Improving the Health and Safety of Children in Oregon's Child Care

March 2008

Implementation and Outcomes of Oregon Child Care Health Consultation Program

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Joint Collaborative Report by:

Department of Human Services Public Health Division

Office of Family Health

800 NE Oregon St.

Portland, OR 97232

Pacific Research and Evaluation, LLC

3507 SW Corbett Ave.

Portland, OR 97239

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- Clackamas CCHC Program
- Jackson CCHC Program
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- Multnomah CCHC Program

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Program Partners The Department of Human Services Public Health Division – Office of Family Health administers the CCHC program and partners directly with:

- Children Adults and Families Division
- Additions and Mental Health Division
- Child Care Division
- Commission on Children and Families

The Office of Family Health – Healthy Child Care Initiative staff who administered and coordinated this program, analyzed the evaluation data and co-wrote this report:

- Dianna L. Pickett, MSN, RN – Coordinator
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EXECUTIVE SUMMARY

Program Description

The mission of the Oregon Child Care Health Consultation (CCHC) program is to improve the health and safety of children in Oregon's child care. The program is currently implemented in four sites in five counties (Baker/ Union, Clackamas, Lincoln, and Multnomah) by the Office of Family Health (OFH), Public Health Division, Oregon Department of Human Services, in collaboration with partners from the health, mental, and early care and education systems. A demonstration phase of the program was implemented for four years (phases) from March 2003 through June 2007 in five sites and six counties (including Jackson).

To ensure the success of the CCHC program, the OFH has contracted with an external evaluation agency, Pacific Research and Evaluation, LLC (PRE) to conduct a process and outcome evaluation to facilitate implementation of the program and assess the impact of the program. This report provides a detailed description of the CCHC program, presents findings of PRE's evaluation of the four-year demonstration phase of the program, examines lessons learned from implementing and evaluating the program, and offers recommendations to improve the health and safety of children in Oregon's child care and care quality.

The goals of the CCHC program are:

- Improve child care providers' health knowledge and practices and care environments.
- Improve child care providers' use of child health and safety policies.
- Improve the heath of children in child care by increasing their rates of immunization and access to health care.
- Increase interagency collaboration in the early childhood system.

Additional goals of the demonstration program were:

- Increase child care providers' utilization of CCHC services.
- Offer child care providers services that meet child care providers' needs.

The main activities of the CCHC program are:

- **General consultation** for child care providers – This consultation is in response to a child care provider's request for information or advice regarding a specific short-term goal. General consultation may be conducted by phone, e-mail and site visits.

- **Assessment-based, comprehensive consultation** for child care providers – This consultation is conducted on-site when a child care provider has requested help to meet long-term health and safety goals. It includes an assessment of the child care environment and a review of policies and child care health records.

- **Group training and community health events** for child care providers, parents and children – The purpose of these activities is to share health and safety information. Topics are chosen based on the interests of the child care provider community.

- **Collaboration** between the health and early childhood care and education system – The program is designed to support collaborations and community connections to improve the quality of child care and the physical and emotional health and safety of children. Program components supporting collaboration are the Health Resource Team, Community Health Resource Coordinating Group, and Child Care Health Links.

CCHC uses a community-based, multidisciplinary approach to support child care providers and families.

At the core of each local CCHC program is the Health Resource Team that consists of the health consultant, mental health consultant, early childhood educator, and child care specialist. The Health Resource Team provide child care providers with consultation based on: a) *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care,* as primary principles for consultation and b) evidence-based curricula of *Promoting First Relationships* to guide caregivers in building nurturing and responsive relationships with children. In each Health Resource Team, the health consultant provides child care providers with on-site needs assessment, goal development,

and health consultation and connects them with other services needed from the team. The Community Health Resource Coordinating Group, an advisory group of community partners from the health and early care and education systems to guide the program and identify and address gaps in needed community services.

Healthy and safe child care practices and knowledgeable child care providers are crucial to the many young children who spend a significant amount of time in child care. In 2004, approximately 37 percent of all 627,373 children age 0-12 years in Oregon spent an average of 29 hours per week in paid child care. Sixteen percent of children age 0-12 years in Oregon have parents who report that their children do not always feel safe and secure in child care. Research shows that quality improvement interventions that include the element of child care health consultation improve overall child care quality in a variety of areas including promotion of children's physical, emotional, and behavioral health and prevention of illness and injury. In 2007, the Oregon Commission for Child Care recommended the Child Care Health Consultation demonstration program as one of the nine program initiatives in Oregon and designated "safe and healthy" child care as one of five priority areas.

Evaluation Methods

Pacific Research and Evaluation conducted a process and outcome evaluation of the CCHC demonstration program from July 2003 through June 2007 (phases I-IV) to facilitate and assess the program's success in addressing the key program goals related to improve the health and safety of children in Oregon. The evaluation used a single-group evaluation design based on CCHC clients and multiple data collection methods that incorporated the perspectives of CCHC consultants and parents as well as child care providers. The data collection methods included:

- Retrospective Provider Survey – An annual mail survey of child care providers receiving CCHC consultation to assess the effects of the program on their knowledge and practices related to children's health and safety in child care.
- Pre- and post-Record Reviews – Reviews of care providers' records conducted by CCHC consultants at the entry and the close of assessment-based, comprehensive consultation to measure changes in use of child health and safety policies and the rates of immunizations and health care providers among children in their care.
- Parent Survey – An annual mail survey of parents to assess the care quality of child care providers receiving CCHS services.

- Collaborative Relationships Survey – An annual survey of each Health Resource Team to assess the extent to which interagency networks were developed in the local early childhood system.

Evaluation Findings

The overall evaluation findings of the CCHC demonstration program were very promising. The program was implemented successfully throughout the four phases of demonstration with the services being well accepted and heavily used by child care providers. Overall, the program had positive effects on improving care providers' health knowledge and practices and care quality as well as increasing children's immunization rate and the percentage of medical and dental care providers listed in child care records. Specific findings of the process and outcome evaluation include:

- **Increase in child care providers' use of CCHC program services** – Over the four phases (years) of program demonstration, CCHC consultants provided a total of 6,408 consultations to child care providers; of those, 1,732 were delivered through site visits with 831 child care providers. In addition, the program held a total of 970 group trainings and community health events for child care providers, parents and children. Comparing phase I and phase IV, the program saw an increase of 2.6 times the number of consultations, 4.5 times the number of child care providers who received on-site consultation, and 2.8 times the number of group training and community events.

- **High level of satisfaction with CCHC program services** – Child care providers consistently reported a high level of satisfaction with the overall program as well as specific aspects of the program such as helpfulness of the program's individual consultation and training, knowledge of child care and safety issues, availability of the program, and timely responses to care providers' questions and needs.

- **Improvement in child care providers' health knowledge, practices and care environment** – After receiving CCHC services, child care providers reported an average of 20 percent improvement in their knowledge and practices related to:
    - Children's health,
    - Children's safety,
    - Children's emotional and behavioral health and development,

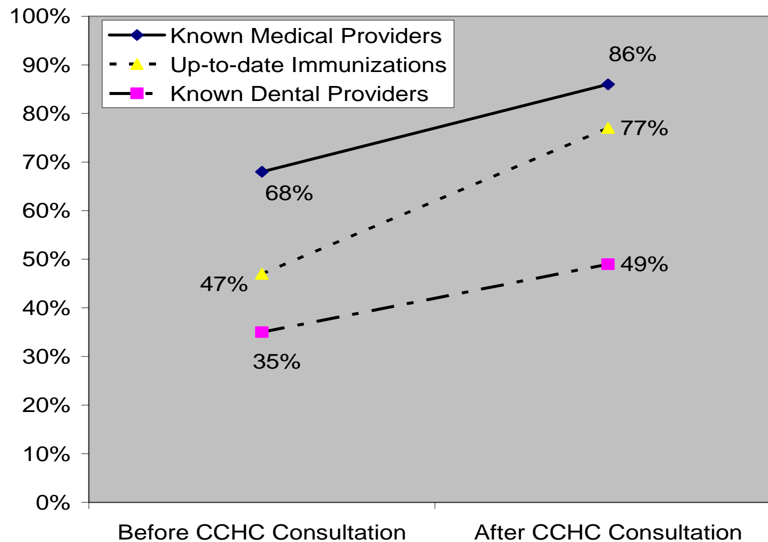
- Connecting and coordinating with health care resources,
- Professional development.

- **Improvement in child care providers' use of child health and safety policies**– After receiving assessment-based, comprehensive consultation for an average of six months, child care providers made significant improvements in developing and implementing child health and safety policies, specifically on:
  - Child guidance, behavior and discipline,
  - Emergency plans,
  - Health exclusions,
  - Hand-washing.

- **High ratings of the child care environment by parents** – Parents with children cared for by providers who received CCHC services rated the quality of the care environments consistently high, specifically:
  - Caregiver warmth and interest,
  - Caregiver skill,
  - Parental relationship with caregiver,
  - Children's feelings in care,
  - Risks to children's health, safety and well-being.

- **Increase in children's immunization rate** – After receiving assessment-based, comprehensive consultation, child care providers saw a 30 percent increase in children in their care who had up-to-date immunizations.

- **Increased rates of health care providers listed in child records** – After receiving assessment-based, comprehensive consultation for an average of six months, child care providers saw an 18 percent improvement in children in their care with known medical care providers and a 14 percent improvement with known dental care providers.



- **Increased Community Collaboration** – High levels of collaboration occurred in all CCHC program sites, especially with the main community partners that included child care providers, Child Care Resource & Referral (CCR&R), Public Health and early childhood planning teams. As a result of adding a mental heal care provider to each Health Resource Team in phase III, collaboration with county and private mental health increased in all program sites.

Lessons Learned

Cross system partnerships are valuable and enhanced by program design. The goals of improving children's health by supporting child care quality have focused the health and early care and education system partners in a united effort to make health consultation available to child care providers. Mutual goals have made it possible to leverage funds in each system for program development. The design of the CCHC program has created a bridge between the early care and education system and the health system that is critical to the delivery of relevant, effective health consultation services that are accessible to child care providers:

- **Health Links** – Shared leadership and decision-making and sustained working relationships among state partners were essential to developing the program. Health Links served as the venue for the collaborative decision-making

necessary to implement and complete the four-year demonstration program, which functions today in the same way.

- **Child Care Health Resource Coordinating Groups –** The local Child Care Health Resource Coordinating Groups were key to engaging community cross system partners' support for and collaboration with the program.

- **Collaboration with the Child Care Resource & Referral Network –** This collaboration was a natural way to fuse health consultation services with a resource that child care providers depend on for professional development, education, and support. It has proved essential to assessing child care providers' needs regarding health and safety, engaging all types of providers, and making the services easily accessible to them. This collaboration continues to be important both at the state and local levels.

The multi-disciplinary team approach to health consultation enhances program capacity and services.

Consultation to support children's health and prevent health problems must be holistic and address all areas of health, including physical, social and emotional well-being. These areas of health influence each other and must be assessed and addressed together. Health consultants provided assessment and goal setting consultation to the child care providers who requested long-term goal oriented consultation and was the link to the rest of the team. The Health Resource Team model made it possible to match a child care provider's interests, needs, and concerns to the multi-disciplinary team member with the knowledge and skills in that area. An important activity of the team was to clarify the roles of all team members, especially where their skills and knowledge overlapped, ensuring a good match. Team members shared their expertise with each other and built team capacity through team meetings and reflective practice methods.

Program evaluation is essential but challenging.

Program evaluation was an essential element of the demonstration that informed state and local program development and showed the impact of health consultation services across phases. It will continue to be essential to the ongoing program. The evaluation processes and tools served a dual purpose. Simple and unobtrusive consultation and evaluation processes are likely to collect accurate data and to be useful for evaluation. Program evaluation methods have been designed to focus on specific areas, include an incentive for providers' participation, and support the assessment and goal- setting functions of consultation. They were developed, with

input from local programs, to collect data as well as to assist with consultation activities such as child care provider assessment and goal setting. Regular data reports were shared with the local programs, and staff was engaged in following their own progress toward program goals. It is hoped that these strategies made evaluation more relevant to their daily work.

Tailoring program services to child care providers' interests and needs while meeting specific program health and safety goals is challenging. Child care providers have a wide variety of reasons for requesting long-term goal oriented consultation that must be honored and addressed. There are broad health and safety program priorities, such as increasing the use of health policies and improving children's rate of up-to-date immunizations. These improvements, which contribute to the health of all children in child care, must be simultaneously addressed. There must be a balanced approach to addressing these sometimes competing priorities.

The program has relied on program staff to collect evaluation data on consultation activities and processes due to limited resources available for evaluation. The role of evaluator and that of consultant are sometimes difficult to integrate. Developing evaluation methods that are not obtrusive to the provider or unduly burdensome to program staff, though difficult, supports data accuracy and quality.

Recommendations

Strengthen state child care provider health and safety standards.
Consider strengthening child care health and safety standards by comparing them with Caring for Our Children: National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care and by bringing them into alignment where possible. Also, consider mandating child care health consultation, health- and safety-related training and technical assistance as measures to raise licensing standards for registered and certified child care facilities in Oregon. This measure will help ensure safe and healthy child care, which is one of the five priority areas designated by the Oregon Commission for Child Care[1].)

Increase the mental health expertise in the Health Resource Teams and consultation services to child care providers.
Build capacity for health consultation regarding children's social and emotional development and behavior in child care. Increasing the time that mental health professionals work in the program will enhance program services and better meet child care providers' assessed needs. Strengthening collaboration with the mental

health community will further promote the early identification and treatment of children with physical, social and emotional health and development concerns and help them to be included and maintained in community-based child care.

Continue program evaluation to confirm and build on the promising outcomes of the CCHC demonstration program.
Continue to budget funds for program evaluation to further investigate encouraging outcomes and develop program strategies. Overall, findings from the evaluation of the CCHC demonstration program were very promising. Use of a single group evaluation design makes it difficult to assess the extent to which the positive changes in CCHC clients resulted exclusively from the program services. Therefore, program evaluation needs to be continued in the future with more rigorous evaluation methodology based on a control or a comparison group design to confirm and build on the promising outcomes of the demonstration. Building an enhanced system to track program clients and services will be essential in conducting a rigorous program evaluation as well as facilitating implementation of the program. Further evaluation of the CCHC program based on an enhanced client tracking system is expected to bring in-depth understanding of the program and contribute to the body of knowledge about the effectiveness of child care health consultation programs.

Sustain program funding and expand the program statewide.
Allocate resources to sustain the CCHC program and expand to more child care providers in the state. Promising evaluation findings of the demonstration program support CCHC's effectiveness in Oregon.

The program partners are committed to continuing funding for the program and addressing incremental expansion as resources are available. The program partners have been able to fund the demonstration by leveraging federal funds dedicated for improving child care and children's health. These resources are limited and threatened in the federal budget. Diverse funding from several sources (federal, state, local, public and private) would be more secure. Sources of expanded funding being explored are Title V and Child Care Development Funds (currently used), state general funds, local matching funds and grant funds.

TABLE OF CONTENTS

PROGRAM DESCRIPTION 1

PPROGRAM LOGIC MODEL 10

EVALUATION METHODS 11

PROGRAM IMPLEMENTATION 13

PROGRAM OUTCOMES 22

LESSONS LEARNED AND RECOMMENDATIONS 41

APPENDIX 45

REFERENCES

PROGRAM DESCRIPTION

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health and safety of children. Program components supporting collaboration are the Health Resource Team, Community Health Resource Coordinating Group, and Child Care Health Links.

CCHC is primarily an indirect model of consultation, in which consultants work mostly with child care providers rather than directly with children or parents. The program is based on the premise that care providers will assure the health and safety of children in their care if they understand and implement appropriate children's health and safety practices. Services target the interests, needs and goals of child care providers to build knowledge, skills and capacity and improve practice and the quality of care.

The CCHC program offers health consultation services to child care providers at three levels:

- Level 1 - To support healthy, safe and nurturing child care for all children;

- Level 2 - To work with child care providers to plan for the care of the smaller number of children at risk of physical, social and emotional health and development issues and to connect their families to resources when needed;
- Level 3 - To promote the early identification and referral for evaluation and treatment of children with physical, social and emotional health and developmental concerns. Where program capacity exists, consultants assist child care providers to include and retain the very small number of children with special needs in care through training, problem-solving and coordination with their health and mental health care providers.

The CCHC program services align with the prevention levels defined in the Oregon Model for Supporting Young Children's Social and Emotional development:[2]

- Universal – "The term *universal* is used to represent services provided to all children and families in early childhood care and education settings including those needing additional supports and services because of social, emotional and/or behavioral concerns."
- Individual – "The term *individual* is used because these supports are individually tailored to the needs of each child."
- Intensive – "The label *intensive* is used to represent the need for services from mental health providers able to diagnose and prescribe treatment plans for

young children and their families including individual child and family counseling, group and individual medication therapy."

CCHC services at the third level are in sync with the community-based services envisioned in the Wraparound Initiative[3].

At the core of the local CCHC program is the Health Resource Team, which originally included a child care health consultant and a child care specialist. In 2005, the program strengthened consultation on children's social and emotional development and behavior with Promoting First Relationships (PFR) curriculum training and by adding mental health and development professionals to each local Health Resource Team. PFR is an evidence-based curriculum developed by the University of Washington to train consultants to support and guide caregivers in building nurturing and responsive relationships with children using observation and positive feedback methods.[4] The CCHC program continues and currently exists in Lincoln, East Multnomah and Clackamas counties. CCHC also operates a regional program that includes Baker and Union counties with some services extended into surrounding counties.

CCHC Program History

2003	***Phase I*** ***3/03***	***Phase II*** ***6/04***	***Phase III*** ***6/05***	***Phase IV*** ***6/06***	***Ongoing*** ***6/07***	**Present**
	3/03 - CCHC began in four counties (Baker, Jackson, Lincoln, Multnomah)		6/05 – Mental health consultation strengthened; two counties (Clackamas and Union) added		6/07 – Demonstration completed and program continues in five counties (Baker, Clackamas, Lincoln, Multnomah, Union)	

Program rationale

Healthy and safe child care practices and knowledgeable child care providers are crucial to the many young children who spend a significant amount of time in child care. In 2004, approximately 37 percent of all 627,373 children age 0-12 years in Oregon spent an average of 29.1 hours per week in paid child care.[5] A child's earliest experiences create the connections in the brain which are the foundation for later development and learning.[6] Oregon's parents are concerned about their

children's experience in child care.   Research is showing encouraging results on the impact of CCHC services on children's health and safety in child care. Oregon's leaders who are responding with support for making CCHC services available to child care providers.

- In the 2006 Oregon Population Survey, parents whose children were ages 0-12 and in child care reported the following: 16 percent of their children do not always feel safe and secure in child care; 36 percent of their caregivers are not always open to new information and learning; 42 percent of their children do not consistently receive enough individual attention; 45 percent of parents report that the care or education program do not always meet their children's needs.[7]
- In a report presented to the Governor and the 2007 Legislature,[8] the Oregon Commission for Child Care designated "safe and healthy" child care as one of five priority areas and recommended the Child Care Health Consultation Demonstration Program as one of the nine program initiatives.
- The National Healthy Child Care Consultant Network Support Center (NSC) published a report that presented the synthesized key findings from 79 published and unpublished resource documents (evaluations, presentations, monographs, etc.) related to health consultations to child care providers. According to this report,[9] interventions that include child care health consultants improve overall child care quality in the following areas:
  - Written health policies:
  - Health and safety practices such as nutrition and safe food handling, safe infant sleep practices, infection control (hand washing, diapering and toileting procedures) and safe and active play;
  - Communicable disease prevention;
  - Reduction in children's absences for illness;
  - Documentation on file of children's up-to-date immunizations, their medical and dental homes and well-child physical exams;
  - Development of social skills and behavior management through the use of mental health consultants.

- Recent national research recommends mental health consultation in early care and education settings as a way to prevent behavioral health issues, manage existing behavioral health conditions, and decrease the likelihood that low-income children who already exhibit behavioral health conditions will be

expelled from preschool.10 Oregon has moved part of the way toward this national recommendation and has further to go.

- The annual number of children aged 0-8 who received one or more public mental health services in Oregon increased from 10,763 in 2003 to 12,813 in 2006[11]
- Oregon parents report that 39 percent of their children aged 1-5 and 38 percent of 6-11 year-olds needed but did not receive mental health services.[12]

- As of 2007, 24 states require or mandate by licensing or regulation some type of child care health consultation for child care and early education programs [13] Oregon is not one of those states.

Program goals

The CCHC program has seven goals at four different levels:

- Program implementation,
- Child care provider,
- Child health, and
- Early childhood system supporting child care and child health.

Program implementation – The purpose of the program demonstration was to see if implementation of health consultation services is feasible and services are useful to Oregon child care providers. Program goals included:

- Increase child care providers' utilization of CCHC services;
- Offer child care providers services that meet their needs.

Child care providers' needs – Improving child care providers' knowledge and practice regarding child health, including mental health and safety, is a program goal. CCHC used local assessments of providers' needs to build community-wide strategies. Individual providers requesting assessment-based, comprehensive consultation participate in an assessment of their interests and needs on a variety of health and safety topics. This assessment becomes the foundation of their consultation goals and activities. The program goals include:

- Improve child care providers' knowledge and practices related to:
  - Child health and safety;
  - Children's emotional health, behavior, and development;
  - Connecting to community health resources;
  - Professional development.

- Improve child care providers' use of child health and safety policies.

Child health – Increasing provider knowledge, improving practices and implementing health and safety policies are likely to prevent illness and injury and promote children's health and well-being. Specific program-wide efforts affect the health of children in child care through the following prevention-focused goals:

- Increase immunization rates among children in care;
- Increase children's access to health care.

The early childhood system – The program design supports collaboration and sharing of expertise among partners. CCHC also supports partners' increased capacity and knowledge of health, early care and education, and mental health systems. The system goal is to:

- Increase interagency collaboration.

Program strategies

Program strategies are designed to address child care providers' knowledge and practices regarding child health and safety, which are key factors for promoting children's healthy growth and development. It was challenging to create a system that effectively and comprehensively responds to providers' knowledge and practice needs. The strategies build on existing supports and expand the capacity to offer providers the expertise of health, mental health, and early care and education experts. Strategies included:

- Forming a Health Resource Team that includes a child care specialist, health consultant, early childhood educator and mental health consultant to provide services to child care providers and to build the team's capacity by sharing expertise through reflective practice;
- Closely linking the program with the Child Care Resource & Referral (CCR&R) system;

- Placing programs in communities where child care quality has been assessed as an area of community interest and focus;
- Creating a local Community Health Resource Coordinating Group to support and advise the program and address gaps in community health resources.

All child care providers are welcome in the program. However, CCHC especially reaches out to providers who care for infants, toddlers and children from populations with barriers to health care; examples of these groups include low-income families, children with special needs and families with cultural and language diversity. Most families use in-home care to meet some of their child care needs; these providers are often not licensed. CCHC made special outreach efforts to both regulated and unregulated home-based child care providers,

Program activities

The program creates a vital link between the child care and the health community through health information and connection to community health resources. Participation in health consultation is voluntary in Oregon. The program's link with the CCR&R system, known and used by child care providers throughout the state, was essential. The CCHC program augments the robust CCR&R menu of services and structure with health-related training and group events, health topics for the CCR&R newsletters, and a connection to health consultation services that interest providers and meet their individual needs.

Consultation is available in person on-site, as well as by phone and e-mail. When providers are ready for assessment-based, comprehensive consultation, they participate in an assessment of their interests, needs and consultation goals. Providers are asked about knowledge and confidence with health topics, and health policies are reviewed. From this assessment the provider and consultant develop a plan to address identified goals. They also receive help creating health policies relevant to their child care settings. Child care records are also reviewed for documentation of children's immunizations and their medical and dental care homes. Providers receiving this level of consultation participate by enlisting parents' help to update their children's records and by sending information to families regarding available health resources. They learn to review their own records and can enroll in the ALERT system for immunization updates for children in their care.

Program structure

Community Health Resource Coordinating Group – This group of community partners from the health and early care and education community are interested in healthy and safe child care. Many group members are involved in local community assessment and early childhood development efforts. The group advises the local program and identifies and addresses gaps in community services.

Health Resource Team - The local programs use a team approach and reflective practice to provide comprehensive services and build skill and knowledge among the team members. The teams provide services that address all levels of prevention and draw upon the knowledge and abilities of the Team members. Health Resource Team members include the health consultant, mental health consultant, early childhood educator, and child care specialist. The two key components of this approach include clarifying all members' roles and responsibilities and developing reflection skills to support team problem-solving.

Health Resource Team members meet the following program competencies:

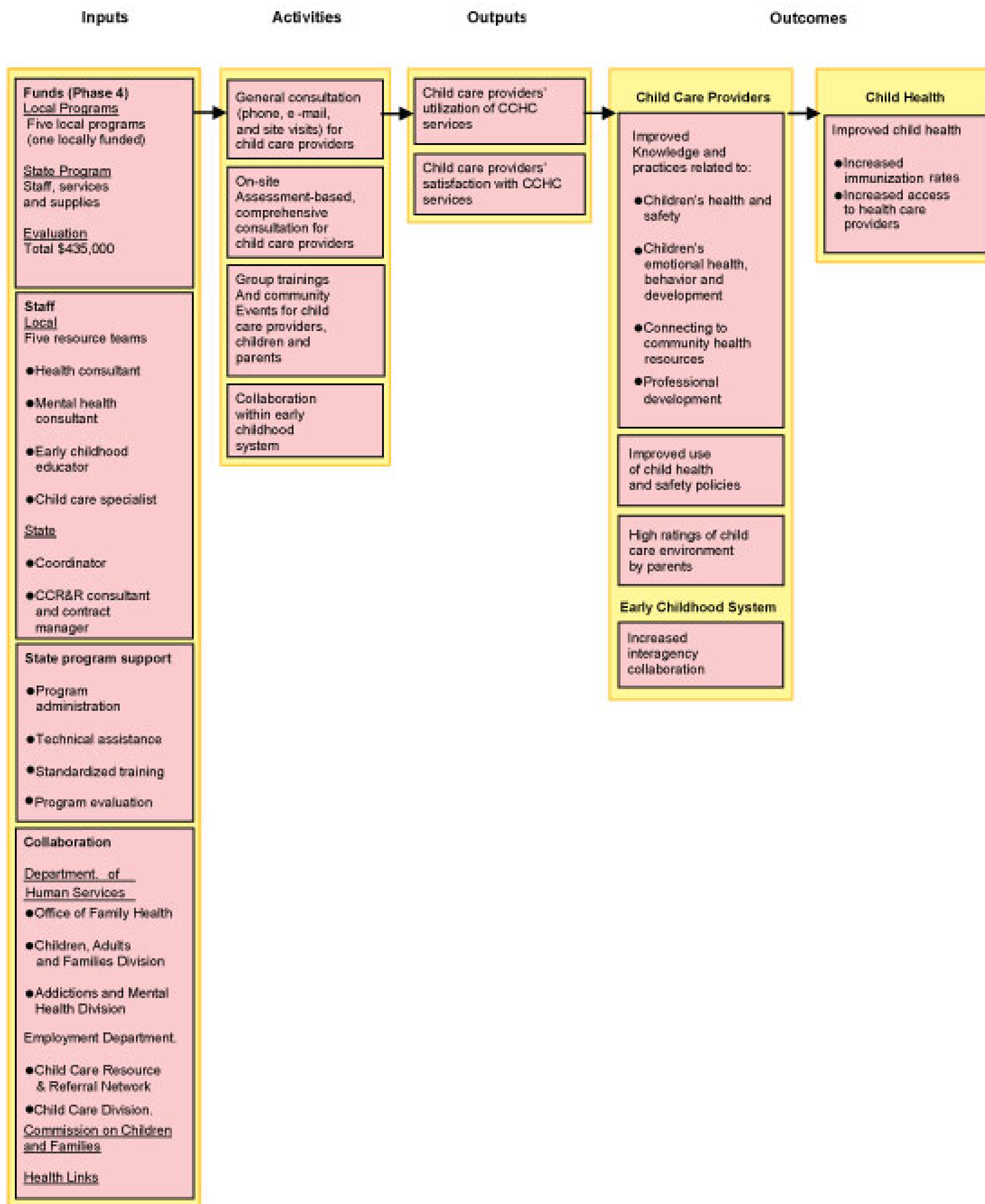
- Health consultants are health professionals with health-related degrees and at least two years experience in child health. They also have expertise in nutrition, health education, children with special needs, mental health, child development, or community and environmental heath related to children.
- Mental health consultants must be licensed or certified mental health professionals representing a range of disciplines including psychiatry, psychology, psychiatric nursing, marriage and family therapy, clinical social work, behavioral and developmental pediatrics, or mental health counseling.
- Early childhood educators must have a bachelor's or master's degree in child development or early childhood education and have experience with theories

and principles of child growth and development, early childhood education birth to 8 years, family support, observations and assessments, and behavior management. They must fulfill requirements for Oregon Registry trainer skills and competencies.

The Health Consultant – This Health Resource Team member's role includes on-site consultation with child care providers. During those visits, the health consultant conducts an assessment of the providers' interests and needs for consultation, develops consultation goals with providers, and connects providers with the service of the Health Resource Team. Local CCHC consultants provide consultation and training based on Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care [14] and evidence-based Promoting First Relationships methods of consultation. The local programs and Health Resource Teams receive technical assistance and consultation from a state coordinator in the Office of Family Health and consultant from the CCR&R Network, as well as standardized training based on the National Child Care Health Consultant Training Institute (NTI) and PFR curricula[15].

Program collaboration

The Office of Family Health (OFH), Public Health Division administers the Oregon Child Care Health Consultation (CCHC) program and collaborates with the Child Care Resource and Referral Network for technical assistance and contract management. Partners collaborating with the Office of Family Health and providing funds for the program are the Oregon Department of Employment, Child Care Division; Oregon Department of Human Services, Children, Adults and Families Division; and the Oregon Commission on Children and Families. Current funding sources include the federal Title V-MCH and Child Development block grants and local funds. The CCHC program advisory group, Child Care Health Links, includes members from state, non-profit and private organizations representing addictions and children's mental health programs, pediatric health care providers, children's special needs and inclusion programs, child care, research and evaluation, and early childhood system planning.



March 2008

EVALUATION METHODS

Pacific Research and Evaluation (PRE) conducted the CCHC demonstration program evaluation from July 2003 through June 2007 (program phases I-IV). Throughout the phases of program implementation, there were two primary program evaluation goals: to support actual program operation and to assess program outcomes. To accomplish these goals, PRE developed systems for tracking program services and clients and provided ongoing technical assistance to program staff. In collaboration with key stakeholders, PRE also identified various program outputs and outcomes (as described below and in the CCHC demonstration program Logic Model) at four levels of measurement: program implementation level, child care provider level, child health level, and early childhood system level. Data collection methods and instruments were designed and implemented accordingly to assess those outcomes. (Refer to Appendix A for an overview of data collection instruments and measurement.)

- **At the program implementation level,** there were two primary areas of program outputs: a) child care providers' utilization of CCHC program services and b) care providers' satisfaction with the services. Data on care providers' service utilization (e.g., number of consultations and group trainings/events, issues and topics addressed) was collected by CCHC consultants on an ongoing basis through a Contact Form and a Group Trainings and Event Log. Data on satisfaction with CCHC program services was collected annually through a Retrospective Provider Survey, the mail survey of the child care providers who received CCHC consultants' assessment-based, comprehensive consultation services for each program phase.
- **At the child care provider level,** there were three primary areas of program outcomes: a) care providers' knowledge and practices in child care and care environment, b) care providers' use of child health and safety policies, and c) parents' perception of providers' care environment.

At the time of entry into assessment-based, comprehensive consultation, child care providers completed a Provider Self Assessment Survey designed to evaluate their knowledge and practices related to child care and the care environment and guide CCHC consultants in providing services. The annual Retrospective Provider Survey assessed the effects of the program on care providers' knowledge and practices in five main areas: a) children's health, b) children's safety, c) children's emotional and behavioral health and development, d) connecting and coordinating with child care resources, and e) professional development. At the entry and the close of assessment-based, comprehensive consultation, CCHC consultants

conducted pre- and post-record reviews to track and assess changes in care providers' use of child health and safety policies. A Parent Survey was conducted at the end of phases II and III to assess parents' perception of their child care providers' care environments.

- **At the child health level,** there were two primary program outcomes: a) children's immunization rates and b) children's health care access rates. Data collected from pre- and post-Record Reviews conducted by CCHC consultants assessed the program's effects on immunization and health care access rates of children cared for by providers receiving program services.
- **At the early childhood system level**, the primary program outcome was the extent to which interagency networks were developed. A Collaborative Relationships Survey was conducted with each CCHC team at the end of phases I, II and III.

Over phases I-IV, data collection methods and instruments were streamlined to address data collection issues that surfaced as the program developed. However, the integrity of the collection methods and instruments was preserved as much as possible to allow for assessment of the same main program outcomes throughout the four phases. (Refer to Appendix B for a set of the latest versions of data collection instruments.) Due to the language needs, child care provider surveys were translated into Spanish and Russian.

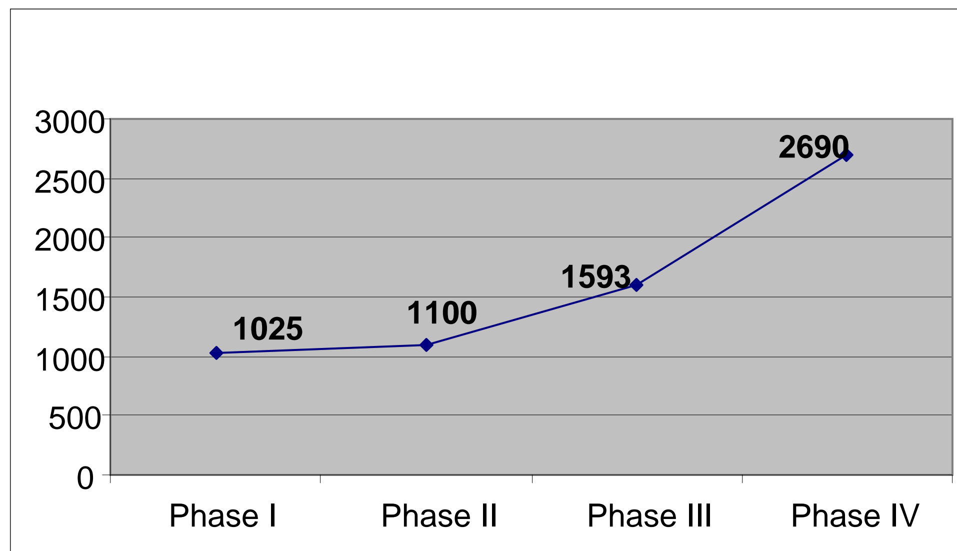
PROGRAM IMPLEMENTATION

Program outcomes at CCHC program level

Increase in child care providers' use of CCHC program services
Over the four phases (years) of program demonstration, CCHC consultants provided a total of 6,408 consultations to child care providers; of those, 1,732 were delivered through site visits with 831 child care providers. In addition, the program held a total of 970 group training and community health events for child care providers, parents and children. Comparing phase I and phase IV, the program saw an increase of 2.6 times the number of consultations, 4.5 times the number of child care providers who received on-site consultation, and 2.8 times the number of group training and community events.

- **General consultation for child care providers:** Over the four phases of program demonstration, CCHC consultants provided a total of 6,408 (documented) consultations to child care providers. The number of consultations continued to increase over each of the four phases, especially in phases III and IV. (Refer to Figure 1.) Overall, the number of consultations increased 2.6 times, from 1,025 in phase I to 2,690 in phase IV. This indicates that CCHC successfully established the program infrastructure and increased the use of program services among child care providers.

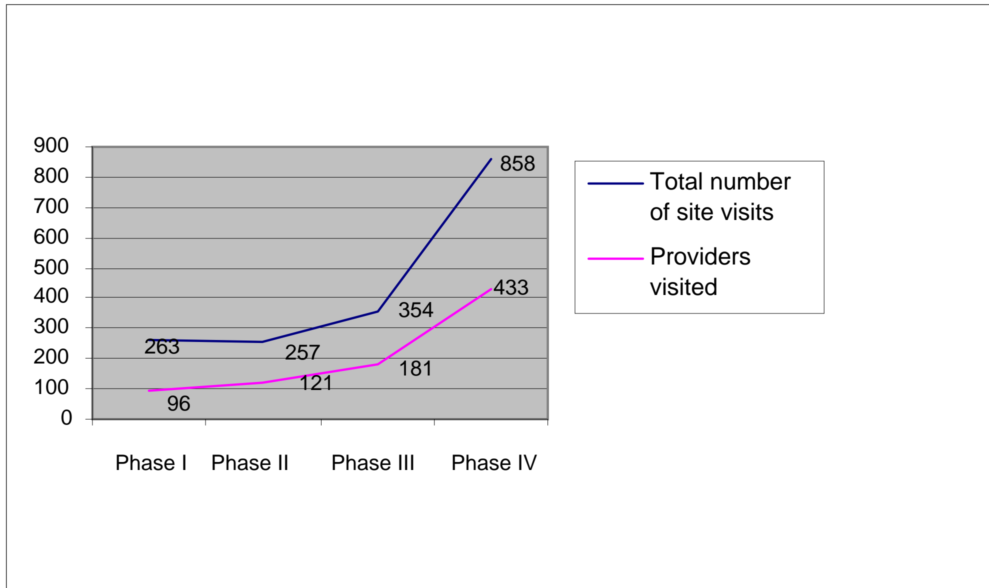
Figure 1. Consultations provided for child care providers



CCHC consultants provided consultations to child care providers through three primary mechanisms: site visits, phone calls, and e-mails. Health consultants reported that child care providers tended to first engage with consultants through phone and e-mail and then request site visits once relationships were established. The collaboration with local Child Care Resource and Referral (CCR&R) agencies was instrumental in connecting care providers to the CCHC program and encouraging them to use program services.

Approximately 831 child care providers, caring for an estimated 8,060 children[16], received a total of 1,732 consultations (an average of 2.1 consultations) through site visits over phases I-IV. On-site visits lasted an average of 53 minutes. Each phase of the program saw increases in numbers of care providers receiving on-site consultations and the number of on-site consultations. (Refer to Figure 2.) In phase IV, the program provided on-site consultation to 433 care providers, 4.5 times as many as the 96 providers who received consultation in phase I. The number of on-site consultations increased 3.3 times from 263 in phase I to 858 in phase IV.

Figure 2. Care providers who received on-site consultation* and number of visits



*Care providers are unique within each phase but may be recounted across phases.

On-site consultations accounted for 27 percent of all 6,408 consultations provided throughout the program. In addition to site visits, consultation and follow-up activities were provided to care providers through 4,068 phone calls (63 percent of all consultations), 161 e-mails (3 percent), and 447 other

methods (7 percent) such as through chance meetings in the community. Consultations through these contact modes increased 2.4 times from phase I to phase IV (762 in phase I, 843 in phase II, 1,239 in phase III, and 1,832 in phase IV).

Issues addressed during consultation: CCHC consultants addressed an array of issues during their visits with child care providers. To assess the emphasis of the CCHC program in terms of the main areas of program outcomes, the issues addressed during consultation were grouped into the five areas: a) child health, b) child safety, c) children's emotional and behavioral health and development, d) connecting and coordinating with health care resources, and e) care providers' professional development. Throughout the program's four phases, consultation issues followed a fairly consistent pattern, ranging from 15 percent of discussions relating to connecting and coordinating with health care resources, to 24 percent of all issues related to children's emotional and behavioral health and development. (Refer to Table 1.)

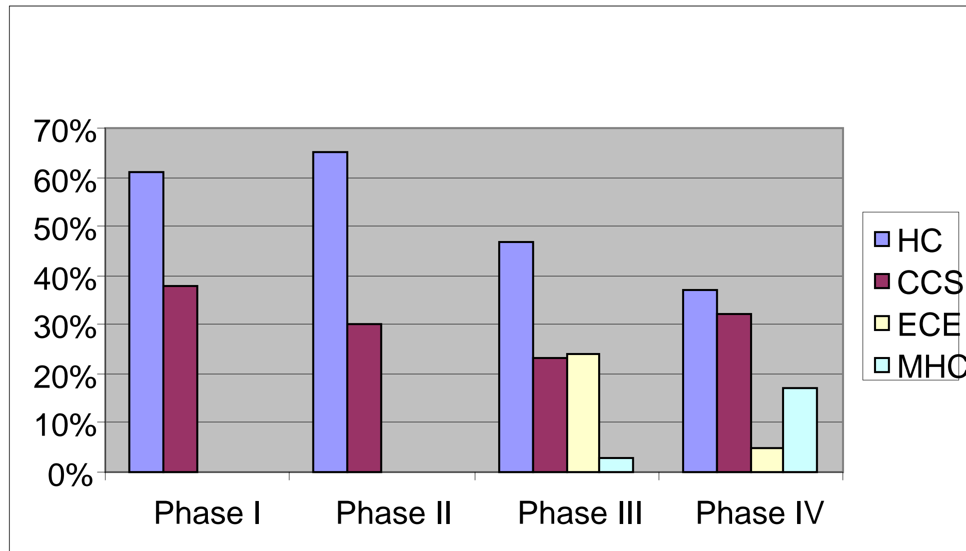
Table 1. Issues addressed during consultation

Areas of consultation issues	% of issue areas (Phases I-IV)
• Child health (disease prevention, nutrition, oral health, physical activity and immunizations)	21%
• Child safety (injury prevention, abuse and neglect, environmental health and emergency plans)	20%
• Children's emotional and behavioral health and development	24%
• Connecting and coordinating with health care resources (insurance, OHP, community resources and special needs)	15%
• Care providers' professional development (provider health, record keeping, cultural awareness and communicating with parents)	20%

Consultation by CCHC staff member: The four CCHC Health Resource Team members in each county program included a health consultant (HC), a child care specialist (CCS), an early childhood educator (ECE) and a mental

health consultant (MHC). (An ECE and a MCH were added to each team for phases III and IV.) Over the four program phases, health consultants provided the majority of consultation services, followed by child care specialists, early childhood specialists and mental health consultants. (Refer to Figure 3.)

Figure 3. Consultations completed by staff member



- **Assessment-based, comprehensive consultation for child care providers:** For child care providers who want more intensive services from the program, CCHC consultants provided one-to-one on-site consultation based on assessing the providers' interests and needs. These care providers completed the Provider Self Assessment Survey designed to evaluate their knowledge and practices related to the health and safety of children in care and the care environment. From this assessment, the care provider and the consultant chose goals for consultation activities. The consultant also conducted a review of the care provider's policies related to child heath and safety and the records of children in care. Care providers received a variety of supports including: a) coaching on writing child health and safety policies, especially on child guidance, behavior and discipline, emergency procedures, health exclusions, and hand washing; b) assistance in keeping children's records complete with up-to-date immunization records and current medical and dental care providers; and c) information for parents on community resources to assist in finding care for children.

  Over the four program phases, a total of 269 of the 433 child care providers who received site visits, obtained assessment-based, comprehensive consultation services. According to the Provider Self Assessment Survey

completed by these care providers, an estimated total of 2,608 children were in their care (an average of 9.7 children per care provider); of those, 193 (7 percent) were children with special needs. (Refer to Table 2.) The number of care providers who received assessment-based, comprehensive consultations increased 2.3 times from 51 in phase I to 115 in phase IV, indicating that the program successfully provided more intensive services to more care providers over the phases.

Table 2. Child care providers who received assessment-based, comprehensive consultation

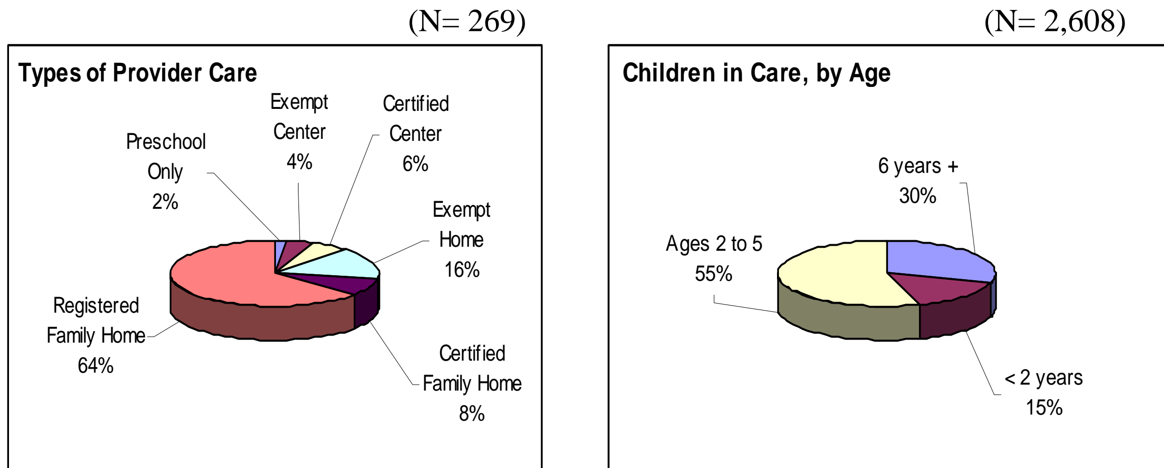
Number of care providers and children in their care	Phase I	Phase II	Phase III	Phase IV	All phases
Care providers who completed self assessment surveys	51	38	65	115	269
Children in care	467	214	658	1,269	2,608
Children in care with special needs	33	21	48	91	193

Characteristics of child care providers receiving assessment-based, comprehensive consultation: Child care providers who received assessment-based, comprehensive consultation were asked in the Provider Self Assessment Survey to indicate the type of child care setting: registered family home, certified family home, exempt home, certified center, exempt center, and preschool only. The vast majority (88 percent) of the 269 child care providers who received assessment-based, comprehensive consultation were family home-based providers (registered family home, 64 percent; exempt family home, 16 percent; certified family home, 8 percent). (Refer to Figure 4a.) The program tried to engage more home-based child care providers. Because the caliber of care and the environment in home-based child care varies widely and often tends to be of lower quality than center-based child care,[17] it was encouraging that home-based care providers received the majority of consultation services.

CCHC successfully reached out to child care providers who took care of younger children. Of the 2,608 children in the care of the child care providers who received assessment-based, comprehensive consultation, more than two-thirds (70 percent) were under the age of five years. (Refer to Figure 4b.)

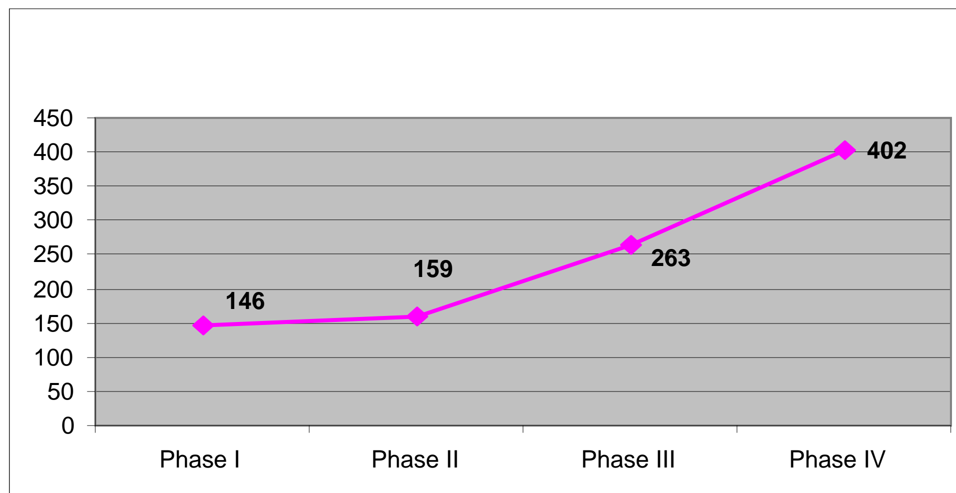
Figure 4. Child care providers who received assessment-based, consultation: Phases I-IV

a. Types of child care **b. Age of children in care**



- **Group training and community health events:** Another major component of the CCHC demonstration program was group training and community health events. Throughout the four phases of the program, a total of 970 group training and events and trainings occurred. The number of group events and trainings increased 2.8 times from 146 in phase I to 402 in phase IV. (Refer to Figure 5.)

Figure 5. Group training and community health events



A total of 20, 615 people or an average of 5,154 people per phase took part in the 970 group events. The main target clients of group events and trainings shifted from parents and children to child care providers in the latter two program phases, as indicated by significant increases in the percentage of child

care providers from phases I and II (35 percent and 31 percent of all clients, respectively) to phases III and IV (85 percent and 79 percent of all clients, respectively). (Refer to Table 3.)

Table 3. Group training and community health events

Number of people served	**Phase I**	**Phase II**	**Phase III**	**Phase IV**
Total number of people served by events	4,757	7,194	4,266	4,398
Child care providers:	1,647	2,213	3,626	3,478
Parents:	418	1,492	43	24
Children:	2,467	3,206	469	580
Other:	225	283	128	316

High level of satisfaction with CCHC program services
Child care providers consistently reported a high level of satisfaction with the overall program as well as specific aspects of the program such as helpfulness of the program's individual consultation and training, knowledge of child care and safety issues, availability of the program, and timely responses to care providers' questions and needs.

- **Results of the Retrospective Provider Survey:** In each phase of the program, an annual Retrospective Provider Survey was conducted with child care providers to see the effects of the CCHC program on their knowledge and practices related to the health and safety of children in care. In the survey, care providers rated their levels of satisfaction with various aspects of the CCHC program on a four-point response scale ("strongly agree," "agree," "disagree" and "strongly disagree").

  At the end of each program phase, Pacific Research and Evaluation (PRE), the external CCHC program evaluator, mailed surveys to child care providers who received significant individual consultation services from the CCHC program during that phase. These providers consisted mostly of those who received assessment-based, comprehensive consultation services and also included those

who were identified by CCHC consultants as receiving a fair amount of one-to-one consultation through other contact modes besides site visits. Respondents were offered a $10 gift card (for Wal-Mart or Bi-Mart) for completion of the survey, and a postage-paid return envelope was enclosed to return the completed survey to PRE.

Over the four program phases, surveys were mailed out to a total of 378 child care providers; of those, 238 returned the completed surveys. The average response rate over the four phases was 67 percent, ranging from 51 percent to 76 percent. (Refer to Table 4.)

Table 4. Response rates: Retrospective Provider Survey

	Phase I	**Phase II**	**Phase III**	**Phase IV**	**Phase I - IV***
# of survey completers/ # of providers to whom survey was sent	31/ 47	44/ 58	79/ 108	84/ 165	238/ 378
(Response rate)	(66%)	(76%)	(73%)	(51%)	(51%-76%)

*Unduplicated provider counts within each program phase, but may be recounted providers across phases.

Child care providers who reported “strongly agree” or “agree” (on the four-point response scale of “strongly agree” to “strongly disagree”) with the overall satisfaction with the CCHC program ranged from 89 percent to 100 percent over the program’s phases. Care providers reported similar, high levels of satisfaction with the following specific aspects of the program: helpfulness of CCHC trainings, helpfulness of the program’s individual consultation, the program’s knowledge on child care and safety issues, availability of the program, and timely responses to care providers’ questions and needs. (Refer to Table 5 below and Table 1 in Appendix C for detailed data.)

Table 5. Child care providers' satisfaction with CCHC program services

Survey item **(Response scale = strongly agree, agree, disagree or strongly disagree)**	**Providers who responded strongly agree or agree -- Range in phases I-IV**
The formal trainings offered through the CCHC program have been helpful.	89-98%
The individual consulting offered by the CCHC has been helpful.	89-100%
The CCHC was knowledgeable about child care health and safety issues.	89-100%
The CCHC was available to me when I had a question or needed help.	98-100%
The CCHC responded to my questions/needs in a timely manner.	93-100%
Overall, I am satisfied with the Child Care Health Consultation program.	89-100%

PROGRAM OUTCOMES

Program outcomes at child care providers' level

Improvement in child care providers' health knowledge, practices and care environment
After receiving CCHC services, child care providers reported an average of 20 percent improvement in their knowledge and practices related to:

- Children's health,
- Children's safety,
- Children's emotional and behavioral health and development,
- Connecting and coordinating with health care resources,

Professional development.

A primary CCHC program goal was to improve the health knowledge and practices of child care providers and their care environment. The main evaluation method to assess the extent to which the program achieved this goal was the annual Retrospective Provider Survey conducted by mail with child care providers. (Refer to the previous Program Implementation section, "Results of the Retrospective Survey," on p. 19 for a detailed description of the survey.)

The core of the Retrospective Provider Survey contained 21 items in the five main areas of program outcomes to measure health knowledge and practices of child care providers and their care environments. The five areas of measurement were care providers' knowledge and practices related to:

- Children's health (6 items),
- Children's safety (5 items),
- Children's emotional and behavioral health and development (4 items),
- Connecting and coordinating with health care resources (2 items),
- Professional development (4 items).

In the survey, respondents self-rated their level of knowledge and practices on each measurement item by using a four-point response scale (1 = excellent, 2 = good, 3 = fair and 4 = poor) at two points of time. Respondents were asked first to rate themselves on each measurement item with reference to the time before the CCHC program (retrospective pre-assessment), and then to rate themselves on the same item again after the CCHC program (post-assessment).

As noted in the previous section, a total of 238 surveys were completed over the four phases (31 in phase I, 44 in phase II, 79 in phase III and 84 in phase IV). To assess program effects, the retrospective pre-assessment mean score of each measurement in the completed surveys was compared with the corresponding post-assessment score (by using paired sample t tests) for each of the four program phases. Results of the analyses were promising. For all of the 21 measurement items, post-assessment scores were better than the corresponding retrospective pre-assessment scores (statistically significant at $p < .01$) throughout all program phases. (Refer to Table 2 in Appendix C for results of analyses in detail.)

Over the four program phases, the overall average score improvement from retrospective pre-assessment to post-assessment in the five areas of program outcomes was 0.59 on the four-point response rating scale (or 20 percent improvement when converted to a scale of 0 to 100 percent improvement), ranging from 0.53 to 0.62 (or 18 to 21 percent improvement on a scale of 0 to 100 percent improvement). The greatest improvement was seen in care providers' knowledge and practices related to child health, followed by children's emotional and behavioral health and development, connecting and coordinating with health care resources, child safety, and professional development.

Of the 21 measurement items, there was more improvement from retrospective pre-assessment to post-assessment in the following items:

- Care providers' knowledge of immunization requirements (average of 1.10 pre- to post-assessment mean score improvement on a four-point response rating scale, or 31 percent improvement on a scale of 0 to 100 percent improvement);

- Knowledge of childhood illnesses and immunizations (average of 0.78 mean score improvement, or 26 percent improvement);

- Ability to respond effectively to challenging behaviors and emotions (average of 0.71 mean score improvement, or 24 percent improvement);

- Knowledge and nurturing of child development (average of 0.68 mean score improvement, or 23 percent improvement);

- Knowledge of access to health care resources (average of 0.67 mean score improvement, or 22 percent improvement);

- Policy development skills (average of 0.67 mean score improvement, or 22

percent improvement);

- Knowledge of emergency procedures (average of 0.61 pre- to post-assessment mean score improvement, or 20 percent improvement).

The specific findings of the Retrospective Provider Survey in terms of the five main areas of program outcomes are presented below.

- **Child health:** Six items measured child care providers' knowledge and practices related to child health:
  - Childhood illness and immunizations,
  - Immunization requirements,
  - Oral health,
  - Cleaning and sanitizing,
  - Diapering/toileting areas, and
  - Food preparation/eating areas.

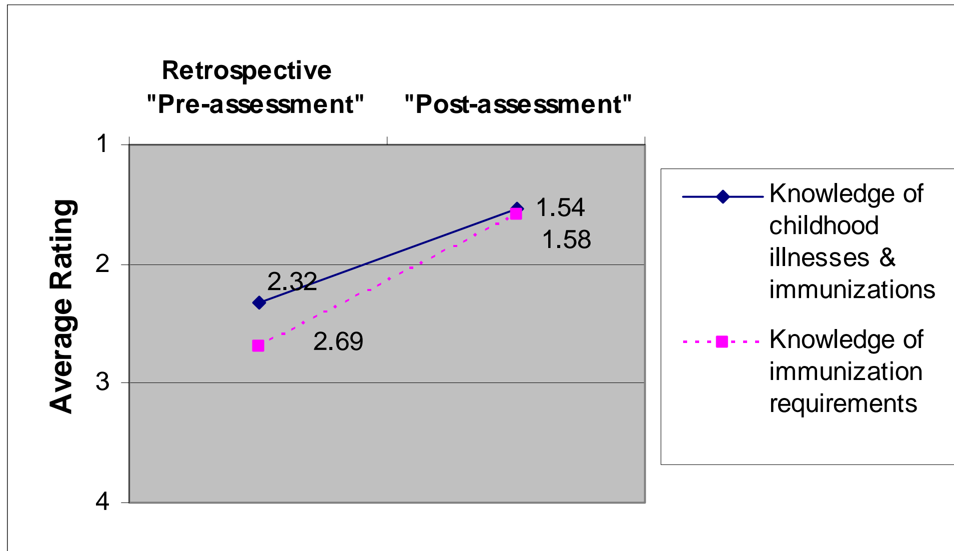
  Over the four program phases, the average improvement from retrospective pre- to post-assessment mean scores in this outcome area was 0.62 on the four-point rating scale (or 21 percent improvement on a converted scale of 0 to 100 percent improvement).

  Considerable improvement was reported in two measurement items:
  - Care providers' knowledge of immunization requirements (average of 1.10 pre- to post-assessment mean score improvement, or 31 percent improvement) and,
  - Their knowledge of childhood illnesses and immunizations (average of 0.78 pre- to post-assessment mean score improvement, or 26 percent improvement).

  (Refer to Figure 6.)

  At retrospective pre-assessment, providers rated themselves relatively low ("fair" to "good" on average) on these two items, compared to other items ("good" to "excellent" on average). These results indicate the success of the CCHC program in improving providers' knowledge in childhood illnesses and immunizations and a continued need for the program to emphasize education and consultation in these areas.

Figure 6. Improvement in child health knowledge and practices

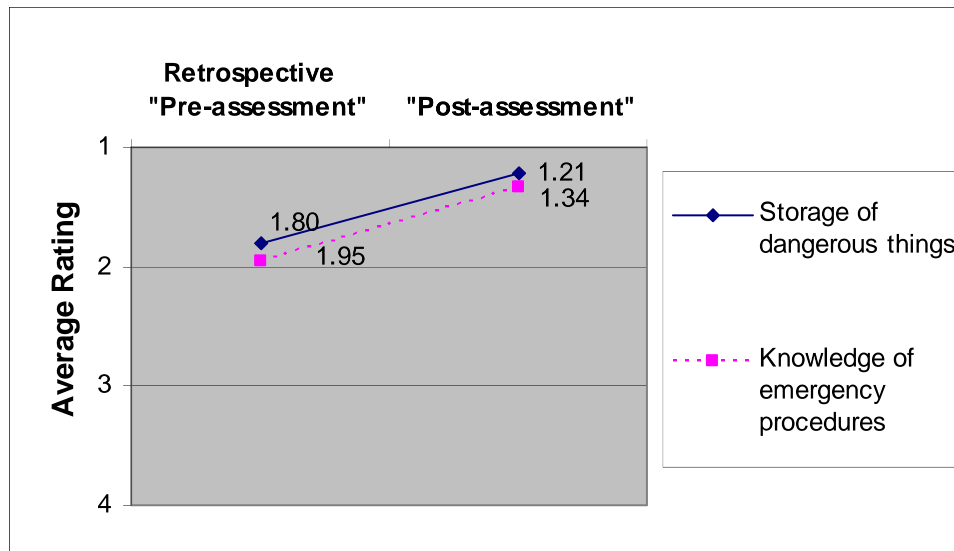


- **Child safety:** Five items measured child care providers' knowledge and practices related to child safety:
  - Storage of dangerous things,
  - Equipment,
  - Indoor/outdoor environment,
  - Sleep practices, and
  - Emergency procedures."

  Over the four program phases, the average improvement from retrospective pre- to post-assessment mean scores in this area was 0.58 on the four-point rating scale (or 19 percent improvement on a scale of 0 to 100 percent improvement).

  In general, care providers rated themselves higher in the area of child safety at retrospective pre-assessment, compared to other measurement areas. Despite this, they reported a significant pre- to post-assessment improvement in two measurement items: knowledge of emergency procedures (average of 0.61 pre- to post-assessment mean score improvement, or 20 percent improvement) and storage of dangerous things (average of 0.59 pre- to post-assessment mean score improvement, or 20 percent improvement). (Refer to Figure 7.)

Figure 7. Improvement in child safety knowledge and practices

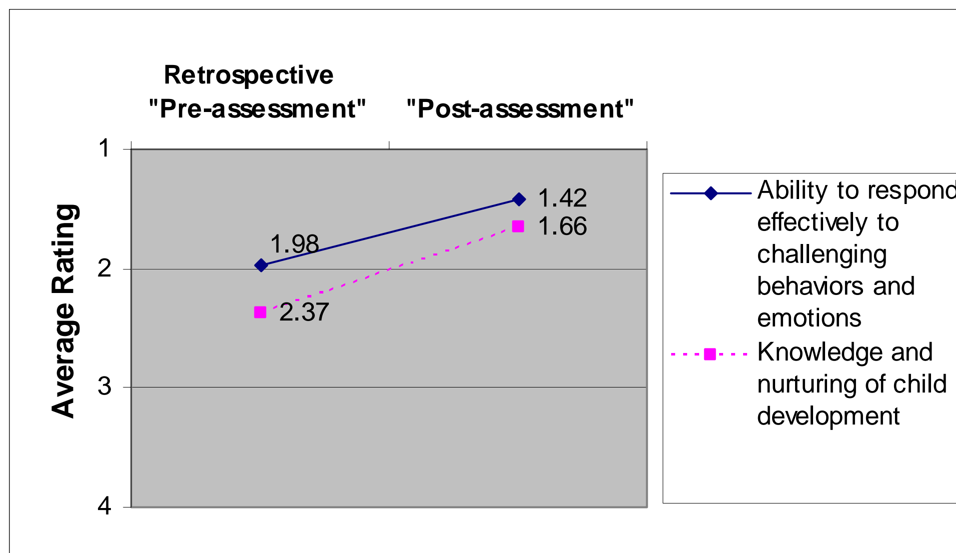


- **Children's emotional and behavioral health and development:** Four items measured child care providers' knowledge and practices related to children's emotional and behavioral health and development:
  - Knowledge and nurturing of child development,
  - Knowledge and use of guidance and discipline techniques,
  - Activities in the facility, and
  - Ability to respond effectively to challenging behaviors and emotions.

  Over the four program phases, the average improvement from retrospective pre- to post-assessment mean scores in this area was 0.60 on the four-point rating scale (or 20 percent improvement on a scale of 0 to 100 percent improvement).

  Greater improvement was seen in two measurement items: providers' ability to respond effectively to challenging behaviors and emotions (average of 0.71 pre- to post-assessment mean score improvement, or 24 percent improvement) and knowledge and nurturing of child development (average of 0.68 pre- to post-assessment mean score improvement, or 23 percent improvement). (Refer to Figure 8.) At retrospective pre-assessment, providers rated themselves relatively low ("fair" to "good" on average) on their ability to respond effectively to challenging behaviors and emotions. These results indicate the program's success in using mental health specialists and their continuing value to the child care health consultation team.

Figure 8. Improvement in knowledge and practices related to children's emotional and behavioral health and development



In phases III and IV, child care providers worked with consultants on children's social/emotional development and behavior using methods from Promoting First Relationships[18] (PFR), an evidence-based curriculum. These methods included observation of the classroom and care provider, feedback to the provider, and reflective discussion and problem-solving with the provider to address behavior issues.

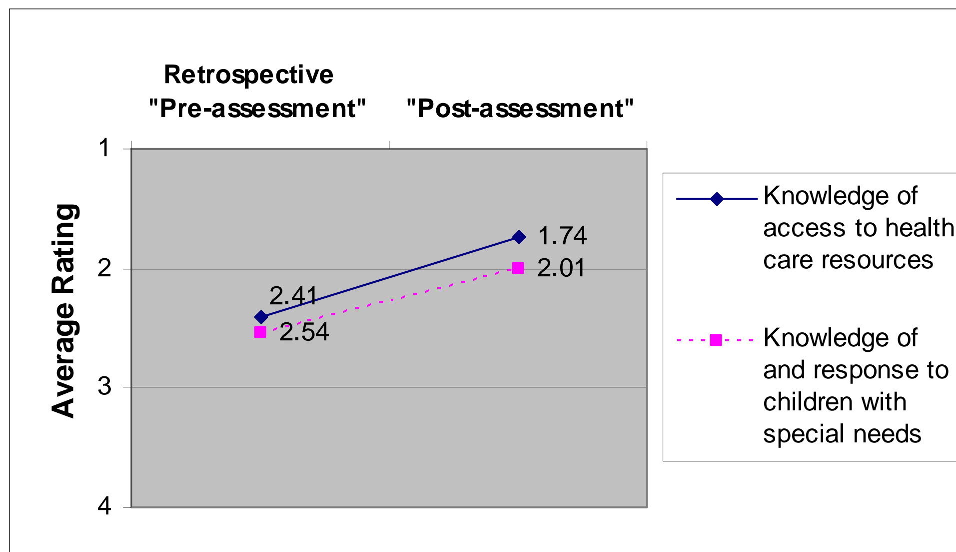
To assess the effects of this practice, an item from the PFR Self Assessment tool was added to the Retrospective Provider Survey in phases III and IV. It asked care providers how they feel when a child in their care has behavioral difficulties. Response choices were on a scale from 1 to 5 (1 = anxious, 3 = concerned, uncomfortable, and 5 = concerned, in control). The proportion of care providers who responded 4 or 5 on the scale was 79 percent in Phase III and 84 percent in Phase IV. (Refer to Table 3 of Appendix C for detailed data).

Additionally, in phases III and IV, care providers were asked, "Has there been a decrease in problem behaviors in your child care program as a result of the training and/or consultation?" The response choices ranged from "same" to "quite a bit" (1 = same, 3 = somewhat, and 5 = quite a bit). The proportion of providers who reported there had been a decrease in problem behaviors (those who responded 2, 3, 4 or 5) was 79 percent in Phase III and 86 percent in Phase IV. (Refer to Table 4 of Appendix C for detailed data).

- **Connecting and coordinating with health care resources:** Two items measured child care providers' knowledge and practices related to coordinating with health care resources:
  - Knowledge of access to health care resources, and
  - Knowledge of and response to children with special needs.

  The average improvement from retrospective pre- to post-assessment mean scores in these two items was 0.60 on the four-point rating scale (or 20 percent improvement on a scale of 0 to 100 percent improvement) with 0.67 mean score improvement (or 22 percent improvement) in providers' knowledge of access to health care resources and 0.53 improvement (or 18 percent improvement) in their knowledge of and response to children with special needs. (Refer to Figure 9.) At retrospective pre-assessment, providers rated themselves relatively low ("fair" to "good" on average) on both items, indicating the continued need to provide education and consultation on this area.

Figure 9. Improvement in knowledge and practices related to connecting/coordinating with health care resources



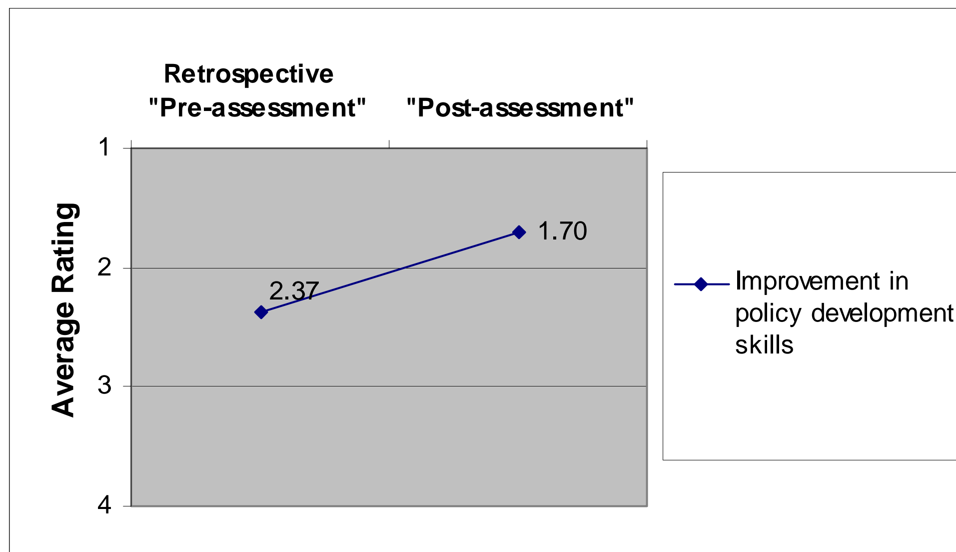
- **Professional development:** Four items measured child care providers' knowledge and practices related to their own professional development:
  - Child care policy development skills,
  - Ability to communicate with parents,
  - Confidence in working with children, and
  - Own personal well-being.

  Over the four program phases, the average improvement from retrospective pre- to post-assessment mean scores in this area was 0.53 on the four-point rating

scale (or 18 percent improvement on a scale of 0 to 100 percent improvement).

Two items on which providers rated themselves relatively lower (“fair” to “good” on average) at retrospective pre-assessment were their policy development skills and their own personal well-being. Of the four items, the greatest pre- to post-assessment improvement was seen in providers’ policy development skills (average of 0.67 pre- to post-assessment mean score improvement, or 22 percent improvement). (Refer to Figure 10.) This result indicates the success of the program’s consistent focus on policy writing and implementation throughout the program phases. The success was further evidenced by the results of consultants’ review of care providers’ records showing improvements from pre- to post-data collection points across care policy categories and levels of policy implementation. (Refer to the program outcome, “Improvement in providers’ use of child health and safety policies on p. 30 for results in detail.)

Figure 10. Improvement in policy development skills



Retrospective pre- to post-assessment improvement was relatively small in care providers’ own personal well-being (average of 0.48 pre- to post-assessment mean score improvement, or 16 percent improvement). This result seems reasonable since this area was not the program’s main focus.

In the Retrospective Provider Survey, two additional items measured the effects of the program on child care providers’ professional development efforts:

- “I am very involved in the local child care community” and “I am very interested/involved in needed child care trainings.” Respondents were asked

to rate their agreement with each item retrospectively (before CCHC) and at follow-up (after CCHC) on a four-point scale (strongly agree, agree, disagree, and strongly disagree). In each phase of the program, the proportion of care providers who strongly agreed or agreed with the two items increased from retrospective pre-assessment to post-assessment. The increase in the proportion ranged from 13 percent to 31 percent over the four phases. (Refer to Table 5 of Appendix C for detailed data).

Improvement in child care providers' use of child health and safety policies
After receiving assessment-based, comprehensive consultation for an average of six months, child care providers made significant improvements in developing and implementing child health and safety policies, specifically on:

- Child guidance, behavior and discipline,
- Emergency plans,
- Health exclusions,
- Hand-washing.

Developing and implementing child care providers' policies related to child health and safety was a consistent focus of consultation throughout the phases of the CCHC program. Care providers received policy-writing coaching on child guidance and behavior, emergency plans, health exclusions and hand washing. Policies were then reviewed with parents and posted at the child care site.

CCHC consultants conducted pre- and post-Record Reviews with child care providers to measure the program's effect on their use of child health and safety policies. A total of 271 pre-reviews and 122 post-reviews were conducted over the program's four phases, showing a follow-up rate of 45 percent. The average length of time between pre- to post-reviews was six months with a range of one to 11 months.

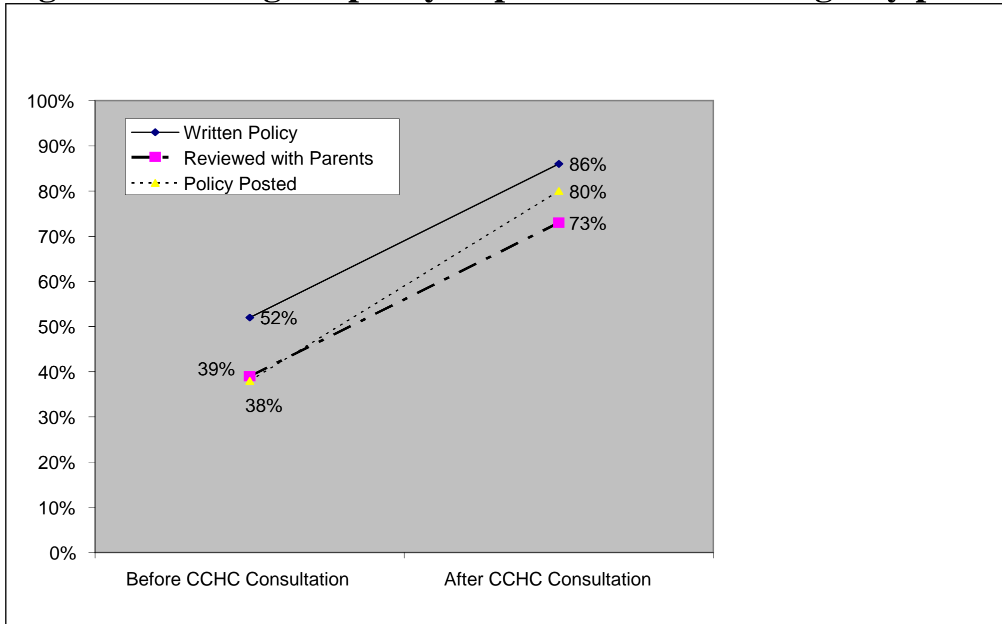
Results of analyses based on the 122 matched pre- and post-Record Reviews indicated significant improvements from pre- to post-reviews in all categories of the care providers' policies that measured guidance, behavior and discipline, emergency plans, health exclusions and hand-washing at each of the following levels of policy implementation: Writing policy, reviewing policy with parents, and posting policy). (Refer to Table 6.)

Table 6. Change in policy implementation: Phases I-IV

Policy type	Policy implementation level								
	Written			Reviewed w/ parents			Posted		
	Pre	Post	% Change	Pre	Post	% Change	Pre	Post	% Change
Guidance, behavior/ discipline	59%	73%	**+14%**	58%	79%	**+21%**	10%	17%	**+7%**
Emergency plans	52%	86%	**+34%**	39%	73%	**+34%**	38%	80%	**+42%**
Health exclusions	45%	90%	**+45%**	52%	83%	**+31%**	17%	40%	**+23%**
Hand-washing	28%	70%	**+42%**	36%	63%	**+27%**	23%	41%	**+18%**

For example, in emergency plans, from pre- to post-reviews, child care providers who had written policies increased 34 percent. Those who reviewed policies with parents increased 34 percent and those who posted at the child care site increased 42 percent. (Refer to Figure 11.) Three areas of the greatest improvement from pre- to post- reviews were written health exclusion policies (45 percent improvement), written hand-washing policies (42 percent), and posted emergency plans (18 percent).

Figure 11. Change in policy implementation: Emergency plans



High ratings of the child care environment by parents

Parents with children cared for by providers who received CCHC services rated the quality of the care environments consistently high, specifically:

- Caregiver warmth and interest,
- Caregiver skill,
- Parental relationship with caregiver,
- Children's feelings in care,
- Risks to children's health, safety and well-being.

To assess parents' perceptions of their child care providers' care environments, the Parent Survey was mailed at the end of phases II and III to parents whose child care providers received CCHC services for that phase. The anonymous survey included a postage-paid return envelope to PRE, along with a $3 Starbucks' gift card. In Phase II, parents returned 173 surveys for a response rate of 44 percent. In Phase III, they returned 267 surveys for a similar response rate of 46 percent.

In this survey, parents rated the quality of their child care providers' care environments by responding to 31 items derived from Emlen's Quality Child Care from the Parents' Point of View scale[19]. The items measured the quality of child care in five main areas:

- Caregiver warmth and interest (6 items),
- Caregiver skill (3 items),
- Parental relationship with caregiver (6 items),
- How child feels in care (6 items),
- Risks to children's health, safety and well-being (10 items).

(Refer to Appendix D for a list of survey items and the measurement areas.)

Respondents rated each of these items on a five-point response scale (5= always, 4= often, 3= sometimes, 2= rarely and 1= never).

Overall, results indicated parents' high ratings of their child care providers' care environments. (Refer to Table 7.) Parents' average rating scores in both phases were approximately 4.7 (on the possible best score of 5.0) in each of the following four areas: a) caregiver warmth and interest, b) caregiver skill, c) parental relationship with caregiver, and d) how child feels in care. The average ratings of item e), risks to children's health, safety and well-being were 1.3 to 1.4 (on the best possible score of 1.0) in each phase.

Table 7. Emlen subscale average scores:
CCHC Parent Survey and Kansas City Survey

Emlen subscale	CCHC Phase II average score	CCHC Phase III average score	Kansas City comparison group average score
Caregiver warmth and interest	4.74	4.74	4.47
Caregiver skill	4.66	4.71	4.17
Parental relationship with caregiver	4.77	4.77	4.48
How child feels in care	4.75	4.72	4.45
Risks to children's health, safety and well-being	1.29	1.40	1.66

The Emlen scale for measuring the quality of child care from parents' perspective has been used in several large-scale studies; the scale has evolved to include both a longer and shorter version. The shorter version of the scale, part of which was used in this study, was tested in Kansas City, Missouri with a group of 240 parents in 1997. Results of the CCHC Parent Survey were compared with those of the Kansas City's survey to see differences in parents' ratings of the child care quality in these surveys. For all of the five areas of care quality measurement, the CCHC parent survey mean scores were significantly better than the Kansas City group average scores (p=.000). (Refer to Table 8.) Although a clear interpretation of this result is not feasible due to other factors (e.g., different sample characteristics and time of surveys), it is likely that child care providers who participated in the CCHC program provided better quality care.

In addition to the Emlen scale, the Parent Survey included other items to measure their perception of the overall quality of care their children received, care providers' use of forms and records, and the implementation of child health and safety policies. Results of the Parent Survey indicated a high rating of the overall care quality of their care providers. (Refer to Table X.) For example, 91 percent of the parents surveyed in Phase II and 89 percent of those in Phase III reported that the care provided by their care provider was just what the child needs. According to the Parent Survey, child care providers who received CCHC services were also good at using enrollment forms and requesting children's immunization records at enrollment.

Table 8. Parent perceptions of the care environment of their child care providers: Phases II and III

Item	Phase II percentage	Phase III percentage
Overall quality of child care		
Care provided by provider is just what child needs	91%	89%
Would establish same care again	95%	92%
Grade of "B" or above for providers' quality of care	98%	97%
A+ or A grade for providers' care quality	90%	87%
Use of Forms and Records		
Providers utilized enrollment forms	97%	91%
Providers asked for immunization records at enrollment	98%	95%
Implementation of child health and safety policies		
Guidance and behavior policy reviewed by provider	85%	89%
Emergency plan reviewed by provider	73%	79%
Hand-washing policy reviewed by provider	72%	74%
Health exclusion policy reviewed by provider	69%	76%

Parents who were surveyed tended to report the extent of their care providers' implementation of child health and policies slightly higher, compared to the extent reported by CCHC consultants. For example, 72 percent and 74 percent of the parents surveyed in phases II and III reported their care providers reviewed a hand-washing policy with them at enrollment, whereas CCHC consultants' post-Record Reviews showed only 63 percent of care providers reported that they did so. An exception was a health exclusion policy. While 69 percent and 76 percent of parents in phases II and III reported the care providers' review of a health exclusion policy with them, CCHC consultants reported that 83 percent of care providers reported that they did so. It is likely that parents did not remember the policy, although it was reviewed with care providers. This data suggests that CCHC consultants should stress to care providers the importance of thoroughly reviewing health exclusion policies with parents at enrollment.

Program outcomes at child health level

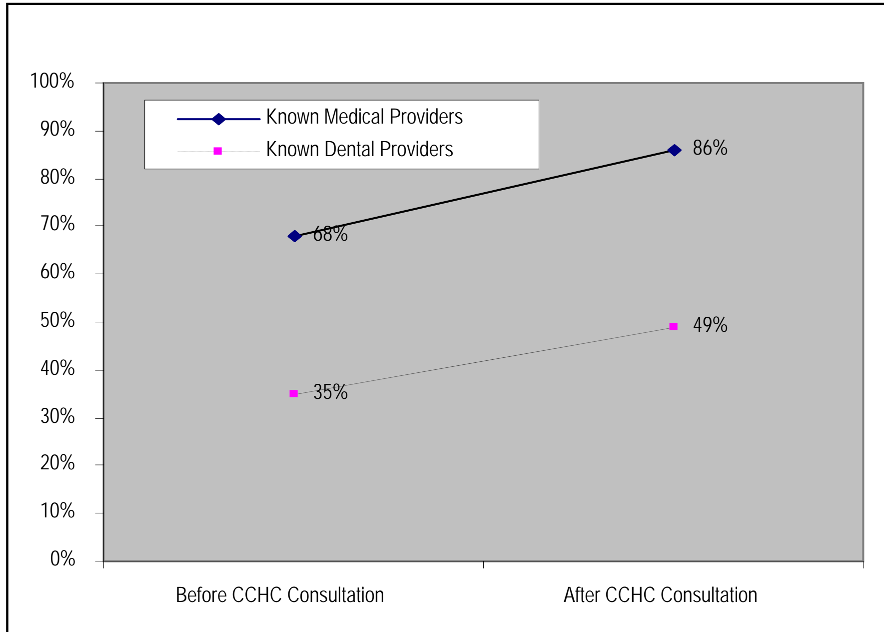
Improvement in child health

- **Increased rates of health care providers listed in child records:** After receiving assessment-based, comprehensive consultation for an average of six months, child care providers saw an 18 percent improvement in children in their care with known medical care providers and a 14 percent improvement with known dental care providers.
- **Increase in children's immunization rate**: After receiving assessment-based, comprehensive consultation, child care providers saw a 30 percent increase in children in their care who had up-to-date immunizations.

- **Child health care access and immunization rates:** During assessment-based, comprehensive consultation, CCHC consultants provided assistance for child care providers in keeping children's records complete with information on current medical and dental care providers. Consultants assisted child care providers to enlist parents' help to update their children's records. Parents received information about community health care resources and the Oregon Health Plan. Data on children's records were collected by CCHC consultants through pre- and post-Record Reviews of child care providers.

  Over the four phases of the demonstration program, there were a total of 122 matched pre- and post-reviews of child care providers. In these care providers, CCHC consultants checked the records of 1,043 children at pre-reviews and 1,100 children at post-reviews to see any improvement in the percentage of children with health care providers listed in child records. After receiving assessment-based, comprehensive consultation for an average of six months, child care providers saw an 18 increase in children in their care with known medical care providers and a 14 percent increase in those with known dental care providers. (Refer to Figure 12.)

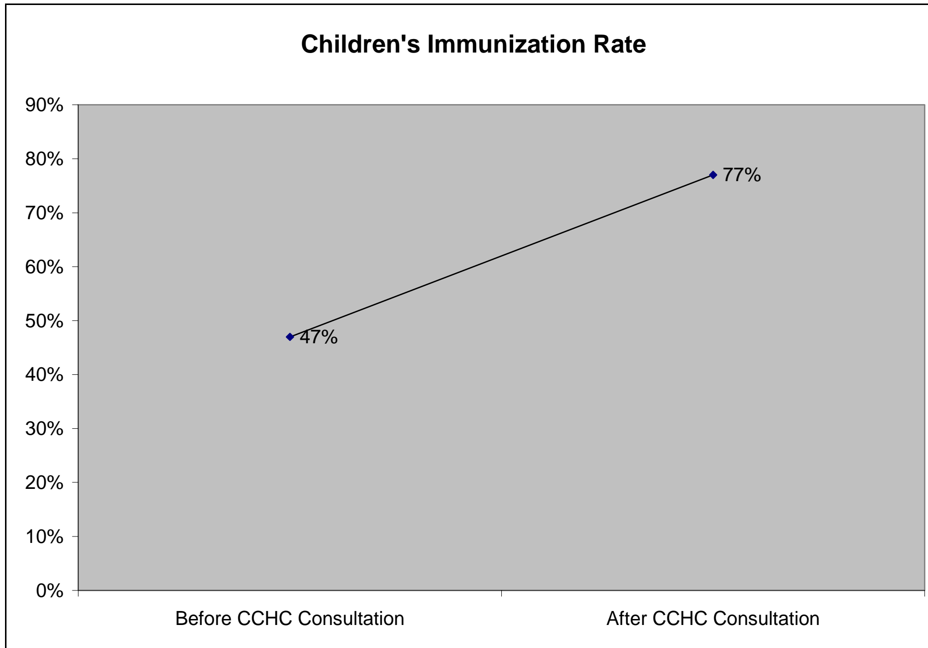
Figure 12. Percentage of children with known medical and dental care providers: Phases I-IV



CCHC consultants also worked with child care providers to review children's immunization records and identify how many children had up-to-date immunizations. CCHC consultants checked the status of individual children's immunizations by using Oregon's ALERT system, a statewide immunization registry, and entered data in pre- and post-Record Review forms. The ALERT system indicates children's immunizations are up-to-date when they match the recommended immunization schedule. Children who have all of the required immunizations for entry into preschool may not have had all the recommended immunizations.

There were a total of 44 matched pre- and post-record reviews of child care providers in phases II and III. (Pre-reviews were not collected for Phase I and pre- and post-review data was not collected in a comparable way.) CCHC consultants checked the immunization status of 175 children in pre-reviews and 291 children in post-reviews. After care providers received assessment-based, comprehensive consultation, the average rate of up-to-date immunization among children in their care increased 30 percent from 47 percent in pre-reviews to 77 percent in post-reviews. (Refer to Figure 13.)

Figure 13. Rates of children's up-to-date immunizations: Phases II and III



The Parent Survey was conducted at the end of phases II and III with parents whose child care providers received CCHC services for that phase. The survey asked if their children had access to medical and dental care providers and up-to-date immunizations. Parents' responses to these questions were compared to data from the post-Record Reviews captured by CCHC consultants. The rates of children's access to medical and dental care providers and immunizations reported by parents were consistently higher than the rates recorded by CCHC consultants. For example, the rates of children's up-to-date immunizations reported by their parents were 98 percent in Phase II and 96 percent in Phase III, compared to an average of 77 percent that was reported by CCHC consultants in post-Record Reviews. (Refer to Table 9 for parent survey data.) Some parents likely thought their children recommended immunizations were up-to-date, although ALERT records showed they were not current. Also, Record Reviews found fewer records with known medical and dental health care providers than parents reported. It can be implied that some children's health care providers were not noted on the children's child care records. This indicates a further need for CCHC consultants to educate child care providers on how to help families find and access health care resources for their children.

Table 9. Parents' responses to children's access to health care provider and up-to-date immunizations: Phases II and III

Item	Phase II Percentage	Phase III Percentage
Child has a medical provider	98%	94%
Child has a dental provider	84%	61%
Child has up-to-date immunizations	98%	96%

Program outcomes at early childhood system level

Increased Community Collaboration
High levels of collaboration occurred in all CCHC program sites, especially with the main community partners that included child care providers, Child Care Resource & Referral (CCR&R), Public Health and early childhood planning teams. As a result of adding a mental heal care provider to each Health Resource Team in phase III, collaboration with county and private mental health increased in all program sites.

At the end of phases I, II and III of CCHC, each local program (Child Care Health Care Health Resource Team) rated levels of collaboration on the Collaboration Survey on a scale of 1 to 5 (1=low to 5= high) in six areas of collaboration:

- Attended meetings,
- Provided resources,
- Provided information,
- Provided services,
- Provided training/education, and
- Played significant role in planning and implementation.

High levels of collaboration occurred in all program sites especially with the main community partners that included child care providers, Child Care Resource & Referral (CCR&R), Public Health, and early childhood planning teams. Medium to high levels of collaboration occurred with the Commission on Children and Families and the Child Care Division. Compared to the other phases, levels of collaboration varied more in phase I with the Child Care Division and county mental health departments; health consultants collaborated with these agencies on a more consistent basis as the program developed. After a mental health care provider was added to the Health Resource Teams in phase III, the level of

collaboration with private mental health and early intervention increased from low to medium. This indicates the CCHC program became more integrated into the early childhood system of care.

Limitations and significance of evaluation findings

Findings of the evaluation of the CCHC demonstration program presented in this report have several limitations and should be interpreted with the following in mind:

First, the Retrospective Provider Survey that was used to measure the effects of the program on the health knowledge and practices of child care providers and the care environment relied heavily on their perceived level of knowledge and practices. Using care providers' perceptions rather than actual tests of knowledge or examination of practices was likely to create more response bias.

Second, the evaluation of program outcomes was conducted by using a single group design based only on CCHC clients without a control or a comparison group. This makes it difficult to assess the extent to which the positive changes in CCHC clients resulted from the program services and other external factors.

Third, limits exist to mapping linkages between specific components of the CCHC program or the service dosage and positive program outcomes. Because of the limited funds for evaluation and the nature of the program, the system for tracking CCHC's clients and services was not strong enough to track the type and extent of program services per individual client for all services; this was especially true across the different phases of the program.

Over the four years of program implementation, efforts were made to select and streamline evaluation methods that provided helpful information to the program and useful data for analysis, while also attempting to minimize the burden of data collection. For example, a retrospective pre-test method (Retrospective Provider Survey) was applied to assess the effects of the program on many areas of health knowledge and practices of child care providers. Research shows that the retrospective pre-test method corrects response shift bias in a traditional pre- and post-test method in which respondents can overestimate their own performance of the knowledge or behavior that the intervention hopes to affect because of a low understanding of the competency prior to intervention.[20] To compensate for the weakness of a single-group evaluation design, the program also used mixed-

method evaluation approaches that incorporated the perspectives of CCHC consultants and parents as well as child care providers.

Despite the limitations stated above, the overall evaluation findings of the CCHC demonstration program were very promising. The program was implemented successfully throughout the four phases of operation with the services being well accepted and heavily used by child care providers. Program evaluation in various areas of outcomes, from the multiple perspectives of child care providers, CCHC consultants and parents indicated that, overall, the program had positive effects on improving the health knowledge and practices and care environments of the child care providers who participated in the program. The evidence of the program's positive effects is expected to be further strengthened through a comparison group evaluation design currently being planned.

LESSONS LEARNED AND RECOMMENDATIONS

The CCHC demonstration program has shown promising outcomes that support the value of the services to child care providers, children, and parents in Oregon.

- Child care providers receiving CCHC services reported improvement in their knowledge and practices related to:
    - Child health;
    - Child safety;
    - Children's emotional and behavioral health and development;
    - Connecting and coordinating with health care resources;
    - Professional development.
- Parents whose children were cared for by providers receiving CCHC services rated the quality of the care consistently high.
- After receiving assessment-based, comprehensive consultation, child care providers saw an increase in:
    - The immunization rate of children in their care;
    - The percentage of children in their care with known medical and dental health care providers.
- Child care providers' development and implementation of child health and safety policies improved significantly.
- Community collaboration increased.

Clearly, the CCHC program had a positive impact during the demonstration and has potential to contribute to statewide goals in the areas of child health and early care and education.

Lessons learned

Cross system partnerships are valuable and enhanced by program design. The goals of improving children's health by supporting child care quality have focused the health and early care and education system partners in a united effort to make health consultation available to child care providers. Mutual goals have made it possible to leverage funds in each system for program development. The design of the CCHC program has created a bridge between the early care and education system and the health system that is critical to the delivery of relevant, effective health consultation services that are accessible to child care providers:

- **Health Links** - Shared leadership and decision-making and sustained working relationships among state partners were essential to developing the program. Health Links served as the venue for the collaborative decision-making

necessary to implement and complete the four-year demonstration program, which functions today in the same way.

- **Child Care Health Resource Coordinating Groups** - The local Child Care Health Resource Coordinating Groups were key to engaging community cross system partners' support for and collaboration with the program.
- **Collaboration with the Child Care Resource & Referral Network –** This collaboration was a natural way to fuse health consultation services with a resource that child care providers depend on for professional development, education, and support. It has proved essential to assessing child care providers' needs regarding health and safety, engaging all types of providers, and making the services easily accessible to them. This collaboration continues to be important both at the state and local levels.

The multi-disciplinary team approach to health consultation enhances program capacity and services.

Consultation to support children's health and prevent health problems must be holistic and address all areas of health, including physical, social and emotional well-being. These areas of health influence each other and must be assessed and addressed together. Health consultants provided assessment and goal setting consultation to the child care providers who requested long-term goal oriented consultation and was the link to the rest of the team. The Health Resource Team model made it possible to match a child care provider's interests, needs, and concerns to the multi-disciplinary team member with the knowledge and skills in that area. An important activity of the team was to clarify the roles of all team members, especially where their skills and knowledge overlapped, ensuring a good match. Team members shared their expertise with each other and built team capacity through team meetings and reflective practice methods.

Program evaluation is essential but challenging.

Program evaluation was an essential element of the demonstration that informed state and local program development and showed the impact of health consultation services across phases. It will continue to be essential to the ongoing program. The evaluation processes and tools served a dual purpose. Consultation and evaluation processes that are as simple and unobtrusive as possible are likely to collect enough accurate data to be useful for evaluation. Program evaluation methods have been designed to focus on specific areas, include an incentive for providers' participation, and support the assessment and goal- setting functions of consultation. They were developed, with input from local programs, to collect data as well as to assist with consultation activities such as child care provider assessment and goal setting. Regular data reports were shared with the local

programs, and staff was engaged in following their own progress toward program goals. It is hoped that these strategies made evaluation more relevant to their daily work.

Tailoring program services to child care providers' interests and needs while meeting specific program health and safety goals is challenging. Child care providers have a wide variety of reasons for requesting long-term goal oriented consultation that must be honored and addressed. There are broad health and safety program priorities, such as increasing the use of health policies and improving children's rate of up-to-date immunizations. These improvements, which contribute to the health of all children in child care, must be simultaneously addressed. There must be a balanced approach to addressing these sometimes competing priorities.

The program has relied on program staff to collect evaluation data on consultation activities and processes due to limited resources available for evaluation. The role of evaluator and that of consultant are sometimes difficult to integrate. Developing evaluation methods that are not obtrusive to the provider or unduly burdensome to program staff, though difficult, supports data accuracy and quality.

Recommendations

Strengthen state child care provider health and safety standards.
Consider strengthening child care health and safety standards by comparing them with Caring for Our Children: National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care and by bringing them into alignment where possible. Also, consider mandating child care health consultation, health- and safety-related training and technical assistance as measures to raise licensing standards for registered and certified child care facilities in Oregon. This measure will help ensure safe and healthy child care, which is one of the five priority areas designated by the Oregon Commission for Child Care[21].)

Increase the mental health expertise in the Health Resource Teams and consultation services to child care providers.
Build capacity for health consultation regarding children's social and emotional development and behavior in child care. Increasing the time that mental health professionals work in the program will enhance program services and better meet child care providers' assessed needs. Strengthening the collaboration with the mental health community will further promote the early identification and

treatment of children with physical, social and emotional health and development concerns and help them to be included and maintained in community-based child care.

Continue program evaluation to confirm and build on the promising outcomes of the CCHC demonstration program.

Continue to budget funds for program evaluation to further investigate encouraging outcomes and develop program strategies. Overall, findings from the evaluation of the CCHC demonstration program were very promising. Use of a single group evaluation design makes it difficult to assess the extent to which the positive changes in CCHC clients resulted exclusively from the program services. Therefore, program evaluation needs to be continued in the future with more rigorous evaluation methodology based on a control or a comparison group design to confirm and build on the promising outcomes of the demonstration. Building an enhanced system to track program clients and services will be essential in conducting a rigorous program evaluation as well as facilitating implementation of the program. Further evaluation of the CCHC program based on an enhanced client tracking system is expected to bring in-depth understanding of the program and contribute to the body of knowledge about the effectiveness of child care health consultation programs.

Sustain program funding and expand the program statewide.

Allocate resources to sustain the CCHC program and expand to more child care providers in the state. Promising evaluation findings of the demonstration program support CCHC's effectiveness in Oregon. The program was implemented successfully throughout the four phases of demonstration with the services being well accepted and heavily used by child care providers. Overall, the program had positive effects on improving care providers' health knowledge and practices and care quality as well as increasing children's immunization rate and the percentage of medical and dental care providers listed in child care records.

The program partners are committed to continuing funding for the program and addressing incremental expansion as resources are available. The program partners have been able to fund the demonstration by leveraging federal funds dedicated for improving child care and children's health. These resources are limited and threatened in the federal budget. Diverse funding from several sources (federal, state, local, public and private) would be more secure. Sources of expanded funding being explored are Title V and Child Care Development Funds (currently used), state general funds, local matching funds and grant funds.

APPENDIX

APPENDIX A. Overview of Data Collection Instruments and Measurement

APPENDIX B. Data Collection Instruments

1. Contact Form
2. Group Trainings and Events Log
3. Provider Self Assessment
4. Retrospective Provider Survey
5. Pre- and Post-Record Reviews
6. Parent Survey
7. Collaboration Survey

APPENDIX C. Data Tables

Table 1. Retrospective Provider Survey data: Health knowledge and practices of child care providers
Table 2. Retrospective Provider Survey data: Involvement in child care community and trainings
Table 3. Retrospective Provider Survey data: Decrease in problem Behaviors
Table 4. Retrospective Provider Survey data: Dealing with difficult child Behaviors
Table 5. Retrospective Provider Survey data: Satisfaction with the CCHC program

APPENDIX D. Parent Survey Items by Subscale

APPENDIX A. Overview of Data Collection Instruments and Measurement

Instrument	Measurement Level: Program Outputs/Outcomes	Purpose	Completed: Who	When
Contact Form	- *Program implementation:* Child care provider's CCHC service utilization	- Track consultations provided to child care providers (e.g., types of contacts, issues addressed, interventions used)	CCHC consultants	On-going, after each consultation with a care provider
Group Trainings and Events Log	- *Program implementation:* Child care provider's CCHC service utilization	- Track training and community health events that consultants participated in (e.g., the number and type of participants, topics taught)	CCHC consultants	On-going, after a training or community event
Provider Self Assessment	- *Child care provider:* Care provider's knowledge and practices; care environment	- Assess care provider's level of knowledge and practices across areas relevant to child care - Care providers indicate specific goals for consultation (Phases III and IV only) - Assessment is used to guide consultation - Collect demographic information on providers and children in care	Child care providers, followed by CCHC consultants' review	On-going, at entry into on-site, intensive consultation
Retrospective Provider Survey	- *Child care provider:* Changes in care provider's knowledge and practices - *Program implementation:* Care providers' satisfaction with CCHC program services	- Assess the effect of the program on care provider's knowledge and practices in five main areas: a) child health, b) child safety, c) children's emotional and behavioral health and development, d) connecting with child care resources, and e) professional development. - Assess care provider's level of satisfaction with CCHC program services.	Child care providers	Annually, at the end of each program phase
Pre- and Post-Record Reviews	- *Child care provider:* Changes in use of child health and safety policies - *Child health:* Changes in rates of immunization and health care access	- Assess the effect of the program on: care providers' use of child health and safety policies and forms, children's up-to-date immunization rates, and children's access to medical and dental care providers	CCHC consultants	At entry and close of on-site, intensive consultation
Parent Survey*	- *Child care provider:* Parent perceptions of child care environment	- Assess parents' perspectives on their children's experience in child care	Parents	Annually, at the end of each program phase
Collaboration Survey**	- *System:* Development of interagency networks	- Assess the program's effect on the level of collaboration occurred among different agencies across various domains (e.g., child care, education, health, mental health)	Each CCHC team	Annually, at the end of each program phase

** Administered only in program phases II and III.*

*** Administered only in program phases I, II, and III.*

APPENDIX B. Data Collection Instruments

1. Contact Form
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CCHC Demonstration Program Contact Form

PROVIDER or PARENT NAME: (↑please circle) If provider, circle type: RFH CFH EH CC EC P NP	COMPLETED BY: ❍ CC Health Consultant ❍ Child Care Specialist ❍ Mental Health Consultant ❍ Other:

DATE: _________________ CONTACT TYPE: ❍ Phone ❍ Email ❍ Visit ❍ Other: ______________________

NEW TO PHASE IV? ❍ Yes ❍ No INITIATED BY CONSULTANT: ❍ Yes ❍ No TIME SPENT: _______ hrs. _______ min.

PROVIDER REFERRED BY: ❍ R&R ❍ CCD ❍ CCHC ❍ DHS ❍ Co-Worker ❍ Self ❍ Other: ____________

ISSUES ADDRESSED: (check all that apply)
❍ Access to Community Resources
❍ Access to Health Care
❍ Access to Oregon Health Plan
❍ Child Abuse/Neglect
❍ Child Development
❍ Child Health
❍ Communicable Disease
❍ Communicating w/Parents
❍ Cultural Competence
❍ Emergency Preparation
❍ Environmental Health
❍ Health Records
❍ Immunization
❍ Injury Prevention
❍ Mental/Beh. Health
❍ Nutrition
❍ Oral Health
❍ Physical Activity
❍ Provider Health
❍ Special Needs
❍ CCHC Objectives
❍ Information about Training
❍ Other, please specify: __________

INTERVENTION/ RESPONSE: (check all that apply)
❍ Case Management
❍ Needs Assessment
❍ Observation
❍ Policy Development
❍ Problem-Solving
❍ Program Enrollment
❍ Provide Information
❍ Record Review
❍ Referral
❍ Resource Development
❍ Screening, Specify: ____________
❍ Support & Encouragement
❍ Teaching/Health Education
❍ Written Materials Shared
❍ Other, Specify: ________________

DIRECT SERVICE? Was direct service to child(ren) provided? ❍ Yes ❍ No

PLAN: (check all that apply)
❍ Develop Training
❍ Follow-Up Call
❍ Follow-Up Visit
❍ Consult with Core Team Member
❍ No Further Action Needed
❍ Provide Information
❍ Refused Service
❍ Referral(s), Code(s): ___________
❍ Send Materials
❍ Research Topic
❍ Other, Specify: _____________

NOTES:

PROVIDER or PARENT NAME: (↑please circle) If provider, circle type: RFH CFH EH CC EC P NP	COMPLETED BY: ❍ CC Health Consultant ❍ Child Care Specialist ❍ Mental Health Consultant ❍ Other:

DATE: _________________ CONTACT TYPE: ❍ Phone ❍ Email ❍ Visit ❍ Other: ______________________

NEW TO PHASE IV? ❍ Yes ❍ No INITIATED BY CONSULTANT: ❍ Yes ❍ No TIME SPENT: _______ hrs. _______ min.

PROVIDER REFERRED BY: ❍ R&R ❍ CCD ❍ CCHC ❍ DHS ❍ Co-Worker ❍ Self ❍ Other: ____________

ISSUES ADDRESSED: (check all that apply)
❍ Access to Community Resources
❍ Access to Health Care
❍ Access to Oregon Health Plan
❍ Child Abuse/Neglect
❍ Child Development
❍ Child Health
❍ Communicable Disease
❍ Communicating w/Parents
❍ Cultural Competence
❍ Emergency Preparation
❍ Environmental Health
❍ Health Records
❍ Immunization
❍ Injury Prevention
❍ Mental/Beh. Health
❍ Nutrition
❍ Oral Health
❍ Physical Activity
❍ Provider Health
❍ Special Needs
❍ CCHC Objectives
❍ Information about Training
❍ Other, please specify: __________

INTERVENTION/ RESPONSE: (check all that apply)
❍ Case Management
❍ Needs Assessment
❍ Observation
❍ Policy Development
❍ Problem-Solving
❍ Program Enrollment
❍ Provide Information
❍ Record Review
❍ Referral
❍ Resource Development
❍ Screening, Specify: ____________
❍ Support & Encouragement
❍ Teaching/Health Education
❍ Written Materials Shared
❍ Other, Specify: ________________

DIRECT SERVICE? Was direct service to child(ren) provided? ❍ Yes ❍ No

PLAN: (check all that apply)
❍ Develop Training
❍ Follow-Up Call
❍ Follow-Up Visit
❍ Consult with Core Team Member
❍ No Further Action Needed
❍ Provide Information
❍ Refused Service
❍ Referral(s), Code(s): ___________
❍ Send Materials
❍ Research Topic
❍ Other, Specify: _____________

NOTES:

Provider Types Key	RFH=Registered Family Home, CFH=Certified Family Home, EH=Exempt Home, CC=Certified Center, EC=Exempt Center, P=Preschool Only, NP=New Provider
ISSUES ADDRESSED	
Access to Community Resources	CCP or family access to all social and economic resources
Access to Health Care	CCP or family access or use of health care services (physical, mental health, Early Intervention)
Access to Oregon Health Plan	Child care provider (CCP) or family access to the OHP
Child Abuse/Neglect	Legal, recognition, response, and communication issues
Child Development	Physical, social, and emotional development practices
Child Health	Child health issues not related to communicable disease (e.g., asthma, cystic fibrosis, diabetes)
Communicable Disease	Prevention practices (e.g., diapering, food handling, etc.) & response to (e.g., exclusion, preventing spread, etc.) related to communicable disease
Communicating with Parents	Issues relating to communication with parents
Cultural Competence	CCP's cross-cultural health knowledge and skills
Emergency Preparation	CCP knowledge and preparation for emergencies (training, policies, equipment)
Environmental Health	Indoor/outdoor environmental health issues (except communicable disease and injury prevention)
Health Records	Enrollment and authorization, special care plan, medication consent, injury report, etc. (except immunization records)
Immunization	Vaccines, immunization schedule, rules, records, etc.
Injury Prevention	Prevention practices (safety) for indoor/outdoor environments such as playgrounds, stairs, wood stoves, etc., and SIDS prevention (Back-To-Sleep)
Mental/Behavioral Health	Individual or program issues regarding social, emotional, or behavioral health
Nutrition	Nutrition and feeding practices (e.g., menu planning, meal time routines, breastfeeding, etc.)
Oral Health	Children's oral health - tooth brushing routines, fluoride, etc.
Physical Activity	Physical activity for children
Provider Health	Health and safety of staff (communicable disease, immunizations, etc.)
Special Needs	Inclusion of children with special needs within child care setting (medication policies and administration practices, care plans, subsidy information, etc.)
CCHC Objectives	CCHC goals &/or objectives set or discussed
Information about Training	Information about upcoming trainings shared, sign-up for training, prior trainings discussed, etc.
Other	*Specify*
INTERVENTION/RESPONSE	
Case management	Contacted provider/parent regarding access to and use of resources
Needs assessment	Worked with the CCP to identify program or facility needs
Observation	Observed and recorded facility environment and activities; CCP's interactions, techniques or skills; individual child's actions or behavior
Policy development	Assisted CCPs to develop, implement, and communicate policies
Problem-solving	Worked with the CCP to resolve an issue or problem
Program enrollment	Assisted provider or family to complete enrollment requirements or forms
Provide information	Responded with information, and/or tracked request for future individual or group training
Record review	Reviewed CCP's records to assess needs for technical assistance, e.g. reviewing records for up-to-date immunization records
Referral	Referred a CCP or a family to community services when needed
Resource development	Assisted provider to obtain other resources, e.g., training, materials, etc.
Screening (*specify*)	Provided on-site health screening of children, e.g. lice, vision, etc.; *specify*
Support & encouragement	Provided emotional support and encouragement, listening, etc.
Teaching/health education	Provided health information one-to-one to CCPs, families, or children
Written materials shared	Distributed informational materials (e.g., program brochures, forms, etc.)
Other	*Specify*
PLAN	
Develop training	Organize group training or presentation
Follow-up call	Call provider back after seeking further information
Follow-up visit	Conduct on-site visit with provider
No further action needed	No follow-up necessary at this time
Provide information	Provide information individually or enroll provider, child, or family in group training
Referral(s), Code(*s*)	Child/family or provider to be referred for other services, CODES*:* 1-Medical, 2-Dental, 3-OHP/Insurance, 4-Mental Health, 5-Child Welfare (SCF), 6-Self-Sufficiency (subsidies), 7-Early Intervention, 8-Head Start, 9-Professional Development, 10-CCRR, 11-Other (*specify*)
Refused service	Provider declined services
Send materials	Materials dropped off or to be sent via email, fax, or mail
Research topic	Resource development, information gathering, etc.
Consult with Core Team Member	Informal or formal consultation with mental health consultant, R&R, or other core team member

Child Care Health Consultation Demonstration Program

Group Training & Events Log

County/Counties: ______________________________

Day & Date of Training	Start & Finish Time	Number of Attendees				Name of Training or Event	Trainer/ Affiliation
		Providers	Parents	Children	Other (Specify)		

County:

CCHC Provider
Self Assessment Survey

DATE: __ __ / __ __ / __ __
MONTH DAY YEAR

Thank you for your interest in the Child Care Health Consultation Demonstration Program that's available in our county! In order to get to know you a little more, please take a few moments to complete this self-assessment survey. This tool is designed to (1) help you think about how you would like to use consultation services to meet your goals and needs, and (2) help us see if the program has been effective for you. The Health Consultant will give you a call and schedule a time to visit with you once you've had a chance to complete this form. Thank you very much, and we look forward to working together!

In order to maintain your privacy, but also be able to compare this survey with others you may complete in the future, we need to create a unique ID number. To create your common identifier, please put in the first five spaces below, the last five digits of your social security number. In the last six spaces below, please put your month, day, and complete year of birth. For example: someone with the social security number of 123-45-6789 and a birth date of January 1, 1950 would use "5678901011950" as their ID number.

ID# ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

The first questions help us get to know you and your child care setting better.

1. Who referred you to the Child Care Health Consultation (CCHC) program?
   ❍ Child Care Resource & Referral (R&R)
   ❍ Child Care Division (CCD)
   ❍ Child Care Health Consultant (CCHC)
   ❍ Department of Human Services (DHS)
   ❍ Co-Worker/Other Child Care Provider
   ❍ Myself
   ❍ Other: ________________________

2. Please check your gender: ❍ Female ❍ Male

3. What is your zip code? ___ ___ ___ ___ ___

4. Please check all types of insurance you have in place for you and/or your family:
   ❍ Self – Medical ❍ Child/ren – Medical
   ❍ Self – Dental ❍ Child/ren – Dental
   ❍ Self – Vision ❍ Child/ren – Vision
   ❍ Self – OHP ❍ Child/ren – OHP
   ❍ Child/ren – Not applicable

5. What type of child care setting do you operate?
   ❍ Registered Family Home
   ❍ Certified Family Home
   ❍ Exempt Home
   ❍ Certified Center
   ❍ Exempt Center
   ❍ Preschool Only

6. Do you accept DHS (AFS) subsidies?
   ❍ Yes
   ❍ No

7. How many years have you been offering child care services? __________ years

8. What time do you open? __________ a.m.

9. What time do you close? __________ p.m.

10. What is the age range of the children in your care at this time? ____________ to ____________ years

11. Please check all trainings/education in which you've recently participated:
    ❍ Child abuse ❍ First aid
    ❍ Health & safety ❍ CPR
    ❍ Food handling ❍ Kids w/special needs
    ❍ Early childhood education (Number of hours: _____)
    ❍ Other: ________________________________

12. What level of prior involvement have you had with the CCHC program? ❍ None ❍ A little ❍ Some ❍ A lot

13. How many children in each age category are in your care at this time? Please include part- and full-time children:
    Under age 2: _____
    Ages 2-5: _____
    Age 6 and over: _____
    Total number of children in your care: _____

14. How many children in your care have special needs (physical, emotional, behavioral)? _____________

15. Please check all race/ethnicity categories of children in your care at this time:
    ❍ American Indian/Alaska Native
    ❍ Asian
    ❍ Black or African American
    ❍ Caucasian
    ❍ Hispanic/Latino
    ❍ Native Hawaiian/ Pacific Islander
    ❍ Other(s): _________________________________

The next items help us get to know your needs better, as they related to child care. Please rate each item with regard to your level of confidence and desire for help. Your responses will help guide our consultation.

Self-Assessment	**Highly confident –** ***I don't need help with this.***	**Moderately confident –** ***I'd like a little help here.***	**Mildly confident –** ***I want help with this.***	**Not at all confident –** ***I need help with this!***
1. Emergencies *(e.g., emergency telephone numbers, first aid kit, poison control center, emergency plan, etc.)*				
2. Storage *(e.g., medications, household cleaners, firearms, etc.)*				
3. Equipment *(e.g., safe cribs/high chairs, toys & play equipment, car seats, bicycle helmets, screens for stoves/fireplaces, etc.)*				
4. Indoor/Outdoor Environment *(e.g., air quality, lead poison hazards, fire protection, outdoor water hazards, etc.)*				
5. Safe Sleep Practices *(SIDS prevention, e.g., infants on backs, appropriate bedding)*				
6. Cleaning & Sanitizing *(e.g., bathroom sanitizing, hand washing, etc.)*				
7. Diapering & Toileting *(e.g., sturdy changing table, use of gloves, areas away from food, adjacent sink, accessible and private area, etc.)*				
8. Food Preparation & Eating *(e.g., infant feeding, refrigeration, special dietary needs, serving meals, developmentally appropriate)*				
9. Activities (*e.g., age-appropriate activities, toys, materials,& schedule, etc.*)				
10. Child Development *(e.g., promoting healthy development, understanding child development [including language & physical], nurturing environments, appropriate discipline, etc.)*				
11. Challenging Behaviors & Emotions *(e.g., skills for dealing with difficult beha-vior/children with extra emotional needs)*				
12. Oral Health (*e.g., brushing, teething, thumbsucking, healthy snacks & nutrition*)				
13. Special Needs (*e.g., caring for children with special health needs, etc.*)				
14. Communication with Parents (*e.g., calendar, policies, schedule, child behavior*)				
15. Guidance (*e.g. ,practices/policies appropriate to situation & child*)				
16. Childhood Illnesses & Immunizations (*e.g., immunizations, communicable disease*)				
17. Access to Health Care (*e.g., knowledge of children's medical/dental insurance information*)				
18. Policy Development (*e.g., use of written, posted, and reviewed policies*)				
19. Personal Well-Being (*e.g., stress level, physical & emotional health, access to OHP/ insurance, immunizations, self-care*)				
20. Other (*e.g., community resources, first aid/CPR, record keeping, etc.*) Please specify:				

Please take a few moments to check all consultation services or information in which you are interested:

- ❍ Access to Health Care/Insurance
- ❍ CPR/First Aid
- ❍ Emergency/Disaster Planning
- ❍ Group Trainings
- ❍ Immunizations
- ❍ On-Site Teaching Modules
- ❍ Policy Development
- ❍ Record Reviews
- ❍ Other(s)/Training Topic(s): ____

Thank you so much for taking the time to complete this self-assessment! Your Health Consultant will be contacting you soon to schedule a time to come for a visit to discuss this information. In the meantime, be thinking about some goals you would like to work on with your consultant. We've provided you space below to write your goals. You can either do this now, or wait until the consultant meets with you.

My Child Care Health Consultation Goals

1. ____

____

2. ____

____

3. ____

____

4. ____

____

Child Care Health Consultation Demonstration Program
Retrospective Provider Survey

Please help us improve the **Child Care Health Consultation Demonstration Program** by answering the following questions. It should only take between 15-25 minutes to complete this survey. As a way of saying "thank you," we will mail you a $10 gift card to a local merchant when we receive your completed survey. We are interested in your honest opinions. Be assured that your responses will be kept confidential and will be used for improving the program. This survey will be used to examine the effectiveness of the Child Care Health Consultation Program. Your individual responses will not be shared with your Health Consultant or other local individuals. Please answer all of the questions. A return postage paid envelope has been provided for your convenience. We've also included a smaller envelope for you to write your name and address on so we can mail you a gift card. Please return the survey and self-addressed small envelope to us no later than June 30. Thank you for your help!

Please tell us your name: ______________________ (First) ________ (Last Initial)

Child Care Facility name (if applicable): ______________________________

What is your zip code? ___ ___ ___ ___ ___

Are you a child care provider in a (check one)
- ☐ Registered Family Child Care Home
- ☐ Certified Family Child Care Home (Certified Group Home)
- ☐ Exempt Home
- ☐ Certified Child Care Center
- ☐ Exempt Center
- ☐ Preschool Only

How many years have you worked in child care? (check one)
- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 4-6 years
- ☐ 7-9 years
- ☐ 10 years or more

Sex (check one)
- ☐ Female
- ☐ Male

What age group(s) do you provide care to? (check all that apply)
- ☐ Infants/Toddlers (under age 2 years)
- ☐ Preschoolers (ages 2-5 years)
- ☐ School Age (6 and older)

How many children do you typically care for? (check one)
- ☐ Between 1 and 3
- ☐ Between 4 and 10
- ☐ More than 10

What is your race/ethnicity? (check all that apply)
- ☐ American Indian / Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Caucasian
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other: ______________________

What training/education have you completed? (check all that apply)
- ☐ Child abuse
- ☐ CPR
- ☐ Early childhood education (____ credit hours)
- ☐ First aid
- ☐ Food handling
- ☐ Health & safety
- ☐ Special needs children
- ☐ Other: ______________________

What best describes the <u>level</u> of consultation services you received from your Child Care Health Consultant? (please circle number)

1	2	3	4	5
Low	*Low-Medium*	*Medium*	*Medium-High*	*High*

E = Excellent G = Good F = Fair P = Poor	*Please rate these items according to how you felt __BEFORE__ the CCHC program.*				*Please rate these items according to how you feel now, __AFTER__ the CCHC program.*			
1. My confidence in working with children is … (*i.e., generally speaking*)	E	G	F	P	E	G	F	P
2. My knowledge of immunization requirements is… (*e.g., immunizations, requirements, paperwork*)	E	G	F	P	E	G	F	P
3. My knowledge of emergency procedures is… (*e.g., telephone numbers, first aid kit, poison control center*)	E	G	F	P	E	G	F	P
4. My storage of dangerous things is… (*e.g., medications, household cleaners, firearms*)	E	G	F	P	E	G	F	P
5. My equipment is …(*e.g., safe cribs/high chairs, toys & play equipment, car seats, bicycle helmets, screens for stoves/fireplaces*)	E	G	F	P	E	G	F	P
6. My indoor/outdoor environments are… (*e.g., air quality, lead poison hazards, fire protection, outdoor water hazards*)	E	G	F	P	E	G	F	P
7. The sleep practices in my facility are… (*e.g., infants on backs, appropriate bedding*)	E	G	F	P	E	G	F	P
8. My cleaning & sanitizing practices are… (*e.g., bathroom sanitizing, hand washing*)	E	G	F	P	E	G	F	P
9. The diapering/toileting areas are… (*e.g., sturdy changing table, use of gloves, area away from food, adjacent sink, accessible and private*)	E	G	F	P	E	G	F	P
10. The food preparation/eating areas are… (*e.g., infant feeding, refrigeration, special dietary needs, serving meals, developmentally appropriate*)	E	G	F	P	E	G	F	P
11. The activities in my facility are… (*e.g., are-appropriate activities, toys, materials, & schedules*)	E	G	F	P	E	G	F	P
12. My knowledge and nurturing of child development is… (*e.g., promoting healthy development, understanding child development [including language & physical], appropriate discipline, nurturing environments*)	E	G	F	P	E	G	F	P
13. My ability to respond effectively to challenging behaviors and emotions is… (*e.g., skills for dealing with difficult behavior or children with extra emotional needs*)	E	G	F	P	E	G	F	P
14. The oral health practices in my facility are… (*e.g., tooth brushing, teething, thumbsucking, healthy snacks & nutrition*)	E	G	F	P	E	G	F	P
15. My knowledge of and response to children with special needs is… (*e.g., caring for children with special health needs*)	E	G	F	P	E	G	F	P
16. My ability to communicate with parents is… (*e.g., calendar, policies, schedule, child behavior*)	E	G	F	P	E	G	F	P
17. My knowledge & use of guidance and discipline techniques is… (*e.g., appropriate to situation & child development*)	E	G	F	P	E	G	F	P
18. My knowledge of childhood illnesses and immunizations is…(*e.g., immunization, exclusion, communicable disease*)	E	G	F	P	E	G	F	P
19. My knowledge of access to health care resources is… *(e.g., knowledge of children's medical/dental insurance information)*	E	G	F	P	E	G	F	P
20. My policy development skills are… *(e.g., use of written, posted, and reviewed policies)*	E	G	F	P	E	G	F	P
21. My own personal well-being is… (*e.g., stress level, physical & emotional health, access to OHP/insurance, self-care*)	E	G	F	P	E	G	F	P
22. Other – Identify (*e.g., self-care, community resources, first aid/CPR, record keeping*)	E	G	F	P	E	G	F	P

Please answer the next two questions by circling one of the following:

SA = Strongly Agree **A = Agree** **D = Disagree** **SD = Strongly Disagree**	***Please rate these items according to how you felt BEFORE the CCHC program.***				***Please rate these items according to how you feel now, AFTER the CCHC program.***			
23. I am very involved in the local child care community	SA	A	D	SD	SA	A	D	SD
24. I am very interested/involved in needed child care trainings	SA	A	D	SD	SA	A	D	SD

Please rate these items about children's behavior using the scales provided:

25. Has there been a decrease in problem behaviors in your child care program as a result of the training and/or consultation?	*Same* 1	2	*Somewhat* 3	4	*Quite a bit* 5
26. How do you feel when a child in your care has behavioral difficulties?	*Anxious* 1	2	*Concerned, Uncomfor-table* 3	4	*Concerned, In Control* 5

Please rate the following items:	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**	**Not Applicable**
27. The formal trainings offered through the CCHC program have been helpful.	*SA*	*A*	*D*	*SD*	*NA*
28. The individual consulting offered by the Child Care Health Consultant has been helpful.	*SA*	*A*	*D*	*SD*	*NA*
29. The Child Care Health Consultant was know-ledgeable about child care health & safety issues.	*SA*	*A*	*D*	*SD*	*NA*
30. The Child Care Health Consultant was available to me when I had a question or needed help.	*SA*	*A*	*D*	*SD*	*NA*
31. The Child Care Health Consultant responded to my questions/needs in a timely manner.	*SA*	*A*	*D*	*SD*	*NA*
32. Overall, I am satisfied with the Child Care Health Consultation Program.	*SA*	*A*	*D*	*SD*	*NA*

33. What has been the most rewarding/helpful aspect of the Child Care Health Consultation Program?

____

____

34. What suggestions do you have for improving the Child Care Health Consultation Program?

____

____

35. Has the Child Care Health Consultation Program helped you in working with parents? ____ No ____ Yes
If yes, please describe: ____

____

36. Other comments: ____

____

Thank you for your time! Your responses are valued and will make a difference to this program!

☐ Baker ☐ Jackson ☐ Multnomah
☐ Clackamas ☐ Lincoln ☐ Union
☐ Other: ________________________________

DATE: ___ ___ / ___ ___ / ___ ___
MONTH *DAY* *YEAR*
☐ **PRE** ☐ **POST**

CCHC Demonstration Program • Record Review

After a provider has completed the self-assessment, please meet with her/him to review it and establish goals for consultation. As part of that process, please conduct a record review. Communicate to the provider that one of the primary goals of the program is to impact children's health, which directly relates to information gathered through the record review. Also, a record review is to be completed in the post-phase of data collection.

☐ Record review scheduled for: _______________ ***OR*** ☐ Record review offered but refused; *Reason*: _________________________

In order to maintain the provider's privacy, but also be able to compare this survey with others, we need to create a unique ID number. To create a common identifier, please put in the first five spaces below, the last five digits of the provider's social security number. In the last six spaces below, please put their month, day, and complete year of birth. For example: someone with the social security number of 123-45-6789 and a birth date of January 1, 1950 would use "5678901011950" as their ID number.

ID# ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Please do not leave any information blank or it will be returned to you.

Item	Yes	No	Item	Yes	No
Enrollment form in use?			Medical authorization form in use?		
Discipline policy written?			Emergency plan written?		
Discipline policy posted?			Emergency plan posted?		
Discipline policy reviewed with parent?			Emergency plan reviewed with parent?		
Hand-washing policy written?			Health exclusion policy written?		
Hand-washing policy posted?			Health exclusion policy posted?		
Hand-washing policy reviewed with parent?			Health exclusion policy reviewed with parent?		

Age Category	**Number Enrolled** ***(please do not include provider's own children)***	**Number of Up-to-Date Immunization Records**	**Number with Insurance in Place**	**Number with OHP in Place**	**Number with Medical Provider Listed**	**Number with Dental Provider Listed**
Under age 18 mos.						
Age 18 mos. thru 4 yrs.						
Age 5 years						
Age 6 yrs. & over						
Total						

If provider has her own children in care, please complete the following information:	Number of own children in care:	Ages of children:
	Number of own children with up-to-date immunization status:	

Child Care Health Consultation Demonstration Program
Parent Survey[1]

What is your gender? (check one)
- ☐ Female
- ☐ Male

What is your race/ethnicity? (check all that apply)
- ☐ American Indian / Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Caucasian
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other: ________________________

How many of your children are in this child care?
Under 2: _____ Hours in care per week:______
Ages 2-5: _____ Hours in care per week:______
Ages 6+: _____ Hours in care per week:______

Do you have any children with special needs in child care?
- ☐ No
- ☐ Yes, please describe special need(s):

____
____

Are your child's immunizations up-to-date?
- ☐ No
- ☐ Yes
- ☐ Don't Know

Did your child care provider ask to see his/her immunization records at enrollment?
- ☐ No
- ☐ Yes
- ☐ Don't Know

Do/es your child(ren) have a health care provider?
- ☐ No
- ☐ Yes
- ☐ Don't Know

Do/es your child(ren) have a dental provider?
- ☐ No
- ☐ Yes
- ☐ Don't Know

Did you fill out an enrollment form when your child started with this provider?
- ☐ No
- ☐ Yes
- ☐ Don't Know

Did your child care provider review the following policies with you at enrollment? Please circle one answer.

Policy	No	Yes	Don't Know
Guidance & Behavior Policy	*N*	*Y*	*DK*
Emergency Plan	*N*	*Y*	*DK*
Hand Washing Policy	*N*	*Y*	*DK*
Health Exclusion Policy	*N*	*Y*	*DK*

Please share your general comments about your child care situation: ____________________________________

____

____

____

[1] Adapted from *A Packet of Scales for Measuring Quality of Child Care from a Parent's Point of View* by Arthur C. Emlen

Please answer the next questions by circling one answer for each item. **(?=Don't Know, NA=Not Applicable)**

	Never	Rarely	Some times	Often	Al-ways	?	NA
1) My caregiver is happy to see my child	N	R	S	O	A	?	NA
2) The caregiver is warm and affectionate toward my child.	N	R	S	O	A	?	NA
3) My child is treated with respect.	N	R	S	O	A	?	NA
4) The caregiver takes an interest in my child.	N	R	S	O	A	?	NA
5) My child gets a lot of individual attention.	N	R	S	O	A	?	NA
6) The caregiver seems happy and content.	N	R	S	O	A	?	NA
7) The caregiver changes activities in response to my child's needs.	N	R	S	O	A	?	NA
8) My caregiver knows a lot about children and their needs.	N	R	S	O	A	?	NA
9) My caregiver is open to new information and learning.	N	R	S	O	A	?	NA
10) My caregiver and I share information.	N	R	S	O	A	?	NA
11) We've talked about how to deal with problems that might arise.	N	R	S	O	A	?	NA
12) My caregiver is supportive of me as a parent.	N	R	S	O	A	?	NA
13) My caregiver accepts the way I want to raise my child.	N	R	S	O	A	?	NA
14) I'm free to drop in whenever I wish.	N	R	S	O	A	?	NA
15) I feel welcomed by the caregiver.	N	R	S	O	A	?	NA
16) My child feels safe and secure.	N	R	S	O	A	?	NA
17) My child has been happy in the arrangement.	N	R	S	O	A	?	NA
18) My child has been irritable since being in this arrangement.	N	R	S	O	A	?	NA
19) My child feels accepted by the caregiver.	N	R	S	O	A	?	NA
20) My child likes the caregiver.	N	R	S	O	A	?	NA
21) My child feels isolated and alone in care.	N	R	S	O	A	?	NA
22) My child is safe with this caregiver.	N	R	S	O	A	?	NA
23) There are too many children being cared for at the same time.	N	R	S	O	A	?	NA
24) The caregiver needs more help with the children.	N	R	S	O	A	?	NA
25) The caregiver gets impatient with my child.	N	R	S	O	A	?	NA
26) The children seem out of control.	N	R	S	O	A	?	NA
27) The conditions are unsanitary.	N	R	S	O	A	?	NA
28) The children watch too much TV.	N	R	S	O	A	?	NA
29) It's a healthy place for my child.	N	R	S	O	A	?	NA
30) I worry about bad things happening to my child in care.	N	R	S	O	A	?	NA
31) Dangerous things are kept out of reach.	N	R	S	O	A	?	NA

All things considered…	**YES**	**NO**	**Mixed Feelings**
32) The care I have is just what my child needs.	Y	N	MF
33) If I had it to do over, I would choose this care again.	Y	N	MF

34) All things considered, how would you grade the quality of the care your child is in? (A+= Perfect, A=Excellent, B=Good, C=Fair, D=Poor, E=Bad, F=Awful)	*A+*	*A*	*B*	*C*	*D*	*E*	*F*

Child Care Health Consultation Demonstration Program

Collaborative Relationships Survey

Please identify the agencies you have collaborated with and indicate the type of relationship by checking all the boxes that apply for each agency. Please add other agencies as relevant to your program and collaboration. Also, please circle your level of collaboration with each agency (1 to 5).

Period covered: From _______through ________ **County/Counties: ____**

Agency	Attended Meetings	Provided Resources	Provided Information	Provided Services	Provided Training/ Education	Significant Role in Planning & Implementation	Level of Collaboration (lo) 1 2 3 4 5 (hi)
Child Care							
Resource and Referral Agency							1 2 3 4 5
Child Care Providers							1 2 3 4 5
Child Care Division							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
Education							
School Nurses							1 2 3 4 5
Community College							1 2 3 4 5
Head Start							1 2 3 4 5
Early Head Start							1 2 3 4 5
Migrant/Seasonal Head Start							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
Health							
Public Health Department							1 2 3 4 5
Women, Infants and Children Program (WIC)							1 2 3 4 5
Environmental Health							1 2 3 4 5
Medical Providers							1 2 3 4 5
American Red Cross							1 2 3 4 5

American Heart Association							
Agency	**Attended Meetings**	**Provided Resources**	**Provided Information**	**Provided Services**	**Provided Training/ Education**	**Significant Role in Planning & Implementation**	**Level of Collaboration (lo) 1 2 3 4 5 (hi)**
Health (continued)							
							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
Mental Health							
County Mental Health							**1 2 3 4 5**
Private Mental Health							**1 2 3 4 5**
							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
Multiple Agency Entities							
Early Childhood Planning Teams							**1 2 3 4 5**
							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
							1 2 3 4 5
Other							
DHS: Child Welfare							**1 2 3 4 5**
DHS: Self-Sufficiency							**1 2 3 4 5**
Commission on Children and Families							**1 2 3 4 5**
							1 2 3 4 5
							1 2 3 4 5

KEY:
Agency: Type of partner agency.
Attended Meetings: CCHC has attended agency meetings/Agency has attended CCHC meetings
Provided Resources: CCHC has provided resources (e.g., money, staff, space, etc.) for agency/Agency has provided resources for CCHC program
Provided Information: CCHC has provided information (e.g., written materials, program description, etc.) for agency/Agency has provided information for CCHC
Provided Services: CCHC has provided services (e.g., immunizations, car seat checks) to agency/Agency has provided services to CCHC program
Provided Training/Education: CCHC has provided training &/or education to agency/Agency has provided training &/or education to CCHC program
Significant Role: CCHC has a significant role in agency planning & implementing agency activities/Agency has a significant role in planning and implementing CCHC program

APPENDIX C. Data Tables

Table 1. Retrospective Provider Survey data: Satisfaction with the CCHC program

Survey Item	Providers who responded "Strongly Agree" or "Agree"			
	Phase I (n=31)	Phase II (n=44)	Phase III (n=79)	Phase IV (n=84)
The formal trainings offered through the CCHC program have been helpful.	93%	98%	89%	95%
The individual consulting offered by the CCHC has been helpful.	100%	100%	89%	99%
The CCHC was knowledgeable about child care health and safety issues.	100%	100%	89%	100%
The CCHC was available to me when I had a question or needed help.	100%	100%	100%	98%
The CCHC responded to my questions/needs in a timely manner.	100%	98%	100%	93%
Overall, I am satisfied with the Child Care Health Consultation program.	97%	100%	89%	94%

Table 2. Retrospective Provider Survey data: Health knowledge and practices of child care providers

Survey Item Scale: 1 = "Excellent," 2 = "Good," 3 = "Fair," 4 = "Poor"	Ratings Over 4 Program Phases: Phase I (n=31), II (n=44), III (n=79), and IV (n=84)		
	"Retrospective Pre-assessment"	"Post-assessment"	Improvement from Pre- to Post-assessment
Child Heath	**Mean (Range)**	**Mean (Range)**	**Mean (Range)**
5. My knowledge of childhood illnesses and immunizations is…(*e.g., immunization, exclusion, communicable disease*)[1]	2.32 (2.22-2.45)	1.54 (1.48-1.58)	0.78 (.66-.97)
1. My knowledge of immunization requirements is… (*e.g., immunizations, requirements, paperwork*)	2.69 (2.55-2.82)	1.58 (1.55-1.63)	1.1 (1.0-1.3)
4. The oral health practices in my facility are… (*e.g., tooth brushing, teething, thumb-sucking, healthy snacks & nutrition*)	2.01 (1.86-2.14)	1.56 (1.45-1.68)	.45 (.27-.64)
2. My cleaning & sanitizing practices are… (*e.g., bathroom sanitizing, hand washing*)	1.72 (1.55-1.95)	1.22 (1.15-1.26)	0.50 (.34-.80)
3. The diapering/toileting areas are… (*e.g., sturdy changing table, use of gloves, area away from food, adjacent sink, accessible and private*)	1.88 (1.74-2.07)	1.35 (1.29-1.38)	0.54 (.42-.71)
6. The food preparation/eating areas are… (*e.g., infant feeding, refrigeration, special dietary needs, serving meals, developmentally appropriate*)	1.63 (1.48-1.79)	1.27 (1.23-1.31)	0.36 (.17-.52)
Overall items			0.62 (.36-1.1)
Child Safety			
7. My storage of dangerous things is… (*e.g., medications, household cleaners, firearms*)	1.80 (1.64-2.00)	1.21 (1.14-1.25)	0.59 (.40-.75)

[1] Asked only in Program Phases II, III, and IV.

8. My equipment is …(*e.g., safe cribs/high chairs, toys & play equipment, car seats, bicycle helmets, screens for stoves/fireplaces*)	1.75 (1.61-1.99)	1.32 (1.26-1.37)	0.43 (.26-.62)
9. My indoor/outdoor environments are… (*e.g., air quality, lead poison hazards, fire protection, outdoor water hazards*)	1.69 (1.52-1.85)	1.31 (1.23-1.38)	0.37 (.26-.47)
10. The sleep practices in my facility are… (*e.g., infants on backs, appropriate bedding*)	1.54 (1.44-1.60)	1.22 (1.20-1.24)	.32 (.22-.40)
11. My knowledge of emergency procedures is… (*e.g., telephone numbers, first aid kit, poison control center*)	1.95 (1.84-2.14)	1.34 (1.27-1.43)	0.61 (.46-.80)
Overall items			0.58 (.32-.61)
Emotional and Behavioral Health and Development			
15. My knowledge and nurturing of child development is… (*e.g., promoting healthy development, understanding child development [including language & physical], appropriate discipline, nurturing environments*)	1.98 (1.81-2.11)	1.42 (1.29-1.49)	0.68 (.45-.97)
13. My knowledge & use of guidance and discipline techniques is… (*e.g., appropriate to situation & child development*)	2.08 (1.99-2.14)	1.58 (1.48-1.65)	0.50 (.41-.58)
14. The activities in my facility are… (*e.g., are-appropriate activities, toys, materials, & schedules*)	1.91 (1.81-2.09)	1.40 (1.35-1.48)	0.52 (.43-.61)
12. My ability to respond effectively to challenging behaviors and emotions is… (*e.g., skills for dealing with difficult behavior or children with extra emotional needs*)	2.37 (2.26-2.55)	1.66 (1.61-1.77)	0.71 (.54-.92)
Overall items			0.60 (.50-.71)
Connecting & Coordinating w/ Health Care Resources			
16. My knowledge of access to health care resources is… *(e.g., knowledge of children's medical/dental insurance information)*[2]	2.41 (2.41 – 2.41)	1.74 (1.63-1.85)	0.67 (.56-.78)
17. My knowledge of and response to children with special needs is… (*e.g., caring for children with special health needs*)	2.54 (2.39-2.63)	2.01 (1.91-2.18)	0.53 (.38-.68)
Overall items			0.60 (.53-.67)
Professional Development			
20. My policy development skills are… *(e.g., use of written, posted, and reviewed policies)*[3]	2.37 (2.29-2.44)	1.70 (1.67-1.72)	0.67 (.57-.77)
21. My ability to communicate with parents is… (*e.g., calendar, policies, schedule, child behavior*)	2.03 (1.98-2.09)	1.52 (1.43-1.57)	0.51 (.45-.55)
18. My confidence in working with children is … (*i.e., generally speaking*)	1.79 (1.67 – 1.86)	1.34 (1.27 – 1.39)	0.46 (0.40 - 0.50)
19. My own personal well-being is… (*e.g., stress level, physical & emotional health, access to OHP/insurance, self-care*)[4]	2.32 (2.21-2.40)	1.83 (1.80-1.88)	0.48 (.39-.54)
Overall items			0.53 (.46-.54)
Overall 5 outcome areas			0.59 (.53-.62)

[2] Asked only in Phases III and IV.
[3] Asked only in Phases III and IV.
[4] Asked only in Phases II, III, and IV.

Table 3. Retrospective Provider Survey data: Dealing with difficult child behaviors [5]

Survey Item	Provider % Responses				
How do you feel when a child in your care has behavioral difficulties?	**Anxious (1)**	**(2)**	**Concerned, Uncomfortable (3)**	**(4)**	**Concerned, In Control (5)**
Phase III (n=79)	1%	5%	15%	42%	37%
Phase IV (n=84)	3%	3%	10%	48%	36%

Table 4. Retrospective Provider Survey data: Decrease in problem behaviors[6]

Survey Item	Provider % Responses				
Has there been a decrease in problem behaviors in your child care program as a result of the training and/or consultation?	**Same (1)**	**(2)**	**Somewhat (3)**	**(4)**	**Quite a bit (5)**
Phase III (n=79)	21%	4%	39%	30%	6%
Phase IV (n=84)	14%	5%	27%	30%	24%

Table 5. Retrospective Provider Survey data: Involvement in child care community and trainings

Survey Item **Response Choices:** **SA= Strongly Agree** **A= Agree** **D= Disagree** **SD= Strongly Disagree**	**Provider % Responses "Before" CCHC services**				**Provider % Responses "After" CCHC services**			
I am very involved in the local child care community.	**SA**	**A**	**D**	**SD**	**SA**	**A**	**D**	**SD**
Phase I (n=31)	30%	50%	17%	3%	50%	43%	7%	0%
Phase II (n=44)	21%	40%	23%	16%	40%	51%	9%	0%
Phase III (n=79)	13%	41%	28%	18%	28%	57%	13%	1%
Phase IV (n=84)	12%	39%	37%	12%	31%	51%	15%	3%
I am very interested/involved in needed child care trainings.								
Phase I (n=31)	40%	47%	13%	0%	64%	36%	0%	0%
Phase II (n=44)	34%	50%	11%	5%	65%	33%	2%	0%
Phase III (n=79)	19%	62%	14%	5%	50%	44%	5%	0%
Phase IV (n=84)	9%	71%	17%	3%	43%	50%	5%	2%

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[5] Asked only in Phases III and IV.
[6] Asked only in Phases III and IV.

APPENDIX D. Parent Survey Items by Subscale

Emlen Subscale	Survey Items
Caregiver warmth and interest	My caregiver is happy to see my child The caregiver is warm and affectionate toward my child. My child is treated with respect. The caregiver takes an interest in my child. My child gets a lot of individual attention. The caregiver seems happy and content.
Caregiver skill	The caregiver changes activities in response to my child's needs. My caregiver knows a lot about children and their needs. My caregiver is open to new information and learning.
Parental relationship with caregiver	My caregiver and I share information. We've talked about how to deal with problems that might arise. My caregiver is supportive of me as a parent. My caregiver accepts the way I want to raise my child. I'm free to drop in whenever I wish. I feel welcomed by the caregiver.
How child feels in care	My child feels safe and secure. My child has been happy in the arrangement. My child has been irritable since being in this arrangement. My child feels accepted by the caregiver. My child likes the caregiver. My child feels isolated and alone in care.
Risks to health, safety, & well-being	My child is safe with this caregiver. There are too many children being cared for at the same time. The caregiver needs more help with the children. The caregiver gets impatient with my child. The children seem out of control. The conditions are unsanitary. The children watch too much TV. It's a healthy place for my child. I worry about bad things happening to my child in care. Dangerous things are kept out of reach.

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[22] Adapted from UCSF Child Care Health Linkages Evaluation Project. Collaborative Relationships Survey.

For more information, or to request this material in an alternate format, please contact the DHS Public Health Division at 971-673-0269.

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