MAKING A CASE FOR CHILD CARE: AN EVALUATION OF A PENNSYLVANIA-BASED INTERVENTION CALLED CHILD CARE MATTERS

March, 2002

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Abstract

INTRODUCTION

Ambitious and multi-faceted, Child Care Matters began with the goal of producing a basis to achieve systemic change in child care policy through a collaboration of key local child care organizations. The ultimate purpose: making affordable, accessible, and quality child care a fundamental and well-accepted value.

CCM made significant progress towards its initial goals. Most successful have been its efforts on advocacy and public policy, quality improvement, and professional development of child care providers. Less successful, at least during the first three years, were efforts focused on business practices and media coverage related to child care issues.

CHILD CARE QUALITY

Establish new, regulated family child care homes; provide supplements for low-income children to be enrolled in accredited child care sites; improve the quality of neighborhood child care centers; achieve accreditation-level quality in centers and family child care homes; increase the amount of child care subsidies available to low-income families; and improve teacher education and provide scholarships to child care workers.

PUBLIC POLICY

Establish and expand state funding and licensing for Teacher Education and Compensation Helps (TEACH); restore increased income eligibility for state child care subsidies; establish state and Philadelphia Health and Safety Funds for child care programs to achieve and maintain compliance with licensing standards; and institute a Philadelphia Office of Child Care.

STRATEGIC COMMUNICATIONS

Increase contacts with a corps of reporters, editors, and public affairs directors; and enhance media contacts in Harrisburg; place articles and stories about Child Care Matters in newspapers, on radio and television in Harrisburg area, and in national magazines or broadcast media; develop and place public service announcements and engage in paid media campaign.

BUSINESS ENGAGEMENT

Provide area employers with access to child care information; implement events related to child care and employer services for senior business leaders; engage leaders in specific activities promoting CCM public policy agenda; and conduct workforce education efforts for employers of large, low-wage workforces.

When CCM began, the political and economic status quo represented a formidable barrier to change.

- Child care had low status as a policy issue.
- The business community voiced little recognition of child care problems and the region had few corporate headquarters from which to launch effective spokespeople for the issue.
- High turnover among child care providers combined with low levels of compensation produced care of minimal quality.

In addition, the organizations making up CCM had a fractious history that featured competition, not collaboration.

EVALUATION FINDINGS

POLICY

CCM's efforts in the area of policy had clear success. It achieved the important goal of changing the political discourse on child care policy and infused the discourse with new ideas and vision. Policymakers altered their views of child care advocates and began to see them as sophisticated partners for change. During the three-year period, state expenditures on child care rose dramatically (8%, 15%, and 21%). CCM achieved most of its policy goals and cultivated new champions to continue the fight for child care.

COLLABORATION

As an organizational innovation, CCM was successful in engaging organizations to work together, and these organizations became more cohesive. Yet the child care organizational environment remained fractionalized and competitive, and the collaboration remained tentative and fragile. CCM was not able to overcome serious structural obstacles to collaboration.

MEDIA

CCM did not affect significant change in media coverage of child care. Its goal of increasing the quantity and quality of media coverage was hindered by repeated turnovers in media staff. Although CCM successfully became an expert media source on child care and was able to enlist celebrity media spokespersons, the number, prominence and quality of child care stories did not change.

BUSINESS SUPPORT

CCM did not achieve major advances for child care in the business community. Although CCM succeeded in increasing the involvement of business in advocacy, business human resource practices showed no change and child care continued to rank very low as an important employee issue.

QUALITY

CCM's Neighborhood Demonstration Project yielded some beneficial changes, including significant improvements in overall program quality in a number of dimensions at participating centers, particularly in the areas of program structure and instructional activities. Nonetheless, while clear gains were made in specific areas, the overall quality of both accredited and unaccredited programs did not reach high standards by the end of the intervention.

CCM succeeded in recruiting large numbers of families to use its child care subsidies to place their children in facilities working with CCM. But families did not stay in these programs for a sufficient duration. Moreover, the quality of care for children receiving private subsidy dollars did not differ from the quality of care for children receiving public subsidies. Nevertheless, CCM did demonstrate that subsidies had an important function

in these families' lives, even if it failed to demonstrate that subsidies tied to quality improvement activities were superior to subsidies in the public sector.

Family-reported benefits from being in the program included the use of more regulated care and higher satisfaction with this care than prior to receiving CCM subsidies. Parents also reported fewer absences from work and greater work satisfaction after receiving CCM subsidies.

CCM was not successful in getting large number of centers accredited. Part of this failure to meet accreditation goals can be attributed to the low levels of initial child care quality around the city. Yet, observed child care quality was relatively low even in programs gaining accreditation, raising questions about the usefulness of accreditation as the sole quality-improvement goal.

ACCESS TO RESOURCES

CCM succeeded in increasing the availability of quality improvement resources throughout the region. Large numbers of center providers participated in the T.E.A.C.H. education scholarship program, and this participation brought with it increases in education and wages. Although provider turnover did not decrease, providers participating in both T.E.A.C.H. and accreditation-enhancing efforts (rather than accreditation alone) did exhibit lower turnover.

Importantly, CCM funding helped a number of accredited facilities make improvements. While most providers used this funding to upgrade equipment, others used this funding to admit more subsidized children into their programs.

DISCUSSION

Although many of the changes CCM accomplished were small, the marginal value of these small changes may be quite large. That is, if large changes are impossible to expect over the short-run, investing in small ones may be an appropriate initial step. At the same time, affecting these small changes may be expensive. The question, therefore, is whether these small changes are worth what they cost and whether they are likely to make significant inroads for making the case for greater improvements in the availability of quality child care.

LESSONS LEARNED

Affecting change requires clearly defined goals and objectives. Although lofty goals are popular and empowering, concrete goals are necessary for organizations to actually realize changes. Concrete, specific goals allow organizations to measure progress towards meeting longer-term objectives. Goals in the child care policy area were clearly defined and reasonable movement in this area was obtained. More specific and targeted goals in the areas of business and media might have been more effective in effecting changes in this area.

Collaboration requires authentic buy-in from participating groups. Mandated collaboration, however well intended, is unlikely to reduce turf battles and competition without directly addressing the factors that produce these conflicts. This is especially true when the collaboration is seen as short term and temporary.

The ability to influence the media would have been enhanced in four ways: Emphasize unpaid media. Play to existing news values rather than try to change news values. Make use of others' expertise. Engage in routine internal evaluation and analysis.

When developing programs, it is critical that all relevant organizations and constituencies be part of the original design of the program and consulted on its workability. Programs, particularly expensive ones, should

receive some test of their implementation feasibility prior to initiating them. The subsidy system was a victim of changing public policy as well as the failure to coordinate with existing public subsidy agencies.

To improve child care quality, tools and expectations must be realistically designed to meet providers where they are. Quality improvement strategies need to be tied to the empirical reality facing child care providers, particularly those working in Philadelphia's lowest income communities. Accreditation may have been too lofty a goal for the child care agencies in these communities; increases in specific areas may have been more effective.

Hard questions need to be addressed about the ability of T.E.A.C.H. and accreditation to serve as the primary strategies for improving child care. They need to be assessed according to their ability to serve different types of providers as well as their utility in improving child care quality. The cost-effectiveness of each strategy also needs investigation. Are there other more promising intervention strategies that can be more accessible to a great number and variety of child care providers?

Small changes may be important prerequisites for significant long-term change. Taking stock of intermediate changes that set the foundation for change later on is an important task for funders, participating organizations and evaluators. Understanding what specific changes are being achieved and by what means permits organizations to adjust strategies, reassess goals, determine progress, and ultimately become more effective social change agents.

INTRODUCTION

Child Care Matters (CCM) was a multi-faceted effort to change child care policy and to change the political and social contexts for thinking about child care policy, particularly as it affects the Philadelphia metropolitan region. Targeting largely state policy, Child Care Matters worked at multiple levels to raise the consciousness of influential people, leaders, and child care constituencies about the importance of quality, affordable and accessible child care. Its initial funding consisted of $7.7 million from the William Penn Foundation and $3 million raised by the United Way of Southeastern Pennsylvania. In April 2000, it was funded for a three-year extension, with $5.6 million from the William Penn Foundation and $750,000 from United Way. Child Care Matters began operating in July 1997.

To evaluate Child Care Matters, The William Penn Foundation funded the Center for Public Policy at Temple University. The evaluation was designed to determine several intended effects of this collaborative effort. It looks at CCM's success in influencing changes in:

- The child care political climate
- Child care policy
- Business leadership on child care issues
- Human resource practices of businesses
- Media coverage of child care
- Child care quality and the employability of parents

OVERVIEW OF CHILD CARE MATTERS

Child Care Matters constituted a coalition of several organizations: the Delaware Valley Association for the Education of Young Children (DVAEYC), the Philadelphia Early Childhood Collaborative (PECC), the Delaware Valley Child Care Council (DVCCC), Philadelphia Citizens for Children and Youth (PCCY), and United Way of Southeastern Pennsylvania (UWSEPA). United Way of Southeastern Pennsylvania was the lead organization. Each organizational member took the role of partner in CCM.

Child Care Matters was designed with the following ideas about how political change may occur:

- A coordinated collaboration of advocacy organizations is more effective than the individual efforts of a collection of organizations

- The leadership of the business community, particularly the corporate sector, is an essential ingredient for influencing policy changes

- The media shapes popular opinion and is also shaped by elites. Influencing the media is a necessary tool for political change to elevate the status of issues and to formulate what constitutes conventional analyses of issues.
- Direct and indirect advocacy with legislators, legislative staff, and regulatory agencies is central to promoting political change; policy makers need to hear political messages from many different sources

- To engage in innovative and progressive political change, policy makers, opinion leaders, and the media need visible concrete proof of the benefits produced from change

Child Care Matters' design was based on these theories of change. Child Care Matters represented a partnership of the lead child care advocacy organizations in the region, one uniquely partnered with United Way to provide access to the business community and to legitimize child care advocacy within the business community.

Led by United Way, Child Care Matters had a business campaign designed to affect changes in human resource policies within individual businesses and to get business leadership to take ownership of the child care issue. Led by the Delaware Valley Child Care Council, Child Care Matters had a communications campaign de-

signed to bring about change in the media's treatment of child care. Led by Philadelphia Citizens for Children and Youth, Child Care Matters had a public policy campaign designed to work with policy makers, their staffs, and agency officials around child care policy, to coordinate with the other Child Care Matters components, and to coordinate messengers to deliver effective messages. Led by the Delaware Valley Association for the Education of Young Children and the Philadelphia Early Childhood Collaborative, Child Care Matters had local and regional initiatives designed to showcase what effects on families and children can be anticipated if resources are invested in promoting quality child care and the access and affordability of this care for lower income children.

THE EVALUATION OF CHILD CARE MATTERS

The evaluation of Child Care Matters was designed to look at the impact of each different Child Care Matters component with the overall goal of assessing how each component influenced a child care public policy agenda. It tested whether Child Care Matters' respective theories of change were valid in terms of altering the political environment around child care and the political will of leaders to act on child care's behalf. This research has several parts.

The first part investigated the overall implementation of Child Care Matters. We assessed the feasibility of the collaboration, focusing specifically on what impeded or facilitated collaboration, the role of conflict, competition, and funding, and the economies of scale gained from joint partnerships around public policy issues.

The second part focused on public policy. The evaluation of the public policy component assessed whether Child Care Matters was effective in changing child care policies. It examined whether Child Care Matters' activities around child care policy were effective in producing changes in Pennsylvania state policy (the budget, legislation, and changes within state agencies), the political climate for child care, and Philadelphia policy.

The third part addressed the media. The evaluation of the media component assessed Child Care Matters' influence on both the uncontrolled media and the controlled, largely paid, media. It looked at the effects of Child Care Matters' media activities (including media interviews and placements and written materials) on broadcast and print media coverage. It evaluated the effectiveness of the paid media campaign at reaching its target audiences, and the number and types of people reached by these advertisements.

The fourth part examined the business community. The evaluation of the business component had two parts. First, by employing an annual business practices survey fielded at two points in time, it assessed Child Care Matters' effects on internal business practices. Second, it assessed the business community's advocacy of child care issues by looking at business leaders' public statements in the media, the legislature, and other public forums; business activities in key employer child care organizations; and business participation in Child Care Matters business activities.

The final two parts of this evaluation examined the Neighborhood Demonstration Project and the Regional Quality Initiative. This research assessed the impact of a variety of types of investments in child care, including subsidies for families who send their children to "quality-improving" child care facilities and a set of initiatives designed to improve child care quality: funds for child care facilities, an educational scholarship program for child care providers, and tools for facilities to become accredited. This research examined:

- The effects on children and their families of offering subsidies to attend quality-improving child care programs

- The impact of participation in accreditation procedures on child care quality; the impact of educational scholarships on provider education, wage levels, and job turnover

- The relative impact of different types of initiatives on child care quality

In addition, we studied the implementation of each Child Care Matters component. For each component we asked:

- To what degree was the component implemented as originally designed?

- What were some of the barriers to implementations?

- How were these barriers addressed?

"Making a Case for Child Care" is the final report of this evaluation. It reports our research findings over three years beginning August 1, 1998.

STUDY DESIGN

Each research component examined Child Care Matters effectiveness at implementing its program and its impact on intended targets of change. The specific questions and methods to answer them are:

Child Care Matters Implementation
Questions:
- Did Child Care Matters work as an innovative model for political advocacy?
- Did organizations work cooperatively and collaboratively?
- What impeded collaboration?
- What were the strengths and weaknesses of the Child Care Matters organizational structure?
- Did organizations take on a collective identity?

Methods:
- Interviews with Child Care Matters personnel within each partner organization and annual interviews with selected governing board members

Public Policy
Questions:
- What were the forces working for and against change independent of the Child Care Matters initiative?
- How was Child Care Matters policy component implemented?
- Did child care receive increased attention by policy makers?
- Were issues advocated by Child Care Matters taken seriously?
- Did child care policy change?
- Were there concrete changes in public policy that can be directly attributed to Child Care Matters?

Methods:
- Interviews with Child Care Matters public policy leaders
- Analysis of Child Care Matters administrative records
- Attendance of relevant Child Care Matters meetings
- Interviews with state and local policy makers, Department of Public Welfare officials, and advocacy organizations
- Monitoring of state legislation
- Monitoring of state budgetary process and outcomes
- Monitoring of child care administration by the Department of Public Welfare

Media Relations
Questions:
- How was the media relations component implemented?
- Did Child Care Matters meet its planned objectives?
- What were the effects of Child Care Matters activities on changes in the media?

Methods:
- Analysis of Child Care Matters administrative records
- Interviews with Child Care Matters media leaders
- Collection of child care media coverage
- Content analysis of media coverage

Business Community

Questions:
- Did Child Care Matters meet its planned objectives?
- What were the effects of Child Care Matters activities on changes in the internal, human resource practices of businesses?
- What were the effects of Child Care Matters activities on changes in the business community's advocacy around child care issues?

Methods:
- Interviews with Child Care Matters business community leaders
- Analysis of Child Care Matters business records
- Longitudinal survey of a sample of businesses on human resource business practices and attitudes
- Analysis of business representation in child care media coverage and other public forums

The Neighborhood Demonstration Project

Questions:
- How were Quality Improvement Funds delivered?
- What was the accreditation readiness of child care facilities at the beginning of the accreditation process?
- How were child care subsidies delivered?
- What barriers existed that prevented successful implementation?
- What were the effects on child care providers and programs?
- What were the effects on child care quality?
- What were the effects of participation in T.E.A.C.H.?
- What were the effects on participating families?

Methods:
- Interviews with Child Care Matters staff
- Analysis of Child Care Matters administrative records
- Observations of child care quality
- Interviews with child care providers
- Interviews with families

The Regional Quality Initiative

Questions:
- How were Quality Supplement Funds distributed?
- How were Quality Supplement Funds used?
- Were Quality Supplement Funds a factor in encouraging child care facilities to serve subsidized children and to maintain accreditation?
- What was the impact of participation in T.E.A.C.H?

Methods:
- Interviews with program administrators
- Analysis of T.E.A.C.H. and Child Care Matters administrative records
- Observations of child care quality
- Interviews with child care providers

EVALUATION FINDINGS

"Making a Case for Child Care" tells the story of Child Care Matters, a large and complex initiative designed to move the child care agenda in the direction of improving the accessibility, affordability, and quality of care. Creative and far reaching, CCM embraced the child care issue in all of its complexity. Focusing on the many dimensions of child care, CCM understood that there were a multitude of barriers to changing the child care environment.

Yet CCM's implementation was weak and authentic collaboration did not occur. Nonetheless, CCM exhibited great success in its public policy initiatives, literally achieving most of its major goals. CCM had limited success in achieving increased availability of high quality care in two low-income neighborhoods. Quality of care increased but the care in these neighborhoods remained low. A great deal more needs to be done to improve the quality of care in these communities. At the regional level, CCM successfully implemented a quality improving initiative and recruited many providers into the T.E.A.C.H. CCM's media component did not increase either the quality or quantity of media coverage although it succeeded in establishing CCM as a central source of information on child care. The business community made many connections within the business community but did not succeed in changing human resource practices or creating a stable core of business leaders to champion the child care issue.

IMPLEMENTATION OF CHILD CARE MATTERS

- **The central feature that collaboration played in the CCM intervention makes it an important topic for this evaluation**

    Child Care Matters represented an organizational innovation for bringing independent organizations with overlapping agendas together to advocate around issues affecting disenfranchised populations. Therefore, their ability to join and work together was a critical issue for this evaluation.

- **To foster collaboration, the design of CCM included overlapping responsibilities for CCM partners**

    Both DVAEYC and PECC were expected to work with providers. DVCCC agreed to manage the lobbyist contract while PCCY would lead the advocacy effort. DVCCC, leading the media campaign, would work with all of the partners.

- **If it were easy to enable the joint work by this group of advocacy organizations, forming Child Care Matters would have been unnecessary**
    Developing the mechanisms to enable people to come together and work jointly required time, lengthy communications, creative problem solving, and much listening. Much of the initial work of CCM was activity around getting people to be able to work together and engage in joint planning and activities.

- **The reason why collaborating required so much investment was that it was precisely what was new in this undertaking**

    The two major goals of this project required that at least two of the partners work together. The overall goal of influencing public policy by using a demonstration project in combination with other policy changing activities required that all five partners cooperate.

- **Factors working to augment the implementation process include the respect partners had for each other, consensus around means and ends, and the recognition that moving the child care agenda required cooperation**
    From the beginning, most of the leaders had considerable respect for the knowledge and skill of the others. Partners strongly shared an overall goal – improved child care quality – and largely agreed on the strategies, such as accreditation and T.E.A.C.H. to achieve it. The partners recognized that collaboration produced considerable benefits.

- **Although the organizations worked together, the collaborative element of this partnership was not cemented in place**

    Collaboration always remained somewhat tenuous. CCM confronted several obstacles. Some were inherent to the child care issue. Others stemmed from problems they created themselves.

- **CCM's organizational structure proved problematic in several ways: United Way's role was unclear; the policies of the larger child care universe did not always correspond with CCM's needs; and the ground rules on how organizations should collaborate were poorly defined**

A well-respected fundraising agency, United Way had little experience with direct-service delivery or building and supervising coalitions. In addition, United Way lacked a prior involvement in child care advocacy. The sphere of Child Care Matters activities was larger than the partners.   However, CCM came up with its plans without necessarily thinking about how others would either cooperate with them or respond to them. Although much time and many meetings were held to define and clarify responsibilities, considerable overlap existed and roles remained unclear.

- **The partners worked independently to a considerable extent**

    When attempts to work together became too painful too often or were simply unsuccessful, some people emphasized the need for increased boundary definition and the ability to move on with their work responsibilities. This too hindered collaboration.

- **The distribution and management of the budget impeded the collaborative process. Budgetary problems were at the core of CCM's implementation dilemmas.**

    Although United Way administered the budget, budget management was decentralized to partners leading different components. In this way, budget oversight became somewhat diffuse and it was difficult to determine funds committed and funds remaining. Moreover, funding did not cover the cost of coordination. Overall, while funding motivated and made collaboration possible, particular features of the budget impeded, rather than facilitated, cooperation among the organizations.

- **Part of the reason for CCM in the first place was the existence of a fractionalized, competitive child care advocacy terrain. Not surprisingly, competition and territoriality continued with the CCM initiative.**

    Although some of the competition subsided with the occurrence of open and honest conversations, turf issues and political maneuvering contributed to an atmosphere characterized by mistrust. Overall, a sense of self-interest persisted throughout the evaluation period.

- **No single leader emerged within Child Care Matters**

    A strong leader often helps an entity develop an identity and strength by providing vision and holding others together in working toward this shared vision. No leader emerged within CCM because of the strong personalities of the individuals making up this partnership, lack of experience in building coalitions, general unwillingness of anyone to take this role, and the desire to avoid confrontation.

- **CCM worked hard to ameliorate obstacles to implementation**

    These efforts included keeping people informed, working at role clarification, and improving personal relationships. These turned out to be important in keeping the initiative alive.

- **CCM achieved a number of implementation successes**

    These included learning from each other, learning from its own experiences, acquiring a collective identity, and building a foundation for future work. Child Care Matters was not a static entity.

- **Continuing relationships and joint work among CCM partners are likely to continue**

    Over time, informal ties among the partner agencies increased. Each also developed a greater appreciation of what the other agencies had to offer toward the shared goal of improving child care policy and practice. CCM established a foundation for the continuation of a more temporary and fluid coalition around child care.

- **CCM's overall collaboration remained fragile**

By all involved, CCM was viewed as a finite initiative designed to jumpstart work on child care, not continue it indefinitely. This limited collaboration. With each partner agency wary of losing its independent organizational identity, none fully embraced CCM. The perception that CCM was temporary was fueled by the William Penn Foundation's decision to fund partner organizations to conduct work that was similar to CCM's but not part of the CCM umbrella. This suggested that organizations' futures (at least financially) were as independent agencies, not as a collaboration.

- **Implementation was hindered by both external and internal factors**

External factors included the authentic difficulties in increasing child care quality and problems with implementing CCM's agenda in a world that often impeded what it wanted to do. Internal factors that hindered implementation included CCM's poorly designed organizational structure, poor fiscal management, competition among agencies, and weak leadership.

- **The William Penn Foundation did not succeed in putting together a collaborative effort that would bring permanent systemic change to the child care landscape**

CCM brought organizations together and gave them a stronger platform from which to influence the child care debate. Yet structural problems and the absence of planning proved fatal to the development of something permanent that represented an authentic collaboration.

- **CCM should not be replicated without substantial attention to methods for developing authentic collaboration among organizations**

Thought needs to be given to the organizational ecology of non-profit organizations and how they compete and co-exist in a world of continued scarcity of resources to support their efforts.

PUBLIC POLICY COMPONENT

- **CCM's policy component was guided by a workable theory of change**

CCM put its original design into place and followed the major tenets it initially proposed. One feature of the policy component (the division of authority between DVCCC and PCCY) proved to be non-viable. This was expeditiously changed and these changes met with great success.

- **The policy component developed a cohesive and coordinated strategy with a clearly defined policy agenda that had large but attainable goals**

The policy component bridged group differences, achieved consensus, and organized people to work collectively toward these goals. Despite the absence of formal control mechanisms, CCM's policy component achieved the improbable in the fractionalized work of child care advocacy – it facilitated, organized, and motivated different organizations to agree and to work on a common agenda. As a result, the proverbial whole indeed grew bigger than a simple combination of its constituent elements.

- **Determined to be a vehicle that articulated a broad sharing of ideas, CCM successfully employed a consensus building decision-making apparatus**

All partners shared and acted on commonly understood policy objectives. Although different partners retained distinct policy areas for their own organizations, they collectively embraced shared policy objectives. As a result, duplication of effort was avoided.

- **CCM engaged in a host of different policy-related activities**

At all times, the volume of activities remained high. CCM conducted its policy work with energy and intensity. The majority of its policy-related activities were targeted at Pennsylvania policy personnel – the main target specified when CCM was designed.

- **CCM's policy component concept contained some inherent obstacles, which required ongoing attention**

  These included the overall complexity and multi-dimensional nature of the child care issue, the intermittent confusion arising from the use of multiple voices promoting child care, and the differences between lobbying and advocacy. While never totally resolvable, these tensions were minimized with constant self- evaluation and communication.

- **The policy component's initial organizational structure created major problems. These problems were successfully resolved after CCM's first year.**

  In its first year, the policy component was fraught with conflict, dissent, competition, and distrust. This conflict was exacerbated because policy component leadership was divided between two organizations: DVCCC and PCCY. CCM made a critical decision to place policy leadership entirely in the hands of PCCY, solidifying its power and reducing the policy role of DVCCC. Although this decision somewhat decreased the amount of collaboration, it dramatically reduced tension and conflict.

- **While all partners worked cooperatively on CCM's policy agenda, some partners (one in particular) carried out its own separate policy agenda. CCM made a critical decision to avoid coercing total collaboration on policy. This decision enabled CCM to avoid a potentially destructive battle turf battle over ownership of the policy domain.**

  CCM orchestrated a collaborative policy agenda as well as the possibility for parallel, although, independent agendas by individual partners. CCM made this decision to avoid coercing cooperation. If it had forced partners to choose between their individual organizational identities and CCM's identity, CCM would have failed very quickly. Consensus planning generated a unified policy message no matter who was delivering it.

- **CCM's hiring and use of a professional political lobbyist, while controversial, was successful, giving CCM access to people and credibility with them**

  CCM did not obtain good results from the first lobbyist it hired. It recognized this and when able, it hired a different firm that was much more effective. The lobbyist was particularly important in advocating for budgetary goals and amendments, proving that professional political skills and contacts are key ingredients for advocating for change in Harrisburg.

- **CCM's policy component represents a major organizational achievement**

  In three years, it put together a viable policy agenda to which all partners adhered, successfully negotiated conflict, and exhibited organizational unity around political objectives. Although individual partners continued to maintain distinct organizational agendas, they continued to come together over their shared work.

- **The political climate and culture in Harrisburg militated against changes in child care policy. Many features of the Harrisburg political climate and culture remained constant.**

  Factors militating against change included: Harrisburg's conservative political process; confusion over child care's political constituency; the focus of child care as an issue for welfare reform; the perspective that the child care issue belongs to women; the power of religious conservatives; rural-urban differences in child care needs; partisan differences in approaches to child care policy; conservative fiscal policy; and the view that child care is a private issue.

- **Policy makers' interest in child care remained largely driven by personal experience underscoring the continued influence of age and gender on policy outcomes**

  Policy makers most knowledgeable and active on child care issues were largely those who had personal experiences with child care. The composition of the legislature – primarily older men – made it difficult to move any child care policy agenda.

- **Some features of the political climate in Harrisburg began to deviate from the seemingly entrenched status quo. Policy makers began viewing advocates as sophisticated partners in child care policy construction, paving the way for the future change.**

    Changes that deviated from the status quo included: the child care activism exhibited by Auditor General Robert Casey Jr.; child care's enhanced status as a gubernatorial issue in 2002; the growing understanding of child care as an educational and school readiness issue; increased business interest in child care; the role of the Quad Group; and increased discussion of child care quality.

- **CCM operated as a new force around altering entrenched policy on child care and achieved major gains along almost every policy objective. CCM infused the political culture with new ideas, vision, and a broadening of the child care issue, and therefore, created a stronger political foundation for changes.**

    These gains included increased Pennsylvania appropriations for child care, changes in the regulations governing child care subsidies, bringing T.E.A.C.H. to Pennsylvania, increasing T.E.A.C.H. appropriations, introducing the concept of accreditation, initiating a health and safety fund, creating an Philadelphia Office of Child Care, passing zoning legislation, and reducing licensing fees.

- **Acting in concert with other advocates, CCM succeeded in meeting most of its state budgetary policy goals**

    The introduction of T.E.A.C.H. to the Pennsylvania budget in CCM's first year was an outstanding achievement and an important foundation from which to build later child care quality policy initiatives. This was later followed by the creation of a state health and safety fund, another major achievement. Although increased federal appropriations for the child care needs played a role, CCM consistently achieved its budgetary objectives, enabling it to broaden these goals and take on new and more challenging budgetary horizons. Policy makers increased the volume of subsidies to working poor families, increased provider reimbursement rates, established financial incentive programs to create more child care facilities, introduced and expanded T.E.A.C.H., restored the loan forgiveness program, and worked with the Department of Public Welfare to create a health and safety fund. In addition, worked successfully with the administration to help carve out a range of different initiatives designed CCM to enhance child care quality.

- **Child Care Matters' influence on overall budget appropriations for child care was not directly evident. CCM was part of the political noise around child care appropriations, particularly around child care subsidies**

    Child care budgetary appropriations increased during the period of this evaluation. While CCM supported increased appropriations, it is unclear if these increases can be credited to CCM. CCM worked for this change. Change occurred. However, it is not possible to link the methods that produced change and the nature of the change itself. CCM was the operative political player on child care making the noise that channeled legislators' interest in this issue. Certainly, the budget reflects this.

- **CCM successfully advocated for change in Pennsylvania's child care subsidy regulations**

    In the initial regulations, CCM successfully advocated for eliminating a tiered system associated with the cost of care and altering subsidy eligibility to include people working 25 hours per week, as opposed to the original proposal of 30 hours per week. In subsequent advocacy efforts, CCM successfully advocated for increased income eligibility for subsidy and lower weekly co-payments.

- **CCM moved from an adversarial relationship with the Department of Public Welfare to one defined as a partnership. This change creates greater potential to develop joint child care policy initiatives.**

    The subsidy battle created many hurt feelings between CCM and DPW. Rather than escalate tensions, CCM began to engage DPW in a more conciliatory manner. This important alteration in style helped CCM to avoid permanently alienating the most important state agency around child care issues.

- **Although legislation oriented towards CCM's policy agenda was introduced during the study period, no child care bills were passed by the legislature**

 The absence of any new child care legislation highlights the difficulty in pursuing legislation as a tool for advocacy around policy changes. CCM's policy goals were largely budgetary and regulatory during this period, and it did not initiate a legislative agenda until its third year. Legislative inaction was largely due to three major factors: political partisanship, political process, and the political influence of religious conservatives.

- **Child Care Matters worked successfully with the legislature to introduce a bill that would support accreditation. House Bill 1837, the "Keystone Quality Bill," was reported out of committee and made it to the House floor.**

 Although the House did not vote on the bill, its travels through this part of the legislature indicate much promise in the future for seeing more political activity on accreditation – a major CCM goal. A suburban, Republican (woman) sponsored the bill, which introduced accreditation to the legislature, the governor's office, and DPW. House Bill 1837 placed accreditation on the political map and generated bipartisan support for the concept.

- **CCM successfully cultivated new legislative child care champions. However, their influence on specific policy wins advocated for by CCM was not transparent.**

 CCM nurtured a range of male and female legislators, both Republicans and Democrats, who were inside and outside of Philadelphia. Having these legislators educated about, and aware of, the significance of child care issues is an important step in altering child care policy. The question remains, however, whether child care would require the multiple voices of these champions if those who have the power to move issues in Harrisburg were authentic child care champions themselves.

- **CCM worked extensively with the Quad Group to bring these powerful business interests to bear on child care policy and, in particular, to influence the governor. CCM was not able, however, to have significant sway with this group. Although business leaders have influence, they may not use their influence as advocates might like.**

 Most agree that the Quad Group succeeded in creating increased political and business interest in child care. At the same time, the Quad Group represented a major disappointment to CCM, which viewed its final recommendations as too general and vague. Although the Quad Group's key recommendations were enacted in the state budget, its policies were viewed as being too general to be useful.

- **CCM propelled a change in the child care policy lexicon particularly with its advocacy around accreditation, T.E.A.C.H., and the health and safety fund**

 Child care quality became prominent in policy discussions. Although there remain disagreements over the definition of quality and the appropriate means to achieve it, this "quality talk" is a major change.

- **CCM had a number of key local policy successes with historically difficult and seemingly entrenched political issues**

 CCM successfully advocated for the startup of a Philadelphia health and safety fund and the creation of a local Office of Child Care within city government. It succeeded in working with City Council to pass laws allowing family day care providers to be able to take care of as many as six children without obtaining a zoning variance and reducing fees associated with obtaining a food preparation license.

- **CCM nurtured a large number of local child care champions**

 Many of these champions were at one time members of CCM's governing committee, which operated to educate these leaders around child care issues and acquired ownership of the child care issue. CCM had continued access to people in positions of power within government and to people of influence outside it. These champions were instrumental in all of CCM's local political successes.

- **CCM's policy component is potentially replicable under certain conditions**

These conditions include: a supportive and generous funder; organizations with knowledge of and experience with the child care issue; component leadership deemed legitimate by all involved; leaders who are both capable of acting politically and organizing others to act in this capacity; and funding that could be used to support the activities of professional lobbyists. Yet CCM's policy component is not a generic machine that can necessarily be reinvented within different state and local contexts. Pennsylvania government is embedded in a political culture defined by adherence to the status quo, conservative fiscal policy, incremental policy initiatives, and an anti-urban ideology. Other states have different political cultures necessitating alternative variants of the policy component.

MEDIA RELATIONS COMPONENT

- **One of the primary challenges encountered by the media campaign was the entrenched indifference of regional media toward child care**

This climate was not unique to either the region or to child care. Rather, it was inherent in the sourcing practices and news values that typify media everywhere. Media are more event- and human-interest driven rather than issue driven. Obstacles included perceptions of editorial staff, gender bias, the complexity of the child care issue, difficulties working with business media, and reporter turnover.

- **A challenge to implementing the media component was the high turnover in the media specialist position funded by CCM**

Over a three-year period, three different people held the media specialist position. With each new media specialist came the need to master a complicated policy issue as well as to reconstruct hard-won trust relationships with both the partners and the media.

- **CCM became recognized as an expert media source on child care**

By earning media esteem as a credible source, CCM could target its messages about child care issues directly. Developing an agreed-on roster of messages also helped CCM forge an identity as a single, expert source for child care information.

- **In its uncontrolled media campaign, CCM established contracts with a small but influential number of reporters and editors at key media outlets**

Philadelphia media were especially influential. Coverage in Montgomery and Bucks counties was also active CCM contacts during the evaluation period.

- **CCM worked jointly with the business outreach component to enlist participation by high credibility, "celebrity" media spokespersons**

These included Philadelphia Police Commissioner John Timoney, Greater Philadelphia First CEO Sam Katz, and Philadelphia District Attorney Lynn Abraham.

- **The high-impact advertisements in CCM's second advertising campaign attracted considerable attention**

The advertising campaign worked in favor of CCM in two ways. First, it drew a positive response from some advocacy and professional groups. Second, the print ads raised consciousness of child care issues among editors in smaller local and niche publications. Negative responses came from potential business sponsors and from Harrisburg after an ad ran the telephone number of the governor's child care office, apparently without warning the administration in advance.

- **CCM developed considerable skill at capitalizing on fast-moving news events to get the child care message out**

    The media component became more active in creating its own occasions for coverage. The use of high-impact spokespersons and targeted media represented a departure from the more scatter-shot approach of the project's early stages.

- **DVCCC had primary responsibility for CCM's media relations initiatives. However, since many of CCM's key audiences were targeted by other CCM components, other partners also performed media relations activities.**

    These collaborative efforts surrounding specific media events were one of the most successful aspects of Child Care Matters. Such collaboration was a direct outcome of bringing the various agencies together under the CCM umbrella.

- **Overall, the media content analysis showed little significant change in terms of interested media, story orientation, number of stories, quality, and prominence indicators**

    The number of child care stories did not grow. The prominence of child care stories did not increase. The quality of child care coverage did not change.

- **Media coverage supported the child care agenda and it reflected CCM's messages**

    CCM showed ability to place its favored message points in stories where it served as a source. Many other entities were active sources with similar messages.

- **CCM's paid media efforts appeared to have had a small influence on the child care climate**

    The controlled media campaign was costly in terms of time and money. Yet it had little visible effect. There were too few dollars to buy adequate advertising time, and the inroads on CCM managerial and financial resources were disproportionately large.

- **Perceived financial constraints presented challenges on the paid media side**

    A frequent concern was the absence of a sufficient funds for television advertising. Yet when business sponsors were arranged to pay for television ads provided that CCM gave matching funds, coordination difficulties among the partners resulted in the failure to come through on this arrangement.

- **The paid advertising agenda claimed disproportional attention from CCM media managers to the detriment of unpaid opportunities**

    The media campaign's director heavily focused on the paid media campaign. Others handled unpaid media relations. Given the superior credibility and low cost of uncontrolled media relations, this uneven attention represented opportunities missed.

- **CCM could increase the effectiveness of its media component in four ways. Emphasize unpaid media. Play to existing news values, rather than try to change news values. Make use of others' expertise. Engage in routine internal evaluation and analysis.**

    CCM's media campaign needs to engage further in building relationships, testing strategies, and revising them using concrete information. More media activities would result from building this base in a more systematic way.

BUSINESS OUTREACH COMPONENT

- **CCM faced several major challenges in meeting its goals to change the child care orientation of the local business community**

    Although receptive, the business community was uninformed about child care. Business leaders were reluctant to take ownership of child care issues. There was no obvious organizational focal point for business to learn about, and advocate for, child care. Repeated mergers and acquisitions had led to a decline in corporate headquarters with leaders invested in local issues like child care. The business media were not very interested in child care.

- **The business component lacked a specific strategic plan to meet its goals**

    The absence of specific plans slowed implementation substantially because it deprived the business partners of a focus and benchmarks for progress. Instead, they took stock of progress based mainly on anecdotal information. Therefore, the business component had no systematic method to document its accomplishments or effectiveness.

- **The business component began with a diffuse networking approach. Eventually, it built sufficient connections to take advantage of this non-directed style.**

    Over time, the business component developed a more active and purposeful approach.

- **Over time, the business component learned that targeted, sustained efforts with a variety of specific business leaders were an effective way to create a core of employer supporters**

    During the first 18 months, the business component described its activities in very general terms. Yet in 2000, CCM capitalized on a different form of outreach: a highly targeted effort to seize specific opportunities with specific employers. It also developed a stable of business champions – leaders who would publicly advocate for change in child care policies both within their own communities and in the political realm.

- **CCM forged alliances with existing business organizations including the Philadelphia Chamber of Commerce, the Quad Group. and Greater Philadelphia First**

    These organizations offered tangible resources such as mailing lists and personnel, and most important, intangible resources like name recognition and credibility with policy makers. The intangible resources were especially valuable when CCM was starting up.

- **CCM consciously augmented its original strategy that focused on large business advocacy groups to include partnering with many smaller groups on bread-and-butter workforce issues**

    This shift in strategy launched a shift in implementation from a conceptually oriented one to a highly practical partnership with business. Workforce education became an important part of the new business outreach. Activities included visits to organizations to educate human resource managers about child care issues, distribution of educational materials, talks or presentations to professional organizations of all sizes, and sponsorship of employer awards.

- **Collaboration among CCM partners over business component activities yielded benefits**

    The business component successfully recruited many of its high profile champions to be media spokespersons. Some business component champions were heavily involved with policy and lobbying activities. Partners participated in other partners' special events, leveraging access to different partners' target audiences.

- **CCM was successful in increasing business leaders' willingness to pursue advocacy efforts in public forms**

    Three types of champions were recruited. The first type was individual business and political leaders. The second type was individual businesses. The third type consisted of large established business-oriented groups.

- **Results from the Child Care Business Practices Survey showed that area businesses did not consider child care to be an important employee issues**

Most businesses offered limited child care benefits. Survey results in Time 2 mirrored those in Time 1. There was little or no change in business practices in child care in the Philadelphia region.

- **The business component remained fragile throughout the evaluation period. CCM has established a foundation for getting good business support. However, it is not possible to predict whether CCM's efforts to create a permanent core of business support will succeed in this effort.**

The weakness of the Quad Group's proposal to the governor and the absence of any systematic business visibility in the media illustrate this fragility. There is no evidence that a sustained hub of business leaders was created to support child care, although contacts were established with important groups that may pay off in the future.

NEIGHBORHOOD DEMONSTRATION PROJECT: QUALITY-IMPROVEMENT EFFORTS

- **Centers participating in the accreditation process varied widely in in terms of their initial accreditation readiness**

Doubt existed among some CCM administrators regarding whether accreditation could be accomplished for some centers within the three-year time frame of the initiative.

- **The primary strategy CCM used to achieve quality improvement in the centers was mentoring by individuals known as cluster leaders**

After a weak start, the mentoring process was revamped during the first year of the intervention. Four cluster leaders, individuals who themselves had been through the accreditation process, worked intensively with five centers toward accreditation. Cluster leader activities included curricular development, staff development and training, and budget counseling. The improved intervention model was widely hailed as an effective means of delivering services to child care providers.

- **Each center in the intervention received, on average, $35,000 in Quality Improvements Funds. These funds were spent primarily on renovations and equipment.**

For programs to achieve their goals of becoming accredited, they needed funds to help them make major purchases and/or renovations. More than $700,000 was distributed to centers in amounts ranging from $700 to $81,000 per center.

- **Quality Improvement Funds had a positive impact on the accreditation process**

In many instances, improving the quality of the facilities was the first step towards improving the quality of the curriculum. Quality-improvement funding also provided leverage for CCM to encourage the centers' staff to become invested in making quality improvements. Improvements in the physical facility and materials increased staff morale.

- **T.E.A.C.H. was the model used for delivering scholarships to child care providers so they could obtain early childhood education degrees and certificates**

Sixty-eight center-based care providers received T.E.A.C.H. (Teacher Education and Compensation Helps) scholarships for college-level child development training. In exchange, scholarship recipients agreed to complete specified courses and to stay employed in the child care facility for the following year. Nearly 75% of scholarship recipients remained in the program during the course of our study; 55% successfully completed their coursework and stayed employed in their child care program for the year after they received their scholarships.

- **CCM did not succeed in reaching its goal of stimulating all lead teachers to pursue an Associates degree (AA) or Child Development Associates degree (CDA) through T.E.A.C.H. It also did not succeed in getting 50% of providers to attain one of these degrees by the end of three years.**

These educational goals were probably overly ambitious. Although T.E.A.C.H. provides a vehicle for attaining degrees, it typically takes providers four to five years to complete the work for these degrees.

- **T.E.A.C.H. was seen as having a positive impact on the accreditation process**

Although few centers achieved accreditation, many center directors reported that T.E.A.C.H. was the most important component of the quality improvement process. T.E.A.C.H. reaped benefits by giving providers hope for the future, a positive outlook on work, and the higher self esteem that goes with increased education. College training also taught providers about developmentally appropriate activities, program planning, working with parents, and working with students and families from diverse cultures. Despite the logistical difficulties CCM had with T.E.A.C.H., scholarship recipients felt that the financial and logistical help provided by T.E.A.C.H. was prompt and responsive to their needs.

- **CCM did not meet its goals for center accreditation; only three of the 21 participating centers were accredited during the course of the three-year evaluation period**

CCM hopes to have seven more participating centers accredited in the near future. Two of these seven centers have already applied to become accredited.

- **The initial quality of family day care homes (FDC) participating in the intervention was relatively low**

At recruitment, the quality of care in the 25 FDCs recruited to participate in the NDP was rated as only minimally adequate.

- **The primary instrument of change for the family day care homes was the mentoring process. The model for the process underwent considerable change during the intervention.**

The 14 volunteer mentors were replaced by two full-time staff members: one provided all of the training and administration; the other provided all of the technical assistance to the FDCs. Mentors closely assessed the specific needs of each FDC and developed individualized training sessions to address these needs.

- **The distribution of Quality Improvement Funds had a positive impact on the accreditation process for family day care providers**

Each participating family day care home received about $5,000 at the beginning of the accreditation process. Providers worked with CCM personnel to determine how the money would be spent. These funds were necessary to make basic improvements in the family day care homes. Most of the money was spent on facility improvement and the purchase of educational materials.

- **CCM used T.E.A.C.H. only as an optional additional vehicle for improving quality in the family day care homes**

CCM did not require FDCs to participate in T.E.A.C.H. while they were proceeding through the accreditation process. This was because FDCs were often staffed by only one child care provider, and it was difficult to find replacement caregivers to release the FDC personnel to attend classes. In addition, the accreditation process was expected to be significantly shorter for FDCs than for centers (nine months versus three years).

- **CCM fell short of its goal of having all family day care providers pursue an AA or CDA degree**

Only 10 of the 25 family day care providers participating in the accreditation process participated in T.E.A.C.H. One reason many FDC providers did not take advantage of the T.E.A.C.H. scholarships was that they were unable to pay the required 20% of the tuition.

- **Those family day care providers who did participate in T.E.A.C.H. viewed it positively**

    Family day care providers viewed T.E.A.C.H. personnel as particularly helpful; this may be one reason that these 10 providers were able to overcome the barriers to participation. Participation in T.E.A.C.H. by additional family day care providers after the accreditation process was completed was viewed as likely.

- **The goal of accrediting 25 family day care homes was not achieved within the three-year time frame of the grant period**

    In total, only 13 family day care homes were accredited under CCM. Family day care homes presented a particular set of challenges to the quality-improvement efforts.

- **Overall, CCM successfully provided mentoring, quality-improvements resources, and T.E.A.C.H. scholarships to participating child care centers and family day care providers**

    Although accreditation goals were not reached, all three types of resources were positively viewed by participating center directors and providers as helpful for improving quality.

- **Significant improvements in overall program quality and staff characteristics were observed in participating child care centers**

    Over time, the most marked improvements were observed in the instructional and care activities provided to children and in the organization of the daily programs. Providers who participated in the NDP for the duration of the evaluation period became more sensitive in their interactions with children, provided better overall caregiving environments, became more satisfied with their working conditions, and their instructional beliefs and practices became more developmentally appropriate.

- **Despite improvements, CCM center providers were still providing care of minimal quality**

    Improvements were generally on the magnitude of about half of a scale point on a seven-point rating scale. On average, centers were still providing care that met only minimal standards; the care did not approach good or excellent quality care. In the area of personal care routines, the average scores indicated that many centers were still providing care that was inadequate to meet even children's basic custodial needs.

- **Contrary to common assumptions about accreditation, accredited child care centers did not reach good standards of quality overall**

    Specific aspects of program quality, such as the interactions between center staff and children, program structure, and/or provisions for the needs of staff and parents, reached or approached standards for good care in two of the three accredited programs. Yet, the quality of space and furnishings and the instructional activities in the classroom were still only meeting minimal standards. The quality of personal care routines was rated inadequate in all three accredited programs.

- **CCM family day care homes did not reach high standards of quality by the end of the intervention. On average, programs began and remained at minimal levels of quality. They appeared to make few improvements except in the provision of children's learning activities.**

    At the end of the evaluation, family day care homes did not attain "good" or "excellent" levels of quality according to professional standards. Provision of space and furnishings, and basic care were still in the inadequate ranges. No changes in working conditions, job satisfaction, knowledge of child development, professionalism, or developmentally appropriate beliefs were observed. However, CCM family day care providers showed greater improvements in their satisfaction with their working conditions, and their child rearing attitudes tended to become less authoritarian than their non-CCM counterparts.

- **Those family day care homes that became accredited did not achieve good standards of quality overall, although the provisions for adult needs met good standards in all five programs**

Unfortunately, the quality of personal care routines was below minimal standards in four out of five accredited FDC homes. More positively, based on three out of six sub-scale scores one FDC home met good standards of care.

- **The NDP was able to increase the quality of care offered by participating centers and family day care homes. Although not successful in accrediting all participating centers and FDC programs by the end of the evaluation, the provision of mentoring, quality-improvement funds, and teacher scholarships significantly improved the quality of NDP programs. Importantly, we observed changes in the quality of caregiving environments and in the providers.**

Nevertheless, the impact of the NDP on participating programs was relatively small. None of the programs participating in the NDP achieved, on average, an overall score indicative of high-quality care.

NEIGHBORHOOD DEMONSTRATION PROJECT: SUBSIDY PROGRAM

- **CCM initially had difficulty enrolling families into the subsidy program**

The recruitment strategy of enrolling families from the Department of Public Welfare (DPW) public subsidy waiting list was initially not as successful as CCM hoped. DPW policies prevented families that took CCM subsidies from being able to retain their spots on the waiting list for public subsidies for the duration of the CCM subsidy program. Therefore, eligible families were reluctant to participate in the CCM subsidy program. The incentives for accepting CCM subsidies were further reduced when changes in state policy virtually eliminated waiting lists for public subsidies, although subsequent changes in state subsidy eligibility requirements and co-payment made CCM subsidies more attractive to families after 1999. Finally, problems collaborating with the agencies that administered the public subsidies further complicated the implementation of the CCM subsidy program. Merging public and private streams of money to subsidize child care was extremely difficult.

- **Changes were made to the subsidy program to increase the attractiveness of CCM subsidies**

Children were no longer required to attend facilities working toward accreditation. Instead, they could attend already accredited facilities in the two neighborhoods. CCM also expanded the age range of children eligible for the subsidies so that infants through five year olds became eligible instead of just two to four year old children.

- **CCM reached its goal of serving 200 families. Yet, it was not successful in keeping families in the subsidy program for two years or more.**

Three hundred-ninety children received CCM subsidies. Most subsidy recipients were African-American single mothers with one child. Mothers reported working five days per week, with an average income around $18,000. Families that accepted the CCM subsidies were generally similar to those that did not accept the subsidies in terms of gender, ethnicity, size of their household, the ages of their children, and their employment situations. The average length of enrollment was only a little over a year, and only 25% of families received subsidies for 18 months or more. Close to half of the families received CCM subsidies for less than a year. For many, the CCM subsidy system served merely as a "bridge" between getting on the public subsidy waiting list and getting public funding for child care rather than as the planned long-term access to neighborhood-based high quality care.

- **The CCM subsidies did not result in the use of more regulated, more stable, and higher quality child care than did the use of public subsidies**

After the intervention, there were no differences between the families using CCM subsidies and those using public subsidies in terms of their satisfaction with their child care arrangements, the number of arrangements used concurrently, or the number of arrangements stopped during the interval for which CCM subsidies were de-

livered. CCM families did not use higher quality child care than public subsidy families. Since CCM families were more likely than public subsidy families to use unregulated child care prior to subsidy receipt, the impact of the CCM program was to make the child care arrangements for both types of families more similar.

· **The use of CCM subsidies did not result in more stable employment situations or greater work satisfaction than the use of public subsidies**

CCM-subsidized families did not differ from public subsidized families in the number of hours the mothers worked, number of jobs she held, disruptions in work due to child care issues, or satisfaction with work. There were also no differences in total family income.

· **The use of CCM subsidies did not result in greater benefits to children than the use of public subsidies**

There were no significant differences in the social adjustment of children in the CCM group compared to those in the public subsidy group.

• **The use of CCM subsidies was associated with positive changes in families' child care arrangements over time. After they began receiving CCM subsidies, CCM-subsidized families used more regulated child care and were more satisfied with their child care arrangements than in the year prior to receiving subsidy. Mothers also reported fewer absences from work and greater work satisfaction after the receipt of the CCM subsidies.**

Although there were few differences between CCM-subsidized families and our matched sample of publicly subsidized families, there were differences in CCM families before and after receiving these subsidies. For example, 62% of CCM families had used unregulated care exclusively in the year prior to CCM; no families used unregulated care exclusively after receiving the CCM subsidies.

THE REGIONAL QUALITY INITIATIVE

• **TEACH was successfully implemented**

The Pennsylvania T.E.A.C.H. program was unexpectedly expanded statewide and served many more scholars in the first year than did the original program in North Carolina. The large number of students posed problems for implementation, but these problems were successfully resolved. The complex relationships among the organizations participating in T.E.A.C.H. created some difficulties with regard to funding and in the development of a comprehensive database.

• **CCM met its goal of delivering more than 200 T.E.A.C.H. scholarships in the region. T.E.A.C.H. scholarships were awarded predominantly to providers in child care centers. Most of the scholars from the region who enrolled in T.E.A.C.H. either finished their contracts or continued to be enrolled in the program.**

There were 222 T.E.A.C.H. scholarships awarded within the Regional Quality Initiative target area. The disproportionate number of center providers (74%) served reflects the difficulties inherent in the T.E.A.C.H. model for family day care providers. The average TEACH scholarship recipient was African American and had received a high school diploma. Nearly half of the recipients had never attended college. More than 76% of center-based providers were retained in the program; 24% left their course of study before their contracts were fulfilled. The numbers are even better for FDC-based providers, of whom 93% were retained in the program.

• **For participants in the T.E.A.C.H. program, education levels and wages of participants increased by the end of their first contract year**

On average, participants took 11 credit hours of course work during their first contract year. Although fewer than the 16 credit hours per year reported for North Carolina T.E.A.C.H. participants, it is still an impressive number of credits considering providers are also working full time. Salaries for the participants increased by at least 4%, as guaranteed by the program. Yet, the average salaries ($7.27) of T.E.A.C.H. participants still remained low.

- **T.E.A.C.H. did not appear have a dramatic impact on turnover rates**

At least 24% of T.E.A.C.H. scholars in the first cohort left their jobs. This is not much different from what is observed for providers generally. However, providers who enrolled in T.E.A.C.H. as part of the accreditation program were less likely to leave their child care program during our evaluation than providers in the accreditation program who did not enroll in T.E.A.C.H.

- **CCM successfully distributed Quality Supplement Funds to 33 child care programs**

CCM distributed $916,971.41 to 33 of the 95 accredited child care programs through the Quality Supplement Funds. In all, 2,186 child care slots were subsidized via the Quality Supplement Funds. The average award was more than $4000, although the grant amounts awarded to programs varied widely.

- **Quality Supplement Funds were used for a variety of purposes, but most programs used them to upgrade equipment**

A majority of the recipients utilized their Quality Supplement Funds to upgrade equipment. Half reported intending to use the funds to admit more low-income children, purchase educational materials, and/or maintain accreditation standards. Thirty-one percent indicated that they would use these funds to increase teacher salaries or provide staff development.

DID CHILD CARE MATTERS MAKE ITS CASE FOR CHILD CARE?

Child Care Matters and this evaluation began with the premise that collaborative and coordinated activities that are strategically targeted at key change institutions should yield, at the very least, the foundation from which longer lasting systemic change is possible.

Child Care Matters did not achieve this. While creative and energetic, it did not establish that foundation for change. As a collaboration among several agencies it did not work. Its work with providers and families suffered from implementation problems and resulted in minimal changes. Its efforts with the business community were never demonstrably effective. CCM did become a known child care expert for the media. But most of the partners were well known by the media as individual organizations prior to the inception of CCM.

CCM had much more success with policy. In part this was due to the strength of the leaders in charge of the policy component. It also helped that the component had clear, operational objectives from which gains and losses could be measured. But the policy component was also guided by strategic thinking, opportunistic and otherwise, that was politically savvy and became more sophisticated over time.

CCM's policy component successfully made a case for child care. Yet while the policy component remains the clearest success in the CCM story, its victories could be temporal (and largely rhetorical) unless additional work continues to build on this foundation. CCM was successful in working with a varied group of political actors and it achieved a great deal. But given the magnitude of the child care problem, these gains, while incredibly significant do not go very far. They remain incremental. The child care problem, as is well known to CCM, is much deeper.

In addition, it is not clear if the success of the policy component depended on the partnership. To be sure, partners collaborated and developed consensus on policy goals. But it is also possible that the policy component as a funded effort could have done just as well without being in partnership. In fact, it succeeded largely because CCM gave policy responsibility to one agency. This question is something that needs to be explored in future funding decisions. Do the costs of collaborating outweigh the benefits of collaborating?

CCM accomplished small changes. Yet the marginal value of these small changes may be very large. That is, if large changes are impossible to expect over the short-run, investing in small ones may be appropriate. And affecting these small changes may be expensive. The question, therefore, is whether these small changes are worth what they cost and whether they are likely to make significant inroads for making the case for child care.

**MAKING A CASE FOR CHILD CARE:
AN EVALUATION OF PENNSYLVANIA-BASED
INTERVENTION CALLED CHILD CARE MATTERS**

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CHAPTER ONE

MAKING A CASE FOR CHILD CARE: AN EVALUATION OF A PENNSYLVANIA-BASED INTERVENTION CALLED CHILD CARE MATTERS

INTRODUCTION

Child Care Matters (CCM) was a multi-faceted effort to change child care policy and to change the political and social contexts for thinking about child care policy, particularly as it affects the Philadelphia metropolitan region. Targeting largely state policy, Child Care Matters worked at multiple levels to raise the consciousness of influential people, leaders, and child care constituencies about the importance of quality, affordable and accessible child care. Its initial funding consisted of $7.7 million from the William Penn Foundation and $3 million raised by United Way of Southeastern Pennsylvania. It was funded for a three-year extension for $6.4 million. Child Care Matters began operating in July 1997.

The William Penn Foundation funded the Temple University Center for Public Policy to evaluate Child Care Matters. The evaluation sought to determine the effects of this collaborative effort on changes in the child care political climate, child care policy, business leadership on child care issues, media coverage of child care, child care quality, children's school readiness, and the employability of parents.

CHILD CARE MATTERS AND THEORIES OF CHANGE

Child Care Matters represented a coalition of several organizations: the Delaware Valley Association for the Education of Young Children (DVAEYC), the Philadelphia Early Childhood Collaborative (PEEC), the Delaware Valley Child Care Council (DVCCC), Philadelphia Citizens for Children and Youth (PCCY), and United Way of Southeastern Pennsylvania (UWSEPA). United Way of Southeastern Pennsylvania was the lead organization. Each member of the coalition was a partner in Child Care Matters.

Child Care Matters' design reflected the following ideas about how political change might occur:

- A coordinated collaboration of advocacy organizations is more effective than the individual efforts of a collection of organizations

- The leadership of the business community, particularly the corporate sector, is an essential ingredient for influencing policy changes

- The media shapes popular opinion and is also shaped by elites. Influencing the media is a necessary tool for political change, to elevate the status of issues, and to formulate what constitutes conventional analyses of issues

- Direct and indirect advocacy with legislators, legislative staff, and regulatory agencies is central to promoting political change; policy makers need to hear political messages from many different sources

- To engage in innovative and progressive political change, policy makers, opinion leaders, and the media need visible concrete proof of the benefits produced from change

Child Care Matters' design was based on these theories of change. It represented a partnership of the lead advocacy organizations around child care in the region. Importantly, it was uniquely partnered with United Way of Southeastern Pennsylvania to provide access to the business community and to legitimize child care advocacy within the business community.

Led by United Way, CCM had a business campaign designed to affect changes in human resource policies within individual businesses and to get business leadership to take ownership of the child care issue. Led by the Delaware Valley Child Care Council (DVCCC), Child Care Matters had a communications campaign designed

to bring about change in the media's treatment of child care. Led by Philadelphia Citizens for Children and Youth (PCCY), Child Care Matters had a public policy campaign designed to work with policy makers, their staffs, and agency officials around child care policy, to coordinate with the other CCM components, and to coordinate messengers with effective messages. Led by the Delaware Valley Association for the Education of Young Children (DVAEYC) and the Philadelphia Early Childhood Collaborative (PECC), Child Care Matters had a neighborhood and regional demonstration designed to showcase what effects on families and children can be anticipated if resources are invested in promoting quality child care and the access and affordability of this care for lower income children.

THE EVALUATION OF CHILD CARE MATTERS

The evaluation of Child Care Matters was designed to look at the impact of each different Child Care Matters component with the overall goal of assessing how each component influenced a child care public policy agenda. It tested whether Child Care Matters' respective theories of change are valid in terms of altering the political environment around child care and the political will of leaders to act on child care's behalf.[1] This research has occurred over the course of three years, from August 1998 to August 2001.

Table 1-1 (Pages 36 and 37) shows the research questions and data sources associated with evaluating each component of Child Care Matters. As indicated at the top of this table, the evaluation investigated the overall implementation of Child Care Matters. We assessed the feasibility of the collaboration focusing specifically on what impeded or facilitated collaboration, the roles of conflict, competition, and funding, and the economies of scale gained from joint partnerships around public policy issues.

The evaluation of the public policy component assessed whether Child Care Matters was effective in changing child care policies. It examined whether Child Care Matters' activities around child care policy were instrumental in producing changes in Pennsylvania state policy (the budget, legislation, and changes within state agencies), the political climate for child care, and local Philadelphia policy.

The evaluation of the media campaign assessed Child Care Matters' influence on both the uncontrolled media and the controlled, largely paid, media. It looked at the effects of Child Care Matters' media activities (including new releases, backgrounders, position papers, and information kits) on broadcast and print media coverage. It evaluated the effectiveness of paid media campaigns at reaching its target audiences, and the number and types of people reached by these advertisements.

The evaluation of the business campaign assessed Child Care Matters' effects on internal business practices, using an annual business practices survey fielded at two points in time. Assessing the business communities' leadership around child care issues consisted of looking at business membership in key employer child care organizations; business leaders' presence in the media, public events, and public speaking; and business participation in Child Care Matters business activities.

The evaluation of the Regional Quality Initiative and the Neighborhood Demonstration Project assessed the impact of a variety of types of investments in child care. These included subsidies for families who send their children to "quality-improving" child care facilities as well as a set of initiatives designed to improve child care quality – funds for child care facilities, an educational, scholarship program for child care providers, and tools for facilities to become accredited. This part of the evaluation looked at:

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[1] Though Child Care Matters began in July 1997 the evaluation did not begin until funding was received in August 1998.

RESEARCH COMPONENT: IMPLEMENTATION OF CHILD CARE MATTERS

Questions: Did CCM work as an organizational innovation?

What fostered and impeded collaboration?

Did CCM change the organizational climate around child care?

Data Sources: Tri-annual interviews with CCM staff.
Annual interviews with selected CCM Governing Board members.

RESEARCH COMPONENT: CHANGES IN PUBLIC POLICY

Questions: What kinds of activities did CCM employ to change policy?

What were the effects of these activities on changes in child care policy and the political climate around child care?

Data Sources: Tri-annual interviews with CCM policy principals.
Tri-annual interviews with Buchanan Ingersoll.
State budget and budgetary hearings.
Monitoring legislation.
Biannual interviews with Pennsylvania legislative staff and state wide organizations.
Biannual interviews with non-CCM child care oriented advocacy organizations.
Annual interviews with Harrisburg and Philadelphia-based DPW officials.
Biannual interviews with Philadelphia officials and organizations.
CCM documents.

RESEARCH COMPONENT: CHANGES IN THE MEDIA

Questions: What were the effects of the CCM communications campaign on changes in child care media coverage?

Did CCM meet planned objectives for specific events and initiatives?

Data Sources: CCM originated media materials.
Print and broadcast media on child care.
Tri-annual interviews with CCM communications principals.
Tri-annual interviews with Golin/Harris.
CCM documents.

RESEARCH COMPONENT: CHANGES IN THE BUSINESS COMMUNITY

Questions: Did CCM activities result in changes in the human resource attributes, policies, and practices in businesses?

Did business leaders increase their activities in support of child care issues?

Did CCM meet planned objectives for specific events and initiatives?

Data sources: Annual Child Care Business Practices Survey.
Business memberships in organizations supporting child care and work/life issues.
Business participation with CCM.
Tri-annual interviews with CCM business community principals.
CCM documents.

RESEARCH COMPONENT: CHANGES IN NEIGHBORHOOD CHILD CARE PROGRAMS

Questions: Did participation in the quality improvement activities of Child Care Matters (i.e. accreditation, TEACH, and access to Quality Improvement Funds) increase the quality of child care programs (both FDC's and center programs)?

Data Sources: Observations of child care environments and provider-child interaction.
Director and provider interviews.
Provider questionnaires.
Assessment of children's school readiness skills.

RESEARCH COMPONENT: CHANGES IN FAMILIES RECEIVING CCM SUBSIDIES

Questions: What were the effects on children and their families of offering subsidies to attend quality improving child care programs?

Specifically, what impact did receiving CCM subsidies have on families in terms of parents' employment activity, employment stability, quality and stability of child care arrangements used and children's' school readiness skills?

Data Sources: Parent Interviews.
Parent questionnaires.
Observations of child care arrangements.
Standardized assessments of children's' school readiness skills.

RESEARCH COMPONENT: IMPACT OF T.E.A.C.H. IN THE REGION

Questions: Did participation in T.E.A.C.H. increase the education and wage levels and reduce turnover rates among program participants?

Did participation in the accreditation process, in addition to T.E.A.C.H., increase the quality of care in FDC homes above that gained through T.E.A.C.H. only?

Data Sources: Reports on working conditions of providers in the region generally.
Information from the state-funded evaluation of the T.E.A.C.H. program being conducted by KURC.

Observations of and interviews with FDC providers participating in T.E.A.C.H. compared to providers participating in the study examining the quality improvement efforts of CCM.

- The effects on children and their families of offering subsidies to attend quality-improving child care programs

- The impact of providers participating in accreditation procedures on child care quality; the impact of educational scholarships on provider education, wage levels, and job turnover

- The relative impact of different types of initiatives on child care quality

In addition to studying the overall implementation of CCM, we studied the implementation of each Child Care Matters component. For each component we asked:

- To what degree was the component implemented as originally designed?

- What were some of the barriers to implementations?

- How were these barriers addressed?

REPORT STRUCTURE

This report is the final product of this evaluation. An initial interim report discussed preliminary findings after one year of research. A second interim report discussed research activities and methods. This final report presents the central findings of this evaluation and represents a comprehensive assessment of CCM's successes and challenges both in terms of how it was implemented and what it accomplished.

The report is organized as follows. Chapter 2 addresses the overall implementation of Child Care Matters. Chapter 3 is our evaluation of the public policy component. Chapter 4 is our evaluation of the media relations component. Chapter 5 is our evaluation of the business component. Chapter 6 is our evaluation of the Neighborhood Demonstration Project. Chapter 7 is our evaluation of the Regional Quality Initiative. Chapter 8 concludes this report by addressing whether CCM made its case for child care.

This report is accompanied by two companion documents containing the associated appendices for this research. These appendices include the relevant interview protocols, surveys, and databases used in this research.

CHAPTER TWO

IMPLEMENTATION OF CHILD CARE MATTERS

<u>INTRODUCTION</u>

Child care is a broad-based, complex issue that demands considerable effort and resources. The William Penn Foundation funded the Southeastern Pennsylvania Early Childhood Initiative (later renamed Child Care Matters) because it believed that coordinated collaboration of child care organizations would be more effective than organizations' individual efforts. Although the Philadelphia region is rich in organizations concerned with child care, these agencies did not have a record of working easily together and their individual efforts had not yielded large changes in systems influencing child care. Therefore, Child Care Matters (CCM) was designed to have a well-established and strong community stakeholder (United Way of Southeastern Pennsylvania) bring together several individual organizations to work collectively with the intention that collaboration would yield larger concrete gains. As one CCM participant put it:

> The carrot is 'Here is the funding but now you guys need to be talking and coordinating your work more so the right hand knows what the left hand is doing…so you gain more in the long run than each of you working separately. (Interview, Fall 1999)

The project design was to have individual organizations work on the parts of the target of improving child care that they knew best and also to have them benefit from the others' strengths.

The group did not propose to create a new organization per se to manage or coordinate efforts to improve child care locally or to politically advocate for it. Under the proposed initiative, the six partner organizations would retain their independence and organizational affiliations. They would, however, commit to an overall structure and strategy that demanded, to some degree, a collective vision, shared and coordinated activities, and constant communication – in essence, collaboration. Under this collaboration, the group called itself Child Care Matters.

CCM was the organizational umbrella and the shared sentiment that tied together different organizations whose missions are to improve child care. According to one partner's comment in the third year of the project, "(The goal is to) make sure everybody's at the table…that everybody buys into the process." (Interview, Fall 2000)

The central feature that collaboration played in the intervention makes it an important topic for this evaluation. Child Care Matters represented an organizational innovation for bringing independent organizations with overlapping agendas together to advocate around issues affecting disenfranchised populations. Therefore, their ability to join and work together is a critical issue for this evaluation. CCM hoped to achieve visible changes in its target population's child care situations. Through showcasing these improvements, CCM intended to influence larger political outcomes. While different partners worked on various aspects of the child care issue, all were to be guided by a common understanding and mission produced by the process of collaboration.

Therefore, to understand what happened requires examining how this collaboration evolved and how the Child Care Matters initiative was implemented.   In this sense, study of the implementation of Child Care Matters also asks whether CCM achieved another major goal: bringing organizations together as a genuine collaboration.

This question is significant because the collaboration was the implementation tool to achieve large, long lasting systemic changes in the child care universe. Through collaboration, CCM hoped to reshape the child care organizational landscape and, in turn, change the child care political landscape. The expectations from this collaboration were large; CCM leaders expected the initiative to alter permanently Pennsylvania's child care terrain.

Therefore, several questions are key:

- Did organizations work cooperatively and collaboratively?

- What impeded collaboration?

- What ameliorated obstacles and augmented collaboration?

- Did the organizations take on a collective identity through joint funding and shared planning?

- Did CCM work as an organizational innovation?

- Did CCM change the organizational climate around child care?

DESIGN AND METHODS

To answer these questions, this component of the evaluation was designed to provide an understanding of the organizational development of Child Care Matters through talking with the people charged with putting it in place. This part of the evaluation is designed to tell the story of the project's collaboration in the partners' own words and from their respective points of view. These very personal observations provide an essential context within which to interpret the findings generated from the other research components that are part of this investigation. The views described are not offered as being either true or false, but rather as a reflection of the human context within which the collaborative efforts of the project moved forward.

We interviewed the main actors in each of the partner organizations several times during three years – more than 50 individual interviews of about an hour and a half each. We found our respondents to be willing and, we think, honest in telling us how they saw the project emerging. Time and again as we spoke to these individuals, we were reminded that while Child Care Matters involved organizations, it is the people in them who forged its success and felt the pain when it fell short of the goals they envisioned.

To assess CCM's implementation, this evaluation employed a longitudinal approach. Interviews were conducted over time in five separate cycles beginning in September 1998 and ending in January 2001. Those interviewed included each partner agency's director or project manager and central staff involved in CCM activities. Members of CCM's governing board were interviewed for the first two cycles. In all, 53 interviews were conducted with 20 different people. Table 2-1 (Page 42) shows the people interviewed at each point in time according to the home agency.

IMPLEMENTATION OF CHILD CARE MATTERS

The analysis of the implementation of the CCM has several parts. The first part discusses the genesis of CCM, the theory behind it, and how it was defined operationally both in terms of organizational structure and activities. The second part examines the implementation process focusing on extent of collaboration, obstacles, and amelioration of problems. The third part assesses CCM's successes and failures as a collaboration.

THE GENESIS OF CHILD CARE MATTERS

The way in which Child Care Matters partners were mobilized to work together is an important context that sets the stage for later organizational issues. Those interviewed pointed to the William Penn Foundation as the genesis of Child Care Matters. The foundation became aware of a large project on child care being undertaken in Pittsburgh and led by its regional United Way. A similar effort in Philadelphia seemed appealing. Moreover, the foundation was already partially funding each of the individual organizations separately. It therefore decided to

TABLE 2 – 1
AGENCY AFFILIATION, INTERVIEWEE, AND INTERVIEW CYCLE

AGENCY AFFILIATION	INTERVIEWEE	CYCLE I 9/98—1/99	CYCLE II 3/99—5/99	CYCLE III 9/99—10/99	CYCLE IV 6/00—7/00	CYCLE V 11/00—1/01
United Way, Project Officer	Susan Foreman	X	X	X	X	X
United Way, CCM Project Manager	Marlene Weinstein	X	X	X	X	X
United Way, CCM Business Initiative Manager	Judy Flannery	X	X	X	X	X
PCCY, Project Manager	Harriet Dichter	X	X	X		X*
PCCY Project Staff/ Manager	Sharon Ward				X	X**
PCCY, Project Assistant	Patricia Loff	X	X		X	
PCCY Project Assistant	Angela Logan					X
PCCY, Data Analyst	Richard Greene	X				
DVAEYC, Agency Director & Project Manager	Sharon Easterling	X	X	X	X	X
DVAEYC, Project Assistant	Debby Greene	X				
PECC, Agency Director & Project Manager	Anne Rahn	X	X	X		X
PECC, Project Assistant	Jill Kortwright	X	X	X		X
DVCCC, Agency Director & Project Manager	Phyllis Belk	X	X	X	X	X
DVCCC, Project Assistant	Susan Landry		X		X	
DVCCC, Project Staff	Sarge Carleton	X				
DVCCC, Project Staff	Heather Fidler			X		
DVCCC, Project Staff	Isabel Molina					X
Board Member & President	Ken Bacon	X				
Board Member	Susan Becker	X				
Board Member	Ruth Mayden		X			

* Left project and moved to major position in Philadelphia city government.
** Became project manager when Dichter left.

bring organizations that were active and central to child care advocacy in the Philadelphia region together in order to leverage more from its investments in each individual organization.

The foundation also believed that CCM would enable people and organizations in the worlds of policy and practice to work together and learn from one another. As participants noted:

> There are multiple goals for this project. What is beautiful is that there is not a single solution. We hope to accomplish more than we would get from doing the separate parts one agency at a time. (Interview, Fall 1998)

> The Foundation funded our organizations to do work we already did, but to force us to work together. Like the bringing of public policy together with the practice piece. (Interview, Fall 2000)

Along these lines, the foundation awarded the proposed CCM partners a planning grant to find out about national models and to fund proposal writing. Those interviewed reported that the proposal writing process was difficult and friction filled. It took months longer than originally anticipated and did not produce a completely satisfactory document. According to one participant:

> Toward the end of the process there was still no plan. There was no clear role differentiation among the partners. The proposal all had to be coalesced quickly. The result was less than I would like in defining partners' roles. It had not been talked through. (Interview, Fall 1998)

Another partner agreed with this assessment:

> It took a lot of compromises to produce this grant and people were never able to sort through the issues. (Interview, Spring 1999)

Although the partners developed the proposal to develop the CCM initiative, working together was not their idea. In fact, even after the proposal was funded and the project had begun, there was so much role conflict and friction among several of the partners that CCM held a retreat to try to resolve these problems. Although this retreat helped considerably to bring "a peace for now" among the conflicting agencies, the main source of tension – that CCM's design required a new level and kind of cooperation among agencies that were not accustomed to working together – remained.

The partners' debate over whether to have an overall project letterhead and logo illustrated this strain. There were strong opinions among the partners on this matter and several long and painful meetings were held to address the need for letterhead and a separate logo. As everyone realized, the debate over the letterhead and a logo was not about physical appearance. It was really about acknowledging that CCM was an entity larger and separate from its individual partners. People agreed that publications and communications needed a common look, but were concerned about what would be lost among the individual partners if CCM were portrayed as an organizational unit with its own identity. As one participant put it:

> I don't know. I am not happy with it (CCM) having an identity of its own. In three years it will be gone. Meanwhile the five partner organizations will still be there and unknown. On the other hand, marketing people say that a visual identity is needed for CCM. This has not happened yet. Perhaps one could be designed to recognize all five of us. Maybe. (Interview, Fall 1998)

In the end, the group decided that CCM would have its own letterhead and logo. However, its profile would not be portrayed in such a way to appear to subsume the identities, talents, and accomplishments of the individual partner agencies. One partner noted this compromise:

Until July 21st there was an issue that CCM was becoming identified as an entity in itself and overshadowing the individual agencies. As a result of that meeting we agreed to lower CCM's profile, but also to keep working on its image. (Interview, Fall 1998)

Overall, because "the partners never asked to be brought together," several of those interviewed spoke of CCM as a "forced marriage." This proved to be a significant internal obstacle that was never completely overcome. According to participants:

There is not the same level of respect and trust between all partners… Some of the conditions for collaboration have not been met. (Interview, Fall 1998)

(The foundation) forced us to work together. This doesn't help us to like it or to respect the work of the other agencies. (Interview, Fall 1998)

Child Care Matters Organizational Structure

As proposed and implemented, United Way promised that with input from the five partner agencies it would "delegate oversight of the undertaking to a volunteer council with representation from the business community, public child care policy makers, and child care experts." (Proposal to William Foundation, March 1997) This council (later termed the CCM Governing Board) would provide overall accountability. It would also be able to redirect funds in consultation with the foundation, help United Way to raise matching funds, and advocate with public officials in support of the project goals.

A project director paid for by the grant would directly oversee and hold the other partners accountable for their parts in the initiative. The senior staff (in most cases the partner agency director) made up a Professional Advisory Team to implement the plan, including the coordination of activities across their respective agencies.

After the initial meetings among the partner agencies a newly hired project director was put in charge of trying to forge a coalition aimed at achieving two major objectives. One objective focused on demonstrating improvement in the actual practice of child care in two neighborhoods in Philadelphia (Neighborhood Demonstration Project and Regional Quality Initiative). Two of the partners, the Delaware Valley Association for the Education of Young Children (DVAEYC) and the Philadelphia Early Childhood Collaborative (PECC) were designated to share responsibilities for these activities.

DVAEYC, which already managed accreditation for day care providers, agreed to continue that role under CCM with regard to both day care centers and family-managed day care facilities. PECC was also already providing direct support to both family day care and day care centers. Accordingly, it agreed to recruit providers for this undertaking, to recruit children to be cared for with subsidized CCM and public funds, and to recruit providers to be part of an educational program funded by CCM. The proposal carefully outlined the tasks required for achieving CCM's objectives in this regard. It also assigned and divided them in such a way that while the partners were required to work together, each could work independently on its part of the overall target.

The CCM initiative also proposed three additional components: a public policy initiative, a media campaign, and a business outreach component. The lead of each component was assigned to different partners.

Philadelphia Citizens for Children and Youth (PCCY), an independent agency housed in the United Way building, was already engaged in activities intended to influence state and local policy related to children. As its contribution to CCM, PCCY agreed to lead a significant and expanded effort to influence state and local child care policy.

The Delaware Valley Child Care Council (DVCCC) similarly had been engaged in child care efforts, including advocacy, direct support to child care providers, and work with employers and the business community. DVCCC agreed to manage a contract with a lobbyist to assist CCM in its policy work at the state level. Its main activity, however, was to manage the media campaign to build public support for the emerging CCM efforts.

The United Way agreed to be the lead agency for CCM. As the lead agency, it was responsible for managing the substantial funds awarded by the foundation. It also agreed to raise one million dollars yearly in additional funds for CCM. United Way provided office space to house the project manager and in effect, became the central "office" of CCM. Since the United Way campaign had existing relationships with many business interests in Philadelphia, it also agreed to hire a staff person to lead the CCM business component.

By deliberate design, CCM's distribution of responsibility to partner agencies had several overlaps in organizational responsibilities. Both DVAEYC and PECC were expected to work with providers. Similarly, DVCCC agreed to manage the lobbyist contract for CCM while PCCY agreed to lead the overall advocacy effort. DVCCC agreed to design and manage CCM's media campaign, which required working with all of the partners. United Way provided fiscal management and hired and housed the project director. It also provided overall oversight for the project through an assigned senior staff person (Susan Foreman).

A management committee made up of the directors of each of the partner agencies was designated to make overall decisions for CCM. The project manager (Marlene Weinstein) was designated to convene this group and help forge them into a working team.

If it were easy to enable joint work by this group of advocacy organizations, forming Child Care Matters would have been unnecessary. Each of the goals of this project required that at least two of the partners work together. The overall goal of influencing public policy by using a demonstration in combination with other policy changing activities required that all five partners cooperate. Developing the mechanisms to enable people to come together and work jointly required time, lengthy communication, creative problem solving, and much listening. Much of the initial work of Child Care Matters involved activities centered on getting people to be able to work together and engage in joint planning and activities. As one partner noted, "This has taken a lot of one on one." (Interview, Fall 1998) Another agreed with this appraisal, adding, "The infrastructure took a lot of time during our first year. We had lots of collaboration on that." (Interview, Spring 1999)

Some participants felt that the requisite work of building CCM's collaborative infrastructure interfered with seemingly more tangible Child Care Matters outcomes (e.g., changes in public policy, children given subsidies, providers assisted, etc). But others suggested that the development of an infrastructure that supported joint planning was a major goal of the initiative. They thought that the requisite time to create it was well spent. The reason why collaborating required so much investment was that it was precisely what was new in this undertaking.

AUGMENTING THE IMPLEMENTATION PROCESS

Various factors worked to augment the implementation process, improving the prospects for collaboration. These included the respect partners had for each other, consensus around means and ends, and the recognition that moving the child care agenda required collaboration.

Respect

From the beginning, most of the leaders had considerable respect for the knowledge and skill of the others. They told us this repeatedly as shown by their comments below:

I have respect for (CCM partner name) and enjoy working with her. (Interview, Fall 1998)

(CCM partner name) is well respected. (Interview, Fall 1998)

(CCM partner name) is a marvel. (Interview, Fall 1998)

(CCM partner name) is a great administrator. (Interview, Fall 1998)

(CCM partner name) is brilliant. In one minute with (her) I get more information, insight and content than an hour with someone else. (Interview, Summer 2000)

(CCM partner name) is just wonderful. She is going to head this new planning grant that the state is putting up (Interview, Fall 2000)

Shared Goals and Strategies

Significantly, the partners strongly shared an overall goal – improved child care quality – and largely agreed on the strategies, such as accreditation and T.E.A.C.H., to achieve it. This is illustrated by the following participants' comments:

Our partners are very much in support of using accreditation as a tool in the process of improving quality and for using it to measure improvement in quality. Five years ago we didn't have agreement that NAEYC and DVAEYC accreditation were credentials and worth investing in. (Interview, Fall 1998)

More accredited child care programs in low-income communities. More regulated family child care in low-income communities. T.E.A.C.H. is a professional development program for child care staff that ties compensation to competency. (These are our targets for success.) (Interview, Fall 1998)

Accordingly, all partner organizations engaged in joint planning, collective decision-making, and shared activities. There is ample evidence of a substantial amount of consensus-building work including regular meetings and joint memoranda and reports. According to one CCM leader:

DPW (Department of Public Welfare) tried to separate us and couldn't. We were approached individually, but we didn't give way. It was nice we agreed. (Interview, Spring 1999)

Consensus building, shared activities, and a sense of unity illustrate both partners' commitment to the CCM endeavor as well as the skills used by project management to engender it.

Recognized Benefits of Collaboration

The partners recognized that collaboration produced considerable benefits. These benefits included personal gains to themselves and their organizations as well as those accrued to the larger child care issue. As proponents of racial integration know well, when done appropriately, bringing different kinds of people and organizations together can breed greater tolerance and appreciation of difference. Child Care Matters organizations developed a greater appreciation for the necessary differences and skills among its partners. Each agency brought to the table different and complementary perspectives on the child care issue. According to participants:

Around the table there has been growing respect for some of the work that (CCM partner organization) has been doing and for its opinions. (Interview, Spring 1999)

The partners bring real expertise and contacts we would not have by ourselves. The various skills are different and the collaboration is achieving more than any one of the partners could by themselves. (Interview, Spring 1999)

Most participants perceived favorably the strategy of having multiple components to move the child care agenda. Moreover, they understood that CCM's goals – such as T.E.A.C.H. – required working together. As illustrated by partners' comments:

T.E.A.C.H. addresses one of our priority issues. None of us singly would have been able to make that happen. (Interview, Fall 1998)

I don't think one agency could have done T.E.A.C.H. alone. Almost every agency involved with CCM was working on it. (Interview, Spring 1999)

CCM partners also appreciated one of CCM's core objectives – the value of linking concrete services to people and neighborhoods with advocacy around political change. According to one participant:

One of the best things is that we are very much plugged into advocacy work like we never were before. (Interview, Spring 1999)

Finally, many felt that the intervention gave much wider visibility to the child care issue than it had previously enjoyed. Participants said:

Working in unison on our messages and goals is a real asset that would not have happened without the (William Penn Foundation) grant. (Interview, Spring 1999)

Maybe one or two agencies could have done it, but Child Care Matters gave it the clout. (Interview, Spring 1999)

OBSTACLES TO IMPLEMENTATION

Although the organizations worked together, the collaborative element of this partnership was not cemented in place. Collaboration always remained somewhat tenuous. CCM confronted several obstacles, some inherent to the child care issue, others of its own making. These include a) organizational structure, b) funding arrangements, c) competition among partner organizations, and d) lack of leadership.

Organizational Structure

Child Care Matter's organizational structure proved problematic in several ways. First, United Way's role was unclear. Second, the policies of the larger child care world were not always consonant with CCM's needs in implementing its work. Third, the ground rules on how organizations should collaborate were poorly defined.

A well-respected fundraising agency, United Way had little experience getting involved with direct services delivery or building and supervising coalitions. It typically provided organizations with funds to implement their own initiatives, ones that were largely independent of United Way.[2] In the case of CCM, however, United Way changed its role and became directly involved in service delivery as well as in developing a coalition. One participant noted, "(Name), our director, wants to make UW more of a player in local services. She wants this so as to fulfill more of our potential function." (Interview, Fall 1998) However, some CCM organizations were concerned that United Way was going to "steal their thunder" as a result.

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[2] The concept of any organization acting independent of its funder may be overstated. Although funding agencies may not provide direct control over what organizations do, the orientation, perspectives, and wishes of funding agencies are taken into account by non-profits in order to strategically place themselves as deserving of more funding.

United Way also learned that CCM's administrative demands were greater than expected. As one UW leader conceded: "It has been a burden on our administrative supports like human resources, information systems and finance. We didn't understand how much would be required administratively." (Interview, Spring 1999) Finally, United Way lacked a prior involvement in child care advocacy. This made it somewhat of an outsider vis-à-vis the other partners.

A second organizational obstacle was that the policies of the world outside of CCM did not always correspond to CCM's needs in implementing its work. As demonstrated in our analysis of the implementation of the Neighborhood Demonstration Project, CCM generated its plans without necessarily thinking through how others would either cooperate with them or respond to them. This was because CCM was designed, somewhat, in a political vacuum and did not take other outside organizations into account. State policies, community college policies, and policies of the T.E.A.C.H. national project in particular were not always consonant with needs of the program. By the end of CCM's first three years, for example, CCM and the state had not worked out a method to couple public with private funding for child care. Likewise there continued to be coordination problems between the national T.E.A.C.H. organization and its practices and how T.E.A.C.H. was being designed and implemented in Pennsylvania. The following comments illustrate these tensions:

> The intent was to show how public and private dollars could work together. . . it never really happened. . . CCM monies were always kept separate. (Interview, Spring 1999)

> It is hard to get a handle on the components of the neighborhood demo. They are getting providers to enroll and getting LMAs (Local Management Agencies) to enroll demo project kids. Philadelphia has five different LMAs each with its own problems. (Interview, Fall 1999)[3]

> The state subsidized system failed to see any logic in integrating private dollars with public funding and were inflexible about trying to work toward that. (Interview, Fall 1999)

> The difference between the subsidized rate and the private fee rate is so great that it really is a major barrier. (Interview, Summer 2000)

> North Carolina has the final say on models and there was some confusion from the very beginning about the CCM model and we still have not been able to iron that out. (Interview, Summer 2000)

In addition, the foundation did not include all the relevant organizations when it designed CCM. The sphere of Child Care Matters activities was larger than its partners. At times, organizations were brought in to work with Child Care Matters only after work plans had already been made. This is particularly true for the Child Care Resource Developer (CCRD) agencies, the organizations that administer child care subsidies to eligible families. As discussed later, the Neighborhood Demonstration Project had start-up problems, in part, because these groups were not consulted early on. According to one participant,

> I feel strongly that the five original groups need to change our expectations about this project in years four and five. We learned that the table wasn't inclusive the first time around. …For example it is obvious that the (organizations) aren't at our table… There are major providers of training and players like (organization) who get millions of dollars every year… We have to hash that out. It is hard to change the system when there are people standing at the sidelines saying 'Who died and made you God?' (Interview, Spring 1999)

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[3] Local Management Agencies (LMAs) were non-profit organizations that distributed child care subsidies to working, low-income families. They are now called Child Care Resource Developers or CCRDs.

Third, the ground rules on how organizations should work together were poorly defined. Much time and many meetings were held to delineate and clarify responsibilities. Yet when agreement could not be reached, decisions were not made. The status quo was allowed to continue even when it was fraught with ambiguities and organizations were in danger of working at cross-purposes to one another. As a result, at times the clarity of individual organizations' responsibilities was replaced by immobilization, and Child Care Matters was almost unable to act.

This was particularly the case in the area of public policy where organizations had a history of competing for center stage. For example, PCCY was designated the lead policy organization, but DVCCC held the initial contract with the lobbyist.[4] As one partner complained, "The design is flawed. PCCY is responsible for the policy agenda but they are not the organization that hires the lobbyist." (Interview, Spring 1999) Other components suffered from similar difficulties. One participant admitted:

> It has been a hindrance that we went into this with a lack of clarity about the roles of DVCCC and UW. We also did not work out how the business part would be done and how that would fit together with (CCM partner name) role. (Interview, Fall 1998)

Another partner conceded that organizations respective roles were constantly an issue.

> It's been a real challenge to find our respective roles in the community. . . Defining roles has been a problem. . . We are still bumping into one another. (Interview, Spring 1999)

CCM tasks were divided among the partners and some tasks were intended to involve agencies working together. Yet although overlap was supposed to breed collaboration, too much overlap existed and responsibilities remained unclear. For example, the distinction between DVAEYC's and PECC's responsibilities with providers was often ambiguous. According to one participant:

> (It is confusing that) DVAEYC is working with centers and homes on accreditation. The Collaborative is working with centers and homes around the T.E.A.C.H. scholarship programs and with the family child care startups. (Interview, Spring 1999)

This confusion, in turn, caused tension between agencies with contrasting styles:

> With the attempt to work inside CCM, the relationships between DVAEYC and PECC are really bad. (Interview, Fall 1999)

When attempts to work together became too painful too often or were simply unsuccessful, some people emphasized the need for increased boundary definition and the ability to move on with their work responsibilities. According to one participant:

> I have increasingly felt that we need to clarify roles and let people accomplish their work… I have peace with each of us doing our own thing. (Interview, Spring 1999)

Yet in reality, agencies worked on their own to a considerable extent. This too hindered collaboration. According to one CCM leader:

> Each agency has a life independent to Child Care Matters and yet is part of Child Care Matters. There is no built in connectedness. (Interview, Spring 1999)

Moreover, another partner noted how collaboration kept them from getting things done:

> This project is broken into components and people tend to work on their own part. (Interview, Spring 1999)

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[4] For a more in-depth discussion of the lobbyist contract, See Page x.

This sense of separateness persisted. Toward the end of the evaluation, one partner admitted:

> It's going to be less working together this year…We each have our own track (Interview, Summer 2000)

Another confirmed this sentiment that over time that organizational separateness had become more of the norm.

> (CCM partner name) did say to me 'these agencies are totally disengaged and going their own way.' (Interview, Summer 2000)

With the tensions over division of labor, ambiguous responsibilities, and the problems resulting from bad planning, Child Care Matters remained a fragile collaboration:

> We are five parallel tracks and I constantly struggle to make it more of a collaboration. (Interview, Spring 1999)

Funding Arrangements

The method for distributing and managing the budget also impeded the collaborative process. United Way administered the overall budget. Yet budget management was decentralized to partners leading different components. Sometimes one partner managed funds for work done by another partner (e.g., PECC managed funds used by DVAEYC). Moreover, individual partners did not have any authority to actually spend the funds they administered. Rather, these decisions were made under joint agreement with the partners and the project manager.

An example of this was the budget process for the paid media campaign led by DVCCC. DVCCC was charged with developing this campaign, but a committee made up of the partners and other agencies was expected to agree on both its content and size. Many difficult meetings were devoted to discussing both the campaign and expenditures. When no agreement was reached, DVCCC went ahead with a campaign tacitly accepted by the other managers.

With so many budget managers and some decisions left unmade, budget oversight became somewhat diffuse. It became difficult to determine funds committed and funds remaining. In part, because CCM was well-funded, managing funds was not considered to be a major problem. Yet a plethora of funding also meant that no one was really paying attention to what was not being spent. CCM had an unclear and inadequate fiscal accountability structure. One partner acknowledged this:

> I don't think there was oversight over it (the budget). In fact, it was unclear who was responsible. (Interview, Fall 2000)

Another participant agreed with that assessment:

> I was distressed we didn't have a better system in place. It took a long time for me to even figure out what we had. (Interview, Fall 2000)

Because the budget was, in one partner's appraisal, "a bookkeeping nightmare," misjudgments proliferated. One participant noted that assumptions made in establishing the budget were not in the final one ultimately provided to CCM.

> Assumptions that went into the proposal didn't work out. For example, we assumed 25% for administration, but William Penn didn't add it on. That hurts. There is a great deal of administration needed, but no money for it. (Interview, Fall 1998)

Problems with funding CCM's administration were at the core of CCM's implementation dilemmas. According to CCM participants, each partner's budget for its agency supported positions for the work on its component. This funding, however, did not cover the cost of coordination. Coordination became the domain of managers' meetings. But the salaries of many managers were not funded as part of the grant. Lower-level staff of each agency was responsible for work that needed to be coordinated. Yet there were few mechanisms put in place or funded for the purpose of getting operational-level staff to work together. Instead, our interviews suggest that lower-level staff saw the requirements of working with the staff of their sister agencies to be intrusions on their doing their assigned jobs.

At the same time, the project began having problems spending some of the funds it had set aside. Recruitment of child care providers and facilities to participate in the NDP and RQI was much slower than anticipated. The state did not agree to allow intermingling of funds designated to supplement state funding of children. Centers did not accept as many children as CCM had anticipated. Not as many child care providers as had been planned agreed to participate in T.E.A.C.H. Child care programs that were part of the NDP did not achieve accreditation status at the rate anticipated by the project.

These misjudgments and program implementation problems produced significant surpluses. According to one CCM leader, "We had large sums of money available for quality improvement in the early days of the project, and we were afraid of committing too much money and overextending ourselves." (Interview, Spring 1999) As a result, confirmed one partner, "There was about $1 million left due to the delay of getting the neighborhoods off the ground." (Interview, Spring 1999)

CCM returned $1 million to the William Penn Foundation. To be sure, unspent monies do not necessarily indicate an implementation failure per se. But the problems that produced the surplus were serious implementation issues. More importantly, at the time that CCM applied for renewal, it had no idea of the size of the surplus that existed.

CCM eventually gained a more accurate appreciation of its budgetary needs. Noted one partner, "We have a better understanding now of what we're being called upon to provide. We're able to be more generous in our grants to the providers for facility improvements and so forth." (Interview, Spring 1999)

With a budget surplus and recognition that child care providers needed considerably more resources to obtain accreditation, the partners were able to agree to substantially increase DVAEYC's staff and expand its responsibility in working with providers. This change in agency role is evidence of a successful insight developed collectively and implemented.

Nevertheless, the perception of funding inequities caused friction among the partners and limited cooperation. There were no complaints about the absolute level of funding supporting Child Care Matters. All thought the William Penn Foundation was extremely generous in supporting the child care issue. Rather, there was a concern that participation in Child Care Matters was not fully funded. Overall, the budget impeded, rather than facilitated, cooperation among the organizations.

Competition among Partner Organizations

Four CCM partners – PECC, PCCY, DVCCC, and DVAEYC – had long histories as child care advocates. These organizations had different styles and sometimes, competing agendas. There were competitive elements that existed prior to the inception of CCM.[5] Of course, the existence of a fractionalized, competitive child care advocacy terrain was part of the reason for CCM in the first place. As illustrated by participants' comments:

Historically the background of the agencies is problematic. (Interview, Fall 1998)

Those groups are not ones that do well together. They naturally vie. (Interview, Fall 2000)

Not surprisingly, competition and territoriality continued with the Child Care Matters initiative. As participants noted:

Both PCCY's advocacy role and (United Way's) role with business engagement are things that are part of their (DVCCC) mission and they are possessive of them. This is a constant struggle. (Interview, Fall 1998)

There are turf issues and conflict. I am not even sure of the shared mission. In some pieces I see great collaboration… When the entire group comes together, there is a 'this is my work' attitude. Fences get put up. This is a constant struggle. (Interview, Fall 1998)

Although some of the competition subsided as partners engaged in open and honest conversations, these "turf issues" and consequent "political maneuvering" contributed to an atmosphere characterized by mistrust. One partner lamented, "It is difficult for roles to shift because of the distrust." (Interview, Spring 1999) Another participant echoed her colleague's opinion, "You would have hoped that by this time there would have been a greater trust level." (Interview, Spring 1999) One partner noted a "tendency to place blame." (Interview, Fall 2000) Personality clashes appear to have played a role in this development:

In theory with the right attitude they could collaborate, but it doesn't feel like a whole lot of collaboration is going on. (Interview, Spring 1999)

Just because it would make sense for them to collaborate, the extent that key staff don't enjoy each other, it won't work. (Interview, Summer 2000)

These dynamics were manifest at project meetings. While most participants acknowledged that meetings and constant communications were necessary to foster collaboration, many expressed the concern that planning and decision-making was cumbersome and overly time consuming. People commonly said that there were too many meetings. Several remarked that work was subjected to too many reviews and was overly discussed. Frustration was expressed over the amount of time it takes to get work finalized. For example:

"I got 'meetinged' out. (Interview, Fall 1998)

Time in meetings is a drain and sometimes a pain in the neck. On the other hand, it is necessary. (Interview, Fall 1998)

We still spend too much time on reviewing things. There could be more productivity. (Interview, Spring 1999)

Moreover, interviewees commented that these gatherings were often "tense," "discouraging," inefficient, and failed to produce consensus. According to one partner, "It adds layer upon layer of things to go through. In

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[5] In fact, one of the partner agencies, DVCCC, had itself been formed as a break-off from one of the others, PCCY, and had attempted to be the single unifying child care advocacy organization in Philadelphia. Moreover, early in the planning of the proposal that ultimately funded Child Care Matters, the William Penn Foundation called two agencies together (DVCCC and DVAEYC) and proposed a joining. The idea was strongly resisted and ultimately turned down.

one organization it might take 30 minutes, but instead it takes (CCM) many, many meetings." (Interview, Spring 1999) Rather than reaching clear decisions, meetings often ended in a "draw" in which no actual resolution was reached. Often this was because the participants were not willing to confront one another and work out a solution. One CCM leader admitted this:

> I think that we have not been able to develop the kinds of trusting relationships that would enable us to say some of the difficult things that need to be said and hear them in a way that can be constructive. (Interview, Summer 2000)

Another partner agreed with this judgment:

> I don't think we ever created an environment in which the relationship (among the partners) would be primary. (Interview, Summer 2000)

At times, participants made decisions in the absence of those affected. For example, "The partners decided at a meeting that (CCM partner name) was not at, that PCCY should be the primary contact with the lobbyist." (Interview, Spring 1999)

It was a rare participant who expressed a more hopeful view. According to another participant, "I know for myself, that I felt comfortable saying to DVAEYC and PECC that I felt that they owed us to do the stuff that they promised." (Interview, Summer 2000)

Overall, a sense of territoriality and self-interest persisted among the component organizations. According to one participant, "Everything is viewed through the lens of how will this benefit my agency." (Interview, Spring 1999) Agreed another partner, "Organizations will only be at the table if they perceive that it meets their self interest." (Interview, Fall 1999) Some participants complained that their agencies were not receiving enough credit for contributing to CCM work. "Somehow the Collaborative got left off the child care advocacy piece and we had done so much work to get parents involved. Our name wasn't even on the flyer." (Interview, Fall 1999)

Moreover, exclusive reliance on Child Care Matters funding was seen as not in the long-term interests of the agency. According to some participants:

> For individual agencies, there is a drain on resources and other programs.… Maybe there is a downside that our funding from other sources will be diminished because Child Care Matters has the dollars. (Interview, Fall 1998)

> It really comes down to that I have other funding sources and other objectives I need to satisfy. (Interview, Spring 1999)

In fact, some organizations viewed Child Care Matters as a threat to their home organization's legitimacy and future.

Lack of Leadership

One method in which an undertaking develops an identity and strength is through a strong leader who can provide vision and who holds others together in working toward this shared vision. However, no single leader emerged within Child Care Matters. A potential leader tellingly conceded:

> We are struggling through. Rather than saying 'WOW look what is possible and let's go there', there really hasn't been anyone who is able to inspire that kind of movement. God knows I tried. But, I haven't inspired people. (Interview, Fall 1999)

Another partner acknowledged the leadership problem as well:

> I didn't realize how difficult it would be. I underestimated the personality differences. (Interview, Fall 1998)

She defined the absence of leadership as a problem currently endemic to child care organizations both in Philadelphia and elsewhere.

> This is a historic Philadelphia problem and it is a problem nationally among child care agencies. Because so much of it is a cottage industry, a success would come if the (CCM) project were able to make progress in sorting out roles. (Interview, Fall 1998)

There were several reasons that an overall CCM leader failed to emerge. Although each agency head was a capable leader, none had experience building coalitions. Rather, each partner organization provided leadership for individual components within the initiative. Observed one participant:

> I don't know that anyone has emerged but mostly there are leaders in different areas. E.g., in accreditation, it is (name). (Interview, Fall 1998)

As another CCM participant put it:

> The agencies did not sign up to supervise each other. (Interview, Fall 1999)

An outside facilitator was hired to get the group to work together better. But the process did not succeed.

> Additionally, each individual agency head had a strong personality. As one participant put it:

> I watched body language. There are five strong executive directors in CCM. …I just watched the dynamics. There was a battling of wills. (Interview, Fall 1998)

This led to some jealousy and personality conflicts:

> I think someone who would have emerged in a leadership role, if there wasn't so much jealousy from (CCM organization name) was (CCM partner name). (Interview, Fall 1999)

The Child Care Matters Project Director was a natural leadership candidate. She provided skillful direction and administration to the initiative. As one participant noted,

> She's been the sort of glue that brings everyone together. (Interview, Summer 2000)

However, she backed away from trying to monitor the performance of the other partners. One participant was "disappointed" that she didn't "hold partners to deliverables. She avoids confrontation." (Interview, Spring 1999) Another partner concluded, "She defined her role as a facilitator not authoritative." (Interview, Summer 2000)

AMELIORATION OF OBSTACLES

Many obstacles persisted throughout CCM's tenure and limited the degree of collaboration. Yet CCM members worked hard to ameliorate these obstacles. This was accomplished in several ways: by keeping people informed, working at role clarification, and improving personal relationships. This turned out to be important in keeping the initiative alive. In addition, the presence of an outside evaluation team monitoring CCM was viewed as helping CCM stay on track.

Keeping People Informed

Although meetings were often tense, CCM's partners used them to share information, coordinate activities, and improve relationships. According to one participant, meetings helped organizations "establish much bet-

ter communication patterns," minimizing duplication and easing tensions. (Interview, Fall 2000) One CCM leader described the process:

> "We met with (legislator) to talk about budget allocations. Afterward (CCM partner name) called to de brief me. (CCM partner name #2) called in advance to discuss which issues to bring up. I have talked with (CCM partner name #3) about what we are doing. …This is very positive and collegial. (Interview Spring 1999)

After the renewal of the project by the foundation, the project director specifically changed the nature of meetings to focus on what each of the partner organizations was doing. This change was extremely well received. Said one participant, "I think there was a desire to add an educational component so that the partners would know more about one another's work." (Interview, Fall 2000) Concluded another partner about the reason for a new meeting structure, "I think that it came about because there were so many changes in the roles of organizations in this round. …It was a way of reminding one another that now we're not all doing the same thing that we did in the past three years." (Interview Fall 2000)

Clarifying Roles

Through communication and coordination, the component organizations successfully worked to clarify roles and responsibilities. This improvement was evident, for example, between DVAEYC and PECC. According to one participant, "We did a whole day meeting with the Collaborative and DVAEYC to talk about roles. I think what came out was increased understanding." (Interview, Fall 1999)

The terms of the renewed grant also clarified and provided more specificity to partners' roles:

> In the renewed grant there is more clarity about what people will be doing, especially between DVAEYC and the Collaborative. In some ways relationships have also been established. I see people working pretty well together. (Interview, Fall 2000)

Improving Personal Relationships

Throughout CCM's tenure, partners successfully worked to alter negative styles that impeded collaboration. Those interviewed reported that several people had moderated problematic behavior in the direction of being more supportive of collaborative activity within Child Care Matters. The individuals came to have greater personal respect and understanding of one another as they successfully worked together on tasks. For example,

> (CCM partner name) and I had a disastrous beginning. We had very intense conflict and I thought about leaving the project. I don't know how things got better. We have discussed our conflict and tried to understand. …We have worked it through and now things are great. (Interview, Fall 1998)

> "Maybe things will settle down a little between (CCM organization) and (CCM organization) because (CCM partner name) and (CCM partner name) seem to be not so much at war. …I think (CCM partner name #1) is more of a team player." (Interview, Summer 2000)

Temple University's Evaluation of Child Care Matters

The presence of an evaluation team supported CCM's implementation. To be sure, the first interim report initially upset the partner organizations. They realized, however, that much of the criticism was on target. According to one CCM leader, "Some of it (the interim report) was critical about the way we work together. It was hard to read, but it is true." (Interview, Fall 1999) Overall, the partners wanted feedback and the knowledge that they were being evaluated may have improved their behavior or at least made them more accountable. According to one partner, "The decision to evaluate the policy stuff might have changed the goals because it resulted in checklists." (Interview, Summer 2000)

CCM'S SUCCESS AS A COLLABORATION

Although confusion and tension continued to exist, CCM achieved a number of implementation successes. These included learning from each other as well as from experience, acquiring a collective identity, and building a foundation for future work.

Learning from Each Other

Child Care Matters was not a static entity. There was significant growth in the understanding agencies had for one another. The practice-oriented agencies learned about policy. Policy-oriented agencies likewise learned about practice. Each organization was improved as a result. As participants noted:

> DVAEYC has helped PCCY see advocacy from the provider point of view and the need to stabilize programs. We need to work on loan forgiveness. This is a fine example of how collaboration should work. (Interview, Spring 1999)

> The evaluation of the neighborhood stuff was a shot in the arm. In fact it showed the difficulty of that work and gave me the ability to see that the service work was worth it. It allowed us to say that these kinds of interventions actually are appropriate. (Interview, Fall 1999)

Learning from Experience

The partners learned from their practical experience, recovering and regrouping when their activities did not produce intended outcomes. For example, CCM initially focused on accreditation. However, it became clear that, for various reasons, some in the targeted provider groups saw little need to become accredited. According to participants:

> Putting money into the mix is good but changes the dynamic. You are working with a population of people who may or may not be committed to accreditation. Some providers don't even know what it means. (Interview, Spring 1999)

> (Some centers) just haven't been willing to take the kids. (Interview, Summer 2000)

Similarly, the targeted family care providers did not easily fit with the concepts being used for accreditation of centers.

> 'Quality equals accreditation' is what (CCM partner name) says. However, now she is saying that accreditation may not fit for family day care. We need a more practical goal for them. (Interview, Fall 1999)

As the above comments indicate, the partners did not understand the magnitude of the accreditation challenge. But they came to recognize it in an honest and realistic way.

> We've had to rethink what it will take. I don't think DVAEYC really understood how deprived some of these day care providers were. They were enticed by money. They really didn't have a serious commitment to improving quality. (Interview, Spring 1999)

> Another partner agreed with this assessment:

> Accredited programs have tended to be in more well-off communities so breaking down those barriers takes more than a thousand dollars a child (which is what CCM has). (Interview, Summer 2000)

Applying this experience, Child Care Matters adjusted its goals accordingly. This development is well illustrated by participants' comments:

We're looking at accreditation and how we can measure progress toward accreditation rather than yes or no. (Interview, Spring 1999)

To work with agencies where people scream at the kids, where there are no books, no toys, no yard…is a whole different ball of wax. It's forcing us to evaluate the NAEYC model of accreditation. (Interview, Fall 1999)

We have learned you can't work with people on accreditation until they are ready… it's a matter of having smaller steps where they can see progress. (Interview, Fall 2000)

I think, as a result of struggling to get these programs accredited we have learned that accreditation can't be the only measure of quality improvement. It's too high a standard, but you need some interim levels or tiers of quality. That's changed our policy advocacy in the sense that we are more open to the state's ideas that NAEYC accreditation shouldn't be the standard. (Interview, Fall 2000)

In the end, CCM's experience forced the partners to confront the difficulties of working with providers.

Acquiring a Collective Identity

Despite evidence of conflict and competition, CCM organizations began to view individual component wins and losses as collective. Successes were claimed for the Child Care Matters initiative as a whole, not for the home organization that may have done the work. This occurred for all Child Care Matters components. According to one participant:

Everyone had a place at the table and everyone spoke. Every organization got a piece of the glory. (Interview, Fall 1999)

Moreover, CCM became a recognizable name with a strong voice in both the local and the national child care communities. This recognition was important. According to participants:

We (CCM) have had success if we impact policy. We did that. We advocated for money in the governor's budget and got it. We advocated for money for T.E.A.C.H. and that came through at $500,000. We also effected child care regulations for the state with DPW. (Interview, Fall 1998)

T.E.A.C.H. was an example we were pretty quick at promoting that it was everyone's doing, knowing full well it was Child Care Matters. (Interview, Fall 1999)

I would say Child Care Matters has been a major contributor to advancing the advocacy agenda. (Interview, Fall 1999)

I think CCM at the end of the next three years will have done some important work in the arena of compensation and better financing of child care. (Interview, Fall 2000)

Building a Foundation for Future Work

All participants agreed that CCM had built a solid foundation for improving quality child care and provided a model for future advocacy. For example:

The model we have developed. Even when CCM is gone, the Collaborative will be able to use that model. (Interview, Spring 1999)

So we educated the partners. The partners really represent leadership in the region. They are the major players for the child care agenda in this region. …I think that is real progress. (Interview, Fall 1999)

This spring, our board approved a project using our own money to work with the first third of our members using the Child Care Matters strategy. (Interview, Summer 2000)

The work we're dong on the continuum of care is consistent with what we're hearing from other sister projects in different parts of the country. I think we'll be able to contribute to that discussion. (Interview, Summer 2000)

I think the (new) goals are focused on accomplishments that will make child care better because of the work we have done. (Interview, Fall 2000)

The partners also clearly believed that CCM had left an important legacy.

I think because it was all one project, it really has been possible to raise awareness about what some of the problems are, what a struggle it is to improve programs, and how much money it costs…We need to look for ways to assure that that kind of work can continue. That would be a real legacy. (Interview, Fall 2000)

The idea is that CCM should be a catalyst and bring more people to the table within the city and in the region, to identify what child care needs are. (Interview, Fall 2000)

CCM'S FAILURES AS A COLLABORATION

Overall, CCM's collaboration remained tenuous. It was so tenuous that, periodically, some partner agencies considered dropping out of the project:

(Leaving) is a serious consideration on my part. I have staff I have hired. Three years is not up until next June. This is a matter that will be seriously considered by (CCM organization name)…we'll see if some one else wants to take this up if I decide not to do this. (Interview, Spring 1999)

We did strategic planning for years four and five. The session did not end in a good way. I'm feeling really negative and wondering why (CCM partner name) is in it. (Interview, Fall 1999)

By the time the grant was renewed, CCM as a coalition had hit the proverbial wall. According to one CCM leader:

There is almost a defeatist attitude assuming that there will be less funding for years four and five. People are adopting this exit strategy as a way of planning. (Interview, Fall 1999)

From the beginning, moreover, United Way viewed CCM as a finite initiative. CCM was intended to jumpstart work on child care, not continue it over the long term. As participants put it:

"Child Care Matters is not an entity. It is a time limited grant. When the grant is over CCM will end. It is a passing thing." (Interview, Fall 1999)

"I think UW has decided that there is no future for CCM. And they being the major partner and administrator of the grant (have the final say). (Interview, Fall 2000)

United Way continued to view CCM as a temporary initiative throughout its lifetime. Not surprisingly, partner organizations also continued to view the initiative as one of limited duration.

Moreover, its constituent groups did not necessarily see CCM as an organization per se but as a messenger with a message; we were often told that the CCM name is far less important than the CCM message. Some people admitted that they did not view identification with Child Care Matters as important. For example:

If people don't end up knowing about Child Care Matters, that is o.k. The name is a good one, but it doesn't need to be known. (Interview, Fall 1998)

There are mixed messages about whether Child Care Matters should be a thing. (Interview, Fall 1998)

With each partner agency wary of losing its independent organizational identity, none fully embraced CCM. Very few organizations expressed interest in continuing CCM past the terms of the (renewed) grant as a result. One partner noted:

> At the end of the project there was little or no interest in finding a way for CCM to continue. Instead, the partners sought either independent funds for themselves, or new coalitions. (Interview, Fall 1999)

According to some participants, this perception was fueled by some of the William Penn Foundation's funding decisions. The foundation gave money to partner organizations to conduct work that was similar to CCM's work, but not part of the CCM umbrella. This suggested that organizations' futures (at least financially) were as independent agencies, not as a collaboration. According to one participant:

> William Penn has given grants to at least two of the partners to do work which duplicates some of the work of CCM. I think the message to the partners is that they should go off on their own. (Interview, Summer 2000)

ASSESSING THE IMPLEMENTATION OF CCM

Does our analysis lead us to conclude that the overall implementation of CCM was a success? The answer is no, although this must be qualified.

Implementation was hindered by both external and internal factors. External factors included the authentic difficulties in increasing child care quality and problems with implementing CCM's agenda in a world that often impeded what it wanted to do (e.g., combine public and private subsidies).

But our analysis also points to a series of internal factors that impeded implementation, including CCM's badly designed organizational structure, poor fiscal management, competition among agencies, and weak leadership.

In her book <u>Forging Non-Profit Alliances</u>, Jane Arsenault (1998) describes several possible relationships among a group of agencies along a continuum of cooperation: separate independent agencies, joint ventures, partnerships, joining under a common parent, and then finally, the merging of organizations. She suggests that the likelihood of agencies working together is enhanced by the presence of one or more of the following four elements:

- Common goals
- A formal structural tie
- A shared budget
- Strong leadership

An additional bonding variable cited by some authors is the extent to which the partners in an endeavor experience a shared sense of success or in some cases a shared sense of failure (Dyer, 1995; Herman, 1997; Druker, 1990). The theory holds that this common experience is reinforcing and will help cement a bond among the participant organizations. How does CCM measure up according to these criteria?

<u>Was there a shared objective?</u>

There was agreement during the each of the five interview rounds that the partner agencies had a common objective of improving child care and making an impact on child care policy.

Did the organizational structure created in CCM promote collaboration?

At the outset, there was a great deal of tension among the partners regarding each one's role. There was also a sense among the partners that CCM, as collaboration, did not initiate with them but with the William Penn Foundation. As a result, creating the initial partnership was difficult. After considerable tension in the proposal development process, United Way intervened and wrote the proposal. Yet there remained strong consensus that many issues were unresolved or not given sufficient thought. This hampered collaboration.

The conflict among the agencies, personality differences among the major actors, overlapping roles, and the fear each had of losing its individual identity all wreaked havoc with bringing about collaboration over the short- and long term. There was considerable difficulty finding a way to cooperate within CCM.

Did the budget structure promote collaboration?

There was considerable tension concerning each partner's share of the budget. Ultimately, each partner agency was given a discrete role in the project and its own share of the overall budget. Although United Way managed the overall budget, each partner was given broad discretion in managing the part of the budget dedicated to its own role.

Yet there were no funds in the budget to compensate partner agency leadership staff to build interagency cooperation. Similarly, funds were not provided to pay lower level staff for the time spent working cooperatively with the staff of other agencies. The budget supported the work of individual components, not the work of collaboration. Therefore, the budget structure hindered collaboration.

Did a clear leader emerge among the partners?

No clear leader emerged among the partners. There were several potential leaders. Yet they either chose not to take on this role or were never accepted as the legitimate authority structure. The partnership was managed, not led. Leadership was reduced to convening meetings. Without a single leader, leadership was embodied in the group acting together. However, this process was filled with friction; an atmosphere of distrust never dissipated.

Did the partners report a shared sense of success (or failure)?

CCM was implemented during a period of substantial activity around child care. People typically reported that Child Care Matters played a significant role in these changes. The partners generally credited the success of any one member to CCM. However, they had difficulties attributing these changes directly to CCM efforts. Participants also reported considerable pain and disappointment that they had not found ways to work together more effectively as a collaboration.

CONCLUSION

At best, CCM met two of five criteria necessary for groups to successfully work together. The partners did share an overall objective, and they began to view wins and losses as collective. However, CCM's organizational structure, fiscal management, and leadership arrangement all worked against collaboration. The William Penn Foundation did not succeed in putting together a collaborative effort that would bring permanent systemic change to the child care landscape. CCM enabled organizations to work together. It gave each agency a stronger platform from which to influence the child care debate. Yet structural problems and the absence of planning proved fatal to the development of something permanent that represented an authentic collaboration.

Problems were too intractable at the agency level. Throughout the duration of this project, partner agencies held themselves aloof from any pressure to form an active coalition. They continued to look out for themselves and their own future rather than finding reasons to cement a collaboration. During our fifth and final cycle of interviews, the agencies each expected to go their own way in the future. Only one respondent expressed interest in trying to continue the collaboration.

However, over time, informal ties among the partner agencies increased. Each also developed a greater appreciation of what the other agencies had to offer toward the shared goal of improving child care policy and practice. CCM established a foundation for some kind of continuation of a more temporary and fluid coalition around child care. Yet child care coalitions, both at the state and local levels, are not new to Philadelphia and were in existence long before CCM was initiated.

That said, continuing relationships and joint work among CCM partners may be likely to continue. PCCY and DVAEYC, for example, have been focusing on ways to improve compensation for providers and ways to modify how providers bill the state. DVAEYC, in the meantime, was awarded the coordination of the new Gateway grant, which expands the number of partners working together on the local level and brings them into partnership with labor unions. PECC stayed in the new coalition, as has United Way (but in a more minor role). What this suggests is that some continuing and new partnerships came about as a result of CCM's experience.

Nonetheless, this part of our evaluation demonstrates that the initiative should not be replicated without substantial attention to methods for developing authentic collaboration among organizations. Indeed, the CCM collaborative experience underscores the thought that needs to be given to the organizational ecology of non-profit organizations and how they compete and co-exist in a world of continued scarcity of resources to support their efforts.

CHAPTER THREE

PUBLIC POLICY COMPONENT

INTRODUCTION

Child Care Matters' top goal was to change policy – to alter the political climate around child care and to achieve concrete political gains for child care in the policy arena. Although Child Care Matters (CCM) had its own dedicated policy component, all components had a policy connection. All were designed to either directly or indirectly influence policy.

The Neighborhood Demonstration Project (NDP) and the Regional Quality Initiative (RQI) were intended to demonstrate what benefits accrue to children, families, employers, and communities when investments are made in ensuring access to quality and affordable child care. The communications component was intended to ignite more media coverage around child care, particularly as it relates to CCM's policy objectives. The business component was designed to change employers' human resource policies around child care as well as to motivate business leaders to own and champion the child care issue.

The public policy component was targeted to work directly to affect policy. Led by the Philadelphia Citizens for Children and Youth (PCCY), initially by Harriet Dichter and later by Sharon Ward, the public policy component was designed to influence changes in both state and local policy.

The evaluation of CCM's public policy component addresses several fundamental questions and issues related to the *implementation* and *impact* of the policy component.

IMPLEMENTATION QUESTIONS

Research questions about the implementation of the policy component speak to issues concerned with initiating and sustaining this effort. These include:

- What was the theory behind the CCM policy component?
- How was the policy component defined in terms of its ongoing operations?
- What activities did the policy component undertake?
- What obstacles were present during the implementation process?
- What worked to ameliorate obstacles and to augment the implementation process?
- Did the policy component successfully work as an organizational entity?
- Did the policy component articulate and deliver a unified message?

IMPACT QUESTIONS

Research questions about the impact of the policy component address the core areas that were the specific targets of CCM's policy work. These speak to CCM's influence on changes in the political climate around child care and in state and local policy. These include:

- What role did CCM play in affecting changes in the political climate around child care? What forces worked for and against change, independent of the CCM initiative?

- What impact has CCM had on changes in:

    1. The Pennsylvania budget
    2. Pennsylvania legislation
    3. The administrative and regulatory aspects of Pennsylvania child care policy
    4. The activities of Pennsylvania as well as Philadelphia political players (e.g., the Quad Group)
    5. Philadelphia child care policy
    6. Philadelphia child care policy infrastructure

DESIGN AND METHODS

The design of the evaluation of the policy component is longitudinal. CCM's policy activities, operations, and impact were monitored over time using a diverse set of methods. Data collection commenced in September 1998 and ended January 2001.[6]

Data collected at the beginning of this project constituted baseline data. Preliminary findings on these data are contained in the first interim report for this project (Shlay et al., 1999). Baseline data collection began one year after CCM was launched.

This evaluation of the policy component is essentially a case study of CCM over time. Therefore, this research relies on data over time to assess whether CCM influenced state and local policy. However, this design is limited. As will be discussed later, other factors (e.g., welfare reform) also triggered new policy directions for child care. But as also will be discussed, the changes in policy discerned in the course of this investigation are consistent with CCM's policies, goals, and activities. Nonetheless, a more rigorous design incorporating controls will be necessary to demonstrate clearly definitive effects of the policy component. Future research on the influence of advocacy on state and local policy should consider this type of design.

DATA COLLECTION AND DATABASE CONSTRUCTION

This research relied on several types of data. These include semi-structured interviews, participant observation, and documents (internet and hard copy).

Methods to Assess Changes in Political Climate and Other Dimensions of Child Care Policy

Interviews were conducted over time with carefully selected actors to document perceptions of and involvement in child care issues, activities around child care, perspectives on the political climate around child care, and observations about change. Interviews were conducted with six categories of people:

- Harrisburg-based legislative and gubernatorial staff (biannually)
- Philadelphia- and Harrisburg-based Department of Public Welfare (DPW) child care administrators (annually)
- Child care advocacy organizations that were not part of CCM (biannually)
- Non-child care advocacy organizations that worked on issues related to child care (biannually)
- Philadelphia-based local officials involved in child care issues/policy (biannually)
- Child Care Matters policy principals and lobbyists (tri-annually)

Each type of interview was designed to yield different perspectives on the child care issue. Interviews with legislative and gubernatorial staff yielded data on a range of state-level policy issues and attitudes about child care in Harrisburg – the state capital of Pennsylvania. Interviews with DPW child care administrators provided information on their perceptions of the forces moving child care policy, regulatory and other policy issues, and the influence of advocacy on their work. Interviews with child care advocacy organizations outside of the CCM initiative provided an informed perspective on the policy issues and political climate around child care. Interviews with non-child care advocacy organizations working on issues related to child care provided information on whether child care is gaining a larger advocacy base. Interviews with Philadelphia-based local officials provided data on child care issues and political developments in the city. Interviews with CCM policy principals and lobbyists provided data on their strategies, goals, and activities around child care policy and perceptions of successes, chal-

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[6] Some data collection continued through the first part of the final year of this project. These data included information on the Pennsylvania budget as well as state and local legislation. Data collection for this information ended in May 2001.

lenges, opportunities, and disappointments at both the state and local levels. Each set of interviews provided a different window to the child care political environment.

Table 3-1 (Page 66) shows the organizations and positions of the people interviewed by interview category type. The large number of interviewees, combined with their wide range of political and organizational experiences, buttresses the claim that this research captured the child care policy environment at both the local and state levels. The names of the interviewees are provided in Appendix 2.

The protocols for each type of interview are contained in Appendix 2. Each type of protocol varied. Yet they typically elicited the following types of information, including:

- Organizational and personal experience with child care issues

- Perceived changes in levels of personal/organizational interest and activity around child care

- Perceived change in the status of child care issues

- Perceived levels of political, business, and media interest in child care

- Perceived barriers to change in child care policy

- Knowledge of and interest in contemporary child care initiatives

- Support or opposition to items on CCM's policy agenda

- Perceived influence of child care advocacy organizations

- Perceived influence of CCM and its partner organizations

Interviews with CCM policy principals also focused on their advocacy activities on child care, strategies and tactics, success of efforts, ability to partner with other advocacy organizations, obstacles to success, and working arrangements with CCM lobbyists.[7] Interviews with lobbyists focused on their political strategy around child care policy, goals and objectives, successes and challenges, and their working relationship with CCM.[8]

In total, we conducted 122 interviews. These consisted of five rounds with state legislative and executive staff and with CCM policy principals and lobbyists, four rounds of interviews with Philadelphia officials, non-child care advocacy organizations, and non-CCM child care advocacy organizations, and three rounds with DPW staff.

Most interviews were conducted in person. Ten interviews were conducted by telephone. The duration of each interview ranged from 20 minutes to two-and-a-half hours, with the average interview lasting about 45 minutes.

Most of the interviews were tape-recorded. Hand-written notes were also taken. Interviews were transcribed into computerized form.

Interview data were coded according to a scheme that accounted for the detailed set of child care variables. These ranged from comments on CCM's policy strategies, activities, and goals to perceptions of Harrisburg's legislative, regulatory, and budgetary processes. The child care interview policy coding scheme is shown in Appendix 2.[9]

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[7] CCM policy principal interviews were conducted with Marlene Weinstein, CCM Project Director; Harriet Dichter, former Deputy Director of PCCY; Phyllis Belk, former Executive Director of DVCCC; Sharon Ward, Child Care Policy Director of PCCY; and Angela Logan, Assistant Child Care Policy Director of PCCY.
[8] During the first 18 months of the CCM initiative, CCM hired the firm Buchanan Ingersoll as political lobbyists. For the remainder of the initiative, CCM hired Gmerek Hayden.
[9] Data were coded and analyzed using a software program designed specifically to analyze qualitative data. Called "Hyper-Research," this software permits easy manipulation of large amounts of qualitative information.

TABLE 3 – 1

BRIEFING	**Definition:** A seminar type of event designed for policy makers and other constituencies (either in groups or individually) about a child care policy issue, usually, Child Care Matters' policy agenda. **Examples:** Child Care Matters briefed Philadelphia mayoral candidates on child care issues (January, 1999); Child Care Matters and others co-sponsored a state-wide conference to brief legislators and policy makers (February, 1999).
LEGISLATIVE BREAKFAST	**Definition:** A formal briefing over breakfast that is well planned in advance to target Pennsylvania legislators. **Example:** A legislative breakfast was held for the Montgomery County Legislative delegation (March, 1998).
SEMINAR	**Definition:** Typically half day events to educate Child Care Matters constituencies where the target is not necessarily the legislature. **Example:** A seminar was held for legislators and policy makers in Chester County that included Chester County officials, representatives for U.S. Senator Rick Santorum's office, U.S. House member Frank Pitts, and members of the business community (February, 1998).
OTHER EVENT	**Definition:** Events that are presentations but are not briefings, legislative breakfasts, or seminars. **Example:** Child Care Matters attended meetings about Philadelphia child care issues and made zoning recommendations to city officials (August, 1998).
PROVIDING INFORMATION	**Definition:** The activity of providing written information to people and organizations. **Example:** Child Care Matters responded to Representative Connie Williams' request for information on the state budget and accreditation issues (January, 1999).
LETTER WRITING CAMPAIGN	**Definition:** Provides sample letters and encourages people to use them to write government officials about particular child care issues. **Example:** Child Care Matters asked its Governing Committee members to send letters to relevant legislators who would be attending the Pennsylvania budget hearings (June, 1998).
LOBBYIST ACTIVITY	**Definition:** Activities with lobbyists Gmerek Hayden (and former lobbyist Buchanan Ingersoll) designed to increase Child Care Matters' access to state officials. **Example:** Weekly conference calls between Child Care Matters and lobbyists (February-March, 1998).
MAILING	**Definition:** Written information sent out by mail to relatively large groups of people. **Example:** A mailing was sent to all state legislators with an analysis of the state budget and its impact on child care (February, 1999).
GOVERNMENT CONTACT	**Definition:** Joint advocacy activities with other organizations or individuals. **Example:** Child Care Matters worked with the Philadelphia Child Care Task Force and the Department of Licenses and Inspections around local advocacy efforts to improve local child care systems (October, 1998).
TOWN MEETINGS	**Definition:** A briefing for legislators, where parents and providers meet to discuss subsidy problems. **Example:** PCCY worked with the SEPA Child Care Coalition to plan a town meeting on subsidy issues. Parents and providers testified on a host of child care subsidy issues before a panel of legislators and staff (February, 2000).

Measuring Child Care Matters' Policy Activities

To determine CCM's effectiveness at political advocacy, we have to know what they did. In the language of evaluation, political advocacy constitutes a set of services that CCM delivered. A major question is, what services did it deliver?

To measure these policy activities, we relied on a range of reports that were constructed routinely as part of the administration of CCM. Most of these were PCCY's reports to other CCM partners and included both monthly and quarterly reports. We also obtained some information from quarterly reports made by DVCCC. Other data sources included CCM's quarterly and annual reports to the William Penn Foundation and United Way and minutes of Child Care Matters Partners and Governing Board meetings. In addition, we relied on PCCY's policy memos and reports of visits to specific legislators. Finally, we attended many political-advocacy planning meetings and conducted interviews with all policy principals on advocacy activities.

We assembled data on these activities in two ways. First, we coded advocacy activities into a data spreadsheet. Data items included date of activity, activity type, activity topic, sponsoring organization, activity location, whether lobbyists were involved, the target audiences, a description of the activity, and whether any member of the governing committee was involved. (This coding scheme is provided in Appendix 2.) Second, we constructed a written narrative of ongoing activities.

The CCM policy activities database permits two kinds of analyses. The first is a count of activities. The second is a rich description of these activities.

Methods for Assessing Changes in the State Budget

The amount of money appropriated for child care represents a solid indicator of the level of political will to support it. Increases in money appropriated for child care provides a clear message that child care is increasing in status as an important statewide issue. Therefore, knowledge about appropriations and expenditures for child care is a crucial piece of data for this evaluation. Indeed, knowledge about state appropriations is important to understanding state policy more generally. State-level budgetary information is particularly crucial in an era of devolution where federal money is increasingly provided in the form of block grants to states, which have varying levels of discretion in their ability to distribute public dollars.

Unfortunately, in Pennsylvania detailed budgetary information is difficult to obtain. We provide a description of the methods used (failed and successful) to obtain budgetary information for the purpose of documenting our research process as well as to illustrate problems with acquiring what should be easily accessible public information.

Pennsylvania state budget information was collected as follows:

- Attended House and Senate hearings on the governor's executive budget for fiscal years 1999-2000 and 2000-2001, where DPW officials were questioned by members of the House and the Senate (March 1 and 3, 1999; February 28 and March 8, 2000). We observed and took notes on the hearings to learn about the key budgetary child care issues and potential points of cleavage and disagreement.

- Read governor's budget presentations to the General Assembly. These speeches provide highlights of what the governor considered to be important in his proposed budget.

- Reviewed governor's proposed executive budget for fiscal years 1997-98, 1998-99, 1999-00, 2000-01, and 2000-02. These proposals provide aggregate levels of appropriations for child care but do not distinguish between federal and state appropriations for different types of child care services.

- Reviewed the 2000-01 Budget Hearing Book for the Department of Public Welfare. Budgetary information is aggregated at the same level as the governor's budget.

- Reviewed General Appropriations Bill (which includes the House amendments to the governor's proposed budget). Budgetary information is aggregated at the same level as the governor's budget.

- Reviewed Conference Report and analyzed changes from the House version of the appropriations bill. Budgetary information is aggregated at the same level as the governor's budget.

- Consulted with officials at the Department of Welfare. Information on budgetary appropriations and expenditures was requested.

Methods for Monitoring Legislation

State-level legislation was monitored to determine the level and type of policy initiatives being introduced and discussed in both the Pennsylvania House of Representatives and the Senate. The type of legislation introduced provides a good indicator of what legislators (and, hopefully, their constituencies) consider important child care issues. The volume of legislation is a good indicator of the level of political interest in child care. Child care legislation was monitored largely through internet searches of the web pages of child care advocacy organizations and the web pages for the Pennsylvania House and Senate. The House and Senate web pages permit easy tracking of legislation through a key word search engine. They also provide the history and committee location of each prospective bill and any press releases associated with each bill. Our state legislation coding scheme is shown in Appendix 2.

THE IMPLEMENTATION OF THE CCM POLICY COMPONENT

The analysis of the implementation of the CCM policy component has several parts. The first part discusses the theory behind the component and how it was defined operationally, both in terms of organizational structure and advocacy activities. The second part examines the implementation process focusing on problems, obstacles, successes, and amelioration of problems. The third part assesses the CCM policy component as an organizational innovation around advocacy, focusing on the success of CCM in delivering its messages.

THE POLICY COMPONENT'S CONCEPTUAL FOUNDATION

Several elements constituted the conceptual foundation of the policy component. These included:

- Many groups – one message
- Multiple voices of champions and messengers
- Coordinated strategy
- Consensus decision-making
- Avoidance of duplication
- Pragmatic reliance on established techniques

Many Groups – One Message

The design of CCM was predicated by the desire to have organizations working together collaboratively. Many relatively quiet voices for advocacy would be replaced by one much louder voice. According to one CCM member:

> Because of us coming together as a well-organized group, and speaking with one voice on what we see as public policy goals, people are starting to listen to us. (Interview, Summer 1998)

CCM provided the requisite structure to command joint planning. CCM was accompanied by, according to another CCM member, "the decision to say we are going to try to make something more than the individual organizations." (Interview, Spring 2000) Group dynamics changed and CCM partners found themselves developing joint agendas. As one CCM member put it:

> I don't believe the individual organizations, especially the executive directors, would be at a meeting and spending two hours coming up with a joint strategy. This forces collaboration. (Interview, Winter 1999)

In practice, however, the demarcation between where individuals organizations ended and CCM began became unclear. "It gets so fuzzy," said one partner. (Interview, Summer 1999) Moreover, although partners agreed that CCM united them, CCM was not their organizational identity. According to one partner, "Child Care Matters as an initiative does not care where the attribution goes. A goal is a goal." (Interview, Winter 1999) Another participant said, "If the child care climate in Harrisburg changes to where people generally care about child care issues, then who cares if they know what CCM is." (Interview, Fall 1998)

Multiple Voices of Champions and Messengers

CCM's political strategy was driven by the idea that policy changes are not made because of good ideas or intentions but because an influential and diverse group of people makes child care issues their issues. CCM sought and cultivated relationships with champions and messengers. Moreover, CCM worked to develop relationships with people who possessed already existing, strong associations with policy makers, particularly Republican ones. This was noted by a CCM member, who said:

> The strategy is many, many, many voices, no single bullet. We want multiple voices – consumers, advocates, a wide arena of people, people in business. (Interview, Summer 1999)

Another member agreed. "Part of the theory of change for Child Care Matters is multiple voices and different people and trying to create a climate for change." (Interview, Spring 2000)

There existed throughout the implementation process an inherent tension between the concept of "many groups – one message" and "multiple voices of champions and messengers." This tension is discussed in detail below.

Coordinated Strategy

Coordinated strategy underlay the one-voice approach. This coordination was used to increase CCM's political influence with policy makers. One member saw this as key to CCM's success in Harrisburg:

> With CCM, you find people working together who would not normally be doing so…. We would not have come up with these public policy agendas individually. We wouldn't have gotten where we are today. (Interview, Summer 1998)

Several months later, she continued to make this point:

> CCM demonstrates that the principal organizations concerned with quality child care are part of a united front, which makes it easier for legislators to get it. Presenting a united front shows more thinking. Our activities are coordinated. All of the pieces are working together. (Interview, Winter 1999)

Consensus Decision-Making

A united front was the outcome of consensus decision-making. Obtaining consensus among a diverse set of agencies with strong leaders and personalities proved to be both arduous and productive. One partner pointed out the gains from consensus planning:

> We have done a really good job using the multiple agency structure in fact to elevate agreement about what we are supposed to be working on and to narrow in and have a more consistent agenda. (Interview, Spring 2000)

While consensus planning produced unification, it also slowed things down. One example brought up by a partner concerned sending a letter to the school district to move on the pre-Kindergarten issue:

> We wanted Child Care Matters to do a letter, but we couldn't get unanimous agreement at the CCM partners meeting. One thing Child Care Matters is not good at is fast action. (Interview, Spring 2000)

Avoidance of Duplication

A consequence of working to coordinate strategy was the avoidance of duplication, a central desire among people who deplored the organizational fragmentation in the child care community. Most CCM-partner organizations worked on other issues besides those championed by CCM. However, working together helped them avoid duplicating each other on various issues. This was deliberately done, according to one partner:

> If any issue is being taken on by an individual organization or the childcare campaign, then we don't want to blur efforts. Anything someone else is taking on, we don't. (Interview, Summer 1999)

Pragmatic Reliance on Established Techniques

Although CCM was built around putting ideas into practice, ideology per se did not guide planning. Making concrete policy gains underscored CCM's philosophy. Adamant about this point, one partner said that CCM is "what we get accomplished, not what we believe." (Interview, Summer 1998) Another agreed, saying that the theory behind CCM "is to use proven strategies, strategies easily replicable elsewhere, strategies built on an existing structure – like T.E.A.C.H." (Interview, Summer 1999)

CCM expressed its policy objectives as crystal clear with transparent implementation procedures. The hours planning coordinated strategy were also spent avoiding fuzzy thinking. As one member put it:

> CCM is trying to get concrete things that translate into policy to be more set, not just general principles like we should have better educated teachers – where there are 500 ways to do that. (Interview, Spring 2000)

While guided by pragmatism, CCM employed opportunistic strategies. CCM looked for policy windows opening up at key junctures. It would "try to stay flexible and shuffle issues when movement can happen" (Interview, Spring 2000) and "make refinements when opportunities arise." (Interview, Spring 2000)

THE POLICY COMPONENT'S ORGANIZATIONAL STRUCTURE

The organizational structure of the policy component was defined by several key elements: a lead organization, a planning committee, the application of other components to policy, and the use of lobbyists. Although how this was put into place operationally changed over time, these remained the central elements during the entire time this research took place.

Like other CCM components, the design of the policy component incorporated a lead organization that headed and largely staffed the policy effort. In the first year, however, the policy component was partially co-led by two organizations – PCCY and DVCCC.

PCCY was given the staff to lead the effort. But initially, CCM gave DVCCC control over the lobbyist contract with Buchanan Ingersoll. This rendered DVCCC a de facto co-lead in policy advocacy.

DVCCC's history in child care advocacy, as well as its organizational identity as an advocate, heightened tensions over who was in charge of leading the policy effort. Although the lobbyist maintained that CCM, not DVCCC, was its client, PCCY did not believe that its leadership was accepted. According to one PCCY staff:

> If they (lobbyists) would have looked at us as the public policy lead, we wouldn't be having these problems. We made a bad bargain on that. We made it clear about our role. Overall, we look less productive because we gave it up too. (Interview, Winter 1999)

When the contract with the first lobbyist came to an end on June 30, 1999, it was not renewed. All CCM partners agreed that hiring a new lobbyist was a priority. The partners collectively interviewed lobbyist candidates and recommended hiring Gmerek Hayden. PCCY was placed in charge of managing lobbying activities and Gmerek Hayden reported to PCCY.

Giving official legitimacy to PCCY's leadership on advocacy reduced tensions. PCCY was acknowledged as the lead on policy. According to one partner, after the contract was settled:

> It is a general matter that the roles have been basically sorted out around the partnership. I think there is good acceptance from the group of our lead role on public policy. I think we have some good examples of what that means in terms of working with partner agencies. (Interview, Spring 2000)

CCM partners, however, were treated as co-decision makers with respect to the general thrust of the policy effort. All partner organizations jointly defined CCM's policy agenda. Joint planning was orchestrated through the Public Policy and Advocacy Work group in which all partners held membership. At the beginning of each year, CCM held a series of three meetings to define its policy objectives. This process produced CCM's major policy goals. During the year, meetings of this group were held every two months to review on-going policy work. At the time of this writing, they were held once a month.

Day-to-day policy responsibilities and political strategies remained in the hands of PCCY. Many policy opportunities occurred during a window of time when labor-intensive meetings were not possible. Therefore, PCCY made some policy decisions alone. But many decisions were also made in small-group informal meetings as issues arose.

The responsibilities of other organizations not leading the policy effort remained integral to the policy component. DVCCC, as lead in communications, was eventually dubbed a "strategic partner" because "so much of communications is tied to moving the public policy agenda." (Interview, Spring 2000)

Similarly, work on the business component had a link to policy. This principally concerned efforts to develop business champions for child care advocacy. However, this strategy was both difficult to implement and difficult to track. According to one partner:

> The designated champion mechanism is principally executed by the business component. Indirectly, that's hard to track. Many people get behind us and we have created networks. (Interview, Spring 1999)

Another participant cited the need for business involvement but acknowledged the problem in sustaining it:

> The action plan that came out of the Wharton Conference included many points about the need for having business leaders as spokespersons. They need to be carrying the message about problems with child care. Certainly this is what CCM has been trying to do and it is very hard. (Interview, Fall 2000)

The policy component viewed the Neighborhood Demonstration Project (NDP) as an important part of the advocacy effort. The NDP was designed to showcase the benefits that would accrue from investing resources in quality child care. According to CCM advocates, the NDP worked in this regard. A lobbyist for CCM pointed this out. "What moves the legislative body is hard data and results and the NDP is a good strategy for that." (Interview, Fall 2000) A partner agreed:

> My own personal viewpoint is twofold. I think that the neighborhood work that has gone on has made a very real difference in the quality of kids' lives and that is a very critical component that I don't want to lose sight of. Quality gains are both elusive and ethereal. I think it has also been really helpful for advocacy. The fact that this project works on getting really poor programs accredited works well for policy. (Interview, Fall 2000)

The use of lobbyists represented a central element in CCM's operational definition and constituted an innovative strategy, particularly from the perspective of advocating for what are typically regarded as social service issues.[10] Lobbyists provided expertise on the Harrisburg political process and culture. They provided access to top policy players and acted as facilitators and go-betweens. As one partner put it early in the process, "They got us in to see (name). They facilitated this to talk about the regulations issue. There is no way we would have gotten there." (Interview, Winter 1999) Later, she added, that the lobbyists help them deal with problematic relations and learn how to handle them:

> We don't particularly have a relationship with the governor's policy staff. As you know, we haven't tried to do that. But that is an important role that the lobbyist has, and that remains true here. But now we have more knowledge. (Interview, Spring 2000)

Using lobbyists, however, was something of an experiment for CCM. Because of differences in perspectives and disagreements over strategy, CCM and Buchanan Ingersoll did not work well together. As one partner put it:

> Real early on, the relationship with Buchanan Ingersoll went sour. I would say in all fairness to Buchanan, they did not show a lot of initiative in wanting to work with us; we did not show any effort. (Interview, Summer 1999)

CCM therefore ended the contract with Buchanan Ingersoll. Having learned from its experience, CCM hired Gmerek Hayden, which was a much better fit. One partner praised CCM's working relationship with Gmerek Hayden and the improved implementation results:

> They have not made any effort to tell us what to do; they haven't said you can't make that choice. They are much more respective of our choices and the legitimate outcomes we are seeking. There is much more explicit consultation, much more strategic accountability in terms of sitting with us and planning with us talking through follow up. (Interview, Fall 1999)

ADVOCACY ACTIVITIES

The definitions of the typical Child Care Matters activities are shown in Table 3-2 (Pages 73 and 74). CCM's child care advocacy consisted of many different activities. These activities represent a set of ways to:

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[10] The issue is not one of semantics but is fundamental to how policy treats private organizations. Most non-profit organizations (501(c)3) are not permitted to lobby. Foundations, also non-profit organizations, are not permitted to provide money to "political" organizations, that is, those that engage in lobbying. In general, advocates in non-profit organizations are not regarded as lobbyists but as educators about issues. Therefore, incorporating a bona fide lobbying firm as part of CCM's advocacy strategy was unusual. Note that the William Penn Foundation did not fund CCM's lobbying efforts. Rather, it was funded by private corporate contributions made to the United Way.

TABLE 3 – 2
INTERVIEW LIST

CHILD CARE MATTERS POLICY PRINCIPALS AND LOBBYISTS

Executive Director, Delaware Valley Child Care Council (DVCCC)

Deputy Director, Philadelphia Citizens for Children and Youth (PCCY)

Public Policy Coordinator for Child Care, Philadelphia Citizens for Children and Youth (PCCY)

Child Care Policy Director, Philadelphia Citizens for Children and Youth (PCCY)

Assistant Child Care Policy Director, Philadelphia Citizens for Children and Youth (PCCY)

Project Director, Child Care Matters, United Way of Southeastern Pennsylvania (UWSEPA)

Senior Attorney, Buchanan Ingersoll

Attorney at Law, Buchanan Ingersoll

Senior Attorney, Gmerek Hayden

NON-CHILD CARE ADVOCACY ORGANIZATIONS

Director, Jobs Policy Network (Regional Workforce Partnership as of 7/19/00)

Attorney-At-Law, Community Legal Services, Inc. (CLS)

Comprehensive Early Childhood Services

Executive Director, Community Justice Project (CJP)

CHILD CARE ADVOCACY ORGANIZATIONS

Director, Pennsylvania Partnerships for Children (PPC)

Director, Pennsylvania Association of Child Care Agencies (PACCA)

PHILADELPHIA POLICY ACTORS

Deputy Mayor for Policy and Planning, the Mayor's Office of Policy and Planning

Director, Mayor's Business Action Team (MBAT)

Commissioner, Department of Recreation

Director of Children's Policy. City Office of Child Care

Director, Philadelphia Office of Child Care, City Office of Child Care

Commissioner, Licenses and Inspections

TABLE 3 – 2
INTERVIEW LIST
(continued)

PENNSYLVANIA LEGISLATIVE AND EXECUTIVE STAFF

Policy Analyst, House Appropriations Committee (Democrat)

Policy Specialist for Human Services, the Governor's Office (Republican)

Executive Director, House Committee on Health and Human Services (Republican)

Executive Director, House Aging and Youth Committee (Republican)

Executive Director, Senate Aging and Youth Committee (Republican)

Executive Director, Senate Aging and Youth Committee (Republican)

Executive Director, Senate Public Health and Welfare Committee (Democrat)

Executive Assistant, Senate Aging and Youth Committee (Democrat)

Senior Budget Analyst, Senate Appropriations Committee (Democrat)

Legislative Assistant, Senate Aging and Youth Committee (Republican)

Executive Director, the Senate Public Health and Welfare Committee (Republican)

Executive Director, House Aging and Youth Committee (Democrat)

Executive Director, House Aging and Youth Committee (Demorat)

Executive Director, Senate Appropriations Committee (Republican)

Budget Analyst, House Appropriations Committee (Republican)

Legal Council, House Committee on Health and Human Services (Democrat)

Research Analyst, House Aging and Youth Committee (Democrat)

PHILADELPHIA AND HARRISBURG BASED DEPARTMENT OF PUBLIC WELFARE CHILD CARE ADMINISTRATORS

LMA Coordinator, Southeast Region Child Day Care Services, Department of Public Welfare (Philadelphia)

LMA Coordinator, Southeast Region Child Day Care Services, Department of Public Welfare (Philadelphia)

Special Assistant, Office of Children, Youth and Families, Department of Public Welfare (Harrisburg)

Program Specialist for the Division of Federal Activities and Program Development, Bureau of Child Day Care Services, Department of Public Welfare (Harrisburg)

Director, Bureau of Child Day Care Services, Department of Public Welfare (Harrisburg)

- Inform organizations, individuals, and government about child care issues and policy

- Inform government about Child Care Matters' policy agenda

- Help government make informed decisions about complex issues

- Showcase innovations in child care policy

Briefings, legislative breakfasts, seminars, town meetings, and other events comprised discrete forums where information was shared. These ranged from formally planned and specifically targeted legislative breakfasts to individual meetings to brief public officials about a particular child care issue. The common threads among all of these were that they provided information and were labor intensive.

Child Care Matters provided written information to different individuals and organizations. It orchestrated letter-writing campaigns and sent out mailings to groups of people about child care issues. It worked with its lobbyists to develop messages and political strategies. It engaged in direct contact with government officials, either publicly elected officials (state and local) or with government agencies. CCM worked extensively in various types of coalitions or like-minded groups around child care to advocate for particular issues.

Table 3-3 (Page 76) shows a breakdown of the types of activities CCM engaged in over the duration of this evaluation. Shown are the number and percent of activities by each year of the project. Table 3-4 (Page 45) shows the main target audience of each advocacy activity. Note that these activities cover a period that spans more than four calendar years. However, the first calendar year under investigation (1997) includes only two months worth of data.[11]

Table 3-3 shows that the major advocacy activities were fairly constant over this period. The bulk of activities constituted working with government contacts, providing information, and working in coalitions. In particular, working with coalitions escalated over the course of CCM representing, by 2000, more than one third of all advocacy activities.

Table 3-4 (Page 77) shows that the vast majority of advocacy activities were targeted at state-level officials, either state policy makers, DPW officials, or other state policy actors. In any given year, more than 50% of CCM's activities were directed at Pennsylvania policy personnel. Since by design CCM was intended largely to alter state policy, finding that its activities focused on the state level is important.

Fewer activities were targeted at local policy. Local advocacy activities ranged from 10% to 15% in any given year (except 1997).

Over time, the volume of advocacy activities increased and then declined although the proportionate distribution among types of activities remained about the same. From 1998 to 1999, the number of activities increased from 307 to 538. Then in 2000, the number of activities declined to 406. At all times, however, the volume of activities was high, representing at least one to two activities per workday.

OBSTACLES TO IMPLEMENTATION

Several obstacles were present during the implementation process. These ranged from inherent obstacles posed by the nature of child care as an issue to the internal efforts to organize among different organizations with sometimes competing agendas.

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[11] This is because CCM was relatively new and still in the planning process and did not share all relevant materials immediately with the research team.

TABLE 3 – 3
NUMBER OF CHILD CARE MATTERS ADVOCACY ACTIVITIES
BY ACTIVITY TYPE[1]

ACTIVITY	NOV.-DEC. 1997	JAN.-DEC. 1998	JAN.-DEC. 1999	JAN.-DEC. 2000
Briefing N %	7 24%	33 11%	22 4%	11 3%
Legislative Breakfast N %	0 0%	4 1%	1 0%	0 0%
Seminar N %	0 0%	8 3%	1 0%	3 0%
Other Event N %	3 10%	22 7%	40 7%	19 5%
Letter Writing Campaign N %	0 0%	7 2%	29 6%	38 9%
Mailing N %	0 0%	1 0%	16 3%	33 8%
Lobbyist Activity N %	5 17%	11 4%	19 4%	30 7%
Government Contacts N %	8 28%	90 29%	89 17%	68 17%
Providing Information N %	0 0%	47 16%	119 22%	55 13%
Working in Coalitions N %	6 21%	84 27%	201 37%	145 36%
Town Meetings N %	0 0%	0 0%	0 0%	4 1%
TOTAL N %	29 100%	307 100%	538 100%	406 100%

[1] Source taken from Public Policy Advocacy Activity Database

TABLE 3 – 4
CHILD CARE MATTERS ADVOCACY ACTIVITIES
BY TYPE OF TARGET AUDIENCE[1]

TARGET	NOV.-DEC. 1997	JAN.-DEC. 1998	JAN.-DEC. 1999	JAN.-DEC. 2000
State Policy Makers N %	12 41%	116 38%	211 39%	149 37%
DPW Official N %	6 21%	31 10%	47 9%	64 15%
Other State Government N %	0 0%	3 1%	3 1%	7 2%
General State Policy N %	0 0%	8 3%	43 8%	15 4%
State Non-Profit N %	4 15%	30 10%	54 10%	14 3%
Philadelphia Government N %	0 0%	27 9%	34 6%	46 11%
General Local Policy N %	1 3%	19 6%	33 5%	16 4%
Philadelphia Non-Profit N %	5 17%	50 16%	36 7%	28 7%
Media N %	0 0%	7 2%	36 7%	19 5%
Other N %	1 3%	16 5%	41 8%	48 12%
TOTAL N %	29 100%	307 100%	538 100%	406 100%

[1] Source: Taken from Public Policy Advocacy Activity Database

The Complexity of Child Care as an Issue

The broadness and complexity of the child care issue made strategy development unwieldy. As an issue concerning women in general, poor women in particular, education, the economy, workforce development, child development, health and well being, and race (among others), it is difficult to determine how best to move the child care issue. This obstacle is certainly independent of the CCM initiative per se but represents the context in which CCM was implemented.

The Use of Multiple Voices

The utilization of many groups and multiple voices to promote the child care issue, at times, exacerbated the complexity of the child care issue. CCM's strategy was premised on using many organizations to deliver its messages. But it was found that multiple voices, with no clear organizational source, also created confusion around the child care issue. This confusion did not originate with Child Care Matters. But it was still a factor. According to one CCM participant:

> There are so many voices in child care. There are 12 or 14 other voices that come into every issue. There is not a clear message. I think it is a problem… Legislators are hearing a lot of voices, which complicates it. There are too many folks going at it. But it is such a big issue that you need a lot of people involved. It is a catch-22. I don't know how you win. It complicates it because legislators and staff are hearing a lot of voices. (Interview, Spring 1999)

Collaborative Difficulties

Collaboration was a prerequisite for the successful implementation of CCM's policy component. Many participants applauded collaboration in theory. But in practice, collaboration proved difficult. As one advocate put it, "The idea is brilliant but organizationally, it can be a problem." (Interview, Winter 1999) Another noted that although there were acknowledged policy component leaders, sometimes clarity did not exist on the division of labor. "A lot of time has been spent on trying to figure out who is going to do what." (Interview, Fall 2000)

Organizations differed according to whether CCM should tackle controversial issues. Some organizations were concerned that the identification of CCM with hot-button issues would damage political relationships. The debate was not over taking on winnable issues but whether CCM's advocacy around these issues would place it in an unfavorable light. And organizations sometimes disagreed on which issues were too hot to handle.

CCM attempted to overcome this obstacle by leaving alleged controversial battles to the individual organizations that made up CCM, not the charge of CCM per se.[12] "The agencies have their own identities. They may take (this) on. The individual agencies are, but not CCM." (Interview, Winter 1999) However, the distinction between agencies going on their own or under the Child Care Matters umbrella was often difficult to discern.

While CCM provided the structure for organizations to work together, each organization had its own history and identity as an advocate. This was particularly true for DVCCC. This situation wreaked havoc with joint advocacy, particularly during CCM's first years. One partner did not see agencies going their own way as a major problem:

> DVCCC is probably the most actively involved as an advocate in its own right. They have championed the transportation issue and the background checks. They have taken the lead on universal Pre-K. We (CCM) specifically pick and choose our issues. I haven't been able to keep track of what everyone is doing. My interest is specifically what CCM is working on. (Interview, Fall 2000)

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[12] Examples of controversial issues included subsidy regulations, child support requirements for receiving subsidies, the regulation of religious child care facilities, criminal background checks, and the licensing and inspection of facilities. To varying degrees, CCM, either overtly or through its member agencies, worked on all of these issues.

Yet she also acknowledged that organizational independence caused friction, adding, "I think it is legitimately hard to walk the line on where you are treading on someone else's area." (Interview, Fall 2000) And agreement existed that while agencies could act as individual organizations in the policy sphere independent of CCM, they were required to adhere to and work on what CCM called its "core issues."

> No one said ever in the course of the policy work that you have to give up the other policy work you would ever want to do as an organization. But you have to agree that these are our primary core goals, and you have to agree that when we come to you and say are there opportunities basically for you to help engage, you do it. (Interview, Spring 2000)

The obstacle to implementation of the policy component posed by tensions between DVCCC and PCCY was resolved by CCM working to clarify each partner's roles and responsibilities. Although working collaboratively remained a challenge, it became easier with "less friction" according to most of the partners.

The Relationship with the Lobbyists

At the outset, the contract with the lobbying firm, Buchanan Ingersoll, represented a major obstacle, in part because of how it defined its work, and in part because of confusion about who led CCM's policy work. Buchanan Ingersoll had what one advocate called an "inside-outside strategy," preferring to work behind the scenes instead of publicly.

> Buchanan Ingersoll are so inside and uncomfortable with outside stuff. They get discomfort (*sic*) and yell. They may think that they look bad because they have uppity clients that they can't control… I think there is some discomfort as to who we are, but we aren't going to change. (Interview, Winter 1999)

CCM, however, conceded that the learning curve for advocates and lobbyists to understand and trust each other was steep because of the experimental nature of the arrangement. "In all fairness," said one partner, "we never knew how to work with lobbyists and they didn't know how to work with us." (Interview, Summer 1999) Another agreed with this assessment, stating, "We've learned a lot by working with Buchanan Ingersoll. It's been a learning piece." (Interview, Winter 1999)

Clarifying the lead policy organization and hiring the right lobbyist ameliorated tensions considerably and bolstered the policy effort. The new firm, Gmerek Hayden, had a very different working relationship with CCM, one that the policy principals found more supportive and collegial. CCM credited Gmerek Hayden with respecting CCM's outside and somewhat controversial status in Harrisburg, treating child care lobbying as its work, doing its homework on the child care issue, and coordinating strategy with policy principals. CCM considered its success making this transition to be a big accomplishment. According to one CCM partner:

> My understanding is that it (the lobbying relationship) is structured so differently now. Now they have more regular partnerships in collaborating who is doing what. They (Gmerek Hayden) focus on the governor's staff and PCCY does other work. I consider them a partner, much more of a partner than with the awkward set up we had before with DVCCC having the contract and PCCY with the lead on policy. It was not set up well before. I consider this my big win – separation without blood. (Interview, Spring 2000)

AUGMENTING THE IMPLEMENTATION PROCESS

Various factors worked to augment the implementation process, reducing the opportunities for obstacles to emerge. These included keeping people informed, consensus-building strategies, coordination among CCM components, and the recognition that the policy issue required collaboration.

Keeping People Informed

Sharing information worked to minimize miscommunication, friction, and duplication of efforts. Keeping people informed also made people feel part of the policy process. Leading the policy component, Harriet Dichter was credited with establishing a tone for this. According to one partner, "To Harriet's credit, we were clear about agenda items. She is good at keeping people informed." (Interview, Spring 2000)

Creating unity though sharing information also helped strategically. Each partner, armed with CCM's policy objectives and the rationale for them, became an organizational voice for advocacy whether they were leading the effort or not. This was intentional as laid out by one partner:

> We looked at how we could use the CCM programs more effectively through advocacy. We looked to use the partner agencies as multiple messengers with the same message within the child care community. We did this through the development of the public policy advocacy committee, which was our attempt to set up a regional leadership group of people who are both advocating for and, hopefully, trying to shape child care public policy. We think we moved in the right direction. (Interview, Fall 2000)

Consensus-Building Strategies

Although everyone complained about a plethora of meetings, no one challenged what these meetings produced – a joint policy agenda established by consensus. Obviously, this solidified the policy component. It also resulted in what people saw as more effective advocacy. One partner saw this as central to moving CCM's agenda:

> Because we are forced to think of this as a collaboration, we add more to it. It makes us better advocates, all the meetings and consensus building – it makes us better advocates. (Interview, Summer 1999)

This was a major factor underlying the policy component's success in implementation. CCM in general and the policy component in particular, were launched because individual child care agencies had a long history of turf issues and working at cross purposes. With CCM, tensions among the organizations remained present. But they were minimized in terms of the advocacy effort. Consensus over policy goals and objectives appeared to be a key ingredient for CCM success in advocacy. As put by one partner, "We have been able to . . . get the Child Care Matters group as a whole to have a more concrete agreed-upon agenda." (Interview, Spring 2000)

Coordination among CCM Partners

Coordinating policy work among CCM partner agencies was complex because each organization varied in its involvement in policy. Because CCM's goals included reducing duplication as well as countering the perceived defuse nature of the child care advocacy effort, coordination was critical.

A critical decision, made early on, established each organization's right to work on policy objectives that were outside of CCM's agenda. All partner agencies adhered to the well-articulated CCM policy objectives. However, if they had something else they wanted to achieve, they were permitted to work on this as individual organizations, not as part of the CCM initiative. According to one CCM leader, "At the same time for organizations that want to have something else, they can go do their something else . . . we can't control 100% of what these agencies do, nor do we choose to." (Interview, Spring 2000)

Partners developed advocacy agendas that were either clearly articulated within CCM's policy agenda (e.g., all PCCY advocacy around child care) or part in and part out (e.g., DVCCC's advocacy around child care). While this worked to create unity around CCM, it also, as will be seen later, led to some initial confusion over CCM's public identity.

The Recognized Need for Collaboration

Collaboration among CCM partner organizations worked because people believed in its necessity. Of course, the grant required that the groups collaborate. However, the individual agencies, at least around policy initiatives, saw teamwork as essential to getting the work done.

This was obvious to one partner who said, "You can see the interconnectedness in the reports. Everyone is acknowledging each other's work. We need each other for this project." (Interview, Fall 1998) Another policy leader agreed with her colleague's appraisal: "I firmly believe that nothing gets done by one person or organization." (Interview, Fall 2000)

THE POLICY COMPONENT'S SUCCESS AS AN ORGANIZATIONAL ENTITY

Child Care Matters' policy component was not a legal organization. Rather, it was a collaboration of several organizations. Yet it had many of the ingredients of which organizations are made. It had a name, funding (through United Way), a director (in PCCY), shared goals and objectives, and accountability towards meeting these goals and objectives.

Did the policy component work as an organizational entity? Although confusion and tensions existed at its inception, these were substantially reduced. The policy component bridged group differences, achieved consensus, and organized people to work collectively towards shared goals. Despite the absence of formal control mechanisms, CCM's policy component achieved the improbable in the fractionalized work of child care advocacy – it facilitated, organized, and motivated different organizations to agree and to work on a common agenda. As a result, the proverbial whole indeed grew bigger than a simple combination of its constituent elements.

CCM partners recognized this development. According to one:

> Most would say T.E.A.C.H. is the biggest win. But more generally, the biggest win is the clout of coming together. The Department of Public Welfare is very impressed and is listening to us. (Interview, Summer 1998)

Others called attention to the work of building the partnership and what it meant for child care advocacy. One leader said this partnership required work and a change in attitude:

> It was a tension for us with the project. To make it not a tension, we had to say it is a good thing that we have these different organizational expertise and interests here. So let's take advantage of them and let's think about them for what this means for child care as a whole in this community and how we can build off of this… It is just a different way of looking at what makes these things whole rather than competitive, with just different ways of looking at the world. (Interview, Spring 2000)

CCM'S ABILITY TO ARTICULATE AND DELIVER A UNIFIED POLICY MESSAGE

Consensus planning achieved a unified policy agenda for the policy component. Did this development result in the articulation of a unified message and its delivery to policy makers?

CCM's policy messages became more articulate and unified over time. According to one leader, this happened gradually:

> We think we have done a good job of creating a more concrete agenda and helping people to understand that you have to have a concrete agenda. We do feel like we have done a good job of narrowing in. When we started this project, there were too many different ways people wanted to go. So it all cancelled each other and there was no uniformity in voices. (Interview, Spring 2000)

This "uniformity in voices" was a direct outcome of the organizational activities of Child Care Matters and represents a major success.

At the same time, CCM partner organizations were typically not concerned with whether a message was attributed to CCM or recognized as theirs per se. CCM's strategy was, in part, to have leaders deliver messages while CCM operated as a more invisible force behind the scenes. As one partner put it, "The spirit, of course, is CCM but you don't necessarily have to call it that." (Interview, Summer 1998) Name recognition was not an element in defining CCM's success. Rather, "some organizations may conceptualize or use different wording to mean essentially the same thing. Whether we specifically say or represent issues as CCM or another phrase doesn't matter – as long as it is a child care issue." (Interview, Summer 1998).

As a result, confusion arose as to where individual organizations' messages ended and where CCM's messages began. As CCM knew well, the credibility of a policy idea does not depend entirely or even largely on the quality of the idea per se but on who or what is supporting that idea. CCM's policy messages swam among a crowded pool of messages from other organizations (even its own partners).

That CCM partner organizations established their own policy agendas independent of CCM's heightened this confusion. Partner organizations' ability to continue to operate independent of CCM is, in part, what contributed to CCM's success in coordinating its policy work. It instituted coordination that was facilitated, not directly coerced. At the same time, this dynamic worked to constrain CCM's ability to deliver a unified message to policy makers. Sometimes, the message was CCM's delivered by CCM partners. Sometimes the message was CCM's delivered by CCM's champions and messengers. Sometimes a child care policy message was not CCM's, but was delivered by one of its partners independent of CCM.

CCM partner agencies wanted to retain the capability to work independently in the policy sphere. At times, moreover, CCM articulated the desire to stay away from controversial issues and to leave them to the individual agencies. Its position on staying away from controversy, however, was inconsistent and may have partly been an artifact of its initial lobbyists wanting CCM to behave more like Harrisburg insiders rather than advocates.[13] Nonetheless, the fact that individual agencies retained their own identities, political and otherwise, put a limit on how unified the CCM messages could appear.

Regardless of forces working for or against unification, CCM's messages increasingly became more coherent and unified. This development was accompanied by CCM's growing sophistication with the policy making process. The noise surrounding child care advocacy was substantially reduced. It was not, however, eliminated.

ASSESSING THE IMPLEMENTATION OF THE POLICY COMPONENT

Did Child Care Matters successfully implement its policy component? The answer to this question is yes. Answering that question in the affirmative, however, was not a given at the outset.

The policy component was initiated in a sea of conflict between two partner agencies in seeming competition to be the policy voice of CCM. With one organization designated the official policy lead and another holding the contract with the lobbying firm, the policy component did not appear promising from the perspective of being an organizational innovation. CCM was designed with the purpose of getting organizations to work together on policy and become a larger and more coherent force for change. However, the original design of the policy component did not appear likely to be able to deliver on that promise.

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[13] Indeed, CCM took on some hotly contested issues including the state's subsidy regulation, child support requirements for subsidy eligibility, and accreditation.

CCM overcame these problems by redesigning the policy component, giving lead policy organization PCCY control over the lobbyist. Choosing a different and more compatible lobbying firm, PCCY led the policy component with considerably more ease.

The policy component successfully negotiated common policy agendas that all partners were willing and able to support. By distinguishing its policy agenda from those undertaken by individual organizations, CCM largely avoided organizational turf battles over ownership of issues.

In this way, CCM was able to substantially reduce conflict and competition among the partner organizations. At the same time, this reduction worked to constrain the unanimity of CCM's child care messages. Yet this seems to have been unavoidable. CCM was designed to enable, not coerce, organizations to work together. It did not eliminate organizations, merge them together, or alter them in any fundamental way. With this in mind, Child Care Matter's policy component may be regarded as an implementation success.

CHILD CARE MATTER'S IMPACT ON POLICY

Did CCM affect changes in policy? Put another way, if CCM had not been created, would the direction of child care policy have been different or the same?

Table 3-5 (Page 84) shows the child care policy impact areas that were part of this research. This study investigated CCM's effect on changes in state as well as local policy. State policy impact areas included the political climate, the budget, legislation, the regulatory and administrative aspects of child care, and the activities of the Quad Group – a group of influential business leaders working on child care issues. Local policy impact areas included the Philadelphia Office of Child Care, the health and safety fund, and zoning and licensing issues.

CCM's specific policy goals are shown in Table 3-6, 3-7, and 3-8. Table 3-6 (Page 85) shows the state policy goals for 1998 and 1999. Table 3-7 (Page 86) shows the state policy goals for 2000. Table 3-8 (Page 87) shows the Philadelphia-based policy goals for duration of the entire intervention. Each goal is categorized by a policy domain defined by what type of political action would be required to make this change: administrative/regulation, the budget, and legislation.

Table 3-6 shows that policy goals during the first two years were fairly consistent. Most of the goals for child care accessibility required some type of budgetary initiative or regulatory change, largely through DPW and ultimately, the governor. CCM's accessibility goals focused on providing more child care subsidies, lower parent co-payments associated with subsidies, increased income eligibility guidelines or requirements for subsidies, and financing for child care expansion and start-ups.[14]

CCM's policy goals to improve child care quality focused on four policy areas:

- Teacher Education and Compensation Helps (T.E.A.C.H.)
- Pennsylvania Higher Education Assistance Agency (PHEAA) Child Care Teacher Loan Forgiveness Program
- Accreditation/Tiered reimbursement
- Health and safety fund

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[14] There were two changes in accessibility policy goals in 1999. The goal to assist 10,000 working families on the subsidy waiting list was altered to fully fund subsidized child care for all working families. The second change reflected a shift in child care policy. In 1998, CCM wanted to maintain current co-payment levels for subsidized families. Yet the administration chose to increase these payments. Therefore, in 1999 CCM's goal became lowering co-payments.

TABLE 3 – 5
CHILD CARE MATTERS POLICY IMPACT AREAS

STATE POLICY	LOCAL POLICY
Political Climate	Office of Child Care
Budget	Health and Safety Fund
Legislation	Zoning
Administration/Regulation	
The Quad Group	

TABLE 3 – 6
CHILD CARE MATTERS' STATE POLICY GOALS: 1998 AND 1999

ACCESS	1998	1999	POLICY DOMAIN
Assist 10,000 working families on child care waiting list	+	-	Budget
Provide full funding for subsidized child care for all working families	-	+	Budget
Maintain current parent co-payments for subsidized care	+	-	Regulation
Eliminate hardship by lessening co-pays and increasing subsidy eligibility	-	+	Regulation
Assure payments to child care providers to keep pace with inflation	+	+	Budget
Consolidate two child care programs run by DPW	+	+	Regulation
Establish financial incentive programs to create more child care programs	+	+	Budget
QUALITY			
Expand the T.E.A.C.H. scholarship program to $1.5 million	+	+	Budget
Expand/Restore Pennsylvania's loan forgiveness program	+	+	Budget
Provide financial incentives for programs to foster children's development	+	+	Legislation/Budget
Create a health and safety fund for safety	+	+	Budget

(+)   Indicates a policy goal in that year.
(-)   Indicates not a policy goal in that year.

TABLE 3 – 7
CHILD CARE MATTERS STATE POLICY GOALS: 2000

	POLICY DOMAIN
Promote use of regulated care	Regulation
Develop pilot program to improve provider salary and benefits	Budget
Increase PA loan forgiveness program to $1 million	Budget
Pass House Bill 1837 to recognize programs that meet national accreditation standards and sustain program with bonuses and increased rates	Legislation
Expand and maintain T.E.A.C.H. funds for next class of scholars	Budget
Increase income eligibility for PA child care assistance program to 235% of poverty level	Regulation
Eliminate programmatic barriers that prevent families from accessing subsidy programs including mandatory child support cooperation and work requirements	Regulation
Provide technical assistance to help programs meet high quality standards	Budget
Build on existing investments in PA Health and Safety Fund	Budget

TABLE 3 – 8
CHILD CARE MATTERS LOCAL POLICY GOALS

		POLICY DOMAIN
Establish a City Office of Child Care	YES	Administrative/Budget
Establish a City Health and Safety Fund	YES	Administrative/Budget
Pass City Council Ordinance #545 • Eliminate food preparation license fee for family day care providers • Reduce food preparation license for group family day care providers	YES	Legislation
Pass City Council Ordinance #010014 • Increase number of children from 4 to 6 to be cared for by family day care providers without a zoning variance	NO	Legislation

These goals remained largely consistent during these two years.[15] CCM's goals were to increase the T.E.A.C.H. program's funding (to $1.5 million), expand (and later, restore) Pennsylvania's loan forgiveness program, introduce accreditation to the state policy lexicon, and to create a fund to support facilities in upgrading their infrastructure for health and safety purposes.

Table 3-7 (Page 86) shows that CCM substantially altered its policy goals in the year 2000, largely because of CCM's growing political sophistication and also because some important policy successes rendered previous goals unnecessary. As will be discussed in detail later, CCM was successful in affecting change in a number of its areas, including:

- A reduction in child care co-payments
- An increase in the amount money channeled towards subsidized care
- State financial support for developing more child care[16]
- An expanded T.E.A.C.H. program
- The creation of a health and safety fund (formerly called the Operational Enhancement Fund)
- A restored loan forgiveness program

In addition, subsidy reimbursement rates to providers were increased, although this policy change was credited to the work of the child care trade organization, Pennsylvania Child Care Providers Association (PACCA), not CCM per se.

The 2000 CCM state policy goals were bolder than those of the previous years. The promotion of regulated care was in direct opposition to the administration's seeming desire to rely on legally unregulated care to satisfy the child care needs of welfare recipients. The development of a pilot program to improve providers' salaries and benefits represented a clear recognition of the need for policy to intervene in the quantity and quality of the child care labor supply. House Bill 1837 introduced accreditation to the legislative mainstream. The expansion of T.E.A.C.H. and the establishment of the health and safety fund built on earlier successes. The debate over increasing subsidy income-eligibility made the child care needs of working poor families a public issue. The elimination of programmatic barriers to subsidy eligibility represented an effort to halt the administration's use of regulatory barriers as an excuse for not providing families with child care subsidies. The provision of technical assistance to help programs meet quality standards was a direct product of CCM's work in the neighborhoods; CCM now understood the amount of work required to improve child care quality.

CCM worked extensively on state child care policy because state policy has the largest impact on child care both in terms of regulatory and administrative activities as well as with respect to sheer money and resources. Yet CCM also had a local policy agenda as shown in Table 3-8 (Page 87).

Establishing a Philadelphia Office of Child Care did not originate with CCM per se although most of the groups pushing for this office were CCM partners. This office was approved at the close of the Rendell administration and was established in the beginning months of the Street administration.

CCM was a dogged advocate for a local health and safety fund. It also made two pieces of local legislation part of its policy agenda. The first reduced regulatory barriers to child care by eliminating the local food preparation license fee for family child care providers and reducing the fee for group providers. The second

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[15] The change in goals for the loan forgiveness program reflected a change in state policy. In 1998, the program was not funded. So the 1998 goal of expanding the program was changed to restoring the program.
[16] This support included state discounted-lending programs and grants.

increased the number of children that could be cared for in a local family day care home from four to six without needing to obtain a zoning variance – a lengthy, expensive, and cumbersome effort.

THE POLITICAL CLIMATE FOR CHILD CARE

A truism exists in evaluation research that well planned and implemented interventions often fail to have their intended impact because they are small relative to the size of the problem they are tackling. There are many forces that militate against change. Of course, if change were easily obtained, interventions like CCM would be unnecessary.

This part of the research reviews the political climate for child care within Pennsylvania during the study period. It presents this analysis in two parts. The first part describes key elements of the political climate when CCM began. The second part describes how this context changed over this three-year period. The third part assesses what, if any, aspect of this change in political climate may be attributed to the efforts of Child Care Matters.

<u>Political Climate: Baseline Analysis</u>

What defined the political climate in which CCM emerged? Several elements constituted this climate, including ideology, politics, and policy. Each dimension to this climate is described with support provided by quotes from our interviews.

- **Both the political culture and the political process in Harrisburg militate against change**

There is a Harrisburg political culture that is conservative, protective of the status quo, and devoted to incremental policy making. Moving legislation through the state legislature is very slow and cumbersome. Any movement of legislation may be interpreted as a victory because the process appears weighted toward the status quo.

> The challenge we face is the expectation that we can do more for child care. The time frame is shorter than we can deliver – I mean we are moving a battleship, not a skimmer. (Interview, Spring 1999)

> The Republicans and the culture are the main obstacles to mounting a more comprehensive child care agenda in Harrisburg. (Interview, Winter 1998)

> Pennsylvania is still a fairly conservative population and the perception is that there is too much government control in child raising. (Interview, Winter 1998)

> They come in with a small baby step – that is how you build policy. You have big hunks of stuff that everyone can agree on and you just do those, all the stuff that has controversy around it, you just leave it alone until the day comes when there is an opportunity to do something. (Interview, Spring 1999)

> Pennsylvania is unique. In the late 1980s with the advent of the full-time legislator and the full-time legislature, it makes it harder to move issues more quickly because you get more entrenched interests and there is a tendency to move more slowly because there are institutional barriers to moving things quickly. (Interview, Fall 1999)

> I think it's all part of the political dynamic in Pennsylvania, which is that they don't do anything. Not much gets done. The administration doesn't propose much. (Interview, Fall 2000)

- **Child care has no clear political constituency and is simultaneously seen as an issue for families, parents, children, providers, schools, employers, poor people, and women**

Child care lacks a vocal, voting, and influential constituency. This is the result of several factors. First, legislators perceive child care as a low-income issue; low-income people are less likely to be politically active. Second, children cannot voice their policy preferences or vote. Third, parents have too many time constraints to be an effective constituency. Fourth, child care is a temporary issue for parents and its salience ends when children enter school. Fifth, employers are not actively involved.

Kids don't vote. People do. (Interview, Spring 1999)

Providers are the constituency up here… It's more difficult to get a parent to come in. I mean they just don't have time. They have a full-time job. When they are working, their bosses don't want them off for child care advocacy types of issues. (Interview, Spring 1999)

The perceived constituency is poor people in cities. (Interview, Winter 1999)

If you asked six employers on the street, I don't think any would say child care was important. (Interview, Winter 1999)

It depends on who you talk to – (child care's constituency) is parents first, kids, definitely not providers, employers maybe. (Interview, Spring 1999)

All of them – children, providers, families… That's why our job is so difficult, because you have to respond to everybody. (Interview, Spring 1999)

When it comes to the budget, we more or less put out fires… Day care doesn't have as big a constituency like hospitals, education, or medical assistance. (Interview, Winter 1998)

- **Welfare reform is the main force giving child care policy visibility**

Among the Harrisburg political community, a general consensus exists that welfare reform has had an enormous effect on child care and is, in many respects, driving child care policy. It brought new federal money into the system, increased talk about child care, and redefined the terms of the political debate. People realize that reducing the welfare rolls requires child care. Connecting child care so strongly with welfare reform reinforces the perception of child care as a low-income issue, however.

The generic umbrella is welfare reform. Welfare reform is driving the issue. (Interview, Fall 1998)

With welfare reform, everything has changed….Welfare reform is driving child care policy. (Interview, Winter 1998)

I think welfare reform has framed the issue. The employer community says they do not hear about it. That's because most people who work have figured it out. I'm distrustful of employers who say it is not an issue. With welfare to work, it's a major issue. (Interview, Fall 1998)

With welfare reform, everyone has to come off the rolls. They need day care. Politically, that is where it is. (Interview, Winter 1999)

Welfare reformed has changed the status exponentially. (Interview, Winter 1998).

There's a lot more talk, especially because of welfare reform. (Interview, Winter 1998)

- **Policy makers tend to treat child care as an economic issue, not an educational one. Although some people believe that child care is an educational issue, this formulation is not politically popular. The Republicans in the legislature and the governor's office especially view child care as an economic issue.**

Although many people see child care as an education/school readiness issue, this rationale is rarely trumpeted. Policy makers discuss child care as a method for ensuring a steady supply of labor and for filling jobs in a

tight labor market. Welfare reform is also approached in this vein. Businesses' bottom line, not education, is per-ceived as being able to politically sell the child care issue.

> Make it a workforce issue rather than child development. It's not that education isn't important, but it turns people off. If you make it an economic development or workforce issue that doesn't turn them off… It's absolutely better than a child development issue. (Interview, Spring 1999)

> How we get education right is how we get child care right. It shouldn't even be in the welfare depart-ment. It's an education issue. I have to admit it's a hard sell. The reality is that Republicans say you got to work. But really the ones that can stay home with their kids are the upper class. (Interview, Fall 1998)

> It's a dilemma. Subsidized child care programs as baby-sitting or as a "twofer" – school readiness and quality. Somehow there is a choice between the two and this is where it breaks down. (Interview, Fall 1998)

- **Women are perceived as the main advocates for child care. However, policy making largely resides with men, many of whom still believe that women should stay home with their children.**

Although child care's political constituency appears fluid, overall women are viewed as the owners and movers and shakers around the issue. Child care problems are seen as those belonging to women and ultimately solved by women. Older, more conservative legislators from more rural areas typically had wives who stayed at home with children. They continue to view their family experiences as normative.

> Women are the overriding supporters… It's women, women, women. (Interview, Fall 1998)

> Men! I believe they still want women back where they belong. I went to one zoning hearing in Lower Merion. They made it so we didn't speak until 11:30 PM. Parents and kids were there. By the time we got our turn, many had to leave. One man equated day care with laundry. (Interview, Winter 1999)

> When it comes to child care issues, the conservative ideology is that females should stay home to take care of the kids. (Interview, Fall 1998)

- **Policy makers who are either child care consumers or have experienced child care problems have a deeper understanding of child care issues, underscoring the importance of personal experience with child care**

Policy makers who are child care consumers better understand the issue. The policy makers who view child care as a personal issue tend to be younger and female. Most legislators are men. The younger ones tend to understand or be more receptive to child care issues than the older ones.

> I see it as a mom. Everyone can relate to it. Our chairman's baby is now two. He sees it as an issue and it shows when he is debating policy. Those who see it as a personal issue are most supportive of child care. (Interview, Winter 1998)

> The ones that experience the need for child care, usually the younger ones, are the legislators most sup-portive of child care. (Interview, Winter 1998)

> I'm a consumer of child care. It's also a personal issue for me. (Interview, Winter 1998)

> There are a million things to do when you are a legislator. You pick the ones that affect the most people. Unfortunately, you can't understand how it affects someone unless you know it in human terms. Mostly women deal with child care issues in their lives. (Interview, Fall 1998)

- **More public dollars are being made available for child care. The source of funds, however, is the federal, not state, government. Many Democrats perceive the fiscally conservative Ridge administration as taking credit for large appropriations but then failing to spend this money. Funds are then carried over in appropriations for the following fiscal year, again fueling the perception that the administration is doing more than it really is for child care.**

While there is more money in the state budget for child care, its source is federal dollars mandated for welfare reform. People applaud these increases in child care monies. Democrats criticize the Ridge administration for claiming these increases demonstrate an authentic commitment to the child care issue. Coupled with the failure to actually spend this money, the Ridge administration is viewed by some as hoarding money. This view is corroborated by the large surplus in state revenues.

> Welfare reform is driving the money stuff. Some is done by federal regulations and the penalties. They are choosing to reserve money instead of spending it. (Interview, Fall 1998)

> The surplus is irrelevant. Even if the governor sees waiting lists, it doesn't matter. We will still have the surplus. He underestimates revenues and highlights a pessimistic economy. The surplus was created by his administration. (Interview, Winter 1998)

> It's federal money. Look at CHIP or Child Care Works. They don't want to say it's federal money but it is…Ridge hasn't done big state appropriations like other states have…Unfortunately, it's hard to follow the bucks. (Interview, Winter 1998)

- **Although policy makers acknowledge that child care cuts across class lines, child care is disproportionately viewed as a low-income issue, a perspective reinforced by welfare reform[17]**

The Harrisburg political community understands that child care is not solely a low-income issue. However, child care is generally viewed as a low-income issue, even to the extent where subsidized care is viewed as an undeserved benefit. Some policymakers allege that their constituencies resent low-income families receiving help that middle-class people cannot receive. Child care's regulatory position in the Department of Public Welfare, its ties to welfare reform, and the advocates' focus on poor people reinforce this perception. The perception of child care as a low-income issue is a major obstacle to embracing wholesale political ownership of the issue.

> The problem is the perception of child care as a handout to the poor. You see class warfare – Why are we always helping poor people, and when are we going to help the middle class? (Interview, Winter 1998)

> Again, the advocates aren't clear on this. They say child care is for everyone. But their concentration is on the poor. There is where we lose any connection. (Interview, Winter 1998)

> Yes, child care is generally perceived as a low-income issue. The groups we are aware of frame it that way. PCCY had this great conference I went to. It was in reference to the French alliance. In France, whatever is available is available to all French citizens. All kids benefit. Here though, it's always a low-income issue. (Interview, Winter 1999)

> Child care policy is still a low-income thing. That's where the political focus is at least. (Interview, Winter 1998)

> Policy makers see it as a low-income issue. Since they are in power, that is how it's perceived. (Interview, Winter 1998)

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[17] We did not include any questions about race and child care policy. Upon reflection, we believe that not asking directly about race was a mistake. Since we did not ask about it directly, we cannot state with any empirical certainly whether race played a role in how legislators viewed child care policy. However, race remains such a definitive factor in Americans' judgment processes and is so heavily linked to the distribution of goods and services that it is quite possible that legislative views on child care policy, welfare reform, Philadelphia, race, and class are heavily intertwined.

Unfortunately, the focus is on low income. People don't see it as a low-income issue. It polarizes people. They don't think they are in the same circumstance. (Interview, Fall 1998)

- **Child care is not solely perceived as an urban issue, but perceptions differ on the needs of rural versus urban families**

Although child care is relevant to urban, suburban, and rural families, their respective perceptions of and needs for child care differ significantly. For example, people in rural areas have travel issues while people in urban areas are concerned with affordability and availability. The child care issue is not helped by an anti-urban (and anti-Philadelphia) bias.

No, the more interesting issues are rural. They have serious travel issues. (Interview, Fall 1998)

Sure, it's an urban perception. But everyone needs child care. (Interview, Winter 1999)

I don't want to hear accreditation when we don't have nontraditional hours, when we have problems in rural areas. That's where the struggle is. That's where we need to develop and put resources in. (Interview, Spring 1999)

I don't think Philadelphia is out of touch. It's not us against them. There are definite differences but so many similarities. Rural legislators may have that opinion but not urban ones. But rural politicians tend to not care about Philadelphia or Pittsburgh. (Interview, Winter 1998)

Every time there is a major city issue, it's urban versus rural. If an issue comes up that is a rural issue, there is little contention. If it is a city issue, however, then you see a division. (Interview, Winter 1998)

- **Child care is viewed as a private, not a public issue. Although political parties differ on this topic, many in Harrisburg view the child care issue through the lens of personal responsibility.**

The view of child care issues as private, not public is part of an ideology that governs how people think about family life. Whereas issues associated with employment, transportation, financial services, and communications, for example, are considered to be public issues that require large amounts of government support, regulation, and subsidy, issues associated with families are considered to be outside the public sphere. What has been termed the domestic sphere is considered to be private; individual families should be solving their domestic problems (e.g., child care) as problems that they alone own. Child care, therefore, is often perceived as the responsibility of parents, not employers, the community, or government.

There are a lot of people who believe child care is a family decision, that government should not be involved in family care. (Interview, Winter 1998)

Republicans don't accept child care as a necessity. It's a family issue for them. Don't be in denial. Republicans still believe government does not belong in our private lives. Child care has been one of those things they've been outspoken about. (Interview, Winter 1998)

Child care is still a private issue. (Interview, Winter 1998)

- **Legislative perspectives on whether Governor Ridge is good or bad on child care follow party lines. Democrats think his positions are driven by welfare reform and public opinion. Republicans think he cares about child care. Regardless, the governor's role is critical to the child care issue.**

Partisan politics define most issues in Harrisburg. Both parties view each other as engaging in political posturing, having learned that there is often a political subtext to every action. Democrats criticize Republicans for

their lack of sincerity around child care. However, the child care issue did not see much play during more recent Democratic administrations. Democrats interpreted Governor Ridge's interest in child care as being motivated by outside forces (welfare reform) or ambition (to be the Republican vice presidential candidate). Republicans have interests in demonstrating that the governor is a pro-family, although conservative, leader.

> The administration has made a decision that we will do what is necessary to comply with federal requirements. (Interview, Fall 1998)

> The primary reason the governor jumped on the bandwagon with HB89 and child care issues in general, was because he was opened up to bad public relations when a provider got caught in a criminal abuse case. So, the governor looked at the issue differently. (Interview, Summer 1998)

> It's absolutely not a bipartisan issue. The only interest Republicans have is whatever Ridge wants to do so as not to be penalized by the feds. They aren't excited about day care. (Interview, Winter 1998)

> [How does the governor view child care and what are his goals?] Safe, affordable, and quality child care. (Interview, Winter 1998)

> It (child care) is a huge chunk in the budget. It shows Ridge does have a commitment to child care. (Interview, Winter 1999)

> I think it is a significant improvement. This administration has shown a real commitment. (Interview, Spring 1999)

- **Religious conservatives are a powerful interest group in Harrisburg that has taken up child care as an issue. They have waged a battle to have child care in religious organizations exempt from state regulation governing secular facilities. The religious right is also opposing legislation concerning the unannounced inspections and accreditation of child care facilities.**

Child care is a concern for conservative religious organizations. Opinions differ on what motivates their concerns. They desire to have child care programs in religious organizations be legally unregulated. Their legal rationale is the separation of church and state. Ideologically, they believe that government should not be involved in their lives. But they may also be motivated by not wanting to spend the money to comply with regulations as well as by disagreement with some of the regulations, e.g., no corporal punishment, child-staff ratios, etc.

> The religious right is concerned with being told that they can't have corporal punishment and their unwillingness to follow ratio requirements. They also do not want to display their licenses and have fought hard on this issue. (Interview, Summer 1998)

> Licensing: DPW has problems with licensing. Much of the contention came from conservative, religious groups. A lot of people got real anxious. The department met with religious, value-based groups along with advocates. (Interview, Winter 1998)

> Right now with licensing regulations coming up and the litigation with the religious community. It's a contentious area. (Interview, Spring 1999)

> A real movement, very scary if you ask me, to do away with programmatic regulations. Partly in reaction to church-based programs that are not licensed and can't receive subsidy. They think we are trying to interfere with what they are teaching. The Archdiocese and others have a real problem with licensing. There is enormous pressure to reduce our regulations to accommodate them…I think they got the ear of the governor. (Interview, Winter 1999)

- **Child care advocates are often perceived as being too adversarial to get things accomplished. Some policy makers singled out PCCY for criticism.**

You can't be acrimonious on the regulations side and then advocate legislatively. That's how Harrisburg works. Can't go nuclear on regulations and have people be warm and fuzzy on money issues. (Interview, Fall 1998)

Advocates need to have better working relations with DPW and state government…It's not as if we exclude the advocates, but they seem to think we do. (Interview, Winter 1998)

At the beginning of this investigation, Child Care Matters faced a difficult political climate within which to advocate for child care. Welfare reform gave the child care issue increased visibility. But politically, it circumscribed child care around the needs of poor families, many who lived in the very cities that some legislators have exhibited feelings about that ranged from indifference to overt antipathy. Without support of legislative or administration leadership, it is difficult, if not impossible, to move legislation. Part of the lack of support for child care comes from the perception that child care has a diffuse political constituency. Child care is treated largely as an economic issue for both working poor families and families receiving welfare. Child care's links to early education and to school readiness are not politically popular. Child care is typically perceived as a private matter that is the responsibility of women. The political strength of religious conservatives and their anti-regulation position on child care makes it difficult to advocate for more government involvement in child care. The child care issue tends to be moved or championed politically by people who need or have used child care.

Changes and Continuity in the Political Climate

Did the Harrisburg political climate change over time? What continuities remained? If there were changes, were these favorable in terms of advocating for child care policy?

Recall that the time period for observing change is relatively brief – five time intervals over the course of three years. Although this may appear chronologically to be substantial, it is not sufficient to witness wholesale changes in political culture, particularly when the political actors are largely the same people with the same political party composition.

Political Climate Continuities

First, we highlight the continuities in the political climate. Each continuity is accompanied by supporting quotes from our interviews.

- **Harrisburg's political culture and political process continue to militate against change**

  It (child care) is perceived as an important issue, but it is not on the calendar right now. It is not being talked about in the legislature. The same legislators that were interested before are still interested, but it is not a leadership issue right now. (Interview, Spring 1999)

  In Harrisburg, people like to do things one at a time. They exchange favors. That's the way it is. (Interview, Spring 1999)

  The House Democrats have no interest in doing anything positive for child care. They just want the public relations aspect. They are holding up every bill they see with their initiatives to get PR out of it. (Interview, Fall 1999)

  The ones who win are the ones that take a long view and who are grateful and appreciative of the small steps that they make, and who let you know they always have something more in their back pocket, but they aren't slamming you with it. (Interview, Fall 1999)

Pennsylvania is unique…Pennsylvania has a very, very long schedule. Way too long. (Interview, Fall 1999)

I know the House puts stuff in and the Senate takes it out. (Interview, Spring 2000)

You give a little; you get a little. (Interview, Spring 2000)

There's the problem that the more you know, the more you realize how difficult it is. I do think that Pennsylvania is such a conservative state. (Interview, Fall 2000)

I think there are some unrealistic expectations that the advocates have about who should be doing what, when and who should pay. I think the obstacles remain pretty steady. (Interview, Fall 2000)

- **There remains confusion about, and disagreement over, child care's political constituency. The lack of a clear or broad constituency for child care is an obstacle to change.**

  It's rare that you actually get a beneficiary coming to you. With other groups, it is clear but not with child care. (Interview, Spring 1999)

  Working-class, Democratic parents. (Interview, Winter 1999)

  Why worry about day care if it is a temporary situation and people move on? (Interview, Spring 1999)

  It is seen as a parent and provider issue. This has not changed. (Interview, Summer 1999)

  The providers do not have a strong voice here. (Interview, Spring 1999)

  With child care, it is not clear who the constituent is. Kids don't vote. (Interview, Fall 1999)

  It is workers who need child care. (Interview, Fall 1999)

  There are tremendous consistencies in the child care arena and they are voiceless. (Interview, Spring 2000)

  I don't hear much from providers. I would say first families. (Interview, Fall 2000)

  We're not hearing from kids and we don't hear anything from the parents. We only hear from the providers. (Interview, Fall 2000)

  I think it is providers and traditional advocates. (Interview, Fall 2000)

- **Although its salience has decreased since the first year of the evaluation, welfare reform continues to give child care political visibility. Moreover, the bulk of the money for child care still comes from welfare-reform initiatives.**

  Welfare reform is the biggie. (Interview, Summer 1999)

  All kinds of money are coming down because of welfare reform. (Interview, Spring 1999)

  Yes, it (child care) is more in the public eye because of welfare reform. (Interview, Spring 1999)

  I think the most important changes are mainly with welfare reform and what we are doing for working families. (Interview, Winter 1999)

  They know that for all of this to work with welfare reform, and if we are going to have a stable work force, folks have to have solid child care. (Interview, Spring 2000)

  I think welfare reform is still number one. (Interview, Spring 2000)

  I think it (the main factor affecting child care) is still welfare reform. (Interview, Spring 2000)

I think welfare reform has been the stimulant behind many changes (in child care). I know there are a lot of issues out there that have to do with quality and with training of day care providers but I think welfare reform has placed more emphasis on everything. (Interview, Spring 2000)

The welfare cuts drove the necessity home a bit. You have to remember that we limp very slowly into the 20th century as the rest of the world is limping out of it. (Interview, Fall 2000)

I would say it is the overall force of welfare reform and the idea that the time has come that in order to keep people off welfare, you need to offer affordable child care. (Interview, Fall 2000)

- **Women continue to be perceived as the main advocates for child care**

  College-educated men in their mid-fifties make up the majority of the legislature in Pennsylvania so it is no surprise that there is not a lot of support (for child care). (Interview, Summer 1999)

  The number one issue affecting child care's status is more women being in the workforce. (Interview, Summer 1999)

  I still think men have a hard time getting it (the importance of child care). (Interview, Spring 1999)

  We are moving forward but control of the legislature is with old white men who need educating why it (child care) is important. They know women, moms need it, but not in terms of the big picture of child care as education and quality, and school readiness. (Interview, Spring 2000)

  We have a lot more women legislators. A lot more women who are in key positions in various places who are themselves affected by the necessity of child care. (Interview, Spring 2000)

  Women are a larger constituency now. (Interview, Fall 2000)

  When I first started here 11 years ago, there were only two women in the Senate. Today we have at least four on the Democratic side and three on the Republican side. This alone has made an enormous difference in family issues in general. There are now people in each caucus who are outspoken advocates. (Interview, Fall 2000)

- **Religious conservatives remain a formidable foe to government regulation of child care. This reinforces child care as a private, not public, issue.**

  It is the religious community, the Catholic Conference, that has stopped it (House Bill 78). (Interview, Spring 1999)

  I know the religious groups were probably responsible for stalling it (House Bill 78). (Interview, Summer 1999)

  It seems to me that churches are putting a stop to something that to me is a good thing. (Interview, Spring 1999)

  It's not stalled. It's frozen. I think that the Catholic Conference has a great deal of authority in the legislature. If they want this to disappear, it will disappear, for a while at least. (Interview, Spring 1999)

  You are not going to get anywhere in this state until you deal with the religious question. (Interview, Winter 1999)

  There is a religious and conservative component out there with day care issues. Like why should we be concerned with that because the child should be home with the mother…There is this constituency that thinks we should not promote day care availability or access to it. (Interview, Fall 1999)

  There is a problem with the nonprofit religious groups. That seems to be the biggest obstacle. (Interview, Spring 2000)

I do think we are going to see more influence from the religious community. (Interview, Fall 2000)

When you push accreditation standards, you are going to get a lot of argument from the religious community. It will not pass. (Interview, Fall 2000)

You can't deal with licensing and accreditation unless you deal first with this religious exemption issue. I don't know if this administration has the will to do that. (Interview, Fall 2000)

- **Rural and urban areas continue to have (and are perceived to have) different child care issues. These differences remain obstacles to a more comprehensive child care agenda. Moreover, the rural-urban divide also coincides with ideological differences. Rural legislators tend to be more conservative and against government intervention. Urban legislators tend to be more supportive of government involvement in child care.**

  Look at rural areas. In the urban areas, they have great transportation systems. That doesn't exist in rural areas. (Interview, Fall 1999)

  Transportation is an issue in the rural areas as well. That is not just an issue for child care. It is an issue for medical services, many things. Rural issues are so different from urban and suburban issues. (Interview, Winter 1999)

  Non-Philly people usually have less of a positive reaction to Philly's problems. (Interview, Spring 2000)

  It is difficult to get people out of that city to get revved up about social problems in that city. (Interview, Spring 2000)

  It is only natural when you have so many different levels of providers in a state as diverse as Pennsylvania that you are going to have trouble linking advocates across the state. (Interview, Fall 2000)

- **Despite claims that child care is a bipartisan issue, significant differences continue to exist in how Republicans and Democrats approach child care. With major differences in governing philosophy and ideology, it matters which party is in power.**

  Republicans have the opinion that if you have kids, you stay home. (Interview, Spring 1999)

  Democrats are concerned with health and safety issues. Republicans are more business oriented. (Interview, Spring 1999)

  Republicans control the whole place. No matter how you feel about, that is the way of the world. (Interview, Winter 2000)

  The only thing keeping the child care issue alive is the Democrats because we just keep pushing the issue. (Interview, Spring 2000)

  I think from a purely political standpoint, the Republican Party will probably not move unless the business community moves. If the business community sees this as an important part of their success, I think the Republican Party will get behind it. (Interview, Spring 2000)

  If we can get Republicans to care about the issues, it would be a really great thing. (Interview, Fall 2000)

  The Republican leaders choose their battles carefully and child care was not one of their concerns. They just seemed content to follow the lead of the governor. (Interview, Fall 2000)

  If the Democrats won the House, I think you would have a different discussion behind any legislative activity. (Interview, Fall 2000)

- **Reflecting the partisan atmosphere in Harrisburg, many Democrats continue to perceive the Ridge administration as claiming credit for increased child care appropriations when they are largely from federal sources. At the same time, child care expenditures continue to lag behind appropriations. Millions of dollars remain unexpended each year.**

    It's troubling. We aren't in a tough revenue situation. The resources are there and child care is so critical, so critical to welfare reform. It is frustrating, so frustrating. (Interview, Spring 1999)

    In terms of the number of dollars, it is a greater number of dollars. Certainly, one is hard pressed to find anyone that would say that is a bad thing. I think the point that people need to understand is with the configuration of the programs, it actually allows us to serve more people. (Interview, Spring 1999)

    The money is there. But he (Governor Ridge) has to direct them to spend it. (Interview, Spring 1999)

    I see it as a budgetary shell game. I think that the budgetary people within the administration are creating the illusion that there is more money available when, in fact, we did not spend all the money that was available in the last budget. We were told there was a big increase, but what we weren't told was the state actually decreased their contribution. So it is all a perception. I think the administration wants us to believe there are a lot of things happening here that really are not. (Interview, Spring 1999)

    They had a lot of unspent child care money and they have to spend it. (Interview, Winter 1999)

    These guys (the administration) are money hoarders. (Interview, Spring 2000)

    The one thing you have to understand is that it is not unusual to have an excess in appropriations. You need to have a cushion. I have no problem if they don't spend all the money because caseloads are not as high as they expect…Just because money isn't spent doesn't mean they are hiding it. (Interview, Fall 2000)

    There is definitely a desire to spend. But it takes time to get a program up and running. It's not that the government doesn't want to spend it. But you need to build the program properly first. Sometimes, expectations to spend are too high. (Interview, Fall 2000)

- **Although appropriations for child care subsidies have increased, policy makers of both parties still view child care as a private issue. State regulations mandating that mothers file for child support in order to be eligible is an example of how government extends its desire for "personal responsibility."**

    I think government has a responsibility to have safety standards. But I don't know if they should pay for it. (Interview, Spring 1999)

    They will get (child care) assistance because they are coming off of welfare. Then they need to understand that eventually, it is their responsibility as a parent. They can't rely on government. (Interview, Spring 1999)

    Parents have a responsibility for quality as well. The state can do a lot but the parent should not rely on government to do everything. (Interview, Spring 1999)

    I think now we expect people to take greater personal responsibility and participate more. But, in return, I think there is beginning to be more of a willingness to support those who do it. (Interview, Spring 2000)

    Government should not be supporting kids who have another alternative because there are a lot of kids who don't. If we take care of a kid whose dad can pay child support, we are taking help away from a child who might not have that resource. (Interview, Fall 2000)

    You are a dad and you should be responsible for your children. If you are a woman and you have a baby with someone, you are both responsible…It's not the responsibility of the system to pick up his responsibility. If the mothers don't want to go after the fathers, then shame on them. They are just as guilty. (Interview, Fall 2000)

- **Policy makers who have personal experiences with child care continue to be the most active and knowledgeable about the issue. For child care policy, the role of personal experience underscores the influence of gender and the age of legislators on policy outcomes.**

> I don't need day care so I'm not interested in it. (Interview, Spring 1999)

> I hired someone who is welfare to work. She is great, but child care is a real problem for her. The first couple of months she was here, she took a whole week off because her child was sick. She even moved home with her mother. She had a child care provider who was unreliable. She'd call at 7:00 in the morning and cancel. I had to extend her probation because of this. While I am empathetic, I had to do that. I'd say it really has hit home. I'd have to say anyone hiring welfare to work moms goes through this. (Interview, Summer 1999)

> Legislators are finding little babies in their families, which used to be a rare experience. (Interview, Fall 1999)

> I am not talking about just the city. I am talking about the whole region, because it is a regional economy and this is not just a low-income issue. As someone with a nine year old, I know that. (Interview, Winter 2000)

> You know ironically, politics is often quite personal and as support staff and others start coping with child care issues, then it becomes more real to these folks (legislators) as employers. (Interview, Spring 2000)

> For instance, I don't know if you saw (name) when you walked in, but she is ready to have a baby. So we get it personally in the office. (Interview, Spring 2000)

> I think that as we get legislators elected who have had to deal with child care on a personal level, we will get more attention on child care. (Interview, Fall 2000)

> The males out here are changing also. They are now becoming younger and may have been raised in child care or have children who are in child care. So it is not just the presence of women, but it's also the changing experiences of men. (Interview, Fall 2000)

Political Climate Changes

The changes noted below are those that represent trends that deviate from the status quo represented by the baseline analysis of the political climate. These are highlighted, followed by supporting quotes from our interviews.

- **Auditor General Robert Casey, Jr. entered the child care debate and criticized the Ridge administration on its child care policies. Because Casey is seen as a candidate for governor, his activities help make child care a political issue.**

> So the question becomes why did they make this change (in a child care policy)? There was a lot of noise especially from the advocates and some noise from the legislature and Bobby Casey, Jr. was extremely noisy about this. (Interview, Summer 1999)

> I think Bob Casey, Jr. has a role in child care. (Interview, Winter 2000)

> Bob Casey playing those games he is playing. Clearly people are seeing it (child care) as a political issue more than before. (Interview, Fall 1999)

> Bobby Casey has used his office effectively. (Interview, Spring 2000)

> You have Bob Casey; you have everybody talking abut it. I am sure somewhere down the line, someone will say why make it a political issue. We are not spending the money. We have the money. We might as well spend it. (Interview, Spring 2000)

Certainly, Auditor General Bob Casey has been very outspoken and very active in the area of child care with his audits. (Interview, Spring 2000)

Bob Casey has made a lot of push. I don't know what is driving him. He has a lot of people in his office interested in child care and he has done, I think, as much as anybody, certainly more than the advocates alone. (Interview, Spring 2000)

Bob Casey, the Auditor General, is a childcare champion…He is probably responsible for a lot of the attention the Ridge administration has given to child care because Casey has been a bull dog. (Interview, Fall 2000)

- **Child care is gaining status as a political issue. Some believe that it will be an issue in the governor's race in 2002.**

People (in Harrisburg) are talking about child care more. We have a children's caucus now. (Interview, Spring 1999)

It (child care) is an important issue in our office. It has become more important in the governor's office and in both chambers of the General Assembly. The school shooting brought it to the forefront as well. (Interview, Spring 1999)

The child care issue is definitely getting more front-burner attention. (Interview, Spring 1999)

It is the first time in a long time that people from both Houses are talking about the issues. They may not understand the technicalities of it, but they care enough to do so…Child care is just hot right now. (Interview, Spring 1999)

I think the 2000 campaign will focus on child care and long term care. Politically, our caucus needs to understand that the political value of the issue means a lot. (Interview, Spring 1999)

This issue (child care) has become pretty politicized. (Interview, Winter 2000)

I think you will see child care play out more this fall. (Interview, Spring 2000)

I think we have gotten to this point where it (child care) is part of the conversation (in Harrisburg). It is part of the yearly conversation. It is part of the budget conversation. It is part of the legislative conversation. All much more than it was years ago. We haven't come full circle with it. But I think we are at the point where it is part of the normal discussion. (Interview, Spring 2000)

Child care is on the map. (Interview, Spring 2000)

I think with the election, you will see a lot (of talk about child care) because it is a political issue. (Interview, Spring 2000)

Yes, I think it (child care) will be an issue. You are going to see the issue of families, children, and education. If Bobby Casey is running, then the issue will definitely be there. (Interview, Fall 2000)

Is child care going to play a role in 2002? Absolutely. Both Casey and Rendell are very interested in the issue. (Interview, Fall 2000)

I actually think child care will become an issue in the 2002 governor's race, which is fairly amazing. (Interview, Fall 2000)

- **Although child care continues to be seen as an economic issue, it is becoming increasingly viewed as an educational and school readiness issue**

I know there has been talk that since we have taken care of the child care subsidy stuff, we should be talking about early education stuff, preschool programs, that kind of thing. We need to do something more to get kids ready for school and that can be done in good, quality child care. (Interview, Fall 1999)

The business community did say that they have early childhood on their radar screen and they saw it as a school readiness issue. (Interview, Winter 2000)

I know the governor's office is interested in early childhood education. (Interview, Winter 1999)

We need to show that day care quality feeds into education. (Interview, Spring 2000)

I think we will see a new focus on education as what child care is all about, not just babysitting. (Interview, Spring 2000)

That's the way it's going to go, that is recognizing child care as part of the education system. (Interview, Fall 2000)

We think there will be more money for school readiness. (Interview, Fall 2000)

I think we have started to move to what I would call the third generation of issues. We are now talking about early childhood education and not just child care. (Interview, Fall 2000)

- **The business community is showing more interest in child care. This development is important to a Republican-controlled state government.**

  I'm hearing more from the business people. Business involvement is really encouraging. The Department of Public Welfare is listening to them. (Interview, Summer 1999)

  I know lots and lots of business leaders are concerned with child care and have no idea how to support it. There is a lot of misinformation out there. (Interview, Summer 1999)

  We think there are some pretty significant changes in the business community. (Interview, Winter 2000)

  I see a lot of companies trying to get the child care issue and help their employees. (Interview, Winter 1999)

  The word is getting around that this (child care) is a good thing, that it helps with employee morale. Employers want to know how to do it, so they don't lose good employees. (Interview, Spring 2000)

  When business takes a stand, the issue will be heard more. Business drives policy most of the time. (Interview, Fall 1999)

  Instead of going to the advocates and saying that they will support their issues, the business community has claimed the issues as their own and they are trying to control the issue. The governor has sat up there for six years now and never wanted to touch child care. But now that the business community is involved, he is taking a second look. (Interview, Fall 2000)

  The business community was in here last week. We were talking about the Head Start legislation. They have actually taken up the child care issue. (Interview, Fall 2000)

- **The Quad Group is viewed as having the potential to move child care more into the educational arena. The Quad's Group's ownership of the child care issue is potentially influential because it represents the business community.**

  If they (the Quad Group) actually produce something, that is where the sea change will come. When the business community takes on child care as one of their issues, when the chamber (Chamber of Commerce) itself takes on child care…When the chamber announces it as their issue, that is when the sea change will occur. (Interview, Fall 1999)

The Quad Group is significant…If the business community sees this as an important party of their success, the Republican Party will get behind it. (Interview, Spring 2000)

They (the Quad Group) are tremendously influential across the state. They are made up of economic leaders so I think whoever thought of putting those people together is smarter than heck. (Interview, Spring 2000)

The most important effort in the last year has been the bringing on of business leaders as important partners in advocacy for early childhood. I think the Quad Group plays a very important role in this because they have heightened the interest of the administration to a level it has never been before. We've never had an administration that has been at this interest level. (Interview, Fall 2000)

I think that they (the business community) have become more involved especially with the advent of this Quad Group thing. (Interview, Fall 2000)

The guys on the Quad Group have influence over our governor. (Interview, Fall 2000)

- **Issues of child care quality are increasingly part of the policy lexicon, including discussions of criminal background checks, inspections, staff turnover, accreditation, T.E.A.C.H., and the health and safety fund. Although there remain disagreements over the definition of quality and the appropriate means to achieve it, this "quality" talk is a major change.**

I can tell you that I opened up my e-mail and got a million people e-mailing me about compensation for child care workers. It was the first time that all of us have been talking about this. It is an issue that is finally coming forward. (Interview, Winter 2000)

There has been a remarkable change in how DPW (Department of Public Welfare) views accreditation. (Interview, Winter 2000)

I think people are really interested in looking at how can we really improve the quality of care throughout the commonwealth. (Interview, Spring 2000)

I think it (accreditation) is a good thing. I think it is something that (legislator's name) was looking at. (Interview, Winter 1999)

The department (Department of Public Welfare) supports accreditation but we want licensing compliance first. We also have to have a structure that is out there is we are going to support accreditation. (Interview, Spring 2000)

Accreditation is probably going to be a big issue now that we have finally had some success with the things that were passed on Tuesday (unannounced inspections bill and the criminal background check bill) …I don't think that government should fund accreditation but they can provide incentives for it. (Interview, Fall 1999)

The quality continuum has been growing and developing, as the system around it has needed it to grow. I think DPW (Department of Public Welfare) has shepherded that real well. (Interview, Spring 2000)

I think there is a lot of attention placed on quality but nothing policy-wise, nothing really has happened. But I think there's heightened awareness around that. I think generally that awareness has heightened. (Interview, Spring 2000)

The concept of accreditation, I haven't found anyone who was against it. The religious groups support it. The department (DPW) supports it. It is the process. The department doesn't want the legislature to tell them how to do it; they want to do it on their own. (Interview, Spring 2000)

The third one that we are still wrestling with is the background checks and child abuse checks. Another thing is defining an incentive-based system, which encourages quality child care…Yes, I do support accreditation. (Interview, Fall 2000)

I think they started to look at quality and actually talked about it. (Interview, Fall 2000)

Accreditation – yes, I would assume they are moving in that direction. I don't know why the bill didn't pass. It certainly sounds like something that would be more useful than less useful. (Interview, Fall 2000)

- **Child care is still perceived to be an issue for low-income families but this perception is beginning to change. There is somewhat more recognition that child care affects everyone.**

  I think child care has moved from being a lower-income issue to it is for everybody. (Interview, Spring 2000)

  I think more people accept that child care is for everyone. (Interview, Spring 2000)

  We are trying to be more inclusive in learning more about the quality of care. We are moving the department's mission beyond helping only low-income families. (Interview, Fall 2000)

  From my perspective, it would seem that it (child care) has gone from a low-income issue to an all-societal issue. It has just gradually done that. (Interview, Fall 2000)

  These issues affect people across the board. It's not just a poor person's issue. Eleven years ago, child care would have been shrugged off as a low-income issue. Today it is seen as a family issue and not just other people's families, but their families as well. (Interview, Fall 2000)

  I think it's (child care) getting viewed in a better light because of welfare reform. It's fallen away from the idea that child care is a low-income issue. It has definitely been viewed more positively in the last few years. (Interview, Fall 2000)

- **Policy makers view child care advocates as becoming increasingly sophisticated and effective in pursuing their goals**

  In all honesty, I think the advocacy groups did a great job on that (the subsidy regulations) because I don't think the legislature really pushed that. February 1, the new regs took place. There was a major fight over that. And now April 1, it is a totally different package. We are really pleased. (Interview, Spring 2000)

  I think the child care advocates have been in here letting the governor and everybody else know what they think. I think that is one of the reasons why there was an increase (in income eligibility for child care subsidies). (Interview, Spring 2000)

  The accreditation issue is being driven by the advocacy community. (Interview, Spring 2000)

  I think one thing that the advocates accomplished was to make child care a household word for legislators. They now see it as a political issue and I don't think they did before. (Interview, Spring 2000)

  In terms of some of the specific initiatives like T.E.A.C.H. and those kinds of things, that is the advocates. The quality stuff is definitely the advocates doing. (Interview, Spring 2000)

  I think Child Care Matters has pushed the T.E.A.C.H. concept and it seems to be a really good one. It benefits all involved. It's an excellent program. (Interview, Spring 2000)

- **The political climate is improving for child care. This development is attributed to legislative interest, involvement of the business community, and the efforts of the advocacy community in general and CCM in particular.**

I think the advocates have done a lot to get us to focus on what needs to be done. I think you have more of a receptive state government now to move towards quality and childhood issues. Child care is not the step child anymore of Children, Youth, and Families like it had been for years. It is a big issue. (Interview, Spring 2000)

I think Child Care Matters led that charge, kept the pressure on. (Interview, Spring 2000)

I think the reason that we are thinking more about child care issues is because of the increased activity of the advocacy groups. The advocates are knocking on doors and are getting the message around. (Interview, Spring 2000)

Child Care Matters is popping up all over the place. There have been a lot of activities lately. They have changed the way the administration thinks about child care. Child Care Matters is so far ahead with their issues that no one wants to move forward without first checking with them. That puts more power on them. They are very influential and people want to hear from them. (Interview, Spring 2000)

I think the positive changes are a result of advocacy. (Interview, Spring 2000)

There is heightened awareness from policy makers of the child care issue. What's causing the changes is advocacy on many levels. The most important effort in the last year has been the bringing on of business leaders as important partners in advocacy for early childhood. (Interview, Fall 2000)

I believe more people are discussing child care in a forthright way. I don't think that child care was on the agenda publicly before as it is now. (Interview, Fall 2000)

I would say the approach toward dealing with child care issues in the legislature has changed dramatically. I think everyone is beginning to realize that child care is an important policy issue. I think the elections have helped. (Interview, Fall 2000)

There has been a realization by DPW (Department of Public Welfare) and the governor's office that in order to implement programs, child care is necessary. It's been building. I think it's a host of things all culminating. (Interview, Fall 2000)

THE PENNSYLVANIA STATE BUDGET

The heart of state policy is the state budget. Changing the budget is a major, strategic undertaking. The governor largely controls the contents of the budget. For its child care services, the Department of Public Welfare (DPW) submits a proposed budget to the governor's office. DPW wields a great deal of influence on the kind of child care policies supported within the budget. But DPW works with the governor's office in defining its budgetary needs. Ultimately the governor sets the tone for what is possible to propose and what eventually will be in the budget sent to the legislature. The legislature may change the budget solely by submitting and voting on amendments to it. But like most legislative activity, this is a very conservative process. Changes, when they occur, are largely incremental.

We review CCM's influence on the budget in several parts. First, we assess changes in the state budget in light of CCM's specific policy goals. Second, we assess whether child care was an important topic in budget discussions. Third, we look at changes in the overall budget over four years.

<u>**CCM's Budgetary Goals and Changes in the State Budget**</u>

As discussed earlier, CCM developed two different sets of policy goals over its lifetime. The first set represents those objectives for the period covering fiscal years 1998-1999 and 1999-2000. The second set represents those goals for fiscal year 2000-2001.

__Budgetary Goals: FY 1998-99 and 1999-00__[18]

Child Care Matters categorized its policy goals for this period in two ways: those targeted at increasing the accessibility and affordability of child care and those targeted at improving the quality of child care. Accessibility and affordability goals focused on appropriations for child care subsidies, the size of parent co-payments for subsidies, state reimbursement rates to child care providers, the administration of child care subsidies, and programs designed to increase the supply of child care. Quality goals focused on obtaining or increasing appropriations for the T.E.A.C.H. program, the Pennsylvania loan forgiveness program, accreditation, and a health and safety fund.

__Assist 10,000 Working Families on Child Care Waiting List/Provide Full Funding for Subsidized Child Care for All Working Families__

A major goal of CCM was to provide more child care support for working families. Its initial objective to assist 10,000 families was expanded to include all eligible working families in 1999. In FY 99-00, the number of subsidized slots available to working poor families increased from 30,819 to 41,066. In FY 00-01, the number increased from 41,066 to 63,745. Child Care Matters was a large part of the reason that state policy makers decided to increase the volume of subsidies to working poor families.

__Assure Payments to Child Care Providers to Keep Pace with Inflation__

State reimbursement rates to providers that care for children receiving subsidies had remained static for many years. CCM's policy goal was to tie providers' rate increases to inflation, a linkage that had never been initiated by the state. Provider reimbursement rates increased substantially during this period, although rate increases were not linked to changes in inflation. In each fiscal year, provider reimbursement rates steadily increased. The 1998-99 budget appropriated $4.7 million for a 2% increase in the provider reimbursement rate and a 3% increase in the ceiling rate (the maximum rate providers are permitted to charge the state for reimbursement purposes). The 1999-2000 budget included an additional $10 million for six months for provider rate increases (annualized to $20 million for 12 months). In October 1999, Governor Ridge announced another increase in provider reimbursement rate – of 14.2%, a rate increase expected to cost approximately $32 million annually.

These budgetary changes were significant and moved the budget in the direction advocated for by CCM. Our research, however, confirms that credit for the increase in rates, particularly the largest increase, is due to the advocacy work of the Pennsylvania Child Care Providers Association (PACCA). PACCA won this rate increase in exchange for its support of DPW's initial Child Care Works regulations governing child care subsidies

__Establish Financial Incentive Programs to Create More Child Care Programs__

In the FY 1998-99 budget, a new program was established to increase the supply of child care. Appropriated at $5 million, the Community Economic Development loan program included child care centers as one of several types of businesses permitted to apply for financing. In addition, $200,000 was appropriated to provide grants to small businesses for work on child care. These loans, however, were only available to for-profit businesses. Therefore, non-profit child care centers, which constituted the bulk of all child care centers, were ineligible.

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[18] CCM's budgetary goals were not necessarily achieved during the time period during which they were set in place. Budgetary accomplishments are rarely finite events. Rather, they are fluid, representing progress over time. Therefore, we discuss in this section budgetary outcomes that occurred during periods following the setting of budgetary goals.

In FY 1999-00, the budget included $2.9 million for the Department of Community Economic Development for early childhood programs.

In FY 2000-01, the budget expanded the reduced-interest loan program for day care facilities to include non-profit organizations. CCM worked directly to open up this loan program to non-profits. This reduced-interest loan program continued to be funded at $500,000 in 2001. In addition, the 2000-01 budget included $1.2 million for one-time grants for employer-based child care. Finally, the governor's initiative to provide Internet access in child care centers – CyberStart – was funded at $1.6 million.

Changes in the budget over this time period reflected an important change in the lexicon and ideology governing small business financing. Rather than treating child care solely as a social service, government recognized child care as business and economic development activity.

Expand T.E.A.C.H. Scholarship Program to $1.5 Million

CCM's first budgetary victory was the introduction of T.E.A.C.H. within the FY 1998-99 budget. DPW included T.E.A.C.H. in its proposed budget to the governor. The governor retained $500,00 in funding for T.E.A.C.H. in his final proposed budget. Although DPW and ultimately the governor are credited with formally establishing T.E.A.C.H. in Pennsylvania, it is Child Care Matters – as part of its William Penn Foundation grant – that advocated for T.E.A.C.H. and introduced it to Pennsylvania. T.E.A.C.H.'s initial funding of $500,000 continued in FY 1999-00. In FY 2000-01, it was increased to $1.5 million. Accordingly, CCM achieved its state budget policy goal around T.E.A.C.H.

As elaborated in detail below, T.E.A.C.H. remained a fundamental political goal for CCM. It was built into its Neighborhood Demonstration Project to demonstrate the utility of this approach for state and local policy makers. Even before the implementation of T.E.A.C.H. within Child Care Matters, advocates were able to argue for its salience in Pennsylvania, get it in the budget, build the T.E.A.C.H. infrastructure, and obtain increased appropriations for T.E.A.C.H. two years later. This is an incredibly important advocacy victory.

Expand/Restore Pennsylvania's Loan Forgiveness Program

Child Care Matters sought to increase the amount of money for the PHEAA Child Care Loan Forgiveness program, a program that forgives college loans for child care providers with bachelors degrees. Yet the initial FY 1999-00 budget proposed by the governor did not include an appropriation for this program.[19]

The governor's decision not to fund this program represented a major challenge to CCM's goals, and CCM vowed to restore money to the program. In the previous budget year (FY 1998-99), the program had been funded at $100,000. At this level, it served only about 10% of the 500 providers applying each year. Recognizing that the program's budget was inadequate, CCM's original policy goal was to increase the funding for it. Losing funding entirely for the program was unexpected and unthinkable.

Child Care Matters fought to have the money for loan forgiveness restored to the 2000-01 budget and ultimately succeeded in winning a substantial increase in funds. CCM lobbyist Dick Hayden worked with legislators to introduce an amendment to the budget that appropriated $740,000 for the loan forgiveness program. The amendment passed the House with an appropriation of $500,000, up from the governor's original proposal of zero dollars. However, the final budget appropriated only $100,000 for the Pennsylvania loan forgiveness program.

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[19] The history of the PHEAA loan forgiveness program is that it is "zero budgeted" each year. Advocates then push to get it put back into the budget. This is what occurred this year.

Although CCM was disappointed at the amount of money appropriated for the program, it recognized its success in getting the program back in the budget. Restoring funds for the Pennsylvania loan forgiveness program represents a significant CCM accomplishment.

Provide Financial Incentives for Programs to Foster Children's Development

This goal was to obtain support for the concept of accreditation, a national certification process and standard for child care facilities. CCM initially framed this goal generically in terms of "programs to foster children's development," and did not use the term accreditation per se. CCM avoided the word "accreditation" to minimize potential political fallout. Previously, DPW had taken the position that the accreditation process would ignore basic and unmet needs to fulfill regulatory obligations. Therefore, advocates did not introduce the term accreditation as such to policy makers until later on. Although advocates avoided the word "accreditation," they remained committed to the issue. Using terminology like "standards" rather than accreditation, they continually pushed for the concept of certifying child care quality.

The initial political antipathy towards accreditation makes what happened to it in the policy sphere quite remarkable. DPW's initial avoidance of accreditation ended. It convened a workgroup to begin to look at tiered reimbursement and accreditation as a mechanism for improving child care quality. A bill that would have led to state support for accreditation was introduced and made it out of committee. The "A" word's status in the political lexicon was fundamentally altered.

Create a Statewide Health and Safety Fund

CCM sought to create a statewide health and safety fund that would help providers pay for improvements to their facilities and ensure compliance with state regulations. The FY 2000-01 budget appropriated $2 million for the Child Care Operational Enhancement Fund, thus meeting CCM's goal.

CCM met initial resistance over this idea, however. It first proposed that the state establish a mini-capacity grant program to fund facility improvements. DPW rejected this idea. CCM next enlisted two Philadelphia officials – then-Mayor Ed Rendell and then-Licenses and Inspections Commissioner Fran Egan – to lobby the state to establish a fund. DPW rejected this approach as well.

Then DPW reversed course and included appropriations for this fund in the proposed FY 2000-01 budget. What precipitated this change in policy? First, CCM and others lobbied heavily for the fund. Second, CCM was able to demonstrate a substantial commitment from the Philadelphia government, which established its own fund for child care health and safety. Child Care Matters also worked with the local Child Care Information Services (CCISs) pushing them to advocate for the health and safety fund. CCISs' strong support of the fund was critical to its establishment. Third and most important, DPW came to understand the healthy and safety fund as a mechanism to bring unregulated facilities into compliance – a major goal of DPW's as well as the local Child Care Resource Developers (CCRDs). For CCM, DPW's decision to establish this fund represents an important policy victory.[20]

Budgetary Goals: FY 2000-01

Having achieved most of its earlier objectives, CCM revised its budgetary goals. In addition to bolder budgetary aims, CCM expanded its policy objectives to include both regulatory and legislative initiatives.

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[20] The Philadelphia health and safety fund provides funds for providers on a first come-first serve basis. The Pennsylvania health and safety fund, in contrast, provides funds based on established need.

Increase Pennsylvania Loan Forgiveness Program to $1 million

CCM was successful in restoring the $100,000 to the Pennsylvania loan forgiveness program in the FY 2000-01 budget. Its current goal is to increase funding for this program to $1 million.

Expand and Maintain T.E.A.C.H. Funds for the Next Class of Scholars

T.E.A.C.H. funds remained in the budget at $1.5 million. CCM had originally decided to attempt to increase the funding for T.E.A.C.H. above the current appropriation. After reviewing the status of the program, however, it decided that T.E.A.C.H. needed other types of non-monetary support. Accordingly, CCM worked on developing a plan to spend the current appropriations more effectively. Its new goals consisted of enlarging T.E.A.C.H. eligibility and suitability to include family day care facilities, and to build T.E.A.C.H. enrollments in additional Pennsylvania counties. CCM met with DPW, which agreed to use some unspent T.E.A.C.H. funds for outreach to build enrollments. Expanding T.E.A.C.H. funds was put off to the next fiscal year.

Increase Income Eligibility for Pennsylvania Child Care Assistance Program to 235% of the Poverty Level

With welfare reform, the regulations governing child care subsidies were substantially revised. DPW reduced the number of working families eligible for subsidy by reducing the amount of income families could earn to quality for subsidy. Income eligibility declined from 235% of the poverty level to 185% of the poverty level. In addition, DPW increased parent co-payments for child care.

Since the regulations were passed in 1999, CCM led a major effort to return income eligibility to its original level – 235% of the poverty level – and to reduce parent co-payments. In FY 2000-01, it almost succeeded. The initial budget proposal increased income eligibility from 185% of the poverty level to 200% of the poverty level. An amendment to the budget increased income eligibility to the desired 235% of the poverty level. This amendment passed the House 199-0. Although this amendment was not sustained in the Senate, subsidy income eligibility did increase to 200% of the poverty level.

An important concession to advocates was to permit families receiving subsidies to continue to receive them when their income increased to over 200% of the poverty level. Families could continue to receive subsidies until their income exceeded 235% of the poverty level.

In addition, the FY 2000-01 budget reduced parent co-payments. Increasing income eligibility for subsidized child care (although not as much as desired) and reducing parent co-payments represent victories for CCM.

Develop Pilot Program to Improve Provider Salary and Benefits

CCM proposed developing a state-funded pilot program to reduce child care staff turnover and improve the quality of child care by increasing provider compensation and benefits. CCM proposed a program in which providers would receive increased wages when they agree to accept children receiving subsidies. Provider education and experience would also be rewarded. CCM hosted a compensation retreat and worked to develop champions for this concept as well as for the program.

Provide Technical Assistance to Help Programs Meeting High-Quality Standards

Improving the quality of child care was at the heart of CCM's policy agenda. Therefore, a major policy objective was to provide providers with the financial support and technical expertise necessary to deliver quality

child care. To help meet this goal, CCM worked both to create programs and to increase funding for those that were targeted at improving child care quality. Child Care Matters succeeded in meeting these policy goals. In FY 2000-01, the budget included an additional $11 million for quality improvement initiatives. These funds included additional money for T.E.A.C.H. (an additional $1 million), a health and safety fund (a new program funded at $2 million), quality, capacity, and operational grants (more than $6 million), and outreach for people in need of subsidy (a new program funded at $2 million).[21]

Build on Existing Investments in the Pennsylvania Health and Safety Fund

CCM plans to request additional money for the state's health and safety fund once it determines the demand for program funds and programmatic outcomes. In the 2001-2002 fiscal year, the budget contained $2 million for the fund.

Budgetary Discussions Around Child Care

This part of the evaluation of CCM addresses what Child Care Matters achieved in terms of concrete policy changes. It is also, however, concerned with the steps that make such policy changes possible later on. That, in part, explains our research on the political climate around child care. It also explains why we are interested in the level of discourse around child care, in this case, the state budget.

Of course, talk per se is not an outcome. Euphemistically, talk is cheap and it is more telling to "show me the money." However, we believe that a potential indicator of the importance of a budgetary issue is whether it generates public discussion. We call this a "potential" indicator because important budgetary issues may not be overtly discussed in a public way. Nonetheless, we view more overt budgetary attention to child care as an indication of its growing importance.

Governor's Budget Addresses and Child Care

Each year, the governor delivers a public address highlighting items in his proposed budget. The budget is enormous, representing thousands of line items. Therefore, if child care is mentioned in the governor's budget address, it would appear to be a significant issue.

For the period under examination, child care was mentioned in three out of the governor's four budget addresses. In the FY 1997-98 and FY 1998-99 budget addresses, investing in child care was referenced as a means to support welfare reform.

In the FY 1999-00 budget address, the governor continued to mention child care in reference to welfare reform. He also highlighted a new child care program – CyberStart. This program provides money for the infrastructure to connect computers within child centers to the Internet.

The FY 2000-01 budget address did not mention child care. Rather, the family-related theme was the governor's proposed tax rebate.

Budgetary Hearings and Child Care

To determine whether child care was seriously discussed in the budgetary decision making process, we attended hearings held by the respective House and Senate Appropriations Committees on the proposed budget for DPW. Two sets of hearings were attended, covering the proposed budget in FY 1999-00 and in FY 2000-01.

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[21] Quality, capacity, and operational grants are intended to help child care providers meet health and safety requirements. They are intended to help facilities comply with regulations, enhance efforts to provide for special needs children, enhance health and safety standards for children in providers' care, and comply with local government codes and regulations for the ongoing operation of regulated family, group, or center-based care.

Each year, child care was discussed at both the House and Senate hearings. Legislators who had been specifically targeted by CCM in its policy work asked questions. Their questions reflected CCM's perspectives, particularly around the Child Care Works program, DPW's proposed set of regulations governing child care subsidies. Many of their questions were taken verbatim from the CCM Budget Question Memo.

In the first year, welfare reform typically drove the discussion of child care. Child care issues included: 1) the questionable necessity of maintaining a TANF budgetary surplus; 2) waiting lists for child care subsidies; 3) the supply of child care in light of increased demand because of welfare reform; 4) problems with the child care subsidy regulations (particularly the higher co-pay and income eligibility guidelines); and 5) problems with the administration of child care subsidies. One legislator asked a question about exempting religious child care facilities from regulation.

In the second year, the issues were similar. They included: 1) problems with the subsidy payment schedules to providers; 2) the use of the budget surplus for subsidized child care; 3) the reduction of the size of co-payments; and 4) criminal background checks for all providers caring for subsidized children.

These discussions reflected the spirit of CCM's policy goals in terms of access and affordability. The heated discussions about the child care subsidy regulations specifically addressed an issue that was central to CCM's policy agenda. In the hearings, the sole question that touched on child care quality was the reference to criminal background checks.

In addition, at this second hearing we observed a relevant indicator of CCM's potential influence. CCM wrote a memo about the proposed budget, detailing a set of questions to be addressed at the hearing. Although not all of these questions were addressed, we observed that CCM's memo was visible, either at the table or in the hands of legislators.

Proposed Child Care Amendments to the Budget

Amendments are the only way to change legislatively the governor's budget. The House has the first opportunity to amend the budget. Then the Senate may either sustain or remove the House amendments or add its own amendments.

In preparing the budgets for FY 1999-00 and FY 2000-01, House legislators proposed and passed several child care amendments. In 1999-00, the Senate did not sustain any of these amendments. In 2000-01, the Senate sustained the amendments to restore money to the loan forgiveness fund.

Whether or not the Senate ultimately sustained child care-related amendments, they are important because they reflect some legislative sentiment about child care's budgetary needs. Therefore, they provide another piece of evidence for child care's status as a budgetary issue and CCM's ability to enlist legislators on behalf of its policy goals.

In planning for FY 1999-00, four amendments that reflected CCM's policy goals passed the House. One would have mandated criminal background checks. A second would have increased funding for inspections by DPW. A third (which passed the House and the Senate) restored funding for the PHEAA loan forgiveness program. The fourth would have reduced the size of the parent co-payment associated with part-time child care usage.

One amendment that did not pass the House also reflected CCM's policy goals. It would have restored subsidy eligibility to people earning from 185 to 235% of the poverty level.

In planning for FY 2000-01, the two child care amendments that passed the House were explicit CCM policy goals, and its lobbyist worked with legislators to introduce them. The first would have increased child care subsidy income eligibility to 235% of the poverty level. The second would have increased funding for the PHEAA loan forgiveness program to $750,000.[22] The loan forgiveness amendment was sustained in the Senate and the budget was then sent to the governor. The governor reduced the amount for this fund to $100,000. For CCM the reinstatement of the loan forgiveness program, although not at the desired level, was a victory.

General Discourse about Child Care and the Budget

The general discourse about child care and the budget reflected several questions about which there existed substantial debate. Note that the discourse is defined by the following questions. Yet the answers to these questions differ by political party affiliation, as the quotes from our interviews indicate.

- **Is there enough money for child care in the budget?**

    It is a step forward. There is more money. But it's not enough. (Interview, Summer 1999)

    It's not enough money for what is needed. (Interview, Spring 1999)

    There is a lot of money for child care. (Interview, Spring 2000)

- **Is the state, as opposed to the federal government, doing enough for child care?**

    If you are looking to the state to put the money in, it is going to be very difficult. (Interview, Fall 2000)

    It's not like they (the state) are spending their own money. (Interview, Spring 2000)

    To be perfectly honest, it is the federal dollars that have been driving these changes. It's a credit to the administration that they have funneled these federal dollars into child care issues. You don't see a lot of state dollars going into that. (Interview, Fall 2000)

    I think the credit for the increase goes to the federal government. (Interview, Fall 2000)

- **Should the state spend all of the money it appropriates for child care?**

    Problems with child care could actually be fixed by spending money that is already appropriated for child care but has not been spent. There is actually way more than enough money. (Interview, Spring 1999)

    If we are appropriating the money, we are saying spend it on this…you should use it. (Interview, Fall 1999)
    They have a lot of unspent child care money and they have got to spend it. (Interview, Winter 2000)

    I don't think it makes sense to spend any more than you need at a given time. (Interview, Spring 2000)

Did this general discourse around the budget and child care reflect CCM's policy goals? To some degree, the answer is yes. One of CCM's major policy goals was to increase the state's role in child care. Although largely using federal money, the state did increase its role and there was some substantial debate about whether it is enough. Some clearly would have liked to see more done. State government was credited with adding to child care appropriations (with its federal allotment) but was taken to task by Democrats for not spending the money it appropriated. No one (to our knowledge) suggested that less money be appropriated (because they are spending less). Rather, this talk appears to have provided an opportunity to enter into a discussion about using the residual funds for other child care needs.

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[22] Two identical loan forgiveness amendments passed the House. Representative Elinor Taylor introduced the first amendment. Representative Curtis Thomas introduced the second amendment.

There exists a clear political dimension to this discourse. Democrats believe that it's all federal money and that Governor Ridge is using accounting tricks to claim credit for increases while scaling back state programs. Republicans do not make such a clear distinction between state and federal funds and argue that the important thing is that more money is available for child care. The more fiscally conservative Republicans are comfortable not spending appropriated funds, especially if it enables the administration to run a surplus. Democrats, in contrast, favor spending the appropriated money.

State Child Care Appropriations and Expenditures, 1997-2001

Tables 3-9 and 3-10 (Pages 114 and 115) provide information on Pennsylvania appropriations for five fiscal years beginning with FY 1997-98, when Child Care Matters was initially launched. Tables 3-11 and 3-12 (Pages 116 and 117) show budget information for four fiscal years following CCM's inception. Table 3-9 shows total appropriations for child care according to whether its source was state or federal coffers for each fiscal year. Table 3-10 provides a more detailed breakdown for each fiscal year according to the volume of federal and state appropriations for child care subsidies for welfare recipients and working poor families respectively. Table 3-11 shows the number of slots supported by these appropriations for each fiscal year according to slots for welfare recipients and working poor families respectively. Table 3-12 compares total funds appropriated with total funds actually spent for fiscal years 1997-98, 1998-99, 1999-00, and 2000-01

Table 3-9 shows that total child appropriations increased substantially over the first four years. In FY 1997-98, $298.5 million were appropriated for child care. By FY 2000-01, this amount had increased to $442 million. Appropriations declined by 11% in FY 2001-02.

As was recognized by our Harrisburg interviewees, the source of this increase was federal money. Because of welfare reform, federal appropriations increased dramatically, essentially more than doubling over four years. In FY 1997-98, the federal share of Pennsylvania's appropriations for child care was 56%. By FY 2000-01, the federal share had increased to 83%. Even in FY 2001-02, when federal appropriations decreased, its share remained 75%.

State appropriations declined over most of this same period of time. With the enactment of welfare reform, state child care appropriations decreased by 31% in one year and were steadily reduced in each successive year. Although there was more money for child care, its source was Washington, D.C., not Harrisburg. Yet because of devolution, this money became the state's to appropriate and spend. State child care appropriations increased in FY 2001-02. But they did not come close to what they were before the enactment of welfare reform.

Instructively, Table 3-10 shows that although welfare reform opened the floodgates for more federal money for child care, the money was not appropriated entirely for welfare recipients. More federal money was appropriated for welfare recipients (an increase of 132% in FY 1998-99), but more federal money was also appropriated for working poor families. Federal money increased the amount of subsidy available for both welfare recipients and working-poor families.

State money for working poor families also increased during these four years, from $48 million in FY 1997-98 to $59.6 million in FY 2000-01. State appropriations for the child care needs of welfare recipients declined from $82.3 million in FY 1997-98 to $17.2 million in FY 2000-01. In FY 2001-02, state child care appro-

TABLE 3 – 9
TOTAL APPROPRIATIONS FOR CHILD CARE WITHIN THE
PENNSYLVANIA BUDGET FROM 1997-2001

	FY 97-98	FY 98-99	FY 99-00	FY 00-01	FY 01-02
FEDERAL					
$ of Appropriations (millions)	$167.8[3]	$259.5[2]	$290.0[2]	$365.2[4]	$296.9[5]
% Change from Previous Year	——	55%	12%	26%	-19%
STATE					
$ of Appropriations (millions)	$130.0[3]	$89.3[2]	$86.0[2]	$76.9[4]	$96.4[5]
% Change from Previous Year	——	-31%	-4%	-10%	25%
TOTAL					
$ of Appropriations (millions)	$298.0[3]	$348.8[2]	$376.5[1]	$442.1[4]	$393.3[5]
% Change from Previous Year	——	17%	8%	17%	-11%

[1] Source: PCCY, Pennsylvania Department of Public Welfare Budget Comparisons for FY 98-99 and FY 99-00. Numbers confirmed by Department of Public Welfare.

[2] Source: PCCY, Pennsylvania Department of Public Welfare Budget Comparisons for FY 98-99 and FY 99-00.

[3] Source: Shlay, Anne B. and Stacie Golin, 1997. The Philadelphia Child Care Market Study, Temple University, Institute for Public Policy Studies: Philadelphia, PA.

[4] Source: PCCY Budget Briefing Comparisons for FY 99-00 and FY 00-01.

[5] Source: Pennsylvania Department of Public Welfare Child Care Budget for FY 01-02, PCCY Budget Briefing for FY 01-02.

TABLE 3 – 10
APPROPRIATIONS FOR CHILD CARE SUBSIDIES IN THE
PENNSYLVANIA BUDGET FROM 1997-2001

	FY 97-98	FY 98-99	FY 99-00	FY 00-01	FY 01-02
FEDERAL					
WELFARE RELATED					
$ of Appropriations (millions)	$67.0[1]	$155.2[2]	$177.0[5]	$202.0[6]	$133.7[7]
% Change from Previous Year	——	132%	15%	14%	-34%
WORKING POOR					
$ of Appropriations (millions)	$101.2[1]	$104.3[2]	$113.4[5]	$163.2[6]	$163.2[7]
% Change from Previous Year	——	3%	9%	44%	0%
STATE					
WELFARE RELATED					
$ of Appropriations (millions)	$82.3[1]	$31.7[2]	$27.6[5]	$17.2[6]	$36.7[7]
% Change from Previous Year	——	-61%	-13%	-38%	113%
WORKING POOR					
$ of Appropriations (millions)	$48.0[1]	$57.5[3]	$58.5[5]	$59.6[6]	$59.7[7]
% Change from Previous Year	——	20%	2%	2%	0%
TOTAL					
WELFARE RELATED					
$ of Appropriations (millions)	$149.0[4]	$186.9[2]	$204.6[5]	$219.2[6]	$170.4[7]
% Change from Previous Year	——	9%	6%	7%	-22%
WORKING POOR					
$ of Appropriations (millions)	$149.0[4]	$161.8[2]	$171.9[5]	$222.8[6]	$222.9[7]
% Change from Previous Year	——	9%	6%	29%	0%

[1] Source: Shlay, Anne B. and Stacie Golin, 1997. The Philadelphia Child Care Market Study, Temple University, Institute for Public Policy Studies: Philadelphia, PA.
[2] Source: PCCY, Pennsylvania Department of Public Welfare Child Care Budget Comparisons for FY 97-98 and FY 98-99.
[3] Source: PCCY, Pennsylvania Department of Public Welfare Child Care Budget Comparisons for FY 97-98 and FY 98-99. Numbers were confirmed by Department of Public Welfare.
[4] Source: Shlay, Anne B. and Stacie Golin, 1997. The Philadelphia Child Care Market Study, Temple University, Institute for Public Policy Studies: Philadelphia, PA.
[5] Source: Numbers were supplied by Department of Public Welfare.
[6] Source: PCCY Budget Briefing Comparisons for FY 99-00 and FY 00-01.
[7] Source: Pennsylvania Department of Public Welfare Child Care Budget for FY 01-02, PCCY Budget Briefing for FY 01-02.

TABLE 3 – 11
NUMBER OF CHILD CARE SLOTS APPROPRIATED FOR
IN THE PENNSYLVANIA STATE BUDGET FROM 19997-2001

WELFARE RELATED	FY 97-98[1]	FY 98-99[2]	FY 99-00[2]	FY 00-01[3]
Number of Slots	45, 127	52, 421	51,080	98,985
% Change from Previous Year	——–	16%	-3%	93%
WORKING POOR	**FY 97-98**	**FY 98-99**	**FY 99-00**	**FY 00-01**
Number of Slots	45,217	30,819	41,066	63,745
% Change from Previous Year	——	-32%	33%	55%
TOTAL	**FY 97-98**	**FY 98-99**	**FY 99-00**	**FY 00-01**
Number of Slots	90,344	83,240	92,146	162,730
% Change from Previous Year	——	-8%	11%	76%

[1] Source: PCCY, Pennsylvania Department of Public Welfare Child Care Budget Comparisons for FY 97-98 and 98-99.
[2] Source: PCCY, Pennsylvania Department of Public Welfare Child care budget Comparisons for FY 98-99 and FY 99-00.
[3] Source: PCCY Budget Briefing Comparisons for FY 99-00 and FY 00-01.

TABLE 3 – 12
TOTAL APPROPRIATIONS AND SPENDING FOR CHILD CARE WITHIN THE
PENNSYLVANIA STATE BUDGET FROM 1997-2001 (IN MILLIONS)

	FY 97-98	**FY 98-99**	**FY 99-00**	**FY 00-01**
APPROPRIATIONS	$298.5[3]	$348.7[2]	$376.5[1]	$442.1[4]
EXPENDITURES	$274.8[1]	$304.0[2]	$290.0[2]	$389.0*[4]
APPROPRIATIONS MINUS EXPENDITURES	+$23.7	+$44.7	+$86.5	+$53.1

* Estimated.

[1] Source: PCCY, Pennsylvania Department of Public Welfare Budget Comparisons for FY 98-99 and FY 99-00. Numbers confirmed by Department of Public Welfare.

[2] Source: PCCY, Pennsylvania Department of Public Welfare Budget Comparisons for FY 98-99 and FY 99-00.

[3] Source: Shlay, Anne B. and Stacie Golin, 1997. The Philadelphia Child Care Market Study, Temple University, Institute for Public Policy Studies: Philadelphia, PA.

[4] Source: PCCY Budget Briefing Comparisons for FY 99-00 and FY 00-01.

priations increased by 25%. But this increase largely offset the decline in federal child care appropriations for this same fiscal year.

Table 3-11 (Page 116) shows that the number of appropriated child care slots increased over this four-year period, with the largest increase in FY 2000-01. Welfare-related slots increased by 93% in that year. Slots for working-poor families also increased by 55% that year. Overall, the number of child care slots increased by 76% in FY 2000-01.

Table 3-12 (Page 117) shows that appropriations exceeded expenditures in each fiscal year. This means that Pennsylvania did not spend its allocation for child care. The amount that went unexpended is considerable, ranging from $23.7 to 86.5 million. Over four fiscal years, the average amount of child care appropriations not spent was $52 million. Estimated unspent appropriations represented anywhere from 9% to 18% of total child care appropriations in any given fiscal year. Therefore, it is important to look at more than appropriations when assessing government's actual support for child care.

Was CCM responsible for slowing the decline in the state's contribution to child care, and for directing more federal money to it? In answering this question, it is important to remember what characterized CCM's intervention in state policy making around child care. CCM was not the Robin Hood of child care, a single leader and a group of merry partners, which through its direct actions affected redistribution of income. Rather, and by design, it influenced the noise level around child care. Sometimes it worked directly with legislators and Harrisburg staff. Sometimes, its lobbyists navigated amendments through the legislative process and worked the halls of the state house. Sometimes champions and messengers carried CCM's message. Sometimes CCM worked with DPW and other state agencies. Most of the time, as the lengthy list of policy activities demonstrate, CCM did all of these things, operating in a climate that ranged from a heightened awareness of the issue to legislative anger and hostility over regulatory, legislative, and budgetary changes or inaction. As the analysis of the change in political climate suggests, there was increasingly more talk about child care circumscribed around CCM's policy objectives. Incredibly, DPW reached the point of embracing accreditation as a concept. This was a sea change in mentality on an issue for which no clear political constituency exists.

Therefore, the answer to whether CCM influenced budget appropriations overall is affirmative yet qualified. As a policy intervention, CCM was difficult to define, and by evaluation standards was somewhat amorphous. It worked for change. Change occurred. However, it is difficult to identity both which methods produced change and the nature of the change itself. Yet CCM was the operative political player on child care making the noise that channeled legislators' interest in this issue. Certainly, the budget reflects this.

CCM, CHILD CARE REGULATIONS, AND THE DEPARTMENT OF PUBLIC WELFARE

Pennsylvania's Department of Public Welfare (DPW) is charged with administering all child care regulations. Its purview includes regulations governing licenses and registered child care facilities and regulations governing the administration of child care subsidies. DPW is the state government's lead in drafting new regulations and enforcing those already on the books. Therefore, DPW is critically involved in major policy issues around child care. Changing state child care policy requires relating to and working with (or against) DPW.

This part of the research discusses CCM's relationship with DPW. First, it addresses CCM's work with (and against) DPW and the outcomes from these activities. In particular, it assesses CCM's role as an advocate in

the subsidy regulatory debate. Second, it describes how CCM's relationship with DPW changed following the subsidy fight.

Subsidy Regulations

CCM was a major player in what became a serious battle over the new regulations governing child care subsidies under DPW's Child Care Works program. In its effort to change the regulations, Child Care Matters worked with a statewide group of legal service, poverty, and child advocacy organizations called the Southeastern Pennsylvania Child Care Coalition. CCM's involvement in this regulatory struggle reflected its policy objectives around child care affordability. The battle over the subsidy regulations was complex but largely focused on four central issues.

The first issue was the size of the parent co-payment. DPW proposed a significant increase in the size of the weekly parent co-payment for children receiving child care subsidies.[23] DPW argued that a co-payment increase was necessary to make subsidies available to a greater number of people: higher co-payments would free up more of the total pool of subsidy money for more children. CCM wanted to keep the co-payment at the 1997 level.

Subsidy income eligibility limits took center stage as the second issue. DPW proposed to reduce income eligibility from 235% of the poverty level to 185% of the poverty level. CCM fought to keep income eligibility steady at 235% of the poverty level.

The third issue focused on the minimum weekly number of hours of employment required to be eligible for subsidy. DPW proposed that people eligible for subsidy be required to work a minimum of 30 hours per week. CCM fought to have eligibility to be equivalent to part-time employment, or 20 hours per week.

The fourth issue was the creation of a tiered system that would require higher co-payments for high-cost child care and lower co-payments for low-cost care. DPW initially proposed a three-tiered system that would tie the co-payment increase to the cost of care. DPW rationalized that it would teach parents to be better consumers. CCM argued that the state would effectively be encouraging families to use lower cost care and therefore, lower quality care. CCM fought to eliminate the tiered system associated with the cost of care.

CCM, as part of the Southeastern Pennsylvania Child Care Coalition, mounted a major campaign to advocate for these issues. PCCY under the direction of Harriet Dichter led the advocacy effort.

DPW issued its final version of the subsidy eligibility regulations in the fall of 1998 with subsequent changes to go into effect in February 1999. Yet DPW continued to revise these regulations. At this writing (June 20, 2001), CCM's work on the subsidy eligibility regulations continues.

The initial debate yielded the following outcomes for CCM in the February 1999 final version of the regulations:

- DPW increased the size of weekly parent co-payments for children receiving child care subsidies – a loss for CCM

- DPW decreased income eligibility from 235% of the poverty level to 185% of the poverty level. CCM did not prevail on the income eligibility piece of the subsidy regulations.

- DPW reduced the number of employment hours required for subsidy from 30 to 25 hours per week. Although CCM fought for 20 hours per week, the reduction to 25 hours represented a major concession by DPW.

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[23] The co-payment increased as much as 50% for families in the higher income ranges (of eligibility) and as much as 200% for families in the lower income ranges.

- DPW eliminated the tiered system associated with the cost of care – a major victory for CCM

In July 1999, just four months after the "final" regulations were released, DPW announced more changes to the regulations. These alterations reflected CCM's policy priorities. In brief:

- DPW would revise its parent co-payment schedule

- Families with only one school-age child in part-time care before or after school would pay only one half their weekly co-pay

- Families already receiving subsidy with incomes between 185% and 235% of the poverty level could continue to receive subsidy

- To enter the subsidy program, families must be at 185% of the poverty level. But they could stay in the program until their income exceeded 235% of the poverty level.

In August 1999, CCM (through PCCY) conducted its own research on the subsidy system and sent the results to legislators, DPW officials, child care advocates, and administration officials. It contended that the co-payment increases were harmful to families.

DPW responded directly to CCM's research in an October 1999 letter, reviewing what changes it intended to make in the regulations. In January 2000, DPW approved the new changes and announced a further reduction in parent co-payments.

Soon after, income eligibility was increased from 185% of the poverty level to 200% of the poverty level. In FY 2000-01, CCM's lobbyist worked with the legislature to introduce an amendment to the budget increasing subsidy eligibility from 200% of the poverty level to 235% of the poverty level. This amendment passed the House but was not sustained in the budget by the Senate.

Taken together, DPW's modifications of the Child Care Works program represents a major victory for CCM.

CCM's Impact on the Subsidy Regulations

Everyone claimed credit for improving the initial regulations. In our interviews, people gave credit to the governor, legislators, the advocacy community, CCM, PCCY, and even DPW.

Confronted by vigorous protests from a variety of groups, DPW quickly compromised and substantially altered the regulations. Although the pace of change appeared slow from the perspective of those outside the policy making sphere, for political insiders change was affected at an astonishing speed. This aberration received comment from a number of people in Harrisburg:

> The change came so swift and so fast. I have to say I feel positive about how they did this. DPW has changed exponentially. (Interview, Fall 1999)

> There has been only one other time that I can remember when a policy has been significantly changed quickly and that was gun control several years ago. Here you had a policy that was wrongly thought out, but they clearly put time into it and then came to a conclusion. Six months later, they announced the changes, but this is pretty quick to realize something is wrong. (Interview, Fall 1999)
> I think everyone was just amazed that they did such a turnaround. (Interview, Winter 1999)

One political insider said that the entire process was a model for democracy. Essentially advocacy activities helped to open up the political process. Although DPW may have been concerned that the process was too public, the fact that decisions were open to public scrutiny and publicly challenged helped to legitimize both the activities of the advocates as well as those of DPW.

I would give the whole process – great advocates, DPW, the regulatory review process, legislators, staff, the regulatory review commission, uninvolved commentators, academics, others providing information – it was a masterpiece of what public policy ought to be. There was real debate, good information. The process required people to justify their choices. I did not agree with all of DPW's choices. But they at least respected the system enough to explain them. (Interview, Spring 1999)

CCM was credited with orchestrating much of the debate. Both people in DPW and elsewhere recognized its role. One person said, "the advocates did a fabulous job." (Interview, Fall 2000) Another noted,

I think the advocates have really done a lot to get us (DPW) to focus on what needs to be done. I would say the advocates clearly pointed out the shortcomings of the administration policies and the impact it was having on families. I think the department looked at it and changed it. (Interview, Spring 2000)

And while advocacy orchestrated the political movement, opportunities for change also emerged with increased federal appropriations for child care. The availability of more money for child care subsidies enabled DPW and others to do what essentially most people said was the right thing to do.

Over the short- and long-term, CCM operated effectively in this debate. It advocated for changes in the regulations, mobilized various groups including legislators, and ultimately obtained a series of important concessions that both DPW insiders and outsiders recognized as good policy decisions. It waged a public campaign that risked alienating an important state agency with which CCM had to work in order to achieve its policy objectives. But rather engage in long-term warfare, CCM negotiated with DPW and emerged with a much stronger relationship than before the campaign was initiated. This relationship then provided the opportunity to develop with DPW other policy objectives, namely accreditation, other quality initiatives, and the health and safety fund.

CCM's Relationship with DPW

The battle with DPW over the subsidy regulations strained CCM's relationship with the department, potentially threatening its work over the long term. Both CCM partners and people in Harrisburg acknowledged that the relationship was "chilly," and recognized this as a problem. According to one administration official, "Advocates need to have better working relations with DPW and state government." (Interview, Winter 1998)

Some DPW officials agreed that CCM had been too publicly adversarial. One suggested that more could have been accomplished without overt, blatant, public challenges to DPW's authority:

A classic example with CCM is that PCCY sent a letter to the House Appropriations Committee and told them all these questions to ask Feather Houston (DPW Secretary) when she came in front of them. I mean, I could have answered them if they called me. Why embarrass the secretary in front of everybody? Why do that? (Interview, Spring 2000)

Furthermore, she insisted that CCM's advocacy style was counter-productive:

I don't understand those tactics and it has quite frankly driven a wedge…My play is don't push us from the outside and call legislative hearings and raise a ruckus. Let us try to work it out ourselves. If you push us from the outside, we will only dig our heels in more. (Interview, Spring 2000)

However, one DPW official acknowledged that DPW had made a strategic mistake when it drew up the new regulations.

The problem with the department is we didn't involve the advocates in early decision makings….It annoyed the advocates when they put out Child Care Works. To me, it's really an unnecessary clash. (Interview, Winter 1999)

As part of the fallout from the regulatory battle, CCM was initially excluded from a DPW-sponsored workgroup on child care provider reimbursement rates. Although CCM partner organizations obtained positions on other workgroups, it was not automatic. According to one CCM partner:

> I asked to be on rates and training. But they declined. (Name of CCM partner) is on training. She had to kick and scream to get that. (Interview, Summer 1999)

Yet CCM viewed this setback as temporary. In the words of another partner:

> DPW has to be mad right now. They gave a lot. They can't be buddy-buddy right now because we embarrassed them. It's very chilly. It hasn't gotten worse but none of this is monolithic. (Interview, Winter 1999)

Nonetheless, relations improved and quite quickly. One CCM partner reported a better relationship within three months. CCM began to meet frequently with DPW. A year or so after the 1999 public hearings, one CCM participant claimed that DPW was now in partnership with CCM:

> Our relationship with DPW has improved and yes, I think they see us as partners in working for quality. There is still the caution that both of us should probably feel. They have a different view on subsidy than others. Over time, I think it has become more civil because we have been getting to know each other personally. (Interview, Spring 2000)

STATE LEGISLATION

Initially, CCM's advocacy goals were more budgetary than legislative. Beginning in the fall of 1999, CCM initiated a legislative policy agenda. Until then, it was not involved in introducing or advocating for particular pieces of legislation. One participant explained the rationale for a non-legislative strategy:

> We did not act legislatively. The idea is to get the slant – to have these strategies at the state level. We are not trying to get legislation introduced. We are trying to work with the already existing structure. (Interview, Fall 1998)

Individual organizations supported specific legislation, often with the knowledge and blessing of CCM. This was particularly true for DVCCC, which defined a separate political agenda from CCM's. For example, DVCCC was advocating for House Bill 78 (unannounced inspections). According to a DVCCC leader, "That is not officially on the Child Care Matters agenda. For DVCCC that is a priority item." (Interview, Spring 2000) It also advocated for House Bills 1963 and 1964 (unannounced inspections and criminal background checks respectively).[24] "With 1963/64 there is a gray area. It is not officially Child Care Matters, but it has always been DVCCC's." (Interview, Spring 2000)

Given that CCM did not have legislative goals in its first two years of existence, this research does not evaluate CCM's effectiveness in terms of legislative outcomes. Moreover, when CCM finally adopted legislative goals, it recognized that passing legislation was a long-term objective. Accordingly, this research looks at legislative action (or inaction) on the child care front as yet another aspect of the political context in which CCM operated. We look at legislation in two parts. The first part reviews the status of child care legislation over four years. The second part examines the legislative travels of CCM's major legislative initiative, House Bill 1837.

Child Care Legislation, 1997-2001

Although CCM did not design a legislative agenda until 1999, child care was a legislative topic. Over the last four years, numerous bills were introduced that involved child care in some capacity. The majority of child

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[24] Originally introduced in 1987, House Bill 78 (the Child Care Facilities Supervision Act) concerned unannounced inspections. T en years later, after several amendments were added, it was renamed House Bill 89. In 1999, it was split into two separate bills: House Bill 1963 and House Bill 1964. The former concerns unannounced inspections; the latter deals with criminal background checks.

care-related legislative activity, however, took the form of resolutions, not substantive law. Moreover, most of this substantive legislation, like most bills introduced in Pennsylvania overall, was rarely voted on because it never made it out of committee. So whether a child care bill passed is not the best litmus test of legislative interest in the issue. And if the movement of child care bills through the legislature is the appropriate test, child care's legislative status has been historically very low.

Therefore, instead of gauging child care's legislative status on whether bills become law, this research reviews variation in the types of child care bills introduced. To assess this variation, we examined any bill or resolution introduced since 1997 that mentioned child care in some capacity. We then reviewed each bill and categorized it by its content according to the following criteria:

- Administrative: bills that alter some administrative function or responsibility
- Resolutions: bills that are typically honorific to call attention to some issue
- Heath and safety: bills that address an aspect of child care health and safety
- Welfare reform: bills that support a welfare-reform initiative
- Quality: bills that address some aspect of child care quality
- Fiscal incentives: bills that offer some kind of tax credit or fiscal incentive for purchasing or providing access to child care

We then reviewed each bill to determine whether its content was consistent with CCM's policy agenda. We termed these bills "CCM oriented."

Table 3-13 (Page 124) shows the number of CCM-oriented child care bills according to bill topic: administrative, resolution, health and safety, welfare reform, quality, and fiscal incentives. This provides an indication of whether CCM's policy agenda overall was within or outside of the legislature's policy space.

The number of child care bills introduced in each year varied considerably. The source of variation may not be interest in child care per se but the result of the practice of introducing more bills in the first year of a two-year legislative session.

In 1997 and 1998, the two years in which CCM had no legislative agenda, 79 and 33 child care-related bills were introduced respectively. Of these, 62% and 42% respectively were CCM oriented. In 1997, nine child care bills were passed and became law. In 1998, seven child care bills were passed. All but one were resolutions.

In 1999, the year in which CCM began its legislative campaign, 54% of the child care bills introduced were CCM oriented. Note that in the fall of 1999, CCM began its campaign focusing on one piece of legislation, House Bill 1837. Out of the 112 child care-related bills introduced that year, five bills became law. Four of these were resolutions.

In 2000 and 2001, the percentage of CCM-oriented legislation increased, to almost 80% in each year. But no substantive bill became law. Out of the 19 child care-related bills introduced in 2000, two passed – both resolutions. In 2001, 40 child care-related bills were introduced; none passed.

TABLE 3 – 13
CHILD CARE RELATED BILLS
INTRODUCED IN THE PENNSYLVANIA STATE LEGISLATURE
FROM 1997-2001[1]

BILL TYPE	1997 (N=79)	1998 (N=33)	1999 (N=112)	2000 (N=19)	2001 (N=40)
ADMINISTRATIVE[2]					
# CCM Oriented	9	4	9	3	12
% of All Bills	12%	12%	8%	16%	30%
RESOLUTIONS[3]					
# CCM Oriented	3	3	4	4	1
% of All Bills	4%	9%	4%	21%	3%
HEALTH AND SAFETY[4]					
# CCM Oriented	20	3	26	7	7
% of All Bills	25%	9%	23%	37%	18%
WELFARE REFORM RELATED[5]					
# CCM Oriented	0	0	0	0	0
% of All Bills	0%	0%	0%	0%	0%
QUALITY RELATED[6]					
# CCM Oriented	5	0	6	0	5
% of All Bills	6%	0%	5%	0%	12%
FISCAL INCENTIVES[7]					
# CCM Oriented	12	4	16	1	6
% of All Bills	15%	12%	14%	5%	15%
TOTAL					
# CCM Oriented[8]	49	14	61	15	31
% of All Bills	62%	42%	54%	79%	78%

Year (1997, 98, etc.) indicates the year the bills were introduced.
Information taken form Legislation Database.
Legislation found at http://www.legis.stat.pa.us/WU01/LI/BI/billroom.htm.

[1] Child Care Related bills refer to child care facilities and/or services.
[2] Administrative Bills relate to responsibility, duties, and/or powers of the Department of Public Welfare.
[3] Resolutions refer to the recognition of special days, weeks or months, research, studies, and/or creation of task forces concerning child care issues.
[4] Health and Safety refers to creating a healthy and safe environment for children.
[5] Welfare Reform related legislation supports goals of welfare reform.
[6] Quality related legislation deals with quality improvement of child care facilities, professional development, child care loan forgiveness, early intervention, and education.
[7] Fiscal incentives propose tax incentives for businesses who provide child care or subsidies.
[8] Child Care Matters oriented bulls are consistent with public policy goals as outlined by Child Care Matters.

Why is the legislative record on child care so empty? For those who believe in less government involvement in child care, this record may be viewed as good. But for those who believe, as CCM does, that state government must play a more active role in child care, the legislative record is not good.[25]

Of course, as CCM has demonstrated, advocating for child care policy is not identical to passing legislation. Advocacy for child care also implies action around regulation and the budget, arenas in which CCM demonstrated considerable success. But the legislative route to social change, at least around child care, is a difficult approach to undertake.

There are many reasons why this approach is so difficult. Based on our interviews, we propose the following explanations for legislative inaction on child care in addition to Pennsylvania's profoundly conservative political culture: partisanship, political process, and the power of religious conservatives.

Partisanship

Although it is common for some people to suggest that the Democratic and Republican parties are essentially the same, in Harrisburg it matters which party is in power. Republicans and Democrats differ over the appropriate level of government involvement in family issues as well as over fiscal philosophy. These ideological differences manifest themselves in legislative issues such as mandatory criminal background checks for child care providers and unannounced inspections. In addition, child care legislation carries a liability in that it could generate good or bad public relations for particular policy makers. Therefore neither party wants to give the other a child care "win." Our interviews corroborate this conclusion.

> This is no consensus in how government should be involved. (Interview, Fall 1998)

> House Bill 89 (unannounced inspections) is seen as over-intrusive. It restricts access and choice. (Interview, Fall 1998)

> 78 (unannounced inspections) is going to sit there because the Republicans want to see what the Democrats are going to do with it. We have even been told that if we want to bog it down and prevent it from passing, that we will never see a child care bill go to committee. The Republicans basically told me that. (Interview, Winter 1999)

> For me, I don't like government to tell me what to do. (Interview, Spring 2000)

> The House Democrats have no interest in doing anything for child care. They just want the public relations aspect. (Interview, Spring 1999)

> To me it is personal. Parents decide where their kids will go. The state should not go over this line. (Interview, Spring 1999)

Political Process

Passing legislation takes a long time and is subject to compromise and horse-trading among legislators themselves, the governor, and state agencies (e.g., DPW). Additionally, a bill is often at the mercy of the personal experiences, rivalries, and agendas of individual policy makers. Responsibility for child care is divided among several committees in the House and Senate, making it difficult to move legislation. Issues in many child care bills (e.g. unannounced inspections, background checks, and accreditation) are complex and involve influential, hard-to-satisfy constituencies. As a result, consensus is elusive. Our interviews corroborate this conclusion.

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[25] There is reason to believe that an absence of legislation is a general problem in Pennsylvania's legislature, which introduces much less legislation than states that employ full-time, professional legislators. Legislation does not appear to be the typical way to get things done in Harrisuburg. Therefore, an advocacy strategy must account for this dynamic when targeting its efforts.

CCM has a five-year agenda. But in legislative time, that is not a long time. (Interview, Fall 1998)

The legislature is a real goal but it's a long-term process. Our evidence says we can expect to see this (accreditation) soon but I think we can have a viable legislative strategy. Legislators are being educated about accreditation. We are drafting legislation especially with the Republicans from Montgomery County. These are the steps in the short run to get these hard long-run goals. (Interview, Winter 1999)

The Senate won't move because of (male Senator). He (male Senator) doesn't want to move anything by (name of female Representative). (Interview, Spring 2000)

The background clearances had some problems. We had two background check bills, one for child care and one for senior care. The senior care people lobbied us to hold off and wait. So I know there is a problem. (Interview, Winter 1999)

I think that the unannounced inspections bill will be on the governor's desk soon because all the interest groups are now in agreement. Even the religious groups have backed off on some issues. (Interview, Fall 1999)

I understand that (male Representative) is putting pressure on the governor's office and (female Representative) is talking to people. I think the department (DPW) is working on a compromise but they won't tell me what it is. What it means is (male Representative's) bill will come out of committee unscathed and (female Representative's) bill will be amended, which means it would come back here (to the committee). (Interview, Spring 2000)

Once again it is unfortunate with the legislative structure, that one individual can control the flow of legislation depending on how she or he feels about a certain issue. (Interview, Spring 2000)

They're not moving. They won't give (female Representative) anything. (Interview, Fall 2000)

The governor doesn't want what we want in the bill. (Interview, Fall 2000)

Right now this administration doesn't want to launch into any initiatives that will have long-term legislative impact. (Interview, Fall 2000)

House Bill 1964 almost moved today. There was compromised language. As I understand, the way it played out was that DPW offered some language to the Senate Democrats. Senate Democrats offered a counter proposal that was partly rejected. What I was told is that now the bill is dead. (Interview, Fall 2000)

Religious Conservatives

One of the most powerful interest groups in Harrisburg is the religious right.[26] This group is a major obstacle to the passage of child care legislation because it opposes unannounced inspections, background checks, and the accreditation of religious facilities. It views all of these activities as unwarranted government interference. This conclusion is corroborated by our interviews.

The religious right has also happened onto HB 89 – they are concerned with being told they can't have corporal punishment and their unwillingness to follow ratio requirements. The religious right also does not want to have to display their licenses. The religious right groups have fought hard on this issue and even dealt with it in their Christian Conference. (Interview, Summer 1998)

It is the religious community, the Catholic Conference, that has stopped it (HB 78). (Interview, Spring 1999)

Until people decide to deal with these (religious) issues, I don't think there will be success with any child care initiatives. We won't bring up bills if there is a threat that we will be faced with religious-based arguments. (Interview, Spring 1999)

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[26] Note that this does not include all religious groups. Many religious organizations are supporters of child care regulations. By religious right, we mean the Catholic Conference and fundamentalists.

The church groups, the Catholics in particular, are very active on this. In fact I think they have some litigation going on. I think they retained an experienced first amendment counsel to represent them. (Interview, Spring 1999)

There is a religious and conservative opponent out there with day care issues, like why should we be concerned with that because the child should be home with the mother. That is really a generation-back view of the world. There is this constituency that thinks we shouldn't promote day care availability or access to it. It makes my job difficult. (Interview, Fall 1999)

I think there may be conflict between religious day care facilities and their philosophy and their ability to be accredited. I think that if people choose to have their kids in religious day care facilities that that is their right and I don't think that because it is not accredited that they should not be considered on par or equal in their quality of care. (Interview, Spring 2000)

The toughest, most constant contentious issues are probably the religious licensure issues. (Interview, Winter 1998)

We are bowing to the religious right, absolutely deregulating is what I saw. (Interview, Spring 2000)

The other thing that is a problem is religious child care facilities. Other than that, I don't know why DPW would have tabled the review. (Interview, Fall 2000)

Taken together, the above factors are largely responsible for preventing bills like 1963 and 1964 (unannounced inspections and criminal background checks respectively) from becoming law.[27]

A Tale of House Bill 1837

House Bill 1837, known as the Keystone Quality Bill, is the sole piece of legislation that was an official part of CCM's policy agenda. Dealing with accreditation, it was introduced by Representative Lita Cohen (R-Montgomery) in September 1999. This research has already reported that no substantive child care legislation was passed in the five years since CCM began its work. Yet a great deal can happen to a bill between the time it is introduced and the time it dies. This part of the research explores this bill's journey and reflects on the success of CCM's legislative endeavor.

CCM's work on this bill began before its introduction in the House. PCCY worked with Representative Cohen to draft the legislation. The legislation's sponsors intended it to improve quality in child care programs by recognizing accredited programs and by providing financial assistance to programs to help them become accredited. Importantly, the bill contained a provision that would help providers support the additional ongoing cost of maintaining accreditation by paying a higher rate for children who receive state subsidy. The original bill contained the following provisions:

- Authorizes the Department of Public Welfare to confer a Keystone Quality Certificate on programs that have been accredited by the National Association for the Education of Young Children (NAEYC) or any other nationally recognized accrediting organization that substantially meets or exceeds NAEYC standards

- Creates three funding incentives for programs to become accredited and to support programs that have the Keystone Certificate

    1. Designates $2 million of the federal quality set aside for a competitive grant program to help child care programs become accredited. Programs must agree to take subsidized children to be eligible for grants. Preference will be given to programs that enroll 50% or more subsidized children or that are full day, full year.

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[27] Criminal background checks were recently made policy by the Department of Public Welfare, effectively avoiding the legislative route.

2. Designates $2 million of the federal quality set aside for a health and safety fund, to support facilities making improvements for regulatory compliance

3. Rewards accredited programs that take subsidized children by setting reimbursement rates at 30% above market rate

Essentially the bill worked towards increasing the quality of child care, particularly the quality of child care for subsidized children. It provided discrete financial incentives for programs to both seek accreditation and care for subsidized children.

In November 1999, a series of amendments were proposed. These amendments changed the bill as follows:

- Identify specific criteria for use by DPW to identify national accrediting associations for child care. An additional three accrediting associations would be included by name.

- Any provider would be eligible to compete for funds to become accredited. (The original version restricted access to the competitive funding to those that agreed to enroll subsidized children.)

- Child care providers that offer part-time care would be eligible to participate in the three major aspects of the legislation: 1) receive the Keystone Quality Certificate designations; 2) compete for funds; and 3) receive the payments in recognition of the achievement of accreditation

- Any provider that is accredited, including those who do not take subsidized children, would receive a payment in recognition of the achievement of accreditation (i.e., every third year). The amounts would vary based on the number of children served.

Taken together, these amendments opened up the incentives for accreditation to all child care providers, not only those caring for subsidized children.

In January 2000, the legislation was rewritten based on these proposed amendments. PCCY worked closely with Representative Cohen on this task. The bill was sent to the House Appropriations committee in September 2000. It was voted out of committee in October 2000 and was scheduled for a House vote on November 13, 2000.

At this point, the legislative session was almost over; the bill was scheduled for a vote in its final week. The sponsor, however, requested that the bill be removed from consideration. The reason for removing the bill from the floor was that the accreditation bill had been linked to another bill that would have exempted religious organizations from state licensing. With the accreditation bill moving, it appeared that a vote would then also be called on the religious licensing bill. To avoid this, the bill was withdrawn.[28] Does the tale of House Bill 1837 indicate that CCM was successful in initiating a legislative agenda? From the perspective of this evaluation, the answer to this question depends on expectations.

There are several successful elements to this tale. First, the bill was introduced by a suburban, Republican.[29] Second, it received several friendly bipartisan amendments that were easily and strategically incorporated in the bill. Third, and most surprising, it was actually taken up by the House Appropriations Committee, brought up for a vote, and passed. Finally, this bill made it to the House floor although it was never brought to a vote.

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[28] The religious licensing bill intended to exempt all child care housed in religious institutions from state regulation. Most child care advocates opposed the bill. Strategically, bill sponsors determined that bringing the accreditation and religious licensing bills to a vote at the same time might permit both child care bills to pass. To avoid passing the religious licensing bill, the sponsor withdrew her accreditation bill.
[29] With both legislative chambers, as well as the governor's mansion controlled by the Republican Party, CCM and others prioritized the acquisition of Republican allies for state child care policy.

In terms of the recent history of child care legislation, this is progress. But what exactly was accomplished through all of these efforts?

As shown in our discussion of changes in the political climate, the bill introduced accreditation to the state legislature, the governor's office, and DPW. It placed accreditation on the political map and generated bipartisan support for the concept. It established a foundation for pursuing accreditation legislation later on with Republicans, Democrats, and DPW on the record as supporting the concept of accreditation. Considering the state's previous view of accreditation, this development is a major accomplishment.

STATE POLICY CHAMPIONS

A major part of CCM's strategy involved recruiting champions to carry CCM's ideas to others and to use their influence to leverage policy changes. Therefore, part of this research attempted to determine whether CCM was successful in recruiting child care champions to support state policy innovations.

Determining precisely who was or was not a CCM champion is problematic. Policy makers may decide to speak out and act on issues for many reasons. As noted earlier, there are many potential influences on legislators and agency officials. CCM represented some of the political noise out there on child care issues; it was certainly not the only organization advocating on either child care or children's issues in Harrisburg and elsewhere throughout the state. Therefore, determining whether a policy maker who may support a child care issue was a CCM champion is not easy. Moreover, CCM's strategy of using multiple voices to influence policy makers may mean that champions influenced indirectly by CCM were not aware that they were being groomed as champions. In other words, there is no bona fide method for deciding whether some one could be categorized with empirical certainty as a CCM child care champion. Alleged CCM champions may honestly believe that their motivation is based on the credibility and weight of the issue. Of course, legislative awareness of child care issues was precisely the goal of the child care policy component. In short, cause and effect are hopelessly intertwined.

Moreover, at times CCM deliberately kept a low political profile in order not to appear as if Philadelphia organizations were playing a prominent role in state child care policy. This was done in order to keep its Philadelphia connection from putting off legislators who were less concerned about Philadelphia and its urban counterpart, Pittsburgh. As noted by one CCM leader:

> Our theory all along is that we have to have many messengers and that it can't be perceived as just Philadelphia, and we can't be seen as in charge. The more we are seen as being in charge, the more it is a problem. It really is the same strategy, just expanding and taking advantage of new opportunities as they come up. (Interview, Winter 1999)

Therefore, this research does not provide an exhaustive list of clearly identified champions. Rather, we provide information on a range of legislators and officials who:

- Became increasingly more involved in child care policy
- Worked with CCM
- Initiated or gave direct support to issues at the heart of the CCM policy agenda

Of particular significance was CCM's success nurturing Republican legislators. Again, the emphasis was on "multiple voices." It is important to note that Democratic Senator Allyson Schwartz has been a child care advocate for many years and has been credited with many child care policy initiatives, particularly the loan forgiveness fund. Senator Schwartz was a child care champion long before CCM. Therefore, her advocacy on child care is not directly attributable to CCM. Similarly, Representative Robert Godshall introduced his unannounced inspections

bill more than 10 years ago.[30] To be sure, CCM continued to rely on and work with these obvious child care champions. They were not, however, new champions emerging from the CCM experience.

Did CCM succeed in working with state legislators to the point of calling them champions on their issues? The answer to that question is yes. Nonetheless, although CCM may have nurtured new champions on the child care front, it seems clear that no one has the power base at this time to enact major child care legislative initiatives. In brief, the following legislators can be considered child care champions:

- Representative Lita Cohen (Republican, Montgomery County) worked directly with CCM and was a co-sponsor of House Bill 1837, the child care accreditation bill that failed to pass in 2000-01. She has introduced a new accreditation bill, House Bill 18, and will hold hearings about it on October 10, 2001. Cohen was active in fighting the bill that would have exempted religious facilities from state inspection and has spoken at many CCM events.

- Representative Robert Godshall (Republican, Montgomery County) sponsored House Bill 78 (which became 89, and is currently 1963), requiring unannounced inspections of day care facilities. Godshall has doggedly reintroduced this bill for 11 years, over five sessions. As one legislative staff person said, "God bless Representative Godshall. He just keeps plugging along." (Interview, Fall 1999)

- Representative Ellen Bard (Republican, Montgomery County) introduced a budget amendment to restore funding to the loan forgiveness fund and held a seminar on why child care is good for business. She attended all CCM events (or sent staff). As a Republican, she has been regarded an important champion for child care.

- Representative John Taylor (Republican, Philadelphia County) introduced the budget amendment to increase the income eligibility for subsidy to 235% of the poverty level. In 2000-01, he introduced several budgetary amendments concerning children. He has been a vocal supporter of child care issues.

- Senator Robert Tomlinson (Republican, Bucks County) supported the budget amendment to restore funding to the loan forgiveness fund and was considering sponsoring a Senate version of the accreditation bill

- Representatives Elinor Taylor (Republican, Chester County) and Curtis Thomas (Democrat, Philadelphia County) introduced a budget amendment to restore funding to the loan forgiveness program.

- Senator Michael O'Pake (Democrat, Bucks County) took a lead role in fighting cuts in child care subsidy regulations and promoted CCM recommendations for changing these regulations. He attended many CCM events.

- Representative Frank Pistella (Democrat, Allegheny County) was consistently supportive of CCM issues, provided data, and advocated for child care with DPW. He sponsored a bill to create the Office of the Child Advocate.

- Representative Jere Schuler (Republican, Lancaster County) supported several CCM issues and attended some CCM events

- Senator Robert J Thompson (Republican, Chester County) raised questions about the budget and co-sponsored several child care bills

- Representative Connie Williams (Democrat, Montgomery County) co-sponsored the accreditation bill. She attended all CCM events and held events in her own district on child care.

- Representative Phyllis Mundy (Democrat, Luzerne County) aggressively fought changes in the subsidy system and worked extensively with advocates on this issue

- Representative Kathy Manderino (Democrat, Philadelphia Country) supported CCM on all of its issues, raised questions at budgetary hearings, and pushed for change in the subsidy regulations

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[30] Godshall, a former turkey farmer, became interested in child care inspections when he learned that his turkey farm was subject to unannounced inspections while family child care facilities were not.

- Senator Richard Tilghman (Republican, Montgomery County) was instrumental in restoring funds to the loan-forgiveness fund in his role as chair of the Appropriations Committee

Some legislators were considered CCM supporters by virtue of their increased interest in child care although they may not have exhibited overt public leadership on any singular child care issue. These include Senator Christina Tartaglione (Democrat, Philadelphia County) and Senator Vincent Hughes (Democrat, Philadelphia County).

One of the most prominent child care champions was State Auditor General Bob Casey, Jr. Although not necessarily a CCM champion per se, his activities publicized CCM's positions and focused public attention on child care, particularly child care subsidies and criminal background checks. His most outspoken work dealt with unspent child care appropriations and he was instrumental in bringing this issue to the public's attention. Some people questioned Casey's political motivations since he is running for the 2002 Democratic gubernatorial nomination. Yet the very notion that child care could be a issue that might heighten a potential gubernatorial candidate's political prospects is an important indicator as to how far the child care issue seems to have come.

Having these legislators educated about and aware of the significance of child care issues is an important step in altering child care policy. However, given the realities of power-brokering in Harrisburg, it may not be sufficient. As witnessed recently when House Majority Leader John Perzel led the take over of the Philadelphia Parking Authority, change in Harrisburg can happen very quickly, even overnight, if the political will and power is available.

In contrast, child care policy changes occur very slowly, almost incrementally. Therefore, when policy changes do occur, they are celebrated as major victories – moved by the intense preoccupation of the "multiple voices" who are willing to champion legislative, regulatory, and budgetary changes. Of course, a key question is would child care require the multiple voices of champions if those who have the power to move issues in Harrisburg were authentic child care champions?

Initially, this research sought to identify business champions who sought to influence state policy makers. Quickly, however, business's attention to child care policy became subsumed under the activities of the business task force charged with making recommendations to the governor on child care policy. This development is discussed below.

CHILD CARE MATTERS AND THE QUAD GROUP

In early 1999, an already existing statewide group of business leaders decided to attempt to leverage more business support for early childhood development. Called the Early Care and Education Task Force (ECE) and more commonly referred to as the Quad Group, it initially contained representatives from major business organizations – the Pennsylvania Business Roundtable, the Pennsylvania Chamber of Business and Industry, Greater Philadelphia First Corporation, and the Allegheny Conference.[31] The Greater Philadelphia Chamber of Commerce later joined the group. These are the most powerful business trade organizations in Pennsylvania. The group also included representatives from the various United Way organizations across Pennsylvania. The Pittsburgh-based Heinz Foundation funded the group, and the Pennsylvania Partnerships for Children staffed it. The Pennsylvania Business Roundtable led the organization.

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[31] This group is called the "Quad Group" as a reference to when these four powerful business associations get together. The Quad Group first began meeting ten years ago.

The Quad Group was asked to take a position on early care and education in Pennsylvania and to advocate for the governor's adoption of this position. Early on, the Quad Group stated a mandate that, "by the year 2005, every Pennsylvania child will have access to effective early care and education so that they can enter school ready to learn." (Anne need source) School readiness became the mantra of the Quad Group.

Because of CCM's investment in orchestrating greater business community involvement in child care policy, the emergence of the Quad Group appeared to be a promising opportunity. Advocates have long believed that powerful business leaders coming together to talk about and campaign for children could deliver policy changes and more resources for child care. Accordingly, CCM sought to shape the Quad Group initiative and to have its policy agenda included in any proposal the Quad Group put forth. CCM participants played key roles in recruiting and briefing business representatives and staff who participated in the project under the auspices of Greater Philadelphia First. It also became heavily involved in discussions about the substance of the group's proposal. CCM, moreover, cultivated champions that were part of the Quad Group. Greater Philadelphia First CEO Sam Katz and Managing Director of Public Policy and Communications Ellen Kaplan worked closely with CCM. In addition, Dick Hayden, CCM's lobbyist, stayed in frequent contact with Mike McCarthy, head of the Philadelphia Business Roundtable and the Quad Group's chair.

Yet from the outset, CCM reported problems finding a clear mechanism for working with this group. CCM perceived that United Way of Pennsylvania and the Pennsylvania Partnership for Children were attempting to keep local child care initiatives, like CCM, at arms length in order to have more control over the outcomes. The Quad Group purported to focus solely on school readiness. However, many elements typically conceived as part of a school readiness agenda were not part of its report. Specific CCM recommendations became general principles when taken up by the Quad Group. According to one CCM partner:

I think one obstacle is the Quad Group and seeing it as a school readiness initiative. At one point the people in the Quad Group were being more specific and talking about Pre-K and childcare and now they are being much more general. This is not what Child Care Matters was working to do. (Interview, Fall 2000)

Ultimately, the Quad Group represented a key disappointment for CCM – wasted time on vagaries with influential people who were not using their influence wisely or well. As one CCM partner conceded:

So many people have a stake in anything happening with this (the Quad Group) that they don't care what it looks like. The specificity in it has been lost in a way that may mean that ultimately it's not as beneficial as we thought it would be. I think what started out as a very specific proposal to beef up the quality of care and provide additional access to at-risk kids is gone. (Interview, Fall 2000)

The Quad Group's proposal appears to have been met with mixed reviews in Harrisburg as well. Most policy makers perceived the Quad Group as having substantial influence with the governor. With consistent access to the governor's office, people viewed the Quad Group as having the ability to make child care a mainstream policy issue. As one advocate put it, "I think the Quad Group plays a very important role in this because they have heightened the interest of the administration to a level it has never been before." (Interview, Fall 2000)

Some Harrisburg insiders thought that the Quad Group was more effective than the child care advocacy community. According to a Republican staff person:

The child care community thinks we blew them off even though they were stating the same principles. There is a big distinction in styles and it has nothing to do with guys in suits and ties. Present a cohesive message and say that you would like to talk and pretty much this administration will talk to you. What the Quad Group did in partnering with the United Way and the Pennsylvania Partnership was to present a cohesive message and say can we talk about it instead of screaming at everyone. (Interview, Fall 2000)

A Democrat, in contrast, viewed the initiative more critically:

> The Quad Group addresses some of the issues but it does it in a way where all the money will be funneled into businesses. Instead of going to the advocates and saying that they will support their issues, the business community has claimed the issues as their own and they are trying to control the issues. (Interview, Fall 2000)

Finally, there appeared some agreement within state government that the Quad Group's plans were not immediately workable from a policy perspective. According to one DPW official, "Their goals are very lofty and long range." (Interview, Fall 2000)

The visibility of the Quad Group, however, independent of its recommendations and their feasibility, influenced the political climate around child care. Policy makers saw business involvement in child care. They saw that business people cared about child care, at least enough to form a prestigious task force around early childhood educational issues. Although the Quad Group's proposal was criticized for its lack of specificity, it was useful in influencing the governor's decision to create an early childhood initiative.

Yet the actual initiative that became law in the final budget did not reflect CCM's policy agenda and CCM remained critical of the initiative. The Quad Group's original proposal asked for $50 to $75 million for a school readiness initiative to be included in the governor's 20001-02 budget. The governor then proposed a $48 million initiative. The Quad Group, however, responded with an additional proposal to provide $24 million to develop model preschool education programs. Representative Patrick Browne introduced this amendment to the budget. The Browne amendment passed the House but failed to pass the Senate.

The final budget contained $48 million, including money for early intervention, CyberStart, two new home visiting programs, and a new program, called child care challenge grants. Of the total appropriation, the federal government provided $37.4 million. State coffers were the source of $10.6 million.

CHILD CARE MATTERS AND LOCAL POLICY

The policy component's major target was state policy. However, CCM also successfully pursued local policy goals. Often in partnership with other child care organizations, e.g., the Terri Lynn Lokoff Foundation and the Southeastern Pennsylvania Child Care Coalition, CCM worked on discrete local policy issues. These included:

- The Philadelphia health and safety fund
- Regulatory barriers to accessing the subsidy system and opening and sustaining programs (zoning, licensing fees)
- The Philadelphia office of child care

This part of the evaluation focuses on local challenges and accomplishments. It discusses each policy goal and whether CCM achieved it. The last section discusses CCM's success in creating local champions and messengers.

The Philadelphia Health and Safety Fund

Comparable to the state health and safety fund, CCM wanted a local fund to provide resources to improve child care facilities and to bring them in compliance with regulations. To provide city government with an incentive to participate, CCM offered to supply $100,000 of its own money (from the William Penn Foundation) as a match for the fund.

CCM found an immediate champion for the fund in Fran Egan, then Commissioner of Licenses and Inspections. Connecting with Fran Egan proved to be a very strategic. Egan, a no nonsense mother of two, had a clear understanding that code enforcement was in the public's interest and that some of those costs should be born by the public. She noted:

> It costs lots of money to meet the standards of the state and the city. For a lot of providers, they don't have the resources to make the code. There should be a fund to help more people in business. (Interview, Fall 1998)

The idea behind the fund was that the money would come from several departments, not just the Department of Licenses and Inspections. Therefore, the fund would not be a big drain on any single budget. According to Egan:

> We recommended starting a health and safety fund, for issues like a fire code. These things can be costly and we recommended setting up a fund to bring the costs down. Some departments were willing to kick in funds and CCM would provide matching money for this. L&I was willing. (Interview, Spring 1999)

CCM both advocated for and participated in the design of the local health and safety fund. Working with top city officials in the Department of Human Services, it agreed that the fund should be administered by a non-profit organization with oversight from the city. To fill that role, CCM advocated for a state-funded Child Care Resource Developer (CCRD) to manage the money. Its rationale was that using a state-funded agency might enhance CCM's ability ultimately to get a state fund as well as to build the capacity of local CCRDs.

In addition to the $100,000 from CCM, the Department of Licensing and Inspections, the Office of Housing and Community Development, and the Department of Public Health, and the Department of Human Services contributed to the fund. In February 2000, the fund was officially created with the CCRD acting as the dispersal agent. Child care providers could apply for grants to pay for equipment and costs associated with installation to meet code and best-practice compliance (including permits and related fees), minor repair and renovations to meet code and best-practice compliance, and technical assistance to achieve compliance. Maximum grant sizes ranged from $1,000 to $5,000 depending on facility type.[32]

The creation of this health and safety fund represented a major achievement. CCM viewed it as one of their most significant successes, according to one partner, it was a "legacy." (Interview, Fall 2000)

Philadelphia Office of Child Care

For several years, local child care advocates had discussed establishing a city office of child care. They believed that a central office would give more visibility to child care, help providers navigate the local regulatory maze, improve local child care policy, and serve as a liaison to state government.

Despite objections on the part of some city officials that an office of child care would merely create another layer of bureaucracy, CCM, as part of the Philadelphia Child Care Coalition, advocated strenuously for it. CCM made it part of the 1999 Philadelphia mayoral campaign when it orchestrated a child care policy debate between then-candidates John Street and Sam Katz. Both pledged support for creating this office.

In October 1999, then-Mayor Ed Rendell announced the creation of the Philadelphia Office of Child Care. In February 2000, the office was officially established. In May 2000, Harriet Dichter, PCCY's Deputy Director and CCM's policy component leader, was appointed Philadelphia's Director of Children's Policy. Part of her port-

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[32] Family day care homes could receive a maximum of $1,000. Group family day care homes could receive a maximum of $2,000. Centers could receive a maximum of $5,000. Group homes and centers could receive an additional $5,000 for a qualified fire detection sy stem.

folio was the newly formed Office of Child Care. Dichter hired Amy Gendall, Program Director of the Neighborhood Resource Room with Philadelphia Early Childhood Collaborative and CCM partner, to direct the Office of Child Care.[33]

Along with others, CCM successfully advocated for the Office of Child Care from the outside. Once it was established, major CCM actors joined the city government and started working from the inside. This accomplishment, according to one CCM partner, was another CCM "legacy." (Interview, Fall 2000)

Local Regulatory Barriers: Zoning

Many advocates perceived local zoning laws as a major barrier to creating and sustaining family day care homes as well as enabling these homes to become part of the formal, regulated child care market. Although state law allows family day care homes to take care of up to six children, Philadelphia zoning permitted only four children to be cared for in the facility. To take care of more than four children, family day care providers were required to obtain a zoning variance.

Obtaining this variance is a barrier because the process was expensive ($1000 for an application fee and $100 for a mandatory hearing), cumbersome, technically difficult, and intimidating. It was unclear why Philadelphia was more restrictive than the state. People cited parking and traffic problems. But the difference between four and six children did not logically justify the vehemence with which people have opposed changing the law.

Because increasing the number of children who can be cared for in a family day care home would boost both child care availability and providers' income, CCM made changing this zoning law a central policy goal. Its strategy focused on working with a friendly member of City Council. Councilwoman Blondell Reynolds Brown was enthusiastic about changing the zoning laws and procedures governing child care. Because previous attempts to change this law had failed – the result of intense community opposition, largely from Northeast Philadelphia – everyone involved in the effort was very careful to obtain the requisite support and make appropriate compromises. The bill introduced by Reynolds Brown obtained the support of both the Department of Licenses and Inspections and Director of Social Services Estelle Richman.

CCM and other groups orchestrated an extensive lobbying effort, including visits with City Council members, a letter writing campaign, and a public hearing. The public hearing was carefully planned to minimize disruptions.

A critical compromise exempted City Council Districts 6 and 10 from the bill. Both exempted districts are located in the Northeast and had long histories opposing this bill. Family day care providers still had to obtain zoning variances in these districts in order to increase the number of children they could legally care for. This compromise ultimately ensured the bills' passage.[34]

While CCM advocated about zoning from outside government, the newly created Office of Child Care took on local regulatory barriers from the inside. According to one CCM partner:

> The work for zoning issues and family child care is making progress, in part, because of the Office of Child Care. But the work on zoning issues and family child care has certainly been the biggest issue we are working on right now. (Interview, Fall 2000)

The bill passed City Council in May 2001, and was signed into law by Mayor Street the next month. The

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[33] The Neighborhood Resource Room is part of the Northwest Interfaith Movement, which is a partner of the Philadelphia Early Childhood Collaborative.

[34] Fully 85% of the registered family day care homes will be eligible to serve six children. Only 15% of these homes are located in City Council Districts 6 and 10.

passage of this zoning bill, a hotly contested and insidious barrier to family day care expansion, represented a major local policy victory for CCM.

Regulatory Barriers: Licensing Fees

CCM and others had recognized for a long time that poorly paid child care providers have difficulty paying licensing fees. These costs – such as a $175 food-licensing fee – operate as barriers to day care providers becoming part of the regulated child care market. One of CCM's local policy goals, therefore, was to pass City Council Ordinance #545, which would eliminate the food-license fee for family day care providers and reduce it to $50 for group family day care providers.

CCM's partner organizations had worked on this issue for several years before the initiation of CCM. The Office of Child Care, then staffed by former CCM leaders, helped devise a strategy for working with City Council. As with the zoning variance, Councilwoman Blondell Reynolds Brown introduced the bill. CCM provided testimony for it, working with a recently formed Coalition of Home Based Advocates. The bill passed City Council in December 2000.

Local Policy Champions

As discussed throughout this report, CCM's political strategy centered on having multiple and influential voices speak on behalf of child care issues while incorporating CCM's goals and objectives. From the perspective of this evaluation, an important question is whether CCM successfully acquired child care champions – prominent local leaders to support child care issues and use their political capital for policy change.

Our research shows that CCM had success in finding and nurturing such champions at the local level. As demonstrated in our evaluation of CCM's media component, prominent people chose to position themselves at the center of child care issues. CCM acquired serious champions in the policy arena as well.

In part, this was accomplished through CCM's governing committee, which served as an advisory board to Child Care Matters. Prominent leaders who were appointed to this committee attended bimonthly meetings and were routinely briefed on child care issues by CCM leaders. Moreover, participating in this committee enabled members to look at child care issues through a variety of lenses. For example, Donna Cooper, former Deputy Mayor and now working on a statewide educational initiative, focused on child care from the perspective of the needs of welfare recipients. Susan Jaffe, Vice Chair of the Zoning Board, understood child care from the vantage of zoning issues. Sue Becker, Director of Education with business organization Greater Philadelphia First, appreciated child care from the angle of employers. Each member articulated positions and shared ideas, providing a richer and deeper understanding of child care policy.

CCM, according to one partner, viewed the governing board as helping the public policy component "as individuals and the positions they bring with them." (Interview, Summer 1999) As a group, the board did not undertake child care advocacy. According to another CCM leader, "The governing committee has never been actively engaged in my opinion. Certain members, however, are active outside the governing committee." (Interview, Spring 2000) As an organizational vehicle, the governing committee did not exert group leadership. But it was effective in giving CCM access to important spokespeople with influence.

Political leaders were the most prominent champions. They included former Philadelphia Mayor Ed Rendell (prospective Democratic candidate for governor); former Philadelphia Republican mayoral candidate Sam Katz (now CEO of Greater Philadelphia First and a member of the Quad Group); Philadelphia Mayor John Street;

Philadelphia District Attorney Lynne Abraham; Philadelphia Councilwoman Blondell Reynolds-Brown; former Deputy Mayor Donna Cooper; Michael DeBeradinis, former Commissioner of Recreation (now Vice President for Programs of the William Penn Foundation); and David Cohen, former Mayor Rendell's chief of staff (now an attorney with Ballard Spahr Andrews and Ingersoll). Local government officials who became champions were Police Commissioner John Timoney; Fran Egan, former Commissioner of Licenses and Inspections (now with SEPTA); Estelle Richmond, Director of Social Services, Department of Health; Joan Reeves, former Commissioner of the Philadelphia Department of Human Services, and Susan Jaffe, Vice-Chair of the Philadelphia Zoning Board.

In addition, the Terri Lynne Lokoff Foundation became an important policy partner. Established in memory of a young child care provider who died in a car accident, the Lokoff Foundation is a private fund devoted entirely to child care. Its board of directors, staff, and numerous supporters come from socially prominent families in the Philadelphia region, many living on Philadelphia's elite Mainline. Two Lokoff spokespersons prominent in working with CCM were board member Linda Swain and Director Helene Marks.

The above names emerged frequently in our interviews. Many of these individuals were featured throughout the duration of this evaluation. CCM also was effective in getting the 1999 Philadelphia mayoral campaign to focus on child care policy, giving even more prominence to local political leadership on child care issues.

<u>CONCLUSION</u>

This part of the evaluation has scrutinized CCM's policy component with the purpose of assessing how it was implemented and what it accomplished over the course of three years. The evaluation of the policy component is important because it was central to CCM's overall goal: to introduce and sustain systemic change in the child care political environment. CCM was intended to be a bold revision of how child care non-profit organizations work together, particularly in the realm of policy. Our evaluation focused on the policy component as CCM's hub. Given the centrality of the policy work to CCM's mission, its success is the initial litmus test of CCM's overall effectiveness.

The evaluation of the policy component looked at it from four major vantage points:
- Could a coalition of non-profit organizations work cooperatively to change policy?
- What was the promise of a strategy using champions, messengers, and professional lobbyists?
- Could policy changes be realized quickly in a political environment where inertia is the status quo?
- What is the viability of the CCM policy component model as vehicle for leveraging political changes for low-power constituencies?

This part of this study has addressed CCM's viability as a political actor – as an agent of change for the full range of child care constituents.

We summarize our findings about the policy component along several lines. First, we assess its overall implementation and the workability of its organizational structure and conceptual foundations. Second, we look at CCM's impact on both the child care political climate and policy initiatives. Third, we discuss whether the policy component is replicable.

IMPLEMENTATION

We found that CCM was guided by a workable theory of change. CCM put its original design into place and followed the major tenets it initially proposed. One feature of the original political component (the division of authority between DVCCC and PCCY) proved to be non-viable. This was expeditiously changed and with great success.

The policy component became one voice of many organizations. It developed and nurtured the multiple voices of champions and messengers. It developed a cohesive and coordinated strategy with a clearly defined political agenda that had large but attainable goals. Determined to be a vehicle that articulated a broad sharing of ideas, CCM successfully employed a consensus-building decision making apparatus. All partners shared and acted on commonly understood policy objectives. Although different partners retained distinct policy areas for their own organizations, they collectively embraced shared policy objectives. As a result, duplication of effort was largely avoided.

CCM engaged in a host of different policy related activities. At all times, the volume of activities remained high. CCM conducted its policy work with energy and intensity.

The CCM policy component concept contained some inherent tensions, which required ongoing attention. These included the overall complexity and multi-dimensional nature of the child care issue, the intermittent confusion arising from the use of multiple voices promoting child care, and the differences between lobbying and advocacy. While never totally resolvable, these strains were minimized with constant self evaluation and communication.

The policy component was not a collaborative zeitgeist. In its first year, it was fraught with conflict, dissent, competition, and distrust. CCM made a critical decision to place policy leadership entirely in the hands of PCCY, solidifying its power and reducing the policy role of DVCCC. This somewhat reduced the amount of collaboration. But it also dramatically reduced tension and conflict. Consensus still drove the policy component. All partners shared a common policy agenda. But no question existed about which organization was in charge and who called the shots.

Therefore, CCM orchestrated a collaborative policy agenda as but left open the possibility for parallel, although, independent agendas by individual partners. We believe that CCM made the correct decision to avoid coercing cooperation. If it had forced partners to choose between their individual organizational identities and CCM's identity, CCM would have failed very quickly. Consensus planning, moreover, generated a unified policy message no matter who was delivering it.

CCM's policy component represents a major organizational achievement. In three years, it put together a viable policy agenda to which all partners adhered, successfully negotiated conflict, and exhibited organizational unity around political objectives. Although individual partners continued to maintain distinct organizational agendas, they continued to come together over their shared work.[35]

IMPACT

The key issue addressed in this evaluation is CCM's effect on child care policy. Did CCM influence policy? The answer to this question is yes. CCM operated as a new force around altering entrenched policy on child care and achieved major gains along almost every policy objective. With this simple and clear answer to the ma-

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[35] The exception to this is PCCY whose political work on child care was entirely CCM driven.

jor research question, a number of more detailed findings must be emphasized.

- **Many features of the Harrisburg political climate remained constant. CCM infused this culture with new ideas, vision, and a broadening of the child care issue and, therefore, created a stronger political foundation for change**

Features militating against change included: Harrisburg's conservative political process; confusion over child care's political constituency; child care's connection to welfare reform; the perspective that the child care issue belongs to women; the power of the religious right; rural-urban differences in child care needs; partisan differences in approaches to child care policy; conservative fiscal policy; and the view that child care is a private issue. In addition, legislative interest in child care remained largely driven by personal experience underscoring the continued influence of age and gender on policy outcomes.

Changes that deviated from the status quo included: the child care activism exhibited by Auditor General Robert Casey Jr.; child care's enhanced status as a gubernatorial issue for 2002; the growing understanding of child care as an educational and school readiness issue; increased business interest in child care; and the role of the Quad Group. CCM propelled a change in the child care policy lexicon particularly with its advocacy around accreditation, T.E.A.C.H., and the health and safety fund. CCM significantly altered policy discussions to include an emphasis on child care quality. Moreover, policy makers began viewing advocates as sophisticated partners in child care policy construction, paving the way for additional change later on.

- **Acting in concert with other advocates, CCM succeeded in meeting most of its state budgetary policy goals. The introduction of T.E.A.C.H. in the Pennsylvania budget in CCM's first year was an outstanding achievement and an important foundation from which to build later child care quality policy initiatives. This was later followed by the creation of a state health and safety fund, another major achievement.**

Although increased federal appropriations for child care needs played a role, CCM consistently achieved its budgetary objectives, enabling it to broaden these goals and take on new and more challenging budgetary objectives. Policy makers increased the volume of subsidies to working poor families, increased provider reimbursement rates, established financial incentive programs to create more child care facilities, introduced and expanded T.E.A.C.H., restored the loan forgiveness program, and worked with DPW to create a health and safety fund. In addition, CCM worked successfully with the administration to help carve out a range of different initiatives designed to enhance child care quality.

- **CCM's hiring and use of a professional political lobbyist, while controversial, was successful, giving CCM access to policy makers and credibility with them**

CCM did not obtain good results from the first lobbyist it hired. It recognized this and when able, hired a different firm that was much more effective. The lobbyist was particularly important in advocating for budgetary goals and amendments, proving that professional political skills and contacts are key ingredients for advocating for change in Harrisburg.

- **Child Care Matter's influence on overall budget appropriations for child care was not directly evident. CCM was part of the political noise around child care appropriations, particularly around child care subsidies.**

Child care budgetary appropriations increased during the period of this evaluation. While CCM supported increased appropriations, it is unclear if these increases can be credited to CCM. CCM worked for this change.

However, it is not possible to link the methods that produced change and the nature of the change itself.

CCM was the operative political player on child care making the noise that channeled legislators' interest in this issue. Certainly, the budget reflects this.

- **CCM successfully advocated for change in Pennsylvania's child care subsidy regulations**

    In the initial regulations, CCM succeeded in advocating for the elimination of a tiered system associated with the cost of care and in altering subsidy eligibility to include people working 25 hours per week, as opposed to the original proposal of 30 hours per week. In subsequent efforts, CCM succeeded in advocating for increased income eligibility for subsidy and lower weekly co-payments.

- **CCM moved from an adversarial relationship with the Department of Public Welfare to one defined as a partnership. This change created greater potential to develop joint child care policy initiatives.**

    The subsidy battle created many hurt feelings between CCM and DPW. Rather than escalate tensions, CCM began to engage DPW in a more conciliatory manner. This important alteration in style helped CCM to avoid permanently alienating the most important state agency around child care issues.

- **Although legislation oriented towards CCM's policy agenda was introduced during the study period, no substantive child care legislation was passed by the legislature**

    The absence of any new child care legislation highlights the difficulty in pursuing legislation as a tool for advocacy around policy changes. CCM's policy goals were largely budgetary and regulatory during this period, and it did not initiate a legislative agenda until its third year. Legislative inaction was largely due to three major factors: political partisanship, political process, and power of the religious right.

- **Child Care Matters worked successfully with the legislature to introduce a bill that would support accreditation. House Bill 1837, the "Keystone Quality Bill," was reported out of committee and made it to the House floor.**

    Although the House did not vote on the bill, its travels through this part of the legislature indicate much promise in the future for seeing more political activity on accreditation – a major CCM goal. The bill was introduced by a suburban, Republican (woman). It introduced accreditation to the legislature, the governor's office, and DPW. It placed accreditation on the political map and generated bipartisan support for the concept.

- **CCM successfully cultivated new legislative child care champions. Their influence, however, on specific policy wins advocated for by CCM was not transparent.**

    CCM nurtured a range of male and female legislators, both Republicans and Democrats, who were inside and outside of Philadelphia. Having these legislators educated about and aware of the significance of child care issues is an important step in altering child care policy. The question remains, however, whether child care would require the multiple voices of these champions if those who have the power to move issues in Harrisburg were authentic child care champions themselves.

- **CCM worked extensively with the Quad Group to bring these powerful business interests to bear on child care policy and to influence the governor. CCM was not able, however, to have significant sway with this group. Although business leaders have influence, they may not use their influence as advocates might like.**

    Most agree that the Quad Group succeeded in bringing increased political and business interest to child care. At the same time, the Quad Group represented a major disappointment to CCM, which viewed its final recommendations as too general and vague. Although the Quad Group's key recommendations were enacted in the

state budget, its policies were viewed as lacking enough specificity to be useful.

- **CCM had a number of key local policy successes with historically difficult and seemingly entrenched political issues**

CCM successfully advocated for the startup of a Philadelphia health and safety fund and the creation of a Office of Child Care within city government. It succeeded in working with City Council to pass laws allowing most family day care providers to be able to take care of six children without obtaining a zoning variance, and reduced fees associated with obtaining a food preparation license.

- **CCM nurtured a large number of local child care champions.**

Many of these champions were at one time members of CCM's governing committee, which operated to educate these leaders around child care issues and acquired ownership of the child care issue. CCM had continued access to people in positions of power within government and to people with influence outside of government. These champions, as well as former CCM staffers hired by the city, were instrumental in all of CCM's local political successes.

THE REPLICABILITY OF THE CCM POLICY COMPONENT

Determining whether the policy component is replicable requires outlining what constituted the essential ingredients that made this effort work. These included a supportive and generous funder; organizations with knowledge of and experience with the child care issue; component leadership deemed legitimate by all involved; leaders who were both capable of acting politically and organizing others to act in this capacity; and funding that could be used to support the activities of professional lobbyists. In addition, successfully replicating CCM's policy component would require allotting the requisite amount of time (and funding) for policy changes to be realized and evaluated.

It important to recognize that CCM was implemented in an era of increasing devolution of federal powers to state government. Therefore, replicating CCM requires taking into account the political context and culture within which it would have to operate. CCM's policy component is not a generic machine that can necessarily be reinvented within different state and local contexts. As noted throughout this report, Pennsylvania government is embedded in a political culture defined by adherence to the status quo, conservative fiscal policy, incremental policy initiatives, and an anti-urban ideology. Other states have different political cultures necessitating alternative variants of the policy component.

Is it worth replicating? The answer to this question is yes. This kind of intervention may be appropriate for child care as well as other types of policy including welfare, housing, and education. A prerequisite, however, would be that groups would need to adhere to a shared policy agenda, develop concrete and achievable goals and objectives, and understand that these kinds of changes are neither easy or quick to obtain.[36]

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[36] Replicated on a multi-state basis would provide an opportunity to look at differences in states' political cultures. This will be important as we continue to understand the consequences of devolution.

CHAPTER FOUR

MEDIA COMPONENT

INTRODUCTION

Child Care Matters (CCM) viewed the media as one of its most important target publics. Because of its reach and credibility, the media offered an opening for CCM to reach its other key audiences with messages about the importance of high-quality, accessible child care.

Audiences to be reached via the media included a wide variety of opinion leaders whom Child Care Matters targeted as crucial to its mission: the business community, elected officials, parents, and child care providers. In this way, the media relations component was designed to be involved with key audiences from various other components of the project. On the policy side, CCM intended to use the media to open an avenue to one of CCM's major objectives: raising public awareness about child care, and thereby influencing public policy outcomes that eventually improve the quality of, and access to, child care. On the business side, media coverage of child care was intended to be tied to another CCM goal: the involvement of the business sector in child care. CCM intended to involve businesses through interviews, op-ed pieces, and other advocacy efforts communicated through the media.

Child Care Matters directed its efforts at media influentials – editors, columnists, and reporters. These were designed to increase the amount and quality of coverage given to child care, particularly issue-oriented coverage. For example, CCM hoped that editors would decide to dedicate expert reporters to a child care beat. Well-versed reporters might then produce in-depth, well-informed articles on child care issues. Columnists could potentially bring their readers' attention to bear on child care.

To enhance the quality of media coverage, Child Care Matters undertook specific activities to interest the media in, and educate them about, child care issues. These CCM media tactics were double-pronged. On the one side was "controlled" media coverage, coverage for which CCM directly paid and could therefore control its timing, appearance, and content. This controlled coverage consisted primarily of print advertisements, paid editorial space, and broadcast slots. On the other side was "uncontrolled" media coverage, which CCM did not control because it was not directly purchased. Uncontrolled media coverage consisted of interviews and photo opportunities, news releases and guest editorials, and public service announcements for radio and TV. These were pieces that CCM media relations staff facilitated, produced, or distributed to the media without guarantee of their use.

CCM therefore intended to use the media component to increase the quantity and quality of media coverage of child care through paying directly for media and for providing media opportunities. Ultimately CCM intended the media component to meet larger goals including:

- Raising public awareness of the importance of quality, accessible child care
- Increasing the involvement of the business community in advocacy efforts for child care
- Accelerating more issue-oriented coverage of child care in print and broadcast media

An additional goal for some of the media sector staff was to establish Child Care Matters regionally as a central expert source on child care, thereby making the partnership's messages about child care highly visible in the resulting coverage.

The Delaware Valley Child Care Council (DVCCC) had primary responsibility for the media component of Child Care Matters. Phyllis Belk, DVCCC executive director, oversaw the media relations initiatives. During much of the project, a CCM communications director situated at DVCCC, as well as external public relations consultants, carried out media-related activities.

The staffing of the CCM communications director slot changed three times during the evaluation period. Originally the position was held by Sarge Carlton, who was followed by Heather Fidler and then by Isabel Molina. Media relations activities were also performed by other partners, especially United Way, PCCY, and DVAEYC, sometimes alone and sometimes in partnership with DVCCC.

IMPLEMENTATION QUESTIONS

The evaluation of the media component's implementation focused on the planned and unplanned activities that Child Care Matters carried out to meet its goals. This research addresses the following questions:

- What were the goals and messages of the media implementation?

- What were the major successes and challenges in implementing the media component?

- How well did the implementation effort follow through on opportunities, both planned and unforeseen?

- What was the nature of the cooperation among CCM partners regarding media relations?

IMPACT QUESTIONS

Research on the impact of the media component focused entirely on whether it worked to increase the quantity, quality, and nature of child care media coverage. It asks the following questions:

- What was the impact of the media relations component on regional media coverage of child care?

- How did the use of paid media coverage differ from the use of unpaid coverage?

- Which strategy was more successful?

<u>**DESIGN AND METHODS**</u>

The design of the Child Care Matters media campaign evaluation is longitudinal, covering the period from late July 1998 through the end of December 2000. The research design incorporated a comprehensive range of qualitative and quantitative methods, including document analysis, semi-structured interviews, and participant observation.

This research incorporated a broad range of data collection activities because of the multi-dimensional nature of media relations. For example, a specific item of media coverage rarely comes from a one-shot media contact. That is particularly the case in a campaign like Child Care Matters that aims to change deep-seated media attitudes about child care. Media coverage was therefore likely to come from a complex, long-term effort involving a number of different sources and a good deal of preliminary education. Our media clips might identify an impact, such as a positive editorial. Other methods are needed to trace the implementation efforts, e.g. telephone calls, interviews that may help to create that editorial.

IMPLEMENTATION MEASURES

Table 4-1 (Page 145) shows the measures used to assess the implementation of the media component.

<u>Periodic progress reports and personal activity logs:</u> Both separately and as a group, the Child Care Matters partners amply documented their activities and outcomes in a variety of periodic reports. Typically these reports were distributed among all CCM partners. A total of eight different types of periodic reports were reviewed. These are provided in Appendix 3.

<u>Biannual interviews with key CCM staff concerning plans, achievements, and challenges:</u> Any given item of media coverage represented a confluence of efforts. Therefore it was important to track media relations activities that may not have been sufficiently concrete to be documented in formal progress reports. To do this, we

TABLE 4 – 1
SUMMARY OF IMPLEMENTATION AND IMPACT MEASURES,
CHILD CARE MATTERS BUSINESS OUTREACH COMPONENT

CCM ACTIVITY	EVALUATION APPROACH
IMPLEMENTATION	Review of Child Care Matters periodic progress reports and personal activity logs
	Biannual interviews concerning plans, achievements, and challenges, with key Child Care Matters media campaign staff
	Observation of periodic partner meetings, news conferences, and other Child Care Matters – sponsored events to track implementation
	Monitoring of workplans produced by the business sector managers
	Maintenance of ongoing databases of business component activities
	Monitoring of ancillary materials produced by the media sector
	Monitoring of timing, reach, and cost of the various 'controlled' media campaigns
IMPACT	Correlation of media sector activities with actions and outcomes of other Child Care Matters partners
	Content analysis of print and broadcast media coverage of child care in the five-county region

augmented written reports with in-person, semi-structured interviews. The protocol for each interview varied over time but typically addressed common themes: current goals, challenges, and achievements; unanticipated developments; the strategy behind evolving goals and plans; personal estimates of major achievements and challenges; soundings of media attitudes; mid-course changes; and coordination among partners on initiatives that crossed into policy, business, or provider sectors. We conducted 25 interviews with 10 key informants who were familiar with the CCM media component. Each interview lasted about 90 minutes. A list of specific interviewees is provided in Appendix 3. A sample media component interview protocol is provided in Appendix 3.

Periodic partner meetings, news conferences, and other CCM-sponsored events: Communications partners held many planning meetings with other partners. The evaluators frequently observed these meetings in order to learn about upcoming activities and to acquire information about collaborations leading to media coverage. We also observed several news conferences.

Workplans produced by the media component managers: We solicited workplans from media component staff. These were used to assess the consistency between plans and actual activities. Yet media relations are also opportunistic. Therefore, we also appraised the component's ability to capitalize on unplanned, "breaking" news.

Databases of media component activities: Each reported media component activity was compiled into computerized databases that allowed us to track these initiatives. We created four separate databases: media contacts, paid media campaign activities, media support for partners, and media special events. The databases yielded a month-by-month summary of media campaign activities. The media databases are provided in Appendix 3.

Ancillary materials produced by the media component: The media campaign staff produced and distributed a range of print and broadcast materials. These included public service announcements, print ads, news releases, editorials, photo-and-caption mailings, announcements of special events, and invitations to cover such events as news conferences. We tracked the distribution of these materials, requests for follow-up materials, and media attendance at events such as news conferences.

Data on timing, reach, and cost of the various "controlled" media campaigns: These "controlled," or paid, media campaigns included bus tails, paid print ads, and television and radio spots. To track implementation of the paid campaign, we obtained placement logs from Harmelin, the media-buying agency serving Child Care Matters. We compared advertising demographics to audiences targeted in CCM planning documents, and tracked timing, reach, and cost of the advertisements. We also tracked requests from parents and providers for information that mentioned an advertisement, as well as CCM advertisements from other audiences, especially businesses.

IMPACT MEASURES

The measures of the impact of the media component were data on media outcomes. Data were collected on print and broadcast coverage of child care in the five-county region.[37] We utilized a clip-monitoring service (Mutual) that provided copies of media coverage about child care in general and Child Care Matters in particular. For print coverage, we received photocopies of each article. For broadcast coverage, we received a written transcript (but not an audio tape). These clips allowed us to monitor the frequency, content, and tone of stories concerning child care issues in media outlets. These outlets ranged from small biweekly neighborhood newspapers to nationally prominent print and broadcast media headquartered in the region.

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[37] This region is comprised of Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties.

All types of articles (news, features, and editorial) were included; only paid advertising was excluded. For a given story to be included in our analysis it had to appear in a five-county medium, and have at least half of the content devoted to child care issues. We limited media clips to those covering the Child Care Matters age group (children less than five years old) and excluded tangential child care topics such as vaccinations or general safety advice. We did not monitor child abuse unless it occurred in a child care context; we noted instances of foster care coverage (because it is a type of child care) but we excluded it from detailed analysis.

Content analysis was used to analyze these data. Our content analysis assessed differences in child care coverage overall, and CCM's influence on this coverage such as media attention to child care messages emphasized by CCM, and the use of Child Care Matters-friendly sources. We wanted to know who was active in the child care-issues arena, who was quoted in child care stories, how much column space or air time the various sources got, and who were the child care "heroes" and "villains."

Overall, we tracked the amount and tone of the child care coverage, the use of specific CCM messages and spokespersons, the type of coverage, and the media outlets/reporters that had particular interest in child care. Specific research questions addressed by the content analysis are detailed in Table 4-2 (Page 148). This analysis covered 1124 stories for the five-county area from late July 1998 through the end of December 2000.

All clips were coded by trained research assistants. Instrument reliability was tested by having two additional readers code 15% of randomly selected clips from the first full quarter of the project (fall 1998). Krippendorff's alpha was used to calculate reliability and adjustments were made to the instrument to achieve reliability of at least .6, as recommended by Krippendorff (1980). The content analysis instrument is shown in Appendix 3.

LIMITATIONS OF THE EVALUATION OF THE MEDIA COMPONENT

The design of this research has several limitations.

Originally the media campaign staff expressed interest in media in the five-county area only. However, Harrisburg media became important during the course of the project. Therefore, future research should track Harrisburg as well as five-county media.

State legislators and their staffs were not interviewed about their response to media coverage of child care issues. Future research should consider legislators' insights about the influence of media coverage since the media campaign ultimately was designed to shape policy.

Media workers, such as editors and reporters were not asked about their attitudes toward child care. A media survey would add additional, behind-the-scenes perspectives that content analysis of coverage did not provide.

Media consumers were not surveyed about their attitudes toward child care. Such a survey, while difficult and expensive, could give further insight about the impact of the media campaign.

DVCCC was the main CCM partner interviewed about its role in media relations. Others were interviewed on a limited basis. Such additional interviews might provide additional perspectives on the media campaign as collaborative activity between the partners.

IMPLEMENTATION OF THE CCM MEDIA OUTREACH COMPONENT

The implementation analysis of the media component has several parts. First, it addresses the challenges faced by CCM. Second, it discusses CCM's achievements. Third, it addresses CCM's strategies. Fourth, it addresses missed opportunities. Last, it addresses the collaboration among the partners.

TABLE 4 – 2
RESEARCH QUESTIONS ADDRESSED IN CONTENT ANALYSIS
OF REGIONAL MEDIA CHILD CARE COVERAGE

FOCUS	RESEARCH QUESTION
DEMOGRAPHICS	How many stories were tracked per count/month?
	What type of media showed most interest in child care?
	What specific media outlets/reporters showed most interest?
	How much prominence was given to child care stories?
	How many people were potentially exposed to child care stories?
MESSAGES	What genre of story did the child care information appear in (e.g. news, feature, editorial, etc.)?
	What story focus did the media coverage select (e.g., event, issue, personality, etc.)?
	What messages were the media promulgating about child care? • Major issues with child care • Specific problems • Most favored solutions
	What about quality of child care reporting?
STAKEHOLDERS AND SOURCES: WHO IS DRIVING MEDIA DISCUSSION OF CHILD CARE?	Who were the major stakeholders?
	What were their key interests?
	What non-CCM entities have assumed ownership of child care issues? • Are other sources citing CCM messages?
	How successful has CCM been at establishing itself as an expert source in child care? • In how many stories was CCM a source? • How many stories are directly traceable to CCM initiatives? • When CCM was a source, what messages about child care predominated? • Among CCM and its component partners, who is most frequently cited as a media source?

CHALLENGES

To set the Child Care Matters media campaign in context, it is necessary to understand the climate in which it operated. The media component faced a number of challenges both externally, in the opinion environment surrounding child care, and internally, in process matters endemic to the partnership.

Media Climate Surrounding Child Care

One of the primary challenges encountered by the Child Care Matters media campaign was the entrenched indifference of regional media toward child care. This climate was not unique either to the region or to child care. Rather, it was inherent in sourcing practices and news values that typify media everywhere. Major obstacles included the following:

- **Media coverage is event- and human-interest-driven more than issue-driven**

  One media component staffer described ways in which this event bias made Child Care Matters appear to lack news value:

  > Reporters are looking for "pegs." They need the blessings of the editorial department to write an editorial series. That needs talent, it takes very good writing to make it worthwhile [reading]. There aren't that many real pegs in the child care issue – deadlines for regulations and so on. We have a better chance at coverage when there's something on the policy agenda. (Interview, Fall 1998)

- **Editorial staff generally discourage issue-oriented stories because of a perceived lack of public interest**

  It's hard for a reporter to get time off to do an in-depth piece," one media component manager commented (Interview, Fall 2000). Another noted the particular difficulty of working with the *Daily News*: "Child care is not tabloid material." (Interview, Spring 1999)

- **The sheer complexity of child care issues discouraged many reporters from getting involved**

  According to one media campaign manager:

  > I would like [reporters] to focus more on qualitative stories that frame problems within the system better than the individual stories. This is a complicated and daunting issue. There are just not many reporters who'd jump in and take ownership. (Interview, Fall 1998)

- **Gender bias militated against child care as a top-of-the-mind issue for most reporters and editors**

  One media component staff member summed up these difficulties in terms of both news value and gender issues:

  > Child care is a complicated issue – not events, not negative news. It's a women's issue and women's issues don't get covered if they are not backed by events. Coverage only comes for negative stuff. Editors don't allow reporters to tackle in-depth issues – it's too time consuming when on deadline. Hurdles have to be jumped over, in order to keep attention. Editors tend to be men, and child care isn't a personalized issue for men, so all these things work against us. (Interview, Fall 2000)

- **Business media are traditionally more difficult to involve than other types of media**

  A typical complaint from the media staff was:

  > "How to hit the business pages is proving to be a big challenge." A major difficulty was that "they don't cover the non-profit sector." (Interview, Spring 2000)

- **Reporter turnover and editors' reluctance to assign/replace child care beat reporters made it difficult to educate beat media**

For example, one manager commented:

The problem is with both the *Daily News* and the *Inquirer*, the reporters who were interested either moved, were reassigned, or they left. (Interview, Fall 1999)

All of these inherent problems presented the Child Care Matters media campaign with substantial difficulties in changing the media opinion climate surrounding child care, and in turn, influencing opinion leaders who respond to media coverage.

Internal Process and Coordination Challenges

Communication problems among the partners presented important challenges to implementing successful media relations. The need to react fast in the competitive news environment elicited frequent complaints about insufficient communication among partners to make decisions, or to leverage partners' expertise and activities into timely news stories. One media manager commented that even though the media plan "revolves around the activities of the other partner agencies,"

[we] would certainly like to move faster on some issues. For example, in January 2000, the governor's budget made the media interested [in child-care issues, but] there were frustrations about delays from the partners. By the time [we] worked it out, it was no longer newsworthy. (Interview, Fall 2000)

Aside from "dealing with the red tape of the partners" (Interview, Spring 1999) the media component also expressed frustration with missing, sometimes inaccurate, information from other partners. Specific instances were mentioned involving all other partners – policy, media, and business. Even in the final round of implementation interviews, two items identified as challenges were "getting timely input from the partners" and "the approval process." (Interviews, Fall 2000)

Human and Financial Resource Challenges

A challenge identified by the media component was insufficient resources, both human and financial. The human resource shortage was exacerbated by high turnover in the media specialist position funded by the CCM grant. During the evaluation period, three different individuals held this position, which was vacant for weeks between hires.[38] This high turnover challenged the media component in three ways.

First, it meant a shortage of "people power" to carry out nuts-and-bolts media relations tasks. For example, the biggest challenge mentioned in an implementation interview was "balancing the work on releases, media alerts, translating the brochures, and answering questions, with the task of building media contacts." (Interview, Spring 1999)

Second, high turnover meant that hard-won trust relationships with partners and the media repeatedly had to be reconstructed. According to one CCM leader, "Staff turnover complicates trust issues and prolongs the approval process." (Interview, Spring 2000)

Third, turnover meant that complicated policy issues had to be mastered by newcomers, who, no matter how bright and motivated, offered less effective assistance to other partners. The steep learning curve of new media sector personnel, both full time and consultants, became a challenge for other partners as well. Hence a policy-side manager remarked, "An inherent problem [with getting responsive media coverage] is knowledge of the field." (Interview, Fall 2000)

Perceived financial constraints also presented challenges on the paid media side; a frequent concern was, "we don't have money for TV." (Interview, Fall 1998) Coordination difficulties among the partners resulted in one particular loss of funds. In 1999, Linda Munich of WPVI (Channel 6) arranged for WPVI to air a series of

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[38] The third individual is scheduled to leave during summer 2001, necessitating a fourth new hire.

CCM television spots, provided that the partners could arrange matching funds with business sponsors. However, the proposed ads proved too "edgy" for business sponsors, and the partners were unable to arrange sufficient funding by the deadline. The opportunity for important television spots was thus lost. In addition, because repetition is key to achieving advertising effects, paid advertising funds were felt to be insufficient to bring about real change. According to one CCM leader, "Spending $200K on ads is a drop in the bucket." (Interview, Spring 2000)

After the first year, however, the media component changed its strategy for achieving its goals. It moved from a soft "quality" message aimed mainly at parents, to hard-hitting funding-oriented messages, aimed at galvanizing voters and legislators to pass specific pieces of legislation. One media sector manager described the shift thus: "The activist message would serve to spur legislators into action. We have to drive parents and other segments of the public to push legislators." (Interview, Spring 1999)

ACHIEVEMENTS

Child Care Matters' media campaign made headway on a number of fronts. Here we discuss three achievements: growing recognition as a single expert source, cultivating key media contacts, and attracting attention through the advertising campaign.

CCM As Child Care Media Expert

CCM became recognized as an expert media source on child care. By earning media esteem as a credible source, CCM could target its messages about child care issues more directly.

Media component initiatives were slowly implemented while the partners debated various strategies and messages. Although this process slowed implementation in the beginning, the early consensus that developed around messages became one of the project's major successes. As one media manager said:

> The biggest achievement…is that we have created a consensus around language and key phrases. People are exposed to messages over and over. Every piece of writing doesn't have to be scrutinized. The key messages were in the media plan – they continue to be the key messages. The internal consensus [among CCM spokespersons] is a major achievement. (Interview, Fall 1998)

This stability of CCM goals and messages was affirmed by other partners as well. One business partner remarked: "Q*uality and access* is the single agreed-upon message….Quality and access combine into a common message in communications, policy and business. The net result is that we don't have to think twice." (Interview, Fall 2000)

Developing an agreed-on roster of messages also helped CCM forge an identity as a single, expert source for child care information. Early in the process, an outside media consultant commented, "we want the *Child Care Matters name* to be the "expert." Indeed, the first advertising campaign was aimed in part at creating name recognition: "We didn't want an agenda with the first campaign – just name recognition." (Interview, Fall 1998) By the end of the evaluation period, the media partners affirmed the positive effects of the Child Care Matters identity:

> That first year…we were developing an identity. The partners had no identity, no logo, no common materials. The Child Care Matters name has really caught on – have a good name, a good look, a brand that really caught on. (Interview, Fall 2000)

In its "uncontrolled" media campaign, the CCM media component made headway. It established contacts with a small but influential number of reporters and editors at key media outlets.[39] Four reporters were especially influential:

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[39] A number of other reporters and columnists gave child care issues good coverage. These advocates are mentioned in this report's content analysis section. The media advocates mentioned in this section were singled out during implementation interviews with t he media campaign staff as particularly friendly to Child Care Matters' cause.

- Monica Yant (Kinney). According to one media campaign manager, "Welfare changes' effects on parents gave us the impetus to establish relationships with reporters like Monica Yant, because child care is so major in stories about welfare mothers." (Interview, Fall 2000) Yant published seven stories about child care during the evaluation period.

- Karen Phillips, KYW radio ("a strong advocate," according to one media campaign manager [Interview, Fall 2000]). Phillips was one of a handful of reporters who covered CCM media events consistently.[40]

- Linda Munich, WPVI (Channel 6). A CCM board member and "champion," Munich was instrumental in developing Child Care Matters public service announcements and frequently covered such media sector events as the Week of the Young Child (April 1999) and the DVCCC Best Employers' Award (November 2000).

- Henry Bryant, *Philadelphia Inquirer*. Bryant, a media contact of Harriet Dichter at PCCY, provided some of the earliest sustained coverage of Child Care Matters, an *Inquirer* series on child care.

As shown by the story counts in Table 4-3 (Page 153), many other reporters became active CCM contacts during the evaluation period. For example, Loretta Tofani (*Inquirer*), Christine Donaldson Evans (*Delaware County Daily Times*), Linda Wright Moore (*Daily News*), and Lucia Herndon (*Inquirer*) were particularly receptive contacts.

Other media contacts were dampened by editorial indifference. For example, in June 1999 the Philadelphia *Inquirer* appointed Susan Fitzgerald as its child care beat reporter, but she did not deliver all the hoped-for child care stories and was not as active as many "non-beat" reporters.

CCM Media Messengers

Child Care Matters worked jointly with the business outreach component to enlist participation by high-credibility, "celebrity" media spokespersons. These included Philadelphia Police Commissioner John Timoney, whose June 2000 news conference on youth and violence drew some of the heaviest media coverage of the entire project. Other effective editorialists and spokespersons included John Connolly (CEO, First Union – public service announcement); Sam Katz (CEO of Greater Philadelphia First – op-ed piece, *Inquirer*); Lynn Abraham (Philadelphia District Attorney – Job Shadowing, news conference with Timoney, and op-ed piece).[41] These high-profile spokespersons helped to give Child Care Matters both visibility and legitimacy, as a "halo effect" from the association.

Media Events

The Child Care Matters media component increasingly worked with other partners to create a small core of high-impact events with strong media appeal. These events, such as Sticker Day and the Timoney news conference, generated considerable publicity for CCM.

Paid Campaign Achievements

The high-impact advertisements that began with the second advertising campaign (November 1999) attracted considerable attention. The advertising campaign worked in favor of Child Care Matters in two ways. First, it drew a positive response from some advocacy and professional groups. For example, in May 2000, the hard-hitting ads won a regional advertising award (the "ADDY"). Groups around the state, including those in

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[40] For example, Phillips covered the advertising kick-off and DVCCC Best Employers' Awards (November 1999), the Week of the Young Child (April 2000), the news conference on the release of the child support study (August 2000), the inauguration of the Philadelphia Health and Safety Fund (September 2000), and the "Sing Out for Child Care" event at the Please Touch Museum (October 2000).

[41] The Media Contact database in Appendix MEDIA-4 gives a comprehensive roster of spokesperson activities.

TABLE 4 – 3
MOST ACTIVE REPORTERS ON CHILD CARE STORIES

Reporters who did four or more stories in Time 1 (July 1998 — August 1999):

REPORTER NAME	MEDIUM	COUNTY	NO. OF STORIES
Monica Yant Kinney	Inquirer	Philadelphia	7
Catherine Donaldson-Evans	Daily Times	Delaware	7
Marion Wright Edelman*	Daily News	Philadelphia	7
Nate House	Philadelphia Tribune	Philadelphia	6**
Margaret Gibbons	Times Herald	Montgomery	6
John L. Micek	Intelligencer-Record	Montgomery	6**
Rochelle Craig	Bucks County Courier Tiems	Bucks	4**
Rena Singer	Inquirer	Philadelphia	4
Michael J. Rochon	Philadelphia Tribune	Philadelphia	4
Mary Jane Thompson	Southern Philadelphia Chronicle	Philadelphia	4
Lisa Thomas-Laury	WPVI-TV (ABC) Channel 6	Philadelphia	4
Laurie Mason	Intelligencer-Record	Montgomery	4
Jeffrey F. Dougherty	Times Herald	Montgomery	4
Evan Halper	Inquirer	Philadelphia	4
Chad Glover	Philadelphia Tribune	Philadelphia	4
Ralph Vigoda	Inquirer	Philadelphia	4
Scott Kraus	Reporter	Montgomery	4
Carl Hessler Jr.	Mercury	Montgomery	4

Reporters who did four or more stories in Time 2 (September 1999 — December 2000):

REPORTER NAME	MEDIUM	COUNTY	NO. OF STORIES
Elizabeth Oliver	Times Chronicle	Montgomery	9**
Jonathan Poet	Tribune Metro (Germantown/Mt. Airy)	Philadelphia	8
Carol Denker	Three Star Edition	Philadelphia	6
Kristina Knab	News Gleaner	Philadelphia	6
Marion Atwood Brown	Bridesburg Star	Philadelphia	5
Chris Parker	Morning Call	Bucks-Berks-Montgomery	4
Christina Hall	Intelligence-Record	Montgomery	4
Elaine Welles	Tribune Metro (West Phila.)	Philadelphia	4
John L. Micek	Intelligencer-Record	Montgomery	4
Loretta Tofani	Inquirer	Philadelphia	4
Margaret Gibbons	Times Herald	Montgomery	4

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* Edelman heads a nonprofit advocacy group and is not a journalist. However, she was one of the most prolific child care columnists to appear in the media.
**Includes up to 3 repeat printings of the same story.
Source: Mutual Media Service

Harrisburg and Pittsburgh, also took note of the hard-hitting ads. One Child Care Matters media sector manager noted: "Taking the risk on such a confrontative [sic] PSA message indicates a marked level of maturity, and [we] are proud to be able to, and willing to, take the risk. That has generated positive talk in the child-care community." (Interview, Spring 2000)

Second, the print ads raised consciousness about child care issues among editors in smaller local and niche publications such as *Parents' Express* and the *Catholic Standard and Times*.

Although professional and editorial recognition showed the positive side of the advertising campaign, the same ads set back Child Care Matters' reputation among two important target audiences: legislators and business leaders. In mid-1999, "champion" Linda Munich of WPVI (Channel 6) arranged for CCM ads to run on Channel 6, but only if the partners could raise sufficient matching funds from business sponsors. As noted earlier, the arrangement fell through because businesses did not want to be associated with the "edgy" tone of the ads.[42]

Similarly, Child Care Matters attracted negative attention in Harrisburg. Late in 2000, Child Care Matters ads ran the telephone number of the governor's child care office, apparently without warning the administration in advance. As a result, the governor's office was flooded with phone calls, eliciting angry contact with Child Care Matters. Similar censure, this time from legislators, greeted ads aired early in 2001, after the evaluation period ended. Although the hard-hitting CCM ads achieved public attention, it was not solely the type of attention required to move the child care issue forward. Advocacy groups cheered but some of Child Care Matters' most important target audiences did not.

MEDIA STRATEGIES

Initiatives like the Child Care Matters advertising campaign yielded mixed results. Therefore, the media partners developed other strategies over time that made their work more effective.

First, they gradually broadened their geographical perspective. Originally the CCM media outreach was defined in terms of the five-county area only. Yet the first year's media relations heavily favored Philadelphia.[43] After the first year, the media component increasingly interacted with media and advocacy agencies elsewhere in the state and even out of the region. Examples include the following:

- Contact with similar advocacy organizations statewide, such as United Way of Harrisburg and Early Childhood Initiatives in Pittsburgh

- Contact with reporters from York, the Associated Press, and *Fortune* magazine

- A nationwide mailing offering CCM public service announcements to other advocacy groups brought some nibbles from groups as far away as Missouri, although no commitments. In addition, NAEYC (the national counterpart of DVAEYC) expressed interest in showing the ads at its national conference.

However, Child Care Matters continued to have problems getting *local* attention, even when child care was receiving national attention. As one media manager described it: "The *Inquirer* will cover a statement by the president on child care, but won't give any local perspective." (Interview, Fall 1998)

A second strategy that enhanced Child Care Matters' media effectiveness was its development of a more active approach toward media relations. Initially the media sector took a passive stance ("Coverage keeps happen-

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[42] According to one media campaign manager: "It was difficult to get companies interested in the concept to begin with….Independence Blue Cross had a problem with the [edginess of the] content. Also, any Pennsylvania corporation that was interested had its own lobbying efforts going, so was unwilling to threaten its own advocacy effort to lobby for anything that would clash with its own interest." (Interview, Fall 1999).

[43] As described by one media manager: "We don't work with media people outside the city. Sometimes they call if something in that county triggers a story….DVCCC has not made the effort to activate people outside the city." (Interview, Fall 1998)

ing. There's not so much coverage of CCM events" [Interview, Fall 1998]). As time passed, however, the media staff developed a better ability to capitalize on opportunities that arose unexpectedly. One example was a rapidly planned news conference after a little girl named Sydney Tillison died in a dangerously deficient child care facility, tragically providing an occasion to talk about quality, accredited child care. Another example was the "Rally for Child Care" event in support of legislation forwarded by PCCY (October 2000). The media component also became more active in creating its own occasions for coverage, and better at leveraging the child care news value in breaking news and celebrity spokespersons.

The third way in which the media component increased its effectiveness was by adopting a directed approach that targeted specific groups. For example, late in 2000 the media sector embarked on a special paid media push ("informational, so people will read it") into community newspapers in demonstration areas, ethnic publications, and suburban *Inquirer* editions. This strategy was selected

> because local officials' staffs and local officials themselves read them, and they are our targets. We also need to reach parents and neighborhoods this way….Community newspapers….Al Dia and other ethnic newspapers also highlight what CCM is. (Interview, Fall 2000)

The use of high-impact spokespersons and targeted media represented a departure from the more scatter-shot approach of the project's early stages, and showed greater awareness of media news values.

MISSED OPPORTUNITIES

Child Care Matters acquired considerable skill at capitalizing on fast-moving news events to get the child care message out. However, it missed other media campaign opportunities, particularly on the planned side.

For example, extensive media training of CCM partners did not result in a large number of placements. Several dozen people were trained and some developed into very able spokespersons, but many were not used at all. (See Appendix 3)

As previously mentioned, Child Care Matters appeared to mis -estimate the reactions of business and legislative leaders to the hard-hitting advertisements. The resulting withdrawal of business sponsorship for the proposed WPVI TV ads was viewed by CCM business partners as a major setback. Although the media component leaders were pleased by the ads' controversy, one of the business sector staff later regretted their inflexibility. By not having changed the ad in response to business discomfort, "we lost an opportunity to key in big companies and to make a difference." (Interview, Fall 2000)

Media relations efforts also suffered from lack of self-evaluation as the campaign went along. For example, the media partners did not track the results of the paid advertising campaign (this was ascribed to insufficient personnel resources).[44] On the unpaid side, the media component's managers had limited, anecdotal evidence about changes in media attitudes or the quantity and quality of coverage. Nor did the media component appear to make use of the extensive measures of media coverage in the evaluators' reports. As a result, the component did not benchmark its activities or perform mid-course corrections based on informed research.

Media component staff also did not develop a unified strategy to link the "controlled" (paid ads) and "uncontrolled" (story placement) sides of the media campaign. Both aspects used the same messages – a strength of all communications throughout the project. However, when asked, they had few examples of planned

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[44] The imprecision of the Child Care Matters media evaluation was exemplified in the following comment, late in the evaluation period, from a media sector manager: "The results [of the media campaign] are hard to document, but reinforcement that this is a serious effort comes in the focusing of something special happening in southeastern PA. There is an influence upon the unpaid media as well: news-related happenings, why parents need to choose, why society needs the best. But it's hard to document." (Interview, Fall 2000)

coordination between the paid and unpaid sides.[45] One of the very few examples of synergy between the paid ads and unpaid publicity was that the ads may have led to unpaid story placements in some small publications, such as *Parents Express*.

In many respects, the paid advertising claimed disproportional attention from CCM media managers, to the detriment of unpaid opportunities. The media campaign director heavily focused on the paid media campaign. Unpaid media relations was handled partly by outside consultants, partly by other partners, and partly by junior DVCCC staff, where there was high turnover. Given the superior credibility and low cost of "uncontrolled" media relations, this uneven attention represented opportunities missed.

COLLABORATION WITH OTHER PARTNERS

DVCCC had primary responsibility for Child Care Matters media relations initiatives. However, since many of Child Care Matters' key audiences were either potential sources for media coverage or potential targets for its influence, media relations activities were also performed by other partners. United Way, PCCY, and DVAEYC were especially active in media relations. In fact, collaboration on media initiatives became central to the partnership, and both paid and unpaid media efforts often involved all the partners.

Collaboration around media relations yielded the following results:

- **Media training**. Early in the project, DVCCC hired a Washington-based, issue-oriented media training consultant (Diane Cromer), who stayed with the project over the long term. Under Cromer's auspices, several dozen CCM "champions," staff members, and providers received media training. The results were uneven. Media campaign staff made sporadic efforts to place trained spokespersons. Media training yielded excellent results in several cases, notably providers Deb Green of Great Start, and Mary Graham of Children's Village, the latter so effective that "she complained that cameras were in the classroom too often." (Interview, Spring 1999) However, most people who received training were not placed in media interviews.

- **Shared tasks within specific media outreach efforts.** This was one of the most effective aspects of the Child Care Matters collaboration. For example, DVCCC provided media outreach for the Week of Young Child (a DVAEYC initiative), the Aon Hand-in-Hand Awards (a United Way initiative), Lobby Day in Harrisburg (a PCCY initiative), and publicity surrounding DPW Secretary Feather Houston's visit (a T.E.A.C.H. initiative). Many activities emerged directly from this collaboration including:

  1. On Lobby Day in Harrisburg (September 1999), PCCY held a news conference in Harrisburg while DVCCC did the news releases.
  2. Policy, business, and media partners were involved in the 1999 news conference concerning the death of Sydney Tillison in a child care center.
  3. DVCCC did media outreach for T.E.A.C.H. in connection with Secretary Feather Houston's visit (July 1999).
  4. The work of policy component Harriet Dichter (PCCY) with editor Henry Bryant had a "wonderful influence" on *Inquirer* editorials, according to media sector staff. (Interview, Fall 2000)
  5. Liaisons with the neighborhood demonstration projects provided anecdotes and evidence for in-depth coverage, particularly surrounding accreditation, that caught the attention of key reporters like Lucia Herndon (*Inquirer*).
  6. The business engagement efforts were helpful to DVCCC because they provided "champion" spokespersons for editorials and news conferences. In turn, the business sector used DVCCC materials in the business outreach.
  7. DVCCC put the business sector in touch with certain key "champions," such as First Union CEO John Connelly, a connection that led to Connelly doing a public service announcement distributed by DVCCC.

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[45] Examples were thin, such as the following: "We put up two CCM billboards in the Harrisburg area to coincide with the legislative sessions —actually, a month before the legislative sessions starts, so legislators can't miss the importance." (Interview, Fall 1999)

8. Business sector contacts with Greater Philadelphia First CEO Sam Katz meant that Katz came to DVCCC events (such as the Fall 2000 Wharton Impact conference) and helped Child Care Matters raise its visibility through appearances and op-ed efforts.

9. According to media component managers, DVCCC materials, plus the newsletters it sent to providers, helped DVAEYC meet its quality standards and helped to educate providers.

10. DVCCC provided marketing consulting to PACCA to help publicize T.E.A.C.H.

Other activities are shown in Appendix 3. DVCCC estimated that 85% of its media work was geared to the CCM partners: "[we] are always sending reporters to other partners…. Our job is to do PR for the others." (Interview, Spring 2000)

These collaborative efforts surrounding specific media events were one of the most successful aspects of Child Care Matters. Such collaboration was a direct outcome of bringing the various agencies together under the CCM umbrella.

Despite their highly affirmative description of collaboration – a description shared by policy and business partners – media staff still hinted some ambivalence about gathering under the CCM "brand." Some media managers were concerned that when they referred other partners to reporters, these partners did not credit DVCCC in their Child Care Matters reports, and other partners voiced the same concern about DVCCC crediting them. On the one hand, the media component staff described the Child Care Matters partnership as an asset, conferring legitimacy, singleness of message, and focus. On the other hand, media project managers clearly partitioned Child Care Matters and DVCCC events, and in media interviews always spoke on behalf of the home organization, not CCM. One manager explained: "There is some difficulty in separating Child Care Matters from the separate organizations' events. As long as we get press coverage, it contributes to child care." (Interview, Spring 2000)

THE IMPACT OF THE CHILD CARE MATTERS MEDIA COMPONENT

To what extent and in what ways did regional media coverage of child care change during the evaluation period? The main evidence for Child Care Matters' impact on media coverage came from our media content analysis. This included 1124 stories from mid-July 1998 to the end of December 2000, all but 165 of them in print media.[46] The evaluation time period encompassed 10 quarters of media coverage. We gauged change brought about by Child Care Matters by dividing the evaluation period into Time 1 (the first five quarters, from July 1998 through August 1999) and Time 2 (the second five quarters, from September 1999 through December 2000). Most of our analyses compared the two time periods to determine whether media coverage changed over time.

Overall, the media content analysis showed little significant change throughout the evaluation period, in terms of interested media, story orientation, number of stories, quality, and prominence indicators. The following sections discuss our findings in more detail and delineate the state of child care coverage in the regional media.

QUANTITY OF MEDIA COVERAGE

One goal of the Child Care Matters media campaign was an increase in the *number* of stories about child care. However, as Table 4-4 (Page 158) shows, we did not find a steady pattern of growth in the number of child care stories. Overall, these stories averaged nearly 40 per month, but the numbers fluctuated widely from quarter to quarter. On a county-by-county basis, Philadelphia and Bucks Counties actually had significantly *fewer* child care stories in the second half than the first.[47]

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[46] The evaluation team was not always notified about broadcast coverage; and this may have resulted in some undercounting of broadcast clips. Unlike print clips, broadcast clips were collected most efficiently with 24 hours of advance notice.

[47] Bucks (N = 81 1st half, N = 46 2nd half; p = .002) and Philadelphia (N = 428 1st half; N = 257 2nd half; p = .000).

TABLE 4 – 4
NUMBER OF CHILD CARE STORIES BY QUARTER

COUNTY	SUMMER 1988	FALL 1998	WINTER 1999	SPRING 1999	SUMMER 1999	FALL 1999	WINTER 2000	SPRING 2000	SUMMER 2000	FALL 2000	TOTAL
BUCKS											
N	2	25	7	20	27	18	3	0	17	8	127
%	2%	20%	6%	16%	21%	14%	2%	0%	13%	6%	100%
CHESTER											
N	3	3	3	7	6	5	8	1	5	6	47
%	6%	6%	6%	15%	13%	11%	17%	2%	11%	13%	100%
DELAWARE											
N	2	10	5	2	7	7	3	2	1	10	49
%	4%	20%	10%	4%	14%	14%	6%	4%	2%	20%	98%
MONTGOMERY											
N	3	18	25	42	27	15	3	15	39	29	216
%	1%	8%	12%	19%	13%	7%	1%	7%	18%	13%	99%
PHILADELPHIA											
N	35	133	82	71	107	46	40	23	98	50	685
%	5%	19%	12%	10%	16%	7%	6%	3%	14%	7%	99%

Source: Mutual Media Service

Typically, media are biased in favor of controversy and big events. Therefore, the absence of steady growth in child care coverage is not surprising. The number of child care stories appeared to vary by situational factors, mainly the time of year (late summer and early fall produced many stories having to do with finding child care after the summer vacation time), and dramatic news events (such as the death, in child care, of Sydney Tillison).

The number of child care stories also fluctuated widely by county. Philadelphia media dominated, containing more than 60% of the stories. This was expected because Philadelphia is the nation's fifth largest media market. Montgomery County was also strong in media coverage, with nearly 20% of the stories. Bucks gave limited attention to child care stories (11%), whereas Chester and Delaware Counties, with far fewer media outlets, each accounted for less than 5% of child care stories.

As Table 4-5 (Page 160) indicates, specific media outlets showing interest in child care did not change from the beginning to the end of the project. The Philadelphia *Inquirer* and *Daily News* dominated child care issues over the entire period. Throughout the period, three quarters of the media outlets most active in child care resided in Philadelphia. Eight out of the top 10 most-active media outlets remained the same throughout the course of the project.

The imbalance between Philadelphia on the one hand, and Chester and Delaware on the other, does not indicate that residents in the less media-heavy counties did not get child care news. Although Philadelphia media dominated coverage, non-Philadelphia audiences could still benefit from child care coverage in the bigger city newspapers as well as broadcast media.

SALIENCE OF CHILD CARE STORIES

Another way in which to measure the importance of child care to the media was to consider the *prominence* given to child care stories. Even if the number of stories dropped over the course of the project, increased visual prominence might indicate child care's growing salience to editors, and might translate into more attention given to child care stories by readers. We therefore applied several prominence measures to child care stories over the course of the project:

- Print impact (e.g., story length, large headline, sub- or super-heads, boxed quotations graphic or line art, photos, use of color, page placement)

- Broadcast impact (e.g., word count, use of text and graphics, talking heads, studio or location shot, interviews)

No significant change in any of these salience measures occurred between Time 1 and Time 2 of coverage.

QUALITY OF CHILD CARE STORIES

One of Child Care Matters' goals was to improve the *quality* of media coverage about child care. Indicators that could show increasing quality of media coverage included changes in:

- The number of issue-oriented stories

- The number of reporters on a child care "beat"

- The number of stories using CCM message points.[48]

Increasing the number of *issue-oriented stories* was a quality indicator because typically, media coverage is driven by events and personalities. Advocacy and issue coverage occur far less frequently. Given this context,

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[48] Early in the project, CCM partners developed a list of eight specific message points that they wished to put forward consistently, with all CCM audiences. The media component used these as a basis for its communications. These points are listed in Table MEDIA-6.

TABLE 4 – 5
MOST ACTIVE MEDIA OUTLETS IN NUMBER OF CHILD CARE STORIES PUBLISHED

Top 10 most interested media in the first five quarters:

TIME 1*		
NAME OF MEDIUM	**COUNTY**	**STORIES**
Philadelphia Inquirer	Philadelphia N %	73 11%
Philadelphia Daily News	Philadelphia N %	34 5%
Bucks County Courier Times	Bucks N %	30 5%
Philadelphia Tribune	Philadelphia N %	29 4%
Northeast Times News-weekly	Philadelphia N %	25 4%
Reporter	Montgomery N %	22 3%
WPVI-TV (ABC) Channel 6	Philadelphia N %	19 3%
Times Herald	Montgomery N %	16 2%
Germantown Courier	Philadelphia N %	15 2%
WCAU-TV (NBC) Channel 10	Philadelphia N %	14 2%

Top 10 most interested media in the second five quarters:

TIME 2**		
NAME OF MEDIUM	**COUNTY**	**STORIES**
Philadelphia Inquirer	Philadelphia N %	39 9%
Philadelphia Daily News	Philadelphia N %	19 4%
WPVI-TV (ABC) Channel 6	Philadelphia N %	17 4%
WCAU-TV (NBC) Channel 10	Philadelphia N %	17 4%
Bucks County Courier Times	Bucks N %	15 3%
Reporter	Montgomery N %	15 3%
Daily Local News	Chester N %	13 3%
KYW-TV (CBS) Channel 3	Philadelphia N %	7 2%
Northeast Times News-weekly	Philadelphia N %	7 2%
Times Herald	Montgomery N %	7 2%

*Time 1 = July 1998—August 1999.
** Time 2 = September 1999—December 2000.
Source: Mutual Media Service

one sign of changing media attitudes toward child care might be a move away from event- and personality-centered coverage toward coverage that explains child care issues or advocates a position on child care.

Media coverage has traditionally favored events over issues. In part, issues-oriented coverage requires effort to master the issues, and is thus a less profitable use of reporters' time than more easily mastered events. In addition, although consumers often claim they are interested in issues, in fact they generally turn to coverage of events that involve conflict, drama, or have a close bearing on their own lives. From this context it is not difficult to see why coverage of child care *issues* may not compete equally with events such as the death of a child in care, or the joint appearance of a Police Commissioner and District Attorney to talk about youth and violence.

Despite these disadvantages, throughout the time period, issue-oriented child care coverage was the most frequent form. Event-oriented coverage was the next most frequent form in the first half, but in the second half lost ground to coverage focused on other "light" items: organizations, personalities, and communities.[49] It may be that there were not enough dramatic events in the second half to carry event-oriented news stories, and that might account for the decreasing *number* of stories as well.

One Child Care Matters media component goal was to influence editors to increase the *number of report-ers on a child care "beat,"* with the same individual covering child care regularly. An increase in beat reporters would signal several positive developments.

First, editors might view child care as important enough to assign a regular reporter to cover it. Second, reporters might develop greater expertise in child care.

As Table 4-3 (Page 153) shows, we did not observe swelling ranks of child care beat reporters. A reporter who produced four or more stories was considered to have a "beat".[50] In Time 1, 18 reporters were deemed "beat" reporters this way. In Time 2, 11 reporters met the standard.

In addition, these "beat" reporters changed during the course of the project. Only two of the most-active reporters in Time 1 remained among the most active in Time 2. Some of this discontinuity may have come from normal turnover in reporter ranks. However, our implementation interviews implied that some editors were reas-signing reporters away from child care coverage.[51] In any case, editors did not increasingly view child care as important enough to assign its coverage to specialized reporters. Furthermore, each time a new reporter was as-signed to child care, the media staff's advocacy efforts had to begin anew.

We defined the media's *use of Child Care Matters' message points* as another quality indicator. One of Child Care Matters' main goals was to focus media attention on substantive child care issues. This was the ration-ale when the partners pooled their expertise early in the project (1998) to develop a single consistent set of eight message points targeting what they viewed as the most important aspects of child care. These message points are summarized in Table 4-6 (Page 162).

The types of issues covered are shown in Table 4-7 (Page 163). Issue types held fairly constant over time. Although the *number* of stories about child care was much lower in Time 2 than Time 1, the proportion of CCM messages referenced in the stories remained about the same:

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[49] Comparison between Time 1 and Time 2 showed the following significant differences: in Bucks and Montgomery Counties, fewer news stories and more feature stories; in Chester County, more features; in Philadelphia County, fewer news stories and editorials. Delaware County had no significant changes.

[50] The reason for this number was that the four stories tended to give us a "top ten" group of reporters. Setting the bar higher would have cut out all but a small handful of reporters. See Table MEDIA-3.

[51] A typical "challenge" repeated several times during the implementation interviews was the following: "There was one keen reporter at the *Inquirer* who was reassigned. She covered welfare-to-work, and a child care graduation ceremony….[We] are desperate to get stories and articles in the Philadelphia *Inquirer.*" (Interview, Spring 2000)

TABLE 4 – 6
CHILD CARE MATTERS MESSAGE POINTS

QUALITY: Children in care need to be in a setting of quality — one that is safe, healthy, nurturing, and stimulating
WORKING PARENTS/EMPLOYERS: Working parents need child care in order to stay employed; parents will be better employees if they are confident their children are in stable, good care; businesses can do more to provide resources
BENEFITS TO COMMUNITY: Child Care is an economic development issue; its availability strengthens the neighborhood and brings resources to the community
WELFARE REFORM: Success of welfare reform requires available and dependable child care
STAFFING ISSUES: Well-trained and compensated child care staff is most important in determining quality; low wages of child care staff affect stability of care
EDUCATION: Good early childhood education prepares children to succeed in school; the first years of a child's life are the critical learning years, and the years in which the major organization and development of the brain occurs
FUNDING: Investment in early childhood education will save public dollars later; financing of child care costs primarily though parent fees results in an under-resourced system
BIPARTISAN ISSUE: Child care is an issue that affects all working parents — a bipartisan issue

Source: Child Care Matters

TABLE 4 – 7
CHILD CARE ISSUES MOST FREQUENTLY COVERED BY THE MEDIA

ISSUE	TIME 1*	RANKING TIME 1	TIME 2**	RANKING TIME 2	SIGNIFICANCE***
Child Development/early ed N %	35 6%	6	26 7%	5	.003
Child Safety/Health N %	44 8%	4	65 17%	2	.000
Child Care Affordability N %	19 3%	9	26 7%	6	———
Child Care Availability N %	43 7%	5	9 2%	11	.004
Legislation/Regulatory Guidelines N %	82 14%	2	30 8%	4	.002
Responsibility of Society to Children N %	8 1%	13	2 .5%	14	———
Parent-child Relationship N %	9 2%	12	11 3%	10	———
Welfare to Work N %	55 10%	3	32 8%	3	.000
Employee Issues other than Welfare to Work N %	8 1%	14	2 .5%	15	———
Employer Involvement (or not) in Child Care N %	12 2%	10	15 4%	9	———
After-school Programs N %	4 1%	15	4 1%	13	———
Staffing Issues N %	31 5%	8	18 5%	8	———
Crime N %	33 6%	7	8 2%	12	.030
Child Care Business—not Welfare N %	10 2%	11	21 5%	7	.000
Other N %	189 33%	1	120 31%	1	.000

* Time 1 = July 1998 — August 1999
** Time 2 = Sept. 1999 — Dec. 2000
*** Calculated by chi-square
Source: Mutual Media Service

- *Quality* remained the overwhelmingly important message in both periods

- *Funding issues* were the second most talked-about, in both periods

- *Staffing* issues – the third most talked-about in Time 1 – attracted little coverage in Time 2

- *Welfare reform* was the fourth most talked-about issue in Time 1, and remained roughly consistent in terms of number of stories in Time 2, when it ranked as the third most talked-about issue

- *Education*, *bi-partisanship*, and *benefits to community* all ranked about equally in both time periods.[52]

The quality of child care coverage did not change during the study period. The number of "high quality" stories (issue-oriented stories with both a byline and a CCM message) were proportionally constant in Time 1 (N = 98) and Time 2 (N = 83).

MEDIA ADVOCACY FOR CHILD CARE

One way to galvanize interest in an issue is to enter it into the public consciousness as a problem that needs to be fixed. Such stories have an implied advocacy slant, even though they may cover news events rather than editorialize openly. In addition, media often favor stories that can be told as narratives with "villains" and "heroes." This bias also lends itself to representing child care as a problem with problem-causers (villains) and problem-fixers (heroes).

Yet very few stories were framed as problems in either time period.[53] Table 4-8 (Page 165) shows that, when child care *was* viewed as a problem, the most frequently cited actors in creating the problem were state-level officials and agencies. In Time 1, local agencies and officials also took blame for creating the "problem," along with state legislators. Table 4-9 (Page 166) shows that, in both time periods, the main problem-solvers were portrayed as state and local public officials/agencies, state legislators, and parents. Employers never entered the picture as either potential problem-solvers or problem-causers.

As Table 4-10 (Page 167) indicates, in both time periods, government action was overwhelmingly depicted as the major solution to child care problems. Most often the media presented solutions to child care problems in terms of regulatory or legislative moves (including funding), as well as better attitudes toward child care on the part of officials and agencies. Improvement and training of child care providers appeared as a solution in the second half of the project. These issues were compatible with activities undertaken by Child Care Matters during this time, in support of HB 1837 (accreditation) and HB 1963/1964 (unannounced inspections and criminal background checks).

ENTITIES RESPONSIBLE FOR CHANGE

In a policy environment populated by multiple child care advocates, it can be difficult to distinguish between change that occurred without any direct Child Care Matters involvement, and change that demonstrably occurred because of Child Care Matters. It is difficult to disentangle and measure the effects of persuasive efforts by multiple advocates over time. It is clear, however, that media coverage supported the child care agenda. It appears that the CCM media component had influenced this support to the point that it reflected CCM's messages.

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[52] There were also more "other" CCM messages in Time 2, possibly reflecting evolution and elaboration of the CCM agenda. A frequent "other" message, especially in Time 1, was that centers and providers should be regulated and licensed. Another important "other" message was simply the importance of child care to society.

[53] During Time 1, only 8% of stories presented a child care problem that needed fixing. In Time 2, little more than 4% of stories presented a child care problem: not a significant difference.

TABLE 4 – 8
MOST FREQUENT CHILD CARE PROBLEM CAUSERS PORTRAYED IN THE MEDIA

ACTOR	TIME 1*	TIME 2**	SIGNIFICANCE***
Public Official/Agency—State N %	27 26%	21 42%	——
Public Official/Agency—Local N %	15 14%	4 8%	——
State Legislator N %	18 17%	3 6%	.000
Parents [Single Parent] N %	7 [3] 8 7%	0 [0] 0%	.023 [.000]
Child Care Provider N %	6 6%	4 8%	——
Federal Legislator N %	4 4%	1 2%	——
Other** N %	28 27%	17 34%	——

*Time 1 = July 1998 — August 1999.
**Time 2 = September 1999 — December 2000.
***Calculated by chi-square.
****Gov. Ridge and his administration were almost universally the "others" blamed, with some blame apportioned to school districts.
Source: Mutual Media Service

TABLE 4 – 9
MOST FREQUENTLY PROPOSED CHILD CARE PROBLEM-SOLVERS PORTRAYED IN THE MEDIA

ACTOR	TIME 1*	TIME 2**	SIGNIFICANCE***
State Agency N %	42 30%	29 42%	——
State Legislator N %	21 15%	5 7%	.027
Other N %	18 13%	16 23%	——
Local Agency N %	14 10%	2 3%	.023
Parents N %	12 9%	11 16%	——
Non-CCM Nonprofit N %	11 8%	1 1%	.024
Providers N %	8 6%	0 0%	——
Local Legislator N %	4 3%	0 0%	——
Federal Legislator N %	4 3%	1 1%	——
UW N %	2 1%	3 4%	——
CCM N %	1 1%	0 0%	——
DVCCC N %	1 1%	0 0%	——
PCCY N %	1 1%	0 0%	——
Federal Agency N %	1 1%	1 1%	——
DVAEYC N %	0 0%	0 0%	——
PECC N %	0 0%	0 0%	——
Teen or Single Parent N %	0 0%	0 0%	——
Employers N %	0 0%	0 0%	——

*Time 1 = July 1998 — August 1999.
**Time 2 = September 1999 — December 2000.
***Calculated by chi-square.
Source: Mutual Media Service

TABLE 4–10
MOST FREQUENTLY PROPOSED SOLUTIONS TO THE CHILD CARE PROBLEM

ACTION	TIME 1*	TIME 2**	SIGNIFICANCE***
Public Official/Agency—State **N** **%**	42 67%	36 43%	——
Public Official/Agency—Local **N** **%**	1 2%	13 16%	.000
State Legislator **N** **%**	0 0%	0 0%	——
Parents **N** **%**	9 14%	21 25%	.001
Child Care Provider **N** **%**	2 3%	2 2%	——
Federal Legislator **N** **%**	9 14%	11 13%	——

*Time 1 = July 1998 — August 1999.
**Time 2 = September 1999 — December 2000.
***Calculated by chi-square.
Source: Mutual Media Service

For example, the messages about child care that appeared in the media were generally supportive of CCM policy goals. Child Care Matters was an effective, frequent source for media coverage, and showed ability to place its favored message points in stories where it served as a source. Over the entire evaluation period, out of 226 stories in which it (or a component partner) was cited as a source, CCM message points were manifest in 100 stories, or 44%, although it cannot be determined if CCM directly influenced the specific media coverage of these issues. Child Care Matters was also one of the five most frequently mentioned stakeholders in child care issues. There was heavy coverage of several CCM initiatives, such as the Week of the Young Child, Sticker Day, and the Timoney/Abraham news conference.

To be sure, many other entities were sources for the same kind of messages about child care. Getting these particular messages out did not necessarily come solely from Child Care Matters alone or at all. Child care media coverage was a function of many voices in the child care arena. Over the life of the project, messages compatible with CCM's targeted message points appeared in 47% of the stories (N = 533) where other entities, not Child Care Matters, were sources. Many advocacy groups communicated the same messages as Child Care Matters and were effective in getting their message across.

IMPACT OF CCM'S BUSINESS AND POLICY COMPONENTS ON MEDIA COVERAGE

We also looked for evidence of influences on opinion leaders that would indicate the business and policy partners were effective with the media. We found substantial evidence that all of the partners grew increasingly efficient at collaborations that led to media coverage.

A growing number of collaborations between DVCCC and PCCY led to media coverage of policy initiatives. For example, DVCCC assisted with publicity for the National Council of State Legislators (NCSL) meeting in Harrisburg in February 2000. In addition, it arranged a news conference on HB1964 in October 2000. DVCCC cultivated a close relationship with Harrisburg reporters, notably the NPR Harrisburg affiliate's Jenn Reehill, who covered Child Care Matters initiatives in 2000.

Collaborations also existed between the media and business component. DVCCC provided United Way with publicity for several initiatives, such as the Mayor's Reception in April 2000.

The media component also collaborated with the NDP and RQI components. DVCCC gave a great deal of attention to publicity for the neighborhood demonstration projects and T.E.A.C.H. For example, it gave media training to several providers, which resulted in media coverage. It developed and distributed a "how-to" kit for T.E.A.C.H. recipients to get coverage in home-town newspapers.

Several policy-side partners made good use of their media contacts by acting on their own initiative. The most effective use of these media contacts was policy component leader Harriet Dichter's contact with *Inquirer* editor Henry Bryant, which led to a multi-part *Inquirer* series on child care early in the project.

ROLE OF PAID ADVERTISING IN CREATING CHANGE

Child Care Matters' paid media efforts – radio and TV ads, billboards, bus tails – appeared to have had a small influence (and not always positive) on the child care climate. For example, as discussed earlier, legislators and business leaders decried what they viewed as controversial ads.

The manager of the media component termed the $200,000 allotment for paid media "a drop in the bucket" (Interview, Spring 2000), given the amount of repetition needed to put the issues into the public's consciousness. Figures regarding the demographics and number of people listening to the stations that played the ads

seemed positive. For example, the CCM media buying agency, Harmillon, estimated that more than a million listeners had been exposed to CCM radio ads between September and November 1999.[54]

However, it is important to distinguish between potential audience exposures and actual effects of advertising. We found little evidence that paid media were noticed or made a difference among stakeholders. Indeed, as one media sector manager said in the early stages: "Public awareness is not policy awareness. It's overreaching to expect the controlled media to result in advocacy." (Interview, Fall 1998)[55] Media component staff said that paid ads raised editorial awareness about child care in some small media outlets, enhancing possibilities for future unpaid media coverage in those outlets.

The controlled media campaign was costly in terms of time and money. Yet it had no visible effect and we do not view the paid advertising campaign as effective. There were too few dollars to buy adequate advertising time, and the inroads on CCM managerial and financial resources were disproportionately large.

CONCLUSION

The goal of CCM's media component was to increase the quantity and quality of child care media coverage. Increased quality and quantity of child care media coverage was intended to raise public awareness around child care, amplify the involvement of the business community in child care advocacy efforts, and ultimately accelerate more issue-oriented coverage of child care in print and broadcast media.

This research addresses changes in public opinion about child care. It focuses largely on the intermediate desired outcome of the media component: to change media coverage on child care.

What did the media component accomplish? CCM was effective in establishing its source value as a single, responsive, expert authority for media information about child care. It quickly became a favored source and a named stakeholder in media coverage. Child care-friendly messages appeared frequently in media coverage. CCM succeeded in establishing a foundation from which later media changes might emerge.

Did CCM change media coverage on child care? Overall, the answer is no. Although CCM was successful in getting the media to focus on its events, our research into the actual volume and content of child care media attention shows little or no change. There was little change in interested media, story orientation, number of stories, and the quality and prominence of child care coverage. Clearly, more work is necessary to change what appears to be an indifferent environment for child care.

As part of our evaluation, we considered whether or not CCM's media component should be replicated, and if so, under what circumstances. We concluded that the costs of the paid media campaign were disproportionately large compared to the results. It did not demonstrate significant positive change, and it put off key audiences like business leaders and legislators. Therefore, we do not recommend replication of the paid media campaign.

In contrast, unpaid media – news releases, news conferences, editorial board visits, and so on – offer substantial advantages. Unpaid media stories yield coverage for less money, and they have higher credibility than advertisements because of the implied "third-party endorsement" from a journalist. The unpaid aspects of CCM's media relations campaign showed potential to reach desired audiences in a cost-effective way, and we recommend replication of those unpaid efforts.

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[54] Summary figures for the CCM paid media campaign from Harmillon appear in Appendix MEDIA-6. However, these figures should be read with some skepticism. For example, gross impressions (used to summarize potential exposures) is computed simply by multiplying the number of ad placements by audience size. It is known in the industry as glamorous but highly exaggerated and thus a meaningless number.

[55] The Child Care Matters Business Practices Phone Survey uncovered a total of three human resource managers who mentioned having seen CCM ads. As a representative sample, this survey did not suggest that the advertising had an impact on the business community.

Our evaluation led to three recommendations as to how Child Care Matters could increase the effectiveness of its media relations during the time that remains.

- **Play to existing news values, rather than trying to change news values**

Child Care Matters received its best, most widespread news coverage from celebrity spokespersons like Philadelphia Police Commissioner Timoney and high-profile events like Sticker Day (or the Tillison death). Although coverage resulting from its efforts with editorial boards was gratifying in its issue orientation, it was not as salient or widespread as the news stories, and therefore less likely to enter public attention.

We recommend that Child Care Matters continue to develop its growing ability to take advantage of current events and existing "news pegs." Our content analysis showed that even when the news story concerned personalities or events, CCM messages were used, so that current-events news pegs act as a kind of "Trojan horse" to insert policy messages into coverage.

- **Make use of others' expertise**

Sophisticated message development, media training, and placement were done by outside consultants such as Diane Cromer, as well as CCM's public relations agencies (e.g., Golin Harris, Alta, and Goose). In addition, some of the most effective experts are the non-media partners within Child Care Matters, who have stories with good news hooks as well as personal media contacts. We recommend that the CCM media component continue to rely heavily on its external consultants, thereby benefiting from their resources and expertise, and smoothing out future personnel turnover.

- **Routine internal evaluation and analysis**

Other than anecdotally, the CCM media component showed little sense of the effects its efforts were having, and little interest in determining these effects systematically. Yet a rule of thumb in media relations is that mid-course corrections use resources most effectively.

Therefore, we recommend that the media component adopt systematic measures of effectiveness and invest resources in follow-up measures. Basic evaluation activities should include subscribing to a clip service, setting aside time to analyze and question specific results, and insisting that outside consultants provide real measures of effectiveness that go beyond reach and cost numbers, or news release distribution numbers. Through such measures, Child Care Matters can deploy its resources to best effect in the time that remains, and build on the growing strength of its news instincts and media contacts.

CHAPTER FIVE

BUSINESS COMPONENT

INTRODUCTION

Child Care Matters (CCM) identified the business community as an influential actor capable of improving the quality of, and access to, regional child care. Business leaders wield considerable power to affect child care positively in two ways: first, by making their own companies child care-friendly, and second, by influencing other key publics – notably policy makers and the media – to deal with child-care issues.

Therefore, the CCM's business component sought to make the regional business community the "face" of the child care effort by encouraging concrete actions by businesses in support of child care. Some of these actions would be manifest *internally*. CCM hoped that organizations would establish policies that favor the work/family balance or increase the availability, affordability, and acceptance of child care. Some concrete actions might appear *externally*. CCM hoped that organizations would advocate for child care in public forums like business work/ life groups, executive speeches, media interviews, and annual reports. By speaking out about child care in public forums, CCM hoped that business leaders could in turn influence policy decisions made by elected officials. Based on these principles, the CCM business component addressed two major goals:

- Encouraging businesses to place greater emphasis on child care issues within their own organizations
- Encouraging business leaders to speak out in favor of child care initiatives in public forums that bring child care to the fore in public policy and media agendas

Child Care Matters staff members with primary responsibility for business outreach initiatives operated under the aegis of United Way of Southeastern Pennsylvania. Business outreach staff consisted of Marlene Weinstein, CCM Director, and Judy Flannery, Employers and Child Care Coordinator. However, many initiatives were joint efforts involving most or all the partners, particularly DVCCC (when business leaders appeared in the media) and PCCY (when business leaders lobbied for policy changes).

This research has two parts. The first part focuses on the implementation of the CCM business component. The second part looks at its effects on change in the business community.

IMPLEMENTATION QUESTIONS

The research questions focused on how CCM established intervention along the following lines:

- What were the goals and messages of the business outreach component's implementation?
- What were the major successes and impediments in implementing the business component?
- To what extent did the CCM business component produce and follow through on a clear plan for strategies and tactics directed at changing business leaders' attitudes toward child care?
- Did the implementation effort capitalize on unforeseen opportunities?
- What was the nature of the cooperation among CCM partners in business activities?

IMPACT QUESTIONS

Questions concerning the impact of the business component's outreach effort addressed CCM's twin goals for the business community: internal actions within businesses and external advocacy in the broader community. We asked, what was the impact of the business component's outreach efforts on child care attitudes and practices within regional companies, business leaders' willingness to pursue advocacy efforts in public forums, and business leaders' demonstrated ability to influence public policy?

DESIGN AND METHODS

The design of Child Care Matters' business outreach evaluation is longitudinal, covering the period from August 1,1998 through December 31, 2000.[56] This part of the evaluation explored complex changes over a prolonged period – phenomena that are gradual and not always obvious. Therefore it was important to approach the research questions from multiple perspectives and using numerous data sources. Data were collected through telephone surveys, semi-structured interviews, document analysis, and in-person observation. These evaluation approaches are summarized in Table 5-1 (Page 174).

IMPLEMENTATION MEASURES

As shown in Table 5-1, a wide range of measures were collected to assess the business component's implementation practices.

Periodic progress reports and personal activity logs by CCM managers. Both separately and as a group, CCM partners amply documented their activities and outcomes in a variety of periodic reports. Typically these reports were distributed among all the partners.[57] A total of eight different types of periodic reports were reviewed. These are listed in Appendix 4.

Biannual interviews concerning plans, achievements, and challenges with key CCM business component staff. The business component's periodic written progress reports documented discrete outcomes and implementation efforts, but were less apt to address *emerging* items that could yield important outcomes in the future. Therefore, we augmented written reports with face-to-face, semi-structured interviews. The protocol for each interview varied over time, but typically addressed certain common themes: current goals, challenges, and achievements; unanticipated developments; the strategy behind evolving goals and plans; personal estimates of major achievements and challenges; soundings of business publics' attitudes; mid-course changes; and coordination among partners on initiatives that crossed several components like policy and media.

We conducted 25 interviews with 10 key informants involved with the business outreach. Each lasted about 90 minutes. A list of specific interviewees is provided in Appendix 4. A sample business component interview protocol is provided in Appendix 4.

Periodic partner meetings, news conferences, and other Child Care Matters-sponsored events. From the outset, business outreach staff held periodic meetings to coordinate activities with other partners. The evaluators frequently attended these meetings in order to learn about upcoming activities and to acquire information about collaborations leading to activities by business "champions."[58] We also attended several news conferences.

Workplans produced by the business component managers. Business workplans were examined. These were used to assess business outreach plans and events.

Databases of business component activities. Each reported business activity was compiled into computerized databases that allowed us to track business outreach initiatives. We created seven separate databases: interface with employers, interface with business advocacy groups with legislative efforts, business "champion"

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[56] Data collection on the Child Care Matters Business Practices Phone Survey continued into the first quarter of 2001.

[57] One partner was asked to provide a separate monthly log of her business-relations activities solely for us, so we could track complex initiatives that might involve several different partner agencies, multiple meetings, and take months to come to fruition.

[58] "Champions" is the term for leaders who have explicitly agreed to support initiatives, often by sending letters to legislators, by lending their names to guest editorials, or by appearing at Child Care Matters events.

TABLE 5 – 1
CHILD CARE MATTERS BUSINESS COMPONENT
IMPLEMENTATION AND IMPACT DATA COLLECTION

IMPLEMENTATION	Track periodic progress reports and personal activity logs by CCM managers
	Conduct biannual interviews concerning plans, achievements, and challenges, with key CCM business component staff
	Attend periodic partner meetings, news conferences, and other Child Care Matters-sponsored events
	Monitor workplans produced by the business component managers
	Compile databases of business component activities
	Monitor ancillary materials produced by the business component
IMPACT	Compile databases linking business component activities with actions and outcomes from other CCM components
	Conduct content analysis of print and broadcast media coverage of child care in the five-county region
	Analyze data from the Child Care Business Practices Phone Survey, fielded twice (1998-99 and 2000-01)

activities, joint work with other CCM partners, special events, and business materials generated (such as the Employers' Toolkit). The databases yielded a month-by-month summary of business outreach activities. The business databases are provided in Appendix 4.

Ancillary materials produced by the business component. The business outreach staff produced and distributed a range of print materials. These included educational materials for employers, drafts of letters to be sent to legislators by business "champions," guest editorials ghost-written for business "champions," and announcements of special events. We tracked distribution and requests for educational materials received by Child Care Matters from businesses and members of the public.

IMPACT MEASURES

To assess the business component's impact, we augmented our implementation measures with the following measures.

Databases linking business component activities with actions and outcomes from other CCM components. An important business outreach goal was to utilize business "champions" in a variety of venues where their advocacy of quality, accessible child care could have an impact on policy makers, the media, and the public. On the policy side these impacts included legislative testimony and other lobbying efforts; on the media side, these impacts included guest editorials, news conferences, and photo opportunities. The evaluation team used databases not only to track activities across several components, but also to relate activities to future outcomes and impacts.

Content analysis of print and broadcast media coverage of child care in the five-county region. This longitudinal analysis covered 1124 stories from late July 1998 through the end of December 2000. Through this analysis we tracked three types of business impacts: specific "champion" activities (e.g., news conferences, editorials), the involvement of employers as sources in child care stories, and media attitudes toward child care and business.

The Child Care Business Practices Phone Survey

The Child Care Business Practices Phone Survey was a 15-minute survey that targeted human resource managers in the five-county area.[59] This survey allowed us to assess the degree of change in employer practices and attitudes toward child care during the evaluation period.

Data Collected

The Child Care Business Practices Phone Survey focused on *both* practices and attitudes. Our initial research uncovered existing surveys about employers' child care *practices* but not attitudes, with more attention to *employee* attitudes toward child care than employer attitudes. Since existing materials lacked the comprehensive attitudes and practices we sought, and didn't focus on business leaders, we designed our own survey.[60] To measure changes *within* our sample organizations, the survey assessed the following internal practices, programs, and policies:

- Child care programs for employees, including scheduling flexibility, leave, financial benefits, and physical facilities

- Information given to employees concerning child care options

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[59] The business sector, led by United Way, has focused its efforts on four counties – Chester, Delaware, Montgomery, and Philadelphia – since Bucks County is covered by its separate United Way. However, our survey covered all five counties for the sake of symmetry with other CCM components, which covered all five counties.

[60] This search covered articles published in scholarly journals and business publications. It also covered materials provided by CCM staff: copies of some dozen written survey instruments concerning child care practices, used by various companies and consulting firms.

- Management accountability to assure employee access to affordable child care

- Additional resources given to child care options: e.g., hiring of staff with specific child care mandate

- Level of awareness and interest accorded child care issues by local executives

To assess the level of activity by Philadelphia‑area business leaders in support of child care issues *outside* their organizations, the survey assessed the following activities:

- Membership, or activity level, of Philadelphia‑area businesses in local, regional, or national business coalitions that focus on child care issues (e.g., the Society of Human Resource Professionals, the American Business Collaboration)

- Participation of area businesses in CCM initiatives, such as an employer recognition pro gram, employer roundtables, and business adoption of programs that assure employees hear about child care financing options

The survey instrument is provided in Appendix 4.

Sample and Timing

To acquire baseline data, we conducted the first survey in the first year of our evaluation. We piloted the survey with one dozen companies in December 1998, and after minor revisions, fielded it to our entire sample in January ‑ March 1999 (Time 1). To measure the extent of change during the period covered by the CCM outreach, we conducted a second survey at the end of the evaluation period in November 2000 – January 2001 (Time 2).

Our survey design targeted human resource administrators from 100 companies with 100‑plus employees in the five‑county area. From a commercial list source (American Business Lists), we obtained a comprehensive list of all businesses in the five-county area with 100 employees or more, along with the name, title, and telephone number of their highest-ranking human resources manager. We used a stratified random sample of companies in the five-county area, selected to assure representation of various‑sized companies proportionally to their occurrence in the actual region.[61] We did not sample companies smaller than 100 employees because it is unlikely that smaller companies have dedicated human resource administrators and complex child care plans. Appendix 4 shows the sample company sizes by county. The survey was administered by trained research assistants.

Limitations of the Sample

The Child Care Practices Business Survey was designed to be used as a panel study, with the same businesses sampled at two different points in time. With Time 1 as baseline data, we could then compare any change that occurred by the time the second survey was fielded at Time 2. Focusing on the same businesses over time meant that we could measure authentic change at the individual business level, not for a cross-sectional sample.

Unfortunately, this design could not be fully executed. At Time 2, only 41% of the original businesses agreed to participate (43 out of the original 105). Rather than abandon the further data collection at Time 2, we chose to augment the sample at Time 2 with some additional businesses. These businesses were randomly sampled within the identical strata as those sampled for Time 1. However, they cannot be used to estimate change longitudinally.

For the purpose of the analysis that follows, the findings should be evaluated from the perspective of be-ing cross‑sectional data (snapshots of different samples at two points in time) rather than longitudinal (snapshots of the same samples at two points in time).

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[61] We stratified first by county, then by business size.

IMPLEMENTATION OF THE BUSINESS COMPONENT

Child Care Matters viewed business leaders as potentially influential actors capable of improving the quality of and access to, child care in the five-county area. Noting the impact of an active business community in other locations, the CCM business component encouraged regional business leaders to become the "face" of the child care effort. It addressed two major goals:

- Encouraging businesses to place greater emphasis on child care issues within their own organizations
- Encouraging business leaders to speak out in favor of child care initiatives in public forums that bring child care to the fore in public policy and media agendas

These dual goals remained completely stable over the life of the project. However, the specific strategies the business outreach component used to implement its goals underwent considerable change over time.

This section will examine the business component's implementation strategies within the context of the regional business environment. The first part examines the business component's implementation challenges and its record at carrying out activities. The second part examines its shift to increasingly targeted strategies and discusses the impact of this strategic shift upon outreach activities. The third part assesses the role of collaboration among the partners in the business campaign.

CHALLENGES

Throughout the evaluation period, Child Care Matters' business outreach efforts faced two consistent challenges. One was external to CCM: the diffuse, dormant nature of the business community's attitudes toward child care. The other was internal to CCM: coordination, collaboration, and identity among the partners.

The Business Climate Surrounding Child Care

The Child Care Matters' business outreach implementation represented an effort to operate within a diffuse and unorganized child care environment among regional businesses. Asked to characterize the business environment, CCM staff's observations focused on seven issues:

- An uninformed, though receptive, business community
- Reluctance among business leaders to take ownership of the child care issue
- Lack of a "hub" or focus for child care efforts, in the form of a single leader or established organization
- Structural change in regional businesses, driven by mergers with out-of-town companies and diminishing local headquarters
- Lack of interest in child care from Harrisburg
- Lack of interest in child care from business media
- Positive influence of extraneous economic factors: welfare-to-work, a good economy with both parents working

Characterizing the business community's lack of engagement with child care, one business outreach staff member had this description: "The employer situation is that they are eager, but profoundly uniformed." (Interview, Fall 1998) In fact, "the level of ignorance, the level of benign neglect is stunning." (Interview, Spring 1999) CCM business staff viewed the lack of a single leader as a particularly troublesome aspect of this "uninformed" business climate. As one staff member put it: "The biggest obstacle [to imple-

menting the business outreach is] the lack of core leadership for child care among businesses in the Philadelphia area." (Interview, Fall 1999) As a result of this uninvolved business community and lack of a business leader, "there is no hub. Is there a principal place where we can focus our efforts?" (Interview, Fall 1998)

Exacerbating this leadership gap was the fluid structure of the Philadelphia business community. In the late 1990s the region had a diminishing number of headquarters. The result of mergers with out-of-town corporations, this situation exacerbated the lack of a regional civic forum for talking about child care issues. As one business outreach leader said:

> Philadelphia is more fluid than most places in terms of employers moving in and out. For example, Core States Bank was a big child care supporter but it moved out of Philadelphia. Thus the initial goals never go away but are built on. So we were constantly building relationships. Philadelphia didn't have a core of employer supporters to build on; we [were] constantly creating that core. (Interview, Fall 1999)

In this climate, creating a hub became the single most important driver of business outreach efforts throughout the period.

Business attitudes toward child care were also dampened by the lack of a child care -friendly state government. According to CCM business outreach staff, many business leaders appeared to feel that forcing child care issues onto the Harrisburg agenda would jeopardize other policy issues important to their companies:

> Another obstacle is the absence of a child care legislative agenda that everyone can buy into. There are competing advocacy demands, so businesses are not willing to jeopardize their issues for the CCM issues. For example, [Blue Cross and Blue Shield] can't jeopardize [its own] health care issue advocacy, so [it] has to limit involvement with child care advocacy. Similarly, Johnson & Johnson views child care as preventive health care, so will include child care issues in their agenda, but they will not say that child care is more important than health care issues. They have to choose one main legislative issue and the child care legislation is secondary to them. They don't want to be thought [of] as hard-hitting on child care. (Interview, Fall 1999)

Indifference on the part of the regional business media also did not help the climate surrounding child care reform. Throughout the project, CCM staff in both the media and business components voiced frustration with the difficulty of getting coverage specifically from business media. According to one business component manager, "The Child Care Matters media component have business information to report. However, they are not getting enough attention in the business publications." (Interview, spring 2000) A media component manager confirmed this point: "Business writers are hard to get….One reason we have such a hard time getting the attention of business writers is that they don't cover the non-profit sector." (Interview, Fall 2000)

Thus many aspects – attitudes of business leaders, government officials, and business media, coupled with economic factors such as mergers – combined to create a difficult business climate for child care. However, the climate was not altogether bleak. For example, CCM staff said the business community was "receptive," albeit "uninformed." This receptivity came in part from such economic factors as "a tight labor market…the lack of a good employee workforce, [and] infusion of welfare-to-work workers in the workforce," all of which caught employers' attention. (Interview, Spring 2000)

Strategic Planning Challenges

Unlike the other Child Care Matters partners, the business outreach component was not an independent organization pre-dating the collaboration. Other partners commented that this lack of prior context or familiarity with the issues presented the business staff with both strategic and collaborative challenges. One policy-side man-

ager commented that it was initially "difficult to educate [the business component] in the business context, getting them to understand how the policy works" (Interview, Fall 2000), but also noted that the business component had learned the ropes quickly.

The business component's insufficient knowledge was aggravated by the lack of a specific strategic plan to reach goals. Instead, the outreach advanced through intuitive actions such as "building foundations and building relationships." (Interview, Fall 1998) This absence of specific plans slowed implementation substantially because it deprived the business partners of focus or benchmarks for progress. As one manager put it: "We had no starting point on expectations….We have no idea of the impact of our activities. We do get a lot of phone calls from business." (Interview, Spring 1999) This plan-less state was reflected in the thinness of substantive business outreach achievements for Child Care Matters' first two years. The substantive accomplishments almost all occurred late in the evaluation period, such as the business sector's collaboration with Aon Consulting to sponsor "best practices" awards for employers, as well as its high-profile work with "champions" like Philadelphia Police Commissioner John Timoney and Greater Philadelphia First CEO Sam Katz. These accomplishments will be described in greater detail later. For now, it is sufficient to note that they occurred late in the life of the CCM business outreach.

Lack of benchmarking and self assessment meant that business component staff members did not know whether they were making any progress. Instead, they took stock of progress based mainly on anecdotal information. It became clear with the Employers' Toolkit and the workforce education efforts that the business component was learning through experience what employers wanted to know about child care. Yet they were never able to document their accomplishments. Throughout this evaluation, they still insisted, "Business is not as quantifiable as other sectors may be." (Interview, Fall 2000)

In addition, the business component did not carry out adequate research before initiating projects. This lack of research slowed the production of print materials for employers, and made materials less effective in the early stages. For example, initially at conferences the CCM tabletop display confused employers, who thought the partnership was a child care center. Business component staffers were taken by surprise:

> There was an attempt to put together a focus group, but only two or three people showed up. There should be a focus group of marketing people….We need to look through the lens of the outside business community, not United Way people. (Interview, Fall 1998)

The business component staff members maintained a diffuse networking approach throughout the project, although eventually they built sufficient connections to take advantage of this non-directed style. Over time, they improved on their original passive and haphazard style: "When people call, we provide them with information. They may or may not be a contact for us." (Interview, Spring 1999) By the end of the evaluation period, the connections forged over three years resulted in a more active and purposeful approach. Thus, the end position of "seizing fortuitous opportunities and working from serendipity" (Interview, Fall 2000) differed from the original "building foundations, establishing relationships, and establishing connections." (Interview, Fall 1998)

Throughout the CCM collaboration most partners expressed divided loyalties to their home organizations on the one hand, and the CCM collective on the other. The business component claimed to feel less ambivalence and territoriality than other partners, because it did not exist as a separate organization antedating Child Care Matters. However, collaborative challenges held back the business side initially, presenting similar challenges to all the partners.

Collaboration to implement business activities evolved among the partners over time. Business component staff acknowledged that achieving smooth collaboration consumed time and effort: "The first two years really defined our roles, and the decision-making process was rough, sorting through collaborations. Every possible business contact had to be sorted through." (Interview, Fall 2000) There were early miscues and instances of territoriality.

Organizational Challenges

Like the other Child Care Matters partners, the business component spent its first few months working out identity issues. Originally, business component staff called the group's logo one of its "biggest challenges," mainly because employers were puzzled by the new, unknown organization. One business staff member commented:

> People think [the CCM logo] is from a child care center….Just having the logo 'Child Care Matters' is… confusing to the business community. They are not used to this kind of consortium of non-profits, and they are not used to United Way in this advocacy role. They have knowledge of United Way at the corporate giving level. So their response is puzzled: What's Child Care Matters? (Interview, Fall 1999)

Yet, the business component realized that once established, the Child Care Matters identity could provide the needed "hub" for its efforts. According to one business component manager, "there is no central core of leadership surrounding child care issues in the Philadelphia area, so it's important to establish Child Care Matters as providing that core." (Interview, Fall 1999) The partnership identity could be useful because "the business community simply will not connect with the individual small agencies." (Interview, Fall 1999) Given this ambivalence, the business outreach group adopted the CCM logo reluctantly and inconsistently, putting it on some materials but not others: "This decision is made for every project separately. The criterion is what will give that particular project maximum legitimacy." (Interview, Fall 1999)

In sum, the major impediments to implementing the business campaign in part concerned the external environment – diffuse and uninterested attitudes toward child care in regional businesses – and in part resulted from internal challenges. The major internal challenges involved negotiating responsibilities and an identity for Child Care Matters as an organization.

ACHIEVEMENTS

One important consequence of the difficult child care environment in regional businesses was that the CCM business outreach staff spent a great deal of time getting organized, trying to create the missing "hub" for its efforts. As one business outreach leader noted: "we were constantly building relationships. Philadelphia didn't have a core of employer supporters to build on; we [were] constantly creating that core." (Interview, Fall 1999)

Over time, the business component learned that *targeted, sustained* efforts with a variety of *specific* business leaders were an effective way to create that core. For example, during the first 18 months, the business component described its activities in highly general terms, as "building foundations, establishing relationships, and establishing connections." (Interview, Fall 1998) However, beginning in 2000, business managers defined a different form of more practical outreach: a highly targeted effort to seize specific opportunities with specific employers: "We have shifted our goals [i.e., strategies] by giving less emphasis to building, and more emphasis to the execution of activities like educational awareness. As we move forward, our activities are more targeted." (Interview, Spring 2000)

After the first 18 months, the business outreach found an effective modus operandi in three types of activities: individual business champions, business alliances, and business workforce education. The next three sections look at these alliances. The first section looks at the role played by business "champions". The second section looks at alliances with business organizations. The third section looks at CCM's workforce education outreach.

Creating a "Hub": Business Champions

One of the primary ways in which the business outreach staff addressed the lack of "hub" was to create a stable of business "champions", i.e., business leaders who would publicly advocate child care -friendly policies within their own companies and externally through media and legislative relations.

At the outset of the project, the business component tried to emulate the success of other advocacy groups elsewhere in the country by concentrating on a handful of "celebrity" spokespersons. Throughout, the business component staff regretted that "this community doesn't have a single, visible child care spokesperson…. We're always searching for that one beacon." (Interview, Spring 1999) Yet, as the project progressed, the focus changed from "celebrities" to "worker bees," from an elite few to as many champions as possible. Hence late in 2000, the business component initiated an expanded Business Engagement Committee comprised of more active, lower-level businesspersons. One business outreach staff member explained the switch in strategy from "celebrities" to "worker bees":

> It is absolutely clear that it is the cultivation of relationships that results in change – not a singular cham-pion….We are shifting gears away from relying on big guns. We recognized that we had to have a multifac-eted approach, not rely only on singular champions….No individual champion has emerged as a single spokesperson – or wants to be. (Interview, Fall 2000)

This shift in strategy became "a conscious modus operandi": in the extension, "we'll put an emphasis on broader volunteer involvement, using the Business Engagement Committee in a proactive way and coming up with differ-ent things to keep them involved." (Interview, Fall 2000)

Creating a "Hub": Alliances with Business Organizations

A second way in which the CCM business outreach attempted to create a regional "hub" around child care was to form alliances with existing business advocacy organizations. These organizations offered not only tangible resources such as mailing lists and personnel, but perhaps more important, intangible resources like name recogni-tion and credibility with policy makers. The intangible resources were especially valuable to a startup collabora-tion like Child Care Matters.

As with its business champion strategy, Child Care Matters' strategy toward its business advocacy allies broadened over time. It formed alliances with three large advocacy business organizations and implemented specific programs with them. These organizations were the Philadelphia Chamber of Commerce the Quad Group, and Greater Philadelphia First.[62]

In addition, the business component implemented specific programs with United Way, under whose aus-pices it operated. In the early stages of Child Care Matters, United Way had served as a door-opener to local busi-nesses, but did not seem to want a closer association. As a business outreach staff member described the

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[62] The Quad Group is a group of Pennsylvania business leaders working to increase support for early childhood development programs. Quad Group members include some of the most powerful lobbying groups in the state, such as the Pennsylvania Business Roundtable, the Pennsyl-vania Chamber of Business and Industry, Greater Philadelphia First Corporation, and the Allegheny Conference. The Pennsylvania Business Roundtable led the group.

relationship: "United Way is not interested in becoming a child care [advocacy] agency. We could bring to bear additional resources, but our contribution is not invited, nor is it talked about." (Interview, Spring 1999)

Creating a "Hub": Workforce Education

Child Care Matters' strategy toward specific business collaborations also changed over time, to accommodate more diverse organizations in more practical ways. Originally the business component focused most of its efforts on other advocacy groups such as the Philadelphia Chamber of Commerce or the Society of Human Resource Managers (SHRM). The business component never gave up these large organizations, as it did not give up its "big gun" spokespersons. Yet it consciously augmented the original strategy with a multifaceted approach that partnered with many smaller organizations on bread-and-butter workforce issues. As one business component leader commented:

> Generally we learned it is not best to work with senior-level people, but rather piggy-backing with existing organizations….The process has been evolutionary: the decision to work through organizations became a conscious modus operandi. That got CCM invitations, new contacts [and] relationships….That was a strategic decision….We recognized that we had to have a multifaceted approach, not rely only on singular champions. (Interview, Fall 2000)

This shift in strategy launched a shift in implementation, from a conceptually oriented one to a highly practical partnership with businesses. Workforce education became an important part of the new business outreach. This too was a conscious shift in strategy, developed in conjunction with other partners: "There is actually a shift of emphasis. We had to build foundations first. Now we are trying to show what businesses can do to help themselves. Less of a public policy focus." (Interview, Fall 1998) The shift was expressed in specific tactical changes:

> The business, advocacy, and communication partners convened to identify possibilities for going to businesses, and business trade organizations like SHRM [the Society of Human Resource Managers]. They came up with the idea of training HR staff in how to publicize child care subsidy issues to employees. (Interview, Fall 1999)

The strategic shift led to specific practical, direct contacts with employers that took the form of:

- Visits to organizations to educate human resource managers about child care issues
- Distribution of educational materials
- Talks or presentations to professional organizations of all sizes
- Sponsorship of employer awards

For example, business outreach staff worked with the Loew's Job Fair (January 2000). Child Care Matters business outreach staff also worked with the Philadelphia Workforce Development Corporation (PWDC) in mid-2000.[63] In a similar practical outreach, they obtained the sponsorship of Aon Consulting to hold an award event recognizing regional employers who are models of "best practices" in child care (May 2000).[64]

EFFECTIVE ASPECTS OF THE BUSINESS IMPLEMENTATION STRATEGY

Child Care Matters' efforts to ally itself with existing business advocacy groups enabled it to acquire contacts and credibility. These qualities in turn opened doors later on. The most important advocacy allies were the Philadelphia Chamber of Commerce, the Quad Group, Greater Philadelphia First, and the United Way.

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[63] Formerly named the Private Industry Council of Philadelphia, PWDC is a non-profit corporation that promotes workforce development for regional employers. A number of high-profile business leaders sit on PWDC's board. PWDC especially facilitates welfare-to-work measures.
[64] Aon Consulting is a global human resources and benefits consulting group with a branch office in the Philadelphia area through which the CCM business component worked.

For example, the business component, joined with the Greater Philadelphia Chamber of Commerce, devoted a great deal of time in 1998 and 1999 to undertaking a survey of human resource managers. The survey itself suffered from a large number of methodological problems which rendered it useless from the perspective of providing information. Yet, the benefit of the survey was it both conferred legitimacy on the startup of Child Care Matters, and led to later partnerships with the Chamber. In the words of one staffer, "it helped United Way to get an avenue to work with the Chamber" (Interview, Fall 1998), such as the distribution of the Employer Toolkit.[65] These later joint ventures put materials into the hands of employers, and also laid the grounds for a legacy.

The second significant implementation partner was the Quad Group, a statewide consortium of business leaders interested in early care and education that predated Child Care Matters by nearly a decade. CCM business staff members described themselves as having "forced their way into the [Quad Group discussion] process." (Interview, Fall 2000), and unequivocally stated they had shaped both the composition and policies of the Quad Group. For example, the business outreach component credited itself with recruiting both John Claypool (former head of Greater Philadelphia First) and Rosemary Greco (former head of Core States Bank) for the Quad Group. Nonetheless, Child Care Matters business staff were "very dissatisfied with the lack of heft in everything put forth to the administration….We want more." (Interview, Fall 2000)[66] Ultimately, the Quad Group did not prove to be a "hub" for child care issues. According to CCM it was "an opportunity to create a regional voice, but…not quite a forum yet, in the sense of convening a senior-level business group forum." (Interview, Fall 2000)

Regardless of the final Quad Group document, the group created a vehicle for collaboration between the business and policy sides of Child Care Matters, as the business component was involved in recruiting Quad Group members and the policy component was involved with developing the Quad Group policy recommendations.

Quad Group activities led directly to a third major advocacy alliance with Greater Philadelphia First (GPF), and the emergence of GPF CEO Sam Katz as a businessperson willing to assume leadership and take risks in advocating child care policies. In this connection, Katz was briefed about child care issues by both the policy and business components. Business component staff described Katz as "an incredible spokesperson and advocate for child care" (Interview, Fall 2000) and "the exception" to regional businesses' traditional reluctance to advocate for child care publicly. (Interview, Fall 2000) By the end of the evaluation period, the business component appeared to be considering Greater Philadelphia First in terms of CCM's post-extension legacy of advocates among business leaders.

The final influential advocacy alliance developed with United Way. Although the business outreach effort always took place under United Way's auspices, the parent organization began as a somewhat reluctant door-opener to local businesses. However, Child Care Matters gradually assumed a more active role with United Way. For example, in spring 2000 the business component began to collaborate with the United Way Development Department to cultivate as advocates for child care the "Young Adults Group" of under-40 major givers. By late December 2000, there was some possibility that United Way would assist with legacy efforts and assume ownership of child care issues among business. One business staffer commented: "United Way has been rejuvenating itself to be issues-oriented… not just a fund-raising body, but a community problem-solver. United Way is voting to sup-

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[65] There was some lack of clarity about the exact purpose of the Chamber survey. Originally it was viewed as a way to gather data about regional employers' child care interests and practices. Afterwards, it was viewed as a way "not to have data but to be a vehicle for re-engagement, allowing [CCM] to...get access to a larger base of business contacts to make presentations" (Interview, Fall 1999).
[66] Similarly, policy component members lamented their ultimate inability to shape the Quad Group's final report. See the policy section for further discussion of this issue.

port child care initiatives rather than other initiatives." (Interview, Fall 2000) CCM's business component leaders took direct credit for United Way's increased involvement.

Targeting of Individual Employers and Employer Groups

Child Care Matters also improved its ability to pinpoint what businesses wanted in child care information, and to use that information to gain access to businesses. One key to success was the development of "meaningful materials" (Interview, Fall 2000) for employers where none were previously available (e.g. Employer Toolkit and Business Brochure). These materials helped to define issues and provided a wedge to get into companies as a credible expert. The CCM business component expanded these materials into a targeted workforce education program, to gain access to regional employers. In doing so, it exchanged an initial ideological approach for a "what's in it for me" approach that reached employers with practical tools.[67]

Capitalizing on Child Care Matters as a "Brand"

Originally, Child Care Matters' business outreach staff called the group's logo one of their "biggest challenges." However, as its penetration of the business community grew, the business component came to view the Child Care Matters name and logo in a positive light, as a "brand" name signifying a single, expert information source. Thus a business staffer commented in an interview: "People in the business community are recognizing the Child Care Matters name now and that is a significant achievement." (Interview, Spring 2000) By the end of the evaluation period, the business component embraced the partnership identity as coming close to being the needed "hub" for child care efforts:

> People know what Child Care Matters is, where to call….Child Care Matters is an entity even though people don't know what it is; people need a focused agenda and a focused message, and Child Care Matters has this. Child Care Matters gives a cohesive public stance to the issues…. There is still no single champion, but now [child care] is on people's radar screen. Child Care Matters gave them a vehicle, a place, to have a voice. (Interview, Fall 2000)

COLLABORATION AMONG CHILD CARE MATTERS PARTNERS ON BUSINESS COMPONENT ACTIVITIES

After an initial admittedly "rough" shake-down period, the partners gradually developed a collaboration among business, policy, and media activities whereby partners would meet to determine a message and strategy, then execute their assigned tasks separately. One business manager described the collaboration thus: "what each partner does, is done alone, but what they do comes from discussions with other partners, and is in service to things all the partners need and want." (Interview, Fall 1999) By the end of the evaluation period a business outreach leader stated: "The best parts of this project involve orchestrating activities. We are an orchestra, not five separate instruments." (Interview, Fall 2000) Partners cited four advantages to collaboration:

- A single, agreed-upon message ("we don't even have to think twice" [Interview, Fall 2000]). In other words, the Child Care Matters "brand" conferred unified purpose and messages both among partner agencies and to the outside world.

- Immediate access to each other, allowing rapid reaction to breaking events, such as the mailing of an employers' "emergency information kit" about child care following the death of Sydney Tillison, a young girl in a dangerously inadequate child care center; and the mobilization of "champions" to write letters to legislators in support of the subsidy legislation (November 1999).

- Collective brainstorming that led to more effective and creative efforts ("We create much more effective ideas when advocacy, business, and communication components work together." [Interview, Fall 1999])

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[67] CCM's educational outreach activities targeting employers are summarized in Appendix BIZ-4, in the "Employers" database.

- <u>Division of labor</u> that helped all agencies do more, so that pooling meant more resources.

The separate-but-coordinated approach resulted in a large number of shared activities.[68] Examples of the most effective collaborative results included the following:

- **The business component successfully recruited many of its high-profile "champions" to be media spokespersons**

Examples included a news conference with Philadelphia Police Commissioner John Timoney (June 2000); a letter to the *Inquirer* from Greater Philadelphia First CEO Sam Katz (September 2000); radio interviews by John DeFlaminis, superintendent of the Radnor School System, and Alice Lindeauer of SEI Investments (July 2000); and photo opportunities with Philadelphia District Attorney Lynn Abraham (Job Shadowing Day in April 2000).

- **Some business component "champions" were heavily involved with policy and lobbying initiatives**

Examples included legislative testimony by an executive from United Parcel Service (UPS); and involvement of John Claypool and Rosemary Greco with the Quad Group.

- **Partners participated in other partners' special events, leveraging access to different partners' target audiences**

Examples included a visit to a child care center that had achieved accreditation through CCM "champion" John Binswanger, CEO of the Binswanger Group and former chairman of the Philadelphia Chamber of Commerce. He was accompanied by John Breen, CEO of Vanguard (Fall 2000).

THE IMPACT OF THE BUSINESS COMPONENT

To assess the impact of business outreach activities, we examined change over time in the business community. Specifically, we looked at changes in business organization, human resources practices, and attitudes toward child care and business activities as advocates for child care. We asked what was the impact of the business component's outreach efforts on child care attitudes and practices within regional companies, business leaders' willingness to pursue advocacy efforts in public forums, and business leaders' demonstrated ability to influence public policy?

CHILD CARE PRACTICES INTERNAL TO BUSINESSES

Our primary means for exploring change in employers' child care attitudes and practices was the Child Care Matters Business Practices Survey. Table 5-2 (Page 186) shows the demographics of the sample of interviewees. In both years, our respondents were predominately female (>70%) and toward the upper end of the age range (in both years, 42% were over age 45).

Table 5-3 (Page 187) shows the characteristics of the companies we sampled. In both Time 1 and Time 2, the companies were predominately single or branch offices (~90%), rather than headquarters. They were smaller companies with fewer than 250 employees (67%), and consisted of a largely female workforce.[69]

Employers' Attitudes Toward Child Care

Table 5-4 (Page 188) shows that child care ranked very low as a priority. When asked to list their top human resource priorities, fewer than six respondents mentioned child care in either Time 1 or Time 2. Top human resource priorities for the companies were consistently recruiting, general benefits, and training.

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[68] A complete roster of collaborative activities is in the databases in Appendix BIZ-4.
[69] In 1998-99, 76 companies had ~50 - 75% female workforce. In 2000-01, companies were about evenly divided between workforces where one-quarter, one-half, and three-quarters of employees were women, and six companies (7%) were entirely composed of women.

TABLE 5 – 2
CHARACTERISTICS OF RESPONDENTS

RESPONDENT CHARACTERISTICS	TIME 1 (1998-1999)	TIME 2 (2000-01)
FEMALE N %	73 70%	66 73%
MALE N %	32 30%	24 27%
< 30 YEARS OF AGE N %	8 8%	9 10%
30 — 45 YEARS OF AGE N %	50 48%	38 42%
> 45 YEARS OF AGE N %	44 42%	38* 42%

*In 2000-01, five respondents (6%) chose not to answer this question.
Source: Child Care Business Practices Phone Survey

TABLE 5 – 3
CHARACTERISTICS OF COMPANIES

COMPANY CHARACTERISTICS	TIME 1 (1998-1999)	TIME 2 (2000-01)
SINGLE OFFICE N %	68 65%	64 71%
BRANCH OFFICE N %	27 26%	17 19%
HEADQUARTERS N %	10 10%	18 20%
100 — 249 EMPLOYEES N %	70 67%	60 67%
250 — 499 EMPLOYEES N %	21 20%	15 14%
500 — 599 EMPLOYEES N %	7 7%	10 11%
1000 — 4999 EMPLOYEES N %	4 4%	4 4%
10,000 + EMPLOYEES N %	3 3%	2 2%

Source: Child Care Business Practices Phone Survey

TABLE 5 – 4

TOP HUMAN RESOURCE PRIORITIES IN COMPANIES

PRIORITY	TIME 1 (1998-1999)	TIME 2 (2000-01)	SIGNIFICANCE*
Recruiting N %	49 47%	43 48%	——
Retaining N %	28 27%	52 58%	.000
Cost Containment N %	4 4%	3 3%	——
Benefits N %	48 46%	51 57%	——
Training N %	39 37%	26 29%	——
Salary N %	33 31%	32 36%	——
Work Environment & Safety N %	18 17%	6 7%	.05
Employee Satisfaction N %	37 35%	2 2%	.000
Productivity & Reliability N %	18 17%	6 7%	.05
Child Care N %	2 2%	5 6%	——
Work/Life Balance N %	13 14%	3 3%	.04
Other N %	19 18%	44 49%	.000

* Calculated by chi-square.
Source: Child Care Business Practices Phone Survey

Table 5-5 (Page 190) shows that when they were asked directly about child care, about two-thirds of respondents in both years considered child care "very" or "somewhat" important as a human resource issue in their company. There was not a significant difference between responses in Time 1 and Time 2. However, the Time 2 survey did show a substantial, though not statistically significant, drop in the number of respondents who thought it was "not at all" important. Child care did not become more important. Its unimportance, however, diminished.

As indicated in Table 5-6 (Page 191), when companies did consider child care "somewhat" or "very important," it was explained that child care was an employee retention issue. There were a large number of younger employees. There were non-traditional work hours and employees demanded child care. These reasons held steady across Time 1 and Time 2.

In keeping with this generally low level of interest, relatively few companies made awareness of employees' child care issues a specific part of a manager's duties. In both periods:

- The most popular way to deal with child care issues was to discuss them in meetings and supervise policies having to do with child care

- In fewer than 10% of the companies were managers made specifically responsible for employees' child care needs

As Table 5-7 (Page 192) suggests, this low level of attention to child care was also reflected in companies' external actions. In both periods, nearly all respondents were aware of the largest business advocacy organizations, such as United Way or the Chamber of Commerce. However, few companies were members of a professional or business group where child care is discussed, such as the Society of Human Resource Managers (SHRM).[70] In addition, Table 5-8 (Page 193) shows that almost no companies performed public advocacy by talking to government or media about child care. Almost none built child care into written documents aimed at external audiences, such as annual reports or social responsibility reports.

That, in general, the business community considered child care to be a low-priority issue acts as a telling corrective to policy makers' assumptions about child care's importance as an economic development issue. This apparent disconnect suggests that a lack of communication as well as a conceptual gap exists between the world of public policy and the world of business about child care.

Practice-Oriented Results

What about changes in company practices? Table 5-9 (Pages 194 and 195) summarizes child care benefits offered to employees. Benefits did not change significantly over time. Both surveys showed that the vast majority of companies offered some sort of scheduling flexibility for parents with children. The five most popular forms of scheduling flexibility remained release time for matters like PTA meetings or children's health visits, part-time work, phased-in schedules after parental leave, a compressed work week, and flextime or core hours.[71] In addition, about one-half of companies had either personal, maternity, or negotiable leave over and above what is provided under the Family Medical Leave Act (FMLA). The major difference between the two time periods was a leap in tele-commuting in 2000-01.

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[70] SHRM was the most frequently mentioned business association. Also mentioned were Chambers of Commerce, Rotary Clubs, and a variety of smaller regional, professional, or industry groups.
[71] Significantly fewer companies offered this benefit in 2000-01, but it was still offered frequently, relative to other benefits.

TABLE 5 – 5
IMPORTANCE OF CHILD CARE TO COMPANIES RESPONDING TO THE
CHILD CARE BUSINESS PRACTICES PHONE SURVEY

HOW IMPORTANNT IS CHILD CARE TO YOUR COMPANY?	1998-1999	2000-01	SIGNIFICANCE*
DON'T KNOW **N** **%**	0 0%	3 3%	⸺
VERY IMPORTANT **N** **%**	26 25%	24 27%	⸺
SOMEWHAT IMPORTANT **N** **%**	47 45%	46 51%	⸺
NOT AT ALL IMPORTANT **N** **%**	32 30%	17 19%	⸺
TOTAL N	105	90	

*Calculated by chi-square.

TABLE 5 – 6
**REASONS WHY CHILD CARE IS IMPORTANT TO COMPANIES RESPONDING TO THE
CHILD CARE BUSINESS PRACTICES PHONE SURVEY**

REASON WHY CHILD CARE IMPORTANT AT COMPANY	"YES" RESPONSES TIME 1 (1998-99)*	"YES" RESPONSES TIME 2 (2000-01)*	SIGNIFICANCE**
It Helps to Retain Employees **N** **%**	51 49%	24 27%	.000
Large Number of Younger Employees **N** **%**	40 38%	33 37%	⸺
Work Hours are Non-traditional **N** **%**	34 32%	15 17%	.000
Employees Say They Need Child Care Support **N** **%**	33 31%	18 20%	.000
Helps to Balance Work-life of Employees **N** **%**	39 29%	9 10%	.000
Contributes to Employee Reliability/ Productivity **N** **%**	21 20%	2 2%	.000
Children/families Important in Company Philosophy or Mission **N** **%**	13 12%	2 2%	.000

*Columns total more than 100% because multiple responses were allowed.
** Calculated by chi-square.

TABLE 5 – 7
RECOGNITION OF ADVOCACY GROUPS BY EMPLOYERS RESPONDING TO THE CHILD CARE BUSINESS PRACTICES PHONE SURVEY

RECOGNITION OF CCM OR PARTNER	TIME 1 (1998-99)	TIME 2 (2000-01)	SIGNIFICANCE*
CHAMBER OF COMMERCE **N** **%**	104 99%	86 96%	⸺
UNITED WAY **N** **%**	104 99%	86 96%	⸺
PCCY **N** **%**	20 19%	8 9%	.04
CCM** **N** **%**	16 15%	12 13%	⸺
DVCCC **N** **%**	12 11%	12 13%	⸺
DVAEYC **N** **%**	10 10%	7 8%	⸺
PECC **N** **%**	5 5%	7 8%	⸺

* Calculated by chi-square.
** When asked, "What do you know about Child Care Matters?"
13 respondents expressed general name recognition;
6 respondents had received CCM literature;
2 respondents had seen a news item about CCM;
2 had seen a CCM ad;
1 had worked with the CCM business component;
the others did not know.

TABLE 5 – 8
EXTERNAL INVOLVEMENT IN CHILD CARE BY EMPLOYERS RESPONDING TO THE CHILD CARE BUSINESS PRACTICES PHONE SURVEY

ACTIVITY	TIME 1 (1998-99)	TIME 2 (2000-01)	SIGNIFICANCE*
Member of International Association of Business Communications N %	12 11%	28 31%	.000
Member of Other Work/Life Organizations N %	18 17%	16 18%	——
Discuss Child Care with Other Businesses N %	23 22%	10 11%	——
Mention Child Care in Annual Reports N %	5 5%	3 3%	——
Mention Child Care in Social Responsibility Reports N %	5 5%	4 4%	——
Mention Child Care in Speeches N %	14 13%	10	——
Mention Child Care with Other External Audiences N %	4 4%	5 6%	——
Write Letters to the Editor N %	0 0%	1 1%	——
Write Guest Editorials N %	0 0%	1 1%	——
Give Media Interviews N %	2 2%	2 2%	——
Talk to Local Government N %	2 2%	3 3%	——
Talk to State Government N %	2 2%	3 3%	——
Talk to Federal Government N %	2 2%	1 1%	——
Other Ways Involved with Child Care N %	1 1%	6 7%	.03

* Calculated by chi-square.

TABLE 5 – 9
CHILD CARE BENEFITS OFFERED BY EMPLOYERS RESPONDING TO THE
CHILD CARE BUSINESS PRACTICES PHONE SURVEY

BENEFIT	TIME 1 (1998-99)	TIME 2 (2000-01)	SIGNIFICANCE*
Flextime N %	65 62%	57 63%	⎯
Tele-Commuting N %	0 0%	28 31%	.000
Phased-in Schedule after Parental Leave N %	75 71%	64 71%	⎯
Compressed Work Week N %	36 34%	32 36%	⎯
Part Time Work or Job Sharing N %	81 77%	68 76%	⎯
Time Off for PTA Meetings, Childrens' Doctor Visits, etc. N %	92 88%	65 72%	.007
Cafeteria Benefits N %	9 9%	10 11%	⎯
Adoption Assistance N %	5 5%	3 3%	⎯
Child Care Discounts N %	4 4%	4 4%	⎯
Child Care Subsidies N %	7 7%	4 4%	⎯
Flex Account N %	39 37%	9 10%	⎯
Reimbursement for Child Care Expenses caused by Travel, Overtime N %	0 0%	3 3%	⎯
Backup Child Care Facilities N %	6 6%	3 3%	⎯
Child Care for Mildly Ill Children N %	3 3%	1 1%	⎯
Onsite Child Care Facilities N %	7 7%	3 3%	⎯

BENEFIT	TIME 1 (1998-99)	TIME 2 (2000-01)	SIGNIFICANCE*
Maintain Network of In-home Child Care N %	3 3%	0 0%	——
Participate in Child Care Center Consortium N %	1 1%	0 0%	——
Summer or School Holiday Programs N %	4 4%	6 7%	——
Reserve Child Care Slots for Employees N %	3 3%	3 3%	——
Provide Benefits under FMLA N %	105 100%	89 99%	——
Additional Leave Programs N %	58 55%	47 52%	——
Other N %	11 10%	16 18%	——

* Calculated by chi-square.

Financial support for child care was not nearly as prevalent as scheduling flexibility. Fewer than one-half of the companies offered some form of financial support for child care. In 1998-99, the form of financial support most used was a Flexible Spending Account, but use of this benefit dropped significantly in 2000-01.[72]

Few companies offered physical facilities for child care; less than 10% had either onsite care or backup care.

The Child Care Business Practices Index

What do these findings about employer attitudes and practices tell us? To provide a summary of these findings, we computed an index we called the *Child Care Business Practices Index*. The index is the sum of affirmative answers each respondent gave when asked about company activities in terms of providing information to employees, managerial awareness about child care, outside advocacy activities, flexible scheduling, financial assistance, physical facilities for child care, and leave policies. Therefore, the Child Care Business Practices Index provides a measure of how child-care-friendly a company is *overall* – in terms of resources offered, internal attitudes, and external advocacy. Note that all types of assistance are weighed equally.

The Child Care Business Practices Index ranges from 0-25 where 25 indicates that a respondent answered affirmatively to all child care business activities and zero indicates that a respondent answered negatively to all of these activities. Table 5-10 (Page 197) summarizes how our sample of businesses performed on this index. We created a set of categories representing high, medium, and low scores where high equals 17-25, medium equals 9-16 and low equals 0-8.

No businesses scored in the high category. More than two thirds scored in the low category at each point in time. There were no significant changes between Time 1 and Time 2.

EXTERNAL BUSINESS ADVOCACY EFFORTS

A second goal of Child Care Matters was to increase business leaders' willingness to pursue advocacy efforts in public forums. Child Care Matters made progress by involving high-profile business leaders and large business advocacy organizations to work with CCM. Yet the work advanced slowly and remains fragile.

From the outset, the centerpiece of the Child Care Matters business outreach was the recruitment of "champions," well-known business leaders who would take the Child Care Matters message to the media, legislators, and other business leaders. Child Care Matters pursued three types of "champions," and made headway with all three types.

The first type of "champion" was individual business leaders, such as Charles Connolly (First Union Bank) or Dick Smoot (PNC Bank). Other individual champions came from government or the non-profit sector, such as Philadelphia District Attorney Lynne Abraham or former CoreStates Bank head Rosemary Greco. These champions performed high-level, behind-the-scenes recruitment work, such as finding Quad Group members friendly to Child Care Matters' policy goals.

Midway through the evaluation period, the business component acquired several champions with exceptionally high profiles and credibility: Sam Katz (CEO of Greater Philadelphia First) and John Timoney (Philadelphia Police Commissioner). Timoney's news conference on children and violence (June 2000) yielded the heaviest news coverage Child Care Matters received during the entire period, evidence of the power of

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[72] A flexible spending benefit allows employees to put money for child care, medical expenses, and other personal expenses in a separate account so these can be paid with pre-tax dollars. Other forms of financial support included a cafeteria benefits plan, child care subsidies, adoption assistance, negotiated discounts for child care services, and dependent care vouchers. These benefits were offered by only a small handful of companies in either period.

TABLE 5 – 10
**COMPANIES' PERFORMANCE ON THE CHILD CARE BUSINESS PRACTICES INDEX,
BY COUNTY**

COUNTY	SCORE	TIME 1 (N=105)	TIME 2 (N=89)
BUCKS	**LOW** N %	12 11%	12 13%
	MEDIUM N %	3 3%	0 0%
	HIGH N %	0 0%	0 0%
CHESTER	**LOW** N %	6 6%	5 5%
	MEDIUM N %	5 5%	4 4%
	HIGH N %	0 0%	0 0%
DELAWARE	**LOW** N %	9 9%	9 10%
	MEDIUM N %	2 2%	2 2%
	HIGH N %	0 0%	0 0%
MONTGOMERY	**LOW** N %	19 18%	16 18%
	MEDIUM N %	11 10%	4 4%
	HIGH N %	0 0%	1 1%
PHILADELPHIA	**LOW** N %	23 22%	31 34%
	MEDIUM N %	15 14%	5 5%
	HIGH N %	0 0%	0 0%

celebrity and a dramatic story to attract media attention. Business component leaders thought that Sam Katz's public advocacy of child care would encourage other business leaders to take advocacy risks for child care: "No one wants to be first, everyone wants to be second….Until the governor said he was receptive, no one was willing to come forward but Katz." (Interview, Fall 2000)

Child Care Matters altered its strategy halfway through the period by involving lower-level champions who were part of the Child Care Matters Business Engagement Group. This group was what one CCM manager described as "worker bees." (Interview, Fall 2000) More diverse and more engaged than the "celebrity" champions, the Business Engagement Group performed activities like letter-writing campaigns to state legislators, and provided access to their own companies.

The second type of CCM "champion" was individual businesses. For example, UPS and Johnson & Johnson were considered champions because they put their company names behind support for child care legislation. Similarly, the business component cultivated Aon Consulting as a corporate sponsor for an employer recognition event, which culminated in the Aon Hand-in-Hand Awards of May 2000.

The third type of Child Care Matters "champion" consisted of large, established business-oriented groups such as the Philadelphia Chamber of Commerce, United Way, Greater Philadelphia First, and the Quad Group. These organizational champions fulfilled three functions for Child Care Matters:

- They conferred a kind of "halo effect," enhancing Child Care Matters credibility
- They had a role in influencing legislation
- They have potential to carry on a CCM legacy

Yet, the CCM business component was fragile. One sign of that fragility was the weakness from CCM's perspective of the Quad Group's final position paper submitted to Governor Ridge in late 1999. Another sign was Child Care Matters' failure to get businesses to sponsor its "edgy" advertisements that Channel 6 offered to run in 1999, if business sponsors would advance the money. Looking back, one business outreach manager deplored this failure to connect: "I have a deep regret at not having changed the ad when the business community withdrew, instead of changing it. We lost an opportunity to key in big companies and to make a difference." (Interview, Fall 2000)

CCM's business outreach component continued coping with a climate of inertia and the reluctance of business leaders to take advocacy risks. Business component leaders characterized the regional child care business climate as difficult throughout this evaluation:

> No individual champion has emerged as a single spokesperson – or wants to be….Some businesses are historically reluctant to provide other than behind-the-scenes support. They are reluctant to write a letter or stand up publicly in support of a particular policy…. Philadelphia is a difficult environment with few corporate headquarters…. It's a hard task to acquire support for specific issues in public policy.…That may happen in the future, but we are not there yet. So we are on a track forward. (Interview, Fall 2000)

CONCLUSION

The CCM business component was charged with:

- Encouraging businesses to place greater emphasis on child care issues within their own organizations
- Encouraging business leaders to speak out in favor of child care initiatives in public forums that bring child care to the fore in public policy and media agendas

Did the business component have an effect? To what extent did it accomplish its goals?

Child Care Matters did not succeed in altering businesses' human resource practices on child care. It influenced some change with a few businesses where CCM had initiated its workforce training. Overall, businesses human resource activities remained the same. Businesses had little or no emphasis on child care at the beginning of this evaluation. At its close, the situation was not much different.

Yet, progress was made during the evaluation period, although this progress was limited to a small group of businesses and business leaders. We see two specific changes in business practices:

- *Child Care Matters was effective in establishing its "brand" value* as a single, responsive, expert authority for businesses that need information about child care, in a highly fragmented child care climate

- *Child Care Matters put child care on the agenda of several major organizations* that appear likely to carry on informational and advocacy efforts after the partnership ceases to exist

These are important steps toward creating a foundation for getting business community support for child care. Yet it is not possible to predict whether CCM will eventually succeed in this effort.

Aside from news conferences and editorials by a handful of high-profile champions such as Timoney, we see little influence by, or even evidence of, business advocacy in the media. The Business Practices Telephone Survey uncovered only a small handful of employers who spoke about child care to legislators or the media. The media content analysis uncovered almost no references to employers at all. Thus, little evidence exists of the "hub" of engaged, influential business leaders that Child Care Matters had hoped to create.

Given these mixed results, we cannot recommend that CCM's business outreach component be replicated in its present form. However, business leaders can still be an important voice in regional decision-making about child care and should not be left out of advocacy efforts altogether.

Therefore, we recommend replication only of those specific aspects of the business outreach that appeared to have a positive impact. These aspects are as follows: production of practical, how-to materials for employers and parents; alliance with high-profile business leaders and organizations; and reward of positive achievements in child care. We single out these particular aspects because of several lessons that emerged from the CCM evaluation.

One lesson is that *specific, direct actions* were most effective in focusing businesses on child care issues. For example, Child Care Matters' production of the Employers' Toolkit created "meaningful materials" for which employers were eager. Similarly, direct contact through workforce training sessions appeared to reinforce employers' engagement with child care issues.

A second lesson is that *alliance with existing high-profile, high-credibility business organizations* is important. Alliances with Greater Philadelphia First, the Chamber of Commerce, and United Way provided tangible resources, and intangible credibility, that boosted Child Care Matters' outreach to other business groups.

A third lesson is that it is important to *create a unified, well-resourced focal point* for business child care information in a diffuse and weak business climate. Child Care Matters believed it had begun to be that focal point: However, they acknowledged that even though "CCM gives a cohesive public stance to the issues, there is still no single champion." (Interview, Fall 2000)

Building on these observations, we have specific recommendations as to how Child Care Matters could increase the effectiveness of its business outreach in the time that remains.

First, Child Care Matters should *continue to provide specific, targeted services that meet identified business needs.* Employers did not come to Child Care Matters because they were concerned about issues; they were

drawn by informational resources and free programs such as workforce training. Communication theorists have long known that a powerful motivator is "what's in it for me," a question that advocacy efforts per se do not answer as well as tangible information materials do.

Second, Child Care Matters should *encourage employer involvement through positive means rather than asking employers to take risks.* The business community is reluctant to advocate for child care. The Aon Hand-in-Hand Awards showed that employers could be persuaded to attain good child care practices by rewards and recognition, not by advocacy where the rewards were not evident. Therefore, Child Care Matters should maintain and increase involvement with high-profile special events that attract large employers and positive media coverage, such as the Aon Hand-in-Hand awards.

CHAPTER SIX

THE NEIGHBORHOOD DEMONSTRATION PROJECT

INTRODUCTION

Child Care Matters intended to showcase the benefits of putting resources into child care through its Neighborhood Demonstration Project (NDP). The NDP concentrated resources geographically to improve the accessibility of quality, affordable child care in two Philadelphia neighborhoods – Kensington and Germantown.[73] More specifically, the goal of the Neighborhood Demonstration Project was to increase the school readiness of at-risk children in the targeted neighborhoods by increasing the affordability and availability of high quality child care.[74] Ultimately, the results of the NDP were to be used to lobby for support of public programs that would provide such resources to child care facilities and families. Hence, like the other components of CCM, the NDP was ultimately designed to serve the goal of changing child care policy.

The NDP directly provided resources to child care programs and families in the selected communities. Several different types of resources, including instrumental and financial support, were provided to participating programs in an effort to improve their quality. The NDP provided support to low-income families in the form of private subsidy dollars to purchase child care.

The resources offered to families and child care programs through CCM were designed to be interconnected: families receiving child care subsidies from CCM were required to purchase care from a program participating in the quality improvement activities. Subsidies to families were designed to provide access to regulated child care programs engaged in quality-improvement efforts. The programs participating in the quality-improvement efforts were eligible to fill empty child care slots with children receiving private subsidy dollars.

The resources provided through the NDP were ultimately expected to increase the school readiness skills of children who participated in the initiative. Figure 6-1 (Page 203) graphically displays how the NDP was designed to achieve this goal. In theory, child care subsidies were intended to increase accessibility to high-quality child care by enabling low-income families to purchase it. The quality-improvement resources were intended to increase the supply of quality child care in the targeted communities. Taken together, these strategies would theoretically increase the availability of high-quality child care to parents and children in these communities, thereby increasing children's school readiness skills.

The resources provided through the NDP to achieve these goals were varied. In the next section, we provide a more detailed description of the CCM resources aimed at improving the quality of child care programs and those aimed at increasing the accessibility of high-quality care for families.

RESOURCES AIMED AT QUALITY IMPROVEMENT

The first NDP strategy designed to improve children's school readiness skills was to improve the quality of child care available in the two low-income communities. Specifically, this goal was operationalized as accrediting 10 to 20 day care centers and 25 family day care (FDC) homes.[75] Accreditation represented quality standards

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[73] The NDP was modeled after the Early Childhood Initiative (ECI), a program designed to improve the availability of high-quality child care in Pittsburgh, Pennsylvania. The ECI model targeted all child care facilities in Allegheny County. Because CCM had more limited resources, it decided to concentrate available resources in two low-income neighborhoods, thereby creating an intervention of sufficient intensity to change the accessibility of care in these two areas.

[74] Current research suggests that experience in high-quality child care is an important factor contributing to the development of school readiness skills (e.g. NICHD Early Child Care Research Network, 2000).

[75] Another important goal of the NDP was accomplished early in the life of the project. Specifically, CCM provided assistance to 25 legally exempt family day care providers enabling them to become legally registered with the Department of Public Welfare. This was seen as a major achievement among Child Care Matters staff, and one that indicated its commitment to the continual quality improvement model. As one child Care Matters administrator stated, "We have moved from the presumption that those people 'only want to work under the table' to understanding that these women want to be every bit as good as mainline places." (Interview, December 1999) This part of the initiative was not part of our evaluation study.

for child care programs as determined by the National Association for the Education of Young Children (NAEYC) and the National Association of Family Child Care (NAFCC).

Several methods were developed as part of the NDP to achieve these accreditation goals. We refer to the collection of these methods, aimed at local child care programs, as the quality-improvement efforts of the Neighborhood Demonstration Project. These methods included providing mentoring support to child care programs throughout the accreditation process, providing money to the programs to improve quality, and providing resources to providers to increase their level of education through the T.E.A.C.H. (Teacher Education and Compensation Helps) program.

Accreditation and the Provision of Mentoring Support

Each program participating in the NDP was assigned a person to assist them with the accreditation process. This person, known as a mentor, was hired by and worked for the Delaware Valley Association for the Education of Young Children (DVAEYC). Mentors were providers who themselves had successfully completed the accreditation process in their own facilities. Mentors were expected to work closely with their programs from the beginning of the accreditation process – which started with an intensive self-assessment process – until the programs were ready for accreditation. No concrete curriculum or schedule was set for how the mentors would work with individual programs as the needs of each was expected to vary considerably. Mentors were expected to help out in a myriad of ways, including modeling developmentally appropriate child care practices, helping directors develop their administrative skills, and providing on-site training for providers.

The other two resources offered through the NDP – access to funds to make improvements in program quality and scholarships for providers to further their education – were designed to complement the mentoring support. The money was intended to help programs purchase materials and equipment and/or make physical improvements to the program housing that would be necessary to achieve accreditation. The scholarship funds also helped programs meet minimum teacher education requirements in accredited facilities.

Funding to Programs for Quality Improvements

Participating child care facilities received direct funding through a pool of money referred to by CCM as "Quality Improvement Funds." This funding was designed to assist centers and FDCs that were engaged in the accreditation process achieve the necessary standards. As part of the accreditation process, each center and FDC worked with its mentor to develop a quality-improvement plan that used the national accreditation standards to identify areas in which the facilities fell short. Based upon this process, providers submitted to DVAEYC a purchase request for the materials, equipment, renovations, professional development, or mentoring needed to achieve the accreditation standards. When the purchase request was approved, the center received the needed improvements. DVAEYC was billed directly.

Scholarship Resources for Providers

Both independent of, and as a part of accreditation, the CCM partners saw increasing provider education levels as an important means towards improving child care quality. Therefore, another goal of the NDP was for 50% of teachers in NDP facilities to have an Associate or Child Development Associate (CDA) degrees, and for all lead teachers and FDC providers to obtain or pursue one of these degrees.

CCM looked to an innovative program, known as T.E.A.C.H., as a model for delivering scholarships to child care providers.[76] T.E.A.C.H. also attempted to address the problems for quality child care created by low provider wages and high staff turnover. The program provided partial scholarships for education, insured that programs provided increased compensation to providers when degree programs were completed, and required that participants agree to remain in child care for one year following training. Costs were shared among several parties: T.E.A.C.H., the participants, and their sponsoring child care programs each provided a portion of the cost for the scholarship.[77]

T.E.A.C.H. was implemented both within the NDP, and also as part of the wider Regional Quality Initiative, another component of Child Care Matters.[78] Within the context of the Neighborhood Demonstration Project, all child care centers engaged in the accreditation process were required to agree to participate in T.E.A.C.H. If they did not already have a degree, FDC providers were required to agree to participate during or after achieving accreditation.

RESOURCES AIMED AT INCREASING THE ACCESSIBILITY OF HIGH-QUALITY CARE

The second major strategy employed by the NDP to improve children's school readiness skills was to make high-quality child care more accessible to low-income families by giving them child care subsidies to purchase it. In each of the two NDP neighborhoods, CCM set a goal of funding 100 subsidized child care slots for low-income families with household incomes less than 235% of the Federal Poverty Income Guidelines (FPIG). These slots were designed to provide long-term access to high-quality care for low-income families.

Participant families were expected to be recruited from the waiting lists of the two Philadelphia Child Care Resources (PCCR) that serve these neighborhoods. PCCRs are the local nonprofit organizations that administer child care subsidies for the working poor. PCCR-North administered CCM subsidies for the Kensington neighborhood, and PCCR-NW administered CCM subsidies in the Germantown area. Originally, participating families were required to place their children in family day care homes and centers that had agreed to work with Child Care Matters by participating in the accreditation process. Later, the pool of eligible programs in the neighborhoods was expanded to include those that were already accredited. Table 6-1 (Page 206) shows the goals and services provided by CCM.

EVALUATING THE NEIGHBORHOOD DEMONSTRATION PROJECT

In theory, the consequences of each strategy of the intervention should have been felt most directly at different levels. The provision of resources to child care programs should have directly affected the quality of participating programs over time. This should have, in turn, affected the quality of care available in the targeted communities. The impact of subsidy dollars should have been felt most directly by the families and children who received them. Thus, because the recipients and intended consequences of each element of the NDP were different, our evaluation of the NDP focused separately on the quality-improvement efforts and the subsidy program.

For both types of resources, we considered how the NDP was implemented and the impact of these resources. The evaluation of the implementation of the NDP was concerned with evaluating its success and with

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[76] The model was originally developed in 1990 in North Carolina and has since been disseminated to six additional states, including Pennsylvania. The Pennsylvania Association of Child Care Agencies (PACCA) administers the program in Pennsylvania with oversight from the Day Care Services Association in North Carolina.

[77] The T.E.A.C.H. program paid 80% of tuition costs, the participant paid 10%, and the sponsoring child care program paid the remaining 10%. FDC providers usually had to pay 20% of the tuition costs as they had no sponsoring program. Centers were required to give teachers a bonus or 4% raise after each year of college work was completed. CCM paid bonuses to FDC providers.

[78] T.E.A.C.H. is now a statewide program, funded by the Department of Public Welfare. Securing public funding for T.E.A.C.H. was one of CCM's early policy victories.

TABLE 6 – 1
GOALS OF CHILD CARE MATTERS AND THE SERVICES PROVIDED TO CENTERS AND FAMILY DAY CARE HOMES IN THE NEIGHBORHOOD DEMONSTRATION PROJECT

Goals	Services Provided
• Accredit 10 to 20 centers • Accredit 25 family day care homes	Mentors to assist center directors, center staff, and family day care providers in the accreditation process.
	Funding to centers and family day care homes to be used for materials, equipment, renovations, professional development, and mentoring.
	T.E.A.C.H. scholarships to bring the education levels of 50% of all center teachers, and all lead teachers and family day care providers to an Associate's degree or a CDA credential.
• Improve affordability and accessibility of quality childcare to low-income families	Fund 100 subsidy slots for low-income families in the participating CCM facilities in each of the two neighborhoods.

identifying barriers to successful implementation. Such information is necessary to understand and interpret the effects of the NDP. The evaluation of the impact of the NDP focused on how the provision of these resources affected programs and families.

Evaluation of the Quality-Improvement Efforts

Three sets of research questions guided the evaluation of the implementation of the quality-improvement efforts. The first set of questions examined the process of trying to accredit child care programs in the two target neighborhoods. The second set of questions focused on the role of Quality Improvement Funds (QIF) in the accreditation process. The third set of questions focused on the role of T.E.A.C.H. in the accreditation process. Finally, we considered the success of the NDP relative to the original program goals.

Accrediting Programs

We examined several aspects of the accreditation process including the recruitment of programs to participate in the NDP, the level of program quality at the beginning of the initiative, and the role of accreditation mentors. Specific questions included:

- How were the centers and FDCs recruited for participation in Child Care Matters' accreditation effort? How many centers and FDCs participated?

- What were the programs' initial levels of quality?

- What was the role of the accreditation mentor in the accreditation process? How did that role change over time? How did mentors spend their time?

- What challenges did the mentoring model encounter?

- What was the impact of the accreditation mentors on the accreditation process?

Quality Improvement Funds (QIF)

Questions we asked about the QIF included:

- How much Quality Improvement Funds did each center and FDC receive?

- How were the Quality Improvement Funds spent?

- What was the impact of the Quality Improvement Funds on the accreditation process?

T.E.A.C.H.

Issues examined in regard to T.E.A.C.H. included:

- How many Neighborhood Demonstration Project providers participated in T.E.A.C.H.? How many were working towards Child Development Associates (CDA) degrees? Towards Associate of Arts degrees (AAs)?

- What was the impact of T.E.A.C.H. on the accreditation process in centers? What was the role of T.E.A.C.H. in improving quality in FDC homes?

Overall success of NDP accreditation efforts

Specific questions included:

- How many center programs were accredited? How many FDC programs were accredited?

- Did the NDP reach its goals for increasing the education levels of providers?

The intended impact of these resources was to increase the quality of care offered by the participating programs, enabling them to meet high standards. These standards were operationalized by CCM as achieving ac-

creditation. However, we chose to measure the NDP's impact in terms of observed changes in the overall quality of the caregiving environment. This allowed us to make a more refined judgment about the success of the NDP for two reasons. First, accreditation did not necessarily mean that high-quality care had been achieved. Second, reliance on accreditation as the only metric may obscure important changes that did happen in programs that did not become accredited.

In our evaluation of their impact, the effects of the quality-improvement efforts on centers and family day care providers were assessed separately because the quality-improvement efforts directed at centers and family day care homes were similar but not identical. Centers and family day care homes are accredited by different agencies. Most importantly, the targets of the interventions were different. Quality-improvement efforts for family day care homes were usually directed at the owner and operator. It was an intervention aimed at an individual. Quality-improvement efforts for centers targeted individuals as well as overall programs. Therefore, our assessment of the impact of the quality-improvement efforts addressed two slightly different questions:

- Did participation in NAEYC accreditation and the T.E.A.C.H. scholarship program increase the quality of care in centers? Specifically, did such participation lead to positive changes in program quality, the sensitivity of provider-child interaction, and in providers' professional characteristics (e.g. job satisfaction, child rearing attitudes, professional beliefs and practices, knowledge of child development, and professionalism)?

- Did participation in NAFCC accreditation and the T.E.A.C.H. scholarship program increase the quality of care in family day care homes? Specifically, did such participation lead to positive changes in program quality, the sensitivity of provider-child interaction, and in providers' professional characteristics (e.g. job satisfaction, child rearing attitudes, professional beliefs, knowledge of child development, and professionalism)?

Evaluation of the Subsidy Resources

The evaluation of the implementation of the subsidy component of the NDP focused on the delivery of the subsidies, to whom they were delivered, and how they were used. We also considered whether families that used them were in some way different from other subsidy-eligible families to determine whether a subsidy program tied to the use of quality-improving programs may be more appealing or useful to certain types of families. The specific questions concerning the implementation of the subsidy program included:

- How were families recruited to participate in the subsidy program?

- What were the demographic characteristics of families that participated in the subsidy program?

- How did subsidy program participants compare to those who had been offered Child Care Matters subsidies but did not take them?

- What were the participation patterns of families in the subsidy program?

To assess the impact of the subsidy program, we designed a study to examine the effects of providing private subsidy dollars to families to place their children in quality-improving programs. In this study, families and children receiving Child Care Matters subsidies were compared to families and children who were using public subsidies. This comparison was made because the subsidies offered by CCM stipulated that the money be used to attend a regulated child care program that was specifically engaged at improving its quality through the Neighborhood Demonstration Project. This type of stipulation did not apply to public subsidies, which may be used to purchase both regulated and legally exempt, unregulated care.[79] Our study was designed to determine whether CCM families (families receiving Child Care Matters subsidy dollars) experienced greater benefits compared to those who used public subsidy dollars to purchase care. Three specific questions were addressed:

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[79] Legally exempt care consists of providers who are caring for three or fewer children.

- Did families who used CCM subsidy dollars have better child care arrangements than families who used public subsidies? Specifically, did they use more regulated child care, have more stable care arrangements, use child care of higher quality, and experience more satisfaction with their child care arrangements than families who used public subsidies?

- How did the employment situation of the parents of CCM children compare to that of parents using regular subsidy dollars? Specifically, did mothers who used CCM subsidy dollars have more stable employment, have less disturbances at work related to child care, and experience more satisfaction with their work than mothers who used public subsidies?

- Did children in families who received CCM subsidy dollars have better school readiness skills, and were they better adjusted socially than children whose families used public subsidy dollars to purchase child care?

Table 6-2 (Page 210) shows an outline of the two studies designed to evaluate the impact of the NDP.

DESIGN AND METHODS

In the following section we discuss the study design and methods used to assess both the implementation and impact of the NDP.

IMPLEMENTATION EVALUATION

Activities related to the implementation of the NDP were monitored during the three years of the evaluation. Data gathered during the first and second years were primarily used to determine how the NDP was initially implemented and how early obstacles to implementation were handled. In the third year, data were gathered to document NDP activities, determine whether CCM delivered on its promises, and examine how its participants had viewed the NDP. Some data were collected longitudinally, allowing us to track the ways in which initial impressions, opinions, and descriptions of the implementation process changed over time.

Data Collection Procedures

Primary and secondary data sources were used to collect information concerning the implementation of the NDP. Data were both quantitative and qualitative. We chose a multi-method research design in order to maximize our ability to examine each question using multiple sources. Collecting evidence from multiple sources is particularly important in assessing the implementation of a complex initiative such as Child Care Matters, since the process is by definition a dynamic and fluid one, subject to multiple interpretations. Moreover, because of the complexity and interconnections among the various components of the NDP, many of our data collection instruments, particularly the interview protocols, were developed to address multiple questions – often from different portions of the evaluation project.

Table 6-3 (Page 211) describes the data used to evaluate the implementation of the Neighborhood Demonstration Project. Our analysis of the implementation of the Neighborhood Demonstration Project was based on four general types of data: interviews, reporting forms that partners used to document activities for CCM, meeting minutes, and secondary databases maintained by CCM and/or organizations outside of CCM.

Face-to-face and/or telephone interviews were critically important in understanding the complexities of the NDP implementation process. A wide variety of individuals were interviewed over the course of the three-year study, and many were interviewed at multiple points in time. This included interviews with CCM staff who were involved in the delivery of resources, people at other organizations involved in the delivery of resources including

STUDIES EVALUATING THE IMPACT OF THE NEIGHBORHOOD DEMONSTRATION PROJECT

TABLE 6-2

Questions	• Did participants in NAEYC accreditation and the T.E.A.C.H. scholarship program increase the quality of care in centers? • Did participants in NAFCC accreditation and the T.E.A.C.H. scholarship program increase the quality of care in family Day Care Homes?	• Did the use of CCM subsidies dollars affect the t amount, stability, quality, and satisfaction with tl parents purchased for their children? • How did the care differ between those who used subsidy and those who did not? • Did the use of CCM subsidy dollars affect the co employment, child care related work disturbance overall satisfaction with work? • Did children in families who received CCM subs have better school readiness skills, and were they adjusted socially than children whose families us subsidy dollars to purchase care?
Groups Studied	– Center programs participating in the NDP – FDC providers participating in the NDP – FDC providers from target neighborhoods not receiving resources	Families who received the CCM subsidies vs. demogr matched families who received public subsidy dollars

Outcomes Measured	**A. Effects on quality for centers**
	– At the center level:
	  1. Quality of the child care environment (ECERS-R)
	  2. Provider sensitivity
	  3. Turnover rates
	  4. Education level of staff
	  5. Staff wages
	– For participating center providers
	  1. Turnover
	  2. Wages
	  3. Education
	  4. Job satisfaction
	  5. Childrearing attitudes
	  6. Knowledge of child development
	  7. Professionalism
	  8. Instructional beliefs and practices
	– For children in centers:
	  1. School readiness
	
	A. Effects on FDC providers
	  1. Quality of the child care environ-ment (FDCRS)
	  2. Provider sensitivity
	  3. Education level of staff
	  4. Education
	  5. Job satisfaction
	  6. Childrearing attitudes
	  7. Knowledge of child development
	  8. Professionalism
	  9. Instructional beliefs and practices
	– For children in FDC programs:
	  1. School readiness
		A. Family level variables:
		– Employment activity of parents in home
		  1. Continuity of employment
		  2. Number of absences from work
		  3. Satisfaction with work
		  4. Satisfaction with child care arrangements
		B. Child Care Variables:
		  1. Type of child care arrangements used
		  2. Amount of child care
		  3. Quality of child care arrangements
		  4. Stability of child care
		C. Child-level variables:
		  1. School readiness
		  2. Adjustment

TABLE 6 – 3
DATA USED TO EVALUATE THE IMPLEMENTATION OF THE
NEIGHBORHOOD DEMONSTRATION PROJECT

Data Type	Data Source	Amount of Data	Dates Collected
QUALITY IMPROVEMENT			
Interviews with CCM Staff	Face-to-face or telephone interviews	16 Interviews	Throughout initiative
Interviews with CCM Participants	Face-to-face or telephone interviews	18 Directors Time 1 15 Directors Time 2 52 Providers Time 1 56 Providers Time 2	Throughout initiative
Interviews with T.E.A.C.H. Personnel	Face-to-face or telephone interviews	8 interviews	Throughout initiative
Program Readiness Profile	DVAEYC	21 reports	Year 1 of initiative
Cluster Leader Reports	DVAEYC Cluster Leader logs	1,133 visits logged by four cluster leaders	Throughout initiative
QIF Spending Plans	DVAEYC documents	21 Spending Plans (1 per center)	Throughout initiative
QIF Expense Reports	DVAEYC Expense Statements	21 Expense Statements (1 per center)	Throughout initiative
Center Report Cards	DVAEYC	22 Report Cards (1 per each of 22 centers applying)	Year 1 of initiative
Partner Meeting Minutes	CCM	Minutes from 19 Meetings	Throughout initiative
T.E.A.C.H. Database	KURC database developed with PACCA data	Data from 78 Providers	Throughout initiative
Meetings	Notes from meetings attended	Notes from 12 meetings	Throughout initiative
SUBSIDY			
Interviews with CCM Staff	Face-to-face or telephone interviews	12 Interviews	Throughout initiative
Interviews with PCCR Personnel	Face-to-face or telephone interviews	Six interviews	Throughout initiative
Meetings	Notes from meetings attended	10 Meetings	Years 1 and 2 of initiative
PCCR-North Application Database	PCCR-North data from public subsidy applicants	Data from 400 public subsidy applicants	Year 1 of initiative

administrators from the T.E.A.C.H. program and staff at the local PCCRs, and providers who participated in the quality-improvement efforts.[80] Table 6-4 (Page 213) lists the number of interviews conducted by type of interviewee.

Interviews with CCM staff primarily focused on their activities and their perceptions of successes and challenges in implementing the NDP. Interviews with staff from other organizations focused on their role in the delivery of CCM resources and how they related to CCM. Interviews with participants in the NDP focused on their perceptions of the efficacy of the quality-improvement efforts and feelings about participating in the program. A list of interviewees and copies of interview protocols can be found in Appendix 5.

We conducted a total of 168 interviews. Interviews typically ranged from 45 to 60 minutes. Notes were taken during the interviews and were later transcribed into computerized form. We coded interviews using Hyper-research, a qualitative data analysis software program. Coding schemes were developed to enable us to address the major research questions. In addition, unexpected themes and issues that emerged from the data were coded as well. The coding scheme for the interviews can be found in Appendix 5.

Secondary data came from a number of sources. These primarily included forms used internally by CCM to track activities and expenditures. Specific forms collected by our team included:

- DVAEYC's Program Readiness Profile: a form documenting DVAEYC's initial assessment of a program's readiness to undertake the accreditation process

- Cluster leader reports: logs kept by accreditation mentors to track their activities at each visit to a program

- Quality Improvement Fund Plans and Expense statements: forms that documented Quality Improvement Funds (QIF) expenditures and how they were used

- Center Report Cards: CCM staff's interim evaluations of the accreditation process
- Subsidy Invoices: invoices submitted by PCCRs to CCM for subsidy expenditures

Forms with which these data were collected are contained in Appendix 5.

We also used minutes from different types of meetings to track the implementation of the NDP. This included meeting minutes from the monthly CCM partner meetings, which helped us to track the decision-making process of the CCM partners as the accreditation process unfolded. In addition, we attended and obtained minutes of meetings held between CCM staff and the PCCR personnel that occurred regularly during the first two years of the initiative. We attended meetings involving CCM staff and those involved in the T.E.A.C.H. program and used notes from these meetings as data for our evaluation.

Two databases assembled by organizations outside of CCM that delivered NDP resources were also used to track implementation activities. First, we used a database on T.E.A.C.H. participants assembled by PACCA, the organization licensed to administer the T.E.A.C.H. program in Pennsylvania.[81] This information included those child care providers who applied for but did not enroll in the scholarship program, as well as the characteristics of participating providers, information regarding the length of time enrolled, type of provider, and type of degree each participant pursued.

The second database we used to track implementation was assembled for us by Philadelphia Child Care Resources-North.[82] It contained information from applications for public subsidies on all families that applied for

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[80] These interviews were limited to providers who were also participating in our study assessing the impact of the quality-improvement efforts.
[81] These data were initially collected by Keystone University Research Corporation (KURC) as part of their statewide evaluation of the T.E.A.C.H. program. KURC shared this information with us so that PACCA would not have to deliver the same set of information twice.
[82] We also requested the same data from PCCR-Northwest bud did not receive it.

TABLE 6 – 4
INTERVIEWS FOR THE EVALUATION OF THE IMPLEMENTATION OF
THE NEIGHBORHOOD DEMONSTRATION PROJECT

Child Care Matters Staff	Organization/Title	Number of Interviews Conducted
Jill Kortright	Philadelphia Preschool Project	3
Janet Umble	DVAEYC	3
Miguel Ramirez	T.E.A.C.H. Mentor	2
Annette Freeman	T.E.A.C.H. Mentor	2
*Cluster Leaders (2)		2
Rose Ball	West Philadelphia Child Care Network	1
Marlene Weinstein	United Way	1
Michele DiAddezio	DVAEYC	3
Staff at outside organizations involved with Child Care Matters		
T.E.A.C.H. Personnel		
Kelly Kring	PACCA	1
Kathleen Watkins	Community College of Philadelphia	1
Terry Casey	PACCA	2
Joyce Iutcovich	KURC	1
PCCR Personnel		
Shirley Thomas	PCCR-NW	2
Debbie Coleman	PCCR-N	2
Shirlee Howe	PCCR-N	1
Child Care Matters Participants in the QIS		
Center Directors	NDP Centers	33
Center Providers	NDP Centers	108

Note: * Names withheld for confidentiality.

a subsidy at PCCR-North and were also offered a CCM subsidy. The database provided demographic information about subsidy applicants, such as family structure, work hours, income, education and ethnicity, and whether the family expressed a preference for a particular type of child care arrangement when they applied for subsidy.

The fact that our evaluation began after the NDP had already been initially implemented limits some of the conclusions that can be drawn from our evaluation. Because of this late start, we lost a valuable opportunity to conduct pre-intervention interviews. This type of "pre-test" data would have contributed a valuable perspective to the implementation of the NDP, including the perspectives of CCM staff as the initiative formed, how CCM worked with outside organizations to implement in the NDP, and the nature of early planning meetings. Many of the seeds of later implementation successes and failures may have been sown during the planning process. Fortunately, the participants we interviewed at the beginning of our evaluation recalled some of this information.

IMPACT EVALUATION

Two separate studies were designed to evaluate the impact of the NDP. The first of these, referred to as the "Quality Improvement Study," examined the impact of the quality-improvement efforts. The second study, referred to as the "Subsidy Study", was designed to examine the impact of the subsidy program on the families and children who used them.

The Quality Improvement Study

The impact of the quality-improvement efforts was assessed using a longitudinal design. Change in centers and FDC homes was assessed separately and utilized different research designs.

Center programs were observed twice, once at the beginning of the evaluation, and again, approximately one-and a-half years later.[83] Because the initiative was implemented before the start of our evaluation, the first observation took place six to eight months after programs began in the initiative.

In an effort to reduce study costs, only a pre-test/post-test comparison of center programs engaged in the intervention was conducted. This decision was buttressed by a study on the impact of accreditation on center quality that suggested that it is highly unlikely that programs not working towards accreditation improve in quality as much as programs undergoing accreditation procedures (Whitebrook, Sakai, & Howes, 1997). We were also unsure as to whether there would be an adequate number of comparable non-CCM center programs in the CCM neighborhoods from which to select a control group. Without a control group, we could not be certain that change observed in NDP centers was solely attributable to the intervention.

To determine the impact of the quality-improvement efforts directed at family day care (FDC) providers, FDC providers participating in the NDP were assessed at two points in time, approximately one year apart. The amount of change in the FDCs participating in the NDP was compared to the amount of change in a matched group of FDC providers from the target neighborhoods that were not participating in the program. While having a comparison group enables us to be more confident attributing any changes observed in the CCM group to the intervention, this type of quasi-experimental design is still open to question. That is, FDCs that participated in the intervention may have differed in some unmeasured way from those that did not, and it may be these factors, rather than the intervention, that contributed to differences in the amount of change observed. Only a true experimental design would alleviate these concerns.

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[83] Originally, we expected to assess the center classrooms upon the completion of the accreditation process, however many centers had not yet applied for their accreditation visit as of September 2000. Therefore, in order to observe the changes that had taken place during the duration of the evaluation period, we observed the remaining facilities so they could be included in our analysis.

Another important shortcoming of our research examining the impact of the quality-improvement efforts are the small sample sizes. Because our sample sizes were small, our analyses only had the statistical power to detect rather large effect sizes. Therefore, there may have been smaller, but reliable, improvements that we could not observe. On the other hand, small effect sizes, particularly as documented with the instruments we used, may not have much practical significance.

Data Collection Procedures in the Quality Improvement Study

The data collection schedule and procedures are described separately for centers and FDC homes. This is followed by more specific information concerning the measures used, participant recruitment, and the characteristics of the final samples of participants.

Data Collection in Centers

Time 1 data collection included collecting information from the center directors, classrooms head teachers, and children in the classroom.[84] In the first three months of 1999, directors completed a 15-minute phone interview about their initial impressions of CCM, and they were mailed a questionnaire regarding their center and the center's staff. Out of the 19 recruited centers, 18 directors (95%) completed the interview and questionnaire.[85] Copies of the director interview and questionnaire can be found in Appendix 5.

Fifty-two providers agreed to participate. At Time 1 they were observed in their classroom for approximately two–and a-half hours using the Early Childhood Environmental Rating Scale-Revised (ECERS-R; Harms, Clifford, & Cryer, 1998) and the Arnett Caregiver Interaction Scale (Arnett, 1989). Providers were also administered a 15-minute interview over the phone. Prior to the observation visit, providers were sent a questionnaire packet to complete and enough parent-consent forms for each of the children enrolled in the class. The consent forms asked the parents' permission to assess the school readiness of their child while in the classroom. The questionnaires and consent forms were either picked up at the visit or returned in the mail. Forty-six (89%) questionnaires were returned from the center providers. Copies of the provider interview and questionnaire can be found in Appendix 5.

Once parent-consent forms were returned to the provider, the observers returned to the classroom on a second visit to complete three sub-tests of the Woodcock Johnson-Revised: Tests of Achievement (Woodcock-Johnson, 1990) on up to four randomly selected children (two boys and two girls) in the class with English as their primary language.[86] The three sub-tests, Letter-Word Identification, Applied Problems, and Dictation provide quick screening of broad achievement. This visit usually took place within two weeks of the observation visit. We were able to conduct the Woodcock Johnson - Revised in 44 classrooms.[87] Out of these 44 classrooms, 35 classrooms had at least one boy and one girl assessed. Providers were paid $25.00 for their participation.

Time 2 observations occurred approximately one-and a-half years after the first visit.[88] We had planned to see the same center provider in the same center classroom as Time 1. However, due to staff turnover and

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[84] Time 1 observations in center classrooms were completed between January and April 1999.
[85] One director refused to participate in the Time 1 data collection.
[86] Due to low parental consent return rates we were not always able to assess two boys and two girls in each class within the time period allotted.
[87] The two classrooms had no parent-consent forms returned, five classrooms had consent forms returned, but the children were out of the age range (< 2 years of age, > 4 years of age), and one classroom's scores were too low to be considered accurate.
[88] Time 2 observations were completed between April 2000 and February 2001.

rearrangement of center provider classroom placement, that was not always possible.[89] We conducted visits with 41 center providers at Time 2, of which 20 were the same providers seen at Time 1. Table 6-5 (Pages 217 and 218) contains a breakdown of the number of classrooms observed per center at Times 1 and 2.

During the second visit to the classrooms, observations were made using the ECERS-R and Arnett Caregiver Interaction Scale for two-and a-half hours, and we conducted a phone interview with the head teacher. The head teacher was asked to complete a questionnaire packet identical to the one used in Time 1. The interview included questions about the provider, the working conditions, and experiences with the CCM program since the Time 1 visit. Providers were paid $30.00 for their participation. A copy of the Time 2 visit interview and questionnaire packet can be found in Appendix 5.

Data Collection in Family Day Care Homes

We completed baseline observation visits with 16 CCM family day care homes and 14 comparison family day care homes.[90] Observation visits were conducted with each provider who agreed to participate. Prior to the observation, family day care (FDC) providers were asked to complete a questionnaire packet. The observation visit lasted two-and a-half hours and involved observations of the caregiving environment using the Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1989) and observations of the interaction of the provider with the children using the Arnett Caregiver Interaction Scale (Arnett, 1989). The interview and questionnaire protocols were identical to the ones used with center providers, as can be seen in Appendix 5.

Before leaving the family day care home, the questionnaire was collected and the provider was given consent forms for the child assessments to distribute to the parents of the children who were between the ages of two and four years. Twenty-eight (97%) questionnaires were returned from the family day care providers. FDC providers completed a 20-minute telephone interview and were paid $25.00 for their participation.

Within two weeks of the visit, observers returned to the family day care homes to assess the children using the three sub-tests of the Woodcock Johnson – Revised: Tests of Achievement. The sub-tests were the same measures used in the center classrooms. Again, the assessments were completed on children between the ages of two and four years and for whom parent consent was obtained. We were able to complete child assessments in 22 of the 30 family day care homes (13 Child Care Matters FDCs and nine match FDCs).[91] Of these 22, we were able to get at least one boy and one girl assessed in 12 family day care homes.

Time 2 observations took place approximately one year after the Time 1 visit.[92] We completed visits with 15 out of the 16 Child Care Matters family day care homes and nine out of 14 comparison family day care homes.[93] During the second visit to the family day care homes, we observed using the FDCRS and Arnett for two-and a-half hours, conducted a phone interview with the provider, and asked the provider to complete a questionnaire packet. The phone interview was identical to the one used with the center providers and the questionnaire

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[89] A priority system was implemented to replace teachers observed at Time 1 who were unavailable at Time 2. The first priority was to observe the original providers in one of the classrooms we observed during Time 1. The second priority was to observe a new provider who occupied the same physical classroom as seen during Time 1, because Quality Improvement Funds were often spent on classroom upgrades. The third priority was to see the original provider from Time 1 in a new classroom. Finally, if the above options were not available, a new provider in a new classroom was recruited and observed.

[90] Time 1 data collection took place between April 1999 and February 2000.

[91] Four FDCs cared for children that were out of the age range necessary for conducting the Woodcock-Johnson to be conducted (< 2 years of age, > 4 years of age), two FDCs did not have parent-consent forms returned, one FDC refused the child assessment activity, and one FDC that had only one child eligible for the assessment also refused.

[92] Time 2 observation visits took place between March 2000 and January 2001.

[93] One Child Care Matters family day care provider and three comparison family day care providers refused participation and two comparison family day care providers closed prior to the Time 2 data collection period.

TABLE 6 – 5

NUMBER OF PROVIDER CLASSROOMS OBSERVED AT TIME 1 AND TIME 2 FOR THE QUALITY IMPROVEMENT STUDY

ID #	the center	(N=52)	(N=41)	(N=19)	(N=15)	(N=1)	(N=6)	Reason for Change at T
001	2	2	3	0	2	0	1	Two Time 1 providers b... new classroom was add...
002	4	4	4	3	0	0	0	One Time 1 classroom v...
003	2	2	2	2	0	0	0	No changes
004	5	4	3	2	1	0	0	Two Time 1 providers r... venting 4th classroom ol...
005	4	3	3	2	1	0	0	One Time 1 provider re...
006	3	4	0	0	0	0	0	Center refused Time 2 ...
007	2	2	2	1	1	0	0	One Time 1 provider re...
008	2	2	2	0	0	0	2	Two Time 1 providers r...
009	2	2	2	0	2	0	0	Two Time 1 providers r...
010	5	5	2	2	0	0	0	Two Time 1 classrooms rooms; one Time 1 clas...

Note: 1 = Same Provider/Classroom means that the provider and the classroom were seen at Time 1 and Time 2, but the two were not necessarily seen together. For example, a provider may have moved from the one Time 1 observed classroom to another Time 1 observed classroom between time periods.

2 = Criterion for observable provider is head teacher of a 2-4 year old classroom.

TABLE 6 – 5
CHANGE IN NUMBER OF OBSERVED CLASSROOMS AND PROVIDERS AT TIME 1 AND TIME 2 FOR THE QUALITY IMPROVEMENT STUDY
(CONTINUED)

ID								Notes
012	4	3	2	1	1	0	0	One Time 1 provider resi; observable as it was taken for Time 2 in another clas
013	5	3	0	3	0	0	0	Three Time 1 providers re
014	3	2	2	0	0	2	2	Two Time 1 providers res teachers in these classroo
015	2	2	3	1	1	0	1	One Time 1 provider resi; added to program.
016	3	2	2	1	1	0	0	One Time 1 provider resi; One Time 1 provider resi
017		4	4	2	1	1	0	classroom
018	3	2	2	1	1	0	0	One provider transferred director.
019	2	2	1	1	0	0	0	One provider on leave of
020	2	2	0	0	0	0	0	Center Closed

was identical to the one used in Time 1. Providers were paid $30.00 for their participation. Copies of the interview and questionnaire protocol can be found in Appendix 5.

Measures

Table 6-6 (Page 220) lists the major constructs in the Quality Improvement Study and the instruments used to assess them. Various kinds of procedures were used.

Child care quality was assessed using standardized observational procedures. These included the Early Childhood Environment Rating Scale-Revised (ECERS-R; Harms, Clifford, & Cryer, 1998) and the Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1989), both of which assess the overall quality of the caregiving environment. In addition, the ECERS-R provides scores of the quality of particular aspects of the environment including the space and furnishings, personal care routines, activities, interaction, program structure, and parent and staff involvement. The subscales of the FDCRS include space and furnishings, basic care routines, language and reasoning, learning activities, social development, and adult needs. We also used the Arnett Caregiver Interaction Scale (Arnett, 1989), which assesses a specific caregiver's involvement with and sensitivity to the children in the group.

Standardized interviews were administered to directors and providers to collect demographic information as well as information about the different aspects of the Child Care Matters program including their experiences with the accreditation mentors, the T.E.A.C.H. scholarship program, and the quality improvement funds.

Questionnaires were also administered to directors and providers. The directors' questionnaire assessed general characteristics of the programs and of the director. Directors also provided information regarding their professional experience and education. Providers completed several standardized questionnaires that assessed various characteristics including job satisfaction, knowledge of child development, professionalism, authoritarian child rearing attitudes, and instructional beliefs and activities.

At Time 1 we assessed children's school readiness skills with a standardized test of developmental abilities and achievement. Specifically, three sub-tests of the Woodcock-Johnson Psycho-Educational Battery – Revised Test of Achievement (Woodcock & Johnson, 1990) were administered. They included Letter-Word Identification, Applied Problems, and Dictation.[94]

Extensive descriptive and psychometric information regarding each of the measures can be found in Appendix 5.

Recruiting Centers for Participation

Recruitment of center programs began on January 12, 1999. DVAEYC supplied the names of centers participating in CCM to researchers at Temple University. Each program that joined CCM signed an agreement stating that they were aware of the evaluation of CCM and they agreed to be contacted by staff members of the CCM evaluation team.

Directors were contacted first. They were told about the study and invited to participate. They were asked for the names of head teachers serving two- to four- year old children. They were told that we wanted to contact the providers serving the preschool-aged. Because of the concern that directors might coerce providers to participate, directors were told that we first wanted to contact providers to simply tell them about the study, and if

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[94] Woodcock Johnson-R tests were only administered at Time 1. The decision to fund a second visit to assess changes in school readiness outcomes was going to be based on the results of this evaluation. The results from these tests are not reported here.

TABLE 6 – 6
MEASURES USED IN THE QUALITY IMPROVEMENT STUDY

CONSTRUCT	MEASURE
Quality of caregiving environment in centers	Early Childhood Environmental Rating Scale – Revised (ECERS; Harms, Clifford & Cryer, 1998)
Quality of caregiving environment in family day care homes	Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1989)
Care provider sensitivity	Arnett Caregiver Interaction Scale (Arnett, 1989)
Job satisfaction	Provider Questionnaire - Feelings About My Work (Early Childhood Job Satisfaction Survey; Jorde-Bloom, 1991)
Childrearing attitudes	Provider Questionnaire - Ideas about Raising Children (Parental Modernity Scale; Shaefer & Edgerton, 1983)
Knowledge of child development	Provider Questionnaire - How Children Grow (Knowledge of Infant Development Inventory – 3 to 6 year old version; MacPhee, 1981)
Professionalism	Provider Questionnaire - Professional Activities Scale (Jorde-Bloom, 1991)
Developmentally appropriate caregiving beliefs	Provider Questionnaire - Teacher's Beliefs Scale (Charlesworth, 1993)
Developmentally appropriate caregiving practices	Provider Questionnaire - Instructional Activities Scale (Charlesworth, 1993)*
Personal Background & Demographic characteristics	Director & Provider (visit) interviews
Knowledge of accreditation standards	Director & Provider (visit) interviews
Experiences with Child Care Matters	Director & Provider (visit) interviews
Commitment to child care field	Provider (visit) interviews
School readiness	Woodcock-Johnson Psycho-Educational Battery – Revised; Tests of Achievement – Letter-Word Identification, Applied Problems & Dictation (Woodcock-Johnson, 1990)**
	Developmental Profile (U.S. Department of Education, National Center for Education Statistics, 1996)

Note: *Not used with Family Day Care Providers
     **The Woodcock-Johnson Psycho-Educational Battery – Revised; Tests of Achievement was not used at Time II.

invited to participate, the provider would then be free to decide whether to participate. We attempted to recruit five classrooms per center. The head teacher was recruited from each classroom serving two- to four-year-old children. The recruitment protocol for center directors and center providers is in Appendix 5.

Characteristics of Center Participants

Of the 21 center programs participating in CCM, 19 were part of our observational study. Most of the programs (83%) were non-profit programs and each served approximately 72 children. At the Time 1 observation, the typical center director had a Bachelors degree, all had Associates degrees or higher and had been at their current job for six years. Eight directors left their program between our first and second observations. Most of the head teacher staff at participating programs had at least some college experience; 44% of them had at least an Associates
degree.

We recruited a total of 52 classrooms. Table 6-5 (Page 217) presents a breakdown of how many classrooms were represented at each center. We observed between two and five classrooms per center.

Fifty-two providers were observed for the Quality Improvement Study at Time 1. Almost all were female (96%). The majority of providers (62%) identified themselves as African American, and 21% identified themselves as of Hispanic origin. On average, providers had completed some college and a sizable number had completed an Associates degree or higher (31%). At Time 2, 41 head teachers representing 17 participating centers participated.

More detailed information about program and provider characteristics is provided in Appendix 5. This information is provided so that others may compare our research to other samples in similar studies. Information concerning participants may also be useful to program planners.

Recruitment of Family Day Care Homes

The list of names of family day care providers participating in the Child Care Matters program was supplied to the researchers at Temple University by DVAEYC. Michele DiAddezio, cluster leader for the family day care providers participating in Child Care Matters, told providers that the CCM evaluation team would call to inform them of the study and invited them to participate. Family day care providers were recruited in April 1999.

Family day care providers for the comparison group were identified using the September 1998 Department of Public Welfare listing of family day care homes in Philadelphia County. We began by identifying those FDC providers who were located in and around the same zip codes as the FDC providers. We called each provider on the list to inform him or her of our study. If they were interested in participating, we requested basic demographic information. This information was used to match them with a participating CCM family day care provider. Providers were matched based on age and education level.[95] One-to-one matches were made with each of the participating CCM family day care providers. The Recruitment Phone Scripts for CCM and Match family day care home providers can be found in Appendix 5.

Sixteen CCM FDC providers participated in the study. They were all female; the majority was African American (69%). On average, FDC providers had taken some college courses, and 31% had at least an Associates degree. FDC homes, on average, served five children.

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[95] We also wanted to match providers according to ethnicity but we were unable to do so.

The comparison group of 16 FDC providers was also all female. They had, on average, completed some college coursework; 29% had at least an Associates degree. The comparison group consisted of more African American (86%) providers and Hispanic providers (14%) and no white providers. Comparison FDC homes also served, on average, five children. More detailed information about participating FDC providers and their programs can be found in Appendix 5.

The Subsidy Study

The Subsidy Study employed a quasi-experimental design. In it, we compared families receiving CCM subsidies to a group of families similar on key demographic variables who were receiving public subsidies. This was done so we could determine whether the use of subsidies tied to quality-improving child care programs conferred any additional benefits over those received from the use of public subsidies that could be used to purchase care of varying type and quality.

Families, and their child care arrangements, were compared before the delivery of CCM subsidies and again, 10 to 12 months later at the end of the NDP. Baseline assessments were made to control for any preexisting differences that might be related to our outcome variables at Time 2.[96] If families or children differed with respect to some key variables at Time 1, these differences could be controlled for in statistical analyses examining group differences at Time 2. For example, we assessed a number of variables likely to be related to school readiness outcomes such as the quality of stimulating activities in the home and the mother's attitude towards education.

In addition to measuring variables potentially related to a selection bias, sampling procedures were used to strengthen the quasi-experimental design. We screened both our CCM and comparison families for risk variables that could have a substantial impact on children's school readiness skills. Children with risk factors that could not be expected to be ameliorated by preschool experiences, such as birth defects or poor health, were excluded from the study. Other factors related to school readiness outcomes that could be countered by high quality child care, such as poverty status and parent education, were held constant across the two groups. These sampling procedures made it more likely that we could see an impact of child care on school readiness outcomes and more likely that we could reasonably, though not definitively, attribute differences in the groups to their child care experiences.

Problems with the implementation of the subsidy component of the NDP caused us to modify our original design in some important ways. The patterns of enrollment and participation in the CCM subsidy program did not allow us to have a large group of CCM participants to enroll at the beginning of our study. To deal with this concern, comparison families were matched on a one-to-one basis with our CCM families so that they could be interviewed for variable, but comparable, time frames during the intervention.[97]

Implementation problems also forced us to slightly alter the nature of our research questions. Originally, our research questions focused on the impact of CCM funding. However, when the eligibility requirements of the Child Care Matters and public subsidies were identical and waiting lists for public subsidies disappeared, many Child Care Matters families jumped to public subsidy funding as soon their number came up on the waiting list for public subsidies. Many of these families, however, continued using the CCM facility. From the parents' and children's perspectives, not much changed. Therefore, we considered a CCM family as participating in the intervention for the length of time their enrollment in a CCM facility was funded by CCM and/or public subsidies.

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[96] These pre-existing differences are sometimes referred to as "selection bias."
[97] Although it was not our original intention to match families on a case-by-case basis, program implementation problems suggested this as a more valuable strategy.

The study design has several limitations. First, as with all quasi-experimental designs, we cannot be absolutely certain that observed group differences are not the result of something other than the treatment condition. Second, although we were able to address some of our original questions, it was with much smaller sample sizes that we had originally planned (groups of 15 rather than 60 participants). Only large effects sizes can be determined with samples this small, and they limit the confidence we can place in the results. Third, problems in implementation caused us to begin the study after most participants already were receiving CCM subsidies. Thus, no true baseline assessment could be made. For some variables, such as child care arrangements used, we asked respondents to retrospectively report the information as it was before the beginning of CCM. Other variables, such as school readiness skills, can not be reported retrospectively. If there was program effect on these variables very early on, it would have been impossible for us to detect.

Data Collection Procedures for the Subsidy Study

Data were collected from parents twice: when families enrolled into the study and approximately 10 to 12 months later. Assessments of child care arrangements occurred approximately four months after the first assessment with parents. Data collection procedures specific to each assessment point are described below. This is followed by a description of the measures used, and the procedures used to recruit participants in the study.

Time 1 Assessments with Parents

At Time 1, the primary caregiver participated in an hour-long interview that was administered over the telephone.[98] It was used to gather demographic information, information about household activities, the target child's school readiness skills, the parents' work, school/job training and child care history.[99]

After the interview was completed, the parent was asked for contact information regarding her child's primary care arrangement (all parents contacted were mothers).[100] The parent was sent a consent form for her participation in the study as well as a permission form to allow us to contact her child care provider. She was also sent a questionnaire packet and a self-addressed postage paid envelope with which to return both the questionnaire and the consent form to us. Ninety-six percent of the questionnaires were completed and returned. Parents were paid $25.00 for their participation. The Time 1 Parent Interview and Questionnaire packet can be found in Appendix 5.

Visits to Child Care Settings

Observation visits were scheduled with each participating child's caregiver who agreed to participate (N = 51, 61%). These visits occurred approximately four months after the initial parent interview. Prior to the visit, a questionnaire packet was sent to the provider to be completed, and picked up at the scheduled visit. The visit lasted approximately two-and a-half hours and involved three levels of observation. The first was of the overall caregiving environment in which we used either the Early Childhood Environment Rating Scale-Revised (ECERS-R, Harms, Clifford & Cryer, 1998) or the Family Day Care Rating Scale (FDCRS, Harms & Clifford, 1989). To assess the caregiver's interaction with all the children in the class, the Arnett Caregiver Interaction Scale (Arnett,

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[98] Time 1 interviews took place between November 1999 and January 2000.

[99] To accommodate the fact that participants had been in CCM for various lengths of time, questions pertaining to work and child care were asked for several different time periods, if applicable. These periods included the year prior to CCM, during participation in CCM, and after participation in CCM. In order to compare the experiences of the two groups, matched comparison families answered the same questions following the same time periods as their Child Care Matters family counterparts.

[100] A child care program was considered observable if the study child spent a minimum of 10 hours per week in the arrangement on a regular basis while the parent was not available. This would include time the parent spent at work and/or school. We did not include irregular child care arrangements, such as back-up or emergency babysitting arrangements. We also did not include time the child participated in enrichment activities such as playgroups, lessons, or sports activities.

1989) was used. Qualitative ratings of the interaction between the caregiver and the study child, designed originally for the NICHD Study of Early Child Care (NICHD Early Child Care Network, 1996), were also made. After the observation visit, the provider completed a 20-minute telephone interview. Each provider was paid $25.00 for his or her participation. Copies of the provider interview and provider questionnaire can be found in Appendix 5.

Time 2 Data Collection with Parents

The Time 2 interview took about 45 minutes to complete and was administered over the telephone.[101] Parents were interviewed about the parents' work, school/job training, and child care arrangements used since the Time 1 interview.[102] All parents were sent a questionnaire packet, which was identical to the one used at Time 1, and a self-addressed postage paid envelope to return the questionnaire to us. Out of the 83 participants interviewed at Time 2, 78 (94%) completed and returned the questionnaires. Parents were paid $30.00 for their continued participation. Copies of the Time 2 Parent Interview and Questionnaire packet can be found in Appendix 5.

<u>*Measures*</u>

Table 6-7 (Page 225) lists the constructs studied and the measures used to assess them in the Subsidy Study. Phone surveys, questionnaires, and observational procedures were used to assess the major constructs in this study. Extensive descriptive and psychometric information regarding each of these measures can be found in Appendix 5

Standardized interviews were used to recruit families into the study and assess characteristics of participating families. The recruitment phone surveys for the CCM families and the non-CCM families collected information regarding demographic and background characteristics, family structure, study child's health since birth, child care usage, reasons for choosing current child care arrangements and subsidy usage.

Standardized interviews were administered to parents receiving the CCM subsidies and public subsidies at both Time 1 and Time 2. The interviews collected additional information about demographic and background characteristics, employment, child care arrangements, at home activities, and school readiness skills of the study child using the Developmental Profile (National Center for Educational Statistics, 1996). The Time 2 interview also asked about the CCM family's experiences with the CCM subsidies.

Parents also completed four questionnaire measures at both time periods. These measures assessed a range of characteristics of the parent and study child. They included assessments of parental attitudes and values of early academic experiences, the amount of conflict between work and family demands, authoritarian child rearing attitudes, and their child's social adjustment.

Child care quality was assessed using measures similar to those used in the Quality Improvement Study. Like the Quality Improvement Study, we used the Early Childhood Environmental Rating Scale-Revised (ECERS-R; Harms, Clifford & Cryer, 1998), the Family Day Care Rating Scale (FDCRS; Harms and Clifford, 1989), the Arnett Caregiver Interaction Scale (Arnett, 1989). Because the Subsidy Study focused on the experiences of a specific child, we added the Qualitative Ratings of the Caregiver and Target Child (NICHD Study of Early Child Care Research Network, 1996), which assesses the interactions that are specific to the study child and the primary care provider.

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[101] Time 2 data collection took place between October and November 2000.
[102] This interview was also organized into sections referring to particular time periods depending on the interview status of the Ch ild Care Matters family at the end of Time 1.

TABLE 6 – 7
MEASURES USED IN THE SUBSIDY STUDY

CONSTRUCT	MEASURE
Family demographics and characteristics	CCM Subsidy Recruitment Phone script Public Subsidy Recruitment Phone Script
Parental employment and schooling	Parent / Legal Guardian Interview
Child care usage	Parent / Legal Guardian Interview
Child's school readiness	Parent / Legal Guardian Interview - Developmental Profile (U.S. Department of Education, National Center for Education Statistics, 1996)
Parent's attitudes about academic experiences	Parent Questionnaire - Educational Attitudes Scale (Rescorla, 1991)
Child's compliance and social behavior	Parent Questionnaire - Adaptive Social Behavior Inventory (ASBI; Scott & Hogan, 1987)
Job role conflict	Parent Questionnaire – Combining Work and Family (Work and Family Conflict Scale; Wortman, Biernat & Lang, 1991); (Barnett & Marshall, 1991)
Childrearing attitudes	Parent Questionnaire - Ideas about Raising Children (Parental Modernity Scale; Shaefer & Edgerton, 1983)
Parent's attitudes about school readiness	Parent Questionnaire – Ready for Kindergarten (U.S. Department of Education, National Center for Education Statistics, 1996)
Quality of caregiving environment in centers	Early Childhood Environmental Rating Scale – Revised (ECERS; Harms, Clifford & Cryer, 1998)
Quality of caregiving environment in family day care homes	Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1989)
Care provider sensitivity	Arnett Caregiver Interaction Scale (Arnett, 1989)
Quality of care provider – child interactions	Qualitative Ratings for the Caregiver and Target Child (NICHD Early Child Care Research Network, 1994)
Care provider's attitudes about academic experiences	Provider Questionnaire - Educational Attitudes Scale (Rescorla, 1991)
Care provider's attitudes about the target child's compliance and behavior	Provider Questionnaire - Adaptive Social Behavior Inventory (ASBI; Scott & Hogan, 1987)
Care provider's knowledge of child's school readiness	Provider Questionnaire - Developmental Profile (U.S. Department of Education, National Center for Education Statistics, 1996)
Care provider's personal background & demographic characteristics	Provider interview
Child care facility characteristics	Director interviews

Note: Contact with child care facilities and their staff was only completed at Time I.

Participant Recruitment Screening

Selection and recruitment of Child Care Matters and their public subsidy counterparts are described separately.

Initial Selection and Recruitment of the Child Care Matters Subsidy Recipients

Invoices of the Child Care Matters subsidy recipients and their subsidy application summaries were supplied by the staff at Philadelphia Child Care Resources (PCCR). These invoices were used to select potential participants for the study.[103] Selections were made based on the following three criteria: one child from each family born after June 1995, enrolled in the CCM subsidy program after September 1, 1998, with a priority status of two or three.[104] Selected CCM families were called, informed of the study and asked about their family structure, income, children's health, and reasons for selecting their child care arrangements. If eligible, they were invited to take part in the study. A copy of the CCM Family Recruitment Phone Survey can be found in Appendix 5.

Accessing and Recruitment of the Public Subsidy Recipients

Due to confidentiality policies of Philadelphia Child Care Resources (PCCR), we did not have access to the names and phone numbers of people potentially eligible for our comparison group. Therefore, the staff at Philadelphia Child Care Resources – North and Northwest helped us gain access to potential comparison families. PCCR staff sent a letter inviting approximately 400 families to take part in a raffle for a $200 gift certificate to Toys ? Us and in a study of child care usage. If families were interested in either opportunity, they were asked to call Temple University and leave their name and phone number. Calling for the raffle did not obligate them to participate in the study. One hundred and fifty-three people contacted Temple.

Once the raffle was completed and the winner was awarded the prize, the respondents who said they were interested in learning more about the study were called to complete the recruitment pre-screen survey. Families were called, informed of the study, and asked a set of screening questions similar to those asked of the Child Care Matters families.

Selecting One-to-One Matches for Data Collection

Once the Child Care Matters and comparison public subsidy families were recruited and screened, we selected families to continue in the study. We selected families for the study based on specific family characteristics to obtain the most similar matches. We excluded families on the basis of a number of characteristics in order to control for characteristics of the study child that might have a substantial impact on the school readiness outcomes. These child characteristics included weighing less than 5 pounds at birth, having been diagnosed with a disability, having a high lead count, having parents that were under 18 years of age, and having parents who did not speak English as the primary language in the home.

Next, one-to-one matches of the eligible CCM families and comparison families that agreed to participate were made based on the following criteria: parents' relationship to the study child, marital status at the time of recruitment, education level, race, subsidy priority status, and age of the study child (within four months of each other). Overall, 42 CCM and non-CCM families were matched to each other and were included in the data collection.

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[103] When families accepted the Child Care Matters subsidy dollars, they signed an agreement form that stated that families would allow their PCCR subsidy application information to be shared with the evaluation team. This form also informed families that a member of the evaluation team might contact them to invite their participation in the study.

[104] While Child Care Matters started delivering subsidies in June 1998, not enough families were being enrolled to recruit for the study prior to September 1998.

Identifying Cases for Data Analyses

Families' participation in either the public subsidy program or in CCM's fluctuated considerably. Families who signed up for subsidies might not take them. They might drop out. Or they might change from a CCM care facility to one outside of the program.

Therefore, it was not possible to identify a stable group of either CCM participants or public subisdy recipients at the outset of the program. This meant that data from all 42 matched pairs of families could not be used to answer our research questions. Out of the 42 pairs of families, only 15 pairs could be used in the analysis. The subset was chosen because some of the CCM families had already stopped attending a CCM facility by the time of data collection.[105]

The 15 cases were selected based on two criteria. First, the comparison family needed to be receiving public subsidy funding at the time when the CCM families began receiving their funding through CCM. In addition, the CCM families needed to have been in a CCM facility for at least four months after the Time 1 interview was administered.

Characteristics of Study Participants in the Selected Subset of CCM and Public Subsidy Families

Table 6-8 (Pages 228 and 229) displays the demographic and background characteristics of the subset of Child Care Matters and public subsidy families selected for the analyses. All of the parents interviewed for the study were the biological mothers of the study children. The majority in both groups was African American and was currently the only parent in their household. Mothers in both groups were, on average, in their late twenties. Most mothers in both groups had completed at least some college coursework. At recruitment, the average age of the study child in both groups was 38 months. There were no significant differences in these characteristics in CCM or public subsidy families. Further information concerning characteristics of CCM study participants is presented Appendix 5.

THE IMPLEMENTATION OF THE QUALITY IMPROVEMENT EFFORTS

Our study of the implementation of the quality improvement efforts focused on three separate aspects: accrediting child care programs, the Quality Improvement Funds, and T.E.A.C.H. scholarships. Although the resources were provided to both centers and FDC homes, the accreditation criteria and accrediting body, for each was different.[106] Therefore, we present two types of findings: 1) those related to center accreditation and 2) those related to FDC accreditation.

ACCREDITING CHILD CARE CENTERS

The major goal of the Neighborhood Demonstration Project was to improve the quality of child care by working toward the industry standard of excellence: accreditation. To do this, its first task was to recruit child care programs willing to undergo NAEYC accreditation.

Recruitment and Participation of Centers

CCM recruited programs by placing announcements in newspapers, distributing informational flyers, and relying on word of mouth throughout the Philadelphia child care community. Flyers accounted for the bulk of the recruitment, as they were sent to all licensed childcare facilities within the zip codes selected for the project. These flyers introduced the accreditation project and invited interested child care directors and providers to attend one of four orientation sessions (two were held in each neighborhood).

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[105] Similarly, some of the public subsidy applicants we recruited for the study never ended up taking a child care subsidy.
[106] The NYAEYC criteria are generally viewed as much more stringent than the NAFCC criteria, even those under the new standards.

TABLE 6-8

DEMOGRAPHICS AND BACKGROUND CHARACTERISTICS OF PARTICIPANTS SELECTED FOR THE COMPARISON OF CHILD CARE MATTERS AND PUBLIC SUBSIDY FAMILIES

Variable	Group	
	CCM[1] Subsidy Recipients M or % (N=15)	Public Subsidy Recipients M or % (N=15)
Mother's average age (in years)[2]	29.20 (7.41)	26.53 (4.84)
Gender		
% Female	100.0	100.0
Respondent as only parent in the household[2]		
% Yes	60.0	66.7
% No	40.0	33.3
Child's average age in months[2]	34.73 (12.14)	37.60 (12.35)
Subsidy Eligibility Priority Status[2]		
% 2	73.3	66.7
% 3	26.7	33.3
Race		
% African-American	80.0	86.7
% White	6.7	13.3
% Hispanic	6.7	--
% Biracial	6.7	--
% Asian	--	--
% Other	--	--
Marital Status		
% Married	--	--
% Separated	13.3	--
% Divorced	13.3	--
% Living Together	--	13.3
% Not Married, Not Living With Partner	73.3	86.7

Notes: 1 = Child Care Matters
        2 = test for group difference not significant
        3 = Education level ranged from one (up to 8th grade) to nine (graduate school)

TABLE 6 – 8

DEMOGRAPHIC AND BACKGROUND CHARACTERISTICS OF PARTICIPANTS SELECTED FOR THE COMPARISON OF CHILD CARE MATTERS AND PUBLIC STUDY FAMILIES
(CONTINUED)

	Group	
	CCM Subsidy Recipients	Public Subsidy Recipients
Variable	M or % (N=15)	M or % (N=15)
Relationship to child		
% Mother	100.0	100.0
Education[2]		
% up to 8th grade	--	6.7
% 9th to 11th grade	13.3	13.3
% High school diploma/GED	26.7	20.0
% Vocational/Technical School	--	13.3
% 1-2 years of college	33.3	26.1
% Associates degree	--	--
% 3-4 years of college	13.3	6.7
% Bachelors degree (BA or BS)	13.3	13.3
% Graduate School	--	--
Average education level (1-9)[2]	4.73 (2.05)	4.33 (2.13)
Number of People Supported by household income	3.43 (1.34)	3.33 (1.23)
Annual Income		
% Less than $5,000	6.7	13.3
% $5,000 - $10,000	--	6.7
% $10,001 - $15,000	26.7	20.0
% $15,001 - $20,000	26.7	13.3
% $20,001 - $25,000	33.3	20.0
% $25,001 - $30,000	6.7	26.7

Total attendance for the four orientation sessions was estimated to have been about 100 directors and providers. During the orientation, each component of the NDP was explained and questions were answered. Interested applicants were encouraged to review the application packet, return application materials within a few weeks, and allow a preliminary site visit to be scheduled by DVAEYC staff.

- **Twenty-one programs were recruited for the Neighborhood Demonstration Project**

Out of a total of 71 licensed child care centers in the two neighborhoods, the Delaware Valley Association for the Education of Young Children (DVAEYC) staff received 22 applications for the accreditation project (an additional two received past deadline were not considered). These application materials included center and staff information, director surveys, operating budgets, and letters of support for participating in CCM.

DVAEYC staff reviewed the application documents and then scheduled and conducted site visits to assess the readiness of the program to undergo accreditation.[107] Of the 22 centers applying, 21 were selected for participation in the accreditation project of CCM.[108] Centers chosen for the project were sent acceptance letters and received follow-up orientation concerning the CCM project.

Initial Level of Center Quality

The ability of CCM to bring programs up to the standards of accreditation may be influenced by where the programs were with respect to quality at the beginning of the initiative. This was considered by the partners and by our evaluation.

- **Centers participating in the accreditation process varied widely in their accreditation readiness**

Of those centers included in the project, scores on the Program Readiness Profile ranged widely from a low of 45 to a high of 95 (DVAEYC Program Readiness Sheets, 1998). Low scores indicated that some of the centers would have to improve markedly in order to be accredited. There was doubt among some CCM administrators regarding whether accreditation could be accomplished within the three-year time frame of the initiative. According to one administrator:

> One of the things we realized in working with the neighborhoods we're working with, even though they are eager, accreditation is not an easy thing, it's hard. We have to appreciate just how hard it's gonna be, especially since some of the programs barely meet licensing standards. (Interview, Spring 1999)

Another voiced similar concerns:

> I think the partners wanted to target neighborhoods, and these programs were in those zip codes. I worry that we set up a project where we are asking programs to make changes very quickly. We are really pushing them. It's because we are not really working with programs that are accreditation-ready. (Interview, Spring 1999)

Clearly, there was a significant level of concern regarding the accreditation readiness of the programs as this element of the initiative began.

Role of Accreditation Mentors

The primary means that CCM used to achieve quality improvement in the centers was through mentoring by individuals who had gone through the accreditation process. The accreditation mentors, who came to be termed "cluster leaders," spent a large number of hours in child care centers working toward accreditation.

The original design of the NDP included a loosely regulated system of volunteer mentors from already

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[107] DVAEYC developed a Program Readiness Profile to rate each center's basic safety, licensing compliance, and overall potential for accreditation. Centers were rated on 20 yes/no items, each of which was worth five points. The score could range from 0-100. A score of 45 was used as the eligibility cutoff for participation in the NDP.

[108] The remaining center was excluded from the project because it scored extremely low on the DVAEYC Program Readiness Profile.

accredited centers. In addition to working at their regular jobs, the mentors would spend some time helping the CCM centers work toward accreditation.   This system was limited by the amount of time and effort the volunteer staff was able or willing to give. According to a CCM staff member, "The [original] mentoring system was way less intense. You didn't get to spend much time. You were somewhat concerned about the follow-up, but it was mostly modeling and you didn't have control over change." (Interview, May 2000)

Although some mentors became invested in the centers, the mentors were not always certain that the ultimate goal of accreditation was within reach. According to one mentor:

> We'd walk into the centers and see that there was lots and lots of work to be done – and we'd see some things that were upsetting. I knew then that the timelines were going to have to give and we'd need more staff. (Interview, January 2001)

The Mentoring Process Underwent Significant Changes in the First Year of the Intervention

Within the first year of the initiative, it was evident that the centers were not making as much progress as had been hoped for.   The other partner agencies in CCM were holding DVAEYC, as the lead agency for the Neighborhood Demonstration Project, responsible for the initially slow results. As one staff member said, "There were some hurt feelings. We were behind the 8-ball." (Interview, July 2000)

After a year of marginal success with the accreditation mentors, CCM changed its approach. A more time-intensive model was developed using "cluster leaders" as agents of change in the centers. DVAEYC hired four full-time staff. Each cluster leader worked intensively with five centers toward accreditation. CCM developed the cluster leader model in response to the problems it identified in the previous one that failed. As one CCM administrator said, "One of the first things that I did was to go to the partners and say that I needed more resources. The idea of having four cluster leaders work with five centers each was my best guess. It was trial and error." (Interview, January 2001)

One aspect of the new mentoring model was the development of a Leadership Institute, designed to be a once-per-month seminar for directors focused on developing both early childhood education knowledge and management skills. CCM staff involved in the accreditation effort deemed this a critically important step in developing the leadership skills necessary to administer a high-functioning child care center. "I see leadership as the main issue. The ground troops – we have to spend a lot of time with them." (Interview, December 1999) Interviews with center directors indicate that the Leadership Institutes were quite popular. Noted one, "They taught me how to be a leader." (Interview, June 2001)

Once the cluster leader system was in place, CCM heralded it as having a great impact on the accreditation effort. One CCM staff member contrasted the previous mentoring model to the cluster leader model in this way:

> I'd go so far as to say that it [cluster leader model] is the only way. I might be overstating the case but I don't see how you'd get it done otherwise. It's possible to go into a program and provide mentorship and training, and make enough surface changes to get through a one-day accreditation visit, but to make the kind of long-term changes the affect the way that the centers think is necessary through a cluster leader. The obstacles are enormous; it takes work to get past them. (Interview, January 2001)
> ### *How Cluster Leaders Spent Their Time*

The mentoring model began with somewhat vague notions as to how the mentors were to work with the programs. How much time did cluster leaders spend with programs and how did they spend that time?

- ***On average, cluster leaders visited centers twice per month but in some cases, they visited programs 10 times in a single month***

A total of 1,144 cluster leader visits were made between February 1999 and December 2000. Table 6-9 (Page 233) shows the number of visits by center per month. Centers that were dropped from the NDP early in the project received as little as 10 visits in total, while the most-visited center logged 102 visits by cluster leaders. On average, centers were visited twice per month, but one center received as many as 10 visits in a month. The average length of these visits was not available because some cluster leaders frequently did not fill in this item on their reports. Based on the incomplete data, we estimate that cluster leaders spent about half of the day at a center during their visits.

- ***The duties of a cluster leader were varied***

Cluster leaders had to be prepared for the myriad of issues that can come up in the daily functioning of a child care center. As can be seen in Table 6-10 (Page 234), the cluster leaders most frequently spent their workday in the centers working with the director, teaching staff, and observing staff-class interactions. Cluster leaders consulted on issues concerning the center's structure including child-staff ratios, group size, room layout, division of labor, and developmentally appropriate practices.

Cluster leaders were actively concerned with the everyday curriculum of each classroom. They were key players in conflict resolution among the center's staff as well as acting as mediators between staff and administration. One cluster leader described her role this way:

> Here's a typical day. I go to a center. I go in and make an assessment of things [the center's staff] are supposed to work on related to their goals, see if there have been any changes, and model to help them change or give them direct coaching. I may spend time that day working with the director – maybe on paperwork stuff – there are nine overall accreditation criteria – understanding and deciphering the sub-criteria is difficult when they don't understand the small pieces. Sometimes I'll spend that afternoon at that center or another center and do a workshop with the staff. Sometimes I just work with the children so that both staff and children see what it can be like – the interaction. Sometimes I work with directors on budgeting – how can they hire better qualified staff, how will they get money to buy supplies once the CCM grant is over? They need to find a way to sustain accreditation after CCM is over. Sometimes I am even a substitute teacher when people want to go to workshops. (Interview, May 2000)

Impact of Mentors on Center Accreditation

The mentors' role was to help centers move towards and achieve accreditation. Did they do this?

- **Mentoring was seen as a critical component of the successful accreditation effort**

The cluster leaders represented an investment in the goal of achieving NAEYC accreditation for 10 to 20 centers over the three-year period. The redirection of resources to fund these positions underscored the importance of this role. According to one CCM administrator:

> The most important ingredient that has allowed us to experience success is that we have the privilege of having cluster leaders. In a very customized way we tailor the support we give to the individualized needs of the centers. We have the luxury of going in and spending a large amount of time. We get to know the people well – really know the inside scoop, and first hand knowledge of the dynamics and situations allows us to tailor recommendations and resources that we bring to that program. (Interview, January 2001)

> The flexible nature of the cluster leader's role encouraged creativity and responsiveness to needs. In ad-

TABLE 6-9
FREQUENCY OF CLUSTER LEADER VISITS BY CENTER

CENTER	1999											2000												2001	TOTAL	MEAN
	Feb.	Mar.	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.		
010	5	4	3	2	0	0	0	0	0	1	2	0	0	0	0	2	3	1	2	2	3	2	7	1	40	1.67
017	2	4	5	6	1	2	1	1	0	2	2	3	2	4	6	3	1	0	4	2	1	3	2	1	58	2.42
014	2	3	4	1	3	3	3	2	1	1	3	1	2	3	5	2	0	0	3	2	2	2	3	0	51	2.13
001	0	0	4	3	0	0	0	5	6	3	3	4	3	3	3	0	0	1	1	0	4	0	2	0	45	1.88
002	1	5	2	4	2	2	2	3	1	3	1	2	1	2	2	0	0	0	2	1	2	1	1	0	41	1.71
004	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	0	0	3	0	11	0.46
015	3	4	3	6	8	2	5	4	5	3	2	2	2	2	2	1	0	0	2	1	3	1	2	1	64	2.67
013	3	2	1	3	5	0	0	0	3	4	1	1	2	1	1	1	0	0	0	0	0	0	0	0	28	1.17
008	2	3	5	3	2	5	3	6	5	4	2	5	2	3	0	1	0	0	0	4	1	0	0	0	56	2.33
019	1	3	2	4	3	4	1	3	1	3	4	3	2	2	3	3	1	6	1	3	2	1	1	1	58	2.42
006	0	3	4	4	5	4	3	3	3	4	8	6	2	7	3	0	1	0	4	0	1	0	2	0	67	2.79
009	6	5	5	10	2	0	0	2	1	1	1	1	3	3	1	0	0	0	3	2	3	2	2	0	53	2.21
004	0	0	4	3	2	6	5	4	6	8	3	6	4	5	1	1	0	0	0	0	0	0	0	0	58	2.42
005	3	6	6	5	8	8	4	4	2	5	4	4	3	5	4	3	1	5	2	2	2	1	1	3	91	3.79
018	0	0	8	6	6	5	5	5	8	5	5	5	7	6	6	2	0	2	6	6	3	1	5	1	103	4.29
012	2	2	3	4	4	1	4	2	1	2	3	3	4	5	3	2	2	3	0	0	2	3	1	2	58	2.42
007	3	6	5	4	8	3	7	8	3	4	1	6	7	4	4	4	2	0	0	0	0	0	0	0	79	3.29
016	0	0	4	2	3	4	5	5	3	4	5	5	4	5	5	1	0	0	2	3	1	0	2	0	63	2.63
011	4	5	5	5	7	1	6	5	5	2	1	4	5	3	1	1	0	0	2	1	2	1	1	1	68	2.83
021	2	2	2	7	5	2	3	2	3	2	0	3	1	1	2	5	0	0	0	0	0	0	0	0	42	1.75
020	0	0	4	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.42
TOTALS	39	58	80	88	75	53	57	64	57	61	51	64	56	64	52	32	11	18	37	31	32	18	35	11	1144	47.67

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TABLE 6-10

FREQUENCY OF CLUSTER LEADER ACTIVITIES WITH THE CHILD CARE MATTERS CENTERS

Cluster Leader Activities	Child Care Matters Center IDs																					Totals	%age of time Spent in Activity
	010	017	014	001	002	004	015	013	008	019	006	009	004	005	018	012	007	016	011	021	020		
Meetings with Director	10	15	17	26	3	27	21	17	21	25	44	27	19	28	31	0	11	21	30	0	2	395	17.16%
Meetings with Staff	8	29	20	9	3	22	10	4	29	27	20	22	22	17	32	0	59	30	28	0	1	392	17.03%
Observing Staff-Class Interactions	14	22	10	11	3	20	21	13	20	8	16	34	16	25	24	0	27	25	12	0	0	321	13.94%
Curriculum	5	19	3	4	3	5	6	9	16	18	20	23	12	18	8	0	7	25	20	0	3	224	9.73%
Room Arrangement	6	12	6	3	3	7	2	9	10	8	9	0	5	0	10	0	39	23	16	0	0	168	7.30%
Renovations	5	0	6	3	0	4	1	2	6	3	13	21	14	6	18	0	22	14	5	0	0	143	6.21%
Developmentally Appropriate Activities	0	6	1	1	3	0	17	1	13	5	1	26	4	13	5	0	7	11	1	0	3	118	5.13%
Modeling Children Interactions	4	3	2	2	0	6	6	7	20	5	5	2	8	10	17	0	5	11	7	0	0	120	5.21%
Giving Workshops	2	11	6	1	2	2	0	0	4	7	5	7	8	11	19	0	1	25	6	0	1	118	5.13%
Explaining Accreditation	14	1	1	2	1	0	1	4	8	13	2	4	1	2	15	0	9	4	10	0	0	92	4.00%
Hiring	4	0	3	0	0	3	0	1	0	10	9	1	9	8	4	0	1	4	1	0	0	58	2.53%
Observing Staff Interactions	1	4	4	1	0	0	0	1	2	3	3	2	1	4	1	0	0	2	1	0	3	33	1.43%
Visiting Accredited Centers	0	2	0	0	2	2	4	1	0	2	0	5	3	4	4	0	4	1	3	0	0	37	1.61%
Non CCM	3	0	1	0	1	0	0	0	0	0	4	0	2	2	3	0	6	5	4	0	0	31	1.35%
Observing Children Interacting	1	0	1	0	0	3	1	3	1	0	1	6	1	0	2	0	0	0	2	0	3	25	1.09%
Meeting with Administration	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	11	2	0	0	0	15	0.65%
Hosting Parent Meetings	0	0	0	1	0	0	0	0	1	1	2	2	1	1	0	0	0	2	0	0	1	12	0.52%

Source: Cluster Leader Reports

dition to modeling classroom techniques, for example, cluster leaders used techniques such as making "before and after" videos of classrooms. Innovations to the original design of the accreditation project, such as the "Director's Institute," a workshop/support group for center directors, also came as a result of the cluster leaders' suggestions.

Center directors were also generally enthusiastic about the cluster leader model and the role that mentoring had on the quality of care that they delivered in their centers. As one center director stated, "It [accreditation] is an overwhelming task. My mentor helped it to seem not as overwhelming." (Interview, May 2001)

Nevertheless, center directors pointed out some persistent problems with the mentoring model. For example, some mentioned a philosophical or stylistic disconnect between mentors and center staff that resulted in resistance to the mentor. "My teachers did not always agree with the mentor's methods. They learned to play more with the kids; but they found her methods disturbing." (Interview, June 2001) Others expressed frustration about being assigned a new mentor or believed that the mentor sometimes had a condescending manner. Language barriers were also a problem in at least one center. Despite these difficulties, the large majority of center directors interviewed at the end of the initiative (12 of 15) indicated that the mentoring component of the accreditation process was extremely helpful.

Challenges for the Mentoring Model

Each cluster leader was expected to address the individual needs of five centers. This task proved to be a challenge for them. It was easy to become overwhelmed by the responsibility – especially under pressure to reach the goal of accreditation. A cluster leader described how she addressed the individual needs of her centers:

> Without going crazy? Get as close to staff administration as you can – become the grandmother to the center; build a trust. I'm there to help them – to support. It's fun that they are all different so you bring different things to each of them. On one hand you want to guide them and hold their hands on the other you want to push them out the door. Challenge them without scaring them to death. Keep it real – no pretense. But it's fun; frustrating – exciting that you see someone take a piece of info and begin to create on their own. The staff starts to feed on that and become active participants. Our real title should be "cluster coaches." Some centers want you to actually play the game but it's not my center – they have to take responsibility. (Interview, December 2000)

An insurmountable challenge for cluster leaders was the fact that some centers started the project with very low quality. A CCM administrator stated:

> Time is the thing I would change in the Delaware Valley Association for the Education of Young Children model – when I entered into the project, we had a year to get these programs accredited and it was hectic and everything felt crunched and forced – a lot of the resistance was because we were pushing so hard. Though I think that these centers did need a lot of help, I would change the variety – there should be medium and low levels of quality, some barely met licensing standards – not that they shouldn't have quality improvement too, but accreditation shouldn't be their first goal. Mid level centers would fare well, but there were too many lower quality centers – not enough of a mix. (Interview, May 2000)

There was also a concern for the long-term impact of the efforts in the centers. Much effort was spent on problems endemic to the child care field such as the ever-continuing battle over staff turnover in child care centers.

> I hope that the work that DVAEYC has done will stick around; but in reality maintaining it will require longer-term work. When we're gone and the individuals who cared in the centers are gone... I don't know; it's fragile. (Interview, December 1999)

Although as of this writing (August, 2001), most centers have not reached the goal of accreditation, CCM staff continues to speak highly of the cluster leader model. DVAEYC has adapted the model for their non-CCM accreditation initiatives. Cluster leaders have also given presentations of this work at the NAEYC national conference. When asked if the cluster leader model was a practical way to achieve accreditation, one CCM staff member

put it like this:

> I think it's working well. I feel like what we've gained with this model is that we have people who can spend quantity and quality time in the center. They can get to know and make good assessments, build a plan of action, and build relationships. All of that takes time, and they have it now. Also, we've gained because [cluster leaders] know the situation well. They are able to customize and target the training and specific needs. (Interview, December 1999)

The cluster leader model was perceived by the large majority of CCM staff and participating centers as a distinct improvement over the original accreditation mentor model.

Role of Quality Improvement Funds in Center Accreditation

The Quality Improvement Funds (QIF) were designed to assist centers that engaged in the accreditation process to have resources to make major purchases or renovations. These changes were necessary if programs were going to achieve their goals of becoming accredited.

- **Neighborhood Demonstration Project programs, on average, received $35,000 in Quality Improvements Funds**

In years one through three, a total of $737,162.29 was distributed to the centers in the NDP through this fund. Grants averaged around $35,000 per center, and Child Care Matters exercised its discretion with regard to the size of the grant received, based upon the Quality Improvement Plan developed for each center. Table 6-11 (Page 237) describes the amount each center received, ranging from the smallest grant of $693.85 to the largest grant, which totaled $80,958.85.

- **Quality Improvement Funds were primarily spent on renovations and equipment**

Table 6-12 (Page 238) illustrates that of the seven categories in which the Quality Improvement Funds were spent, three categories – renovations, equipment/furnishings, and materials – accounted for the largest proportion of the funds spent, at 48%, 34%, and 13% respectively. The remaining categories (mentors, substitutes, professional development, and miscellaneous) together only accounted for 5% of the monies spent.

- **Quality Improvement Funds had a positive impact on the accreditation process**

Without first improving the facilities, CCM staff did not believe that improving the quality of the educational experience was possible. In many instances, improving the quality of the facilities was the first step towards improving the quality of the curriculum. QIF often provided leverage for CCM to encourage the center's staff to become invested in making quality improvements. Thus, the QIF were also used to engage centers in an overall quality improvement process. One CCM staff member stated:

> We sort of used the carrot-stick approach – we have a lot of resources and we need you to do this and as a pay-off we can do this – usually it meant buying them things. That hasn't been a total success. A lot of times we have to invest a lot of dollars to get anything done. For example, (center name) needed major facility renovations – the bathroom, ventilation, and space. Asking them for quality was like asking the impossible. While I'd like to say that we're not going to do things for them until this or that is done... we're going invest the money in the building and hope for the best. (Interview, January 2001)

Some centers, however, saw the project as a way to increase revenue, while not necessarily sharing the same goals of quality improvement as the CCM staff. In these instances these funds were used for purposes deemed more appropriate by CCM staff. Said one CCM staffer:

> She [the center director] never quite bought in to the whole quality business but I think she was looking at it from the budget perspective. She did understand limiting. We'd go around and around. It was difficult

TABLE 6 – 11
QUALITY IMPROVEMENT FUNDS RECEIVED BY PARTICIPATING
CHILD CARE MATTERS CENTERS

Amount Received or M (SD)

Center ID	
020	$693.85
013	$3,225.37
021	$11,625.74
004	$12,294.69
019	$14,892.68
008	$17,591.47
009	$18,972.76
012	$19,570.52
018	$25,649.48
011	$29,378.44
016	$37,761.08
014	$39,707.91
006	$42,877.29
007	$43,010.74
015	$43,443.10
002	$50,304.42
003	$52,810.35
005	$53,062.78
010	$61,355.04
001	$77,975.83
017	$80,958.85
Total Amount Received	$737,162.39
Average Total Amount Received	$35,102.97 ($22,724.72)

Source: DVAEYC – Quality Improvement Fund Expense Statements

TABLE 6 – 12
QUALITY IMPROVEMENT FUND EXPENDITURES BY TYPE

Type	Amount	Percentage of Total Expenditures
Renovations	$352,624.44	47.8%
Equipment/Furnishings	$253,481.79	34.4%
Materials	$92,171.85	12.5%
Professional Development	$26,117.49	3.5%
Mentors	$10,075.34	1.4%
Miscellaneous	$2,135.48	0.3%
Substitutes	$556.00	0.1%
TOTAL	$737,162.39	100.0%

Source: DVAEYC – QIF Expense Statements

to get her to attend to what we needed. What she wanted from us was a playground and that was NOT our priority so I made the decision that "No." (Interview, January 2001)

Overall, however, the impact of Quality Improvement Funds on the centers was perceived by directors and CCM staffers as positive. In several instances, increases in enrollment were directly attributed to the improvements made by QIF. "The money and what it bought us has affected enrollment; it's the highest it's been," reported one director. (Interview, June 2001) Most importantly, directors almost universally reported that the QIF had a significant positive effect on the overall quality of their centers. Improvements in the physical facility and materials increased staff morale, which in turn improved the quality of the work environment. "Teachers have the sense that they have higher quality rooms, which motivated them," said one director. (Interview, June 2001) Another stated that "There was such a marked improvement. Their own self-esteem gets raised." (Interview, June 2001)

Role of T.E.A.C.H. in Center Accreditation

T.E.A.C.H. is a model for delivering scholarships to child care providers who are interested in obtaining a variety of early childhood education degrees and certificates. Below, we detail the number of NDP providers who participated in the scholarship program, as well as the influence that T.E.A.C.H. has had on the accreditation process as described by center directors and center providers.

- **Sixty-eight Neighborhood Demonstration Project center-based care providers received T.E.A.C.H. scholarships, most of whom pursued a CDA**

As Table 6-13 (Page 240) illustrates, most center providers (63.2%) pursued the CDA credential; the others pursued the Associate's degree. Before beginning the program, most (86.6%) of the group had received a high school diploma, and 55% reported that they had attended at least some college. Most, however, had attended college for less than two years.

T.E.A.C.H. scholarship recipients were expected to enter into a contract that specified the number and types of courses that would be taken. As can be seen in Table 6-13, most (55.9%) had successfully fulfilled their first contract. That is, they finished their coursework and stayed employed in their child care program for the year after received their scholarship. However, 26.5% either withdrew or dropped out of the program.

- **CCM was not successful in reaching its goal of getting all lead teachers to pursue an AA or CDA through T.E.A.C.H. It was not successful in getting 50% of teaching staff at NDP center programs to pursue one of these degrees.**

Table 6-14 (Pages 241 and 242) shows the percentages of lead and assistant teachers at NDP programs who have achieved at least an AA or CDA. As can be seen from the table, in only three of the 16 programs did all lead teachers have at least one of these degrees.[109] However, the percentage of teachers with one of these degrees went up in nine programs. In two programs, all lead teachers had one of these degrees at both the beginning and end of the NDP. The percentage of lead teachers with these degrees went down in five programs.

The NDP fell short of having at least 50% of all teaching staff at participating programs possess one of these degrees. At only 5 programs did 50% or more of the teaching staff have one of these degrees. The percentage of teachers with one of the degrees, however, went up at 10 programs.

The failure to reach these goals within three years may be because they were too ambitious from the start.

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[109] We are missing data for five programs in the NDP.

TABLE 6–13
CHARACTERISTICS OF CENTER BASED PROVIDERS IN THE
NEIGHBORHOOD DEMONSTRATION PROJECT

Participating in the T.E.A.C.H. Scholarship Program

Center Providers
Percentage

Variable	(N = 68)
Application type	
Associate Degree (AA)	36.8%
CDA credential	63.2%
High School Education[1]	
Diploma	85.3%
GED	11.8%
No	1.5%
Years of College	
None	44.1%
Less than 2 years	30.9%
Associate Degree or Certificate	5.9%
Bachelor Degree	---
Still attending	13.2%
Status of contract	
Retained	
Completed	55.9%
Pending	7.4%
Active	8.9%
Extension/completed	1.5%
Dropped	26.5%

Note: 1 = Information pertaining to this variable was missing for one scholar.
Source: PACCA application and Scholar database.

TABLE 6–14

HEAD AND ASSISTANT TEACHERS IN CENTERS PARTICIPATING IN THE QUALITY IMPROVEMENT STUDY WITH AN ASSOCIATE'S DEGREE OF CDA

	Assessment Time Period									
	Time 1					Time 2				
	Head Teachers		Assistant Teacher		%age of staff	Head Teachers		Assistant Teachers		%age of staff
Center ID	N	N (%) w/ AA / CDA	N	N (%) w/ AA / CDA	w/ AA or CDA	N	N (%) w/ AA / CDA	N	N (%) w/ AA / CDA	w/ AA or CDA
001	2	1 (50%)	6	0 (0%)	12.5%	4	2 (50%)	1	1 (100%)	60%
002	5	0 (0%)	3	0 (0%)	0%	5	2 (40%)	3	0 (0%)	25%
003	0	0 (0%)	3	0 (0%)	0%	2	1 (50%)	1	0 (0%)	33%
004	5	1 (20%)	0	0 (0%)	20%	3	1 (33%)	1	0 (0%)	50%
005	7	3 (43%)	6	2 (33%)	38%	3	3 (100%)	3	0 (0%)	50%
007	2	1 (50%)	3	1 (33%)	40%	3	2 (66%)	3	0 (0%)	33%
008	2	2 (100%)	3	1 (33%)	60%	2	2 (100%)	2	1 (50%)	75%
009	4	4 (100%)	0	0 (0%)	100%	2	2 (100%)	4	0 (0%)	33%
010	8	5 (62.5%)	6	0 (0%)	36%	5	2 (40%)	15	0 (0%)	1%
012*	7	1 (14%)	7	0 (0%)	7%	--	-- --	--	-- --	--
013	13	1 (8%)	6	0 (0%)	5%	5	1 (20%)	8	0 (0%)	7%
014	8	1 (12.5%)	9	0 (0%)	6%	4	3 (75%)	3	0 (0%)	43%
015	2	2 (100%)	2	0 (0%)	50%	3	2 (66%)	3	2 (66%)	66%

Note: * No data was able to be collected from these centers at Time 2.

TABLE 6–14

Head and Assistant Teachers in Centers Participating in the Quality Improvement Study
WITH AN ASSOCIATE'S DEGREE OF CDA
(CONTINUED)

Assessment Time Period

Center ID	Time 1						Time 2					
	Head Teachers		Assistant Teacher				Head Teachers		Assistant Teachers			
	N	N (%) w/ AA / CDA	N	N (%) w/ AA / CDA	%age of staff w/ AA or CDA		N	N (%) w/ AA / CDA	N	N (%) w/ AA / CDA	%age of staff w/ AA or CDA	
016	2	0 (0%)	2	0 (0%)	0%		5	2 (40%)	5	0 (0%)	20%	
017	10	3 (30%)	3	0 (0%)	23%		7	1 (14%)	7	0 (0%)	7%	
018	1	1 (100%)	2	0 (0%)	33%		3	1 (33%)	3	0 (0%)	16%	
019*	2	0 (0%)	2	0 (0%)	0%		--	---	--	---	--	
020*	2	2 (100%)	4	2 (50%)	66%		--	---	--	---	--	

Although T.E.A.C.H. does provide a vehicle for attaining the degrees, it usually takes a provider four to five years to complete the work for an Associates degree. Also, the ability of programs to reach and/or maintain these goals in the face of employee turnover depends upon the supply of qualified, unemployed child care teachers.

- **T.E.A.C.H. was seen as having a generally positive impact on the accreditation process**

Many center directors reported that T.E.A.C.H. had a significant, positive impact on improving quality in the centers in general, and in moving the centers towards accreditation in particular. Although few centers had achieved accreditation, many center directors reported that T.E.A.C.H. was the most important component of the accreditation process. One director listed a myriad of ways in which participation in T.E.A.C.H. has reaped benefits:

> Getting our folks to think in terms of education and care of child rather than babysitting. Personal goals in terms of more education, rather than satisfied with high school. Self esteem of staff members. Having hope that there might be something better for the future. This brings a brighter outlook when they come to work. Some are the first in their families to go to school beyond high school. For all those reasons, T.E.A.C.H. is valuable to me. (Interview, June 2001)

Dissatisfaction with T.E.A.C.H. seemed to come most from centers whose providers either could not participate in the scholarship program or did not want to. "One who was a bit older felt like it was too much," stated one center director. "She learned some things but couldn't stay." (Interview, June 2001). Another stated that her providers were unable to participate because T.E.A.C.H. did not offer bilingual training: "The community college needs to develop an Early Childhood Education Program that can accommodate Spanish-speaking populations." (Interview, June 2001)

Center providers were almost universal in their praise for T.E.A.C.H. Some commented on the quality of the instruction that they received. As one provider said:

> We think we know what we should be doing, but we go over and sit and learn and we actually find out what we really should be doing. Two years ago I was in a traditional nursery school. I thought I knew what I was doing, but things weren't actually developmentally appropriate. It's important to find out what's appropriate and not appropriate. (Interview, March 2001)

Another said, "Early childhood education has taught me more about program planning, working with parents, diverse cultures. They taught me things I had no idea. I am glad T.E.A.C.H. got funding this year." (Interview, March 2001)

Others spoke about the financial and logistical help provided by T.E.A.C.H. "If there were any problems," said one provider, "they would deal with it. Payments were made on time; you didn't have to worry about your classes being paid for." (Interview, March 2001) Still others mentioned the emotional support garnered from the program. "They made it easy for you. Someone was always there to answer questions. Fellow T.E.A.C.H. people in the same boat – you have more confidence," said one participant. (Interview, March 2001) Another participants summed it up this way: "They are in my corner. They are benefiting me. It is a trickle down effect. You can't lose." (Interview, March 2001)

Results of the Neighborhood Demonstration Project Accreditation Effort as of May 2001

The initial goal of CCM was to accredit 10 of the at least 20 participating centers by the end of its third year. Since its accreditation efforts and our data collection continued beyond that point, in this section we report the accreditation status of centers as of May 2001.

- **CCM fell short of its initial goals: three CCM centers have been accredited**

CCM was not successful in reaching its accreditation goal by the third year of the intervention. Only three of the original 21 centers achieved accreditation during the study period.[110] In a round of interviews conducted in January 2001 with DVAEYC personnel, estimated time frames were given for when the remaining centers in the NDP would achieve accreditation. CCM hopes to have seven more programs accredited in the near future. Two of those have already applied to become accredited.[111]

Furthermore, five centers have dropped from the Neighborhood Demonstration Project or as one CCM staff member put it, have been "reassigned so that they are better matched for the resources." (Interview, January 2001) These programs were deemed as working toward quality improvement, not toward accreditation.[112]

ACCREDITING FAMILY DAY CARE HOMES

For FDCs, accreditation standards are set by the National Association of Family Child Care (NAFCC). CCM's goal was to accredit 25 FDC homes by the end of the intervention. The same resources as provided to centers were provided to FDC homes to help them achieve this goal.

Recruitment and Participation of Family Day Care Homes

FDC providers were identified via various outreach activities. Initially, it was difficult to identify FDCs that were interested in participating in the NDP because of the requirement to participate in the T.E.A.C.H. component of the accreditation process. However, the problem diminished as the initiative matured; a waiting list of six FDCs was reported as of January 2001. As one CCM professional said:

> What's happening is that accreditation is contagious. I'm sending out five to seven applications per week. They are becoming committed to child care as professionals. That is my primary goal, and it seems to be working! (Interview, January 2001)

- **Twenty-five family day care providers were recruited to participate in the NDP**

A total of 25 FDCs were recruited to participate in the NDP. Six of these participated under the old NAFACC accreditation standards, which changed shortly after the NDP was implemented.[113]

Initial Level of Quality of Family Day Care Homes

- **The initial quality of FDC programs was relatively low**

The readiness of FDC programs to undergo accreditation was evaluated by the DVAEYC staff. However, according to the Family Day Care Environment Rating Scale (Harms and Clifford, 1989), the mean level of quality among all FDCs evaluated was 3.1 on a 7-point scale. This level of quality is considered to be minimally adequate.

Role of FDC Accreditation Mentors

At the beginning of the accreditation process, 14 FDC mentors were hired to work with FDCs as they progressed through the accreditation process. They were chosen and coordinated by Michele DiAddezio, who oversaw the FDC accreditation process at DVAEYC. The mentors completed three main trainings to familiarize them with the details of the new NAFCC accreditation standards, and they conducted two site visits to accredited FDCs.

The FDC mentors were trained to model quality standards for the providers. Each FDC provider received

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[110] Quality-improvement efforts continue in most centers and some have applied to NAEYC for the validation visit to determine accreditation.
[111] It should be noted, however, that NAEYC has a shortage of accreditation "validators" in Pennsylvania, which could further delay the goal.
[112] These "working toward quality" child care centers now receive less intensive assistance and do not work with cluster leaders.
[113] Six FDC homes became accredited under the old standards as part of the NDP. We did not assess these programs; only programs undergoing the newer, more stringent accreditation process were evaluated.

an initial home visit from a mentor, as well as a minimum of two visits during the first six months of the accreditation process. In addition, FDC providers were encouraged to contact their mentors whenever they were needed.

- **The Family Day Care mentoring model underwent change during the intervention**

By January 2000, major changes in the mentoring process were reported. As the FDCs moved through the accreditation process, the 14 mentors were replaced by two staff members: one provided all of the training and administration; the other provided all of the technical assistance to the FDCs. The new model was described in this way:

> Last year, with mentors, I wasn't sure that providers were getting enough of the fundamentals. You can talk about DAP [developmentally appropriate practices] until you're blue in the face, but what is [developmentally appropriate practices] at circle time? So now, they practice it in training, then they get (cluster leader name) who goes on site and helps them implement it. I think this way works much better. (Interview, January 2000)

Changes in content accompanied the changes in format and delivery. Additional time was devoted to each NAEYC quality standard; more time was spent on modeling and practice than lecturing; and all providers were assigned homework. In addition, those FDCs deemed not ready for accreditation were held back for additional training. (Interview, January 2000)

Challenges to the FDC mentoring model

The FDC accreditation process required a much more individualized set of training and mentoring activities than had been originally anticipated. Thus, in years two and three of CCM, the mentoring process focused on closely assessing the specific needs of each FDC, and developing individualized training sessions to address those needs. As a CCM staff member said:

> I design workshops specifically for them and their needs. So when they do go up, I know they're ready, and they can do it. (Interview, January 2000)

The Role of Quality Improvement Funds in FDC Accreditation

The process through which Quality Improvement Funds were distributed to FDC homes was much more informal than that used to distribute these funds to centers. Generally, each FDC received a lump sum of $5,000 at the beginning of the accreditation process, and they worked with CCM personnel to determine how the money would be spent. (Interview, January 1999) CCM personnel reported that most of the money was spent on facilities improvement and new educational materials. (Interview, January 2000)

- **The Quality Improvement Funds had a positive impact on the accreditation process**

FDC providers indicated that the Quality Improvement Funds contributed significantly to the quality of their materials and facilities. "It helped me get materials, even though the contractor wasn't the best," said one provider. "It did get me cubbies, materials." (Interview, March 2001) Another said, "They put in $5,000 of fencing for me free." (Interview, March 2001) But the connection between the Quality Improvement Funds and the overall desire to improve the quality of the care provided to the children was best expressed by this FDC provider, who said:

> You want the best day care. Your own funds are not in quick enough, so when funds become available it is less burdensome. You're not robbing Peter to pay Paul. It gives you incentive to do more. You hate to think that way, but not enough money comes in. So when it does through Quality Improvement Funds you can do more. Once funds are in, it gives incentive to strive for education. The other things fall into place. (Interview, March 2001)

Even more than centers, FDCs typically had very few financial resources with which to conduct any kind of quality improvement. To them, QIF provided a critically needed tool to make basic improvements.

As the above quotation also illustrates, Quality Improvement Funds could serve as a way to get the FDCs involved in the accreditation process. Interviews with CCM personnel indicate that, especially when combined with education and mentoring, Quality Improvement Funds were seen as an important element of the quality-improvement effort. One CCM administrator described the role of Quality Improvement Funds in this way:

> I know they love the money that comes to them, but I hope it's not the biggest part. I think the impact of the combination of resources and training is biggest. Otherwise, we would purchase great new equipment that they didn't know how to use, so the training is also necessary. (Interview, January 2000)

Role of T.E.A.C.H. for Family Day Care Providers

The NDP did not require FDCs to participate in T.E.A.C.H. while they were proceeding through the accreditation process. This decision was made for several reasons. First, because FDCs are often staffed by only one child care provider, it was difficult to find replacement caregivers to release the FDC personnel to attend classes. Second, the accreditation process was expected to be significantly shorter for FDCs than for centers (nine months versus three years). Therefore, it was believed that participating in T.E.A.C.H. would slow down the accreditation process for the FDCs.[114] T.E.A.C.H., therefore, was used simply as an additional vehicle for improving FDC quality, and not to help achieve accreditation.

- **Only 10 out of 25 Family Day Care providers participated in T.E.A.C.H. as part of the NDP. The original goal had been to have all of them pursue an AA or CDA.**

All were eligible to participate in T.E.A.C.H. As can be seen in Table 6-15 (Page 247), of the 10 family day care providers who participated, 90% pursued the AA degree. The T.E.A.C.H. model presents some barriers to FDC providers which may explain why all providers did not take advantage of the T.E.A.C.H scholarships. Perhaps most importantly, the financial formula applied to FDCs discourages them from participating because there is no administrative entity to help pick up part of the provider costs for the program. As one T.E.A.C.H. administrator said:

> We are asking a small business owner to take on a big load of additional responsibilities. Also, lots of them are single moms. Money has to be an issue; they don't have the level of income to pay the 20% of the tuition that they are required to. (Interview, December 1999)

- **Family day care providers who participated in T.E.A.C.H. viewed it positively**

Despite the difficulties in obtaining education for FDC providers, those who did participate reported that they were pleased to have the opportunity. T.E.A.C.H. personnel were seen as particularly helpful, and this may be one reason that 10 FDC providers were able to overcome the obvious barriers to participation. One provider had this to say:

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[114] Four FDC providers voluntarily participated in T.E.A.C.H.

TABLE 6 – 15
Characteristics of Family Day Care Providers in the
NEIGHBORHOOD DEMONSTRATION PROJECT
PARTICIPATING IN THE T.E.A.C.H. SCHOLARSHIP PROGRAM

Variable	Family Day Care Providers Percentage (N = 10)
Application type	
Associate Degree (AA)	90.0%
CDA credential	10.0%
High School Education	
Diploma	70.0%
GED	30.0%
Years of College	
None	60.0%
Less than 2 years	10.0%
Associate Degree or Certificate	10.0%
Bachelor Degree	10.0%
Still attending	10.0%
Status of contract	
Retained	
Completed	30.0%
Pending	10.0%
Active	60.0%
Dropped	---

Source: PACCA application and Scholar database.

I have questions about release time, hours, transportation. They were always helpful in staying on the phone and working through applications. Of all the programs I've been affiliated with I really like T.E.A.C.H. They help me and by that they are helping the children at my site at my community. Without T.E.A.C.H. I couldn't go to college and bring this to the children. I hope and pray that the government keeps on providing for T.E.A.C.H. Especially for home-based providers. (Interview, March 2001)

Clearly, difficulties existed in applying the T.E.A.C.H. scholarship model to the FDCs. However, various CCM staff members were quite enthusiastic about the role of T.E.A.C.H. in the accreditation process for the FDCs. Participation in T.E.A.C.H. after the accreditation process was completed was viewed as a positive sequence of events. As one staff member said:

A lot of providers didn't have high self-esteem before the project, but once they get through the accreditation process, we tell them that they are the best of the best. It's a big ego booster. It gives them the confidence to go on and get their degree. The CDA and NAFCC accreditation work hand in hand. (Interview, January 2001)

Results of Accreditation Efforts in Family Day Care Homes

CCM had the goal of accrediting 25 FDC homes as part of the NDP. The results of accreditation of family day care providers as of May 2001 are discussed below.

- **Only seven out of the 19 FDC homes achieved accreditation under the new NAFCC regulations. The original goal of accrediting 25 FDCs was not achieved within the three-year time frame of the grant period**

In addition to the six FDCs that were accredited under the old NAFCC regulations, an additional seven FDCs achieved accreditation under the guidance of CCM. In total, 13 FDCs were accredited under CCM.

The accreditation process was slowed down significantly when the new NAFCC accreditation model was implemented. CCM staff expressed particular frustration with the amount of waiting time that elapsed between the time that the FDCs were ready for their accreditation visit and when the accreditation visit actually occurred. "They lose their steam when they have to wait that long," said one CCM administrator. (Interview, January 2001)

ASSESSING THE IMPLEMENTATION OF THE QUALITY IMPROVEMENT EFFORTS

Was CCM successful in implementing the quality improvement efforts of the NDP? The answer to this question is yes, though some aspects were implemented more successfully than others.

Overall, CCM successfully provided mentoring, quality-improvements resource, and T.E.A.C.H. scholarships to participating providers and programs. Both centers and FDCs were recruited to participate. All three types of resources were, in general, positively viewed by participating center directors and providers and were reported to be helpful in improving quality.

The quality-improvement efforts were less successfully implemented for FDC providers. Family day care providers presented a particular set of challenges to the quality-improvement efforts. For both types of providers, all three elements of the quality-improvement strategy were important elements of the accreditation process. However, T.E.A.C.H., as it was configured in CCM, was more accessible to center-based providers than to FDC providers. Given the significant financial, time, and personnel constraints that FDC providers must contend with, the benefits of T.E.A.C.H. were not within reach for many of them.

It is clear that the quality improvement efforts of the NDP were designed with the needs of center-based programs in mind. Some have suggested that its successful implementation with FDC providers is really a credit to one person: Michele DiAddezio. One CCM staff person remarked:

I'll tell you why the FDC [accreditation] process is going so well. It's on the strength of Michele. She is incredible – so committed, so energetic. She takes these women and single-handedly gives them the confidence to do this. (Interview, January 2000)

What does the failure to meet accreditation goals say about the success of the implementation of the NDP? We think not much.

There is general agreement that these goals were too ambitious, and that the initiative's success in this regard should not be measured purely in terms of accreditation. As was discussed earlier, participating centers began the accreditation process at a low level of quality. Increasing the amount of resources or even changing the type of resources available would not seem to have done much to alter the outcome in terms of accreditation. Programs need to be ready to take advantage of these resources to work towards a goal as ambitious as accreditation. As one CCM administrator stated, "The Neighborhood Demonstration Project [made] silk purses out of sow's ears. Centers were tough nuts to crack because of layers of authority – boards, center directors, lead teachers, etcetera. You need 100% buy-in to succeed." (Interview, December 1999)

THE IMPACT OF THE QUALITY-IMPROVEMENT EFFORTS

Ultimately, the quality-improvement efforts of the NDP were designed to do just that: improve quality. Although all of the programs did not achieve accreditation by the end of the project, the question remains: Did the provision of these resources have an impact on the quality of care offered by participating programs?

We assessed the impact of the quality-improvement efforts of the NDP at two levels. First, we examined whether participating in the NDP increased the observed quality of caregiving environments in participating programs. Second, we examined whether participation in the NDP led to changes in provider attitudes that affect the quality of care they give to children. In the first part of this section, we present the results for centers. In the second part, we present the results for FDC homes.

IMPACT OF QUALITY-IMPROVEMENT EFFORTS ON CENTERS

Changes in quality and provider characteristics in centers are examined at two levels. First, we consider the quality of caregiving environments and teacher characteristics for the center as a whole.[115] Second, we examine the impact of the Neighborhood Demonstration Project at the level of individual providers who were observed at both Time 1 and Time 2. Dependent t-tests were used to test for significant change over time in center scores.

- **Significant improvement in overall program quality was observed in participating centers**

Table 6-16 (Page 250) presents the mean scores for the quality variables for the 17 centers participating at Time 1 and Time 2. The overall ECERS-R score significantly increased between Time 1 and Time 2. Thus, there was significant improvement in the overall quality of the caregiving environment in CCM centers. There was also a trend that indicated slight improvement in the Arnett Caregiver Interaction scores over time. As a whole, teachers in CCM centers became somewhat more sensitive in their interactions with the children in their care.

The most marked improvements in CCM centers were observed in terms of the instructional and care activities provided to children and how the daily program was organized, including things such as the balance of time children spent in structured versus free-play activities. When considering changes more specifically in terms of the ECERS-R sub-scales, significant improvements were seen in the Personal Care Routines, Program Structure, and

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[115] Center-level analyses aggregated the classroom data within a center to describe changes in the overall program.

TABLE 6–16

CHANGES IN CENTER PROGRAM QUALITY BETWEEN TIME 1 AND TIME 2 (N=17)

	Assessment Point			
	Time 1	Time 2		
Variable	M(SD)	M(SD)	t	p
Arnett Caregiver Interaction Scale	75.40 (4.85)	78.13 (4.29)	1.97	.07
Overall ECERS-R[1] Score	3.31 (.45)	3.75 (.41)	3.66	.00
ECERS-R Sub-Scales				
Space & furnishings	3.22 (.56)	3.54 (.66)	1.49	.16
Personal Care Routines	2.31 (.55)	2.58 (.78)	2.26	.04
Language-Reasoning	3.69 (.59)	3.92 (.53)	1.22	.24
Activities	2.72 (.47)	3.46 (.40)	6.57	.00
Interaction	4.33 (.84)	4.85 (.69)	1.84	.09
Program Structure	3.47 (1.11)	4.22 (1.10)	2.52	.02
Parents & Staff	4.21 (.76)	4.43 (.65)	1.45	.17

Notes: 1= Early Childhood Environment Rating Scale – Revised (Harms, Clifford, & Cryer, 1998)

Activities sub-scale scores. The improvement in the Activities score is especially noteworthy. The average Activities score rose from less than 3 ($\underline{M}$ = 2.72) at Time 1 to more than 3 ($\underline{M}$ = 3.46) at Time 2 suggesting, that in this area, the quality of CCM programs improved from care judged to be poor to care that met minimal standards of quality. There was also a trend indicating an improvement in Interaction sub-scale scores between Time 1 and Time 2. There were no significant changes in the quality of space and furnishings, activities related to language and reasoning, or the provisions made for parents and staff.

- **Programs did not reach high standards of quality by the end of the intervention**

CCM programs, though improving in quality, did not, on average, meet the ECERS-R standard indicating good or excellent quality care (i.e. a score $\geq$5). Improvements in scores were generally on the magnitude of about half of a scale point. The average ECERS-R score rose from 3.31 (.45) at Time 1 to 3.75 (.41) at Time 2. Thus, on average, programs were still providing care that met minimal standards. In the area of personal care routines, the average scores indicated that many programs were still providing care that was inadequate to even meet children's custodial needs.

- **Teaching staff characteristics improved, particularly in terms of reported developmentally appropriate practices and beliefs**

Table 6-17 (Page 252) presents the mean scores for the provider variables for the center teaching staff at Time 1 and Time 2. Teachers expressed significantly more developmentally appropriate beliefs at Time 2 than at Time 1. In addition, they also reported engaging in significantly more developmentally appropriate instructional activities at Time 2 than Time 1. Although teachers did not express greater overall job satisfaction over time, their satisfaction with their working conditions also improved significantly between Time 1 and Time 2. There were no significant improvements in teachers' knowledge of child development scores, professionalism, or their childrearing beliefs.

- **Providers who participated in the NDP for its duration became more sensitive in their interactions with children, provided better overall caregiving environments, became more satisfied with their working conditions, and their reported instructional beliefs and practices became more developmentally appropriate at Time 2[116]**

As can be seen in Table 6-18 (Page 253), significant improvements were noted for both the overall ECERS-R score and Arnett Caregiver Interaction scores of teachers who participated in the NDP for its duration. In terms of the specific ECERS-R sub-scales, there were significant improvements in the Language-Reasoning, Activities, and Program Structure scores. Teachers also tended to show improvements in the Personal Care Routine score. Interestingly, these sub-scales reflect the parts of the overall environment assessed by the ECERS-R that are most specific to a particular classroom environment. That is, these are the aspects of the overall caregiving environment over which an individual teacher has the most control.

Table 6-19 (Page 254) presents the mean scores for the provider variables at Time 1 and Time 2. Significant improvements were noted in the developmental appropriateness of teacher beliefs and instructional activities. Teachers also reported significantly greater satisfaction with their working conditions at Time 2. There were no changes reported in teachers' knowledge of child development, childrearing attitudes, or professionalism.

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[116] N=20.

TABLE 6–17

CHANGES IN CENTER TEACHING STAFF CHARACTERISTICS BETWEEN TIME I AND TIME II (N=17)

| | Assessment Point | | | |
| | Time 1 | Time 2 | | |
Variables	M(SD)	M(SD)	t	p
Total Job Satisfaction	3.65 (.38)	3.70 (.35)	.49	.63
Job Satisfaction Sub-Scales				
My Co-Workers	3.78 (.43)	3.80 (.41)	.19	.85
My Supervisor	3.84 (.53)	3.72 (.46)	-.74	.47
My Work	4.03 (.41)	4.06 (.35)	.27	.79
My Working Conditions	3.44 (.48)	3.86 (.50)	3.95	.00
My Pay and Promotion Opportunities	3.06 (.65)	3.06 (.67)	-.01	.99
Child Rearing Attitudes	2.75 (.48)	2.62 (.45)	-1.27	.22
Knowledge of Child Development	.21 (.04)	.22 (.06)	.91	.38
Professionalism	7.49 (1.93)	7.70 (1.86)	.38	.71
Teacher Beliefs	3.76 (.32)	3.94 (.24)	2.34	.03
Instructional Activities	3.56 (.30)	3.88 (.26)	4.33	.00

TABLE 6–18

CHANGES IN QUALITY OF CARE PROVIDED BY TEACHERS OBSERVED AT BOTH TIME 1 AND TIME 2 (N=20)

Variable	Assessment Point		t	p
	Time 1 M(SD)	Time 2 M(SD)		
Arnett Caregiver Interaction Scale	74.15 (6.68)	78.35 (4.52)	2.51	.02
Overall ECERS-R[1] Score	3.15 (.41)	3.64 (.35)	5.44	.00
ECERS-R Sub-Scales				
Space & furnishings	3.13 (.71)	3.45 (.68)	1.50	
Personal Care Routines	2.13 (.58)	2.39 (.65)	1.74	.10
Language-Reasoning	3.29 (.77)	3.94 (.73)	2.87	.01
Activities	2.41 (.50)	3.30 (.46)	8.21	.00
Interaction	4.36 (1.01)	4.76 (.81)	1.44	.17
Program Structure	3.23 (1.33)	4.13 (1.22)	2.81	.01
Parents & Staff	4.24 (.88)	4.32 (.72)	.49	.63

Notes: 1= Early Childhood Environment Rating Scale – Revised (Harms, Clifford, & Cryer, 1998)

TABLE 6 – 19

CHANGES IN PROFESSIONAL CHARACTERISTICS OF TEACHERS OBSERVED AT BOTH TIME 1 AND TIME 2 (N=15)

| Variable | Assessment Point | | t | p |
| | Time 1 | Time 2 | | |
	M(SD)	M(SD)		
Total Job Satisfaction	3.60 (.47)	3.70 (.35)	.65	.53
Job Satisfaction Sub-Scales				
My Co-Workers	3.77 (.63)	3.93 (.60)	.65	.53
My Supervisor	3.81 (.80)	3.75 (.62)	-.19	.86
My Work	4.08 (.48)	4.09 (.50)	.07	.94
My Working Conditions	3.35 (.62)	3.89 (.54)	2.55	.02
My Pay and Promotion Opportunities	2.96 (.76)	2.85 (.61)	-.54	.60
Child Rearing Attitudes	2.84 (.72)	2.69 (.56)	-1.64	.12
Knowledge of Child Development	.22 (.05)	.22 (.08)	.81	.43
Professionalism	7.33 (2.53)	7.13 (3.07)	-.25	.80
Teacher Beliefs	3.65 (.31)	3.96 (.33)	3.49	.00
Instructional Activities	3.58 (.35)	3.83 (.31)	3.33	.00

- **Contrary to common assumptions about accreditation, accredited programs did not reach good standards of quality overall. However, specific aspects of program quality, such as the interactions between center staff and children, program structure, and/or provisions for the needs of staff and parents reached standards for good care in two of the three programs.**

Table 6-20 (Page 256) presents the average Time 2 ECERS-R scores for the three programs that became accredited during the intervention. The finding for overall quality runs counter to the NDP assumption, also held by many child care professionals, that accreditation represents high-quality care. As can be seen from the table, there was also considerable variability in the sub-scale scores both between and within programs. Accredited programs reached or were close to reaching good standards in terms of staff-child interactions, overall program structure, and provisions for adult needs. However, the quality of space and furnishings and the instructional activities in the classroom were still only meeting minimal standards. And the quality of personal care routines was rated inadequate in all three programs.

THE IMPACT OF QUALITY-IMPROVEMENT EFFORTS ON FAMILY DAY CARE HOMES

The impact of the NDP on FDC homes was assessed in terms of changes both in the quality of the caregiving environment and in relation to provider characteristics related to caregiving quality. To assess change over time in FDC home scores, a change score was computed for each variable.[117] Change scores for CCM participating programs and for non-CCM participating programs were then compared using independent t-tests to determine if the change in CCM FDCs was greater than that observed for non-CCM FDCs.[118]

- **CCM FDC providers did not show greater improvements in the quality of care they offered compared to non-CCM FDC providers**

Mean scores for the quality variables at Time 1 and Time 2 for both CCM and non-Child Care Matters FDCs are presented in Table 6-21 (Page 257). As can be seen from this table, there were no significant differences between CCM FDC and non-CCM FDC homes in the amount of change in the overall FDCRS score or the sub-scale scores. The test for differences in improvement in the Activities sub-scale score, however, approached significance. This suggests that, in comparison to non-CCM FDC homes, CCM FDC homes showed slight improvement in the quality of learning activities provided to children. There was no difference in the amount of change over time in the Arnett Caregiver Interaction scores between the two groups.

- **Child Care Matters family day care homes did not reach high standards of quality by the end of the intervention. On average, programs began and remained at minimal levels of quality.**

At Time 2, programs, on average, did not attain "good" or "excellent" levels of quality according to FDCRS standards. In fact, scores for the Space and Furnishings and Basic Care sub-scales were still in the inadequate ranges (i.e. mean scores < 3). The total FDCRS score and the other subscale scores were all in the minimal range.

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[117] A change score was computed by taking the differences in scores between Time 2 and Time 1. Results were analyzed with t-tests using change scores as the dependent variable rather than a 2 X 2 ANOVA because the latter would have resulted in less degrees of freedom. Given that the sample size was so small to begin with, we opted to directly examine differences in change scores for CCM and non-CCM FDCs.

[118] Despite our efforts at matching CCM and non-CCM FDCs, CCM FDCs showed higher levels of quality at Time 1 than non-CCM FDCs. It is possible that changes in CCM FDCs would appear more dramatic in comparison to matched non-CCM FDCs if the latter also started out at a higher level of quality (i.e. if both groups started out with equal room for improvement). We think this is unlikely, however, because scores in both groups were generally low at Time 1. There was plenty of room for improvement in the CCM FDCs.

Another factor that could have influenced our estimates of the magnitude of changes in the two groups is the fact that five of t he original non-CCM FDCs dropped out of the study before the second assessment. The five who dropped out tended to score lower on FDCRS at Time 1 and hence, may have been particularly poor FDCs. If these were included at the Time 2 assessment, it is conceivable that the magnitude of change observed in non-CCM FDCs would have appeared to be smaller and improvements in CCM FDCs greater.

TABLE 6 – 20
QUALITY OF ACCREDITED CHILD CARE MATTERS FAMILY DAY CARE HOMES
PARTICIPATING IN THE QUALITY IMPROVEMENT STUDY

| | Accredited Family Day Care Homes | | | | | Average score across the five FDCs [1] |
| | FDC 1 | FDC 2 | FDC 3 | FDC 4 | FDC 5 | |
	M	M	M	M	M	M (SD)
Overall FDCRS[2] score	4.11	2.63	3.69	2.94	4.03	3.88 (.62)
FDCRS Sub Scales						
Space & Furnishings	3.43	3.83	2.71	2.00	2.83	2.96 (.70)
Basic Care	3.57	3.86	2.00	1.71	3.29	2.89 (.97)
Language & Reasoning	4.17	5.00	4.17	3.33	4.75	4.28 (.65)
Learning Activities	4.67	4.67	4.44	3.22	3.89	4.18 (.62)
Social Development	3.33	6.00	4.00	4.00	5.67	4.60 (1.17)
Adult Needs	6.00	6.00	6.33	5.33	6.00	5.93 (.37)

Note: 1 = Family Day Care
       2 = Family Day Care Rating Scale (Harms & Clifford, 1989)

TABLE 6–21
CHANGES IN QUALITY OF CCM[1] AND NON-CCM FDC[2] HOMES BETWEEN TIME 1 AND TIME 2

	Group				t[3]	p
	CCM FDCs (N=15)		Non-CCM FDCs (N=9)			
Variable	Time 1 M(SD)	Time 2 M(SD)	Time 1 M(SD)	Time 2 M(SD)		
Arnett Caregiver Interaction Scale	75.07 (7.59)	73.47 (9.70)	69.89 (8.75)	66.11 (6.81)	.65	.53
Overall FDCRS[4] Score	3.10 (.74)	3.39 (.70)	2.63 (.39)	2.65 (.42)	1.36	.19
FDCRS Sub-Scales						
Space & furnishings	2.43 (.80)	2.69 (.74)	2.00 (.57)	2.10 (.29)	.64	.53
Basic Care	2.19 (.75)	2.41 (.83)	2.17 (.50)	2.00 (.60)	1.3	.20
Language & Reasoning	3.56 (1.28)	3.74 (.62)	2.88 (.41)	2.92 (.78)	.37	.72
Learning Activities	3.24 (.79)	3.62 (.93)	2.56 (.43)	2.43 (.57)	1.75	.09
Social Development	3.69 (1.12)	3.69 (1.25)	3.22 (.69)	2.96 (.70)	.68	.50
Adult Needs	5.07 (.91)	5.62 (.67)	4.30 (1.23)	5.33 (1.03)	-1.12	.27
Overall FDCRS Score (without Adult Needs)	2.91 (.77)	3.18 (.72)	2.48 (.39)	2.39 (.38)	1.80	.09

Notes: 1 = Child Care Matters
2 = Family Day Care
3 = Test for difference in change scores between CCM FDCs and Non-CCM FDCs
4 = Family Day Care Rating Scales (Harms & Clifford, 1989)

- **CCM providers showed greater improvements in their satisfaction with their working conditions than their non-CCM counterparts. No other provider characteristics showed greater improvement in CCM FDC providers compared to non-CCM FDC providers.**

Table 6-22 (Page 259) presents the mean scores for CCM and non-CCM FDC homes for the provider variables. There were no significant differences in terms of the amount of change in overall job satisfaction, knowledge of child development, professionalism, or developmentally appropriate beliefs for CCM FDC providers versus non-CCM FDC providers. However, CCM FDC providers did show greater improvements in their satisfaction with their working conditions and their child rearing attitudes tended to become less authoritarian over time than their non-CCM counterparts.

- **Accredited family day care homes did not achieve good standards of quality overall, although the provisions for adult needs met good standards in all five programs**

On average, the five FDC programs which became accredited were still of minimal overall quality As can be seen from Table 6-23 (Page 260), none of the FDCRS subscale scores except those related to provisions for adult needs reached good standards of quality. Unfortunately, the quality of personal care routines was below minimal standards in four out of five FDC homes. On a positive note, for one FDC home, three out of six subscale scores met good standards of care.

In sum, the NDP was able to increase the quality of care offered by participating centers and family day care homes. Although not successful in accrediting all participating center and FDC programs by the end of the initiative, the provision of mentoring, quality improvement funds, and teacher scholarships was able to significantly improve the quality of NDP programs. Importantly, we observed changes in the quality of caregiving environments and in the providers. The impact of the NDP on participating programs, however, was relatively small. None of the programs participating in the NDP achieved, on average, an overall score indicative of high-quality care.

THE IMPLEMENTATION OF THE NEIGHBORHOOD DEMONSTRATION PROJECT SUBSIDY PROGRAM

The goal of the subsidy program was to provide child care subsidies to 200 families in two neighborhoods to enroll their child in a quality-improving program for two years. Our questions regarding the implementation of the NDP subsidy program focused on four issues: 1) the recruitment of families into the subsidy program; 2) how families that participated in the program were similar or different to those that were offered but did not take the subsidies; 3) characteristics of families in the CCM subsidy program; and 4) patterns of program participation. Attention to these issues helped us assess the relative success of CCM in meeting its goal and illuminated the challenges they faced in trying to do so.

RECRUITING FAMILIES FOR SUBSIDIES

To be successful, the first thing the CCM subsidy program had to do was enroll families. The program needed to be able to recruit families despite the limitations it might have imposed on their choice of child care arrangements. Could CCM attract families into a subsidy program that stipulated that the child must enroll in one the center or home programs participating in the NDP?

TABLE 6 – 22

CHANGES IN PROVIDER CHARACTERISTICS IN CCM¹ AND NON-CCM FDC² HOMES BETWEEN TIME 1 AND TIME 2

| | Group | | | | | |
| | CCM FDCs (N=15) | | Non-CCM FDCs (N=9) | | | |
Variable	Time 1 M(SD)	Time 2 M(SD)	Time 1 M(SD)	Time 2 M(SD)	t³	p
Overall Job Satisfaction	3.73 (.42)	3.69 (.34)	3.89 (.33)	3.62 (.19)	1.70	.11
Job Satisfaction Sub-Scales						
My Work	3.84 (.48)	3.83 (.36)	3.99 (.43)	3.86 (.40)	.88	.39
My Working Conditions	3.82 (.38)	4.10 (.32)	3.82 (.51)	3.59 (.42)	3.27	.00
My Pay And Promotion Opportunities	3.40 (.42)	3.09 (.37)	3.22 (.69)	2.89 (.28)	.13	.90
Child Rearing Attitudes	2.63 (.56)	2.48 (.56)	2.78 (.32)	2.87 (.38)	-1.97	.06
Knowledge of Child Development	.22 (.06)	.24 (.06)	.25 (.05)	.24 (.03)	1.15	.26
Professionalism	9.80 (3.57)	10.40 (3.02)	10.22 (3.56)	10.33 (3.08)	.35	.73
Teacher Beliefs	3.66 (.40)	3.70 (.40)	3.56 (.28)	3.56 (.24)	.54	.59
Instructional Activities	3.52 (.27)	3.46 (.33)	3.28 (.22)	3.33 (.23)	-1.13	.27

Notes: 1 = Child Care Matters
2 = Family Day Care
3 = Test for difference in change scores between CCM FDCs and Non-CCM FDCs

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TABLE 6 – 23
QUALITY OF ACCREDITED CHILD CARE MATTERS CENTERS
PARTICIPATING IN THE QUALITY IMPROVEMENT STUDY

| | Accredited Centers | | | Average scores across the three centers |
| | Center 1 | Center 2 | Center 3 | |
	M (SD)	M (SD)	M (SD)	M (SD)
Overall ECERS-R[1] score	4.28 (.16)	4.07 (.10)	3.79 (1.03)	4.05 (.25)
ECERS-R Sub Scales				
Space & Furnishings	4.21 (.29)	4.38 (.00)	3.38 (.00)	3.99 (.54)
Personal Care Routines	2.50 (.44)	2.17 (.47)	1.67 (.24)	2.11 (.42)
Language – Reasoning	4.25 (.66)	3.88 (.18)	3.88 (.53)	4.00 (.21)
Activities	3.78 (.68)	3.56 (.79)	3.85 (.07)	3.73 (.15)
Interaction	5.67 (.50)	4.70 (.14)	5.70 (.14)	5.36 (.57)
Program Structure	6.00 (.00)	4.50 (.50)	5.50 (.24)	5.33 (.76)
Parents & Staff	5.00 (.50)	5.75 (.12)	3.83 (.24)	4.86 (.97)

Note: 1 = Early Childhood Environment Rating Scale – Revised (Harms, Clifford, & Cryer, 1998)

- **CCM initially had difficulties enrolling families into the subsidy program**

    The source for the recruitment of families for CCM subsidies was families that were on waiting lists to receive public subsidies through the Department of Public Welfare.[119] These waiting lists were maintained by Pennsylvania Child Care Resource agencies.[120] Each Philadelphia Child Care Resources (PCCR) maintained a waiting list of families that had applied for and been determined eligible for public subsidy. At the beginning of CCM, this waiting list existed because the number of subsidy-eligible families exceeded state subsidy funds.[121]

    The CCM subsidy was initially offered only to families determined eligible for state subsidy. Designed to alleviate the waiting list numbers, the CCM subsidy program was created to "mirror" the state subsidy program. Only those families determined eligible and placed in the four PCCR priority categories were considered eligible for CCM subsidy. All of the eligibility requirements were the same, with the exception of twice-yearly re-determinations; with state subsidy, families were assessed yearly to ensure that they maintain eligibility require-ments. CCM subsidy families were determined eligible for the life of the project, regardless of changes in income.

    Letters explaining the CCM subsidy were mailed to waiting list families. According to interviews with PCCR staff, the initial response rate to these mailings was 50%, with a 25% to 30% rate of follow-through in fami-lies deciding to apply for the CCM subsidy.

    The initial recruitment strategy was not as successful as CCM hoped. This was primarily because the CCM partners were unsuccessful in their attempts to change Department of Public Welfare policies. These poli-cies prevented families that took CCM policies from being able to retain their spot on the waiting list for the dura-tion of the CCM subsidy program.[122] Therefore, families determined eligible for CCM subsidies were required to weigh the pros and cons of CCM versus state subsidy. If a family decided to accept the CCM subsidy, they would remain on the state waiting list until they reached the top. At that point, they would be offered the option of state subsidy.   If they did not take it, they would lose their spot at the top of the list and be required to start at the bot-tom when they returned to the state waiting list.   The little incentive left for families to take CCM subsidies was further reduced when changes in state policy virtually eliminated waiting lists for public subsidies.

- **Recruitment of participants into the CCM subsidy program benefited from changes in state policy that made Child Care Matters subsidies more attractive to more families**

    A major change in state subsidy regulations was enacted on February 1, 1999. On that date, state legisla-tion changed the priority system. Families earning 186% to 235 % of the Federal Poverty Income Guidelines (FPIG) were no longer eligible for state subsidy and were dropped from the waiting list. Under the old priority system, these families would have been categorized as Priority 3. Those families designated Priority 3 that were

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[119] In addition to mailings, flyers were posted in participating centers, frequently asked question sheets were created to explain the subsidy options available to families deciding between a CCM subsidy and a state subsidy, and directors at participating centers were contacted to be outreach liaison for families. Some families were recruited by participating center directors, but the vast majority of CCM families enrolled as a result of waiting list outreach. All interested families who completed the application and were determined eligible for CCM subsidy were offered CCM subsidy.

[120] Four staff members at the PCCR agencies were hired by CCM to coordinate, recruit, and manage the CCM subsidy. These staff members were already familiar with PCCR procedures for the state waiting list, and therefore cold negotiate between CCM and state subsidy systems.

[121] Prior to February 1, 1999, families were grouped and placed on the waiting list based upon application intake data and the following income priorities:

        Priority 0: Siblings of children already receiving subsidy.
        Priority 1: Receiving cash assistance; income under 235% of Federal Poverty Income Guidelines (FPIG)
        Priority 2: 0-185% of FPIG
        Priority 3: 186-235% of FPIG
        Priority 4: Teen parents enrolled in high school or women enrolled in job training activity, with income between 0-235% of FPIG.
        Under this system, Priority 1 families were the first to receive subsidy and rarely appeared on the state subsidy waiting list. Priority 2 families generally waited at least seven months to receive subsidy. Priority 3 families generally did not receive subsidies under this system.

[122] Unlike Child Care Matters subsidies, state subsidies are available for children of up to 13 years of age.

receiving state subsidies under the old system were "grandfathered in" and allowed to continue receiving state subsidy until January 31, 2000. Families with incomes between 186% and 235% of the FPIG that were newly applying for state subsidy were determined ineligible as of February 1, 1999.

The new regulations also required that families receiving state subsidy pay a higher co-pay rate for child-care services based on their income relative to the poverty level and family size. In some instances, the amount of co-pay required was so high that it exceeded the cost of care. As a result, state subsidies were rendered meaningless for some families because of the large co-payment.

In response to these shifts in state regulations, CCM partners elected to maintain the original state requirements, rather than change and adopt the new regulations. This decision made the CCM subsidy available, affordable, and attractive to more families. Families applying for and previously enrolled in subsidy arrangements whose income was between 186% and 235% of the FPIG could still turn to CCM subsidy now that they were automatically ineligible for state subsidy. The partners also decided to maintain the original co-pay rates outlined by state prior to the new regulations because the co-pay fees overburdened many families.

This policy change was viewed as largely positive by the PCCR directors, because it gave families over 185% of the FPIG a subsidy option that they would not otherwise have had. However, it was reported to have created a sense of competition between CCM subsidy and state subsidy for families at or under the 185% FPIG. This is because if PCCR did not spend those funds allocated by the state for subsidies, it risked losing them. As one PCCR director stated, "My waiting list is dwindling. If I do have a pool of people [on the waiting list], I enroll them in my subsidy first" (Interview, Summer 1999). Both directors stated that this policy was explicitly agreed to by CCM. It is important to note that the state regulations shifted yet again during CCM's implementation period. The co-pays that had been raised were lowered in January 1999, due in large part to the pressure that CCM exerted on state policy makers. In addition, the income eligibility level also changed from 185% FPIG to 235% FPIG.

- **Changes in subsidy eligibility also led to a shift in the Child Care Matters recruitment strategy**

With fewer families eligible for state subsidy, and with the influx of dollars that was the result of the larger co-pay requirements, the waiting list was virtually eliminated. As a result, CCM recruiters began targeting several groups. First, they contacted with letters those families who had been grandfathered in under the new state regulations.

Second, CCM recruiters also hurried to "freeze" the state waiting list before it was dropped from the computer system, attempting to reach all existing waiting list families. CCM staff also coordinated with PCCR intake workers in order to receive referrals for new applicants determined ineligible based on the fact that they were over-income for state subsidy.

- **Changes were also made to the program model to increase the attractiveness of CCM subsidies**

In order to increase the attractiveness of CCM subsidies, the parameters of the subsidies were changed in two significant ways. Originally, families opting for the CCM subsidy were required to choose one of the 21 child care centers participating in the accreditation project. In the spring of 1999, this requirement was broadened to include already accredited facilities in the two neighborhoods. In this way, CCM insured the delivery of high-quality care, while at the same time it increased the number of facilities available to families. Second, CCM ex-

panded the age of children eligible for the subsidies. Originally set at two- to four-year olds, the eligibility ex-

panded to include infants through age five. In this way, CCM hoped to make the subsidies more attractive to fami-

lies with multiple children.

FAMILIES WHO TOOK THE CCM SUBSIDY VERSUS THOSE WHO DID NOT

We collected demographic data from applications for public subsidy from families that were offered the

CCM subsidy. We used it to compare families that took the CCM subsidies versus those that chose not to. This

comparison is important because it tells us whether the program was more appealing to certain types of families.[123]

Such information could be useful to others designing similar interventions and could provide clues as to why the

program has had and/or did not have its intended effects.

Application data were used to determine whether there were demographic differences between the group

of families who accepted CCM subsidies and those who did not. In the case of application data, we received infor-

mation from one PCCR only.[124]

- **Families that accepted the CCM subsidies were generally similar to those that did not accept the subsidies in terms of gender, ethnicity, size of their household, the ages of their children, and their employment situations**

Table 6-24 (Page 264) shows the demographic and background characteristics of the CCM subsidy appli-

cants. In most instances, there were no significant differences between PCCR-North subsidy applicants who de-

cided to accept CCM subsidies and those who did not. As can be seen in Table 6-24, the vast majority of families

that applied for public child care subsidy were headed by females (97.8%), and this factor was not significantly

correlated with the decision to accept CCM subsidies. Race/ethnicity also was not related to decisions to accept

CCM subsidies. Most subsidy applicants (73.9%) were African American. Hispanics comprised 16% of the appli-

cants, Whites 7.6%, Asians 2.1% and "other" .4%.

The majority of applicants (52.2%) had only one child living in the household at the time of application.

Another 28.1% had two children, and 13.1% reported having three children. The remaining 6.6% had four or more

children in the household. Most of these families (85.5%) had only one child under the age of five. Thirteen per-

cent reported having two children under the age of five, and the remaining .9% reported three children under the

age of five. The number of children living in the household was not related to decisions regarding CCM subsidies.

The two pools of applicants also displayed similarities in terms of their working conditions. Most

(88.3%) reported working five days per week. Those who worked fewer than five days per week made up a small

proportion of the applicant pool (7.3%), as did those working more than five days per week (4.4%). The average

income among applicants was $18,382, with a low of $1,920 per year, and a high of $45,202.   Most (88.6%) did

not receive child support.

- **Parents who took CCM subsidies were less likely to be single and more likely to have expressed a preference for a CCM facility than those who did not**

Two factors did seem to have an influence on subsidy applicants' decisions regarding whether to accept

CCM subsidies. First, those who were single made up significantly less of the pool that accepted CCM when com-

pared to the pool of applicants who did not accept CCM (70.9% vs. 87.3% respectively). The vast majority of ap-

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[123] It is possible that some families that were offered but did not take the subsidies were no longer eligible for and/or needed public subsidies and that is why they did not take the CCM subsidy.
[124] Fortunately, this was the program that served the largest number of CCM subsidy recipients.

TABLE 6 – 24
DEMOGRAPHICS AND BACKGROUND CHARACTERISTICS OF
CHILD CARE MATTERS SUBSIDY APPLICATION DATA (NORTH)

| | Child Care Matters Subsidy Applicants | | |
| | Enrolled in Child Care Matters | Did not Enroll in Child Care Matters | |
Variable	% (N = 155)	% (N = 165)	Total (N = 320)
Gender[1]			
Female	97.4%	98.2%	97.8%
Male	2.6%	1.8%	2.2%
Ethnicity[1]			
African American / Black	68.6%	81.6%	73.9%
White	7.9%	7.1%	7.6%
Asian, Asian American	2.9%	1.0%	2.1%
Hispanic, Latino/a, Chicano/a	20.0%	10.2%	16.0%
Other	.7%	---	.4%
Marital Status[2]			
Married	11.2%	4.2%	7.9%
Separated or Divorced	16.4%	8.5%	13.6%
Living with Partner	1.5%	---	.8%
Single	70.9%	87.3%	78.6%
Received Child Support[1]			
Yes	11.2%	11.5%	11.4%
No	88.8%	88.5%	88.6%
# of Children in Household[1]			
One	49.7%	54.5%	52.2%
Two	29.7%	26.7%	28.1%
Three	14.8%	11.5%	13.1%
More than Three	5.8%	7.3%	6.5%
# of Children Under Age Five[1]			
One	85.5%	86.1%	85.9%
Two	12.9%	13.2%	13.1%
Three	1.3%	.6%	.9%
# of Days per Week Worked[1]			
Less than five days	6.2%	8.4%	7.3%
Five days	89.0%	87.7%	88.3%
More than five days	4.8%	3.8%	4.4%
Expressed Preference for CCM Provider[3]			
Yes	21.9%	11.5%	16.6%
No	78.1%	88.5%	83.4%

Note: 1 = test for group differences not significant
        2 = $(x^2_{(4)} = 10.86, \underline{p} = .028)$
        3 = $(x^2_{(1)} = 6.28, \underline{p} = .012)$
Source: PCCR application database.

plicants overall reported being single (78.6%). Only 8.7% of applicants reported that they were either married (7.9%) or living with a partner (.8%). The remaining 91.3% of the applicants reported being either single (78.6%), separated (8.7%), or divorced (4.0%).

The other factor related to choosing CCM subsidies was whether an applicant expressed a preference for a child care facility that was participating in the NDP. Most applicants (83.4%) did not express a preference for a CCM facility. However, those who did express a preference for a CCM facility were more likely to take the CCM subsidies than those that did not express such a preference (21.9% vs. 11.5% respectively).

CHARACTERISTICS OF FAMILIES WHO RECEIVED CHILD CARE MATTERS SUBSIDY

We utilized PCCR billing invoices from both PCCR-North and PCCR-Northwest to further examine the characteristics of families that received a CCM subsidy. This information is useful to understanding what types of families are likely to be served by such a subsidy program.

- **As anticipated, most families were designated as a Priority 2 status and children served were between the ages of two and four years**

Most of the families who received CCM subsidies were designated as Priority 2 on the Philadelphia Child Care Resources waiting lists (67.7%), as is seen in Table 6-25 (Page 266). Priority 3 children, who also fell under the 235% of poverty measure, made up 29.7% of subsidy recipients.

The age of children receiving CCM subsidies varied from less than one-year old (11.8%) to five-years old (1.5%). While the modal age was two, one-year olds received 20% of the subsidies, three-year olds received 21%, and four-year olds received 14.9%.

- **Recipients of CCM overwhelmingly favored enrollment in center-based care**

As can be seen in Table 6-25, more than 90% of families (96.5% at PCCR-North, 82% at PCCR-Northwest) chose to enroll their children in centers. Less than 10% of all subsidy recipients enrolled in FDCs.

PROGRAM PARTICIPATION

The initial goal of the subsidy program was to serve 200 families, 100 each from the two neighborhoods in the NDP. It was also initially hoped that families would remain in the program for two years. This way, their children would have time to benefit from high-quality child care before starting school.

- **CCM reached its goal of serving 200 families. A total of 390 children, from 317 families, received CCM subsidies.**

By this measure, CCM achieved its goal of providing subsidies for at least 200 families. As can be seen in Tables 6-25 and 6-26 (Page 266 and 267), a majority (51%) of families reported incomes of $19,000 or less, and most weekly family co-pays were under $40. As might be expected, the majority of families that enrolled in the CCM subsidy program (67.7%) were categorized as Priority 2s, as per the stated goals of the program. An additional 29.7% of the enrollees were Priority 3s, while Priority 4 families made up very few of the CCM subsidy pool (2.6%).

- **The CCM subsidy program was not successful in keeping families in the subsidy program for two years. On average, families received CCM subsidies for one year.**

The CCM subsidy component was designed to provide continual access to high-quality child care facilities for low-income families in targeted neighborhoods. However, the data in Table 6-25 suggests that many fami-

TABLE 6 – 25
CHILD CARE MATTERS SUBSIDY ENROLLMENT PARTICIPATION PATTERNS[1]

	Neighborhood		
	North	Northwest	Total
	% or M (SD)	% or M (SD)	% or M (SD)
Variable	(N=228)	(N=162)	(N=390)
Child Care Type			
% Children in FDCs[2]	3.5	17.9	9.5
% Children in Group FDCs	--	--	--
% Children in Centers	96.5	82.1	90.5
Subsidy Eligibility Priority Status			
% Priority 2 Children	63.2	74.1	67.7
% Priority 3 Children	32.5	25.9	29.7
% Priority 4 Children	4.4	--	2.6
Length of Enrollment in Child Care Matters Subsidy			
% 0 – 5.9 months	21.5	32.1	25.9
% 6 – 11.9 months	26.8	17.9	23.1
% 12 – 17.9 months	22.8	17.9	23.1
% 18 months or more	28.9	19.1	24.9
% Missing	--	13.0	5.4
Average Length of Enrollment in Months	13 (7.6)	11.0 (6.9)	12.2 (7.4)

Source: PCCR Child Care Matters Termination Reports
Notes: 1 = Data from PCCR-Northwest was inconsistent, and no termination data was received from July to
      September 2000
   2 = Family Day Care

TABLE 6 – 26
INCOME AND CO-PAYMENTS FOR FAMILIES ENROLLED
IN THE CHILD CARE MATTERS SUBSIDY PROGRAM

	Neighborhood		
	North	Northwest	Total
	% or <u>M</u> (SD)	% of <u>M</u> (SD)	% or <u>M</u> (SD)
Variable	(N=186)	(N=131)	(N=317)
Annual Household Income			
% less than $10,000	16.1	16.0	16.1
% $10,000 to $19,999	34.4	35.9	35.0
% $20,000 to $29,999	40.3	43.5	41.6
% $30,000 and above	8.1	4.6	6.6
% Missing	1.1	---	0.6
Average income	$19,337.53 ($8,249.72)	$18,714.69 ($7,727.95)	$19,111.51 ($8,059.05)
Weekly Family Co-Pay			
% $5-$20	39.8	42.0	40.7
% $25-$40	32.8	35.9	34.1
% $45-$60	23.1	18.3	21.1
% $65-$80	3.2	3.1	3.2
% Missing	1.1	0.8	0.9
Age of children			
% Less than one year	8.8	16.0	11.8
% One Year Old	19.7	20.4	20.0
% Two Year Old	29.8	29.6	29.7
% Three Year Old	22.8	18.5	21.0
% Four Year Old	16.2	13.0	14.9
% Five Year Old	1.3	1.9	1.5
% Missing	1.3	0.6	1.0

Source: PCCR Child Care Matters billing invoices.

lies received CCM subsidies for relatively short periods of time. The average length of enrollment across the two PCCRs was a little over a year (12.2 months), and only 25% of families received these subsidies for 18 months or more. Close to half of the families received CCM subsidies for less than a year.

The unreliability of exit data prevents us from developing a systematic picture of why families left the CCM subsidy program. However, interviews with PCCR staff suggest that the families that left CCM subsidy program to enroll in public subsidies were attracted to the public subsidies' stable source of funding. Moreover, unlike CCM subsidies, state subsidies are available for children of up to 13 years of age. For many families, the CCM subsidy program merely served as a "bridge" between getting on the waiting list and getting public funding.

As the CCM program started to operate less like the public subsidy system, more families were recruited and retained in the program. Some of these families were ineligible for public subsidies. Some of them did not want to comply with the newly enforced child support regulations.[125] In either case, public subsidies were not available to them. These families had an extra incentive to use the CCM program.

ASSESSMENT OF THE IMPLEMENTATION OF THE SUBSIDY PROGRAM

Was the subsidy component of the NDP successful in reaching its goals? Although the target number of families served exceeded expectations, our answer to this question is no.

CCM subsidies were delivered to 390 children and a total of 317 families. Thus, when examined from this perspective, the subsidy strategy surpassed its goal of delivering 200 subsidies (100 in each of two neighborhoods). Most of these subsidies were delivered to families categorized as Priority 2s and Priority 3s, a result that was also in line with the original goals of this aspect of the NDP.

However, the intent of the subsidy component was to insure long-term access to high-quality care for low-income children. The model assumed that, once receiving CCM subsidies, families would continue for two full years, at which point their children would age out of the target age group (two- to four-year olds). If evaluated on this criterion, the subsidy component clearly was not implemented successfully. The average amount of time that families received these subsidies was only slightly over one year; only a quarter received CCM subsidies for 18 months or longer.

<div align="center">

THE IMPACT OF CCM SUBSIDIES ON FAMILIES AND CHILDREN

</div>

Despite the implementation failures associated with the subsidy strategy, did families benefit from receiving the CCM subsidies? Specifically, did they have more stable and satisfactory employment situations, more stable and satisfactory child care situations, and did the children of families receiving CCM subsidies show greater improvements in their school readiness skills and social adjustment than their counterparts receiving public subsidy funding?

The results are presented in two sections. First, we discuss the results comparing the selected subsets of Child Care Matters and public subsidy families.

Second, we present the results of some post-hoc analyses that examined how the child care and employment situations of CCM families changed when they entered the subsidy program. These analyses were conducted to see if the CCM subsidies had any beneficial impact on the families that used them. The reader is cautioned,

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[125] As of July 2000, applicants for public subsidy who were unmarried were required to document a formal child support agreemnt to be eligible for a public subsidy. According to administrators of the subsidy programs, the enforcement of this procedure caused many people to leave the subsidy program. Many parents did not want to take the other parent to court to get a formal agreement. In certain circumstances, such as abusive relationship, the PCCRs could grant a waiver to this requirement.

however, that the lack of a control group makes it impossible to know if these changes might have occurred any-way in the absence of CCM.

CHILD CARE MATTERS FAMILIES VERSUS PUBLIC SUBSIDY FAMILIES

Before examining the differences between the employment, child care, and child characteristics of CCM and public subsidy families to assess the impact of the CCM subsidies, we determined whether there were any pre-existing differences in families that might account for any observed impacts. Before examining the potential im-pact of CCM subsidies on Neighborhood Demonstration Project participants, we needed to determine whether families differed from each other at the beginning of the intervention. Such differences, rather than the interven-tion, might account for differences between CCM and public subsidy families at Time 2.

<u>Pre-Existing Group Differences in Families and Children</u>

We examined whether CCM and public subsidy families were different in terms of three sets of variables. These included 1) factors that could potentially affect children's school readiness skills; 2) the employment situa-tions and child care arrangements of the two families in the year prior to the start of Child Care Matters; and 3) the characteristics of the children who were expected to be affected by the intervention.[126] Detailed information per-taining to these analyses is presented in Appendix 5. Some general information is presented here so the reader can keep it in mind as we discuss the substantive results.

Families of those taking CCM subsidy dollars were, for the most part, similar to the public subsidy fami-lies in the year prior to CCM or at the Time 1 assessment. No differences were noted in maternal employment situations, child characteristics, or other factors that could influence children's school readiness outcomes, such as the level of stimulation in the home environment or the general status of the child's health.

The most consistent differences between the two types of families had to do with their child care arrange-ments. CCM families were more likely to use home-based, unregulated care, for fewer hours, and tended to pay less for it than in the year prior to the start of CCM than families that took public subsidy dollars.[127]

<u>Did the Use of CCM Subsidies Result in Greater Benefits than the Use of Public Subsidies?</u>

The impacts of delivering CCM subsidies on employment situations, child care arrangements, and chil-dren are considered in turn. For these analyses, characteristics of CCM families and their match public subsidy families were compared for the interval of time during which the CCM family was in a CCM facility. Thus, the length of time differs for the pairs. The average length of the interval from the initial receipt of the CCM subsidy to the outcome assessment was approximately 21 months. For the sake of brevity, we refer to assessments at the end of this interval as Time 2.

- **The of CCM subsidies did not result in the use of more regulated, more stable, and higher quality child care than did the use of public subsidies**

Table 6-27 (Page 270) presents the characteristics of child care arrangements used for CCM and public subsidy families. As can be seen from the table, there were no significant differences in the number of families using unregulated care at Time 2. No CCM families used unregulated care exclusively; 13.3% of public subsidy families used unregulated care exclusively at Time 2. Similarly, the majority of families in both the CCM group (93.3%).

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[126] As discussed in section detailing our data collection procedures, there were no differences in the two groups of families for matched and unmatched demographic variables.
[127] Ideally, we would have controlled or these differences in analysis examining the impact of the CCM program. However, since the sample sizes were so small, we did not attempt to do this.

TABLE 6 – 27

CHILD CARE ARRANGEMENTS OF CHILD CARE MATTERS AND PUBLIC SUBSIDY FAMILIES AFTER RECEIPT OF CHILD CARE MATTERS SUBSIDIES

Variable	Group	
	CCM[1] Subsidy Recipients % or $\underline{M}$ (SD) (N=15)	Public Subsidy Recipients % or $\underline{M}$ (SD) (N=15)
Regulated Status of Care[2]		
% Unregulated Care Only	---	13.3
% Regulated Care[3]	100.0	86.7
Type of Care[2]		
% Center based[4]	93.3	86.7
% Family/Home based	6.7	13.3
Received funding assistance (% yes)[5]	100.0	46.2
Number of child care arrangements used[2]	1.27 (.59)	1.73 (.80)
Maximum number of concurrent arrangements used[2]	1.20 (.41)	1.27 (.46)
Number of child care arrangements stopped[2]	.67 (.62)	.73 (.70)
Number of hours in child care per week[2]	45.00 (9.76)	44.00 (13.02)
Cost of child care per week[6]	$41.67 (30.34)	$73.85 ($37.54)
Child Care expenses as a proportion of family income[7]	.11.79% (9.94%)	21.97% (12.89%)
Satisfaction with child care[2]	4.40 (.63)	4.53 (.74)

Note. 1 = Child Care Matters
2 = Test for group differences not significant
3 = Includes people using both regulated and unregulated care.
4 = Includes people using a mixture of home based and center based care
5 = ($x^2_{(1)}$ =10.77, $\underline{p}$ =.00)
6= ($\underline{t}_{(26)}$ = -2.51, $\underline{p}$ = .02)
7= ($\underline{t}_{(26)}$ = -2.36, $\underline{p}$ = .03)

and the public subsidy group (86.7%) used at least some center-based care arrangements to meet their child care needs.

There were no significant differences between the groups in terms of their satisfaction with their child care arrangements, the number of arrangements used concurrently, or the number of arrangements stopped during the interval for which CCM subsidies were delivered. In contrast to the year prior to the start of CCM, the groups did not differ in terms of the number of hours per week they used child care.

When the child care arrangements of the CCM and public subsidy children were observed, no significant differences were noted in the quality of these settings.[128] Table 6-28 (Page 272) presents the average scores for the quality of the observed child care arrangements, including assessments of the global environment, provider sensitivity in the classroom in general, and the lead provider's positive behavior towards the study child in particular. All mean scores are higher in the CCM arrangements; however, none of these was significantly different from those in the arrangements used by public subsidy families.

What should be kept in mind, however, is that the two groups of families differed with respect to a number of these variables in the year prior to CCM. For example, CCM families were much more likely than public subsidy families to use unregulated child care. The impact of the CCM program was to make the child care arrangements of both types of families more similar.

- **Families receiving CCM subsidies paid less for child care than did the public subsidy families**

    One of the original expectations of the CCM program was that it would reduce families out of pocket expenses on child care since many families would presumably be paying for care themselves while they remained on waiting lists. When waiting lists were reduced and families had the immediate option of public subsidies, however, this was no longer an obvious benefit of the CCM program. We examined the impact of CCM subsidies on families' budgets, though we had no specific hypothesis.

CCM families spent less on child care than did public subsidy families. CCM families paid, on average, $42 per week for child care while public subsidy families paid $74 per week for child care. Similarly, CCM families spent less of their family income on child care expenses (12%) than did public subsidy families (22%). As can be seen Table 6-27 (Page 270), CCM families were more likely to have assistance paying for child care (100%) at the end of the study than the public subsidy families (46.2%).

- **The use of CCM subsidies did not result in more stable employment situations or greater work satisfaction than the use of public subsidies**

There were no significant differences in the employment situations of mothers in CCM families and those in public subsidy families. As can be seen in Table 6-29 (Page 273), there were no significant group differences in the number of hours worked, number of jobs held, number of jobs stopped, disruptions in work due to child care issues, or satisfaction with work. There were also no differences in total family income. Surprisingly, mothers participating in CCM tended to report more strain combining work and family at Time 2 than mothers in the public subsidy group.

- **The use of CCM subsidies did not result in greater benefits to children than the use of public subsidies**

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[128] These analyses were conducted with very small sample sizes because some providers refused to allow us to observe them. We observed the child care arrangements of eight CCM families and 11 public subsidy families. Extreme caution should be used in drawing conclusions on the basis of such small samples.

TABLE 6 – 28

QUALITY OF CHILD CARE FOR CHILD CARE MATTERS AND PUBLIC SUBSIDY FAMILIES

	Group	
Variable	CCM[1] Subsidy Recipients M (SD) (N=8)	Public Subsidy Recipients M (SD) (N=10)
Global Child Care Environment[2]	3.50 (.59)	3.19 (.63)
Provider Sensitivity[2]	74.88 (7.99)	70.00 (8.86)
Positive Behavior toward Study Child[2]	23.75 (3.06)	22.10 (4.15)

Note: 1 = Child Care Matters
2= test for group differences not significant

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TABLE 6 – 29

MATERNAL EMPLOYMENT CHARACTERISTICS AND INCOME OF CHILD CARE MATTERS AND PUBLIC SUBSIDY FAMILIES AFTER RECEIPT OF CHILD CARE MATTERS SUBSIDIES

Variable	Group	
	CCM[1] Subsidy Recipients M (SD) (N=15)	Public Subsidy Recipients M (SD) (N=15)
Number of Hours worked per week[2]	34.87 (8.59)	37.00 (6.49)
Number of Jobs Held[2]	1.47 (.83)	1.20 (.41)
Number of Jobs Stopped[2]	.53 (.83)	.20 (.41)
Number of days arrived late to work in a typical month[2,3]	1.20 (2.57)	1.60 (6.20)
Number of days missed work in a typical month[3,4]	.93 (1.10)	.60 (.83)
Satisfaction with work situation[2]	4.00 (.76)	4.00 (1.00)
Strain in Combining Work and Family[2]	7.75 (12.42)	1.00 (7.84)
Family Income[2]	$1,654 ($683.13)	$1,700.00 ($1,296.15)

Note: 1 = Child Care Matters
2 = test for group differences not significant
3 = times arrived at work late due to problems with child care
4 = days missed at work due to child illness

Table 6-30 (Page 275) presents the Time 2 scores for the social adjustment and school readiness variables for children in the CCM group and those in the public subsidy group. There were no significant differences in the social adjustment of children in the CCM group versus those in the public subsidy group.

WAS THE USE OF CCM SUBSIDIES ASSOCIATED WITH ANY BENEFITS?

CCM subsidies were not of greater benefit than public subsidies. However, families may have still been impacted positively by their use. To consider this possibility, we did some analyses to see how the work and child care situations of a larger subset of CCM families changed after they received the subsides.[129] The reader is cautioned, however, that any changes noted can not be directly attributed to using the CCM subsidies since changes were not also assessed in a control group that did not receive subsidies:

For these analyses, characteristics of child care arrangements and employment situations were compared for the year prior to receiving CCM subsidies and for the interval of time when the family participated in a CCM program.[130] Again, the length of this interval varied by participant. The average length of time that families participated in a CCM program was 19 months and ranged from seven to 26 months.

- **The use of CCM subsidies was associated with positive changes in child care arrangements. Families used more regulated child care, used more arrangements concurrently, and were more satisfied after they began receiving CCM subsidies than in the year before.**

Table 6-31 (Page 276) presents the information concerning the child care arrangements of CCM families before and after the receipt of the CCM subsidies. There were significant changes in the type of care used and the regulatory status of the care used. Sixty-two percent of CCM families used unregulated care exclusively in the year prior to CCM. As per the guidelines of the intervention, no families used unregulated care exclusively after receiving the CCM subsidies. Only 20% of families used center-based care in the year prior to CCM, 93% of them used it at Time 2.

CCM families reported being significantly more satisfied with their child care arrangements after the receipt of the CCM subsidy than they were with the arrangements they used in the year before. They also reported using more child care arrangements concurrently after the receipt of CCM subsidy than in the year prior. Surprisingly, there were no significant differences in the amount of money spent on child care after the receipt of the CCM subsidy or the proportion of family income spent on child care. Perhaps this has to do with families continuing to use their previous unregulated arrangements and/or adding new ones once they received the CCM funding.

- **The use of CCM subsidies was associated with better employment situations for mothers. Mothers reported fewer absences from work and greater work satisfaction after receipt of the CCM subsidies.**

Mothers reported some changes in their employment situations and their family incomes before and after receiving the CCM subsidies. Table 6-32 (Page 277) presents the information concerning the mother's work and family income characteristics before and after the receipt of CCM subsidies. As can be seen from Table 6-32, mothers reported missing significantly less work due because of child care problems and tended to report getting to work late fewer days after they received the CCM subsidies. Mothers also reported being more satisfied with their work situations overall after the receipt of the CCM subsidies. Mothers also reported a significant increase in their

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[129] Twenty-nine of the 42 Child Care Matters families were selected for these analyses. Families were excluded from these analyses if they were no longer in CCM facility at the Time 1 interview, only used the CCM for facility for six months or less, and/or used a CCM facility before receiving CCM funding.

[130] We consider changes in only those variables that were not sensitive to the length of time between assessments. For example, we do not compare the total number of arrangements used in the year prior to CCM and during participation in CCM because the latter could have been smaller or greater than one year.

TABLE NDP–30

CHARACTERISTICS OF CHILDREN IN CHILD CARE MATTERS FAMILIES AND PUBLIC SUBSIDY FAMILIES AFTER RECEIPT OF CHILD CARE MATTERS SUBSIDIES

	Group	
	CCM[1] Subsidy Recipients M (SD) (N=15)	Public Subsidy Recipients M (SD) (N=15)
Variable		
Social Adjustment[2]		
Express	35.67 (3.28)	36.00 (2.14)
Comply	24.08 (4.93)	23.80 (2.62)
Disrupt	11.00 (2.56)	10.80 (2.11)
Obedience	17.17 (2.66)	16.60 (1.88)
School Readiness[3]	18.17	19.07

Note: 1 = Child Care Matters
     2 = Test for group differences not significant
     3 = Means adjusted for child's age at Time I assessment ($F_{(1, 22)}$=.32 p=.58)

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TABLE 6 – 31
CHILD CARE ARRANGEMENTS OF FAMILIES BEFORE AND AFTER RECEIPT OF
CHILD CARE MATTERS SUBSIDIES (N=29)

| | Child Care Matters Subsidy Receipt Status | |
| | Before Receipt | After Receipt |
Variable	% or $\underline{M}$ (SD)	% or $\underline{M}$ (SD)
Regulated Status of Care[1]		
% Unregulated Care Only	62.1	---
% Regulated Care[2]	37.9	100
Type of Care[3]		
% Center based[4]	20.0	93.0
% Family/Home based	80.0	7
Maximum number of concurrent arrangements used[5]	1.14 (.44)	1.24 (.51)
Number of hours in child care per week[5]	43.83 (24.42)	45.10 (8.70)
Cost of child care per week[5]	$50.90 ($40.90)	$40.66 ($28.41)
Child Care expenses as a proportion of family income[5]	13.38% (11.43%)	9.67% (7.58%)
Satisfaction with child care[6]	3.72 (1.25)	4.31 (.66)

Note: 1 = McNemar Test was significant: $\underline{p}$=.00
2 = Includes people using both regulated and unregulated care.
3 = McNemar Test was significant: $\underline{p}$=.00
4 = Includes people using a mixture of home based and center based care
5 = Test for group differences not significant
6 = ($\underline{t}_{(28)}$ =2.25 $\underline{p}$ =.03)

TABLE 6–32

MATERNAL EMPLOYMENT CHARACTERISTIC AND INCOME OF FAMILIES BEFORE AND AFTER RECEIPT OF CHILD CARE MATTERS SUBSIDY (N=29)

Variable	Child Care Matters Subsidy Receipt Status	
	Before Receipt % or $\underline{M}$ (SD)	After Receipt % or $\underline{M}$ (SD)
Number of Hours worked per week[1]	38.52 (4.31)	37.28 (7.01)
Number of days arrived late to work in a typical month[1,2]	1.96 (3.19)	.93 (2.19)
Number of days missed work in a typical month[3,4]	2.19 (2.24)	1.00 (1.07
Satisfaction with work situation[5]	3.72 (.92)	4.07 (.70)
Family Income[6]	$1,566.28 ($570.10)	$1,864.31 ($570.10)

Note: 1 = test for change over time not significant
2 = times arrived at work late due to problems with child care)
3 = days missed at work due to child illness
4 = ($t_{(26)}$ = -2.84, $\underline{p}$=.01)
5 = ($t_{(28)}$ = 2.17, $\underline{p}$=.04)
6 = ($t_{(28)}$ = 2.12, $\underline{p}$=.04)

family income after receiving the CCM subsidy. There were no significant changes reported in the average number of hours per week the mother worked.

In sum, using subsidies that required placing one's child in a quality-improving program did not offer many advantages over the use of a public subsidies. Particularly after the receipt of the CCM subsidies, the child care arrangements of both CCM families and families using public subsidies were very similar in terms of type, stability, amount, and quality of care. CCM families paid less for child care than did public subsidy families. The two groups of families were similar in terms of maternal employment situations and child characteristics. Finally, although not outweighing the advantages of public subsidies, the use of CCM subsidies was associated with positive changes in the child care arrangements and work situations of the families who received them.

CONCLUSION

This component of the evaluation examined the implementation and impact of the NDP. Specifically, we examined how two interconnected strategies – the provision of resources to child care programs and the provision of resources to families were used to increase the accessibility of quality child care in low-income neighborhoods. We also examined the impact of the NDP on the providers and families that participated in it. Ultimately, the purpose of this project was to demonstrate to policy makers and the public the benefits that would accrue from making investments in child care and families. This part of the evaluation asked whether it did this.

Our evaluation focused separately on the efforts aimed at improving the quality of child care programs and the efforts aimed at helping families use higher quality child care. With respect to the implementation of each strategy, we considered whether the NDP successfully met its own goals, and if not, the barriers that stood in the way of realizing these goals. We also considered the impact of each strategy. Specifically, we examined if the quality improvement efforts indeed raised the quality of participating programs. We also examined whether providing private funds to attend a CCM child care program resulted in benefits for families and children above those available through public child care subsidies.

Our summary of the results has three sections. First, we assess the overall implementation of the NDP. Second, we look at the impact of the NDP on participating providers and families and assess its viability as a means of improving the accessibility of child care. Third, we consider whether the NDP is worth replicating. Each issue is examined with respect to the quality-improvement efforts and the subsidy program.

IMPLEMENTATION

We found that some aspects of the NDP were successfully implemented while others were not. Specifically, efforts aimed at improving quality in child care programs met with success. The NDP was unsuccessful in providing child care subsidies to families in a way which would promote improvements in children's school readiness skills. The successes and challenges faced by each strategy are discussed in turn.

Quality Improvement Efforts

The NDP was able to deliver resources to child care programs to improve quality. These included mentors to support programs through accreditation, funding to make quality improvements to their program, and scholarships to enable providers to attend college. Participants saw all three as important to supporting efforts to bring programs up to the standards of accreditation and/or to improve quality generally.

The resources offered to providers were not without their shortcomings. The T.E.A.C.H. scholarship model did not work well for FDCs, either before or after their accreditation was completed. There were difficulties with T.E.A.C.H. around issues such as bilingualism and the inability or unwillingness of some staff to participate due to other demands on their time.

The mentoring model met with severe challenges, but these challenges were successfully overcome. Initially, mentors could not provide the level of support programs needed when the mentors themselves worked full-time. Thus, Child Care Matters discarded its original mentoring model in favor of a more intensive cluster leader model. The new implementation model was widely regarded as one of, if not the, most successful aspect of the accreditation process.

One aspect of the program that was especially successful was the provision of Quality Improvement Funds. More than over $737,000 was distributed to participating centers and FDCs. While the amount of funding for each facility varied and some facilities were displeased with how their money was allocated, nearly all program directors indicated that the Quality Improvement Funds were useful in improving the quality of their facilities, the morale of their staff, and the quality of their services. Moreover, the Quality Improvement Funds was seen by many to be a critically important incentive with which to draw FDCs and centers into the accreditation process.

The quality-improvement efforts were implemented with less success in FDC programs than in centers. At its inception, the NDP model was better suited to center-based programs and providers. The T.E.A.C.H. program especially was implemented with greater success with center teachers, as they had more financial support to participate in the program. They also had more flexibility in their schedules to attend school.

If the quality-improvement efforts were successfully implemented, why didn't child care matters reach its goal of accrediting 10 to 20 child care centers and 25 FDC homes? Particularly with the shift to the cluster model for mentoring, the intervention also seemed of sufficient intensity to bring about substantial changes in the quality of these settings. The problem may lie in the exceptionally low readiness of child care providers to make dramatic changes when they began the program. The standard of NAEYC accreditation may have been too ambitious of a goal, considering how low the quality of care was in these programs at the outset. The results of our Quality Improvement Study lend further support to this interpretation. The ECERS-R and FDCRS scores were almost uniformly low at Time 1. In some areas, programs needed to improve to reach even minimal standards of quality. Quality improvement, like good teaching practice, probably needs to be developmentally appropriate. The goal of accreditation may have even been relatively meaningless to programs that were still grappling with basic issues such as the lack of basic materials. As a result of the NDP, some programs may only now be ready to undertake the accreditation process. Three years is not long enough to bring center programs of such low quality to up to the standards for accreditation.

The Subsidy Program

Although the subsidy program served the number of families it intended to serve, its implementation was not successful. The program had difficulty enrolling families who had applied for and were eligible for public subsidies. Moreover, most families that did enroll tended to participate in the program for significantly shorter periods than two years. Finally, families who enrolled were not representative of all subsidy eligible families.

They were more likely to have stated a preference for a CCM child care program even prior to being offered the CCM subsidy, and they were less likely to be single parents.

Providing child care subsidies to families to attend a quality improving child care program proved to be the greatest challenge for the NDP. Although it would seem like an easy thing to do, the implementation of the program was complicated by external as well as internal factors.

- **The implementation of the subsidy strategy was complicated by trying to merge public and private funding streams**

Because the exit data collected from the Philadelphia Child Care Resources (PCCR) are unreliable, we cannot draw any conclusions from it regarding why families left the CCM subsidy program. However, interviews with various members of the CCM team provides some insight. First, the model assumed that public and private funds could be combined into a seamless system. Yet this process was difficult to achieve. "The model of public and private assets combining…that never happened." (Interview, July 2000) PCCR personnel in effect had to administer two different funding streams. While there was great incentive to place families into the state-run subsidy because the PCCRs were accountable to the state, there was little or no incentive to place families into CCM subsidies.

This problem became exacerbated when waiting lists were eliminated in February of 1999. As one PCCR employee stated, "If we have [state] slots to fill and CCM slots to fill, and someone comes in who's eligible for both, I'm going to fill my own subsidy slot first. If I don't spend the state subsidy dollars, I risk losing them." (Interview, Summer 1999) However, this sense of inherent competition did ease up a bit when regulations requiring child support for those receiving state subsidies made CCM subsidies, which did not require such procedures, a more attractive option. PCCR personnel noted an increased interested in CCM subsidies when the child support regulations were implemented.

- **Frequent changes in state child care regulations also created substantial implementation barriers**

The CCM subsidy program was premised on the existence of a waiting list that would provide a constant pool of interested applicants. Elimination of the waiting list essentially eliminated many of the potential CCM subsidy recipients, and this fact rendered it difficult to fill CCM subsidy slots and retain recipients.

- **Problems in collaboration also led to implementation problems**

Finally, there was some indication that the collaboration between the Philadelphia Child Care Resources and the other CCM partners was less than optimal. PCCR personnel often reported that they felt like the "orphaned child" at the table (Interview, 2000); that any collaboration that existed did not include them. As one PCCR staffer said:

> Program collaboration was always the operative word. I think it was a good collaboration; we just needed to be one of those people at the table. I wanted to know what was going on. (Interview, 2000)

Minutes from PCCR monthly meetings during the 1998-1999 year are an indication of this tension as well. They stated:

> Difficulties in the working relationship between Child Care Matters and Philadelphia Child Care Resources staff are due in part to the fact that the Philadelphia Child Care Resources were not involved in the Child Care Matters planning process. This lack of communication may have contributed to the fact that the Child Care Matters subsidy model is inherently competitive with the state subsidy model. There is some evidence of a certain degree of residual tension between Child Care Matters and Philadelphia Child Care Resources staff surrounding this issue. (PCCR Meeting Minutes, 1998-1999)

The question of whether the underlying philosophy that drove the CCM initiative conflicted with the philosophy driving the state subsidy system is an important one. The subsidy strategy employed by CCM did not assume that there would be competition between its own subsidy system and the state system; moreover, it was also assumed that families, if given the opportunity, would choose high-quality programs for their children. But these assumptions were not borne out. As the waiting list dwindled at the PCCR, the first problem was eliminated to a great extent over time. But the second assumption remained problematic throughout the life of the project. Families may value quality, but for some, it is a luxury that they cannot afford. As one PCCR staff member said:

> They don't make their choices based just on quality. Sure, quality's in there, but so is location, convenience, familiarity, and hours of care. Child Care Matters is a child-driven program. But the need for subsidies is driven by parents – by economic need. (Interview, Summer 1999)

IMPACT OF NEIGHBORHOOD DEMONSTRATION PROJECT ON PARTICIPATING PROGRAMS

We evaluated the impact of the quality improvement efforts in terms observed changes in program quality and provider characteristics associated with program quality. The NDP had its intended impact on center programs. It did not appear to have its intended impact in FDC homes.

- **The NDP was able to increase the quality of care offered by participating centers**
Although not successful in accrediting all participating centers by the end of the initiative, the provision of mentoring, quality-improvement funds, and teacher scholarships was able to significantly improve the quality of NDP programs. Although we can not tease apart the impact of each quality improvement strategy, interviews with directors, providers, and CCM personnel suggest that all three are in some measure responsible for the improvements observed.

Importantly, we observed changes in the quality of caregiving environments and in the providers. Over time, such changes could become even more mutually reinforcing. For example, a classroom environment that has more resources can be more skillfully used by a teacher who is developing more developmentally appropriate beliefs about children's learning. Changes in these types of experiences are probably most likely to influence children's school readiness skills.

- **While quality of care increased over initial levels, none of the programs participating in the NDP achieved, on average, an overall score indicative of high-quality care**

The absolute level of quality achieved at the end of the initiative, however, needs to be kept in mind when considering the impact of the NDP. None of the programs, including those that became accredited, became, on average, "good" quality programs. It is possible that the programs may have been able to put their best foot forward for an accreditation visit by NAEYC officials, but they may not have been able to sustain that level of care on a regular basis. Perhaps many accredited programs, including those not in CCM, have similar problems maintaining quality over time. Accreditation is not a final goal. Programs must reapply for accreditation every three years and programs are expected to continue quality-improvement efforts even once accredited. Generally, the NDP programs – even those that have earned accreditation – still have more work to do to reach standards of high-quality care.

- **We were not able to demonstrate that CCM's participating FDC homes showed greater improvements in quality than FDC homes not participating in CCM. This may, in part, have been the result of small sample sizes or problems with the NDP model as applied to FDCs.**

With a few minor exceptions, FDC providers participating in the NDP looked very similar to FDC providers who were not engaged in these quality-improvement efforts. However, limitations of the study, including small sample sizes and a comparison group that was not equivalent at the start of the study limit the conclusions that can be drawn from this finding. While we did not find large differences between the groups, undetected smaller ones may have existed.

Problems with the NDP model as applied to FDCs may be particularly responsible for the lack of dramatic improvements of FDCs providers. Accreditation, by itself, may not dramatically improve the quality of FDC homes because the NAFCC criteria may not be stringent enough to ensure that FDC homes reach high standards of quality.[131] Also, problems with the implementation of T.E.A.C.H. for FDC providers may have hampered our ability to assess program effectiveness.

IMPACT OF THE NDP ON PARTICIPATING FAMILIES

CCM originally intended to demonstrate the benefits of giving low-income families money for their children to attend quality-improving programs. Because changes in public policy reduced waiting lists for subsidies, it was impossible to fairly evaluate this goal. Therefore, our evaluation of the CCM subsidy program focused on whether tying the use of subsidies to child care programs engaged in quality-improvement efforts led to better family and child outcomes than the use of public subsidies that allowed families the option to choose any kind of legally operated child care.

- **CCM families did not experience any greater benefits relative to families that used public subsidies**

For the most part, the child care and maternal employment situations of both types of families were similar. Children in both types of families were similar with respect to their school readiness skills and social adjustment. However, if changes occurred very soon after receiving the CCM subsidy, we missed the opportunity to examine how the magnitude of these changes compared to those occurring in public subsidy families.

The only notable difference between CCM and public subsidy families was that CCM families paid less for child care and spent less of their family income on child care. This finding was initially unanticipated. This is probably the result of the public subsidy co-payments rising while CCM co-payments remained constant.[132]

- **Despite participation in CCM, CCM families and public subsidy families used child care providers of similar quality**

This finding is somewhat disappointing as the programs being used by the CCM families were required to be actively engaged in quality improvement. Two factors are probably responsible for the lack of observed differences in child care quality. First, at the time of the assessment, the CCM programs were still undergoing their accreditation efforts, and they never attained high levels of quality during the intervention. Second, the public subsidy families, by and large, also chose regulated, center-based care. These were of comparable quality to those participating in the NDP. In some cases, public subsidy families were choosing already accredited child care

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[131] However, those FDC programs that did become accredited as part of the NDP did reach standards of good quality in several areas.
[132] It could also have resulted from the fact that several families receiving public subsidies at the beginning of the study did not receive them for the same length of time as their CCM match families.

programs for their children. Thus, the present level of quality in the CCM programs did not generally offer a higher quality alternative than the programs purchased with public subsidy dollars.[133]

- **The use of CCM subsidies was associated with positive changes in the families who used them**

Families benefited from the receipt of the CCM subsidies, particularly in terms of increasing their use of regulated center-based child care, fewer disruptions in the mother's work due to child care problems, and on family income overall. Mothers were also were more satisfied with their work and their child care arrangements after receiving the CCM subsidies. We need to be cautious, however, in attributing these changes solely to the receipt of CCM subsidies, since we can not be sure these changes would not have happened in the CCM sample if subsidies had not been received.

SHOULD THE NDP BE REPLICATED?

Parts of the NDP are worth replicating. Although the process of implementing the quality-improvement efforts was an uneven and imperfect one, the overall model of improving the quality of child care in urban communities has much to recommend it, and we endorse its replication. We also recommend that aspects of the NDP model be adapted to meet needs of particular providers and child care facilities, particularly FDC providers.

We recommend modifications, however. First, we suggest accreditation not be used as the operational definition of the program goal of improving quality. Many programs were still far from receiving accreditation, yet were still making improvements. Programs, particularly those starting at such low levels of quality, may need interim benchmarks of achievement. The accreditation standards work well as a guide for how programs can improve quality, particularly in their work in with mentors. Yet as an initial goal, the value of accreditation is questionable.

Our results also raise questions about accreditation as the final goal. Similar to findings from other research, accreditation did not guarantee child care of high quality. This may be especially true of programs that received their certification for the first time. More research is necessary to determine whether the quality in accredited programs continues to improve.

Second, we suggest hat mentoring be increased in intensity. The level of services delivered to programs such as those in the NDP should be viewed as the bare minimum required to get programs on the path towards high-quality care. It is likely that such resources, particularly mentoring with the cluster leaders, will need to be continued to sustain the gains already made and move programs towards standards of high quality.

It is difficult to assess the merit of the subsidy program in the context of all of the external factors that made implementation so difficult. Nevertheless, we do not recommend its replication in its current form. A private subsidy program should not duplicate a public subsidy program unless it provides resources not otherwise available to families. If private funds are to be used to augment public funds, we recommend that more attention be given to understanding the complex effects that public and private subsidy systems may have on each other. A valuable lesson to be learned from the challenges faced by CCM's subsidy program is that the child care decisions of poor people are influenced by multiple, interrelated factors.

The subsidy program needs to be understood in the context of the NDP's overall quality-improvement efforts. The quality-improving child care programs that CCM subsidy families were allowed to choose among

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[133] It would be important to see if the quality of care in two groups would differ if all of the CCM facilities had already been accredited when families entered them.

were still making improvements; they were not yet of high quality. Perhaps if the CCM programs had already been truly high quality and accredited, we might have observed more advantages to using the CCM subsidies over public subsidies.

In conclusion, the NDP was an ambitious, multi-faceted intervention. Parts of it worked well, and parts of it did not. As a model improving child care, it has much value, and portions of it are worth replicating in other communities.

Most important, adequate safeguards are necessary to ensure that these incentives for program improvement enhance rather than conflict with other programs already in place. Also the amount of time allotted for intervention must be appropriate to the needs of the community. With these safeguards this intervention holds promise for increasing the availability of high quality child care in other communities around the nation.

CHAPTER SEVEN

THE REGIONAL QUALITY INITIATIVE

INTRODUCTION

Like the NDP, the Regional Quality Initiative (RQI) was designed to showcase the benefits of putting resources into improving the availability of quality child care. The RQI, however, was a much less intensive initiative. It targeted fewer quality improvement resources but distributed these across more providers, including those from the larger Philadelphia region.[134]

Two major types of resources were available to providers and child care programs through the RQI. The first type of resource available to providers was access to scholarships through the T.E.A.C.H. program. These scholarships enabled providers to pursue either the Child Development Associate (CDA) degree or another Associates degree by enrolling in workshops or community college coursework.

The second type of resource offered to providers through the RQI was access to funds to maintain or improve program quality. These were referred to as "Quality Supplement Funds" (QSF) and were available to accredited providers that served children receiving public subsidies. The amount of money programs could receive was proportionate to the number of subsidized children served by the program. Thus, the funds were designed as a way of supplementing the reimbursement rate for subsidized children, bringing them to closer to the actual cost of care in quality programs. The intent of the QSF was both to encourage accredited providers to enroll larger numbers of subsidized children and to help centers maintain their accreditation.

Ultimately, the goal of the RQI was to use the QSF and T.E.A.C.H. resources to improve the availability of quality child care for families throughout the region. Like the NDP, the RQI hoped to accomplish this by increasing the quality of locally available child care. By providing T.E.A.C.H. scholarships the RQI intended to increase the education levels of child care providers. In past studies the education levels of providers have been positively correlated with the quality of care they provide (Cassidy, Buell, & Pugh-Hoese, 1995, Russell, 1997). QSF money was provided as an incentive to programs to enroll more subsidized children, thereby increasing access to high quality child care, particularly for low-income families.

EVALUATING THE REGIONAL QUALITY INITIATIVE

Our evaluation addressed aspects of both the implementation and impact of the RQI. The implementation evaluation addressed how services were delivered to providers, their patterns of use, and the challenges encountered in trying to provide these resources. The evaluation of the RQI's impact focused specifically on the benefits of the T.E.A.C.H. program.

THE IMPLEMENTATION OF THE REGIONAL QUALITY INITIATIVE

Our evaluation of the implementation of the RQI focuses on the delivery of T.E.A.C.H. scholarships to providers and the use of QSF to increase the availability of child care in accredited facilities to low-income families. Specifically, we asked two sets of research questions. The first questions pertained to the T.E.A.C.H. program. The second set pertained to the QSF.

T.E.A.C.H.

Our research questions concerning the T.E.A.C.H. program focused on the overall implementation of the T.E.A.C.H. model in Pennsylvania and the characteristics of providers in the program. Specific questions included:

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[134] The resources of the RQI were available to providers in the larger Philadelphia region, including Philadelphia, Montgomery, Bucks, and Delaware Counties.

- How was the T.E.A.C.H. program implemented in Pennsylvania? What were the relationships among the agencies that participated in the administration of T.E.A.C.H. in Pennsylvania?

- What challenges to implementation were encountered?

- Was CCM successful in delivering 200 T.E.A.C.H. scholarships in the region? What kinds of providers did the program serve?

- How did the characteristics of T.E.A.C.H. applicants who did not eventually become T.E.A.C.H. scholars compare? What does this comparison tell us about the types of providers who are more likely to benefit from this model?

Quality Supplement Funds

Our evaluation of the QSF primarily focused on their delivery and how they were used. Specific questions included:

- What was the process through which QSF were distributed?

- How many accredited facilities applied for and received QSF? What was the average amount each facility received?

- How did each facility spend its QSF money?

THE IMPACT EVALUATION OF THE REGIONAL QUALITY INITIATIVE

Of the two strategies aimed at increasing the accessibility of quality child care in the region that were part of the RQI, the T.E.A.C.H. program was by far the most ambitious. Our evaluation of the impact of the RQI focused specifically on the impact of T.E.A.C.H.

The T.E.A.C.H. program attempted to address three elements that contribute to poor quality child care: the lack of an educated workforce, low wages, and high turnover rates. T.E.A.C.H. attacked all three issues simultaneously. It provided scholarships to increase the educational level of teachers, it increased teachers' salaries as a reward for pursuing a degree, and it reduced turnover by requiring teachers to remain in their jobs for an additional year beyond the receipt of their scholarships. Our assessment of its impact examined whether the program delivered on its three promises. Specifically, we examined:

- Did participation in T.E.A.C.H. increase the educational levels of its participants?

- Was participation in T.E.A.C.H. associated with wage increases? How did these increases in Pennsylvania compare to those reported for participants in another state's T.E.A.C.H. program?

- What was the turnover rate for participants a year after they completed their contracts with T.E.A.C.H.? How does this rate compare to turnover rates for providers not enrolled in the T.E.A.C.H. program? How does the rate in Pennsylvania compare to that reported for participants in another state's T.E.A.C.H. program? Were center providers who participated in T.E.A.C.H. and accreditation more likely to stay on their jobs than NDP center providers who participated in accreditation?[135]

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[135] In the original study design, we were going to examine the impact of T.E.A.C.H. relative to both accreditation and to no quality improvement resources at all to determine the relative impact of the T.E.A.C.H. resources. This question was to be examined in Family Day Care (FDC) providers, since particularly for them, the T.E.A.C.H. and accreditation resources may be alternative means to the same goal. Unfortunately, we were unable to examine this question because very few FDC providers from the region enrolled in T.E.A.C.H. during the first two years of this investigation.

As an alternative, we had hoped to compare the relative impact of T.E.A.C.H. to accreditation plus T.E.A.C.H. for center providers by comparing some data from our Quality Improvement Study with data from the Keystone University Research Corporation's (KURC) statewide evaluation of the T.E.A.C.H. program. This plan also did not work as the providers participating in both evaluations were not comparable in terms of their demographic and utilization characteristics.

DESIGN AND METHODS

This section has two parts. In the first part, we discuss the design and methods used to assess the implementation of the RQI. In the second part, we discuss the design and methods used to assess the impact of the T.E.A.C.H. program.

THE IMPLEMENTATION EVALUATION OF THE REGIONAL QUALITY INITIATIVE

We monitored implementation activities over the course of three years. Data collected in the first two years of the evaluation were mostly concerned with how these programs were implemented in the region. Some of these data were collected longitudinally. For example, we interviewed some individuals at multiple points in time in order to assess the ways in which impressions, opinions, and descriptions of the implementation process changed over time. Other data were cross-sectional, representing particular outcomes at a specific point in time. We used these data to determine whether the RQI had delivered resources as promised.[136]

Data Collection Procedures For The Implementation Evaluation

Our evaluation of the implementation of the RQI was based on primary and secondary data. Both quantitative and qualitative data were used to collect information to address the research questions posed above.

Specific data collection procedures used to assess implementation included interviews with a variety of people connected to the implementation of the RQI both within and outside of CCM. It also included data collected from secondary sources.

Face-to-face or telephone interviews were critically important to understanding the complexity of the RQI implementation process. We conducted interviews with four different types of people: CCM staff, state administrators of the Pennsylvania Child Care Association (PACCA) program, college personnel involved in the delivery of education to T.E.A.C.H. scholarship recipients, and persons involved with implementation of T.E.A.C.H. in other states.

Table 7-1 (Page 289) lists the number of interviews by type of interviewee. A total of 22 interviews were conducted over the three-year evaluation period. Interviews lasted approximately one hour. Interview protocols for each year can be found in Appendix 6. The interviews were coded using Hyperresearch, a qualitative software analysis program.

We also utilized a variety of secondary data in our evaluation of the implementation of the RQI. These included two databases related to the T.E.A.C.H. program. One database was maintained by PACCA and included extensive information on the participants in the T.E.A.C.H. program.[137] We also received a database from KURC that included information on all applicants to the T.E.A.C.H. program, including those that did not enroll in the program.[138]

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[136] We were unable to document much of the beginning of the T.E.A.C.H. program in Pennsylvania, as this happened before our study began. We missed the opportunity to observe, firsthand, important implementation activities including the choice of a program to administer T.E.A.C.H. in Pennsylvania, the decision to involve a primary contractor (Keystone University Research Corporation) and a subcontractor for the program (PACCA), and the funding of T.E.A.C.H. as part of the Pennsylvania state budget. Valuable lessons could have been learned from documenting these activities. Unfortunately, we had to rely on secondary reports to assess the importance of these events for the implementation of the T.E.A.C.H. program.

[137] PACCA is required to maintain this database by Day Care Services of North Carolina. It includes information on education, wages, and turnover.

[138] Keystone University Research Corporation (KURC) is the administrative agency under contract from the Department of Public Welfare to administer the Pennsylvania child care and early child development training system. This includes the state-funded portion of the T.E.A.C.H. program. KURC is subcontracting with the Pennsylvania Child Care Association (PACCA) to administer the T.E.A.C.H. program and conduct an evaluation of the T.E.A.C.H. program.

TABLE 7 – 1
DATA USED TO EVALUATE THE IMPLEMENTATION OF THE REGIONAL QUALITY INITIATIVE

DATA TYPE	**DATA SOURCE**	**AMOUNT OF DATA**	**DATES COLLECTED**
Interviews with CCM Staff	Face-to-face or telephone interviews	12 interviews	Throughout initiative
Interviews with T.E.A.C.H. Personnel	Face-to-face or telephone interviews	8 interviews	Throughout initiative
Interviews with T.E.A.C.H. Personnel in other states	Telephone interviews	2 interviews	Year 3
T.E.A.C.H. Application Database	KURC database developed with PACCA data	Data from 1,392 Applicants from across the state	Throughout initiative
T.E.A.C.H. Participant Database	T.E.A.C.H. invoices	Data from 222 T.E.A.C.H. participants in the RQI target area	Throughout initiative
PCCY Report	PCCY-generated report with QSF data	Data from 16 child care facilities receiving QSF dollars	Year 1
QSF Invoices	Invoices submitted by participating child care providers	Data from all child care facilities receiving QSF dollars	Throughout the initiative

Secondary data also included two reports prepared by CCM related to the distribution of QSF. One report was a table that summarized invoices documenting expenditures over the three years of the project. We also used data from a report prepared by CCM that documented how QSF funds were distributed.[139] A copy of this report is included in Appendix 6.

THE IMPACT EVALUATION OF THE REGIONAL QUALITY INITIATIVE

To determine the impact of T.E.A.C.H. on education, wage, and turnover outcomes, we examined these outcomes in the first cohort of T.E.A.C.H. scholars using information from the database provided by PACCA described above.

To help contextualize the information on regional participants, we compared it to information about characteristics of providers in our region generally. We also considered how RQI T.E.A.C.H. participants fared in comparison to a cohort of T.E.A.C.H. participants in North Carolina where the program was first implemented.

We also considered the turnover rates of providers who participated in the NDP. Specifically, using data from our Quality Improvement Study (described in the previous chapter), we examined turnover in NDP providers who did and did not participate in T.E.A.C.H.[140]

Data Collection Procedures for the Impact Evaluation

Secondary data were used to address the impact of T.E.A.C.H. We took information on T.E.A.C.H. participants from the database on T.E.A.C.H. participants maintained by PACCA.[141] For the analyses reported in this section, we only examined data for the FY 1998-1999 cohort of T.E.A.C.H. participants. We also limited this to participants who entered school in the fall semester of 1998.[142] Data were available on 115 providers in the Philadelphia region, including the areas included in the NDP.

The data to which we compared the information on RQI participants came from a number of sources. Information concerning characteristics of providers in our region and Pennsylvania generally came from a study by Delaware Valley Association for the Education of Young Children (DVAEYC) conducted for the Center for the Early Childhood Workforce (1998) and a report on teacher characteristics in Pennsylvania prepared for the Pennsylvania General Assembly (1999). We also compared the education, wage, and turnover outcomes for the regional providers to those reported in a published evaluation of original the T.E.A.C.H. program, implemented in North Carolina (Cassidy, Buell, Pugh-Hoese, & Russell, 1995; Russell, 1997).

Finally, we examined data from the provider and director interviews we conducted as part of the Quality Improvement Study described in Chapter [INSERT CHAPTER #]. Providers and directors were interviewed about their participation in T.E.A.C.H. at both the beginning and end of the Quality Improvement Study. Information from these interviews was used to determine the turnover rates for providers who participated in T.E.A.C.H. versus those that did not.

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[139] These data were collected initially by PCCY and were presented by PACCA, which issued a report in 1999 about initial Quality Supplement Funds application and spending patterns. Some of the results presented here are contained in that report.

[140] To compare changes in education and wages, we would also need data from providers who participated in both assessments of the Quality Improvement Study. Unfortunately, very few providers participated in T.E.A.C.H. at both Time 1 and Time 2 (N=12). Even fewer study participants who did not enroll in T.E.A.C.H. participated in the study at both time points (N=5). Thus, we could not make reliable comparisons between T.E.A.C.H. and non-T.E.A.C.H. participants in the QIS.

     The greatest limitation of our impact study is that we were not able to directly draw comparisons between our sample and the population of providers potentially served by the RQI. These data are not available anywhere. Therefore, we can not be absolutely certain that the changes in providers that were associated with participating in T.E.A.C.H. might not have occurred anyway. For example, we do not know the typical wage increases that providers would have gotten if they did not participate in T.E.A.C.H. We can provide rough estimates of their relative magnitude in comparison to less representative samples of providers. Therefore, this information should be treated with caution.

[141] This was made available to us through KURC.

[142] The analyses were limited to these participants because the database only contained information after the first contract year for these participants.

THE IMPLEMENTATION OF THE REGIONAL QUALITY INITIATIVE

The implementation evaluation of the RQI had two parts. One component of the evaluation examined the implementation of the T.E.A.C.H. program. The other component evaluated the implementation of the QSF funds. Both components determined whether CCM was successful in delivering the resources as promised.

IMPLEMENTATION OF THE T.E.A.C.H. PROGRAM

Our evaluation of T.E.A.C.H. focused on how the T.E.A.C.H. model was implemented in Pennsylvania generally, and to whom these resources were delivered in our region. Understanding each of these issues is important in understanding why T.E.A.C.H. did or did not have its intended impact.

THE T.E.A.C.H. MODEL IN THE REGION AND STATE

T.E.A.C.H. is a program registered to and owned by Day Care Services of North Carolina. A licensee fee is paid to Day Care Services of North Carolina to participate in the program. Included in this licensee fee is support in setting up the program, a database for tracking T.E.A.C.H. participants, and training of licensee staff to enter and analyze data. The T.E.A.C.H. - North Carolina program allows only one licensee per state to deliver its scholarship program.

The T.E.A.C.H. program was originally brought to Pennsylvania as part of CCM. It was intended to serve providers in the NDP and the RQI. At the same time, child care advocates (including the partners of CCM) lobbied the state government to put money into the budget to expand the program to providers across the entire state. In July 1998, the state allocated $500,000 for the T.E.A.C.H. program.[143]

Relationships Of Organizations Involved In T.E.A.C.H.

The implementation of T.E.A.C.H. in Pennsylvania required relationships among several different organizations. Prior to the state's funding of the T.E.A.C.H. program, PACCA had been chosen as the state licensee of the program. The allocation of state dollars to the T.E.A.C.H. program, however, necessitated a more complicated relationship among a number of different organizations to implement T.E.A.C.H. in Pennsylvania. Instead of giving the state dollars to PACCA directly, the state preferred to allocate the money to Keystone University Research Corporation (KURC), which administered all other state-funded child care training programs. KURC then subcontracted with PACCA to administer the T.E.A.C.H. program in Pennsylvania.

The T.E.A.C.H. program currently receives funding from both the state and CCM.[144] However, there are differences in how the CCM-funded portion and the state-funded portions of the model have been implemented in Pennsylvania. State funds are limited for use by center providers only, but CCM funds can also be used by family day care providers. Also, center providers participating as part of the state-funded T.E.A.C.H. program are required to pursue an Associates degree; scholarship recipients in CCM are allowed to pursue either an Associates degree or a Child Development Associate credential.[145]

The implementation of T.E.A.C.H. also required the cooperation of the local community colleges that offer the courses in which T.E.A.C.H. scholars enroll. These courses are generally offered by early childhood education departments. The directors of these departments must agree to enroll T.E.A.C.H. participants and the colleges must agree to receive tuition via the scholarship program.

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[143] State funding of the T.E.A.C.H. program has since tripled.

[144] American Business Collaborative, or ABC, also provided eight T.E.A.C.H. scholarships for individuals working with member organizations in Pennsylvania.

[145] The regulations concerning state-funded scholarships are currently changing, allowing family day care providers to participate.

Challenges to Implementation

The T.E.A.C.H. model is a program that has been used in several other states, and each version of the program must adapt to its particular context and deal with its own unique set of challenges.

- **The implementation of T.E.A.C.H. was challenged by the complex relationships among organizations involved in T.E.A.C.H.**

The complex relationships among the organizations participating in T.E.A.C.H. created some difficulties with regard to funding. One administrator of T.E.A.C.H. stated:

> Each funder will give the same $2000 per person. But the scholarship requirements might vary in terms of whether the person is from a center or an FDC. And each funder has its own stipulations regarding what percentage pays for books, tuition, etc. (Interview, December 1999)

The presence of multiple players also created some problems in the development of a comprehensive database. North Carolina T.E.A.C.H. provided a pre-formulated database to which PACCA was required to conform. In addition, KURC, as the evaluator of Pennsylvania's T.E.A.C.H. initiative, required PACCA to collect additional data from community colleges who were enrolling T.E.A.C.H. scholarship recipients. This data collection process was rendered difficult by the decentralized structure of the Pennsylvania community college system, which does not require each college to conform to a standardized database. One administrator of T.E.A.C.H. described it in this way:

> It's harder here than in some states. In North Carolina, for example, community colleges are coordinated at the state level – all of the data is collected in a centralized way. That's not the case in Pennsylvania, so getting a hold of data is a more piecemeal process. (Interview, December 1999)

Participating community colleges reported that they had cordial relations with PACCA, in large part because of their decision to appoint one individual at each campus to be the institution's T.E.A.C.H. contact person. Said one community college early childhood education professor, "I think we've had a really positive relationship." (Interview, January 2001) Issues such as remediation, financial invoices, and enrollment were reportedly discussed on a regular basis.

- **Implementation was made difficult by the size of the initial program**

The Pennsylvania T.E.A.C.H. program served many more scholars in the first year than did the original program in North Carolina. The original T.E.A.C.H. program in North Carolina enrolled only 19 students in its first year. In contrast, Pennsylvania T.E.A.C.H. enrolled approximately 300 students across the state – 151 as part of CCM and an additional 150 in other portions of the state as part of the $500,000 granted to the program by the state in its first year of operation.

The large number of students created a set of logistical difficulties for PACCA. The agency had difficulty processing its applications, entering data, and keeping track of recipients. As one T.E.A.C.H. administrator stated, "Although we were happy that the state decided to adopt T.E.A.C.H., we hadn't planned on it. So we had a hard time just tracking students, making sure the database was up-to-date, and providing them with the information that they needed." (Interview, January 2001) The hiring of a counselor eventually solved these problems.

How Many Scholarships Were Granted and to Whom?

CCM intended to provide 200 scholarships to providers across the region, including those participating in the NDP. These scholarships were intended for both center and FDC providers. Did CCM fulfill its promise?

- **CCM was successful in delivering T.E.A.C.H. scholarships in the region. A total of 222 T.E.A.C.H. scholarships were awarded in the region, predominantly to providers in child care centers.**

Table 7-2 (Page 294) illustrates the demographics and participant patterns of T.E.A.C.H. recipients from the region, including those who participated in the RQI as part of the NDP.

There were 222 T.E.A.C.H. scholarships awarded within the Regional Quality Initiative target area. Most of the Regional Quality Initiative T.E.A.C.H. recipients (74%) were employed at child care centers; only 26% were from FDCs. The disproportionate number of center providers served in part reflects the difficulties inherent in the T.E.A.C.H. model for FDC providers. They are required to cover 20% of their tuition costs whereas center providers only need to cover 10% of tuition. Moreover, the FDC providers' ability to attend classes is more restricted because they often do not have someone to cover for them in their day care program.

The center-based providers showed some preference for Associates degrees, with 62% enrolling in these programs. Nearly all of the FDC scholars (97%) enrolled in an Associates degree program.[146]

- **The majority of scholars were African American and had received a high school diploma. Nearly half had never attended college.**

Table 7-2 also presents information on the demographic characteristics of providers in the four-county area who enrolled in T.E.A.C.H. as part of the Regional Quality Initiative. Most were African American (79%). Eighty-six percent of T.E.A.C.H. scholars reported having a high school diploma; 14% of the scholars had a GED. Nearly half (47%) of the total pool of participants had never attended college, and the percentage of FDC providers who had not attended college was higher (57%) than center-based providers (44%) who had not attended college. Another 28% of the scholars had attended some college, but only 9% had attained either an Associates degree or a certificate.

- **Most of the scholars from the region who enrolled in T.E.A.C.H. either finished their contracts or continued to be enrolled in the program**

Of all the T.E.A.C.H. participants, 40% completed their contract, 13% were pending, and 28% were active. Of center-based providers, 76% were retained in the program; 24% left their course of study before their contracts were fulfilled. The numbers are even better for FDC-based providers, of whom only 7% withdrew or dropped out of their coursework.[147]

Characteristics of T.E.A.C.H. Applicants Who Received Scholarships Compared to Those Who Did Not Receive Scholarships

We compared the characteristics of T.E.A.C.H. applicants who received scholarships to those who did not receive T.E.A.C.H. scholarships. This information is important because it helps further illuminate whether the T.E.A.C.H. model is more useful to particular kinds of providers. We compared information for applicants from across the state of Pennsylvania because this information was not available only for regional providers

A total of 1,392 providers applied for T.E.A.C.H. scholarships. Table 7-3 (Page 295) presents the results of analyses of data for 897 providers in the database comparing T.E.A.C.H. applicants (N=291) who were not enrolled and those who were eventually enrolled (N=606) in the program.

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[146] This represents a shift in the enrollment pattern from the first year of the initiative, in which center-based providers were more likely to enroll in CDA programs (Year 1 Report).
[147] Missing data in the PACCA databases prevents us from conducting analyses regarding whether T.E.A.C.H. recipients remained employed in child care after completing their contracts.

TABLE 7 – 2

DEMOGRAPHICS AND PARTICIPANT PATTERNS OF T.E.A.C.H. SCHOLARS HIP RECIPIENTS IN THE REGIONAL QUALITY INITIATIVE TARGET AREA

T.E.A.C.H. SCHOLARSHIP RECIPIENTS			
VARIABLE	**CENTER PROVIDER** **%** **(N=165)**	**FDC PROVIDER** **%** **(N=57)**	**TOTAL** **%** **(N=222)**
APPLICATION TYPE			
% Associate Degree	62.42	96.49	71.17
%CDA	37.58	3.51	28.83
RACE/ETHNICITY			
% Black/African American	77.07	69.09	78.33
% White/Euro-American	8.92	7.27	8.86
% Latino/Hispanic	0.63	1.81	0.98
% Other/Multi-Race	13.38	3.64	11.82
HIGH SCHOOL EDUCATION			
% Diploma	87.50	81.82	83.33
% GED	12.50	18.18	13.95
YEARS OF COLLEGE			
% None	43.91	56.82	46.88
% Less than 2 years	31.76	15.91	28.13
% Associates or Certificates	6.76	15.91	8.85
% Still Attending	17.57	11.36	16.15
CONTRACT STATUS			
% Retained	75.63	94.64	80.18
% Completed	45.63	23.21	39.63
% Pending	13.75	8.93	12.44
% Active	16.25	62.50	28.11
% Dropped	24.38	7.14	19.82

Source: T.E.A.C.H. Scholars Database

TABLE 7 – 3
CHARACTERISTICS OF T.E.A.C.H. APPLICANTS WHO ENROLLED
AND THOSE WHO DID NOT ENROLL IN T.E.A.C.H.

VARIABLE	T.E.A.C.H.		TOTAL[1] % (N=897)
	NOT ENROLLED M (SD) OR % (N=291)	ENROLLED M (SD) OR % (N=606)	
AVERAGE HOURLY WAGE[2]	$7.32 ($2.09)	$7.72 ($3.21)	——
JOB TITLE			
% Center Director/Owner	7.2	3.4	4.6
% Assistant Director	1.1	1.5	1.4
% Group Supervisor	29.2	26.4	27.3
% Assistant Group Supervisor	46.2	55.9	52.9
% Aide	12.1	9.9	10.6
% Other	4.2	2.7	3.2
APPLICATION TYPE[3]			
% CDA Credential	19.9	13.1	16.5
% Associate Degree (A.A.)	80.1	86.9	83.4
HOW FIND OUT ABOUT T.E.A.C.H.			
% Director/Supervisor/Employer	54.2	69.1	64.1
% PACCA Mailing	12.1	9.6	10.5
% Child Care Network	3.6	3.2	3.4
% Community College	4.8	3.8	4.2
% Friend/Word of Mouth/Co-worker	9.4	6.0	7.1
% Other	15.5	8.1	10.6
HIGH SCHOOL EDUCATION[4]			
% Diploma	83.6	89.0	87.2
% GED	15.2	10.4	12.1
YEARS OF COLLEGE			
% None	43.7	41.3	42.1
% Less than Two Years	44.1	44.1	44.1
% Associate Degree or Certificate	10.8	12.8	12.1
ETHNICITY			
% Black/African American	48.1	46.3	47.0
% White/Euro-American	37.0	33.8	34.9
% Other	10.9	15.9	14.2
% Latino/Hispanic	2.5	1.4	1.8
% Asian/ Pacific Islander	0.3	0.3	0.3
% Native American	0.3	1.6	1.2
% Multi-racial	0.9	0.6	0.7

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[1] A total of 1,392 providers submitted T.E.A.C.H. applications. We received data from KURC on 897 of those applicants.

[2] $(x^2_{(1)} = 11.84, \underline{p} = .001)$

[3] $(x^2_{(374)} = 1.72, \underline{p} = .086)$

[4] Tests for group differences not significant

- **Applicants who eventually enrolled in T.E.A.C.H. were slightly more educated, received higher wages, and were more likely to want to pursue an Associates degree than those who applied but did not enroll in T.E.A.C.H.**

Those with a high school diploma, rather than a GED, were more likely to enroll in the program. There was a trend toward higher wages among those applicants who received scholarships when compared with those who did not receive scholarships ($7.72 per hour vs. $7.32 per hour). Child care center applicants who decided to pursue Associates degrees were more likely to enroll in T.E.A.C.H. than those pursuing a CDA. There were no significant differences between applicants and recipients with regard to race/ethnicity. Those who eventually enrolled in T.E.A.C.H. were more likely to be Assistant Group Supervisors/Teachers than those who applied but did not enroll. As can be seen in Table 7-3 (Page 295), there was a trend for a larger proportion of individuals who first heard about the scholarship program through their directors or supervisors to be awarded scholarships than those who heard about the program from other sources.

QUALITY SUPPLEMENT FUNDS

Quality Supplement Funds (QSF) were funds available to accredited programs in the region to help them maintain and/or improve quality and to encourage accredited providers to make more slots available to subsidized children. How were funds distributed, how much money was spent on QSF, and how were these funds used by the programs?

The Distribution of QSF

Quality Supplement Funds were available to any regulated home or center-based provider in the RQI four-county area that had both achieved accreditation and enrolled subsidized children. Funds were distributed quarterly, and accredited facilities could continue to apply for funds throughout the life of the CCM grant.

To get QSF, programs had to apply through CCM. The amount of money a program could apply for and receive depended on the number of publicly subsidized children attending the program. The reimbursement rate for the QSF was established at 16% above the rate set by the Pennsylvania public subsidy program. Thus, the total amount of QSF a program could apply for was 16% of the total funding it received through public subsidies. This extra 16% per child was a "supplement," bringing the reimbursement rate closer to the true cost of providing child care for subsidized children.

CCM provided a worksheet to programs to help them calculate the dollar amount of their request.[148] Interested center directors or FDC operators tabulated the number of subsidized children served by their program and used the worksheet to calculate the facility's eligibility for Quality Supplement Funds. These materials were then forwarded to Regional Quality Initiative staff, who checked them for accuracy. A check was then issued to each facility.

Who Received QSF and How Much Did They Receive?

Each accredited center in the RQI area received a letter inviting them to participate and a QSF worksheet quarterly.

- **Thirty-three child care programs received Quality Supplement Funds**

According to data reports received from CCM staff, $916,971.41 in quality supplement funds were distributed to 33 of the more than 95 accredited child care programs in the region. In all, 2,186 child care slots were subsidized via the Quality Supplement Funds.

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[148] A copy of this worksheet can be found in Appendix RA-2.

- **The average award was more than $4000, although the amounts awarded to programs varied widely**

    Table 7-4 (Pages 298 and 299) shows the distribution of QSF by facility. One child care center was by far the biggest recipient of Quality Supplement Fund grants, receiving a total of $425,238.10 over the course of three years (46% of QSF spent). The total amount of QSF received over the course of three years ranged from a low of $145.60 for one FDC to the aforementioned high of $425,238.10. The average award over the three-year period was $4,248.31.

- **Child Care Matters did not spend the total amount of dollars budgeted for the Quality Supplement Funds**

    The amount of money disbursed by CCM through QSF was less than originally budgeted for the Quality Supplement Funds program.[149] Some of the QSF were re-directed toward under-funded budget categories, and some of the funds were used for unanticipated costs. As one CCM staff member said:

    > We've been pretty careful about how to spend these dollars. We have real discussions at meetings regarding whether our plans are true to the quality improvement goals of the project. For example, we're spending some Quality Supplement Fund dollars on the Directors' workshops, which we think greatly improves the quality of care. (Interview, March 1999)

How Were QSF Spent?

    Participating providers were free to use the funds at their own discretion, although they were required to be related to maintaining or enhancing program quality.

- **QSF were used for a variety of purposes, but most programs used them to upgrade equipment**

    Sixteen out of 25 recipients of the QSF responded to a survey concerning their intentions regarding QSF expenditures after the first year. The results of this survey are in Table 7-5 (Page 300). A majority of respondents (56%) utilized their QSF to upgrade equipment. Half reported intending to use the funds to admit more low-income children, purchase educational materials, and/or maintain accreditation standards. Thirty-one percent indicated that they would use QSF to increase teacher salaries or provide staff development.

The Impact of T.E.A.C.H. on Providers' Education, Wages, and Turnover

    By design, the T.E.A.C.H. program should have increased providers' education, increased their wages, and reduced turnover rates by getting providers to commit to staying at their jobs. Did it do this in Pennsylvania?

- **The education levels and wages of participants increased by the end of their first contract year in the T.E.A.C.H. program**

    On average, participants took 11 credit hours of course work during their first contract year. Although fewer than the 16 credit hours per year reported for North Carolina T.E.A.C.H. participants, this is still an impressive number of credits considering providers are also working full time. It is unlikely that the typical child care worker who does not have access to T.E.A.C.H. resources completes this number of college credits in a year.

    Salaries for the participants in the 1998-99 cohort increased, on average, 5% at the end of their first contract year, exceeding the 4% guaranteed by the program. This salary increase is not, however, on pace with those reported for North Carolina T.E.A.C.H. participants. Their salaries reportedly increased by 30% over four years (Russell, 1997). We do not know, however, how this increase compares for first year North Carolina participants or for providers in our region generally.

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[149] Some of these funds were originally going to be spent on programs that became accredited through the NDP. Since very few of these became accredited during the initial three years of the project, there was a substantial surplus in the QSF.

QUALITY SUPPLEMENT FUND PAYOUT				
	YEAR 1	**YEAR 2**	**YEAR 3**	**TOTAL**
CHILD CARE CENTERS				
1	$9,828.00	$9,959.30	$6,644.30	$26,431.60
2	$141,648.00	$138,136.75	$145,453.35	$425,238.10
3	——	——	$5,649.75	$5,649.75
4	——	——	$18,096.00	$18,096.00
5	$873.60	——	——	$873.60
6	$12,357.80	$9,165.00	$4,317.17	$25,839.97
7	$28,912.00	$28,519.20	$29,594.50	$87,025.70
8	$37,107.20	$31,542.70	$31,866.90	$100,516.80
9	$1,164.80	$885.16	——	$2,049.96
10	——	$911.95	$911.30	$1,823.25
11	——	$257.40	$2,966.60	$3,224.00
12	$5,990.40	$9,360.00	$4,867.20	$20,217.60
13	$2,870.40	$3,062.94	$3,176.68	$9,110.02
TOTAL CENTER BASED	$240,752.20	$231,800.40	$253,543.75	$726,096.35
FAMILY OR GROUP DAY CARE HOMES				
1	——	$1,015.95	$2,516.32	$3,532.27
2	$832.00	$630.24	——	$1,462.24
3	$5,345.60	$5,961.15	$3,065.40	$14,372.15
4	——	$1,760.32	$2,627.30	$4,387.62
5	——	$1,414.40	$815.36	$2,229.76
6	——	$788.16	$2,048.80	$2,836.96
7	$2,371.20	$405.60	$245.44	$3,022.24
8	——	——	$5,443.23	$5,443.23
9a	$582.40	——	——	$582.40
9b	——	$312.00	——	$312.00
10	$3,952.00	$3,795.60	$3,230.76	$10,978.36
11	——	——	$2,768.56	$2,768.56
12	——	$955.54	$1,968.20	$2,923.74
13	——	——	$1,446.90	$1,446.90
14	$707.20	$187.20	$374.40	$1,268.80
15	——	$342.56	$989.85	$1,332.41
16	$3,577.60	$1,740.88	——	$5,318.48
17	——	$3,764.80	$8,746.40	$12,511.20
18	——	$191.10	$191.10	$382.20
19	$3,161.60	$790.40	$3,244.80	$7,196.80
20	$2,953.60	$1,383.20	——	$4,336.80
21	——	$2,173.60	$8,002.80	$10,176.40
22	——	——	$145.60	$145.60
23	——	——	$1,630.20	$1,630.20
24	——	——	$1,331.20	$1,331.20
25	$3,286.40	$5,484.05	$4,219.31	$12,989.76
26	——	$1,060.80	$1,891.60	$2,952.40
27	——	——	$3,969.55	$3,969.55
28	——	——	$3,131.70	$3,131.70
29	——	——	$1,778.40	$1,778.40
30	——	$592.80	——	$592.80

TABLE 7 – 4
QUALITY SUPPLEMENT FUND PARTICIPATION FOR CENTERS AND
FAMILY DAY CARE PROVIDERS IN THE REGIONAL QUALITY INITIATIVE
(continued)

QUALITY SUPPLEMENT FUND PAYOUT				
	YEAR 1	**YEAR 2**	**YEAR 3**	**TOTAL**
FAMILY OR GROUP DAY CARE HOMES				
31	$1,705.60	——	——	$1,705.60
32	$5,491.20	$2,418.00	$2,511.65	$10,420.85
33	——	$2,842.88	$7,072.00	$9,914.88
34	——	$2,048.80	$5,657.60	$7,706.40
35	$3,785.60	——	——	$3,785.60
36	——	——	——	$1,976.00
37	——	$5,408.00	$5,620.62	$11,028.62
38	——	$1,726.40	$1,614.60	$3,341.00
39	$1,414.40	$796.90	$3,216.28	$5,427.58
40	$4,243.20	$3,982.20	——	$8,225.40
TOTAL HOME BASED	$43,409.60	$53,973.53	$91,515.93	$190,875.06
TOTAL QSF SPENT	$284,181.80	$287,749.93	$345,059.68	$916,971.41
AVERAGE QSF SPENT PER YEAR	$22,339.82	$4,513.94	$4,248.31	$16,980.95

Source: DVAEYC — Quality Supplement Fund Expense Statements

TABLE 7 – 5
INTENDED USE OF QUALITY SUPPLEMENT FUNDS BY PARTICIPATING
CENTERS AND FAMILY DAY CARE PROVIDERS

USE OF QUALITY PAYMENTS	# OF RESPONSES (N=16)	PERCENTAGE OF RESPONSES [1]
Upgrade Equipment	9	56%
Admit More Low-income Children	8	50%
Purchase Educational Materials	8	50%
Maintain Accreditation Standards	8	50%
Purchase New Equipment	7	50%
Improve Teacher Salaries	5	44%
Staff Development	5	31%
Undertake Building Renovations	4	31%
Admit More Children	1	6%
Pay for City and State License	1	6%

[1] Percentages add up to more than 100% due to participants intended usage of funds for multiple purposes.

Yet, the average hourly salaries ($7.27) of T.E.A.C.H. participants were still well below the state average for providers ($8.49) and close to the average *starting* salary reported for providers in the region ($7.38; Center for the Child Care Workforce and DVAEYC, 1998). It would be helpful if these surveys broke down salaries by education level. It is possible that T.E.A.C.H. participants are earning, on average, more than other teachers with similar educational backgrounds.

- **T.E.A.C.H. did not appear to have a dramatic effect on turnover rates. At least 24% of T.E.A.C.H. scholars in the first cohort left their jobs.**

Much of the data regarding turnover at the end of the commitment year was unavailable.[150] From available data, we know at least 28 providers (24%) left their centers prior to the end of their commitment year. This percentage is not much different from what is observed for providers generally. The annual turnover rate for providers in the region is approximately 29% (Center for the Child Care Workforce and DVAEYC, 1998), and about 31% across the state of Pennsylvania (Pennsylvania General Assembly, 1999). However, our minimum estimate of turnover is substantially higher than the 10% reported for North Carolina T.E.A.C.H. participants (Russell, 1997).

- **Teachers who enrolled in T.E.A.C.H. as part of the NDP were less likely to leave their child care program during our evaluation than teachers in the NDP who did not enroll in T.E.A.C.H.**

Interestingly, when we compared rates of turnover among participants in the Quality Improvement Study, it appeared that the T.E.A.C.H. program may have provided some additional benefits to Neighborhood Demonstration Project participants working toward accreditation. Twenty-four percent of participant teachers who enrolled in T.E.A.C.H. at Time 1 left their jobs during our evaluation, whereas 43% of these who did not enroll in T.E.A.C.H. left their jobs during that same time period.[151]

CONCLUSION

This component of the evaluation focused on the implementation and impact of the RQI. We focused separately on the two types of resources offered through the RQI: access to money for programs which had already been accredited and served subsidized children, and scholarships for provider education through the T.E.A.C.H. program. The implementation evaluation examined how these resources were delivered, to whom they were delivered, and challenges to their delivery. It also examined whether stated CCM goals were met. The evaluation of the impact of the RQI focused only on the T.E.A.C.H. program. Specifically, we examined the impact of T.E.A.C.H. on education levels, provider wages, and turnover rates.

Our conclusion of this component of the evaluation has three parts. First, we assess the overall implementation of the RQI. Second, we assess what we know of the impact of the T.E.A.C.H. program so far and what questions remain to be answered. Finally, we consider whether the RQI is worth replicating.

IMPLEMENTATION OF THE REGIONAL QUALITY INITIATIVE

The RQI was composed of two programs aimed at increasing the availability of quality care. These included the QSF and the T.E.A.C.H. program. Were these programs successfully implemented? Our answer to this question is yes, although each aspect of the RQI was not without its difficulties.

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[150] The commitment year is one year beyond the end of the T.E.A.C.H. contract year. Unfortunately, PACCA did not collect information on many providers in the 1998-99 cohort one year after they completed their first contract.
[151] The Quality Improvement Study tracked providers for an 18-month period.

<u>**Quality Supplement Funds**</u>

- **CCM successfully distributed QSF**

The fact that 2,186 child care slots were subsidized via the Quality Supplement Fund indicates that this aspect of the RQI did help provide access to high-quality care for low-income families.

However, some concerns remain about the implementation of this program. Of concern are the participation rates of eligible centers and FDCs throughout the RQI region. There are substantially more than 33 accredited child care programs in the region and only about a third of eligible providers applied for funding. Although some of these do not serve subsidized children, this can not fully explain why more programs did not take advantage of the QSF. Apparently, the QSF were not attractive to some eligible programs. The reasons why remain unclear.

Moreover, it is not clear that the QSF served their original purpose very well. To be sure, programs did use the funds to make quality enhancements related to accreditation. However, only half of the recipients used the funds to admit more subsidized children, and there is little evidence to suggest that the funds acted to substantially increase the number of subsidized children enrolled at accredited programs overall.

<u>**T.E.A.C.H.**</u>

- **CCM was successful in meetings its goals for the T.E.A.C.H. program**

The scholarship program enrolled a total of 222 providers in the RQI target area. Most (81%) were retained in the program beyond their first year, and the retention rate was particularly high among FDC providers.

Because result of the expansion of T.E.A.C.H. across the state, the program has become a larger and more significant child care quality intervention than anyone anticipated. As state funding for the scholarship program continues, T.E.A.C.H. is emerging as an important statewide child care quality initiative. State-level funding has certainly increased its presence within CCM – both within the NDP, and particularly within the RQI.

- **The original T.E.A.C.H. model envisioned for the Regional Quality Initiative was complicated by the unanticipated expansion of the scholarship program across the state**

The expansion of T.E.A.C.H. brought with it unanticipated coordination and administrative problems in the Regional Quality Initiative area as well as in the state. The relationships among the organizations participating in T.E.A.C.H. were complex, and they required a level of administrative effort and expertise that was unanticipated at the beginning of the initiative. Moreover, the large number of scholarship recipients created logistical problems in the creation and maintenance of an accurate database to track the activities and outcomes of the program. Separate funding streams, with different sets of regulations, also complicated the administration of the program.

- **The T.E.A.C.H. model has not been as successful with FDC providers as it has been with center providers**

As was the case for the Neighborhood Demonstration Project, FDC provider participation in T.E.A.C.H. lagged behind participation among center-based providers. Nearly three-quarters of participants (74%) were center-based providers. Again, this fact suggests that the T.E.A.C.H. model as conceptualized by North Carolina-T.E.A.C.H. may be more applicable to center-based providers. However, now that there is additional private money to pay for bonuses to providers for participating in T.E.A.C.H., something that could not be done with public funding alone, family day care providers are beginning to enroll in T.E.A.C.H. in greater numbers.

THE IMPACT OF THE REGIONAL QUALITY INITIATIVE

The T.E.A.C.H. program is supposed to increase provider education levels, increase wages, and reduce turnover.   Based on preliminary data from the T.E.A.C.H. program, it appears that it met with partial success.

- **Participation in the T.E.A.C.H. program was associated with an increase in education levels and wages. However, it appeared to have no dramatic effort on turnover rates.**

Providers in the T.E.A.C.H. program increased their education levels by 11 credits per year, and their wages went up 5%. In the absence of a fair comparison sample, the magnitude of these increases is difficult to judge. Some wage increase would be expected even without participation in T.E.A.C.H.

T.E.A.C.H. appeared to have little impact on turnover rates for the first cohort of T.E.A.C.H. participants. It is likely, however, that turnover rates would be least affected in the first years of the program as providers learned how it works. That is, many may commit to enrolling in T.E.A.C.H. without the benefit of knowing about others' experiences in the program.

The ultimate purpose of the T.E.A.C.H. program is to increase the quality of child care generally by creating a workforce, that is well educated, fairly compensated, and motivated to remain on the job. Even if implemented successfully, it would take some time to determine whether T.E.A.C.H. delivered on this promise. The study being conducted by KURC will evaluate the long range impact of T.E.A.C.H.

SHOULD THE REGIONAL QUALITY INITIATIVE BE REPLICATED?

Aspects of the Regional Quality Initiative (RQI) should be continued in southeastern Pennsylvania in the short run, but replication in other locales is not recommended at this time.

- **As an overall strategy for increasing the availability of quality child care, particularly for low-income families, we recommend continuing Quality Supplement Funds (QSF) until new, improved programs can be introduced**

Although the Quality Supplement Funds program was an effective tool to help accredited programs maintain or improve their facilities, to reward staff, and to help accredited programs make up for the deficits they incur when they take subsidized children, it may not have met the anticipated goal of increasing subsidized slots either in these programs or in the region. Ultimately, a more effective tool would ensure that programs that take subsidized children are reimbursed for the true cost of subsidized care. A tiered reimbursement system that matches rates with quality is part of CCM's ongoing advocacy efforts.   Once such as system is implemented, the need for private funds to fill this gap may be obsolete.

- **It seems reasonable to continue the T.E.A.C.H. program until long-term effects can be evaluated**

The T.E.A.C.H. program was successful in recruiting large number of participants and was successfully implemented. Participation in the program brought with it increased education and wages. Yet wages remained comparatively low, and turnover rates did not indicate that T.E.A.C.H. participants were staying in their jobs longer than other providers who did not participate in T.E.A.C.H. Yet, when accreditation supports were combined with T.E.A.C.H., job turnover was reduced compared to accreditation efforts without T.E.A.C.H. Although the T.E.A.C.H. program served only a portion of all child care providers, as the program gains experience and momentum it may generate more interest among family day care providers as well as among center providers. Our preliminary findings suggest it may ultimately have a substantial impact on the provision of quality child care in the region.

CHAPTER EIGHT

THE CHILD CARE MATTERS EXPERIENCE

INTRODUCTION

"Making a Case for Child Care" tells the story of Child Care Matters (CCM), a large and complex initiative designed to move the child care agenda in the direction of improving the accessibility, affordability, and quality of care. Creative and far reaching, CCM embraced the child care issue in all of its complexity. Focusing on the many dimensions of child care, CCM understood that there were a multitude of barriers to changing the child care environment.

The litany of barriers should by now be well known. They are worth repeating, however, because they remain the social, political and economic contexts within which contemporary child care, both in Pennsylvania and elsewhere, is situated. Specific barriers to families and providers include low provider salaries, high staff turnover, child care affordability, and poverty. Moreover, an environment of indifference to these dilemmas exists. Policy makers and other influential leaders show little inclination to understand them or change them.

As we go to press, the American people have been engaged in an animated discussion of the pros and cons of stem cell research. The intense debate covers a wide political spectrum, cutting across traditional party lines and ideological positions. There is no equivalent debate about child care. While the stem cell research debate is one that belongs to the public, child care is still in the private closet of our domestic spheres. Child care remains tied to gender, lowering its status on the political agenda. It is still a woman's problem (both mothers and child care providers). Child care is not a problem owned by employers. And unlike issues such as racism or poverty (to which it is closely tied), child care has not made it into the sociological lexicon as a generic social problem. This makes it unlikely to be covered much by the media, except when something sensational and bad happens to a child. With seemingly so little at stake, it is no wonder why child care is not championed by policy makers.

Child Care Matters was designed to take child care out of the closet and cement it firmly in the public sphere. It intended to give child care status as a problem. It worked at creating an informed public including the media, policy makers, employers, and the general public. It sought to introduce and legitimize a set of tools that would, hopefully, demonstrate what happens when investments are made in early child care experiences. It tried to show that child care in poor neighborhoods could be improved and that families and children would be better off as a result. It took on a very difficult task: to get government to understand the case for child care and see that, yes, child care matters.

The evaluation asked two major questions of each aspect of CCM. The first addressed implementation with questions about the feasibility and workability of CCM's design and organization. The second addressed CCM's impact on the world of child care. This conclusion summarizes these findings within the context of the larger child care issue. It ends by asking whether CCM succeeded in making a case for child care.

ASSESSING CHILD CARE MATTERS AS AN INTERVENTION

How can CCM be judged as an intervention? We answer this question in light of how each CCM component's effort measured up.

IMPLEMENTATION OF CHILD CARE MATTERS

CCM was intended to be a collaboration that would permanently alter the child care advocacy landscape within southeastern Pennsylvania. Yet CCM's organizational structure proved to be problematic and collaboration

remained tentative and fragile. Although partners saw clear benefits from working together, no one expressed any intent to continue serious collaboration after CCM's funding disappeared. Although more cohesive than in the past, the child care organizational environment remained fractionalized and competitive; each organization continued to worry about individual, not collective, survival. CCM engaged organizations to work together and they worked hard at it. They were not, however, able to overcome serious structural obstacles to collaboration.

CHILD CARE MATTERS AND POLICY

Given child care's low status as a policy issue and the general conservatism of both the state government and Pennsylvania's political culture, we approached the evaluation of CCM's policy component with great caution. We wanted to be sure that we did not set an unreasonably high bar for assessing changes in child care policy over a brief three-to four-year period – a short amount of time to produce significant changes.

Yet it turned out that we set the bar too low. The policy component far exceeded any evaluation expectations. To be sure, initially the policy component suffered from implementation problems that threatened to reduce its efficacy. But it resolved these problems and proceeded to develop a cohesive and coordinated strategy with a clearly defined policy agenda that had large but attainable goals. While not altering some of the more entrenched features of the Harrisburg environment that militated against change, it achieved the important step of changing the political discourse on child care policy and infused it with new ideas and vision. Moreover, policy makers altered their views of child care advocates and began to see them as sophisticated partners for change. By the end of our evaluation, CCM had achieved most of its policy goals and had cultivated new champions to continue the fight for change. The policy component represents a major success for CCM.

CHILD CARE MATTERS AND THE MEDIA

The entrenched indifference of the regional media towards child care presented serious challenges to the media component's work. Its goal of increasing the quantity and quality of media coverage of child care was hindered by the constant turnover in the CCM media specialist position. CCM successfully became an expert media source on child care and was able to enlist participation by quasi-celebrity media spokespersons. It also developed skill at capitalizing on fast-moving news events to get out the child care message. Yet its paid advertising campaign consumed disproportionate amounts of time and money had a negligible to negative impact. Media that was unpaid covered child care in such a way that indicated tacit (and sometimes explicit) support of CCM's messages. But media coverage as a whole did not change. The number of child care stories did not grow. The prominence of child care stores did not increase. The quality of child care coverage did not change. The media component had very limited success.

CHILD CARE MATTERS AND BUSINESS

The business outreach component faced an uninformed business community in an environment with fewer corporate headquarters and therefore, fewer place-based corporate leaders who could serve as spokespersons for change. The business outreach component's progress was limited by a failure to develop a strategic plan or to come up with benchmarks denoting progress. Rather than employing a clearly defined strategy, it initially used ad hoc networking that did not appear to yield substantive changes. Later it became more practically focused on targeting smaller employers to deliver workplace education. CCM was successful at increasing involvement of busi-

ness leaders in child care advocacy. Yet a quasi-longitudinal survey of business human resource practices showed no change in practice and child care ranked very low as an important employee issue. The business component remained fragile and it is not possible to predict whether, if ever, CCM's efforts to create a permanent core of business support will succeed.

CHILD CARE MATTERS AND CHILD CARE

The Neighborhood Demonstration Project (NDP) was intended to showcase the gains accrued to families, children, and providers when serious resources are invested in child care. The twin goals of improving child care quality and improving children's access to quality care were sandwiched together with the broader goal of increasing children's school readiness. With a requirement that children receiving CCM subsidies would attend quality-improving facilities, the expectation was that children's school readiness would increase if quality changed. Moreover, it was expected that the employment experiences of parents of these children would improve as a result of having their children in stable, affordable quality care.

Quality-improvement efforts were successfully put in place. Yet CCM failed to reach its targets in terms of the number of accredited facilities. However, child care quality increased for center-based programs. But the overall quality of care remained relatively low, at both accredited and non-accredited facilities. Moreover, there was no major increase in the quality of participating family day care homes. The absence of increased quality in family day care highlights the difficulty in targeting these homes for quality-improvement, particularly using strategies that were designed with center programs in mind. Thus we can say that CCM increased the quality of child care. But this child care, accredited or not, did not become high-quality care.

The NDP's subsidy component had only limited success in meeting its goals. Large numbers of families participated and received these subsidies. Yet the goal of the subsidy component was to place children in stable, quality child care through the provision of subsidies, not just to get families to take subsidies. Families did not stay in the program for a sufficient duration and the children were not placed in more regulated, more stable, or higher quality care compared to a control group of families receiving public child care subsidies. Nevertheless, families receiving child care subsidies did receive some benefits. They paid less for child care (partly an artifact of lower co-payments). They also exhibited some benefits after being in the program for one year. They used more regulated care and were more satisfied with this care. Most importantly, they reported fewer absences from work and greater work satisfaction as well.

Given implementation difficulties and the limited size and number of effects, we do not recommend replicating the NDP as a whole. Yet aspects of the NDP, if better adapted to varied types of child care providers, would be useful initiatives to continue to pursue. This is particularly true of the NDP's quality improvement efforts. At the same time, with the a priori low quality of care and its failure to achieve minimal standards of quality, we question the use of accreditation as the standard for quality. Tools and expectations must be realistically designed to meet providers where they are. The theory behind quality-improving strategies needs to be tied to the empirical reality facing providers, particularly those working in Philadelphia's lowest income communities. Increasing quality of care, but not necessarily accreditation, may be a more realistic goal at this time in these neighborhoods.

The less extensive Regional Quality Initiative (RQI) intended to increase the availability of quality care at the metropolitan level, not at the neighborhood level. It did this through the T.E.A.C.H. program as well as by providing funds for quality improvement to accredited child care programs. The T.E.A.C.H. program was successful in recruiting a large number of participants; CCM successfully implemented this component. Participation in the program was associated with increases in education and wages, although it did not appear to alter provider turnover rates, at least over the short term. Yet when accreditation supports were combined with T.E.A.C.H., job turnover was reduced compared to accreditation efforts without T.E.A.C.H. The RQI served largely center providers, not those in family day care homes. Therefore, this program, like the NDP, highlights some of the difficulties in serving family day care providers. The other part of the Regional Quality Initiative – Quality Supplement Funds, helped a number of accredited child care facilities make improvements. Some used the extra funding to admit more subsidized children to their programs. Providing improved quality care for subsidized children was one of the goals of this initiative.

DID CHILD CARE MATTERS MAKE ITS CASE?

Did CCM make its case for child care? Many aspects of CCM seem potentially promising. But, except for the area of public policy, this evaluation cannot state with any certainty that the child care world is substantially different since the initiation of CCM.

Answering whether CCM made a difference depends absolutely on what is reasonable to expect. In order to determine what types of effects we should investigate for the evaluation, we spent several weeks talking to CCM leaders about what they expected to accomplish. These were difficult conversations because CCM's design was very theoretical. The original proposal encompassed little in the way of measurable goals. CCM was to improve, change, alter, increase, redefine, and reshape. Translating these abstract goals into measurable outcomes was challenging. When we came up with our final design, we reviewed it with CCM personnel. They thought that we had come up with the right questions and the right outcomes.

But were they the right ones? Was it reasonable to expect that Child Care Matters could alter the institutional factors that continue to marginalize the child care issue? Child Care Matters and this evaluation began with the premise that collaborative and coordinated activities that are strategically targeted at key institutions should yield, at the very least, the foundation from which longer lasting systemic change is possible.

Child Care Matters did not achieve this. While creative and energetic, it did not establish that foundation for change. As a collaboration among several agencies it did not work. Its work with providers and families suffered from implementation problems and resulted in minimal changes. Its efforts with the business community were never demonstrably effective. CCM did become a known child care expert for the media. But most of the partners were well known by the media as individual organizations prior to the inception of CCM.

CCM had much more success with policy. In part this was due to the strength of the leaders in charge of the policy component. It also helped that the component had clear, operational objectives from which gains and losses could be measured. But the policy component was also guided by strategic thinking, opportunistic and otherwise, that was politically savvy and became more sophisticated over time.

CCM's policy component successfully made a case for child care. Yet while the policy component remains the clearest success in the CCM story, its victories could be temporal (and largely rhetorical) unless addi-

tional work continues to build on this foundation. CCM was successful in working with a varied group of political actors and it achieved a great deal. But given the magnitude of the child care problem, these gains, while incredibly significant, do not go very far. They remain incremental. The child care problem, as is well known to CCM, is much deeper.

In addition, it is not clear if the success of the policy component depended on the partnership. To be sure, partners collaborated and developed consensus on policy goals. But it is also possible that the policy component as a funded effort could have done just as well without being in partnership. In fact, it succeeded largely because CCM gave policy responsibility to one agency. This question is something that needs to be explored in future funding decisions. Do the costs of collaborating outweigh the benefits of collaborating?

CCM accomplished small changes. Yet the marginal value of these small changes may be very large. That is, if large changes are impossible to expect over the short run, investing in small ones may be appropriate. And affecting these small changes may be expensive. The question, therefore, is whether these small changes are worth what they cost and whether they are likely to make significant inroads for making the case for child care.

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TABLE 6 – 5
CHANGE IN NUMBER OF OBSERVED CLASSROOMS AND PROVIDERS AT TIME 1 AND TIME 2
FOR THE QUALITY IMPROVEMENT STUDY
(CONTINUED)

Center ID #	Number of classrooms serving 2 to 4 year olds in center	Number of Classrooms/ Providers Observed at Time 1 (N=52)	Number of Class-rooms/ Providers Observed at Time 2 (N=41)	Same Class-room Same Provider[1] (N=19)	Same Class-room New Provider (N=15)	New Class-room Same Provider (N=1)	New Class-room New Provider (N=6)	Reason for Change
012	4	3	2	1	1	0	0	One Time 1 provi... observable as it w... for Time 2 in ano...
013	5	3	3	0	3	0	0	Three Time 1 pro...
014	3	2	2	0	0	0	2	Two Time 1 prov... ers in those classr...
015	2	2	3	1	1	0	1	One Time 1 provi... was added to prog...
016	3	2	2	1	1	0	0	One Time 1 provi...
017	7	4	4	2	1	1	0	One Time 1 provi... classroom
018	3	2	2	1	1	0	0	One provider tran... director.
019	2	2	1	1	0	0	0	One provider on l...
020	2	2	0	0	0	0	0	Center Closed