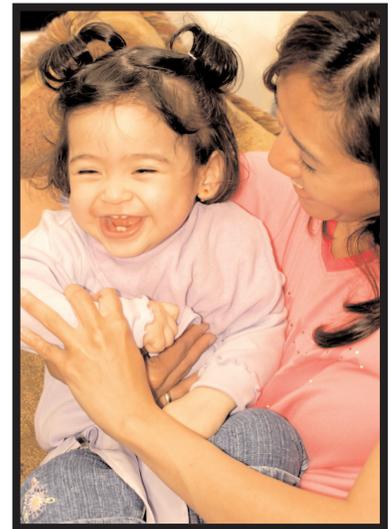


Lane County Child Care Enhancement Project: Year 2 Evaluation Report



Submitted to:

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Child Care Division**

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September 2007



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September 2007



Informing policy, improving programs

ACKNOWLEDGEMENTS

NPC would like to thank all of the child care providers who participated in the evaluation. These providers welcomed the evaluation staff into their businesses and shared their experiences and perceptions with us. Without their cooperation this project would not have been pos-

sible. NPC also would like to thank the parents who participated in the surveys and interviews. In addition, we are grateful to Terri Hansen and Sue Norton from Lane Family Connections and to our Eugene-based data collection staff for their unfailing assistance with the evaluation activities.

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EXECUTIVE SUMMARY

In 2003, the Oregon Legislature enacted the Oregon Child Care Contribution Tax Credit. Taxpayers who make a contribution to the program receive a 75-cent Oregon state tax credit on every dollar. Proceeds from these credits were used to fund a child care enhancement pilot project awarded through a Request for Proposals process administered by the Oregon Employment Department's Child Care Division. Lane Family Connections submitted the winning proposal for the Child Care Enhancement Project (CCEP). CCEP was designed to address three issues: (1) child care affordability, (2) provider compensation, and (3) child care quality. The project includes subsidies for eligible families to cap their child care expenditures at 10% of family income, wage enhancements for providers who engage in professional development activities, and intensive, individualized assistance to providers aimed at increasing child care quality. This report details the results of an evaluation of the second year of the project. During Year 2:

- CCEP provided services to ten family child care providers and two child care centers serving 175 families (representing over 225 children);
- CCEP provided subsidies to 97 families, representing 159 children, to assist with child care expenses; and
- The Program Director conducted 201 site visits and had over 1,000 phone consultations to assist the providers with improving child care quality; and

Outcomes for Providers

The CCEP intervention has resulted in significant increases in professional development



activities for providers as well as significant improvements in child care quality.

PROFESSIONAL DEVELOPMENT IMPROVEMENTS

CCEP providers were engaged in more professional development activities than a control group of providers. Professional development and education of child care providers is an important pathway to increasing the quality of childcare.

- CCEP providers were significantly more likely than control providers to be enrolled on the Oregon Registry (OR, a statewide system for documenting providers' professional development). Enrollment on the OR in and of itself signals an increased level of commitment to child care as a profession.
- CCEP providers were at higher levels on the registry than control providers, suggesting that they are obtaining more early education training and expertise.

PROVIDER COMPENSATION IMPROVEMENTS

One of the key problems among childcare providers is the high rates of provider turnover, due to the challenging nature of the work, combined with relatively low pay. Thus, part of the CCEP project is designed to help increase and stabilize child care providers' compensation. Results this year found that CCEP providers received significantly more wage enhancements than control providers, due to the fact that they were at higher levels on the Oregon Registry (wage enhancements were linked to advancement on the registry).

- Almost half (49%) of the control providers received no wage enhancements, compared to just 11% of the CCEP providers.
- Seven CCEP providers (but no control providers) received wage enhancements between \$3,000 and \$5,000.
- Family providers received higher wage enhancements than center providers. CCEP family providers had an average wage enhancement of nearly \$3,000 compared to just over \$1,000 for CCEP center providers. Control family providers had an average enhancement of approximately \$1,500 compared to an average enhancement of just under \$200 for control center providers.

CHILD CARE QUALITY IMPROVEMENTS

One of the primary goals of the CCEP project is to improve the quality of child care experienced by children. The evaluation, using trained observers, assessed a number of aspects of child care quality, including the safety and developmental supportiveness of the physical environment and materials, the quality of caregiver-child interactions, and the ability of the provider to appropriately support social-emotional, cognitive, and language development. Results indicate that

CCEP appears to be having its most substantial impacts for family-based providers, and in particular in the areas of supporting social, cognitive, and language development. Consistent with the Year 1 report, there were few improvements within the group of center-based CCEP providers. CCEP family providers showed significantly improved quality in the following areas:

- Quality of materials used to support language and literacy;
- Supporting children's social-emotional development;
- Demonstrating a supportive instructional style;
- Supporting language development and early literacy; and
- Providing appropriate learning activities and opportunities.

These findings are especially important in that they suggest that CCEP providers are making the most marked improvements in terms of areas that have been shown to be associated with increased school readiness in young children. Overall, CCEP family providers' scores at the Year 2 follow-up indicate that they are providing extremely high quality environments (scores on all subscales were above 2.5, with possible scores ranging from 1-3). Thus, results suggest that the more than 225 children receiving care from CCEP providers experienced significantly higher quality childcare than they would have if CCEP had not been present.

For center providers, scores indicate that in coming years it will be especially important to continue to provide technical support in terms of available materials for toddlers and preschoolers, materials to support language and literacy, supporting social-emotional development, and supporting cognitive development. While none of these scores indicated inadequate care was being provided, scores

were lower than the mid-point for adequate care.

Outcomes for Families

A second primary goal of CCEP is to help low-income parents to be able to afford high quality childcare. During Year 2, 97 families, representing 159 children, received CCEP subsidies that capped families' child care expenditures at 10% of their income. Parents receiving the subsidy report that the subsidy has contributed to their ability to keep their children consistently enrolled with CCEP child care providers. This is important, as consistency of caregivers is associated with positive child development and healthy attachments.

Further, almost all of these parents report that the subsidy helped to improve their standard of living, and almost three-fourths report that it helped the family save for longer-term goals. At the same time, however, the study found that CCEP parents spent about the same amount of money (in terms of their 'out of pocket' expenses) on childcare as did control parents. This could be due, in part, to the fact that CCEP facilities

charged somewhat more for care than control facilities (by approximately \$50 per month); more likely is that CCEP parents are able to purchase more hours of high quality care than control parents. Low-income control parents may be more likely to use "patchwork" child care supports, relying on friends, relatives, and lower-cost (and often, lower quality) child care providers. Further study is needed to investigate this issue.

Conclusions

Results from CCEP's second year suggest that there are a number of benefits accruing to both parents and providers. While effects on parents are somewhat more difficult to measure, survey results, as well as parents' qualitative responses, suggest that the subsidy is providing substantial, and much-needed, financial support to these parents. Importantly, parents consistently report that the subsidy is helping them to retain their children in the care of the CCEP providers, thus avoiding the potential negative effects of frequent changes in child care settings as well as ensuring that the children remain in the relatively high-quality care environments being provided by the CCEP providers.

Results from both the Year 1 and Year 2 evaluations showed that positive effects were concentrated among CCEP family providers. This is likely due to the fact that the program intervention has been most focused on family

providers. Center providers have participated in quarterly events and occasional visits from the Program Director, whereas family providers and center *directors* have taken

part in monthly networking meetings and at least monthly in-person site visits and phone consultations with the Program Director.

Further, it could be that influencing change among center providers is a more difficult task than influencing change among family providers. Center providers work within the confines of a classroom (often shared with multiple teachers) and a center (comprised of multiple staff and a director), and as such, can be constrained by center policies, practices, philosophy, and environment. Given this, it may be that center providers require a

“The CCEP program was more than a temporary solution for my family—it was actually life changing.”

—CCEP subsidy parent

more intensive intervention than family providers, or a different type of intervention altogether.

One of the most pronounced program effects observed during Year 2 was in terms of engaging CCEP providers with the Oregon Registry, which, in turn, led to substantial wage enhancements for many of the CCEP providers, and may also be related to the significant increases in several critical areas of child care quality observed at the CCEP family provider facilities.

The quality improvements demonstrated by the CCEP family providers were in areas that are critical to child development and later school readiness, including social-emotional development, early literacy support, and support for cognitive and language development. Thus, the quality improvements enjoyed by the children at CCEP family provider facilities may be setting the stage for longer-term benefits as these children move from child care into primary school settings.

INTRODUCTION

What is the Child Care Enhancement Project?

In 2003, the Oregon Legislature enacted the Oregon Child Care Contribution Tax Credit. Taxpayers who make a contribution to the program receive a 75-cent Oregon state tax credit on every dollar. Proceeds from these credits were used to fund a child care enhancement pilot project awarded through a Request for Proposals process administered by the Oregon Employment Department's Child Care Division. Lane Family Connections at Lane Community College submitted the winning proposal for the Child Care Enhancement Project (CCEP). CCEP was designed to address three issues: child care affordability, provider compensation, and child care quality. CCEP has three goals:

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

CCEP consists of three components: a parent subsidy component, a provider wage enhancement component, and specialized technical assistance aimed at quality improvement. First, the project subsidizes the cost of child care for parents who meet income eligibility criteria and whose children are enrolled in participating child care facilities. To be eligible for a parent subsidy, a family's income must be at or below 85% of the state median income.

Second, the program offers wage enhancements for providers who enroll and advance on the Oregon Registry at Step 5 and above. Wage enhancements both act as incentives for participation in ongoing professional de-



velopment and training, as well as contributing to increasing the amount of money earned by child care providers, and therefore, potentially, to their ability to remain in the childcare field.

Third, the program offers a variety of supports for participating providers, including facility enhancement funds and mentoring and technical assistance aimed at enhancing quality.

Program logic models that show how each program activity is expected to influence program outcomes can be seen in Appendix A.

What is the CCEP Evaluation?

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

STUDY DESIGN AND RESEARCH QUESTIONS

NPC Research received a contract to conduct a 3-year evaluation of CCEP, which includes both a process and an outcome study. The process study focuses on documenting, de-

scribing, and explaining program implementation. A process study allows evaluators to determine whether a program is implemented as intended, highlight program accomplishments and challenges, and share lessons that may be useful to others seeking to implement similar projects.

The CCEP process study addresses several key research questions:

1. How well was CCEP implemented and to what extent did it produce desired outputs?
2. What were the barriers and facilitators of successful implementation?

3. How were project funds expended?
4. Are the number and characteristics of parents, children, and providers different for the CCEP and control groups?
5. Are CCEP providers satisfied with the CCEP pilot project?

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

Table 1. Outcome Study Research Questions and Outcomes

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

SAMPLE SELECTION

The evaluation employed a randomized design, with providers assigned to either the CCEP intervention or to a control group. Lane Family Connections publicized the project among Lane County providers, and those providers that expressed interest in participating were assigned to either the CCEP group or the control group. Providers in both groups had to agree to participate in the evaluation, and were promised \$1,000 for their completion of the first year's evaluation activities. The CCEP group consists of 12 facilities, representing 10 family child care providers and 2 child care centers. The control group consists of 13 facilities representing 10 family child care providers and 3 centers.¹ However, once the groups were selected, it became apparent that the control group was not a no-treatment group, as all of the 10 family child care providers (but none of the 3 centers) were participating in CARES, and therefore were receiving wage enhancements and taking part in professional development activities similar to what CCEP was designed to provide. Therefore, the evaluation team added a third, no-treatment group of providers to the study.

To select the no-treatment group, Lane Family Connections provided NPC Research with a comprehensive list of 447 Lane County providers who met several criteria: providers included on the list could not be participating in child care improvement projects such as CCEP or CARES, had to speak English, and had to serve 40 or fewer children. Next, NPC took a random stratified sample of 122 facilities (85% family child care, 15% centers). The CCEP Program Director removed 17 facilities from this list because they were

known to be out of business. Of the remaining 105, the evaluation team was unable to contact 10 due to out of date contact information. NPC spoke to the remaining 95; these calls served to both screen the provider for eligibility for the study and to further explain the study and ask for participation from those who were eligible. The eligibility screening process allowed NPC to verify that the provider was still in business, enrolled more than one child, served children under the age of 6, and worked more than 20 hours per week. This eligibility screening was necessary in order to select facilities that were similar to facilities in the CCEP and control groups. Fifteen (12 family child care providers and 3 centers) were eligible for, and agreed to participate in, the study (21 did not meet the study eligibility criteria and 74 declined to participate in the study).

Over the course of the program, several providers left their places of employment, and several new providers became employed at the study sites. As a result, while NPC Research has now conducted three waves of data collection (two during the first year of program implementation and a third toward the end of the second year of implementation), not all providers have participated in all three rounds of data collection. Table 2, below, lists the number of providers who have participated in baseline data collection, the number of providers who have completed two rounds of data collection, and the number who have completed three rounds of data collection.

¹ One of the three control center facilities was dropped from the study after Year 1 due to instability and changes within that facility that resulted in uncertainty about the center's ability to remain in business.

Table 2. CCEP Evaluation Groups

	CCEP Group	Control Group	No-treatment Group
Baseline Data Collection			
Number of family providers	16 providers (10 facilities)	13 providers (12 facilities)	13 providers (13 facilities)
Number of center providers	16 providers (2 facilities)	20 providers (3 facilities)	16 providers (3 facilities)
Two Rounds of Data			
Number of family providers	13 providers (10 facilities)	9 providers (9 facilities)	11 providers (11 facilities)
Number of center providers	12 providers (2 facilities)	16 providers (3 facilities)	6 providers (3 facilities)
Three Rounds of Data			
Number of family providers	12 providers (10 facilities)	8 providers (8 facilities)	NA
Number of center providers	8 providers (2 facilities)	9 providers (2 facilities)	NA

METHODOLOGY

The process and outcome evaluations rely on information gathered from a variety of different sources, using several methodologies. The three types of information used for the evaluation include program-level data, provider-level data, and parent-level data. The data collected from each of these groups is discussed below.

Program-level Data

In order to address many of the key process study questions, it was necessary to gather information about program implementation. The CCEP Program Director completed quarterly reports; these reports include information about the number of providers and families served, the types of CCEP activities conducted, and the allocation of funds. Findings in this report reflect data submitted on the quarterly reports for the second year (covering the period from July 2006 through

June 2007). In addition to these quarterly reports, NPC staff members were in frequent phone, email and in-person contact with CCEP staff members to exchange information about project and evaluation activities.

Provider-level Data

The second type of data necessary for both the process and outcome evaluations is information from providers themselves. CCEP providers can share their perceptions of the services they are receiving, and data from providers in all three study groups can be used to highlight differences in key outcomes such as income stability and quality of care. All participating providers complete a written survey at the start of their participation with the project (called the Provider Enrollment Survey). In addition, NPC is conducting a total of four rounds of data collection visits (two rounds during the first year of the project, and one round each in the second and third years of the project). These site visits

consist of an observation, a provider survey, and a director survey. Each of these components is described in more detail below.

Participant Enrollment Survey. All providers are asked to complete the Participant Enrollment Survey at the start of their involvement with the project.² This written survey includes sections on background and demographic information, provider confidence in a variety of domains, provider commitment to the field, and professional development activities. This measure was developed by the Oregon Child Care Research Partnership for use with all State-funded child care projects.

Observations: NPC staff members conduct observations with every provider in the three study groups using the Quality of Early Childhood Care Settings (QUEST) instrument developed by Abt Associates. This instrument consists of multiple subsections that measure environmental quality, the quality of the cognitive development environment, and social/emotional quality. The environmental quality subsections include ratings of health and safety in a variety of areas and the appropriateness/adequateness of equipment and materials. The subsections focusing on cognitive development include ratings of instructional style, learning opportunities, and language development. The subsections that focus on social/emotional quality include ratings of the caregiver's use of positive guidance, supervision style, and supporting social development and play. Each observation takes approximately 2 hours.

Facility Owner/Director Survey: At the time of each observation, the facility directors are asked to complete a written director survey. This survey, developed for this evaluation by NPC, gathers information about enrollment and revenue fluctuations.

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

Parent-level Data

In addition to program-level and provider-level data, the evaluation includes a parent survey component. Due to budgetary constraints, the parent data collection activities are conducted just with parents in the CCEP and control group; no parent-level data collection is conducted with no-treatment group parents. The parent survey is administered once annually during the three-year evaluation.

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

In Year 1, the parent survey was administered through the mail. Providers were asked to give parents a flyer explaining the study along with a *consent to contact form*, and were asked to encourage parents to return the form. Those parents who returned signed *consent to contact forms* with their mailing addresses (100, 58 from CCEP providers and 42 from control providers) became the sample of parents used for the parent survey. The parents who signed a *consent to contact* comprised 32% of families served by CCEP providers and 26% of the families served by control providers. Surveys were mailed to these 100 parents, and NPC conducted follow-up phone calls and second mailings to all parents who did not return their survey.

² Not all providers completed the PES promptly, and as a result, for some providers it is not a true baseline measure.

This methodology resulted in an eventual 68 surveys (38 from CCEP parents and 30 from control parents), for a 66% response rate for consenting CCEP parents and a 71% response rate for consenting control parents. These parents represented approximately 20% of the families served by the CCEP and control facilities.

In order to both increase the parent sample size and to use resources more efficiently, NPC adopted a different strategy during Year 2, involving a 3-pronged approach to parent survey data collection.

1. Survey parties: NPC staff visited each facility at a pre-arranged time (during busy pick-up times) and invited parents to complete the survey while they picked up their children.
2. Drop-boxes: NPC staff left extra blank surveys and drop-boxes at each facility and asked providers to have parents complete the surveys when they dropped off or picked up their children.
3. Mailed surveys: Finally, NPC mailed surveys to those parents who received CCEP subsidies who did not complete a survey either at a survey party or through a drop box. Surveys were not mailed to parents who did not receive a CCEP subsidy (that is, parents at control facilities or parents at CCEP facilities who did not qualify for subsidies). Receiving the highest possible response rate from CCEP subsidy parents was the primary concern of the evaluation team, as it is these parents who can comment on what effect the subsidies have had on their families.

This three-pronged approach to the parent surveys resulted in much higher response rates in Year 2. A total of 207 parents completed the survey: 42 parents receiving the CCEP subsidy (representing 86% of parents receiving a subsidy at the time of the data

collection) and 165 other parents (representing 50% of all other parents).

About This Report

The next section of this report describes the implementation of the second year of CCEP, including a description of program activities, provider and parent characteristics, and provider satisfaction.

The third section of this report presents data on program outcomes for families and providers. For the family-related outcomes, the report focuses on data from the most recent (2007) parent survey only. Data from the first (2006) parent survey were presented in the Year 1 Evaluation Report, and too few parents (n=10) took part in both surveys to allow an analysis of change over time in family outcomes.

For the provider-related outcomes, in order to report on change over time (a key indicator for many outcomes), the report presents data on the subset of providers who participated in at least two rounds of data collection, and what is reported here is an analysis of baseline data as compared to data from the last available time point for each provider. That is, for those providers who participated in three rounds of data collection, this report focuses on data from their first and last round of data collection (and data from their second round of data collection is not included here); for those providers who participated in only two rounds of data collection, the report includes data from both of those rounds. Thus, the time between assessments varies somewhat, with most assessments occurring about 15-18 months apart. Finally, data from providers for whom the 2007 data collection was their first, or baseline, data collection are not included in this report; data on these providers will be included in the third annual report once the evaluation team has been able to collect follow-up data. These providers are either providers who have entered the study as “replacements” for providers who dropped

out of the program, or are newly hired staff at participating facilities.

Finally, the provider outcome analyses discussed in this report combine data from the control and no-treatment group providers. The evaluation team chose to present combined data in this report for two reasons: first, by combining these two groups we can create a group of providers most representative of non-CCEP providers (that is, a group including some providers who participate in

CARES and some who do not), and second, by combining the two groups we can increase our sample size and thus have more statistical power to detect significant differences between the CCEP group and other providers. For the sake of brevity, we call this combined control and no-treatment group the “control group.” Table 3 displays the sample sizes for both the parent and provider data presented in this report.

Table 3. Report Sample Sizes

	CCEP	Control
2007 parents	105 (42 subsidy, 63 non-subsidy)	102
FCC Providers with 2 rounds of data	13 providers (10 facilities)	20 providers from 20 facilities (9 control, 11 no-treatment)
Center Providers with 2 rounds of data	12 providers (2 facilities)	22 providers from 6 facilities (16 control providers at 3 facilities and 6 no-treatment providers at 3 facilities)

CCEP IMPLEMENTATION

To answer the process study research questions listed above, the evaluation team focused on the CCEP activities and expenditures, the demographic characteristics of providers and parents, and provider satisfaction with the program.

CCEP Activities and Expenditures

ACTIVITIES TO PROMOTE CHILD CARE AFFORDABILITY

97 families received CCEP subsidies for some or all of Year 2, representing 159 children. Just over half (51 families) were new to the subsidy program during Year 2, and 46 families who received subsidies during Year 1 continued to receive subsidies during Year 2 (49 families who received subsidies in Year 1 did not continue to receive subsidies in Year 2. Parent eligibility was confirmed twice during the second year: at the start of the year (in August), Year 1 families were asked to re-enroll, and new families were invited to join the subsidy program through the fall. In January, the program verified eligibility on all families again, and for many families this mid-year eligibility check resulted in changes to their subsidy amounts (due in large part to an increase in the minimum wage). In addition, families' subsidy participation and rate was verified anytime the family had a change in DHS subsidy, change in jobs, or change in household size. All families who applied for CCEP subsidies also were required to apply for a DHS subsidy if they met the DHS income requirements.

“You have given a chance for my daughter to enjoy and feel safe in this wonderful establishment. She has grown and improved since the beginning.”

—CCEP subsidy parent

ACTIVITIES TO PROMOTE CHILD CARE PROVIDER COMPENSATION

The CCEP Program Director focused a good deal of her mentoring and support on making sure that CCEP providers were enrolled on the OR at a Step 5 or higher, and therefore eligible for the wage enhancements. Twenty-four CCEP providers received wage enhancements in Year 2, as compared to 14 in Year 1. The enhancement amount was based on a providers' OR step. Many CCEP providers saw a substantial increase in their income, with 14 providers receiving \$2,000 or more and 5 CCEP providers receiving \$5,000 each in enhancements. Thus, it appears that the efforts made towards improving CCEP providers' OR step status and eligibility for wage enhancements was quite successful.

ACTIVITIES TO PROMOTE CHILD CARE QUALITY

The mentoring, technical assistance, and other support for quality improvements took several forms, including program enhancement grants (\$1,000 for family providers and \$2,000 for centers), monthly provider networking meetings, site visits from the Program Director, and phone and email consultations. During the second year, the Program Director logged 1,198 phone contacts, 425 email contacts, and 201 site visits with the participating providers.

Each month, the participating family providers gathered for networking meetings. In addition to offering a chance for the providers to come together to support each other and share stories and experiences, each meeting

focused on a particular topic and sometimes involved guest speakers or presentations. Below are some topics covered by the networking meetings in Year 2:

- Making nutritious lunches using fresh produce;
- Learning about the Lane Community College Biz Center and the services it offers;
- Car seat safety (including free safety checks by a certified car seat safety instructor);
- Working with children with special needs and learning disabilities;
- Maintaining a hygienic environment;
- Gardening with children; and
- Enriching outdoor play stations.

Along with these networking meetings, the Program Director prepares monthly newsletters that often include a book review and art project ideas.

In addition to these group activities, the Program Director spent much of her time in one-on-one consultations with family providers and center directors, both via phone or email, as well as in person through site visits. These consultations covered a wide range of topics, including, but not limited to:

- Help with bookkeeping issues such as billing and subsidy systems;
- Help with business management issues such as creating employee handbooks and sign-in sheets;
- Referrals to workshops, classes, and scholarships;
- Consultations about layout and organization of workstations;
- Observation and coaching about interpersonal interactions including tone of voice;

- Training on outdoor play safety issues;
- Review of evacuation and emergency procedures;
- Problem-solving around how to meet the required staff/student ratio at all times;
- Help with marketing ideas to boost enrollment;
- Mentoring around Oregon Registry process;
- Help with individualized goal-setting for each provider;
- Consultations on how to best use program enhancement funds based on the providers' QUEST self-evaluations;
- Mentoring with center directors around personnel issues;
- Assistance with understanding and meeting USDA food program requirements;
- Assistance with group activities and curriculum development;
- Review and modification of daily schedules and routines;
- Assistance and referrals for working with high-needs children, including drug addicted infants; and
- Discussion about how to embrace diversity among families.

During this past year, the Program Director also put effort into engaging center staff. One of the challenges identified through the Year 1 Evaluation was that center staff did not feel as connected to the program as the family providers did, primarily because it was center directors, and not the line staff, who interfaced most with the program. Therefore, during Year 2, center staff were invited to participate in two Center Staff Development Trainings. The first training, held in November, was an opportunity for the providers to get to know each other and the Program Director and also included a review of the QUEST

observation tool. The second training, held in March, included a discussion of the difference between process art and product art. The Program Director also met individually with all center staff to set professional development goals, and she observed and provided feedback on each of their teaching styles.

PROGRAM EXPENDITURES

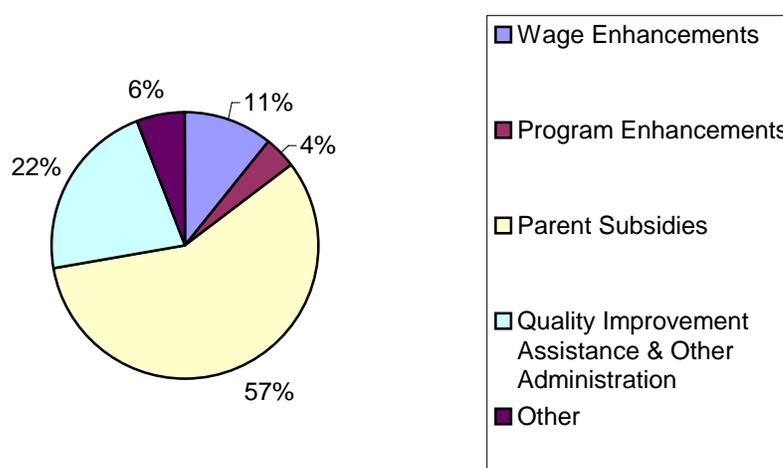
Table 4 and Figure 1 display the Year 2 expenditures for each program component. The parent subsidies comprised 58% of the over-

all project budget, and administrative costs (primarily the Program Director's salary and benefits; much of her time was devoted to the quality improvement component of the project) represented 22% of the overall project budget. The funding breakdown during Year 2 mirrored the breakdown for Year 1; in both years the parent subsidy component comprised the majority of the funds, followed by the administrative costs for the quality improvement component.

Table 4. Year 2 CCEP Expenditures

Activity	Amount
Parent subsidies	\$250,230 for 97 families (about \$2,580 per family)
Wage enhancements	\$47,125 for 24 providers (about \$2,000 per provider)
Program enhancement grants	\$16,363
Program Director salary, benefits, and other administration	\$95,861
Other (materials, mail, telephone, incentives to control sites)	\$23,587
Total	\$433,166

Figure 1. Year 2 CCEP Funds as a Percentage of Total Expenditures



CCEP Provider and Parent Characteristics

Table 5 presents demographic information for the providers in the CCEP, control, and no-treatment groups. Most providers in all study groups were women and were Caucasian.

Table 5. Provider Demographics

Characteristic	CCEP % (n)	Control % (n)	No-treatment % (n)
Gender	N=25	N=24	N=17
Female	92% (23)	100% (24)	100% (17)
Male	8% (2)	0	0
Age	N=25	N=24	N=17
25 and under	16% (4)	21% (5)	6% (1)
26 to 35	32% (8)	46% (11)	24% (4)
36 to 46	4% (1)	8% (2)	47% (8)
46 and older	48% (12)	25% (6)	24% (4)
Race/ethnicity	N=25	N=23	N=17
White	80% (20)	65% (15)	82% (14)
Hispanic	12% (3)	22% (5)	12% (2)
African American	0	0	0
Asian/Pacific Islander	4% (1)	9% (2)	6% (1)
American Indian/ Native Alaskan	4% (1)	0	0
Other	0	4% (1)	0
Primary Language	N=25	N=24	N=17
English	92% (23)	88% (21)	100% (17)
Spanish	8% (2)	12% (3)	0
Other	0	0	0
Highest Education Level	N=25	N=24	N=17
Master's degree	4% (1)	0	0
Bachelor's degree	28% (7)	13% (3)	24% (4)
Associate's degree	4% (1)	13% (3)	29% (5)
Certification (child-related or other)	20% (5)	13% (3)	0
High school diploma/GED	52% (13)	63% (15)	41% (7)
Less than high school	4% (1)	0	6% (1)

Table 6 presents providers' professional characteristics. Providers across all the groups tended to have been in the child care field for over 5 years, and almost all made less than \$30,000 annually from their child care work.

Table 6. Provider Professional Characteristics

Characteristic	CCEP % (n)	Control % (n)	No-treatment % (n)
Type of position	N=25	N=23	N=16
Director	56% (14)	39% (9)	63% (10)
Staff	44% (11)	61% (14)	38% (6)
Length of time in field	N=25	N=24	N=17
Over 5 years	72% (18)	54% (13)	71% (12)
3 to 5 years	8% (2)	25% (6)	18% (3)
1 to 2 years	12% (3)	8% (2)	12% (2)
Less than 1 year	8% (2)	17% (4)	0
Income from child care	N=24	N=24	N=16
\$15,000 or less	63% (15)	71% (17)	38% (6)
\$30,000 or less	92% (22)	100% (24)	94% (15)
Child care percent of total income	N=25	N=23	N=16
Only source of income	20% (5)	30% (7)	19% (3)
More than half of income	8% (2)	9% (2)	19% (3)
About half of income	40% (10)	22% (5)	7% (1)
Less than half of income	32% (8)	39% (9)	56% (9)

Demographic information about CCEP parents is available only for those parents who participated in the Year 2 parent survey. Parents who participated in the survey provided information including age, race, primary language spoken at home, and education level. Table 7 displays the demographic informa-

tion for two sub-groups of CCEP parents (those who received subsidies and those who did not) and the control parents. CCEP subsidy parents were significantly younger and less educated than parents in the other two groups.

Table 7. Parent Demographics

Characteristic	CCEP Subsidy Parents	CCEP Non-subsidy parents	Control Parents
Age*	N=41	N=62	N=102
Mean	30.3	34.3	34.8
Standard Deviation	6.8	7.1	8.8
Race/ethnicity	N=42	N=63	N=100
White	86% (36)	75% (47)	86% (86)
Hispanic	7% (3)	8% (5)	5% (5)
African American	0	3% (2)	2% (2)
Asian/Pacific Islander	0	3% (2)	2% (2)
American Indian/Native Alaskan	5% (2)	6% (4)	3% (3)
Other	2% (1)	5% (3)	2% (2)
Primary Language	N=42	N=63	N=102
English	100% (42)	95% (60)	99% (1)
Spanish	0	2% (1)	1% (1)
Other	0	3% (2)	0
Highest Education Level**	N=42	N=63	N=101
Bachelor's degree or higher	7% (3)	40% (25)	27% (27)
Associate's degree	19% (8)	25% (16)	21% (21)
Certification	12% (5)	10% (6)	9% (9)
Some vocational/trade school	17% (7)	8% (5)	16% (16)
High school diploma/GED	38% (16)	13% (8)	25% (25)
Less than high school	7% (3)	5% (3)	3% (3)

*CCEP subsidy parents were significantly younger than parents in the other two groups ($p < .01$).

**CCEP subsidy parents were significantly less educated than CCEP non-subsidy parents ($p < .05$).

CCEP Provider Satisfaction

The provider survey included a question for the CCEP group that asked them to indicate their overall level of satisfaction with CCEP, and also included questions on what they

liked best about the program and what suggestions, if any, they had for improvement. As illustrated in Table 8, all family child care providers were satisfied with the program, while three center providers indicated that they were neither satisfied nor dissatisfied.

Table 8. Provider Satisfaction with CCEP

	Dissatisfied % (n)	Neutral % (n)	Satisfied % (n)
CCEP FCC Providers (n=11)	0	0	100% (11)
CCEP Center Providers (n=9)	0	33% (3)	67% (6)

Providers' responses to the survey question about what was most beneficial about the program revealed several themes. First, providers described their appreciation for the support and assistance they received on any number of issues and topics. Second, providers said that the program was instrumental in helping them access (and pay for) classes and workshops.

Third, providers discussed how helpful the extra income was for them.

Most providers did not have suggestions for improvements, but several did share some ideas. One provider suggested that the facili-

ty improvement grants should be based on need rather than a flat amount paid to all providers; she explained that some providers may have greater need for facility improvements, and therefore should be able to receive more funds for this. Another provider felt that the program was especially beneficial for family child care (FCC) providers and therefore thought

that FCCs should be the program's sole focus. Finally, a third provider wished that the program could be more than 3 years; she expressed concerns that real changes could not be made in that short a period of time.

“The most beneficial [aspects were] the help I received in creating a functional program, curriculum ideas, and classes that will continue to improve my performance as a child care provider.”

—CCEP child care provider

CCEP OUTCOMES

Data from the provider observations, the provider surveys, the facility director surveys, and the parent surveys provided the information necessary to answer the evaluation's outcome questions. Each question and its related outcomes are presented below.

Question 1: Are Parents Spending Less Than 10% of Their Income on Child Care?

OUTCOME 1A: INCREASED

AFFORDABILITY OF CARE FOR PARENTS

As described above, 97 families received CCEP subsidies for some or all of Year 2, thus capping their child care spending at 10% of the families' incomes. These families represent 159 children. Data from the parent survey indicate, not surprisingly, that parents receiving the subsidies have significantly lower monthly take-home incomes than parents at CCEP facilities who do not receive subsidies: CCEP subsidy family average monthly take-home income was \$1,905 and CCEP non-subsidy family average monthly take-home income was \$3,444. Interestingly, the average take-home income for families at control facilities was similar to the CCEP non-subsidy families (\$3,360).

OUTCOME 1B: PARENTS HAVE REDUCED FINANCIAL STRESS

Through the parent survey, the evaluation team examined levels of financial stress among parents using a series of questions about potential financial stressors in parents'

lives. Parents were asked if they worried about whether they could pay their child care bills, whether they worry about finances overall, and were asked a series of questions about whether they worry about meeting a variety of needs, including mortgage/rent payments, food, clothing, and medical care (the financial stress subscale).³ Table 9 displays the number of parents who agreed or strongly agreed that they often worried about these financial stressors. CCEP subsidy parents had significantly higher levels of financial stress than the other two groups of parents, which is not surprising, given their significantly lower income levels. However, when the evaluation team selected a subset of the control parents with income similar to the CCEP subsidy parents (thus creating a matched control group on this variable), these differences in financial stress disap-

“I was not on the Registry and had no intentions of going back to school. I now feel part of a community...and want to learn and become more educated and go as high as I can on the Registry.”

—CCEP child care provider

peared: CCEP subsidy parents showed no more, or less, financial stress than these matched control parents.

This finding is not surprising, given that study results also showed that CCEP subsidy parents reported spending approximately the same amount (out of pocket) on child care each month as the matched control sample (just over \$200). Thus, in the absence of the subsidy, the matched control sample were either purchasing lower-cost child care or were using less child care than the CCEP subsidy families. Put another way, with the benefit of the subsidy, CCEP parents were able to purchase more high quality child

³ Seven items made up this financial stress subscale, with alpha=0.94.

care than the matched control parents. Low-income control parents may be more likely to use “patchwork” child care supports, relying on friends, relatives, and lower-cost (and often, lower quality) child care providers. Further study of this issue is necessary, as the current study did not include the collection of

information about the number of hours of care purchased. The fact that the two groups reported similar monthly child care expenses may explain why the CCEP subsidy group did not report any less financial stress than the matched control group; they had no more cash in hand than the control parents.

Table 9. Parent Financial Stress

Parents who agree with the following statements:	CCEP		
	CCEP Subsidy Parents % (n)	Non-subsidy parents % (n)	Control Parents % (n)
I often worry about whether I will be able to pay my child care bills.**	38% (16)	18% (11)	16% (16)
I often worry about my family’s finances overall.*	74% (31)	41% (25)	40% (40)
I often worry about meeting my family’s financial needs (e.g., mortgage/rent, food, etc.).***	55% (23)	5% (3)	15% (15)

*Statistically significant at p<.05.
 **Statistically significant at p<.01.
 ***Statistically significant at p<.001.

CCEP subsidy parents also answered survey questions about whether and how the subsidy had helped their families. Parents rated, on a scale from strongly disagree to strongly agree, whether the subsidy had helped their family with a variety of financial needs, as illustrated in Table 10. Most parents agreed that the subsidy had helped their families in a variety of ways, including help with meeting basic needs, help with improving families’

standards of living, help with long-term savings, and helping families keep their children in a stable child care arrangement. Perhaps most striking are the number of parents who agreed or strongly agreed that they would have been unable to afford this child care setting (90%), or who would have had to take their child out of child care without the subsidy (63%).

Table 10. Impact of CCEP Subsidy on Families Receiving the Subsidy

	Strongly Disagree % (n)	Disagree % (n)	Agree % (n)	Strongly Agree % (n)
We would not have been able to afford this child care without the subsidy	3% (1)	8% (3)	30% (12)	60% (24)
If we didn't have the subsidy we would have to take our child out of this child care	7% (3)	30% (12)	23% (9)	40% (4)
The CCEP subsidy has helped our family	3% (1)	0	3% (1)	91% (38)
The CCEP subsidy has helped us to afford our basic needs (e.g., food, mortgage/rent, etc.)	3% (1)	20% (8)	33% (13)	45% (18)
The CCEP subsidy has improved our standard of living	0	3% (1)	33% (14)	60% (25)
The CCEP subsidy has helped us be able to save for our long-term goals	3% (1)	19% (8)	31% (13)	43% (18)

Parents also answered some open-ended questions about how the CCEP subsidy had helped them and whether they had any suggestions for improvement. These open-ended responses mirrored the responses to the survey questions described above: many parents stated that they would not be able to afford to have their children in their current (and perceived high quality) child care arrangement without the subsidy, and many enumerated the concrete ways in which the subsidy helped with basic living expenses, such as allowing a family to purchase health insurance, allowing a family to pay expensive medical bills that resulted from the birth of a premature child, allowing a family to buy a more reliable car, and allowing a mother to buy much-needed new shoes for her children. Fewer parents described how the subsidy allowed their families to afford a few extras now, such as occasional dinners out, or activ-

ities or toys for the children. Finally, some parents described how the subsidies helped families make significant changes in their quality of life; these families stated that before the subsidy one parent stayed home with the children, as they could not afford child care, but now both parents have the opportunity to work and the families benefit from two incomes.

While most parents had no suggestions for improvement and expressed gratitude for the CCEP subsidies, a sizeable subset of parents stated that they wished the CCEP subsidies could be provided to parents who are in school and not working. These parents expressed frustration that they needed to work *and* go to school in order to qualify for the subsidy. The parents felt that they were taking a concrete step to better their families' lives (and to ensure that in the long run they will be self-sufficient) and wished that they

could receive the subsidies for the few years it takes to complete their schooling.

Question 2: Are CCEP Parents More Satisfied with Their Child Care Arrangements?

The CCEP program is designed both to support parents financially as well as to improve the quality of care. Both of these may, in turn, influence parents' satisfaction with care as well as the stability of the child care situations for children. Moreover, by reducing stress over finding quality, stable child care, the CCEP program may influence parents' ability to be productively engaged in the workforce. These outcomes are discussed below.

OUTCOME 2A: STABILITY OF CARE

Parents were asked on the parent survey how many times they had changed child care arrangements in the past year. There were no significant differences between the three groups of parents (CCEP subsidy, CCEP non-subsidy, and control). Three-quarters (75%) of CCEP parents, 65% of control parents, and 68% of no-treatment parents reported no changes in child care arrangements in the past year. For those families that did change child care arrangements, the most common reasons included location or transportation changes, quality concerns, and scheduling changes:

- Eight families (2 CCEP subsidy, 2 CCEP non-subsidy, and 4 control) changed care due to a move.
- Seven families (no CCEP subsidy, 3 CCEP non-subsidy, and 4 control) changed care due to quality concerns.
- Four families (1 CCEP subsidy, 1 CCEP non-subsidy, and 2 control) changed care due to scheduling changes or difficulties (e.g. provider not offering care during the hours/days the parent needs care).

- Five families (1 CCEP subsidy, 2 CCEP non-subsidy, and 2 control) changed care for other reasons, including children aging out of care (e.g. a 3-year-old aging out of a program for 0-3 year-olds).

While there were no significant differences between the groups of parents in terms of number of child care changes in the past year, thirteen of the CCEP subsidy parents stated that if they did not have the CCEP subsidy they would have to remove their children from their child care arrangements; thus, the subsidy is contributing to child care stability for those families.

However, it is important to note that the evaluation methodology relied on a point-in-time survey with parents. That is, only those parents currently enrolled in the facilities participated in the survey; those families who may have taken their children out of the study facilities prior to our survey data collection are not represented. Research that tracks each family longitudinally is needed to better address this question.

OUTCOME 2B: PARENTAL WORK PRODUCTIVITY

The parent survey included a question about how many days of work parents had missed in the past year due to changes in child care arrangements. Unlike in Year 1 (when the CCEP subsidy parents reported significantly more days of missed work than other parents), there were no significant differences between the groups of parents in the number of days of missed work in Year 2. CCEP subsidy and control parents both averaged 1.8 days of missed work due to child care arrangements, and CCEP non-subsidy parents averaged 1.3 days of missed work.

OUTCOME 2C: PARENTAL ASSESSMENT OF QUALITY

The evaluation team collected measures of parents' perceptions of the quality of care through several items on the parent survey.

Parents were asked how much they agreed that their child care provider was just what their child needed and how much they agreed that their provider was a skilled professional (on a scale of 1, strongly disagree, to 5, strongly agree). In addition, the survey included a 17-item assessment of quality scale developed by Arthur Emlen.⁴ Table 11 displays parents' satisfaction ratings for CCEP (subsidy and non-subsidy parents are combined for this analysis, as both of these groups of parents were sending their children to the same group of providers) and control parents. As illustrated in the table, CCEP parents assessed quality as significantly higher than control parents. Subsequent sections of this report will explore differences between CCEP and control providers on observational measures of child care quality.

Table 11. Mean Parental Assessment of Quality Scores

	CCEP Parents (N=92)	Control Parents (N=90)
Satisfaction with quality of care scale score**	4.5	4.3
Care arrangement is just what child needs***	4.7	4.3
Provider is a skilled professional*	4.8	4.7

*Significant at $p < .05$.

**Significant at $p < .01$.

***Significant at $p < .001$.

Question 3: Do CCEP Providers Show More Evidence of Engagement in Professional Development Activities?

A primary goal of CCEP is to encourage and facilitate providers' enrollment and advancement on the Oregon Registry (OR) through the use of wage enhancements. Professional development, and the commitment to child care as a profession that engaging in the Oregon Registry represents, are important precursors to increased quality of care and to retention of childcare providers in the field. The evaluation examined three outcomes related to professional development: increased participation in professional development activities, increased motivation for professional development, and increased participation in supportive peer networks.

OUTCOME 3A: INCREASED PROVIDER PROFESSIONAL DEVELOPMENT ACTIVITIES

The CCEP Program Director collects information about enrollments and advancements on the OR. Because one of the primary interventions of CCEP is to provide wage enhancements based on providers' OR step, a major project goal was to assist providers in registering and advancing on the OR.

During Year 2, significantly more CCEP providers than control providers were enrolled on the OR and were at Step 5 or higher. As illustrated in Table 12 and Figure 2, by the end of the second year of the program, all but one CCEP provider was enrolled on the OR (this one provider was a new employee at a center), and 25 of the 27 enrolled CCEP providers were at Step 5 or greater. Ten center providers and one family provider who were not enrolled during the first year enrolled during the second year. Seven CCEP providers (4 family providers and 3 center providers) advanced steps on the OR during Year 2. In contrast, just 51% (23) of control providers were enrolled on the OR

⁴ This scale had an $\alpha = 0.92$.

by the end of Year 2 (16 of these providers were at Step 5 or higher), and only one con-

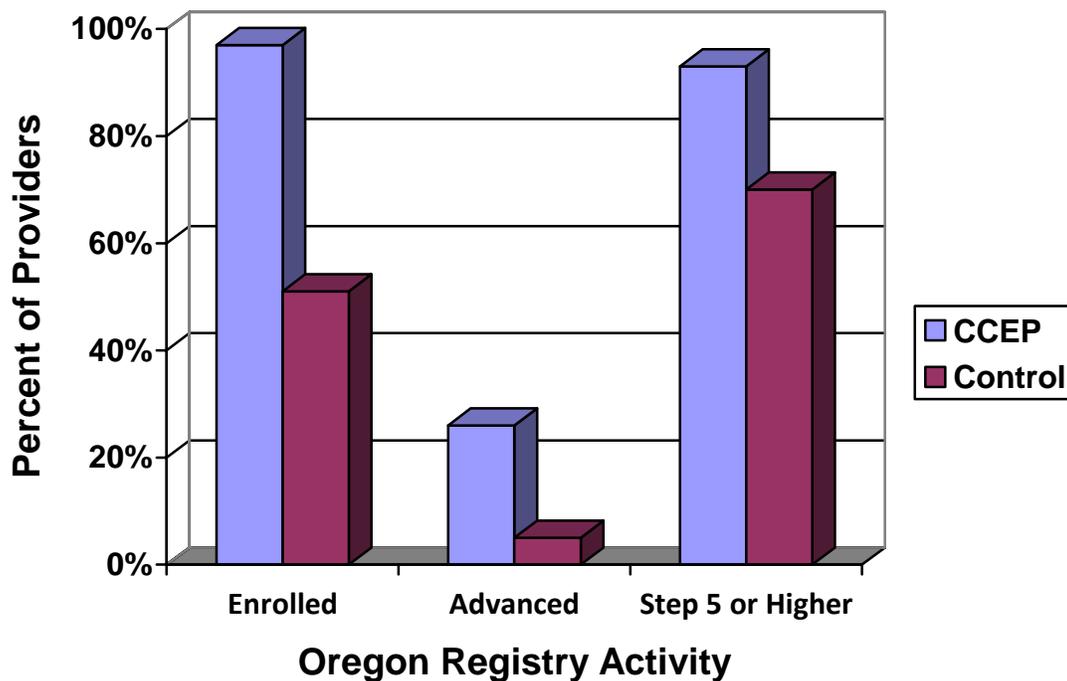
trol provider (a family provider) advanced on the OR during the year.

Table 12. Year 2 Enrollments and Advancements on the Oregon Registry

	CCEP % (n)	Control % (n)
Enrolled*	97% (27)	51% (23)
Advanced*	26% (7)	5% (2)
Step 5 or Higher*	93% (25)	37% (16)

*Statistically significant at $p < .05$.

Figure 2. Year 2 Oregon Registry Activity



OUTCOME 3B: INCREASED MOTIVATION FOR PROFESSIONAL DEVELOPMENT

On the provider surveys, providers were asked to rate their level of agreement (from 1, strongly disagree, to 5, strongly agree) with two questions about motivation for professional development: “I would like to improve my education and training in childhood

care and education” and “It is important to me to improve my training and education in childhood care and education.” Table 13 displays average scores on these items at baseline and follow-up. At baseline and follow-up, CCEP family providers were significantly more motivated for professional development than control family providers, though there were no changes over time for any

group. There were no significant differences across groups for center providers, and there were no changes over time. The lack of change over time on these items could be due to the fact that overall, providers rated them-

selves as highly motivated for professional development at baseline, which left little room for improvement at follow-up (a ceiling effect).

Table 13. Mean Provider Motivation for Professional Development Scores

	Family Providers		Center-Based Providers	
	CCEP	Control	CCEP	Control
I would like to improve my education and training in childhood care and education				
	<i>n</i> =13	<i>n</i> =19	<i>n</i> =12	<i>n</i> =14
Baseline	4.8	3.9	4.7	4.4
Follow-up	4.7	4.1	4.3	4.0
<i>Significant change over time?</i>	No	No	No	No
<i>More improvement for CCEP group?</i>		No		No
It is important to me to improve my education in childhood care and education				
	<i>n</i> =13	<i>n</i> =19	<i>n</i> =12	<i>n</i> =14
Baseline	4.8	4.4	4.7	4.4
Follow-up	4.8	4.1	4.3	4.4
<i>Significant change over time?</i>	No	No	No	No
<i>More improvement for CCEP group?</i>		No		No

OUTCOME 3C: INCREASED SUPPORTIVE NETWORKS

The provider survey included a provider sense of community subscale consisting of 4 items.⁵ There were no differences across groups or across time on scores on this subscale, as displayed in Table 14; however, CCEP family providers do show a trend toward increased sense of community at follow-up than at baseline; it is possible that with larger sample sizes, this result could reach significance.

Table 14. Mean Provider Networking Scale Scores

	Family Providers		Center-Based Providers	
	CCEP	Control	CCEP	Control
	<i>n</i> =11	<i>n</i> =16	<i>n</i> =12	<i>n</i> =14
Baseline	3.8	3.3	3.4	3.5
Follow-up	4.1	3.4	3.4	3.5
<i>Significant change over time?</i>	No	No	No	No
<i>More improvement for CCEP group?</i>		No		No

⁵ This subscale had an alpha=0.89.

Question 4: Are Providers Compensated at a Rate Commensurate with Their Level of Training and Education?

As discussed above, one of the components of the CCEP project is to offer wage enhancements to providers who enroll on the OR, with the hope that these enhancements will result in increased wages, reduced financial stress, and ultimately, increased retention of childcare providers in the field.

OUTCOME 4A: INCREASED INCOME FOR PROVIDERS

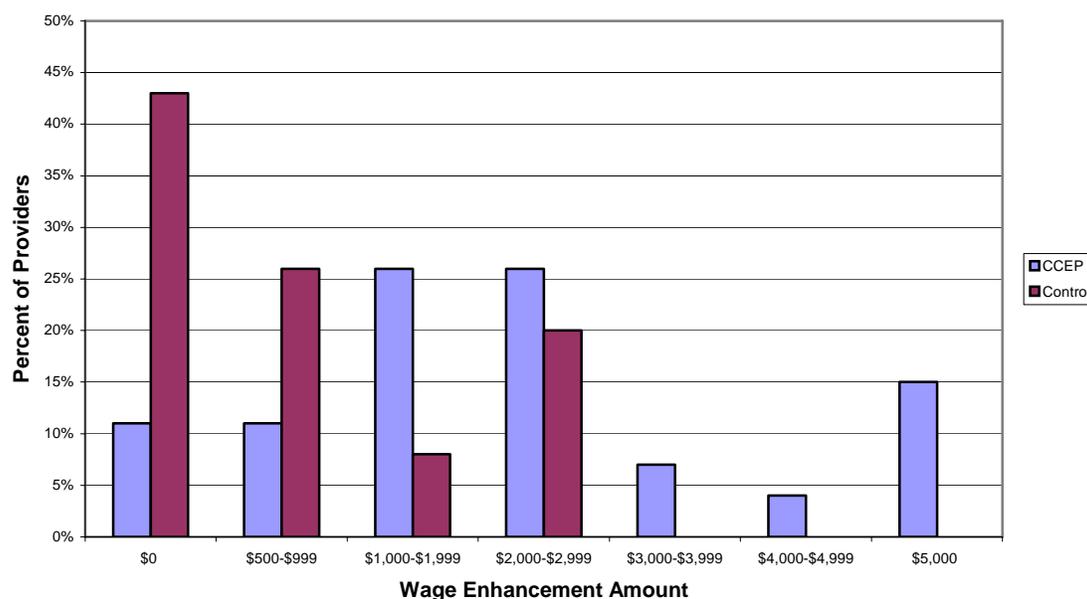
CCEP uses wage enhancements tied to Oregon Registry enrollment and advancement as a means to increase providers' income. Figure 3 presents the wage enhancements received by the CCEP and control providers. Despite the fact that both the CCEP and CARES program (in which a number of control providers were enrolled) place an emphasis on enrollment and advancement on the OR (see above), CCEP providers received significantly higher wage enhancements due to the fact that they had more advancement and were at higher steps on the OR. These enhancements represented significant increases in income for providers. Twenty-four



CCEP providers received enhancements, and 14 CCEP providers saw an increase in their income of \$2,000 or more (indeed, 7 CCEP providers received \$3,000 or more in enhancements). In contrast, no control providers received enhancements of \$3,000 or more.

Interestingly, family providers in both the CCEP and control groups tended to be at higher steps on the OR, and therefore received significantly higher wage enhancements: CCEP family providers had an average wage enhancement of nearly \$3,000 compared to an average wage enhancement of just over \$1,000 for CCEP center providers, and control family providers had an average enhancement of approximately \$1,500 compared to an average enhancement of just under \$200 for control center providers.

Figure 3. Provider Wage Enhancements



Outcome 4B: Providers Have Reduced Financial Stress

The provider survey included a scale consisting of 7 items that measured the degree to which providers could meet their families' basic needs (such as housing, food, and clothing).⁶ In addition, the survey included questions about whether providers worried about their income from child care, whether they worried about their families' finances overall, and whether they were unsure about their income month-to-month. As illustrated in Table 15, there were no significant differences between groups at baseline or at follow-up, nor were there significant differences within groups between baseline and follow-up. However, some interesting trends emerged: CCEP family providers tended to have lower scores on these financial stress items at follow-up than at baseline, but CCEP center providers tended to have higher scores on these items at follow-up than at baseline. (These results may have reached

statistical significance with larger sample sizes.) It is possible that the differential outcomes for family and center CCEP providers could be related to the fact that CCEP family providers received significantly higher wage enhancements than CCEP center providers.

⁶ The alpha for this scale was 0.94.

Table 15. Mean Provider Financial Stress Scores

	Family Providers		Center-Based Providers	
	<i>CCEP</i>	<i>Control</i>	<i>CCEP</i>	<i>Control</i>
Meeting Financial Needs Scale				
	<i>n=13</i>	<i>n=19</i>	<i>n=12</i>	<i>n=15</i>
Baseline	4.0	3.6	3.4	3.1
Follow-up	4.0	3.6	3.1	3.1
<i>Significant change over time?</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>
<i>More improvement for CCEP group?</i>		<i>No</i>		<i>No</i>
Worry about child care income				
	<i>n=13</i>	<i>n=19</i>	<i>n=12</i>	<i>n=15</i>
Baseline	3.3	3.4	3.8	3.2
Follow-up	2.5	3.1	3.8	3.3
<i>Significant change over time?</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>
<i>More improvement for CCEP group?</i>		<i>No</i>		<i>No</i>
Worry about finances in general				
	<i>n=13</i>	<i>n=19</i>	<i>n=12</i>	<i>n=15</i>
Baseline	3.3	3.4	3.2	3.0
Follow-up	2.6	3.3	3.6	3.1
<i>Significant change over time?</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>
<i>More improvement for CCEP group?</i>		<i>No</i>		<i>No</i>
Unsure about income month-to-month				
	<i>n=13</i>	<i>n=19</i>	<i>n=12</i>	<i>n=15</i>
Baseline	2.8	3.4	2.3	2.9
Follow-up	1.9	2.7	3.3	2.9
<i>Significant change over time?</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>
<i>More improvement for CCEP group?</i>		<i>No</i>		<i>No</i>

Question 5: Are Facilities More Likely to Have Stable Income and Less Likely to Have Problems With Issues of Parent Non-Payment?

The parent subsidies, by covering a portion of each family’s child care expenses, provide a guaranteed source of income for facilities, and as a result, it is hoped that CCEP facilities will experience an increase in the stability of their revenue along with decreased problems with parental nonpayment.

OUTCOME 5A: INCREASED STABILITY OF INCOME FOR FACILITIES

The facility director survey asked whether the facility’s revenues during the past year fluctuated or remained the same month-to-month. Facility directors also were asked whether their revenue was the same, more, or less than a year ago. Facility directors did not report any changes between baseline and follow-up on these items. It is possible that this is due to an inadequate measurement tool rather than a true lack of outcomes in these areas; a retrospective self-report question-

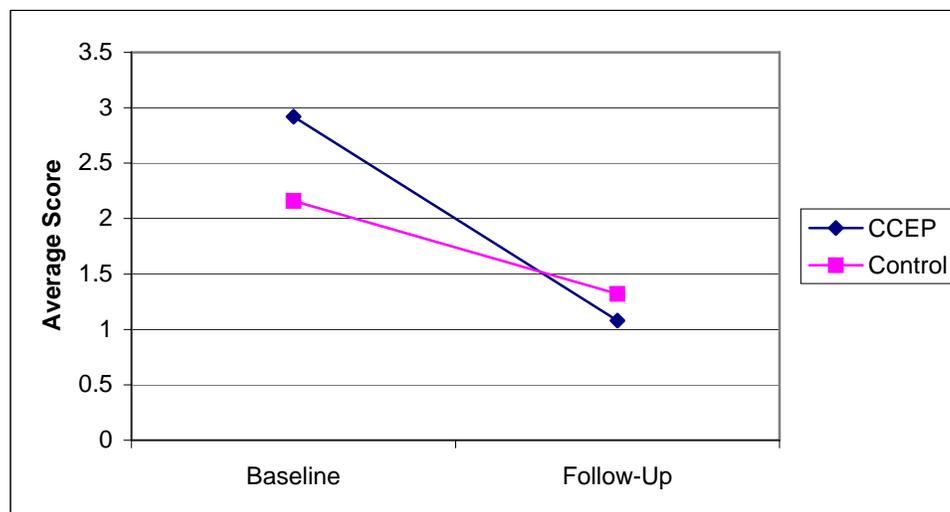
naire may not be the optimal way to gather information about facility revenue fluctuations and changes. During Year 3 we will explore alternate means for gathering information about facility revenues.

OUTCOME 5B: DECREASED PROBLEMS WITH PARENT NON-PAYMENT

The facility director survey included questions about parental non-payment, including how often this occurred and how bothered directors were by it. CCEP and control facility directors both said they had to remind parents about payment less often at follow-up than at baseline.

Facility directors also were asked how bothered they were by issues of parental non-payment. While directors in both groups were less bothered by parental non-payment at follow-up than at baseline, this was most striking for the CCEP facilities: the CCEP group showed significantly more change over time on this item than the control group facilities. Figure 4 displays how bothered facility directors were at baseline and follow-up by issues of parental non-payment.

Figure 4. How Bothered Facility Directors Are By Issues of Parental Non-Payment



Question 6: Are Providers More Likely to Stay in the Field Longer?

One goal of CCEP is to foster conditions that would encourage providers to stay in the field; indeed, it is hypothesized that all of the components of CCEP (parent subsidy, provider wage enhancements, and funds and technical assistance for quality improvements) could lead to increased retention and decreased provider stress.

OUTCOME 6A: INCREASED PROVIDER RETENTION

Providers were asked on the provider survey to indicate how long they planned to remain in the field. All family providers indicated at both baseline and follow-up that they planned to stay in the field for a significant period of time (for 3-5 or even over 5 years). However, while more CCEP family providers indicated at follow-up than at baseline that they planned to stay in the field for over 5 years, somewhat fewer control providers

indicated at follow-up than at baseline that they planned to stay in the field for over 5 years. No clear pattern of differences emerged for center providers: more center providers in both groups indicated at follow-up than at baseline that they planned to stay in the field for over 5 years, and fewer indicated that they planned to stay in the field for under 2 years.

Sixteen providers left their positions at some point after the start of CCEP, including 13 center providers (4 CCEP, 3 control, and 6 no-treatment), and 3 family providers (one in each study group). There were no significant differences between groups on the percentage of dropouts, but center providers across groups were significantly more likely to drop out than family providers (81% of dropouts were center providers and 19% were family providers). No clear pattern of characteristics emerged that characterize the providers who left their positions: these providers did not differ from other in terms of any demographic characteristics (including age, race, gender, education, or income), nor did they differ in terms of scores on the sense of accomplishment scale, networking scale, financial stress scale, overall provider stress scale, or in terms of the quality of the child care environment in their facility/classroom.

OUTCOME 6B: DECREASED PROVIDER STRESS

The provider survey included eight items to measure providers' feelings of accomplishment in regard to their positions as child care providers⁷ along with two items to measure job stress: "Dealing with children with challenging behaviors adds stress to my role as a child care provider" and "Overall, being a child care provider is stressful for me." There were no significant differences between the groups or between baseline and follow-up on

scores on these items. Overall, providers scored high on the sense of accomplishment scale, low on the overall stress item, and scored moderately on the challenging behaviors item.



Question 7: Are Providers More Likely to Make Facility Improvements?

OUTCOME 7A: INCREASED ENVIRONMENTAL QUALITY

To examine the influence of the CCEP program on the quality of child care environments being provided to children, the Quality of Early Childhood Care Settings (QUEST) observational assessment was used. The QUEST taps six dimensions of environmental quality:

1. The quality and comfort of the general space provided (e.g., enough space for children, areas for active and quiet play, adequate lighting, etc.);
2. Quality and developmental appropriateness of equipment, for children less than one year old;
3. Quality and developmental appropriateness of equipment, for children one to three years;

⁷ This scale had an alpha=0.79.

4. Quality and developmental appropriateness of equipment, for children aged three through five;
5. Adequacy of materials to support language and literacy development (e.g., functional print items such as calendars, menus, schedules, reading areas, adequate numbers and variety of books, materials with alphabet letters used, etc.); and
6. Safety of equipment and materials.

To date, a total of ninety-five Quest assessments have been done at baseline (54 center-based providers and 41 family providers). Of these, 33 were conducted on CCEP providers, 34 on control providers, and 28 on no-treatment providers. Sixty-eight (68) providers have at least one follow-up data point, although only sixty-seven of these have both an initial (baseline) assessment and a follow-up data point, and are included in the analyses presented below. Of these 67 providers, 25 were CCEP providers (37%; 12 family and 13 center), and 42 (63%) were control providers, either in the ‘comparison’ group (n=25, 16 center and 9 family) or the ‘no treatment’ group (n=17, 6 center and 11 family). Thus, it is important to note that the sample sizes for these analyses are relatively small. Data were examined for the presence of outliers that could unduly skew the results, and no clear outliers were identified. However, because of these small sample sizes, and the relatively large number of statistical tests performed, it is important to view these results in context, and attend to the general patterns that occur over multiple measures, rather than generalizing too broadly from individual findings.

To determine whether changes over time in the groups were statistically significant, we ran repeated-measures analyses of variance (ANOVA), comparing individual providers’ scores at baseline to their scores at follow-up, to see if change in the CCEP group was greater (and more positive) than change in

the control group. Because preliminary analyses presented in the Year 1 report suggested that patterns of change were quite different for center vs. family-based providers, we conducted the repeated-measures analyses separately for each of these two groups. However, to increase sample sizes among the control groups, the “comparison” and “no treatment” groups were combined⁸.

Table 16 shows the average score (possible scores ranged from a low of 1 to a high of 3) for six dimensions of environmental quality. These results indicated that for the majority of the environmental quality dimensions, there were no differences in the amount of improvement for CCEP providers compared to control providers. CCEP family providers generally had more developmentally supportive equipment for preschoolers at both time points, compared to control family providers, and family providers in general appeared to improve over time.



⁸ Initial analyses examined whether there were differences between the two comparison groups; patterns of change were not significantly different for most variables, thus providing rationale for combining these groups.

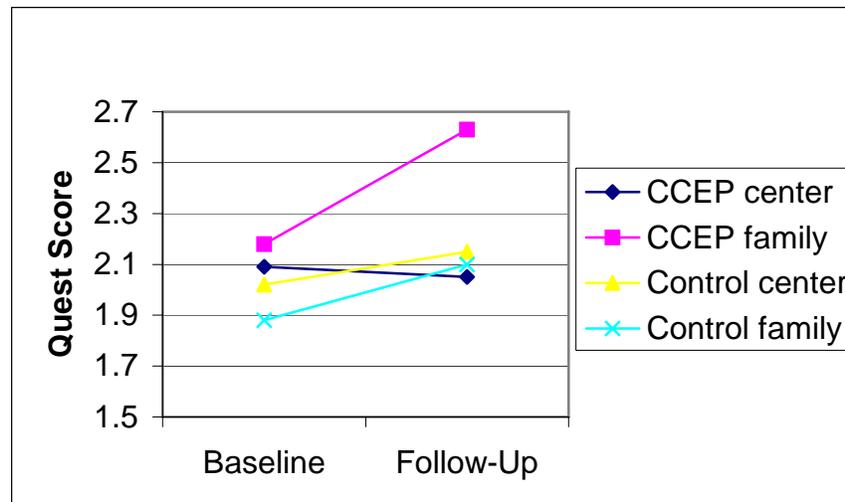
Table 16. Improvements in Environmental Quality as Measured by the QUEST

	Family		Center-Based Providers	
	<i>CCEP</i>	<i>Control</i>	<i>CCEP</i>	<i>Control</i>
Space & Comfort				
	<i>n=13</i>	<i>n=18</i>	<i>n=11</i>	<i>n=22</i>
Baseline	2.68	2.59	2.85	2.69
Follow-up	2.94	2.84	2.86	2.88
<i>Significant change over time?</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>No</i>
<i>More improvement for CCEP group?</i>		<i>No</i>		<i>No</i>
Equipment & Materials - Infants				
	<i>n=1</i>	<i>n=3</i>	<i>n=3</i>	<i>n=4</i>
Baseline	1.43	2.05	2.34	1.71
Follow-up	2.5	2.35	2.47	2.14
<i>Significant change over time?</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>More improvement for CCEP group?</i>		<i>N/A</i>		<i>N/A</i>
Equipment & Materials – Toddlers				
	<i>n=9</i>	<i>n=15</i>	<i>n=5</i>	<i>n=11</i>
Baseline	2.25	1.96	2.40	1.83
Follow-up	2.52	2.17	2.38	2.20
<i>Significant change over time?</i>	<i>Yes</i>	<i>Yes</i>	<i>N/A</i>	<i>N/A</i>
<i>More improvement for CCEP group?</i>		<i>No</i>		<i>N/A</i>
Equipment & Materials – Preschoolers				
	<i>n=13</i>	<i>n=17</i>	<i>n=4</i>	<i>n=10</i>
Baseline	2.30*	2.00	2.61	2.24
Follow-up	2.63*	2.15	2.28	2.32
<i>Significant change over time?</i>	<i>Yes</i>	<i>Yes</i>	<i>N/A</i>	<i>N/A</i>
<i>More improvement for CCEP group?</i>		<i>No</i>		<i>N/A</i>
Safety of furnishings and materials				
	<i>n=13</i>	<i>n=18</i>	<i>n=12</i>	<i>n=22</i>
Baseline	2.64	2.67	2.81	2.92
Follow-up	2.89	2.85	2.92	2.92
<i>Significant change over time?</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>No</i>
<i>More improvement for CCEP group?</i>		<i>No</i>		<i>No</i>
Materials to support language and literacy				
	<i>n=13</i>	<i>n=18</i>	<i>N=9</i>	<i>N=22</i>
Baseline	2.08	2.06	2.31	1.99
Follow-up	2.68	2.20	2.26	2.09
<i>Significant change over time?</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>No</i>
<i>More improvement for CCEP group?</i>		<i>Yes</i>		<i>No</i>

*CCEP group significantly higher overall than the control group.

The one striking exception was in the area of materials for language and literacy support: CCEP family providers improved significantly, while control family providers showed much less improvement. This finding is shown in Figure 5.

Figure 5. Supporting Language & Early Literacy



Question 8: Are Children Experiencing Higher-Quality Child Care?

One of the primary goals of CCEP is to improve the quality of care received by children. We investigated three dimensions of quality of care: the quality of caregiver-child interactions, the quality of the social-emotional development environment, and the quality of the cognitive/language development environment. Each of these dimensions of quality is discussed below.

OUTCOME 8A: INCREASED QUALITY OF CAREGIVER-CHILD INTERACTIONS

The QUEST measure also assesses the quality of caregiver-child interactions, as rated by a trained observer. Table 17 shows the average QUEST scores for three areas of caregiver-child interaction:

1. General caring and responding (e.g., responsiveness to verbal and nonverbal cues from children, warmth and affection, rec-

ognition and responsiveness to distress, etc.);

2. Use of positive guidance techniques (states limits, talks through conflicts, redirects children, etc.); and
3. Adequacy of supervision (e.g., caregiver can see/hear children, supervision appropriate to age is provided).

Using the repeated-measures approach described above, we tested whether the CCEP groups changed more over time, compared to the control groups. These results showed a somewhat different pattern than was found for changes in environmental quality. Family providers (both CCEP and control), and center-based control providers both showed improvement in terms of caring/responding and use of positive guidance. Center-based CCEP providers did not improve on these dimensions over time. In terms of supervision, both CCEP and control center-based providers showed improvement over time, while neither group of family-based providers showed significant improvement. Thus it does not appear that the CCEP intervention signifi-

cantly impacted quality in terms of the nature of caregiver-child interactions, at least as measured by the QUEST.

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

	Family Providers		Center-Based Providers	
	<i>CCEP</i>	<i>Control</i>	<i>CCEP</i>	<i>Control</i>
Caring and Responding	<i>n=12</i>	<i>n=19</i>	<i>n=9</i>	<i>n=19</i>
Baseline	2.60*	2.34	2.69	2.34
Follow-up	2.91*	2.68	2.64	2.74
<i>Significant change over time?</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>More improvement for CCEP group?</i>	<i>No—both groups improved equally</i>		<i>No—More for control group</i>	
Using Positive Guidance	<i>n=13</i>	<i>n=20</i>	<i>n=12</i>	<i>n=22</i>
Baseline	2.42	2.26	2.45	2.11
Follow-up	2.77	2.58	2.53	2.53
<i>Significant change over time?</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>More improvement for CCEP group?</i>	<i>No—both groups changed equally</i>		<i>No—more for control group</i>	
Supervision	<i>n=13</i>	<i>n=20</i>	<i>n=12</i>	<i>n=22</i>
Baseline	2.82	2.47	2.75	2.72
Follow-up	2.77	2.65	2.94	2.93
<i>Significant change over time?</i>	<i>No</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>
<i>More improvement for CCEP group?</i>		<i>No</i>	<i>No—both groups improved equally</i>	

*CCEP group significantly higher overall than the control group.

OUTCOME 8B: INCREASED QUALITY OF SOCIAL-EMOTIONAL DEVELOPMENT ENVIRONMENT

Promotion of children’s social-emotional development is a critical role for early childhood care providers. The QUEST assesses the extent to which providers support children’s social emotional development in general (e.g., provides opportunity for pro-social activities and positive peer interactions,

teaches social rules, etc.) as well as specific support for children’s play (e.g., provides ample free choice opportunities, interacts appropriately during play, etc.). As illustrated in Table 18, CCEP family-based providers generally scored quite positively in terms of their support for social-emotional development, while center providers’ scores were less positive.

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

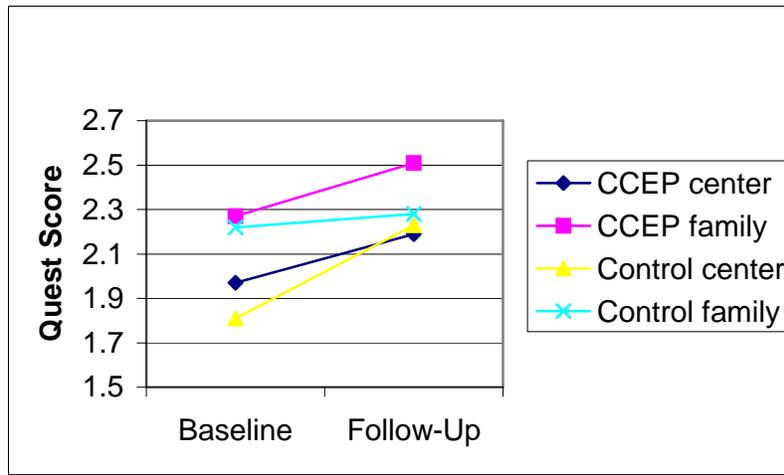
	Family Providers		Center-Based Providers	
	<i>CCEP</i>	<i>Control</i>	<i>CCEP</i>	<i>Control</i>
Supporting social emotional development				
	<i>n=13</i>	<i>n=20</i>	<i>n=12</i>	<i>n=20</i>
Baseline	2.27	2.21	1.97	1.81
Follow-up	2.51	2.28	2.19	2.23
<i>Significant change over time?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>
<i>More improvement for CCEP group?</i>		<i>Yes</i>		<i>No</i>
Supporting play				
	<i>n=13</i>	<i>n=20</i>		
Baseline	2.72*	2.35	2.83	2.54
Follow-up	3.00*	2.80	2.78	2.86
<i>Significant change over time?</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
<i>More improvement for CCEP group?</i>	<i>No—both improved equally</i>		<i>No—More for control group</i>	

*CCEP group significantly higher overall than the control group.

Further, repeated-measures analyses showed the CCEP family providers improved significantly in terms of their level of support for social-emotional development, compared to control family providers (see Figure 6); this effect was not found for CCEP center-based providers. Neither CCEP group improved

significantly more than the control group in terms of levels of play, although CCEP family providers' scores were quite high and thus there may have been little room for improvements that could be detected statistically (e.g., a "ceiling effect").

Figure 6. Supporting Social-Emotional Development



OUTCOME 8C: INCREASED QUALITY OF COGNITIVE/LANGUAGE DEVELOPMENT ENVIRONMENT

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

1. Using an instructional style that promotes cognitive development (e.g., builds on teachable moments, helps children interact with materials to support cognitive development, encourages questioning, and helps teach specific age-appropriate cognitive skills);

2. Providing a variety of activities that support fine motor, dramatic play, early math, natural environment, and art and music-related skills; and
3. Supporting language and early literacy by reading to children, encouraging children to look at books, drawing attention to features of print, encouraging writing and sounding out letters and words.

Table 19 presents the average scores for each group, and as can be seen, it appears that the CCEP intervention had its largest impact in improving quality in this area, at least for family providers.

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

	Family Providers		Center-Based Providers	
	CCEP	Control	CCEP	Control
Supportive Instructional Style				
	<i>n</i> =13	<i>n</i> =20	<i>n</i> =11	<i>n</i> =18
Baseline	2.29	2.35	2.47	2.19
Follow-up	2.78	2.42	2.48	2.62
<i>Significant change over time?</i>	Yes	Yes	No	Yes
<i>More improvement for CCEP group?</i>		Yes	No—control group changed more	
Supporting language development and early literacy				
	<i>n</i> =13	<i>n</i> =20	<i>n</i> =9	<i>n</i> =17
Baseline	1.94	2.05	2.08	1.87
Follow-up	2.60	2.12	2.45	2.28
<i>Significant change over time?</i>	Yes	No	Yes	Yes
<i>More improvement for CCEP group?</i>		Yes	No—both groups improved equally	
Learning activities and opportunities				
	<i>n</i> =13	<i>n</i> =20	<i>n</i> =12	<i>n</i> =22
Baseline	2.18	1.88	2.09	2.02
Follow-up	2.63	2.10	2.05	2.15
<i>Significant change over time?</i>	Yes	Yes	No	No
<i>More improvement for CCEP group?</i>		Yes	No	

Results from the repeated measures ANOVA showed that CCEP family providers improved significantly over time on all three dimensions, compared to control family providers, who showed little change. CCEP center-based providers improved only in terms

of the amount of learning-related activities they provided; however, they did not change more than the control center-based providers (see Figures 7-9).

Figure 7. Supportive Instructional Style

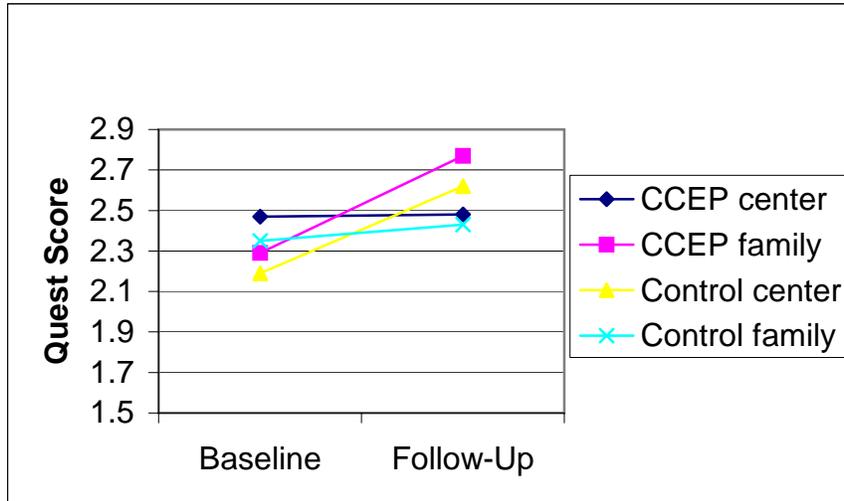


Figure 8. Providing Learning Activities

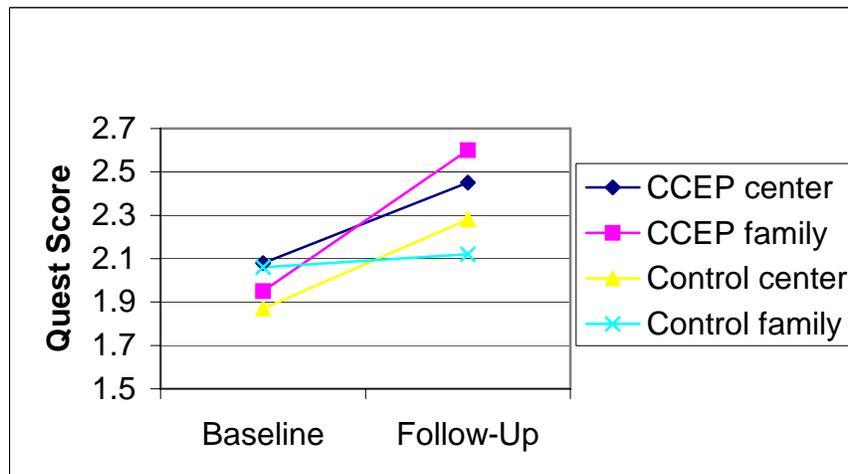
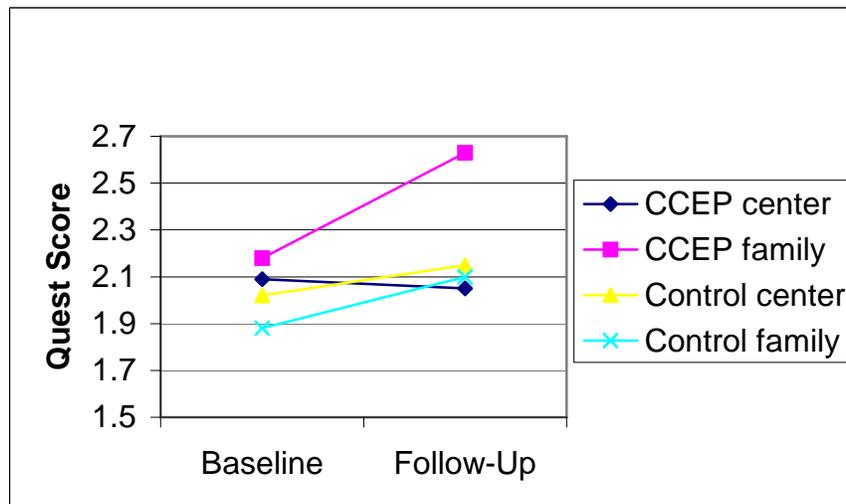


Figure 9. Supporting Language & Early Literacy



DISCUSSION

While the first year of the CCEP program focused on developing the systems, protocols, and materials necessary to implement the program, during the second year the program was primarily focused on activities related to the three primary program goals of influencing the affordability of care, provider compensation, and child care quality. The program refined and streamlined the parent subsidy component of the project during Year 2 by requiring income verification twice annually (instead of once annually during Year 1) and anytime there was a change in parent employment or family size. The program also put forth significant effort during Year 2 to assist providers with Oregon Registry enrollment and advancement. Moreover, the Program Director devoted extensive time for one-on-one assistance with providers aimed at improving child care quality. Below we summarize the impact these efforts had on both families and providers.

Impact on Parents

The evaluation was more successful this year at engaging parents for purposes of the evaluation: 42 parents receiving a CCEP subsidy completed a parent survey, which represented 87% of the families receiving a subsidy at the time of the survey administration. Two hundred and seven (207) parents overall participated in the parent component of the evaluation, compared to only 68 last year. CCEP subsidy parents clearly value the subsidy, and report that the subsidy has contributed to their ability to keep their child consistently enrolled with the CCEP child care provider. Almost all CCEP parents report that the subsidy helped to improve their standard of living, and almost three-fourths (74%) report that it helped the family to save for longer-term family goals.



However, it is important to note that CCEP subsidy parents, by design, are much lower income (\$1,905 average monthly take-home pay) than either CCEP non-subsidy (\$3,360 per month) parents or control parents (\$3,444 per month). Thus, CCEP subsidy parents still report higher overall levels of financial stress than did CCEP non-subsidy or control parents. Notably, however, once we selected a subset of the control parents with similarly low incomes, these differences in financial stress disappeared, although we did not find that the CCEP subsidy parents were *less* financially stressed than similarly low-income control parents. However, we found that the CCEP subsidy parents were spending approximately *the same amount* each month on child care as the matched control group. Thus, we would not necessarily expect to find differences in their levels of financial stress. This could be due, in part, to the fact that CCEP facilities charged somewhat more for care than control facilities (by approximately \$50 per month); more likely is that CCEP parents are able to purchase more hours of high quality care than control parents. Low-income control parents may be more likely to use “patchwork” child care supports, relying on friends, relatives, and lower-cost (and often, lower quality) child

care providers. Further study is needed to investigate this issue.

CCEP parents also perceived the care provided by CCEP providers to be significantly higher than did control parents. CCEP parents were significantly more satisfied with their child care arrangements, felt the care was “just what their child needs,” and were more likely to perceive their provider as a skilled professional. Thus it appears that CCEP is influencing parents’ perceptions of the quality of child care being provided.

Overall, these data suggest that from parents’ perspectives, the CCEP project is having important effects, both on the families and their financial situation, as well as on parents’ satisfaction with care and perceptions of the quality of child care their children receive. While there were no differences in terms of turnover for families receiving versus not receiving the subsidy, most of the changes in child care arrangements that were reported were related to issues outside the control of CCEP (e.g. a family move). Interestingly, none of the CCEP subsidy parents reported changing their child care arrangements because of quality concerns, although 3 CCEP non-subsidy parents and 4 control parents reported these concerns. However, due to the evaluation methodology (a point-in-time survey), we did not survey parents who have left the CCEP and control facilities, and thus may be under-estimating parent turnover.

Impact on Providers

Despite the challenges faced by the small sample sizes, which results in greatly diminished power to detect significant results, data analyses revealed that there were, indeed, statistically significant differences between the CCEP and control providers in a variety of domains. Below we summarize these results, and also point out where there were statistical trends (but not significant differences between groups), that with larger

sample sizes may have reached statistical significance.

PROFESSIONAL DEVELOPMENT

By the end of the second year of the project, CCEP providers were significantly more likely to be enrolled on the Oregon Registry, compared to control providers. Further, CCEP providers were more likely to be enrolled at Step 5 or higher, and more CCEP providers compared to control providers advanced on the OR during Year 2. This suggests substantial engagement by the group of CCEP providers in professional development activities. Interestingly, however, there were few differences between groups of providers in terms of self-reported motivation for professional development. In addition, while there were no statistically significant differences in the providers’ reported level of being connected to the broader provider community, there was a trend for CCEP family providers to report more engagement at follow-up than at baseline.

PROVIDER INCOME

CCEP providers received significantly more wage enhancements compared to control providers, due primarily to their higher number of OR advancements and their higher levels on the registry. Thus, the wage enhancements represented a potentially important source of additional revenue for these providers, 7 of whom received enhancements greater than \$3,000. Almost half of the control providers received no wage enhancements, while only 11% of CCEP providers did not receive at least some form of wage enhancement. Family providers in both the CCEP and control groups received more wage enhancements than center providers, due to the fact that family providers were more likely to be enrolled on the OR, and more likely to be at higher steps, than center providers.

Because one goal of the project is to increase the level and stability of income for child care providers, the evaluation included a measure of financial stress experienced by providers, as well as several questions related to income stability. Interestingly, family providers (CCEP and control) generally showed a trend toward reduced financial stress, while center-based providers generally increased in terms of financial concerns. (These results did not reach statistical significance due to the small sample sizes.) Reasons for this are not entirely clear, but could be related to the higher wage enhancements received by family providers.

RETENTION AND JOB STRESS

Retention of child care providers in the field is an important longer-term goal of the CCEP project. Importantly, at the follow-up survey, there was a trend for more CCEP family child care providers to indicate that they planned to stay in the field for at least 3 more years, compared to baseline. Conversely, fewer control family providers indicated that they planned to remain in the field for at least 3 years at the time of the follow up survey. There were no differences between baseline and follow-up reports of plans to stay in the field for center-based child care providers. In terms of turnover during the project, there were no differences in the number of CCEP or control providers who left the field, although a larger proportion of center providers left their jobs than family providers. Interestingly, there were no differences between the CCEP and control groups in terms of perceived levels of job-related stress, although generally CCEP providers reported significantly less stress in

working with children with challenging behavior.

CHILD CARE QUALITY

The CCEP project was designed to improve the quality of child care being experienced by children. The evaluation, using trained observers, assessed a number of aspects of child care quality, including the safety and developmental supportiveness of the physical environment and materials, the quality of caregiver-child interactions, and the ability of the provider to appropriately support social-emotional, cognitive, and language development. Results indicate that the CCEP program appears to be having its most substantial impacts for family-based providers in the areas of supporting social, cognitive and language development. Consistent with the Year

1 report, there were few improvements within the group of center-based CCEP providers. CCEP family providers showed significantly improved quality of their environments in the following areas:

“I try harder to understand where the kids are coming from, to be more observant about when their behavior occurs. I'm also more sensitive about why they act up.”

—CCEP provider

- Quality of materials to support language and literacy;
- Supporting children’s social-emotional development;
- Demonstrating a supportive instructional style;
- Supporting language development and early literacy; and
- Providing appropriate learning activities and opportunities.

There were no significant differences in the amount of improvement for CCEP providers in terms of general quality of interactions or

physical environments, although in several of these areas CCEP providers demonstrated higher quality at both baseline and follow-up.

Overall, CCEP family providers' scores at the Year 2 follow-up indicate that they are providing extremely high quality environments (scores on all subscales were above 2.5, with possible scores ranging from 1-3). For center providers, the QUEST quality assessments suggest that in the upcoming years it will be especially important to continue to provide technical support in terms of available materials for toddlers and preschoolers, materials to support language and literacy, supporting social-emotional development, and supporting cognitive development, especially providing adequate learning opportunities and activities. While none of these scores indicated inadequate care was being provided, scores were lower than the mid-point for adequate care (2.5 on the 3-point scale).

Conclusions

Results from the second year of the CCEP program suggest that there are a number of benefits accruing to both parents and providers as a result of the CCEP program. While effects on parents are somewhat more difficult to measure, survey results, as well as parents' qualitative responses, suggest that the subsidy is providing substantial, and much-needed, financial support to these parents. Importantly, parents consistently report that the subsidy is helping them to retain their children in the care of the CCEP providers, thus avoiding the potential negative effects of frequent changes in child care settings as well as ensuring that the children remain in the relatively high-quality care environments being provided by CCEP providers. Turnover in child placements that did occur was primarily due to issues beyond the scope of the CCEP project (moving, changes in schedules, etc.).

In terms of the providers themselves, one of the most pronounced program effects was seen in terms of engaging providers with the Oregon Registry, including both enrollment and advancement. This in turn led to substantial wage enhancements for many of the CCEP providers, and may also be related to the significant increases in several critical areas of child care quality observed at the CCEP family provider facilities. The quality improvements demonstrated by the CCEP family providers were in areas that are critical to child development and later school readiness, namely, social-emotional development, early literacy support, and support for cognitive and language development. Fewer measurable effects were detected in terms of levels of financial stress and perceived income stability.

Results again showed that positive effects were concentrated among CCEP family providers. This pattern of results could be due to several factors. First, during the first year of the program, the intervention was targeted primarily to family providers and center directors. After reviewing the results of the first year evaluation, the program began providing activities for center staff during Year 2. Thus, center staff have effectively only benefited from one year of program intervention, while family providers have had two years of intervention. Family providers, however, displayed positive outcomes after just one year of the program, and this pattern was not observed for center staff.

Another, more likely, explanation for the differential outcomes for family and center providers is that, although the project did provide some programming for center providers in Year 2, the level of intervention received by family and center providers differed greatly. Center providers took part in quarterly meetings, whereas family providers received monthly site visits and frequent telephone consultations and support. It could be that the level of intervention provided to the center

providers was simply inadequate to influence outcomes.

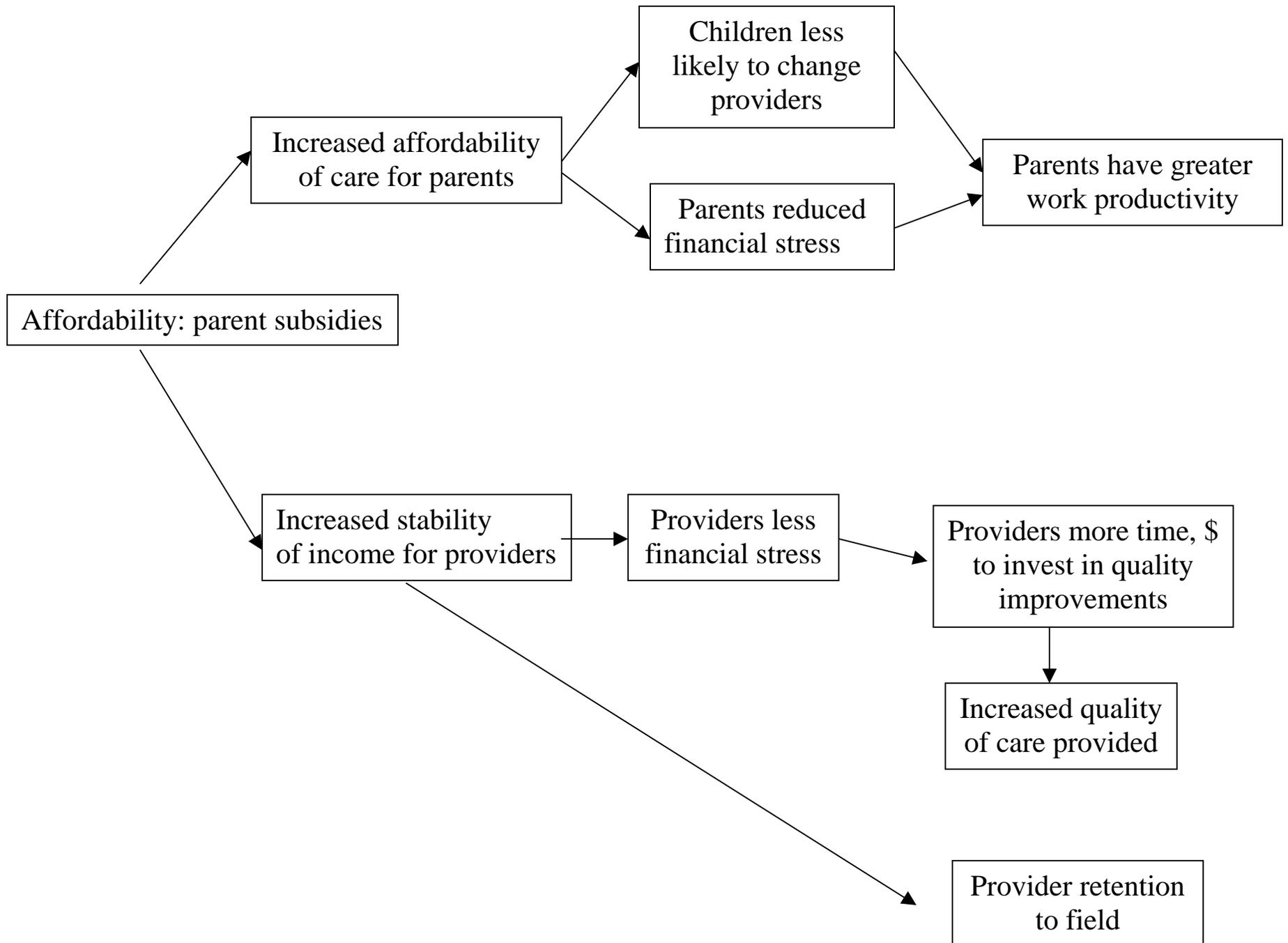
Finally, it could also be that influencing change among center providers is a more difficult task than influencing change among family providers. Center providers work within the confines of a classroom (often shared with other teachers) and a center (comprised of multiple staff and a director), and as such, can be constrained by center policies, practices, philosophy, and environment. Given this, it may be that center staff require a *more* intensive intervention than

family providers, or a different type of intervention altogether.

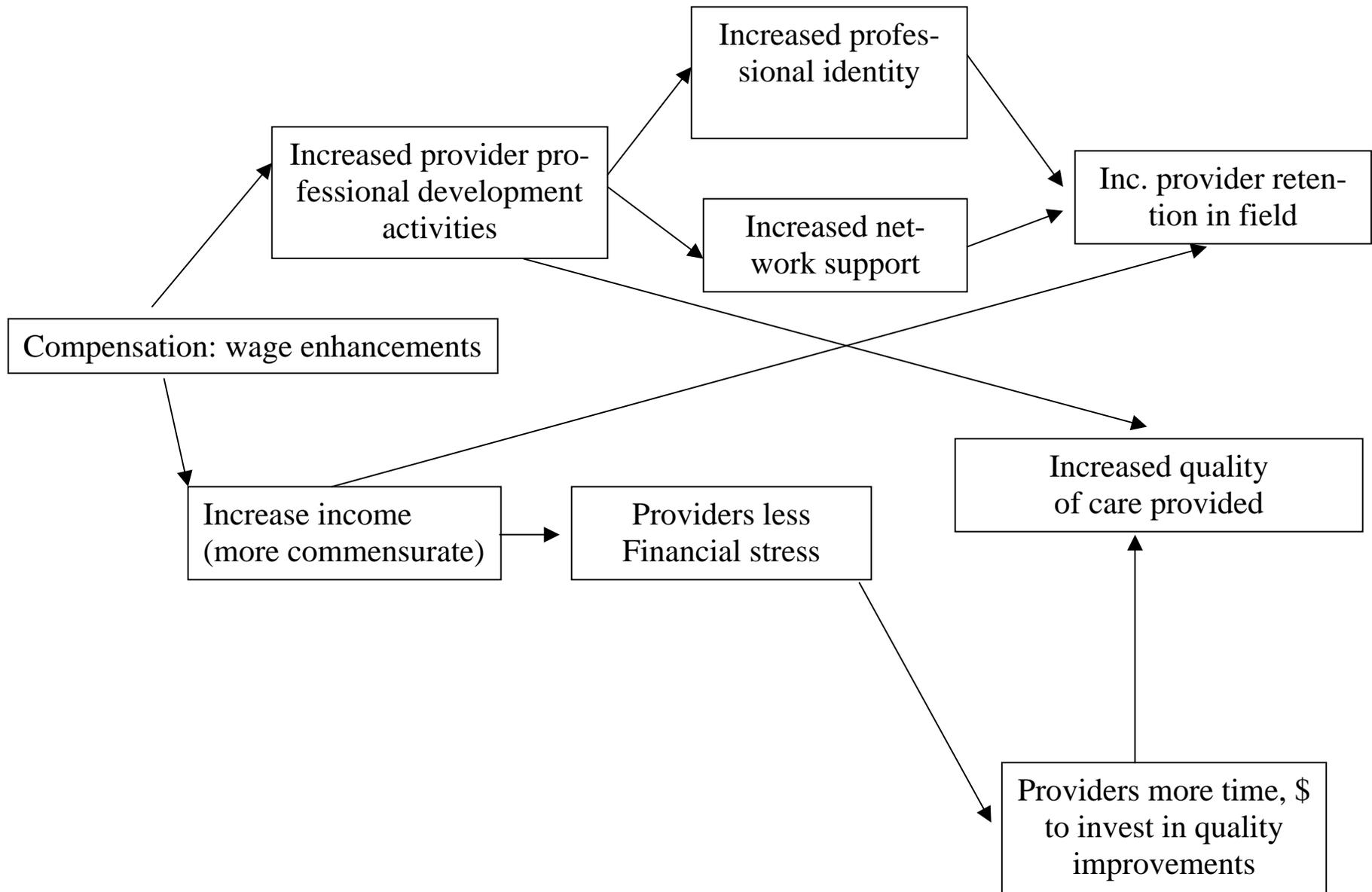
It is worth noting, however, that a large number of center providers were successfully enrolled in the OR this year, which may provide the foundation for quality improvements next year, as long as those providers remain in the CCEP child care centers. Turnover among center-based staff was considerably higher than among family child care providers for both CCEP and non-CCEP groups. Targeted, intensive, technical assistance for CCEP center-based providers may be necessary to facilitate improvement for this group.

APPENDIX A: LOGIC MODELS

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



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



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

