

Evaluation of Oregon's Relief Nursery Program

July 1, 2007 - June 30, 2008

Final Report



Submitted to:

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Informing policy, improving programs

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EXECUTIVE SUMMARY

Founded in 1976, there are currently 11 Relief Nurseries in the state of Oregon, and another 4 in development. This report includes data provided by 9 Nurseries for 779 families and 954 children served during fiscal year 2008¹.

Introduction

Relief Nurseries provide services to families at high risk of involvement with the child welfare system (including some with current or previous involvement with this system). While services vary among the Relief Nurseries, all Nurseries provide therapeutic early childhood education in classroom settings, home visits, parent education classes and support groups, respite care, case management, and assistance accessing basic resources and other community services.

The Oregon Commission on Children and Families (OCCF) contracted with NPC Research to conduct the 2007-08 evaluation of Relief Nursery Programs. This evaluation had four main objectives: (1) identifying key cross-program outcomes; (2) developing consistent cross-program data collection tools and systems; (3) supporting and improving cross program data collection; and (4) reporting on 2007-08 program outcomes.

Key outcomes identified as most important to the Relief Nurseries, and included in the statewide data system are: (1) Improvement in family functioning; (2) Increased frequency of positive parent-child interactions; and (3) Reduction in the number of family risk factors. Key findings from these and other outcomes are described below.



Families Served by the Relief Nurseries

In fiscal year 2008, at least 779 families and 954 children were served by Oregon's Relief Nurseries.¹ Of these families, primary caregivers were 46% Caucasian/White, 16% Hispanic, and 38% other race/ethnicities. In the current sample, 33% of the families were single parent families, and 71% of primary caregivers were unemployed at intake. On average, those families who left Relief Nursery services during fiscal year 2008 received about 13 months of services. For this report, outcomes were calculated based on changes in families over time, from intake to their next assessment (approximately 6 months following intake) and from intake to the second follow-up assessment (typically 12 months following intake). For parent and family-level outcomes, 392 families had an intake and an initial follow-up; 186 families had both an intake and a 12-month follow-up assessment. For child-level outcomes, 439 children had an intake and a second follow-up, and 187 children had an intake and a 12-month follow-up.²

¹ Note that these numbers do not include additional families and children served through program outreach services who were not included in the core data system at the time of this report.

² Note that to be included in these analyses, an intake assessment had to be present in the statewide data system; thus, approximately 300 families who enrolled prior to the implementation of this system could not be included.

Relief Nurseries Improve Family Functioning, Parent-Child Interactions, and Engagement in Early Literacy Activities

Two of the primary goals of the Relief Nursery are to stabilize families and to improve the nature and quality of parent-child interactions. Families that are experiencing multiple challenges related to poverty and other circumstances have difficulty providing the safe, stable environments that children need for positive development. Research on early brain development has clearly documented that engaged, nurturing parenting supports the early attachment relationships that are critical to children's physical, social, and cognitive development, while harsh, disengaged, and unpredictable parenting is associated with child maltreatment and other negative outcomes (Shonkoff & Phillips, 2000; Zeanah, Boris, & Larrieu, 1997). Thus, improvements in these areas represent key outcomes for parents and children served by the Relief Nurseries.

The Relief Nursery evaluation includes two indicators designed to assess the quality of general family functioning and the frequency of positive parent-child interactions. These scales are completed by Relief Nursery staff at intake and every 6 months thereafter. The evaluation also includes a third measure that asks about the frequency of reading to children. Early reading to children has been found to be a key predictor of children's language and literacy development (Snow, 1993). Results found that there was statistically significant improvement on all three of these outcomes for parents participating in the Relief Nursery for at least 6 months. Specifically:

- The percentage of parents who were rated as having positive family functioning "most of the time" or "always" increased from 27% at intake to 34% at the 6-month follow-up. For parents participating at least 12 months, 23% had positive

family functioning at intake, compared to 40% at the 12 month follow-up.

- The frequency of positive parent-child interactions increased over time, with 52% of parents showing regular, positive interactions with their children at intake, compared to 61% at the first follow-up assessment. For families participating at least 12 months, 56% demonstrated consistent positive interactions at baseline, compared to 80% after one year of Relief Nursery services.
- At program intake, only 24% of parents read to their young children several times per week or more; however, after participating in the Relief Nurseries for at least 6 months this increased to 52%. For families participating at least 12 months, 19% read to their children several times per week or more at intake, compared to 64% at the 12-month assessment.

Relief Nurseries Improve Family Economic Conditions and Health Outcomes

Relief Nurseries strive to help families become stable economically, by providing assistance connecting with job training, education, employment assistance, as well as with community resources such as WIC, TANF, child care subsidies, etc. A lack of resources to meet basic family needs has been consistently linked to increased risk for child abuse and neglect (Brooks-Gunn & Duncan, 1997). Relief Nurseries also work to ensure that all families are connected with a health care provider, have health insurance, and that children are receiving regular preventive health care.

Results from this year's evaluation (see Figure A) found that the Relief Nurseries are having considerable success in these areas, nearly doubling the number of families that are employed, and helping to pull families out of poverty.

Relief Nurseries are also successful in linking families to health care resources (See Figure B). This resulted in a 27% reduction in use of costly emergency room services by Relief Nursery families who participated for at least 12 months.

Figure A. Family Self-Sufficiency Outcomes: Intake to 12 Months

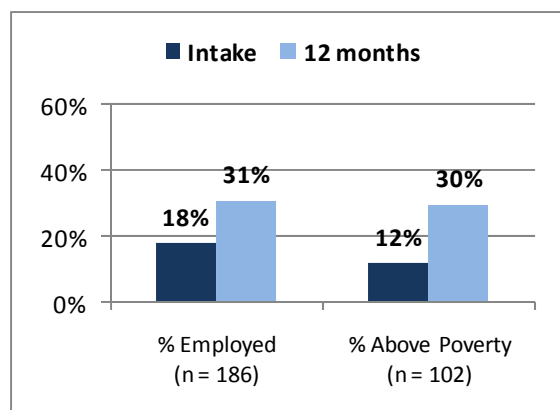
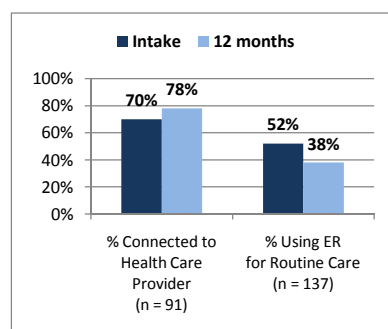


Figure B. Health Care Outcomes: Intake to 12 Months



Relief Nurseries Decrease Overall Family Risk

Research on risk factors for child abuse and neglect suggests that while particular events

and characteristics (e.g., poverty, childhood history of abuse) are clearly related to the increased likelihood that a parent will become abusive, that the **number** of risk factors experienced by parents and/or children may be even more important (Sameroff, 1993). For example, research on Oregon's Healthy Start program consistently finds that the more psychosocial risk factors that are present in a family, the more likely it is that abuse will occur—children from families with four or more risk factors are more than ten times as likely to be abused than those with no risk factors.

Relief Nurseries services appropriately focus on helping to reduce risk factors in families as a means for reducing risk for child maltreatment. At program entry, families are screened using a detailed 47-item risk assessment tool that includes issues such as child welfare and foster care involvement, mental and physical health, poverty, and family violence. The current data available for this year's evaluation includes 368 families assessed for risk at both intake and 6 months and 166 families assessed at both intake and approximately 12 months later. Results found that parents who participated in the Relief Nursery showed significant reduction in the number of risk factors in evidence:

- For families participating at least 6 months, the average number of risk factors reduced from **10.8** risk factors at intake to **8.5** risk factors.
- For families participating at least 12 months the average number of risk factors reduced from **11.4** risk factors at intake to **8** risk factors.

CHILD WELFARE OUTCOMES

One of the key goals of the Relief Nurseries is to reduce families' level of involvement with the child welfare system, by working to reduce risk factors for child maltreatment, and helping to stabilize families so that children can live safely with their parents. To ob-

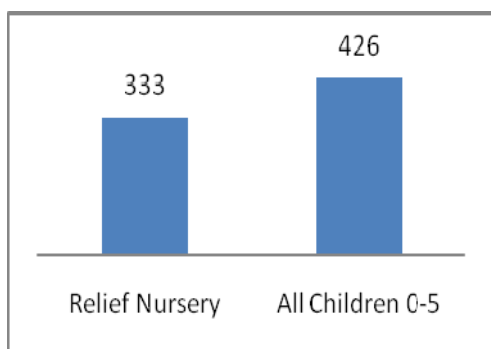
tain data about child welfare involvement, NPC Research entered into a data sharing agreement with the Department of Human Services, office of Children, Adults and Families (CAFS). NPC Research provided information about each child served by the Relief Nurseries from July 1, 2007-December 31, 2007 (n=429 children) to CAFS staff, who then matched these children with existing child welfare records. Key findings from this analysis found:

1. ***Relief Nursery children are more likely than children in the general population to be involved with the child welfare system:***
 - Out of 429 Relief Nursery children, 64 (14.9%) had ever had a founded abuse report, although the majority of these occurred prior to Relief Nursery enrollment. 36% of these children had one referral, 25% had two referrals, 22% had three referrals, and 17% had more than 4 referrals. A total of 147 founded reports were made on these 64 children. Statewide, only about 3% of children ages 0-3 have a founded abuse report.
2. ***Relief Nursery children are less likely to be abused following their enrollment in the program.***³ Of children with at least one abuse report, 57 were victimized prior to Relief Nursery enrollment; only 7 children had a founded report subsequent to becoming involved with the Relief Nursery.
3. ***Relief Nursery children are likely to be involved with child welfare services because of parental neglect.*** In all, there were 147 lifetime founded reports on 64 children served by the Relief Nursery. Sixty percent (60%) of abuse incidents were for parental neglect; 32% of abuse incidents were for threat of harm to the

child; 4% of abuse incidents were for physical abuse; and 3.7% were for pre-natal drug exposure. Statewide, in 2007 about 34% of abuse incidents were for neglect; 49% for threat of harm, 7% for physical abuse. Thus, it appears that the Relief Nursery population is more likely to be involved with child welfare because of issues related to parental neglect than is the case for the general population.

4. ***Relief Nursery children spent less time in out-of-home placements, on average, than other similar-aged children.*** Statewide statistics show that in FY2006 and FY2007, children ages 0-5 who exited foster care spent a median of 411 and 441 days, respectively, in out of home care. For Relief Nursery children exiting care in 2007 or 2008, the average length of stay was 333 days. Thus, it appears that children enrolled in the Relief Nursery spent significantly less time in out-of-home care than children in the general child welfare population. The average cost saved per day that a child is not in foster care is at least \$13.30, thus this savings of 93 days represents at least \$1,237 saved per child in foster care reimbursements. See Figure C.
5. ***Relief Nursery children are likely to be reunified with their parents.*** Sixteen children had open child welfare cases at the time the child's family was enrolled in the Relief Nursery; of these, 9 were reunified (100% of those exiting care), and 7 were still in care at the end of the study window. Eleven children had placements occurring after enrollment; of these 5 (100%) were reunified, and 6 were still in care at the end of the study window. Statewide, about 64% of all children (ages 0-17) exiting foster care are reunified.

³ Note, however, that a significant number of maltreatment reports were missing the date of the report in the child welfare data system.

Figure C. Average Days in Foster Care

6. Twenty children were in foster care prior to being enrolled in the Relief Nursery; of these, 12 (60%) entered the Relief Nursery within 60 days of exiting foster care, suggesting that the Relief Nursery plays an important role in helping support families who have recently been reunified with their children.

Summary and Recommendations

The findings from this evaluation highlight the success of Relief Nurseries in achieving important outcomes for children and families. Working with families at very high risk for poor outcomes, the Relief Nursery has had tremendous success in reducing family risk factors associated with child maltreatment, and supporting families to provide safe, stable environments for their children. Specifically, families who remained in the Relief Nursery for at least 6 months showed significant positive improvements in terms of their parenting quality, family functioning, economic situation, and health-care linkages. Moreover, Relief Nurseries are successfully accomplishing the challenging task of reducing family risk factors associated with abuse and neglect.

While data that directly examines the impact of the Relief Nurseries on families' child welfare involvement is not available, the information obtained from the child welfare system suggests several promising outcomes of the Relief Nurseries. First, it appears that the Nurseries are working with a number of

families who either have recently been involved with child welfare, or who become involved with child welfare soon after enrolling in the Nursery. These families appear to have a high likelihood of reunification, and it may be that the Nursery is helping to reduce the time spent in foster care for these children. Certainly, the average length of stay for children in the Nursery is considerably less than for the general statewide population. Data that would allow a better comparison between Relief Nursery children and children in the child welfare system who are similar to those served by the Nursery are critical to supporting the notion that the Nursery does help reduce the time spent in foster care by these children. Taken together, data collected by the Relief Nurseries, as well as the available child welfare data suggest the importance of continued support for the services provided by the Relief Nurseries.

DATA SYSTEM RECOMMENDATIONS

The past year has seen considerable improvements in the statewide data collection system. However, quality control issues remain in terms of ensuring consistency in data collection across all Relief Nurseries, and improving the collection of complete and timely follow-up assessments. It may also be important to expand the statewide data system to begin to capture basic information about the frequency and type of services delivered, so that the amount of service provided to families can be accurately assessed and documented. This would help to better clarify and define the Relief Nursery program model, as well as helping new Relief Nurseries to be better able to develop and replicate the key services. Finally, the electronic interface between the statewide system and Nursery-specific data systems needs further work to ensure that the data transfer process can be conducted smoothly. These steps will help to strengthen the ability of the statewide data system to accurately report on both implementation and outcomes for the Oregon Relief Nurseries.

REPORT OVERVIEW

This report presents findings from the 2008 fiscal year evaluation of nine Oregon Relief Nursery Programs. NPC Research was contracted to provide evaluation services to the Oregon Commission on Children and Families for purposes of evaluating the Relief Nurseries. This evaluation had four main objectives: (1) identifying key cross-program outcomes; (2) developing consistent cross-program data collection tools and systems; (3) supporting and improving cross program data collection; and (4) reporting on fiscal year 2008 program outcomes. In this report we provide a brief description of the program's history and implementation, and an overview of the evaluation. Following this overview a brief description of the year's evaluation activi-



ties, including the implementation of a cross-program data collection system is provided. This report concludes with a summary of the outcomes and recommendations for future evaluation data collection activities.

PROGRAM HISTORY AND IMPLEMENTATION

The first Oregon Relief Nursery program began in 1976 in Eugene, Oregon. The program was developed to address the needs of low-income families whose young children were at risk for abuse or neglect. Although other Nurseries developed over the next few decades, expansion of the Relief Nursery Model occurred primarily during 2000-2005. Growth in the model was facilitated by Oregon Senate Bill 555, which provided funds for model dissemination. Presently, the Oregon Commission on Children and Families (OCCF) provides support through local commission offices to Relief Nurseries in Albany, Bend, Cottage Grove, Eugene, Medford, Ontario, Pendleton, Portland, Roseburg, and Salem. The Relief Nursery model continues to expand with emerging Relief Nurseries in Corvallis, Ontario, and Madras.

The stated goal of the Relief Nursery Program is: “To stop the cycle of child abuse and neglect through intervention that strengthens parents, builds successful and resilient children, and preserves families by offering comprehensive and integrated support services.” (www.occf.gov). Relief Nurseries accomplish this by providing comprehensive family services to children under the age of six and their families who experience numerous risk factors due to abuse and neglect. Relief Nursery services are voluntary and may include:

1. Parent education
2. Family preservation
3. Mental health services
4. Therapeutic classroom
5. Advocacy and case management services



6. Respite care
7. Home visitation

Families participate in two primary program components: (1) Therapeutic Early Childhood classrooms, (typically referred to as “center-based” services, and which also include home visitation) or (2) the Home Visiting/Outreach component. In some Relief Nurseries, families in the Home Visiting/Outreach component are provided periodic services to engage them while they are on the waiting list for center-based therapeutic classroom services. In other programs, Home Visiting/Outreach is offered as a stand-alone service module. Relief Nursery programs are based on nationally recognized standards for best practices in early childhood education and family support, maintaining small teacher-child ratios in classroom-based settings and utilizing evidence based parenting curricula such as Make Parenting a Pleasure (OJJDP, 1999). Relief Nurseries play a pivotal role in serving at-risk families with young children, and work closely with other programs such as Family Drug Court, Healthy Start, Early Intervention (for special needs children), and Head Start.

GOALS AND PURPOSE OF THE EVALUATION

The 2007-08 evaluation of Oregon's Relief Nurseries had several main objectives including: improving the data collection infrastructure; identifying key statewide outcomes and consistent cross-Relief Nursery data collection tools; designing and implementing a statewide Web-based data system; providing ongoing technical assistance for data collection and use of the statewide system; and analyzing and reporting descriptive and outcome information using the statewide database. The overarching evaluation goal is to provide information that can be used for ongoing Relief Nursery program improvement, planning, and accountability. This section of the report discusses improvements to the data collection infrastructure and ongoing technical assistance.

As part of last year's statewide evaluation report, NPC Research provided recommendations for improving the Relief Nurseries' existing data collection systems. At their annual (2007) planning retreat, Relief Nursery Directors committed to devoting effort and resources towards data quality improvement. To accomplish this, NPC Research worked with the Oregon Commission on Children and Families, Local Commissions and Relief Nursery Directors to select and define shared outcomes for statewide reporting. Once this was accomplished, NPC reviewed each Nursery's data collection and data management system. Following these reviews, the evaluation team provided improved data collection tools and protocols to each Nursery site for pilot testing. The final step was implementation of the new tools and protocols, and development of a statewide Web-based database accessible to all Nurseries. These steps are described in more detail below.



Step 1: Statewide Outcome Selection

In Fall 2007 the Oregon Commission on Children and Families (OCCF) convened a meeting with Relief Nursery Directors and Program Managers, Local Commission representatives, and NPC Research to review the key findings of the 2007 statewide evaluation report, and to identify a common set of outcomes that could be collected by all Oregon Relief Nurseries. This group selected key outcomes that are centrally important to the Oregon Relief Nurseries' mission, that have been shown in research literature to be important predictors of child and/or family functioning, and which appeared to be sensitive to the Relief Nursery intervention. The outcomes selected were:

1. Improvement in family functioning;
2. Increased frequency of positive parent-child interactions; and
3. Reduction in the number of family risk factors.

The group reached consensus that all Oregon Relief Nurseries would collect data on these outcomes using a common set of measurement tools. These outcomes form the basis of this report.

Step 2: Review of Local Relief Nursery Data Collection Tools and Processes

Another issue identified in the prior evaluation report was the problem of missing and inconsistently collected data. To address this problem, NPC conducted site visits with each of the Relief Nurseries to review their data collection protocols and systems. These site visits included meetings with staff who complete data collection forms to learn about each step in the data collection and data management process, meetings with data entry staff to learn about the data entry process, and meetings with staff who oversee and conduct the data management process. From these site visits NPC Research learned the following. In late 2007:

1. Relief Nurseries had inconsistent systems for ensuring that follow-up data collection for families was done in a timely way;
2. Most Relief Nurseries did little data collection quality control (e.g., checking to make sure all items on forms are completed, and that all follow-up Assessments were done on time);
3. Key questions on the data collection forms were not consistently or clearly defined across Relief Nurseries;
4. Outreach services were not consistently tracked;
5. Most service utilization data were kept in paper files, and those sites that did use electronic records were not collecting this information similarly;
6. There was considerable variability in the availability of child welfare data on Relief Nursery clients;
7. Nursery staff desired clear, simple, easy-to-use forms;
8. There was considerable interest in a statewide data entry and reporting database, although Nurseries that already

used an electronic data entry system asked that they be able to import their data electronically into any statewide system;

9. All Nurseries showed a high level of commitment to quality data collection and improved data processes.

Following the site visit process, NPC Research provided a progress report to OCCF and a set of detailed recommendations. These recommendations were designed to improve the quality of data collected across all programs.

Step 3: Implementation of New Data Collection Protocol and Database

Following the site visits conducted in Step 2, NPC Research recommended simplifying the data collection process, and developing clear operational definitions for all information that was being collected. Thus, Step 3 included implementing form revisions and new data collection protocols.

At each site visit, NPC Research staff asked program staff to describe their ideal data collection form. NPC incorporated this feedback into the form revisions. These forms are included in Appendix A. These forms are:

1. **Risk Factor Checklist: Intake.** This form includes 47⁴ risk factors collected for each family during their intake assessment. The form includes 33 malleable risk factors that could potentially be reduced by participating in the Relief Nursery program, as well as 14 historical risk factors (e.g., the parents' childhood history of involvement with child welfare services) that provide key information about the family context but which cannot be changed by current services.

⁴ Two optional items are included in the checklist, which brings the potential total number of measureable risk factors to 49.

2. **Risk Factor Checklist: Intake Amendment.** This form allows staff to update the Intake Risk Factor Checklist if other risk factors that were present at intake are identified later in the family's case.
3. **Risk Factor Checklist: Update.** This form includes all of the malleable risk factors contained in the Intake Risk Factor Checklist. Families are re-assessed on the Risk Factor checklist every 6 months they participate in the program, and at program exit.
4. **Family Assessment Form.** This form includes basic demographic information about the family as well as information about the core family outcomes (parent-child interactions, family functioning, frequency of reading). The form also includes a set of optional items related to various family outcomes that Relief Nurseries can track if desired. The Family Assessment Form is completed at intake and every 6 months thereafter.
5. **Child Data Form.** The Child Data Form consists of key demographic information for all participating children as well as select child outcomes such as child welfare involvement and parent-child interactions. It is collected at intake and every 6 months thereafter.

A pilot test of the new tools was conducted in February 2008, resulting in modifications to some item definitions and clarification of the data collection protocol. Appendix B includes a discussion of these modifications.

Step 4: Database Development

The new forms and data collection protocols were implemented on March 31, 2008. During the pilot testing period, NPC Research, along with OCCF, began working with 2h Systems to develop a statewide database. Nursery staff were involved with the testing phase and throughout the database development. Eventually, seven of the nine Nurseries adopted this database, and two worked with

the programmer to import their existing electronic data directly to the system. The result is one statewide repository of data on all Relief Nursery families served during fiscal year 2008.

The current statewide data system allows key information about Relief Nursery clients to be housed in a common repository that can be accessed locally by Relief Nursery program directors and Local Commissions (each Nursery has access to its own clients but not clients served by other programs), as well as by evaluators and the state OCCF office. Basic reporting functions have been built into the database to allow programs to generate information about assessment due dates, missing data, program demographics, and site-level outcomes. Specific reports include:

1. Assessment due date reports for each assessment type (Risk, Family and Child) that calculate the due dates for each 6-month assessment and mark each assessment as completed.
2. Missing data reports to assess whether items are missing for any of the forms.
3. Program monitoring reports that display the number of children and families served by 6-month intervals in center-based and home-based services and both combined.
4. Child and parent demographic reports.
5. Key outcome reports (daily family functioning, parent-child interaction, risk change) that display program outcomes in terms of change over time between family intake and the 6-month follow-up.

Like all new data systems, work remains to ensure that data are entered consistently and appropriately by Relief Nursery staff to avoid missing information. Additional monitoring reports that Relief Nursery managers can use to help staff collect key follow-up information on families need to be tested and verified, but will be useful tools for ensuring quality data collection. Overall, this Web-based data collection system represents a

substantial improvement in the data collection and data management infrastructure, and will result in improved ability to report on program outcomes over the years to come.

Step 5: Follow-Up Site Visits

During Fall 2008, NPC Research conducted a second round of site visits to follow up on staff experiences with the revised data collection forms and new database. Overall, the result of these visits found that Nursery staff reported that the new forms were easy to use

and understand. Staff continue to require training on the use of the Intake Amendment form so that family risk at intake is captured comprehensively and accurately. Moreover, Relief Nursery staff continue to make the shift to tracking risk factor data at follow-up for all home-based families (prior to fiscal year 2008, these families were not consistently monitored in the outcome data collection). Further recommendations on increasing data quality are provided at the end of this report.

PROGRAM OUTCOMES

This section of the report includes a description of program participant characteristics and the results from the outcome analysis. Data available for this evaluation included the newly developed Risk Factor Checklist, Family Assessment, and Child Data Forms. These forms provide both descriptive and outcome data for this evaluation. Additionally, NPC Research entered into a data-sharing agreement with the Oregon Department of Human Services, Child, Adult, and Family services division to access information about child welfare involvement for Relief Nursery families.

Sample Description

According to data provided to NPC Research, Relief Nursery programs in Oregon served at least 779 families and 954 children during fiscal year 2008.⁵ Of these, 330 families including 412 children enrolled during this fiscal year. Families and children were included in this report if at least one assessment of any type (risk, family, or child), and any round (intake, 6 months, 12 months, 18 months, 24 months, 30 months, exit, etc) occurred between July 1, 2007, and June 30, 2008, *and* this assessment was entered into the statewide database or uploaded into the database by December 19, 2008.

For inclusion in the outcome study, a family or child must have had an intake and at least one follow-up assessment that occurred during this fiscal year. The intake may have occurred prior to fiscal year 2007-08. Time 2 Assessments were generally 6-month Assessments (between 37-53% of the time), and Time 3 Assessments were generally 12-month Assessments (40-46% of the time).

⁵ Note that these numbers do not include additional families and children served through program outreach services who were not included in the core data system at the time of this report.



Table 1 presents the number of family, risk and child intake assessments conducted, and the number of subsequent Time 2 and Time 3 assessments that were conducted for these same families.

It is important to note that families may not be included in the outcome sample because of missing intake information. A significant number of families served during this fiscal year were enrolled prior to the start of the statewide database. Thus, while these families were served this year their intake assessments were not available for analysis. There were 215 family assessments included in the database that did not have matching intakes, 286 child follow-up assessments, and 299 risk assessment follow-ups.

Table 1. Number of Assessments Available for Individual Families and Children

	Intake	Time 2	Time 3
Risk Assessments	469	368	166
Family Assessments	514	392	186
Child Assessments	612	439	187

As described in the previous section, considerable effort was made this year to improve the amount and quality of data available to the evaluation. Monitoring reports are now built into the database that provide program staff the ability to track follow-up assessment due dates, and to monitor past-due Assessments. The previous evaluation report found that up to 57% of families who had intake assessments were missing at least one of their first follow-up assessments (Child, Family, or Risk Factor). This limited the amount of information available for the evaluation to track changes over time among Relief Nursery families. As shown in Table 2, it appears that Relief Nurseries have improved markedly in terms of completing the necessary assessments. Overall, the percent of missing assessment data decreased 15%-22% during FY2008.

Table 2. Missing Data Summary

Total Percent of Time 2 Risk Assessments Due, But Not Completed	22% (n=102)
Total Percent of Time 2 Family Assessments Due, But Not Completed	16% (n=122)
Total Percent of Time 2 Child Assessments Due, But Not Completed	18% (n=173)

PARTICIPANT CHARACTERISTICS

Table 3 describes program participant characteristics. This table represents the total sample of 779 families and 954 children, although missing item-level data is clearly an issue in some areas. Appendix C provides descriptive information for participants for each individual Relief Nursery.

Statewide, primary caregivers are, on average, 30 years old, and have a gross monthly income of \$650-1000 at intake. While the majority of caregivers are Caucasian, many are Hispanic (17%) or multiethnic (24%). The clear majority of primary caregivers in these families are mothers (95%), and living at or below the Federal Poverty Level (89%). At intake nearly 21% of caregivers were living with their parents (e.g., living with the child's grandparents), 29% were employed at least part- or fulltime, and 34% were single and not partnered. Forty two percent (42%) had used the emergency room for routine health care during the 6 months prior to intake, but the majority (74%) report linkage with a primary health care provider. A little over half (58%) reported holding a high school diploma (or the equivalent) at intake. The average age of children in this sample was 3 years. Most families had either one or two children.

Table 3. Participant Characteristics

Parent and family characteristics	
Age of Primary Caregivers (n=571)	30 years
Average Gross Monthly Income at Intake (n=592)	\$651-1,000
Average Number of Persons Supported by Gross Monthly Income (n=621)	4
Percent at the Federal Poverty Level at Intake (n=585)	89%
Average Number of Children in Family (n=728)	1.3
Average Length of Stay in Program for Participants with Exit Assessments Only ⁶ (n=141)	371 days
Primary Caregiver Characteristics at Intake	
Race/Ethnicity (n=724):	
African American	3%
Asian American	1%
Caucasian	45%
Hispanic	17%
Multi-Ethnic	24%
Native America/Alaskan Native/Native Hawaiian	2%
Other	
Not Reported	8%
Percent Female (n=563)	95%
Percent Attending School (n=595)	9%
Percent Single/Not Partnered (n=649)	34%
Percent Employed Full-or Part time (n=528)	29%
Percent Linked with Primary Care Provider (n=379)	74%
Percent with a High School Education (n=592)	58%
Percent with Health Insurance (n=582)	96%
Percent Using ER for Routine Health Care (last 6 months) (n=610)	42%
Child Characteristics at Intake	
Average age of child (n=847)	3.21 years
Percent Male (n=226)	55%
Percent Female (n=186)	45%
Race/Ethnicity (n=416):	
African American	6%
Caucasian	39%
Hispanic	15%
Multi-Ethnic	19%
Other	2%
Not Reported	20%

⁶ Average length of stay was calculated as the number of days between the first assessment date to the last possible assessment date for those families with exit assessments.

Key Outcome Variables

As described in the previous section, NPC Research, OCCF, Local Commissions, and Relief Nursery Directors worked together to select outcomes designed to measure the effectiveness of Relief Nursery programming. The outcomes selected were: reduction in family risk factors, improved daily family functioning, and improved parent child interaction. In addition to these outcomes, NPC Research examined change over time on literacy improvement, education, health care utilization, and family self-sufficiency. The definition for each measure is provided below.

FAMILY OUTCOME VARIABLES

1. **Risk reduction.** Families are screened using a 47-item risk assessment tool (provided in Appendix A) at program entry and every 6 months. This risk Assessment includes both mutable (changeable) and non-mutable (non-changeable) risk factors. Examples of non-mutable risk factors include prior involvement with child welfare. Changeable risk factors include poverty, current child welfare involvement, foster care involvement, criminal justice involvement, and depression. The average number of family risk factors at entry and at each assessment period was compared for each family.
2. **Daily family functioning.** The measure of daily family functioning is included on the Family Assessment Form (see Appendix A), and is comprised of the following three items, rated by the Nursery worker: "The family has consistent daily routines", "The family handles routines", and "The family has positive social support". Workers use the following rating scale: '0' = not at this time; '1' = seldom; '2' = sometimes; '3' = most of time, and '4' = almost always.
3. **Increased reading to children.** This single item outcome measure uses a four point scale: '1' = less than once a week; '2' = once a week; '3' = several times a week; '4' = daily or more and asks whether an adult "reads to the child for at least 15 minutes every day."
4. **Caregiver attends school.** This item is a "yes/no" question included on the Family Assessment Form.
5. **Employment status.** Employment status is tracked as '1' = fulltime (30 hours a week or more), '2' = part time, '3' = employed seasonally, '4' = not employed/actively seeking work, and '5' = not seeking work.
6. **Linkage to primary health care provider.** This item is a "yes/no" question included on the Family Assessment Form.
7. **Income.** Income is calculated as the percent of the Federal Poverty Level, based on the family size and the gross monthly income as reported on the Family Assessment Form. Gross monthly income includes all sources of family income, including cash assistance such as TANF and other programs.
8. **Attends school.** This item is a "yes/no" question included on the Family Assessment Form.
9. **Primary Caregiver has a high school education or GED.** This item is a "yes/no" question included on the Family Assessment Form.
10. **Does the family have health insurance.** This item is a "yes/no" question included on the Family Assessment Form.
11. **How frequently has the family used emergency services for routine health care in the past 6 months.** This item is rated on a scale of '2' = frequently, '1' = once or twice, or '0' = has not used emergency services for routine care.

CHILD-LEVEL OUTCOME VARIABLES

The following indicators were used to examine individual child-level outcomes:

Improved parent-child interactions. This 8-item scale includes the following items, rated on a scale from ‘0’ = not at this time to ‘4’ = ‘almost always’ by the worker:

1. Enjoys child and expresses warmth and love
2. Shows sensitivity to child’s feelings, needs, interests
3. Uses effective, firm, but loving guidance
4. Responds appropriately to child’s behavior and needs
5. Adjusts environment and responses to child’s temperament and needs
6. Engages in reciprocal interactions, conversations, play involving taking turns
7. Provides encouragement (both verbal and non-verbal support) for developmental advances
8. Creates a developmentally appropriate learning environment for the child.

Analysis Strategy

To examine whether outcomes improve over time, we conducted paired sample t-tests and chi-square analyses to evaluate change from program entry to follow-up for each of the outcomes described above. Because of the relatively large number of families who had intake assessments but no follow-ups, we conducted attrition analyses to determine whether families who remained in services at the 6- and 12-month follow-ups differed significantly from those who were missing follow-up information. These results found that there were no significant baseline differences between families who had follow-up data (compared to those without follow-up information) on any of the key outcome variables.

Family and Child Outcomes

Risk Factor Reduction

Research on risk factors for child abuse and neglect suggests that while particular events and characteristics (e.g., poverty, childhood history of abuse) are clearly related to the increased likelihood that a parent will become abusive, that the **number** of risk factors experienced by parents and/or children may be even more important (Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987). For example, research on Oregon’s Healthy Start program consistently finds that the more psychosocial risk factors that are present in a family, the more likely it is that abuse will occur—children from families with four or more risk factors are more than ten times as likely to be abused than those with no risk factors (Green, Lambarth, Tarte, & Snoddy, 2007).

Data analyses found that families who participated in the Relief Nursery program showed a statistically significant reduction in the number of family risk factors over time, as shown in Figures 1a & 1b.

Specifically, between intake and the first follow-up assessment (about 6 months), the average number of risk factors decreased from 10.8 risk factors to 8.5 risk factors; families who remained in services for 12 months or more showed evidence of a decrease from 11.4 to 8 risk factors. It is worth noting that the number of risk factors may seem low as compared to previous evaluation reports. This is likely due to the modifications made to the risk factor checklist during this evaluation period. The risk factor check lists currently includes a total of 33 mutable risk factors (instead of 62 total risk factors as contained on the previous checklist).

Figure 1a. Reduction in Family Risk Factors: Intake to 6 Months

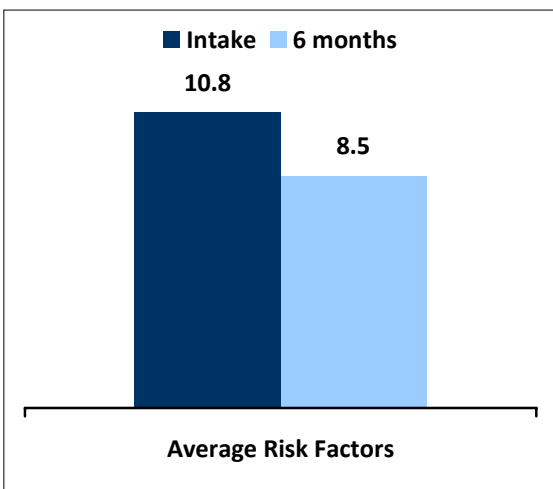
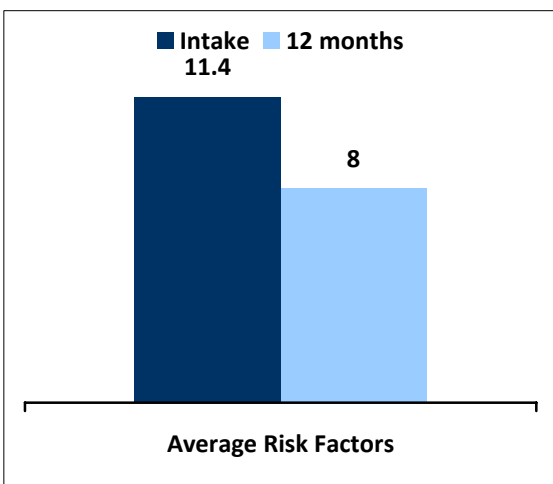


Figure 1b. Reduction in Family Risk Factors: Intake to 12 Months



Parenting Outcomes

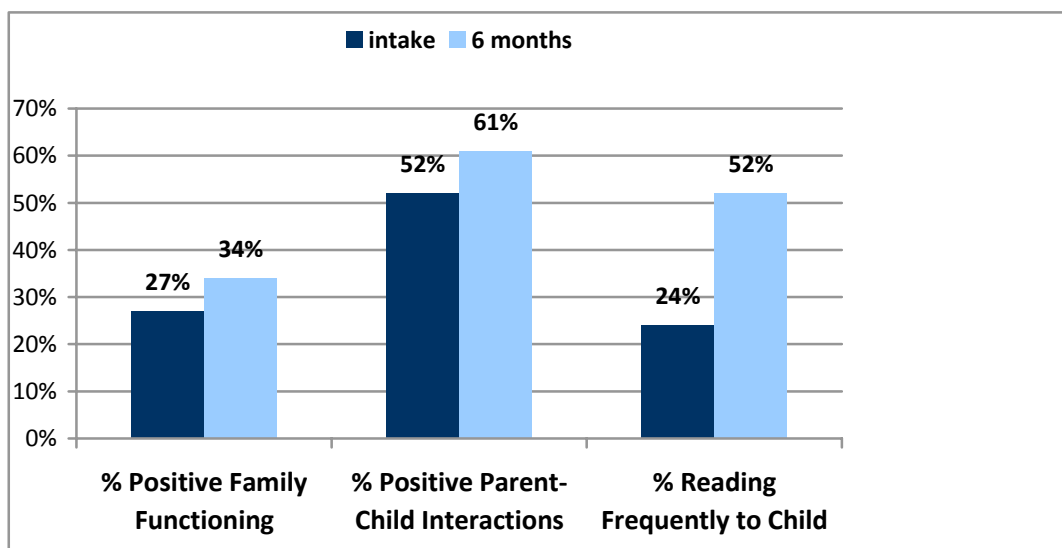
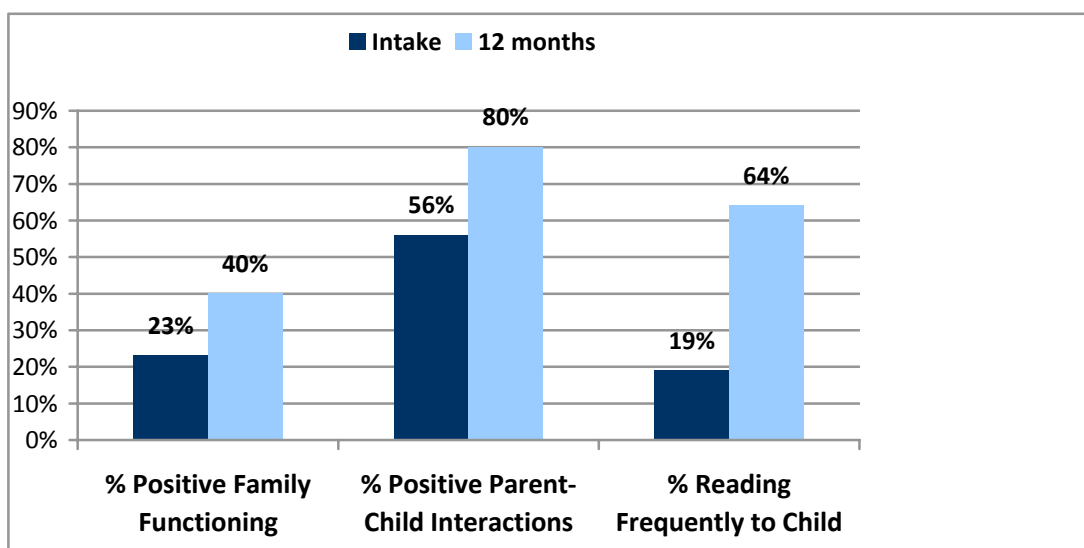
Two of the primary goals of the Relief Nursery are to stabilize families and to improve the nature and quality of parent-child interactions. Families that are experiencing multiple challenges related to poverty and other circumstances have difficulty providing the safe, stable environments that children need for positive development. Research on early brain development has clearly documented that engaged, nurturing parenting supports the early attachment relationships that are critical to children's physical, social, and cognitive development, while harsh, disen-

gaged, and unpredictable parenting is associated with child maltreatment and other negative outcomes (Shonkoff & Phillips, 2000; Zeanah, Boris, & Larrieu, 1997). Thus, improvements in these areas represent important outcomes for parents and children served by the Relief Nurseries. The evaluation also includes a third measure that asks about the frequency of reading to children. Early reading to children has been found to be a key predictor of children's language and literacy development (Snow, 1993).

Results from this year's evaluation (see Figures 2a & 2b) found that the percentage of parents who were rated as having positive family functioning (e.g., stable and predictable routines, and available social supports) either "most of the time" or "always" increased from 27% at intake to 34% at the 6-month follow-up. For parents participating at least 12 months, 23% had positive family functioning at intake, compared to 40% at the 12 month follow-up. This was a statistically significant improvement for both groups of families.

The frequency of positive parent-child interactions also increased significantly over time, with 52% of parents showing regular, positive interactions with their children at intake, compared to 61% at the first follow-up Assessment. For families participating at least 12 months, 56% demonstrated consistent positive interactions at baseline, compared to 80% after one year of Relief Nursery services.

Relief Nursery parents also showed significant improvements in the frequency of reading to children. At program intake, only 24% of parents read to their young children several times or more per week; however, after participating in the Relief Nurseries for at least 6 months this increased to 52%. For families participating at least 12 months, 19% read to their children several times per week or more at intake, compared to 64% at the 12-month Assessment.

Figure 2a. Improvements in Key Parenting Outcomes: Intake to 6 Months**Figure 2b. Improvements in Key Parenting Outcomes: Intake to 12 Months**

Family Self-Sufficiency

Relief Nurseries strive to help families become stable economically, by providing assistance connecting with job training, education, and employment assistance, as well as with community resources such as WIC, TANF, child care subsidies, etc. A lack of resources to meet basic family needs has been consistently linked to increased risk for child abuse and neglect (Brooks-Gunn & Duncan, 1997). Relief Nurseries also work to ensure that all families are connected with a health care provider, have health insurance, and that children are receiving regular preventive health care.

Figure 3a. Family Self-Sufficiency Outcomes: Intake to 6 Months

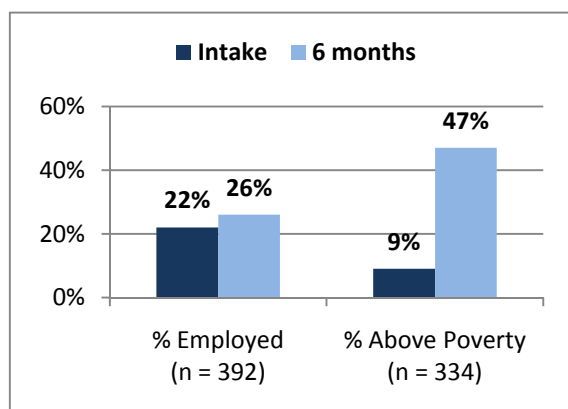
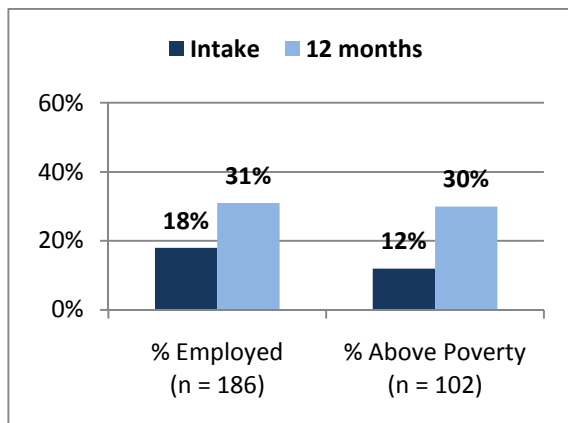


Figure 3b. Family Self-Sufficiency Outcomes: Intake to 12 Months

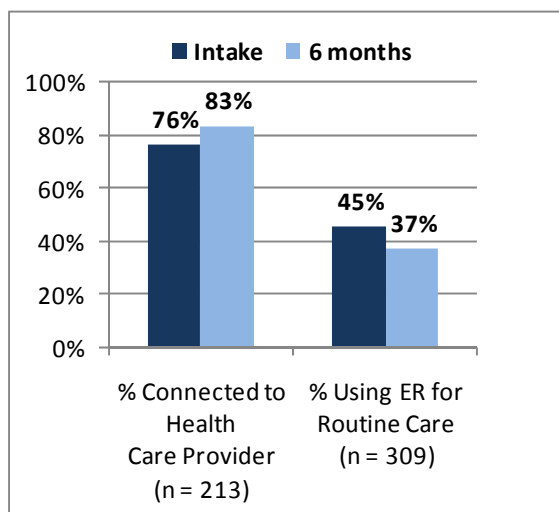


Results in this area were extremely positive, suggesting that the intensive case management and family support provided by the Relief Nursery have been successful in linking parents to needed resources (see Figures 3a & 3b). The percent of families at or below the Federal Poverty Level decreased from 91% at intake to 53% for families participating at least 6 months, and from 88% at intake to 70% for families participating at least 12 months (note that income includes all sources of income, including governmental assistance). The percent of parents employed at least part-time increased from 22% at intake to 26% for parents participating at least 6 months and nearly doubled from 18% at intake to 31% for parents participating at least 12 months. The percent of parents with a high school education or GED increased from 59% at intake to 61% at 6-month, which is not statistically significant; however, for families participating at least 12 months, the percent with a high school education/GED did increase significantly, from 56% at intake to 64% at 12 months.

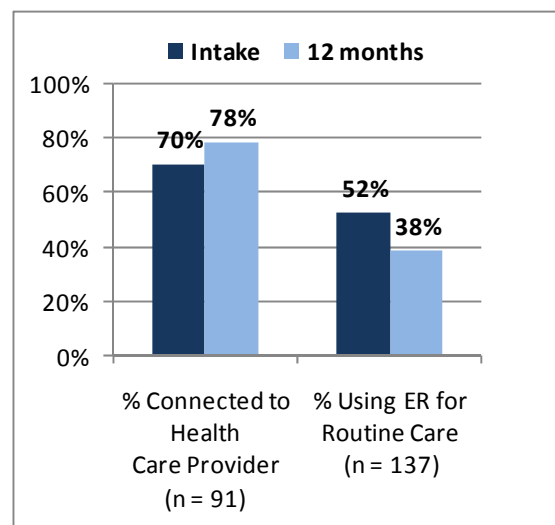
Health Care Outcomes

Relief Nurseries have also been successful in linking families to health care resources, and thus avoiding costly emergency room use (see Figures 4a & 4b). For families participating at least 6 months, the percent of families linked to a primary caregiver increased significantly from 76% to 83% and for families participating at least 12 months, this increased from 70% to 78%. The percentage of families using the emergency room for routine health care decreased significantly from 45% at intake to 37% for families participating at least 6 months, and from 52% at intake to 38% for families participating for at least 12 months.

**Figure 4a. Health Care Outcomes:
Intake to 6 Months**



**Figure 4b. Health Care Outcomes:
Intake to 12 Months**



Tables 4a and 4b provide detailed state-level results. Analyses conducted using average scale scores are provided in Appendix C.

Table 4a. Individual Family and Child Level Outcomes: Intake to Time 2

Outcome	Program entry	Time 2
Percent of families with positive daily family functioning (n=298)	27%	34%*
Percent of families who read to their children 3 times per week or more (n=198)	24%	52%*
Percent of primary caregivers employed (n=392)	22%	26%*
Percent of families at or below the Federal Poverty Level (n=334)	91%	53%*
Percent of primary caregivers attending school (n=283)	10%	11%
Percent of primary caregivers with a high school education or GED (n=278)	59%	61%
Percent of caregivers linked to a primary healthcare provider (n=213)	76%	83%*
Percent of primary caregivers with health insurance (n=323)	96%	95%
Percent of families who used the emergency room for routine health care in the past 6 months (n=309)	45%	37%*
Percent of children with positive parent-child interactions (n=359)	52%	61%*
	Program entry	Time 2
Average number of family risk factors (n=368)	10.8	8.5*

*Statistically significant change from program entry to Time 2, $p < .05$.

Table 4b. Individual Family and Child Level Outcomes: Intake to Time 3

Outcome	Program entry	Time 3
Percent of families with positive daily family functioning (n=133)	23%	40%*
Percent of families who read to their children 3 times per week or more (n=89)	19%	64%*
Percent of primary caregivers employed*(n=186)	18%	31%*
Percent of families at or below the Federal Poverty Level (n=102)	88%	70%*
Percent of primary caregivers attending school (n=121)	7.4%	9.9%*
Percent of primary caregivers with a high school education or GED (n=123)	56%	64%*
Percent of caregivers linked to a primary healthcare provider (n=91)	70%	81%*
Percent of primary caregivers with health insurance (n=149)	97%	96%
Percent of families who used the emergency room for routine health care in the past 6 months (n=137)	52%	38%*
Percent of children with positive parent-child interactions (n=149)	56%	80%*
	Program entry	Time 3
Average number of family risk factors (n=166)	11.4	8.0*

* Statistically significant change from program entry to Time 3, $p < .05$.

Child Welfare Outcomes

One of the key goals of the Relief Nurseries is to reduce families' level of involvement with the child welfare system, by working to reduce risk factors for child maltreatment, and helping to stabilize families so that children can live safely with their parents. To obtain data about child welfare involvement, NPC Research entered into a data sharing agreement with the Department of Human Services, Office of Children, Adults and Families (CAFS). NPC Research provided demographic information about each child served by the Relief Nurseries from July 1, 2007-December 31, 2007 (n=429 children) to CAFS staff, who then matched these children with existing child welfare records. All child welfare involvement (founded and unfounded referrals, foster care placements, case disposition information, etc.) for these families through October 24, 2008 was provided back to NPC for analysis. Thus, all families were tracked through the child welfare system for at least 10 months following enrollment in the Relief Nursery.

CAFS data provides detailed information for those families that are or have been involved with the child welfare system. We asked several questions of the child welfare data, specifically:

1. How many families served by the Relief Nursery had ever had a founded referral to the child welfare system?

Out of 429 Relief Nursery children, 64 (14.9%) had ever had a founded referral. 36% of these children had one referral, 25% had two referrals, 22% had three referrals, and 17% had more than 4 referrals. A total of 147 founded reports were made on these 64 children.

2. How many of these founded reports occurred prior to Relief Nursery involvement?

Of the 429 children, 26 had at least one founded report prior to enrolling in the

Relief Nursery, or about 41% of all children with a founded report. Of these 26 children, 18 had one referral, 6 had two referrals, and 2 had four referrals. However, it should be noted that many founded reports did not have matched date information.

3. How many children had founded reports after enrolling in the Relief Nursery?

Of the 64 children with at least one report, 7 (11%) had at least one report subsequent to Relief Nursery involvement. All but two of these children had just one founded maltreatment report. However, it should be noted that many founded reports did not have matched date information.

4. For founded referrals, what type of abuse was involved, and how does this compare to the general child welfare population?

In all, there were 147 lifetime founded reports on 64 children served by the Relief Nursery. These reports included the following types of abuse incidents (note that child welfare workers can report multiple types of abuse for each report, and that information about the type of abuse was missing for a number of founded referrals):

- 60% of abuse incidents were for parental neglect;
- 32% of abuse incidents were for threat of harm to the child (often used in domestic violence situations, or when drug use is present in the home)
- 4% of abuse incidents were for physical abuse; and
- 3.7% were for prenatal drug exposure.

Statewide, in 2007 about 34% of abuse incidents were for neglect; 49% for threat

of harm, 7% for physical abuse. Prenatal drug exposure was not reported in 20007 by DHS⁷ (Oregon Department of Human Services, 2007). Thus, the Relief Nursery children appear to be much more likely to be victims of neglect than other children statewide, and less likely to have experienced either threat of harm or physical abuse.

5. **How many families were in foster care at the time of Relief Nursery entry?**

Of the 47 Relief Nursery children who had ever been placed in foster care, 18 were in care when they started Relief Nursery services; 11 had at least one placement after enrolling in the Relief Nursery (two of these were also in care when they entered the nursery, and had a subsequent placement), and the remaining 20 children experienced foster care **only** prior to entering the Relief Nursery. A number of families showed a pattern of entering the Relief Nursery relatively quickly (within 90 days) after having the child placed back into parental care.

6. **How many families had their first foster care placement after enrolling in the Relief Nursery?**

Eight children (17% of those with a foster care placement) had their first placement subsequent to enrolling in the Relief Nursery. Of these, most (6) were still in care at the time that data were produced for this report. The two whose cases were closed were reunified with their parents.

7. **What was the median length of stay in foster care for Relief Nursery children?**

We examined median length of stay for several subgroups of children, based on

when they entered and exited the Relief Nursery:

- The median length of stay for the 47 Relief Nursery children who were **ever** in foster care was 353 days.
- The median length of stay for the 13 Relief Nursery children who **exited** foster care after entering the Relief Nursery was 363 days.
- The median length of stay for the 20 Relief Nursery children who entered and exited foster care **prior** to enrolling in the Relief Nursery was 331.5 days, with one of these children still in care at the end of the study window.
- The median length of stay for the 16 children who were in foster care **at the time they enrolled** in the Relief Nursery was 390 days, with 7 (44%) of these children still in care at the end of the study window.⁸
- The median length of stay for the 11 Relief Nursery children who **entered foster care at least once after enrolling** in the Relief Nursery was 308 days; however, about half of these children (6, or 55%) were still in foster care at the end of this study window (October 24, 2008).

Statewide, length of stay is reported based either on the year of entry or exit into foster care. However, at the time of this report, NPC was able to obtain length of stay at the 0-5 age group level for exited children only. Most Relief Nursery children who had a foster care placement exited in either 2007 (16 children) or 2008 (8 children). Between fiscal year 2006 and fiscal year 2007, the statewide median months in care for children age 0-5 exiting care were 411 and 441 days, re-

⁷ Source: Oregon Department of Human Services (2007). *2007 Status of children in Oregon's child protection system*. Author.

⁸ Two children who also had an additional placement after entering the Relief Nursery are not included.

spectively. For Relief Nursery children exiting care in 2007 or 2008, the average length of stay was 333 days. Thus, it appears that the length of stay for children served by the Relief Nursery is shorter than statewide averages (see Figure 5).

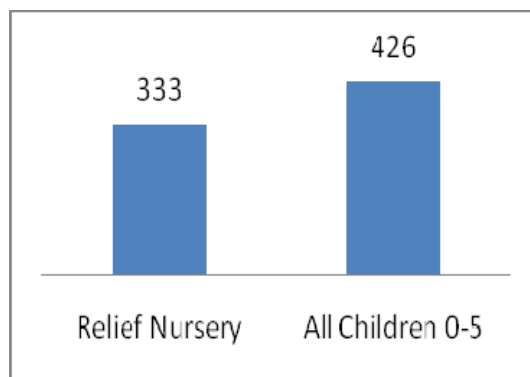
8. What percent of children placed in foster care at the start of Relief Nursery services are reunified?

Sixteen children had cases that were open at the time the child's family was enrolled in the Relief Nursery; of these, 9 were reunified (100% of those exiting care), and 7 were still in care at the end of the study window. Eleven children had placements occurring after enrollment; of these, 5 (100%) were reunified, and 6 were still in care at the end of the study window. However, it should be noted that all foster care placements for Relief Nursery children that had a final disposition ended in reunification, including those that were resolved prior to Relief Nursery entry. As noted previously, a number of children entered the Relief Nursery relatively soon after the child was reunified with his/her parents; it may be that access to Relief Nursery supports was taken into account by the court when making these reunification decisions.

Statewide, about 64% of all children (ages 0-17) exiting foster care are reunified. Thus, a considerably higher percen-

tage of Relief Nursery children are reunified, although the number of children in care is quite small and thus this should be interpreted with caution.

Figure 5. Days Spent in Foster Care



Taken together, the child welfare data suggest the following:

- Relief Nursery children are more likely than children in the general population to be involved with the child welfare system.
- Relief Nursery children are likely to be involved with child welfare services because of parental neglect.
- Relief Nursery children spent less time in out-of-home placements, on average, than other similar-aged children.
- Relief Nursery children are likely to be reunified with their parents.

SUMMARY OF RESULTS & RECOMMENDATIONS

Results from this evaluation found that after receiving at least 6 months of Relief Nursery services, participants significantly improved across several areas. Specifically, the evaluation found that:

- The total number of family risk factors decreased by 21%;
- Positive daily family functioning increased by 26%;
- Positive parent-child interactions increased by 17%;
- Frequency of reading to children increased by 117%;
- The percent using the emergency room for routine health care decreased by 19%;
and
- The percent of families at or below the Federal Poverty Level decreased by 42%.

These gains were even more impressive for families who remained in the program for at least 12 months. The findings from this evaluation highlight the success of Relief Nurseries in achieving important outcomes for children and families. Working with families at very high risk for poor outcomes, the Relief Nursery has had tremendous success in reducing family risk factors associated with child maltreatment, and supporting families to provide safe, stable environments for their children. Importantly, families who dropped out of the Relief Nursery program prior to completing a follow-up assessment did not differ significantly at baseline on any of the key outcomes or risk factors, from families who did successfully complete at least 6 months of program services.

While data that directly examines the impact of the Relief Nurseries on families' child welfare involvement is not available, the information obtained from the child welfare

system suggests several promising outcomes. First, it appears that the Nurseries are working with a number of families who either have recently been involved with child welfare, or who become involved with child welfare soon after enrolling in the Relief Nursery. These families appear to have a high likelihood of reunification, and these children spend less time in foster care than might be expected. Certainly, the average length of stay for children in the Relief Nursery is considerably less than for the general statewide population. Data that would allow a more rigorous comparison of outcomes between Relief Nursery children and similar unserved children are critical to supporting the notion that the Nursery improves these important child welfare outcomes.

Taken together, data collected by the Relief Nurseries, as well as the available child welfare data suggests the importance of continued support for the services provided by the Relief Nurseries.

Recommendations for Data Quality and Future Evaluation

As evident in this report, Relief Nurseries made outstanding progress in fulfilling their commitment toward improving data quality and implementing a statewide evaluation. This year's evaluation provided an opportunity to track change over time for a significant number of Relief Nursery families using a consistent, statewide data collection system. As with any system, however, continued monitoring and refinement will be needed to ensure that data are collected with integrity, and that the system functions properly to allow Relief Nurseries to enter, modify, and track family information over time. This final section of the report provides recommendations for future evaluation and reporting.

DATA QUALITY

The first step to a quality evaluation is quality data. Overall, the Relief Nurseries made great strides towards improving the consistency of data collection, especially in terms of ensuring that families receiving timely intake and follow-up assessments. However, a number of data quality issues need continued attention and improvement. In particular the following problems continue to exist in the current system: missing assessment dates and assessment types, duplicate assessment dates and assessment types for individual families, missing child and family demographic data, missing follow-up assessments; and missing item-level data. Nurseries are urged to closely monitor assessment forms to ensure that these key pieces of information are completed for each and every family. Ideally, supervisors or another identified staff should be responsible for reviewing each form for completeness prior to entering the data into the statewide system. Systems for monitoring when follow-up assessments are due (and when they are completed) need to be implemented and reviewed regularly.

FUTURE EVALUATION

This evaluation examined change over time during one year (FY 2008); in future years, additional data will be available to track families over longer periods of time, and to begin to learn about the required intensity and duration of services that are needed to achieve the best possible family outcomes. Results from this year's evaluation suggest that families who stayed in the Nurseries for at least a year had more positive outcomes than those who stayed in only 6 months; however, questions of how long families "should" remain in service, and how much service is needed to achieve optimal family outcomes remain. Future evaluations can also begin to build a larger database of information about how Relief Nursery services influence child welfare involvement. This year, data were available

on only 449 children; clearly, significantly more children were served by the Relief Nurseries. Obtaining and analyzing child welfare data on additional children, for longer periods of follow-up time, will allow more rigorous analysis of these outcomes.

Another key question for future evaluation is to better understand the nature of Relief Nursery services and which service components are most important to program outcomes. For example, evaluation could compare families served through the center-based component to those receiving home visiting services alone. The current statewide database includes this variable so that these kinds of analyses are possible; however the amount of missing data in this area precluded this analysis this year. Moreover, OCCF and the Relief Nurseries should consider adding modules to the evaluation database that would allow analysis of the frequency and intensity of services received. This would allow better description of the Relief Nursery program, inform a better understanding of how the program differs in different regions of the state, and begin to address the question of "how much" Relief Nursery service is needed to help parents and children reach the desired outcomes.

Finally, future evaluation efforts should consider the feasibility of conducting a study of Relief Nursery efficacy involving control or comparison groups. This would provide a more rigorous test of whether the Relief Nursery services are effective, and would provide the data needed to establish the Relief Nursery as an evidence-based practice. Relief Nursery settings that maintain waiting lists, or where there is insufficient capacity to meet community needs would be ideal contexts for a more controlled evaluation of the effectiveness of the Relief Nursery program.

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APPENDIX A: DATA COLLECTION FORMS



RELIEF NURSERY

RISK FACTORS CHECKLIST - INTAKE

This form is completed within 60 days of Program *Intake*, or within the first few weeks of the family's interaction with any Nursery programs and services, and may be updated as additional risk factors **that were present at intake** are learned throughout the family's tenure with the Nursery. The term "family" refers to the served child's legal and primary family, and does **not** include the child's foster family. "Adult" refers to the served child's primary parent(s)

INTERVENTIONIST: _____ DATE: _____ FAM# _____

PRIMARY LEGALLY IDENTIFIED PARENT FIGURE NAME _____ RELATION to child _____ IND# _____

SECONDARY LEGALLY IDENTIFIED PARENT FIGURE NAME _____ RELATION to child _____ IND# _____

Name of child (for file): _____

Names of other children in this family: _____; _____; _____; _____

Based on your clinical observation, and knowledge of the family, at intake are any of the following currently present:

1. FAMILY VIOLENCE AND VICTIMIZATION	Yes	No
a) An adult in this family has issues with anger management	<input type="radio"/>	<input type="radio"/>
b) An adult in this family has an emotionally, verbally or physically violent intimate partner relationship	<input type="radio"/>	<input type="radio"/>
c) An adult in this family is incarcerated or under supervision with the criminal justice system	<input type="radio"/>	<input type="radio"/>
2. POVERTY	Yes	No
a) This family has more than 3 children in the household	<input type="radio"/>	<input type="radio"/>
b) This family is unable to consistently access and/or provide food to obtain adequate nutrition for every family member	<input type="radio"/>	<input type="radio"/>
c) The caregivers in this family are homeless, or have no permanent home	<input type="radio"/>	<input type="radio"/>
d) This family has inadequate family supplies / child supplies	<input type="radio"/>	<input type="radio"/>
e) This family has no telephone or no access to a reliable telephone	<input type="radio"/>	<input type="radio"/>
f) This family's income is below the Federal Poverty Level (FPL) for a family of this size	<input type="radio"/>	<input type="radio"/>
g) This family does not have access to reliable transportation	<input type="radio"/>	<input type="radio"/>
h) This family is under/unemployed	<input type="radio"/>	<input type="radio"/>
3. CHILD WELFARE	Yes	No
a) At least one child in this family is being neglected, or is being physically, emotionally, or sexually abused	<input type="radio"/>	<input type="radio"/>
b) At least one child in this family is currently in DHS-mandated out of home care	<input type="radio"/>	<input type="radio"/>
c) This family has an open child welfare case	<input type="radio"/>	<input type="radio"/>
4. MENTAL HEALTH	Yes	No

a) At least one parent in this family is experiencing high stress such as difficulty coping and/or multiple stressors	<input type="radio"/>	<input type="radio"/>
b) At least one child in this family is experiencing mental health problems	<input type="radio"/>	<input type="radio"/>
c) At least one parent in this family is experiencing mental health problems	<input type="radio"/>	<input type="radio"/>
d) At least one parent in this family is experiencing low self-esteem that interferes with their daily functioning	<input type="radio"/>	<input type="radio"/>
5. MEDICAL	Yes	No
a) At least one parent or child in this family is experiencing a medical disability	<input type="radio"/>	<input type="radio"/>
b) At least one child in this family has a developmental disability	<input type="radio"/>	<input type="radio"/>
c) At least one parent in this family has a developmental disability	<input type="radio"/>	<input type="radio"/>
d) The mother of this family is currently pregnant	<input type="radio"/>	<input type="radio"/>
6. OTHER RISK FACTORS	Yes	No
a) In this family there are English language difficulties	<input type="radio"/>	<input type="radio"/>
b) Caregivers in this family are divorced or separated	<input type="radio"/>	<input type="radio"/>
c) This family lacks a support system other than the Nursery or other professional personnel	<input type="radio"/>	<input type="radio"/>
d) This family lacks needed child care	<input type="radio"/>	<input type="radio"/>
e) At least one member of this family is of a member of a racial or ethnic minority	<input type="radio"/>	<input type="radio"/>
f) One or more parents has a new domestic partner	<input type="radio"/>	<input type="radio"/>
g) This family is a single parent family	<input type="radio"/>	<input type="radio"/>
h) This family has had at least one multiple birth (twins, triplets)	<input type="radio"/>	<input type="radio"/>
i) Untreated substance abuse is present in this family	<input type="radio"/>	<input type="radio"/>
j) At least one caregiver in this family is receiving substance abuse treatment	<input type="radio"/>	<input type="radio"/>
k) This family is currently at extreme high risk (child in imminent danger of abuse/neglect)	<input type="radio"/>	<input type="radio"/>
l) Other: _____	<input type="radio"/>	<input type="radio"/>
m) Other: _____	<input type="radio"/>	<input type="radio"/>
Total Number of Risk Factors (sum of Yes responses)		

Based on your clinical observation, and knowledge of the family, do any members of this family have a history of any of the following:

7. Historical Risk Factors	Yes	No
a) Incarceration or under criminal justice supervision	<input type="radio"/>	<input type="radio"/>
b) Emotional, verbal, or physical intimate partner violence	<input type="radio"/>	<input type="radio"/>
c) Homelessness	<input type="radio"/>	<input type="radio"/>
d) Being under/unemployed	<input type="radio"/>	<input type="radio"/>
e) A history of limited education, less than high school diploma or GED	<input type="radio"/>	<input type="radio"/>
f) Being unable to provide food to obtain adequate nutrition for every family member	<input type="radio"/>	<input type="radio"/>
g) At least one parent that is a teen parent (17 years or younger at 1 st birth)	<input type="radio"/>	<input type="radio"/>
h) Mental health problems	<input type="radio"/>	<input type="radio"/>
i) At least one adult in this family was raised by an alcoholic or drug affected person	<input type="radio"/>	<input type="radio"/>
j) An adult in this family that has had an open child welfare case	<input type="radio"/>	<input type="radio"/>
k) An adult in this family has had at least one child permanently removed from their care by a termination of parental rights (TPR)	<input type="radio"/>	<input type="radio"/>
l) A child that's been in foster care	<input type="radio"/>	<input type="radio"/>
m) At least one adult in this family was a victim of physical abuse or neglect as a child	<input type="radio"/>	<input type="radio"/>
n) At least one adult in this family was a victim of sexual abuse or incest as a child	<input type="radio"/>	<input type="radio"/>



RELIEF NURSERY RISK FACTORS CHECKLIST – INTAKE *Amendment*

This form is completed **only** when program staff learn, **after** the first 60 days from Program Intake, that additional risk factors **were present at intake**. The term “family” refers to the served child’s legal and primary family, and does **not** include the child’s foster family. “Adult” refers to the served child’s primary parent(s).

INTERVENTIONIST: _____ DATE: _____ FAM# _____

PRIMARY LEGALLY IDENTIFIED PARENT FIGURE NAME _____ RELATION to child _____ IND# _____

SECONDARY LEGALLY IDENTIFIED PARENT FIGURE NAME _____ RELATION to child _____ IND# _____

Name of child (for file): _____

Names of other children in this family: _____; _____; _____; _____

Based on your clinical observation, and knowledge of the family, at intake were any of the following present:

8. FAMILY VIOLENCE AND VICTIMIZATION	Yes	No
d) An adult in this family has issues with anger management	<input type="radio"/>	<input type="radio"/>
e) An adult in this family has an emotionally, verbally or physically violent intimate partner relationship	<input type="radio"/>	<input type="radio"/>
f) An adult in this family is incarcerated or under supervision with the criminal justice system	<input type="radio"/>	<input type="radio"/>
9. POVERTY	Yes	No
i) This family has more than 3 children in the household	<input type="radio"/>	<input type="radio"/>
j) This family is unable to consistently access and/or provide food to obtain adequate nutrition for every family member	<input type="radio"/>	<input type="radio"/>
k) The caregivers in this family are homeless, or have no permanent home	<input type="radio"/>	<input type="radio"/>
l) This family has inadequate family supplies / child supplies	<input type="radio"/>	<input type="radio"/>
m) This family has no telephone or no access to a reliable telephone	<input type="radio"/>	<input type="radio"/>
n) This family’s income is below the Federal Poverty Level (FPL) for a family of this size	<input type="radio"/>	<input type="radio"/>
o) This family does not have access to reliable transportation	<input type="radio"/>	<input type="radio"/>
p) This family is under/unemployed	<input type="radio"/>	<input type="radio"/>
10. CHILD WELFARE	Yes	No
d) At least one child in this family is being neglected, or is being physically, emotionally, or sexually abused	<input type="radio"/>	<input type="radio"/>
e) At least one child in this family is currently in DHS-mandated out of home care	<input type="radio"/>	<input type="radio"/>
f) This family has an open child welfare case	<input type="radio"/>	<input type="radio"/>
11. MENTAL HEALTH	Yes	No
a) At least one parent in this family is experiencing high stress such as difficulty coping and/or multiple stressors	<input type="radio"/>	<input type="radio"/>

b) At least one child in this family is experiencing mental health problems	<input type="radio"/>	<input type="radio"/>
c) At least one parent in this family is experiencing mental health problems	<input type="radio"/>	<input type="radio"/>
d) At least one parent in this family is experiencing low self-esteem that interferes with their daily functioning	<input type="radio"/>	<input type="radio"/>
12. MEDICAL	Yes	No
e) At least one parent or child in this family is experiencing a medical disability	<input type="radio"/>	<input type="radio"/>
f) At least one child in this family has a developmental disability	<input type="radio"/>	<input type="radio"/>
g) At least one parent in this family has a developmental disability	<input type="radio"/>	<input type="radio"/>
h) The mother of this family is currently pregnant	<input type="radio"/>	<input type="radio"/>
13. OTHER RISK FACTORS	Yes	No
n) In this family there are English language difficulties	<input type="radio"/>	<input type="radio"/>
o) Caregivers in this family are divorced or separated	<input type="radio"/>	<input type="radio"/>
p) This family lacks a support system other than the Nursery or other professional personnel	<input type="radio"/>	<input type="radio"/>
q) This family lacks needed child care	<input type="radio"/>	<input type="radio"/>
r) At least one member of this family is of a member of a racial or ethnic minority	<input type="radio"/>	<input type="radio"/>
s) One or more parents has a new domestic partner	<input type="radio"/>	<input type="radio"/>
t) This family is a single parent family	<input type="radio"/>	<input type="radio"/>
u) This family has had at least one multiple birth (twins, triplets)	<input type="radio"/>	<input type="radio"/>
v) Untreated substance abuse is present in this family	<input type="radio"/>	<input type="radio"/>
w) At least one caregiver in this family is receiving substance abuse treatment	<input type="radio"/>	<input type="radio"/>
x) This family is currently at extreme high risk (child in imminent danger of abuse/neglect)	<input type="radio"/>	<input type="radio"/>
y) Other: _____	<input type="radio"/>	<input type="radio"/>
z) Other: _____	<input type="radio"/>	<input type="radio"/>
Total Number of Risk Factors (sum of Yes responses)		

Based on your clinical observation, and knowledge of the family, do any members of this family have a history of any of the following:

14. Historical Risk Factors	Yes	No
o) Incarceration or under criminal justice supervision	<input type="radio"/>	<input type="radio"/>
p) Emotional, verbal, or physical intimate partner violence	<input type="radio"/>	<input type="radio"/>
q) Homelessness	<input type="radio"/>	<input type="radio"/>
r) Being under/unemployed	<input type="radio"/>	<input type="radio"/>
s) A history of limited education, less than high school diploma or GED	<input type="radio"/>	<input type="radio"/>
t) Being unable to provide food to obtain adequate nutrition for every family member	<input type="radio"/>	<input type="radio"/>
u) At least one parent that is a teen parent (17 years or younger at 1 st birth)	<input type="radio"/>	<input type="radio"/>
v) Mental health problems	<input type="radio"/>	<input type="radio"/>
w) At least one adult in this family was raised by an alcoholic or drug affected person	<input type="radio"/>	<input type="radio"/>
x) An adult in this family that has had an open child welfare case	<input type="radio"/>	<input type="radio"/>
y) An adult in this family has had at least one child permanently removed from their care by a termination of parental rights (TPR)	<input type="radio"/>	<input type="radio"/>
z) A child that's been in foster care	<input type="radio"/>	<input type="radio"/>
aa) At least one adult in this family was a victim of physical abuse or neglect as a child	<input type="radio"/>	<input type="radio"/>
bb) At least one adult in this family was a victim of sexual abuse or incest as a child	<input type="radio"/>	<input type="radio"/>



RELIEF NURSERY

RISK FACTORS CHECKLIST – FOLLOW-UP

This form is completed at each 6-month Assessment, and at Program *Exit*. The term, “family” refers to the served child’s legal and primary family, and does **not** include the child’s foster family. “Adult” refers to the served child’s primary parent(s). Please see the Oregon Relief Nursery Data Collection Handbook for more information.

INTERVENTIONIST: _____ DATE: _____ FAM# _____

PRIMARY LEGALLY IDENTIFIED PARENT FIGURE
NAME _____ RELATION to child _____ IND# _____

SECONDARY LEGALLY IDENTIFIED PARENT FIGURE
NAME _____ RELATION to child _____ IND# _____

Assessment Type (Check one only.)

<input type="checkbox"/> 6-month	<input type="checkbox"/> 18-month	<input type="checkbox"/> 30-month	<input type="checkbox"/> 42-month	<input type="checkbox"/> 54-month	<input type="checkbox"/> 60-month
<input type="checkbox"/> 12-month	<input type="checkbox"/> 24-month	<input type="checkbox"/> 36-month	<input type="checkbox"/> 48-month	<input type="checkbox"/> Exit _____	
<small># of months since last update</small>					

Name of child (for file): _____

Names of other children in this family: _____; _____; _____; _____

Based on your clinical observation, and knowledge of the family, at present are any of the following present:

15. FAMILY VIOLENCE AND VICTIMIZATION	Yes	No
a) An adult in this family has issues with anger management	<input type="radio"/>	<input type="radio"/>
b) An adult in this family has an emotionally, verbally or physically violent intimate partner relationship	<input type="radio"/>	<input type="radio"/>
c) An adult in this family is incarcerated or under supervision with the criminal justice system	<input type="radio"/>	<input type="radio"/>
16. POVERTY	Yes	No
q) This family has more than 3 children in the household	<input type="radio"/>	<input type="radio"/>
r) This family is unable to consistently access and/or provide food to obtain adequate nutrition for every family member	<input type="radio"/>	<input type="radio"/>
s) The caregivers in this family are homeless, or have no permanent home	<input type="radio"/>	<input type="radio"/>
t) This family has inadequate family supplies / child supplies	<input type="radio"/>	<input type="radio"/>
u) This family has no telephone or no access to a reliable telephone	<input type="radio"/>	<input type="radio"/>
v) This family’s income is below the Federal Poverty Level (FPL) for a family of this size	<input type="radio"/>	<input type="radio"/>
w) This family does not have access to reliable transportation	<input type="radio"/>	<input type="radio"/>
x) This family is under/unemployed	<input type="radio"/>	<input type="radio"/>
17. CHILD WELFARE	Yes	No
a) At least one child in this family is being neglected, or is being physically, emotionally, or sexually abused	<input type="radio"/>	<input type="radio"/>
b) At least one child in this family is currently in DHS-mandated out of home care	<input type="radio"/>	<input type="radio"/>
c) This family has an open child welfare case	<input type="radio"/>	<input type="radio"/>

18. MENTAL HEALTH	Yes	No
e) At least one parent in this family is experiencing high stress such as difficulty coping and/or multiple stressors	<input type="radio"/>	<input type="radio"/>
f) At least one child in this family is experiencing mental health problems	<input type="radio"/>	<input type="radio"/>
g) At least one parent in this family is experiencing mental health problems	<input type="radio"/>	<input type="radio"/>
h) At least one parent in this family is experiencing low self-esteem that interferes with their daily functioning	<input type="radio"/>	<input type="radio"/>
19. MEDICAL	Yes	No
a) At least one parent or child in this family is experiencing a medical disability	<input type="radio"/>	<input type="radio"/>
b) At least one child in this family has a developmental disability	<input type="radio"/>	<input type="radio"/>
c) At least one parent in this family has a developmental disability	<input type="radio"/>	<input type="radio"/>
d) The mother of this family is currently pregnant	<input type="radio"/>	<input type="radio"/>
20. OTHER RISK FACTORS	Yes	No
a) In this family there are English language difficulties	<input type="radio"/>	<input type="radio"/>
b) Caregivers in this family are divorced or separated	<input type="radio"/>	<input type="radio"/>
c) This family lacks a support system other than the Nursery or other professional personnel	<input type="radio"/>	<input type="radio"/>
d) This family lacks needed child care	<input type="radio"/>	<input type="radio"/>
e) At least one member of this family is of a member of a racial or ethnic minority	<input type="radio"/>	<input type="radio"/>
f) One or more parents has a new domestic partner	<input type="radio"/>	<input type="radio"/>
g) This family is a single parent family	<input type="radio"/>	<input type="radio"/>
h) This family has had at least one multiple birth (twins, triplets)	<input type="radio"/>	<input type="radio"/>
i) Untreated substance abuse is present in this family	<input type="radio"/>	<input type="radio"/>
j) At least one caregiver in this family is receiving substance abuse treatment	<input type="radio"/>	<input type="radio"/>
k) This family is currently at extreme high risk (child in imminent danger of abuse/neglect)	<input type="radio"/>	<input type="radio"/>
l) Other: _____	<input type="radio"/>	<input type="radio"/>
m) Other: _____	<input type="radio"/>	<input type="radio"/>
Total Number of Risk Factors (sum of Yes responses)		



RELIEF NURSERY

FAMILY ASSESSMENT TRACKING FORM

This form is to be completed within 60 days of Program *Intake*, updated at *6-month intervals*, and at Program *Exit*. This form is collected on families that include at least one legally identified parent figure and at least one child. Do NOT collect data on foster parents.

INTERVENTIONIST: _____ DATE: _____ FAM# _____

PRIMARY LEGALLY IDENTIFIED PARENT FIGURE _____ RELATION TO CHILD: _____ IND# _____

SECONDARY LEGALLY IDENTIFIED PARENT FIGURE _____ RELATION TO CHILD: _____ IND# _____

CHILD NAME (For File) _____

Names of other children in this family: _____; _____; _____; _____

Assessment Type (Check one only.)

<input type="checkbox"/> Intake	<input type="checkbox"/> 6-month	<input type="checkbox"/> 18-month	<input type="checkbox"/> 30-month	<input type="checkbox"/> 42-month	<input type="checkbox"/> 54-month	<input type="checkbox"/> 60-month
	<input type="checkbox"/> 12-month	<input type="checkbox"/> 24-month	<input type="checkbox"/> 36-month	<input type="checkbox"/> 48-month	<input type="checkbox"/> Exit _____	
<small># of months since last update</small>						

Complete items 1-14 and 18-21 on all families. The remaining items are optional.

FAMILY/PARENT DATA

1. Primary Legally Identified Parent Figure (PC) Gender <input type="radio"/> Female <input type="radio"/> Male
2. Primary Legally Identified Parent Figure(PC) Race/Ethnicity (for each data entry mark each Race/Ethnicity as "2" if checked and "1" if unchecked) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> African American</div> <div style="width: 50%;"><input type="radio"/> American Indian/Alaskan Native</div> <div style="width: 50%;"><input type="radio"/> White, not Hispanic</div> <div style="width: 50%;"><input type="radio"/> Don't know or declined to indicate any⁸⁸</div> <div style="width: 50%;"><input type="radio"/> Asian/Pacific Islander</div> <div style="width: 50%;"><input type="radio"/> Hispanic</div> <div style="width: 50%;"><input type="radio"/> Other _____</div> </div>
3. Primary language spoken in home: _____
4. PC's date of birth: _____/_____/_____
5. Family lives with parents/relatives <input type="radio"/> Yes <input type="radio"/> No
6. PC attends school <input type="radio"/> Yes <input type="radio"/> No
7. PC marital status (choose one) <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Female live-in partner <input type="radio"/> Never married <input type="radio"/> Widowed <input type="radio"/> Male live-in partner <input type="radio"/> Separated
8. PC employment (if on parental leave, status to which PC will return) <input type="radio"/> Employed full time (30 hrs/week or more) <input type="radio"/> Employed seasonally <input type="radio"/> Not employed, not seeking work <input type="radio"/> Employed part time <input type="radio"/> Not employed, actively seeking work
9. Is the primary caregiver linked to a primary health care provider? <input type="radio"/> Yes <input type="radio"/> No
10. Gross monthly family income <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> Under \$400</div> <div style="width: 50%;"><input type="radio"/> \$651 – 1,000</div> <div style="width: 50%;"><input type="radio"/> \$1,501 – 2,000</div> <div style="width: 50%;"><input type="radio"/> \$2,501 – 3,000</div> <div style="width: 50%;"><input type="radio"/> \$400 – 650</div> <div style="width: 50%;"><input type="radio"/> \$1,001 – 1,500</div> <div style="width: 50%;"><input type="radio"/> \$2,001 – 2,500</div> <div style="width: 50%;"><input type="radio"/> \$3,001 plus</div> </div>
11. Size of family supported by income <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 or more
12. PC has less than a high school education (including no GED) <input type="radio"/> Yes <input type="radio"/> No

13. Does anyone in the family have health insurance? <input type="radio"/> Yes <input type="radio"/> No
14. How frequently has the family used emergency services for routine health care in the past 6 months? <input type="radio"/> Frequently <input type="radio"/> Once or twice <input type="radio"/> Has not used emergency services for routine care
15. Secondary parent's race/ethnicity (mark all that apply): <input type="radio"/> African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> White, not Hispanic <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Hispanic <input type="radio"/> Don't know/decline <input type="radio"/> other: _____
16. Does second parent figure have less than a high school education including no GED? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK
17. Indicate second parent figure's employment (if on parental leave, status to which second parent will return). (Leave blank if no 2 nd parent figure) <input type="radio"/> Employed full time (30 hrs/week or more) <input type="radio"/> Employed seasonally <input type="radio"/> Not employed, not seeking work <input type="radio"/> Employed part time <input type="radio"/> Not employed, actively seeking work

FAMILY FUNCTIONING and LITERACY

Think about your experience with the family at present. *At this time*, how frequently does this family:

	Not at this time	Seldom	Sometimes	Most of the time	Almost always
18. Handle routine child-related household and family responsibilities appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Make use of a positive social support system or person(s) other than the home visitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Maintain consistent daily routines for child(ren) such as bedtimes, meals, naps, baths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Less than once a week	Once per week	Several times per week	Daily or more	
21. How often does the parent read to the child at least 15 minutes every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Items 22-37 are OPTIONAL

22. Which services or resources does the family currently use?

	Yes	No		Yes	No
a. WIC	<input type="radio"/>	<input type="radio"/>	l. Baby supplies or other material goods assistance	<input type="radio"/>	<input type="radio"/>
b. Food stamps	<input type="radio"/>	<input type="radio"/>	m. Legal aid	<input type="radio"/>	<input type="radio"/>
c. Food boxes/Food Bank	<input type="radio"/>	<input type="radio"/>	n. Transportation assistance	<input type="radio"/>	<input type="radio"/>
d. TANF cash assistance	<input type="radio"/>	<input type="radio"/>	o. Child care	<input type="radio"/>	<input type="radio"/>
e. Other cash assistance	<input type="radio"/>	<input type="radio"/>	p. Child care payment assistance	<input type="radio"/>	<input type="radio"/>
f. Housing assistance	<input type="radio"/>	<input type="radio"/>	q. Education assistance (basic education/literacy)	<input type="radio"/>	<input type="radio"/>
g. Utility assistance	<input type="radio"/>	<input type="radio"/>	r. ESL classes	<input type="radio"/>	<input type="radio"/>
h. Medicaid/OHP	<input type="radio"/>	<input type="radio"/>	s. Job training	<input type="radio"/>	<input type="radio"/>

i. Other medical insurance	<input type="radio"/>	<input type="radio"/>	t. A & D counseling	<input type="radio"/>	<input type="radio"/>
j. Dental insurance	<input type="radio"/>	<input type="radio"/>	u. Mental health consulting	<input type="radio"/>	<input type="radio"/>
k. Family planning	<input type="radio"/>	<input type="radio"/>	v. Other _____	<input type="radio"/>	<input type="radio"/>

23. Rate strengths for the parent(s) at this time:	No	Seldom	Sometimes	Mostly	Almost Always
a. Optimistic outlook on life					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sense of humor					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Copes effectively w/ stress					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Manages anger constructively					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Good problem-solving skills					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Supportive partner or spouse					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Supportive adult friend(s) or family members					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Realistic personal goals (education, self-improvement)					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Interested in learning about child development					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Understands and respects the child's needs					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Positive emotional involvement with the child					
Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ENGAGEMENT, HOME SAFETY and HEALTH	Not at this time	Seldom	Sometimes	Most of the time	Almost always
24. Engage actively in home visit discussions and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Seem interested in advice or suggestions that you provide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Keep appointments <input type="radio"/> NA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Call to reschedule appointments <input type="radio"/> NA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Keep the outside of the home clean and orderly – Refers to environmental health and hygiene factors (i.e., very little or no litter, garbage, vermin, odors around exterior of the home) that are within the family's ability to control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Keep the inside of the home clean and orderly – Refers to very little or no litter, garbage, vermin, odors in the home (not the cleanliness of people in the home) that are within the family's ability to control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Keep the outside of the home safe – Refers to thoughtfulness as regards to safety precautions within family's control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Keep the inside of the home safe – Refers to thoughtfulness as regards to safety precautions within family's control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Do the children receive passive smoke exposure (household member smokes)? <input type="radio"/> Yes <input type="radio"/> Occasional passive smoke exposure from sources outside home, such as visitors <input type="radio"/> No					
33. How would you rate the family's health, overall? (infrequent illnesses, care taken to prevent problems and keep family members healthy, health concerns are attended to promptly) <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very good					
34. How would you rate the family's nutrition, overall? (access to adequate food supply, balanced & nutritional meals are served regularly) <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very good					

RELIEF NURSERY



CHILD DATA TRACKING FORM

This form is to be completed, for all children ages 0-6 served in program, within the first 60 days of Program Intake, updated at 6-month intervals, and at Program Exit.

INTERVENTIONIST: _____ DATE: _____ FAM# _____
DOB _____
CHILD NAME: _____ AGE _____ GENDER _____ RACE/ETHNICITY _____ IND# _____

During this Assessment period, this child was in:

☐ Home-based services ☐ Center-based services ☐ Both

Assessment Type (Check one only.)

<input type="checkbox"/> Intake	<input type="checkbox"/> 6-month	<input type="checkbox"/> 18-month	<input type="checkbox"/> 30-month	<input type="checkbox"/> 42-month	<input type="checkbox"/> 54-month	<input type="checkbox"/> 60-month
	<input type="checkbox"/> 12-month	<input type="checkbox"/> 24-month	<input type="checkbox"/> 36-month	<input type="checkbox"/> 48-month	<input type="checkbox"/> Exit _____	
						# of months since last update

Complete items 1-14 for all children. Items 15-31 are optional.

CHILD WELFARE HISTORY [Completed at Program Intake ONLY, if available]

35. Was this child in out of home foster care at or within 30 days of program intake?

☐ Yes ☐ No (skip to question 7)

36. At or within the first 30 days of program intake did a Relief Nursery staff member make a report to DHS (child protective services) on this child?

☐ Yes ☐ No Date of report: ____/____/____

37. Please list the start and end dates for each foster care placement for this child prior to and at intake:

Episode 1: Start date ____/____/____ End date: ____/____/____

Episode 2: Start date ____/____/____ End date: ____/____/____

Episode 3: Start date ____/____/____ End date: ____/____/____

Episode 4: Start date ____/____/____ End date: ____/____/____

CHILD WELFARE STATUS [Completed at Program Intake and at EACH 6-month follow-up interval]

38. Since program intake, or during the past 6 months, has a Relief Nursery staff member made a report to DHS (child protective services)?

☐ Yes ☐ No Date of report: ____/____/____

39. Has this child been removed from their parent's care since program intake, or during the past 6 months?

☐ Yes ☐ No (skip to question 7)

40. Please list the start and end dates for each foster care placement for this child since program intake:

Episode 1: Start date ____/____/____ End date: ____/____/____

Episode 2: Start date ____/____/____ End date: ____/____/____

Episode 3: Start date ____/____/____ End date: ____/____/____

Episode 4: Start date ____/____/____ End date: ____/____/____

PARENT-CHILD INTERACTION

Think about the observations you have made of parent-child interactions during this time period (since the last family update or intake). At this time, how frequently does the primary care giver interact with child in the following ways?

	Not at this time	Seldom	Sometimes	Most of the time	Almost always
41. Enjoys the child and expresses warmth and love	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Shows sensitivity to the child's feelings, needs and/or interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Uses effective, firm, but loving guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Responds appropriately to the child's behaviors/needs (doesn't ignore or overreact)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Adjusts environment and responses to child's temperament and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Engages in reciprocal interactions, conversations, or play involving turn-taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Provides encouragement (both verbal and nonverbal support) for developmental advances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Creates a developmentally appropriate learning environment for child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD'S HEALTH

49. Does the child have a diagnosed disability?

☐ Yes ☐ No ☐ DK

a. If "Yes," does the child receive early intervention services?

☐ Yes ☐ No ☐ DK

50. Indicate most recent ASQ development screening (child's age in months):

☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 ☐ 16 ☐ 18 ☐ 20 ☐ 22 ☐ 24 ☐ 27 ☐ 30 ☐ 33 ☐ 36 ☐ 42 ☐ 48 ☐ 54 ☐ 60

51. Indicate the child's developmental status on this screening:

☐ Normal ☐ Delays Indicated ☐ Other _____

52. Indicate most recent ASQ Social/Emotional development screening (child's age in months): Score: _____

☐ 6 ☐ 12 ☐ 18 ☐ 24 ☐ 30 ☐ 36 ☐ 42 ☐ 48 ☐ 54 ☐ 60

53. Indicate the child's developmental status on the ASQ Social/Emotional screening:

☐ Normal ☐ Delays Indicated ☐ Other _____

54. Was or will the child be referred for further evaluation (based on screening results or other criteria)?

☐ Yes ☐ No

<p>55. Are the child's immunizations up to date?</p> <p><input type="radio"/> Yes <input type="radio"/> Some but not all <input type="radio"/> No immunizations, parent declines</p> <p><input type="radio"/> No immunizations due to lack of parent follow-through</p>
<p>56. The child's height is:</p> <p><input type="radio"/> 25th percentile or less <input type="radio"/> 26th percentile or above</p>
<p>57. The child's weight is:</p> <p><input type="radio"/> 5th percentile or less <input type="radio"/> 6th to 25th percentile or less <input type="radio"/> 26th to 95th percentile or above</p> <p><input type="radio"/> 96th percentile or above — if checked, is obesity a concern?</p>
<p>58. How would you rate the child's health overall (muscle tone, frequency of illnesses, and energy level)?</p> <p><input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very Good</p>
<p>59. Does the child have any special health needs?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK</p> <p>If yes, specify special health needs: _____</p>
<p>60. Is the child linked to a primary health care provider?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK</p>
<p>Items 27-31 are completed once at Program Intake</p>
<p>61. Did mother smoke during pregnancy?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK</p>
<p>62. Was the child born premature (36 weeks or less gestation)?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK</p>
<p>63. Did the child weigh less than 5 ½ lbs?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK</p>
<p>64. Is or did mother breast-feed (either totally or part-time)?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK</p>
<p>65. What prenatal care did the mother receive?</p> <p><input type="radio"/> Early comprehensive prenatal care [criteria (a) five or more total checkups and (b) care beginning at or before 3rd month/12 weeks gestation]</p> <p><input type="radio"/> Inadequate prenatal care [criteria (a) less than five checkups and (b) care beginning at or after 3rd month/12 weeks gestation]</p> <p><input type="radio"/> No prenatal care</p> <p><input type="radio"/> Unknown</p>

Comments:

APPENDIX B: SERVICE DEFINITION AND FORM CHANGES

Timing of Intake Data Collection and Service Clarification

All forms are now collected for families served with home-based services **and** for families in therapeutic classrooms. All forms now instruct staff to complete each form within “60 days of Program Intake (or date of last follow-up).” “Program Intake” is the date that a family begins to receive **either** center-based or home-based services, whichever comes first. Data are now collected on all families served by Nursery programs. This change allows Nurseries to track families in either type of service, and to monitor changes in the family’s status, such as risk reduction or improved parent-child interaction.

Rather than calling services “Core” or “Outreach,” for the purpose of this data collection, we use the term “Center-based Services” for core, and “Home-based Services” for outreach.

Center-based services include therapeutic childhood classroom parent education, and home visits as part of the therapeutic childhood classroom.

Home-based services includes families receiving at least four hours of direct nursery services per month, such as home visits not part of the therapeutic classroom, phone contact, and respite, but who are **not** receiving center-based services.

Data are not collected on families waitlisted for either service type who are not receiving any Nursery services, except for respite **alone**.

RISK FACTOR CHECKLISTS: INTAKE, INTAKE AMENDMENT AND UPDATE

Several changes to the Risk Factor Checklist were made.

- A. First, scale reliability analysis was conducted and the Risk Factor Checklist was streamline and reduced from 62-items to 35-changeable 14 non-changeable risk factors.
- B. Next, the checklist was separated so that there is one checklist for intake and another checklist for subsequent 6-month updates. Previously, staff recorded the intake and each update interval on one form, often resulting in confusing and difficult to interpret data records. Responding to a request from Nurseries, an Intake Amendment form was created that is used to update the Intake checklist based on the instructions discussed in item “C”.
- C. Next, the form now includes simple and clear instructions about when forms should be completed, and for whom, as well as better definition of items. Specifically, the Risk Factor Checklists are completed at intake and every 6 months for every family served by any Nursery programs. Noteworthy is the phrase, ***“that were present at intake.”*** Previously, the Risk Factor checklist was completed at intake, and as interventionists learned of additional risk factors that were present at intake these were added to the checklist at 6-month intervals. Now, as families become comfortable with Nursery staff, and staff learn of the constellation of risk factors present for the family at intake, staff are instructed to go back to the intake form, **regardless of how long the family has been involved with Nursery programs**, and add these risk factors **to the intake form** so that the full level of risk at program intake is captured. Because of the importance of risk reduction, by accounting for all risks present at intake, this change allows for better tracking of risk reduction.
- D. Next, this form clarifies how information is obtained so that the interventionist may note whether a risk factor is present or not. The form now states:

“Based on your clinical observations and knowledge of the family, at intake are/were any of the following present.”

This instruction specifies that interventionists record risks based on clinical observation and knowledge of the family. Therefore, direct family disclosure of risk is **not** required for a risk

factor to be selected. This change results in a clear response of “yes” or “no” whether the risk factor is present, rather than the previous responses of “suspected” and “confirmed.”

- E. Next, rather than marking whether a risk factor is mutable or non-mutable, risk factors that are present in the family are separated from *historical* risk factors. Further, these historical risk factors are included on the intake form only, while the update form only includes risk factors currently present.
- F. Next, to ensure clarity and consistency in defining risk factors, this new form contains specifically defined risk factors. For example, rather than state the risk factor as “criminal justice involvement” and providing a corresponding document listing the definition, which may or may not be available to interventionist at the time they are completing the form, this risk factor now reads, *“An adult in this family is incarcerated or under supervision with the criminal justice system.”*
- G. Next, following a comprehensive factor analysis, for staff ease of use, risk factors are now clustered together in domains. So, for example, all poverty indicators are now together in the same section.

FAMILY ASSESSMENT FORM

In contrast to the Risk Factor checklists, fewer changes were made to this form. However, two differences exist between this new form and the older version.

- A. First, this form was reformatted to improve the form’s ease of use by including clearly defined items organized in a logical flow and to visually match the format of the other data forms.
- B. Second, only demographic information and items related to statewide outcomes are required. The remaining items are now optional. Each local Nursery will decide what, if any, they will continue to collect of these optional items.

CHILD DATA FORM

Similar to the Family Assessment Form, the Child Data form was changed to improve ease of use, and to include outcomes tracked at the state level. Thus, the following changes were made.

- A. First, formatting improvements were made so that the form matches the other data forms.
- B. Second, this form now provides clear and specific instructions about when the form is collected and for whom. This form should only be completed for children ages 0-6, which is now stated in the instructions.
- C. Third, as with the Family Assessment form, only items related to statewide outcomes are required, specifically: Improved parent-child interaction and reduced child welfare involvement. The remaining items are optional for the statewide data collection, although individual nurseries may choose to require some or all of them.
- D. Fourth, to capture child welfare involvement consistently across the Nurseries, a section on child welfare interaction was added to this form. While certain Nurseries serve families referred from DHS, others do not, and the availability of child welfare history is varied across Nurseries. Thus, NPC Research will continue to collect these data directly from DHS. However, as reduced child welfare interaction is one of the 4 key outcomes tracked statewide, and in the event that evaluation funds become unavailable in the future, to the extent possible individual Nurseries may choose to begin the process of building their capacity for collecting child welfare history. At present, and until further notice, Nurseries are **not** expected to complete the child welfare history section. **However**, each Nursery is asked to complete the child welfare status section on the Child Data Form, which is updated at each 6-month data collection interval.

APPENDIX C: STATE-LEVEL OUTCOMES ANALYZED BY AVERAGE SCALE SCORES

Table D1. Individual Family and Child Level Outcomes: Mean Score at Program Entry and at Time 2

Outcome	Average at program entry	Average at Time 2
Average number of risks* (n=368)	10.8	8.5
Daily family functioning (average score)* (n=311)	2.1	2.4
Frequency of reading to children (average score)* (n=198)	1.8	2.5
Frequency of Emergency Room use for Routine Healthcare (average score)* (n=309)	.50	.45
Child Outcomes		
Parent-child interactions (average score)* (n=359)	1.97	2.20

*Statistically Significant at $p < .05$.

Table D2. Individual Family and Child Level Outcomes: Mean Score at Program Entry and at Time 3

Outcome	Average at program entry	Average at Time 3
Average number of risks* (n=166)	11.4	8
Daily family functioning (average score)* (n=137)	2.0	2.6
Frequency of reading to children (average score)* (n=89)	1.7	2.7
Frequency of Emergency Room use for routine healthcare (average score)* (n=137)	.56	.47
Child Outcomes		
Parent-child interactions (average score)* (n=149)	2.08	2.41

*Statistically Significant at $p < .05$.