs, help with improving families’

standards of living, help with long-term savings, and helping families keep their children in a stable child care arrangement. Most striking is that all parents strongly agreed that the subsidy had helped their family. In addition, the vast majority of parents agreed that the subsidy has helped them to afford basic needs or had improved their standard of living (both 93%).

Table 16. 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)	27% (4)	27% (4)	47% (7)
If we didn't have the subsidy we would have to take our child out of this child care	7% (1)	40% (6)	27% (4)	27% (4)
The CCCF subsidy has helped our family	0% (0)	0% (0)	0% (0)	100% (15)
The CCCF subsidy has helped us to afford our basic needs (e.g., food, mortgage/rent, etc.) ³	0% (0)	7% (1)	60% (9)	33% (5)
The CCCF subsidy has improved our standard of living	0% (0)	7% (1)	60% (9)	33% (5)
The CCCF subsidy has helped us be able to save for our long-term goals	13% (2)	33% (5)	27% (4)	27% (4)

³ This scale had a Cronbach's alpha = 0.85, 5 items.

Child Care Utilization

Parents were asked on the Parent Survey how many times they had changed child care arrangements in the past year (the “past year” represented approximately the year prior to their provider’s enrollment in CCCF). As shown in Table 17, the CCCF subsidy group reported that they had changed child care providers significantly more times and had to miss more days of work during the year because they did not have child care, when compared to both CCCF non-subsidy and control groups ($p < .05$).

Fifty-eight percent of CCCF parents, 82% of CCCF non-subsidy parents, and 75% of con-

trol parents reported no changes in child care arrangements in the past year. For those families that did change child care arrangements, the most common reason was quality concerns. Fifteen families changed care due to quality concerns (4 CCCF subsidy, 3 CCCF non-subsidy, and 8 control parents). Ten families changed care due to financial reasons (3 CCCF subsidy, 1 CCCF non-subsidy, and 6 control parents).

The evaluation team will track child care stability in the subsequent years to determine whether CCCF, and in particular, the CCCF subsidies, influence families’ abilities to remain in stable care.

Table 17. Child Care Stability

	CCCF Subsidy % (n)	CCCF non-subsidy % (n)	Control % (n)
In the past year, how many times did you change child care providers?	N = 19	N = 39	N = 93
Mean*	0.7	0.2	0.3
Range	0 to 3	0 to 2	0 to 4
In the past year, how many days did you miss work because you did not have child care?	N = 19	N = 39	N = 91
Mean*	1.6	0.5	0.4
Range	0 to 15	0 to 8	0 to 5
Average total number of child care arrangements utilized on a weekly basis:	N = 19	N = 39	N = 93
Mean	0.7	1.0	0.8
Range	0 to 3	0 to 4	0 to 3

**CCCF subsidy group higher mean compared to non-subsidy and control groups ($p < .01$).

Parents were asked to indicate on the Parent Survey whether they utilized additional child care arrangements as presented in Table 18. The majority of parents in all groups did not use any other child care arrangement. However, the most common type of other care utilized was care provided by a relative. Among the families that utilized care provided by a relative, most did not pay for this

care. The only significant difference between groups for these items was in the use of child care provided by a friend or neighbor. A significantly larger proportion of CCCF subsidy parents paid for care provided by a friend or neighbor, compared to CCCF non-subsidy parents, who more often did not pay for the same care ($p < .05$).

Table 18. Types of Additional Child Care Arrangements Utilized

	CCCF Subsidy % (n) N = 19	CCCF non-subsidy % (n) N = 39	Control % (n) N = 93
Do you use child care provided by a relative?			
Yes; we pay for this care	5% (1)	8% (3)	7% (6)
Yes; we do not pay for this care	32% (6)	26% (10)	40% (37)
No	63% (12)	67% (26)	54% (50)
Do you use child care provided by a friend or neighbor?			
Yes; we pay for this care*	16% (13)	3% (1)	4% (4)
Yes; we do not pay for this care	0% (0)	18% (7)	5% (5)
No	84% (16)	80% (31)	90% (84)
Do you use child care provided by a nanny/babysitter?			
Yes; we pay for this care	11% (2)	26% (10)	14% (13)
Yes; we do not pay for this care	0% (0)	5% (2)	1% (1)
No	90% (17)	69% (27)	85% (79)
Do you use another family or center child care facility?			
Yes; we pay for this care	0% (0)	13% (5)	8% (7)
Yes; we do not pay for this care	0% (0)	0% (0)	0% (0)
No	100% (19)	87% (34)	93% (86)
Do you use any other type of child care arrangement?			
Yes; we pay for this care	0% (0)	0% (0)	0% (0)
Yes; we do not pay for this care	5% (1)	0% (0)	2% (2)
No	95% (18)	100% (39)	98% (91)

* CCCF subsidy group larger percentage compared to non-subsidy and control groups, statistically significant ($p < .05$).

Parental Assessment of Child Care Quality

The Parent Survey asks parents to respond to questions that describe their experiences with their child care. Parents were asked how much they agreed that their child care provider was just what their child needed and how much they agreed that their provider was a skilled professional. The response scale ranged from 1 “Never” to 5 “Always.” In addition, the survey included a 17-item Assessment of Quality scale developed by Arthur Emlen (Cronbach’s $\alpha = 0.88$). Table 19 displays parents’ satisfaction ratings for CCCF (subsidy and non-subsidy

parents are combined for this analysis, as both of these groups of parents were sending their children to the same group of providers) and control parents. As illustrated in the table, CCCF and control parents rated the quality of their child care similarly.

Subsequent rounds of parent survey data collection will allow the evaluation team to track parent responses over time. For example, we will track whether CCCF subsidy parents report any decreases in financial stress as a result of their subsidy receipt, and we can determine whether CCCF parents report any greater satisfaction with care as a result of the CCCF’s focus on improving child care quality.

Table 19. Parental Assessment of Child Care Quality

	CCCF % (n)	Control % (n)
Satisfaction with quality of care scale score⁴⁵		
Sample size	N = 49	N = 82
Mean	4.7	4.7
Range	3.1 to 5.0	3.7 to 5.0
Care arrangement is just what child needs		
Sample size	N = 58	N = 93
Mean	4.5	4.7
Range	2 to 5	3 to 5
Provider is a skilled professional		
Sample size	N = 54	N = 93
Mean	4.6	4.8
Range	2 to 5	3 to 5

⁴ Cronbach’s $\alpha = .88$, 17 items.

⁵ This scale and “provider is a skilled professional” item leave out parent/providers who have their child/ren in their classroom.

CONCLUSION

Below we summarize the baseline characteristics of CCCF providers, offer a comparison to Lane County CCEP providers, summarize the baseline characteristics of CCCF families, and discuss the focus of the project and the evaluation in Year 2.

CCCF Provider Characteristics

On the whole, the CCCF and control group providers were similar on demographic and professional characteristics as well as quality of care. There were some differences between groups, however.

First, while most providers in both groups were Caucasian women with at least a high school degree or GED, the control group had significantly more providers who were 45 years or older.

Next, the control group had spent significantly less time in the field than the CCCF group, but the control group providers were more likely to be on the OR and indicated having more networking opportunities and supports than the CCCF group. However, the CCCF group expressed a greater desire to improve their training and education and lower financial stress than the control group. The two groups did not differ in terms of confidence in skills or sense of accomplishment as child care providers. These baseline differences will need to be accounted for in future analyses related to professional development.

The two groups did not differ in terms of child care quality as measured by the QUEST observations. Some of the lowest areas for both groups included materials and supplies for language development and instructional styles that support early literacy and language development.

There were within group differences for CCCF and control groups between family



and center providers. In each case, center providers had significantly higher ratings compared to family providers. Center providers in the CCCF group had higher ratings in quality and developmental appropriateness of equipment for 1- to 5-year olds. Center providers in the control group had higher ratings in quality and developmental appropriateness of equipment for 1- to 5-year olds, materials and supplies for language development, safety of equipment and materials, specific support for children's play, and providing learning and language opportunities. These suggest that the CCCF programs may want to focus on somewhat different training and technical assistance areas for family vs. center-based providers.

How CCCF Providers Compare to Lane County CCEP Providers

Given the different eligibility criteria for the CCCF project compared to Lane County CCEP, it is worth comparing the two groups of providers on their baseline characteristics. Not surprisingly given the different demographics of the two regions, the Multnomah CCCF group is comprised of a higher proportion of African American providers (19%) compared to the Lane County CCEP group (1%). In addition, the Multnomah County CCCF group has a larger proportion of providers in the 36- to 45-year-old range (31%)

and a smaller proportion in the 46 and older range (8%), compared to Lane County CCEP providers in these age groups (8% and 35% respectively). This age difference could, indeed, be due to the more stringent eligibility criteria for the CCCF project: providers with less experience are more likely to be younger than providers with more experience.

When comparing the Multnomah County CCCF group with the Lane County CCEP group on professional characteristics, as would be expected, there were differences in experience level. There is a smaller percentage of Multnomah County CCCF (28%) providers who have been in the child care field over 5 years, compared to Lane County CCEP (60%) providers. In contrast, there is a larger percentage of Multnomah County CCCF (28%) providers who have been in the child care field for 1 to 2 years, compared to Lane County CCEP (8%) providers. In short, the Multnomah County CCCF group is comprised of more providers with fewer years of experience in the field, compared to the Lane County CCEP group. This is to be expected; indeed, the CCCF project purposefully employed a different set of eligibility criteria than the Lane County project in order to recruit less experienced providers into the project.

CCCF Parent Characteristics

Not surprisingly, the parents at CCCF facilities who are receiving subsidies are younger, lower income, and reported more financial stress than non-subsidy CCCF and control parents. Parents receiving the subsidy reported that it has helped their families; three quarters stated that they could not afford their current care without the subsidy, and fully

93% reported both that it helped their families meet basic needs and that it helped their families improve their standard of living. CCCF subsidy parents are purchasing more care than control parents, perhaps because the cost of care is discounted by virtue of the subsidy.

In contrast to the Lane County CCEP study, CCCF subsidy parents did change providers significantly more often in the year prior to the start of the project. In addition, similar to CCEP subsidy parents, CCCF subsidy parents missed significantly more days of work due to child care problems in the year prior to the start of the project, compared to non-subsidy and control groups.

CCCF subsidy parents reflected similar patterns to the CCEP subsidy parents in terms of financial stressors and were, in fact, reporting higher levels of financial stress on some items.

A majority of all parents (CCCF subsidy, CCCF non-subsidy, and control parents) reported using just the

CCCF or control child care arrangement, though between 1/3 and 1/2 of parents reported using a relative for child care, between 10% and 20% reported using a friend or neighbor, and between 10% and 30% used a nanny or babysitter.

There were no differences in parental ratings of child care quality between CCF and control parents.

Focus of the CCCF Project in Year 2

During Year 2, the program will need to complete the recruitment process; recruitment of another center into the CCCF group should be considered, and at least one additional family provider needs to be recruited.

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.
– CCCF Subsidy Parent.

With the bulk of recruitment completed, during Year 2 the project can focus on activities for providers. Providers will continue to participate in networking groups, the Project Director will continue to provide one-on-one assistance through site visits and phone and email consultations, and providers will receive wage enhancements as they enroll and advance on the OR. Given the findings for the Lane County CCEP evaluation (Worcel and Green, 2008) that showed few significant effects of the project for center-based providers, it will also be important for this project to carefully think through the way in which the intervention is provided to individuals in child care centers. Further, this project can draw on the experience of the Lane County CCEP in terms of the level of intensity of technical assistance provided; the Lane County report clearly documents significant quality improvements based on the type and intensity of support provided.

In addition to the activities for providers, the program will continue the family subsidy component. Families who received subsidies during Year 1 will have their incomes reassessed to verify their continuing eligibility for the subsidies, and new families can apply for, and receive the subsidies as well.

Focus of the CCCF Evaluation in Year 2

During the second year, the evaluation team will collect the first round of follow-up data on all participating facilities, providers, and families. The evaluation team will conduct observations 12 months after each provider's baseline observation, and providers will complete the facility and provider follow-up surveys at that same time. Parents who participated in the baseline parent survey will be invited to participate in a follow-up survey 12 months after their baseline. The evaluation team also will continue to track child enrollments, exits, and subsidy receipt through quarterly family tracking updates with facilities.

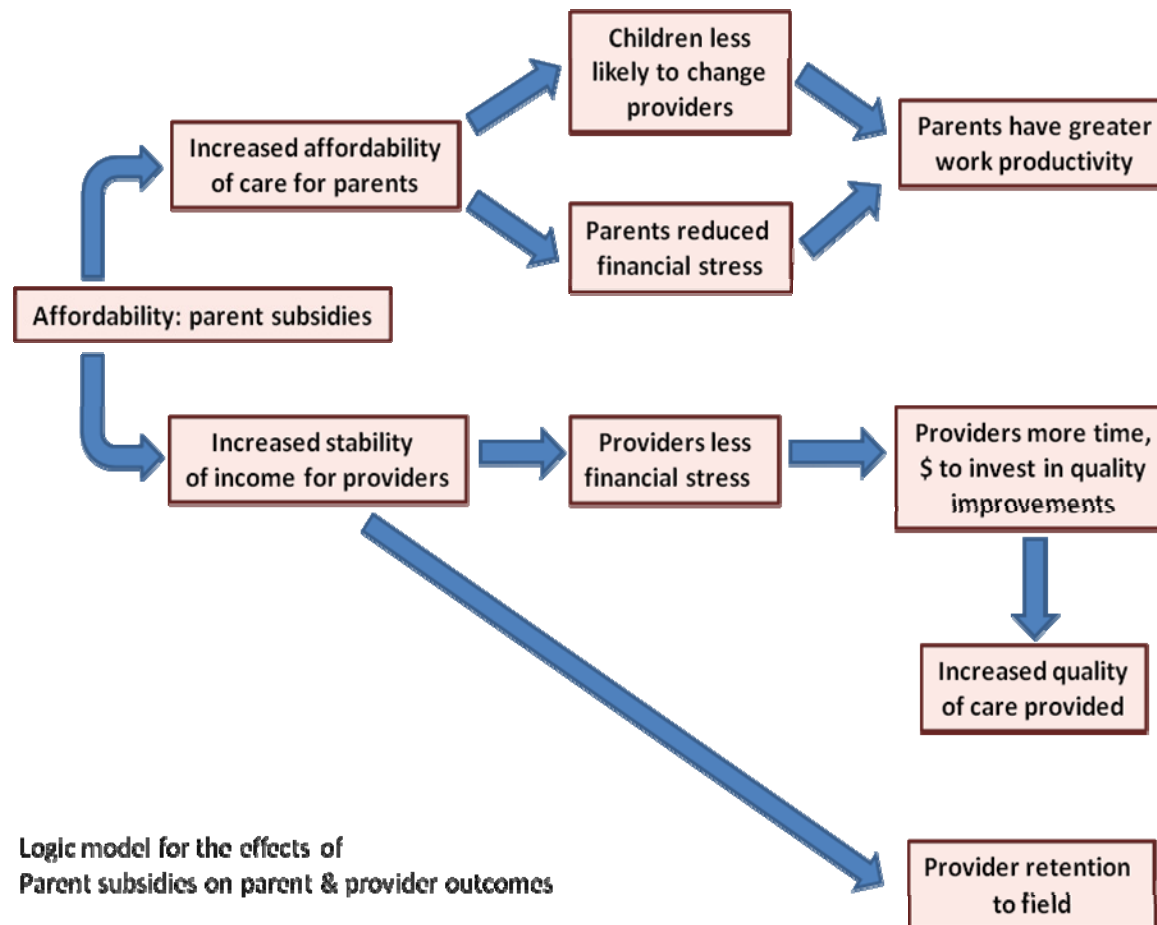
The follow-up data collection will allow the evaluation team to examine change over time in both the CCCF and control groups. We will investigate whether CCCF providers show more change and engagement in professional development activities (as measured by OR enrollments and advancements; linkages and support from networks; trainings and classes). We also will investigate whether CCCF providers show more increases in child care quality as compared to the control group providers. The evaluation team also will measure provider retention and stability of care for children over time.

REFERENCES

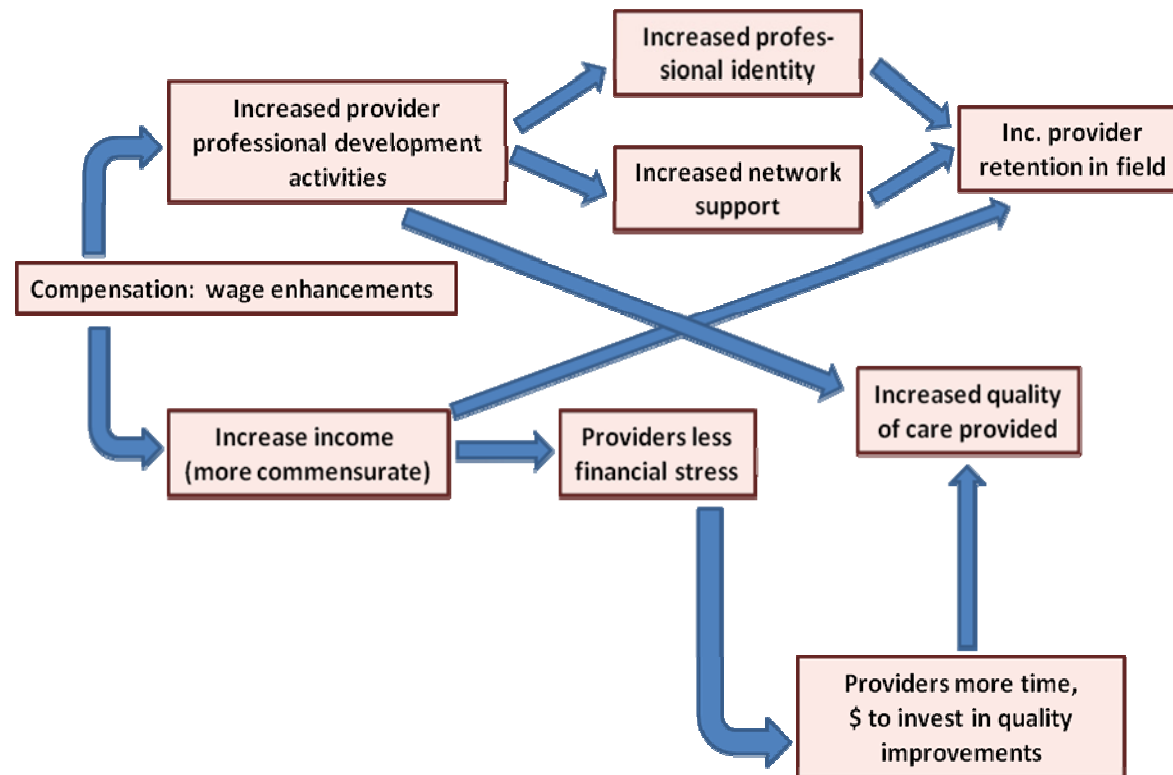
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APPENDIX A: PROGRAM LOGIC MODELS

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

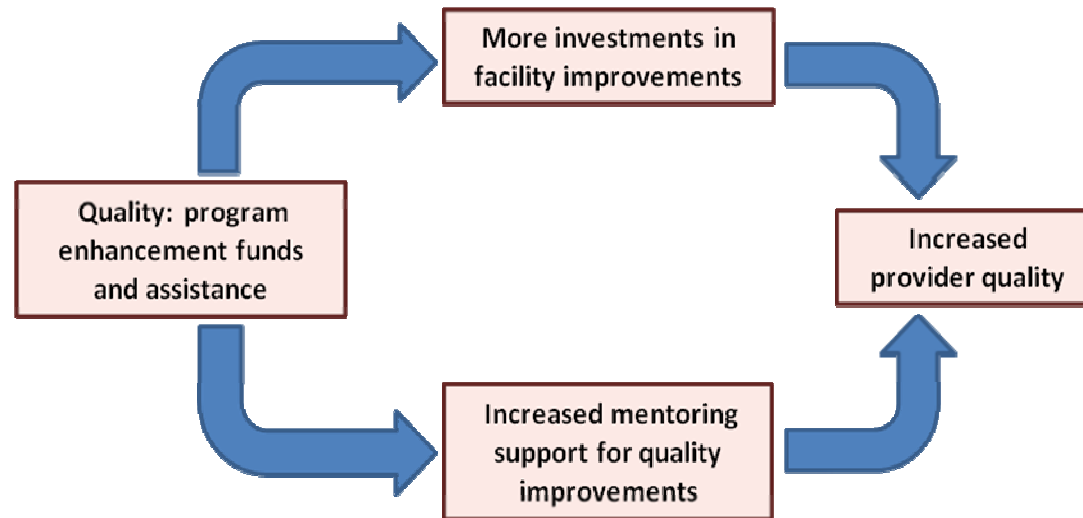


Logic Model for the Effects of Wage Enhancements on Parent & Provider Outcomes



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