



CHILD CARE HEALTH CONSULTATION DEMONSTRATION PROGRAM: PHASE IV FINAL REPORT

Prepared for
Oregon Department of Human Services
Office of Family Health
800 NE Oregon Street, Suite 825
Portland, OR 97232

Prepared by
Pacific Research and Evaluation, LLC
3507 SW Corbett Avenue
Portland, OR 97239

November 2007

EVALUATION OF THE
CHILD CARE HEALTH CONSULTATION
DEMONSTRATION PROGRAM:
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Prepared by

Rachel Atwater
Tia Neely, MPH
Steve Rider, Ph.D.
Erin Mueller, Ph.D.

Pacific Research and Evaluation, LLC
3507 SW Corbett Avenue
Portland, OR 97239

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Executive Summary

The Child Care Health Consultation (CCHC) Demonstration Program began in 2003. June 2007 marked the end of the fourth phase of operation. The original project sites are Baker, Jackson, Lincoln, and Multnomah Counties, with sites in Clackamas, Grant, and Union Counties added in Phase III. Each project site endeavors to provide relevant information to child care providers, increase access to health services, and improve collaborations within the local community. All domains of health are addressed through consultation.

Evaluation Methodology

The CCHC Phase IV evaluation used methods consistent with those implemented in previous phases, thus allowing for longitudinal analyses. The data collection tools have evolved to address data collection issues that have surfaced as the program developed, but the integrity of the tools has been preserved as much as possible to allow for comparisons over time.

General Health Consultation Services

Over the four phases of the CCHC program, considerable development has occurred and services have expanded. Over time, child care providers have become aware of and accepted services in increasing numbers. This appears to be a developmental process of the program. With each phase of the program, the number of contacts with providers has increased.

- **Providers served** - The majority of providers served through the CCHC program across the years have been those in registered family homes. Phase II showed a sharp increased percentage of providers in exempt homes. In Phase III exempt homes and centers constituted 21% of the provider contacts. In Phase IV, 42% of contacts were with providers in registered family homes, followed by 17% with those in exempt homes.
- **Contacts** – Over the phases, the majority of contacts have occurred through phone calls. The amount of on-site visits increased from 25% in Phase III to 33% in Phase IV. As with individual contacts, group contacts, such as trainings and community events, have increased over the years, as have the number of child care providers, children, and parents receiving service in this way. The percentage of providers served through group events remained high (79%) in Phase IV, and the percentage of children served through group events increased from 11% in Phase III to 13% in Phase IV.

Intensive Health Consultation Services

Intensive consultation is goal directed and takes place at the child care site. Providers are offered an assessment that includes a self-assessment of their comfort level with health and safety topics, as well as a review of records and policies. Goals for consultation activities are based on this assessment. Providers are routinely offered assistance keeping children's records complete with up-to-date immunization records

and medical and dental care provider listings. Many consultation topics have been addressed, including policy development and handling challenging behavior.

- Access to health care – There is evidence of increases in known medical and dental providers and up-to-date immunizations in children’s records between baseline and follow-up record reviews in each phase.
- Policies – Health policy implementation has remained a consistent focus of consultation throughout the phases of the CCHC program. This is evidenced in positive change scores across all categories of policies, as well as in all levels of implementation. The largest areas of change have been in written health exclusion policies and hand-washing policies. Posted and reviewed emergency plans show considerable positive changes as well. Although phases II and III showed small amounts of positive change in guidance and behavior policies, the changes were much more dramatic in phase IV. Across all policies, the positive change scores in written, posted, and reviewed implementation were highest in phase IV.
- Challenging behavior - 86% of the providers surveyed reported that they noted “Somewhat” or “Quite a bit” of a decrease in problem behaviors following consultation. When asked how they felt when children in their care had behavioral difficulties, 84% said they felt concerned and in control.

Providers’ Response to Services

Providers in each phase were asked to rate the level (amount and intensity) of consultation services received. The average rating remained relatively consistent across Phases I and II, decreased slightly in Phase III, and increased in Phase IV.

- Satisfaction - Providers’ ratings of quality and satisfaction have remained consistently high across all four phases.
- Confidence - Patterns in providers’ levels of confidence have remained similar over the phases. In general, providers rated their levels of confidence higher following consultation than they had prior to consultation across several domains related to the child care environment.
- Involvement in the community - Providers reported that after consultation they were more involved in the child care community and in child care trainings.

The CCHC program continues to strive to optimize the physical, social, and emotional health and safety of children in Oregon’s child care settings. The program has evolved across the phases. It continues to endeavor to strengthen the framework through which communities can address children’s health needs and make critical connections to community health resources and services.

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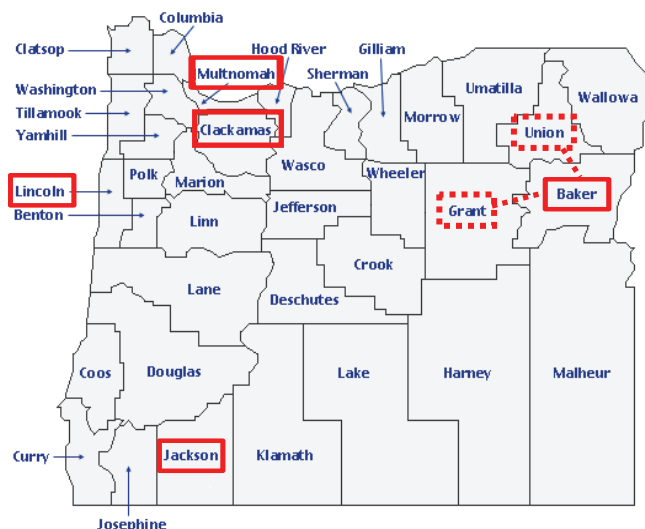
I. Introduction

In early March 2003, the Oregon Department of Human Services Office of Family Health selected four projects to be part of a Child Care Health Consultation (CCHC) Demonstration Program. The implementation of the CCHC program has been a collaborative effort between the Department of Human Services - Office of Family Health (OFH), the Oregon Department of Employment - Child Care Division (CCD), the Oregon Child Care Resource and Referral Network (OCCR&RN), and the Oregon Commission on Children and Families (OCCF). The Child Care Health Links Advisory Committee, representing key state and local child care and health care partners, has assisted in program implementation and development. Phase I activities were completed in June of 2004 (see Phase I Final Report). Phase II began in July 2004 and continued through June 2005 (see Phase II Final Report). Phase III, which began in July 2005, added a new project site in Clackamas County, as well as an extension of the Baker County site into Grant and Union Counties. Phase III activities were completed in June 2006 (see Phase III Final Report). Phase IV began in July 2006 and continued through June 2007.

The vision of the CCHC demonstration program is to develop “beacons of excellence” for the future development of child care health consultation services in Oregon. The CCHC projects endeavor to provide a framework for communities to address children’s health needs by developing consultation services for child care providers. The goals of the CCHC program are to optimize the physical, social, and emotional health and safety of children in Oregon’s child care settings and to provide linkages with community health resources and services.

Project sites are located in Baker, Clackamas, Jackson, Lincoln, and Multnomah

Counties. As mentioned above, the Baker County site has started to develop consultation strategies in adjacent counties, including Grant and Union, with considerable activity in Union County. All sites share similar program goals, including providing relevant information to providers, increasing access to health services, and improving linkages among relevant resources. The project sites, however, differ in several important ways. For example, the populations served vary from county-wide to a specific ethnic group and provider-wide to newly registered providers only. Also, the sites’ level of outreach and collaboration with other agencies varies. Finally, strategies for service delivery differ as the program design offers flexibility to address local needs and priorities.



The Child Care Health Consultant (HC) offers a variety of activities to promote healthy

child development, including training, assessment, consultation, and referral. Consultation occurs on-site or by phone. A broad perspective is held in that all domains of health are addressed, including disease prevention, nutrition, physical activity, safety, oral health, and social and emotional development. A new component to Phase III was the addition of a Mental Health Consultant (MHC) and/or an Early Childhood Educator (ECE) to the Core Team. Also, program and project staff received training in methods of consultation related to the child care setting in the area of social-emotional development through the Promoting First Relationships curriculum.

Consultants focus on improving child health outcomes that address child care provider needs and priorities. Each project has developed a local Core Team to support the health consultant and assist with referrals to community resources. Typically, a Child Care Specialist (CCS) from Child Care Resource and Referral (CCR&R), the HC, and the MHC and/or ECE comprise this team.

Support for the local projects, training, technical assistance, and program evaluation has been established through federal grants awarded to the Office of Family Health, Oregon Department of Human Services and is now sustained with federal Maternal and Child Health Block Grant and Child Care Development Funds through the OFH, CCD, OCCF, and DHS – CAF Child Care Subsidy Program. Individual projects are encouraged to develop matching resources to expand services and sustain the projects.

The CCHC demonstration program continues to develop over time. As this developmental process continues, new service delivery mechanisms are being implemented along the way. Project staff members are gaining expertise in the field of child care health consultation, and the program appears to have become more embedded in the local communities. A close link between project planning and evaluation remains, as will be evident in this report.

II. Phase IV Program Evaluation

Measurement

The Phase IV program evaluation has kept the same goals and most of the same measurement tools from the evaluations of Phases I, II, and III. By doing so, findings can be compared across the four years of the program. Table 1 below lists the evaluation tools used in Phase IV.

Table 1. Phase IV Evaluation Tools

Tool	Completed By
Contact Form	Child Care Health consultants, Child Care Specialists, Mental Health Consultants, Early Childhood Educators/Specialists, and miscellaneous other individuals (e.g., lead staff)
Community Events/ Training Log	Same as above
Baseline and Follow-Up Record Review	Same as above

Self Assessment	Providers
(Follow-Up) Provider Survey	Providers

Data collection tools continue to be housed on-line to ease distribution around the State. County-specific measures were posted on the Community Zero website, a members-based interactive website. All tools, including those revised and new to Phase IV, have been published previously. Please contact Pacific Research and Evaluation for copies.

Since the various project sites have unique features and needs, each has developed a consultation program tailored to their community. Therefore, individual project site summaries that outline Phase IV consultation services can be found in a separate report.

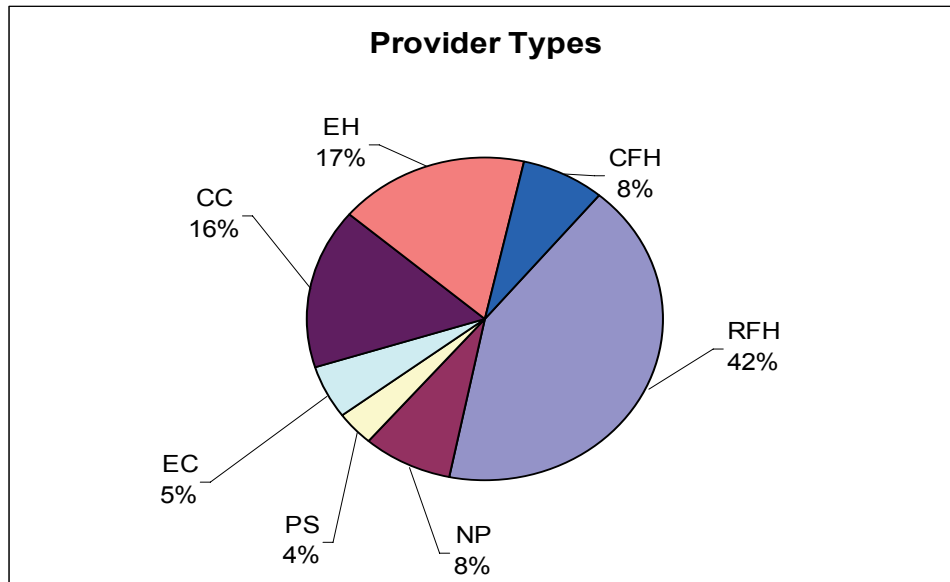
General Consultation Services

All consultation services are voluntary for interested child care providers. Consultants provide services by phone, at the child care site, by email, and they offer group trainings and participate in community events. Intensive consultation is goal directed and happens at the child care site. Providers who are interested in one-to-one intensive consultation are offered an assessment that includes a self-rating of their comfort level with health and safety topics, as well as a review of records and policies. From this assessment the provider and the consultant choose goals for consultation activities. Providers are offered assistance keeping children’s records complete with up-to-date immunization records and current medical and dental care providers. Parents receive information on community resources to assist them to find this care. Providers also receive coaching on writing policies that address topics such as guidance and behavior, emergency procedures, hand washing, health exclusions, and others. These policies can then be implemented, posted, and reviewed with parents.

Provider Contacts

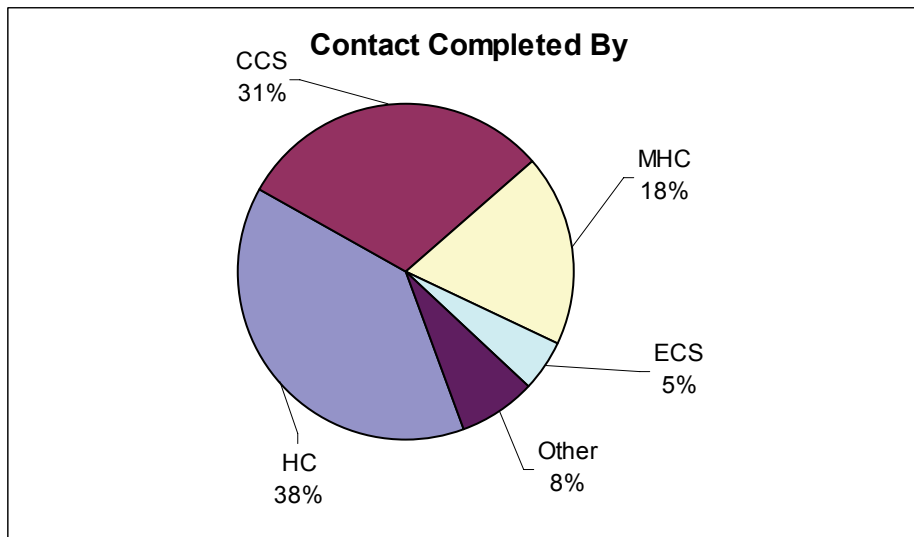
During Phase IV, 2,690 contacts with child care providers were logged. Figure 1 depicts the types of providers contacted (RFH = registered family home, CFH = certified family home, EH = exempt home, CC = certified center, EC = exempt center, PS = preschool only, NP = new provider). As the figure indicates, the majority of contacts occurred with providers in registered family homes (42%), followed by those in exempt homes (17%), and certified centers (16%).

Figure 1. Phase IV Provider Types



Contacts were completed by child care health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), and miscellaneous other individuals (e.g., lead staff). Figure 2 shows the percentages of each type of category regarding who completed the contact.

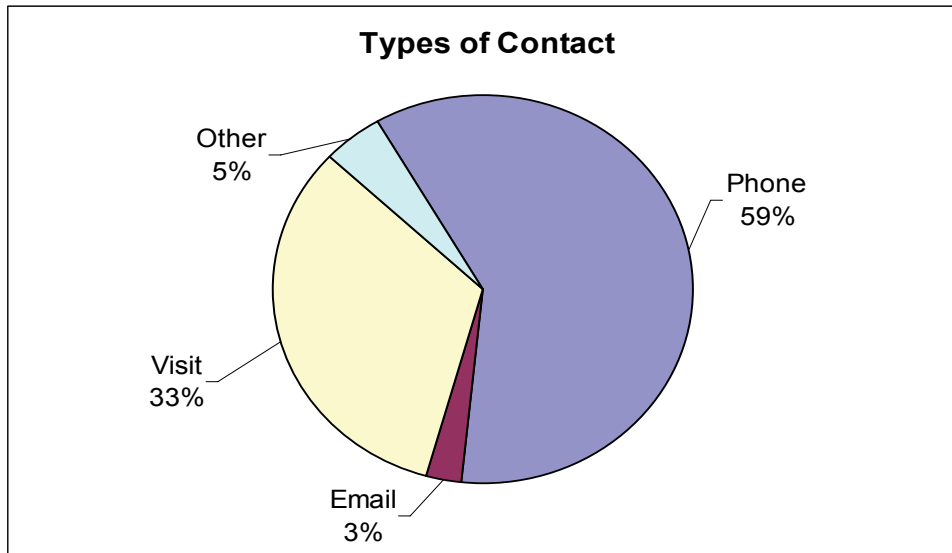
Figure 2. Contact Completed By



As seen above, health consultants completed the largest percentage of the contacts (38%), followed by child care specialists (31%), mental health consultants (18%), and early childhood educators/specialists (5%).

Child health consultation contacts occurred through three primary mechanisms: phone calls, emails, and visits. Figure 3 shows the distribution of these types of contacts.

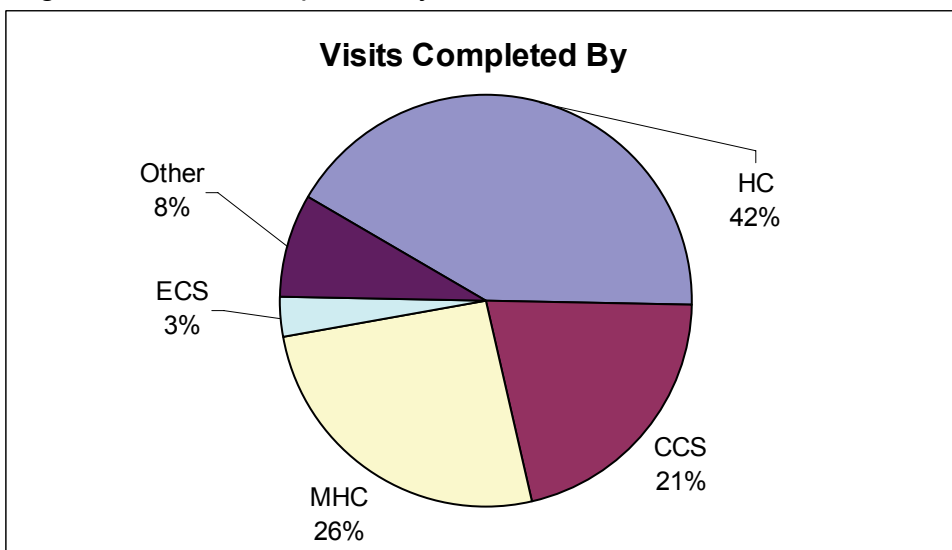
Figure 3. Types of Contacts



The largest percentage of contacts occurred through phone calls (59%). A total of 57% of phone calls were completed by health consultants, early childhood/specialists (ECS), or mental health consultants. The other 43% were completed by child care specialists, team leaders, or other individuals (e.g. Business Specialists). Four-hundred thirty-eight (438) different providers were visited with a total of 858 home visits occurring in Phase IV. Other contacts, such as through chance meetings in the community, comprised 5% of the contacts. Finally, emails occurred in 3% of the cases.

As mentioned above, a total of 858 home visits occurred in Phase IV. Sixty-five (65%) of visits were with providers in registered family homes or certified centers. Nineteen percent (19%) of visits were with providers in exempt homes or centers. Home visits were completed by the health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), or a team leader. Figure 4 depicts the distribution of who completed the home visits.

Figure 4. Visits Completed By



As seen in the figure above, the highest percentage (42%) of visits were completed by the health consultant, as would be expected. Mental health consultants accounted for 26% of the visits, followed by child care specialists (21%), and early childhood educators/specialists (3%).

Issues Addressed

Many issues were addressed during contacts with child care providers through health consultation. The issues were grouped in the following manner:

Table 2. Categories of Issues Addressed through Consultation

Children	Providers
<ul style="list-style-type: none"> • Child development & mental health • Child health, disease prevention, nutrition, oral health, physical activity, injury prevention, abuse & neglect, environmental health • Immunization • Access to resources (insurance, OHP, community resources) • Special needs 	<ul style="list-style-type: none"> • Provider support (provider health, record keeping, emergency plans, cultural awareness, communicating with parents) • CCHC program aspects (objectives, training, evaluation)

Figure 5 (below) shows the percentages of issues addressed that pertained to children. Child health was the largest category of topics addressed (35%), which would be expected as it continues to be a primary emphasis of the CCHC program. Immunizations, closely related to child health, accounted for 10% of contacts. Child development and mental health totaled 34% of contacts. Access to resources accounted for 14%, and issues pertaining to special needs comprised 7% of these contacts.

Figure 5. Issues Addressed: Children

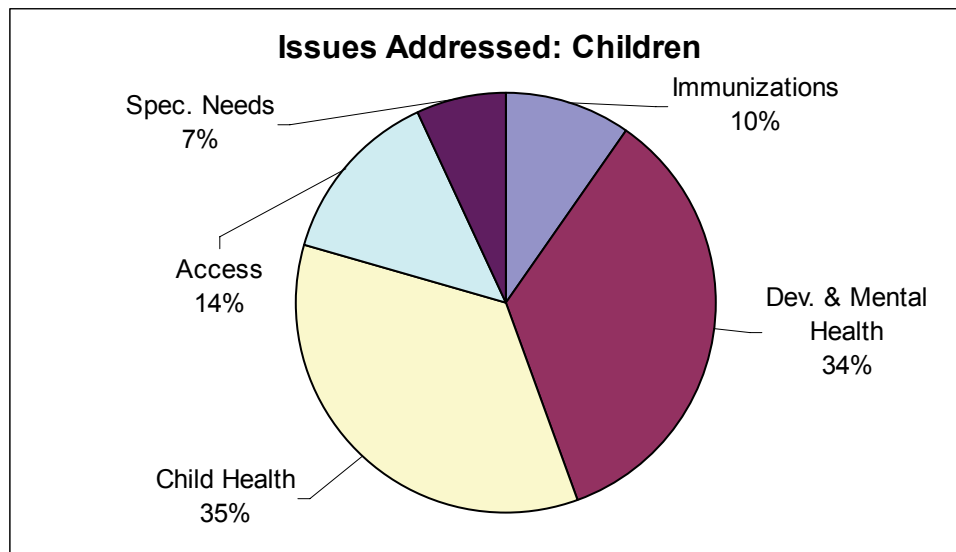
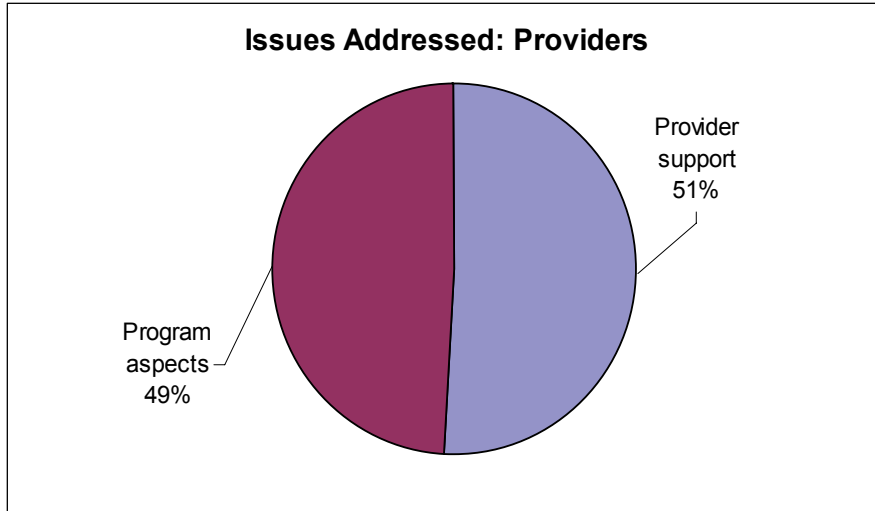


Figure 6 (below) shows the distribution of issues addressed that pertain to providers.

Programming aspects, such as objectives, training, and evaluation accounted for 49% of these issues, whereas provider support accounted for 51% of these contacts. This included issues such as their own health and well-being, business/practice issues, policies, et cetera.

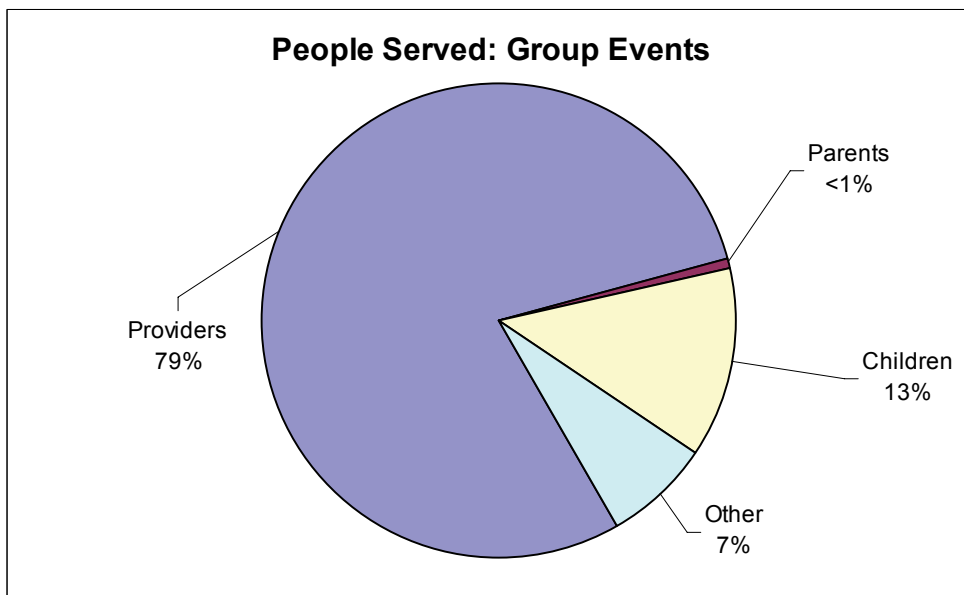
Figure 6. Issues Addressed: Providers



Providing information was the most common intervention that occurred during contacts, followed by providing support and encouragement. Most issues were resolved during each contact, but other common follow-up plans included making a visit or phone call, as well as sending materials in the mail.

In addition to individual contacts with providers, another component of the CCHC program is group events. Four-hundred two (402) group events were logged during Phase IV across six sites (i.e., Baker, Clackamas, Jackson, Lincoln, Multnomah & Union Counties). Four-thousand three-hundred ninety-eight (4,398) people were served. Figure 7 shows the breakdown of types of people served.

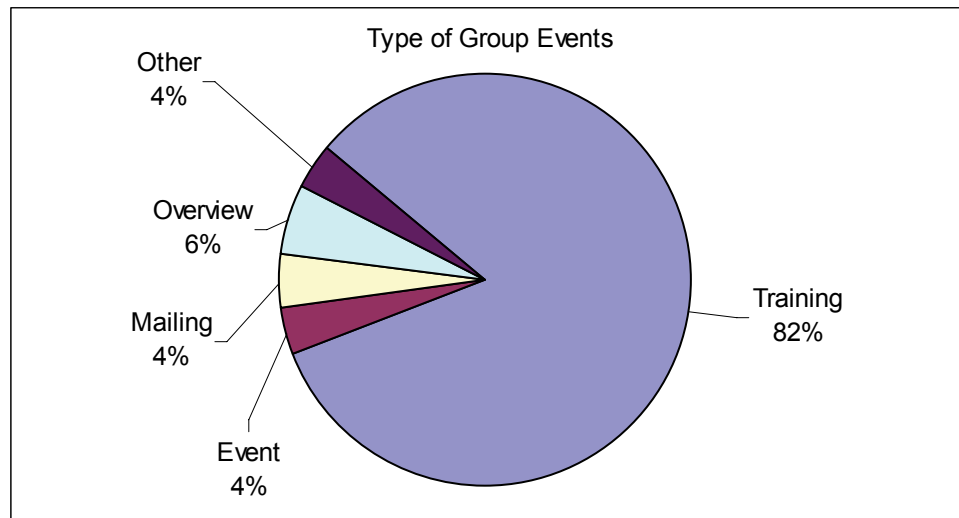
Figure 7. People Served Through Group Events



As Figure 7 illustrates, the vast majority (79%) of people served through group events were child care providers, as would be expected. The next most common group served was children (13%) through on-site educational units. Other individuals, such as agency staff and community members, were the next most frequent (7%). A small percentage (<1%) of people served were parents.

There are several types of group events, including trainings, events, mailings, focus groups, and overview classes. Figure 8 depicts the distribution of types of group events that occurred in Phase IV.

Figure 8. Types of Group Events



The majority of group events that occurred in Phase IV were trainings (82%). The health consultants conducted 70% of the trainings (i.e., the trainers in the other 30% were other qualified speakers). For specific information about training topics, please refer to the data tables in the appendix. Finally, a total of 549 children and parents attended trainings and events during Phase IV.

Intensive Consultation Services

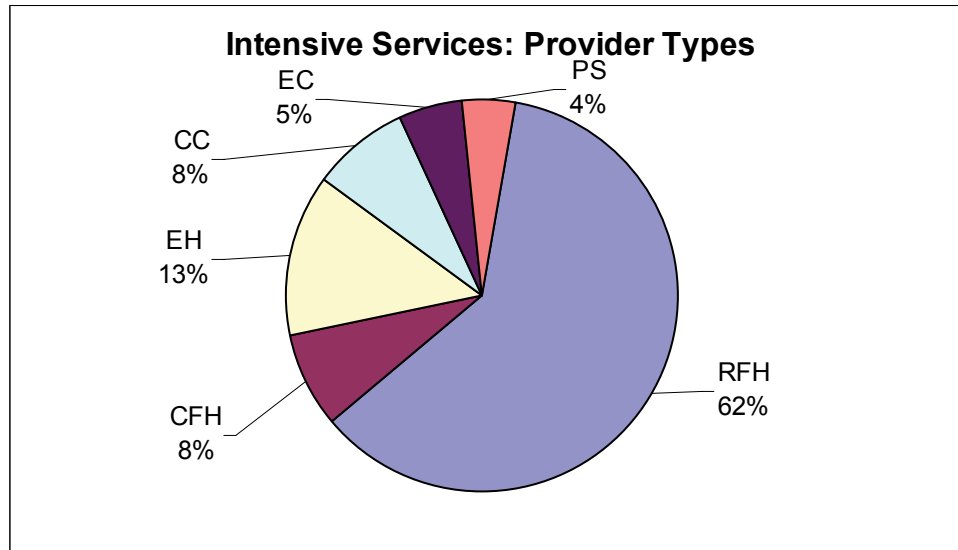
Sixty-four percent (64%) of providers were new to the CCHC program in Phase IV. Of those who received more intensive consultation services (i.e., site visits, record reviews, etc.), 74% had no prior involvement with the CCHC program (12% had “a little” experience, 10% had “some” experience, and 4% had “a lot” of experience).

Of the overall contacts described above (i.e., in “Consultation Services”), fifty percent (50%) of providers were self-referred. Of those who received more intensive consultation services, 53% were referred by their local CCR&R. This group of providers who received more intensive services are described below (baseline N=115).

The large majority (62%) of providers who received intensive consultation services were those in registered family homes (RFH=registered family home, CFH = certified family home, EH = exempt home, CC = certified center, EC = exempt center, Pre = Preschool Only). Eighteen percent (18%) of providers were those in exempt centers or homes. Of

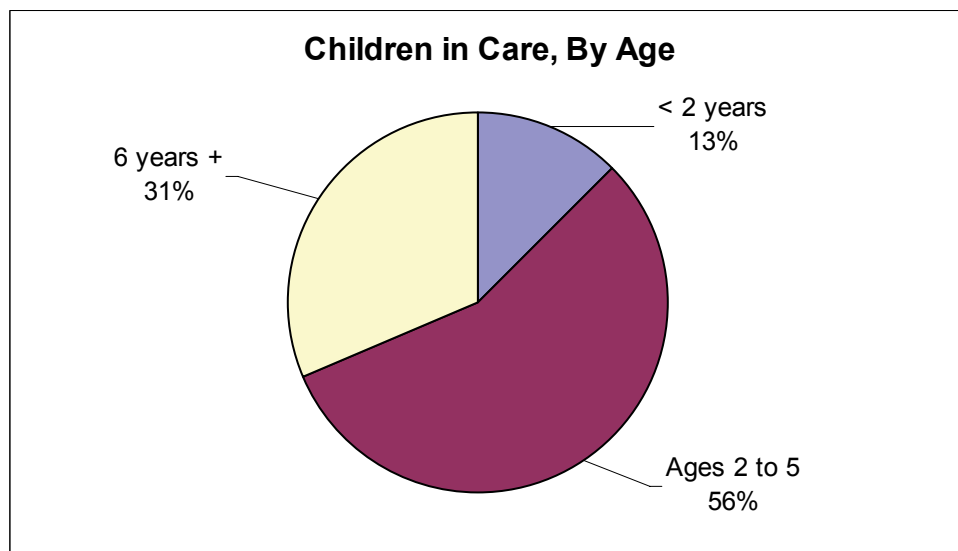
these exempt providers, 48% had three or fewer children in their care. Figure 9 depicts the distribution of provider types.

Figure 9. Intensive Services: Provider Types



Providers' length of experience ranged from less than one month to 35 years. The most frequent length, or mode, was one year; whereas the average length, or mean, was eight years. The total number of children in care across all providers who received intensive consultation services was 1,269. Twenty-three percent (23%) of these providers had three or fewer children in their care. Children in care ranged in age from six weeks to 13 years. Over half of the children in care were ages two to five years. Figure 10 shows the distribution of children in care by age categories.

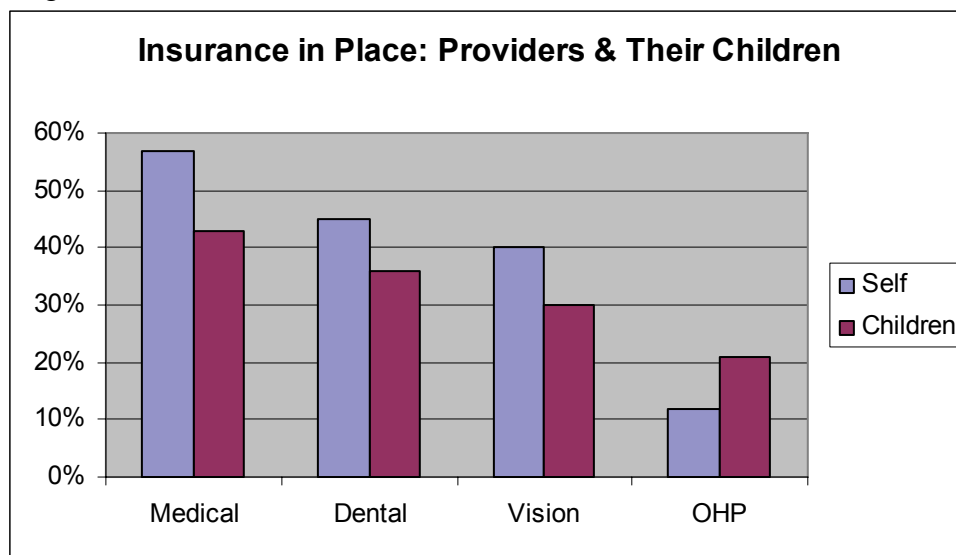
Figure 10. Children in Care, By Age



The 115 providers assessed at baseline reported having 91 children with special needs in their care. This accounts for 7.2% of the total number of children in care represented by these providers.

Providers were asked to disclose if they have insurance in place for themselves and their own children (i.e., *not* children in their child care practice). Figure 11 shows the proportions of providers who have different types of insurance for themselves and their own children.

Figure 11. Insurance in Place for Providers and Their Children



As seen above, 57% of providers have insurance in place for their own medical needs. Only 43% of providers, however, reported having medical coverage in place for their children. Forty-five percent (45%) reported having dental coverage for themselves and 36% report having dental coverage for their children. Forty percent (40%) of providers have vision coverage for themselves and 30% for their children. Finally, twelve percent (12%) of providers reported having the Oregon Health Plan (OHP) for themselves, whereas 21% have OHP for their children.

Child Care Assessment

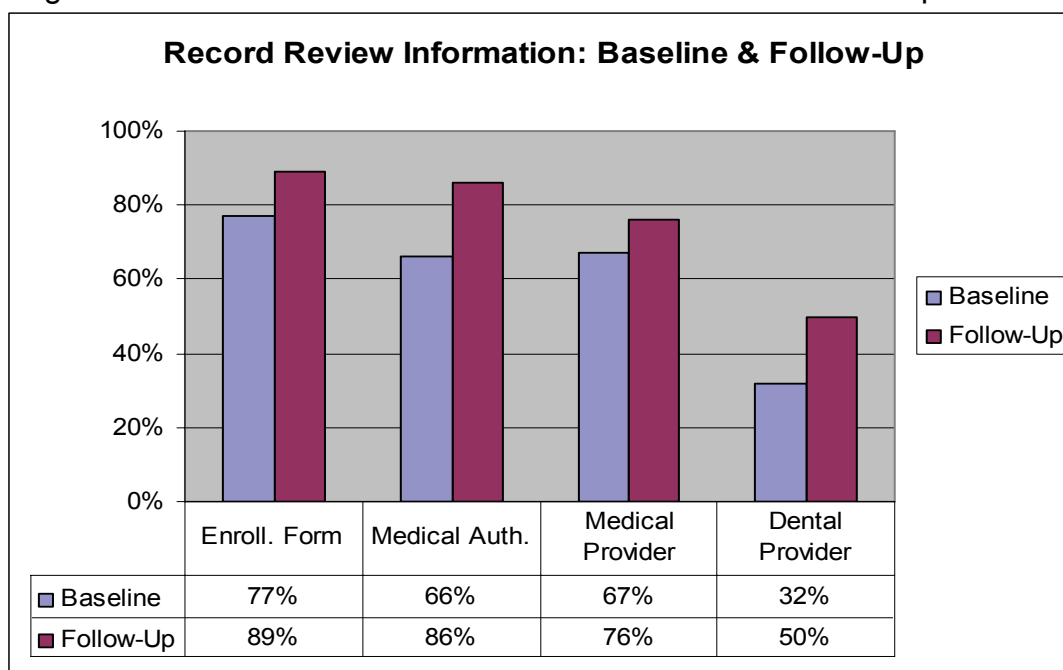
The primary purpose of assessing providers at the baseline of their consultation services is to evaluate their levels of confidence in several areas of child care. By doing so, consultation is guided and targeted to what the providers indicate they need. The Self-Assessment tool was used by consultants for this purpose. Confidence levels were assessed again at the end of Phase IV using a retrospective pre-test methodology, and changes in levels of confidence were examined. Findings from this comparison will be described below.

The Self-Assessment tool includes twenty categories related to the child care setting (data regarding all 20 categories are in the data tables found in the appendix). Providers were asked to rate their levels of confidence in each area (high, moderate, mild, not at all confident). Providers reported feeling most confident in the areas of storage (high + moderate = 92%), food preparation (92%), and oral health (91%). The areas with the lowest levels of confidence were special needs (72%), own well-being (72%), access to care (75%), and illnesses/immunizations (75%). Retrospective pre-test and follow-up change data are reported below (see figures 18-39).

Record Review Data

Several positive outcomes were obtained by comparing Record Review data collected at baseline and follow-up. At baseline, 77% of providers reported using enrollment forms at registration. This figure increased to 89% at follow-up. Sixty-six percent (66%) of providers indicated that they used medical authorization forms at registration. This figure increased to 86% at follow-up. The percentage of children with a medical provider indicated in their records increased from 67% at baseline to 76% at follow-up. A considerable increase in dental providers was found: 32% at baseline and 50% at follow-up. Figure 12 depicts these pre/post changes.

Figure 12. Medical & Dental Providers at Baseline and Follow-Up



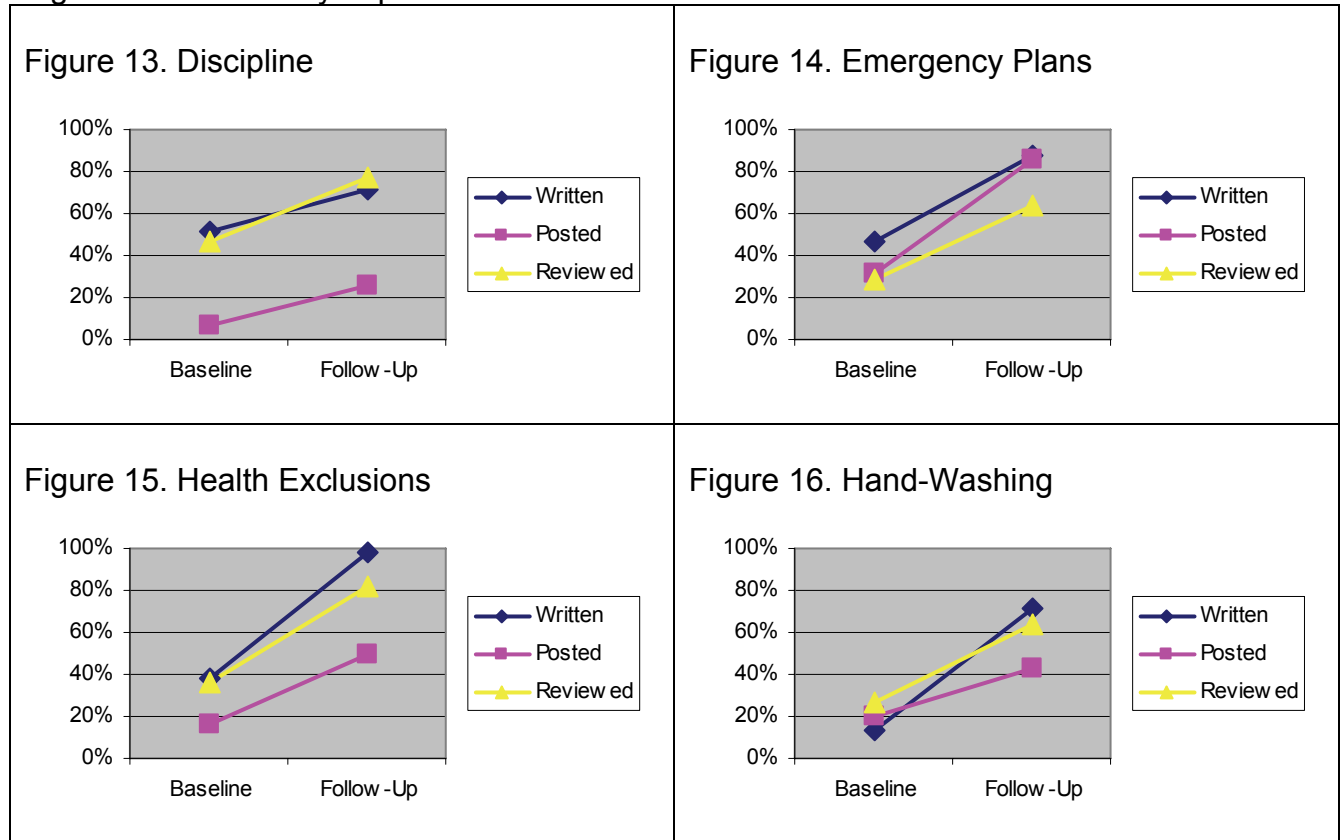
As shown in Table 3 below, the percent of children enrolled with up to date immunizations increased from 41% at baseline to 59% at follow-up. The percent increase from baseline to follow-up in children with up-to-date immunization records was 46%.

Table 3. Up-to-Date Immunization Records

Record Review	Number of Children Enrolled	Percent of children enrolled with up-to-date Immunization Records
Baseline	256	41% (n = 104)
Follow-Up	339	59% (n = 201)

Part of the one-on-one record review consisted of reviewing the providers' use of policies. Four types of policies were examined: guidance and behavior, emergency plan, health exclusions, and hand-washing. Three levels of policy implementation were noted: written, posted, and reviewed. In general, the use of policies and levels of implementation increased from baseline to follow-up. Figures 13 through 16 depict each policy and the percentage of providers who implemented the policy over time.

Figures 13 -16. Policy Implementation Over Time



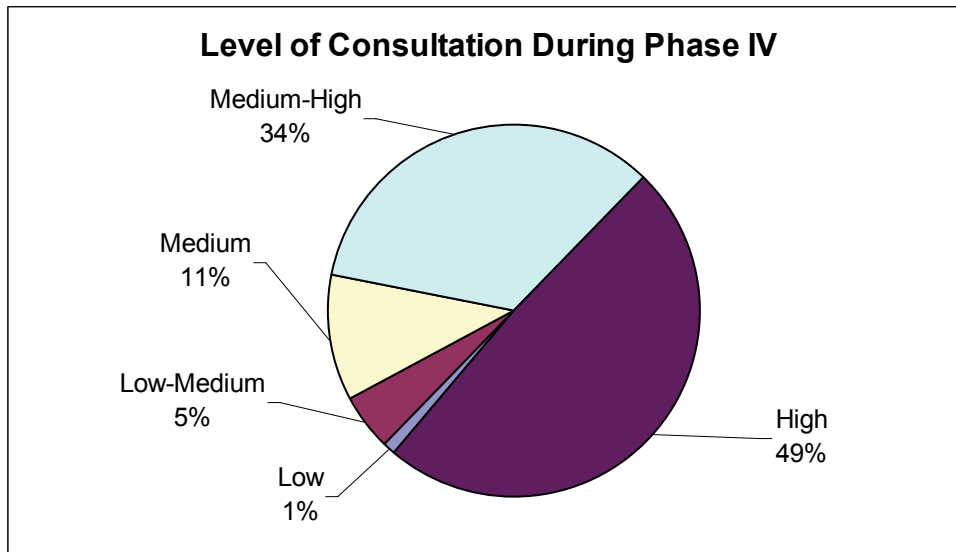
As the above figures show, the use of policies increased from baseline to follow-up in all categories. Of particular note are the increases in written health exclusion and hand washing policies (from 38% to 98%, and 13% to 71%, respectively), as well as posted emergency plan policies (from 31% to 86%). Finally, reviewed health exclusion policies increased from 36% at baseline to 82% at follow-up.

Child Care Provider Follow-Up Survey Data

Changes in providers' characteristics and levels of confidence were assessed by having providers complete a Provider Survey at the end of Phase IV. In addition to reassessing levels of confidence, providers were asked questions regarding their levels of satisfaction and the impact of consultation on the child care environment. Providers were offered a \$10 incentive for completion of the Provider Survey and surveys were mailed directly to the evaluator. A total of 84 providers completed the follow-up Provider Survey.

On the follow-up Provider Survey, respondents were asked to give a subjective rating of the "level" of consultation they received during Phase IV. Figure 17 shows the distribution of level of consultation received.

Figure 17. Level of Consultation During Phase IV



Eighty-three percent (83%) of providers surveyed reported receiving medium-high or high levels of consultation services during Phase IV. Eleven percent (11%) reported medium levels of consultation. Six percent (6%) reported low or low-medium levels of consultation.

At the end of Phase IV providers were asked on the Provider Survey to again rate the 20 categories related to child care with regard to their levels of confidence. They rated their levels of confidence at the end of Phase IV (follow-up), and they also reflected back on how confident they were at the beginning (retrospective). The following figures (18-37) depict provider levels of confidence as reported on the follow-up Provider Survey (retrospective and follow-up). The retrospective and follow-up data contains responses from 84 providers.

Figures 18-37. Percent of Providers Reporting “High” Levels of Confidence

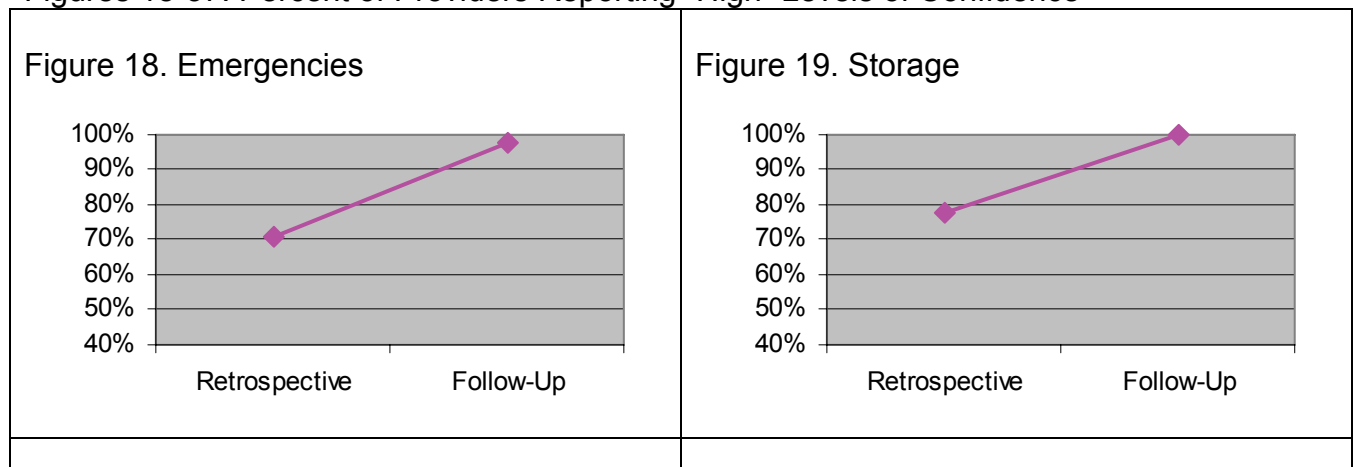


Figure 20. Equipment

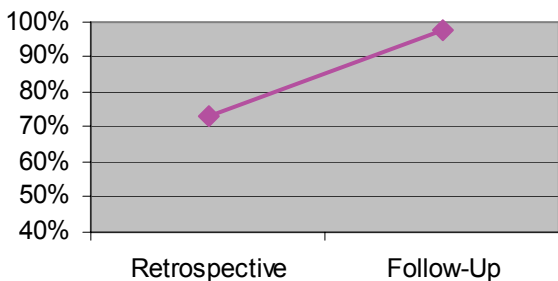


Figure 21. Environment

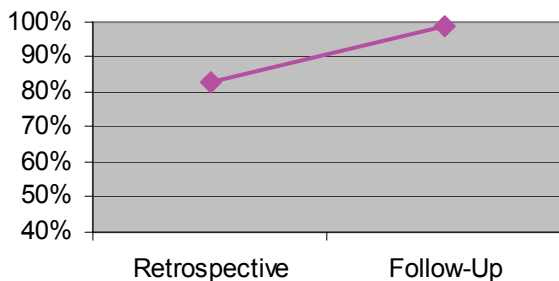


Figure 22. Safe Sleep

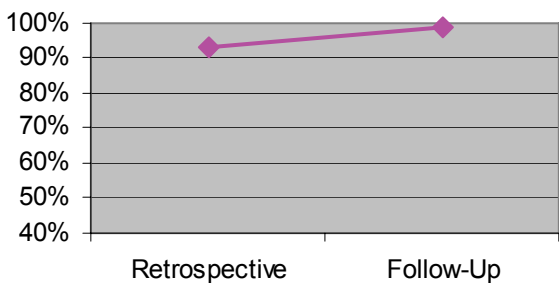


Figure 23. Cleaning

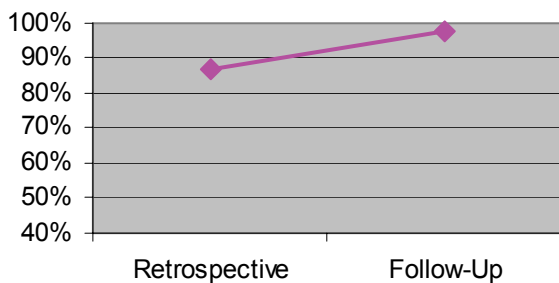


Figure 24. Diapering

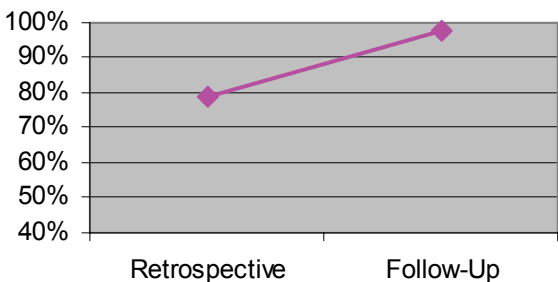


Figure 25. Food Preparation

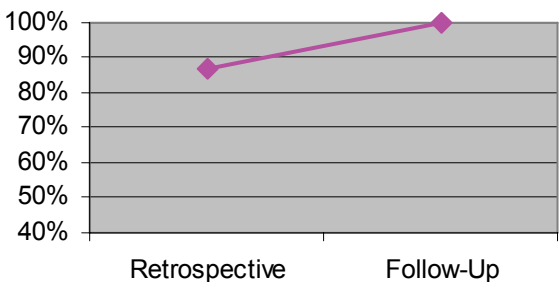


Figure 26. Activities

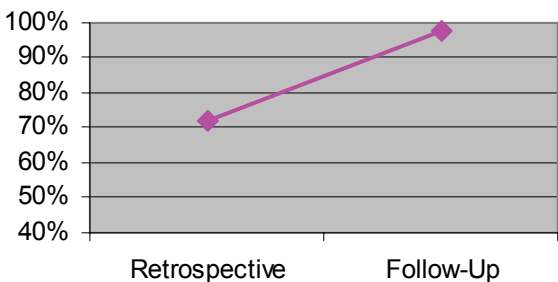


Figure 27. Child Development

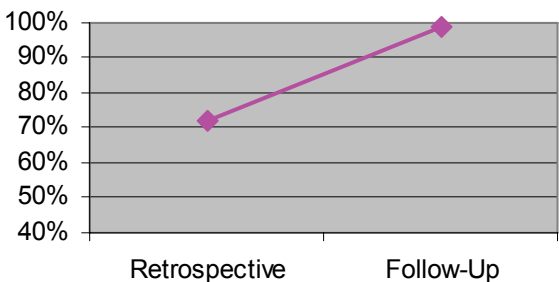


Figure 28. Difficult Behaviors

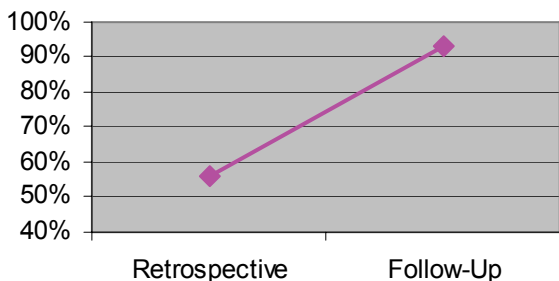


Figure 29. Oral Health

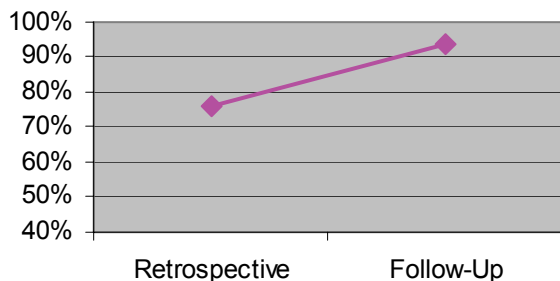


Figure 30. Special Needs

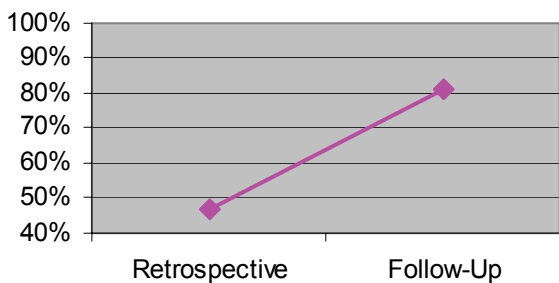


Figure 31. Communicating with Parents

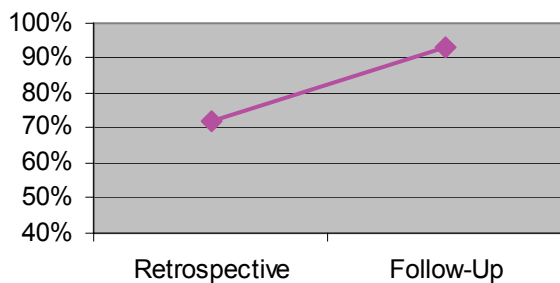


Figure 32. Guidance & Discipline

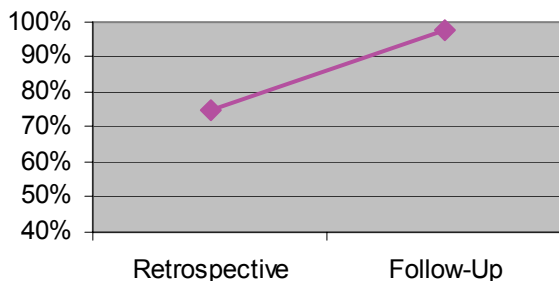


Figure 33. Illnesses/Immunizations

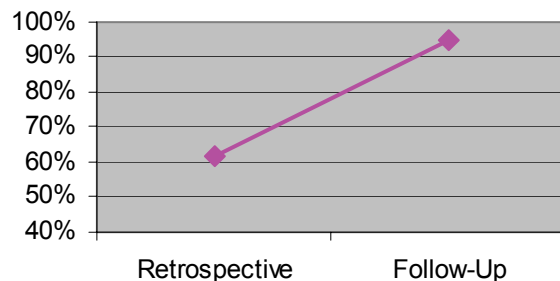


Figure 34. Access to Care

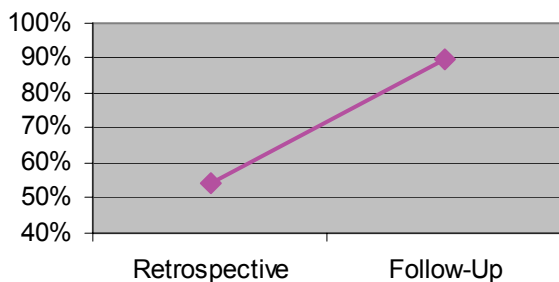


Figure 35. Policies

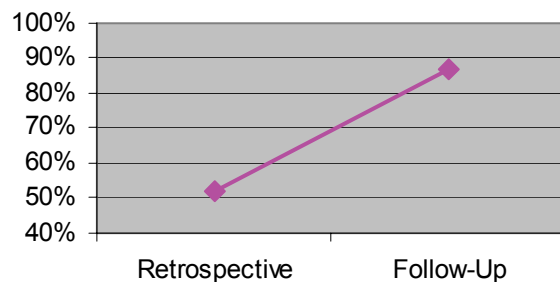


Figure 36. Personal Well-Being

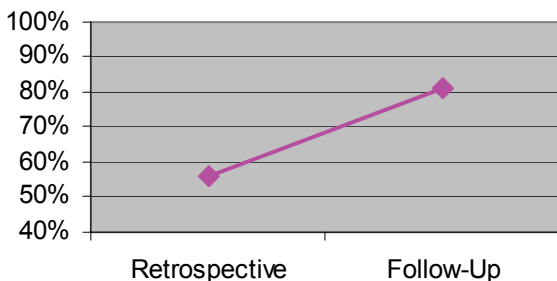
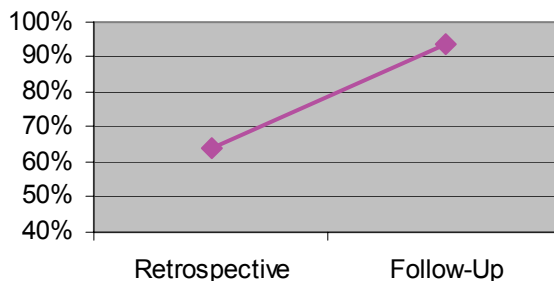


Figure 37. Other*



*Other includes: record keeping, first aid/CPR, self-care, tax ID, and community resources

As the above figures depict, several categories showed considerable increases in high levels of confidence. Of particular note were the following categories: difficult behaviors, illness/immunizations, and child development. Based on these findings, it appears that the CCHC program met many of its objectives during Phase IV, as providers' levels of confidence increased in all categories.

Two additional categories critical to the CCHC program objectives were queried on the follow-up Provider Survey: ability to work with children and knowledge of immunization requirements. Figures 38 and 39 show the percentages of those reporting high levels of confidence.

Figures 38-39: High Levels of Confidence: Working with Children & Immunizations

Figure 38. Working with Children

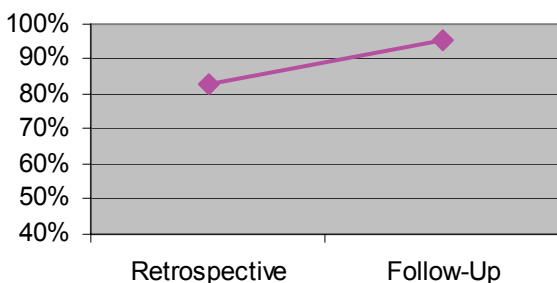
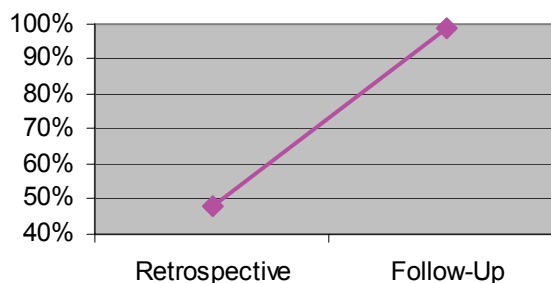


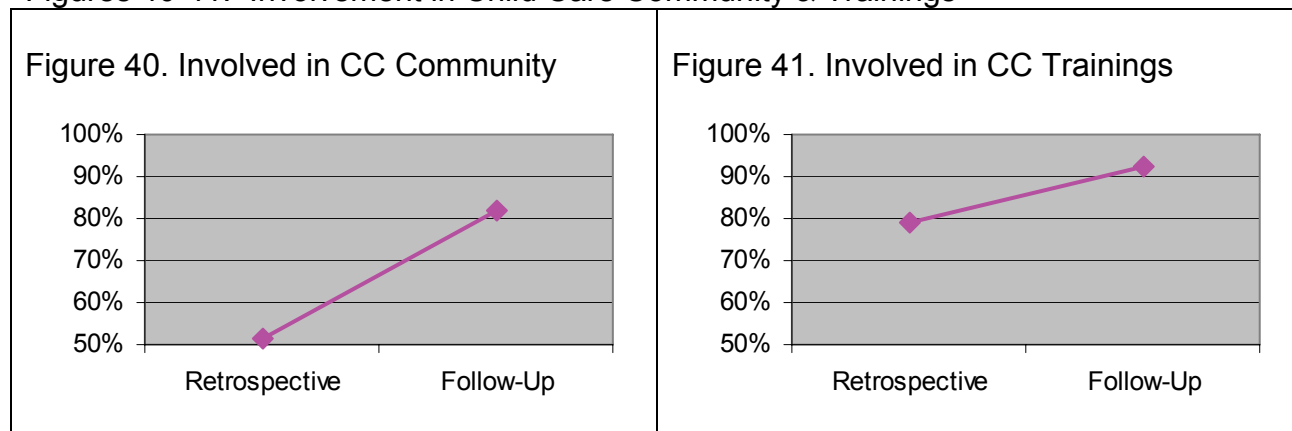
Figure 39. Immunization Requirements



As the above figures illustrate, high levels of confidence with regard to working with children remained consistently high across the two reflective measurement points. A considerable difference, however, was found with regard to providers' ratings of their confidence in immunization requirements. At follow-up, 99% reported feeling highly confident in this area, but in their retrospective rating, only 48% noted high levels of confidence.

Providers were asked to indicate if they were involved in the local child care community and in child care trainings. Again, they rated themselves retrospectively, as well as at follow-up. Figures 40 and 41 show the findings.

Figures 40-41. Involvement in Child Care Community & Trainings



As seen above, providers rated themselves as being much more involved in their local child care community at the end of Phase IV than they were at the beginning.

Providers were asked to note if the CCHC program assisted them in working with parents. Seventy-three percent (73%) answered in the affirmative.

The final set of questions on the Provider Survey was related to quality of and satisfaction with the CCHC program. Table 4 outlines the percentages of providers who answered affirmatively to each question.

Table 4. Quality of and Satisfaction with CCHC Program

Item	Percentage of "Yes" Responses
The formal trainings offered through the CCHC program have been helpful.	95%
The individual consulting offered by the CCHC has been helpful.	99%
The CCHC was knowledgeable about child care health and safety issues.	100%
The CCHC was available to me when I had a question or needed help.	98%
The CCHC responded to my questions/needs in a timely manner.	93%
Overall, I am satisfied with the Child Care Health Consultation program.	94%

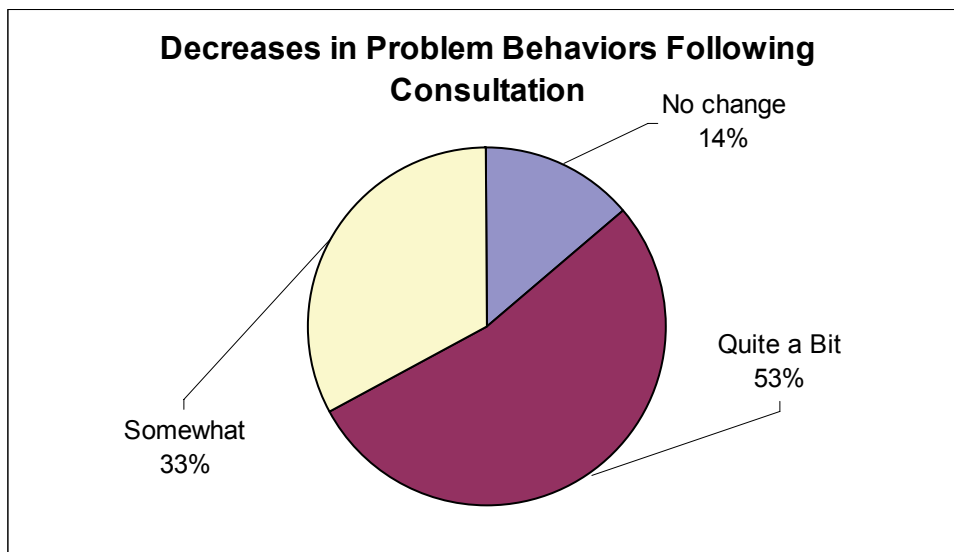
As the numbers indicate, providers rated the CCHC program highly, both in terms of quality and satisfaction.

Consultation on Challenging Behavior

Consultants worked with child care providers on a variety of social and emotional development and behavior issues using concepts from the Promoting First Relationships in Child Care (PFR) curriculum. On the follow-up Provider Survey, providers were asked if they experienced a decrease in problem behaviors in their child

care setting as a result of CCHC training and/or consultation. Figure 42 shows the distribution of responses from the 84 providers who completed a Provider Survey.

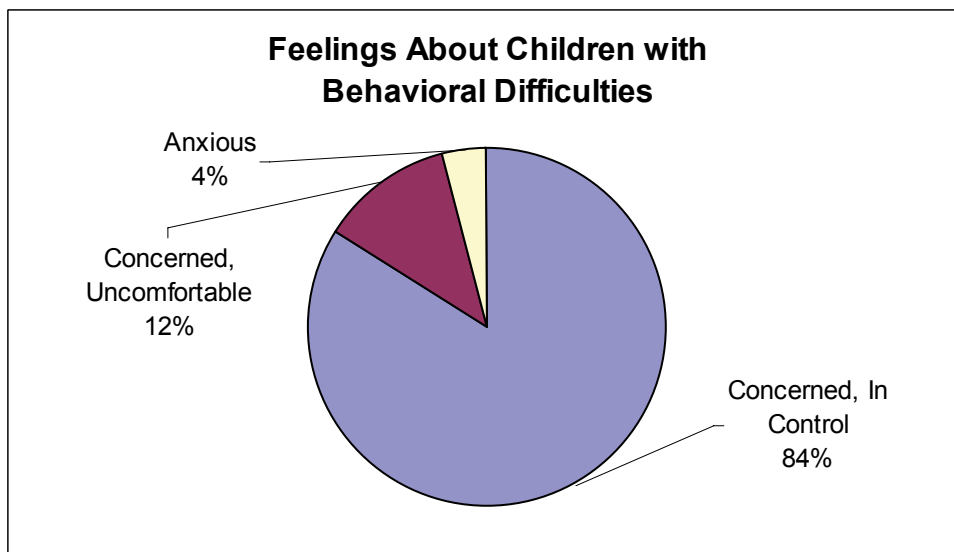
Figure 42. Decreases in Problem Behaviors Following Consultation



As shown above, 86% of providers noted a decrease in problem behaviors (i.e., “quite a bit” or “somewhat”) as a result of CCHC training and/or consultation.

Providers also were asked, “How do you feel when a child in your care has behavioral difficulties?” Figure 43 shows the categories and responses.

Figure 43. “How do you feel when a child in your care has behavioral difficulties?”



As seen in Figure 43, 84% stated that they feel concerned but in control. Twelve percent (12%) noted feeling uncomfortable, and only 4% described their feelings as anxious.

Consultants in Clackamas county completed more intensive, on site PFR trainings with nine child care providers. Consultants completed four site visits with each provider.

Visits included observation of the classroom and provider, feedback to the provider, and reflective discussion and problem-solving with the provider to address behavior issues.

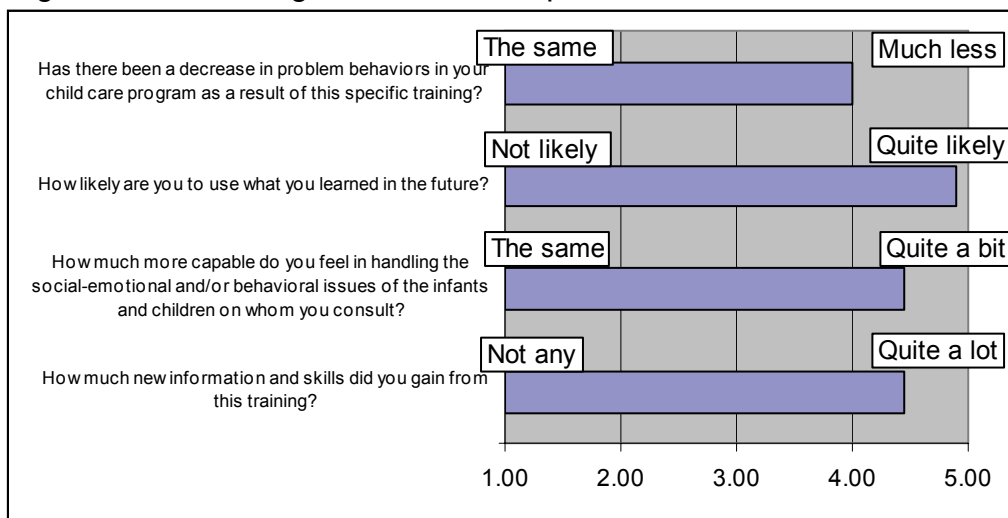
These nine providers were surveyed before and after the consultation regarding their skills, abilities, and confidence dealing with challenging behavior and changes in the behavior of children in care. Thirteen of the fourteen self-ratings improved from pre to post. The self ratings on the item, “I understand how to provide a safe a secure base and safe haven for children in childcare” decreased from a mean of 4.89 at pre to a mean of 4.78 at post. The largest reported changes from pre to post can be seen in Table 5 below.

Table 5. Promoting First Relationships in Child Care Pre and Post Assessments

Scale: 1=false, 3=neutral, 5=true	Mean Pre	Mean Post
I feel capable of maintaining a child with behavioral difficulties in my program.	3.11	4.22
I am able to identify elements essential to healthy relationship formation.	3.78	4.78
I am able to identify several possible underlying causes for children’s challenging behaviors.	3.22	4.22
I have the assessment tools to analyze and understand challenging behaviors.	3.22	4.33

Additionally, survey respondents were asked about overall satisfaction and outcomes at post-test. As can be seen in Figure 44, participants were generally very likely to use what they learned and they feel more capable in handling social-emotional and behavioral issues.

Figure 44. Promoting First Relationships in Child Care Post Assessments

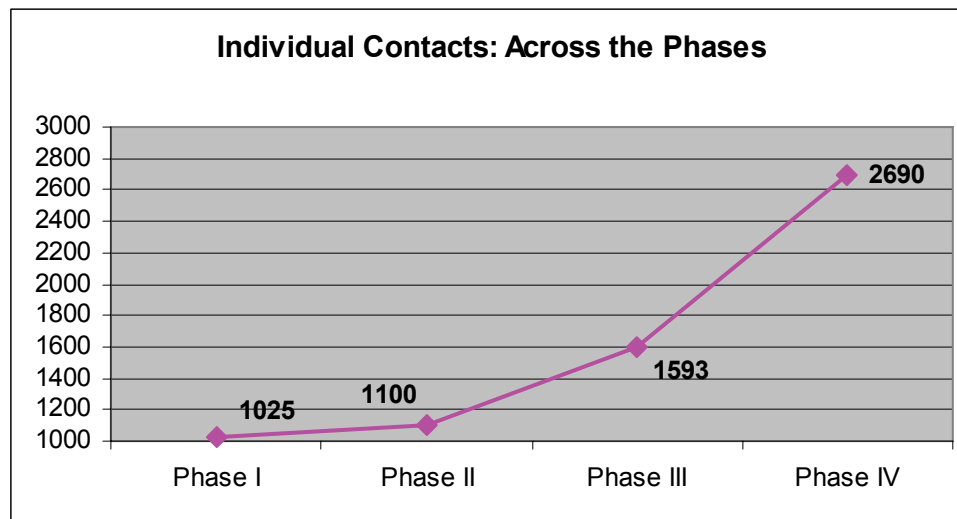


III. Developmental Changes

Consultation Services

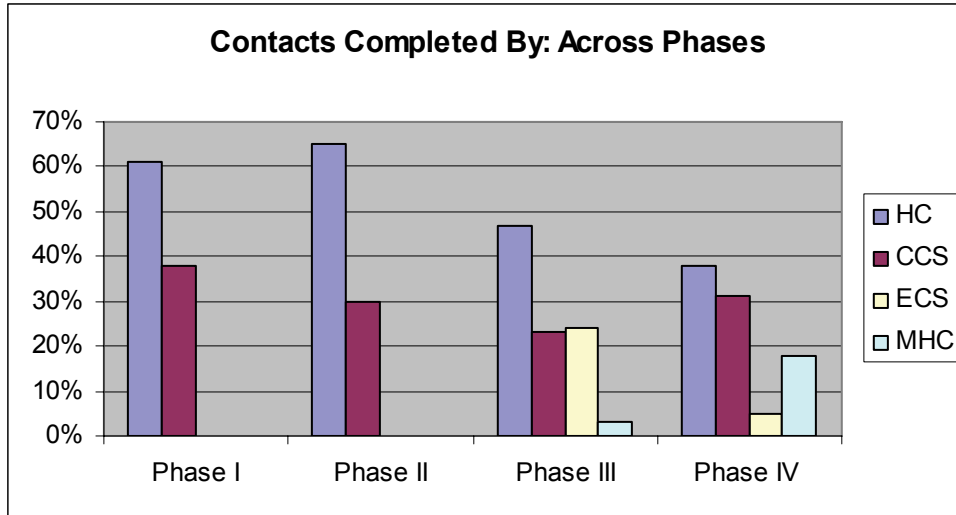
Over the four phases of the CCHC program, considerable development has occurred. With each phase of the CCHC program, the number of contacts with providers has increased. This increase is shown in Figure 45. With the additional sites in Phase III, contacts increased in Phase III and continued to increase in Phase IV.

Figure 45. Individual Contacts: Across the Phases



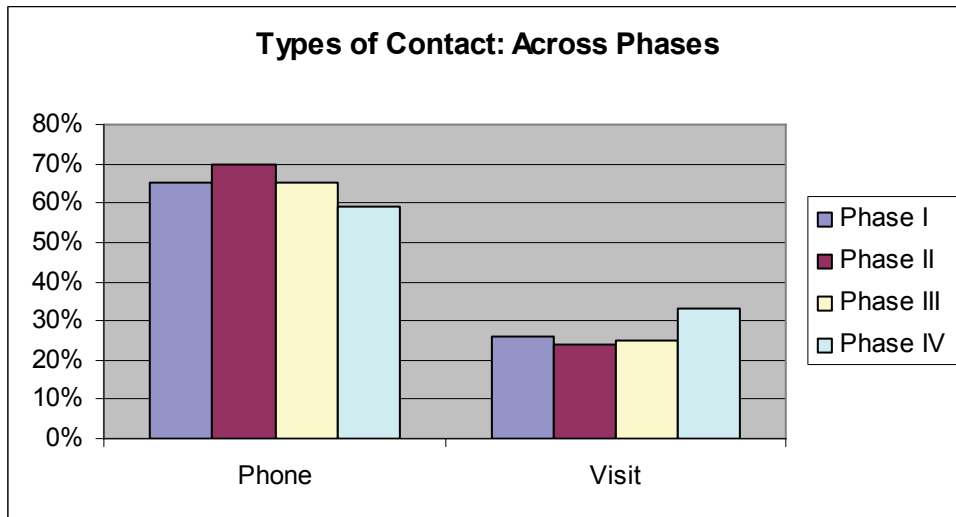
With regard to who completes the contacts, this has become more diversified over time. In Phase I, 61% of contacts were made by the health consultant (HC) and 38% were with the child care specialists (CCS). Similarly, in Phase II 65% of contacts were with the health consultant, and 30% were with the child care specialist. In Phase III, 47% were with the health consultant, 23% were with the child care specialist, 24% were with the early childhood specialist (ECS), and 3% were with the mental health consultant (MHC). In Phase IV, 42% were with health consultants, 21% were with child care specialists, 3 % were with early childhood specialists (ECS), and 26% were with mental health consultants (MHC). Figure 46 depicts these relationships.

Figure 46. Contacts Completed By: Across the Phases



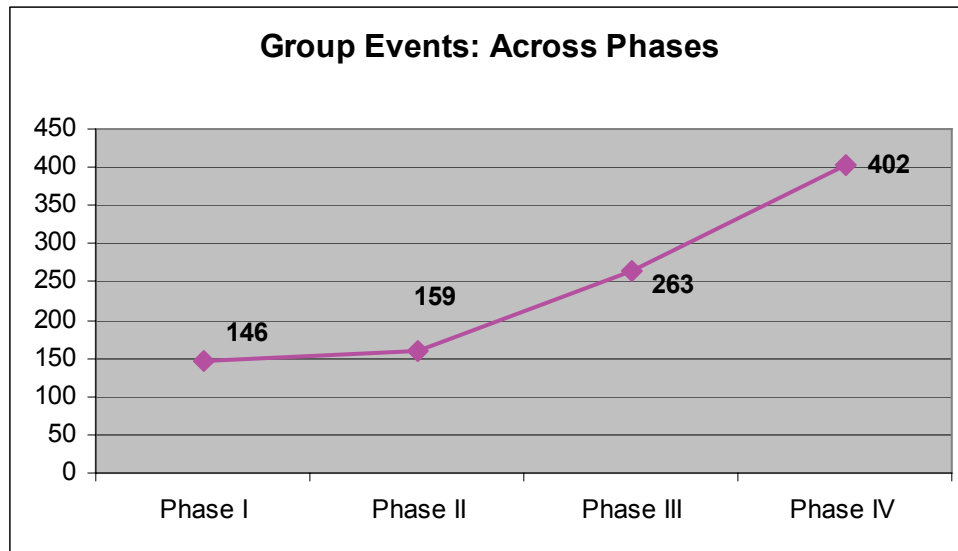
Over the phases, the majority of contacts have occurred through phone calls. The amount of on-site visits increased from 25% in Phase III to 33% in Phase IV. Please refer to Figure 47 below.

Figure 47. Types of Contact: Across the Phases



Group consultation has been a large component of the CCHC program since its inception. As with individual contacts, group contacts have increased over the years, as Figure 48 shows.

Figure 48. Group Events: Across the Phases

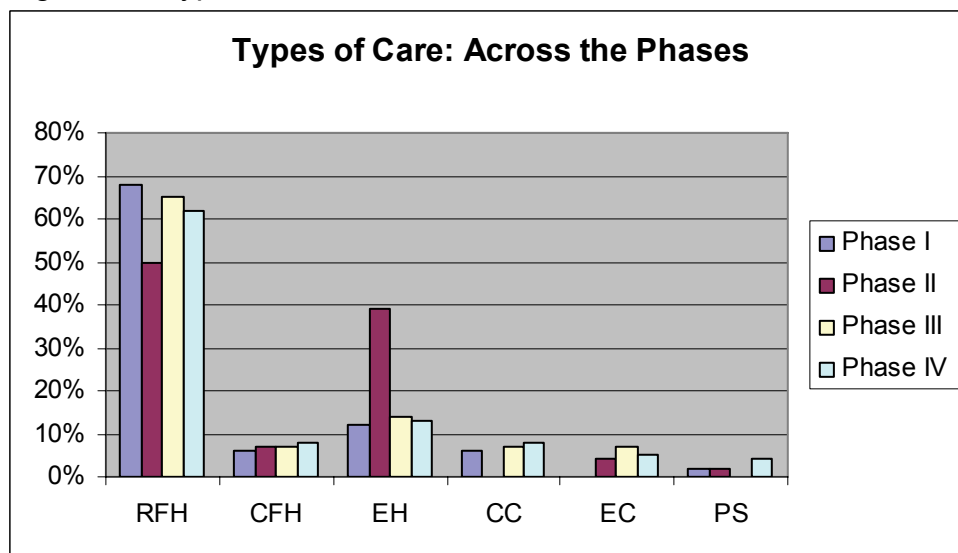


The percentage of providers served through group events increased considerably in Phase III (from 35% and 31% in Phases I and II, respectively, to 85% in Phase III). The percentage of providers served through group events remained high (79%) in Phase IV, and the percentage of children served through group events increased from 11% in Phase III to 13% in Phase IV.

Provider Characteristics

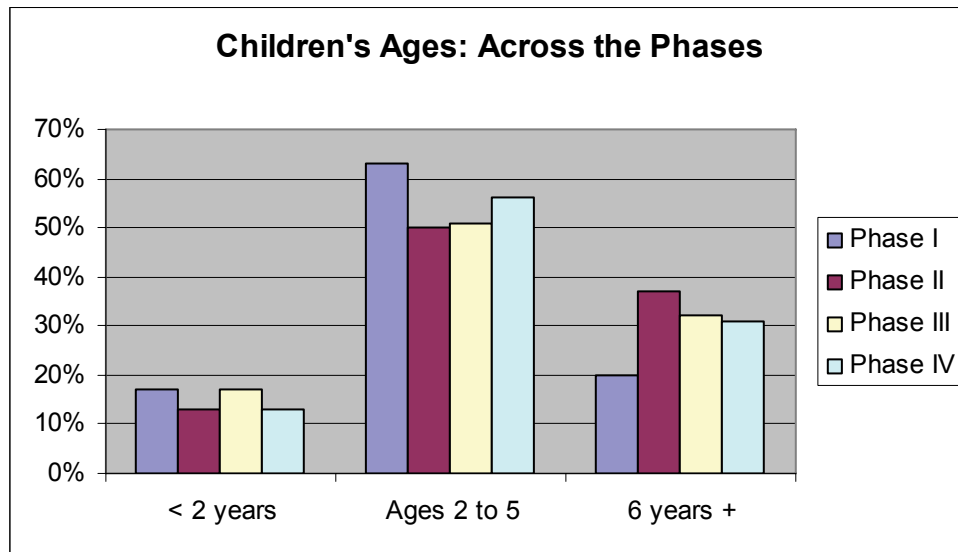
With regard to types of child care settings served, Figure 49 shows the percentages of each type across the phases. As shown, the most striking finding was an increased percentage of exempt homes receiving consultation in Phase II. This finding appears to be an anomaly, however, as the percentage of exempt homes returned to Phase I levels in Phases III and IV.

Figure 49. Types of Care: Across the Phases



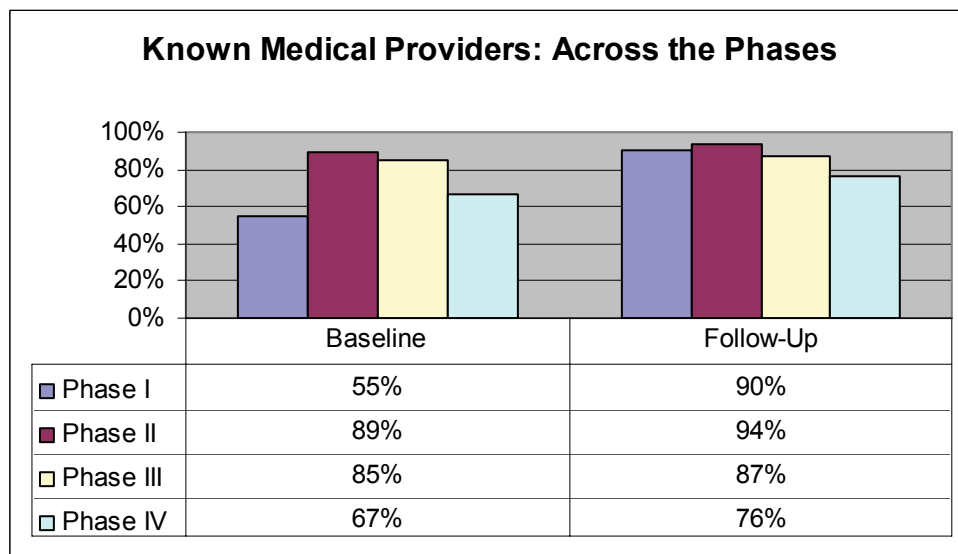
When analyzing data regarding the children cared for by these providers over the years, slight fluctuations in age categories were found (see Figure 50).

Figure 50. Children’s Age Categories: Across the Phases



In each of the four phases of this demonstration project, providers reported increases in children’s access to medical care following consultation. Figure 51 shows the percentages of children with a known medical provider in Phases I, II, III, and IV.

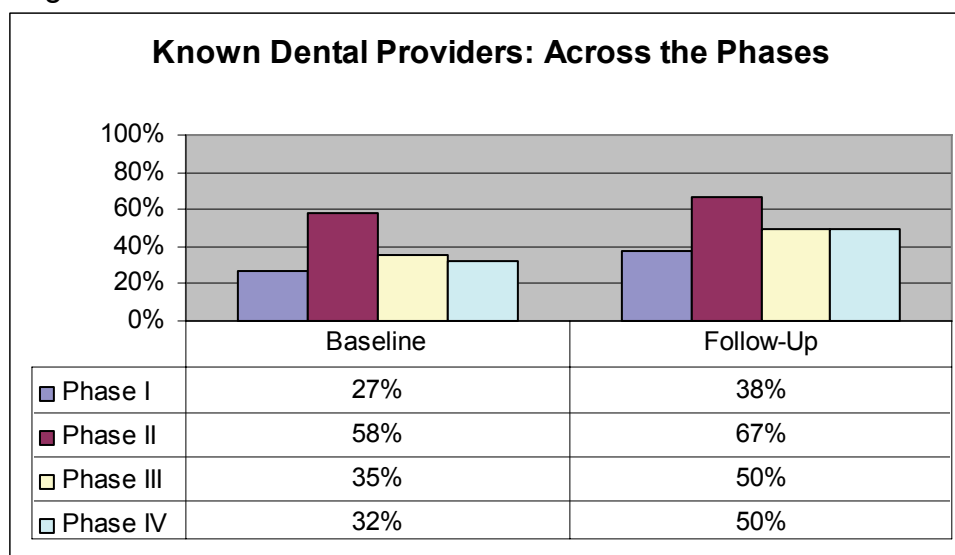
Figure 51. Known Medical Providers: Across the Phases



As shown above, the most dramatic increase was found in Phase I (+35% from baseline to follow-up). Each year, an increase has been present, but less dramatic, which may indicate that the message about the importance of knowing the medical providers of children in care is being integrated into the child care community in the CCHC sites.

Similarly, providers reported increases in children’s access to dental care following consultation. Figure 52 shows the percentages of children with a known dental provider in Phases I, II, III, and IV.

Figure 52. Known Dental Providers: Across the Phases



Though the rates are considerably lower than known medical providers, increases in each phase of consultation were found.

Policy implementation has remained a consistent focus of consultation throughout the phases. This is evidenced in positive change scores across all policy categories (i.e., Guidance & Behavior/Discipline, Emergency Plans, Health Exclusions, Hand-Washing) and levels of implementation (i.e., Written, Posted, Reviewed) in each phase. Table 6 shows these change scores over time.

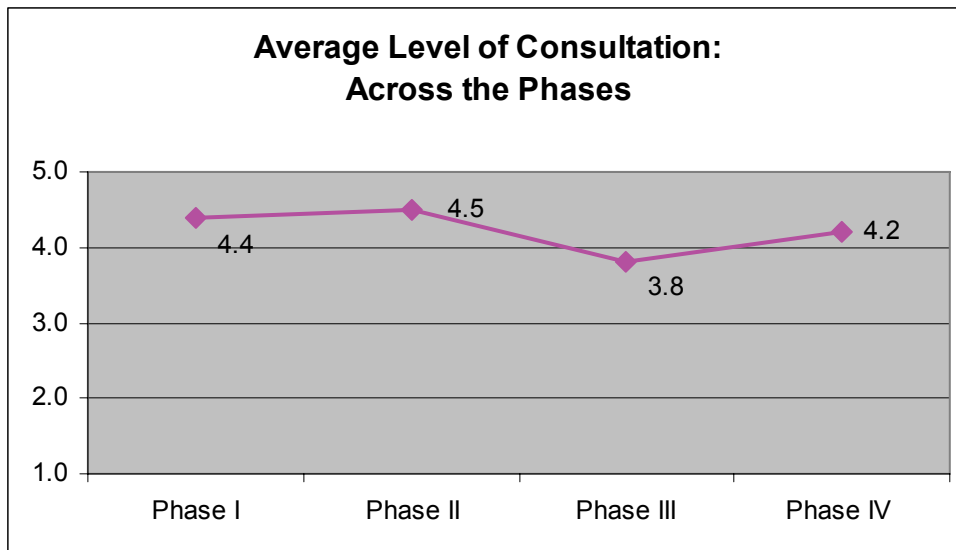
Table 6. Change Scores in Policy Implementation: Across the Phases

Phase	Written				Posted				Reviewed			
	I (%)	II (%)	III (%)	IV (%)	I (%)	II (%)	III (%)	IV (%)	I (%)	II (%)	III (%)	IV (%)
Guidance & Behavior/ Discipline	+32	+7	+7	+20	+4	+2	+3	+19	+38	+5	+12	+30
Emergency Plans	+36	+35	+34	+41	+37	+37	+22	+55	+36	+36	+26	+35
Health Exclusions	+45	+45	+49	+60	+9	+30	+15	+34	+30	+32	+15	+46
Hand-Washing	+36	+35	+41	+58	+24	+19	+14	+23	+29	+26	+22	+37

As Table 5 shows, all areas have had significant amounts of change across the four phases. The largest areas of change have been in written health exclusion policies and hand-washing policies. Posted and reviewed emergency plans show considerable positive changes as well. Although phases II and III showed small amounts of positive change in guidance and behavior policies, the changes were much more dramatic in phase IV. Across all policies almost unanimously, the positive change scores in written, posted, and reviewed implementation were highest in phase IV.

Providers in each phase were asked to rate, on a scale of 1 (low) to 5 (high) the level of consultation services they received. The average rating remained relatively consistent across Phases I and II, decreased slightly in Phase III, and increased in Phase IV (Figure 53).

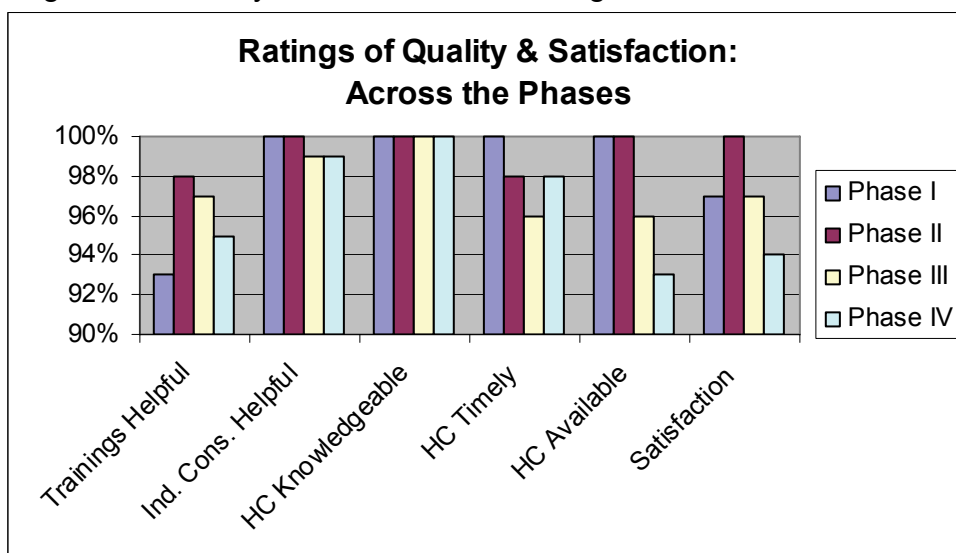
Figure 53. Average Level of Consultation Services: Across the Phases



Patterns in providers' levels of confidence have remained similar over the phases. In general, providers rated their levels of confidence higher following consultation than they had prior to consultation. This was the case for all categories in Phases I and II. In Phases III and IV, a retrospective pre-test replaced the baseline self-assessment as the measure of confidence. In phases III and IV, levels of confidence were higher at follow-up compared to the retrospective pre-test in all areas.

Ratings of quality and satisfaction have remained consistently high across the phases, as depicted in Figure 54. (Percentages reflect proportion of providers who responded "strongly agree" or "agree" to each item.)

Figure 54. Quality and Satisfaction Ratings: Across the Phases



VI. Next Steps

In July 2007, the Child Care Health Consultation Program began to shift from demonstration phase to program phase. Most of the evaluation tools of the demonstration evaluation remained in place for program Phase I, as the desired outcomes of the CCHC program are measured by these tools. However, some variations in the evaluation process, including changes to the timeline of the assessments as well as some content changes, were made in collaboration with CCHC staff. These adjustments were finalized in October 2007 and are intended to enhance the evaluation of identified outcomes, as well as the overall consultation process.

Appendix: Phase IV Raw Data Tables

Phase IV Raw Data Tables

Code	Category	Baker	Clackamas	Jackson	Lincoln	Multnomah	Union	Total
Total # home visits		64	435	28	127	102	102	858
# Providers visited		32	196	21	75	49	65	438
# Self-assessments		16	22	12	14	33	18	115
# Provider surveys		20	13	5	13	22	11	84
# Record review sets		2	NA	2	9	16	18	47
CONTACTS: PROVIDER TYPES								
1	RFH	144	269	82	196	137	127	955
2	CFH	22	30	14	92	3	12	173
3	EH	20	152	21	69	25	109	396
4	CC	0	285	25	39	5	11	365
5	EC	42	9	14	35	9	7	116
6	P	1	39	14	30	0	2	86
7	NP	2	16	0	34	76	49	177
	Total	231	800	170	495	255	317	2268
CONTACTS: COMPLETED BY								
1	CCHC	188	234	161	151	246	4	984
2	CC Spec.	78	294	1	310	1	96	780
3	MHC	0	327	42	81	0	15	465
4	ECS	0	0	0	3	0	125	128
5	CCRR Idr.	16	0	0	0	0	60	76
6	Other	3	66	5	7	0	32	113
	Total	285	921	209	552	247	332	2546
CONTACTS: TYPE								
1	Phone	204	464	141	409	180	174	1572
2	Email	3	34	22	1	1	11	72
3	Visit	64	435	28	127	102	102	858
4	Other	15	4	23	22	1	57	122
	Total	286	937	214	559	284	344	2624
CONTACTS: VISITED BY								
	HC	54	91	13	92	95	4	349
	CCS	2	143	1	4	1	24	175
	MHC	0	170	12	30	0	2	214
	ECS	0	0	0	1	0	26	27
	Team Idr.	2	0	0	0	0	18	20
	Other	2	21	1	0	0	21	45
CONTACTS: SELF-REFERRED								
	Total	91	509	105	260	66	144	1175
CONTACTS: NEW TO PHASE IV?								
1	Yes	83	531	90	319	200	236	1459
2	No	159	301	70	204	31	62	827
	Total	242	832	160	523	231	298	2286
CONTACTS: ISSUES ADDRESSED								
1	Comm. Res.	39	123	44	55	23	95	379
2	Access care	11	21	11	20	30	26	119
3	Access OHP	2	8	3	8	16	17	54
4	Abuse	9	17	29	29	5	25	114
5	Child Dev.	44	351	89	112	18	159	773
6	Child Health	37	102	47	27	28	66	307
7	Disease	21	58	17	13	56	31	196
8	Parents	18	227	51	95	37	111	539

Code	Category	Baker	Clackamas	Jackson	Lincoln	Multnomah	Union	Total
9	Cultural	0	3	0	3	12	8	26
10	Emergency	18	35	4	3	40	106	206
11	Env. Health	20	63	7	1	37	109	237
12	Records	13	28	9	31	71	47	199
13	Immunization	48	60	41	69	93	81	392
14	Injury Prev.	29	49	7	4	46	121	256
15	Mental Hlth.	16	319	81	98	13	116	643
16	Nutrition	1	40	25	8	8	27	109
17	Oral Health	15	16	0	2	16	14	63
18	Physical Act.	15	22	19	7	14	55	132
19	Prov. Health	31	33	19	86	45	59	273
20	Spec. Needs	7	174	29	31	15	24	280
21	CCHC Objct.	64	121	10	154	49	115	513
22	Training Info.	21	252	26	286	14	97	696
23	Other	112	293	10	40	114	60	629
CONTACTS: INTERVENTIONS								
1	Case Mgmt.	4	19	2	4	10	6	45
2	Needs Assmt	14	302	13	9	63	72	473
3	Observation	1	113	24	25	30	19	212
4	Policy Dev.	2	88	12	17	47	20	186
5	Prob. Solv.	80	442	116	70	31	144	883
6	Prog. Enroll.	33	12	15	2	24	37	123
7	Provide Info.	165	632	170	403	93	207	1670
8	Record Rev.	29	5	9	23	54	47	167
9	Referral	5	37	16	14	55	10	137
10	Res. Dev.	30	57	35	3	46	152	323
11	Screening	0	2	3	3	1	0	9
12	Support	72	596	128	190	84	210	1280
13	Teaching	22	97	73	42	94	21	349
14	Written Mat.	46	194	64	78	94	73	549
15	Other	54	53	5	44	33	52	241
CONTACTS: PLANS								
1	Dev. Train.	1	46	11	12	1	10	81
2	F/U Call	100	371	29	41	36	95	672
3	F/U Visit	66	392	53	68	129	83	791
4	Consult with Core Team Member	41	143	4	82	3	69	342
5	Issue resolve	86	143	110	272	55	112	778
6	Provide Info.	37	32	18	23	11	128	249
7	Refused Svc.	2	0	0	0	4	1	7
8	Referral	11	44	4	27	35	39	160
9	Send Mat.	21	58	30	97	71	70	347
10	Research	7	29	1	6	5	13	61
11	Other	23	34	4	12	9	35	117
GROUP EVENTS: NUMBER								
	Total	32	113	36	78	75	68	402
GROUP EVENTS: PEOPLE SERVED								
	Providers	23	816	432	1992	177	38	3478
	Parents	0	2	22	0	0	0	24
	Children	99	182	0	0	3	296	580
	Other	0	50	0	2	179	85	316
	Total	122	1050	454	1994	359	419	4398

Code	Category	Baker	Clackamas	Jackson	Lincoln	Multnomah	Union	Total
GROUP EVENTS: TYPE								
1	Training	17	103	34	60	26	68	308
2	Event	10	0	0	0	4	0	14
3	Mailing	0	0	0	14	1	0	15
4	Focus Group	0	1	0	0	0	0	1
5	Overview	0	8	1	0	12	0	21
6	Other	5	1	0	4	31	0	41
	Total	32	113	35	78	74	68	400
GROUP EVENTS: TRAINING TOPICS								
1	CPR/1 st Aid	0	9	0	4	0	0	13
2	Immunization	1	1	2	2	3	1	10
3	Stress	0	0	0	5	1	0	6
4	Safety	0	1	1	8	1	0	11
5	Exercise	0	0	0	0	0	0	0
6	Hand-Wash.	0	7	1	1	1	0	10
7	Nutrition	0	1	1	4	0	0	6
8	Language	0	1	0	1	0	0	2
9	Television	0	0	0	0	0	0	0
10	Child Dev.	0	15	7	9	2	67	100
11	Abuse/Negl.	0	10	4	2	0	0	16
12	Phys. Health	7	13	2	6	7	0	35
13	Oral Health	0	0	0	0	0	0	0
14	Sexual Dev.	0	0	0	2	0	0	2
15	Other	9	36	10	10	9	0	74
16	Bx./MH	0	5	1	4	2	0	12
	Total	17	99	29	58	26	68	297
SELF-ASSESSMENTS: REFERRED BY								
1	CCRR	14	13	2	10	11	11	61
2	CCD	0	0	0	0	4	0	4
3	CCHC	0	0	6	0	7	0	13
4	DHS	0	0	0	2	0	0	2
5	Colleague	1	4	0	0	3	3	11
6	Self	0	3	0	2	2	3	10
7	Other	1	2	4	0	6	1	14
	Total	16	22	12	14	33	18	115
SELF-ASSESSMENTS: GENDER OF PROVIDERS								
	Female	16	20	12	13	33	18	112
	Male	0	1	0	1	0	0	2
	Total	16	21	12	14	33	18	114
SELF-ASSESSMENTS: ACCEPT DHS/AFS SUBSIDIES?								
	Yes	13	15	12	11	25	16	92
	No	2	6	0	1	7	1	17
SELF-ASSESSMENTS: TYPE OF CARE								
1	RFH	9	15	6	6	19	14	69
2	CFH	0	1	2	2	2	2	9
3	EH	3	2	1	3	5	1	15
4	CC	0	3	1	2	2	1	9
5	EC	3	0	0	0	3	0	6
6	Preschl. only	1	0	1	1	2	0	5
SELF-ASSESSMENTS: INSURANCE = "YES"								
	Self-medical	12	14	5	9	13	12	65
	Self-dental	9	12	4	7	10	10	52
	Self-vision	8	11	4	7	8	8	46
	Self-OHP	0	1	1	0	8	4	14

Code	Category	Baker	Clackamas	Jackson	Lincoln	Multnomah	Union	Total
	Kids-medical	9	8	4	4	14	10	49
	Kids-dental	9	8	3	4	9	8	41
	Kids-vision	8	5	3	4	6	9	35
	Kids-OHP	1	2	1	2	12	6	24
	Kids-NA	2	0	2	2	3	0	9
SELF-ASSESSMENTS: DURATION OF OPERATION								
	Low	2 yrs.	1 mo.	3 mos.	2 mos.	1 mo.	<1 mo.	<1 mo.
	High	34 yrs.	28 yrs.	23 yrs.	25 yrs.	35 yrs.	30 yrs.	35 yrs.
	Average	11.5 yrs.	8.4 yrs.	8.8 yrs.	7.7 yrs.	4.5 yrs.	10.3 yrs.	8.0 yrs.
	Mode	even	1 yrs.	2,15 bimodal	4, 7 bimodal	1 yr.	7 yrs.	1 yr.
SELF-ASSESSMENTS: AGES OF CHILDREN								
	Start age	6 wks.	6 wks.	6 wks.	6 wks.	6 wks.	6 wks.	6 wks.
	Stop age	13 yrs.	13 yrs.	12 yrs.	13 yrs.	13 yrs.	12 yrs.	13 yrs.
SELF-ASSESSMENTS: NUMBER OF CHILDREN, BY AGE								
	< 2 years old	12	35	18	33	34	26	158
	Ages 2 to 5	131	70	197	121	74	77	670
	6 years+	55	57	87	99	45	44	387
	Total	198	162	302	253	153	147	1215
SELF-ASSESSMENTS: NUMBER OF CHILDREN								
	Low	0	0	1	4	0	0	0
	High	40	31	130	78	13	21	130
	Average	13.6	8.5	29.1	18.1	4.7	7.6	11.3
	Mode	even	6	3	8	2	even	4
SELF-ASSESSMENTS: NUMBER OF CHILDREN WITH SPECIAL NEEDS								
	Low	0	0	0	0	0	0	0
	High	10	5	10	4	1	1	10
	Average	1.5	1.3	2.3	.86	0.1	0.1	0.8
	Mode	0	0	1	0	0	0	0
	Total	22	28	25	12	3	1	91
SELF-ASSESSMENTS: RACE (# OF PROVIDERS ENDORSING RACE; NOT # OF CHILDREN)								
	Amer. Indian	4	1	1	6	1	3	16
	Asian	2	2	2	2	1	0	9
	Black	2	4	3	3	3	0	15
	Caucasian	13	18	11	14	27	16	99
	Hispanic	6	7	5	7	7	4	36
	Pac. Islander	3	1	0	3	0	0	7
	Other	0	0	0	0	3	0	3
SELF-ASSESSMENTS: PRIOR CCHC INVOLVEMENT?								
1	None	2	18	9	9	30	14	82
2	A little	5	3	0	3	1	2	14
3	Some	6	1	2	0	1	1	11
4	A lot	2	0	0	2	1	0	5
SELF-ASSESSMENTS: RECENT TRAININGS								
	Child Abuse	12	17	11	13	31	13	97
	H & S	12	16	9	9	8	7	61
	First Aid	13	18	11	13	28	13	96
	CPR	14	18	11	13	27	13	96
	Food hndlng.	12	18	9	13	30	14	96
	Spec. Needs	11	7	3	5	1	2	29
	ECE ↓	11	9	8	9	1	7	45
	# ECE hrs. range	2 to 190	4 to 120	5 to 60	7 to 60	?	2 to 76	2 to 190
	Total ECE hrs.	342	184	65	121	?	123	835

Code	Category	Baker	Clackamas	Jackson	Lincoln	Multnomah	Union	Total
	Other	4	2	3	3	5	2	19
SELF-ASSESSMENTS: INTEREST IN TOPICS = "YES"								
	Access Care	5	2	1	4	7	4	23
	CPR/1 st Aid	3	3	0	5	2	5	18
	Emergencies	1	4	4	4	12	5	30
	Group Train.	7	7	4	5	6	7	36
	Immunization	3	3	2	4	14	5	31
	Teach. Mods	5	8	2	4	8	6	33
	Policy Dev.	3	7	3	2	6	4	25
	Record Rev.	5	6	1	5	6	4	27
	Other	0	3	1	3	3	2	12
SELF-ASSESSMENTS: CONFIDENCE LEVELS ("HIGH"= HIGH+MOD.; "LOW"=LOW+NONE)								
High	Emergencies	14	21	11	12	26	16	100
Low		2	1	1	2	7	2	15
High	Storage	14	20	12	14	29	15	104
Low		2	2	0	0	4	3	11
High	Equipment	12	22	10	14	28	12	98
Low		3	0	2	0	5	5	15
High	Environment	13	20	11	14	30	15	103
Low		2	1	1	0	3	1	8
High	Safe Sleep	13	22	9	13	31	16	104
Low		1	0	0	0	1	2	4
High	Cleaning	14	21	12	14	30	16	107
Low		2	0	0	0	2	2	6
High	Diapering	13	21	10	14	29	14	101
Low		2	0	1	0	4	4	11
High	Food Prep.	15	22	11	14	31	16	109
Low		0	0	1	0	1	2	4
High	Activities	11	17	11	14	25	14	92
Low		4	4	1	0	8	4	21
High	Child Dev.	14	19	10	13	26	16	98
Low		2	2	2	1	6	2	15
High	Behaviors	12	10	9	9	21	11	72
Low		4	9	3	5	12	7	40
High	Oral Health	13	19	12	13	30	14	101
Low		2	2	0	1	2	4	11
High	Spec. Needs	10	14	9	8	22	13	76
Low		4	4	3	5	10	4	30
High	Parents	14	16	11	12	25	13	91
Low		2	4	1	2	7	5	21
High	Guidance	14	17	11	12	26	13	93
Low		2	5	1	2	6	4	20
High	Illness/Imm.	13	18	10	12	14	14	81
Low		3	2	2	2	19	4	32
High	Access Care	12	16	11	12	23	16	90
Low		4	5	1	1	9	2	22
High	Policies	12	17	11	13	25	15	93
Low		4	5	1	1	8	3	22
High	Well-Being	13	17	11	13	25	14	93
Low		3	4	1	1	7	4	20
RECORD REVIEWS: DATA OF SETS (I.E., 47 PRE/POST PAIRS)								
Pre Total # Rec'd		2	NA	2	9	16	18	47
Post "		2	NA	2	9	16	18	47
Pre # Kids		8	NA	22	93	49	135	307

Code	Category	Baker	Clackamas	Jackson	Lincoln	Multnomah	Union	Total
	Post “	19	NA	20	74	61	165	339
	Pre Enroll. Form Yes	1	NA	2	9	10	14	36
	Post “	2	NA	2	7	12	16	39
	Pre Med. Auth. Yes	1	NA	2	9	7	13	32
	Post “	2	NA	2	7	10	17	38
	Pre # Current Forms	1	NA	19	38	13	58	129
	Post “	10	NA	20	58	36	77	201
	Pre # Med. Providers	0	NA	22	74	27	84	207
	Post “	4	NA	20	70	37	120	257
	Pre # Dental Provide.	0	NA	5	30	14	48	97
	Post “	4	NA	14	32	41	77	168
G B/ D	Pre Written	1	NA	2	5	3	12	23
	Post “	1	NA	2	6	8	14	31
	Pre Posted	1	NA	0	2	0	0	3
	Post “	1	NA	0	2	3	5	11
	Pre Review.	0	NA	1	9	3	8	21
	Post “	1	NA	2	7	9	15	34
E P	Pre Written	1	NA	2	7	7	4	21
	Post “	2	NA	2	7	13	14	38
	Pre Posted	0	NA	2	4	7	1	14
	Post “	2	NA	2	6	15	13	38
	Pre Review.	0	NA	1	8	3	1	13
	Post “	1	NA	2	7	10	8	28
H W	Pre Written	1	NA	2	1	2	0	6
	Post “	1	NA	2	3	12	13	31
	Pre Posted	1	NA	2	2	1	3	9
	Post “	1	NA	2	4	4	8	19
	Pre Review.	0	NA	1	4	4	3	12
	Post	1	NA	2	6	10	9	28
H E	Pre Written	1	NA	2	6	3	5	17
	Post “	2	NA	2	6	15	17	42
	Pre Posted	1	NA	0	1	2	3	7
	Post “	1	NA	2	4	5	10	22
	Pre Review.	0	NA	2	8	1	5	16
	Post “	2	NA	2	7	10	15	36
PROVIDER SURVEYS: COUNTS								
	# Sent	25	24	40	20	38	18	165
	# Returned	20	13	5	13	22	11	84
	Return Rate	80%	54%	13%	65%	58%	61%	51%
PROVIDER SURVEYS: PROVIDER TYPES								
1	RFH	16	7	3	7	16	8	57
2	CFH	2	0	1	4	3	1	11
3	EH	1	4	0	0	2	2	9
4	CC	0	2	1	2	0	0	5
5	EC	1	0	0	0	0	0	1
6	Preschool	0	0	0	0	0	0	0
	Total	20	13	5	13	21	11	83
PROVIDER SURVEYS: GENDER								
	Female	20	13	4	13	22	11	83
	Male	0	0	0	0	0	0	0
PROVIDER SURVEYS: YEARS IN CHILD CARE								
1	< 1 year	1	4	0	0	8	4	17
2	1-3 years	4	1	0	5	2	1	13
3	4-6 years	5	1	0	0	9	0	14

Code	Category	Baker	Clackamas	Jackson	Lincoln	Multnomah	Union	Total							
4	7-9 years	2	2	1	2	1	3	11							
5	10+ years	8	5	4	6	2	3	28							
PROVIDER SURVEYS: AGES OF KIDS (# ENDORSING AGE CATEGORY; NOT # OF KIDS)															
1	<2 years	17	9	3	12	15	10	66							
2	2-5 years	19	11	5	12	18	11	76							
3	6+ years	18	10	4	8	17	9	66							
PROVIDER SURVEYS: NUMBER OF KIDS (# ENDORSING CATEGORY; NOT # OF KIDS)															
1	1-3 kids	2	4	0	1	8	1	16							
2	4-10 kids	16	8	3	9	11	9	56							
3	>10 kids	3	1	2	3	1	2	12							
PROVIDER SURVEYS: RACE/ETHN. OF KIDS (# ENDORSING CATEGORY; NOT # OF KIDS)															
1	Amer. Indian	1	1	0	2	0	0	4							
2	Asian	0	0	0	1	0	0	1							
3	Black	0	0	1	1	0	0	2							
4	Caucasian	19	12	4	13	19	11	78							
5	Hispanic	0	0	0	2	2	1	5							
6	Pac. Islander	0	0	0	1	0	0	1							
7	Other	0	0	0	0	2	1	3							
PROVIDER SURVEYS: COMPLETED TRAINING/EDUCATION															
1	Child Abuse	19	12	5	13	20	11	80							
2	CPR	20	12	5	13	21	9	80							
3	EC Educ.	14	4	4	7	6	6	41							
	EC Hours	86 hours	33 hours	81 hours	22 hours	8 hours	10 hours	40 hours							
4	1 st Aid	20	12	5	13	20	9	79							
5	Food Handl.	20	12	5	13	22	10	82							
6	H & S	17	8	5	11	14	8	63							
7	Spec. Needs	14	9	1	9	4	2	39							
8	Other	6	1	2	4	7	2	22							
PROVIDER SURVEYS: LEVEL OF CONSULTATION															
1	Low	0	0	0	0	0	1	1							
2	Low-medium	1	1	0	1	0	1	4							
3	Medium	2	1	0	2	3	1	9							
4	Medium-high	5	5	2	5	5	6	28							
5	High	12	5	3	4	14	2	40							
PROVIDER SURVEYS: LEVELS OF CONFIDENCE (1=PRE, 2=POST)															
Lvl.	Category	1	2	1	2	1	2	1	2	1	2	1	2	1	2
High	Work w/kids	17	20	13	13	4	5	9	13	17	20	9	10	69	81
Low		3	0	0	0	1	0	4	0	3	0	1	0	12	0
High	Imm. require.	6	19	9	13	3	5	6	11	6	19	7	10	37	77
Low		14	1	4	0	2	0	5	1	14	1	3	0	42	3
High	Emergencies	8	19	12	12	5	5	9	12	8	19	8	10	50	77
Low		12	1	1	0	0	0	3	0	12	1	2	0	30	2
High	Storage	13	20	9	12	4	5	1	13	13	20	9	10	60	80
Low		7	0	4	0	1	0	1	0	7	0	1	0	21	0
High	Equipment	10	18	13	13	3	4	1	13	10	18	6	10	54	76
Low		10	2	0	0	1	0	1	0	10	2	4	0	26	4
High	Environment	17	20	10	13	5	5	1	13	17	20	9	9	70	80
Low		3	0	3	0	0	0	1	0	3	0	1	1	11	1
High	Safe Sleep	16	20	12	12	5	5	1	13	16	20	10	10	72	80
Low		4	0	0	0	0	0	0	0	4	0	0	0	8	0

Code	Category	Baker		Clackamas		Jackson		Lincoln		Multnomah		Union		Total	
High	Cleaning	17	20	13	13	5	5	1	13	17	20	9	10	74	81
Low		3	0	0	0	0	0	0	0	3	0	1	0	7	0
High	Diapering	13	20	12	12	4	4	1	13	13	20	7	9	62	78
Low		7	0	1	1	0	0	0	0	7	0	3	1	18	2
High	Food Prep.	18	20	12	13	4	5	1	13	18	20	8	10	71	81
Low		2	0	1	0	1	0	2	0	2	0	2	0	10	0
High	Activities	13	20	10	12	3	5	1	13	13	20	9	9	58	79
Low		7	0	3	0	2	0	3	0	7	0	1	1	23	1
High	Child Dev.	11	20	11	11	4	5	8	13	11	20	8	10	53	79
Low		9	0	2	1	1	0	5	0	9	0	2	0	28	1
High	Behaviors	9	19	10	11	3	5	9	12	9	19	3	9	43	75
Low		11	1	3	1	2	0	4	1	11	1	7	1	38	5
High	Oral Health	11	19	11	12	4	5	1	13	11	19	7	8	56	76
Low		9	1	2	1	1	0	1	0	9	1	3	2	25	5
High	Spec. Needs	7	13	8	13	3	5	5	9	7	13	4	9	34	62
Low		13	7	5	0	2	0	6	2	13	7	6	1	45	17
High	Parents	14	18	11	13	4	5	1	12	14	18	5	9	59	75
Low		6	2	2	0	1	0	2	1	6	2	5	1	22	6
High	Guidance	15	20	11	12	2	5	1	13	15	20	8	10	63	80
Low		5	0	2	1	3	0	1	0	5	0	2	0	18	1
High	Illness/Imm.	9	19	12	12	2	5	9	12	9	19	8	10	49	77
Low		11	1	1	0	3	0	4	1	11	1	2	0	32	3
High	Access Care	9	18	10	11	2	4	5	10	9	18	6	9	41	70
Low		11	2	3	2	3	0	7	2	11	2	4	1	39	9
High	Policies	12	17	9	12	1	5	8	12	12	17	4	7	46	70
Low		8	3	4	1	4	0	5	1	8	3	6	3	35	11
High	Well-Being	10	16	6	11	2	5	6	7	10	16	6	8	40	63
Low		10	4	7	2	3	0	6	6	10	4	4	2	40	18
PROVIDER SURVEYS: INVOLVED IN LOCAL CHILD CARE COMMUNITY															
		1	2	1	2	1	2	1	2	1	2	1	2	1	2
	Agree	12	17	5	8	2	3	10	13	12	19	2	7	43	67
	Disagree	8	3	8	5	3	1	3	0	10	2	9	4	41	15
PROVIDER SURVEYS: INVOLVED IN CHILD CARE TRAININGS															
		1	2	1	2	1	2	1	2	1	2	1	2	1	2
	Agree	16	17	10	11	4	4	9	12	17	19	9	11	65	74
	Disagree	4	3	3	2	1	0	3	0	4	2	2	0	17	7
PROVIDER SURVEYS: DECREASE IN PROBLEM BEHAVIORS AS RESULT OF TRAININGS/CONSULTATION?															
1	Same		3		3		1		0		3		1		11
2			1		2		1		0		1		0		5
3	Somewhat		3		1		2		6		5		5		22
4			10		3		0		5		3		3		24
5	Quite a bit		2		4		1		1		9		2		19
PROVIDER SURVEYS: FEELINGS ABOUT CHILD WITH BEHAVIORAL DIFFICULTIES															
1	Anxious		2		1		0		0		0		0		3
2			0		1		1		0		0		0		2
3	Concerned,		1		0		0		2		3		2		8

Code	Category	Baker	Clackamas	Jackson	Lincoln	Multnomah	Union	Total
	uncomfortable							
4		12	5	3	9	4	6	39
5	Concerned, in control	4	5	1	2	14	3	29
PROVIDER SURVEYS: OVERALL RATINGS								
<i>The formal trainings offered through the CCHC program have been helpful.</i>								
	Agree	20	10	5	13	21	11	80
	Disagree	0	1	0	0	0	0	1
<i>The individual consultation offered by the CCHC has been helpful.</i>								
	Agree	20	13	5	13	22	10	83
	Disagree	0	0	0	0	0	1	1
<i>The CCHC was knowledgeable about child care health and safety issues.</i>								
	Agree	20	12	5	12	22	11	72
	Disagree	0	1	0	0	0	0	1
<i>The CCHC was available to me when I had a question or needed help.</i>								
	Agree	18	12	5	12	22	9	78
	Disagree	2	0	0	0	0	2	4
<i>The CCHC responded to my questions/needs in a timely manner.</i>								
	Agree	18	12	5	12	22	10	79
	Disagree	2	0	0	0	0	1	3
Overall, I am satisfied with the CCHC program.								
	Agree	20	13	5	13	22	10	83
	Disagree	0	0	0	0	0	1	1
PROVIDER SURVEYS: HELPED WITH WORKING WITH PARENTS?								
	No	1	5	1	7	3	3	20
	Yes	18	6	3	4	16	6	53