



CHILD CARE HEALTH CONSULTATION DEMONSTRATION PROGRAM: PHASE III FINAL REPORT

Prepared for
Oregon Department of Human Services
Office of Family Health
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October 2006

EVALUATION OF THE
CHILD CARE HEALTH CONSULTATION
DEMONSTRATION PROGRAM:
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Executive Summary

The Child Care Health Consultation (CCHC) Demonstration Program began in 2003. June 2006 marked the end of the third phase of operation. The original project sites are Baker, Jackson, Lincoln, and Multnomah Counties, with sites in Clackamas, Grant, and Union Counties new to Phase III. Each project site endeavors to provide relevant information to child care providers, increase access to health services, and improve collaborations within the local community. All domains of health are addressed through consultation. In Phase III, consultation regarding children's social-emotional development and behavior in child care was strengthened with consultation methods learned through the Promoting First Relationships training. Also a mental health specialist and/or early childhood educator was included on the Core Team in each project.

Evaluation Methodology

The CCHC Phase III evaluation has consistent goals and strategies as in the previous phases, thus allowing for longitudinal analyses. The data collection tools have evolved to address data collection issues that have surfaced as the program developed, however, the integrity of the tools was maintained for comparisons over time

General Consultation Services

Over the three phases of the CCHC program, considerable development has occurred and services have expanded. With each phase of the program, the number of contacts with providers has increased. Phase III incorporated contacts by early childhood educators and mental health consultants. The person most often initiating contact with the program has shifted from program staff toward child care providers' overtime, indicating that providers are seeking out the services themselves.

- Providers and children served - The majority of providers served through the CCHC program across the years have been those in registered family homes. Phase II showed a sharp increased percentage of providers in exempt homes. In Phase III exempt homes and centers constituted 21% of the provider contacts. The majority of the children represented by these providers were in the 2- to 5-year-old range. The second largest group was children ages 6 years and above. The smallest group represented was children 2-years-old and younger.
- Contacts - The types of contact have remained fairly consistent over the phases, with the majority occurring through phone calls. On-site visits remained consistent at around 25% of contacts. As with individual contacts, group contacts, such as trainings and community events, have increased over the years, as have the number of child care providers, children and parents receiving service in this way.

Intensive Consultation Services

Intensive consultation is goal directed and happens at the child care site. Providers are offered an assessment that includes a self-assessment of their comfort level with health and safety topics, as well as a review of records and policies. Goals for consultation activities are based on this assessment. Providers are routinely offered assistance keeping children's records complete with up-to-date immunization records and medical and dental care provider listings. Many consultation topics have been addressed, including policy development and handling challenging behavior.

- Access to health care – There is evidence of increases in known medical and dental providers and up-to-date immunizations in children's records between baseline and follow-up record reviews in each phase.
- Policies - Policy implementation has remained a consistent focus of consultation throughout the phases of the CCHC program. This is evidenced in positive change scores across all categories of policies, as well as in all levels of implementation. The largest area of change has occurred in written health exclusion policies.
- Challenging behavior - 79% of the providers surveyed reported that they noted "Somewhat" or "Quite a bit" of a decrease in problem behaviors following consultation. When asked how they felt when children in their care had behavioral difficulties, 79% said they felt concerned, and in control.

Providers' Response to Services

Providers in each phase were asked to rate their level of consultation services received. The average rating decreased somewhat in Phase III after remaining relatively consistent across Phases I and II, but remains in the moderate-high category

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

Parent Satisfaction with Care

Parents reported positive experiences with their child care providers across Phases II and III. When compared to normative data, parents surveyed rated their providers significantly more positive in the all areas measured: caregiver warmth and interest; caregiver skill; parental relationship with caregiver; how child feels in care; and risks to child's health, safety, and well-being.

Community Collaboration

Across the phases, similar high levels of community collaboration have occurred with child care providers, the Child Care Resource and Referral local offices, Public Health, and early childhood planning teams. Collaboration with mental health entities increased in Phases II and III. This may be related to the increased consultation on children's healthy social and emotional development and behavior. It appears that the CCHC program has become more integrated into each county's early childhood system of care.

Challenges

Despite these positive outcomes, challenges have arisen as this demonstration program has developed. Over the years, the CCHC program has addressed such challenges in a collaborative manner.

- New project development - There have been challenges related to integrating newer projects into the CCHC program, and expanding existing projects to other counties, therefore, group-wide trainings and other procedural considerations must be tailored to their needs.
- Staff turnover – There have been staff changes and gaps that have impacted the continuity of consultation services available through the program.
- Evaluation data collection - Capturing health outcome data that can only be obtained through individual record reviews for comparison pre and post consultation continues to be a challenge. Child care providers participate in the program voluntarily. Balancing the child care provider's interests and need for consultation with competing program requirements is an art. Barriers to gathering this information have been addressed in each phase, but obtaining this type of data on a large scale remains difficult.

Next Steps

- The program will develop data collection processes that can be maintained in an on-going program, problem-solve data collection barriers with feedback from project staff and partners.
- Sustainability remains an important goal. The program will build on the strengths of the partnership at the state and local levels, identify areas that should be strengthened, and work toward implementation of a sustainable program

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

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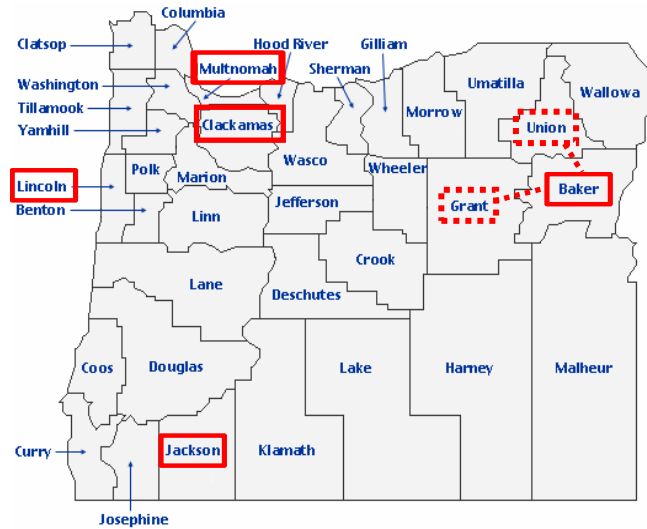
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I. Introduction

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

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



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

Consultants focus on improving child health outcomes that address child care provider needs and priorities. Each project has developed a local Core Team to support the

health consultant and assist with referrals to community resources. Typically, a Child Care Specialist (CCS) from Child Care Resource and Referral (CCR&R), the HC, and the MHC and/or ECE comprise this team.

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

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

The CCHC demonstration program continues to develop over time. As a new path is being forged by this program, service delivery mechanisms are being developed along the way. Project staff members are becoming “experts” in the field of child care health consultation. The program has become more embedded in the local communities. A close link between project planning and evaluation remains, as will be evident in this report.

II. Phase III Program Evaluation

Measurement & Revisions

The Phase III program evaluation has kept the same goals and the same measurement tools from the evaluations of Phases I and II. By doing so, findings can be compared across the three years of the program. However, in order to improve the evaluation, some revisions were made. An additional instrument was used to evaluate the impact of consultation regarding healthy social and emotional development and behavior. A pre-post questionnaire was administered to child care providers receiving this service.

The Provider Pre-Assessment was divided into a Self-Assessment and a Record Review. There have been difficulties obtaining an adequate number of completed Pre- and Post-Assessments. Fewer child care providers wished to have a record review than those accepting the self-assessment, therefore, by separating Record Reviews out of the assessment, it was hypothesized that more Self-Assessments would be completed. All of the same information was gathered as in Phases I and II, but by making the format more “user friendly,” the sample size should increase. Furthermore, due to the language needs in some counties, the Self-Assessment was translated into Spanish and Russian.

Data collection tools continue to be housed on-line to ease distribution around the State. County-specific measures were posted on the Community Zero website, a members-based interactive website. All tools, including those revised and new to Phase III, have

been published previously. Please contact Pacific Research and Evaluation for copies.

As each project site has unique features and needs, each has developed a consultation program tailored to their community. Therefore, individual project site summaries that outline Phase III consultation services can be found in a separate report.

General Consultation Services

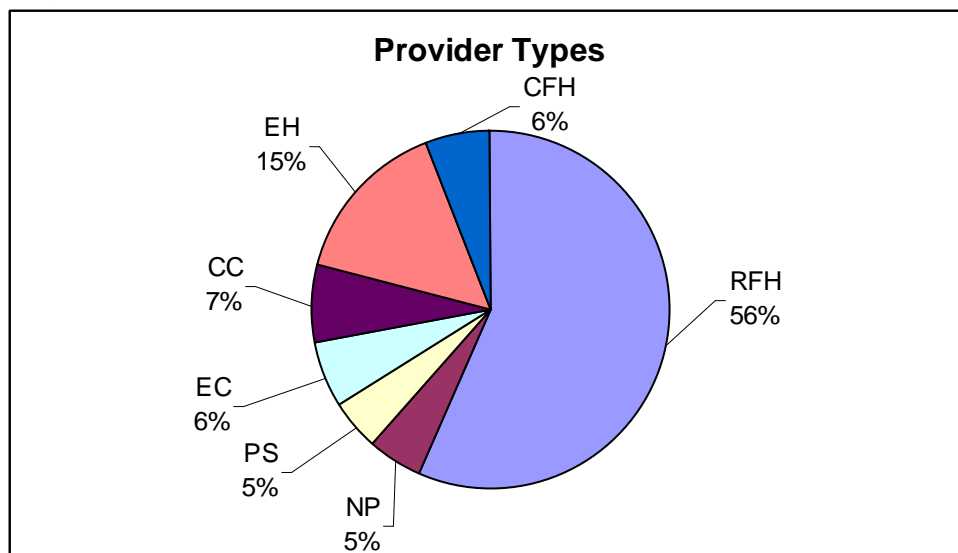
All consultation services are voluntary for interested child care providers. The person most often initiating contact with the program has shifted from program staff toward child care providers overtime, indicating that providers are seeking out the services more often themselves. Consultants provide services by phone, at the child care site, by email, and they offer group trainings and participate in community events. Intensive consultation is goal directed and happens at the child care site.

Providers who are interested in one-to-one intensive consultation are offered an assessment that includes a self-assessment of their comfort level with health and safety topics, as well as a review of records and policies. From this assessment the provider and the consultant choose goals for consultation activities. Providers are offered assistance keeping children’s records complete with up-to-date immunization records and current medical and dental care providers. Parents received information on community resources to assist them to find this care. Providers also receive coaching on writing policies that address guidance and behavior, emergency procedures, hand washing, health exclusion, and others to use, post, and review with parents.

Provider Contacts

One-thousand five-hundred ninety-three (1593) contacts with child care providers were logged during Phase III. Figure 1 depicts the types of providers contacted (RFH = registered family home, CFH = certified family home, EH = exempt home, CC = certified center, EC = exempt center, PS = preschool only, NP = new provider).

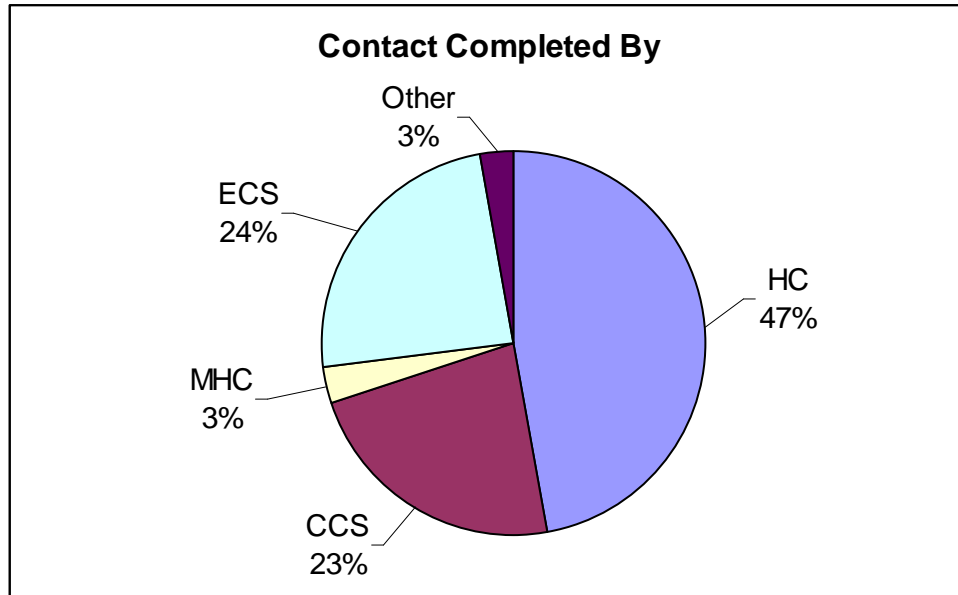
Figure 1. Phase III Provider Types



As the above figure indicates, the majority of contacts occurred with providers in registered family homes (56%), followed by those in exempt homes (15%).

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

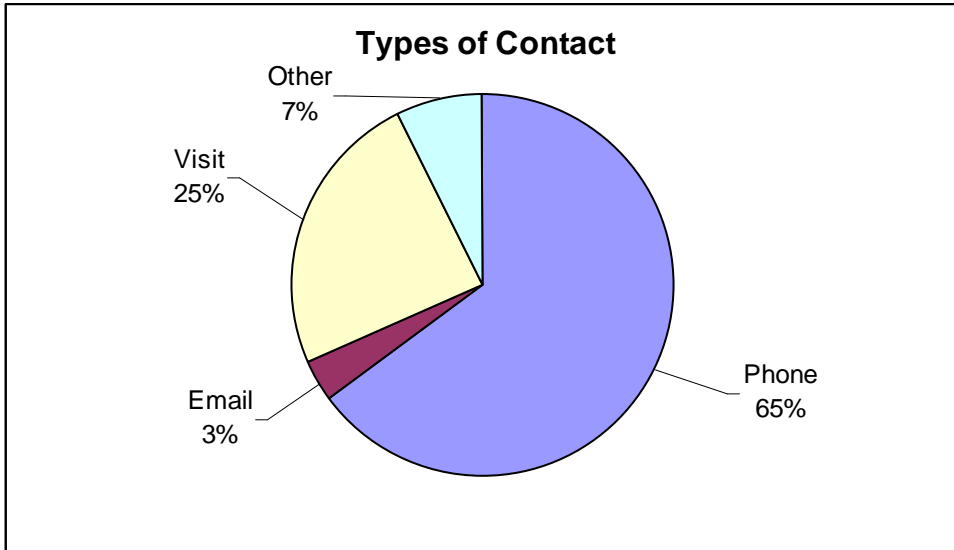
Figure 2. Contact Completed By



As seen above, health consultants completed the largest percentage of the contacts (47%), followed by early childhood educators/specialists (ECS, 24%) and child care specialists (23%).

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

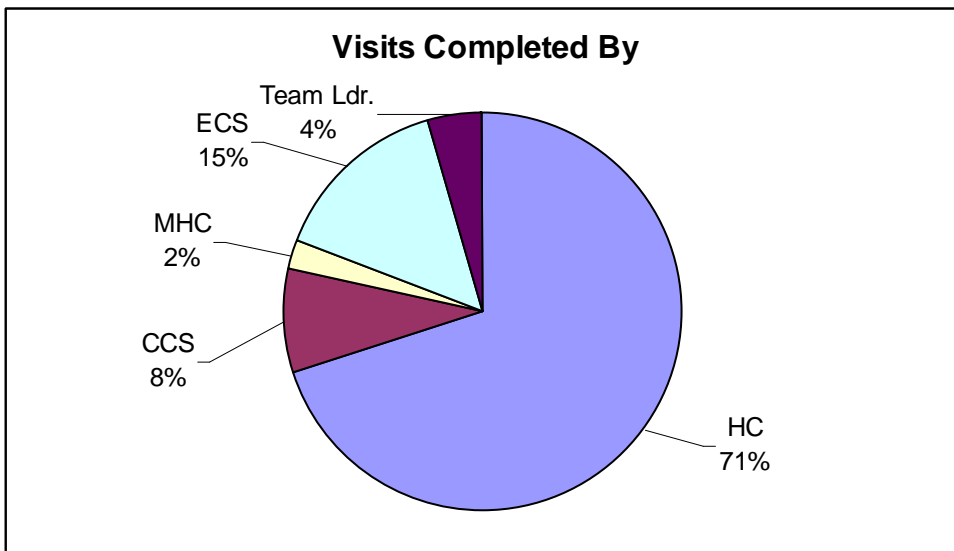
Figure 3. Types of Contacts



The largest percentage of contacts occurred through phone calls (65%). On-site visits accounted for 25% of the contacts. One-hundred eighty-one (181) different providers were visited with a total of 354 home visits occurring in Phase III. Other contacts, such as through chance meetings in the community, comprised 7% of the contacts. Finally, emails occurred in 3% of the cases.

As mentioned above, 354 home visits occurred in Phase III. These visits were completed by the health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), or a team leader. Figure 4 depicts the distribution of who completed the home visits.

Figure 4. Visits Completed By



As seen in the figure above, the large majority (71%) of visits were completed by the health consultant, as would be expected. Early childhood educators accounted for 15% of the visits, followed by child care specialists (8%), team leaders (4%), and mental health consultants (2%).

Issues Addressed

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

Table 1. Categories of Issues Addressed through Consultation

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

Figure 5 (below) shows the percentages of issues addressed that pertained to children. Child health was the largest category of topics addressed (40%), which would be expected as it contained the largest number of issues and continues to be a primary emphasis of the CCHC program. Immunizations, closely related to child health, accounted for 15% of these contacts. Child development and mental health totaled 26% of these contacts. Access to resources accounted for 12% and issues pertaining to special needs were 7% of these contacts.

Figure 5. Issues Addressed: Children

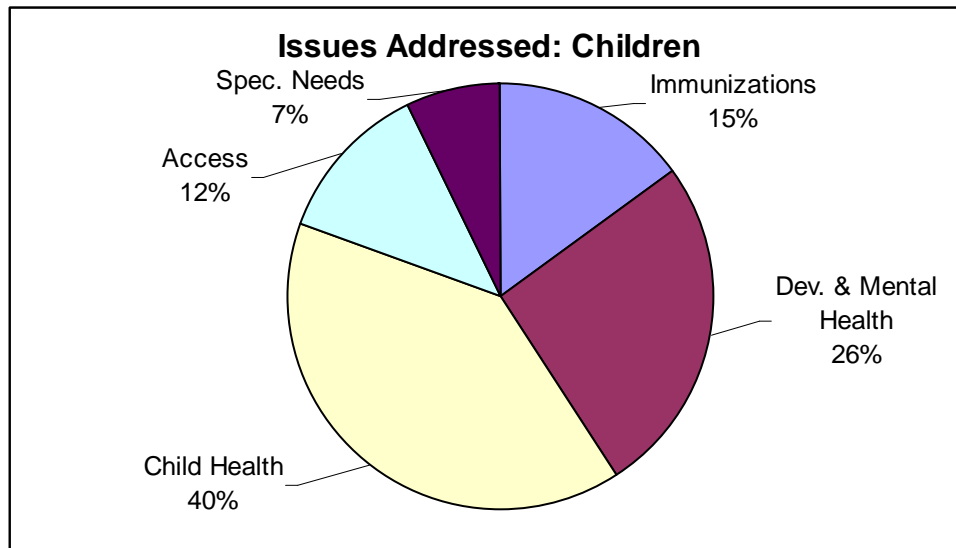
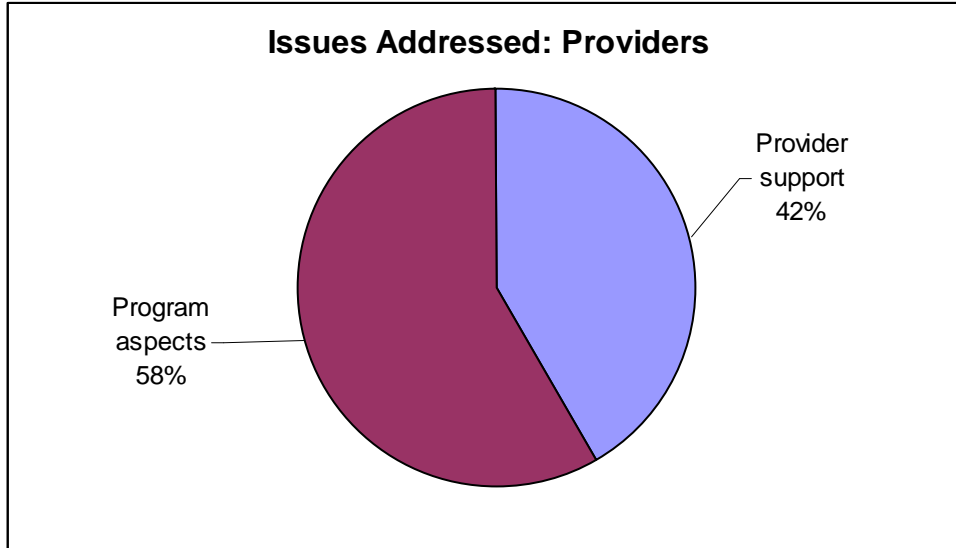


Figure 6 (below) shows the distribution of issues addressed that pertain to providers. Programming aspects, such as objectives, training, and evaluation accounted for 58% of these issues, whereas provider support accounted for 42% of these contacts. This included issues such as their own health and well-being, business/practice issues, policies, et cetera.

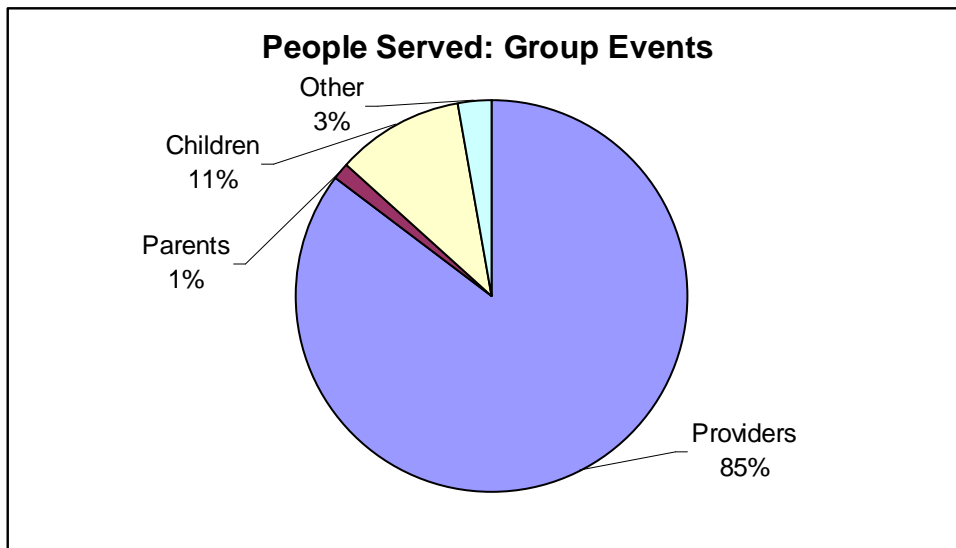
Figure 6. Issues Addressed: Providers



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

In addition to individual contacts with providers, another component of the CCHC program is group events. Two-hundred sixty-three (263) group events were logged during Phase III across five sites (i.e., Baker, Clackamas, Jackson, Lincoln, & Multnomah Counties). Four-thousand two-hundred sixty-six (4266) people were served. Figure 7 shows the breakdown of types of people served.

Figure 7. People Served Through Group Events

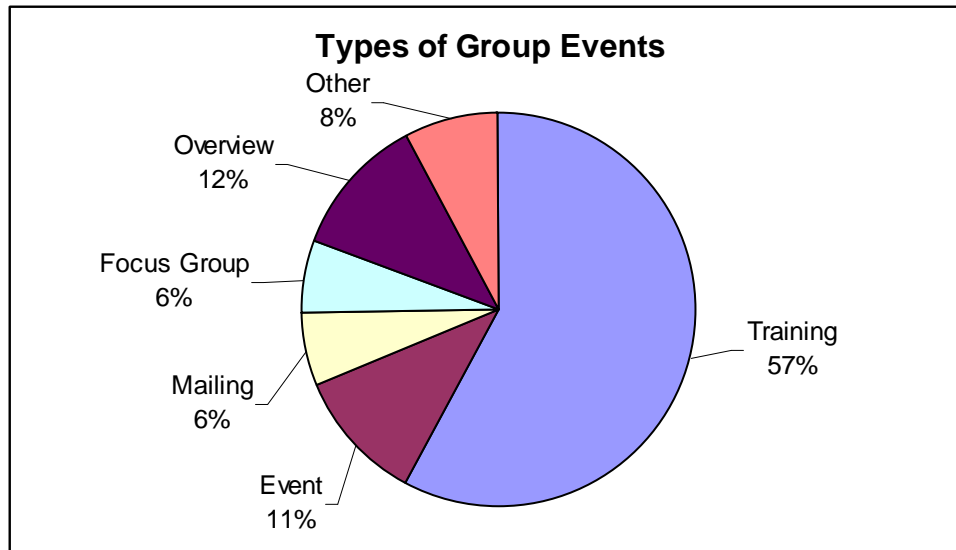


As Figure 7 shows, the vast majority (85%) of people served through group events were child care providers, as would be expected. The next most common group served were children (11%) through on-site educational units. Other individuals, such as agency staff

and community members, were the next most frequent (3%). A small percentage (1%) of people served was parents.

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

Figure 8. Types of Group Events



The majority of group events that occurred in Phase III were trainings (57%). The health consultants conducted 65% of the trainings (i.e., the trainers in the other 35% were other qualified speakers). For specific information about training topics, please refer to the data tables in the appendix. With regard to events, the majority were related to health consultants participating in community health screenings and at after-school activities.

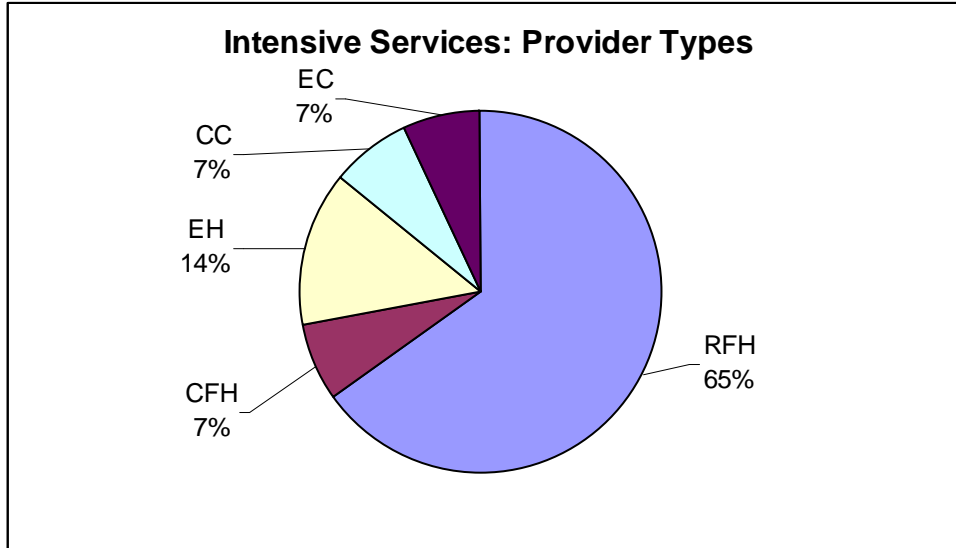
Intensive Consultation Services

Seventy-six percent (76%) of providers were new to the CCHC program in Phase III. Of those who received more intensive consultation services (i.e., site visits, record reviews, etc.), two-thirds had no prior involvement with the CCHC program (27% had “a little” experience, 7% had “some” experience).

Of the overall contacts described above (i.e., in “Consultation Services”), fifty-five percent (55%) of providers were self-referred. Of those who received more intensive consultation services, 60% were referred by their local CCR&R. This group of providers who received more intensive services is who are described below (baseline N=65).

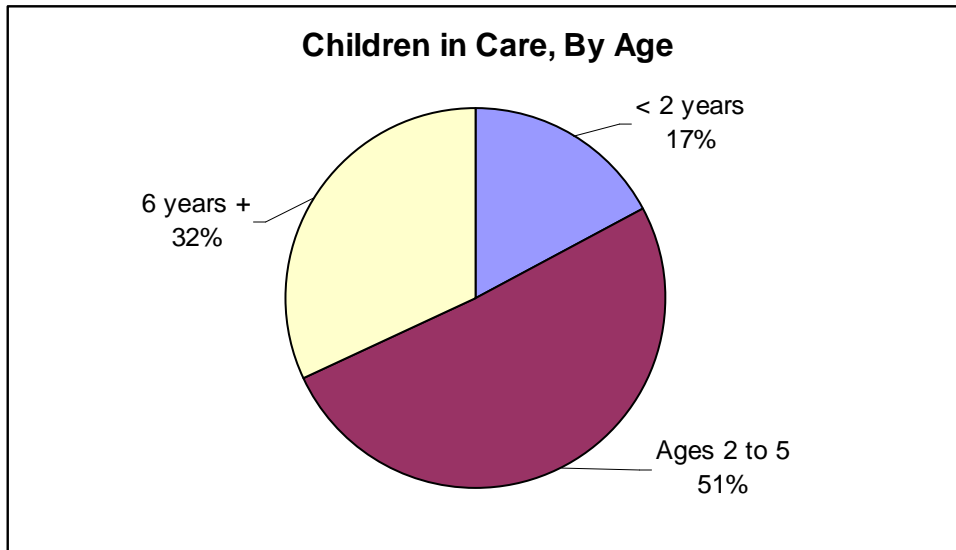
The large majority (65%) of providers who received intensive consultation services were those in registered family homes (RFH, CFH = certified family home, EH = exempt home, CC = certified center, EC = exempt center). Figure 9 depicts the distribution of provider types.

Figure 9. Intensive Services: Provider Types



Providers' range of experience ranged from less than one month to 32 years. The most frequent length, or mode, was one year; whereas the average length, or mean, was 6.7 years. Children in care ranged in age from less than one month to 12 years. The mode age was 1 year, and the mean age was 2.4 years. Half of the children in care were ages 2 to 5 years. Figure 10 shows the distribution of children in care by age categories.

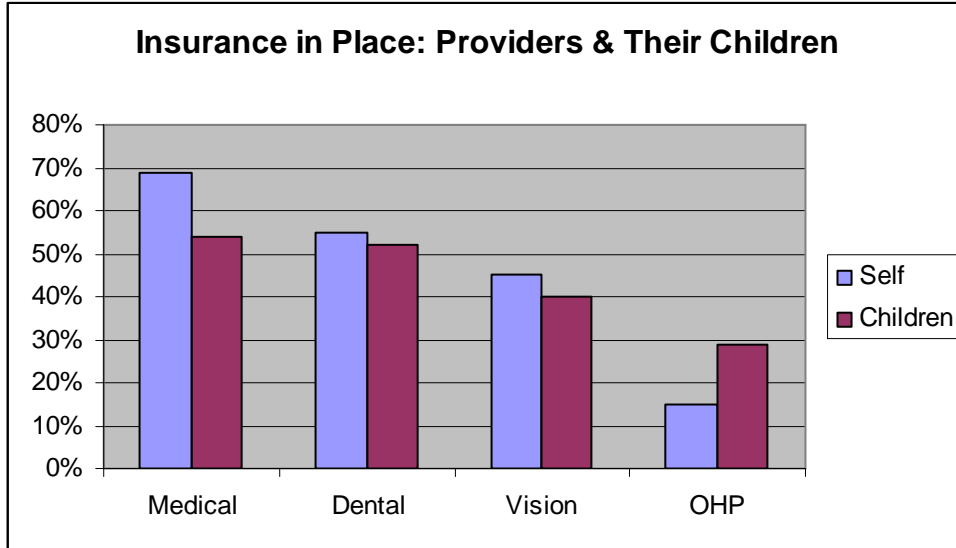
Figure 10. Children in Care, By Age



The 65 providers assessed at baseline reported having 49 children with special needs in their care. This accounts for 7.4% of the total number of children in care represented by these providers.

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

Figure 11. Insurance in Place for Providers and Their Children



As seen above, the majority of providers have insurance in place for the medical and dental needs of themselves and their children. However, less than half of providers reported having vision coverage in place. Fifteen percent (15%) of providers reported having the Oregon Health Plan (OHP) for themselves, whereas 29% have OHP for their children.

Child Care Assessment

The primary purpose of assessing providers at the baseline of their consultation services is to evaluate their levels of confidence in several areas of child care. By doing so, consultation is guided and targeted to what the providers indicate they need. The Self-Assessment tool was used by consultants for this during the assessment. Furthermore, these areas were reassessed at the end of Phase III, and changes in levels of confidence were found, which will be described further below.

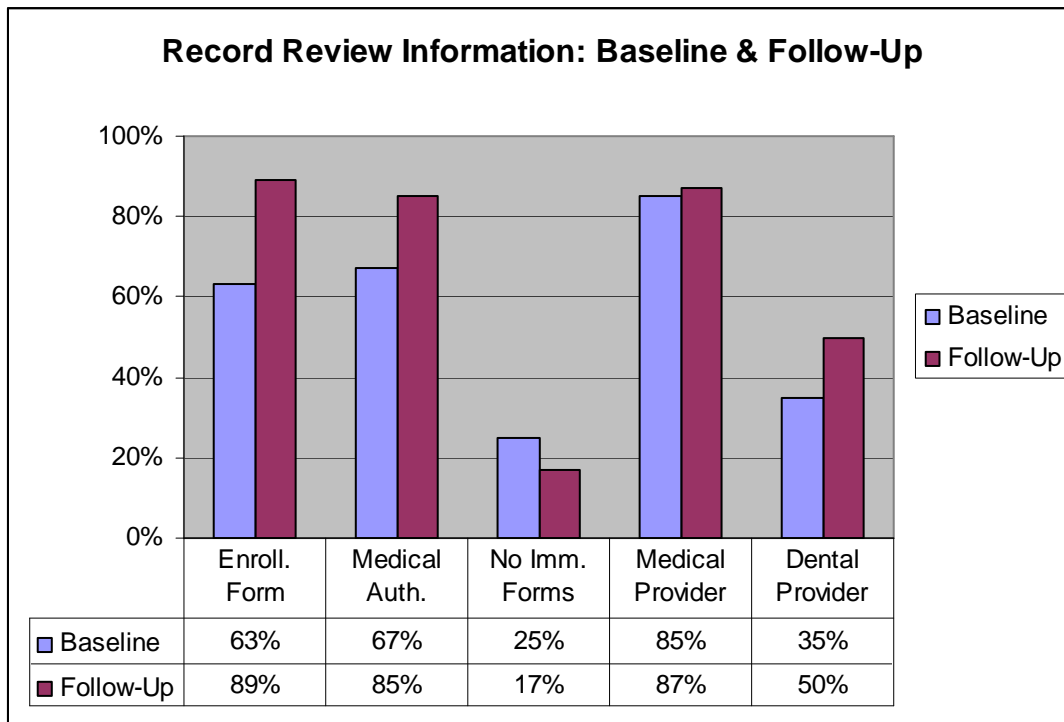
The Self-Assessment tool includes twenty categories related to the child care setting (data regarding all 20 categories are in the data tables found in the appendix). Providers were asked to rate their levels of confidence in each area (high, moderate, mild, not at all confident). Providers reported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

In-depth baseline and follow-up record reviews were completed with 27 providers. The program staff has found that completing both pre and post record reviews has been consistently difficult. The amount of data from record reviews collected for evaluation has been disappointing. The resulting child health outcomes, though not generalizable to the program, are similar to outcomes in larger studies of consultation in both California and Washington.

Record Review Data

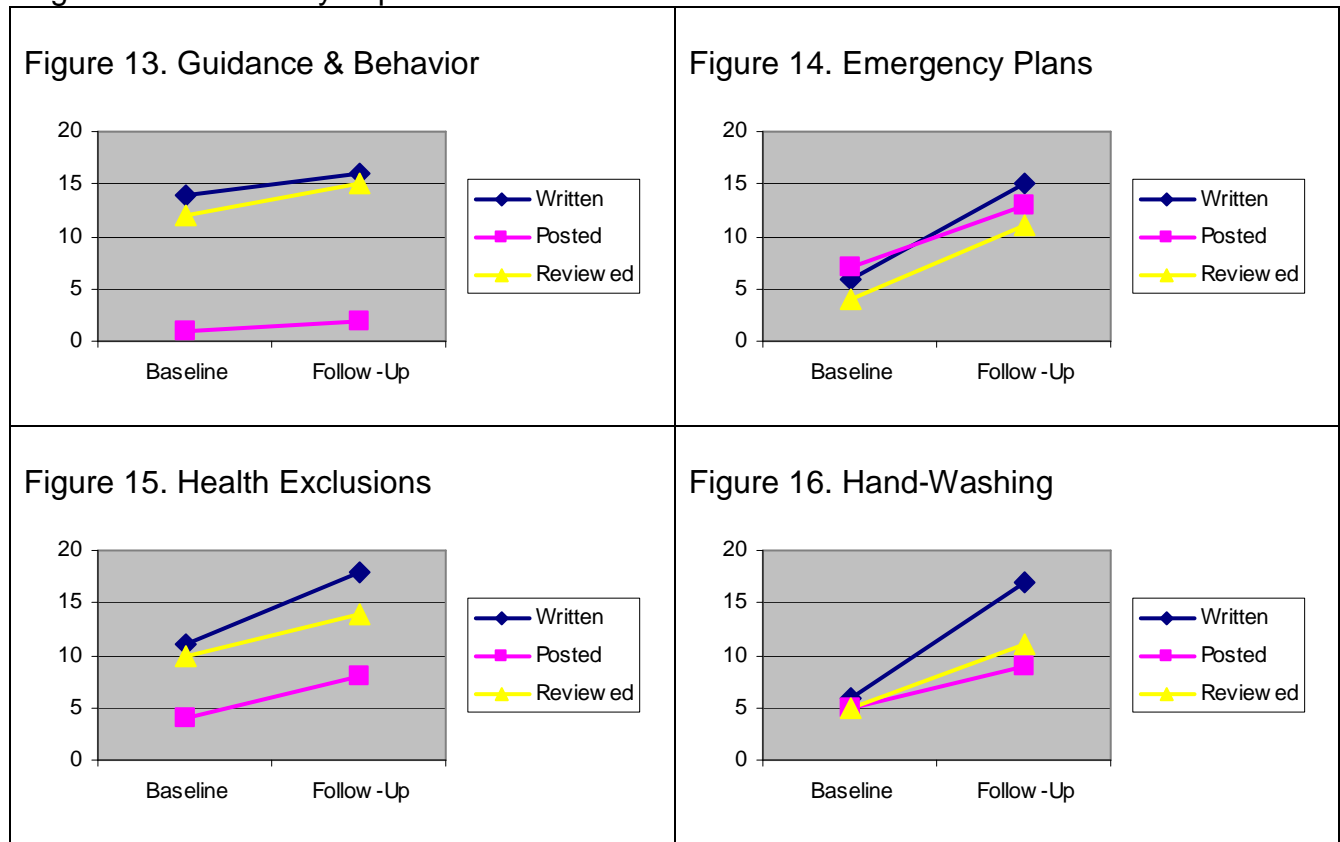
At baseline, 63% of providers reported using enrollment forms at registration. This figure increased to 89% at follow-up. Sixty-seven percent (67%) of providers indicated that they used medical authorization forms at registration. This figure increased to 85% at follow-up. With regard to immunization forms, 25% of records reviewed had no forms at baseline, whereas 17% had no forms at follow-up. The percentage of children with a medical provider indicated in their records increased from 85% at baseline to 87% at follow-up. A considerable increase in dental providers was found: 35% at baseline and 50% at follow-up. Figure 12 depicts these pre/post changes.

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



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

Figures 13 -16. Policy Implementation Over Time



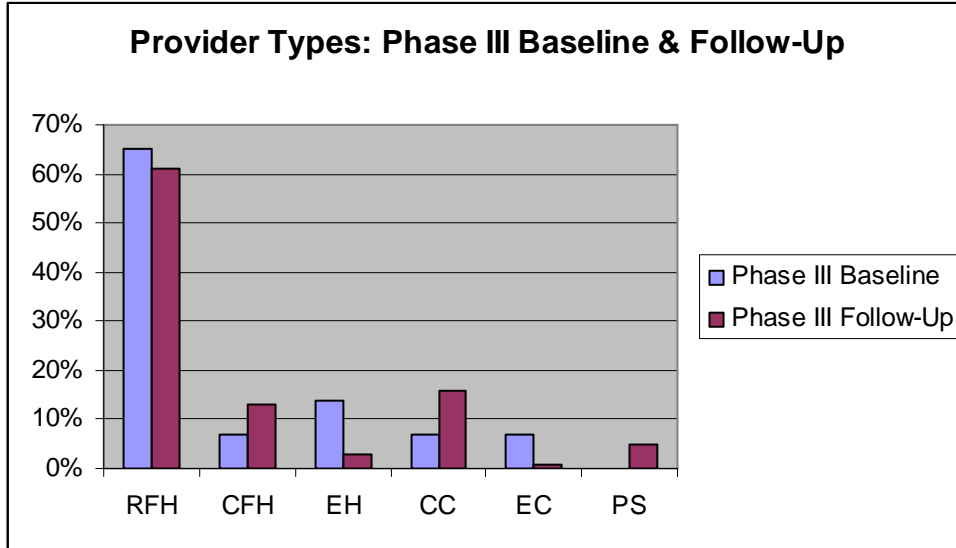
As the above figures show, the use of policies increased from baseline to follow-up in all categories. The greatest increases were found in the area of emergency plans. The least increases were found in the area of guidance and behavior policies. With regard to level of implementation, written policies increased the most, which would be expected as a policy has to be written prior to being posted or reviewed.

Self-Assessment and Child Care Provider Survey Data

Changes in providers' characteristics and levels of confidence were assessed by having providers complete a survey at the end of Phase III. Many of the same questions were asked as on the Self-Assessment so that the impact of consultation services could be inferred. General demographic characteristics were consistent, as the same providers were in both groups. In addition to reassessing levels of confidence, providers were asked questions regarding their levels of satisfaction and impact of consultation in the child care environment. Providers were offered a \$10 incentive for completion of the follow-up survey. No identifying information was on the surveys, and their surveys were mailed directly to the evaluator.

Interesting findings occurred in the area of exempt provider status. Figure 17 shows the changes in provider types from the beginning (baseline) to the end (follow-up) of Phase III.

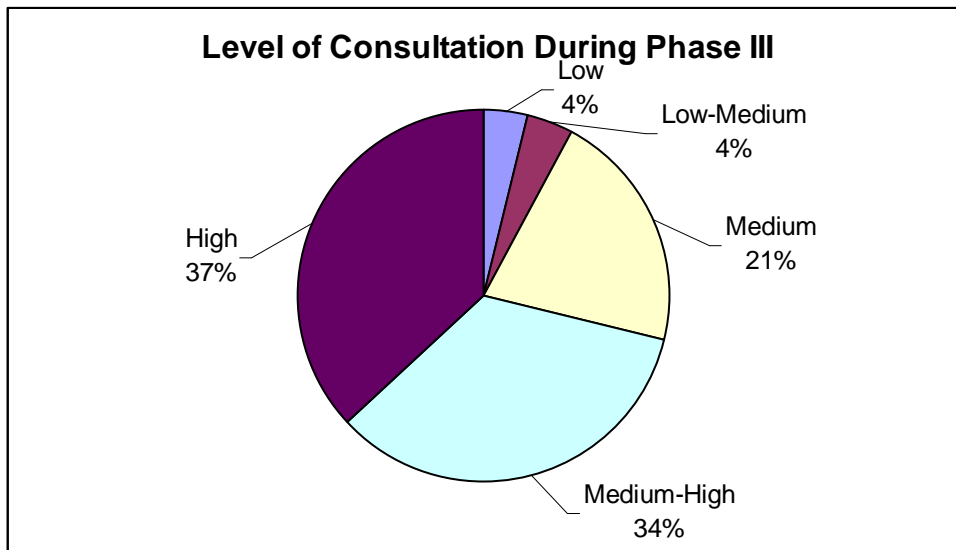
Figure 17. Provider Types: Phase III Baseline and Follow-Up



As can be seen, the percentage of exempt homes decreased by 11%, whereas the percentage of certified family homes increased by 6%. Similarly, the percentage of exempt centers decreased by 6%, and the percentage of certified centers increased by 9%. The percentage of preschools increased by 5% over Phase III.

At follow-up, providers were asked to rate the level of consultation they received during Phase III. Figure 18 shows the distribution of level of consultation received.

Figure 18. Level of Consultation During Phase III



Seventy-one percent (71%) of providers surveyed reported receiving medium-high or high levels of consultation services during Phase III. Twenty-one percent (21%) reported medium levels of consultation. Eight percent (8%) reported low or low-medium levels of consultation.

At the end of Phase III (i.e., follow-up), providers were asked to again rate the 20

categories related to child care with regard to their levels of confidence. Furthermore, they were asked to do a retrospective rating of their confidence. In other words, they rated their levels of confidence at the end of Phase III, and they also reflected back on how confident they were at the beginning. (Often, it is found that people rate their levels of confidence lower after they have received more information.) The following figures (19-38) depict each category along with providers' ratings (high + moderate) at baseline, retrospective follow-up, and actual follow-up.

Figures 19-38. High Levels of Provider Confidence

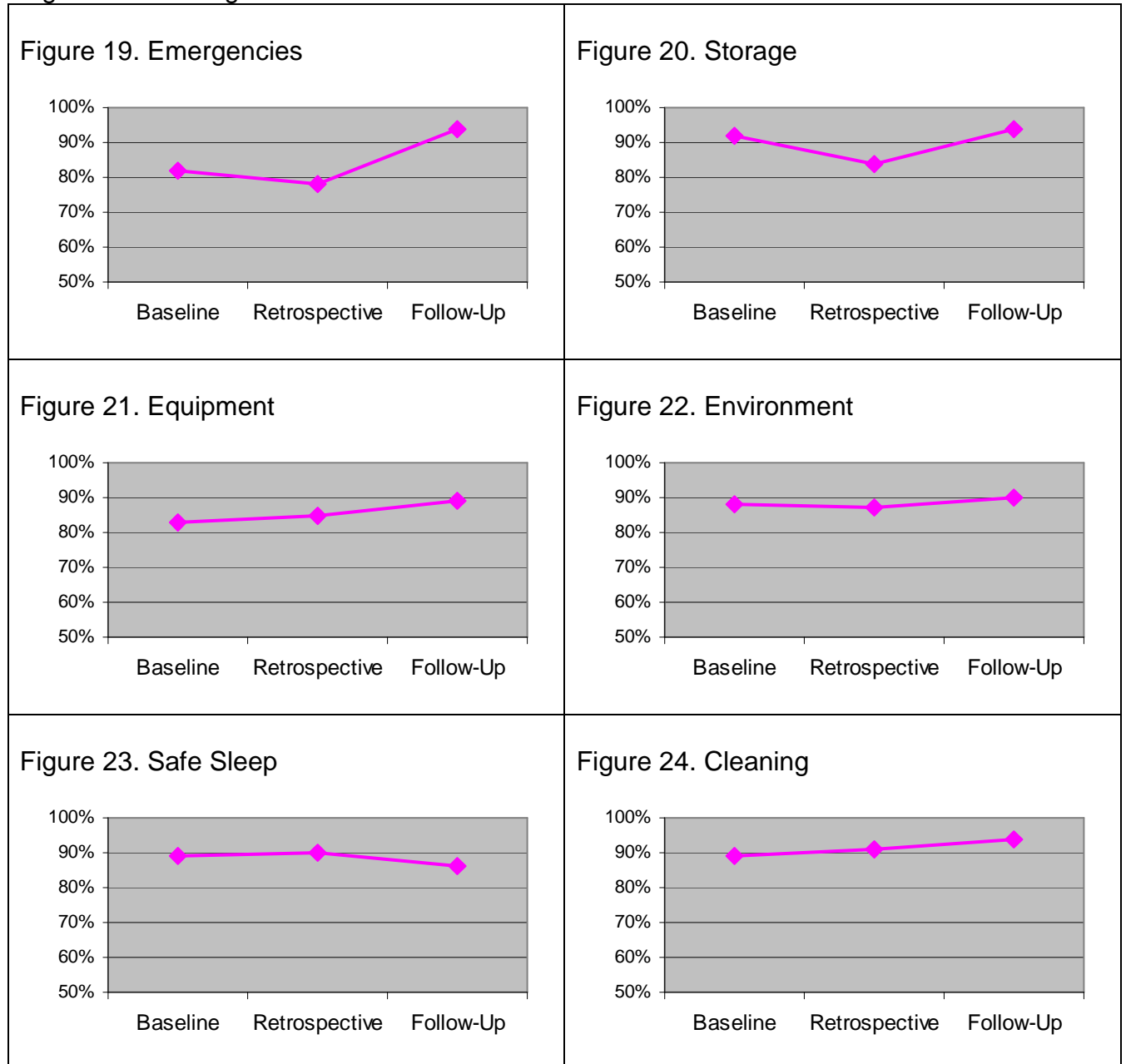


Figure 25. Diapering

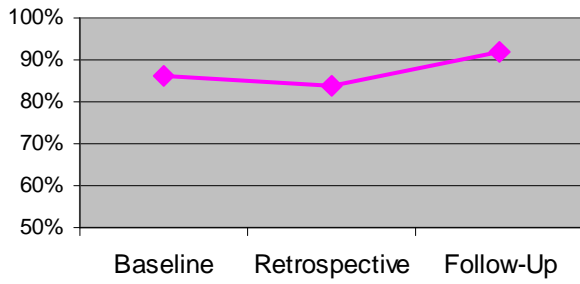


Figure 26. Food Preparation

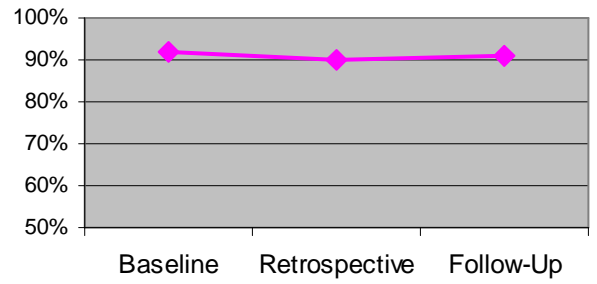


Figure 27. Activities

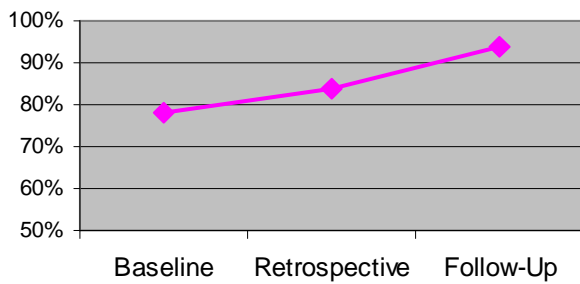


Figure 28. Child Development

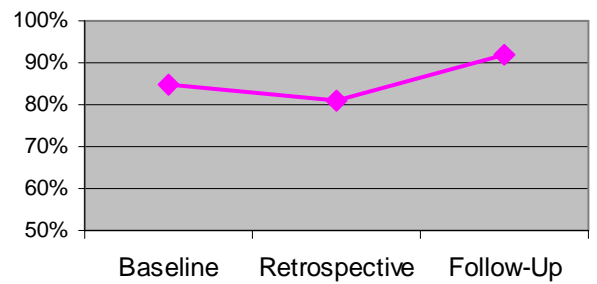


Figure 29. Behaviors

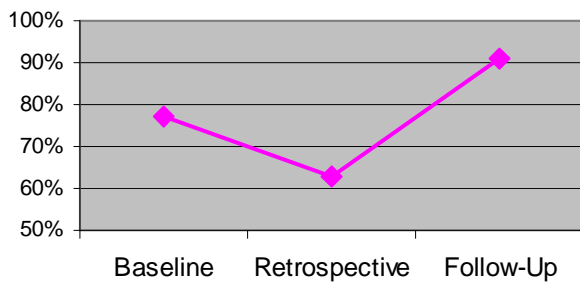


Figure 30. Oral Health

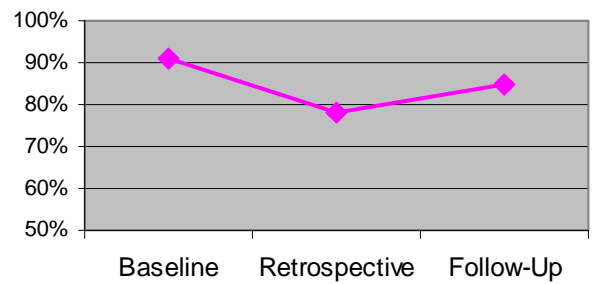


Figure 31. Special Needs

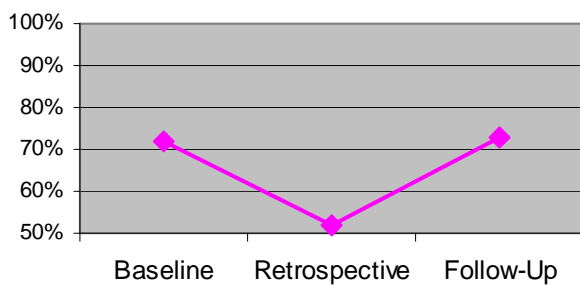


Figure 32. Communicating with Parents

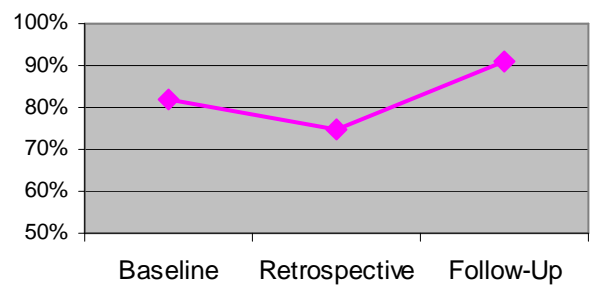


Figure 33. Guidance & Discipline

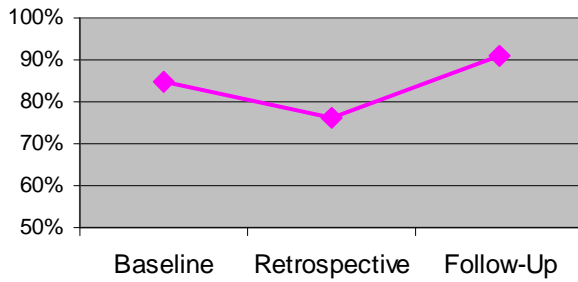


Figure 34. Illnesses/Immunizations

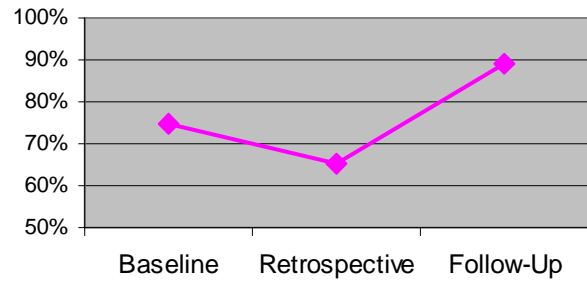


Figure 35. Access to Care

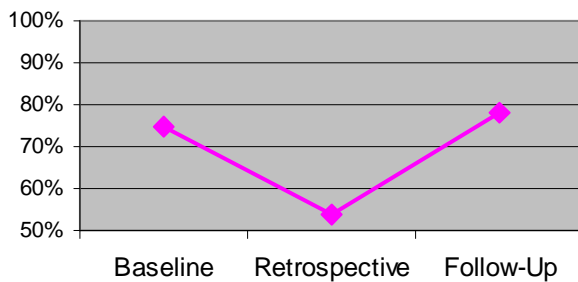


Figure 36. Policies

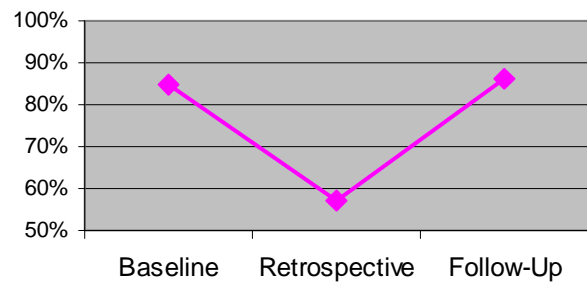


Figure 37. Personal Well-Being

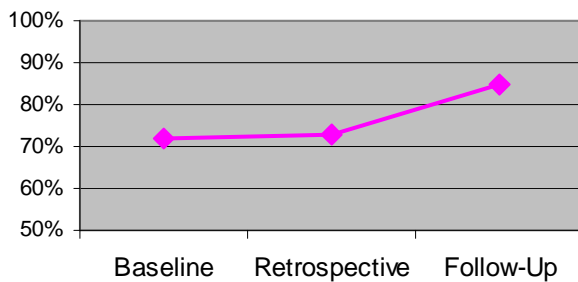
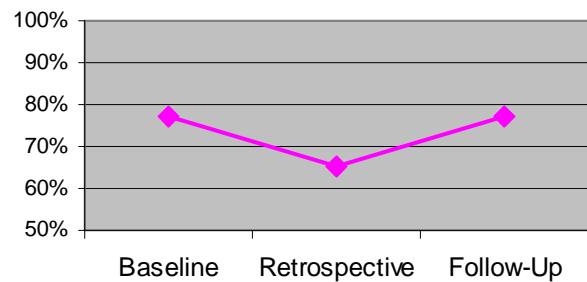


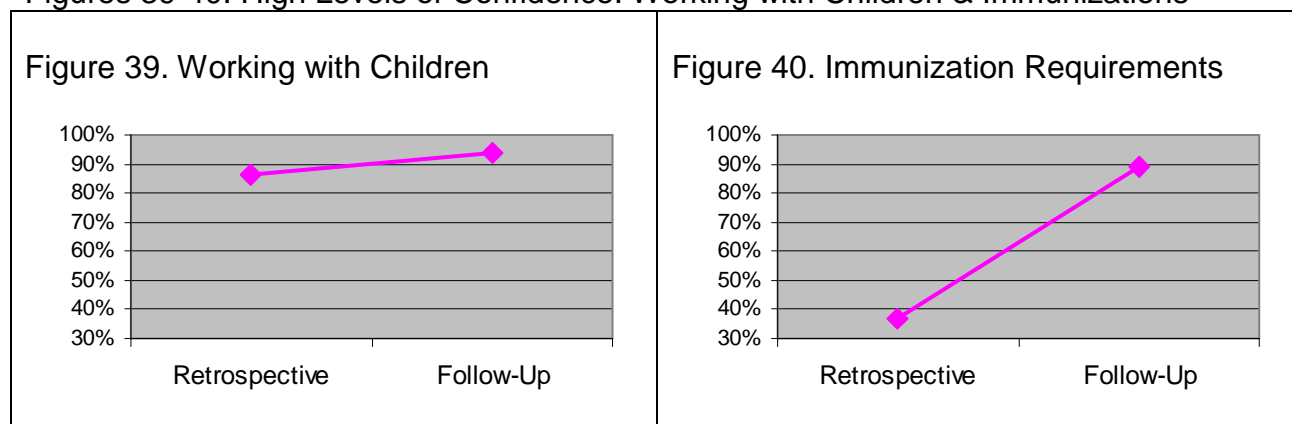
Figure 38. Record Keeping



As the above figures depict, several categories showed considerable increases in high levels of confidence over time. Furthermore, these categories dipped at the retrospective rating. This indicates that, after receiving consultation on the topic, providers realized their level of knowledge was more limited than they did at baseline. Of particular note were the following categories: behaviors, special needs, communicating with parents, illnesses/immunizations, access to care, policy development, and record keeping. Based on these findings, it appears that the CCHC program met many of its objectives during Phase III, as providers' levels of confidence increased in several key areas.

Two additional categories critical to the CCHC program objectives were queried on the follow-up survey: ability to work with children and knowledge of immunization requirements. Figures 39 and 40 show the relationships in high levels of confidence.

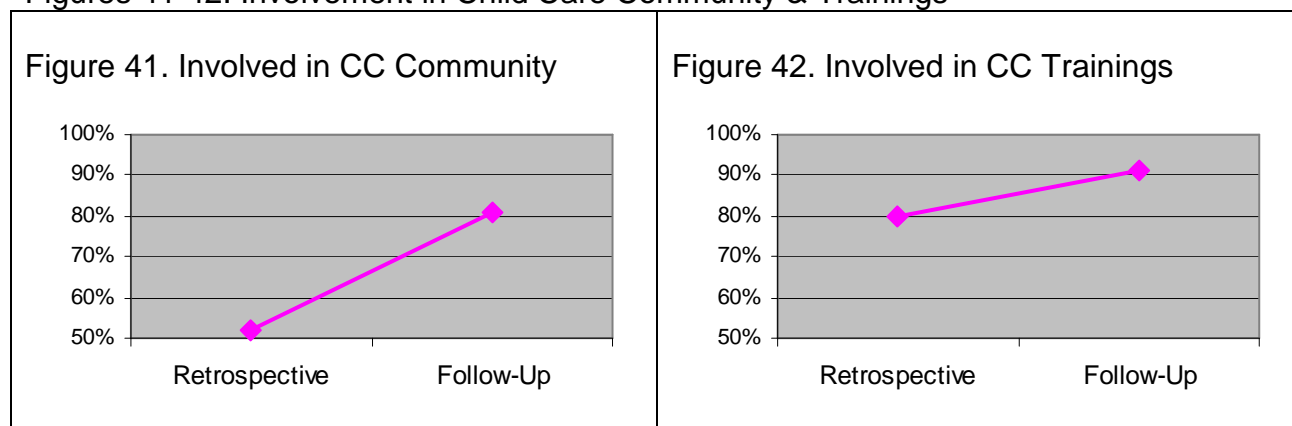
Figures 39-40: High Levels of Confidence: Working with Children & Immunizations



As the above figures show, high levels of confidence with regard to working with children remained consistent across the two reflective measurement points. However, a considerable difference was found with regard to providers' ratings of their confidence in immunization requirements. At follow-up, 89% reported feeling highly confident in the category, but in their retrospective rating, only 38% noted high levels of confidence.

Providers were asked to indicate if they were involved in the local child care community and in child care trainings. Again, they rated themselves retrospectively, as well as at follow-up. Figures 41 and 42 show the findings.

Figures 41-42. Involvement in Child Care Community & Trainings



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

Providers were asked to note if the CCHC program assisted them in working with parents. Eighty percent (80%) answered in the affirmative.

The final set of questions on the follow-up survey was related to quality of and satisfaction with the CCHC program. Table 2 outlines the percentages of providers who answered affirmatively to each question.

Table 2. Quality of and Satisfaction with CCHC Program

Item	Percentage of “Yes” Responses
The formal trainings offered through the CCHC program have been helpful.	97%
The individual consulting offered by the CCHC has been helpful.	99%
The CCHC was knowledgeable about child care health and safety issues.	100%
The CCHC was available to me when I had a question or needed help.	96%
The CCHC responded to my questions/needs in a timely manner.	96%
Overall, I am satisfied with the Child Care Health Consultation program.	97%

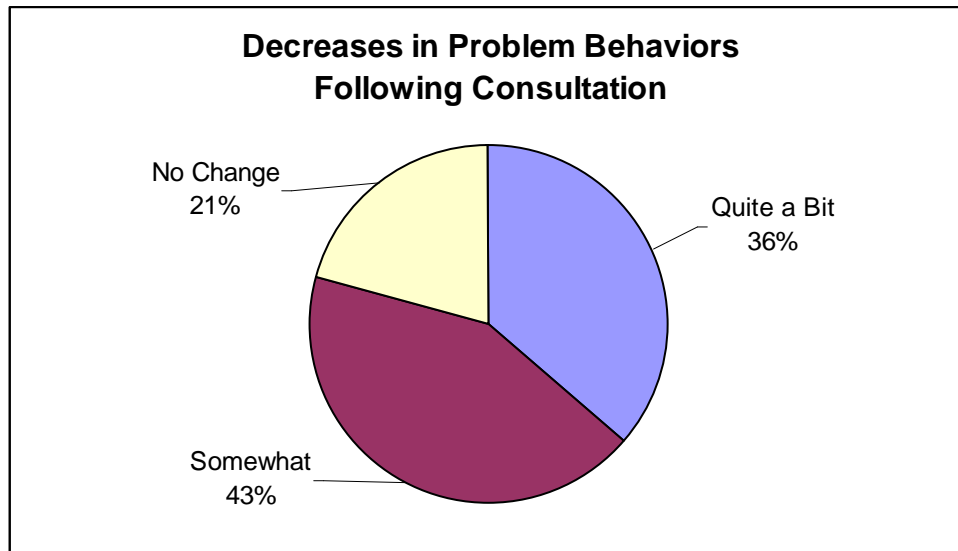
As the numbers indicate, providers rated the CCHC program highly, both in terms of quality and satisfaction. These response rates are compared with previous years below in the “Developmental Changes” section.

Consultation on Challenging Behavior

Consultants working with child care providers who were interested in consultation on children’s social and emotional development and behavior used methods learned through the Promoting First Relationships curriculum. These methods include observation of the classroom and provider, feedback to the provider, and reflective discussion and problem-solving with the provider to address behavior issues. Providers were surveyed before and after the consultation regarding their skills, abilities, and confidence dealing with challenging behavior and changes in the behavior of children in care.

Providers were asked if they experienced a decrease in problem behaviors in their child care setting as a result of CCHC training and/or consultation. Figure 43 shows the distribution of responses.

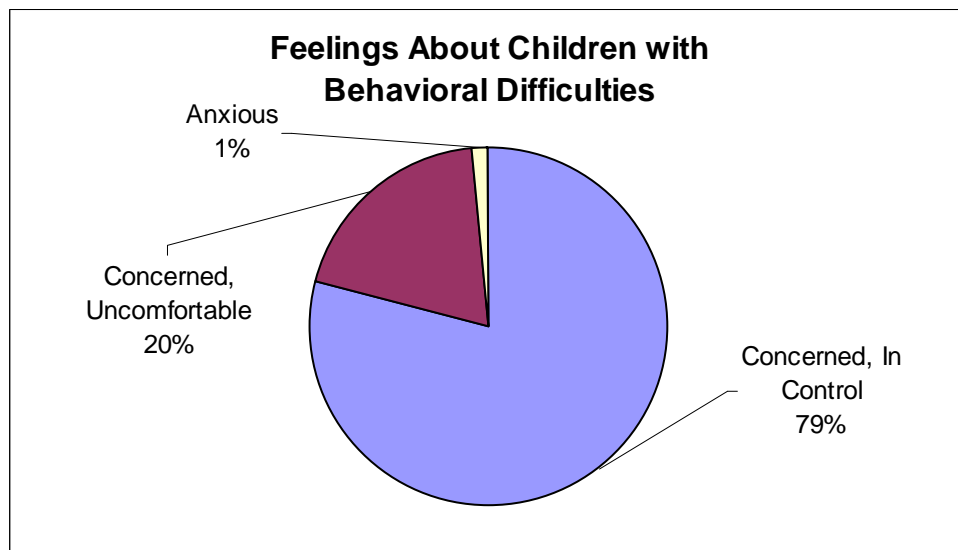
Figure 43. Decreases in Problem Behaviors Following Consultation



As shown above, 79% of providers noted a decrease in problem behaviors (i.e., “quite a bit” or “somewhat”) as a result of CCHC training and/or consultation.

Providers also were asked to indicate their personal feelings about children with behavioral difficulties. Figure 44 shows the categories and responses.

Figure 44. Feelings about Children with Behavioral Difficulties



As seen in Figure 44, nearly all providers reported feeling concerned, but 79% stated that they feel in control. Twenty percent (20%) noted feeling uncomfortable, and only 1% described their feelings as anxious.

Parent Perceptions

Forty-six percent (46%) of Parent Surveys were returned for analysis (N=267). Sixty-two (62) child care providers were represented through these Parent Surveys. Ninety-one percent (91%) of the surveys were completed by mothers, and ninety-two percent (92%) were Caucasian.

Three-hundred fifty-eight (358) children spending a total of 6803 hours in care per week were represented by these parents. The age categories of these children were as follows: 21% under age 2, 52% ages 2 to 5, 27% ages 6 and older. Fourteen (14) children with special needs were represented, which accounts for 4% of the sample.

Ninety-six percent (96%) of parents reported that their children's immunization status was up-to-date. Ninety-four percent (94%) of parents stated that their children have a medical provider, whereas 61% reported having a dental provider for their children.

Ninety-one percent (91%) of parents reported that child care providers utilized enrollment forms. Ninety-five percent (95%) stated that child care providers requested their immunization records at enrollment. With regard to policies, Table 3 shows the percentages of parents who reported that each type of policy was discussed at enrollment.

Table 3. Policy Review at Enrollment

Policy	Percentage of Parents Who Reported that Policy was Reviewed at Enrollment
Guidance & Behavior	89%
Emergency Plans	79%
Health Exclusions	76%
Hand-Washing	74%

Parents were asked if the child care they have in place is "just what (their) child needs." Eight-nine percent (89%) of parents answered this in the affirmative. When asked if they would choose this care again if they had it to do over, 92% answered "yes." Finally, parents were asked to provide a "grade" for their child care arrangement. Ninety-seven percent (97%) of parents rated their care as a "B" or above: 42% "A+" or perfect, 45% "A" or excellent, and 10% "B" or good.

The primary focus of the Parent Survey is a series of 31 questions from Emlen's scale entitled *Quality Child Care from the Parents' Point of View*¹. Parents rate the quality of several aspects of their child care situation through this scale. The items are grouped into five subscales and average scores are calculated for each subscale. Emlen's scale has normative data against which these scores were compared and tested for significance using a one-sample t-test.

Table 4 shows Emlen's normative average scores and the average scores obtained in Phase III. All CCHC Parent Survey average scores were significantly different from Emlen's normative scores. The positively framed subscales (i.e., all but "risks") were

¹ <http://www.ssw.pdx.edu/focus/emlen/documents/PackageScales.pdf>

significantly higher, and the negatively framed subscale (i.e., “risks”), was significantly lower in the CCHC data. These results are a further testament to the positive qualities of child care providers who participate in the CCHC program.

Table 4. Parent Survey Subscales’ Normative and Phase III Average Scores

Subscale	Emlen’s Normative Average Scores	CCHC Phase III Average Score*
Caregiver warmth and interest	4.47	4.74
Caregiver skill	4.17	4.71
Parental relationship with caregiver	4.48	4.77
How child feels in care	4.45	4.72
Risks to health, safety, & well-being	1.66	1.40

* All subscales were significantly different than the normative data, p=.000

Community Collaboration

As in previous phases, levels of collaboration were subjectively rated by each site’s Child Care Health Team at the end of Phase III. Based on average scores, all project sites reported high levels of collaboration with their local CCR&R, Public Health Department, child care providers, and early childhood planning teams. Medium to high levels of collaboration occurred with the Commission on Children and Families and the Child Care Division. Collaboration with county and private mental health has risen since Phase II. Table 5 depicts the average levels of collaboration across the entities included in the survey. Individual project site reports describe local differences.

Table 5. Levels of Collaboration in Phase III

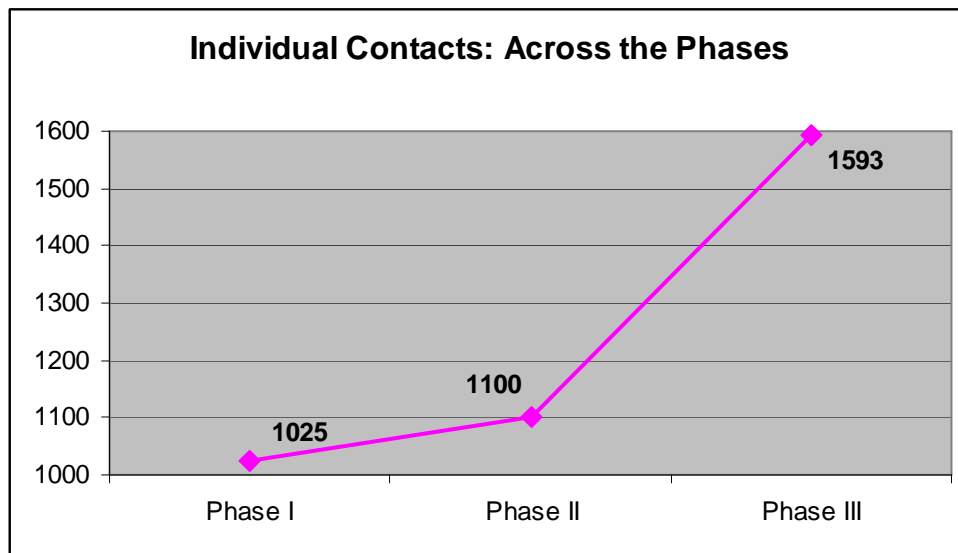
Entity/Agency	Level of Collaboration low → medium → high
Resource & Referral	X
Public Health Department	X
Providers	X
Early Childhood Planning Teams	X
Commission on Children & Families	X
Child Care Division	X
Head Start	X
County Mental Health	X
Private Mental Health	X
Community College	X
Environmental Health	X
Early Intervention	X
Women, Infants, & Children (WIC)	X
American Red Cross	X
DHS: Child Welfare	X
DHS: Self-Sufficiency	X
Medical Providers	X
School Nurses	X
Early Head Start	X
Migrant/Seasonal Head Start	X
American Heart Association	X (none)

III. Developmental Changes

Consultation Services

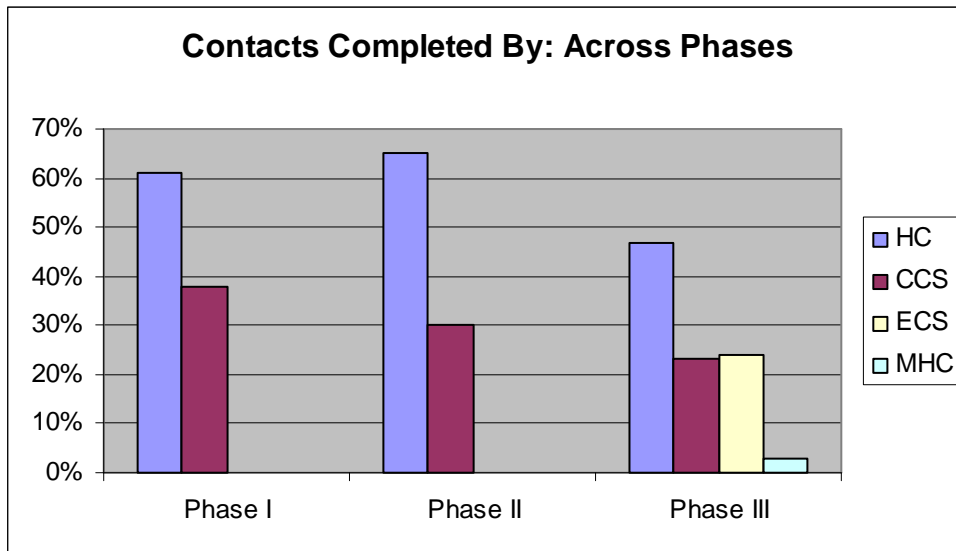
Over the three phases of the CCHC program, considerable development has occurred. With each phase of the CCHC program, the number of contacts with providers has increased. This increase is shown in Figure 45. With the additional sites in Phase III, it would be expected to see a considerable increase in number of contacts.

Figure 45. Individual Contacts: Across the Phases



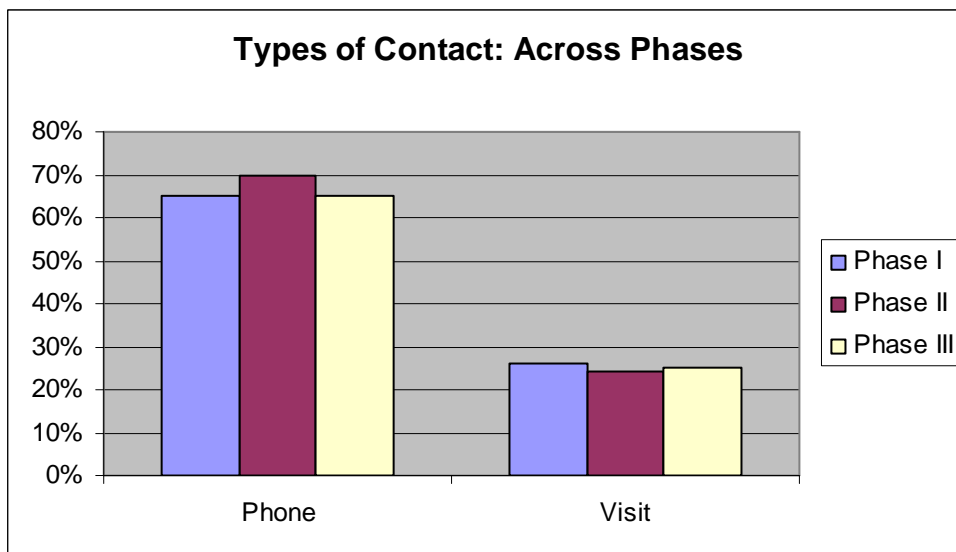
With regard to who completes the contacts, this has become more diversified over time. In Phase I, 61% of contacts were made by the health consultant (HC) and 38% were with the child care specialists (CCS). Similarly, in Phase II 65% of contacts were with the health consultant, and 30% were with the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

Figure 46. Contacts Completed By: Across the Phases



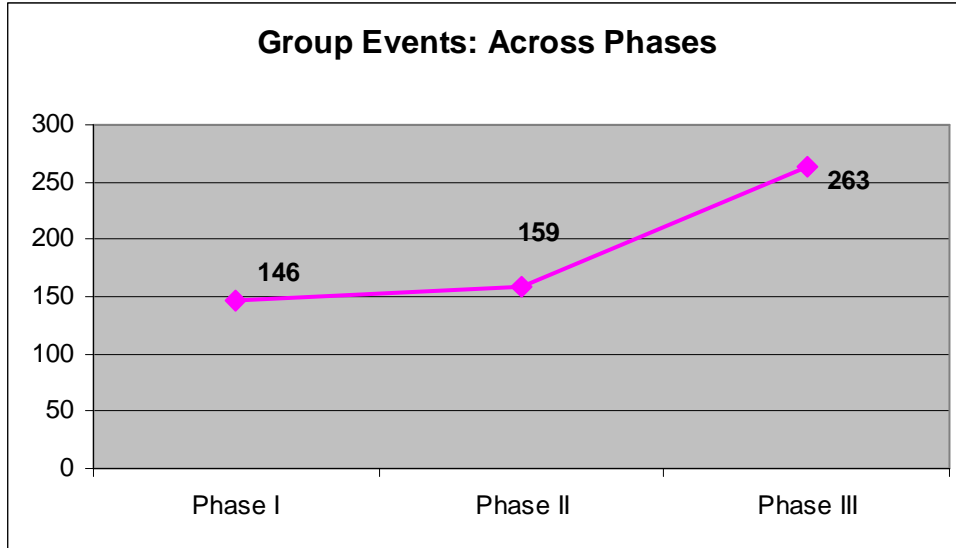
The types of contact have remained fairly consistent over the phases, with the majority occurring through phone calls. The amount of on-site visits has also remained consistent. Please refer to Figure 47 below.

Figure 47. Types of Contact: Across the Phases



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

Figure 48. Group Events: Across the Phases

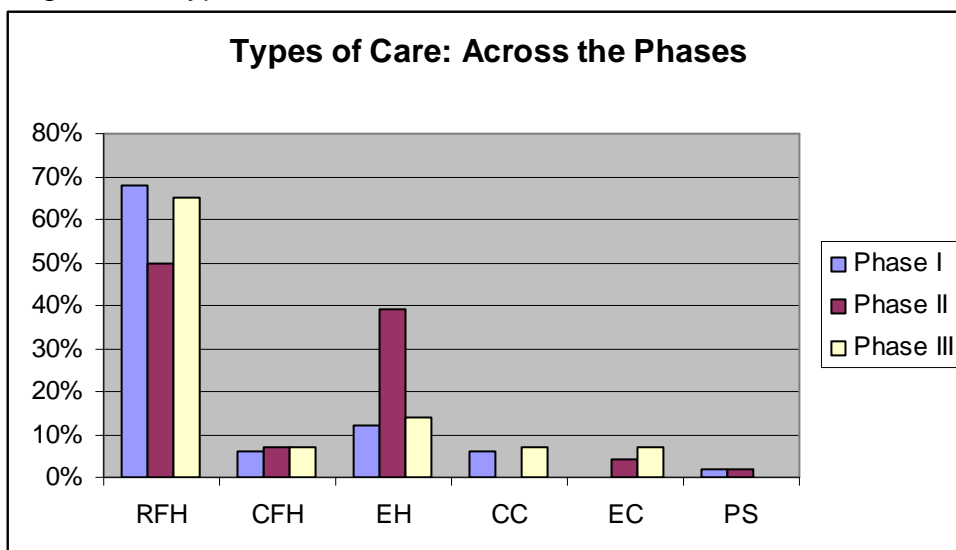


The percentage of providers served through group events increased considerably in Phase III (from 35% and 31% in Phases I and II, respectively, to 85% in Phase III). In Phases I and II, the health consultants participated in more community-wide events, such as school open houses and parent fairs. This resulted in relatively higher numbers of parents and children served. As their presence has become more known in their communities, participation in such “outreach” efforts has decreased, and their time has been devoted more to group trainings of child care providers.

Provider Characteristics

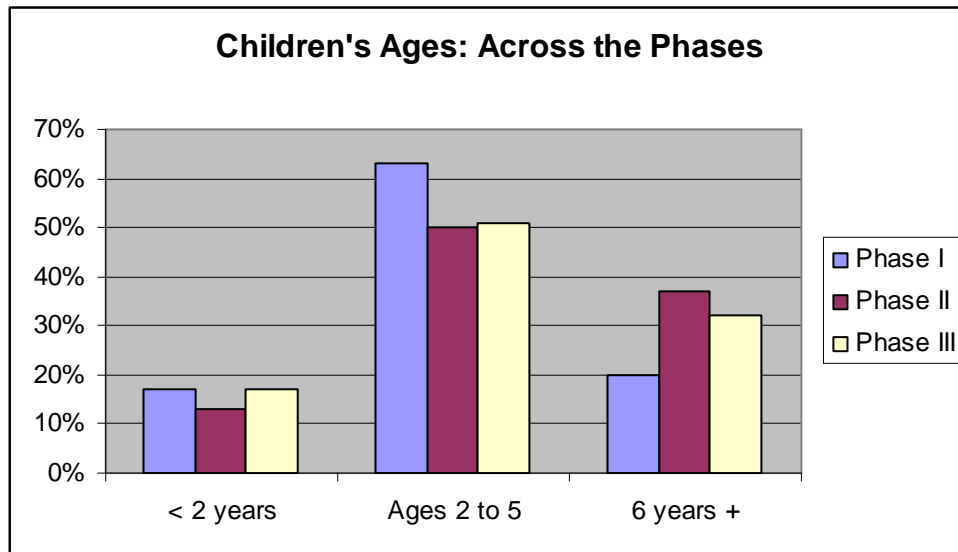
With regard to types of child care settings served, Figure 49 shows the percentages of each type across the phases. As shown, the primary finding was an increased percentage of exempt homes in Phase II.

Figure 49. Types of Care: Across the Phases



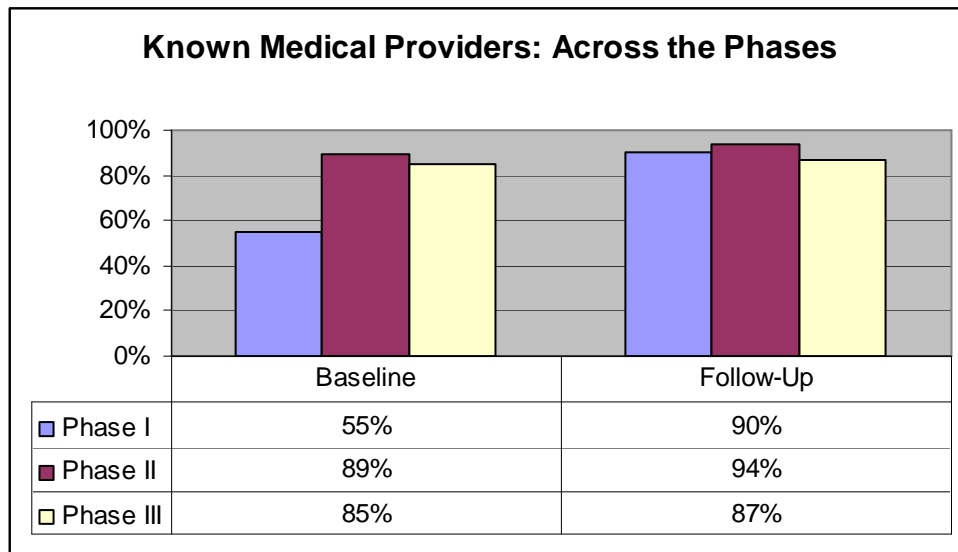
When analyzing the children represented by these providers over the years, slight fluctuations in age categories were found (see Figure 50).

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



Throughout the phases, providers reported increases in children’s access to medical care following consultation. Figure 51 shows the percentages of children with a known medical provider in Phases I, II, and III.

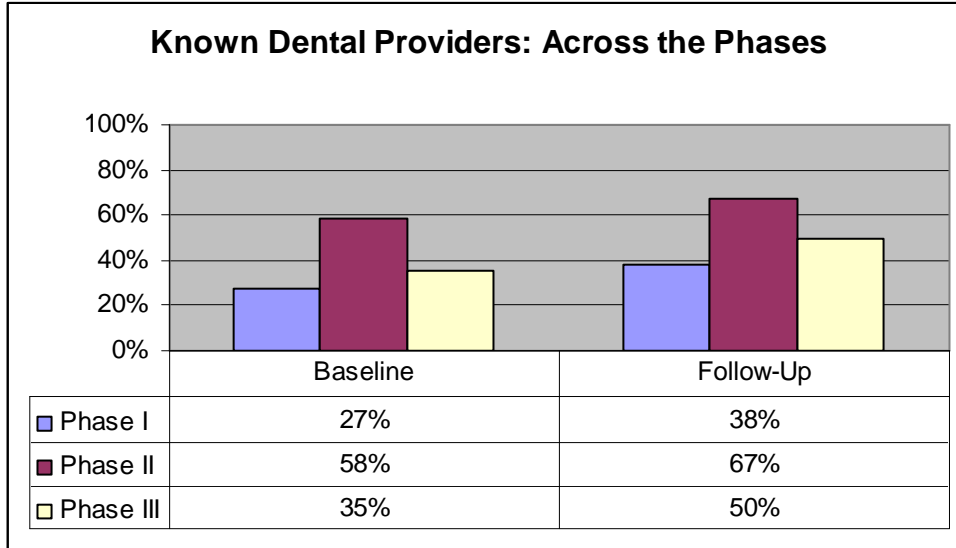
Figure 51. Known Medical Providers: Across the Phases



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

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

Figure 52. Known Dental Providers: Across the Phases



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

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

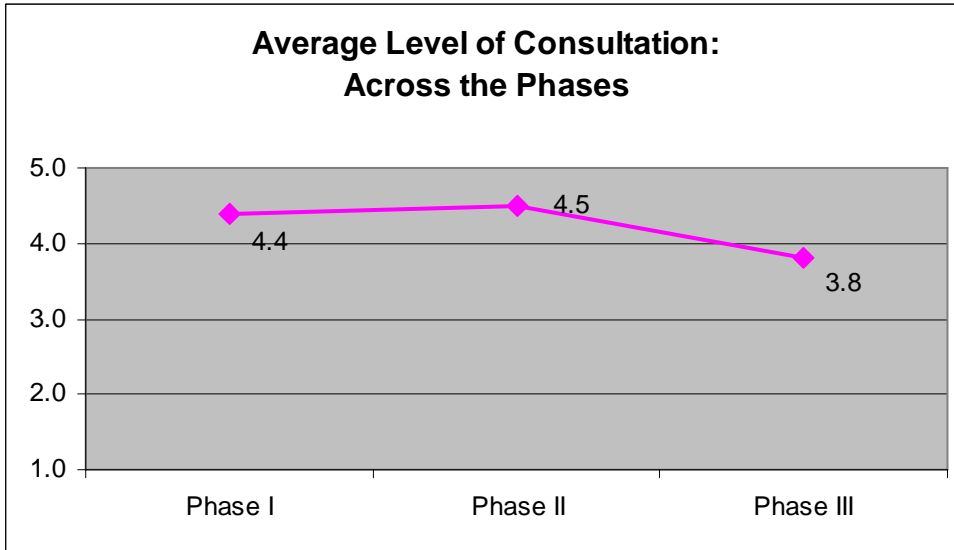
Table 6. Change Scores in Policy Implementation: Across the Phases

Phase	Written			Posted			Reviewed		
	I	II	III	I	II	III	I	II	III
Guidance & Behavior	+32%	+7%	+7%	+4%	+2%	+3%	+38%	+5%	+12%
Emergency Plans	+36%	+35%	+34%	+37%	+37%	+22%	+36%	+36%	+26%
Health Exclusions	+45%	+45%	+49%	+9%	+30%	+15%	+30%	+32%	+15%
Hand-Washing	+36%	+35%	+41%	+24%	+19%	+14%	+29%	+26%	+22%

As Table 6 shows, the largest area of change has been in written health exclusion policies. Written emergency plans and hand-washing policies are also areas of great positive changes. Posted and reviewed emergency plans show considerable positive changes as well. There has not been as much positive change in guidance and behavior policies.

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

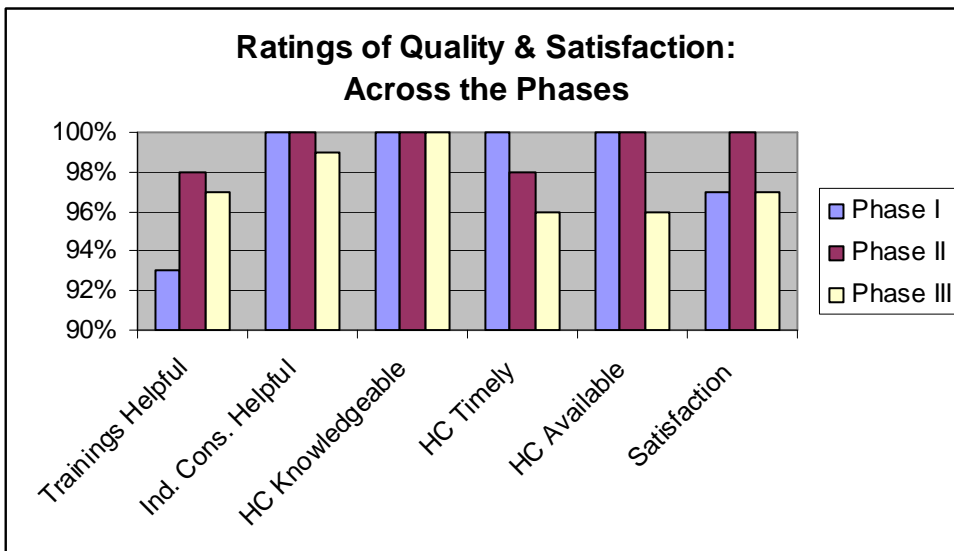
Figure 53. Average Level of Consultation Services: Across the Phases



Patterns in providers' levels of confidence have remained similar over the phases. In general, providers rated their levels of confidence higher following consultation than they had prior to consultation. This was the case for all categories in Phases I and II. However, in Phase III, providers indicated that their confidence dropped slightly following consultation in the areas of oral health practices, food preparation, and sleep practices.

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

Figure 54. Quality and Satisfaction Ratings: Across the Phases



Parent Perceptions

The Parent Survey was administered at the end of Phases II and III. In Phase II, 173 surveys were returned for a response rate of 44%. In Phase III, 267 surveys were returned for a similar response rate of 46%. Table 7 depicts percentages for key items from the Parent Survey across these two phases.

Table 7. Parent Perceptions in Phases II and III

Item	Phase II Percentage	Phase III Percentage
Up-to-date immunizations	98%	96%
Medical provider	98%	94%
Dental provider	84%	61%
Providers utilized enrollment forms	97%	91%
Providers asked for immunization records at enrollment	98%	95%
Guidance & behavior policy reviewed	85%	89%
Emergency plan reviewed	73%	79%
Hand-washing policy reviewed	72%	74%
Health exclusion policy reviewed	69%	76%
Care is just what child needs	91%	89%
Would establish same care again	95%	92%
Grade of "B" or above	98%	97%
Grade of "A+" or "A"	90%	87%

As the above table shows, percentages remain fairly consistent across Phases II and III. Because each sample is composed of different parents representing different child care providers, direct linear comparisons cannot be made. However, the above figures show some interesting trends. For example, there was a considerable decrease in the percentage of parents reporting having dental providers in place (84% in Phase II, 61% in Phase III). On the contrary, it appears that policy review is increasing across the four policies surveyed (i.e., range from 2% to 7% increase).

Table 8 (below) shows the average scores on Emlen's subscales from the Parent Survey for Phases II and III.

Table 8. Emlen Subscale Averages in Phases II and III

Emlen Subscale	Phase II Average Score	Phase III Average Score
Caregiver warmth and interest	4.74	4.74
Caregiver skill	4.66	4.71
Parental relationship with caregiver	4.77	4.77
How child feels in care	4.75	4.72
Risks to health, safety, & well-being	1.29	1.40

As shown above, average scores on Emlen's subscales remained consistent across Phases II and III. All were significantly different than Emlen's normative data.

Community Collaboration

Across the phases, similar high levels of community collaboration have occurred with child care providers, CCR&R, Public Health, and early childhood planning teams. Collaboration with mental health entities has increased in the previous two phases, first with county mental health and more recently with private mental health. In general, levels of community collaboration have increased over the phases, which is indicative of the CCHC program becoming more integrated into the early childhood system of care.

IV. Positive Outcomes

There were many positive outcomes in Phase III. As these have been highlighted throughout the body of this report, they will not be restated. However, it is important to highlight some of the primary impacts the CCHC program appears to be making.

As hypothesized, more Provider Self-Assessments and Surveys were completed in Phase III than in prior phases. This is a reflection of the increased number of sites, but also of higher completion rates on the part of providers. The results from these tools showed positive changes in provider confidence levels in many areas of health and safety after consultation that can be generalized to the program. This was especially clear from the retrospective rating of confidence. Providers reported more involvement in their child care community and interest in training. After consultation, more providers were licensed, and there was a high degree of satisfaction with the program.

Steps were taken in Phase III to strengthen consultation on healthy social and emotional development and behavior. Providers who received this consultation reported that they were more confident in this area and there were fewer behavior problems after consultation. Collaboration with county and private mental health entities has increased during this phase.

The scores on the Emlen Parent Survey have been significantly different (i.e., in the hoped for direction) than normative data each year it has been administered. This indicates that parents whose children go to child care providers who participate in the CCHC program had significantly more positive responses to quality of care items. Therefore, the CCHC program appears to reach beyond child care providers to the children and parents it serves.

V. Challenges

As with any program that is in its demonstration phase, challenges have arisen along the way. Over the years, the CCHC program has addressed such challenges in a collaborative manner. Some continued to have a presence in Phase III and should be revisited, and some new challenges arose from the changes that occurred in Phase III.

Capturing information that can only be obtained through record reviews continues to be a challenge. These data include issues related to the provider, such as the use of forms (i.e., enrollment, medical authorization) and policies (i.e., guidance and behavior, emergency plan, hand-washing, and health exclusion). Also, individual, child-level data

are gathered through this mechanism (e.g., immunization status, access to care status). Balancing the child care provider's interests and need for consultation with sometimes competing program requirements is an art, especially in a voluntary program. Project staff is aware that relationships can be damaged when the balance is not maintained. Barriers to gathering this information have been addressed in each phase, but obtaining this type of data on a large scale remains difficult. The program continues to look for effective ways to gather this data in a collaborative way with the project.

The program services have expanded to include consultation on healthy social and emotional development and behavior, which is time intensive consultation. With an increased emphasis on social-emotional health in Phase III, other issues dropped back in their frequency. For example, oral health was less of an emphasis in Phase III than in previous years. The existing consultation staff is stretching to provide more consultation service, and it was expected that there would be a shift in the balance of issues addressed. There is a possibility that balancing the need for consultation in a variety of areas will continue to be a struggle without funding for increased staff time in the projects.

Finally, the addition and expansion of projects has been both a positive and challenging characteristic of the program. More child care providers are receiving consultation services with positive results. As expected, there have been challenges related to integrating three new sites (i.e., Clackamas, Grant, & Union Counties) into the CCHC program in Phase III. These sites found themselves working primarily on implementation strategies, whereas the original sites have move beyond this level. This made it difficult, at times, to have group-wide trainings and other procedures address the needs of all of the sites. Furthermore, with considerable staff changes of some pre-existing sites (e.g., Lincoln & Multnomah Counties) continuity of the program has been a challenge.

VI. Conclusions & Next Steps

Phase III of the CCHC Demonstration Program began in July 2005. In this new phase of consultation, five project sites were in operation: Baker, Clackamas, Jackson, Lincoln, and Multnomah Counties. The Clackamas site was new to Phase III, and the Baker County site has started to branch out into Grant and Union Counties.

The CCHC program continues to strive to optimize the physical, social, and emotional health and safety of children in Oregon's child care settings and to provide linkages with community health resources and services. Addressing social-emotional needs was a new emphasis of Phase III. New mental health consultants started to join the projects, and staff was trained in social-emotional well-being in the child care setting with the Promoting First Relationships curriculum. Data from Phase III are encouraging and supportive of the approach taken. Evaluation will continue in Phase IV.

Phase IV began in July of 2006. Consultants continue to log their contacts with child care providers. Self-assessments and record reviews are being completed during the first or second site visit. To address the challenges with record review completion In Phase III, consultants will present this process as a service to providers through which they can learn how to keep more complete records. The program will develop data

collection processes that can be maintained in an on-going program, problem-solve data collection barriers with feedback from project staff and partners.

Pre-post data has been collected on a yearly basis. In Phase IV data collection will be more seamless and cross phases. Providers will be sent a survey one year following their initial assessment, and a follow-up record review will be done at that time as well. Providers who enrolled in previous phases and are still receiving consultation will be surveyed as well. Consultants continue to develop and deliver relevant trainings to child care providers. The CCHC program remains a part of the local community, and collaborative relationships continue to develop and grow.

As the program continues into its fourth year, sustainability remains an important goal. The program will build on the strengths of the partnership at the state and local levels identify areas that should be strengthened and work toward implementation of a sustainable program. An action plan that moves toward sustainability will be developed with the feedback and participation of Health Links.

Appendix: Phase III Raw Data Tables

Phase III Raw Data Tables

Code	Category	Baker	Clackamas	Jackson	Lincoln	Multnomah	Union	Total
SURVEY COUNTS								
	Total # home visits	98	22	36	15	96	87	354
	# Providers visited	48	13	18	14	59	29	181
	# Self-assessments	6	3	6	12	17	21	65
	# Provider surveys	16	5	9	21	13	13	79
	# Record review sets	4	0	0	0	4	8	16
	# Parent surveys	111	15	26	62	8	45	267
CONTACTS: PROVIDER TYPES								
1	RFH	121	60	81	109	104	188	663
2	CFH	17	1	8	25	6	13	70
3	EH	36	28	4	48	10	51	177
4	CC	5	2	22	47	8	0	84
5	EC	20	1	14	31	4	1	72
6	P	26	2	5	4	14	1	53
7	NP	4	1	0	40	9	4	58
	Total	229	95	134	304	146	258	1177
CONTACTS: COMPLETED BY								
1	CCHC	213	98	136	26	201	74	751
2	CC Spec.	29	0	0	288	1	46	364
3	MHC	0	0	42	1	0	6	49
4	ECS	73	0	6	0	0	306	385
5	CCR R Idr.	28	0	0	0	0	10	38
6	Other	2	0	5	0	0	0	7
	Total	345	98	189	315	202	442	1593
CONTACTS: TYPE								
1	Phone	176	52	127	303	111	163	935
2	Email	2	18	16	1	10	3	50
3	Visit	98	22	36	15	96	87	354
4	Other	31	9	11	5	0	39	105
	Total	307	101	190	324	217	292	1444
CONTACTS: VISITED BY								
	HC	72	21	25	4	89	23	234
	CCS	9	0	0	10	0	9	28
	MHC	0	0	7	0	0	1	8
	ECS	0	0	0	0	0	49	49
	Team Idr.	15	0	0	0	0	0	15
CONTACTS: SELF-REFERRED								
	Total	165	30	85	171	77	82	611
CONTACTS: NEW TO PHASE III?								
1	Yes	65	56	68	82	95	42	410
2	No	35	0	20	46	14	14	129
	Total	100	56	88	128	109	56	539
CONTACTS: ISSUES ADDRESSED								
1	Comm. Res.	34	3	41	6	22	31	137
2	Access care	15	3	5	0	10	8	41
3	Access OHP	2	1	0	0	9	2	14
4	Abuse	11	2	14	1	0	3	31
5	Child Dev.	48	7	63	8	28	65	219
6	Child Health	38	8	30	12	16	16	120
7	Disease	17	12	21	2	34	15	101
8	Parents	40	18	41	15	26	51	191

9	Cultural	2	1	1	0	10	0	14
10	Emergency	11	1	2	1	27	35	77
11	Env. Health	44	0	2	2	15	60	123
12	Records	40	7	2	2	47	37	135
13	Immunization	36	15	18	8	72	88	237
14	Injury Prev.	49	6	5	3	41	53	157
15	Mental Hlth.	20	19	53	18	33	45	188
16	Nutrition	6	4	3	4	3	5	25
17	Oral Health	8	4	3	0	16	7	38
18	Physical Act.	6	0	4	0	9	9	28
19	Prov. Health	30	2	5	2	32	14	85
20	Spec. Needs	17	8	58	7	13	10	113
21	CCHC Objct.	29	29	11	62	37	24	192
22	Training Info.	58	50	35	219	7	16	385
23	Other	118	9	4	49	62	32	276
	Evaluation	28	1	6	46	22	22	125
CONTACTS: INTERVENTIONS								
1	Case Mgmt.	15	0	3	0	2	9	29
2	Needs Assmt	59	4	15	0	31	61	171
3	Observation	6	4	19	0	28	12	69
4	Policy Dev.	21	4	8	2	36	6	77
5	Prob. Solv.	114	19	68	32	15	76	325
6	Prog. Enroll.	30	1	11	0	28	39	109
7	Provide Info.	149	64	129	281	82	82	790
8	Record Rev.	21	1	7	2	31	90	152
9	Referral	30	1	12	0	48	14	105
10	Res. Dev.	44	2	19	0	35	50	150
11	Screening	4	0	5	0	0	6	15
12	Support	106	23	79	25	58	72	364
13	Teaching	53	40	35	0	79	13	220
14	Written Mat.	58	22	50	3	83	30	246
15	Other	47	3	3	28	36	38	155
CONTACTS: PLANS								
1	Dev. Train.	5	1	14	1	0	4	25
2	F/U Call	74	42	31	13	17	98	275
3	F/U Visit	130	11	60	3	91	114	412
4	Issue resolve	64	41	74	150	62	59	450
5	Provide Info.	37	3	6	27	3	57	133
6	Refused Svc.	1	0	1	0	4	2	8
7	Referral	49	0	8	24	15	29	125
8	Send Mat.	36	2	18	64	49	46	215
9	Research	37	1	6	2	1	8	55
10	Other	34	0	2	37	12	44	129
GROUP EVENTS: NUMBER								
	Total	89	21	38	68	47	NA	263
GROUP EVENTS: PEOPLE SERVED								
	Providers	1046	46	434	1833	279	NA	3638
	Parents	17	0	20	16	1	NA	54
	Children	429	0	2	0	30	NA	461
	Other	66	16	0	9	22	NA	113
	Total	1558	62	456	1858	332	NA	4266
GROUP EVENTS: TYPE								
1	Training	46	7	37	44	17	NA	151
2	Event	24	0	1	2	1	NA	28
3	Mailing	1	0	0	15	0	NA	16
4	Focus Group	3	3	0	6	3	NA	15

5	Overview	7	10	0	1	13	NA	31
6	Other	7	0	0	0	13	NA	20
	Total	88	20	38	68	47	NA	267
GROUP EVENTS: TRAINING TOPICS								
1	CPR/1 st Aid	2	0	0	21	0	NA	23
2	Immunization	3	0	0	3	1	NA	7
3	Stress	0	0	0	6	1	NA	7
4	Safety	0	0	3	0	1	NA	4
5	Exercise	0	0	0	0	1	NA	1
6	Hand-Wash.	11	2	0	1	1	NA	15
7	Nutrition	0	0	2	2	1	NA	5
8	Language	0	0	13	2	1	NA	16
9	Television	0	0	0	0	1	NA	1
10	Child Dev.	5	0	1	0	3	NA	9
11	Abuse/Negl.	4	0	11	0	0	NA	15
12	Phys. Health	8	5	1	3	2	NA	19
13	Oral Health	6	0	1	1	0	NA	8
14	Sexual Dev.	0	0	1	0	0	NA	1
15	Other	2	0	0	2	1	NA	5
16	Bx./MH	5	0	4	3	3	NA	15
	Total	46	7	37	44	17	NA	151
GROUP EVENTS: EVENT TYPE								
1	Vision	1	0	0	0	0	NA	1
2	Hts./Wts.	2	0	0	0	0	NA	2
3	After School	13	0	0	0	0	NA	13
4	Physicals	3	0	0	0	0	NA	3
5	Round Table	4	0	0	0	0	NA	4
6	Council, etc.	0	0	1	2	1	NA	4
7	Other	1	0	0	0	0	NA	1
	Total	24	0	1	2	1	NA	28
COLLABORATION LEVELS: 0 (NONE) TO 5 (HIGH)								Average
	CCRR	*5	5	5	5	5	5	5.0
	Providers	5	2	5	5	5	5	4.5
	CCD	3	3	4	3	5	3	3.5
	School Nrse.	1	0	0	1	2	0	0.7
	Comm. Coll.	4	0	5	3	0	0	2.0
	Head Start	4	1	2	4	3	3	2.8
	Early Hd. Strt	0	0	2	0	0	0	0.3
	Migrant HS	0	0	2	0	0	0	0.3
	Public Hlth.	5	5	5	5	5	5	5.0
	WIC	2	0	0	4	4	0	1.7
	Envir. Hlth.	2	2	0	0	5	3	2.0
	Medical Drs.	0	0	0	0	4	3	1.2
	Red Cross	1	0	0	2	3	3	1.5
	Amer. Heart	0	0	0	0	0	0	0.0
	County MH	2	1	2	3	4	3	2.5
	Private MH	3	0	0	3	3	5	2.3
	Plan. Teams	5	5	5	5	3	4	4.5
	DHS: CW	2	0	3	1	0	3	1.5
	DHS: SS	0	0	3	2	0	3	1.3
	CCF	5	5	4	5	0	3	3.7
	ESD/EI	4	0	0	3	0	4	1.8
SELF-ASSESSMENTS: REFERRED BY								
1	CCRR	4	2	3	11	4	15	39
2	CCD	0	0	0	1	1	0	2
3	CCHC	1	0	1	0	9	0	11

4	DHS	0	0	0	0	0	0	0
5	Colleague	0	0	1	0	1	2	3
6	Self	1	1	1	0	1	2	6
7	Other	0	0	0	0	2	2	4
	Total	6	3	6	12	17	21	65
SELF-ASSESSMENTS: GENDER OF PROVIDERS								
	Female	6	3	4	12	16	21	62
	Male	0	0	2	0	1	0	3
	Total	6	3	6	12	17	21	65
SELF-ASSESSMENTS: ACCEPT DHS/AFS SUBSIDIES?								
	Yes	5	2	6	11	13	20	57
	No	0	1	0	1	2	1	5
SELF-ASSESSMENTS: TYPE OF CARE								
1	RFH	3	2	5	2	13	12	37
2	CFH	0	0	1	0	1	2	4
3	EH	0	1	0	1	1	5	8
4	CC	2	0	0	2	0	0	4
5	EC	0	0	0	2	0	2	4
6	Preschl. only	0	0	0	0	0	0	0
SELF-ASSESSMENTS: INSURANCE = "YES"								
	Self-medical	5	2	5	8	10	15	45
	Self-dental	5	2	5	3	9	12	36
	Self-vision	3	1	5	2	8	10	29
	Self-OHP	0	0	0	5	2	3	10
	Kids-medical	5	2	4	1	11	12	35
	Kids-dental	5	2	4	0	11	12	34
	Kids-vision	3	1	4	0	8	10	26
	Kids-OHP	1	0	1	2	9	6	19
	Kids-NA	0	0	0	0	0	2	2
SELF-ASSESSMENTS: DURATION OF OPERATION								
	Low	<1 mo.	<1 mo.	8 mos.	5 mos.	<1 mo.	<1 mo.	<1 mo.
	High	30 yrs.	2 yrs.	14 yrs.	10 yrs.	71 yrs.	32 yrs.	71 yrs.
	Average	9.4 yrs.	1.3 yrs.	7.6 yrs.	4.6 yrs.	8.1 yrs.	6.9 yrs.	6.7 yrs.
	Mode	even	2 yrs.	1 yr.	3 yrs.	1 yr.	1 yr.	1 yr.
	Total	47 yrs.	4 yrs.	38 yrs.	51 yrs.	97 yrs.	111 yrs.	348 yrs.
SELF-ASSESSMENTS: AGES OF CHILDREN								
	Start age	<1 mo.	6 wks.	6 wks.	<1 mo.	<1 mo.	6 wks.	<1 mo.
	Stop age	3 yrs.	1.5 yrs.	4 yrs.	6 yrs.	12 yrs.	10 yrs.	12 yrs.
	Average	1.5 yrs.	1.4 yrs.	2.1 yrs.	3.3 yrs.	2.8 yrs.	2.1 yrs.	2.4 yrs.
	Mode	even	even	even	6 wks.	1,2 bimodal	1 yr.	1 yr.
SELF-ASSESSMENTS: NUMBER OF CHILDREN, BY AGE								
	< 2 years old	10	6	7	44	13	34	114
	Ages 2 to 5	37	6	24	155	27	87	336
	6 years+	16	4	20	92	28	52	212
	Total	63	16	51	291	68	173	662
SELF-ASSESSMENTS: NUMBER OF CHILDREN								
	Low	0	3	3	5	0	1	0
	High	30	9	15	38	14	28	38
	Average	10.5	5.3	8.3	24.3	4.6	8.0	10.4
	Mode	11	Even	Even	28	5	6	6
SELF-ASSESSMENTS: NUMBER OF CHILDREN WITH SPECIAL NEEDS								
	Low	0	0	0	0	0	0	0
	High	2	2	3	7	1	1	7
	Average	0.8	0.7	0.6	3.1	0.1	0.3	0.9

	Mode	0	0	0	3	0	0	0
	Total	3	2	3	34	2	5	49
SELF-ASSESSMENTS: RACE (# OF PROVIDERS ENDORSING RACE; NOT # OF CHILDREN)								
	Amer. Indian	1	0	0	9	1	1	12
	Asian	0	0	1	3	1	1	6
	Black	0	1	2	3	2	6	14
	Caucasian	5	3	6	12	10	19	55
	Hispanic	1	1	3	11	2	4	22
	Pac. Islander	0	0	0	0	1	2	3
	Other	0	0	1	0	0	2	3
SELF-ASSESSMENTS: PRIOR CCHC INVOLVEMENT?								
1	None	3	1	2	5	16	13	40
2	A little	2	2	2	4	1	5	16
3	Some	1	0	1	1	0	1	4
4	A lot	0	0	0	0	0	0	0
SELF-ASSESSMENTS: RECENT TRAININGS								
	Child Abuse	5	3	6	8	17	18	57
	H & S	3	1	5	3	10	15	37
	First Aid	5	3	6	10	16	17	57
	CPR	5	3	6	11	16	17	58
	Food hndlng.	6	3	5	7	14	17	52
	Spec. Needs	0	0	1	2	1	4	8
	ECE ↓	2	1	2	2	3	8	18
	# ECE hrs. range	12 only	6 only	8 only	?	2 to 18	6 to 300	2 to 300
	Total ECE hrs.	12	6	8	?	20	399	445
	Other	0	1	1	1	0	5	8
SELF-ASSESSMENTS: INTEREST IN TOPICS = "YES"								
	Access Care	0	0	3	2	2	6	13
	CPR/1 st Aid	3	0	1	3	3	5	15
	Emergencies	3	1	1	5	3	4	17
	Group Train.	4	1	2	4	4	4	19
	Immunization	2	0	2	2	6	2	14
	Teach. Mods	2	1	2	2	8	5	20
	Policy Dev.	2	0	1	0	4	7	14
	Record Rev.	2	0	2	0	6	6	16
	Other	0	0	1	3	1	4	9
SELF-ASSESSMENTS: CONFIDENCE LEVELS ("HIGH"=HIGH+MOD.; "LOW"=LOW+NONE)								
High	Emergencies	5	2	6	11	13	16	53
Low		0	0	0	1	4	4	9
High	Storage	6	2	6	12	16	18	60
Low		0	0	0	0	1	2	3
High	Equipment	5	2	5	12	15	15	54
Low		1	0	1	0	1	6	9
High	Environment	6	2	6	12	13	18	57
Low		0	0	0	0	3	2	5
High	Safe Sleep	4	2	6	11	16	19	58
Low		0	0	0	0	1	2	3
High	Cleaning	6	2	6	11	13	20	58
Low		0	0	0	0	3	1	4
High	Diapering	5	2	6	12	13	18	56
Low		0	0	0	0	3	2	5
High	Food Prep.	6	2	6	12	14	20	60
Low		0	0	0	0	2	1	3
High	Activities	5	2	4	12	13	15	51
Low		0	0	2	0	4	6	12
High	Child Dev.	6	2	5	11	13	18	55

Low		0	0	1	1	4	3	9
High	Behaviors	6	2	4	11	13	14	50
Low		0	0	2	1	4	5	12
High	Oral Health	5	2	6	12	15	19	59
Low		1	0	0	0	2	1	4
High	Spec. Needs	5	2	4	11	11	14	47
Low		1	0	2	1	5	4	13
High	Parents	5	2	6	11	12	17	53
Low		1	0	0	1	5	3	10
High	Guidance	6	2	6	12	13	16	55
Low		0	0	0	0	2	4	6
High	Illness/Imm.	6	2	5	10	10	16	49
Low		0	0	1	2	7	4	14
High	Access Care	5	2	4	10	11	17	49
Low		1	0	2	2	5	4	14
High	Policies	4	2	6	12	13	19	55
Low		3	0	0	0	3	2	8
High	Well-Being	5	1	5	12	10	14	47
Low		1	1	1	0	6	6	15
High	Records	4	2	6	11	10	17	50
Low		1	0	0	1	4	3	8
RECORD REVIEWS: DATA OF SETS (I.E., 27 PRE/POST PAIRS)								
Pre Total # Rec'd		NA	NA	NA	NA	10	17	27
Post "		NA	NA	NA	NA	10	17	27
Pre # Kids		NA	NA	NA	NA	35	121	156
Post "		NA	NA	NA	NA	47	113	160
Pre Enroll. Form Yes		NA	NA	NA	NA	4	13	17
Post "		NA	NA	NA	NA	10	14	24
Pre Med. Auth. Yes		NA	NA	NA	NA	4	14	18
Post "		NA	NA	NA	NA	9	14	23
Pre # Records Rev'd		NA	NA	NA	NA	14	47	61
Post "		NA	NA	NA	NA	40	73	113
Pre # Current Forms		NA	NA	NA	NA	13	40	53
Post "		NA	NA	NA	NA	30	57	87
Pre # No Forms		NA	NA	NA	NA	7	8	15
Post "		NA	NA	NA	NA	7	12	19
Pre # Exemptions		NA	NA	NA	NA	4	3	7
Post "		NA	NA	NA	NA	0	3	3
Pre # Med. Providers		NA	NA	NA	NA	31	101	132
Post "		NA	NA	NA	NA	45	94	139
Pre # Dental Provide.		NA	NA	NA	NA	16	38	54
Post "		NA	NA	NA	NA	35	45	80
G B	Pre Written	NA	NA	NA	NA	4	10	14
	Post "	NA	NA	NA	NA	5	11	16
	Pre Posted	NA	NA	NA	NA	0	1	1
	Post "	NA	NA	NA	NA	0	2	2
	Pre Review.	NA	NA	NA	NA	3	9	12
	Post "	NA	NA	NA	NA	7	8	15
E P	Pre Written	NA	NA	NA	NA	3	3	6
	Post "	NA	NA	NA	NA	9	6	15
	Pre Posted	NA	NA	NA	NA	1	6	7
	Post "	NA	NA	NA	NA	6	7	13
	Pre Review.	NA	NA	NA	NA	3	1	4
	Post "	NA	NA	NA	NA	8	3	11
H W	Pre Written	NA	NA	NA	NA	4	2	6
	Post "	NA	NA	NA	NA	10	7	17
	Pre Posted	NA	NA	NA	NA	2	3	5

H E	Post "	NA	NA	NA	NA	4	5	9
	Pre Review.	NA	NA	NA	NA	3	2	5
	Post	NA	NA	NA	NA	7	4	11
	Pre Written	NA	NA	NA	NA	4	7	11
	Post "	NA	NA	NA	NA	10	8	18
	Pre Posted	NA	NA	NA	NA	0	4	4
	Post "	NA	NA	NA	NA	2	6	8
	Pre Review.	NA	NA	NA	NA	3	7	10
OTH	Post "	NA	NA	NA	NA	7	7	14
	Pre Written	NA	NA	NA	NA	0	3	3
	Post "	NA	NA	NA	NA	1	1	2
	Pre Posted	NA	NA	NA	NA	0	1	1
	Post "	NA	NA	NA	NA	0	1	1
	Pre Review.	NA	NA	NA	NA	0	2	2
Post "	NA	NA	NA	NA	1	3	4	
PROVIDER SURVEYS: COUNTS								
	# Sent	28	5	10	24	22	19	108
	# Returned	18	5	9	21	13	13	79
	Return Rate	64%	100%	90%	88%	59%	68%	73%
PROVIDER SURVEYS: PROVIDER TYPES								
1	RFH	10	5	7	4	10	11	48
2	CFH	2	0	0	6	1	1	10
3	EH	1	0	0	0	0	1	2
4	CC	0	0	1	9	2	0	13
5	EC	0	0	1	0	0	0	1
6	Preschool	3	0	0	1	0	0	4
	Total	16	5	9	20	13	13	78
PROVIDER SURVEYS: GENDER								
	Female	16	5	8	20	13	13	77
	Male	0	0	1	0	0	0	1
PROVIDER SURVEYS: YEARS IN CHILD CARE								
1	< 1 year	0	1	0	2	1	4	9
2	1-3 years	4	2	3	4	5	1	19
3	4-6 years	4	0	2	5	4	2	17
4	7-9 years	1	0	1	2	1	2	7
5	10+ years	7	2	3	8	2	4	27
PROVIDER SURVEYS: AGES OF KIDS (# ENDORSING AGE CATEGORY; NOT # OF KIDS)								
1	<2 years	11	4	6	12	12	10	56
2	2-5 years	16	5	8	16	13	12	72
3	6+ years	11	2	8	5	7	7	42
PROVIDER SURVEYS: NUMBER OF KIDS (# ENDORSING CATEGORY; NOT # OF KIDS)								
1	1-3 kids	2	1	0	3	4	1	11
2	4-10 kids	10	4	6	8	9	10	48
3	>10 kids	4	0	3	10	0	0	20
PROVIDER SURVEYS: RACE/ETHN. OF KIDS (# ENDORSING CATEGORY; NOT # OF KIDS)								
1	Amer. Indian	1	0	0	1	2	0	4
2	Asian	0	0	0	0	1	0	1
3	Black	0	0	0	0	1	0	1
4	Caucasian	16	5	8	21	10	13	75
5	Hispanic	1	0	0	0	0	1	2
6	Pac. Islander	0	0	0	0	1	0	1
7	Other	0	0	0	0	0	1	1
PROVIDER SURVEYS: COMPLETED TRAINING/EDUCATION								
1	Child Abuse	14	5	9	20	10	13	76
2	CPR	15	5	9	19	12	13	75
3	EC Educ.	9	3	2	12	7	6	41

	EC Hours	79 hrs.	0 hrs.	?	326 hrs.	127 hrs.	40 hrs.	589 hrs.
4	1 st Aid	15	5	9	20	13	13	78
5	Food Handl.	14	5	9	19	12	13	74
6	H & S	14	2	8	17	10	11	63
7	Spec. Needs	9	1	6	9	2	5	32
8	Other	4	3	3	3	4	2	19

PROVIDER SURVEYS: LEVEL OF CONSULTATION

1	Low	0	0	1	2	0	0	3
2	Low-medium	0	1	1	0	0	1	3
3	Medium	4	2	2	6	2	0	16
4	Medium-high	4	1	2	7	1	9	26
5	High	8	1	2	4	10	3	28

PROVIDER SURVEYS: LEVELS OF CONFIDENCE (1=PRE, 2=POST)

Lvl.	Category	1	2	1	2	1	2	1	2	1	2	1	2	1	2
High	Work w/kids	12	16	5	4	7	8	20	18	10	13	12	13	68	74
Low		4	0	0	0	2	0	1	0	3	0	0	0	10	0
High	Imm. require.	1	15	4	4	5	7	8	17	6	13	5	12	29	70
Low		15	0	1	0	4	1	12	1	7	0	7	1	48	3
High	Emergencies	12	16	4	4	6	8	17	18	11	13	11	13	62	74
Low		4	0	1	0	3	0	4	0	2	0	0	0	15	0
High	Storage	12	16	5	4	8	8	20	18	11	13	8	13	66	74
Low		4	0	0	0	1	0	1	0	2	0	3	0	11	0
High	Equipment	12	16	5	4	8	7	20	18	12	12	9	11	67	70
Low		4	0	0	0	0	0	1	0	1	0	2	1	9	1
High	Environment	12	16	5	4	9	8	19	17	11	12	11	12	69	71
Low		4	0	0	0	0	0	2	1	1	0	1	1	7	2
High	Safe Sleep	12	14	5	4	8	7	21	18	12	12	11	11	71	68
Low		2	0	0	0	0	0	0	0	0	0	0	1	2	1
High	Cleaning	12	16	5	4	8	8	20	18	13	13	12	13	72	74
Low		4	0	0	0	1	0	1	0	0	0	0	0	6	0
High	Diapering	9	16	5	4	7	7	20	18	13	13	13	13	66	73
Low		7	0	0	0	1	0	1	0	0	0	0	0	11	0
High	Food Prep.	13	16	5	4	8	7	18	18	13	12	12	13	71	72
Low		3	0	0	0	0	0	3	0	0	0	0	0	6	0
High	Activities	11	16	5	4	6	8	21	19	11	13	10	12	66	74
Low		5	0	0	0	3	0	0	0	2	0	2	1	12	1
High	Child Dev.	12	15	5	4	5	8	19	19	11	13	10	12	64	73
Low		4	1	0	1	4	0	2	0	2	0	2	1	14	2
High	Behaviors	9	16	4	5	4	8	15	17	9	13	7	11	50	72
Low		7	0	1	0	5	0	6	2	4	0	4	1	27	3
High	Oral Health	12	15	4	5	6	7	16	15	12	12	11	11	62	67
Low		4	1	1	0	2	0	4	2	0	0	0	1	12	4
High	Spec. Needs	6	11	5	5	4	6	12	14	6	11	7	10	41	58
Low		10	5	0	0	4	1	8	3	5	1	4	2	32	13
High	Parents	12	16	3	5	6	8	17	18	10	12	10	11	59	72
Low		4	0	2	0	3	0	4	1	2	0	1	1	17	2
High	Guidance	10	16	4	5	7	8	17	16	11	13	10	12	60	72
Low		6	0	1	0	2	0	4	3	1	0	1	0	16	3
High	Illness/Imm.	6	16	5	5	8	8	16	18	8	12	8	10	51	70
Low		10	0	0	0	1	0	5	0	5	1	3	2	26	4
High	Access Care	6	15	4	4	5	6	11	13	8	12	8	10	43	62
Low		10	1	1	1	4	2	10	5	5	1	3	2	34	12
High	Policies	7	14	3	5	4	8	14	16	8	12	8	11	45	68
Low		9	2	2	0	5	0	7	2	4	0	3	1	31	5
High	Well-Being	12	15	4	5	7	8	17	16	9	12	8	9	58	67
Low		4	1	1	0	2	0	4	2	3	0	3	1	18	5
High	Records	12	15	3	3	5	8	16	14	8	11	6	9	51	61

Low		3	0	0	0	4	0	3	2	3	0	3	1	16	3
PROVIDER SURVEYS: INVOLVED IN LOCAL CHILD CARE COMMUNITY															
		1	2	1	2	2	1	2	1	2	1	2	1	2	
	Agree	7	12	2	3	7	14	17	8	11	6	12	41	64	
	Disagree	9	3	3	2	2	6	2	4	1	6	1	35	11	
PROVIDER SURVEYS: INVOLVED IN CHILD CARE TRAININGS															
		1	2	1	2	2	1	2	1	2	1	2	1	2	
	Agree	13	14	3	5	7	20	19	10	12	9	13	63	72	
	Disagree	3	1	2	0	2	1	0	3	1	3	0	15	4	
PROVIDER SURVEYS: DECREASE IN PROBLEM BEHAVIORS AS RESULT OF TRAININGS/CONSULTATION?															
1	Same		2		1		2		6		2		3		16
2			1		1		0		1		0		0		3
3	Somewhat		6		2		3		6		6		6		30
4			6		1		4		7		3		1		23
5	Quite a bit		1		0		0		0		1		3		5
PROVIDER SURVEYS: FEELINGS ABOUT CHILD WITH BEHAVIORAL DIFFICULTIES															
1	Anxious		0		0		1		0		0		0		1
2			0		0		0		2		1		1		4
3	Concerned, uncomfortable		4		1		0		2		2		1		11
4			8		3		5		6		5		4		32
5	Concerned, in control		4		0		2		10		5		7		28
PROVIDER SURVEYS: OVERALL RATINGS															
<i>The formal trainings offered through the CCHC program have been helpful.</i>															
	Agree		15		4		8		18		13		13		73
	Disagree		0		0		1		1		0		0		2
<i>The individual consultation offered by the CCHC has been helpful.</i>															
	Agree		16		5		8		17		13		13		72
	Disagree		0		0		1		0		0		0		1
<i>The CCHC was knowledgeable about child care health and safety issues.</i>															
	Agree		16		5		8		18		13		13		75
	Disagree		0		0		0		0		0		0		0
<i>The CCHC was available to me when I had a question or needed help.</i>															
	Agree		15		5		9		17		13		13		74
	Disagree		1		0		0		2		0		0		3
<i>The CCHC responded to my questions/needs in a timely manner.</i>															
	Agree		15		5		9		16		13		13		73
	Disagree		1		0		0		2		0		0		3
<i>Overall, I am satisfied with the CCHC program.</i>															
	Agree		16		5		8		17		13		13		74
	Disagree		0		0		1		1		0		0		2
PROVIDER SURVEYS: HELPED WITH WORKING WITH PARENTS?															
	No		1		0		1		5		2		3		13
	Yes		13		5		6		10		10		9		53
PARENT SURVEYS: COUNTS															
	# Sent		273		29		80		80		93		89		577
	# Returned		111		15		26		62		8		45		267
	Return Rate		41%		52%		33%		78%		9%		51%		46%
PARENT SURVEYS: PROVIDERS REPRESENTED															
	# Prov. Represented		24		4		7		9		4		14		62
	Range rec'd per prov		1-10		2-7		1-7		3-14		2		1-7		1-14
PARENT SURVEYS: GENDER															

	Female	101	13	22	53	8	42	239
	Male	9	1	3	10	0	2	25
PARENT SURVEYS: RACE/ETHNICITY								
	Amer. Indian	2	0	1	4	0	0	7
	Asian	0	0	0	1	1	0	2
	Black	2	1	1	1	0	2	7
	Caucasian	103	13	24	59	6	41	246
	Hispanic	4	0	0	5	2	0	11
	Pac. Islander	0	0	0	0	0	0	0
	Other	1	0	0	1	0	0	2
PARENT SURVEYS: KIDS IN CARE, BY AGE								
	# Kids <2	19	5	4	20	2	24	74
	Hrs. in care	561	105	26	531	90	478	1791
	Range hrs.	0-40	10-55	6-20	0-40	15-40	0-50	0-55
	# Kids 2-5	88	10	16	45	4	24	187
	Hrs. in care	1431	270	319	1104	64	638	3826
	Range hrs.	0-63	1-50	5-42	0-45	0-40	0-50	0-63
	# Kids 6+	47	2	19	10	5	14	97
	Hrs. in care	563	20	184	257	14	148	1186
	Range hrs.	0-60	-20-	6-40	0-40	0-14	0-35	0-60
PARENT SURVEYS: TOTAL NUMBER OF KIDS IN CARE								
	Total kids	154	17	39	75	11	62	358
	Total hrs.	2555	395	529	1892	168	1264	6803
PARENT SURVEYS: CHILDREN WITH SPECIAL NEEDS								
	Spec. Needs	4	0	2	4	0	4	14
PARENT SURVEYS: CHILD HEALTH INDICATORS								
	Immuniz. current?	110	13	23	61	7	43	257
	Imm. records @ enr.	108	13	25	58	8	41	253
	Med. provider?	104	14	23	61	8	41	251
	Dental provider?	90	9	15	46	7	26	163
PARENT SURVEYS: PROVIDER PRACTICES								
	Enrollment forms?	102	13	25	59	6	39	244
	Review policies?							
	G B	99	15	23	52	7	42	238
	E P	90	12	18	46	6	38	210
	H W	81	15	16	46	7	33	198
	H E	82	13	19	53	5	35	207
	Care just right 4 child	98	15	22	56	8	38	237
	Choose again?	100	15	23	60	8	39	245
PARENT SURVEYS: GRADE OF CARE								
A+	Perfect	43	6	8	26	7	21	111
A	Excellent	54	8	11	27	1	19	120
B	Good	8	1	5	9	0	4	27
C	Fair	3	0	0	1	0	0	4
D	Poor	0	0	0	0	0	1	1
E	Bad	0	0	0	0	0	0	0
F	Awful	0	0	0	0	0	0	0
PARENT SURVEYS: EMLN'S QUESTIONS (ANSWERED "OFTEN" OR "ALWAYS")								
Pos.	1	107	15	25	59	7	44	257
Pos.	2	107	15	24	59	8	43	256
Pos.	3	107	15	25	61	8	44	260
Pos.	4	104	15	24	62	8	42	255
Pos.	5	94	12	21	51	8	36	222
Pos.	6	103	15	24	55	8	44	249

Pos.	7	76	11	20	49	8	37	201
Pos.	8	103	15	22	61	8	43	252
Pos.	9	92	15	22	57	8	42	236
Pos.	10	100	15	23	58	8	45	249
Pos.	11	89	12	24	52	8	41	226
Pos.	12	104	15	25	57	8	44	253
Pos.	13	101	15	22	57	8	41	244
Pos.	14	105	15	25	60	8	41	256
Pos.	15	106	15	25	60	8	44	258
Pos.	16	106	15	25	63	8	43	260
Pos.	17	104	15	25	61	8	44	257
Neg.	18	4	0	2	2	0	0	8
Pos.	19	106	15	24	60	8	43	256
Pos.	20	107	15	24	61	8	44	259
Neg.	21	2	0	0	3	1	3	9
Pos.	22	106	14	25	60	7	42	254
Neg.	23	1	0	0	2	0	3	6
Neg.	24	3	0	1	1	0	3	8
Neg.	25	1	0	0	1	0	0	2
Neg.	26	0	0	0	1	0	1	2
Neg.	27	1	0	0	2	0	2	5
Neg.	28	2	0	1	3	0	3	9
Pos.	29	104	15	23	61	7	41	251
Neg.	30	1	0	0	1	0	3	5
Pos.	31	105	15	23	61	8	42	254
PARENT SURVEYS: EMLN'S SUBSCALES; AVERAGE SCORES								
	CG Warmth	4.72	4.88	4.72	4.72	4.98	4.76	4.74
	CG Skill	4.68	4.73	4.51	4.74	5.00	4.84	4.71
	CG/Parent	4.76	4.73	4.80	4.69	4.98	4.87	4.77
	Child feels	4.73	4.86	4.64	4.68	4.81	4.72	4.72
	Risks	1.38	1.11	1.28	1.50	1.58	1.47	1.40