

OREGON CHILD CARE AND EDUCATION SYSTEM LOGIC MODEL: CURRENT ACTIVITIES AND GAPS

BACKGROUND

At the request of Tom Olsen, Oregon's Child Care Administrator, the Family Policy Program at Oregon State University has been facilitating the development of child care system accountability. The first step was the Child Care Division creation of system performance measures. More recently, work has focused on the development of a logic model that graphically displays how system investments are designed to improve the lives of children and families and to address two over-arching system-wide goals:

- 1. Children are thriving and ready for success in school**
- 2. Families are self-sufficient**

A group composed of partners in whom the Child Care Division invests child care dollars began the process of creating a child care system logic model in spring 2005. In addition to describing how strategies and activities are designed to produce desired outcomes, the logic model includes a list of gaps—limitations and weaknesses in current activities and strategies that prevent achievement of outcomes and goals for all Oregon children and families. The following is a list of participating organizations and the individuals who have participated in one or more of the work sessions:

Child Care Division:

Child Care Enhancement Program, Lane CC

Department of Human Services

Oregon Center for Career Development, PSU

Oregon Child Care Research Partnership, OSU

Oregon Child Care Resource and Referral Network:

Oregon Child Development Coalition

Oregon Commission on Child Care:

Oregon Commission on Children and Families

Oregon Department of Education

Oregon Council on Disabilities

Kathleen Hynes, Tom Olsen, Janet Price, Sonja Svenson

Sue Norton

Mark Anderson, Dianna Pickett

Joann Contini

Deana Grobe, Clara Pratt, Bobbie Weber

Jeanette Ewald, Mary Nemmers, Becky Vorpagel

Donalda Dodson

Heidi McGowan

Kim Cardone, Barbara Carranza, Pat Pitman

Dell Ford, Joanne Miksis

Terry Butler

The Oregon Commission on Child Care has provided input on the model in August and November of 2005. The Childhood Care and Education Coordinating Council provided input on the model and prioritized gaps in existing activities in December 2005.

Last edited February 2007

To indicate the organization responsible for leading an activity in the Oregon Child care system, the following abbreviations are used; when organizations are joined by a /, it indicates that the activity is done collaboratively.

A&D	Alcohol and drug programs that contract with the Child Care Division to provide child care services to mothers participating in treatment.
CCR&R	Local Child Care Resource and Referral Agencies
CCD	Child Care Division, Oregon Employment Department
Child Care Providers	Local private and nonprofit businesses located in centers and homes that provide care to children 0-4 and to school-age children when not in school
DHS	Department of Human Services: Child, Adult and Family (CAF); Office of Family Health, Healthy Child Care Oregon, Child Care Health Consultation (CCHC); Office of Mental Health and Addiction Services (OMHAS)
Higher Education	Higher Education including community colleges and four-year colleges and universities
HSB -HHS	Head Start Bureau, Federal Department of Health and Human Services,
ICCP	Inclusive Child Care Program, Oregon Council on Developmental Disabilities
LCCF	Local Commissions on Children and Families
OCCC	Oregon Commission for Child Care
OCCD	Oregon Center for Career Development in Childhood Care and Education, Portland State University
OCCF	Oregon Commission on Children and Families
OCCRP	Oregon Child Care Research Partnership, Family Policy Program, Oregon State University
OCDC	Oregon Child Development Coalition (Provider of migrant and seasonal Head Start services)
OCCR&RN	Oregon Child Care Resource and Referral Network
ODE	Head Start Collaboration Project (HS Collaboration), Oregon Department of Education,
Oregon ASK	Oregon ASK: after school for kids
OSAC	Oregon Student Assistance Commission
Public Schools	Local public schools

CURRENT ACTIVITIES AND GAPS BY STATE-LEVEL OUTCOME

Safety/Health Strategies & Activities	Program-Level Outcomes	State-Level Outcome
<p>Regulate child care providers</p> <ul style="list-style-type: none"> • Child care businesses that are required to be licensed and those who volunteer to be licensed (CCD) • List (a form of licensing) providers not regulated by CCD who care for children on subsidy (DHS-CAF) <p>Pay higher rate to subsidy providers who meet minimum training standards (DHS-CAF)</p> <p>Provide training on child health and safety</p> <ul style="list-style-type: none"> • all providers (CCR&R) • providers of care to children in migrant and seasonal worker families (OCDC) <p>Provide technical assistance to all providers on health and safety requirements (CCD/CCR&R)</p>	<p>All regulated providers meet minimum research-based health and safety standards</p>	<p>CHILD CARE IS SAFE AND HEALTHY</p> <p>Performance Measures 1, 2,3</p>

GAPS:

1. Minimal teacher/provider qualification standards are too low (8)
2. Substantial portions of the child care market are not required to be regulated: part-day preschools, child care programs operated by public organizations, family child care providers caring for three or fewer children or children from one family. (3)
3. Inadequate number of training hours and content areas are required for regulated providers (1)
4. Biennial visits to family child care providers provide inadequate monitoring.

Quality Strategies & activities	Program-Level Outcomes	State-Level Outcome
<p>Provide parent education on high quality child care</p> <ul style="list-style-type: none"> • General public (CCR&R) • High school students participating in child development and teen parent programs (Public Schools) • Parents participating in the subsidy program (DHS-CAF/CCR&R) • Migrant and seasonal workers (OCDC) 	<p>Increased family knowledge of characteristics of high quality child care</p>	<p>CHILDREN EXPERIENCE HIGH QUALITY CHILD CARE (parents know characteristics of quality child care)</p> <p>Performance Measures 6, 7</p>

GAPS:

1. Little or no support to help parents distinguish quality of care in community facilities (7)
2. Parents are not aware of consumer education available statewide through consultations, printed, or web-based materials,(2)
3. Lack of education on characteristics of quality child care for personnel in state agencies and other organizations.

Quality Strategies & Activities	Program-Level Outcomes	State-Level Outcome
<p>Create and disseminate the Early Childhood Foundations (voluntary state guidelines on how to support development of prekindergarten children) (CCD/ODE)</p> <p>Support statewide training system:</p> <ul style="list-style-type: none"> • Develop curriculum, and register trainers (OCCD) • Maintain professional standards and document provider level of education and training (OCCD) • Encourage providers to move from community-based to credit-based training • Translate curriculum into major languages (CCD, LCCF) • Train trainers for providers of a variety of linguistic/cultural backgrounds (OCCD, LCCF) <p>Deliver training & education to providers in local communities</p> <ul style="list-style-type: none"> • All providers (CCR&R, Higher Education) • School-based teen parent and child development programs (ODE) • Providers of care to children in migrant and seasonal worker families (OCDC) • Director training (OCCD, LCCF) • TRACS training for special needs (ICCP, Higher Education) <p>Increase access to training and education</p> <ul style="list-style-type: none"> ▪ Maintain training calendar (OCCR&RN, OCCD) ▪ Provide access to early childhood education degree via statewide community college collaboration (Higher Education) <p>Provide technical assistance , mentoring, or consultations on quality to providers (CCR&R)</p> <p>Provide access and support to family, friends, and neighbors who care for children receiving child care subsidies (OCCF, OCCR&RN)</p> <p>Manage statewide quality priorities (within CCDF priorities) recommended by CCECC (OCCF)</p>	<p>Providers have increased knowledge of child development and ways to support development.</p> <p>Providers use best practices and perform professionally</p> <p>Increased supply of well trained and educated professional providers</p> <p>Increased number of providers enrolled in Oregon Registry</p> <p>Decreased turnover in the child care workforce</p> <p>Increased structural quality of child care facilities (i.e., adult:child ratio and group size, education and training level, compensation, turnover, accreditation, and substantiated complaints)</p> <p>Provider compensation is commensurate with education and training</p>	<p>CHILDREN EXPERIENCE HIGH QUALITY CHILD CARE (providers offer care that meets children’s developmental needs) Performance Measure 4, 5</p>

GAPS:

1. Lack of statewide program standards other than minimal standards set by licensing (5)
2. Consultations (health, mental health, special needs, other) are not available statewide(3)
3. Resources are needed for providers whose quality is measured through the Pilot Quality Indicator Project (PQIP) so that findings of low quality can be met with opportunities to improve (1)
4. Oregon has a low percentage of family and center providers that have achieved national accreditation (1)
 - a. Child care and education accreditation agencies charge high fees and often require long waits for validation visits
 - b. Oregon has no state accreditation system
 - c. Oregon offers little support to help facilities achieve accreditation and few rewards for achieving accreditation
5. Providers across the state lack knowledge of professional standards
6. Data on effectiveness of different methods of training providers not yet available nationally.
7. Based on national estimates of child care quality, much child care does not meet the developmental needs of children. Oregon has little information on the quality of child care and education facilities in the state—Pilot Quality Indicator Project (PQIP)will provide data on quality of center care in one county
8. Currently, the market provides few incentives to improve child care—fees paid by parents and public enteritis are not based on level of quality in facility
9. Providers lack awareness to a range of educational options (e.g., distance learning, correspondence courses)
10. Ongoing consultation is seldom available to support providers working with children with special needs.
11. Access to consultation on good business practices is not available statewide
12. A substantial portion of child care providers do not perceive themselves as in a business or profession
13. Oregon has no training or support program designed to help informal caregivers improve the quality of the care they give

Affordability Strategies & Activities	Program-Level Outcomes	State-Level Outcome
<p>Pay all or a portion of parent child care fees to providers for children in eligible families:</p> <ul style="list-style-type: none"> Families who are eligible for DHS subsidy—currently subsidy program serves 20% of eligible children(DHS-CAF) A limited number of income-eligible children with special needs (ICCP) Children of migrant and seasonal farm workers eligible for Migrant Head Start (OCDC, 20% served) or CCDF Targeted Populations (Community Child Care Providers) Children enrolled in a facility participating in the Child Care Enhancement Project in two counties(CCR&R-Lane Family Connections, Neighborhood House in Multnomah County) Children of women in day alcohol and drug treatment programs (A&D programs) Children in school-based child development and teen parent programs in and out of schools (Public Schools & nonprofits) Children in Oregon Head Start Prekindergarten programs—currently 60% of eligible children served (HSB-HHS/ODE) Children in Federal Early Head Start—currently 10% of eligible served(HSB-HHS) <p>Provide information on accessing child care assistance –federal and state tax credits:</p> <ul style="list-style-type: none"> Income-eligible families seeking a child care subsidy (DHS-CAF) Parents looking for child care (CCR&R) Parents with a child with special needs (ICCP) <p>Provide education on Oregon and federal tax credits to parents (CCD/CCR&R)</p> <p>Provide education on child care and work and family issues including tax credits for parents and employers to employers (CCD/CCR&R)</p>	<p>Parent share of child care cost is less than 10% of household income</p> <p>Increased employer knowledge and support of child care through employee compensation or other benefit packages and use of tax credits</p>	<p>CHILD CARE IS AFFORDABLE FOR ALL FAMILIES</p> <p>Performance Measure s 8, 9, 10, 11</p>

GAPS:

1. DHS subsidy policy places too high a financial burden on low-income families. (11)
 - a. For a family of three at 150% of FPL participating in the subsidy program, the parent copay averages 22% of household income.
 - b. The child care cost of families receiving a subsidy is greater than the copay amount. Low maximum payment rates in the subsidy program mean that parents must pay the difference between the provider's usual charge and the subsidy payment as well as paying the copay
 - c. Oregon has a goal that families pay no more than 10% of household income for child care
2. Current DHS subsidy policies provide low-income families limited access to care that meets standards shown to promote children's development (7)
 - a. Serving approximately 20% of eligible families in 2001 with eligibility set at 185% of Federal Poverty Level (FPL)
 - b. Current eligibility at 150% of FPL prevents access for many low-income families
 - c. Maximum rates provide access to approximately 26% of market child care in state
3. State and federal investments in the child care subsidy program are adequate to support only 20% of those eligible for services (5)
Child care and education is currently not affordable for substantial portions of Oregon families:
 - a. 39% of all-income families who pay for care currently pay over 10% household income for child care.
 - b. 57% of families with incomes below median are paying over 10% household income for child care
4. Less than 10% of Oregon employers report providing child care assistance to their employees (2)
5. Eligibility requirements for agricultural workers keep many agricultural workers from being eligible for Migrant and Seasonal Head Start
6. State and federal investments in Oregon Head Start Prekindergarten are adequate to give access to only 60% of eligible children.
7. Federal Head Start investments serve only 10% of those eligible for Early Head Start and 20% of those eligible for Migrant and Seasonal Head Start.

Accessibility Strategies & Activities		Program-Level Outcomes	State-Level Outcome
<p>Develop supply of child care providers</p> <ul style="list-style-type: none"> Recruit providers for general population (CCR&R) Recruit providers for migrant and seasonal workers (OCDC) Recruit providers whose languages match those of children served (CCR&R) <p>Create and maintain a database of child care available in community (CCR&R)</p> <p>Refer parents to child care providers (CCR&R)</p> <p>Create individualized plans for families and providers to support care placements</p> <ul style="list-style-type: none"> Parents of general public (CCR&R) Parents of children with special needs (ICCP/CCR&R) Parents using the subsidy program (DHS-CAF/CCR&R) <p>Provide child care services to:</p> <ul style="list-style-type: none"> General population including families with low-income and/or children with special needs (Child Care Providers) Participants in day alcohol and drug treatment contractors (A&D Programs) Teen parents (Public Schools and non-profits) Migrant and seasonal workers(OCDC and other Child Care Providers) Children eligible for Oregon Head Start Prekindergarten or Early Head Start (HSB-HHS/ODE and HSB-HHS) <p>Increase economic viability & sustainability of child care businesses (CCR&R)</p>	<p>Adequate supply of providers to meet family needs</p> <ul style="list-style-type: none"> special populations general population 	<p>CHILD CARE IS ACCESSIBLE FOR ALL FAMILIES</p> <p>Performance Measures 12, 13, 14, 15, 16</p>	

GAPS:

- Shortages of school-age, infant and toddler, odd hours, and special needs care (8)
- Access to therapeutic services is limited by diagnosis & eligibility categories. There are social-emotional issues that do not rise to level of diagnosis 3)
- Providers for children without diagnosis or formal connection to services, (who have social-emotional behaviors issues) do not have access to supports such as consultations (1)
- Providers have limited supports to care for children with a wide variety of special needs(1)
- Difficult to find providers to care for children, especially older children, with exceptionally high needs
- Initiatives to support providers of care to children with special needs is hindered in large rural areas served by a single R&R
- Children often do not have access to linguistically appropriate care
- Parents have few options for the care of sick children.

Efficiency Strategies & Activities	Program-Level Outcomes	State-Level Outcome
<p>The Oregon Commission for Child Care advises the Governor and Oregon on issues, problems, and solutions critical to child care (OCCC)</p> <p>A representative of the Oregon Employment Department serves on the Oregon Commission for Child Care. (CCD)</p> <p>The Childhood Care and Education Coordinating Council meets bimonthly to create, implement, and monitor progress of a single state plan to improve child care and achieve Oregon’s desired child care outcomes: health & safety, affordability, access, and high quality(CCD)</p> <p>A local child care resource and referral organization representative serves on Early Childhood Planning Teams of each local Commission for Children and Families (LCCF)</p> <p>Develop community plans that engage local resources to address local child care issues related to access, affordability, and quality (LCCF)</p> <p>State and local agencies communicate regularly and effectively (OCCF/OCCRN).</p> <p>Facilitate federal and state collaboration (Head Start Collaboration Office, CCD)</p> <p>Oregon ASK provides leadership and coordination for after school (ASK)</p>	<p>Governor and state legislators have accurate, timely, and comprehensive information on child care and education system</p> <p>Increased clarity and consensus on state and local stakeholder roles and responsibilities</p> <p>Elimination of potential duplication of funding and services</p> <p>Improved linkages among stakeholders contributing to improved child care safety, quality, affordability, and accessibility across Oregon</p> <p>Coordinated high quality training and education for providers</p> <p>Increased access for providers to high-quality training and support that advances the quality of child care</p> <p>The core foundation components of Oregon’s child care system (regulation, subsidy, CCR&R and professional development) work effectively together at state and local levels.</p>	<p>OREGON’S CHILD CARE SYSTEM IS EFFICIENT AND COLLABORATIVE</p>

GAPS:

1. Local early childhood planning is not linked with state child care and education planning done by the Childhood Care and Education Coordinating Council or Commission for Child Care (3)
2. At the local level there is a lack of clarity in roles, responsibilities, and relationships related to planning for the child care and education system between local Commissions and Children and Families and Child Care Resource and Referral agencies
3. At state and county level there is limited coordination or collaboration between state and tribal child care
4. Training opportunities for providers are not equal across the state.
 - a. Amount and content vary
 - b. Training is not available in all relevant languages
 - c. Training on practices that research shows lead to child developmental outcomes is not available
5. Providers seldom can get community-based training hours counted in degree-focused higher education. Training provided by community organizations is seldom articulated with credit courses provided by higher education.
6. Lack of coordination for afternoon care for children enrolled in morning-only programs. Need is likely to include also days when the morning-only program does not operate.

Effectiveness Strategies & Activities	Program-Level Outcomes	State-Level Outcome
<p>Design and evaluate demonstration projects to improve quality. Four demonstration projects are in currently in process in 2005 (CCD)</p> <ul style="list-style-type: none"> • Provide training and consultations on protecting and promoting child health in child care settings (<i>The Child Care Health Consultations Projects</i>) in four counties. (DHS-CCHC/CCR&R), Director Certificate in Metro area (OCCD/LCCF) • Collect and report facility level data on structural indicators of quality (<i>The Child Care Quality Indicator Project</i>) in two counties. (CCD/OCCRRN/OCCRP) • Address affordability, quality, and compensation simultaneously through <i>the Child Care Enhancement Program</i> funded with the Child Care Contribution Tax Credit in two counties (CCR&R-Lane Family Connections, Neighborhood House Multnomah County) <p>Create and manage strategic plan for child care system improvement (OCCC)</p> <p>Routinely & systematically measure performance of the child care system (CCD/OCCRP)</p> <p>Evaluate demonstration programs supported directly or indirectly with funds administered by the Oregon Child Care Division (CCD, OCCRP)</p> <p>Analyze child care related data including populations data from the Oregon Populations Survey and disseminate findings to stakeholders (CCD/OCCRP)</p>	<p>More researchers from private and public institutions are actively engaged in child care research and evaluations that inform decision-making about Oregon child care programs and policies.</p> <p>Improved operation of child care programs, initiatives, and policies.</p> <p>Better informed state and local planning for child care.</p>	<p>OREGON'S CHILD CARE SYSTEM IS INNOVATIVE AND EFFECTIVE</p>

GAPS:

1. Training, compensation, and retention initiatives have been proven to improve provider quality but providers have access to programs in only five counties (7) Funding for CARES programs ended (4)
2. The system infrastructure (regulation, resource and referral, the professional development system, and financial assistance—subsidy program) are inadequately funded (6)
3. Inability to move successful pilots into statewide programs (5)
4. Funding for investments in the quality of the care and education provided are low (5).
5. State subsidy policy is driven by the state budget concerns as opposed to inclusion of deliberations based on program goals, desired outcomes, program performance measures, evaluation findings, or compliance with federal expectations.
6. Oregon lacks a strategic plan to improve its child care and education system
7. Oregon lacks data on what it costs to provide quality care; marginal costs of moving from poor or fair to good or excellent care

Public/private Strategies & Activities	Program-Level Outcomes	State-Level Outcome
<p>Engage and educate government and civic leaders (listed below) on impact of child care quality, accessibility, and affordability on children's school success, family self-sufficiency, business success, and community well-being (OCCC, OCCF/CCR&R)</p> <ul style="list-style-type: none"> • Community members • Businesses and industries • Schools and public agencies • Faith communities • Other community organizations 	<p>Increased public support for and investments in child care system and initiatives to improve health and safety, access, affordability, and quality.</p> <p>Improved private support for and investments in child care system and initiatives to improve health and safety, access, affordability and quality.</p> <p>Increased business productivity due to increased retention, reduced absenteeism, and high productivity of employees</p>	<p>BROAD SUPPORT FOR OREGON'S CHILD CARE SYSTEM</p>

GAPS:

1. Oregon has no organized advocacy and lacks a visible child care champion, an individual from the public or private sector that takes on improvement of child care as a primary focus. (Oregon Hunger Task Force may provide model of a state-level advocacy organization)(9)
2. The child care system is not understood by parents, partners, foundation, state agencies, the Oregon Legislature, and others (3)
Public understanding and support of the child care and education system is hampered by numerous factors including:
 - 1) the complexity of this predominantly market-driven system of small business-delivered care and education
 - 2) system used by minority of Oregon households and for relatively short time period
3. Child care and education is not acknowledged in either the education or workforce development systems
4. Needs to be a better relationship between Child care partners and philanthropic organizations to achieve more unified state wide goals
5. Child care and education receive limited attention from existing child champions such as private Foundations, Children First of Oregon, Stand for Children, or The Children's Institute.
6. The child care and education system is experiencing market failure; left on its own it fails to allocate resources efficiently. The system is not producing desired outcomes of children ready for school success or families able to meet economic needs.
 - 1) Based on national estimates quality is low in majority of facilities
 - 2) Substantial percentage of families cannot afford available care and prices of care for young children exceed price of public university tuition and fees.
 - 3) Staff turnover is approximately 40% per year (Low wages and limited or no benefits produce high caregiver/teacher turnover rates)
7. Parent fees currently make up 70% of system revenue and given affordability issues this is not a likely source of increased revenue.
8. Less than 10% of Oregon employers support child care for their employees