

GAPS IN SERVICES THAT HINDER ACHIEVEMENT OF DESIRED CHILD CARE OUTCOMES

Based on gaps developed from the Logic Model at the request of the Commission for Child Care and prioritized by the Childhood Care and Education Coordinating Council in December 2005

On March 27, 2007 the Systems Accountability Work Group identified the gaps with the highest priority based on the following criteria:

1. a gap had received one or more votes in the CCECC prioritization process OR
2. child care partners are making progress in reducing the gap

The workgroup then revised the document in order to capture the progress in reducing identified gaps. The document was retitled the Performance and Accountability Tracking Tool (PATT). The PATT was sent to all members of the Childhood Care and Education Coordinating Council prior to the December 6, 2007 meeting of the Council. Members edited the information and rated Oregon's current progress in reducing identified gaps. At the same meeting, the workgroup was charged with the task of creating a process for keeping the PATT current.

At the December 4, 2008 meeting of the Coordinating Council, the PATT Workgroup proposed the following process for keeping the PATT current:

1. In September each year, the workgroup will review and update the PATT. The workgroup will identify areas where more information is needed and who might have that information.
2. In October, workgroup members will contact program and/or experts who have the needed information.
3. In November, CCECC members will receive a copy of the updated PATT and will be asked to share information for edits/corrections/ or additions to the PATT.
4. At the December CCECC meeting, members will review updates and ratings and produce an updated PATT. They will then prioritize areas needing attention in the next CCDF State Plan taking into account the group's ratings.
5. The Child Care Division (CCD) will integrate the PATT into the development of the next biennial CCDF State Plan based on identified priorities.
6. In addition to the CCDF State Plan required by the federal Child Care Bureau, CCD will produce a concise, high-level child care plan for Oregon.

OUTCOME 1: CHILD CARE IS SAFE AND HEALTHY

GAP	CONDITION WHEN GAP FILLED (Includes national standard when appropriate)	CURRENT STATUS (Includes state requirements when appropriate)	12/2007	12/2008
1.1 Center teacher qualification requirements below national standards.	Teacher qualification requirements approximate standards defined by American Academy of Pediatrics/American Public Health Association (AAP/APHA): At least 21, BA in Early Childhood Education or child-related field, 1 year experience and specific knowledge and skills with age group	At least 18 and : a) completion of 20 credits (semester)/30 credits (quarter) of training at a college or university in related field (depends on age group) OR b) one-year state or nationally recognized credential OR c) at least one year of qualifying teaching experience in a certified child care center or comparable group care program d) completion of 10 credits (semester)/15 credits (quarter) of training at a college or university in related field AND at least 6 months of qualifying teaching experience in a certified child care center or comparable group care program in care of relevant age group OR e) documentation of attaining at least level five in the Oregon Registry	4	4
1.2 Family child care provider requirements below national standards.	Family child care provider requirements approximate standards defined by American Academy of Pediatrics/American Public Health Association (AAP/APHA): At least 21, hold an official credential, meet standards and have the following education, experience and skills: AA in Early Childhood Education or child development and 12 months experience in child care OR accreditation by NAFCC with a college certificate representing a minim of 3 credit hours of family child care leadership or master caregiver training. In addition, large family child care home caregivers –1 year experience under qualified supervision serving the ages and developmental abilities of children in their family child care home.	At least 18	1	1
1.3 Number of child development and health and safety training hours and	Number of child development and health and safety training hours and content areas	<i>Preservice:</i> : None in addition to requirements for qualifying: 21 years of age, qualifying experience for at	3	3

GAP	CONDITION WHEN GAP FILLED (Includes national standard when appropriate)	CURRENT STATUS (Includes state requirements when appropriate)	12/2007	12/2008
content areas for center directors and teachers are below national standards.	required for directors and teachers in certified centers approximate standards defined by AAP/APHA <i>Preservice:</i> 26 hours <i>Ongoing:</i> -at least 30 clock hours during first year of employment and 24 each year after.	least one year, completion of 20 semester hrs or 30 quarter hrs in Early Childhood Education, or Step 8 on Oregon Registry <i>Ongoing:</i> 15 clock hours of training including 8 hours in child development or early childhood education for teachers in certified centers		
1.4 Number of child development and health and safety training hours and content areas required for certified and registered family child care providers are below national standards.	Number of child development and health and safety training hours and content areas required for certified and registered family child care providers approximate standards defined by AAP/APHA <i>Preservice:</i> 12 hours First year: Certified: 30 Registered: NA <i>Ongoing:</i> Certified 24 Registered 24	<i>Preservice</i> <u>Certified:</u> None in addition to requirements for qualifying: 21 years of age, qualifying experience for at least one year, completion of 20 semester hrs or 30 quarter hrs in ECE, or Step 8 on Oregon Registry <u>Registered:</u> Overview, Current Food Handlers, Current First Aid/CPR, RRCAN <i>Ongoing</i> <u>Certified:</u> 15 hours/year (including 8 hours in child development or early childhood education) <u>Registered:</u> 8 hours/2 years	1 regis 3 certified	1 regis 3 certified
1.5 Oregon center care exemptions from regulations do not meet national standards.	AAP/APHA quote NAEYC standards that require all states should have individual standards that are applied to the following types of facilities: <ul style="list-style-type: none"> • Center: a facility providing care and education of any number of children in a nonresidential setting, or 13 or more children in any setting if the facility is open on a regular basis • Drop-in facility: A facility providing care that occurs for < 30 days per year per child... • School-age child care facility: A facility offering activities to school-age children before and after school, during vacations, and non-school days set aside for such activities such as teachers' inservice days 	Child Care Law Center is reviewing research on state regulations Currently, Oregon exempts programs that are: <ul style="list-style-type: none"> o Primarily educational, operates no more than 4 hours/day, cares for only preschool age children o primarily supervised training in a specific subject – dancing, drama, music classes, etc. o primarily an incident of group athletics or social activities sponsored by an organized club (soccer, girl/boy scouts, boys & girls clubs, etc) o provided by a school district, political subdivision of the state, or governmental agency o residential (live-in programs) o provided by a parent cooperative for more than four hours/day in which a) care is provided by parents on a rotating basis, b) membership in the cooperative includes parents, c) there are written policies and 	3	4

GAP	CONDITION WHEN GAP FILLED (Includes national standard when appropriate)	CURRENT STATUS (Includes state requirements when appropriate)	12/2007	12/2008
	<ul style="list-style-type: none"> • Facility for children with special needs: A facility providing specialized care and education in a setting of one or more children who cannot be accommodated in a setting with typically developing children • Facility for ill children: A facility providing care of one or more ill children who are temporarily excluded from care in their regular child care setting 	<p>procedures, and d) a Board of Directors that included parents' control of the program</p> <ul style="list-style-type: none"> ○ provided while the child's parent(s) remains on the premises while engaged in non-work activities (athletic clubs, retail enterprises, etc.) ○ <u>Proposal to 2009 on Exempt Track for School Age Care.</u> 		
1.6 Oregon family child care exemptions from regulations do not meet national standards.	<p>The National Association of Child Care Resource & Referral Agencies benchmark is: "Both child centers and all family child care homes caring for even one unrelated child on a regular basis for a fee are required to be licensed." The National Association for the Education of Young Children recommends that: "Any program providing care and education to children from two or more unrelated families should be regulated." The Center for the Study of Social Policy recommends that adults (except parents or guardians) caring for three or more children should register with the state as a child care provider.</p>	<p>Currently exempt family child care providers caring for 3 or fewer children or children from one family. DHS "lists" providers exempt from CCD regulation if they care for children who receive subsidy.</p> <p><u>Home visit and enhanced rate for listed but exempt providers.</u></p> <p><u>Legislative proposal to prohibit providers permanently from all types of child care (including exempt) whose licenses have been revoked.</u></p>	5	6

OUTCOME 2: CHILDREN EXPERIENCE HIGH QUALITY CHILD CARE (parents know characteristics of quality child care)

GAP	CONDITION WHEN GAP FILLED (Includes national standard when appropriate)	CURRENT STATUS (Includes state requirement when appropriate)	12/2007	12/2008
2.1 Parents lack access to comparative information to help them distinguish level of child care in regulated facilities.	Parents have easy access to comparative information on regulated child care facilities; comparative data on characteristics of care that research has shown to be associated with positive child outcomes. Quality Indicator Reports on all regulated child care facilities are available throughout state. <u>Website with Quality Indicator information is marketed and available to parents.</u>	Multnomah <u>Coos, and Curry County centers, as of 2007</u> have report of their facility's level on seven quality indicators and the county average level on those seven indicators. <u>As of 2009 child care center data will be collected statewide.</u> Data being collected in Multnomah, Coos, & Curry <u>on Registered Family Child Care.</u> <u>Complaint database available statewide.</u>	6	6
2.2 Parents have limited awareness of consumer education.	Parents are aware of consumer education available statewide through consultations, printed, or web-based materials 80 percent of parents know that they can get help finding child care. 100 percent of parents seeking care can find information about local child care including quality indicators.	No measure of current status. System Accountability Committee recommends <u>and will pilot with 2008 Oregon Population Survey and CCR&R data the</u> creation of the following measure: the number of families served by the CCR&Rs in a year divided by the number of families who use center or family child care.	3	3
2.3 Providers have limited awareness of child care program standards (in addition to the minimal standards set by licensing).	Providers recognize industry standards for their type of care: Centers-NAEYC Accreditation Standards Family Child Care-National Association of Family Child Care Standards School Age—National Afterschool Alliance Standards & standards being compiled by Oregon ASK Providers who serve children with special needs recognize standards of Council of Exceptional Children, DEC	Awareness of standards appears limited. <u>Oregon ASK has program standards; going out for review in 2009.</u>	6 centers	6 centers
2.4 Limited access to improvement funds for providers whose quality is measured through the Pilot Quality Indicator Project (PQIP) or Child Care Contribution Tax Credit funded programs.	Funding and support available to facilities seeking to improve level of quality is available throughout the state so that facilities have the opportunity to improve when found to not meet indicators of quality.	CHIF supporting facilities in Portland seeking to improve services Child Care Enhancement Project in Lane County Child Care Community Fund in Multnomah, Clackamas, and Washington counties	3	3

<p>2.5 Providers have access to a range of educational options (e.g., distance learning, correspondence courses) and are able to earn a degree in Early Childhood Education with telecourses.</p>	<p>Providers of care for children of all ages in every part of the state can access training and education in early childhood and have access to financial support to pay for it.</p>	<p>Virtual degree fully accessible to providers of children 0-5 throughout the state through SWOCC. 8 12 of 17 community colleges participating in some form in virtual degree program.</p> <p>Training calendar available statewide. Scholarships available statewide.</p>	<p>9</p>	<p>9</p>
<p>2.6 Little training and support program designed to help legally-exempt caregivers improve the quality of the care they give is available statewide</p>	<p>Training and support available to all family friends and neighbors providing care.</p>	<p>Orientation, training, and Tool Kits available to those caring for children whose families receive subsidy through DHS.</p>	<p>9 FFN who receive subsidy 1 other FFN</p>	<p>9 FFN who receive subsidy 1 other FFN</p>
<p>2.7 Non-English speaking providers are not able to access training due to language barriers.</p>	<p>Monolingual providers have access to training in their native language</p>	<p>Required training and the training calendar are available in “essential languages” Spanish, Russian, Vietnamese, & some in Chinese.</p>	<p>7</p>	<p>7</p>

OUTCOME 3: CHILD CARE IS AFFORDABLE FOR ALL FAMILIES

GAP	CONDITION WHEN GAP FILLED (Includes national standard when appropriate)	CURRENT STATUS (Includes state requirement when appropriate)	12/2007	12/2008
3.1 DHS Subsidy policies limit low-income families' access to child care in the market.	1) DHS subsidy policy gives parents access to all types of care. <ul style="list-style-type: none"> a) Family copays represent less than 10 percent of household income. b) Maximum payment rates are set at the 75th percentile so parents can find care whose cost does not exceed the maximum payment rate (parents do not have to pay a differential.) c) Rates provide access to 75 percent of market care in the state 2) Eligibility is set at 85 percent State Median Income (~250 percent FPL)	1) DHS subsidy policy gives parents access to all types of care. (11) <ul style="list-style-type: none"> a) Family copays represent less than 18 percent of household income. b) Maximum payment rates are set at the 75th <u>68th</u> percentile so parents can find care whose cost does not exceed the maximum payment rate (most parents do not have to pay a differential.) c) Rates provide access to 75% <u>68 percent</u> of market care in the state 2) Eligibility is set at 185 percent FPL	7	4 Red flag GRB or LAB may lower
3.2 Contracted subsidy assistance limits low-income families access to child care in the market.	Adequate individual rates with children with exceptional high needs. Some CCDF allocated for post-secondary students. Adequate funding for targeted populations.	1) Oregon CCD manages contracted slots for targets populations including students, teen parents, migrant and seasonal workers, children of parents in drug and alcohol treatment, and children with special needs. 2) There are individual high needs rate for children with special needs. 3) No CCDF funds currently targeted to post-secondary students. 4) Federal flat funding.	3	3
3.3 Inadequate federal and state investment in child care subsidy (birth through age 12 and up to 18 for children with special needs.	State and federal investments in the child care subsidy program are adequate to support 100percent of those eligible for services.	Oregon serves approximately 18% <u>26 percent</u> of eligible children (2002) (2005)	2	3
3.4 State and federal investments targeted for afterschool care	Federal investments in 21 st Century Community Learning Centers give access to 100 percent of eligible children at no cost to family State investment meets needs.	21 st Century Community Learning Centers serve approximately 60 percent of eligible children at no cost to family No state investment	2 federal 1 state	
3.5 State and federal investments for comprehensive early education	State and federal investments in Oregon Head Start Prekindergarten give access to 80 percent of eligible children at no cost to family	By July 2009 Oregon will serve approximately 80 percent of Head Start eligible children at no cost to family. <u>The poverty rate increased and are currently serving 62.4 percent of eligible children for the 2007-2008 school year. (Will not have an accurate projection until January 2009)</u>	9	7 GRB favrble to Head Start

OUTCOME 4: CHILD CARE IS ACCESSIBLE FOR ALL FAMILIES

GAP	CONDITION WHEN GAP FILLED (Includes national standard when appropriate)	CURRENT STATUS (Includes state requirement when appropriate)	12/2007	12/2008
4.1 Throughout the state, parents have difficulty accessing child care for infants and toddlers, schoolagers, children with special needs or those needing care in nontraditional hours.	School-age, infant and toddler, odd hours, and special needs care are available throughout the state Oregon targets: 25 percent providers willing to care for children with special needs 75 percent providers willing to care for infants and toddlers 35 percent providers willing to care for children during nontraditional hours Afterschool care available to all children who want to participate.	15 percent providers report capacity to care for children with special needs 68 percent providers willing to care for infants and toddlers 30 percent providers willing to care for children during nontraditional hours 23 percent of eligible school age children have access to after school programs	4	2
4.2 Children's needs are not identified due to inadequate assessment. Children whose special needs do not result in a diagnosis are not eligible for therapeutic services and as a result lack access to services.	All children have access to assessment and therapeutic services are available to all children who need them, including those with social-emotional issues that do not rise to level of diagnosis	Because of the lack of formal diagnosis, comprehensive supports are not being provided by Early Intervention/Early Childhood Special Education to some children with special needs. Northwest Childhood Institute and SMART is available. Does for Tots (advocacy carried out by pediatricians)	2	3
4.3 Providers lack resources and support to care for children with social-emotional issues.	Providers for children who have social-emotional or behaviors issues (with and without diagnosis or formal connection to services) have access to supports such as consultations	Oregon Model Positive Behavior Supports occurring in four counties. Inclusive Child Care Program provides limited support. Child Care Health Consultation PICCE	3	4 GRB has funding
4.4 Providers lack training and support needed to care for children with broad range of special needs.	Training and support enable providers to care for children, especially older children, with exceptionally high needs; these are available throughout the state	Opening Doors (School Age) training has statewide trainers but is not being accessed. TRAC training available in Baker/Union, Coos/Curry, Jackson/Josephine, Lincoln, Linn-Benton, and Washington <u>Clackamas, Deschutes, Crook, Jefferson, Polk, Marion, Yamhill, Wallowa and Malheur.</u> Infant/Toddler Mental Health Certificate	4	

		<p>available</p> <p>R&R's provide training opportunities to providers.</p> <p>Health, mental health consultations available in Baker, Clackamas, Lincoln, Union, and part of Multnomah counties State Wraparound Project is beginning.</p> <p>Promoting First Relationship training through the Health Consultation Program is open to all providers.</p>		
4.5 Providers unable to meet needs of all children due to lack of access to consultations (health, mental health).	<p>Consultations available statewide</p> <p>Consultations and supports to providers serving children with special needs not available to all providers</p>	<p>Health, mental health consultations available in Baker, Clackamas, Lincoln, Union, and part of Multnomah counties</p> <p>Inclusive Child Care Program consultations available statewide but delivering limited services. Early Childhood consultation available in Washington County by Morrison Center and Lifeworks NW.</p>	4	3

OUTCOME 5: OREGON'S CHILD CARE SYSTEM IS EFFICIENT AND COLLABORATIVE

GAP	CONDITION WHEN GAP FILLED (Includes national standard when appropriate)	CURRENT STATUS (Includes state requirement when appropriate)	12/2007	12/2008
5.1 Local and state planning for child care and education not systematically linked.	Local and state child care and education planning done by the Childhood Care and Education Coordinating Council, the Commission for Child Care, and the Commission for Children and Families are linked. All CCDF funds are spent in alignment with state plan.	Local planning for child care and education is done through Commission on Children and Families Early Childhood Teams. State Planning is done through Childhood Care and Education Coordinating Council. Local Commission are making program decisions with state technical assistance to align with state CCDF Plan. Local CCF representatives participate in the Childhood Care and Education Coordinating Council.	6	6
5.2 Lack of clear roles and responsibilities for planning and delivery of coordination and support for the child care system at the local level	Clarity in roles, responsibilities, and relationships related to planning for the child care and education system exist at the local level between local Commissions and Children and Families and child care partners	Local planning for child care and education done through Commission on Children and Families Early Childhood Teams. State Planning done through Childhood Care and Education Coordinating Council. Local Commission are making program decisions with state technical assistance to align with state CCDF Plan. Local CCF representatives participate in the Childhood Care and Education Coordinating Council.	4	4
5.3 Lack of coordination and collaboration between tribal and nontribal child care.	At state and county level coordination and/or collaboration exists between state and tribal child care organizations	Tribes represented on the State Interagency Child Care Council. Tribes use DHS subsidy payment and copayment rates. Few links between tribes and the rest of the child care system—one tribe works with a local R&R.	2	3
5.4 Collaborations to ensure accessible and high quality provider training opportunities.	Training opportunities for providers exist across the state. a. Providers have access to a wide range of training b. Training is available in all essential languages c. Training is built on practices that research shows lead to child developmental outcomes d. Training delivery ensures that training is effective; results in knowledge and behavior change	Basic required training is available throughout the state, funded by CCDF, supported by the CDC, and delivered by R&R Variety of other training delivered by the R&R system and funded through partnerships with local CCF (CCDF & local dollars). Training scholarships provided by OCF through the CDC. Professional organizations provide training through conferences. Participation in training is limited by lack of incentives and rewards for training.	7	7

5.5 Collaborations that enable providers to use training hours in earning degrees	Providers get community-based training hours counted in degree-focused higher education. Training provided by community organizations is articulated with credit courses provided by higher education.	Seven of 12 of 16 community colleges accept step 7 on the Oregon Registry for 9-15 credits.	9	9
5.6 Inadequate coordination between part-day programs and providers of wrap-around care.	For children enrolled in morning-only programs, there is coordination for afternoon care and on days when the morning-only program does not operate.	Parents coordinate arrangements with little to no support from providers. Measurement issues—may not be measurable Need update from Dell on what is happening with Head Start wraparound	1	2

OUTCOME 6: OREGON'S CHILD CARE SYSTEM IS INNOVATIVE AND EFFECTIVE

GAP	CONDITION WHEN GAP FILLED (Includes national standard when appropriate)	CURRENT STATUS (Includes state requirement when appropriate)	12/2007	12/2008
6.1 High turnover due to low compensation.	Providers have access to training, compensation, and retention initiatives that have been proven to improve provider quality	Sporadic offering of CARES and similar projects (CCF and tax contribution credit funded projects)	1	2
6.2 State and federal funding is not adequate to produce system infrastructure able to ensure quality child care and education.	The system infrastructure (regulation, resource and referral, the professional development system, and financial assistance—subsidy program) is adequately funded	Minimal investments in all systems—minimally adequate federal investment and minimal investment by state	3 federal 2 state	3 federal 2 state
6.3 Proven pilots continue only in original areas or are dropped altogether even when effectiveness of the intervention has been documented.	Once pilots have proved successful, programs are rolled out statewide	CARES was dropped in most counties when OCCF funding ended. Health Consultation Program is available in 7 counties <u>and is moving statewide if policy option package approved by 2009 Legislature.</u> CCIP Family Child Care Networks developed and evaluated are in Multnomah, Clackamas, Lane, Polk, Deschutes counties Contribution Tax Credit programs in two sites. Partners in Inclusive Child Care training is in 14 nineteen (19) counties. Director certificate is open to all in state but participants have to travel to participate	1	1
6.4 Funding inadequate for providers to deliver quality child care and education.	Funding for investments in the quality of the care and education provided so that it meets developmental needs	Portland Children's Investment Fund providing funding for quality enhancements to improve level of quality	1	1
6.5 Developmental needs of children are a lower priority in setting child care subsidy policy	State subsidy policy is driven by program goals, desired outcomes, program performance measures, evaluation findings, and compliance with federal expectations.	Subsidy policy is developed by the leadership of the Department of Human Services	1	2
4. State lacks strategic plan for high quality child care and early education. 6.6 State lacks a concise high level plan for high quality child care and early education.	Oregon has a strategic plan to improve its child care and education system Oregon has a concise high level plan to improve its child care and education system.	Oregon currently has its biennial federal CCDF Plan, <u>a Logic Model, and the Program and Accountability Tracking Tool to use to create a concise high level plan.</u> The Coordinating Council is moving to transforming the federal CCDF plan into a strategic plan supported by accountability measurement	4	5

OUTCOME 7: BROAD SUPPORT EXISTS FOR OREGON'S CHILD CARE SYSTEM

GAP	CONDITION WHEN GAP FILLED (Includes national standard when appropriate)	CURRENT STATUS (Includes state requirement when appropriate)	12/2007	12/2008
7.1 Inadequate data on costs of improving child care and education.	Oregon has data on what it costs to provide quality care; marginal costs of moving from poor or fair to good or excellent care	Currently have limited data. The evaluation of the Child Care Contribution Tax Credit funded projects may provide some information on costs. <u>Economic analysis of the Tax Credit programs completed.</u>	2	3
7.2 Statewide advocacy limited . Child care and education on agenda of champions for children and families	Oregon has organized advocacy and a visible child care champion, an individual from the public or private sector that takes on improvement of child care as a primary focus. (Oregon Hunger Task Force may provide model of a state-level advocacy organization). Child care and education receives attention from existing child champions such as private Foundations, Children First of Oregon, Stand for Children, and The Children's Institute..	Children's Institute, Northwest Early Childhood Institute, and the Children's First are providing leadership on child care and early education. SEIU and AFSCME advocating for family child care providers One Voice for Child Care coordinating advocacy efforts. <u>Early Childhood Matters</u> <u>Early Childhood Council</u>	5	5
7.3 Public does not understand child care and education system.	The child care system is understood by parents, partners, foundation, state agencies, the Oregon Legislature, and others. Public understanding and support of the child care and education system is increased by public education on the complexity of this predominantly market-driven system of small business-delivered care and education.	Commission for Child Care is drafting a vision to <u>will</u> use Public Service Announcements to raise awareness across state Child Care System brochure is available through CCD Business Liaison within the OCCRRN works with businesses across the state on family friendly business practices. <i>Five Steps to Quality</i> is distributed through the R&Rs. Minimal use of WEB by OCCRRN to improve consumer awareness.	2	2
7.4 Oregon four-year education system demonstrate little interest in child care and education system	Child care and education is acknowledged as essential by both the education and workforce development systems	Limited interface between four-year colleges and universities and the child care and education system.	1	1
7.5 Philanthropic community not heavily invested in child care and education.	A strong relationship between child care partners and philanthropic organizations supports achievement of unified state wide goals	OCF is emerging as a leader. The Early Childhood Funders Learning Collaborative is educating itself about early	6	6

		<p>childhood including early care and education. C. S. Mott Foundation is grant funding Oregon ASK <u>Penney Family Foundation</u> has provided funding for the Quality Indicators <u>Spirit Mountain</u> has funded OregonASK and CCR&R projects <u>Ford Family Foundation</u></p>		
7.6 Policy makers paying attention to outcomes produced by child care and education system	<p>The child care and education system is producing desired outcomes of children ready for school success and families able to meet economic needs. a) Quality as measured by the Quality Indicator Project increases annually b) The majority of families earning below-median income can afford available care and prices of care for young children are less than the price of public university tuition and fees. c) Staff turnover per year in child care approximates that in other industries (Low wages and limited or no benefits produce high caregiver/teacher turnover rates)</p>	<p>Measuring quality <u>child care centers statewide in 2009 with reports available in 2010. in Multnomah, Coos, and Curry counties</u> About half of families earning below median income can afford child care Staff stability in Multnomah county averages 67%</p>	2	2
7.7 Parents cannot bear cost of quality child care and education system	<p>Parent fees make up less than 50 percent of system revenue.</p>	<p>Parent fees make up about 70 percent of system revenue as of 2005</p>	3	3
7.8 Limited employer support of employee child care needs.	<p>More than 50 percent of Oregon employers report providing family friendly policies to their employees</p>	<p>Approximately 3 percent of Oregon employers provide child care benefits</p>	2	2