



Minnesota Sparkling Connections

Child Care Resource and Referral Strategies for Supporting
Family, Friend, and Neighbor Caregivers



Initiative

Project
Implementation

Project
Goals

Recommendations

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Minnesota Sparking Connections Initiative

Minnesota Sparking Connections is part of a national Families and Work Institute initiative that is identifying and demonstrating community-based strategies for helping family, friend, and neighbor (FFN) caregivers meet the needs of working parents, their children, and their employers. The Minnesota Child Care Resource and Referral Network, in partnership with Resources for Child Caring and Region 9 Child Care Resource and Referral, has spent the last eighteen months exploring strategies and piloting new services in order to evaluate and identify service-delivery practices for Minnesota Child Care Resource and Referral (CCR&R) agencies that hold the most promise in supporting quality care of children in family, friend, and neighbor care settings.

Minnesota Project Goals

1. Greater outreach to FFN caregivers.
2. Expand, enhance, and develop relationships with other organizations in communities in order to maximize and coordinate resources for FFN caregivers.
3. Engage the retail/business community in creative solutions and resource development.
4. Develop systemic best practices in working with FFN caregivers.

The Minnesota pilot site looked in-depth at the second and fourth goals, though key learning and indicators of success were achieved in all four goal areas. This report will assess the activities, processes, and results of work in Minnesota over the last ten years, and will highlight strategies tested as part of Sparking Connections since joining the national Sparking Connections learning community. Three agencies provided work as part of this project. Input and information was gathered from all nineteen CCR&R regions in Minnesota, identifying previous and current work, collaborations, and rate effectiveness of various outreach and service-delivery strategies.

Partners and Their Roles

Minnesota Child Care Resource and Referral Network

The Minnesota Child Care Resource and Referral Network (Minnesota CCR&R) is a non-profit, tax-exempt organization that coordinates and supports a statewide system of twenty-two CCR&Rs in nineteen CCR&R regions. Minnesota CCR&R is dedicated to enhancing the quality and availability of child care in Minnesota. The state network has provided leadership for the CCR&R system since 1988, and its mission is to provide statewide leadership in shaping collaborations that build a diverse, high-quality child care system accessible to all Minnesota families through local resource and referral services. The network serves as the project coordinator and fiscal agent for Minnesota Sparking Connections.

Resources for Child Caring

Since the early 1970s, Resources for Child Caring (RCC) has worked to advance quality care and education of children in their crucial early years. Resources for Child Caring builds the supply of quality child care; assures that information about children, child care, and early childhood issues is readily available and distributed; and works to strengthen Minnesota's child care system. From its early years as a one-room operation, Resources for Child Caring has grown into a strong local, regional, and national presence, providing early childhood training and educational resources to early childhood professionals and caregivers in all types of settings. The agency focuses its efforts in these core areas: education, publishing, child care systems, and public policy. Resources for Child Caring serves as the project host for the Twin Cities metropolitan area.

Region 9 Child Care Resource & Referral, Inc.

Region 9 Child Care Resource & Referral, Inc., was established in 1989 as a result of the cooperative effort of twenty-one nonprofit agencies. In 1990, the agency began serving children and families in the counties of Blue Earth, Brown, Faribault, LeSueur, Martin, Nicollet, Sibley, Waseca, and Watonwan. In 1991, Region 9 Child Care Resource & Referral, Inc., was incorporated as a nonprofit agency under IRS designation 501©3. As a private, nonprofit community agency, it is dedicated to serving young children and their families. Current services provided include referrals to child care homes/programs; training for parents and child care programs; and planning, coordination, and technical assistance to potential child care programs, employers, and the community at large.

Project Implementation

In December 2003 the McKnight Foundation provided direct funding to the Families and Work Institute, to finance Minnesota participation in the Sparking Connections learning community. The pilot sites operated unfunded until November 2004, though a small operating grant of \$6,000 was provided to the Minnesota CCR&R network for coordination of the project. All three agencies thus needed to leverage existing funds from the Minnesota Department of Human Services and any other private sources, in order to work on activities designed to impact each of the goals. Data was collected through vehicles already in place, and was monitored and formatted to meet the Sparking Connections project goals. Funding in November 2004 allowed more concrete surveys, focus groups, and interviews to take place, while also allowing staff in both Mankato and St. Paul to expand direct service delivery.

An advisory committee was formed in January 2004 that began with Minnesota staff learning about the National Sparking Connections model, including staff from the Minnesota CCR&R Network, Resources for Child Caring, the Greater Minneapolis Day Care Association (GMDCA), Ready 4 K (an early childhood policy and advocacy group), and the Minnesota Department of Human Services. When Region 9 joined the project, these agencies stayed involved in an advisory capacity, but individual staff members changed. The active advisory committee consisted of the executive directors of all three pilot agencies; the staff person at GMDCA that coordinated the Kith and Kin project; a center director for a corporate child care center; the human resources director for a national company headquartered in Minnesota; Department of Human Services staff; and a former licensed family child care provider currently serving as executive director for a child care education and advocacy organization. The advisory committee met quarterly, and was used as a sounding board for evaluating data and methods, for fundraising ideas, and for sources for new community relationships. Staff particularly worked to recruit broader representation from the business community. Through communication about the project to the general public, interest from the licensed provider community grew as well.

New initiatives and activities for FFN caregivers were predominantly initiated and completed in the metro area by Resources for Child Caring, through the community outreach staff. Resources for Child Caring leveraged work with refugee and immigrant communities, who primarily utilize and provide FFN care, to incorporate Sparking Connections goals and action plans, in order to participate in the learning community. Sparking Connections work in Region 9 CCR&R was minimal due to funding limitations. However, through their state contract, staff time was leveraged to begin exploring partnerships and relationships that could enhance work with FFN caregivers when funded.

The Minnesota CCR&R Network, Resources for Child Caring, and Region 9 CCR&R documented their experiences monthly by responding to the following three statements, as applicable to each of the four project goals:

- ▶ Please briefly describe this month's activities and note any outstanding and/or unexpected accomplishments or successes.
- ▶ Please describe any challenges or issues that surfaced during this reporting period.
- ▶ What actions are you taking to address these challenges or issues?
- ▶ What results or outcomes were achieved by the month's activities? What difference was made?

Emerging Themes from Monthly Reflections

- ▶ Through collaboration with other organizations, we found we were able to reach many FFN providers and parents.
- ▶ Existing CCR&R materials should be modified to be user-friendly for a parent and FFN caregiver audiences when possible. For example, feature a single class or workshop that has widespread appeal, rather than using a whole training brochure to market training.
- ▶ Don't rely on bulk mailings and labels from child care assistance, due to turnover and rapid outdateding of registered provider lists. Use more relationship-based communication methods to get information to FFN caregivers and to parents who may use FFN care.
- ▶ Respect relationships other organizations have with their clients and customers, and respect norms that groups have for communicating with each other.
- ▶ Find out the places where people go to get information in the community, and identify staff members who have the most direct contact with the community.
- ▶ The FFN committee started by outreach staff at one agency site that had a Kith and Kin grant is attracting more interest from other baseline and outreach staff. Minnesota CCR&R staff members are now attending these meetings, which are self-directed by the online staff who work most directly with FFN providers.
- ▶ Staff from the pilot agencies is identifying ways to include FFN outreach in traditional CCR&R work. For example, by proposing expansion of the employer referral product to include parent information classes and by using the employees to survey on FFN care.
- ▶ Baseline and outreach chat rooms coordinated by Minnesota CCR&R are beginning to include FFN care issues, as well as to share strategies and trials with each other.
- ▶ The Sparking Connections advisory committee should be expanded to include advocates of FFN care support and of licensed child care providers.
- ▶ Stay-at-home parents are also interested in outreach activities and often serve as backup care for family members and friends. How should stay-at-home parents be used in the context of FFN outreach?

Minnesota Sparking Connections Project Goals

Goal 1

Greater outreach to FFN caregivers

“Low income families, Family, Friend and Neighbor (FFN) providers and communities who have been historically underserved or underrepresented include communities of color, Tribal communities, English Language Learners (ELL), geographically isolated communities, migrant communities, immigrant and refugee communities and individuals with disabilities or special needs.”

—Minnesota Department of Human Services
Child Care Resource and Referral Work Plan,
July 1, 2005 to June 30, 2007

Beginning July 1, 2004, all Minnesota CCR&R had language in their contracts with the Minnesota Department of Human Services to include work with family, friend, and neighbor (FFN) caregivers. One area of the contract that specifically addressed this inclusion was the CCR&R-administered grants program, through which regions are required to set aside a certain portion of their grant budget to either provide direct grants to FFN or, minimally, to provide incentives to FFN providers to participate in training. The contract language includes provisions for publicizing training to FFN caregivers, including English-language learners. The question remains for many CCR&R sites: How do we find FFN providers in our community, and then what do we provide in terms of services? One CCR&R coordinator stated, “I would like to do outreach rather than just mailing, but who do I go to, where do I go to get information to the FFN providers?”

This concern increases as the state further revises CCR&R work plans with more-explicit language requiring Minnesota CCR&Rs to include service delivery and promotion in each area of the work plan to address underserved providers and communities.

Through the process of collecting staff experiences throughout Minnesota for this Sparking Connections report, the interrelatedness of FFN child care in each underserved community became clear. The recommendations for promising practices found in this report are intended to assist CCR&R staff to improve the effectiveness of their outreach to FFN providers, and to improve the overall effectiveness of the services they ultimately offer and deliver.

FFN Caregiver and Parent Perspectives

Since the Minnesota project specifically wanted to learn more about how the CCR&R system could be more supportive of quality care by FFN caregivers, the various services and outreach activities needed to be evaluated by FFN caregivers themselves. Since many FFN caregivers remain unidentifiable, parent consumers of FFN care should be included in any revised outreach plans.

Information was gathered from FFN caregivers via mailed surveys; via phone and face-to-face interviews by English-, Hmong-, Spanish-, Somali-, and Amharic-speaking staff at Resources for Child Caring; and via small-group discussion. Information was gathered from parent consumers of FFN via surveys and interviews. A compilation of the data is included as Attachment D and Attachment E.

While the information gathered is not statistically valid, it is an important tool to assist the CCR&R system and individual agencies in identifying which services and activities might be best received. Surveys sent via the mail to FFN caregivers and to parents included a children’s book and a postage-paid return envelope. FFN caregivers who were interviewed all used or were using current CCR&R services; they also received a children’s book. FFN caregivers who attended the group meeting for the survey were given a Target gift card.

In summary, the predominant reasons why FFN caregivers provide care are that they enjoy being with the children they care for, and they enjoy helping parents. Most FFN caregivers desire some form of support from CCR&R, and believe newsletters via the mail or through e-mail would be useful. Most also like the idea of group activities, meetings, and child care training, and want these opportunities to be available in their own communities. Some of the major challenges they shared include communication with parents, behavior issues, and being able to get everything they need done while caring for children. FFN caregivers from immigrant communities particularly expressed the need for support by staff familiar with their languages and cultures, and noted they were challenged by a lack of resources and materials for care, and by payment issues.

Parents often choose FFN care because they trust a particular caregiver and feel that she or he knows and loves their child. Parents seem less interested than caregivers are in support and resources for the caregivers. For parents who did suggest caregiver support, group meetings, activities, and training were the most popular options, as they were with the caregiver group. While most parents responded that they experienced few challenges with FFN care, several respondents were concerned with quality issues. Communication and payment issues were other concerns that were mentioned.

Key Learning

- ▶ The predominant reason that FFN caregivers care for children is to help out parents; this response was consistent in all six communities. Most caregivers also enjoy being with the children they care for.
- ▶ Parents often choose FFN caregivers from among people they already know, and often from among people they already have a relationship with.
- ▶ Specific challenges facing FFN providers are similar to those faced by licensed or formal caregivers. Specifically and repeatedly mentioned as challenges are discipline, nutrition, money, safety, and parent cooperation.



- ▶ Caregivers who completed surveys, who participated in interviews, or who attended the focus groups did not respond strongly to the concept of attending training. This response differed between English-speaking FFN caregivers and English-language learners from immigrant communities. Caregivers from immigrant communities had a more favorable response to training than did English-speaking caregivers.
- ▶ Caregivers responded favorably to receiving information and resources to support them in their role as caregivers, but noted that the resources would need to be delivered in convenient and accessible ways. Information via the mail and home visitation was favored over classroom training.
- ▶ FFN caregivers responded favorably to the idea of group activities with other caregivers, if it was provided at locations convenient to them.
- ▶ The cost of providing day-to-day care was a concern among caregivers, particularly the lack of funds for materials for children's activities, for field trips, and for covering basic operating expenses.

Goal 2

Expand, enhance,
and develop
relationships with
other organizations
in communities in
order to maximize
resources for family,
friend, and neighbor
caregivers

While CCR&Rs had the added contract duty of incorporating work with FFN caregivers into their existing work, no new funding was available to fulfill this duty. As staff began to look at ways to achieve greater outreach to FFN caregivers (Goal 1), they also started to identify others in the community who shared or potentially could share FFN caregivers as a target audience. As of July 2004, pilot sites had identified six such organizations or businesses: Sam's Club, Home Depot, neighborhood family centers, Lakeshore Learning Materials, General Mills, and the Minnesota Literacy Council. The developing relationships ranged from utilizing booth space at community outreach events at Sam's Club and Home Depot stores, in order to identify caregivers and parents, to group outreach at culturally specific women's circles at neighborhood family centers. Both Resources for Child Caring and Region 9 CCR&R are in contact with the child care assistance programs in their home counties and have access to names of FFN caregivers who care for children receiving child care assistance.

Resources for Child Caring received a large supply of donated materials from Lakeshore Learning Materials to work with caregiver and parent groups at the family centers. A systemic relationship already existed between the CCR&Rs and Lakeshore Learning Materials, because CCR&Rs administer quality-improvement grants to child care programs.

Minnesota CCR&R staff and Families and Work Institute staff held an introductory meeting hosted by the General Mills Foundation that included General Mills marketing staff. The purpose of the meeting was to discuss creative ways, beyond foundation dollars, through which General Mills could support CCR&R outreach work to caregivers. Minnesota CCR&R staff members are working on pursuing a shop-and-learn concept in Minnesota featuring General Mills products. Further developments of this opportunity are pending.

The most formal relationship established between a Minnesota CCR&R and a community group is the relationship Resources for Child Caring holds with the Minnesota Literacy Council (MLC). The two organizations worked together to apply for a fourteen-month grant to provide home-based and group early literacy training to FFN caregivers in four immigrant and refugee communities in St. Paul. Before funding was secured, staff worked together to incorporate literacy material into work with FFN providers, and to refer FFN providers to the Minnesota Literacy Council home-visitation program. Funding for the FFN early literacy project was ultimately awarded and a formal partnership between the two organizations was established.

By June 2005, the pilot agencies had increased their relationship base to thirteen different organizations and had begun to establish processes and logistics for coordinated services with eight of the thirteen organizations. A chart of the established relationships, organized by pilot site, is included as Attachment A. As one Minnesota Sparking Connections project goal is to establish best practices for the Minnesota CCR&R system, the relationship matrix has been divided into four sections: Mankato, Region 9, Resources for Child Caring, and a section for those relationships that have systemic potential throughout Minnesota.

Key Learning

- ▶ Parents are key to supporting quality care by FFN caregivers. Relationships with organizations driven by parent needs should be established in order to better reach parents that may be using FFN care.

Minnesota Valley Head Start program staff became engaged in issues of FFN care and supported Region 9 in surveying parent consumers of FFN care. They spent several weeks asking parents if they use FFN care and then had parents fill out the FFN parent survey in their office. These surveys were forwarded to the CCR&R for compilation. Parents who wanted further contact by the CCR&R for themselves or for their child's caregiver could include their names and addresses, but the confidentiality of the participating families was otherwise preserved.

- ▶ Before approaching potential partners, we need to identify what an organization has that would enhance FFN support, and what the CCR&R has that can strengthen the partnership. It is also important to be aware of what reciprocal arrangements can be made.

Region 9 CCR&R was able to establish booth space at a local mall that hosts Club Noggin, a program for preschool children and their parents and caregivers. The mall has been receptive to letting the CCR&R promote its name at the event. Attendance is growing each time. The mall improves traffic, CCR&R has more visibility in the community, and families with children have access to more information distributed by the CCR&R.

- ▶ It is important to be concrete about what is being asked of potential partners, but also to be creative to the organization's suggestions.

The Lakeshore Learning Materials representative originally approached Resources for Child Caring as a sales call, to discuss the spending of unallocated 2004 fiscal-year grant dollars. The coordinator asked about discounts for the providers or for the agency if they purchased Lakeshore materials. The coordinator also shared information about the FFN project. While the representative could not offer across-the-line discounts, he donated several hundred dollars in product, and this meeting set the stage for Lakeshore cosponsoring a play-and-learn session with parents and FFN caregivers in one St. Paul neighborhood. Staff has since set up other play-and-learn groups using a mix of donated and purchased materials. Lakeshore continues to be engaged in ways that their company can support providers through CCR&R.

- ▶ We should identify the common goal of the relationship while respecting the individual goals that each organization has, which may not be congruent. Adapt the relationship to fit the culture of each organization.

Resources for Child Caring (RCC) approached the Minnesota Literacy Council (MLC) to fulfill the literacy home-visitation component of the early literacy project for FFN caregivers. RCC works with all caregivers, regardless of the age of the children the caregiver serves. MLC's home-visitation program only serves families with children three to five years of age. The project was adapted to have home visits by the MLC with those FFN caregivers with children ages three to five, and for RCC to provide group literacy activities for other FFN caregivers wishing to participate.

- ▶ Don't force a partnership if there is not enough commonality toward the goal, or if there is not capacity to meet each other's goals.

Minnesota CCR&R staff continue to identify and learn more about a shop-and-learn model that could be implemented in Minnesota. Efforts have included trying to engage a local supermarket chain, but to fully implement this model will require more staff time and resources than currently provided in the Sparking Connections budget. Research on the shop-and-learn model will continue, using information from the Brownsville, Texas, Sparking Connections site and this group's experience with Lopez Grocers.

Goal 3

Engage the retail/business community in creative solutions and resource development

The Minnesota Sparking Connections team tried a variety of approaches to engage employers. The original Sparking Connections project had strong support from the National Retail Federation (NRF) Retail Work Life Forum (RWLF). Many retail employees may need to utilize FFN child care due to nontraditional evening and weekend work hours and entry-level wages. The Minnesota Sparking Connections team thus determined that support from Minnesota retailers might be a key strategy as well.

Key Learning

- ▶ Staff from the pilot sites, along with representatives from some of the advisory committee organizations, met with the director of the Minnesota Retail Association about opportunities to interact with their membership. A newsletter article was written for the association's newsletter. However, after the initial meeting with the director, no long-term connection was made. Staff did not receive any retail inquiries based on the newsletter, and attempts to reestablish a relationship with the Minnesota Retail Association have not been successful.
- ▶ Following the model that was successful in Atlanta, Georgia, and Greenville, South Carolina, staff was able to meet with management at local Home Depot stores. Initial participation was limited to community health fairs that Home Depot sponsors, but through this participation, staff learned about a variety of free clinics that Home Depot offers and how local CCR&Rs might be able to partner with Home Depot on a clinic specifically geared for child care providers. These free clinics included classes on how to make bookshelves and small storage boxes.
- ▶ Mankato staff members were successful in completing an employee survey with staff at their local Home Depot. They were then able to provide direct outreach to families and FFN caregivers identified through the survey.



- ▶ Staff expanded the distribution of linguistically diverse child care newsletters to more shopping venues in the St. Paul area. Retail stores and business that provide products primarily to immigrant community members have been receptive to staff using their stores as distribution sites. Interaction with business owners will also help staff identify leaders and trusted individuals in these communities.
- ▶ Minnesota CCR&R staff continue to be engaged with General Mills to see how they might be able to support the shop-and-learn model, as more time is able to be spent on the concept.

Goal 4

Develop systemic best practices in working with family, friend, and neighbor caregivers

CCR&R services are funded by the Minnesota Department of Human Services to fulfill four key functions:

1. Supporting parental choice with information and education;
2. Compiling, analyzing, and disseminating data about child care supply and demand;
3. Expanding and strengthening the child care delivery system; and
4. Building community through partnership, coordination, and collaboration.

Working with and on behalf of FFN caregivers was a specific objective added into CCR&R contract language as of July 1, 2004. However, no new financial resources were allocated, nor were specific service requirements and specific proportions of contract funds to work with FFN caregivers identified. While some sites dedicated specific time to work on issues of FFN care, strategies and activities employed varied considerably. For the pilot, it was deemed that an inventory should be taken of past and current activity of all CCR&R regions, in order to establish a baseline against which to measure changes and from which to identify those practices that had the most promise for success within the CCR&R system.

Each of the nineteen regional CCR&R coordinators was interviewed on items such as activities or services provided in the past or present to FFN caregivers; the amount of staff time spent on each activity or service; other resources used to support caregivers; and the effectiveness of each activity or service. A summary chart of the responses provided by the nineteen sites is included with this report as Attachment B.

The Greater Minneapolis Day Care Association and the Community Action Council each had private grant money from the Bush Foundation to deliver in-depth services to FFN caregivers. A separate interview was done with the staff person most closely involved with the project at each site. The interview summaries are included with this report as Attachment D. Resources for Child Caring has a twelve-year history of working with FFN caregivers and parents who choose FFN care funded through a variety of sources, including leverage of state funds. A chronology of the work, not including Sparking Connections and a current FFN early literacy grant, is included with this report as Attachment E.

All CCR&R agencies in Minnesota received funding through the 1997–1999 biennium state contract, due to a \$1,000,000 match by the McKnight Foundation. The McKnight dollars were allocated to the CCR&Rs to provide staff support, training, and technical assistance grants and incentives to FFN caregivers. This was done as a capacity-building tool to ensure an ample supply of quality care would be available to meet the expected increased demand for child care following welfare-reform legislation.

Originally, information collected from the CCR&R sites via interviews, as well as from new projects through the Sparking Connection pilot, was to be used to do a cost analysis of the various activities and outreach services offered by CCR&Rs. The end result would have been a “menu” of service ideas that a CCR&R could use to incorporate FFN outreach into their work plans, regardless of budget size. Because of tremendous staff turnover in the system, and the commingling and leveraging of funds from private grant dollars and other programs, this exercise could not be completed within its original intent.

An alternative analysis of CCR&R activities and services was then completed through categorizing activities. In order to assess the viability of each activity or service within the various CCR&R structures, three different typographies were developed; they are included with this report as Attachment C. The same activities and services were used in each typography, using information acquired through interviews, including the effectiveness of each activity/service, the staff time employed for each activity/service, and any additional resources utilized for each activity/service.

Key Learning

- ▶ Traditional classroom training developed for licensed family child care and center-based staff, and marketed to FFN caregivers using similar methods, was ineffective throughout the state. Depending on the size of the training catalog and the contact list of FFN caregivers provided, marketing traditional classroom training via the existing training catalog was also resource-intensive for most agencies and yielded few class attendees.
- ▶ Purchasing of items such as safety kits, books, and toys had varying rates of effectiveness. For most sites, it was not labor-intensive after the initial purchase. Sites that already had a proactive distribution channel within their agencies, or through a partnering agency or program, rated the activity as more effective than those that advertised the kits and waited for response by FFN caregivers.
- ▶ Incorporating outreach to FFN caregivers at existing community events only added staff time if the CCR&R was not already going to be involved in the event as part of community-building. Most CCR&Rs used existing community events, and most sites reported they did not observe any impact. Sites used these events as ways to identify FFN caregivers not registered through county child care assistance.
- ▶ While the services and outreach activities that sites rated as having a sizeable impact were also the most labor-intensive, not all services and activities required additional resources. Utilizing CCR&R staff to reach FFN caregivers through existing groups in the community was effective for many sites. These groups included moms' groups, women's circles, and early Head Start parent groups.
- ▶ While many sites offered grants to FFN providers, the sites that had FFN providers use the grants also had .25 or greater full-time equivalent (FTE) of staff working with FFN caregivers. FFN grant and incentive dollars were the primary source of funds for safety kits, books, and toys purchased for FFN outreach. Very little was given in direct grants, which often had training proof-of-purchase requirements.

The outreach activities, along with the means and modes of delivery, were evaluated differently by different agencies. Factors that seemed to determine the difference in rate of effectiveness from one site to another for the same activity varied based on how a CCR&R defined success. One CCR&R coordinator, whose organization did most of its outreach via mail through the county registration list, said, regarding reaching FFN caregivers: "It is some black hole. . . . How do you know you have any impact? How do you get their attention?" However, another coordinator, whose agency had started mailing a newsletter to registered providers and providers identified through other means, felt the newsletter was effective in getting needed and appropriate information to caregivers: "We gear the content to FFN—things anyone with a young child around would need and want to know. We get a few calls—it is read."

Recommendations for Promising Practices for CCR&Rs in Minnesota

1. Child Care Resource and Referral agencies are uniquely positioned to develop traditional and nontraditional partnerships to enhance quality early care and education on both a local and a statewide basis. Efforts to provide support and resources to FFN caregivers will be maximized if outreach is done in coordination with these partnerships.
 - a. Leverage staff time with partner organizations with a similar audience. Identify the common goals and the role each partner will play.
 - b. Coordinate capturing the specifics of local partnerships at a system level. Develop statewide linkages and facilitate local entry points as applicable.
 - c. CCR&Rs need to continue to identify community resources and to assist FFN providers in accessing those resources. FFN providers are often unconnected to school, public, private, or social-service systems, since they are not the parent of the child or children in their care.

2. The FFN Task Force, started by front-line staff working with FFN providers, is a ready-made learning community that is developing workgroups based on different service components of FFN care. This task force, while organically started, offers an ideal setting in which to maximize limited staff time by sharing the workload and the creation of resources.
 - a. Continue to expand opportunities for front-line staff to share and communicate their experiences with FFN in face-to-face settings. Honor cultural differences of the staff doing the work and of the communities they are serving. Do not rely solely on written communication for shared learning.
 - b. Provide staff time in all CCR&Rs to participate in the FFN Task Force and to be creative about how the task force “meets,” including through live meetings, online chat rooms, and e-mail dialogues. Continue to allow the group to be led by front-line staff, so that the experiences and challenges faced community-by-community to reach FFN are featured.
 - c. Expand on the workgroup concept, and create an electronic space for the workgroup information to be captured and shared—for example, via member-only pages on the Minnesota CCR&R Web site.
 - d. Provide staffing by the Minnesota CCR&R Network, or have an individual CCR&R site take on the coordinating role of inventorying resources and materials developed in the CCR&R system and available to all sites.

3. FFN caregivers are interested in opportunities to gather with other caregivers and to learn from each other and from topical experts, but they are not necessarily interested in traditional classroom training.
 - a. Fine-tune training-catalog mailings to only those FFN providers that request to receive it.
 - b. Promote training that has wide audience appeal and that was not developed solely for the licensed child care audience, such as a special event or a featured speaker.
 - c. Incorporate community speakers and special events into outreach done with FFN providers. Use any opportunity where quality early childhood information will be shared as an opportunity to support FFN caregivers.

4. Newsletters are a good way to convey information and to share developmentally appropriate ideas and activities with FFN caregivers, though monitoring the use of the newsletter is difficult.
 - a. Develop customized newsletters that focus on topics that FFN caregivers would be interested in or that would be of value to them.
 - b. This is a different audience than licensed providers, centers, and school-age programs. Eliminate regulatory language and information related to the formal child care system.
 - c. Customize locally as capacity of staff allows. Feature local resources and contact information.
 - d. Don't reinvent the wheel. Use resources that are reproducible, or feature information that is allowed by other agencies.
 - e. Be realistic about system capacity for collecting and storing information and resources, in order to ensure information is up-to-date.
5. Flexibility of grant and training money for FFN caregivers allows the most adaptability to meet local needs and allows greater leverage of local resources.
 - a. Advocate for Department of Human Services (DHS) funds for grants to be able to be used as grants that are awarded through an application and review process, and for use by CCR&R staff to provide product and materials to FFN caregivers.
 - b. Advocate for DHS funds set aside for training to be available to support trainer and/or facilitator costs, child care, and food for training, group meetings, and play-and-learn sessions targeted to FFN caregivers. Currently, dollars set aside for training can only be accessed to cover expenses above revenue of under-enrolled traditional training needed by grant recipients to meet their grant obligation.
 - c. Incorporate home visitation and other relationship-based training into training plans for FFN and other forms of child care.
6. Parents and caregivers value the relationship, cultural values, trust, and caring that uniquely exists in FFN care arrangements. CCR&Rs can play a more proactive role in consumer education of FFN issues to improve communication, and in problem solving between parents and their child's FFN caregiver.
 - a. Incorporate FFN caregivers in community outreach activities. Provide reader-friendly resources to parents and caregivers.
 - b. Incorporate FFN care in parent consultation as a valid choice for parents when calling for child care referrals.
 - c. In referral packets for parents considering FFN care, include written materials or Web links on how to make care by relatives and friends work, including information on business issues.
 - d. Provide follow-up with parents who report using FFN care, and offer to connect their FFN care with resources in their communities.

Attachment A: Relationship Matrix

Sparkling Connections Relationship Analysis: June 2005

Mankato Site Specific

Organization	Type of Service	Products	Current Target Market	Current Coordinated Status
Home Depot, Mankato	Retail	Home-building vendor with safety supplies	Homeowners	Outreach event with Region 9 CCR&R in October 2004: Fire Safety.
Child Care Assistance, Blue Earth County	Financial assistance	Assist families in paying for child care; register FFN caregivers doing care for Child Care Assistance Program (CCAP) families	Low-income working families and Minnesota Family Investment Program (MFIP) families using child care	Supplied outreach names of registered FFN providing care for children on assistance. Promotion of FFN grants and other CCR&R services.
Head Start, Minnesota Valley Action Council	Early childhood and parent education	Classroom training; home visitation	Low-income children 3-5 years old, with an emphasis on 4 and 5 year olds	Supported a survey of parents using FFN caregivers in their service area, and assisted in the distribution of books to families.
River Hills Mall, Club Noggin	Retail center in Mankato	Club Noggin is a preschool program set up in the mall	Parents and caregivers of young children	CCR&R sets up booth space during Club Noggin time, and uses the space for donated and grant-funded book giveaways.

Sparking Connections Relationship Analysis: June 2005

St. Paul Site Specific

Organization	Type of Service	Products	Current Target Market	Current Coordinated Status
Minnesota Literacy Council	Works to increase both adult and childhood literacy	Home visitation program; Words Work curriculum	Parents of young children; adults with low literacy	Partner in United Way FFN home visitation program; advisory committee to Sparking Connections.
Home Depot, Maplewood	Retail	Home-building vendor with safety supplies	Homeowners	Outreach event with Region 9 CCR&R in October 2004: Fire Safety. Outreach event October 2, 2004, in Maplewood RCC and Network.
Sam's Club	Bulk retail discounter	Food, clothing, toys, miscellaneous	Small businesses, homeowners, families	August 7, 2004: Outreach fairs, including CCR&R displays.
Family Centers	Family gatherings, adult education, community-building	Group training, speakers, field trips, special events	Families with young children	Knight grant space for training child care providers and for recruitment support at East Side Highland Macalister Groveland (HMG), St. Paul, resource and information fairs.
Lakeshore Learning Materials	Retailer, cataloger, Internet sales	Early childhood supplies, toys, and equipment	Child care centers, preschools, family child care, schools	Provided free products for play-and-learn on West Side. Provided additional free materials and products for a toy demonstration at a second play-and-learn. Assisted in developing learning kits to supplement home-visitations projects with MLC (RCC purchased home-visitations kits).
St. Paul Public Library	Community library that offers story time	Story time; Passport to Play program with Children's Museum	Adults (parents and caregivers) with young children to age 10	Promoting Passport to Play program with home visits, and encouraging providers to acquire library cards.
Child Care Assistance, Ramsey County	Financial assistance	Assist families in paying for child care; register FFN caregivers doing care for CCAP families	Low-income working families and MFIP families using child care	Supplied outreach names of registered FFN providing care for children on assistance. Promotion of FFN grants and other CCR&R services.
Common Bond communities: Torrie, Skyline, Highwood Hills	Low-income housing	Community rooms; on-site English as a Second Language (ESL) training; newsletters	Low-income families and individuals	Space for training (Somali); notices on public bulletin boards and in newsletters; early literacy community gathering; newsletter distribution.
Promoting Positive Parenting	Social-service collaboration	Parent education; special speakers	Parents with children	Early childhood info embedded in speaker connections and parent training; has requested training by CCR&R.

Sparkling Connections Relationship Analysis: June 2005

Systemic Potential

Organization	Type of Service	Products	Current Target Market	Potential Systemic Relation
Minnesota Literacy Council	Works to increase both adult and childhood literacy	Home-visitation program; Words Work curriculum	Parents of young children; adults with low literacy	Information on literacy for newsletters; access to low-cost, high-quality books, including multilingual books; training for outreach and baseline staff on literacy-rich environments. Potential, if they are more broadly funded, to expand beyond St. Paul.
Home Depot	Retail	Home-building vendor with safety supplies	Homeowners	Outreach events in all communities with Home Depots in June and October safety fairs, Building workshops
Sam's Club	Bulk retail dis-counter	Food, clothing, toys, miscella-neous	Small businesses, homeowners, fami-lies	Early childhood care outreach days—annually in August? Statewide sites where Sam's Clubs are located.
Lakeshore Learning Materials	Retailer, cata-loger, Internet sales	Early childhood supplies, toys, equipment	Child care centers, preschools, family child care, schools	Toy demonstrations (play-and-learn); potential partner with FFN incentive grant dollars and donations for small groups. Donation of 10 percent credit on gift certificate purchases that can be used for FFN or other outreach. Arrangement for free shipping through CCR&Rs (done for two sites so far).
Minnesota Retailers Association	Association of retail busi-nesses in Minnesota	Newsletter to members	Retail business owners and mangers through-out Minnesota	Minnesota Retail Association provided newsletter space for an article to identify potential businesses to work with on FFN out-reach to their employees and customers. No tangible outcomes yet. Could be a source for leads to business owners in local com-munities.
General Mills	Major food corporation, headquartered in Minnesota	Community-giving program; mar-keting opportunities/brand pack-aging	All food consumers; they are particularly interested in reach-ing immigrant com-munities	Meeting hosted by General Mills Foundation, including General Mills marketing staff. Potential supplier of materials to support giveaways and incentives for FFN providers and groups and outreach events. Pending.
Children's Museum	Hands-on, interactive chil-dren's museum	Passport to Play program (only with St. Paul and Dakota County public libraries); Access Passports offer free 12 -month memberships for qualifying fami-lies (based on income)	Adults (parents and caregivers) with young children to age 10	How could other libraries enter into cooperative agreements with children's museum and/or other local museums, zoos , history centers etc.? Family members only qualify for free membership; ideally, FFN caregiver and the child's family could each qualify. Need further time to develop some options, but resources may be underutilized by FFN caregivers as a support/enhancement source.
Child Care Assistance	Financial assis-tance	Assist families in paying for child care; register FFN caregivers doing care for CCAP families	Low-income work-ing families and MFIP families using child care	Supply names of registered FFN providing care; source for distribu-tion potential for newsletters, training, or groups.
Public Housing, Section 8, and other housing programs	Housing for low-income families and individuals	Some offer community space, newsletters, public bulletin boards	Low-income fami-lies and individuals	Space for group gatherings (if CCR&R has funding); sites for newsletter and training-catalog distribution; links to local CCR&R and network Web site.
Head Start Association	Coordination of and support for Minnesota Head Start organiza-tions	Coordinate meetings; provide information to Head Start pro-grams and their parent advisory councils; supply information to parents via children's backpacks	Head Start agencies and the parents serving on advisory councils	Connection made to include FFN care and how to support quality care for FFN caregivers will be incorporated into December 2005 (quarterly) statewide parent-association meeting.

Attachment B: CCR&R Interview Summaries

Minnesota CCR&R Site Assessment of Outreach and Services to FFN Caregivers: January 31, 2005

CCR&R Site	FFN Activity	Staff Time
Region 7W	Safety kits with toys and books distributed directly by CCR&R to caregiver, however the provider hears about them.	Minimal ongoing staff time.
Washington County	Packets sent to FFN caregivers with 15–20 pieces of material from various sources such as public health, home safety checklist, etc. Newsletter still being sent. Training offered.	1 hour per month. Newsletter mailing done already; add labels for FFN. Sent training catalog for 4 years to FFN database (added labels with other providers).
Region 6W	Offered safety kits. Mailed training brochure (included parents for 2-for-1 attendance).	5 hours per week average, with more time up front for setting up kits and outreach.
Scott-Carver counties	Outreach project with Spanish-speaking providers. Community awareness.	.5 FTE spent focusing on working with Latino community. 10 hours per week spent on community awareness.
Region 3	Set up database; quarterly mailings to CCAP database, to track what providers need. Free training for FFN. St. Louis County requires registered providers to attend orientation; CCR&R staff attended these as well.	.5 FTE (other work included); no longer on staff.
Region 5	Grant program for safety, toys, and equipment; outreach through CCAP database; did PSAs. Toy parties for interested licensed providers or for FFN providers. Purchased books (Caring for Kids in Your Home—legal-unlicensed [LUL] booklet); mailed to CCAP registered list. Kept a database of those who received safety kits.	.8 FTE (parties staffed through part of the .8 FTE).

Impact-Level Key: 1 = No known impact; 2 = No impact measured; 3 = Moderate impact; 4 = Significant impact

Other Resource Costs	Impact Level	Source of Funding
<p>Cost of kits and material varied—spent “too much time” researching and getting low costs.</p>	<p>3: Moderate. People who received the kits were very excited about them; some kit recipients became licensed.</p>	<p>McKnight funds 1996–1997 biennium</p>
<p>Postage for packet (must weigh for rate); assorted copies at 3 cents per sheet (some free). Newsletter sent bulk rate with other providers (still doing). Additional printing of catalog (100 copies; bulk-rate postage).</p>	<p>1: Unknown use of packets by FFN caregiver. 2: No measured impact on training; in 4 years, no FFN providers attended CCR&R-sponsored training.</p>	<p>McKnight matching funds and DHS contract</p>
<p>Cost of kit materials varied; kits included CO2 detectors, outlet covers, and infectious-disease book. Training brochure cost included printing and postage.</p>	<p>2: No measurable impact for the kits, though some providers said they could see a moderate impact if they had a previous relationship with the FFN provider. 2: No attendance at any training sessions.</p>	<p>McKnight/DHS contract; kept little money from grants program for additional kits as needed</p>
<p>Outreach program is labor-intensive. Costs include mileage to and from groups and home visits; and treats for group meetings. Community outreach is also labor-intensive. Funds were spent on handouts for group presentations, development of a PowerPoint presentation, participation on FFN Task Force committee that is open to anyone.</p>	<p>4: Outreach staff sustained a relationship with the FFN providers she worked with, and assisted some through licensing or professional development. 3: CCAP staff feel they are starting to build trust with FFN caregivers and are dispelling myths and stereotypes with formal community about FFN.</p>	<p>Foundation grants for work in Latino community—Community Action Program (CAP) has other program areas that work in the Latino community. DHS contract.</p>
<p>Postage-paid postcards: 900 cumulative, cost about \$130 (\$.30 going out, \$.23 coming back). No new cost to offer training, as they were offering to licensed providers anyway—just would have added the FFN. Used FFN incentives for safety kits, as requested to the class.</p>	<p>3: The postcards were a good way to find out what the providers wanted, which was free stuff. 2: No providers attended training. 3: Attending the registered orientation was a good way to recruit for licensed providers.</p>	<p>McKnight/DHS contract funds</p>
<p>\$550–\$1,000 grants, for 5–10 grants; bought a lot of safety materials at varied costs. Cost of books varied. Postage to send out materials.</p>	<p>2: No money after McKnight match for staff for follow-up. 1: No way to determine impact of booklet. 3: Feedback from those that received safety kits was positive; they were glad they received the materials.</p>	<p>McKnight matching DHS funds, (1997–1999)</p>

Minnesota CCR&R Site Assessment of Outreach and Services to FFN Caregivers: January 31, 2005

CCR&R Site	FFN Activity	Staff Time
Leech Lake	<p>Maintain FFN caregiver database.</p> <p>Distribute an "enhanced mailing" on a quarterly basis.</p> <p>Distribute training flyers on a monthly basis.</p> <p>Sponsor annual informal caregiver celebrations within the 3 Leech Lake Reservation districts.</p>	<p>.3 hours each quarter to collect & enter information.</p> <p>8 hours each quarter to collect information, copy, and prepare mailing.</p> <p>3 hours each month to copy flyers and prepare mailing.</p> <p>28 hours total to schedule facilities (2 hrs.); prepare, copy, and mail advertisements (4 hrs.); purchase and prepare materials (4 hrs.); develop agenda and documents (4 hrs.); make contacts (2 hrs.); facilitate events (12 hrs.).</p>
Dakota County Community Action Council (CAC)	<p>Health and safety kits, which were distributed by people picking up in Lakeville and through the home-visitation project, were marketed through county CCAP program.</p> <p>Kith and Kin Care newsletter.</p> <p>Home-visitation project to Somali FFN caregivers in an apartment complex and FFN caregivers participating in other CAC programs.</p> <p>Staff created an infant and toddler advertisement that could be adapted for statewide use.</p>	Staffing varied. 3 hours per week spent on better baby care; 5 hours per month spent purchasing materials. Used consultants toward end of Bush Grant for home-visitation project.
Anoka County Community Action Program CCR&R	<p>"Who Cares for Kids" outreach to anyone caring for kids in Anoka County held at the Head Start fall opening at the Northtown Mall over the last 3 years, during "Kids Day."</p> <p>Mailing to everyone on CCAP FFN provider list to inform about upcoming training events and the Starting Out Successfully (SOS) program if they would like a home visit.</p> <p>Home visits from SOS staff person from July 2002 to June 2004. Five FFN providers were visited, and first-aid kits were given out.</p>	<p>10 hours for "Who Care for Kids" outreach program.</p> <p>5 hours for mailing to CCA FFN provider list.</p> <p>20 hours for home visits from SOS staff.</p>
Region 9	<p>Receive lists from CCA staff and contact via mail or phone to discuss services of CCR&R. Present benefits of becoming licensed.</p> <p>Provided technical assistance for those requesting business and rate information.</p>	<p>1 hour per month to run copies and contact CCA staff to obtain names.</p> <p>Minimal time spent on technical assistance.</p>
Region 8	<p>Latino community: personalized service and monthly training based on topics and needs identified.</p> <p>Informal gatherings through moms' clubs, and people invited through other Southwestern Minnesota Opportunity Council (SMOC) programs; word-of-mouth in the community, Head Start, and ECFE.</p> <p>Ongoing contacts with Family Services, which has the registered provider list; SMOC got list from counties.</p>	<p>.5 FTE for outreach.</p> <p>1 hour per week to manage county registered list of contacts.</p>

Impact-Level Key: 1 = No known impact; 2 = No impact measured; 3 = Moderate impact; 4 = Significant impact

Other Resource Costs	Impact Level	Source of Funding
<p>Maintain Database: \$40.50 x 4 times per year = \$162.00. Staff Time: 3 hours @ \$13.50 = \$40.50. Enhanced Mailing: \$242.50 x 4 times per year = \$970.00. Copying: 575 sheets (115 x 5 sheets each) @ \$.10 per copy = \$57.50. Staff Time: 8 hours @ \$14.50 = \$116.00. Postage: 115 @ \$.60 = \$69.00. Training Flyers: \$117.55 x 12 times per year = \$1,410.60. Copying: 345 sheets (115 x 3 sheets) @ \$.10 per copy = \$34.50. Staff Time: 3 hours @ \$13.50 = \$40.50. Postage: 115 @ \$.37 = \$42.55. Informal Caregiver Celebrations: \$1,110.00. Staff Time: 28 hours @ \$14.50 = \$406.00. Copying (advertisement): 200 @ \$.10 per copy = \$20.00. Copying (handouts, etc.): 100 (5 sheets x 20 participants) = \$10.00 Postage: 200 @ \$.37 = \$74.00. Materials/Supplies = \$600.00.</p>	<p>4: High. Caregiver sustains relationship with program. 2: Too soon to measure impact. Have received calls about information. Whether information is used or not, initiates and/or maintains program visibility, and provides an awareness to caregivers that FFN care is a service to families. 2: Low. Have had low attendance at training sessions. 3: Moderate. Attendance varies per year (usually held in fall; looking into changing). Last year month changed from October to August, with higher attendance in fall.</p>	<p>DHS-CCR&R contract leveraged with CCDF tribal funds and McKnight funds</p>
<p>Cost of the kits, which included a fire extinguisher, a first-aid kit, an infectious-disease book, etc. Food for group meetings, mileage for home visits. Printing and postage of the newsletter.</p>	<p>2: No real difference shown for safety kits, unless distributed through home visit. A 3 for home visit use. Would have been 4 if they were able to continue the home visits with the Somali group. Services still available through the group, recruited through other CAC programs. 1: Newsletter.</p>	<p>DHS/McKnight funds; 18-month grant from the Bush Foundation for Kith and Kin care (\$75,000); CAC also had a better baby care grant that incorporated FFN outreach</p>
<p>Printing materials for "Who Cares for Kids" program = \$100 Same cost for printing materials for mailing. The first-aid kits were acquired free of charge.</p>	<p>1: Handed out info only at "Who Cares for Kids." 1: Mailed info. 3: Sustained relationship through SOS home visits.</p>	<p>DHS/McKnight funds; SOS was funded by both a state grant and private grants</p>
<p>Copy costs: 5 cents per copy for an average of 20-30 copies per month. Postage costs were \$.37 or \$.60 per piece.</p>	<p>1: Provided written information only.</p>	<p>DHS/McKnight funds</p>
<p>Funds spent for trainers and food; also purchased fire extinguishers, toys, and puzzles to give at the community gatherings. Many of the caregivers were grandmothers. Funds also spent for copies and postage for mailings to the registered providers.</p>	<p>4: Both the work in the Latino community and the community informal gatherings were very successful, as SMOC worked through existing parent groups and also offered 1-to-1 support.</p>	<p>DHS/McKnight funds and private grants leveraged with other SMOC service dollars</p>

Minnesota CCR&R Site Assessment of Outreach and Services to FFN Caregivers: January 31, 2005

CCR&R Site	FFN Activity	Staff Time
Region 2	<p>Mailing lists, through subsidy, were a mess.</p> <p>Early Head Start CCR&R partnership to do enhanced home visiting with Kith and Kin caregivers—providers could get as much or as little support/service as they wanted.</p> <p>Brookdale Relatives as Parent program.</p> <p>Rigged a Head Start van as a lending library.</p>	<p>1–2 hours per week.</p> <p>32 hours per week.</p>
Region 6E	<p>Outreach to Latino FFN providers, Infant Toddler Training Intensive (ITTI), Project Exceptional Spanish-language track offered at a three-county conference; equipment giveaway.</p> <p>Safety kits for FFN providers was done by the grant coordinator, but now the licensors have taken on the role of disbursing kits to FFN providers.</p> <p>Briefly offered a newsletter.</p>	<p>.75 FTE.</p> <p>Other efforts minimal through existing CCR&R jobs.</p>
Region 7E	<p>Provided safety kits; most picked up at the office but a few delivered by volunteers.</p> <p>Offered training to FFN providers through a Guardian Ad Litem and training-catalog training. Mailed catalog to agencies and providers registered through CCAP.</p>	<p>10 hours per training series.</p>
Region 10	<p>Training for FFN caregivers. Developed trainers specific for FFN group; solicited churches, CCAP, and Guardian Ad Litem groups. Problem was that much of the curriculum developed was not of high quality.</p> <p>Incentive grants: \$10,000 set aside in 2004–2005 for FFN, meetings, trainers, etc.; inviting FFN providers to existing trainings.</p>	<p>.35 hours per week for staff person.</p>
Region 4	<p>Safety kits with books and puzzles advertised through CCAP and then also with Head Start, which was more promising, but not able to get follow-up due to Head Start privacy issues.</p> <p>Was able to purchase items for kits at great reduction through local Wal-Mart.</p>	<p>40 hours to start-up, then 1–2 hours a week maintenance and relationship-building with CCAP and Head Start staff.</p>
GMDCA	<p>CCAP provided Compass newsletter to FFN providers.</p> <p>Revised training catalog to have an “FFN-friendly” icon to help identify classes that may be more appealing for FFN caregivers.</p> <p>FFN grants for 6 years; didn’t get much information back from the grantees, so follow-up was missing.</p> <p>Kith and Kin Bush Grant: weekly FFN groups and partnership with the Early Childhood Resource and Training Center (separate interview).</p>	<p>Incorporated a lot of the work into existing staff, with additional hours for special projects and distribution of resources.</p> <p>Bush Grant funded a 1/3-time staff person for the weekly FFN groups.</p>
Resources for Child Caring	<p>LUL outreach program included:</p> <ul style="list-style-type: none"> • Contacting all registered FFN in Ramsey County; newsletter and information packet. • LUL grants program. • Home visiting—all staff working on FFN. • LUL orientation sessions. • Scholarship for traditional classroom training. • Various incentives and safety equipment supports. 	<p>.5 FTE dedicated staff time plus over 50% of each outreach staff (staffing varied over the last years, focused on FFN caregivers).</p>

Impact-Level Key: 1 = No known impact; 2 = No impact measured; 3 = Moderate impact; 4 = Significant impact

Other Resource Costs	Impact Level	Source of Funding
<p>Printing and postage costs. Mileage.</p>	<p>1: Two of maybe 400 took any training or responded to support offered through the DHS/McKnight contract. 4: Head Start Connection has been key in this region to find and serve FFN providers. Most caregivers are FFN in Northern Minnesota. Other partnerships that have created sustainable relationships include the Kinship program and Relatives as Parents program.</p>	<p>DHS/McKnight funds Most outreach was part of Head Start; early Head Start money leveraged with staff time from CCR&R.</p>
<p>Used some set-aside grant money for training and resources for providers.</p>	<p>4: When funded, this was very successful, but very labor-intensive. 1: Not sure yet how successful the kits will be through licensing—too soon to tell.</p>	<p>Children, Families, and Learning (CFL) Culturally Competent Grant Other services leveraged through contract.</p>
<p>Cost of the safety kits; used LUL grant money through McKnight funds. 52-page training catalog sent to 50 new registered providers, with a cover letter to Pine County. For the Guardian Ad Litem training: 3 hour per session, 15 sessions training @ \$50 per hour and \$50 hour prep time.</p>	<p>2: Most said it was just too far to come to get the kits. 2: Limited attendance at any training offered; “black hole to reach FFN providers.”</p>	<p>DHS/McKnight funds</p>
<p>CPR and first-aid training; cost to develop and then deliver FFN-specific training; incentives to attract caregivers to training or to use other supports.</p>	<p>1: Staff person no longer with Region 10, so unsure of overall impact; feel that the dedicated set-aside money this year will have a 3, or moderate impact, as they begin to do more work in diverse communities.</p>	<p>DHS/McKnight funds, and then sustained through DHS contract until July 2004, reducing time to about 10 hours a week between two staff members</p>
<p>Postage costs to mail the information to registered providers, and mailing of some kits for those that wanted them but could not come to the office or to the Clay County office (\$6.00 cost to mail kit). Cost of safety kit 60–70 kits put together per year for distribution.</p>	<p>2: Not sure where and how the kits were ultimately used as there was not time for follow-up.</p>	<p>DHS/McKnight funds, sustained through CCR&R contract; some set-aside grant money for FFN caregivers</p>
<p>Literary training and other training as preferred: FFN grants—40 served each year of the grants. Postage and printing minimal, to expand Compass mailing.</p>	<p>1: Not sure of use of Compass. 1: Too early to tell if training will increase. 3: Grants served 40 per year, but no follow-up information. 4: Groups were very successful, had waiting lists.</p>	<p>DHS/McKnight funds Bush Foundation Kith and Kin Grant</p>
<p>Fire extinguishers and safety kits purchased through set-aside grant funds. Training costs at approximately \$6.50 per hour for English speakers (10 average year attended average of 10 hours of training), totaling about \$650 per year. Training/group work for ELL groups: approximately 10 trainings a year, at an average of \$270 each; also served licensed providers with these trainings. Mileage: a lot of costs.</p>	<p>3: Moderate impact for training and home visiting with English speakers; many contacted us for support in getting licensed, but they lived in “non-licensable” homes. 4: ELL outreach programs have continued to serve same providers for multiple years.</p>	<p>DHS/McKnight original; continued through DHS capacity dollars and grant dollars, leverage private funding particularly from Bremer, St. Paul, Bigelow Foundation</p>

Attachment C: FFN Activity and Outreach Topographies

Topography 1 Activities and Outreach Scale: Effectiveness of Outreach Activity

1: Impact Unknown	2: No Observed Impact	3: Some Impact Observed	4: Sizeable Impact Observed
<ul style="list-style-type: none"> • General CCR&R info packets sent via child care assistance lists • Packets with health and nutrition info mailed • Newsletters to CCAP registered caregivers • Caring for Kids in Your Home booklet mailed to registered providers • Quarterly "enhanced" mailing to FFN database • "Who Cares for Kids" public outreach at community events such as Head Start fall opening, "Kids Day" at mall—information on quality care provided • Delegated distribution of safety kits to licensing (those that decide not to be licensed) • Supplied information to CCAP for registration packets, such as home safety checklist, nutrition chart, community resource directory 	<ul style="list-style-type: none"> • Mailed CCR&R training brochure; offered training (free or for fee) • Safety kits offered; picked up by FFN* • FFN grants* • CCR&R booths and giveaways at retail marketing events; collected names of attendees for FFN database (Home Depot, Sam's Club) • CCR&R booths and giveaways at community celebrations; collected names of attendees for FFN database* 	<ul style="list-style-type: none"> • Safety kits with toys and books; some picked up and some dropped off—Head Start driver dropped some off* • Community awareness presentation on value of FFN • Postage-paid postcards to collect data on FFN needs from CCAP list; *maintain FFN database • Attending county registered-provider orientation • Informal caregiver celebrations (3 per year) • FFN grants program* • FFN orientation sessions with one-to-one technical assistance available; marketing through licensing for those unable to get licensed • Connecting FFN providers with (accepting) family child care networks in their neighborhoods • CCR&R booths and giveaways at community celebrations; collected names of attendees for FFN database* 	<ul style="list-style-type: none"> • Group meetings and activities in language-specific communities facilitated by staff from community • Maintain FFN database* • SOS program offered to a few FFN caregivers • Informal gatherings through moms' clubs, referrals from other programs in organizations (multi-service organizations) • Early Head Start and Kinship partnership to do enhanced home visits with FFN caregivers • Lending library rigged out of former Head Start van • Customized groups based on neighborhoods/communities; topics driven by FFN caregivers

*Activity reflected in different impact areas by different agencies

Topography 2 Activities and Outreach Scale: Staff Time

<p>Under 5% FTE (less than 200 total hours)</p>	<p>5% to 15% FTE (200–300 hours)</p>	<p>15% to 25% (300–500 hours)</p>	<p>Above 25% FTE (more than 500 hours)</p>
<ul style="list-style-type: none"> • General CCR&R info packets sent via child care assistance lists • Packets with health and nutrition info mailed • Newsletters to CCAP registered caregivers • Caring for Kids in Your Home booklet mailed to registered providers • Quarterly “enhanced” mailing to FFN database • Quarterly “enhanced” mailing to FFN database • “Who Cares for Kids” public outreach at community events such as Head Start fall opening, “Kids Day” at mall—information on quality care provided • Delegated distribution of safety kits to licensing (those that decide not to be licensed) • Supplied information to CCAP for registration packets, such as home safety checklist, nutrition chart, community resource directory • Mailed CCR&R training brochure; offered training (free or for fee) • CCR&R booths and giveaways at retail marketing events; collected names of attendees for FFN database (Home Depot, Sam’s Club) • CCR&R booths and giveaways at community celebrations; collected names of attendees for FFN database • Community-awareness presentation on value of FFN • Informal caregiver celebrations (3 per year)* 	<ul style="list-style-type: none"> • *Safety kits offered; picked up by FFN • CCR&R booths and giveaways at retail marketing events; collected names of attendees for FFN database (Home Depot, Sam’s Club—this depends on how frequently these activities are offered in communities) • *CCR&R booths and giveaways at community celebrations; collected names of attendees for FFN database • Postage-paid postcards to collect data on FFN needs from CCAP list; *maintain FFN database • Attend county registered-provider orientation • *FFN grants • FFN orientation sessions with one-to-one technical assistance available; marketing through licensing for those unable to get licensed • Connecting FFN providers with (accepting) family child care networks in their neighborhoods 	<ul style="list-style-type: none"> • Group meetings and activities in language-specific communities facilitated by staff from community* • Maintain FFN database* • SOS program offered to a few FFN caregivers* • Informal gatherings through moms’ clubs, referrals from other programs in organizations (multiservice organizations)* • Early Head Start and Kinship partnership to do enhanced home visits with FFN caregivers* • Lending library rigged out of former Head Start van* • Customized groups based on neighborhoods/communities; topics driven by FFN caregivers* 	<ul style="list-style-type: none"> • Group meetings and activities in language-specific communities facilitated by staff from community* • Maintain FFN database* • SOS program offered to a few FFN caregivers* • Informal gatherings through moms’ clubs, referrals from other programs in organizations (multiservice organizations)* • Early Head Start and Kinship partnership to do enhanced home visits with FFN caregivers* • Lending library rigged out of former Head Start van* • Customized groups based on neighborhoods/communities; topics driven by FFN caregivers*

*Applicable in more than one staffing area. Scope/service parameters can define staff time used to provide the noted activity.

Topography 3 Activities and Outreach Scale: Additional Resources

No additional resources used	Limited resources	Some dedicated funds for activities	Restricted funds/sizeable dedicated funds for activities
<ul style="list-style-type: none"> • General CCR&R info packets sent via child care assistance lists • “Who Cares for Kids” public outreach at community events such as Head Start fall opening, “Kids Day” at mall—information on quality care provided • Supplied information to CCAP for registration packet, such as home safety checklist, nutrition chart, community resource directory • CCR&R booths and giveaways at retail marketing events; collected names of attendees for FFN database (Home Depot, Sam’s Club)* • CCR&R booths and giveaways at community celebrations; collected names of attendees for FFN database* • Community-awareness presentation on value of FFN • Attend county registered-provider orientation • Connecting FFN providers with (accepting) family child care networks in their neighborhoods • FFN orientation sessions with one-to-one technical assistance available; marketing through licensing for those unable to get licensed* • Maintain FFN database* 	<ul style="list-style-type: none"> • Packets with health and nutrition info mailed • Newsletters to CCAP registered caregivers • Caring for Kids in Your Home booklet mailed to registered providers • Quarterly “enhanced” mailing to FFN database • CCR&R booths and giveaways at retail marketing events; collected names of attendees for FFN database (Home Depot, Sam’s Club)* • CCR&R booths and giveaways at community celebrations; collected names of attendees for FFN database* • FFN orientation sessions with one-to-one technical assistance available; marketing through licensing for those unable to get licensed* • Group meetings and activities in language-specific communities facilitated by staff from community* • Early Head Start and Kinship partnership to do enhanced home visits with FFN caregivers* • Mailed CCR&R training brochure; offered training (free or for fee)* 	<ul style="list-style-type: none"> • Delegated distribution of safety kits to licensing (those that decide not to be licensed) • Informal caregiver celebrations (3 per year) • Safety kits offered; picked up by FFN • Postage-paid postcards to collect data on FFN needs from CCAP list; maintain FFN database* • Group meetings and activities in language-specific communities facilitated by staff from community* • SOS program offered to a few FFN caregivers* • Informal gatherings through moms’ clubs, referrals from other programs in organizations (multiservice organizations)* • Early Head Start and Kinship partnership to do enhanced home visits with FFN caregivers* • Customized groups based on neighborhoods/communities. Topics driven by FFN caregivers* • Mailed CCR&R training brochure; offered training (free or for fee)* 	<ul style="list-style-type: none"> • FFN grants* • Group meetings and activities in language-specific communities facilitated by staff from community* • SOS program offered to a few FFN caregivers* • Informal gatherings through moms’ clubs, referrals from other programs in organizations (multiservice organizations)* • Lending library rigged out of former Head Start van* • Customized groups based on neighborhoods/communities; topics driven by FFN caregivers*

*Applicable in more than one resource area. Scope/service parameters can define level of additional resources needed to provide the noted activity.

Attachment D: FFN Survey and Interview Summary

FFN Caregiver

Is the child you care for related?	Yes 10	No 4			
If yes, how?	Aunt 3	Cousin 1	Grandparent 3	Great Aunt 2	
How many hours of care do you provide?	under 10 -	11 to 20 3	20 to 30 3	30 to 40 4	more than 40 4
What are the primary reasons you are providing care?	Enjoy children 12	Helping parent 13	Interest in Doing Child Care 12	Extra Income 8	Exchange Child Care with Parent 4
What info or resources would be most helpful?	Group Meetings 9	Child Care Training 11	Newsletters 12	Group Activities 8	Other 2 (language)
In what places or ways would you access services?	Community Center 9	Home Visit 11	Mail 12	E-mail or Internet 4	Other 1

Narrative Questions & Answers

What do you enjoy most about caring for children?

- Play and see her grow, also share my love with my niece and teach her what I learn in training.
- I enjoy being with them. I learn from them how they are and their attitude toward different things and they learn from me too.
- Being with children because they are adorable and need proper caring physically, socially, and mentally.
- Being home with the children and interacting with them. For example, we read, draw, and tell stories together.
- Enjoy being with the children and caring for children is my interest.
- Getting to know them. They are fun to be around.
- Spending time with my sister's children.
- I like to help the children. The other families' children play with my children. They learn names of the other children.
- I get to see my grandkids more often—the parents are divorced.
- Watching him grow—loving him.
- She is a very smart, inquisitive child.
- I love children and enjoy being with them.
- I love the children and I am glad that I can spend the amount of time with them. I feel like I am providing a happy, stable, growthful environment for the children while their parents are away. It's wonderful to see the growth of each child and I enjoy their very distinct personalities.
- I enjoy the connection I am making with her—in her case her grandmothers are not available to her so I feel I fill a need in her life as an older relative who she can totally rely on.
- Providing transportation when picking them up and dropping off because their parents cannot drive.
- Behavior issues.
- Daily chores, cooking for children, etc., are a challenge because in a day I am not able to work with the children as much as I'd desire. In addition my English and education is very limited and I am not able to provide teaching and literacy, etc., to the children as much as I would like to. Coming to training and the lit project is very helpful for me and the children that I care for. I am able to learn from it and is planning on working more with the children in those areas.
- Refugee children who don't speak a lot of English. Teaching those English is a challenge because they repeat what I say but they don't really understand what I am saying. Don't like cereals or American foods, have to have rice.
- Sometime my child and the child I provide care are hard for them to share things. Getting along with each other.
- Maybe the other children I watch—if they have bad behavior my kids learn from them. The neighbors kids don't like to share—this is yours this is not yours Biting—my son doesn't know how to fight the right way, scratching and the other kids taking my kids belongings.
- No challenges, they're very good children. Rewarding for me to be able to help my daughter-in-law. I also drive to and from school (2 of them).
- Just arranging schedules. Trying to fit things in the day. Our grandchild live with us so sleep and doing your job and babysitting is a lot.
- Behavior problems and how to deal with them.
- Having them all do the same thing.
- Balancing the needs and development of the 2½-year-old oldest child with the needs and development of each of the 1½-year-old triplets. Lack of support, communication with the children's parent.
- Communications with her parents concerning her well-being: I tend to be a bit "heavy handed" in that I attempt to use diplomacy but I don't always succeed.

What challenges do you find with caring for children?

- Sometimes space but I use outside space. More materials, more information on subsidy care and findings to provide better services.
- Where I do child care does not have the big open spaces I would like to be in.

Parent User of FFN Care

How old are your children?	Infant 4	Toddler 18	Preschool 24	School Age 39			
Is your child's caregiver related to you?	Yes 18	No 14					
If yes, how?	Grandma 6	Grandpa 4	Aunt 7	Uncle 1	Didn't Respond 1		
How many hours a week is your child in care?	under 10 11	11 to 20 4	20 to 30 5	30 to 40 9	more than 40 7		
What are the primary reasons you selected this person?	Trust Person 32	Extra Income 9	Cost Is Lower 14	Language or Culture 10	Person Knows or Loves 25	Exchange Care with Parent 8	Convenience 22
Would you continue this care if other available?	Absolutely 21	Very likely 5	Probably 5	Maybe 3	No 2		
What info or resources would be most helpful?	Group Meetings 8	Child Care Training 13	Newsletters 14	Group Activities 10	Other 2		

Narrative Questions & Answers

What are the best things about your child's care?

- If its raining they'll deliver; her hours are very flexible which some day cares are 6-6 only.
- Available all the time.
- That they make sure they are well cared for.
- She is fun and loves my children. She goes above her daycare duties.
- I don't have to worry about them while I am at work and not hearing about it.
- Love and attention.
- Enforces the family rules.
- He gets to be around people that he knows, like my brother, his kids, and my grandmother.
- Both my children really enjoy being there. She is also very flexible.
- You can have them in the home. You don't have a big worry about not knowing the people.
- They don't have to leave home or go to a strange place. The convenience around their things.
- They get to do a variety of things.
- Love, trust, close by, the child care giver is going to training.
- Safety, education, she will do the summer.
- Feed them, change the diaper regularly, and nap time. She talks to my children, teaches them how to say their full name, sings to them, teaches them words, writing down their names.
- That they are with my sister and I know who she is. I believe she would care for my children just like her own.
- Education, positive discipline.
- It's at my house. He has familiar surroundings and she also has a 5-year-old girl.
- He has many friends in daycare. His daycare provider provides a very safe and fun environment for our son. He actually likes going.
- The children know her. They enjoy playing with the other kids.
- "Grandma" that they treat him with kind.
- She cares for them treats them right, feeds them, and for more that my kids like her.
- She is firm and trustworthy. She has been doing care for many years. I've heard good things about her.
- Family members and close friends that are very trustworthy.
- I feel sometimes it is very overwhelming for them.
- He is with his brother. She has had them since day one.
- They are taught to respect and care for others as well as following directions.
- Same school district.
- My daughter feels at home and is always comfortable with the caregiver and the other kids.
- Gets to spend time with grandpa at home with his own toys.
- They are together and grandma has more time with the children.
- It was close to home and he got to be with his younger cousin and form a relationship.
- She teaches them age-appropriate skills and works on eating and language development.

What challenges do you experience with using FFN care?

- May not be the most educational provider unless you think Tom and Jerry cartoons are educational. Never taking the kids outside on walks; offers all the food groups including unlimited fats and sugars.
- I do not use family or friends very often. I don't feel my children's grandparents can always keep up with the boys! My sister does watch the boys, but she has a job to work around.
- Knowledge of family.
- Children like to push the boundaries.
- None—sometimes my son doesn't want to come home; he just wants to stay there.
- You don't want to make problems for them.
- I really don't experience challenges with it.
- Not really a problem except when all have appointments sometimes.
- We don't know anybody really.
- There is no money to support the caregiver and more training, home visit, more materials guide.
- Picking up on time—I am afraid she would label me I am careless or threaten me that she would not watch my children again. Not all my FFN providers are the same; others not the same support to me.
- Taking advantage of others "say," challenge the do's and don'ts.
- If our day care provider gets sick or her two kids get sick, we must rearrange our schedule—but that's to be expected.
- Sometimes not available—disagree about things.
- Es mas independiente.
- As long as they treat my kids good and my kids never complain that they are mistreated (no challenges).
- I had an ex-family-member care for my son but she didn't like to work over-time if I had to and my son always cried when I took him to her. He said she was mean to him.
- They are not reliable.
- Not enough quality care.
- The exchange of money is always strange between friends, especially if there are disagreements.
- On days when grandpa isn't there, he wants grandpa to give him a nap and expects him to be there.
- Maybe not dependable since you are close.
- When problems arise, no one wanted to hurt anyone's feelings, so things were hard to work through.
- Providing the children with a consistent level of care. Having the same goals and styles to deal with discipline and independent play.

Attachment E: FFN Focus Group/Interviews

4 English Language Learner communities; 2 English-speaking communities—1 urban, 1 rural

FFN Provider Outreach Focus Group

Cumulative Data—All 6 Groups: 2 English-speaking (1 urban, 1 rural); Amharic; Somali; Spanish; Hmong

Number of FFN providers: **40**

Number currently caring for children other than their own: **38**

Number currently caring for children of relatives: **10**; non-relatives: **12**

Number who desire to be licensed: **18**

What are the primary reasons you are providing child care for this child(ren)?

Enjoy being with the child: **33**

Extra income: **30**

Helping out the parent: **35**

Exchange care with the parent: **9**

Interest in doing child care: **31**

In all 6 communities, "Helping out the Parent" was the highest response followed by "Enjoy being with the child." Only the Somali group and the urban English-speaking group had "Exchange child care with the parent" as a response.

What information, resources, or services would you find most helpful in providing a good child care experience for the child(ren)?

Group meetings: **22**

Group activities/other caregivers: **42**

Child care training: **23**

Newsletters: **24**

Other: **0**

While participants responded positively to "Newsletters" as a resource, no providers responded positively from the Spanish-speaking community and only 4 of 9 responded positively from the Amharic-speaking community. Overwhelmingly, FFN providers want group activities and opportunities to interact with the other caregivers in their community who are caring for children during the times they are providing care.

In what places or ways would you be willing to access information, resources, or services?

Community center near home: **19**

At home via e-mail or Internet: **9**

At home/home visit: **21**

At home via postal mail: **29**

Other: **0**

FFN caregivers report that materials being delivered to their homes via the mail would be an accessible way to receive information. The groups had mixed opinions about whether they wanted to access resources via a community center or if they would want someone to provide a home visit. The rural English speakers only responded positively to resources being delivered to their home via the mail. This group was also less favorable about group training or group activities from the previous question. The e-mail and Internet option had favorable responses from FFN caregivers in the Spanish-speaking, Amharic-speaking, and in the urban English-speaking groups.

Qualitative Assessment

What do you enjoy most about providing care for the child?

- I enjoy being with the child
- I want the children to behave well
- We like children
- Kids are the flower of the universe, when they are not with you, you will feel empty
- Enjoy laughing with them, they are so innocent, they get amused easily
- Singing for them
- Taking them places
- Being with my grandchildren
- Having another two-year-old to play with my child
- Always wanted a small group—went to unlicensed from licensed
- Being at home
- Storytelling
- Feeding them
- Spending time with the children
- Positively influencing the child
- Giving them skills to build their skill level
- Like to give the young mind the chance to excel
- Interacting with the children
- The experience you learn from the children (unconditional love, support, laughter of the children)
- Activities (the joy of watching the children interact with new things)
- The money, seeing that I care for children supplements what I already make
- Being home to take my own kids and others out for fun activities
- No rush-hour traffic (I am already at work)
- The opportunity to share life and be with children
- To be a witness of the growth and development of children
- The joy to work with children
- Enjoy playing with the children
- Teaching them numbers, colors, alphabets, etc.
- Reading to them
- Talking to the children
- Taking care of them; for example, giving baths, feeding them
- If there are no children in our lives, we will be lonely and stressed because they are the ones who make us happy everyday and keep us busy
- Seeing them learn new things and words
- Observing them grow
- Get the experience doing childcare
- Being with the child

- Seeing the child learn new things
- Extra income
- Enjoy the work
- Taking care of children

What challenges do you find with providing child care?

- Getting them under control
- Kids are tricky
- Feeding them
- The parent use me too much, she is gone long hours
- Their safety issues
- Don't follow directions
- Transporting them
- Parent cooperation (picking children up on time, bringing change of clothes, seeing I do not have a washer/dryer), not having full payment, others picking up child or dropping child off in the mid day
- Plans for transportation for field trips or pick-up and drop-off, I would like to have a van so I can assist my families during hard times (i.e., when it is raining)
- Lack of funds to get material for children
- Learning pace for each child
- Parents sending children in with candy or other sweet that cannot be shared
- The parents
- Change in behavior (stages of development)
- It's hard to say no to the child and making them understand why I don't want them to do what they want to do
- Putting them in time-out or disciplining them
- When they are sick under my care and I don't know what to do and will just have to call their parents
- Not getting paid for full-time work
- Knowing what is appropriate for different age groups
- Space to take more
- Space
- Money
- Just the normal challenges of taking care of children
- Some challenging behaviors of children

Group meetings, child care training, and newsletters, responses

- Material to work with the kids
- Free tickets to children's museum, art museum
- Art activities to allow children to express themselves freely

- Expressions/intercultural movies
- Things dealing with culture
- Safety materials
- Self-knowledge
- Things that both the parent and the children can learn from
- Exchange of information with other parents and providers
- Recipes
- Field-trip information (places to go/upcoming)
- Basic information
- No training please
- Too busy for any other activities

Focus groups

- What topics would you want?
- Rules/changes of different licensing regulation
- Pay scales (What is the proper rate to charge?)
- Review the past steps; things that can change (reflection, timetable)
- More knowledge/understanding
- Progress statements

What places or ways would you be willing to access information, resources, or services?

- RCC
- Library—pamphlets, newsletters, class brochures (on-site)
- Social services (same as above, one-on-one contact with workers)
- MHC—MN Housing Council (if you were new to an area and wanted to know about child care)

Home visits

- This would give outside people a chance to see that FFN care is clean and very well put together
- To see if toys are age-appropriated for the kids in care
- Curriculum to assist in the education of our youth
- Bring money (grants available)
- Rewarding/pleasing (come in front door and see that everything is okay; give input on what I could change to meet the needs of my families)

Internet

- More information such as daily routine, sample of meals for child care, games for children, field trips open to public
- Sample worksheet for child care assistance
- Coupons to different entertainment venues

Attachment F: Site Interview Notes from GMDCA and CAC CCR&R

GMDCA Bush Kith and Kin Project: Notes from conversation with Mary Margaret Reagon Young, Monday, January 31, 2005

Recruitment

Initial meeting: Twenty-five providers came to the original meeting; combination of the flyers and the direct mail. Direct mail: nontraditional shape with piece of gum—initiated more contact, personal feel to the recruitment. Group of 120 providers part of the training department—signs in (not clean—no response from that group), LUL providers, grant recipients (twelve providers core), direct-mail insert. Phrases—absolutely free, spaces limited, “have you wondered about tax responsibility of a child care provider receiving money?” Questions that might identify them as an FFN caregiver (Are you a grandmother caring for your grandchild? Are you caring for a neighbors child?). Uniqueness of recruitment—not just another piece of mail.

Elizabeth Stevens: FFN grant/LUL grants. Initiated contact with the CCAP registration—in packet, piece was a GMDCA flyer that initiated some contacts regarding the opportunity for grants, and Mary Margaret went back about three years, thirty grant recipients.

Ongoing Project Support

Group of twenty-five became twelve; some transitioned into licensed care, flexibility to serve, core twelve classified as FFN caregivers—set up schedule and topic list, days of week, etc.; allowed providers to show if they could predicate required a commitment. Grandparents had interest in meetings about raising grandkids—generational differences, differences in ideas of parents and grandparents.

MM advised not to mention incentives, etc., as part of the recruitment, but it was mentioned—initial importance in getting the group going, but as the group, the caregivers determined topics, times, locations (centrally to all caregivers), built-in things in each meeting—breakfast and networking, two hours of training, followed by more networking amongst each other. Offered information outside of groups such as the ITTI conference or CPR/first aid, support network to exist in the group, exist outside of the group. Tried to do door prizes, food served, if need for child care existed—took care of child care.

MM made herself part of the group—not taking away from the group; help get the information she is seeking. peer-to-peer relationship.

Plan was to do two groups and a period of training—ended up with two distinct groups; added more people in the second group of training—phased in and phased out, advised by Doug Powell, that people needed a way to comfortably leave a group; some continued, some phased out, and new people phased in about eighteen months.

What’s Happening Now: Sustainability?

What can GMDCA do now with the groups: worked with training coordinator to identify the trainings that are most helpful to FFN caregivers, included in any mailing list of any GMDCA newsletters, are contacting MM still to touch base-new project to participate in.

Organization

FFN caregivers sit on grant review committee; one takes part in toy lending library, not same supports they used to get before again. “Can we do this again?” Provider-to-provider group still happening. Peer-to-peer. leadership training to the first twelve could be added to have longer sustainability if the caregivers took on the role; would have been a natural progression—three of the twelve probably could have been able to move into the leadership role.

MM time spent on this over the eighteen month of grant (probably more time than funded to do so).

Recruitment took the most time—Bush TA and other meetings at the same time, background work with Bank Street and Toni Porter, initial phases, 35–40% time of full time.

Recommendations to the System

- ▶ Establish community of organizations doing the work longer than she has FFN resource groups. Make as much of the money pass through the agency to the providers.
- ▶ Ex. safety kits—specify that also has little kids’ bandages, electric socket plugs, things that mean something to the providers.
- ▶ Make resources flexible to the providers—Target gift card, etc., that indicated what the provider could use for (roughly) so they can get their needs met.
- ▶ Training time that includes networking and “let’s talk” time; what have you heard that excites you. Opportunity for them to share what they have learned.
- ▶ Plain old English—no jargon; did not use GMDCA-spelled out the name, reworded, make the invitation mean something to them. Relate to them personally.

Mutual respect was huge—recognizing value of what caregivers do and the opportunity to share and not just listen. Picked a zip code—55114—to focus efforts on. Diverse for that community and as the group evolved, more immigrant interest folded into the group—dynamic a little different, cultural questions and expectations. Predominantly African American female; several American Indian female, South Africa, Jamaica—English language. Relative caregivers were the predominant groups.

Dynamics of relative care is different than other types of care—criticism of how the children are being raised by their children, whole set of dynamics. Don’t know if there are so many dynamics with friends or neighbors.

System Partnerships

Minnesota Kinship Association—work mostly with grandparents who work with grandbabies (any capacity), book, newsletter.

Resources from the office of Department of Health, national highway/traffic safety, SIDS/shaken baby, literacy groups, Minnesota child passenger safety, Minnesota SIDS Center.

Ordered year’s supply of Scholastic Parent-Child Magazine for each participant.

Training catalog would not be very successful if used alone—relationship of working with FFN caregivers is what will work. Time to build relationship before expecting the caregiver to attend training.

Each provider received \$400; kept interest to learn in getting the “stuff” either donated or through another program. Point in time—\$400, so that was the gear.

Community Action Council Bush Kith and Kin Project: Notes from conversation with Chris Pommerenke, February 3, 2005

Staffing had a lot of turnover—originally hired CCR&R staff—left agency; another CCR&R staff took it over, had Bush, CCR&R, and met person that was doing consulting. Consultant did not meet with the Somali group; Marie Johnson stayed involved with the Somali group. Combination of English speakers, and used some interpreter services.

Recruitment

Initial meeting: Tired newsletter primarily sent through people identified through the county as receiving child care assistance; started quarterly—moved to every other month, went to one time a month; safety kits—complete survey; newsletter did not work to get people to attend groups. Route to work with caregivers occurred naturally—CAC identified them as caregiver, but the caregiver didn't see themselves as that. (Relatives, or neighbor down the hall—extension of their parenting rather than unlicensed caregivers) consultant made a connection with people that came to library groups—happened by accident and started recruited that way. Allowed her to talk to groups at all the Dakota County libraries—had a lot of success.

Somali groups were an outreach of a collaboration of office space at a housing complex—community and ed and CAC collaborated to provide weekly service options—parenting classes, adult classes, also tied to ESL classes, followed by the topic offered each week. ECFE provided child care while parent is in the other sessions. Kith and Kin care project focused on parenting skills every other week. One time per month adults only, one time activities with the kids. Ninety-five percent Somali in the apartment complex—lots of needs for various services.

Ongoing Project Supports

Home visits and group opportunities. Primary goal of home visits and structure: initially staff went through a training program—structured curriculum for a home visit (it was an online session than the staff attended); later it evolved into individualized home visits, depending on the reason for the visit. Difference driven due to the difference in the staff person doing the work—customized.

What's Happening Now: Sustainability?

ECFE has also seen a lot of cuts in their funding and they were not able to provide staff in the same way as they could in the beginning. CCR&R still doing the newsletter for LUL providers identified through the county and in other means.

With a little resource support—staff, equipment etc. recommendation of importance. What worked for CAC—it was not a stand alone issue; other needs need to be supported as well, parenting issues, services need to be delivered in contrast with other life needs. When people are in need of other family supportive services, they also need the help in providing quality care for children that are not theirs as well as parenting support. Worked better to address broader social issues.

With few resources: Newsletter structure for FFN caregivers—smaller, about four pages, sometimes with an insert, cut to every other month; some info from the regular CC resources newsletter and some more appropriate information for a less structured environment. Articles that might address issues particular to FFN care. Let them know about training opportunities.

FTE estimate over eighteen months: one FTE position served. Would absolutely continue and do more services in the FFN community; once we really knew what we could do and what would work, the grant seemed to be done. Used staff in the battered-women shelter—lots of the women were providing FFN care.

Attachment G: Chronology of Resources for Child Caring FFN Work

Resources for Child Caring Informal Care Outreach and Training: Chronology of Activities, Results, and Key Learning

Bremer Foundation, July 1, 1993, to June 1, 1996: Three-year grant to develop legally unlicensed child care outreach services

In 1993, Resources for Child Caring approached the Bremer Foundation for resources to address three major problems in informal (then referred to as license-exempt) child care: inconsistent quality of care, high turnover, and lack of community support for and understanding of the real child care choices for low-income families. We chose to focus outreach efforts in three St. Paul neighborhoods—Summit-University, the West Side, and the West Seventh/Fort Road area—with four goals:

1. To build relationships with and identify service needs for license-exempt providers in these neighborhoods, and the parents who use these providers;
2. To improve the overall quality of care provided in license-exempt homes in these neighborhoods;
3. To increase the overall level of service, training, and support available to license-exempt child care providers in these neighborhoods; and
4. To decrease turnover among license-exempt child care providers and to create a more stable family child care network in the target neighborhoods.

Because this work was new, a variety of tactics and activities were tested to accomplish the above goals. Some proved successful, and some proved to be a poor use of time or resources, but the overall process helped narrow strategies for future years. Successful activities included hiring mentors in each of the geographic areas to make initial connections with registered unlicensed providers, and fielding general calls from self-identified providers. We were also successful in getting the licensed providers in the Summit-University neighborhood to include interested informal caregivers in their network's "Provider Morning Out" program. A small group of three providers on the West Side met occasionally to hear about resources available and to give the children in their care exposure to larger groups of children. We also made progress in the third problem area, with regard to supporting parent choice, by presenting a workshop at the 1995 MNA-EYC conference on the child care needs of low-income families.

Key Learning

- There is still a void between licensed and unlicensed providers. Many licensed child care providers and other child care agencies continue to see all forms of unlicensed child care as inferior and as a direct threat to ensuring quality standards in child care.
- Creating dialogue between providers and other child care agencies can build a greater understanding of the scope of unlicensed care and can link cultural relevancy, which can result in inclusion-by-design of unlicensed caregivers.
- We determined that the next steps should be to continue to offer classes and to develop specific materials of interest to informal caregivers; to develop further tools and networks to find out what additional support RCC can give unlicensed providers; and to use existing programs such as the referral areas to determine key resources and support needed to move an unlicensed provider to obtain licensing.

Bremer Foundation

May 1997 to December 1999: Continuation of funding to address the needs of legally unlicensed child care providers

Based on key learning from the 1993–1996 project, RCC received ongoing funding to further the following objectives:

1. Continue to offer classes and to develop materials specifically for unlicensed providers;
2. Develop further tools and networks to find out what additional support RCC can give to license-exempt child care providers; and
3. Determine the key resources and motivations necessary to get an unlicensed provider to become licensed.

Key learning from the past three years includes:

- ▶ Unlicensed child care is inherently different from licensed child care due to the familiarity between providers and parents. Systems such as child care referral and data tracking for specific openings and environments conflict with parents' preferences and providers' desires for ongoing training. Staff time is better spent assisting and strengthening the relationship between unlicensed providers and existing support mechanisms, and between parents and providers through parent education materials.
- ▶ While proportionately small, we need to recognize that some unlicensed care providers do see themselves as professional caregivers but feel that receiving a license is not a viable option due to housing or other restrictions. Allowing for these providers to receive access to some of the benefits offered to formal providers needs to continue.
- ▶ The training and resources that were received as most valuable were first aid, CPR, and safety equipment, due to the long-term value of these resources, which extends beyond the time that the provider is no longer doing care. These resources are also the most costly, however, and require staff to look for additional and alternative sources of training and equipment.

McKnight Foundation

Funds match the capacity-building portion of the Minnesota Department of Children, Families, and Learning. CCR&R contracted specifically to work with informal child care providers July 1, 1997 to June 30 1999.

The McKnight matching-dollars allowed us to staff a .5-capacity building specialist specifically focusing on unlicensed, informal care, and supplemented funding for the Hmong and Latino outreach coordinators to carry out services to unlicensed informal caregivers in these communities. A coordinated data-tracking system of registered providers was upgraded to try and track turnover of informal caregivers; desired training and supports needed; and a grant and equipment program that allowed informal caregivers to access safety equipment such as fire extinguishers and first-aid kits, and to cash grants to purchase toys or other supplies to better care for children.

The dedicated staff time was leveraged against the Bremer funds, and later the McKnight "Inroads" funds, to have a comprehensive menu of options to support informal caregivers, from home visits to formal classroom training. Even without the additional funds from McKnight that matched the Children, Families, and Learning CCR&R contract, RCC has incorporated the philosophy of trying to impact the quality of child care wherever the child is, including in unlicensed care. In 2001, the Grants Advisory Committee for the second biennium, without matching funds, chose to allocate \$10,000 out of the general grant pool to support the quality improvements in informal child care settings.

Minnesota Department of Human Services

Next steps: Funded work, July 2004 to the present.

The Minnesota Child Care Resource and Referral system underwent a major restructuring of service delivery as of July 1, 2004. The nineteen regional Child Care Resource and Referral programs in Minnesota were restructured into service districts of two or three regions. While there are still nineteen regional programs to serve unique individualized communities needs, to identify gaps, and to respond to capacity needs, core CCR&R services such as training, grants administration, and consultation and referral are now being done from only one of the agencies in each region. Flat and reduced funding has forced Resources for Child Caring to discontinue staffing a .5 FTE specifically to work with informal caregivers; however, the work will continue to be embedded in other community outreach efforts for Ramsey County.

The six “scale” districts and one Tribal Child Care Program work in partnership with the regions in their districts. FFN care is a key impact area for both the regional and the district work plans. DHS added a requirement to the grant program that each region must allocate some funds for incentives and/or grants for quality care by FFN caregivers. Resources for Child Caring is the “scale “ service provider for the East Metro counties of Anoka, Ramsey, and Washington, though each region still hosts a separate Grants Review Committee that decides priority and distribution of funds within its region. The Grants Advisory Committees have chosen set-aside amounts of \$6,000 for the 2005 fiscal year in Ramsey County, and \$250 for the fiscal year in Anoka and Washington counties. Local staff in the three regions will be able to access these set-aside grant funds for direct grants and/or incentives to support quality care in FFN settings.

Inroads to Education Project

McKnight, March 1999 to March 2001.

Four main components:

1. Career guidance
2. Distance learning
3. Traditional
4. Informal-provider training

Informal Training

Resources for Child Caring (RCC) focuses on education through training, accreditation, and licensing as tools to improve the quality of child care. However, RCC staff believe all caregivers must have access to information that will help them improve the quality of care they give their children and the children of others. These caregivers may be parents, grandparents, siblings, or home care providers, in addition to the child care professionals who care for children in licensed child care homes and centers. RCC staff believe informal training delivered person-to-person in a casual setting is a necessary training option in order to support the unlicensed caregivers that many parents choose for the care of their children. The primary goals for the Inroads to Education project’s “informal training” component were: identify the needs of informal caregivers; provide training through in-home visits; expand training for the informal child care community to include classes on basic child development and business; offer scholarships for informal caregivers with limited financial resources.

Key Learning

- ▶ Registered unlicensed child care providers primarily see their role in caring for children as a support to family members or friends rather than as a conscious career choice. Of the forty-three providers who responded, 35 percent responded that they are providing child care to help out a family member or friend, and 23 percent indicated they provide child care for extra income or as a possible career choice.
- ▶ Intentionality—meaning the provider purposely wants to do child care—is a main factor in the long-term success of the provider-child relationship, as well as the ongoing success of the child care arrangement. However, a significant number of family members and friends of parents with young children do not cite “enjoy being with children” as a primary motivating factor in doing child care. Only 25 percent indicated they do care because they enjoy children.
- ▶ Most unlicensed providers are unaware of their tax obligations when they accept payment for their services. For those that were aware, they were not familiar with record-keeping procedures that would reduce their tax obligations. RCC mailed the booklet *The Business of Caring for Children in Your Home* to all registered providers in 1999. The booklet is available in English, Spanish, and Hmong. Responses received by outreach staff were that providers had not been keeping track of the money they received and also were not tracking expenses. Several Latino providers felt they spent as much on additional food and household supplies as they received in payment.
- ▶ Informal care providers are more receptive to outreach, support, and mentoring if it is offered in a casual setting. Traditional classroom training was used by a few, but the vast majority of informal care providers were reluctant to attend formal training. In fact, using the words “training,” “workshop,” or “class” dropped the interest level in participation. Training opportunities are being promoted through outreach newsletters and through partnering agencies. An increase in attendance was seen when the Latino newsletter listed workshops under community events rather than as classes.

Community Outreach: Ongoing Efforts

By the nature of the work and of the communities with which we are trying to establish relationships, work with informal child care givers has been an intrinsic part of the outreach programs at RCC. RCC works in diverse communities to ensure accessibility of services and programs. We also strive to ensure that as new programs for the larger child care system are developed at RCC, attention is paid to cultural relevance for all parents and for those who care for children, regardless of the setting.

Resources for Child Caring first directed outreach efforts in the Latino community in 1990, predominantly to users of informal care settings. RCC later added outreach services for Hmong families and caregivers, and in 2003 began direct outreach work with East African families and caregivers, primarily from Somali, Ethiopia, and Eritrea. The focus of the work varies, depending on project funding and individual community member needs, but all efforts center around support to caregivers, in order for them to best care for young children’s social, emotional, and developmental needs. This is done through staffing and partnerships that are culturally responsive and family centered.