



UNSAFE

ON THE JOB

Union members demand increased workplace safety

OREGON AFSCME

INTRODUCTION

Over the past few years, Oregon AFSCME members have increasingly sounded the alarm about escalating dangers in their workplaces.

To address these critical concerns, AFSCME conducted a comprehensive survey in the fall of 2024, receiving an overwhelming response. More than 500 workers responded and the majority say they are working in systems so broken that they are dealing with physical violence, threats, and life-threatening conditions. They exposed chronic understaffing, alarming gaps in safety protocols, inadequate training, and insufficient support after incidents—and they demanded change.

Oregon AFSCME is sharing the survey's findings to illuminate the reality faced by workers across all sectors. This powerful report serves as both a wake-up call and a rallying cry, urging state leadership and managers to prioritize worker safety and take immediate action to protect those on the frontlines.

ABOUT OREGON AFSCME

Oregon AFSCME is one of the fastest-growing unions in our state, representing more than 39,000 workers, spread across worksites in every corner of the Oregon. Our membership works at OHSU, cities and counties, for the State of Oregon, in behavioral health, and other sectors. We work for the public good of our state and collectively our union fights for economic and social justice for our members, their families, and all Oregon workers.

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In nearly every conversation we have with members across the state, they say that too often they are put in unsafe conditions. The levels of physical harm, threats, and trauma our members and their families are dealing with is unacceptable. It's time that their voices were heard in the capitol and by their employers.”

Joe Baessler, Executive Director, Oregon AFSCME
Fred Yungbluth, President, Oregon AFSCME



Joe Baessler, Executive Director



Fred Yungbluth, President

WHAT WE LEARNED

More than 500 workers from every AFSCME sector responded to a worker safety survey in Fall, 2024.¹

Do you feel safe at work all of the time?

49% NO



Are there enough people in your workplace to cover the workload on a daily basis?

45% NO



67% report some sort of physical **violence, threat, trauma or injury** in the workplace

65% report **verbal abuse**

36% report **threats of harm**

28% report **trauma** leading to PTSD or stress disorder

15% report **physical assaults**



Dr. Matie Trewe, Psychiatrist, Oregon State Hospital



Sailhou Suwaneh, Health Crisis Technician, Stabilization and Crisis Unit



Lindsey McHenry, Parking Code Enforcement Officer, City of Portland



Dr. Cameron Wilson, Corrections Physician Specialist, Department of Corrections

WHY WORKERS FEEL UNSAFE:

- Understaffing and being alone in high-risk situations
- Excessive workloads and hours
- Lack of physical barriers or security
- Inadequate safety policies and procedures



“

These isolated waste transfer stations lack basic safety measures, such as camera surveillance, and some don't even have locking doors, leaving me exposed to the public. I've faced threats and harassment, with individuals going as far as to intimidate me by pointing out the absence of cameras or security. My coworkers have felt so unsafe they've resorted to calling the police—only to receive no response.

This isn't the reality most people imagine for municipal workers, but for me, it's an everyday truth.”

Laura McCay
Waste Acceptance Specialist
Lane County Waste Management

WHAT WORKERS WANT:

- Adequate staffing levels
- Less isolation when working in dangerous situations
- Clear and frequent safety policies and protocol trainings
- Support from management to address safety concerns

“

We've been threatened and verbally abused. Once, an angry applicant bypassed the badge-only access and confronted me. I held my ground, not letting them in as they raised their voice and became emotional in the hallway. It was alarming and intense. I managed to get the applicant to come with me to the other side of the building as they yelled, where other people could hear.

We need de-escalation training, clear procedures, and more staff so we can work without fear of retaliation or harm.”

V. L. Martinez
Admissions Counselor
School of Nursing Admissions, OHSU



SPOTLIGHT

Violence in the Workplace: Behavioral Health

Workers compensation data compiled for the HB 4002 Joint Task Force shows that people working in behavioral health settings face an alarmingly high rate of serious injuries from bites, kicks, and beatings.

Analysis looked at workers compensation claims data from Jan. 2013 through Dec. 2022 for people whose injuries were a result of violence at behavioral health settings across the state, including Oregon State Hospital, private hospitals, residential treatment facilities, and outpatient services.

The results are shocking. **Over this time period, there were, on average, more than 4 workers comp claims per week.** These are claims where injuries were severe enough for the employee to miss 3 or more

days of work. The data does not include lesser injuries so offers only a portion of the harm workers are facing every day.

And while 74 different occupations had claims, 10 positions in behavioral health are the highest risk, accounting for 77% of claims. The staffing positions most at risk of injury are psychiatric technicians, therapists, and nursing and therapeutic aids.

This cannot continue. The state legislature must pass HB 4002 Joint Task Force on Improving the Safety of Behavioral Health Workers recommendations and fully fund requests for rate increases for non-profit providers and incentives for recruitment.

HIGHEST RISK BEHAVIORAL HEALTH POSITIONS

	Occupation	Count
1	Psychiatric Technicians	566
2	Therapists, All Other	182
3	Nursing Aids, Orderlies, and Attendants	166
4	Psychiatric Aides	148
5	Registered Nurses	124
6	Healthcare Support Workers, All Other	118
7	Personal and Home Care Aids	104
8	Mental Health and Substance Abuse Social Workers	86
9	Licensed Practical and Licensed Vocational Nurses	64
10	Mental Health Counselors	54

Chart Source: "Workers' Compensation violent claims data for behavioral healthcare workers," Oregon Department of Consumer and Business Services, Sept. 24, 2024.

The Oregonian

PUBLIC SAFETY

Gresham aide stabbed to death in July celebrated as advocate for mental health treatment

Updated: Nov. 16, 2023, 11:17 a.m. | Published: Nov. 14, 2023, 4:47 p.m.



HALEY ROGERS DIED

after inadequate safety policies put her at risk at the behavioral health facility where she worked. Her unnecessary death after an assault by a client, highlights the terrible risk that workers face every day when they work alone without adequate staffing and safety protocols. The state must—must—improve worker safety and take seriously the concerns of those working in these important jobs. And they must never forget what happened to Haley and work to ensure it never happens again.

“

The biggest issue at our transitional housing site is understaffing. Recently, a coworker asked the program manager for more hands-on support during the day shift. Instead of addressing the need, the manager dismissed the request and replied, “We’re not going to get that.”

I work with 50 clients in harm reduction at an old retirement building, with myself and one other staff member on-site. The facility is falling apart—sewage has spilled into clients’ units, and the understaffed maintenance team can’t keep up. Even when there was staff to try and help fix the issue, they were unable to get into the leaking room due to safety reasons with the client who required a much higher level of care but was placed with us because they could not get it.

It’s frustrating to see the company focus on expansion—new contracts and locations—while neglecting the quality of care at existing sites. I don’t know who they are going to find to work there and they are ignoring serious issues.”

Jacqueline McGinnis-Feazle
Mental Health Aide, Cascadia Health



SPOTLIGHT

Oregon State Hospital - *Real change has to happen now*

Patients at the Oregon State Hospital (OSH) deserve a care setting that provides hope, healing and recovery. But for too many years, understaffing and lack of recognition of the changing population at OSH has put both patients and workers at risk. In fact—and tragically—the most dangerous behavioral health location for workers is Oregon State Hospital.

According to analysis of worker's compensation claims stemming from violence, the highest percentage—31% came from OSH.¹

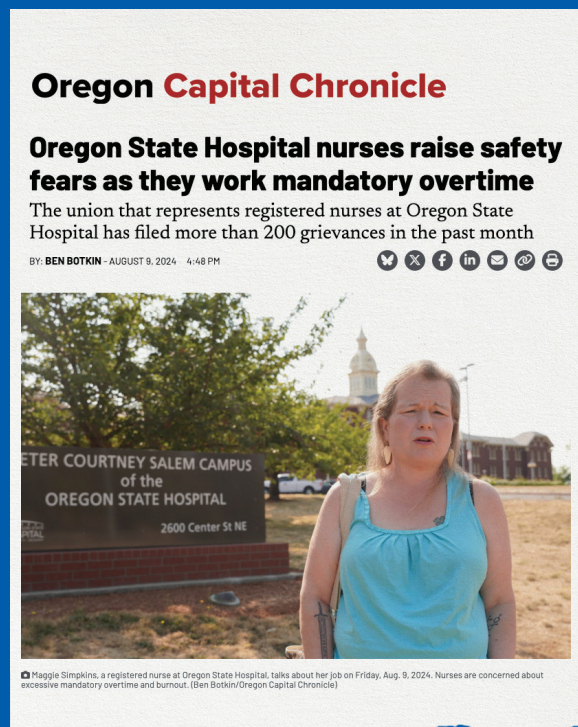
Oregon's chronic lack of community treatment has created a terrible situation where people often cannot get care without being arrested, leaving OSH as the “bed of last resort,” after people's mental illness has gone untreated and unaddressed for years. Meanwhile, court orders are forcing early releases of patients before their treatment is completed.

Rates of PTSD and stress disorder are high at OSH and workers there report that they do not have the support or time off they need to deal with workplace trauma. This not only affects workers but their families as their mental health is impacted over time.

OSH workers have been raising the alarm about unsafe conditions, mandatory overtime and understaffing. Finally, state officials are starting to take action after spending nearly \$2 million on an outside consultant. In January, OSH announced a new Psychiatric Intensive Care Unit (PICU) to provide the appropriate level of treatment to patients experiencing a severe

phase of mental illness or are at high risk of engaging in aggressive behavior.

AFSCME members at OSH will support the new model in hopes that it improves patient care and recovery and reduces risk for workers. Members will also look to hold hospital leadership accountable to fully implement the plan.



1. “Workers’ Compensation violent claims data for behavioral healthcare workers,” Oregon Department of Consumer and Business Services, Sept. 24, 2024.

“

Over the 14 years I have worked at OSH, I've seen increased barriers to adequate care for patients. Federal court decisions, a rise in patient acuity, and difficulty hiring regular staff have increased risk and injuries for staff. I, myself, was punched in the head early in the year resulting in a closed head injury.

Patients are cycling through because there isn't enough community care. I have a patient on her fifth admission after not being able to aid and assist in her defense. Because she isn't receiving the care she needs, she her county keeps sending her back because they do not have the resources to provide the care that she needs.”

Diane Wyss, RN
Oregon State Hospital, Salem



SUMMARY OF WHAT WORKERS ARE FACING:

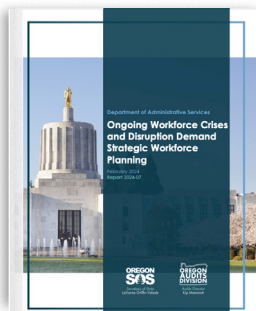
CHRONICALLY UNSAFE WORK ENVIRONMENTS: High-risk settings like prisons, clinics, and behavioral health facilities lack adequate security and staff, leading to direct safety concerns for workers. Incidents in these areas have left staff feeling vulnerable.

OVERWORK AND BURNOUT = INCREASED RISK AND STAFFING

SHORTAGES: Mandatory overtime and excessive workloads increase burnout, time off, and resignations, creating a vicious cycle that workers can't get ahead of. Those who remain say increased exhaustion and despair increase the risk of accidents.

INSUFFICIENT MANAGEMENT AND SECURITY PRESENCE: In many of these positions, management can work from home while workers must be onsite. Limited on-site management and security support result in delayed responses to incidents, especially in high-stress areas. Employees feel exposed and unprotected due to this lack of visible support.

SYSTEMIC SAFETY ISSUES AND POOR COMMUNICATION: Staffing reductions and poor emergency communication exacerbate safety risks. Workers report that leadership often fails to prioritize or promptly address emergent safety concerns, leading to anxiety and a sense of abandonment in hazardous situations.

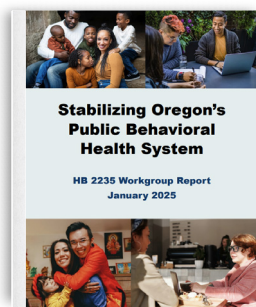


Oregon's State Workforce Faces Multiple Ongoing Crises

“State government struggles to maintain a workforce sufficient to efficiently and effectively meet objectives. It faces simultaneous crises of actual and looming retirements, chronic staffing shortages, increased workloads, and employee burnout. Additionally, one in four workers are eligible to retire.”



Oregon Secretary of State Audit, February 2024. “*Ongoing Workforce Crises and Disruption Demand Strategic Workforce Planning.*”



“Recommendation: Increase reimbursement and pay. Provide stipends, bonuses, childcare and housing support and ongoing career support like tuition aid and loan repayment.”

HB 2235 Workgroup Report, January 2025. “*Stabilizing Oregon's Public Behavioral Health System.*”

SPOTLIGHT

ODHS - Stabilization and Crisis Unit (SACU)

The Stabilization and Crisis Unit (SACU) is a 24-hour crisis residential program under ODHS. SACU operates group homes in the I-5 corridor from Portland through Eugene that support and stabilize individuals who have nowhere else to go. These are individuals with intellectual and developmental disabilities (I/DD), often with co-occurring mental health issues, whose support needs exceed the supports offered or provided by community-based residential programs. These individuals often enter SACU in crisis, and over time, SACU workers stabilize and transition them to lower levels of care with the goal of reintegrating them into other community-based settings.

SACU has become an essential part of Oregon's response to rising I/DD and behavioral health acuties as people are unable to get care in their community.

SACU is grappling with an alarming working vacancy rate of 25% and extreme requirements of mandatory overtime, with some staff facing thousands of hours of overtime.

This acute shortage of staff has led to an unprecedented rise in work-related injuries over the past few years, jeopardizing the safety and well-being of both employees and the individuals they serve.

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As much as I love the work that I do, our behavioral healthcare system is failing a lot of the people we serve.

One of the biggest issues is that many of the population who come to SACU are not ready to be here. Sometimes they are bouncing back and forth between SACU and Oregon State Hospital, and they have needs that we just don't have the staffing or expertise to support.

Even if we have enough staff on a given day, if five of us are on the floor and four have to attend to one individual who is disregulated, that puts our other individuals and our staff in harm's way.

We need better placement and support for individuals with acute mental and behavioral health needs, and better training for staff so we can truly help people to return to the community.”

Derek Yeager
Direct Support Crisis Specialist
Stabilization and Crisis Unit, Lebanon



SPOTLIGHT

Corrections

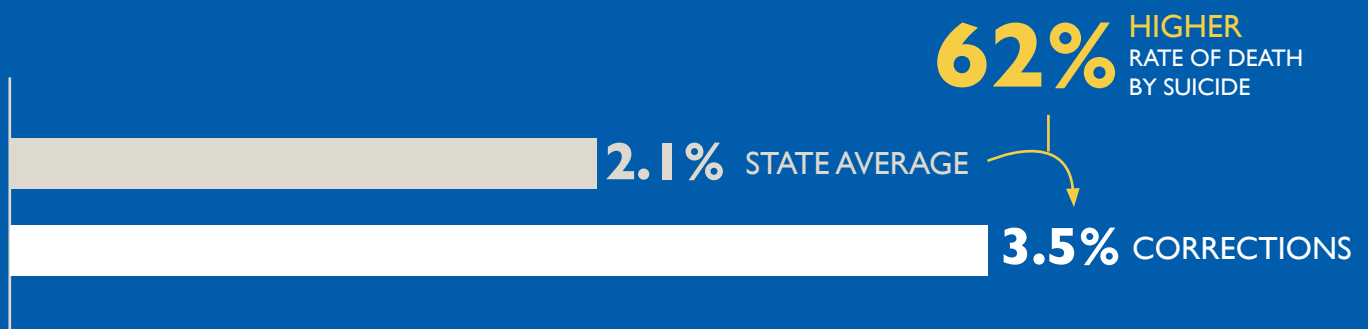
Extreme understaffing and unsustainable amounts of overtime have plagued the Oregon Department of Corrections since 2020, creating difficult and harmful conditions for Adults in Custody (AICs) and Corrections staff.

The lack of access to medical care for AICs came to a head in February of 2025. DOC removed both lead medical administrators in charge and hired a national consulting firm to make recommendations on how to better serve AICs and the medical staff who provide mental health and medical care for them. Today, DOC medical staff perform daily operations with a skeleton crew, and AICs may wait months for non-emergency and specialty care, like a colonoscopy or a mammogram. Many of the people coming into the prison system have complex medical conditions, high mental health needs, substance use disorders, and co-occurring disorders.

Additionally, across the state, DOC staff are mandated to work overtime, and are frequently required to work double shifts of 16 hours, without advance notice. For some facilities, like Eastern Oregon Correctional Institution and Coffee Creek Correctional Facility, this may occur three to five times a week, leaving little time to recover from their high-stress job or spend time with friends or family. Even with mandatory overtime, it is not unusual for one security officer to be responsible for over a hundred AICs for the duration of their shift.

The situation at the Department of Corrections is simply unsustainable. The legislature must take action to increase the job quality, reduce overtime, ensure adequate staffing, and improve medical care for AICs.

“Findings of a research project underway show that Oregon **corrections officers die by suicide at a rate that is 62% higher than the state average**. Over the period of 2015-2023, 2.1% of all Oregon deaths were suicides. Over the same period, where Oregon death certificates indicated a corrections officer type occupation, 3.5% of the deaths were due to suicide.”¹



1. “Corrections workers in Oregon are more likely to die from suicide: An analysis of occupation and employer data from Oregon death records. Daniel Morris (2025)”.

“

I started out as a Corrections Officer at Deer Ridge Correctional Institution during the wildfires in 2019. Adults in custody (AICs) from Coffee Creek were moved to our facility, to a part of the building that did not have water or electricity. This created an extremely dangerous situation for AICs and staff.

I was working the unit alone that night with 120 AICs, no cameras, keys that didn't work for that unit, and a radio that died 30 minutes into my shift. The experience was so traumatic that I quit working for DOC.

A year later, I applied to work in the Superintendent's office at Eastern Oregon Correctional Institution and that experience gave me confidence in DOC again, but I know there is still so much work to be done to keep DOC workers safe. Because of low staffing, people are still forced to work alone in their units. We need to address the staffing crisis now.

Gillian Soderstrom
Executive Support Specialist
Oregon Department of Corrections
Oregon State Correctional Institution



OREGON AFSCME'S WORKER SAFETY PACKAGE:

EVERY WORKER DESERVES SAFETY ON THE JOB

Improving safety protocols for public service workers

No one policy solution will solve the worker safety crisis. Collectively, these legislative actions will increase safety and force employers to take workplace safety more seriously across sectors.

Increase Safety and Staffing in Oregon's Behavioral Health System

INCREASED STAFFING AT OREGON STATE HOSPITAL

Oregon AFSCME supports the Governor's Recommended Budget / Oregon Health Authority requests that will increase safety and care for patients and reduce risk for workers. The request includes 136 mental health positions to reduce overtime for LPNs and RNs, increased forensic evaluation service positions, electronic monitoring of patient vital signs for enhanced care, increased security screening at OSH, and community navigators to help patients get the appropriate level of care when they leave OSH.

INCENTIVES TO INCREASE STAFFING IN THE STATEWIDE BEHAVIORAL HEALTH SYSTEM (RECOMMENDATIONS OF HB 2235)

House Bill 2235 passed in 2023 and declared a state of emergency in Oregon's behavioral health system stemming from severe shortages, systemic barriers and unmet community needs and set up a workgroup to look deeper at the issue and make recommendations to the 2025 legislature. The group found high turnover and burnout among workers and difficulty for employers to recruit to the levels they need to operate safely and well. We support \$20 million in rate increases for non-profit providers and \$20 million in grant funding for retention programs. We also support funding to increase enhanced apprenticeships, on-the job training and wrap-around services through the United We Heal program and for OHA to look at ways to improve retention through increased wages, health care benefits and safety standards with an eligible labor-management training trust.

HB 4002 – BEHAVIORAL HEALTH TASK FORCE RECOMMENDATIONS

After the stabbing death of worker Haley Rogers in 2023, Oregon AFSCME called for action by the state legislature to improve worker safety. In 2024, HB 4002 established a task force to look at how to prevent future injury and harm to workers. The recommendations include requiring written safety plans specific for each worksite, specific safety planning for lone workers, and assessments of the built environment to maximize safety and mitigate vulnerabilities; increased safety and worker rights training, including deescalation best practices and improved documentation of critical incidents; making available state grants for providers to do safety assessments and safety improvements/retrofitting; improving patient assessments to determine the appropriate level of care; modeling the cost of increasing minimum staffing above one person and the recommended safety improvements.

Safe Staffing for State Employees

DOC HEALTHCARE STAFFING BILL – SB 24

Oregon's Department of Corrections (DOC) healthcare staff are suffering from chronic short staffing. There are simply not enough people to support timely healthcare service to adults in custody (AICs). They are also

required to do more than their counterpart supporting patients in the general public, caring for a population with complex physical and behavioral health needs. SB 24 requires DOC to conduct a fair market salary assessment biennially, prior to each statewide bargaining session; creates minimum staffing ratios for DOC healthcare staff.

SACU MANDATORY OVERTIME LIMITS

Workers at the Stabilization and Crisis Unit are facing unsustainable levels of mandatory overtime, leaving them exhausted and burned out. This bill will improve care for the people they serve. If an employer schedules an employee to work a mandatory overtime shift in any month in which the employee has already worked one mandatory overtime shift, the employee may refuse to work the additional overtime shift, unless there is a collective bargaining agreement that states otherwise or a letter of agreement is signed by parties involved.

INVEST IN A SAFER PUBLIC WORKFORCE

High vacancy rates and understaffing continue to plague the state workforce. According to the February 2024 Audit, “Ongoing Workforce Crises and Disruption Demand Strategic Workforce Planning,” Oregon state government struggles to maintain a workforce sufficient to efficiently and effectively meet objectives. It faces simultaneous crises of actual and looming retirements, chronic staffing shortages, increased workloads, and employee burnout. The situation is especially chronic at the Oregon Department of Corrections where hundreds of hours of overtime a month have become the norm. It is clear that the state salary pot needs to provide reasonable cost-of-living increases to increase their competitiveness in the marketplace as employers and ensure state agencies to deliver essential services to Oregonians.

Hospital Safety

HOSPITAL WORKPLACE SAFETY – SB 537 / HB 2552

Jobs in hospitals and in home health & hospice settings have become more difficult and dangerous over the last few years as short staffing, increased acuity and other pressures have fueled a rise in workplace violence. This legislation defines workplace violence in statute, and prevents violence in hospitals. It promotes common sense safety improvements, supports victims of workplace violence by offering post-incident interviews, trauma counseling, first aid, and wage compensation when violence disrupts the remainder of a worker’s shift and increases transparency through improved reporting which provides data to the legislature to assess progress and help inform future policymaking.

Improve Workers’ Compensation to Increase Healing

REDUCE PAY DISPARITY FOR LOW-INCOME WORKERS – SB 705

Workers compensation is based on a formula that penalizes low-income workers hurt on the job, leaving them with a lower percentage of their take home pay than higher income workers. SB 705 will change the compensation formula for workers earning below the state average weekly salary of \$998.84 for an individual and \$1,059.99 for a family of four. This will allow them to focus on healing and pay the bills during their recovery.

ADD SACU/OSH TO PTSI ASSUMPTION – SB 606

Due to the increased acuity of the populations they serve and chronic understaffing, workers at Oregon State Hospital and the Stabilization and Crisis Unit at Oregon Department of Human Services are regularly exposed to unsafe conditions and trauma on the job, but often are refused workers’ compensation to help them heal. SB 606 would create a presumption that PTSI and other stress-related conditions are work-related for the purposes of workers compensation benefits. These behavioral and mental health workers work to ensure the wellbeing of Oregon’s most vulnerable and we need to ensure that we are taking care of workers by providing them with this benefit.

WHERE OREGON AFSCME MEMBERS WORK

State of Oregon: Agencies

Building Codes Division, Construction Contractors Board, Department of Environmental Quality (DEQ), Department of Land Conservation and Development, Department of State Lands, Long-Term Care Ombudsman, Office of Emergency Management, Oregon Association of Justice Attorneys, Office of Public Defense Commission, Office of Public Defense Commission Support Staff, Oregon Health Authority Physicians (OHAP), Oregon Liquor Control Commission, Oregon Military Department, Oregon State Fire Marshal, Oregon State Police Classified, Oregon Youth Authority, Real Estate Agency, Office of Public Defense Commission Admin Staff

State Provided 24/7 Care

Oregon State Hospital (RNs and Physicians), Stabilization and Crisis Unit (SACU)

Oregon Department of Corrections

Board Of Parole, HQ Building, Physicians, Coffee Creek Correctional Facility, Columbia River Correctional Institution, Deer Ridge Correctional Institution, Eastern Oregon Correctional Institution, Powder River Correctional Institution, Santiam Correctional Institution, Snake River Correctional Institution, Two Rivers Correctional Institution, Warner Creek Correctional Institution, Oregon State Penitentiary, Oregon State Dentists, Oregon State Correctional Institution

Health Care and Biomedical Research

Oregon Health & Science University (OHSU), Good Shepherd Hospital, Hillsboro Medical Center/Tuality Hospital, Virginia Garcia Memorial Health Center

Counties or County Departments or Workforces

Benton County, Clackamas County C-COM, Clackamas County-WES, Clackamas County/DTD, Clatsop Behavioral Healthcare, Clatsop County Courthouse/Roads, Clatsop County District Attorneys, Columbia County, Columbia County Road Department, Coos County Courthouse, Crook County Road Department, Deschutes County, Deschutes County Libraries, Douglas County Deputy DA's, Douglas County Juvenile Department, Gilliam County, Harney County 911, Hood River County General Employees, Josephine County, Lane County, Lane County Nurses, Lane County Physicians, Malheur County, Morrow County Courthouse, Morrow County Health Dist-Pioneer Hospital, Morrow County Road Department, Multnomah County, Multnomah County Pharmacists, Multnomah County Dentists, Multnomah County Juvenile Custody, Multnomah County Physicians, Multnomah Educational Service District, Polk County, Polk County Deputy District Attorneys, Tillamook County, Umatilla County, Umatilla County District Attorneys, Umatilla County Roads Department, Union County, Wallowa County Health Care District, Washington County Community Corrections, Yamhill County Employees Association, Yamhill County Housing Authority

City Governments or City Departments

Baker City, Albany, Albany Transit Employees, Athena, Burns, Burns Police Department, Canby, Coos Bay, Cornelius, Corvallis, Corvallis Environmental Research Employees, Dallas, Eugene, Forest Grove, Garibaldi, Gladstone, Junction City, Klamath Falls, Lake Oswego, Lebanon, Lincoln City, Medford, Milwaukie, Newberg, Oakridge, Oakridge Police Department, Oregon City, Philomath, Portland, Portland Housing Bureau, Redmond, Rockaway Beach, Salem, Salem Housing Authority, Scappoose, Sherwood, Springfield, St. Helens, Stayton, Sutherlin, Sweet Home, Troutdale, Tualatin, Warrenton, Warrenton Police Department, West Linn, West Linn Extension, Woodburn, Yachats

Other Local Governments

Multnomah Educational Service District, Clackamas River Water District, Hillsboro Public Library, Hood River

Public Works, METRO, Oak Lodge Water Services District, Port of Portland, Rockwood Water District, West Extension Irrigation District, West Valley Housing Authority, Willamalane Park District

Behavioral Health Non-profits

Central City Concern, Cascadia Behavioral Healthcare, Fora Health, Lines for Life, Lifeworks NW Hawthorn

Housing Support or Shelters

Home Forward, Home for Good, Northwest Housing Authority, Outside In, Sunston Way, Transition Projects

Non-profits Serving People with Disabilities

Mid-Columbia Center For Living, Northwest Senior & Disability Services, NW Community Alliance, Rainbow Adult Living, Star of Hope

Public Defenders

Metro Public Defenders, Multnomah Defenders, Inc., Office of Public Defense

Public Service or Advocacy Non-profits

Association of Oregon Counties, Basic Rights Oregon, Prosper Portland, Volunteers of America

Medical Interpreters

Youth/Child Development or Education

Chartwells Higher Education at PSU, Community Services Consortium and Head Start, Janus Youth Programs, Oregon Child Development Coalition, Southern Oregon Child and Family Council, Treasure Valley Community College, Family Childcare Providers



