



COMMUNITY CHILDCARE INITIATIVE (CCI)

OUTCOME EVALUATION REPORT

2011

Prepared for:
Mount Hood Community College,
Childcare Resource and Referral of Multnomah County, and
The Portland Children's Levy



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EXECUTIVE SUMMARY

INTRODUCTION

Overview

The Community Childcare Initiative (CCI) aims to improve the quality of childcare in Portland and to make high quality care more affordable for low-income, working parents. The CCI provides quality enhancement support to qualifying childcare centers (referred to as Quality Services) and affordability support to low-income, working families that attend qualifying childcare centers or family childcare (referred to as Affordability Services). The CCI is a 5-year \$2.7 million initiative.

Quality Services

Quality Services in CCI assist childcare centers with improving quality. Qualifying centers must be or become pre-listed to serve families receiving state of Oregon Employment Related Day Care (ERDC). The providers work towards improving their performance on Oregon's *Quality Indicators* (indicators of childcare quality that research has demonstrated to be associated with positive child outcomes). Childcare centers are provided with up to \$16,000 to implement a workplan to improve on one or more of the Quality Indicators for one year. Centers may be eligible to participate for up to three years.

Some of the efforts in work plans have included: staff training and professional development, wage enhancements for staff performance, financial and other incentives to address staff retention, substitute staff or additional staff to address adult to child ratios, allowances for educational materials and equipment to meet accreditation standards, and access to consultants in child development, curriculum, health, mental health, special needs inclusion, and business practices.

Affordability Services

Affordability Services assist qualifying low-income, working families to pay for their children attending quality childcare programs.

Originally, qualifying families paid no more than 10% of their income for quality care; this increased to 15% in February, 2011 due to very rapid and unexpected over-enrollment and limited funds. Eligibility requirements for children include residence in the city of Portland, income of no more than 185% of the Federal Poverty Level, and qualifying for and receiving the state of Oregon ERDC subsidy. Between late 2009/early 2010 and February, 2011 the income eligibility was raised to 200% of the Federal Poverty Level for families meeting all other eligibility criteria for Oregon ERDC. This expansion of eligibility criteria resulted from dramatically less use of funds than originally anticipated during the first and second year of the program; the subsequent restriction back to the original eligibility criteria was necessary due to limited funds, the addition of self-employed parents who had lost ERDC, and over-enrollment after the criteria were expanded.

The assistance provided to eligible families can only be used at qualifying childcare centers or family childcare providers. Qualifying centers and family childcare providers must be licensed by the state, not have had any substantiated complaints in the past year, and must be listed as accepting state ERDC subsidy. In addition, centers must demonstrate achievement of quality standards (Quality Indicators for centers and Family Childcare Environmental Rating Scale (FCCERS) for family providers). Family childcare providers must also have current liability insurance, and must care for 3 or more children that are not their own.

METHODOLOGY

Research Questions

- 1) To what extent does participation in the Quality Services lead to improvements in childcare quality?
- 2) To what extent do the Affordability Services improve access to quality childcare for low-income families?
- 3) To what extent does the CCI facilitate or reinforce a broader network of support for quality childcare?

Design

The outcome evaluation was conducted with a quasi-experimental longitudinal design from January, 2009 through June, 2011. Multiple methods were utilized, including surveys, interviews, and review of external data on childcare quality. Participants included parents and childcare providers that participated in the Affordability Services and Quality Services. In addition, a comparison group of childcare providers that were not involved in the CCI also participated in the evaluation.

Participants and Measures

Parents. A total of 180 parents participated by completing a “pre” survey upon enrollment in the CCI, a “post” survey at the end of their CCI contract period (106 parents), a delayed follow-up survey for parents that had left the CCI approximately 6 months prior (47 parents), and/or a telephone interview (36 parents; some of these parents also completed the delayed follow-up survey).

Quality Services Providers. Twenty eight facilities participated in this evaluation by completing a “pre” survey after developing the workplan (26 providers) and a “post” survey after completion of the Quality Services (27 providers), and also released data from their Quality Indicator Reports, including assessments of Training, Education, Compensation, Staff Retention, Accreditation, Group Size, and Ratio.

Affordability Services Providers. A total of 45 childcare providers (24 family providers; 21 centers) caring for families with active CCI contracts completed a “pre” survey when the first family in their care enrolled in the CCI and a “post” survey either when they stopped providing care for families in the CCI or at the end of the evaluation period (27 providers: 11 family; 16 centers). They also released their FCCERS scores and Quality Indicator Reports.

Comparison Providers. A total of 63 providers (17 family childcare providers; 46 centers) in the city of Portland that were not

participating in the CCI comprised the comparison group. These providers completed a “pre” survey in the Spring of 2009 (63 providers) and a “post” survey at the end of the evaluation period (52 providers: 14 family; 38 centers).

RESULTS: QUALITY SERVICES

Finding: *The Quality Services Help Providers Become More Familiar with the Quality Indicators and Encourage Commitment to Quality Improvements.*

Evidence

- Quality Services providers reported statistically significant increases in their familiarity with the Quality Indicators, knowledge of their own strengths and limitations on the Quality Indicators, and commitment to improving on the Quality Indicators.
- Quality Services providers attributed these increases to their participation in the CCI.
- Quality Services providers reported higher (statistically significant) levels of familiarity, knowledge, and commitment regarding the Quality Indicators than other center-based childcare providers in the city of Portland who were not participating in the CCI.

Finding: *Quality Services Providers Showed Improvements on the Quality Indicators that Exceeded those of Other Providers in Portland.*

Evidence

Results from Quality Indicator Reports:

- Quality Services providers made statistically significant improvements, compared to their own baseline levels of quality, in 8 out of 22 variables across 4 of 7 Quality Indicators.
- Quality Services providers made statistically larger improvements than the comparison group in 6 out of 22 variables across 5 of 7 Quality Indicators.
- The comparison group made statistically larger improvements than the Quality

Services providers in 2 out of 22 variables within only 1 Quality Indicator (director education).

- In sum: Quality Services providers made improvements in 6-8 out of 22 variables across the indicators of Education, Training, Staff Retention, Compensation, Group Size, and Ratio; Accreditation saw no statistically significant improvement.

Results from surveys:

- Quality Services providers reported significantly more increases in quality improvements from the “pre” to “post” survey than the comparison group on all 7 Quality Indicators.
- Quality Services providers attributed 64% of their improvements on the Quality Indicators to participation in the CCI. They also attributed improvements to their Quality Indicator reports and a general desire to improve quality.

“We now have teachers that are getting CDAs or AA degrees. I cannot say enough about how the [workplan] funds have helped our center become a better place for young children.”
 – Quality Services Provider

Finding: *There is Potential for Quality Improvements to Continue and Be Sustained.*

Evidence

- The CCI encourages familiarity with, and utilization of resources that support quality (CCR&R, accrediting agencies, and others).
- Quality Services providers use Quality Indicator reports and other resources when making quality improvements.
- Quality Services providers report specific plans for ongoing quality improvement.
- Many Quality Services providers are considering applying to the Affordability Services of the CCI if enrollment re-opens.

RESULTS: AFFORDABILITY SERVICES

Finding: *Parents Participating in the CCI Prioritize Quality of Childcare.*

Evidence

- CCI parents rate standards of quality used by CCI as “*very important*”.
- Parents participating in the CCI rate quality-related factors of care higher than all others, including cost and convenience.

“The ability to pay for day care and work full time just wasn’t possible [before CCI] so I was living off other people and favors for day care. Now I’m working full time and supporting my family... and the quality is a 10 out of 10 – top notch!”
 - Parent

Finding: *The CCI Promotes Quality, and Stability of Childcare.*

Evidence

- Findings from both surveys and interviews with parents show that the CCI helps low-income families to select and stay with quality providers when finances would not otherwise allow it.
- Families that navigate the transition out of the CCI successfully:
 - 1) bridge to another form of assistance or public school,
 - 2) achieve self-sufficiency, or at least increased earnings, or
 - 3) have sufficient resources to maintain stable quality care without the CCI.
- For the large remainder of families the CCI provides a critical support without which they would have to switch to less expensive care and/or reduce their work hours.

Finding: *The CCI Promotes Stability of Family Finances.*

Evidence

- Over 90% of families reported notable financial benefits of the CCI.

- Families experience statistically significant reductions in financial stress with the CCI.
- Financial benefits are short-term for the majority of families.
- Some families are able to make lasting financial improvements by stabilizing their employment, increasing work hours, or working toward a promotion.
- Many others return to financial struggle after the CCI, although some are able to bridge to other forms of assistance.

Finding: The Affordability Services Help Providers Collect their Rates from Low-Income Families.

Evidence

- Affordability Services providers reported a statistically significant increase in collection of their rates from families participating in the CCI.
- Affordability Services providers reported a statistically larger increase in collection of rates from low-income families than did providers in the comparison group.
- Both parents and providers commented that the CCI helps providers obtain their rates.

Finding: The Affordability Services Help Providers Enroll and Retain Low-Income Families.

Evidence

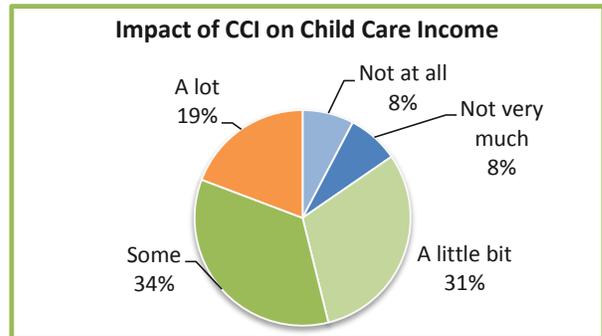
- Affordability Services providers were able to retain families that would otherwise have had to leave due to insufficient income.
- The availability of the CCI financial resources helped Affordability Services providers to recruit new low-income families to their programs.

“We are able to serve many low-income families due to the financial help our parents are receiving through the CCI.”
 - Affordability Services Provider

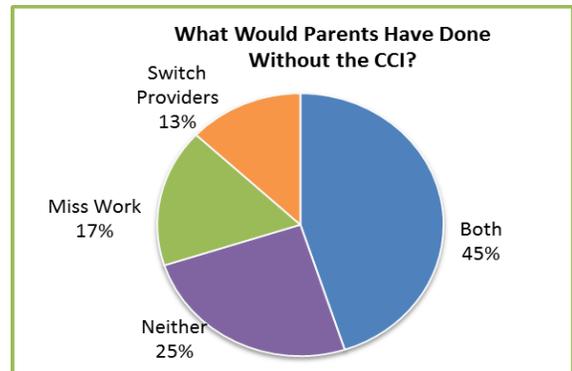
Finding: The Affordability Services Increase Income for Quality Childcare Providers Serving Low-Income Families.

Evidence

- More than half of Affordability Services providers report either “some” or “a lot” of impact of the CCI on their overall income from childcare. These tend to be providers with more families participating in the CCI.



- Affordability Services providers had a statistically significant increase in overall satisfaction with their childcare income over time. This increase was significantly better than the comparison group, which had a slight decline in satisfaction with childcare income.
- A number of Affordability Services providers described tangible improvement in income as a result of participating in the CCI, for which they were very grateful.



Finding: Changes in CCI Eligibility Affect Affordability Services Providers' Income.

Evidence

- Some Affordability Services providers reported experiencing decreases in income when families lose CCI support.
- Without the support of the CCI some Affordability Services providers indicate that they have difficulty enrolling and retaining low-income families.

Finding: Affordability Services Providers Invest Additional Income Back Into Quality.

Evidence

- 56% of Affordability Services providers stated that increased income from the CCI helped them to make improvements in their childcare programs.
- Affordability Services providers report increased commitment to quality during participation in the CCI and higher commitment to quality than providers in the comparison group.
- Affordability Services providers report more familiarity with resources that support quality and use of these resources more often than other providers in Portland.

*"I could afford a full-time assistant to give children more one-to-one care."
- Affordability Services Provider*

RESULTS: NETWORK

Finding: The CCI Reinforces a Broader Network of Support for Quality Childcare in Oregon.

Evidence

- The Quality Services target quality improvements toward Oregon's childcare Quality Rating and Improvement System through the Quality Indicators.

- The CCI encourages providers to become more familiar with, and to utilize more often, community resources that support quality, the CCR&R, accrediting agencies, and professional childcare organizations.
- The Affordability Services reinforce participation in the Quality Indicator Program and the Child Care Improvement Program.

CONCLUSIONS

- ❖ Quality Services promote improvements in childcare quality.
- ❖ Affordability Services improve access to, and stability of quality childcare for low-income families.
- ❖ The CCI Reinforces a Broader Network of Support for Childcare quality.

The largest remaining question is the extent to which these benefits can be sustained after providers and parents leave the CCI.

IMPLICATIONS AND FUTURE RESEARCH

The findings have implications for related state and federal efforts. Results indicate that it is possible to improve structural indicators of childcare quality by providing financial resources and technical assistance. Moreover, the findings are suggestive (though not yet conclusive) of a positive feedback cycle in which supports stimulate improvements in quality, which are then reinforced with higher income for quality providers. The higher income may then aid sustainability of quality improvements and continued investment in quality. Examination of this full cycle will be an important area for future research and evaluation.

Future evaluations should also examine the extent to which improvements in structural indicators of quality promote more positive caregiver-child interaction and eventually improve developmental outcomes for low-income children.

1. INTRODUCTION

1.1 OVERVIEW

The Community Childcare Initiative (CCI) aims to improve the quality of childcare in Portland and to make high quality care more affordable for low-income, working parents. To this end, the CCI provides quality enhancement support to qualifying childcare centers (referred to as Quality Services) and affordability support to low-income, working families that attend qualifying childcare centers or family childcare (referred to as Affordability Services).

1.2 HISTORY

During the first three years of the Portland Children's Levy (2003 – 2006), actual revenue generated exceeded projections by \$2.7 million. In 2006 Levy staff brought this issue to the Allocation Committee, the Levy's governing board, with recommendations to use the funds toward Head Start expansion. Instead, the committee formed a workgroup led by former committee member Dr. David Willis to explore options for use of the funds.

The workgroup's recommendation was to fund a childcare initiative aimed at improving the quality of childcare and making high quality care more affordable for low-income, working parents. They also recommended a few key features to the initiative, including that it:

- 1) use the state's Quality Indicators framework to define quality;
- 2) offer coaching, planning support and funding to childcare providers whose quality does not meet some defined standards on the state's Quality Indicators for childcare;
- 3) use funding for assisting low-income families only at facilities where some defined standards of quality have been met;
- 4) assure that any families assisted with affordability of care via the initiative must first qualify for and be enrolled in the state's Employment Related Day Care (ERDC) subsidy;
- 5) include a rigorous evaluation component; and
- 6) contract with the Childcare Resource and Referral (CCR&R) of Multnomah County (a state-funded childcare referral and provider training/development service run by Mt Hood Community College).

The resulting Community Child Care Initiative (CCI) was originally conceived as a 3-year initiative but successfully launching such a large project took longer than anticipated, resulting in a 5-year project period.

1.3 QUALITY SERVICES

Quality Services in CCI are to assist childcare centers with improving their performance on Oregon's *Quality Indicators*. Oregon's Quality Indicator Program measures indicators of childcare quality that research has demonstrated to be associated with positive child outcomes for *all* regulated child care and early education facilities in Oregon. The QIP builds upon the existing infrastructure by utilizing data collected through the licensing process, conducted by the Oregon Child Care Division. Oregon State University analyzes data and creates the QIP Reports. The State Child Care Resource and Referral Network (R&R Network) and the local Child Care Resource and Referral (CCR&R) agencies disseminate quality information to parents and the public. The research-based quality indicators include:

- ◆ Adult to child ratio
- ◆ Group size
- ◆ Education
- ◆ Training
- ◆ Accreditation
- ◆ Staff retention
- ◆ Compensation

To be eligible for the Quality Services child care centers must be located in the city of Portland or must be in Multnomah County. They must have a current license from the State of Oregon Child Care Division (CCD), and be willing to become pre-listed with the Oregon Department of Human Services for accepting ERDC childcare subsidies. Centers must also have been a licensed facility for at least one year and have completed a *Quality Indicators* Report in which the center met but did not exceed some of the state standards on the Quality Indicators. Finally, centers must not have any complaints substantiated by CCD in the past year and while participating in the CCI program.

Childcare centers are provided with up to \$16,000 to implement a workplan to improve on one or more of the *Quality Indicators* for one year. Centers may be eligible to participate for up to three years. Some of the efforts in workplans have included: staff training and professional development, wage enhancements for staff performance, financial and other incentives such as employee benefits to address staff retention, substitute staff or additional staff to address adult to child ratios, allowances for educational materials and equipment to improve the physical learning environment for children as necessary for accreditation, and access to consultants in child development, curriculum, health, mental health, special needs inclusion, and business practices.

1.4 AFFORDABILITY SERVICES

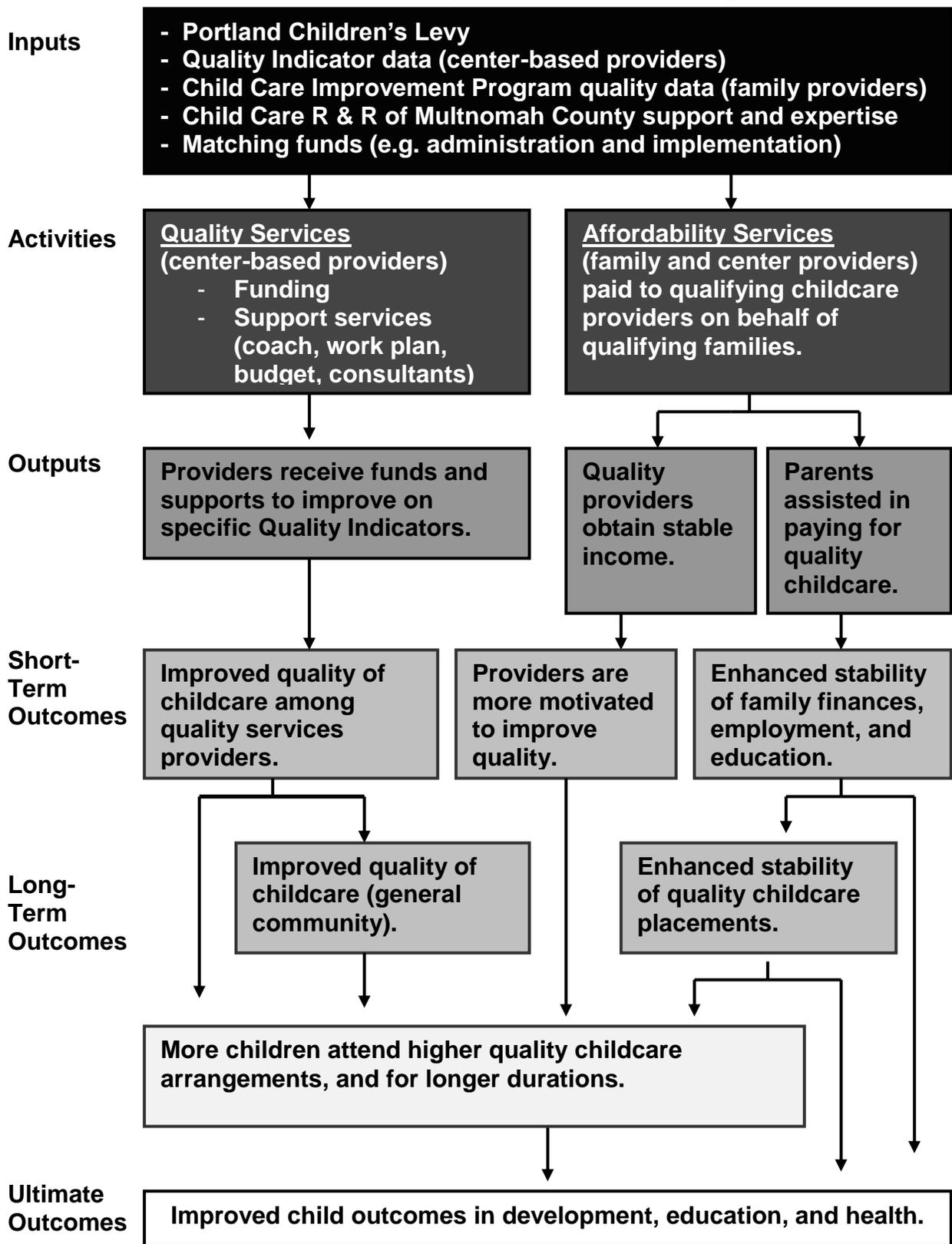
Affordability Services assist qualifying low-income, working families to pay for their children attending quality childcare programs. Originally, qualifying families paid no more than 10% of their income for quality care; this increased to 15% in February, 2011 due to very rapid over-enrollment and limited funds. Eligibility requirements for children include residence in the city of Portland, income of no more than 185% of the Federal Poverty Level, and qualifying for and receiving the state of Oregon ERDC subsidy. Between late 2009/early 2010 and February, 2011 the income eligibility was raised to 200% of the Federal Poverty Level for families meeting all other eligibility criteria for Oregon ERDC. This expansion of eligibility criteria resulted from dramatically less use of funds than originally anticipated during the first and second year of the program. Subsequently, the expansion led to highly successful enrollment (including of self-employed parents who had lost ERDC). Over-enrollment then forced CCI to restrict eligibility back to the original criteria in order to stay within budget for the contract period.

The assistance provided to eligible families can only be used at qualifying childcare centers or family childcare providers. Qualifying centers and family childcare providers must be licensed by the state, not have had any substantiated complaints in the past year, and must be listed as accepting state ERDC subsidy. In addition, centers must demonstrate achievement of quality standards (Quality Indicators for centers and Family Childcare Environmental Rating Scale for family providers). Family childcare providers must also have current liability insurance, must care for 3 or more children that are not their own, and be part of the Child Care Improvement Program's networks of family childcare providers, or a graduate of a network.

1.5 LOGIC MODEL

The CCI logic model was developed by the evaluator, in partnership with the CCI Coordination Team, to serve as a guide for the evaluation design, and for interpretation of findings. The logic model depicts the processes through which the CCI is expected to enhance stability and quality of childcare experiences for low-income families, with the ultimate objective of contributing to positive child development, education, and health.

Portland's Community Childcare Initiative Logic Model



2. METHOD

2.1 RESEARCH QUESTIONS

- 1) To what extent does participation in the Quality Services lead to improvements in childcare quality?
- 2) To what extent do the Affordability Services improve access to quality childcare for low-income families by:
 - a. Promoting stability of quality childcare placements?
 - b. Enhancing childcare income for quality childcare providers, and in turn promoting improvements and/or maintenance in quality?
- 3) To what extent does the CCI facilitate or reinforce a broader network of support for quality childcare?

2.2 DESIGN

The outcome evaluation was conducted with a quasi-experimental longitudinal design from January, 2009 through June, 2011. Multiple methods were utilized, including surveys, interviews, and review of external data on childcare quality. Participants included parents and childcare providers that participated in the Affordability Services and Quality Services. In addition, a comparison group of childcare providers that were not involved in the CCI also participated in the evaluation.

The use of multiple sources of data, collected repeatedly over time, is a strength of this evaluation. Since any source of data has certain limitations, confidence in findings grows when results are consistent, or at least similar, across more than one data source. For example, self-reported surveys have the potential for respondents to report what they think is socially desirable. However, when findings from a self-report survey are corroborated by another form of data (e.g. external reports of quality, or more in-depth stories from interviews) it becomes less likely that the survey results are substantially biased. Prospective longitudinal surveys, like those utilized in the current evaluation, in which participants complete separate “pre” and “post” surveys, separated by many months or years, are more advantageous than other types of self-report (retrospective) surveys in which participants simply report at the end of a program about how things changed from before to after the program.

The use of a comparison group (e.g. providers not participating in the CCI) is another critical strength of the evaluation design for the CCI. This study uses a quasi-experimental design, with a comparison group of providers that are similar to those participating in the CCI, but that were not randomly assigned to the comparison group versus the CCI. This design cannot be used to determine causality as confidently as a true randomized experiment, but it does provide a level of confidence that results stemmed from participation in the CCI rather than from other factors.

2.3 PARTICIPANTS

Parents. All parents that enrolled in the CCI from inception through October, 2011 were invited to participate in the evaluation (246 families total). A total of 180 families (73%) participated in at least one survey for the outcome evaluation. The evaluation team attempted to reach families that did complete at least one survey for the evaluation an average of 4.48 times per family (range from 1 to 12 times per family). The majority of families (60%) had only one child

participating in the CCI; 31% reported two children, and 9% had three or more children participating in the CCI. Demographic characteristics of families participating in this evaluation are similar to those for the overall population of CCI participants and are as follows:

- ◆ **Marital status:** 64% single, 11% separated, 13% divorced, 7% married, 2% widowed, 2% living with a partner, and 1% not reported.
- ◆ **Education level:** 4% some high school, 22% high school diploma/equivalent, 54% some college/ two-year degree, 15% Bachelor’s degree, 5% post graduate.
- ◆ **Ethnicity:** 55% White, 20% Black, 12% multiracial, 7% Latino/Hispanic, 3% Asian/Pacific Islander, 2% Native American, and 1% other.

Families participating in the evaluation had an average monthly income of \$1,952.44/month (standard deviation of \$866.99). Childcare costs *averaged* \$1,669.43/month, of which families paid an average of \$350.60, the ERDC subsidy from DHS covered an average of \$667.77, and the CCI paid an average of \$651.06.

Data for this outcome evaluation come from a “pre” survey (completed by 180 parents), a “post” survey (completed by 106 parents), and a delayed follow-up survey for parents that had participated in the CCI and then had been off the program from approximately 6 months (completed by 47 parents). Additionally, 36 parents participated in in-depth telephone interviews. See Section 2.4.1 for descriptions of the surveys and interviews.

Quality Services Providers. All 28 facilities that participated in the Quality Services completed surveys for the evaluation. Quality Services providers completed a “pre” survey (completed by 28 providers) and a “post” survey (completed by 27 providers) for this outcome evaluation. In addition, all 28 facilities released their Quality Indicator data for analysis in the evaluation. See Section 2.4.3 for descriptions of the measures. Tables 1 and 2 offer a summary of the characteristics of providers and children served.

Affordability Services Providers. All 45 childcare providers (24 family childcare providers; 21 centers) that provided care to families with active CCI contracts participated in the evaluation. Affordability Services providers completed a “pre” survey (33 providers) and a “post” survey (27 providers: 11 family; 16 centers). See Section 2.4.2 for descriptions of the surveys. Tables 1 and 2 offer a summary of the characteristics of providers and children served.

Table 1. Description of childcare providers and numbers of children served.

		Quality Services Providers	Affordability Services Providers	Comparison Providers
Number of Providers	Centers:	28	21	46
	Family:	0	24	17
	Total:	28	45	63
Years in business	Average:	17.09	15.90	16.45
	Minimum:	2	2	5
	Maximum:	58	39	45
Number of children served	Average:	69.96	36.11	40.77
	Minimum:	10	10	6
	Maximum:	150	176	280
	Total:	1819	1264	2446

Table 2. Percentage of childcare providers that care for subgroups of children:

	Quality Services Providers	Affordability Services Providers	Comparison Providers
Children with special needs	79%	60%	61%
Infants	53%	67%	48%
Toddlers	40%	71%	52%
Preschoolers	47%	73%	62%
School-age children	33%	53%	72%

Comparison Providers. A comparison group of providers that were not participating in the CCI were recruited to participate in this outcome evaluation. The pool of eligible comparison providers included all center-based childcare facilities in the city of Portland, and all family childcare providers that participated in the Child Care Improvement Program and had an average total FCCERS score of 4 or higher. The center-based providers served as a comparison group for both the Quality Services and Affordability Services providers and the family providers provided comparison for the Affordability Services providers only. A total of 63 providers (17 family childcare providers; 46 centers) participated as part of the comparison group. This represents a 51% response rate, with an average of 3.3 attempts to recruit providers that did not respond, with a range from 2 to 4 attempts per provider. Comparison providers completed a “pre” survey (63 providers: 17 family childcare providers; 46 centers) and a “post” survey (52 providers: 14 family; 38 centers) survey. See Section 2.4.3 for descriptions of the measures. Characteristics of providers in the comparison group were similar to those in the Affordability Services and Quality Services (Tables 1 and 2).

2.4 MEASURES

Each measure is briefly described here. Copies of measures are available in the Appendix to this report (separate document).

2.4.1 Parent Measures

Data were collected from parents through an “pre” survey, a “post” survey, a delayed follow-up survey, and a final telephone interview.

“Pre” survey. During their initial enrollment meeting with the CCI Coordinator parents completed the evaluation consent form and were given the “pre” survey to complete and mail back to the evaluator. This survey measured family demographics, employment, childcare priorities, childcare stability and quality, financial stress, and expectations for participation in the CCI.

“Post” survey. At the completion of each contract period parents were mailed another survey. This “post” survey measured changes in employment, childcare stability and quality, financial stress, and parents’ perceptions of the impact of the CCI on childcare arrangements and family finances.

Delayed follow-up survey. Approximately 6 months after families had left the CCI they were mailed a delayed follow-up survey. This survey asked parents to report why they left the CCI, whether or not they were still utilizing Affordability Services providers and if not, why not.

Additional questions assessed family finances and parents' perceptions about the longer-term impact of the CCI on their families.

Telephone interviews. The telephone interviews were designed to gather more in-depth information about the impact of the CCI on families' childcare arrangements and finances, how families fare once they leave the CCI, and about the impact of policy changes in 2011, including changes in eligibility criteria and increases in family responsibility for childcare expenses from 10% to 15% of income. Interviews collected qualitative data through open-ended questions and lasted an average of 20-30 minutes.

A total of 36 interviews were conducted with three groups of families. The first group (18 families) was comprised of families that lost eligibility for the CCI when the income criteria changed in 2011. This included two subgroups: families with incomes over 185% of the Federal Poverty Level, and families for whom CCI financial support would total less than \$25 per month, after the policy changes in 2011. At the time of the interviews these families had been managing without the CCI resources for an average of 6 months. The second group (10 families) had left the CCI program for a variety of other reasons, including earning more money than allowed by the prior CCI eligibility guideline of 200% of the Federal Poverty Line, moving out of the city of Portland, changing to childcare providers not participating in the CCI, and no longer needing childcare. At the time of the interviews these families had been managing without the CCI resources for an average of 6.6 months. Families in the final group (8 families) were still continuing with the CCI on an active contract at the time of the interview. Across all three groups, families were selected to include variety in the duration of their experiences with the CCI, and also in the types of providers they utilized (center versus family providers).

2.4.2 Quality Services Provider Measures

Providers participating in the Quality Services of the CCI completed a "pre" survey and a "post" survey.

Quality Services "pre" survey. During their initial workplan meeting with the CCI Coordinator Quality Services providers completed the evaluation consent form and were given the "pre" survey to complete and mail back to the evaluator. This survey asked providers about their childcare business, families they served, quality improvement efforts, knowledge and use of community resources, familiarity with the Quality Indicators and commitment to making improvements on the Quality Indicators, and expectations for participation in the CCI.

Quality Services "post" survey. Providers were mailed a "post" survey once they completed their Quality Services workplan, approximately 12-18 months after the "pre" survey. This survey asked providers follow-up questions about quality improvement efforts, knowledge and use of community resources, familiarity with the Quality Indicators and commitment to making improvements on the Quality Indicators, changes in rates and enrollments, and experiences with the CCI.

Quality Indicator Reports. Data from Quality Indicator Reports for Quality Services providers that released their data were obtained from Oregon State University, Family Policy Program, which manages and analyzes the data from these reports for the Oregon Child Care Division. Data include variables measuring seven research-based indicators of quality: Training, Education, Compensation, Staff Retention, Accreditation, Group Size, and Ratio. Data are collected through the Oregon Child Care Division licensing process.

2.4.3 Affordability Services Provider Measures

Providers that participated in the Affordability Services, that had one or more families with an active CCI contract, completed a “pre” survey and a “post” survey.

Affordability Services “pre” survey. Affordability Services providers completed the “pre” survey around the time their first CCI family signed a contract. This survey asked providers about their childcare business, families they served, quality improvement efforts, knowledge and use of community resources, income from childcare, and expectations for participation in the CCI.

Affordability Services “post” survey. Affordability Services providers completed the “post” survey either around the time that they no longer had families participating in the CCI, or at the end of the evaluation period in June of 2011. This survey asked providers follow-up questions about quality improvement efforts, knowledge and use of community resources, changes in rates and enrollments, and their experiences with the CCI, including impacts on their childcare programs, themselves, and the families they serve.

Quality Indicator Reports. Data from Quality Indicator Reports for center-based Affordability Services providers that released their data were obtained from Oregon State University, Family Policy Program, which manages and analyzes the data from these reports for the Oregon Child Care Division. Data include variables measuring seven research-based indicators of quality: Training, Education, Compensation, Staff Retention, Accreditation, Group Size, and Ratio. Data are collected through the Oregon Child Care Division licensing process.

Family Childcare Environmental Rating Scale-Revised (FCCERS) (Harmes, Cryer, & Clifford, 2007). Family childcare providers participating in the Affordability Services had FCCERS scores from their participation in the Child Care Improvement Program’s networks, and released them for use in the current evaluation.

2.4.4 Comparison Provider Measures

Comparison providers were asked to voluntarily release their Quality Indicator Reports (centers) or FCCERS scores (family providers), and to complete evaluation surveys.

Comparison “pre” survey. Providers participating in the comparison group were recruited to participate in the “pre” survey during April and May of 2009. This coincided with high enrollment times for the Quality Services and Affordability Services. The “pre” survey was designed to mirror the “pre” surveys for both the Affordability Services and Quality Services providers, with the exclusion of questions that directly asked about experiences or impact of the CCI.

Quality Services “post” survey. Providers in the comparison group that completed a “pre” survey were again contacted near the end of the evaluation period, in the spring of 2011, to complete a “post” survey. This survey was again developed to mirror the Affordability Services and Quality Services “post” surveys, with the exclusion of questions that directly asked about experiences or impact of the CCI.

Quality Indicator Reports. Data from Quality Indicator Reports for center-based providers in the comparison group that released their data were obtained from Oregon State University, Family Policy Program, which manages and analyzes the data from these reports for the Oregon Child Care Division. Data include variables measuring seven research-based indicators

of quality: Training, Education, Compensation, Staff Retention, Accreditation, Group Size, and Ratio. Data are collected through the Oregon Child Care Division licensing process.

Family Childcare Environmental Rating Scale-Revised (FCCERS) (Harmes et al., 2007). Family childcare providers participating in the comparison group had FCCERS scores from their participation in the Child Care Improvement Program's networks, and released them for use in the current evaluation.

2.5 DATA ANALYSIS

Quantitative Data. Quantitative (numeric) data from evaluation surveys and external reports of childcare quality were analyzed in two ways. For some survey questions, in which providers were asked their perceptions of the degree of impact of the CCI, data were examined for frequencies (how many providers responded with each option, such as on a scale from 1 = "not very much" to 4 = "a lot", and descriptive statistics such as minimums, maximums, and means (averages).

Quantitative data that were collected for the purposes of examining differences between either the Affordability Services or Quality Services providers and those in the comparison group, or for analysis of change over time for Affordability Services or Quality Services providers, were examined with systematic analytic tools. Paired sample t-tests were utilized to examine whether differences (e.g. improvements) of one group of participants (e.g. Affordability Services providers, Quality Services providers, or parents) between "pre" and "post" were statistically significant. Independent samples t-tests examined differences between Quality Services/ Affordability Services providers and comparison providers either in terms of "pre" data, "post" data, or the degree of change between "pre" and "post". Results are presented throughout this report in the standard format, for example, $t(28) = 2.01, p < .05$. This indicates that the t-test had 28 degrees of freedom and equaled 2.01, with a significance level less than .05, which is the standard cut-off for statistical significance. This means that we can be 95% certain (5% uncertainty) that the difference is due to a real difference (e.g. between Quality Services and comparison providers) rather than one that was observed due to chance.

When using small samples it can also be important to consider results that are significant at the $p < .10$ level due to reduced statistical power in order to avoid missing a real difference that wasn't large enough to be observed with a small sample. Due to small sample sizes for some analyses in the current evaluation (e.g. due to relatively small numbers of childcare providers participating), findings that were significant at the $p < .10$ level were included in the current report. However, these results were always noted as being significant at the $p < .10$ rather than the $p < .05$ level and they should be treated as less definitive than those that are statistically significant at the conventional $p < .05$ level because there is an increased probability (10%) that results could be due to chance. On the other hand, some results in the current evaluation (particularly from analysis of survey data from parents with a larger sample size) were found to be statistically significant at the $p < .01$ level, which indicates that results at this level would only be due to chance 1% of the time.

Qualitative Data. Qualitative (non-numeric) data collected from responses to open-ended survey questions and telephone interviews was analyzed using grounded theory principles (Glaser, 2004). Responses were first examined using open coding to identify common themes without pre-conceived notions about coding categories to ensure the grounding of the theory in the data. Once core themes had been identified, the responses were re-coded using systematic coding procedures.

3. RESULTS QUESTION 1

RESEARCH QUESTION 1:

- 1) To what extent does participation in the Quality Services lead to improvements in childcare quality?

3.1. Finding: *The Quality Services Help Providers Become More Familiar with the Quality Indicators and Encourages Commitment to Quality Improvements.*

Findings from analysis of the “pre” and “post” evaluation surveys that were completed by Quality Services and comparison providers suggest that the Quality Services help providers to become more familiar with the Quality Indicators, and encourage commitment to making quality improvements. One indication of this finding is that, in relation to the comparison group, Quality Services providers reported higher (statistically significant) levels of:

- familiarity with the Quality Indicators ($t(69) = 6.40, p < .01$).
- knowledge of their own strengths and limitations on the Quality Indicators ($t(67) = 3.91, p < .01$).
- commitment to improving on the Quality Indicators ($t(69) = 3.88, p < .01$).
- commitment to improving in other areas of quality ($t(68) = 3.62, p < .01$).

These differences were observed on the “pre” survey, which is completed around the time that Quality Services providers work with the CCI Coordinator to develop their Quality Services workplans to make targeted improvements on the Quality Indicators.

Although one interpretation of these data, when considered on their own, might be that there were pre-existing differences between the Quality Services and comparison providers, additional evidence suggests that the process of developing a Quality Services workplan is likely responsible for many of the differences between the two groups of providers. When asked to compare their current (at the time they developed their Quality Services workplans) and prior familiarity with the Quality Indicators, knowledge of their strengths and limitations on the Quality Indicators, and commitment to improving on the Quality Indicators, Quality Services providers reported statistically significant increases in all three areas ($t(27) = 8.25, p < .01$; $t(25) = 8.19, p < .01$; $t(28) = 6.24, p < .01$).

Moreover, of the providers participating in the Quality Services:

- 96% reported that the CCI improved their overall familiarity with the Quality Indicators.
- 90% said that the CCI made them more willing to participate in voluntary aspects of the Quality Indicator Program.

Quality Services providers did not make further increases in these areas by the end of their participation with the CCI. By the “post” survey the comparison group had caught up with the Quality Services providers in their knowledge of strengths and limitations, and commitment to improving on the Quality Indicators, likely due to the recently increasing state-wide focus on the Quality Indicators and improvement of childcare quality as part of the Education and Quality Investment Partnership (EQUIP) (see Lipscomb, 2011a). However, Quality Services providers still rated their overall familiarity with the Quality Indicators on the “post” survey significantly higher than providers in the comparison group ($t(61) = 2.31, p < .05$).

In sum, results suggest that the process of developing a Quality Services plan to make targeted improvements on the Quality Indicators significantly increases providers' perceptions of their familiarity, knowledge, and commitment regarding the Quality Indicators.

Summary of Evidence for Finding 3.1

- Quality Services providers reported statistically significant increases in their familiarity with the Quality Indicators, knowledge of their own strengths and limitations on the Quality Indicators, and commitment to improving on the Quality Indicators.
- Quality Services providers attributed these increases to their participation in the CCI.
- Quality Services providers reported higher (statistically significant) levels of familiarity, knowledge, and commitment regarding the Quality Indicators than other center-based childcare providers in the city of Portland.

3.2 Finding: Quality Services Providers Showed Improvements on the Quality Indicators that Exceeded those Made by Other Providers in the City of Portland.

Evidence to support Finding 3.2 comes from analysis of two sources of data: 1) “pre” and “post” surveys from Quality Services and comparison providers, and 2) Quality Indicator data for Quality Services and comparison providers.

3.2.1 Results from Provider Surveys

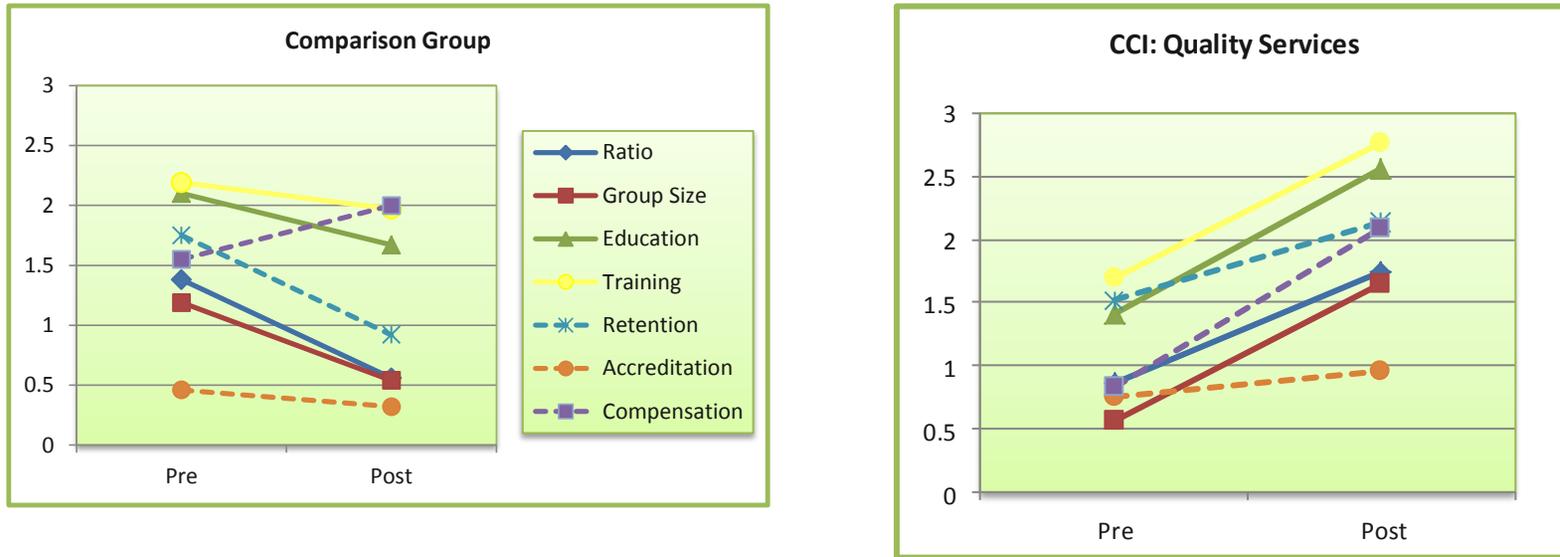
Self-report surveys offer an important source of data regarding providers' own perceptions of their improvements in childcare quality over time. Surveys asked providers, “*During the past year have you made improvements on the following Quality Indicator ...?*” Response options included: 0 = “no”, 1 = “made plans to improve”, 2 = “currently working on”, and 3 = “already improved”. Quality Services providers completed this survey before (“pre”) and after (“post”) completing their CCI workplans. Comparison providers completed the “pre” and “post” surveys around the same time as the Quality Services providers.

Results, shown in Figure 1, reveal that:

- Quality Services providers reported more improvements on all 7 Quality Indicators during their participation in the CCI workplan than they did the prior year. These increases were statistically significant ($t(22)$ ranged from 2.56 to 6.28, $p < .05$) for all indicators except ratio and accreditation.
- Quality Services providers reported significantly more increases in quality improvements than the comparison group on all 7 indicators ($t(54)$ ranged from 2.00 to 5.33, $p < .05$). Comparison providers *reduced* their quality improvements over time in all areas other than compensation.

Quality Services providers were asked to estimate the percentage of the quality improvements they made between the “pre” and “post” surveys that they felt was due to their participation in the CCI. They reported that an average of 64% of their improvements on the Quality Indicators could be attributed to their participation in the CCI. Providers were then asked whether or not other factors affected their decisions to make improvements on the Quality Indicators. Overall, providers pointed to their Quality Indicator reports (31% of providers), financial resources outside of the CCI (9% of providers), non-financial resources outside of the CCI (19% of providers), and “other” factors (19% of providers; “other” reasons typically reflected a personal commitment to providing quality care).

Figure 1. Provider report of improvements in Quality Indicators over time.



Note: Improvements were rated on the following scale: 0 = "none", 1 = "made plans to improve", 2 = "currently working on", and 3 = "already improved".

Although these findings come from self-reported surveys, which have the potential to over-report quality improvements for providers actively participating in a quality improvement program like the Quality Services of the CCI, there is a clear contrast between increasing quality improvements among the Quality Services providers with reductions in quality improvements among providers in the comparison group. This contrast, with statistically significant differences between the two groups of providers provides some confidence that the CCI contributes to improved quality. Moreover, these findings from self-report surveys are echoed in objective measures of quality (see Section 3.2.3).

3.2.2 Results from Quality Indicator Reports- Quality Services Providers

Quality Indicator Reports offer another rich source of data on quality improvements. Quality Indicator data are particularly useful in estimating effects of the CCI program on childcare quality because they are objective third party assessments, rather than self-report surveys completed by childcare providers themselves.

Results from analysis of Quality Indicator data from 2008, 2009, and 2010 show that Quality Services providers made statistically significant improvement in several areas of the Quality Indicators, compared to their own baseline levels of quality. A total of 22 variables across seven Quality Indicators (Education, Training, Compensation, Group Size, Ratio, Staff Retention, and Accreditation) were examined for statistically significant changes over time (see Table 3). Box 1 lists the improvements among Quality Services providers that were *statistically significant*.

Table 3. Variables measuring the 7 Quality Indicators.

Indicators	Variables	
Education	<ul style="list-style-type: none"> • Average teacher education with early care/education as a field of study. • Average teacher education, regardless of field. • Percent of teachers with a Bachelor's Degree. • Percent of teachers with a degree (Associates or Bachelor's) in early care/education. 	<ul style="list-style-type: none"> • Director has Bachelor's degree in any field (yes/no) • Director has degree (Associates or Bachelor's) in early care/education (yes/no)
Training	<ul style="list-style-type: none"> • Average total teacher training hours 	<ul style="list-style-type: none"> • Average teacher training hours in child development
Compensation	<ul style="list-style-type: none"> • Lowest teacher wage • Highest teacher wage 	<ul style="list-style-type: none"> • Offer medical benefits (yes/no) • Offers other benefits (yes/no)
Group Size	<ul style="list-style-type: none"> • Infants • Toddlers 	<ul style="list-style-type: none"> • Preschool • School-Age
Ratio	<ul style="list-style-type: none"> • Infants • Toddlers 	<ul style="list-style-type: none"> • Preschool • School-Age
Staff Retention	<ul style="list-style-type: none"> • Percentage of teachers working at facility for one or more years. 	
Accreditation	<ul style="list-style-type: none"> • Facility is nationally accredited. 	

Box 1. Statistically Significant Improvements on the Quality Indicators by Quality Services Providers:

Education

- Higher average level of education in early care/education from 2009 to 2010.
 - % of teachers with a BA/BS increased from 41% to 48%.
- Higher average level of education overall, regardless of field from 2009 to 2010.
 - % of teachers with a AA or BA/BS in a field related to early care/education increased from 15% to 20%.

Teacher Compensation

- Increased the average lowest wage from \$9.94/hr. (2008) to \$10.65/hr. (2009).

Group Size

- Smaller⁺ groups for infants: 8 children (2008) to 6 children (2010).
- Smaller groups for preschoolers: 18 children (2008 & 2009) to 15 children (2010).

Ratio (more facilities exceeding minimum licensing requirements)

- Toddlers⁺ (plan A): 0% (2008) to 43% (2009)
- Preschool (plan A): 0% (2008) to 50% (2010)

Note. The ⁺ sign indicates improvements that were marginally significant ($p < .10$ rather than $p < .05$).

No statistically significant changes were detected over time in the areas of training hours, accreditation, or staff retention.

It should be noted that, although the Quality Indicators are an important part of EQUIP (which is now Oregon's Childcare Rating and Improvement System), and thus represent key markers of childcare quality, the Quality Indicator data, especially from

the pilot project in 2008, have known limitations (e.g. Lipscomb, 2008). In 2008, many childcare providers were missing data for one or more of the indicators. In order to prevent biasing the results, the present analysis for each indicator only included providers that had complete data for that indicator in both years. In addition, the 2008 pilot data may underestimate quality for some indicators, especially for group size and ratio indicators, due to a misunderstanding among both childcare providers and the licensors helping them report their data that only minimum licensing standards needed to be reported (Lipscomb, 2008). Most limitations of the Quality Indicators data have markedly improved by 2010, though the group size and ratio indicators still have higher error in measurement (Lipscomb, 2011b). Given these limitations, it is particularly important to utilize a comparison group of childcare providers not participating in the Quality Services to estimate any causal effects of the CCI on quality improvements assessed with Quality Indicator data (see Section 3.2.3).

Quality Services providers made statistically larger improvements than the comparison group of providers on one or more variables in the areas of:

- Education
- Training
- Staff Retention
- Group Size
- Ratio

No differences in changes over time were detected for Compensation or Accreditation.

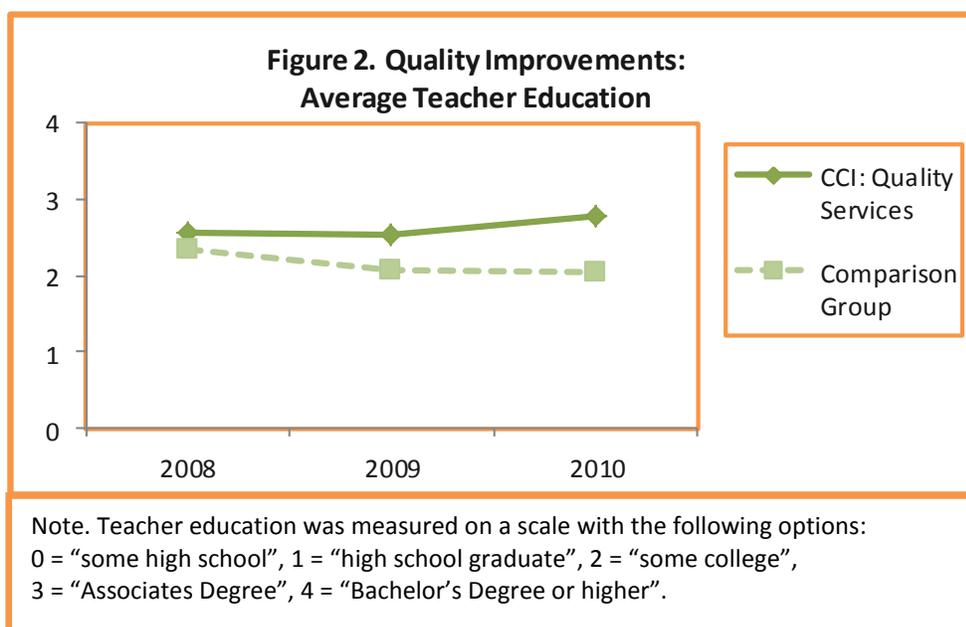
3.2.3 Results from Quality Indicator Reports- Comparison of Quality Services and Other Providers.

In order to ascertain the extent to which improvements in the Quality Indicators were unique to providers participating in the Quality Services of the CCI, comparisons were made with other

providers in the city of Portland. Results show that during the 2008 licensing period the providers in the Quality Services and the comparison group were roughly equivalent on the Quality Indicators. Although there were some differences, no statistically significant differences between groups prior to participation in the CCI (Quality Services versus comparison group) were detected. The providers that were recruited to participate in the comparison group for the present evaluation should therefore serve as a good comparison to the Quality Services providers when examining changes over time. Statistical analysis was used to compare the amount of change exhibited by the Quality Services providers to the changes demonstrated by the comparison group over time in the same 22 variables across the seven Quality Indicators in Table 3 (Education, Training, Compensation, Group Size, Ratio, Staff Retention, and Accreditation).

Overall, findings show improvements on the Quality Indicators by Quality Services providers that exceeded the improvements made by the comparison group during the same period of time. These improvements, compared to other providers, were observed for 6 of the 22 variables examined, showing favorable outcomes in 5 of the 7 Quality Indicators: Education, Training, Staff Retention, Group Size, and Ratio. The only variables for which the comparison group had more favorable change over time than the Quality Services providers was for the education of the center director: the percentage of directors that had a bachelor's degree in any field ($t(49) = 2.56, p < .05$), and the percentage of directors that had an ECE degree (either AA or BA) ($t(47) = 2.20, p < .05$). The rest of this section describes the improvements by Quality Services providers that indicate significantly more improvement among Quality Services providers compared to the other providers in the city of Portland.

Education. Findings indicate that, compared with other providers in the city of Portland, Quality Services providers exhibited improvements in one area of Education: Average Teacher Education Level, regardless of the field of study (Figure 2). No significant differences in changes over time were detected for the other variables within Education. As shown in Figure 2, facilities participating in the Quality Services showed no change in average level of education from 2008 to 2009, followed by an increase in 2010 whereas the comparison group exhibited a decrease in



teacher education level over time. This difference in change teacher education between the Quality Services and comparison providers from 2008 to 2010 was statistically significant ($t(51) = 2.11, p < .05$). While facilities participating in the Quality Services moved towards an average level of

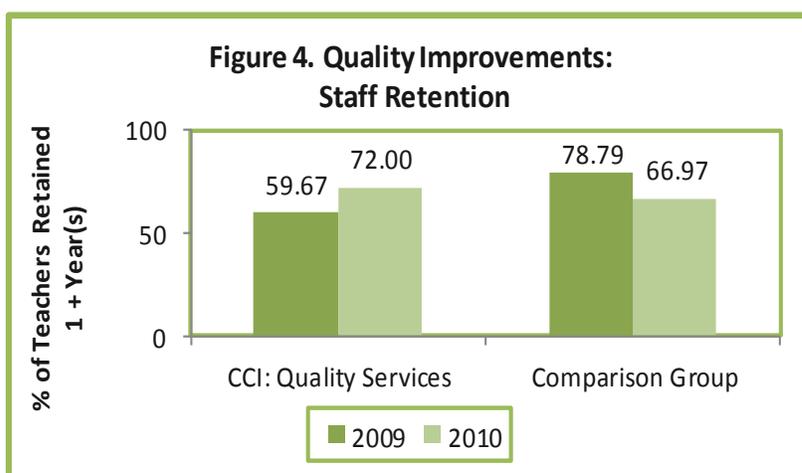
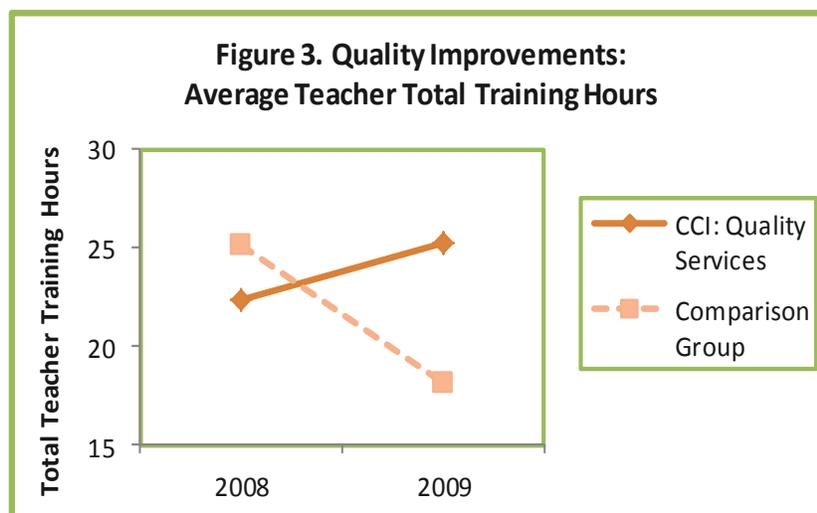
teacher education of an Associates Degree, facilities in the comparison group moved closer to an average of teachers with only “some” college education.

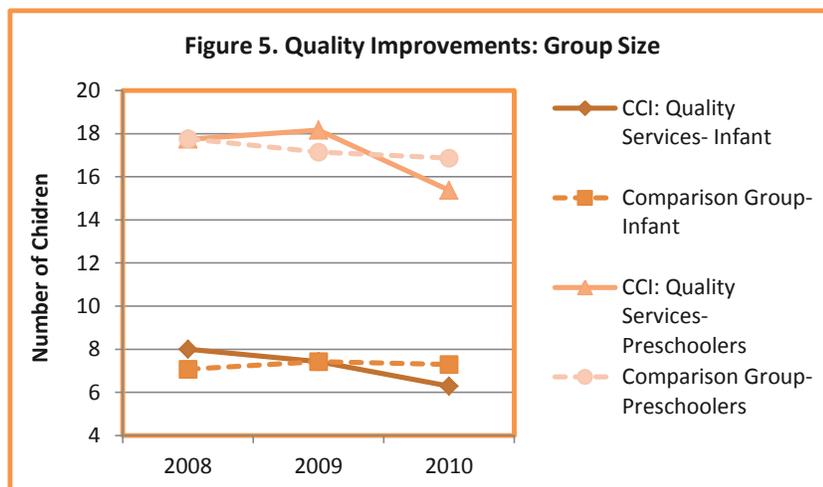
Training. More substantial improvements, compared to other providers in the City of Portland, were observed for training hours completed by teachers working in Quality Services facilities. While other facilities reported fewer average training

hours in 2009 than in 2008, facilities participating in the Quality Services increased the number of training hours their teachers completed. This difference, shown in Figure 3 was statistically significant ($t(50) = 2.08, p < .05$) from 2008 to 2009 but there was no difference in changes in teacher training between the two groups of facilities from 2009 to 2010. There were no additional significant differences in changes in teacher training between the two groups of facilities from 2009 to 2010; results not shown.

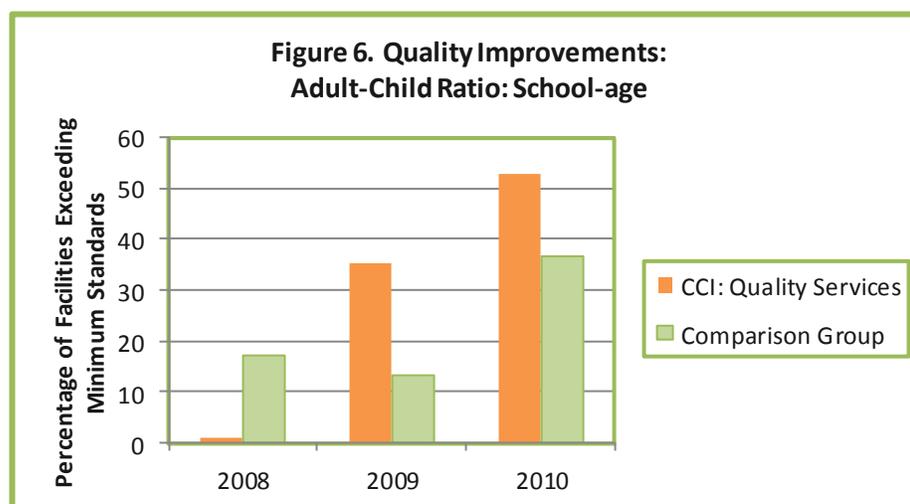
Staff Retention. Facilities participating in the Quality Services improved the percentage of teachers that worked at their facilities for one or more years from just under 60% to nearly 80% from 2009 to 2010 (Figure 4). This change (increased retention) was statistically better than change (decreased retention) exhibited by the comparison group of providers in Portland during the same time ($t(59) = 2.04, p < .05$).

Group Size. Quality Services providers that served infants and preschoolers showed improvements in group size (fewer children per group) for these age groups (Figure 5). For infants, Quality Services providers had slightly larger group sizes than the comparison group in 2008, moving toward slightly smaller group sizes than the comparison group in 2010 ($t(11) = 2.16, p < .05$). For preschoolers, the statistically significant improvement occurred from 2009 to 2010, during which facilities participating in the Quality Services decreased their group sizes fairly substantially while group sizes for the comparison group remained nearly constant ($t(38) = 2.16, p < .05$). All the aforementioned group sizes are better than the minimum licensing requirements of 8 infants and 20 preschoolers. No statistically significant differences in change over time between the Quality Services and comparison providers were detected for toddlers or school-age children.





Ratio. Even though the average group size for school-age children among Quality Services providers did not improve significantly, compared with other childcare providers in the city of Portland, the percentage of facilities exceeding the minimum licensing standards for adult-child ratios did. This is consistent with CCI workplans that described hiring floaters to improve ratios and one-to-one adult-child interactions. The trends shown in Figure 6 were statistically significant from 2008 to 2009 ($t(44) = 2.83, p < .05$), and 2008 to 2010 ($t(44) = 2.34, p < .05$).



Summary of Evidence for Finding 3.2

- Data from Quality Indicator Reports show that:
 - Quality Services providers made statistically significant improvements, compared to their own baseline levels of quality, in 8 out of 22 variables across 4 of the 7 Quality Indicators.
 - Quality Services providers made statistically larger improvements than the comparison group in 6 out of 22 variables across 5 of the 7 Quality Indicators.
 - The comparison group made statistically larger improvements than the Quality Services providers in 2 out of 22 variables within 1 Indicator (director education).

- In sum: Quality Services providers made some improvements in the areas of teacher (but not director) Education, Training, Staff Retention, Compensation, Group Size, and Ratio (all indicators other than Accreditation).
- Quality Services providers reported significantly more increases in quality improvements from the “pre” to “post” survey than the comparison group on all 7 Quality Indicators, including a few providers making tangible progress toward Accreditation.
- Quality Services providers attributed 64% of their improvements on the Quality Indicators to participation in the CCI.

3.3 Finding: *There is Potential for Quality Improvements to Continue and Be Sustained.*

An important consideration in the effects of the CCI on improved childcare quality is the extent to which quality improvements can be sustained and/or continued in the future. To date, there is insufficient data to examine this question definitively. However, this evaluation was designed to provide some indications of whether improvements may continue or be sustained over time.

Overall, results show that the CCI helped Quality Services providers to set up foundations for continuing and sustaining many of their quality improvements in the future. For example, during the process of developing a Quality Services workplan, Quality Services providers reported statistically significant increases in their familiarity and use of a variety of resources that support quality, including the CCR&R, accrediting agencies, and other childcare organizations (Oregon Association of Childcare Directors, Childcare Directors Certificate Program, Oregon Association for the Education of Young Children).

When they were asked to compare their current (at the time they developed their Quality Services workplans) and prior familiarity with, and use of, these resources Quality Services providers reported statistically significant increases in all areas ($t(28)$ ranged from 2.00 to 5.54, $p < .05$). Moreover, Quality Services providers reported significantly more familiarity with, and use of, these resources than the comparison group of providers not participating in the CCI. The only difference that was not statistically significant between the two groups of providers was for the CCR&R; both groups reported high familiarity and use of the CCR&R. Quality Services providers did not make further increases in familiarity with, or use of, these resources by the end of their participation with the CCI but neither had the providers in the comparison group. By the “post” survey Quality Services providers still scored higher than the comparison providers in familiarity with, and use of, resources from accrediting agencies and other professional childcare organizations ($t(61)$ ranged from 3.54 to 4.11, $p < .01$).

In addition, most of the Quality Services providers attributed this increasing familiarity and use of resources specifically to their participation in the CCI:

- 79% responded that the CCI had improved their overall *familiarity* with these resources.
- 76% indicated that the CCI increased their *use* of these resources.

Results from the “post” survey suggest that Quality Services providers did utilize these resources, in addition to direct CCI support, to make the improvements on the Quality Indicators. Providers were asked whether or not various factors (including the “*Quality Indicator Report*”, “*other financial resources outside of the CCI*”, “*other non-financial resources outside the CCI*”, or “*other*” supports) influenced their decisions to make the improvements they described on the survey. Results show that Quality Services providers were more likely than

other childcare providers to report that *other non-financial resources outside the CCI* influenced their decision to make improvements on the Quality Indicators ($t(55) = 2.55, p < .05$).

Thus, several indications suggest that the CCI helps to link providers to resources that support childcare quality, and that Quality Services providers actively utilize these them to improve quality. In the future, these resources should serve as supports for sustaining and continuing quality improvements.

Another sign that the CCI is facilitating sustainability in quality improvements is the finding that the Quality Services helps providers become more familiar with the Quality Indicators and encourages commitment to quality improvements (see Finding 3.1). Similarly, Quality Services providers were more likely than comparison providers to report that their Quality Indicator reports were one factor that influenced their decisions to make improvements ($t(57) = 3.23, p < .01$). Although follow-up evidence regarding how well this familiarity and commitment is sustained over time is not available, these pieces of evidence suggests that Quality Services providers have established a pattern of reviewing their Quality Indicator Reports and using them as a guide for quality improvements.

Moreover, findings also show that many of the Quality Services providers have developed specific plans for continuing to make improvements on the quality indicators, and also in other

“Our employees are more aware of training opportunities, take more initiative towards getting extra training because they are aware of the John & Betty Gray Scholarships, overall they see themselves more as professionals.”

- Quality Services Provider

areas, after completion of their CCI workplan. On the post survey 69% of Quality Services providers described plans for future improvements on the Quality Indicators, 50% described plans for improvement in other areas, and 50% offered information about financial resources to support these

improvements. The most common financial resource mentioned was the John & Betty Gray Scholarship for training and education. Other commonly mentioned sources of support included tuition increases, fundraising and free trainings and resources from the CCR&R.

Moreover, 90% replied that they are considering applying for the Affordability Services in the future (46% replied “yes” and 42% replied “maybe”). To be eligible for the Affordability Services providers must demonstrate and maintain quality care. Moreover, as

“We are truly working on getting accredited and would never have pursued this without the [workplan budget]. We were able to hire consultants that have helped us get ready for the accreditation check.”

- Quality Services Provider

described in Section 5, the Affordability Services help to increase income for quality providers serving low-income families, which in turn encourages many of them to make further quality improvements. Thus, enrolling in the Affordability Services may be one important way to help Quality Services providers to sustain and continue their quality improvements in the future. To date 9 former Quality Service providers have transitioned into the Affordability Services. Three of these providers have had parents with active CCI contracts. In addition, there are another 11 prior Quality Services providers may be eligible to move into the Affordability Services but the process of determining eligibility of these (and any other) providers for Affordability Services is presently suspended because enrollment of new families into the CCI is currently prohibited due to insufficient funds.

On the other hand it is important to note that several of the Quality Indicators are extremely challenging to improve, and also to maintain, without substantial funding. For example, improvements in group size and ratio require additional staff and/or reductions in enrollment, and are therefore quite costly. Unless Quality Services providers locate additional funding sources or increase their rates it will be difficult for them to sustain improvements in Group Size and Ratio. Similarly, offering higher salaries and/or benefits to staff as part of improvements in Compensation also directly requires more money. Nonetheless, a few Quality Services providers have indicated to the CCI Coordinator that they are maintaining improvements in ratios and compensation after completion of their Quality Services workplans (Childcare Resource and Referral of Multnomah County, 2011).

“We now have teachers that are getting CDAs or AA degrees. I cannot say enough about how the [workplan budget] has helped our center become a better place for young children.”

- Quality Services Provider

Resources for continuing improvements in Training and Education are presently available through the CCR&Rs, the Oregon Center for Career Development at Portland State University, the John and Betty Gray Scholarship, and the

Education Awards offered through EQUIP. Quality Services providers mentioned plans to access these resources for future quality improvements. A few Quality Services providers also explained that they are actively continuing improvements toward achieving Accreditation.

Summary of Evidence for Finding 3.3

Findings reveal some indications that quality improvements made by Quality Services providers have the potential to be sustained and/or continued in the future:

- The CCI encourages familiarity with, and utilization of resources that support quality.
- Quality Services providers have established a pattern of using Quality Indicator reports and other resources to make quality improvements.
- Quality Services providers report specific plans for ongoing quality improvement.
- Many Quality Services providers are considering applying to the Affordability Services of the CCI if enrollment re-opens.

However, in order to better understand the extent to which Quality Services providers maintain the quality improvements they made during their participation in the CCI, and how they are able to do so, follow-up evaluation would be necessary.

4. RESULTS QUESTION 2

RESEARCH QUESTION 2:

To what extent do the Affordability Services improve access to quality childcare for low-income families by:

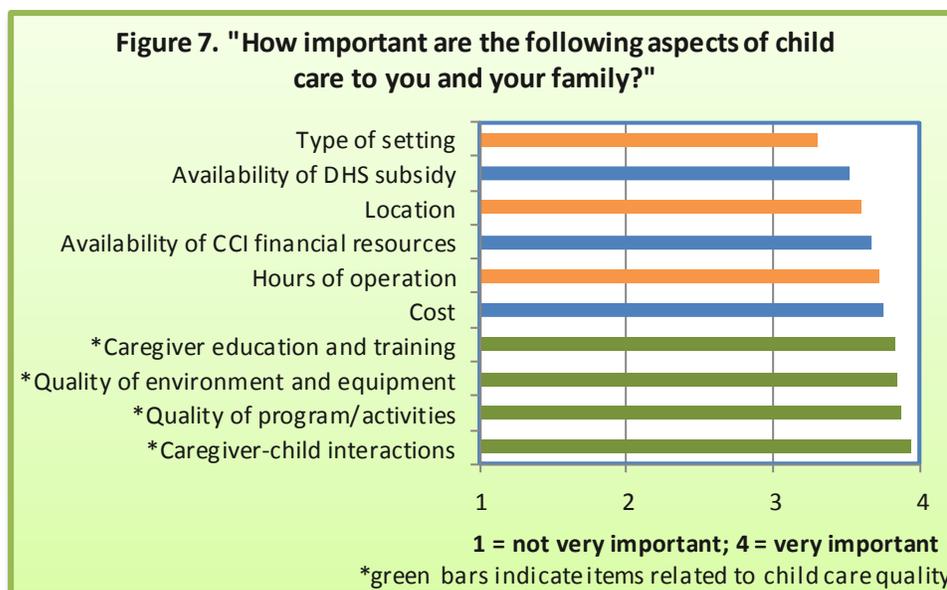
- Promoting stability of quality childcare placements?
- Enhancing stability in childcare income for quality childcare providers, and in turn promoting improvements and/or maintenance in quality?

4.1 PROMOTING STABILITY OF QUALITY CHILDCARE PLACEMENTS

4.1.1 Finding: *Parents Participating in the CCI Prioritize Quality of Childcare.*

Results from the “pre” parent survey show that parents rate the aspects of childcare quality that the CCI uses as benchmarks for eligibility for Affordability Services (Quality Indicators for center providers and the FCCERS for family providers) as “*very important*” (average rating of 3.92 out of 4.0).

In addition, when asked to rate the importance of a variety of factors related to the cost, quality, and convenience of childcare to themselves and their families, parents rated the four quality-related items the highest (see Figure 7). As a whole, low-income parents participating in the CCI rated the quality items statistically significantly higher than cost ($t(178) = 5.87, p < .01$) or other factors ($t(178) = 8.14, p < .01$)



Summary of Evidence for Finding 4.1.1

- CCI parents rate standards of quality used by CCI as “*very important*”.
- Parents participating in the CCI rate quality-related factors of care higher than all others.

4.1.2 Finding: *The CCI Promotes Quality, and Stability of Childcare.*

Several sources of evidence suggest that the CCI promotes stability of quality childcare for low-income families in Portland. Evidence comes from surveys of parents participating in the CCI, telephone interviews with a subsample of these parents, and surveys of childcare providers caring for children from these families. Overall, findings suggest that the CCI promotes stability of quality childcare in two ways:

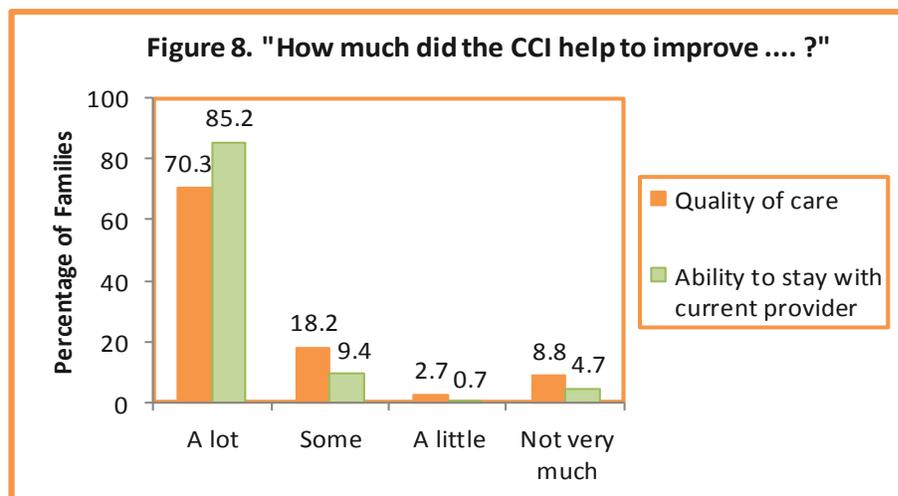
- Helping low-income families *continue* utilizing their current, quality providers when they would otherwise have to change to less expensive care.
- Encouraging low-income families to begin utilizing quality providers when their income would otherwise make quality care inaccessible.

The first of these two themes (helping families continue utilizing their current Affordability Services provider) was more common than the latter, although in the 2010-2011 year both parents and providers began reporting that the CCI helped encourage new families to select quality care as well. The following subsections describe these results in more detail.

4.1.2.1 Receiving the CCI Financial Resources

Quantitative data about the impact of receiving the CCI financial resources was collected through “post” surveys that parents completed at the end of their CCI contract periods. Parents were asked whether the CCI had made it more likely for them to use provider(s) that had reached higher levels of quality on given standards (Quality Indicators for center providers; FCCERS for family providers). The vast majority of parents (87%) reported “yes” and another 7% reported “probably”.

Parents were also asked on the “post” survey how much the CCI helped them to improve the quality of care they used and their ability to stay with their current (quality) childcare provider.



Again, the overwhelming majority of parents indicated substantial positive impacts of the CCI on quality and stability of quality care. The average score on a scale from 1 = “not very much” to 4 = “a lot” was 3.50 for quality and 3.74 for ability to stay with the current provider (see Figure 8).

Qualitative results from the family telephone interviews, as well as parent responses to open-ended survey questions provide more in-depth insight about the impact of CCI on quality of care, and stability of quality care. Tables 1 and 2 summarize the key findings from the telephone interviews with three groups of families: 1) those that lost eligibility for the CCI when policies changed in February, 2011 (families with incomes over 185% of the Federal Poverty Level, and those for whom CCI financial support would total less than \$25 per month, after the policy changes in 2011), 2) those that left the CCI program for a variety of other reasons (e.g. income above the prior CCI eligibility guideline of 200% of the Federal Poverty Line, moved out of the

city of Portland, changed to childcare providers not participating in the CCI, and no longer needing childcare), and 3) families still continuing with the CCI on an active contract.

Tables 4 and 5 organize results from the telephone interviews into two categories of themes: childcare and financial. The childcare themes are discussed in this section and the financial themes are described in the next, Section 4.1.3.

Table 4. Results of Telephone Interviews Part I: Benefits of Receiving the CCI

Reported Benefits of the CCI	Groups of Families		
	Lost Eligibility when Criteria Changed 2011	Left the CCI for Other Reasons	Continuing/Active CCI Contract
	CCI paid < \$25 after policy changes	Family Income > 185% of the FPL	
Childcare			
Stay with quality care	✓✓	✓✓	✓✓
Begin quality care	✓	✓	✓
Provider got full rate	✓	✓	✓
No effect on childcare	✓	✓	
Financial			
Catch up on bills, etc.	✓✓✓	✓✓✓	✓✓✓
Able to work more hours	✓	✓	✓
Career building	✓	✓	✓
Money for family activities	✓		

Note. The number of ✓ indicates the extent to which each theme was relevant for each group of families. One ✓ indicates that a “few” of the parents in the group discussed a given theme. Two ✓✓ correspond to “many” parents and three ✓✓✓ indicates that nearly all parents in that group discussed the theme.

The most common pattern related to childcare benefits of the CCI mentioned by parents across all three groups was that, as their family and financial situations became more difficult due to loss of income from child support, job changes, or family separation/ divorce the CCI allowed them to stay with their current childcare provider. During these very difficult times parents explained that without the help from the CCI they could no longer pay their current childcare providers’ rates. Support from the CCI allowed their children to continue attending their (quality) Affordability Services providers.

“My take-home pay wouldn’t even cover the day care – a good daycare – for 2 children. I don’t know how on earth I would be affording day care – a good day care.”

- Parent

Additionally, a smaller subset of families across all three groups explained that the CCI enabled them to select a quality childcare provider for their children for the first time; quality childcare was inaccessible in the past. These families reported that before the CCI they used informal caregivers such as family members and friends to care for their children while they worked. A number of them also explained that they were not previously able to work full time because they had no way to pay for full time childcare. Even those families that also received DHS subsidies described being unable to pay the DHS copays for quality providers without the help of the CCI.

“The copay with DHS is over \$600 per month so with the CCI subsidizing it allows me to keep working. I couldn’t afford that ... my kids are learning and thriving and getting other community resources they wouldn’t have access to [without CCI].”

- Parent

A subset of families in each of the three groups indicated that the CCI had little effect on their children’s stability or quality of care because their providers would work with them on a reduced payment plan if they did not have the CCI support. Essentially, for this subset of families, much of the benefit of the CCI was felt by their childcare providers in the form of increased income that they could use to continue to care for children from low-income families and to support ongoing quality improvements (see also Section 4.2).

Although most families reported substantial benefits of the CCI on the quality of the care their children receive and on their ability to continue with their current (quality) care provider, a small subset of families described what amounted to little or no impact of the CCI on their childcare arrangements (Table 1). They indicated that the CCI provided them with important financial relief (see Section 4.1.3), but that the CCI was not responsible for them staying with their current provider because they would find a way to continue with their provider even if they lost the CCI support. When they were asked how they would do this, this small group of parents said that they would do whatever it took to stay with their current providers even if it meant taking on a second job, borrowing money from friends and family, or paying for childcare on a credit card. This category of parents that did not report marked benefits of the CCI on their childcare arrangements did not include any families that were continuing in an active contract with the CCI. All of the continuing families indicated that they would not be able to remain with their Affordability Services providers if they lost the CCI support unless their providers allowed them to pay substantially less than their full rate. Thus, families still continuing with the CCI at the time of the interviews may have been most in need of the CCI support, although it is also possible that active CCI families had a bias to report that they could not do without the support they currently receive.

Overall, the results from the telephone interviews that are summarized in Table 4 show that most families experience increased access to stable, quality childcare as a result of the CCI. A few families in each group reported that their childcare providers benefited at least as much as

“The ability to pay for day care and work full time just wasn’t possible [before CCI] so I was living off other people and favors for day care. Now I’m working full time and supporting my family... and the quality is a 10 out of 10 – top notch!”

- Parent

they did from the CCI support in terms of increased income. A few also reported little impact of the CCI on their childcare arrangements, although none of those were families continuing in the CCI. Comments from parent surveys lend further evidence of these same patterns.

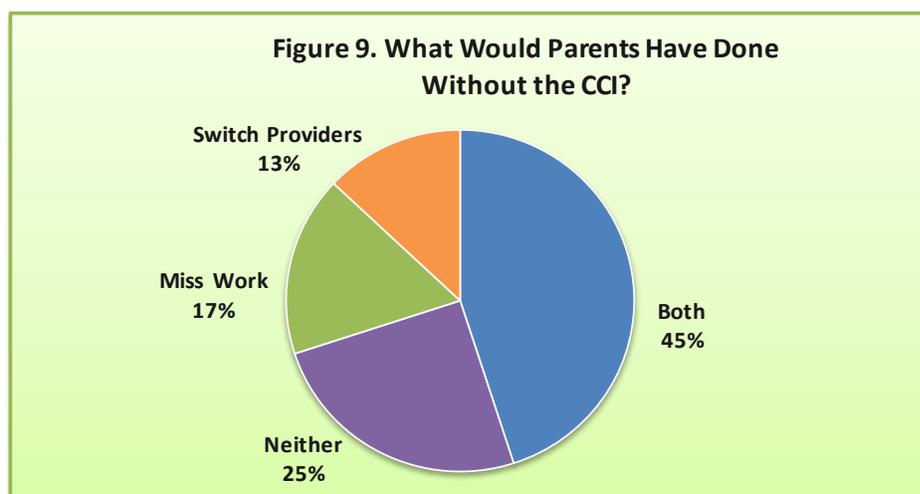
Their quotes are included throughout this report in conjunction with quotes from the telephone interviews.

4.1.2.2 Losing the CCI Financial Resources

Findings from the analysis of both quantitative surveys and qualitative comments on open-ended survey questions and telephone interviews show that parents compensate for the loss of the CCI support in a variety of ways. Many, but not all, of these strategies lead to less stability in quality care. The overall pattern, across multiple sources of data is that without the CCI a large majority of families experience disruption in care, and a smaller but important group of families succeeds once they leave the CCI.

What if Current CCI Families Lost CCI Support?

All parents were asked in the survey at the end of their CCI contracts how likely they would have been to either miss work to care for their children, or to switch to a less expensive child care provider if they hadn't had the financial support of the CCI. Figure 9 displays the percentage of parents that responded that they were either "likely" or "very likely" to make these concessions.



Together, 75% of families indicated that they would miss work to care for their children, switch to a less expensive childcare provider, or both. On the other hand, 25% of families indicated that they were only "somewhat likely" or "not very likely" to either miss work or to switch to a less expensive provider.

These results suggest that during an active CCI contract, the CCI provides critical support to help children from low-income families attend quality childcare. Without this support a large majority of children in these families (but not all) would experience less stable and likely lower quality care. This pattern of results is echoed in the results from telephone interviews with the two groups of parents that lost eligibility for the CCI when the eligibility criteria changed in 2011.

As shown in Table 5, many parents that left the CCI program either mentioned switching part- or full-time to a less expensive, typically lower quality, care provider, or reducing the number of hours the children attend the quality (Affordability Services) provider. Most families actually reported utilizing a combination of strategies. Some changed hours at work, including decreasing total hours of work, so they could be home with their children part-time, and then either worked with the childcare provider to pay a reduced amount for the remaining days or found somebody else, often family, friends, or neighbors to watch their children part-time.

Although not all of the families that switched to less expensive care mentioned that their new arrangements were lower in quality, most of them did. Of those families that reported lower

quality care after the CCI, many also described negative consequences for their children. They lamented that their children no longer had the opportunities for learning and enrichment that were previously helping them to prepare for success in school and in life. This subset of parents

“She doesn’t have the teaching component that the [Affordability Services Provider] had. She is like ‘if you want to watch movies and play games then go for it.’ She is just keeping them busy. There isn’t a lot of interaction.

- Parent

contrasted enriching, quality childcare (during CCI) with informal babysitting types of care that often included less structure, less consistency, fewer opportunities for learning, and more television.

Table 5. Results of Telephone Interviews Part II: Managing Childcare after the CCI

	Groups of Families		
	Lost Eligibility when Criteria Changed 2011		Left the CCI for Other Reasons
Managing Childcare after CCI	CCI paid < \$25 after criteria changed	Family Income > 185% of the FPL	
Childcare			
Decreased hours of quality care	✓	✓	✓
Switched to less expensive care		✓✓	✓
Paid less to provider	✓✓	✓	✓
Found other childcare assistance	✓	✓	✓
Child started school			✓
No effect on childcare	✓✓		✓
Financial			
Decreased work to care for child(ren)	✓	✓	✓
General cutbacks	✓✓	✓	✓
Major financial stress		✓✓	✓
Achieved self-sufficiency / Increased income	✓		✓

Note. The number of ✓ indicates the extent to which each theme was relevant for each group of families. One ✓ indicates that a “few” of the parents in the group discussed a given theme. Two ✓✓ correspond to “many” parents and three ✓✓✓ indicates that nearly all parents in that group discussed the theme.

A closer look at the data from these interviews also reveals that the three groups of families utilized some different strategies to manage childcare after leaving the CCI. Those that lost eligibility because their incomes fell in-between 185% and 200% of the Federal Poverty Lines were most likely to describe switching to a lower quality, typically less formal, childcare provider including family members, friends, and neighbors. Although these strategies were also reported by some of the families in the other two groups, more of the families that lost eligibility for the CCI because their CCI payment would have been less than \$25 after the policy changes in 2011 were likely to report being able to stay with their current provider either part or full-time by negotiating a discounted rate. This difference between the two groups may indicate that Affordability Services providers are able and willing to work with low-income parents on a reduced payment plan for smaller, but not for larger, dollar amounts.

Sierra and her two children (Box 2), are an example of a family that experienced notable benefits of the CCI on both childcare and employment, and also illustrate how families juggle several strategies (decreasing work hours, piecing together multiple caregivers, and paying less to providers) to make childcare work when they lose the CCI assistance before they are either able to pay for quality care themselves or bridge to another form of support.

On the other hand, all data sources (surveys

and interviews) suggest that a subset of the overall sample of families involved in the CCI are able to navigate the transition out of the CCI successfully. There appear to be three different groups of families within this overall group:

- Families that achieve self-sufficiency, or at least increased earnings during their participation in the CCI.
- Families that are able to stay with the CCI long enough to either bridge to another form of assistance or until their children start school.
- Families that have sufficient resources (income, family/friends) to maintain stable quality childcare placements without the CCI.

More specifically, a small number of families reported being able to build their careers during their participation in the CCI by either earning a promotion or being able to take on more hours as a result of being able to count on stable, quality care for their children. Ana, a single mother, illustrates how the CCI can help struggling families move toward self-sufficiency (Box 3).

Another small subsample of families was able to bridge to other supports, such as Head Start, Early Head Start, and scholarships offered by non-profit childcare providers. Although the children in most of these families experienced disruption in care to move to their new arrangements, these families described their new care arrangements as high quality and beneficial to their children's development. A few of the families that left the CCI for reasons unrelated to changes in eligibility guidelines in 2011 no longer needed much childcare because children started elementary school. All of these families came from the group that left the CCI for reasons unrelated to eligibility changes that occurred in 2011.

Box 2. Sierra

Before the CCI, Sierra was using a variety of informal, unreliable childcare providers because she couldn't make enough money at her 2 part-time jobs to afford quality, stable care. She often had to miss work when babysitters canceled at the last minute, and was at-risk of losing her job. After learning about the CCI Sierra was able to enroll her two children with a quality, certified family childcare provider that she could count on. *"I probably would have lost my job if I didn't find [Affordability Services Provider] that had the CCI."*

When she lost the CCI 6 months later, due to changes in eligibility criteria, Sierra did everything she could to keep her children with her provider part-time. *"I had to negotiate with the provider – I was able to afford 2 days/week at a discounted rate she gave me ... then I keep [kids] 1 day and my friend watches them 1 day, and their dad does 1 day ... and I had to cut my hours at work too."*

So far, Sierra has been able to stay employed but she is worried that the inconsistency in childcare isn't healthy for her children, *"Toddlers really need routine, but every single day they have a different routine – people do different things with food and naps ... they need something more stable."*

Box 3. Ana

Ana and her daughter Julia, participated in the CCI for a year and a half, after family separation caused a drop in income. Before the CCI Ana really struggled. She got behind on bills and was at-risk of losing her stable, quality caregiver for her daughter with special needs.

The CCI made it possible for Ana to work toward a promotion. *“It was a really important time for me to be extra available for the company and show that I was reliable ... Having the solid childcare and knowing that my daughter would be well taken care of really gave me the ability to shine at my job.”*

Ana got the promotion, and her increased income allowed her to leave the CCI program successfully, with confidence in her family’s future. *“It’s been really tough but I feel really good today that I’m standing on my own two feet and paying my bills on time and being the sole financial support for me and my daughter.”*

The final group of families that fared relatively well after leaving the CCI never appeared to be very dependent on the CCI to provide stable, quality childcare arrangements. These were the families that described little impact of the CCI on their care arrangements while they participated in the CCI (Section 4.1.2.1). Many of them were able to remain with the quality providers they utilized during the CCI by either making general financial cutbacks or by relying on financial help from friends and family members after leaving the CCI. For this small subset of families, the CCI provided financial support that helped them to catch up on bills and sometimes pay of some debt. Without this support they reported experiencing hardship and increased stress, but they generally appeared to be able to get by financially and their children continued attending quality care. None of these families were in the group that earned between 185% and 200% of the federal poverty level and had more than \$25 payments from the CCI.

In sum, results from telephone interviews revealed that although some of families report being able to make it by without the CCI support, the end result for many of them is less stable, less consistent, less quality care for their children.

These findings from the telephone interviews were echoed by the somewhat larger sample (47 families) that had been off the CCI program for at least six months and responded to a follow-up survey. These 47 families had left the CCI for various reasons:

- 51% were no longer eligible; either because they were over the income cut-off or because they were unemployed and/or went back to school.
- 21% reported that they needed to change to a non-CCI provider, such as for logistical reasons related to location or work schedules.
- 37% left for “other” reasons. Most of these noted that their children started Head Start or public school and no longer needed much, if any, childcare.

Given that over half of these families left the CCI, at least in part, because they were changing care arrangements, it follows that many families would be utilizing different, or no, care providers six months later. Even still, the percentage of families reporting different care arrangements six months later was surprisingly high. Of the families that left the CCI, only 25% had the same (Affordability Services) care provider six or more months later; 75% said they were no longer using the care provider they used during their participation in the CCI.

Analysis of comments from open-ended survey questions provide some further insight behind these numbers. Comments indicated that a large percentage of the families that left the CCI for reasons *unrelated* to eligibility (e.g. started Head Start, public school, or needed to switch to a non-CCI provider for logistical reasons) were using what they considered to be quality childcare and were relatively satisfied with their care arrangements. In contrast, comments from families that left the CCI due to ineligibility were less positive. Although some of these families that lost eligibility were able to continue with quality childcare providers after leaving the CCI many were

“My son loved [Affordability Services Provider] but it is too expensive and we can’t go back there.”

- Parent

not; responses mirrored those described in the telephone interviews for the group of families that left the CCI for “other reasons” (Table 5).

4.1.2.3 Long-Term Benefits

One of the key reasons for conducting telephone interviews was to understand whether there were any long-term impacts of the CCI that continued to make a difference for families after they left the CCI. This is a critical question because so many families reported returning to less stable, less quality care without the CCI. Overall, results suggest that some families experience primarily short-term benefits of the CCI; they describe ending up back in a similar situation to the one in which they began. However, most families that participate in the CCI appear to gain some form of long-term benefit. For a few, the benefits are tangible, such as career advancement, or being able to maintain quality care until the children enter school. For many others, however, the benefits are less obvious. They note that their children gained important skills while attending quality care that they hope they will be able

“She got to practice social skills and was learning her ABCs and her numbers too, so that will help her in the future even though she’s not there now ... and I know more about what to look for to get good care.”

- Parent

Box 4. Carlos & Isabella

Carlos and Isabella, both low-wage workers, were struggling to help their two young children (ages 1 and 3 years) prepare for school in the hopes that they would have a brighter future than their parents. With help from the CCI Carlos and Isabella were able to enroll their children in a quality childcare center. When Carlos lost work they were no longer eligible for the CCI or ERDC. Now Carlos, who speaks little English, cares for the children full-time.

Isabella explains, *“(with the CCI) we were able to provide nutritional food for our kids and my daughter was learning English and developing well... Now (without ERDC or CCI) she isn’t going anywhere. She is home all day but she needs to learn English. The care at [Affordability Services provider] was like 5 stars and with my husband - he wasn’t ready to properly care for them – it goes to 1-2 stars in terms of care – not in terms of love but in terms of care.”*

Fortunately, the CCI had already helped Carlos and Isabella gain access to key resources, including parenting classes, through their Affordability S Provider that should provide some developmental support for their children until they are able to attend another program like Head Start, or school. *“We have a lot of emotional and network support because we were connected through [Affordability Services Provider]. If we were alone I don’t know how we could have found out about parenting classes, parenting coaching, play dates. Now the kids are home all day but we still go to the classes to learn how to help them develop.”*

maintain. Some of these parents explained that they learned more about what to look for in a quality caregiver. A few reported being able to pay off debt and get ahead financially so they were on a better foundation when they left the CCI than when they began.

"It has helped to lay a foundation and more stability ... establishing a routine of the kids going to day care and me going to work."

- Parent

"I will always look back at that time as the time that I needed the most help and that the CCI was there for me."

- Parent

A few parents also described gaining access to community resources through their Affordability Services providers during participation in the CCI, which they maintained after they left the CCI (see Box 5 for an example). In sum, the CCI appears to

contribute some lasting benefits not only to those families that successfully transition out of the CCI (see Section 4.1.2.2), but also to even some of those families who continue to struggle.

Insights from Affordability Services Providers

The pattern of results described throughout this Section of the report was also echoed by childcare providers in their responses to survey questions. Providers explained that by helping low-income families pay their childcare expenses the CCI helped quality providers to enroll and retain low-income families (see Finding 4.2.2).

Summary of Evidence for Finding 4.1.2

In sum, evidence shows that:

- The CCI helps low-income families to select and stay with quality providers when their finances would not otherwise allow it.
- Some CCI families navigate the transition out of the CCI successfully. Success appears to be related to the timing of their leaving the CCI as well as the characteristics of particular families. This includes three overall subgroups of families:
 - Families that are able to stay with the CCI long enough to either bridge to another form of assistance or until their children start school.
 - Families that achieve self-sufficiency, or at least increased earnings during their participation in the CCI.
 - Families that have sufficient resources (income, family/friends) to maintain stable quality childcare placements without the CCI.
- For the large remainder of families the CCI provides a critical support without which they would have to switch to less expensive care and/or reduce their work hours.

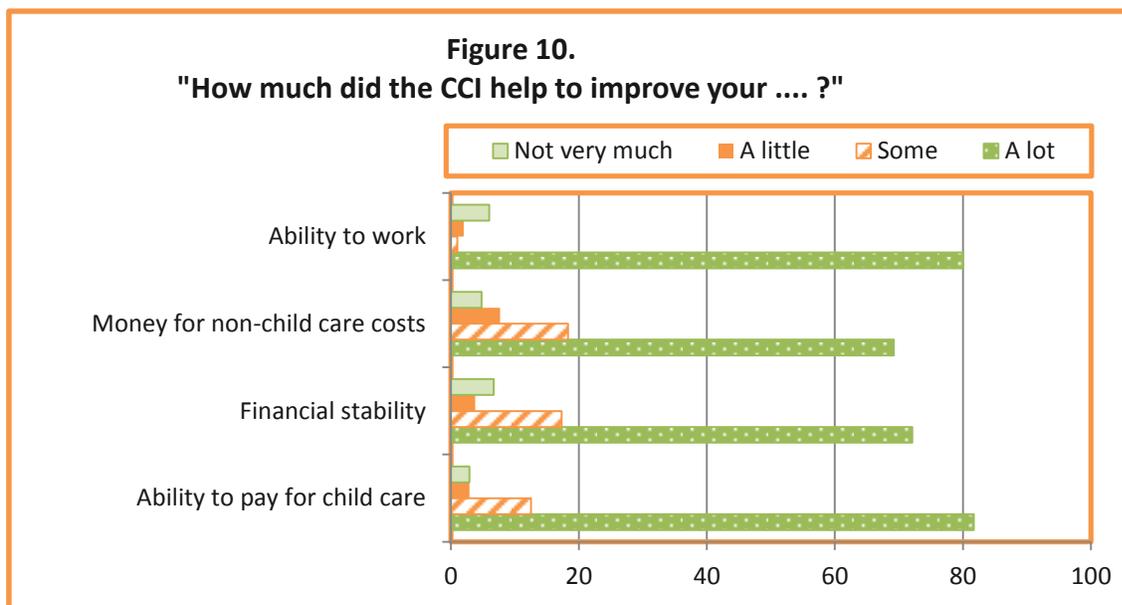
4.1.3 Finding: The CCI Promotes Stability of Family Finances.

One of the most consistent findings from this outcome evaluation is that the CCI helps to promote stability of family finances. Results come from "pre" and "post" surveys of over 100 parents, "delayed follow-up" surveys with 47 parents that had left the CCI approximately 6 months prior, and telephone interviews with targeted subgroups of families.

"It affected us hugely. I don't know how we would survive financially without it. Paying full time day care for 3 kids - she charges more than I make!" - Parent

As shown in Figure 10, the overwhelming majority of families responded on the "post" survey that the CCI had "a lot" of impact on their ability to work and their ability to pay for childcare. A

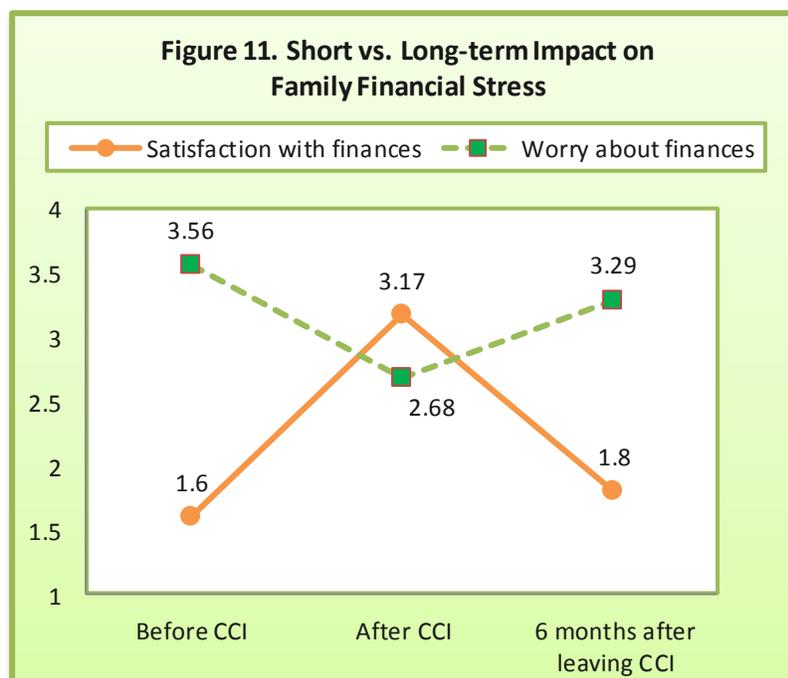
large percentage also reported impacts on their overall financial stability and the money they have available for non-childcare costs.



Although the vast majority of families reported substantial impacts of the CCI on their finances during their participation in the CCI, less than a quarter noted *lasting* financial benefits:

- 90.2% reported "some" or "a lot" of impacts on finances *during* CCI, with an average score of 3.63 out of 4.0.
- 21.6% reported "some" or "a lot" of *lasting* impacts on finances, with an average score of 1.12 out of 4.0.

Similarly, Figure 11 shows remarkable improvements in parents stress over finances (decreased financial worry and increased financial satisfaction) during participation in the CCI. These improvements were large and statistically significant ($t(103) = 15.50, p < .01$; $t(103) = 10.01, p < .01$).



Note. Responses were rated on a scale from 1 = "little satisfaction/ worry" to 4 = "high satisfaction/worry".

However, these benefits were not well-sustained after leaving the CCI. There was a statistically significant decline in financial satisfaction ($t(31) = -5.71, p < .01$) and increase in financial worry ($t(31) = -2.74, p = .01$) from the end of CCI participation to 6 months later. This same pattern of results was also detected for parents that participated in the CCI for two contract periods (one year) rather than one contract period (6 months) but there were so few parents that had both participated in the program for over a year and also been out of the program for 6 or more months, and completed all three surveys, that there were not sufficient data to examine statistical significance of the differences. The average values and standard deviations, however, suggest a similar pattern to those shown in Figure 11.

Nonetheless, for financial worry (but not financial satisfaction), there was a small, but statistically significant longer term benefit when comparing financial worry before CCI with financial worry 6 or more months after leaving the CCI ($t(39) = 2.62, p = .01$). This suggests that although parents reported more worry 6 months after leaving the CCI than they did while participating in the CCI, their worry 6 months after leaving was not quite as high as it was prior to participating in the CCI.

Findings from the telephone surveys provide more detailed information about the short and long-term impacts of the CCI on family finances. As summarized in Tables 4 and 5, the CCI not only helped parents to purchase quality care for their children, but for many of them it also enabled them to work more hours and more consistently. In addition, parents nearly

unanimously mentioned a huge relief of financial stress. They described being able to pay all their bills each month for the first time during participation in the CCI. A few also explained that

“We suddenly went from a 2-income family just getting by to a 1-income family that needed to go on social services to even just scrape by. I’m very grateful for the ERDC program but it doesn’t go far enough. So the CCI has really helped to fill in some of that gap - we are still scraping but we are getting by and this is in large part due to the CCI” - Parent

they were able to use the new, albeit small, amount of flexibility they now had in their finances to help fix a car to get to work, to take classes online in the evenings, or to pay down prior debt. Financial relief was particularly salient for families that experienced a recent loss of income due to pay cuts, loss of child support, or family separation. As shown in Tables 4 and 5, there was a

“It was not only the family trauma going on but also it was very frightening financially. I didn’t know if we were going to be able to make it on my own. Every penny spent for anything was a cause of fear.” -Parent

small subset of families that reported more minor financial benefits, such as having a few dollars left over at the end of the month to do family activities or to purchase clothes for their children.

Findings from the telephone interviews with continuing families indicate that when the CCI policy changed from families paying 10% to 15% of their income for childcare, families were able to manage this additional 5% without serious consequences. Although even a 5% increase was a struggle for many of them, all of them understood the reasons for the policy change, were grateful for continuing to receive support, and made it work under the new policy.

“My family knows what it’s like to have the luxury to go to work and have day care. I do say work is a luxury because a lot of people don’t have jobs. Without help I wouldn’t be able to go to work!” - Parent

What was more difficult for families to manage was losing the CCI support all together. Findings from the telephone interviews echoed those from parent surveys, discussed earlier. A few families described being able to make

“CCI made it possible for us to pay our bills, and even then it was tight but we could get by – it cut my copay in half. Going back off CCI has been really difficult. We’ve had to use credit cards and also borrowing from family. The positive financial impact is gone.” - Parent

lasting financial improvements during their participation in the CCI by stabilizing their employment, increasing work hours, or working toward a promotion. Others were able to get by through bridging to other sources of support for childcare, including scholarships and Head Start, or to have a reduced need for care once their children start school. Although many parents that lose the CCI support describe a return of financial struggle, only a few families that were interviewed described serious financial hardships after the CCI, such as bankruptcy or losing their housing.

Summary of Evidence for Finding 4.1.3

- Over 90% of families that responded to the “post” survey reported notable financial benefits of the CCI.
- Families experience statistically significant reductions in financial stress with the CCI.
- Financial benefits are short-term for the majority of families.
- A few families are able to make lasting financial improvements by stabilizing their employment, increasing work hours, or working toward a promotion.
- Many others return to financial struggle after the CCI, although some are able to bridge to other forms of assistance.

4.2 ENHANCING CHILDCARE INCOME FOR QUALITY CHILDCARE PROVIDERS, AND IN TURN PROMOTING QUALITY CARE

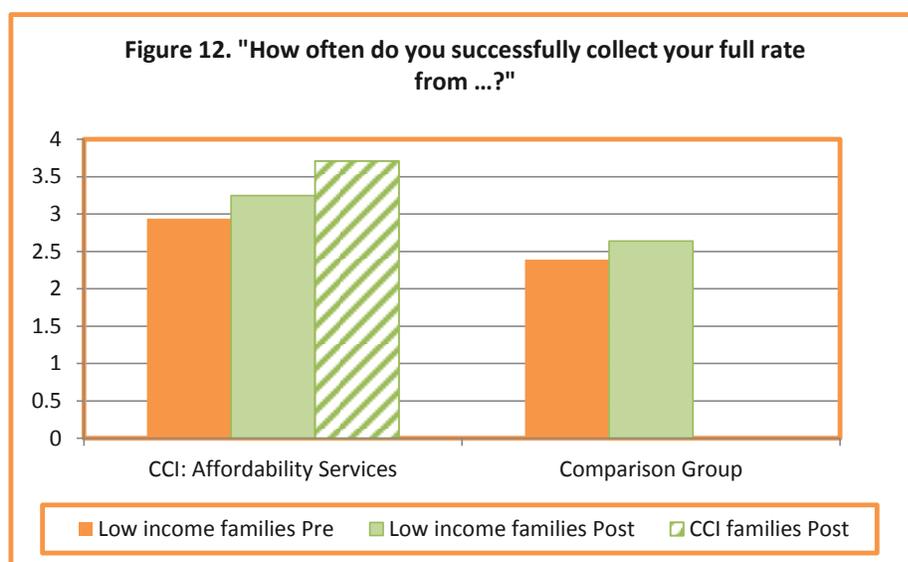
4.2.1 Finding: The Affordability Services Help Providers Collect their Full Rates from Low-Income Families.

Childcare providers participating in the Affordability Services of the CCI were asked a number of different questions regarding their income from childcare, and the impact of the CCI on their income, through “pre” and “post” surveys. The issue of income is critical because child care providers are among the most poorly paid professionals (Center for the Child Care Workforce, 2002; Nelson, 2001; Whitebook, Howes, & Phillips, 1998) and low wages are related to more staff turnover (Gable, Rothrauff, Thornburg, & Mauzy, 2007; Whitebook, Sakai, Howes, 2004) and lower quality of care (Torquati, Raikes, Huddleston-Casas, 2007). Results from this evaluation confirm anecdotal findings that these already low wage child care providers adjust their rates further downward for low-income families in order to stay competitive in a tight market and to meet families’ needs. Just as any other small business owners, child care providers negotiate discounted rates as necessary in order to survive in tough times. Discounting their rates for low-income families, however, is likely to cut into providers’ already slim bottom line and put them at-risk of going out of business.

Figure 12 shows that prior to participation in the CCI both Affordability Services providers and providers in the comparison group reported collecting their full rate from child care providers less than “often” on a scale from “never” to “always”. However, Affordability Services providers

reported a notable increase in the frequency with which they were able to successfully collect their full childcare rate from low-income families during their participation in the CCI (Figure 12). When examined more closely, this appears to result from a substantial (and statistically significant) increase in collection of the full rate from families involved in the CCI ($t(17) = 2.95, p < .05$), but not from other low-income families ($t(16) = 1.00, p = .33$). By the time they completed the “post” survey Affordability Services providers reported collecting their full rate from low-income families significantly more than other childcare providers in the city of Portland ($t(58) = 2.13, p < .05$).

These results are consistent with findings from the telephone interviews that were conducted with parents (see Section 4.1.2). One of the common themes from those telephone interviews was that when CCI families were attending Affordability Services providers before they began receiving help from the CCI they often paid providers discounted rates. Then again, when families left the CCI program, especially when they lost eligibility from the program before they were ready to move on themselves, many of them reported negotiating discounted rates with their providers. Collectively these findings suggest that the CCI is not only contributing to families’ success but also to the success of quality child care providers, which is important to providing stable, quality child care for children in need. As described in Section 4.2.5, providers reporting re-investing this additional income back into their child care programs.



Note. Response options included: 0 = “never”; 1 = “rarely”; 2 = “sometimes”; 3 = “often”; 4 = “always”

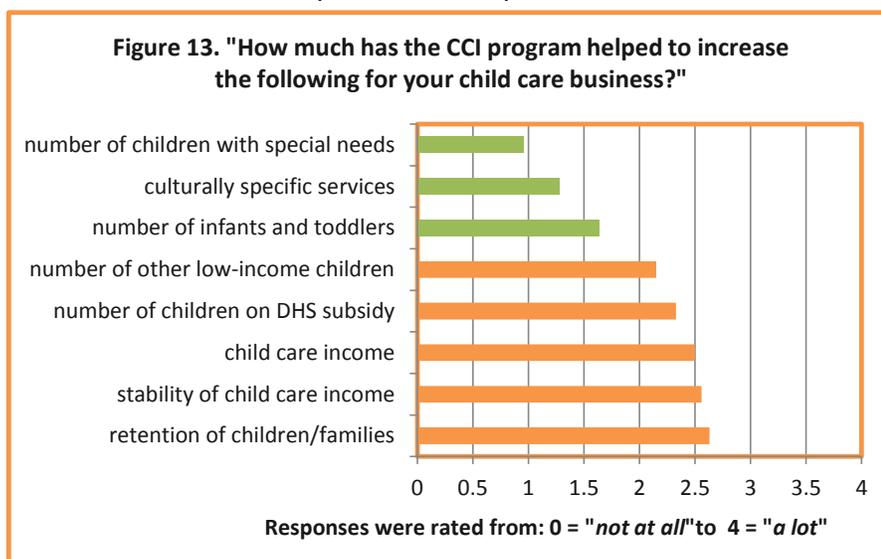
Summary of Evidence for Finding 4.2.2

- Affordability Services providers reported a statistically significant increase in collection of their full rates from families participating in the CCI, but not from other low-income families.
- This increase was statistically larger than the small increase in collection of full rates from low-income families reported by the comparison group.
- Both parents and providers commented that the CCI helps providers obtain their full rate.

4.2.2 Finding: *The Affordability Services Help Providers Enroll and Retain Low-Income Families.*

Findings from this evaluation also suggest that the CCI contributes to higher and more stable income for quality childcare providers by facilitating enrollment and retention of low-income families. Figure 13 summarizes responses from providers' perceptions about the impact of the CCI on their childcare businesses. The item with the highest overall impact score was retention of children and families. When asked how much the CCI helped to increase their retention of children and families, 48% of Affordability Services providers reported either "some" or "a lot". Another 33% responded "a little" and 19% responded "not very much".

Figure 13 also shows that providers note that the CCI has had some positive effect on their ability to serve low-income children and families, including families that receive DHS subsidies and those that do not. As discussed in Section 4.2.1, the CCI helps providers collect more income from these low-income families, which in turn helps providers to continue providing childcare to these families, with a positive net impact on retention of low-income families.



In addition to retaining children from low-income families, the CCI also appears to help some Affordability Services providers recruit new low-income children whose parents would not

"We are able to serve many low-income families due to the financial help our parents are receiving through the CCI."

- Affordability Services Provider

otherwise be able to afford the quality care they offer. In their response to the "post" survey, 23% of Affordability Services providers indicated that they have had at least one new family enroll

in their childcare program specifically because of the financial support that the CCI offers to qualifying parents in their programs. One provider explained that her enrollment has tripled because of the CCI. These findings parallel comments made by parents in the telephone interviews (see Section 4.1.2) in which a subgroup of families reported that without the CCI they never would have

"The CCI brought in new families."
- Affordability Services Provider

been able to enroll their children in the care of their Affordability Services provider. However, it should be noted that there was not an overall statistically significant impact of the CCI on providers' reports of *overall* enrollment changes. Both the providers in the comparison group and in the Affordability Services group reported a variety of enrollment shifts due to the economy and other reasons.

Finally, a few of the larger Affordability Services providers that regularly set-aside a small amount of funds to provide scholarships for low-income families explained that the CCI allowed them to serve more low-income families by freeing up scholarship funds for non-CCI families.

“Our other scholarship dollars were funneled to families who did not qualify for CCI, therefore increasing our ability to care for more lower-income, at-risk families.”

- Affordability Services Provider

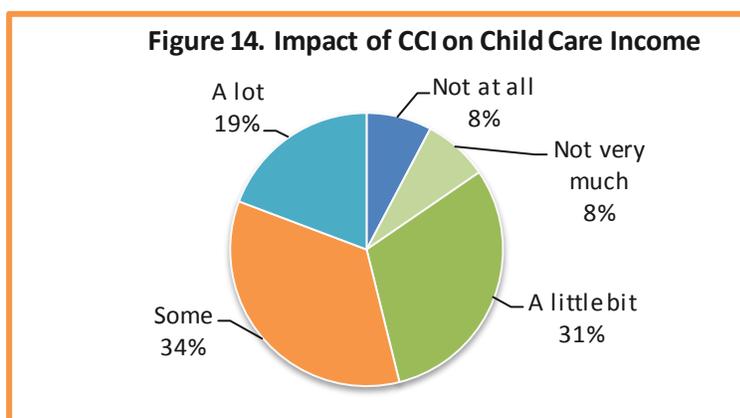
Summary of Evidence for Finding 4.2.2

Overall, evidence from provider surveys and surveys and telephone interviews with parents indicate that:

- Affordability Services providers were able to retain families that would otherwise have had to leave due to insufficient income.
- The availability of the CCI financial resources helped Affordability Services providers to recruit new low-income families to their programs.

4.2.3 Finding: *The Affordability Services Increase Income for Quality Childcare Providers Serving Low-Income Families.*

As a natural consequence of helping providers to collect their full childcare rate from low-income families, and encouraging enrollment and retention of children and families, results show that the CCI contributes to increases in overall childcare income for Affordability Services providers. As shown in Figure 14, Affordability Services providers report varying degrees of impact on childcare income. More than half of the Affordability Services providers (44% of centers; 64% of family providers) reported that the CCI had either “*some*” or “*a lot*” of an impact on their childcare income, but there was also a portion (16%) of providers that responded “*not very much*” or “*not at all*”.

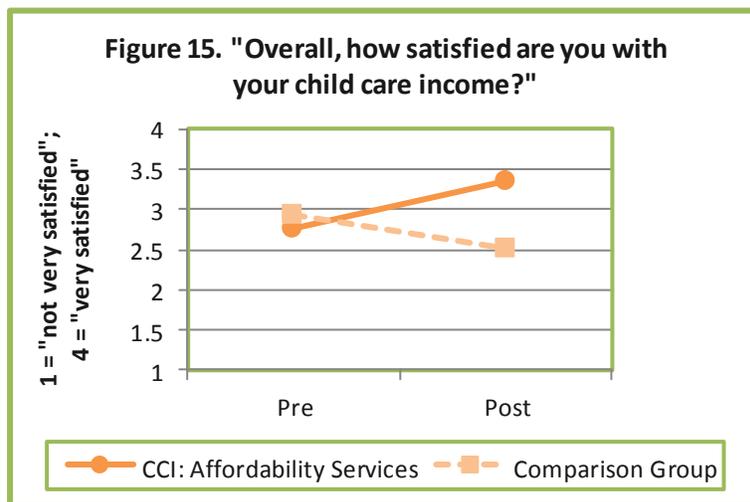


This variety of responses, with the majority of Affordability Services providers reporting positive impact of the CCI on their income was observed fairly consistently across all of the variables examined throughout this larger section on the financial impact of the CCI on Affordability Services providers (Section 4.2). Analysis of providers' comments to open-ended survey questions help to explain this variation. A number of

providers explained that they have only had one or two families participate in the CCI; thus the overall impact on their childcare income and retention of families is limited compared to providers that have had much higher percentages of their families receive CCI support.

As a result of the positive impacts on childcare income, enrollment, and retention described earlier, the CCI was associated with a significant increase in overall satisfaction with income from childcare among Affordability Services providers (Figure 15) ($t(16) = 2.42, p < .05$). Meanwhile, the providers in the comparison group reported decreases in satisfaction with their childcare income; the Affordability Services providers reported significantly more

improvements in income satisfaction over time than the comparison group of providers ($t(62) = 3.48, p < .01$).



Childcare providers were also asked to rate the *stability* of their income from childcare on both the “pre” and the “post” surveys. There were no statistically significant differences between the Affordability Services providers and the comparison group on their responses to these questions, or any statistically significant

“STABILITY! Now I have less fluctuation in monthly income.”

- Affordability Services Provider

“The CCI added income I would have lost otherwise.”

- Affordability Services Provider

changes over time for either group. However, a few providers made comments on their surveys about the CCI contributing to more stable income that they count on from month to month.

Summary of Evidence for Finding 4.2.3

- More than half of Affordability Services providers report either “some” or “a lot” of impact of the CCI on their overall income from childcare. These tend to be the providers with more families participating in the CCI.
- Affordability Services providers had a statistically significant increase in overall satisfaction with their childcare income over time. This increase was significantly better than the comparison group, which had a slight decline in satisfaction with childcare income.
- A number of Affordability Services providers described tangible improvement in income as a result of participating in the CCI, for which they were very grateful.

4.2.4 Finding: Changes in CCI Eligibility Affect Affordability Services Providers' Income.

Findings from qualitative analysis of comments by both childcare providers and parents show that eligibility changes in 2011 were associated with a number of families leaving CCI providers for less expensive care, and with other families being unable to pay them their full childcare rate once they lost the CCI assistance. A subset of Affordability Services providers described a reduction in income associated with these changes. A few providers also described that since no new families are currently allowed to enroll in the CCI they have had a harder time enrolling new low-income families. These experiences are likely responsible for some of the providers only reporting small overall impacts of the CCI on their income.

"At first it really helped out a lot. It served a lot of my families. Now that the program has been reduced I lost a lot of my income."

- Affordability Services Provider

"Our whole childcare got affected because a lot of families lost support. With both ERDC and CCI changing a lot of people stopped sending their kids to [Affordability Services Provider]; some like us went to part-time ..."

Every time a bunch of kids drop out of the childcare the structure changes. My daughter has been at 3 different buildings teachers change more now."

"Less investment in childcare throughout the whole system has affected it." - Parent

Summary of Evidence for Finding 4.2.4

- Some Affordability Services providers experience decreases in income when families lose CCI support.
- Without the support of the CCI some Affordability Services providers have difficulty enrolling and retaining low-income families.

4.2.5 Finding: Affordability Services Providers Invest Additional Income Back Into Quality Care.

Commitment to Quality

Findings from the evaluation demonstrate that Affordability Services providers are committed to providing quality care, and to making improvements in quality. For example, results from analysis of the "pre" and "post" surveys (see Figure 16) revealed statistically significant increases in commitment to maintaining/improving childcare quality among Affordability Services providers from "before the CCI" to "pre" (at the time they first had a parent begin a CCI contract) on the standards used to determine CCI eligibility (FCCERS for family providers and Quality Indicators for center providers) ($t(30) = 3.17, p < .01$) and in other areas ($t(28) = 3.02, p < .01$). Affordability Services providers maintained these levels of commitment approximately one year later on the "post" survey. Moreover, Affordability Services providers reported higher levels of commitment to improving/maintaining high levels of quality than the comparison group of providers in Portland that did not participate in the CCI on the "pre" survey for both the FCCERS/Quality Indicators ($t(88) = 3.73, p < .01$) and in other areas ($t(88) = 2.88, p < .01$),

and also on the “post” survey for both aspects of quality ($t(73) = 5.10$, $p < .01$; $t(65) = 3.82$, $p < .01$).

Moreover, 88% of Affordability Services providers indicated that the CCI made them either ‘some’ or ‘a lot’ more willing to participate in the CCIP (for family providers) and voluntary aspects of the Quality Indicators (for center providers) in order to remain eligible for the CCI Affordability Services (Figure 17). Affordability Services providers were required to participate in these programs that support and assess quality in order to be eligible for the CCI. Findings suggest that these eligibility requirements help to further encourage providers to continue participating in these programs that support childcare quality.

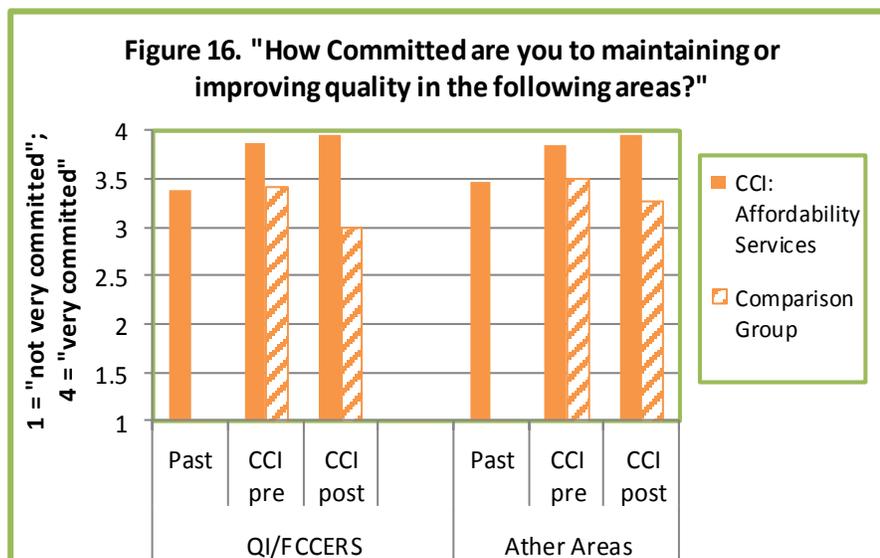
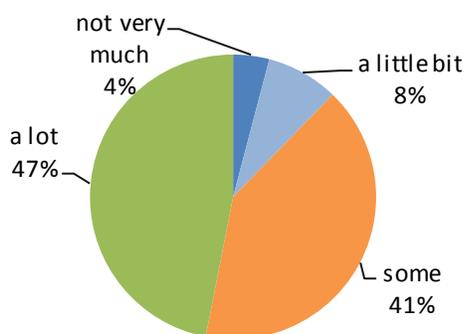
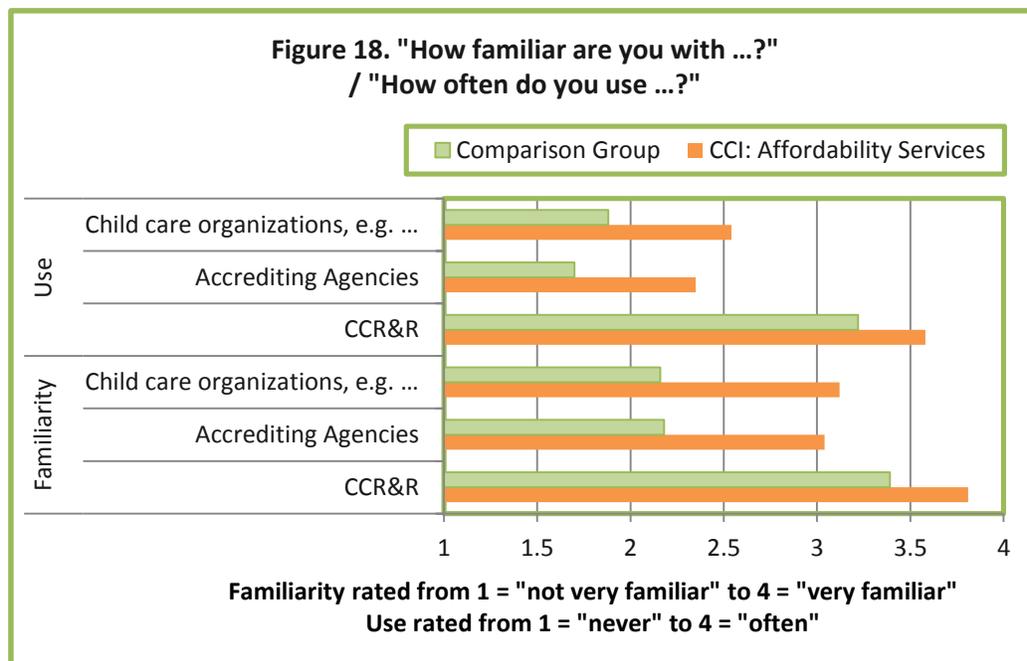


Figure 17. "How much of an impact did the CCI have on your willingness to participate in the QI/CCIP?"



Finally, Affordability Services providers are well-linked with community resources that support quality, including CCR&R, Accrediting Agencies, and other professional childcare organizations (Figure 18). Affordability Services providers report being more familiar with these resources, and also using them more often than other providers in the city of Portland ($t(73)$

ranged from 2.00 to 3.03, $p < .05$). This evaluation was not designed to examine the *impact* of the CCI on Affordability Services providers' use of these resources. However, these findings are a good indication that the CCI is investing in providers that are accustomed to accessing resources for maintaining and improving childcare quality.



Quality Improvements

Although it was not anticipated that Affordability Services providers would make significant improvements in quality as a result of their participation in the CCI, there is some indication that a number of Affordability Services providers did. Affordability Services providers described a number of quality improvements they made both before and during their participation in the CCI. The extent of these self-reported improvements was similar to those reported by other providers in the city of Portland. The only statistically significant difference between the two groups of providers was that center-based Affordability Services providers reported taking more steps toward accreditation than the center-based comparison providers both before ($t(90) = 2.80, p < .01$) and after CCI ($t(75) = 2.66, p < .05$). This is consistent with the difference shown in Figure 18 regarding familiarity and use of resources from accrediting agencies.

Analysis of data on the Quality Indicators (for center providers) and FCCERS (for family providers) indicated that, initially, Affordability Services providers and the comparison group of other providers in Portland that did not participate in the CCI exhibited statistically equivalent levels of quality.

Data from the Quality Indicator Reports are suggestive of a few slight improvements over time in quality among the Affordability Services providers that exceed those made by the comparison providers. While the comparison providers exhibited slight decreases in the following areas, Affordability Services providers improved:

- teacher total training hours from 2008 to 2009 ($t(41) = 2.05, p < .05$).
- highest wage offered to teachers from 2008 to 2010 ($t(22) = 1.84, p < .10$).⁺
- offering medical benefits from 2008 to 2010 ($t(26) = 1.72, p < .10$).⁺
- exceeding the minimum ratio of adult-to-school age children from 2008 to 2009 ($t(41) = 1.81, p < .10$).⁺

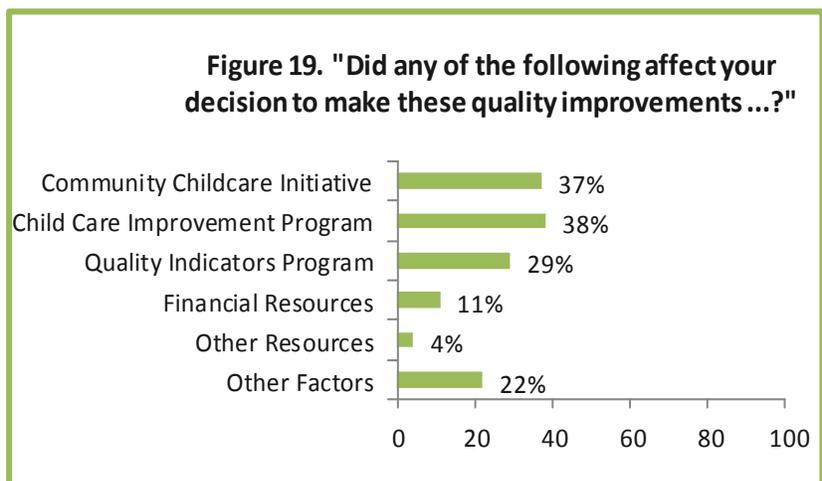
The ⁺ symbol indicates that 3 out of the 4 improvements in the Quality Indicators exhibited by Affordability Services providers, compared with other providers in the city of Portland, were only statistically significant at the “*trend*” level ($p < .10$ rather than $p < .05$).

No differences in changes over time were detected for indicators of Staff Retention, Accreditation, or Group Size. There was also one variable for which the comparison group improved more than the Affordability Services providers: the percentage of center directors with a degree in early childhood education from 2008 to 2009 ($t(45) = 2.56, p < .05$). Thus, the results should not be interpreted as definitive improvements on the Quality Indicators but are rather presented here to show that there *may* be a slight overall trend of improvements on some markers of the Quality Indicators among center-based Affordability Services providers.

Analysis of the FCCERS data across time for family providers was limited because few FCCERS scores were available for comparison providers after the 2008-2009 year. No statistically significant differences were detected in overall FCCERS scores between Affordability Services providers and comparison providers during either the 2007/2008 or the 2008/2009 years. Data for specific subscales within the FCCERS were not available for this evaluation.

Although Affordability Services providers exhibited very few, if any, *more* improvements in quality than the comparison group of providers (and they were not expected to do so by the CCI), findings suggest that the CCI was an important factor in Affordability Services providers’ decisions to make ongoing quality improvements during their participation in the CCI (Figure 19). After reporting their recent quality improvement efforts Affordability Services providers were asked whether or not various factors, including the CCI, affected their decisions to make these improvements. Even though the Affordability Services were not designed to facilitate quality

“The increased income made it possible to pay for staff trainings.”
- Affordability Services Provider



*Note. Only family providers were given the option to check the “Child Care Improvement Program”. Only centers were given the option to check “Quality Indicators Program”. Results for those items refer to the percentage of those subgroups; items were not applicable to other types of providers at the time the survey was conducted.

improvements per say, the CCI was noted by family providers with similar frequency (37%) to the Child Care Improvement Project (38%), which specifically is designed to support quality improvements. Moreover, center providers noted the CCI as a factor affecting their quality improvement decisions more often than they did the Quality Indicators Program (29%) (see Figure 19). The 22% of providers that checked “yes” for “*other factors*” described those factors nearly universally as their own dedication or commitment to

providing high quality childcare. There were no statistically significant differences between Affordability Services providers and comparison providers in their likelihood of checking boxes for any of these factors influencing their decisions to improve quality; comparison providers were not given the option to check a box for “CCI”.

Another indication that many Affordability Services providers utilized the additional income they received by providing care to CCI families for making quality improvements is that more than half of them specifically described ways in which they

“We have been able to hire new staff and grow and buy new supplies and do parent events.”

- Affordability Services Provider

used these funds to support their childcare program. Providers that indicated they had increased income as a result of participating in the CCI were asked to describe how they spent those funds. They were given options of spending the funds on their childcare program, themselves/family (e.g. to pay their own salaries as small business owners), and “other” things.

56% of Affordability Services providers that completed a “post” survey reported that participating in the CCI increased their childcare income, and allowed them to improve their childcare programs.

Results revealed that *all* of the providers that reported at least “*some*” effect of the CCI on their childcare income described putting those funds back into their childcare program. This represented 56% of the overall sample of Affordability Services providers that completed a “post” survey (44% of centers and 64% of family providers). Only 15% also described using the income for themselves/to pay their own salaries as small business owners. Of these that re-invested the CCI funds back into their childcare programs, 3 described spending the money on operating expenses, 5 purchased furniture, equipment, or structures for the

children, 10 reported buying classroom materials and/or curricula, and 4 explained that the increased income from the CCI allowed them to either fund more training or education for their staff, or to improve the ratio of adults-to-children by increasing staff hours and/or hiring additional assistants.

“I could afford a full-time assistant to give children more one-to-one care.”

- Affordability Services Provider

“I have been able to put most [CCI income] back into my childcare program and been able to improve quality.”

- Affordability Services Provider

Summary of Evidence for Finding 4.2.5

Providers that participate in the Affordability Services of the CCI:

- Demonstrate commitment to quality care and report increased commitment related to participation in the CCI.
- Are more familiar with resources that support quality and utilize these resources more often than other providers in Portland.
- Describe improving quality on the Quality Indicators, FCCERS, and other areas.
- 56% stated that increased income from the CCI helped them to make improvements in their childcare programs.

5. RESULTS QUESTION 3

RESEARCH QUESTION 3:

To what extent does the CCI facilitate or reinforce a broader network of support for quality childcare?

5.1 Finding: *The CCI Reinforces a Broader Network of Support for Quality Childcare in Oregon.*

The CCI was structured to build from a broader network of support for quality childcare. The program is implemented by the Childcare Resource and Referral (CCR&R) of Multnomah County, which is a key community resource for supporting both providers and parents. In addition, eligibility criteria for the Affordability Services were tied directly to providers' participation in existing programs that assess and support quality (the Child Care Improvement Program for family providers and the Quality Indicators Program for center providers), and to demonstrating quality on the assessments completed by those programs.

Results already presented throughout Sections 3 and 4 of this report demonstrate that the CCI not only builds from this broader network of support for quality but also reinforces and facilitates it. Relevant findings are summarized here:

- The Quality Services help providers to become more familiar with the Quality Indicators, to know their own strengths and limitations on the Quality Indicators, and encourages commitment to improvements on the Quality Indicators.
- The Quality Services helps to target improvements in quality to the Quality Indicators, which are research-based indicators of quality endorsed by the Oregon Child Care Division.
- The CCI encourages providers to become more familiar with, and to utilize more often, community resources that support quality, including the CCR&R, accrediting agencies, and other professional childcare organizations.
- The Affordability Services rewards providers that demonstrate quality by helping them to increase enrollment, retention, and overall childcare income.
- The Affordability Services reinforces providers' participation in the Quality Indicator Program and the Child Care Improvement Program's networks.
- The Affordability Services provides opportunity for providers that receive increased income from participation in the CCI to reinvest those funds back into quality care.

In sum, the CCI reinforces a broader network of support for childcare quality. This network includes the CCR&R, the Quality Indicator Program (state-wide), and the Child Care Improvement Program's networks (city of Portland). In addition, the CCI is also well-aligned with Oregon's childcare Quality Rating and Improvement System, termed Education and Quality Investment Partnership (EQUIP). EQUIP was developed after the CCI began. The Quality Indicator Program, which CCI has built into both the Quality Services and the Affordability Services for center providers, is one of EQUIP's core programs. EQUIP programs, including the Quality Indicator Program, now include family childcare providers. Moreover, one of EQUIP's key strategies for improving the quality at the facility-level (for both centers and family providers) is Oregon Programs of Quality, pieces of which were modeled from the Quality Services of the CCI.

Summary of Evidence for Finding 5.1

- The Quality Services target quality improvements toward Oregon's childcare Quality Rating and Improvement System through the Quality Indicators.
- The CCI encourages providers to become more familiar with, and to utilize more often, community resources that support quality, the CCR&R, accrediting agencies, and professional childcare organizations.
- The Affordability Services reinforces participation in the Quality Indicator Program and the Child Care Improvement Program's networks.

6. CONCLUSIONS

6.1 QUALITY SERVICES PROMOTE IMPROVEMENTS IN CHILDCARE QUALITY

Findings from the current evaluation show that the Quality Services of the CCI promote improvements in childcare quality. Evidence comes from multiple sources of data, including self-report surveys as well as external data on the Quality Indicators for both facilities that participated in the Quality Services and a comparison group of facilities in the city of Portland that did not participate in the Quality Services. Although each specific source of data has its own limitations, a pattern of relatively consistent findings across all data sources provides confidence in the results. The use of a comparison group is particularly important in attributing improvements in quality to participation in the Quality Services.

Collectively, evidence supports three findings:

- ***The Quality Services help providers to become more familiar with the quality indicators and encourage commitment to quality improvements.***
- ***Quality Services providers showed improvements on the Quality Indicators that exceeded those made by other providers in the city of Portland.***
- ***There are indications of potential for some improvements on the Quality Indicators to continue and be sustained.***

In sum, findings suggest that Quality Services providers make more improvements on the Quality Indicators, are more familiar with Quality Indicators, including their own strengths and limitations, and are more committed to improving quality than other similar childcare providers in the city of Portland. They also made improvements in at least some areas across all 7 Quality Indicators, as evidenced in self-report surveys, and in official Quality Indicator Reports. Quality Services providers also attributed an average of 64% of their improvements on the Quality Indicators to their participation in the CCI.

However, it should be noted that Quality Services providers only demonstrated improvements in some of the many variables that collectively represent the 7 Quality Indicators. Out of a total of 22 variables, Quality Services providers made statistically significant improvements in 8 variables across 4 out of 7 Quality Indicators, when comparing their later scores (2009 and 2010) to earlier scores (2008). When comparing their changes over time to those made by the comparison group of providers, Quality Services providers demonstrated statistically significant improvements in 6 variables across 5 of the 7 Quality Indicators. The comparison group of providers, on the other hand, showed better improvement on director education (2 out of the 22 total variables). Overall, these data from the Quality Indicator Reports show at least some statistically significant improvement in 6 out of the 7 Quality Indicators. No changes in Accreditation were recorded on the Quality Indicator reports but a few Quality Services providers did describe making tangible progress toward Accreditation in their self-report surveys.

When considered all together these data show a couple overall patterns. First, Quality Services providers made improvements in some areas of all 7 of the Quality Indicators. Considering that the Quality Indicators are structural measures that require taking substantial efforts to change (e.g. hiring additional staff members to improve group size or ratio; teachers completing

coursework to improve education) these findings are impressive. They provide some of the first evidence that offering financial support and technical assistance to facilities to complete a targeted workplan can actually facilitate improvements on an array of structural indicators. Indeed, there is yet little other evidence nationally of such success stories (e.g. Tout et al., 2010). One recent evaluation of a related program in Oregon, (the Childcare Contribution Tax Credit Programs) revealed that a combination of intensive, frequent technical assistance, mentoring, networking, and site visits contributes to improvements in training and education of individual childcare providers and also to some aspects of positive caregiving, but it was impossible to identify which aspects of the multifaceted intervention were responsible for which effects (Worcel, Green, & Tarte, 2010). Findings from the evaluation of the Quality Services of the CCI reveal that somewhat less intensive supports (financial support and technical assistance related to a specific workplan) can also achieve positive impacts on a wide array of structural indicators of care quality.

The second pattern in these results, however, offers a bit of caution. Evidence of these improvements was only observed in external Quality Indicator Reports for some variables (6-8 out of 22); many variables remained unchanged, and 2 variables within 1 Quality Indicator (Director Education) showed less improvement than the comparison group. These findings are consistent with the goals of the Quality Services: that providers work with the CCI Coordinator to make targeted improvements in specific variables on the Quality Indicators. Although it would be unreasonable to expect significant increases across all 22 variables, it is important to remember when interpreting these data that improvements were only observed in some variables. In addition, there were no significant improvements in Accreditation detected on Quality Indicator Reports. Successfully achieving Accreditation may not be a realistic goal during a one-year Quality Services workplan cycle. It will be important to follow-up with the Quality Services providers that are working toward Accreditation to see whether or not they were able to continue the Accreditation process successfully after their participation in the Quality Services was complete.

Finally, there is not yet clear evidence regarding the extent to which Quality Services providers will be able to continue and/or sustain these quality improvements over time. There is some reason to be optimistic, however. Quality Services providers have improved their familiarity with the Quality Indicators and their knowledge of their own strengths and limitations on the Quality Indicators. They are now accustomed to utilizing their Quality Indicator reports to guide quality improvements. In addition, Quality Services providers are now familiar with community resources that support childcare quality and have gained experience accessing those resources to make quality improvements. All of these strengths should aid continued and sustained quality improvements. However, continuing to make, and maintaining improvements on the Quality indicators requires substantial resources, of both money and time. Childcare providers are notoriously over-worked and under-paid. Even if they are committed to providing high quality care it will not be easy. One way the CCI may be able to continue supporting prior Quality Services participants is by encouraging them to participate in the Affordability Services. Results from this evaluation suggest that the Affordability Services helps at least some providers to continue to prioritize quality and to make additional improvements in the quality of their care (see Section 6.2). Another way that the CCI is beginning to contribute to sustainability of quality improvements is to encourage Quality Services providers to apply to the Oregon Program of Quality (OPQ). OPQ is a new and key component of Oregon's childcare Quality Rating and Improvement System in which providers document high levels of quality across a 6 standards, several of which align with the Quality Indicators. One prior Quality Services provider has already participated in the first cohort of OPQ.

6.2 AFFORDABILITY SERVICES IMPROVE ACCESS TO, AND STABILITY OF QUALITY CHILDCARE FOR LOW-INCOME FAMILIES

Evidence reviewed in this evaluation affirms that the Affordability Services of the CCI improve access to, and stability of, quality childcare for children from low-income families. Data were gathered from parents and childcare providers through surveys and telephone interviews. The use of a comparison group of childcare providers in the city of Portland that offered quality care but that did not participate in the CCI helps to attribute benefits to Affordability Services providers specifically to their involvement in the CCI. It was not feasible to recruit a comparison group of parents that met eligibility criteria for the CCI but did not participate in the evaluation. However, due to changes in eligibility criteria for parents, this evaluation was able to examine the effects of a natural experiment in which families left the CCI for various reasons, including loss of eligibility. In-depth qualitative telephone interviews were utilized to provide a clearer understanding of the true meaning of the CCI to different groups of low-income families.

Findings revealed two primary pathways through which the Affordability Services improve access to quality care: by helping families select and continue utilizing quality childcare providers, and by encouraging quality providers to enroll and retain low-income families.

- ***The Affordability Services help low-income families select quality childcare providers and continue utilizing quality care when they would otherwise be unable to do so.***

Results show that parents participating in the CCI prioritize quality childcare, and that the CCI helps these parents to enroll their children in quality childcare programs. For families that were already utilizing quality childcare providers, financial support from the CCI helps them to stay with those providers when they experience a loss of from child support, job changes, or family separation/ divorce. For other low-income families, the CCI allows them to enroll their children in quality care for the first time.

Successful transition out of the CCI, including maintenance of quality childcare, appears to require one of the following: 1) staying with the CCI long enough to either bridge to another form of childcare/preschool assistance or until their children start school and the need for childcare is reduced, 2) increased earnings; the CCI helps a small subset of families achieve this, or 3) sufficient resources (income, support from family and friends) to maintain stable quality childcare placements without the CCI. A subset of CCI families had these resources throughout their participation in the CCI. For them the benefit of the CCI appeared to be primarily limited to stability of finances, and/or increased income for their childcare providers.

Findings show that for the majority of families, however, the CCI provides a critical support without which they end up switching to less expensive care and/or reducing their work hours to care for their children themselves part-time. When families lose support from the CCI many, but not all, of them experience disruptions that lead to less stability in quality childcare. Nearly all families participating in the CCI also described financial benefits, including reduction of financial stress, the ability to catch up on bills, and more financial stability in general. For many families these financial benefits fade after they leave the CCI.

- ***The Affordability Services encourage quality providers to enroll and retain low-income families.***

Results indicate that the Affordability Services help quality childcare providers to enroll and retain low-income families through a couple of different avenues. The Affordability Services help providers to collect their full childcare rates from low-income families. Before, and sometimes also after, participating in the CCI, many low-income parents that utilized Affordability Services providers paid them discounted rates, or only paid them the full amount inconsistently. Moreover, by discussing the CCI with potential new families some Affordability Services providers reported being able to recruit new low-income families. The CCI also contributed to more stable enrollment of low-income families by helping them pay for quality care when they lost income. The Affordability Services therefore boosted income and helped to stabilize enrollment for Affordability Services providers, especially those that served a large percentage of CCI families. This encouraged them to continue to enroll new low-income families and to retain the ones they already served.

- ***The Affordability Services enable some providers to make additional improvements in quality.***

Evidence also suggested that the Affordability Services providers that reported significant benefits of the CCI on their income (about half of all Affordability Services providers) were able to put at least some of that income back into their childcare programs, including to improve quality. Although improving quality through the Affordability Services was not anticipated, nor was it an explicit goal of the CCI, results suggest that by boosting income for providers that are already committed to quality, and demonstrate quality, the CCI helps many of them to make additional investments in their own childcare programs. As might be expected, these quality improvements that were reported by providers in the Affordability Services were somewhat limited and only partially evidenced in external data sources. Nonetheless, they provide initial evidence of a trend toward continued quality improvement that will be important to follow. Similar to parents, however, Affordability Services providers, especially those that care for a several CCI families, are sensitive to changes in parent eligibility. When parents lose support from the CCI many of them are unable to stay with their Affordability Services providers, and to pay them their full rates. This in turn affects quality providers' income and their ability to serve low-income families.

6.3 THE CCI REINFORCES A BROADER NETWORK OF SUPPORT FOR CHILDCARE QUALITY

The CCI not only promotes improvements in childcare quality and increases access to quality care for children from low-income families, but it also does so in such a way that reinforces a broader network of support for childcare quality within Portland and state-wide. Evidence comes from surveys and external data sources for childcare providers participating in the CCI and a comparison group of providers in the city of Portland that did not participate in the CCI, as well as both surveys and telephone interviews with parents. Collectively, evidence supports three findings:

- ***The CCI encourages providers to become more familiar with and to utilize existing resources that support quality.***
- ***The Quality Services increases engagement in the Quality Indicators Program, a core program of Oregon's childcare Quality Rating and Improvement System, named the Education and Quality Investment Partnership (EQUIP).***

- ***The Affordability Services reinforce standards of quality established by state (Quality Indicator Program, EQUIP), and local (Child Care Improvement Program's networks) programs.***

The CCI accomplishes these strengths by implementing the program through the CCR&R of Multnomah County, by linking eligibility criteria to the Quality Indicator Program and the Child Care Improvement Program's networks, and by targeting Quality Services funds for improvements on the Quality Indicators. In the future, the CCI could partner with the Quality Indicators Program even more extensively, now that the Quality Indicators reports are also available for certified family child care homes. Utilizing Quality Indicator Reports to assess CCI eligibility for both centers and family providers would not only enhance consistency between standards for center providers and family providers within the CCI, but would also serve to further reinforce the support for the Quality Indicators Program.

Moreover, by using existing standards for quality that are becoming increasingly integrated into the Oregon childcare system (Quality Indicators Program) as eligibility criteria the CCI helps the whole childcare community to send consistent messages to both childcare providers and parents about expectations for quality. Finally, by building from, and by reinforcing, a broader network of support for childcare quality the CCI should be contributing to efficient use of resources, and may also help to promote sustainability of quality improvements.

6.4 FINAL CONCLUSIONS

In sum, evidence from the current evaluation indicates that the CCI is successfully achieving the goals of improving childcare quality and increasing access to quality care for children from low-income families within a broader network of support for childcare quality in Oregon. The largest remaining question is the extent to which these benefits can be sustained after providers and parents leave the CCI. Results suggest that some parents are able to successfully transition out of the CCI but that in order to maintain quality childcare for their children the vast majority of them need continued support until either they are able to bridge to another form of assistance or until their children start school and their childcare needs are reduced. A few parents are able to increase their income and employment to the point that they no longer need any assistance to provide quality care for their children. Providers that participated in the Quality Services are now equipped with increased resources, knowledge, and commitment that should help them to sustain their quality improvements in the future but the reality of how much this occurs is unknown. Similarly, results suggest that although the Affordability Services help providers to enroll and retain low-income children, and also to enable some ongoing quality improvements by boosting their childcare income, most of them are unable to sustain these efforts without the ongoing help of the CCI.

6.5 IMPLICATIONS AND FUTURE RESEARCH

The findings from this evaluation have implications for state and federal efforts that share the goals of improving childcare quality and increasing access to quality for children from low-income families. Results indicate that it is possible to improve structural indicators of childcare quality by providing financial resources and technical assistance. Similarly, results are consistent with other emerging research findings (e.g. Worcel et al., 2010), showing that financial supports for quality care to low-income families can increase the stability of quality childcare arrangements. The current evaluation adds that financial supports for quality care also help some low-income families to select quality care for the first time. Moreover, the findings are suggestive (though not yet conclusive) of a positive feedback cycle in which providing funds for

improving quality and boosting income for providers that already demonstrate quality, by helping low-income families pay their full rates, are mutually reinforcing and potentially aid sustainability. This will be an important area for future research and evaluation.

In addition, future evaluations should examine the extent to which improvements in structural indicators of quality, such as on the Quality Indicators, lead to real changes in the ways in which caregivers interact with children and support positive development. Prior research suggests that higher quality on structural indicators is *associated* with more appropriate adult-child interactions and positive outcomes for children (e.g. Clarke-Stewart et al., 2002; Early et al., 2006; Fukkink & Lont, 2007) but evidence that *improving* structural indicators will in turn *improve* adult-child interactions and child development is not yet available.

Another key area for future research in this area is to identify *how much* quality must increase in order to make a real difference in children's development, *how long* children need to experience quality care, and during which periods of development, in order to promote school readiness and other developmental outcomes. Researchers are currently examining these important questions (e.g. Burchinal, Vanderfrift, Pianta, & Mashburn, 2010; Lipscomb, Masyn, Thompson, & Ontai, 2011). Findings from this research will be critical to understanding the ultimate impact of programs like the CCI to children's development of school readiness and related outcomes (see Logic Model). To date, what is clear is that quality, stable early childcare settings promote positive development (e.g. Burchinal et al., 2010; Howes & Hamilton, 1993; Lipscomb et al., 2011; Vandell et al., 2010), and that the CCI helps to facilitate both quality and stability of childcare for children from low-income families.

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