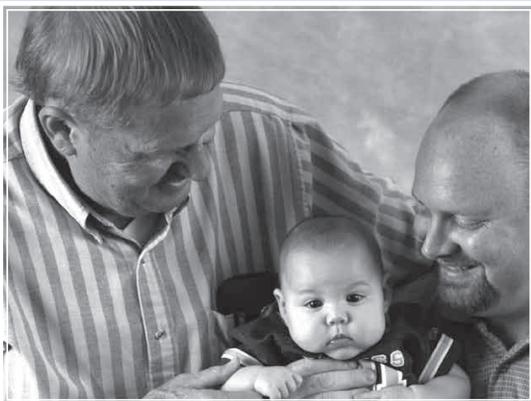




Evaluation of the Minnesota Family, Friend and Neighbor Grant Program

Report to the
2010 Minnesota Legislature



February 2010



Minnesota Department of **Human Services**

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Prepared for the
Minnesota Department of **Human Services**
December 15, 2009
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Report to the Legislature

**Evaluation of the Minnesota Family, Friend and
Neighbor Grant Program**

Laws 2007, Chapter 147, Article 2, Section 48

Estimated cost of conducting the evaluation and preparing the report is \$102,890*

* These costs include the contract for \$100,000 with the Center for Early Education and Development at the University of Minnesota for designing and conducting the evaluation and preparation of the report and \$2,890 for DHS staff time spent participating in meetings, designing the cover, editing and formatting the report and preparing the fiscal summary.

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Executive Summary

The Family, Friend and Neighbor (FFN) Grant Program was established in 2007 by the Minnesota Legislature to promote early literacy, healthy development, and school readiness for children cared for by FFN providers, and to foster community partnerships to promote school readiness. Six community-based organizations, non-profit organizations and American Indian tribes, chosen via a competitive request for proposal process, were awarded a total of \$750,000 over 2 years to implement new, innovative programs for FFN providers and in some cases, the children for whom they care. The organizing agencies for the six collaborative projects were: the Early Childhood Resource and Training Center in Minneapolis; Neighborhood House in St. Paul; the Library Foundation of Hennepin County; the Northland Foundation in Duluth; Thorson Memorial Library in Elbow Lake, and the White Earth Reservation.

A program evaluation required by the legislation was conducted by the Center for Early Education and Development (CEED) at the University of Minnesota. The evaluation was designed and adapted as the programs developed and implemented their program components, reached out to FFN providers, and cultivated consistent participant involvement. Four main questions were addressed in the evaluation:

- To what extent do children participating in the project demonstrate age-appropriate developmental skills?
- What are the characteristics of FFN caregivers who participated in the FFN grant programs?
- To what extent do caregivers demonstrate knowledge or practice about early child development and school readiness?
- Were the programs delivered as intended? What successes and challenges were encountered?

Caregivers responded to a survey, designed for this evaluation, that covered information about themselves and activities in which they engage with children. They also answered questions about the development of children in their care. Program staff participated in individual interviews, site visits, and a group session to discuss program implementation successes and challenges.

Key findings about children and FFN caregivers:

- Children whose caregivers consistently participated in the FFN program evaluation demonstrated age-appropriate developmental skills that did not require further screening or evaluation.
- FFN caregivers who participated in the caregiver survey were diverse in terms of their immigrant status, languages spoken and educational levels. Most caregivers are related to the children they care for, the majority being grandparents.
- FFN caregivers engaged in a range of activities with children, with some indication that they do not get outside the home often, other than going to local parks. They

reported engaging in everyday learning activities with children on a regular basis, although some small numbers report little to no participation. The high numbers of respondents who participated in activities with children indicate the interest of caregivers in engaging with children, reinforcing the need for programs that teach strategies for fostering early learning.

- Family, friend and neighbor caregivers also reported good relationships with the parents they help; almost 100 percent rated their relationships as “good” or higher. There are a couple of areas where they indicated potential differences of opinion or practice.

Overall, programs made solid progress as they implemented these new, innovative services with caregivers who are not generally offered education and support services. Five themes describe the successes and challenges of program implementation:

- Raising awareness
- Building trust and community
- Connecting and collaborating
- Responding to context for program planning and delivery
- Teaching/training grounded in experience and knowledge of local context.

Recommendations

As a result of the evaluation findings, defining, creating and supporting a community of FFN practitioners and creating networks of support and information for FFN caregivers emerge as central recommendations of this evaluation. In our role as evaluators from the Center for Early Education and Development, we recommend efforts that continue to broadly support FFN work, both for providers and for program development, including staff development.

1. Foster learning and support opportunities, such as an FFN provider network for providers. Findings from the survey and interviews reveal a motivated, eager FFN populace. Providers desire and need multiple kinds of supports, including:
 - Information about child development and school readiness
 - Methods for strengthening their community connections
 - Education about family-friend relationship issues and communication.
2. Clearly define and effectively target both program implementation and policy. This is important because there are limited resources and a vast FFN population. Developing strategic understanding and targeting of groups of FFN providers (e.g., grandparents, those receiving subsidies) will likely result in greater uptake of programs, higher quality implementation, greater program effectiveness, and more effective use of funds. These programs identified whom they would serve but noted that there were other, equally needy groups who wanted to participate (e.g., African Americans).

Clarity of definition and targeting of groups will also help the State as it implements its strategic initiatives for FFN caregiving.

3. Continue program development with attention to program goals, content and effectiveness. Largely, the programs delivered an eclectic curriculum based on identified needs at the delivery site. Initially, programs realized that their main goal was participation and worked to build a stable group of participants by responding to needs.
 - Clarify program goals around child development and caregiver-family support and ensure coherence with program content and services offered (e.g., perhaps primary and then secondary services).
 - Examine more closely the extent to which the content that formed the basis for program information matched and met the goals of the program and of the caregivers.
 - Explore connections between program goals and cultural perspectives. Respondents in this evaluation may have been reluctant for a variety of reasons to raise issues about the cultural appropriateness of some of the curricula and practices being taught. Subsequent evaluations should examine this issue more closely.
4. Develop education and support for professionals working with FFN providers. This will accomplish at least two purposes: apply lessons learned from Minnesota FFN initiatives and national initiatives to improve program implementation, and create a community of practice for professionals working with FFN providers. We now have a substantial body of knowledge about what works to engage and sustain FFN caregivers in programs; there is consistency with the Minnesota themes and the themes from the national review conducted by Porter, et al., and it is time to act on that knowledge.
 - Create and disseminate materials to guide successful program implementation and develop trainings so that programs can start at a higher level of implementation. Programs will be more efficient, needing to do less adapting at the delivery level, and will likely increase their quality and effectiveness.
 - Cultivate a community of practice for professionals working with FFN providers. Offer staff development specific to issues around working with FFN caregivers, and cultivate the multiple competencies required to successfully support FFN caregivers.
5. Continue to evaluate program implementation and effectiveness.
 - Future evaluation should examine findings against the community context (e.g., educational level, employment data, etc.). Finding what works for whom in what setting is a critical need for FFN program development and implementation.

- The programs examined in this evaluation are beginning a second round of funding. Programs are in a better position with this second phase of program implementation to collect data at earlier stages of program participation, making it more appropriate and feasible to examine changes over time.
- Provide support to organizations delivering FFN programs to improve their internal capacity to track aspects of program implementation. Required collection of program implementation data with a clear format will provide structure and accountability to the programs.

Introduction

“Birikti” is a typical Somali mother who cares for her neighbors’ children in her north Minneapolis home. Last fall she participated in the Community Ambassador program at the Brookdale Hennepin County Library. At a meeting about resources for children, she shared that her own 3-year-old son was having trouble speaking and was behaving badly. She learned from the other caregivers in the group that she could get help from Early Childhood and Family Education (ECFE) in the community. Her son was subsequently screened and referred for services before he started school developmentally behind.

A grandmother living on a reservation had home visits through the local Family, Friend, and Neighbor program. She pressed the social worker for materials on child development that she could give to parents and books to read to her granddaughter to get a start on early literacy skills. The social worker helped her get the materials she needed, and the grandmother was able to share them with her grandchildren, other children in her care, and their parents.

Those are just two examples of how the Family, Friend, and Neighbor legislation, passed in 2007 by the Minnesota Legislature, is bringing early literacy to hard-to-reach communities across Minnesota.

Seventy-four percent of households with children under the age of 13 in Minnesota use child care. Of that number, 46 percent rely on unlicensed family, friends, and neighbors for care, with grandmothers constituting the majority of these caregivers [Chase, Arnold, Schauben, & Shardlow, 2006]. Family, friend, and neighbor (FFN) care is a relatively new term in the early care and education field that describes the network of relatives, close friends, and neighbors who are involved with parents in the early care and education of young children. In Minnesota, FFN providers are considered to be caregivers who are over the age of 18 and who care for children during the day, in the evenings or overnight, or on the weekends, and who care for either related or unrelated children, with some degree of regularity. They may or may not receive payment for providing care. FFN caregivers may be registered or be considered legally unlicensed caregivers. They make up a significant proportion of caregivers in Minnesota.

To “promote children’s early literacy, healthy development, and school readiness and to foster community partnerships to promote school readiness” in FFN settings, the Minnesota Legislature established the Family, Friend, and Neighbor (FFN) grant program in 2007. The legislation was historic, as this was the first piece of legislation in the nation specifically focused on providing education and support to FFN caregivers. These grants, totaling \$750,000, were awarded through a competitive grant process administered by the Minnesota Department of Human Services.¹ Community-based organizations, non-profit organizations and American Indian tribes received funds to implement early literacy programs and to support families’ health, mental health, economic, and developmental needs. The grant also encouraged collaboration with community-based organizations that support early childhood development and learning (see Appendix A).

¹ Grants ran for 18 months and in 2009, the grant program was appropriated an additional \$750,000 from the federal child care development ARRA funds targeted for quality and expansion and infant/toddler for fiscal years 2010-11 to continue existing projects or fund new ones.

Six collaborative projects across the state were funded, including the following (see appendix D for more detailed descriptions of the individual programs):

- One project in the metro area, **Neighborhood House** in St. Paul, collaborated with Common Bond Communities, Prevent Child Abuse Minnesota, the Children’s Museum, and Resources for Child Caring to develop culturally relevant services, interactive activities, outreach, and on-site programming and support group meeting opportunities at low income housing sites.
- **The Early Childhood Resource and Training Center (ECRTC)** in Minneapolis focused on American Indian providers and the children they care for using trainers who spoke specifically to American Indian issues and who visited homes to deliver participant-driven services. This program connected participants with urban centers, clinics and libraries. Its partners included the All Nations Early Education Center, Franklin Library, Native American Community Clinic, a University of Minnesota pediatrician, and the Minnesota Indian Women’s Resource Center.
- The other metro project was the **Library Foundation of Hennepin County**. This project developed and implemented a community outreach model utilizing current immigrant care providers and their families as community “ambassadors” to connect with other members of their community. Partners included the Alliance for Early Childhood Professionals, Minneapolis Public Schools, Northwest Hennepin Family Services Collaborative, City of Minneapolis Department of Health and Family Support, Hennepin County Child Care Licensing, and the Hennepin County Medical Center.
- In the Duluth area, the **Northland Foundation** received a grant to fund a collaborative project in five communities. These include the Duluth Public Schools Early Childhood Programs, Carlton County Prenatal/Early Childhood Coalition, Hermantown/Proctor Early Childhood Programs and Coalition, and the Lake Superior School District, along with the Lake County and Silver Bay Early Childhood Coalitions. These groups worked in partnership support with the Northland Foundation as well as Child Care Resource & Referral–Region 3, the Duluth Public Library, Arrowhead Library System, United Way of Greater Duluth, Arrowhead Area Agency on Aging, and the University of Minnesota Duluth. Strategies included home visits, sharing of educational materials, a public awareness campaign, and training opportunities to help FFN providers gain access to a wealth of child development information and other resources.
- The program in Elbow Lake, Minnesota, at **Thorson Memorial Library**, had as partners ECFE educators, Head Start, Public Health, Lakes & Prairies Child Care Resource & Referral, ELEAH Medical Center, University of Minnesota Extension and The Child & Youth Council. This project developed Caregiver Toolkits, provided Play and Learn groups with training for caregivers and activities for children, and created Ready to Learn backpacks that were made available through the library system.

- Home visits and monthly trainings characterized the project on the **White Earth Indian Reservation**. Totes with materials on seasonal topics were assembled and checked out by FFN providers through the Bookmobile system. Local collaborators included organizations such as Even Start and White Earth Early Childhood Initiative, White Earth Home Health, Mahnomen/Becker/Clearwater Counties, White Earth Head Start, Shooting Star Casino/HR, Indian Health Service, White Earth Child Care Assistance Program, and White Earth Child Care Program/Early Childhood Training.
- The grant program also called for an evaluation to be completed by the University of Minnesota Center for Early Education and Development (CEED). CEED personnel provided evaluation support to sites and also conducted the overall evaluation of all participating sites. Findings from that evaluation are reported below.

Literature Review

Two aspects of the literature on FFN care are particularly relevant for the purposes of the FFN grant program and this report: the conceptual frameworks that give shape to programming and evaluation, and the current evidence base. Two conceptual frameworks initially emerged to guide efforts in this arena — a child developmental perspective and a family support perspective. The child developmental perspective emphasizes a focus on children’s development and outcomes in the context of FFN care but views the FFN context more from the conditions of licensed, regulated care than from the realities of providing and receiving FFN care. While there continues to be an appreciation for a focus on children’s development, a family support perspective has been gaining backing as an appropriate framework because it more aptly captures unique components of FFN care, such as the nature of close family and community relationships, as well as the role FFN caregivers play in daily family life. Both of these perspectives are useful in thinking about the FFN grant program, especially implications related to children’s growth and development, FFN relationships with parents and children, and caregiving practices and supports for families.

At the time Minnesota’s 2007 legislation was passed, there were fewer than a handful of well-designed studies examining the implementation and impact of education and support programs targeted at FFN providers. However, since that time, greater knowledge about education and support programs for family, friend and neighbor providers has accumulated and is cohering to provide some clear messages about what works and what does not work. That said, more is known from reports of effective practices than empirical studies of best practices; we have more collective wisdom than well-designed evaluations of program implementation and impact [Powell, 2008; Porter, Pausell, Del Grosso, Avellar, Hass, & Vuong, forthcoming].

Variety in service strategy is a clear theme across the programs that serve FFN caregivers [Powell, 2008; Porter, et al., forthcoming]. Programs differ in their approaches, and some include multiple strategies to serve FFN providers: reaching them in-home via home visiting or group activities in an apartment complex, via community-wide events, by group activities focused just on the adult caregivers, or by group activities that focus on the caregivers and children together.

Some have a specified curriculum [McCabe & Cochran, 2008], and others piece it together as they assess the interest, needs and wants of their particular group of FFN providers [Powell, 2008]. Intensity of service also varies greatly across projects, from weekly drop-in programs to biweekly home visits to monthly community events. The Minnesota FFN Grant Program grantees are similar to other FFN programs in that they developed their programs based on assessments of the needs and interests in the local community.

Findings from reports and studies of program implementation reveal similar themes. A major finding is that working with FFN providers engenders unique challenges that can be met, but there is a learning curve for program implementers. Recruitment and engagement of providers is an enormous challenge but one that can be overcome by use of targeted techniques, patient, time-intensive outreach and relationship building, community members, and consistency in program offerings [Porter, et al., under review]. Program content is another challenge, as FFN providers who have been surveyed ask for information and activities on a wide range of subjects, including community resources, health, child development, school readiness, discipline, etc. [Susman-Stillman, 2004] Some experts recommend a needs assessment for each group of FFN providers, as the providers' interests and needs tend to vary based on their own characteristics (e.g., grandparents, ELL, etc.). Rather than a "one size fits all" model, flexibility across program offerings and service delivery for FFN providers is an essential characteristic of FFN education and support programs.

While programs may use multiple strategies to serve FFN providers, the three evaluations most recently made available via report or journal publication evaluate the impact of a specific service strategy on certain outcomes — quality of care, caregiver-child interactions, and child growth and development [McCabe & Cochran, 2008; Maher, Kelly & Scarpa, 2008; Porter & Vuong, 2008]. They generally demonstrate positive findings — small growth in the quality of the child care setting, some improvements in the quality of interactions between caregiver and child, greater knowledge about play and other aspects of child development — when the program was clearly developed and implemented, when program participation was consistent over time, and when staff were experienced with FFN providers.

In sum, the literature briefly reviewed provides some useful context and guidance for expectations regarding the nature, intent, and implementation of FFN programs. The Minnesota programs, in their initial two years of development and implementation, will be able to contribute constructive information regarding how to understand and address the challenges and highlight the successes that lead to consistently high quality education and support for this critical group of caregivers in the state.

Evaluation Plan

The grant program legislation included a request for an evaluation of the grant program with a focus on the school readiness of the children. To shape the legislation into an evaluation framework and design, the evaluation team met with from Department of Human Services staff to develop a logic model and research questions. Staff also expressed an interest in learning

about the caregivers, their practices with children, and program implementation. As a result, the logic model illustrates the three levels the evaluation was designed to address: program, caregiver, and child (see Appendix B). Initially, a set of research questions and an evaluation design were developed (see Appendix C). Both the questions and evaluation design were revised as the development, launch, and implementation of these pilot projects took more time and, in some cases, evolved somewhat differently than initially anticipated.

Initial design included pre- and post-questionnaires to be given to participants, the Ages and Stages Questionnaire (ASQ) to be administered to children, and fidelity of implementation descriptions to be developed from early observations of program implementation. As soon as the programs began, it was clear that enrolling participants would be a significant challenge. Most programs reported *at least* a three-month effort both to locate FFN providers and to motivate them to participate. Initial participation was sporadic, and programs needed ongoing outreach to build a stable group. Trust seemed to be the overriding issue, but defining FFN also influenced the difficulty of starting these programs. The participants that did attend voiced concerns about getting involved in a group that wouldn't continue. Some were concerned about earning money that they should be reporting, some were concerned about their immigrant status, and some had generalized suspicions about any public program. Because of trust issues, the collection of preliminary data was not possible. Asking a wary provider to participate in a program and an evaluation right away would have threatened the fragile relationships the programs were trying to build.

As the programs began, addressing challenges in recruiting and serving a consistent population of FFN providers became a priority. Once caregivers had been consistently participating, it made sense in the evaluation of these pilot programs to describe the caregivers and the kinds of activities in which they engaged with the children under their care, rather than assess change in caregivers or children over time without consistent program participation. Thus, the evaluation questions were revised. It is typical that evaluation designs are modified once actual implementation occurs, as it is often the case that program implementation in practice differs from the program intentions [Fixsen, Naoom, Blase, Friedman, & Wallace, 2005].

The following questions were addressed in the evaluation:

Evaluation Questions:

1. To what extent do children participating in the project demonstrate age-appropriate developmental skills?
2. What are the characteristics of FFN caregivers who participated in the FFN grant programs?
3. To what extent do caregivers demonstrate knowledge or practice about early child development and school readiness?
4. Were the programs delivered as intended? What successes and challenges were encountered?

Design and Methods

Along with the evaluation questions, the evaluation design was also appropriately revised for the same reasons. The initial plan for a pre-post evaluation was revised to focus on describing program implementation, caregiver activities with children, and children's development. Because it was unrealistic to collect baseline data from FFN providers and children at program inception, evaluation findings are based on data collected towards the end of the implementation of the programs, although descriptions of the implementations based on site visits were collected mid-program and at other times. As the funding cycle came to an end, four sources of data were collected:

- Participants were asked to respond to a comprehensive survey about their caregiving practices and experiences with children
- Some children were administered the ASQ
- Field notes were collected at a final meeting of program directors held in June 2009
- Interviews were conducted with program directors and at least one teacher from each program (added as part of the revised evaluation plan; see Appendix D).

Site visits

Site visits were made in November and December 2008 to connect with the program implementation team, and to learn about some of the initial implementation successes and challenges. During the site visits, the evaluation team asked questions about the local context and program alignment with local needs and resources, recruitment, program design and activities, participation, data that sites themselves were collecting, challenges and how they were addressing these, and strategies that might be helpful to other sites. These visits guided the revision of the evaluation design.

Caregiver survey

The evaluation team developed a survey for FFN caregivers specifically for the purposes of this evaluation as we were not aware of any validated surveys addressing the questions of interest that have been used with FFN caregivers. The evaluation team reviewed surveys used in different early literacy programs targeted at licensed child care providers and parents and parenting programs and selected questions that appeared to be both relevant and appropriate for FFN caregivers. The caregiver survey included questions about the FFN caregivers' backgrounds and activities with children (see Appendix E). The caregiver questionnaire was translated into Spanish, Oromo, Somali, Hmong and Amharic. Questionnaires were administered during program meetings with translators available and were also made available online to some rural participants.

The survey asked caregivers about activities they could do with children that supported four areas of development: social-emotional, learning and creativity, language and literacy, and cognitive development. Respondents were asked to select "Never," "Rarely," "Sometimes," or "Frequently" for each item. A Cronbach's alpha was run to measure the reliability of these items within each developmental activity group: Social-Emotional, Cronbach's $\alpha_c=.764$; Learning and

Creativity, $\alpha_c=.764$; Language and Literacy, $\alpha_c=.877$; and Cognitive, $\alpha_c=.840$. All the groups fell above .70, which is widely considered acceptable.

Ages and Stages Questionnaire-3 (ASQ-3)

The ASQ is a tool designed to screen young children for developmental delays in the first 5 years of life (Squires, Trombly, Bricker & Potter, 2009). It was developed for parents and other caregivers to serve as respondents about children's development. The ASQ-3 focuses on five key areas of development: communication skills, gross motor skills, fine motor skills, problem solving skills, and personal-social skills. FFN caregivers answered questions about the extent to which the child for whom they cared exhibited age-appropriate skills in these areas. The ASQ-3 was made available in English and Spanish. Other non-English speakers completed the questionnaire with the help of translators. Caregivers answered the questions during a home visit or in a group setting, with assistance from appropriate program and/or evaluation staff as needed. Because the measure was administered as a research tool, results were not shared with respondents. In some cases, on-site project personnel knew how to score the questionnaire and may have shared results with respondents.

Program staff interviews

A semi-structured interview for program directors and other direct service staff was developed by the evaluation team to focus on implementation successes and challenges including outreach, cultural factors, program content, and suggestions for change in the future. Interviews with program directors, project personnel, and home visitors who responded to a request to participate in a phone interview were conducted by telephone in July 2009. At least two people from five of the six programs participated, and more people participated from programs that had larger numbers of staff (N=16).

Data Analysis

Survey findings, interviews, meeting notes, site visits and field notes were analyzed and synthesized using a *bricolage* approach [Kvale & Brinkmann, 2009]. Bricolage is similar to the ad hoc methods of Miles and Huberman (1984), which involve such tactics as noting patterns and themes, counting, making contrasts and comparisons, and looking to see “what goes with what” (pp. 245-246). Analysis moves “roughly from the descriptive to the explanatory” [Kvale & Brinkmann, 2009, p. 234] and from the concrete to more conceptual understandings. No particular epistemology determines the analysis; rather, in bricolage, the approach is eclectic.

This strategy was appropriate for this evaluation as it facilitated our ability to describe consistent patterns and themes across the various projects. Two evaluators worked individually with the data and then met to compare, challenge, and deepen the interpretations. Reliability was robust throughout the analysis.

The caregiver survey and ASQ-3 were analyzed separately to yield percentages of caregiver responses and developmental cut-offs for the children. Because of widely varying participation rates in the various programs and within programs, small sample size for the ASQ, and

programmatic differences, evaluation findings about FFN caregivers and children cannot be generalized to all participants. The survey participants were more consistent participants, so findings are likely most characteristic of providers who were more consistently participating in the programs.

Results

In what follows, we report the answers to the evaluation questions based on multiple data sources. In some cases, survey, field notes, and interviews inform the findings. In other cases, one method alone informs them.

Evaluation Question #1:

To what extent do children participating in the FFN projects demonstrate age-appropriate developmental skills?

Across the six projects, approximately 978 children, ranging in age from approximately 4 months to 5 years, participated in FFN activities offered by the grantees.¹ Projects varied in the number of children who participated, generally as a function of the services they provided, their target FFN populations (e.g., FFN providers on the reservation, FFN providers connected with a community organization) and the scope of their activities (e.g., home visiting for providers vs. practice preschool vs. community events). For detailed program descriptions, see Appendix E.

Project	Approximate Number of Children Who Participated	Program Activities Directly Involving Children or Caregivers and Children Together
Neighborhood House	90	Early literacy group activities (Para Los Ninos). Caregiver-child learning and playtime with early childhood teacher or with staff from Minnesota Children's Museum and Resources for Child Caring (Together Time and Play and Learn groups)
Early Childhood Resource and Training Center	20	Classroom-based experience three times per week
Library Foundation of Hennepin County	49	Preschool experience through Minneapolis Public Schools (Practice Preschool)
Northland Foundation (across all four programs)	<ul style="list-style-type: none"> • 120 Home Visits • 624 Play and Learn Groups 	<ul style="list-style-type: none"> • Home visits • Play and Learn groups • Home visits • Community events

¹ Data on child participation came from grantee semi-annual reports to the Department of Human Services. Please note that these numbers do not reflect the consistency of child participation, but likely provide an overall estimate of the number of children who participated in at least one program activity on one occasion. It is likely that projects defined participation differently across projects and also within projects. In some instances, projects estimated the number of child attendees, and on occasion, some double-counting may have occurred.

Project	Approximate Number of Children Who Participated	Program Activities Directly Involving Children or Caregivers and Children Together
Thorson Memorial Library	48	<ul style="list-style-type: none"> • Ready to Learn bags with developmentally appropriate materials for preschoolers • Play and Learn Groups
White Earth Indian Reservation	27	<ul style="list-style-type: none"> • Home visits • Community resource fair • Readmobile

After completing participation in FFN activities, program staff worked to recruit FFN caregivers to answer questions about the development of the children for whom they cared. The evaluators asked program staff to recruit FFN providers who were more consistently involved in the program over time (e.g., regular pattern of attendance). For most of the FFN providers, this was the first time they had ever been asked to respond to a questionnaire asking about children’s development, and some were reluctant. Ultimately, FFN caregivers of 57 children completed the ASQ-3.

Overall, the majority of children received scores that fell into the normal range, indicating no need for further screening or evaluation in each of the five categories (see Table 1). Within each of the five age groups, no less than 80 percent of children fell into the normal range for a single area of development. At most, three children in the 14- to 24-month age group did not meet the criteria for gross motor skills, and three children in the 27- to 36-month group did not fall into the normal range for problem-solving skills. In general, this subsample of children whose caregivers participated in the FFN programs demonstrated age-appropriate developmental skills that did not require further screening or evaluation.

Table 1						
Number of children at or above the normal range cutoff in each of the five ASQ categories by age group						
	Number of Participants	Communication	Gross Motor	Fine Motor	Problem Solving	Personal-Social
4 – 12 months	10	10	10	9	9	10
14 – 24 months	18	17	15	18	17	17
27 – 36 months	15	13	15	13	12	14
42 – 48 months	10	10	9	10	10	10
54 – 60 months	4	4	4	4	4	4

Total N: 57

Summary

Children in the FFN programs participated in a diverse set of activities. A subsample of children whose caregivers were judged to be consistent participants in the FFN programs answered questions about the children’s development. The children demonstrated age-appropriate skills.

Evaluation Question #2:

What are the characteristics of FFN caregivers participating in the FFN grant program?

Across all projects, approximately 800 to 1,000 providers participated in the FFN project activities.¹ As with the children, projects varied in the number of FFN caregivers who participated, generally as a function of the services they provided, their target FFN populations (e.g., FFN providers on the reservation, FFN providers connected with a community organization) and the scope of their activities (e.g., home visiting for providers vs. practice preschool vs. community events). For detailed program descriptions, see Appendix E.

Project	Approximate Number of Children Who Participated	Program Activities for Caregivers
Neighborhood House	<ul style="list-style-type: none"> • 111 Total • 20 Caregivers Resource Fair • 8-25 Together Time • 26-36 Circle of Parents • 30 Children’s Museum “For the Children” presentation 	<ul style="list-style-type: none"> • Child abuse prevention group • Early literacy group activities (Para Los Ninos) • Caregiver-child learning and playtime with early childhood teacher or with staff from Minnesota Children’s Museum and Resources for Child Caring (Together Time and Play and Learn groups) • Community resource connections
Early Childhood Resource and Training Center	<ul style="list-style-type: none"> • 30 Total • 17 Trainings • 8 Events and Field trips • 5 Child Development Certificate (4 completed) 	<ul style="list-style-type: none"> • CDA training • Events and Field Trips • Other trainings
Library Foundation of Hennepin County	<ul style="list-style-type: none"> • 91 Total • 71 Community Ambassadors • 20 Practice Preschool 	<ul style="list-style-type: none"> • Community Ambassadors • Practice Preschool
Northland Foundation (across all four programs)	<ul style="list-style-type: none"> • 812 Total • 62 Home Visits • 350 Play and Learn • 400 (30 FFN providers) Appreciation Event 	<ul style="list-style-type: none"> • Home visits • Play and Learn groups • Community events
Thorson Memorial	<ul style="list-style-type: none"> • 90 Total 	<ul style="list-style-type: none"> • Play and Learn

¹ Data on caregiver participation came from grantee quarterly reports to the Department of Human Services. Please note that these numbers do not reflect the consistency of caregiver participation, but likely provide an overall estimate of the number of caregivers who participated in at least one program activity on one occasion. It is likely that projects defined participation differently across projects and also within projects. In some instances, projects estimated the number of caregiver attendees, and on occasion, some double-counting may have occurred.

Project	Approximate Number of Children Who Participated	Program Activities for Caregivers
Library	<ul style="list-style-type: none"> • 12 Play and Learn • 78 Used resources such as backpacks 	<ul style="list-style-type: none"> • Backpacks (kits with library materials on health, safety and developmental issues)
White Earth Indian Reservation	<ul style="list-style-type: none"> • 129 Total • 96 Resource Fair (adults and children) • 186 Mental Health and Importance of Play presentation • 5 Home Visits • 12 Readmobile and Ojibwe Language Activities 	<ul style="list-style-type: none"> • Home visits • Readmobile • Resource Fair • Presentation on Mental Health and Importance of Play

FFN caregivers who were more consistent participants in their respective grant programs were recruited via program staff to fill out the caregiver survey. For most of the FFN providers, this was the first time they had ever been asked to respond to a questionnaire about their caregiving and activities with children. Despite their hesitation with this new procedure (evaluation), there were a number who were eager to have a voice and help provide information that went directly to the State and legislators. Caregivers who consented filled out the survey in the format that was easiest for them: in their native language or English; in groups or individually; with the assistance of program staff or by themselves; online or on paper.

One hundred thirty-four participants in the FFN programs completed the survey. Of these, five were men and 128 were women; one person skipped this question. The majority of participants (31 percent or n=41) were in the 30-39 age range, but results indicated a broad range of ages engaged in FFN child care (see Table 2).

Table 2
Ages of Survey Respondents

Range	Response Percent	Response Count
15-17	1.5%	2
18-19	2.3%	3
20-29	19.7%	26
30-39	31.1%	41
40-49	17.4%	23
50-59	15.2%	20
60-69	10.6%	14
70-74	2.3%	3

A little more than half of respondents reported their race ethnicity as White/European (52.6 percent or n=70), with one European immigrant. Other ethnic groups included:

- African Somalian: 5
- African Ethiopian: 8
- African American: 1

- Hmong: 15
- Asian: 1
- Chicano: 4
- Central or South America: 2
- Other Latino: 9
- American Indian: 8
- Multi-racial: 1.

There was one missing response.

Countries of origin (n=95) included the following: USA, 56; Somalia, 14; Mexico, 11; Laos, six; Thailand, four; and one each in El Salvador, Columbia, Cuba, and Equador. Although 53.5 percent were born in the U.S., others had lived here varying amounts of time. Table 3 shows the time in the United States (33 skipped the question).

Table 3
Length of Time in the United States

Time	Percent	Count
0-2 years	5.9%	6
3-5 years	12.9%	13
6-9 years	9.9%	10
10-15 years	5.9%	6
Over 15 years	11.9%	12
Born in U.S.	53.5%	54

Given the diversity of the respondents, the eight languages spoken are not surprising. These included: English, 97; Spanish, 16; Somali, 15; Arabic, 2; Hmong, 14; other African, 3; and American Sign Language, 1.

The majority of respondents (69.4 percent or n=93) reported that they were married (134 answered). Eight people reported living together as married but not married, five were separated, 10 were divorced, five were widowed, and 15 were never married. Most had children of their own (117), with only 16 saying they had no children (133 answered; one skipped). Table 4 provides information on number of children reported. Ages of children ranged from infants to 13 or older, with the majority (43.45 or n=53) marking 13 or older; however, 25.4 percent, or 31, reported that they had children 3 to 5 years of age. Caregivers also listed the ages of children they cared for, up to 5. Summary counts indicate the largest number of children they care for are infants and toddlers (201), and roughly equal numbers of preschool-age and school-age children (101 4- and 5-year-olds and 108 over age 5). This suggests that caregivers have experience caring for children of different ages and as FFN caregivers, are caring for a wide age range of children, which is consistent with other reports of FFN caregivers [Susman-Stillman, 2004].¹

¹ These numbers are likely an underestimate of the number of children cared for by the FFN caregivers who responded to the survey. Some did not respond to the question thoroughly, as it became long to respond about each child, and there was no response option available if they cared for more than five children.

Table 4
Respondents' Children

Number	Response Percent	Response Count
0	8.5%	11
1	9.3%	12
2	36.4%	47
3	19.4%	25
4	8.5%	11
5 or more	17.8%	23
		129 answered
		5 skipped

Fifty-six, or 41.8 percent, reported that they have another job besides caring for children. The survey asked respondents about their education generally and their education specifically about children and childcare. Table 5 displays the education levels and the country where the education was received. Respondents were told to “check all that applied” to ensure that all education experiences were captured. For example, at the post graduate level, one respondent noted completing post-graduate work in both the U.S. and the home country. Findings indicate that the higher the level of education, the more likely it is that it was completed in the United States. Thirty-seven respondents indicated that they have less than a high school education, with 62 respondents indicating either technical college training or a college degree, suggesting that overall, the participants in these programs vary greatly in their educational attainment.

Table 5
Level and Location of Education

Level	United States	Home Country	Another Country	Count
Eighth grade or lower	35.3% (6)	58.8% (10)	5.9% (1)	17
Some high school	45.0% (9)	50.0% (10)	10.0% (2)	20
HS graduate or GED	74.4% (32)	25.6% (11)	0.0% (0)	43
Some college (2-year degree/technical)	87.5% (35)	12.5% (5)	0.0% (0)	40
College grad (B.A., B.S.)	100% (22)	0.0% (0)	0.0% (0)	22
Post-graduate	100% (6)	16.7% (1)	0.0% (0)	6
Answered question/total				124
Skipped question				10

To understand the nature of relationships between providers and children, respondents were asked what their relationship was to the children in their care. True to the Family, Friend, and Neighbor terminology, relationships were primarily those of families and friends. Consonant with other studies documenting demographic characteristics of FFN caregivers, including Minnesota [Chase, et al., 2006; Susman-Stillman & Banghart, 2008], grandparents are the most common FFN caregivers. Table 6 provides the percentages of the possible relationships.

Table 6
Relationship of Provider to Child and Family

Relationship	Response Percent	Response Count
Grandparent/parent	50.5%	55
Cousin	5.5%	6
Sibling	3.7%	4
Close friend	35.8%	39
Aunt	12.8%	14
Neighbor	17.4%	19
Uncle	4.6%	5
Other		22
Total		109
Skipped question		25

In the “other” category, respondents for the most part did not note what their role was. Those who did indicated either foster child or licensed child care.

Summary

Demographic profiles of the FFN caregivers who participated in the caregiver survey demonstrate the diversity among the providers in terms of immigrant status, languages spoken, and educational levels. The majority of respondents were married with children of their own, and 41.8 percent reported that they have an additional job besides taking care of children. Most are related to the children they care for.

Evaluation Question #3:

To what extent do caregivers demonstrate knowledge or practice about early child development and school readiness?

This section of the caregiver survey included questions about how FFN providers acquire knowledge about the caregiving practices in which they engage, and about their relationships with parents. Results are grouped together under the headings of knowledge, practice, and parent-provider relationships.

Knowledge

Respondents were asked about educational experiences they had related to children. Table 7 provides a summary of providers’ responses by project. Notable is the influence of the Early Childhood Family Education (ECFE) program and workshops given by churches, community organizations, and government organizations. This finding is consonant with the finding from the 2004 Minnesota Household FFN phone survey, which also found that FFN caregivers reported higher rates of educational classes or workshops such as ECFE [Chase, et al., 2006].

Table 7
Educational Experiences Related to Children

Site	ECFE	Workshops	Church, Community Child care classes	Head Start	College Classes
Neighborhood House	8 (36.4%)	6 (27.3%)	5 (22.7%)	2 (9.1%)	1 (4.5%)
ECRTC	3 (27.3%)	3 (27.3%)	2 (18.2%)	1 (9.1%)	2 (18.2%)
Thorson Library	17 (26.2%)	17 (26.2%)	15 (23.1%)	8 (12.3%)	8 (12.3%)
Hennepin County Library	16 (25.8%)	23 (37.1%)	13 (21.0%)	5 (8.1%)	5 (8.1%)
White Earth	1 (50.0%)	1 (50.0%)	0	0	0
Northland Duluth	8 (26.7%)	9 (30.0%)	6 (20.0%)	3 (10.0%)	4 (13.3%)
Hermantown	8 (27.6%)	10 (34.5%)	5 (17.2%)	1 (3.4%)	5 (17.2%)
Lake Superior	7 (38.9%)	2 (11.1%)	2 (11.1%)	3 (16.7%)	4 (22.2%)
Carlton County	5 (41.7%)	1 (8.3%)	1 (8.3%)	2 (16.7%)	3 (25.0%)
Unknown	2 (66.7%)	1 (33.3%)	0	0	0
TOTAL	79 (29.5%)	73 (28.7%)	49 (19.3%)	25 (9.8%)	32 (12.6%)

A second question asked about other influences such as educational television, doctors or clinics, pamphlets, the public library, magazines, internet, health fairs, college or university library, bookmobile, and child care outreach programs. Based on answers from the 122 who answered this question (12 skipped), educational television had the highest response at 66.4 percent, with pamphlets (64.8 percent) and doctor or clinic (60.7 percent) next.

Caregiving Practices

Caregivers were asked how and what they communicated with parents at the end of the day. Three main categories are representative of the comments, including: descriptions of how the day was spent (e.g., eating, sleeping, activities); behavior, such as potty training, acting out, and getting along with other children; and development, such as milestones, new words, new physical skills, new communication skills, and other learning (126 answered, eight skipped). About five respondents mentioned health issues such as vision and hearing.

The survey also included questions about what children played and did at the caregivers' houses. Table 8 lists the percent and response count for each activity. The percent is based on the 127 respondents who completed the item. Traditional activities predominate, such as reading books, coloring, writing, painting, playing pretend, building with legos or other materials, and completing puzzles. In the "other" category, respondents most frequently listed playing outside, playing with dolls, cooking, and playing with other children. A couple of people noted infants who played with age-appropriate toys, and one person mentioned doing Hmong crafts. To some extent, choices probably reflect those materials available to the families. Events sponsored by the projects often involved providing materials for attendees to take home and use with the children in their care. Project personnel indicated the popularity of the backpacks in Elbow Lake and the duffle bags with learning toys and books in White Earth. Hennepin County project meetings usually ended with raffles for literacy materials such as felt boards and alphabet blocks. There was enthusiastic response to getting these materials to use with children.

Table 8
What Children Play and Do at Caregivers' Homes

	Response Percent	Response Count
Read books	89.8%	114
Play board games	59.1%	75
Play computer games	31.5%	40
Write	67.7%	86
Color	88.2%	112
Paint	66.1%	84
Pretend activities	64.6%	82
Play dress-up	54.3%	69
Build with blocks, legos, other materials	77.2%	98
Complete puzzles	63.8%	81
Watch educational DVD or video	52.8%	67
Watch entertaining DVD or video	45.7%	58
Watch TV	55.1%	70
Play with alphabet letters	67.7%	86
Other		19
127 answered question		
7 skipped question		

Respondents (129 answered, five skipped) were asked about the community resources (library visits, bookmobile, community center, park or recreation visits, religious and cultural activities) that they used as part of their caretaking activities with children. What is most striking about the responses is that the data suggest these caregivers seemed to underutilize the community resources available to them. Four of the resources listed — library visits, bookmobile, religious activities, and cultural activities — had highest percentages in the “not at all” response category. On the other hand, visiting the community center, park, and recreation facilities was the one with the highest percent in the “once a week” response category. These answers may also reflect the differing locations where the projects were delivered. For example, rural areas may not have had as many cultural activities available during the day.

Respondents were asked about the activities that they did with children. These were broken down by social-emotional, learning and creativity, language and literacy, and cognitive development activities. Tables 9, 10, 11, and 12 display the answers provided. In every type of activity, there are small numbers that report “never” or “rarely” participating in the activity. It is difficult to determine the reason why some respondents answered this way, since overall the majority of providers reported higher participation in activities with children. One reason could be that the respondent takes care of infants, although even infants respond to many of these activities. Another could be that some items are culturally biased towards white, middle-class culture, and not reflective of the kinds of activities in which those providers might engage. And a third reason may be that the provider takes care of several children in addition to his or her own, and is less able to participate in activities with children. Another observation is that most providers reported high participation with children, which suggests that programs that serve FFN providers have an audience interested in and willing to support the learning needs of young children. The highest percentage of participation was for praising children.

Table 9
Caregivers' Perceptions of Their Participation with Children in Social-emotional Activities

	Never	Rarely	Sometimes	Frequently
Involve children in everyday routines like cooking, cleaning, laundry.	15.6% (20)	7.8% (10)	40.6% (52)	37.5% (48)
Take child to visit other adults (e.g., friends and relatives).	16.4% (21)	18.0% (23)	35.2% (45)	30.5% (39)
Talk about what is right and wrong.	3.2% (4)	2.4% (3)	18.3% (23)	76.2% (96)
Praise child for his/her accomplishments.	3.1% (4)	1.6% (2)	6.3% (8)	89.0% (113)
Play with the child.	3.9% (5)	0.8% (1)	9.4% (12)	85.9% (128)
Teach basic manners.	4.7% (6)	0.8% (1)	10.9% (14)	83.6% (128)
129 answered question 5 skipped question				

Table 10
Caregivers' Perceptions of Their Participation with Children in Learning and Creativity Activities

	Never	Rarely	Sometimes	Frequently
Work on educational and creative activities (e.g., puzzles, drawing, building something from directions). (n=128)	7.8% (10)	4.7% (6)	28.9% (37)	59.4% (76)
Play finger games (patty cake, peek-a-boo). (n=125)	3.2% (4)	8.0% (10)	35.2% (44)	53.6% (67)
Play pretend games (dress-up, dolls, role-playing). (n=125)	8.8% (11)	7.2% (9)	30.4% (38)	53.6% (67)
Provide crayons, pencils, and paper for drawing and writing. (n=127)	6.3% (8)	1.6% (2)	12.6% (16)	79.5% (101)
Take children to organized activities or lessons (e.g., library story hour, athletic activities, music class). (n=119)	18.5% (22)	16.8% (20)	31.1% (37)	34.5% (41)
129 answered question 5 skipped question				

Table 11
 Caregivers' Perceptions of Their Participation with Children in
 Language and Literacy Activities

	Never	Rarely	Sometimes	Frequently
Tell stories to children.(n=125)	4.0% (5)	2.4% (3)	26.4% (33)	67.2% (84)
Talk conversationally with children. (n=127)	3.1% (4)	1.6% (2)	7.9% (10)	88.2% (112)
Practice language activities (e.g., recite alphabet, teach names). (n=124)	3.2% (4)	3.2% (4)	21.0% (26)	74.2% (92)
Read to child. (n=126)	2.4% (3)	3.2% (4)	14.3% (18)	80.2% (101)
Play rhyming games (Twinkle Twinkle, Little Star, Itsy Bitsy Spider). (n=123)	4.1% (5)	1.6% (2)	29.3% (36)	65.0% (80)
127 answered question 7 skipped question				

Table 12
 Caregivers' Perceptions of Their Participation with Children in Cognitive Development Activities

	Never	Rarely	Sometimes	Frequently
Play counting games or do math problems. (n=123)	3.3% (4)	7.3% (9)	43.1% (53)	46.3% (57)
Name things for the child and provide explanations. (n=123)	4.1% (5)	3.3% (4)	36.6% (45)	56.1% (69)
Watch child-oriented TV and videos. (n=124)	3.2% (4)	11.3% (14)	43.5% (54)	41.9% (52)
Teach about family and community. (n=123)	4.9% (6)	4.1% (5)	49.6% (61)	41.55% (51)
Teach the child about his/her heritage through stories, celebrations, books, cultural rituals. (n=123)	8.9% (11)	27.6% (34)	28.4% (35)	35.8% (44)
Give child simple tasks to do (clean up toys, get something, make a card). (n=124)	5.6% (7)	1.6% (2)	25.8% (32)	66.9% (83)
Learn about nature (watching bugs). (n=123)	6.55% (8)	4.9% (6)	34.1% (42)	54.5% (67)
125 answered question 9 skipped question				

Provider-parent Relationships

Parents often choose FFN care because of the relationships they have with family and friends and the security they feel in leaving their children with people with whom they feel comfortable and close. Caring for children and communicating about it are not simple tasks and may add extra stresses and strains on those relationships. The next set of questions probed the perceptions and practices of FFN caregivers about their relationships with parents to begin to explore potential areas for supportive programming.

Caregivers were asked to rate the quality of the relationship between themselves and parents. The majority, 71.4 percent, rated it as “excellent,” 19.8 percent rated it as “very good,” 10.3 percent rated it as “good,” and one person preferred not to rate the relationship. In order to examine relationships more closely, respondents answered a series of statements about their perceptions of specific aspects of relationships. Table 13 provides a breakdown of these responses by statements. For the most part, responses reflect strong agreement between the caregiver and the parents around childrearing values, schedule, discipline, diet, working together, and meeting learning needs. The one question where there was less agreement was whether the caregiver felt that the parents took advantage of him or her. Although most disagree that the parent took advantage, 30.5 percent (36) strongly agree or agree with the statement. This may reflect issues around dropping off and picking up children, providing meals, paying for child care, and expecting the provider to be available on short notice. These are more issues of employment/work conditions than of childrearing differences, but nonetheless are issues that may affect the relationship between the provider and the parent(s) and are issues over which providers might desire, and benefit from, assistance.

Table 13
Caregiver Perceptions of Relationships with Parents

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
There is a match between my childrearing values and those of the child’s family. (n=119)	50.4% (60)	42.0% (50)	2.5% (3)	3.4% (4)	1.7% (2)
We agree about the child’s schedule. (n=119)	46.2% (55)	49.6% (59)	1.7% (2)	1.7% (2)	0.8% (1)
We agree about the child’s discipline. (n=118)	44.9% (53)	47.5% (56)	5.9% (7)	1.7% (2)	0.8% (1)
We agree about what the child eats. (n=45)	38.5% (45)	49.6% (58)	9.4% (11)	1.7% (2)	0.9% (1)
We work together in order to make sure the child’s needs are met. (n=115)	59.1% (68)	38.3% (44)	0.9% (1)	1.7% (2)	0.9% (1)
Sometimes I feel like					

the child's parents take advantage of me. (n=118)	11.9% (14)	18.6% (22)	30.5% (36)	28.8% (34)	11.9% (14)
We agree about the child's learning needs. (n=123)	55.3% (68)	40.7% (50)	0.0% (0)	1.6% (2)	2.4% (3)
123 answered question 8 skipped question					

Summary

Of the FFN caregivers who filled out the caregiver survey, a high percentage report acquiring knowledge about children through informal educational experiences such as ECFE and workshops. Parents and providers communicate about the children's day, behavior and development. Caregivers engage in a range of activities with children, with some indication that these caregivers do not often get outside the home, other than going to local parks. These caregivers report engaging in everyday learning activities with children on a regular basis, although some small numbers report little to no participation. Given the nature of survey data, these small numbers are difficult to account for, but suggest the need for further education about the importance of caregivers for children's cognitive development. At the same time, the high numbers of respondents who participate in activities with children indicate the interest of caregivers in engaging with children, reinforcing the need for programs that teach strategies for fostering early learning. Caregivers who filled out this survey had participated in their FFN program with some consistency; their responses to the survey may reflect their learning and experiences in the program. FFN caregivers also report good relationships with the parents they help; almost 100 percent rated their relationships as "good" or higher, though there are a couple of areas where they indicate potential differences of opinion or practice.

Similarities and Differences with Minnesota-specific FFN Research

Although the sample of FFN providers who participated in the evaluation was not a representative sample of FFN providers, and the evaluation of the FFN grant programs was differently focused, there are some interesting similarities and differences with the sample of FFN providers who participated in the 2004 Minnesota Household Study [Chase, et al., 2006]. In both samples, grandparents comprise the largest group of FFN caregivers, the majority are married and have children of their own, and most have accomplished higher levels of education. They also tend to have many years of experience caring for children, and more than half participated in either ECFE or informal workshops on child development. The providers in the FFN grant program evaluation tended to have less education about children via higher education coursework, and have more diverse cultural and ethnic backgrounds, including native languages and years in the United States. FFN caregivers in both samples seem to be engaged in a variety of activities with children, although there are differences in the rates of engagement and the types of activities. Parents and FFN providers report general satisfaction with their relationships with each other, with some areas of more or less agreement.

Focus groups of recent immigrant and refugee FFN providers were also conducted around the state in 2004 to gauge their caregiving needs [Vang, 2006]. Compared to the FFN program evaluation sample, a little less than half were grandparent or family caregivers, about a third

cared for their own children as well, and they tended to have lower levels of education than Minnesota samples with native-born FFN providers. The focus groups also included a wider range of ethnic groups than the FFN caregiver programs. Similarly, they reported experience caring for children and interests in a range of resources for caregiving, including safety and activities. About 50 percent reported having some knowledge about school readiness and discussed promoting children's competence by hands-on learning. Some were aware of resources offered by child care agencies. Most were interested in learning and connecting with other FFN providers, but for a variety of reasons they were not interested in becoming licensed providers.

In 2004, observations of the caregiving practices and caregiving environments of a subsample of FFN caregivers who participated in the household surveys were also conducted [Tout & Zaslow, 2006]. While there are demographic differences between these two samples (e.g., less diversity in the observational sample), there are similarities in the observations and reports of caregiving practices. In both, caregivers evidenced clear investment in their caregiving, engaging in activities and conversing with children and demonstrating positive regard for them. Recommendations from the observational study include making a wider range of activities and materials available to FFN providers and helping them to integrate learning opportunities in everyday activities; these recommendations are also reflected in both the requests of FFN providers participating in the FFN grant programs and the goals of the programs themselves. A focus on caregiving practices and activities that support school readiness and healthy child development remains an important area of content for FFN programs.

While there are important differences in each of these samples, this comparative analysis of these samples is useful to put findings in context as we cultivate a body of knowledge about FFN caregivers and best practices in FFN caregiving in Minnesota.

Evaluation Question #4:

Were the programs delivered as intended? What successes and challenges were encountered?

We culled multiple data sources to address the fidelity of implementation questions. Our goal was not to make any hard-and-fast determinations about whether or not programs reached a certain standard of implementation fidelity, since these programs were new and piloting their own new ways to work with FFN populations, but to provide a useful synthesis of program implementation themes that can be used by programs and policymakers in future phases of the FFN initiative. We describe these themes with supporting evidence and examples as appropriate.

Although the evaluation parsed data gathering into three levels, programs, caregivers, and children, analysis of the data resulted in themes that cut across levels. Themes include **raising awareness, building trust and community, connecting and collaborating, responding to context for program planning and delivery, and teaching/training grounded in experience and knowledge of local context.**

Raising Awareness

The theme of **raising awareness** aptly represents the interconnectedness of implementers, families, and FFN providers themselves. Raising awareness cut across levels of implementation and included defining, identifying, and reaching out. Each group needed clarity on the target populations. From the beginning, the difficulty of enrolling participants presented a challenge. In order to enroll participants, project directors needed to define what makes someone an FFN provider and to identify these people in the surrounding community. When interview respondents were asked what they would change in the program and what they would do differently next time, *defining FFN was frequently mentioned*. One person said that we need to “build this understanding” and another noted the importance of being able to explain to what FFN refers since providers minimized their work and tended to say, “I’m just taking care of my grandchildren.” One project director offered a “look before you leap” comment, realizing that they needed to do more research on the specific FFN populations before they tried to recruit them and to go slowly, honoring the length of time it takes to build relationships and educate people about their options.

Strategies for raising awareness varied greatly and varied by the type of community and FFN caregivers in the community. One project, which addressed a more homogeneous community rather than specific ethnic groups, took an almost public health-type approach, publicizing the project and targeting FFN providers by creating placemats for use in public gathering places and advertising in community publications. Another project went to the apartments where they believed providers lived to begin to build their trust.

Recruitment work never ended as providers tended to move in and out of participation. Interview respondents noted that it was only towards the end of the programs that they were finally seeing a more stable group of participants.

Respondents also noted that it was hard to identify providers, making recruitment slow. After minimal success, program personnel targeted certain groups, namely grandparents, and used established organizations to reach them, such as ECFE. “It came down to having the conversations and explaining it [the FFN program]”; “the more personal the contact, the better the results.” One person noted that “the most successful recruitment strategies were person-to-person.” Also noted was that over time participants helped by spreading the word. For example, one person noted, “The second round was recruited by the first round... using people from the community you’re trying to recruit.” Nevertheless, most noted that recruitment was a challenge that took work and time, and that if they did this program again, they would allow themselves more time for the process.

Program developers noted that raising awareness and recruitment was easier if activities maintained a predictable, regular schedule. If caregivers knew that a program would be held at the same time and place, they could plan for transportation. Consistent scheduling of drop-in presentations also resulted in better attendance. Program leaders found that they needed to be responsive to the particular group they were working with, but the availability of FFN providers was not necessarily stable. Project personnel and program coordinators noted that providers can find it difficult to participate in a program because many of them provide care during the second

shift and for school children who have their own schedules. A couple of respondents noted the fluidity of relationships among families that use FFN providers. Sometimes a child is with one person for a few months, but then the parent's work situation changes, and the child goes to someone else in the family or even in the building. Because of this fluidity, it can be difficult for providers to identify themselves as FFN providers and to participate in FFN educational activities.

Program directors noted the importance of incentives to attract FFN providers initially to the programs, and to support the knowledge being built by the activities and presentations. For example, health and safety was a topic that all programs addressed, and to support the suggestions of the presentations, participants received smoke detectors and first aid kits. Participation was also rewarded by using incentives such as gift cards to Target or points to purchase diapers, formula, and other necessities at reservation stores. At the end of the presentations, programs conducted drawings for learning materials to take home, such as puzzles, alphabet games, flash cards, and felt boards. Program directors believed that providing materials was one way of reinforcing the importance of building skills towards literacy in the homes.

Summary

Raising awareness of who FFN providers are and the important role they play in the lives of children and families is critical to reaching and recruiting FFN providers. Raising awareness takes different forms and varies depending upon the community context and the target population. Recruitment is an ongoing process that can be strengthened by targeted and personal efforts, program consistency and incentives for participation. Barriers to successful recruitment include the changing nature of the care arrangement between the FFN provider and family and whether the provider can be available at the times the FFN program is offered.

Building Trust and Community

Program personnel reported that **building trust and community** is a critical piece for successfully raising awareness. They describe a number of strategies that contributed to success: for example, using people from the community to recruit providers addressed the need for trusting relationships, or using existing programs (e.g., ECFE) to alert FFN providers to the new program drew on community relationships that had credibility to providers. Again and again, respondents mentioned that low-income and immigrant groups are afraid of participating in programs that will identify them to authorities. Some are afraid because they are being paid for child care and are not reporting that income, and others are worried about their status as immigrants. It took time to allay those fears, but once those issues were surmounted, the FFN programs judged themselves to have good success in building trust and community among the program staff and participants.

Providers built trust and community with other participating providers. Respondents noted that the FFN program “allowed providers to make connections for the children and for themselves that they would not have been able to make previously. Group activities allowed them to meet other people caring for children like they were.” The programs gave them a “time and space for adults to interact with each other, and in a different setting outside the small spaces in their

apartments.” Another respondent noted that a “wonderful piece was a lot of women don’t leave their houses, and with Together Time program it brought caregivers together.” At the same time, program personnel noted that it was hard to bring immigrants from different countries together in the same program (e.g., East and West Africans, for tribal and historical reasons, do not want to be together). One solution was to have separate groups, such as the Hennepin County community ambassador program. However, at Neighborhood House, because these groups often lived together in the same building, the different cultural groups gradually mixed.

Building trust and community also took place between programs and participants. One outcome noted was that the programs got people into the library so that they could learn about the supports available in their communities. One respondent noted that the Play and Learn kits had increased library circulation by 15 percent. FFN programs also connected people with ECFE services in their communities. An unexpected, or unplanned, benefit was that some FFN providers also learned about community resources that could help them in other areas of their lives, such as employment or health.

Because of the slow and incremental nature of building trust, some program developers were concerned that evaluation activities might threaten efforts to build trust. For example, the ASQ was mentioned as problematic because the teachers within the program who were to administer it were concerned that if they saw a problem, they would need to report it, and ultimately, reporting would compromise trust. There were also concerns that the ASQ did not adequately take into consideration cultural differences in childrearing (e.g., the assessment asks about using a fork, and in some cultures forks are not used by toddlers and preschoolers) and would not be well-received by providers. On the other hand, some sites reported that doing the ASQ identified and reinforced for the caregivers early skills that children need as preparation for schooling. One Somali caregiver noted that she didn’t realize learning to draw a person was a skill that children are expected to have. She had never asked her children to draw a person.

Summary

Building trust and community is crucial to successfully engaging FFN providers. Participating providers had positive experiences with other participants, although that was more challenging for some ethnic groups, and gained information about community resources for themselves. Building trust was a slow and delicate process. Some viewed the evaluation as a threat to that trust building, while others did not.

Connecting and Collaborating

Connecting and collaborating was one of the immediate strengths of the programs identified by respondents, who noted that community partners worked well together. They shared materials and information and connected the programs and FFN caregivers to community resources. One respondent said, “This project enhanced relationships between [sic] community partners,” and others noted that partner agencies were flexible and helpful and brought needed expertise. One project had a site that closed, needed to regroup, and was able to stay in the neighborhood due to flexibility of partner agencies. Community agencies supplied curriculum materials and were responsive to the requests and needs of the FFN participants. Program personnel noted that the number one request from FFN providers was ideas for activities to do with children.

On the other hand, some providers noted that working with agencies could also be difficult. Some agencies lacked experience with FFN caregivers and immigrant populations, and the greater the number of organizations involved, the more coordination and communication was needed. Communication often had to go through several people, which slowed down the process. Clarifying roles and responsibilities with partner agencies during the grant writing process was suggested to aid communication and ensure coherence of the program itself. One staffer noted that there were distinct differences in some of their offerings, and it was hard to marry them during the implementation.

Funding challenges with partner agencies also affected staffing and program implementation, which in those cases slowed down outreach and restricted programming. One project noted the short, 2-year timeframe, saying that it takes that long to respond and get up and running, and then the funding is gone.

Summary

A strong and well-functioning infrastructure aids program implementation, and programs report some strengths and difficulties in working with their agencies. Funding challenges also affected program implementation.

Responding to Context for Program Planning and Delivery

Responding to context for program planning and delivery was perceived by respondents as what made these projects work; that is, each program had to draw on local resources, respect the cultural context, and respond within local constraints (e.g., transportation) in order to be successful. Because the legislation specifically listed health, one of the first topics addressed was health and safety. Child Abuse Minnesota presented workshops on building assets to strengthen families, which were developed based on questions raised by participants. Keeping staff consistent helped develop relationships so that providers could express their needs and interests. Program personnel came from a variety of backgrounds, reflected in their development and implementation of programs. Backgrounds included librarians, ECFE teachers, Head Start teachers, early education trainers, childcare lead teacher, social worker, family worker, and Peace Corps experience.

Some programs (e.g., Northland, Thorson Memorial Library) surveyed possible participants about their interests. Others conducted ad hoc discussions during scheduled meetings to assess questions of interest to the FFN providers. For example, American Indian providers expressed interest in culturally aligned materials, and teachers found Ojibwe language books to address this interest.

Although curriculum was driven by participants' needs and interests, the following curricula were named as sources for program activities for children: Creative Curriculum, Our Time Together, Play and Learn, and Para Los Ninos. The national organization, Zero to Three, was also referenced as a source of information. As noted previously, Child Abuse Minnesota drew from curriculum work on assets, specifically Protective Factors for Families, from the Center for Social Policy, developmental wheels, PACER-Champion for Children with Disabilities, and Emphasis on Children's Emotional Development from the Talaris Institute, and the Children's

Museum also adapted curriculum in Spanish specifically for their project. Projects that partnered with ECFE relied on the ECFE model for program content.

While the curriculum scan will examine this more thoroughly, in the classroom-based components, there was a sense that curriculum was used responsively; that is, that teachers and home visitors drew from a range of sources and sets of activities, rather than adhering to a formal curriculum. This strategy is reasonable for a variety of reasons (e.g., length of time of engaging the providers and children, interest in responding to needs and interest of providers and children, adapting to cultural interests), and it was commonly used across projects. At the same time, one project staff member noted that in her program, the curriculum felt less connected towards the end of the program.

Project personnel who did family home visits used the specific interests, ages of children, and needs of the families to plan activities for the visits. Program directors noted that the primary request of providers in both large group activities and family visits was for take-home activities to do with children, which reflects the interests and motivation of these FFN caregivers.

Project personnel had an enormous challenge in creating meaningful programs for providers, but in interviews they related that they were able to adapt curriculum as needed. They attributed their adaptability and flexibility to the fact that they had several years of experience in working with a variety of adults and children. Some project personnel described the significance of their work. “We were giving caregivers with a limited educational background really basic and fundamental information and examples, especially about play.” Another stated, “The whole idea of getting ready for school was a new thing. A lot for the first time were coloring and singing songs, using scissors, understanding the importance of different skills to get ready for school.”

Program staff also reported making some changes as they implemented the programs. Examples of changes were:

- Shortening the number of weeks a cohort group would meet in order to increase the number of cohort groups overall
- Adding a parent educator to increase information about activities with children
- Bringing in other resources from outside organizations
- Offering home visits as an alternative to the classroom program
- Altering the schedule of community events.

Not everyone made changes; for example, Child Abuse Minnesota, although responsive to the requests of participants, answered those with available curricula.

Summary

Meeting the needs of the FFN providers was quite challenging, and program staff intentionally and thoughtfully worked to respond to their needs. This often entailed mixing of curricula, or modifying program plans. Further work needs to be done to examine the effectiveness of curricular mixes and document successful program modifications.

Teaching/Training Grounded in Experience

A theme that resonated in the FFN grant program is one reflected nationally as well: **teaching/training grounded in experience.** Program directors noted that they looked for project personnel who knew the community and who had experience working with both children and adults. In some cases, existing staff was used. Almost no specific training for working with FFN providers was given.¹ One director said, “They were specialists in their own work. We didn’t train because most had presentations they gave.” Staff was stable, and most favored experience over training as what was necessary to do this work well. Some spoke several languages and had home visiting experience. Meeting the needs of FFN providers in these programs requires a diverse set of tasks and staff skills, so the wide range of experiences and backgrounds seemed necessary and appropriate. Even so, staff still reported learning unique to their work with FFN providers. Some examples include the time it took to build trusting relationships, the unpredictability of caregivers’ schedules affecting their availability to participate in programs, and the interests, needs and learning styles of the FFN caregivers. Staff who had regular meetings to debrief appreciated that opportunity, saying that sharing insights with one another really helped, so there “wasn’t a constant reinvent[ion of] the wheel.” They acknowledged that “this is unusual work, and having the basic support and opportunity to talk about it was important.”

Although project personnel clearly demonstrated areas of competence and felt comfortable working in these programs, it was rare to find individual staff who had experience and training in the multiple areas of early education, adult learning, FFN caregivers and specific cultural perspectives. Clearly, this is a new arena for cultivating staff competencies, and meaningful staff development within the context of FFN education and support programs requires further discussion and development. Developing educational programming for staff working with FFN providers that incorporates many of the lessons learned from the grant program and other FFN initiatives around the nation may help programs “get up to speed” more quickly and easily and improve their effectiveness.

Program directors and staff were also asked about the extent to which cultural factors such as language barriers or lack of knowledge about specific cultural child rearing practices affected their work with FFN providers. The programs served at least six different cultural groups, including Caucasian, African American, Native American, Somali, Hmong, and West and East Africans. At least 50 percent of the programs served FFN providers from multiple ethnic backgrounds. Having translators was viewed as key and an absolute necessity. Surprisingly, however, program staff did not report lack of knowledge of specific cultural practices, or cultural issues in general, to be barriers in working with the FFN providers either on-site or in their homes or apartment buildings. In sites where multiple ethnic groups participated, program personnel noted that having a multicultural staff enabled them to address and respond to any issues related to culture. One staff member talked about the challenges for new immigrant families around the topic of discipline and around general concepts of child and adult development; others acknowledged the “newness” of the concept of school readiness and the need to move slowly when introducing new information, and to keep reviewing ideas and

¹ We are not aware of any training in this region, or elsewhere, at this time that specifically focuses on working with FFN populations.

concepts. One program specifically noted how they gathered information about African life and incorporated culturally specific information into the practice preschool sessions, and that the African grandparents responded by bringing in traditional African music and teaching dance.

Summary

Staff possessed a range of experiences and backgrounds, which are needed as multiple skills and experiences are required to serve diverse FFN populations. Educational programming for staff that incorporates lessons learned from this program and others may increase the effectiveness of new and continued program implementation. The role of cultural factors and program goals should also be continually examined and program implementation adapted as needed.

Reflections on the Evaluation Process

The initial lesson, experienced first-hand by both the projects and evaluators, was the difficulty in identifying FFN providers in various communities and persuading them to participate in a program aimed at improving their knowledge both of the health and welfare of children and of child development, particularly in terms of school readiness. Although the original plan called for pre-measurement of some constructs of interest, it was apparent that this would compromise the fragile relationships the programs were building. Thus, the evaluation became more focused on implementation, with an emphasis on description of programs, participants, and children.

Because the evaluation necessarily changed, communication about evaluation with all staff at programs broke down initially. Once the evaluation component was defined and began to be implemented, sites were enthusiastic about learning from it. The process of data collection reflected one obstacle that program implementation experienced, that of finding times when maximum numbers of providers were available to respond to the survey. Some sites were able to administer the survey online, which addressed the problem of finding good times to meet. Other sites held events at which they administered the survey. On their own, some sites also developed satisfaction surveys of individual activities or events to gauge providers' perspectives on them and inform their own programming.

Also, initially problematic was concern about the ASQ. As noted previously, some sites were concerned about reporting requirements associated with administering tests to children. Some noted that they would have liked to have administered the ASQ earlier in the project, as it provided information about developmental tasks children are expected to master.

For development of the FFN Caregiver Survey, evaluators worked closely with program staff with the realization that evaluation would be a new concept to many of the respondents. Items were developed based on the literature and other surveys given to FFN providers. The evaluation team created the best measure possible while facing a challenge to ensure that the questions would be understood by all across multiple languages even when translated. The survey was translated and administered, with translators available, to the respondents. The partnership with the sites on the evaluation was critical to enrolling participants and collecting data, and the evaluation team is grateful for their solid and helpful participation.

The strength of the evaluation was its multi-method approach, which accessed multiple data sources. Reliability was enhanced by the careful review to cull themes, which was done with two to three reviewers, as needed. Additionally, results were shared with program staff as needed for confirmation.

In short, the evaluation mirrors the experience of the program developers in that it had to adapt quickly as difficulties — such as finding participants — surfaced. Although pre-measures were not used, a respectable sample of respondents across programs participated in a comprehensive survey about their backgrounds, work, and participation with children in developmental activities. Results from this survey provide a data set that functions as a solid baseline since the programs are still in their infancy. The ASQ was given in small numbers at all sites, and the information provides a beginning for documenting the school readiness of children cared for in FFN settings in Minnesota. The survey, ASQ results, and interview findings provide good information for informing the next steps of FFN programming.

Like any good evaluation, what is missing spurs further exploration in some areas, particularly of culture. When program staff were asked about cultural issues, they mentioned the adaptations they made (e.g., use of translators, bringing language-familiar materials to providers), but almost none mentioned challenges with cultural perspectives affecting the implementation. This was a surprise to the evaluation team. We anticipated responses that described difficulties in the match of certain ideas or concepts. However, participants may have felt the need to adapt to what was being presented. They may have viewed this as an opportunity for acculturation, their initial reticence about participating may have made them reluctant to question the cultural sensitivity of the materials or the project personnel, or they may have been comfortable with all the materials and interactions they experienced. Alternatively, initial difficulties with recruitment may have been due in part to cultural issues playing a role in finding the most effective ways to contact and connect with providers and encourage their participation.

Although program staff and program content worked to address varying perspectives, there were small hints that this is an area for continued attention. For example, one person noted that Africans do not teach their children to use silverware, but the ASQ uses the ability to eat with a fork as a developmental task. Program staff described challenges in creating meaningful programs for providers. It is likely that there are other examples, that a more focused examination could reveal.

The evaluation team was fortunate to receive some additional funds from the McKnight Foundation to collect interview data from grandparents who participated in the FFN grant program. The intent of this project is to add to what was learned during this initial evaluation to better understand from the perspective of the grandparents the impact participating in the program had on their knowledge and practices with their grandchildren and their families. Interviews have begun and results should be available at the end of spring, 2010.

Lessons Learned/Recommendations

For centuries, families have adapted to the local situation in providing care for children when families must work. In early rural America, women working in the fields simply kept the children with them, often playing at the edges of the field while the mother worked. Today, the country reflects a diversity of ethnic backgrounds and cultures. There is private and public child care available for children, but 46 percent of Minnesotans rely on family, friends, and neighbors to care for their children while they work. Because such a high percentage of children are cared for in these informal and fluid settings, it is imperative that caregivers realize their vital role in promoting health, safety, growth and development, including school readiness, for their young charges. Accordingly, Minnesota's state funding of programs aimed at serving caregivers and children in FFN settings is groundbreaking, and evaluation of these programs provides a unique opportunity to understand program development and implementation, participants, and children.

The FFN grant program served diverse groups of FFN providers: almost half non-Caucasian, representing nine countries of origin other than the United States, mostly married, and taking care of their own children as well as those of family, friends, and neighbors, with almost 42 percent holding another job. FFN caregivers reported engaging in school readiness activities (broadly construed), and like many who take care of young children, they did not get out of the caregiving setting very often.

Implementation of the FFN projects across the state began slowly as issues of definition and identification quickly became apparent. Though researchers and helping professionals may have defined this category of caretakers, FFN providers themselves have not identified themselves as such; they have no identifiable network. Thus, programs had to get out the message that this work counts, and that as people who take care of children in informal, home-based settings, there is support in the community for the work being done.

Initially, trust was fragile as many people had involvement with community programs that quickly ended as funding disappeared. Some were recent immigrants who, for various reasons, were cautious about calling attention to themselves. Nevertheless, program developers put together a variety of interventions designed to bring information to FFN providers in their communities. No two programs look alike, yet many of the experiences were similar. Program components mirrored components recommended in literature, such as providing information on a range of child development topics, expanding informal networks of FFN providers, and ensuring training occurs in home languages or via effective translation services [Vang, 2006].

Scheduling was difficult. Providers often do not work predictable hours. The parents they help work various shifts. Jobs can change frequently within this population; thus, the relationship between the provider and child remains, but the hours of child care can change quickly. There may be some transiency as people seek affordable housing, and transportation can be a problem. Eventually, after trying various times and types of programs, program implementers came to believe that a set schedule worked better than trying to accommodate the shifting schedules of providers.

Some programs used home visits and one-on-one contact with providers. In this way, education about early development took place in the home and was responsive to individual interests and needs. Other programs met at libraries and community centers. These programs were based on perceived needs of the attendees. It took time to get a stable group of people who attended the events. Some programs used a combination of large events and home visits. All programs provided materials for early learning to be used at the provider's home. Providers most frequently requested activities to do with children. These were quite successful, with one library reporting an increase in its circulation related to providing these materials, and another site reporting that people were constantly asking for a new set of materials.

FFN providers reported robust participation in learning activities with children, evidencing a group that is interested in early learning. This involvement with children in learning the many tasks of childhood supports the importance of programs like this. Providers come from various educational, ethnic, cultural, and language backgrounds. The children they serve will enter local schools needing a well-defined set of school readiness skills in order to be successful.

Evaluation findings describe the providers, children, and the programs that served them. Central recommendations of this evaluation include using child developmental and family support perspectives; the implementation of themes of raising awareness; building trust and community; connecting and collaborating; responding to context for program planning and delivery; teaching/training grounded in experience and knowledge of local context; defining, creating, and supporting a community of FFN practitioners; and creating networks of support and information for FFN caregivers. Broadly, we recommend efforts that continue to support FFN work, both for program development, including staff development, and for providers. The following delineates more specifically our recommendations.

1. Foster learning and support opportunities, such as an FFN provider network for FFN providers. At the end of their participation in the first FFN grant programs, caregivers reported high levels of activities with children and high interest in learning more activities to do with children. Providers desire and need multiple kinds of supports, including:
 - Information about child development and school readiness
 - Methods for strengthening their community connections
 - Education about family-friend relationship issues and communication.
2. Clearly define and effectively target both program implementation and policy. This is important because there are limited resources and a vast FFN population. Developing strategic understanding and targeting of groups of FFN providers (e.g., grandparents, those receiving subsidies) will likely result in greater uptake of programs, higher quality implementation, greater program effectiveness, and more effective use of funds. These programs identified whom they would serve but noted that there were other, equally needy groups that wanted to participate (e.g., African Americans). Clarity of definition and targeting of groups will also help the State as it implements its strategic initiatives for FFN caregiving.

3. Continue program development with attention to program goals, content and effectiveness. Largely, the programs delivered an eclectic curriculum based on identified needs at the delivery site. Initially, programs realized that their main goal was participation and worked to build a stable group of participants by responding to needs.
 - a. Clarify program goals for child development and caregiver-family support, and ensure coherence with program content and services offered (e.g., perhaps primary and then secondary services).
 - b. Examine more closely the extent to which the content that formed the basis for program information matched and met the goals of the program and of the caregivers.
 - c. Explore connections between program goals and cultural perspectives. Respondents in this evaluation may have been reluctant for a variety of reasons to raise issues about the cultural appropriateness of some of the curricula and practices being taught. Subsequent evaluations should examine this issue more closely.
4. Develop education and support for professionals working with FFN providers. This will accomplish at least two purposes: apply lessons learned from Minnesota FFN initiatives and national initiatives to improve program implementation, and create a community of practice for professionals working with FFN providers. We now have a substantial body of knowledge about what works to engage and sustain FFN caregivers in programs; there is consistency with the Minnesota themes and the themes from the national review conducted by Porter, et al., and it is time to act on that knowledge.
 - a. Create and disseminate materials to guide successful program implementation and develop trainings so that programs can start at a higher level of implementation. Programs will be more efficient, needing to do less adapting at the delivery level, and will likely increase their quality and effectiveness.
 - b. Cultivate a community of practice for professionals working with FFN providers. Offer staff development specific to working with FFN caregivers and cultivate the multiple competencies required to successfully support FFN caregivers.
5. Continue to evaluate program implementation and effectiveness. The evaluation literature is replete with examples of ways to use evaluation to guide continued implementation (see developmental evaluation, Patton, 2008).
 - a. Future evaluation should examine findings against the community context (e.g., educational level, employment data, etc.). Finding what works for whom in what setting is a critical need for FFN program development and implementation.
 - b. The programs examined in this evaluation are beginning a second round of funding. Programs are in a better position with this second phase of program implementation to collect data at earlier stages of program participation, making it more appropriate and feasible to examine changes over time.
 - c. Provide support to organizations delivering FFN programs to improve their internal capacity to track aspects of program implementation. Required collection

of program implementation data with a clear format will provide structure and accountability to the programs may be helpful when viewed for both individual programs and the full grant program.

Minnesota prides itself on its education systems, and once again, the state has shown its willingness to work in new territory for the good of its children. Family, Friend and Neighbor programs provide support for the early education of children and support of families, whether it is because parents prefer it or there are few resources for formal early education. Six programs spread across the state designed and successfully implemented a variety of programs to address the needs of the family, friends, and neighbors who help these parents and their children. FFN caregivers learned about safety, health, and ways to support early literacy in children. They found support for the isolating work of taking care of children, and they learned what is available in their own communities and in the state to support them in their work. Evaluation results support continued implementation of the existing programs and suggestions to continue to improve implementation and outreach to FFN providers. With continued program implementation and consistent participation, evaluation can then focus on use of measures to allow for pre- and post-assessment of caregivers' perceptions, knowledge, and attitudes and children's developmental status. With continued commitment to these projects, we believe Minnesota will be filling a great need for the FFN caregivers, families and children they care for.

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Appendix A: Grant Legislation

FFN Grant Program (FY 2008-2009)

Funding: \$750,000

109.31 Sec. 58. **FAMILY, FRIEND, AND NEIGHBOR GRANT PROGRAM.**

109.32 Subdivision 1. **Establishment.** A family, friend, and neighbor (FFN) grant program
*109.33*is established to promote children's early literacy, healthy development, and school
*109.34*readiness, and to foster community partnerships to promote children's school readiness.
*109.35*The commissioner shall attempt to ensure that grants are made in all areas of the state. The
*110.1*commissioner of human services shall make grants available to fund: community-based
*110.2*organizations, nonprofit organizations, and Indian tribes working with FFN caregivers
*110.3*under subdivision 2, paragraph (a); and community-based partnerships to implement early
*110.4*literacy programs under subdivision 2, paragraph (b).

110.5 Subd. 2. **Program components.** (a)(1) Grants that the commissioner awards under
*110.6*this section must be used by community-based organizations, nonprofit organizations, and
*110.7*Indian tribes working with FFN caregivers in local communities, cultural communities,
*110.8*and Indian tribes to:

110.9 (i) provide training, support, and resources to FFN caregivers in order to improve
*110.10*and promote children's health, safety, nutrition, and school readiness;

110.11 (ii) connect FFN caregivers and children's families with appropriate community
*110.12*resources that support the families' health, mental health, economic, and developmental
*110.13*needs;

110.14 (iii) connect FFN caregivers and children's families to early childhood screening
*110.15*programs and facilitate referrals where appropriate;

110.16 (iv) provide FFN caregivers and children's families with information about early
*110.17*learning guidelines from the Departments of Human Services and Education;

110.18 (v) provide FFN caregivers and children's families with information about becoming
*110.19*a licensed family child care provider; and

110.20 (vi) provide FFN caregivers and children's families with information about early
*110.21*learning allowances and enrollment opportunities in high quality community-based
*110.22*child-care and preschool programs.

110.23 (2) Grants that the commissioner awards under this paragraph also may be used for:

110.24 (i) health and safety and early learning kits for FFN caregivers;

110.25 (ii) play-and-learn groups with FFN caregivers;

110.26 (iii) culturally appropriate early childhood training for FFN caregivers;

110.27 (iv) transportation for FFN caregivers and children's families to school readiness and
*110.28*other early childhood training activities;

110.29 (v) other activities that promote school readiness;

110.30 (vi) data collection and evaluation;

110.31 (vii) staff outreach and outreach activities;

110.32 (viii) translation needs; or

110.33 (ix) administrative costs that equal up to 12 percent of the recipient's grant award.

110.34 (b) Grants that the commissioner awards under this section also must be used to fund
*110.35*partnerships among Minnesota public and regional library systems, community-based
*111.1*organizations, nonprofit organizations, and Indian tribes to implement early literacy
*111.2*programs in low-income communities, including tribal communities, to:

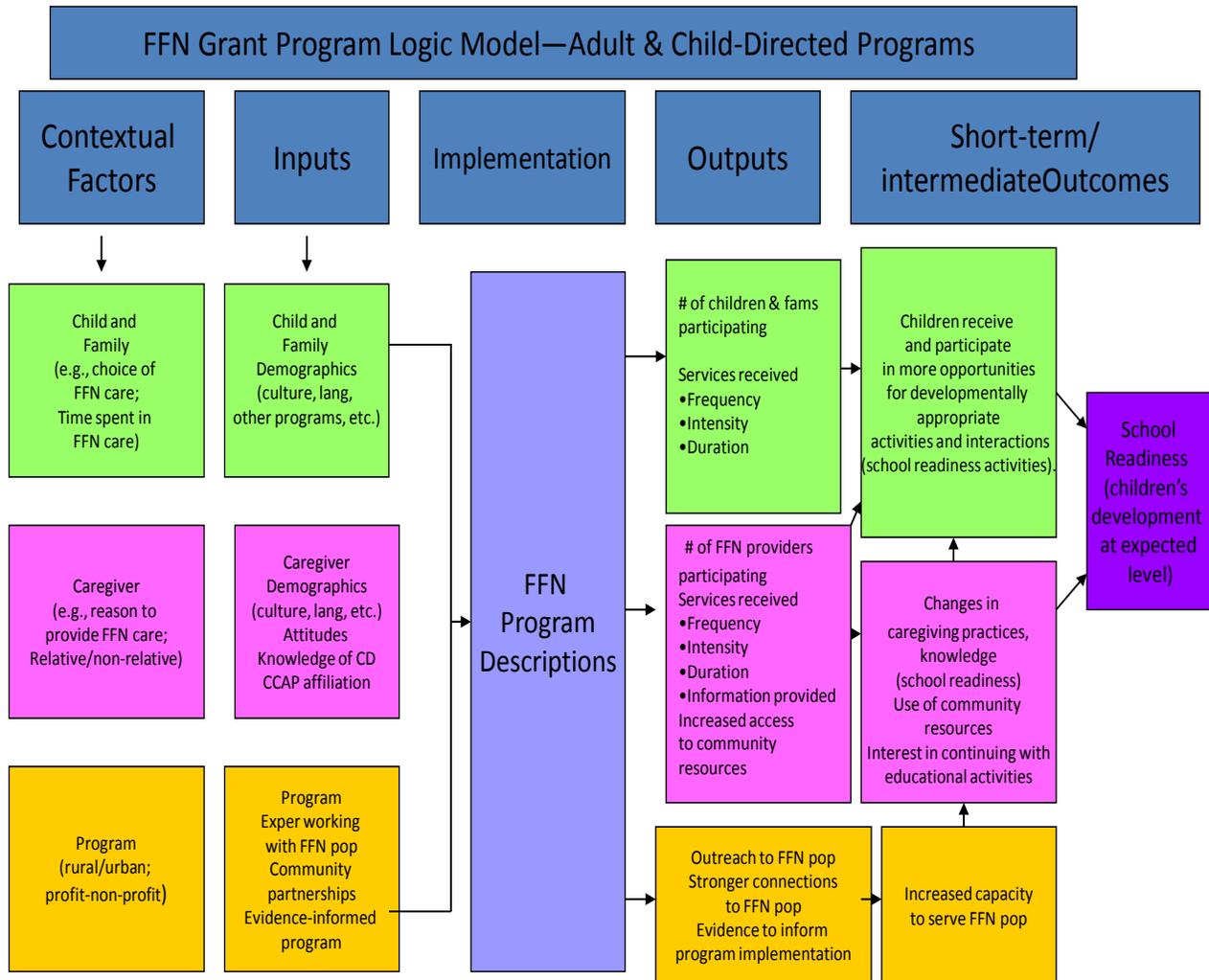
111.3 (1) purchase and equip early childhood read-mobiles that provide FFN caregivers
111.4and children's families with books, training, and early literacy activities;
111.5 (2) provide FFN caregivers and children's families with translations of early
111.6childhood books, training, and early literacy activities in native languages; or
111.7 (3) provide FFN caregivers and children's families with early literacy activities in
111.8local libraries.

111.9 Subd. 3. **Grant awards.** Interested entities eligible to receive a grant under
111.10this section may apply to the commissioner in the form and manner the commissioner
111.11determines. The commissioner shall awards grants to eligible entities consistent with
111.12the requirements of this section.

111.13 Subd. 4. **Evaluation.** The commissioner, in consultation with early childhood
111.14care and education experts at the University of Minnesota, must evaluate the impact of
111.15the grants under subdivision 2 on children's school readiness and submit a written report
111.16to the human services and education finance and policy committees of the legislature by
111.17February 15, 2010.

111.18**EFFECTIVE DATE.**This section is effective the day following final enactment.

Appendix B: FFN Grant Program Evaluation Logic Model



CEED (2008)

Appendix C: FFN Grant Program Evaluation Questions

The following evaluation questions guided the original design and methods:

1. What are the characteristics of children and families?
2. What are the characteristics of FFN caregivers?
3. What are the characteristics of the FFN programs?
4. Were the programs delivered as intended?
5. Were programs able to successfully engage FFN providers?
6. Were programs able to successfully engage children in age-appropriate developmental activities?
7. To what extent do FFN program features relate to program outcomes? How do these features add to the existing supports for FFN care?
8. Over the course of participation in the FFN grant program, to what extent were there changes in caregivers' knowledge or practice about early child development and school readiness? Adult-child interaction strategies/engagement associated with school readiness?
9. Over the course of participation in the FFN grant program, to what extent were there changes in caregivers' knowledge and attitudes in relation to their own education about children's development and early care and education?
10. Over the course of participation in the FFN grant program, to what extent do children whose caregivers participate demonstrate age-appropriate school readiness skills?
11. To what extent do FFN participants have access to and make use of the resources available to them to help their children be ready for school?
12. To what extent are FFN caregivers receiving information about the resources available to them regarding the early care and education system?

Appendix D: FFN Grant Program Evaluation Design

Evaluation Design CEHD1

	Data Constructs	Method and Measure	Timing of data collection	Data source
Program	Program content Implementation •Successes •Challenges •Cultural issues	Site visit Questionnaire	1 year into program Program completion	Program director Direct service staff
Caregivers	Caregiver knowledge and activities related to school readiness and children's development	Questionnaire	Toward program completion	FFN caregivers
Children	Communication Gross Motor Fine Motor Problem Solving Personal-social	Ages and Stages Questionnaire-3 (ASQ-3)	Program completion	FFN caregivers

Appendix E: Family, Friends, and Neighbor Caregiver Survey

Name _____

ID _____

Introduction: This survey is part of the evaluation of the Family, Friends, and Neighbors grant. Because you participated in some activities related to the grant, we are asking you to give us some information that will help us make the program better. Some questions are about you and your caregiving. Because the grant was sponsored by the State of Minnesota, we are asking these questions because knowing more about you will help legislators write policies for better programs for people who care for children in their homes.

Your answers will be reported anonymously and will be used only as part of a group in the report.

Demographics: Please tell us a little bit about yourself.

1. What is your gender?

- Male
- Female

2. What is your age?

- 18-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65-69
- 70-74
- 75-87

3. What is your race or ethnicity?(Check One)

- | | |
|--|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> African-Somali | <input type="checkbox"/> White/European American |
| <input type="checkbox"/> African-Ethiopian | <input type="checkbox"/> European Immigrant |
| <input type="checkbox"/> African-Eritrean | <input type="checkbox"/> Chicano |
| <input type="checkbox"/> Other African | <input type="checkbox"/> Central or S. American |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Other Latino |
| <input type="checkbox"/> Lao | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other |

4. Please indicate your marital status.

- | | |
|---|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Living together as married but not legally married | <input type="checkbox"/> Never Married |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Missing/Refused |
| <input type="checkbox"/> Divorced | |

5. Are you a parent to children of your own?

- Yes
 No

6. How many children of your own do you have?

- 0
 1
 2
 3
 4
 5 or more

7. How old is your oldest child?

- 0
 1-2
 3-5
 6-9
 10-12
 13 or older

8. Do you have a paid job in addition to taking care of children?

- Yes
 No

9. Some participants may have immigrated to the United States. It helps us to know your country of origin. What is your country of origin?

10. If you have immigrated to the United States from another country, it helps us to know how long you've been here. How long have you lived in the United States?

0-2 years
 3-5 years
 6-9 years
 10-15 years
 Over 15 years
 Born in U.S.

11. What languages do you speak fluently? (Check all that apply)

<input type="checkbox"/> English	<input type="checkbox"/> Hmong
<input type="checkbox"/> Spanish	<input type="checkbox"/> Other African
<input type="checkbox"/> Somali	<input type="checkbox"/> Other American Indian
<input type="checkbox"/> Lao	<input type="checkbox"/> Other European
<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Ojibwe	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Dakota	<input type="checkbox"/> Serbo/Croatian
<input type="checkbox"/> Arabic	<input type="checkbox"/> American Sign Language

Education and Child-related Training/Education

12. Please indicate your highest level of education. In the column to the right of your education level, please indicate whether that education took place mostly in the United States, your home country, or another country altogether.

	United States	Home Country	Other
Eighth grade or lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate or GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some college (includes 2-year degree/technical college)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College graduate (BA, BS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-graduate work or professional school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please indicate which educational experiences related to children that you have had. (Check all that apply.)

- Early Childhood Family Education (ECFE) or other parent education
- Workshops on child development, nutrition, health, and/or safety
- Child care training program through a church, community or government organization
- Head Start
- College classes in child development, nutrition, health, and/or safety

14. Please tell us other ways that you've learned about children. (Check all that apply.)

- By caring for children
- From reading books
- From your own parents or extended family
- By watching educational videos/DVD's

15. Please check any of the other ways listed below that have helped you learn about children.

- | | |
|--|--|
| <input type="checkbox"/> Educational TV | <input type="checkbox"/> Health fairs |
| <input type="checkbox"/> Doctor or Clinic | <input type="checkbox"/> College or University Library |
| <input type="checkbox"/> Facts sheets or pamphlets | <input type="checkbox"/> Bookmobile |
| <input type="checkbox"/> Public Library | <input type="checkbox"/> Child care outreach program |
| <input type="checkbox"/> Child care or teacher magazines | <input type="checkbox"/> 800 number for caregivers |
| <input type="checkbox"/> The Internet | |

Caregiving

16. Please list the first names of the children you care for in a typical week, from Sunday through Saturday.

Child #1, Name:

Please indicate the age, the time of day, and number of hours per week that you care for them.

Age:	Time of Day:	Approximate Number of Hours Per Week:
<input type="checkbox"/> 0-12 months	<input type="checkbox"/> Everyday during standard working hours from about 7am to 6pm	<input type="checkbox"/> Fewer than 5 hours
<input type="checkbox"/> 1 year	<input type="checkbox"/> After school	<input type="checkbox"/> 6-10 hours
<input type="checkbox"/> 2 years	<input type="checkbox"/> Before School	<input type="checkbox"/> 11-19 hours
<input type="checkbox"/> 3 years	<input type="checkbox"/> Early mornings before 7am	<input type="checkbox"/> 20-29 hours
<input type="checkbox"/> 4 years	<input type="checkbox"/> Evenings from about 6pm to 10pm	<input type="checkbox"/> 30-39 hours
<input type="checkbox"/> 5 years	<input type="checkbox"/> Late nights after 10pm	<input type="checkbox"/> More than 40 hours
<input type="checkbox"/> 6 years	<input type="checkbox"/> Weekends	
<input type="checkbox"/> 7 years		
<input type="checkbox"/> 8 years		
<input type="checkbox"/> 9 years		
<input type="checkbox"/> 10+ years		

Child #2, Name:

Please indicate the age, the time of day, and number of hours per week that you care for them.

Age:	Time of Day:	Approximate Number of Hours Per Week:
<input type="checkbox"/> 0-12 months	<input type="checkbox"/> Everyday during standard working hours from about 7am to 6pm	<input type="checkbox"/> Fewer than 5 hours
<input type="checkbox"/> 1 year	<input type="checkbox"/> After school	<input type="checkbox"/> 6-10 hours
<input type="checkbox"/> 2 years	<input type="checkbox"/> Before School	<input type="checkbox"/> 11-19 hours
<input type="checkbox"/> 3 years	<input type="checkbox"/> Early mornings before 7am	<input type="checkbox"/> 20-29 hours
<input type="checkbox"/> 4 years	<input type="checkbox"/> Evenings from about 6pm to 10pm	<input type="checkbox"/> 30-39 hours
<input type="checkbox"/> 5 years	<input type="checkbox"/> Late nights after 10pm	<input type="checkbox"/> More than 40 hours
<input type="checkbox"/> 6 years	<input type="checkbox"/> Weekends	
<input type="checkbox"/> 7 years		
<input type="checkbox"/> 8 years		
<input type="checkbox"/> 9 years		
<input type="checkbox"/> 10+ years		

Child #3, Name:

Please indicate the age, the time of day, and number of hours per week that you care for them.

Age:	Time of Day:	Approximate Number of Hours Per Week:
<input type="checkbox"/> 0-12 months	<input type="checkbox"/> Everyday during standard working hours from about 7am to 6pm	<input type="checkbox"/> Fewer than 5 hours
<input type="checkbox"/> 1 year	<input type="checkbox"/> After school	<input type="checkbox"/> 6-10 hours
<input type="checkbox"/> 2 years	<input type="checkbox"/> Before School	<input type="checkbox"/> 11-19 hours
<input type="checkbox"/> 3 years	<input type="checkbox"/> Early mornings before 7am	<input type="checkbox"/> 20-29 hours
<input type="checkbox"/> 4 years	<input type="checkbox"/> Evenings from about 6pm to 10pm	<input type="checkbox"/> 30-39 hours
<input type="checkbox"/> 5 years	<input type="checkbox"/> Late nights after 10pm	<input type="checkbox"/> More than 40 hours
<input type="checkbox"/> 6 years	<input type="checkbox"/> Weekends	
<input type="checkbox"/> 7 years		
<input type="checkbox"/> 8 years		
<input type="checkbox"/> 9 years		
<input type="checkbox"/> 10+ years		

Child #4, Name:

Please indicate the age, the time of day, and number of hours per week that you care for them.

Age:	Time of Day:	Approximate Number of Hours Per Week:
<input type="checkbox"/> 0-12 months	<input type="checkbox"/> Everyday during standard working hours from about 7am to 6pm	<input type="checkbox"/> Fewer than 5 hours
<input type="checkbox"/> 1 year	<input type="checkbox"/> After school	<input type="checkbox"/> 6-10 hours
<input type="checkbox"/> 2 years	<input type="checkbox"/> Before School	<input type="checkbox"/> 11-19 hours
<input type="checkbox"/> 3 years	<input type="checkbox"/> Early mornings before 7am	<input type="checkbox"/> 20-29 hours
<input type="checkbox"/> 4 years	<input type="checkbox"/> Evenings from about 6pm to 10pm	<input type="checkbox"/> 30-39 hours
<input type="checkbox"/> 5 years	<input type="checkbox"/> Late nights after 10pm	<input type="checkbox"/> More than 40 hours
<input type="checkbox"/> 6 years	<input type="checkbox"/> Weekends	
<input type="checkbox"/> 7 years		
<input type="checkbox"/> 8 years		
<input type="checkbox"/> 9 years		
<input type="checkbox"/> 10+ years		

Child #5, Name:

Please indicate the age, the time of day, and number of hours per week that you care for them.

Age:	Time of Day:	Approximate Number of Hours Per Week:
<input type="checkbox"/> 0-12 months	<input type="checkbox"/> Everyday during standard working hours from about 7am to 6pm	<input type="checkbox"/> Fewer than 5 hours
<input type="checkbox"/> 1 year	<input type="checkbox"/> After school	<input type="checkbox"/> 6-10 hours
<input type="checkbox"/> 2 years	<input type="checkbox"/> Before School	<input type="checkbox"/> 11-19 hours
<input type="checkbox"/> 3 years	<input type="checkbox"/> Early mornings before 7am	<input type="checkbox"/> 20-29 hours
<input type="checkbox"/> 4 years	<input type="checkbox"/> Evenings from about 6pm to 10pm	<input type="checkbox"/> 30-39 hours
<input type="checkbox"/> 5 years	<input type="checkbox"/> Late nights after 10pm	<input type="checkbox"/> More than 40 hours
<input type="checkbox"/> 6 years	<input type="checkbox"/> Weekends	
<input type="checkbox"/> 7 years		
<input type="checkbox"/> 8 years		
<input type="checkbox"/> 9 years		
<input type="checkbox"/> 10+ years		

17. Where do you care for the child/children?

- Your home
- Child's Home
- Some other place (please specify):

18. What language do you mostly speak with the children you care for?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Other African |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Other American Indian |
| <input type="checkbox"/> Lao | <input type="checkbox"/> Other European |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Ojibwe | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> Serbo/Croatian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> American Sign Language |

Working with parent(s)

19. What is your relationship to the child and family? Please check all that apply

- Grandparent/parent
- Cousin
- Sibling
- Close Friend
- Aunt
- Neighbor
- Uncle
- Other:

20. About how often do you talk with the parent(s) about the child's growing and changing?

- Occasionally
- Almost everyday
- 1 or 2 times a month
- Don't know
- 1 time a week

21. Give an example of something you might talk about:

22. How would you rate the quality of relationship between you and the parent?

- Excellent
- Not very good
- Very good
- Poor
- Good
- Prefer not to answer

23. Please check either agree or disagree for the following statements about your relationship with the parent(s).

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
There is a match between my child rearing values and those of the child's family.	<input type="checkbox"/>				
We agree about the child's schedule.	<input type="checkbox"/>				
We agree about the child's discipline.	<input type="checkbox"/>				
We agree about what the child eats.	<input type="checkbox"/>				
We work together in order to make sure the child's needs are met.	<input type="checkbox"/>				
Sometimes I feel like the child's parents take advantage of me.	<input type="checkbox"/>				
We agree about the child's learning needs.	<input type="checkbox"/>				

Caregiving Activities: The following section is about the activities that you do during time with children.

24. The following are activities that you might do on a day when you are caring for children. Using Never, Rarely, Sometimes, and Frequently, please indicate how often you do these activities.

	Never	Rarely	Sometimes	Frequently
Household chores (cleaning, laundry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking in the neighborhood for exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking to the park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies such as sewing, knitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting socially with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending events with my faith community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singing and/or listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking in a conversation with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. What do children play with and do at your house? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Read books | <input type="checkbox"/> Play dress up |
| <input type="checkbox"/> Play board games | <input type="checkbox"/> Build with blocks, lego, other materials |
| <input type="checkbox"/> Play computer games | <input type="checkbox"/> Complete puzzles |
| <input type="checkbox"/> Write | <input type="checkbox"/> Watch educational DVD or video |
| <input type="checkbox"/> Color | <input type="checkbox"/> Watch entertaining DVD or video |
| <input type="checkbox"/> Paint | <input type="checkbox"/> Watch TV |
| <input type="checkbox"/> Pretend activities | <input type="checkbox"/> Play with alphabet letters |
| <input type="checkbox"/> Other (please specify): | |

26. For each of the following community resources, please indicate how often each one is part of your caregiving activities with children. Use Not at all, Once or twice a year, Every few months, Once a month, Twice a month, Once a week.

	Not at all	Once or twice a year	Every few months	Once a month	Twice a month	Once a week
Library Visits	<input type="checkbox"/>					
Bookmobile	<input type="checkbox"/>					
Community Center or park and recreation visits	<input type="checkbox"/>					
Religious Activities	<input type="checkbox"/>					
Cultural Activities	<input type="checkbox"/>					

27. The following are activities that adults can do with children. Using Never, Rarely, Sometimes, and Frequently, please indicate how often you do these activities.

Social-Emotional Development Activities:

	Never	Rarely	Sometimes	Frequently
Involve children in everyday routines like cooking, cleaning, laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take child to visit other adults (e.g., friends and relatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk about what is right and wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Praise child for his/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

accomplishments				
Play with the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach basic manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Activities continued

Learning and Creativity Development Activities:

	Never	Rarely	Sometimes	Frequently
Work on educational and creative activities (e.g., puzzles, drawing, building something from directions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play finger games (patty cake, peek-a-boo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play pretend games (dress up, dolls, role-playing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide crayons, pencils, and paper for drawing and writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take children to organized activities or lessons (e.g., library story hour, athletic activities, music class)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Activities continued

Language and Literacy Development Activities:

	Never	Rarely	Sometimes	Frequently
Tell stories to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk conversationally with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice language activities (e.g., recite alphabet, teach names)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read to child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play rhyming games (Twinkle, Twinkle Little Star, Itsy Bitsy Spider)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Activities continued				
<i>Cognitive Development Activities:</i>				
	Never	Rarely	Sometimes	Frequently
Play counting games or do math problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name things for the child and provide explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch child-oriented TV and videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach about family and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach the child about his/her heritage through stories, celebrations, books, cultural rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give child simple tasks to do (clean up toys, get something, make a card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn about nature (watching bugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give child simple tasks to do (clean up toys, get something, make a card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Questions about Your Participation

33. Please indicate the project with which you participated.

- Neighborhood House (Includes Resources for Children, Prevent Child Abuse Minnesota, and the MN Children's Museum)
- Early Childhood Resource and Training Center (ECRTC)
- Thorson Memorial Library and West Central Schools (WCA)
- Hennepin County Library Foundation
- White Earth
- Northland Foundation Duluth
- Northland Foundation Hermantown & Proctor
- Northland Foundation Lake Superior School District
- Northland Foundation Carlton County

34. Please estimate how much you participated using Very Often, Often, Sometimes, Rarely, and Cannot Say

- Very Often
- Rarely
- Often
- Cannot Say
- Sometimes

What type of activity is most helpful to you?

- Home visits
- Group activities as a central location

Thank You: Thank you for taking your time to help us better understand people who give care to friends', families' and neighbors' children.

Appendix F: Program Descriptions

Northland Foundation:

Northland Family, Friend and Neighbor Child Care Provider Outreach and Support Initiative

Project Director(s): Zane Bail and Lynn Haglin

Location: Northeastern Minnesota

Project Partners (if any): Carlton County Prenatal/Early Childhood Coalition, Duluth Public Schools Early Childhood Family Education, Lake Superior School District, and Hermantown and Proctor Early Childhood Programs

Numbers of adults and children who participated: Approximately 120 (age birth to 5) children and 600 child care providers (across four project sites).

Project Activities Summary:

- Held four Northland Alliance work sessions with representatives from 10 partner organizations
- Held three joint trainings (FFN provider training on infant and early childhood mental health, early literacy, and strategies for dealing with challenging behaviors, Raising Media Wise Kids training with Erin Walsh, presentation of the Northland FFN Alliance to 150 school and community representatives)
- Distributed infant and toddler parent/caregiver tip cards
- Held 29 Play and Learn Special Events (focused on first aid certification; CPR certification; children and challenging behaviors; large motor activities; summer safety; literacy “make & takes”; outdoor field trips; and gardening and nutrition)
- Completed 75 home visits with 52 FFN Child Care Providers and 105 young children.

Project Personnel:

Organization	Coordination Team Members	Primary Roles/Responsibilities
Northland Foundation ¹	Lynn Haglin , vice-president/ KIDS PLUS director (team leader) Zane Bail , director, special projects	Provide overall project management and fiscal responsibility for the <i>Alliance</i> , including coordination of monthly work sessions, overseeing evaluation, coordination of joint trainings and material development, and management of Innovative Concept Fund
Direct Partners		
Duluth Public Schools Early	Robin McClelland , Early Childhood Family Education (ECFE) specialist	Coordinate Duluth FFN child care provider efforts (subcontractor).

¹ Northland Foundation Project Team includes additional support from two Program Associates, Shari McCorison and Jan Amys; Chief Financial Officer, Heather Brouse; and Administrative Assistant, Suzanne Rauvola.

Organization	Coordination Team Members	Primary Roles/Responsibilities
Childhood Programs: ECFE, Head Start, and School Readiness	Marilyn Larson , supervisor, Early Childhood Programs	
Carlton County Prenatal/Early Childhood Initiative	Mary Lindgren ¹ , coordinator, Carlton County. Parental/Early Childhood Coalition	Coordinate Carlton County FFN child care provider efforts (subcontractor)
Hermantown and Proctor Early Childhood Programs	Cindy Ryan ² , coordinator, Hermantown-Proctor Early Childhood Programs Lori Fichtner , coordinator, Hermantown-Proctor Early Childhood Coalition	Coordinate Hermantown and Proctor FFN child care provider efforts (subcontractor)
Lake Superior School District	Chris Olafson , director, community education/ coordinator, Two Harbors Early Childhood Kim Lenski , ECFE coordinator/coordinator, Silver Bay Early Childhood Coalition	Coordinate Lake Superior FFN child care provider efforts (subcontractor)
Other Northland FFN Alliance Partners		
Child Care Resource & Referral – Region 3	Julie Fredrickson , coordinator	Play key role in identifying, assessing, and supporting FFN caregivers through <i>Alliance</i> and CCR&R efforts
Duluth Public Library	Judith Sheriff , Youth Services coordinator	Support outreach to FFN caregivers through library initiatives, including materials, training, early literacy expertise, etc.
Arrowhead Library System	Rebecca Patton , Public Library consultant	Support outreach to FFN caregivers through public libraries in participating sites and coordination of bookmobile outreach support for material for FFN caregivers
United Way of Greater Duluth and network affiliates serving Carlton and	Therese Scherrer , director, Community Initiatives	Provide connections to well developed relationships with employers and nonprofit partners; and support material distribution and

¹ Please note, Mary Lindgren retired in June 2009. Julie Duesler is the coordinator for Early Childhood Programs in Barnum and Moose Lake, located in Carlton County, and is serving as the key contact for the Carlton County FFN partner site.

² Please note, Cindy Ryan left her position in June 2009 for another position at the University of Minnesota. Lucy Carlson is the new coordinator for the Hermantown-Proctor Early Childhood Program.

Organization	Coordination Team Members	Primary Roles/Responsibilities
Lake Counties		public outreach
Arrowhead Area Agency on Aging	Cindy Conkins , senior planner	Provide information, resources, and support to build connections with grandparents raising or caring for grandchildren
University of Minnesota Duluth	Molly Minkkinen , Ph.D., associate professor of Early Childhood Studies	Provide local program evaluation consultation

Project Activities: The Northland Foundation had five intended activities that they would complete under this grant.	
<p>1. The first intended activity included designing and conducting a regional FFN provider outreach assessment to learn about FFN provider needs in relation to caring for young children.</p>	<p>Northland Foundation designed and conducted the regional FFN provider outreach assessment in the first six months of the grant. The Northland Foundation worked with their Alliance Partners to design two surveys — one for parents and one for FFN providers. They also designed a focus group protocol and facilitators’ guide.</p> <p>These assessment tools were then provided to each of the partner sites, who then worked with local community organizations to administer them. They were able to hold nine focus groups with 41 FFN providers, and received 196 parent surveys and 61 FFN provider surveys.</p> <p>The Foundation found that the needs of parents versus providers were very similar, with providers indicating a need for training and information on safety, child development, early literacy, activities for young children, and strategies for dealing with challenging behaviors in youth. Parents requested information and training on safety, reading, activities for young children, and strategies for dealing with challenging behaviors in youth. Another interesting finding from the assessment was that 80 percent of FFN providers are related to children in their care, with the majority (parents indicating 75 percent) being grandparents.</p>
<p>2. The second intended activity was to complete home visits, hold Play and Learn sessions, and hold training sessions for FFN providers using targeted outreach. These activities were set to take place in the four FFN partner sites: Carlton County, Duluth, Hermantown-Proctor, and</p>	<p>Each of the four partner sites completed a variety of activities ranging from home visits to Play and Learn sessions. A typical Play and Learn session included:</p> <ul style="list-style-type: none"> • Approximately 30 minutes of adult and child activity/play time • Circle time, including finger plays, stories, and songs • Separation of children and providers • Snack for children followed by more play time. <p>During the separation time, providers had the opportunity to network, receive information about a variety of topics, and address any concerns or questions they had.</p>

Project Activities: The Northland Foundation had five intended activities that they would complete under this grant.

Lake County.

Carlton County developed curriculum and materials that were provided to FFN providers through home visits and Play and Learn sessions. They held six Play and Learn sessions that had 54 FFN providers and 79 young children attending. Additionally, they completed 28 home visits with 28 FFN providers and 60 young children.

Duluth hired a staff person for this project who worked on both outreach and early childhood education. With this new staffing, they were able to create an events calendar, assess and select a curriculum, and hire two new staff (educational assistant and parent educator). With this new FFN team, they were able to reach a large number of FFN providers and children. They created home visit kits which included a variety of educational information, and distributed them at 62 home visits with 26 FFN providers and 54 young children. They also held 16 special events over the timeframe of this grant, seven in the last year alone. The events were popular and drew 66 FFN providers and 66 young children and featured many topics, such as CPR and nutrition.

Hermantown-Proctor completed two home visits this year, with two different FFN providers and six children. They also held six Play and Learn sessions where they provided learning activities on topics ranging from literacy to sign language information. Providers left the sessions with books and resources to use in their day-to-day work. Additionally, they created literacy kits that were distributed through both home visits and Play and Learn sessions.

Lake County created three different educational kits, which were designed to illustrate how children learn through play. The kits included a variety of activities ranging from activities that encourage science exploration to activities that build fine motor skills. The kits were provided to five different FFN providers (15 total kits) at home visits. Additionally, home visits were facilitated by a parent educator. Lake County also held three Dinosaur Day events, which were fun, kick-off activities to increase awareness for the FFN activities. They also held 10 Play and Learn sessions with 21 FFN providers and 40 young children attending.

Project Activities: The Northland Foundation had five intended activities that they would complete under this grant.	
3. The Northland Foundation’s third activity was to create a learning community among the Northland Alliance partners. The Northland Alliance includes a range of organizations from the region, such as Arrowhead Library System and United Way of Greater Duluth.	<p>Northland Foundation has made significant progress in creating a learning community among the Northland Alliance partners.</p> <p>The Northland Alliance has held four work sessions to develop a strategy to achieve this goal. The work sessions included representatives from 10 partner organizations.</p>
4. Northland Foundation’s fourth activity was to partner with the Northland Alliance to hold joint trainings, develop materials for FFN providers, and embark on a regional FFN provider public awareness campaign.	<p>The Foundation, working with Alliance partners, developed several joint trainings to enhance the capacity of FFN providers.</p> <p>A regional FFN provider appreciation and training event was developed. It was attended by 30 FFN providers and included training focused on infant and early childhood mental health, early literacy, and strategies for dealing with challenging behaviors.</p> <p>Additionally, they held a Raising Media Wise Kids training, and developed a presentation about the Alliance that was delivered to 150 school and community representatives.</p> <p>Finally, they jointly created infant and toddler parent/provider tips cards that were distributed.</p>
5. Northland Alliance’s fifth activity was to create an Innovative Concepts Fund that would make grants to enhance the capacity of FFN providers to support the healthy development, early literacy, and school readiness of young children.	<p>Northland Foundation created the Innovative Concepts Fund, including creating an application and fund guidelines. They moved forward with awarding funding for their first grantees, which included supporting FFN providers to attend trainings and funding home visit binders for the four partner sites.</p>

Thorson Memorial Library

Project Director(s): Gayle Hedstrom, Pat Anderson, and Deb Hengel

Location: Elbow Lake, Minnesota

Project Partners (if any): West Central Schools, Child & Youth Council (Grant County), and Family Services Collaborative

Numbers of adults and children who participated: 48 children and approximately 50 adults*

Project Activities Summary:

- Distributed more than 100 FFN caregiver toolkits (toolkits distributed in both English and Spanish)
- Held four Play and Learn group events that provided training for FFN caregivers along with educational, age-appropriate activities for children (attended by more than 12 adults and more than 20 children at each event)
- Assembled and circulated Ready to Learn bags in library system (40 created and checked out more than 300 times)
- Ran newspaper articles/ads to reach out to eight new communities to publicize and promote FFN Caregiving supports and resources.

Project Personnel: Susan Sanford, Library staff, cataloging and processing materials; Allie Weigand, West Central Area Schools business department, wrote checks and paid bills; Diane Powers, West Central Area Schools business manager, oversaw financial reporting.

Project Activities: Thorson Memorial Library had four intended activities for this grant.	
1. The first activity was to create FFN provider toolkits that included useful resources and information as identified by providers. They then advertised the toolkits, and distributed them to providers.	Thorson Memorial Library created and distributed over 100 toolkits to FFN providers. The toolkits included educational information such as nutrition and school readiness, in addition to resources such as transportation options and partner materials. They also included materials in Spanish.
2. The second activity was to hold four Play and Learn groups, which provided educational activities for children, and training on children’s health, safety, nutrition, and school readiness for FFN providers.	Thorson Memorial Library successfully held four Play and Learn groups with more than 12 adults and 20 children at each event. The Play and Learn groups were structured to provide activities for children such as crafts and stories, in addition to providing an opportunity for adults to take part in a learning session with an adult educator. They have secured a range of adult educators to facilitate learning sessions, including the local University of Minnesota Extension

* Provider numbers may differ due to attendance counts but not names being taken at events and to inconsistencies in reporting.

Project Activities: Thorson Memorial Library had four intended activities for this grant.	
	Nutrition specialist and the local fire response coordinator. The library received very positive feedback from attendees about the Play and Learn groups.
3. Thorson Memorial Library's third activity was to put together 20 Ready to Learn bags, which included components based on partner input and research. The Library circulated the bags through the library system, bookmobile, and mail.	<p>Thorson Memorial Library surpassed their original goal of putting together and circulating 20 Ready to Learn bags, assembling 40 Ready to Learn bags, which have been checked out more than 300 times with 30 to 35 checked out at any given time. The bags have been circulated through the library, bookmobile, and via mail delivery.</p> <p>The Ready to Learn Bags are backpacks that include a range of materials for both adults and children, with information on topics ranging from children's health to instructions for at-home games that reinforce learning.</p> <p>Thorson Memorial Library has received a significant amount of positive feedback about the Bags, and plan to modify and create more bags based on suggestions received.</p>
4. The fourth activity was to use unconventional channels to reach out to eight different communities in three school districts to promote FFN provider resources.	The Library was able to use both conventional promotion methods, such as newspaper ads and public access television, in addition to unconventional promotion methods, such as arts brochures and placemats, to reach out to new communities. They found that the newspaper ads received a significant amount of feedback, but were unable to determine the impact of some of the other unconventional methods.

Early Childhood Resource and Training Center (ECRTC)

Project Director(s): Sameerah Bilal, Rhonda Reese, and Rebecca Faust Goze

Location: Minneapolis, Minnesota

Project Partners (if any):

Numbers of adults and children who participated: 15 to 20 children and four providers

Project Personnel: 2008-09 American Indian School Readiness Project: Sameerah Bilal-Roby, Louisa Cox, Rebecca Goze, Rhonda Reese, Angela Lyons. 2009-10 American Indian African American School Readiness Project: Sameerah Bilal-Roby, Louisa Cox, Maryann Robinson, Jamie Hanson, Rhonda Reese, Malyun Duale

Project Activities Summary:

- Held three FFN provider trainings (abuse prevention, literacy training, and second-hand smoke)
- Completed home visits
- Completed ASQ questionnaire
- Four of the five providers completed the 120 hour CDA training and are awaiting Child Development Certification
- Held cavity-free kids workshops (brought awareness to the community on dental health problems which leads to other health problems in economically disadvantaged communities).

Project Activities:	
<p>1. ECRTC's primary intended activity was to provide professional development opportunities for caregivers of children that would increase their knowledge and skills. To do this, staff outlined several objectives, including hiring trainers from the American Indian community, integrating families and students in Center activities, and using research-based curriculum and instruction that would increase literacy, health knowledge, safety, and math skills).</p>	<p>ECRTC began a Child Development Certification (CDA) program in August 2008 to help Family, Friend, and Neighbor providers become more educated about child development. The CDA program entails 120 hours of training, including both informal and formal observations of the provider and the children in their care. ECRTC completed a variety of trainings, provided materials and resources to providers and parents, took providers and children to events and on field trips, and completed home visits.</p>
<p>2. Held pre-school classroom for children</p>	<p>ECRTC partnered with several individuals and non-profit organizations to hold 10 FFN provider trainings. The trainings covered a range of topics from CPR and first aid to nutrition and abuse prevention. Additionally, ECRTC partnered with the Washington Dental Service Foundation to provide trainings, entitled "Cavity Free Kids," to help raise awareness about periodontal disease among children in the community. There were two target audiences for the Cavity Free Kids trainings: parents and peer educators. Three parents and seven children attended the training for parents. Several trainings were held for peer educators to provide them with in-depth knowledge of the Cavity Free Kids curriculum to enable them to go out into the community and share what they had learned. Two FFN providers and three staff were trained to become peer educators.</p>

Project Activities:

three days a week for three hours a day.

ECRTC distributed both educational (books, safety kits, etc.) and basic needs (winter coats, gift cards, etc.) items to families and providers.

Children (24) and FFN providers (8) participated in multiple educational and cultural events, such as language immersion camp and a field trip to the Science Museum.

To observe the environment and provide at-home instruction, home visits were completed. Educational materials such as memory games and literacy activities were given to FFN providers.

Under this grant, ECRTC was able to enroll five American Indian FFN providers in the CDA program, of which four completed the program. Those four providers went on to submit applications to the Council of Professional Recognition in Washington, D.C., which will provide them with CDA certificates, allowing them to become head teachers.

Hennepin County Library

Project Director(s): Kelly Wussow, Emily Watts, and Gretchen Wronka

Location: Hennepin County, Minnesota

Project Partners (if any): Minneapolis ECFE and Northwest Hennepin Family Services Collaborative ECFE

Project Personnel: Paulie Salazr, project coordinator; Atalelech Worku, parent educator; Lao Moua, parent educator; Hilda Green, parent educator

Numbers of adults and children who participated: 49 children and 91 providers

Project Activities Summary:

- 71 individuals participated in the Community Ambassador program. The Community Ambassador project reached 27 Latino providers, 31 Hmong providers, and 13 East African providers (organizations presented to FFN providers about early education and they then spread information to 201 FFN providers in the community).
- The Practice Preschool program reached 10 Latino providers and eight children, four Hmong providers and 30 children, and six West African providers and 11 children (provided the opportunity for grandparents to learn from a parent educator in a non-threatening way as well as gave the children an opportunity to experience a preschool-type experience).

Project Activities: Hennepin County Library had two primary intended activities.	
<p>1. Their first activity was to build a network of 30 FFN Community Ambassadors, educated peers who would be sources of trusted information in the community. This network then provided members of the community — both FFN providers and families — with resources related to health, early childhood education, and social services. They aimed to connect 300 FFN providers and families with resources via the Community Ambassador program.</p>	<p>Hennepin County Library decided to create the Community Ambassador program based on needs of the communities that would be served. Community Ambassadors would learn information from community organizations and share that information with other FFN providers in the community.</p> <p>The Community Ambassador program was structured into two cohorts, each with two or three different classes that would meet over five months. Hennepin County Library was able to recruit two classes for the first 5-month cohort, a Hmong class (16 individuals) and a Latino class (13 individuals). They did not have a West African class due to difficulties in recruitment. At the meetings, seven different community organizations that offer services to child care providers, including the Minnesota Parent Center and Early Childhood and Family Education, presented information.</p> <p>Feedback from the first program was very positive, and participants stated that they enjoyed the meetings and suggested that future programming should include a session on what activities a provider can do with children. Using the feedback from the first cohort, Hennepin County Library decided to hire parent educators for the second cohort. Additionally, using what they learned from recruitment for the first cohort, they filled all three classes of the second cohort by successfully</p>

Project Activities: Hennepin County Library had two primary intended activities.	
	<p>targeting East Africans for the third class.</p> <p>For the second cohort, three classes were recruited: a Hmong class (15 individuals), a Latino class (14), and an East African class (13). As with the first cohort, community organizations presented information to each of the three classes. New to this cohort were the parent educators, who provided participants fun, educational ideas for activities they could do with children. As with the first cohort, feedback was very positive, with several participants indicating interest in additional educational opportunities. Hennepin County Library found that as a result of these 71 individuals being trained as Community Ambassadors, information was shared with 201 other FFN providers.</p>
<p>2. Hennepin County Library’s second activity was to create an early childhood learning experience, called “Practice Preschool,” which would serve three communities: Hmong, Latino, and East African, respectively. They aimed to engage 28 families in the Practice Preschool program.</p>	<p>Hennepin County Library partnered with Minneapolis schools to recruit participants for the Latino, Hmong, and East African Practice Preschools. The Latino Practice Preschool had full attendance, with 10 adults and eight children.</p> <p>The Hmong and East African Practice Preschool recruitment experienced several difficulties. Prospective participants in the Hmong community expressed that the time the program was offered interrupted their schedules and impaired their ability to meet the school bus. To address this issue, the program was slightly restructured to provide home visits to FFN providers. Four FFN providers and 30 children received home visits. The home visits were very popular and continued to be offered well after the Practice Preschool had ended.</p> <p>For the East African Practice Preschool, much of the difficulty in recruitment was related to the teacher not being East African, which indicates the importance of culturally specific teachers for this population. They were unable to secure participants for an East African Practice Preschool. Still wanting to address the East African population, they then partnered with the Northwest Hennepin Family Services Collaborative to provide Practice Preschool to the large population of West Africans who reside at Park Haven Apartments in Brooklyn Center. They held 10 classes at the apartments and were able to recruit six FFN providers and 11 children to attend.</p> <p>For all three populations, the Practice Preschool provided a preschool-type experience and gave FFN providers the opportunity to learn from a parent educator in a non-threatening way. An important aspect of the Practice Preschool was the provision of a time for children and adults to be separated from each other. Adults were able to network with other providers during this time. Children worked on early learning and</p>

Project Activities: Hennepin County Library had two primary intended activities.	
	behavioral skills, such as using gentle touching instead of hitting. Participants expressed positive feedback about the program, including several grandparents noting that the class gave them the opportunity to practice their English and learn traditional American children's songs.

Neighborhood House

Project Director(s): Milena Gebrensekel, Barbara Merrill, Janeth Guerra de Patino

Location: St. Paul, Minnesota

Project Partners (if any): Resources for Child Caring, CommonBond Communities, Prevent Child Abuse Minnesota, and Minnesota Children’s Museum

Numbers of adults and children who participated: 85-90 children and approximately 95 providers*

Project Activities Summary:

- Connected FFN caregivers to community resources and organizations
- Connected FFN caregivers and children with literacy programs at Neighborhood House (Together Time and Discovery Room)
- Started a new Together Time program at Skyline Towers (for adults and children to build literacy skills)
- Provided “Raising Children in a New Country” educational series to caregivers
- Held a resource fair for caregivers (attended by about 66) with information provided about Child and Teen Check Up, Bridge to Benefits, Saint Paul Libraries, Head Start, ECFE, Saint Paul Public Schools, Saint Paul Parks and Recreation, Youth Express, YWCA, Women, Infants & Children (WIC) and Network for Education and Action Team (NEAT) as well as Neighborhood House, Minnesota Children’s Museum, Prevent Child Abuse Minnesota, CommonBond and Resources for Child Caring
- Started two FFN provider circles
- Held three trainings (Child Development, Interactive with Children, and Families and Communities).

Project Activities: Neighborhood House indicated three primary intended activities under this grant.	
<p>1. The first activity was to hold, along with partners, interactive activities for both FFN providers and children. The planned interactive activities included reading circles, Play and Learn, and Together Time. They aimed to serve 120 FFN providers and 200 children.</p>	<p>Neighborhood House held multiple interactive activities for FFN providers and children. By partnering with Skyline Tower, an apartment complex, they were able to recruit many children and FFN providers to attend the activities. They held several Together Time sessions with participation ranging from four to nine FFN providers and six to nine children at each session. The Together Time sessions were structured to have early education teachers modeling behavior for caregivers to develop their skills, in addition to teaching educational activities to improve literacy skills for children. They also held a reading circle at Skyline Tower four times a week for children ages 3 to 5.</p> <p>Neighborhood House held 10 Play and Learn groups at both Skyline Tower and the Minnesota Children’s Museum, which included activities</p>

* Provider numbers may differ due to attendance counts but not names being taken at events and to inconsistencies in reporting.

Project Activities: Neighborhood House indicated three primary intended activities under this grant.	
	<p>that covered learning numbers and letters, puzzles, and story time. They also partnered with the Minnesota Children’s Museum to hold a family day event, which drew attendance of 88 FFN providers, parents, and children.</p> <p>Neighborhood House compiled information and resources and gave them, along with books, to parents and FFN providers.</p>
<p>2. Neighborhood House’s second activity was to create an information sharing community among FFN providers, which included creating a circle of parents, holding resource fairs, and creating a provider network.</p>	<p>Neighborhood House created an information sharing community among providers that was able to connect approximately 50 FFN providers to community resources and access to services. This was done in several ways.</p> <p>Neighborhood House held a resource fair that included representation of more than 16 different organizations, ranging from Saint Paul Public Schools to the Network for Education and Action Team. The resource fair encouraged attendees to linger at the information booths by including snacks, door prizes, and children’s activities. The fair was a success with an estimated 66 people attending, 20 of whom were FFN providers, and all were provided with information on resources, along with reading material and children’s activities.</p> <p>Neighborhood House has identified 15 FFN providers for the providers’ network, and has formed an advisory group that provides technical assistance and guidance to the providers’ network. Additionally, an Amharic (Ethiopian) provider network was started in summer 2008, and the Spanish provider network is currently being formed.</p> <p>Neighborhood House has also identified a potential facilitator for the Circle of Parents; recruitment for the circle is ongoing. They have trained Amharic, Spanish, and Somali language volunteers to train facilitators, and possibly become facilitators themselves.</p>
<p>3. Neighborhood House’s third activity was to provide educational workshops and trainings for FFN providers to increase their child-caring abilities. They aimed to provide 29 training sessions/workshops.</p>	<p>Neighborhood House partnered with the Minnesota Children’s Museum to deliver eight “For the Children” educational sessions. The sessions were held twice per month from December 2008 through March 2009, serving 17 adults and children. The sessions included a range of information on both educational and behavioral skills, such as Getting Ready for Kindergarten and How Do Children Express Their Feelings?</p>

White Earth Indian Reservation

Project Director(s): Barb Fabre

Project Staff: Katie Olson, Paige Wark, Sue Heisler

Location: White Earth Indian Reservation, Northwestern Minnesota

Project Partners (if any): Even Start and White Earth Early Childhood Initiative, WE Home Health, Mahnomon/Becker/Clearwater Counties, WE Head Start, Shooting Star Casino/HR, Indian Health Service, WE Child Care Assistance Program, and WE Child Care Program/Early Childhood Training

Numbers of adults and children who participated: approximately 20 children and five adults

Project Activities Summary: Home visits and monthly trainings characterized the project.

Project Activities: White Earth Indian Reservation outlined three intended activities under this grant.	
<p>1. The first activity was to develop a comprehensive FFN provider referral system for providers on the Reservation. The referral system would provide information on a variety of topics ranging from the Department of Human Service's early learning guidelines to early childhood screening programs. Additionally, the referral system was publicized through a variety of means including brochures and advertisements.</p>	<p>White Earth Indian Reservation created a provider referral system and publicized it through a variety of ways, including posters, brochures and newspaper ads. They used the system to publicize educational events in the community, and noted that participation in community events increased.</p> <p>Additionally, the referral system promoted the importance of licensing and ongoing training. They found that providers seemed to have increased awareness of those two objectives; for example, one FFN provider became licensed and another sought out additional training and attended the 2008 Brain Development Conference.</p>
<p>2. The second activity of White Earth Indian Reservation was to expand existing FFN school readiness services by providing trainings, completing home visits, and sending information to providers.</p>	<p>White Earth Indian Reservation expanded services to FFN providers by hiring a part-time FFN specialist who worked with approximately 20 different FFN providers to connect them with resources.</p> <p>They were able to secure participation from 10 FFN providers, which included 25 home visits at which educational materials were reviewed and provided (literacy kits, "Early Dental Care: Investing in your child's future" booklet, etc.)</p> <p>In combination with the home visits, White Earth Indian Reservation provided family albums that were designed to encourage parents to communicate about the child's development and daily activities.</p>

Project Activities: White Earth Indian Reservation outlined three intended activities under this grant.

	<p>White Earth Indian Reservation also held two community events. They held a community resource fair that was attended by 96 providers, parents, and children. They also held a community training focused on mental health and the importance of play.</p> <p>To evaluate the success of their efforts, they used Child/Home Environmental Language and Literacy Observation (CHELLO), which began at the second home visit and was updated every three months. The evaluation suggested that the program was successful, with an average of 59 of 91 at the first evaluation, with an average of 84 of 91 for ongoing evaluations. This 25 point increase is likely due to the quality of literacy materials, in addition to a better learning environment.</p>
<p>3. White Earth Indian Reservation's third activity was to expand its Readmobile and Community Outreach Unit services by increasing its inventory through purchasing additional books, literacy/activity kits, and safety items such as smoke detectors.</p>	<p>White Earth Indian Reservation was able to expand both its Readmobile and community outreach services by increasing its inventory. They purchased safety items, such as fire extinguishers and safety gates, in addition to developing literacy kits, all of which was distributed to FFN providers.</p>



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