
Evaluation of the Minnesota Child Care Resource and Referral System

A Digest of Process Study Findings

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Methodology. In carrying out this process evaluation, approximately 80 individual interviews were conducted. This includes many of those instrumental in the initial development of the CCR&R system more than a decade ago as well as those involved in the operation of the regional and local programs today. Among those interviewed were state agency officials, regional program administrators and staff, child care providers and licensors, and families in need of child care. In addition, an extensive review of documentary material was conducted including reviews of research studies conducted by the National Association of Child Care Resource and Referral Agencies; reports and evaluations conducted or sponsored by the Minnesota Departments of Children, Families & Learning (CFL) and Human Services (DHS); state and regional planning and operational records; relevant statutes and rules, past and current; standards manuals, contracts and budgetary records; minutes of meetings; among other documentary material. Data from the statewide computer information system were analyzed. And a survey of 843 persons with some stake in the system was carried out (including 391 providers, 167 community members of CCR&R advisory committees, 243 other community representatives (educators, early childhood professionals, service providers, child advocates, employers, among others), 137 consumers, 118 county social service personnel, and 105 individuals who are part of the CCR&R system statewide).

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EXECUTIVE SUMMARY

Child care resource and referral (CCR&R) networks have been developed in many states in response to the increasing need for child care. Over the last decade, CCR&R systems have become recognized across the country and in Minnesota as key structures within local communities for developing child care capacity and assisting families in finding quality child care that is accessible and affordable.

The core services of Minnesota's 20 CCR&R agencies include:

- Supply parents with child care information, allowing them to make individual and informed decisions;
- Collect, analyze and share data to assist communities in developing comprehensive child care services;
- Build up the supply of child care that supports families and children by increasing the availability, the quality and the affordability of care;
- Build community awareness and involvement in child care by working in collaboration with other early childhood and social service programs, employers, local and regional media and decision makers at state, regional, county and municipal levels.

An evaluation of Minnesota's CCR&R system ten years after its inception revisits the key ideas and decisions that shaped the development of the system, and it reviews what has been accomplished since the first state funding in 1987, what has been learned, and what challenges and opportunities lie ahead.

Conclusions

From this evaluation, a number of conclusions can be made that affirm the strength of the CCR&R system:

- ***The early implementation vision—to provide CCR&R in every county across the state—has given families, communities and legislators throughout Minnesota a vested interest in it, maximizing the number of stakeholders.***
- ***There remains in the system a core of original implementers who continue to provide strong leadership, both within CFL and in the regional CCR&R agencies.*** However, within some regional agencies, staff turnover has been a problem, reducing continuity and the quality of linkage to the community.
- ***CCR&R agencies must adhere to contract duties and program standards, but their service delivery is clearly tied to the needs and interest of their local communities.*** Those most aligned at the community level who are seeking input directly from those they serve, who are involving their target customers in the process, are producing the best results. By becoming better “players” in their communities, their effectiveness is increasing.

- ***Eighty percent or more of stakeholders surveyed describe CCR&Rs as either very effective or somewhat effective with respect to each of the core CCR&R functions.*** Stakeholders include parents, child care providers, county staff, educators, child advocates, and others.
- ***A majority of all stakeholders (73 percent) across the state described the work of regional CCR&R programs as having a high to very high impact on the quality of child care in their regions.***
- ***Provider training and support was the top ranked priority of parents, providers, and CFL administrators.*** Provider recruitment and retention received the first or second ranking from four of the groups. County social service personnel saw it as the most important service. Child care referral, the service that is probably the most connected in the public mind with CCR&R agencies, was given the middle rank of three out of five.
- ***CCR&R accomplishments include innovations at many levels, providing a depth of information and experience which can be shared to develop solutions to difficult yet common problems.*** It is frequently the case that a problem identified by one agency has been resolved effectively by another.
- ***CCR&R agencies have been successful, especially in urban and suburban areas, in leveraging additional funding for needed services.*** The current support for CCR&R comes from a diverse set of funders, including city, county, state and federal sources, private foundations, consumer fees and employer contracts. While funding is mostly patchwork and inconsistent, there are clearly many players who have recognized the importance of investing in a statewide infrastructure to ensure quality child care service delivery. The initial investment made by these players can be tapped to address future funding needs.

Coexisting with these strengths, however, are several challenges.

- ***CCR&R agency duties have steadily increased over the decade while state funding has remained relatively constant.*** Recent changes in the funding formula have hurt those with the fewest resources from which to draw. Some smaller CCR&R agencies without additional funding sources are particularly vulnerable.
- ***While the Minnesota CCR&R Network is moving to address some of the larger issues facing CCR&R, basic service delivery to support CCR&R agencies remains a serious need.*** It is hard to build successful higher-level initiatives without a strong base to support them.
- ***A data use plan is needed to more effectively analyze, interpret and use the information that CCR&R agencies collect, maintain and report.***

- *While a majority in each of the various groups surveyed said they thought the current regional boundaries were at least “somewhat effective,” only about 1 in 8 considered them to be “very effective.”* While no consensus emerged on this issue in the survey, the comments of respondents indicated that many people with knowledge of the CCR&R system are also internally conflicted about how to address the issues of regional service delivery areas.

Recommendations

- **Clarify service delivery priorities at the CCR&R agency level, given the resources available.** If resources are not available to fund the full scope of CCR&R service delivery, CFL and CCR&R programs need to revisit the “best practices” that have been developed around the state, combined with the service prioritization suggested by stakeholders, and set new and cost-effective priorities to reach the largest number of people.
- **Replicate current CCR&R agency successes.** There are many innovations happening throughout the Minnesota CCR&R system. Unfortunately, there are few opportunities to share these with one another or for agencies to receive recognition and garner additional resources for their more successful programs.
- **Continue to locate service delivery at the most local level possible.** Supporting parents and providers is most effectively carried out at the community level. This is made very difficult by regions with large service areas and multiple county units. Those CCR&R agencies that have been the most effective in providing service to large areas have utilized outreach workers to outlying counties. Using the outreach or satellite model to expand the reach of service appears well accepted by the whole and is far less burdensome to the system than reorganizing administrative areas.
- **Focus the current Network priorities on supporting the core functions of local CCR&R agencies.** While the Network provides statewide leadership for the early childhood field, some member agencies are currently facing near-crisis issues with their own funding, staffing and effective service delivery. If a locally-based system remains the goal, then CCR&R as a system cannot be strong without addressing the basic needs of its membership in serving all families.

The fundamental finding of this study is that the CCR&R system is working in Minnesota, doing what it was intended to do when visionaries designed it and the legislature funded it. Stakeholders support and appreciate it. The stresses it has experienced derive from efforts to do so much with the resources it has been given, expanding the system’s functions to serve working families better and enhance the quality of care for children. As Minnesota moves to address the development of an integrated early childhood and school age care system which encompasses all facets of the early childhood and school age experience, child care advocates can take the experience of CCR&R to the table and be proud to share its accomplishments and its potential.

INTRODUCTION

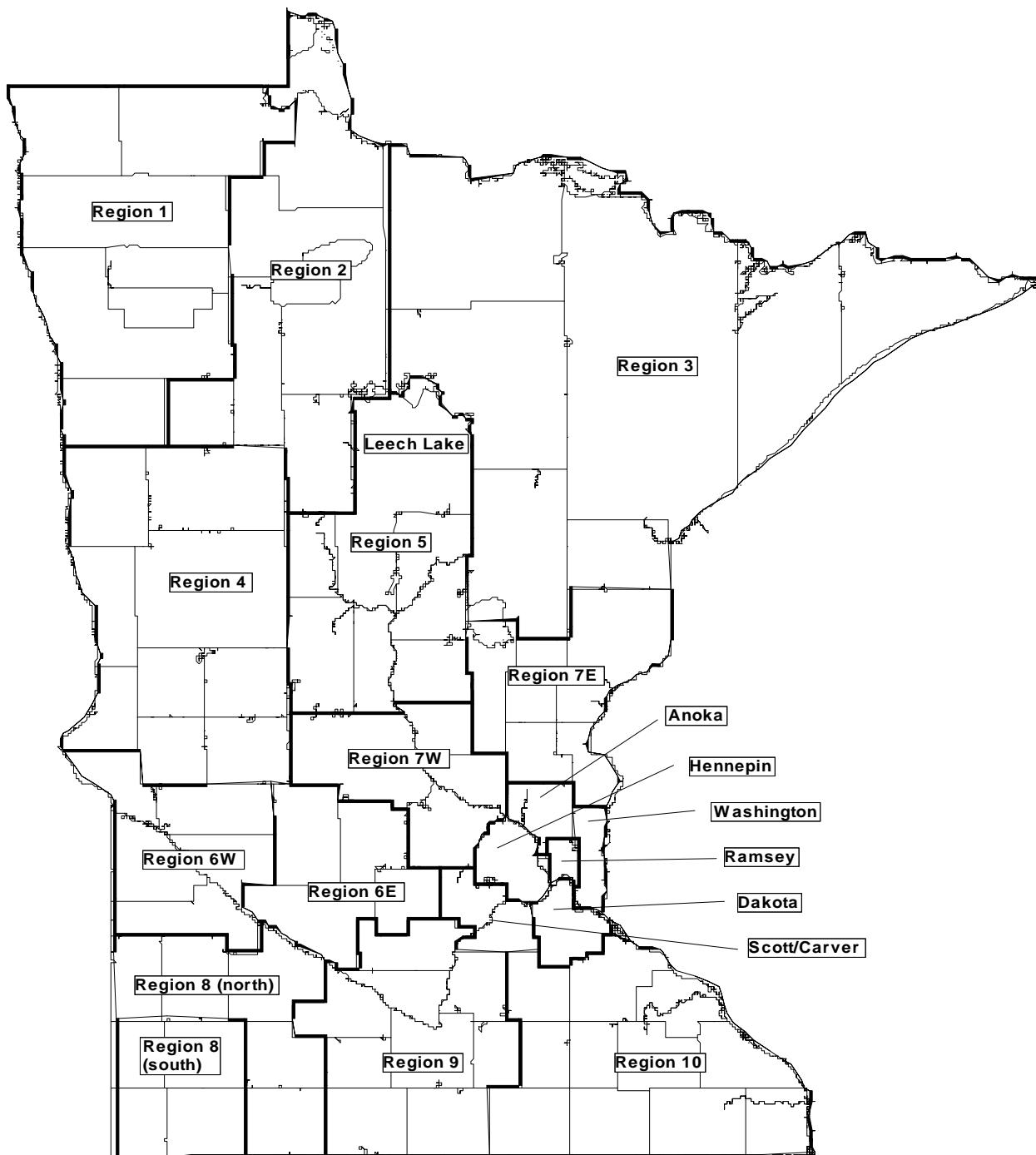
Child care resource and referral (CCR&R) networks have been developed in many states in response to the increasing need for child care and the implications for school success of the quality of care children receive. Need for child care has risen sharply since the 1970's as more and more women have entered the workforce. Today, three out of four women with young children work outside the home. In these households, where both parents work or where single mothers struggle alone, child care is a necessity—regardless of the family's income, demographic group or place of residence. Over the last decade, CCR&R systems have become recognized across the country and in Minnesota as key structures within local communities for developing child care capacity and assisting families in finding quality child care that is accessible and affordable.

Prior to the establishment of CCR&R agencies in Minnesota, there were no services helping families access child care and little support for and coordination of child care providers. Today, CCR&R agencies are typically community-driven, locally administered and partially state-funded and provide four core services, as defined by the National Association of Child Care Resource & Referral Agencies (NACCRRRA):

- Supply parents with child care information, allowing them to make individual and informed decisions;
- Collect, analyze and share data to assist communities in developing comprehensive child care services;
- Build up the supply of child care that supports families and children by increasing the availability, the quality and the affordability of care;
- Build community awareness and involvement in child care by working in collaboration with other early childhood and social service programs, employers, local and regional media and decision makers at state, regional, county and municipal levels.

This study is an examination of the design and implementation of the CCR&R system in the state of Minnesota. It revisits the key ideas and decisions that shaped the development of the system, and it reviews what has been accomplished since the first state funding in 1987, what has been learned, and what challenges and opportunities lie ahead.

Regional Child Care Resource & Referral Programs



A BRIEF HISTORY OF THE CCR&R SYSTEM

In 1967 the Economic Opportunity Act was amended to include the creation of the Federal Panel on Early Childhood which initiated the Community Coordinated Child Care (4C) Program, a forerunner of today's child care resource and referral services. The 4C program encouraged several programs to spring up across the country, with a primary goal of helping parents make quality child care arrangements.

Three Minnesota agencies committed to the 4C program were developing during those early years: The Greater Minneapolis Day Care Association (GMDCA) began in 1968; Resources for Child Caring (RCC) in St. Paul opened its doors in 1971; and 1972 saw the birth of Child Care Resource & Referral Inc. (CCRRI) in Rochester. Administrators of these agencies would become key contributors in developing and shaping the statewide system in Minnesota. These include Tutti Sherlock in Rochester, who would become the first president of the National Association of Child Care Resource and Referral Agencies (NACCRRRA) and who created a model for full-service CCR&R programs; Connie Bell in Minneapolis who forged alliances between government, business, families and community groups; and Gary Winjet in St. Paul with his early emphasis on advocacy and quality.

It was through the efforts of these early childhood advocates that the CCR&R legislation was passed in 1986 with the following mandates:

- Develop a resource file of child care services provided by all licensed or legally operating public and private agencies within its service area;
- Maintain a written record of calls and contacts for service;
- Make educational information available to parents;
- Provide technical assistance to employers and existing and potential providers of all types of child care services.

Legislation and Early Funding

The original legislation (Section 245.83-245.64) established nineteen different standards for child care resource and referral services. As of October 31, 1988, agencies in only three counties (Hennepin, Olmsted and Ramsey) met all of the state standards.

First Appropriation. In 1987, the state appropriated \$287,500 for CCR&R in Minnesota, which funded the start-up of programs for 40 of the 87 counties in the state. Grants were awarded to 16 different agencies in the first round of funding. The grants ranged from \$4,300 to \$37,000 for the period May 1, 1988-June 30, 1989. The money was to be used for computer hardware and software, hiring child care counselors, establishing expanded service to parents, recruiting new family child care providers and identifying and recording unmet child care needs. A major part of the original grant effort was put into computerizing the referral services using the Carefinder software that was standard across the country.

Second Appropriation. In 1989, \$1,100,000 was appropriated to expand CCR&R into all Minnesota counties, joining only 13 other states that were providing some level of funding for

CCR&R agencies at that time. Preparation for the new round of grants in FY 90 and 91 involved considerable community input including public meetings to gather input about potential grantees in areas currently not served by a CCR&R. Potential grantees were encouraged to apply to the Department of Human Services for start-up and operational funding. This process helped greatly in selecting agencies that were both competent at delivering service and also accepted by the larger community. Only two agencies have had to be terminated since the start-up of the system in 1987, providing a broad base of well-organized community support for CCR&R at the local level.

Federal Funds. In 1990, congress enacted the Child Care and Development Block Grant, providing an ongoing source of federal funding to the states for child care resource and referral. This funding source continues to play a major role in supporting CCR&R throughout Minnesota.

Foundation and Corporate Funding. Financial assistance from private foundation and corporate funders also contributed to the growth of CCR&R. IBM funded the Carefinder referral software program in 1988, a system which has been used through the year 2000 throughout the state. In 1994 The Bush Foundation funded the establishment of the Infant/Toddler Training Initiative, and a number of foundations contributed to the development of the Cultural Beginnings program. In 1997 McKnight Foundation assisted in funding a capacity building initiative to address expected increased demands arising from welfare reform.

Initial Implementation

Three central questions framed initial implementation of the CCR&R system:

- ⌚ What role should the state play in administering CCR&R programs?
- ⌚ How should the CCR&R system be rolled out?
- ⌚ Where should the CCR&R agencies be located?

The State Role. The decision was made early on to develop the CCR&Rs through contracts between locally-based community agencies and the state government, rather than attempting to establish them within state government. This would avoid problems and delays associated with legislative requirements in establishing new civil service staff positions, allow quicker start-up and provide a more flexible structure.

The concept of awarding contracts to local communities has continued to be a keystone for the CCR&R system. CFL has statutory authority to fund the designated CCR&Rs on an ongoing basis. This has allowed the CCR&R programs the consistency of funding to evolve with a cohesive, coordinated CCR&R delivery system statewide. While statewide standards govern the system, most decisions and work are done at the local agency level.

The Roll-Out. Another key question was how to roll out CCR&R service delivery across the state. The more established agencies in the state, particularly CCRRI in Rochester and GMDCA in Minneapolis, provided models of full-service and fully-integrated CCR&R agencies. One recommendation was to work with a limited number of communities to develop this comprehensive, collaborative type of agency, allowing communities and state legislators to see

the full potential of the CCR&R model. This slower, incremental approach to building a state system was viewed by some as a way to build strong, sustainable multi-function programs that would subsequently be replicated in other parts of the state.

An alternative approach to implementation, and the one favored by those charged with the responsibility within the Department of Human Services, was to roll out the system statewide as quickly as possible. If all communities were not to have a stake in, and benefit from, CCR&R, it was believed it would be an uphill battle to win support from legislators for the system. A broad statewide system, even if thin in parts of Greater Minnesota, would garner the widest possible legislative and local community support immediately and provide the best foundation for subsequent development. This second approach was adopted, and all counties were on board with some type of CCR&R coverage by 1991.

While this approach has afforded all Minnesotans' access to CCR&R services it has meant that some of the programs in more rural parts of the state operate with very small staffs and face considerable challenges attempting to serve all the counties and communities in their regions with the current funding level. To one degree or another all the agencies have been victims of their own success, facing increased requests for services and assistance—from families, providers, and employers, from community and regional organizations, and from the state. Many CCR&Rs have leveraged additional local and regional funds to supplement the state funds they receive. This has proven more difficult for some of the smaller, more rural CCR&Rs, placing some of them at a critical crossroads at the present time.

Agency Location. In establishing a geographic framework, the pre-existing and familiar boundaries of the state's economic development regions were utilized. This meant that there would be single-county regions in the more densely populated Twin Cities metro area and larger geographic regions in much of Greater Minnesota. The decision was essentially a pragmatic one. There were too few resources to envision a CCR&R agency in each of the state's 87 counties or even in each of the 34 Community Action Program (CAP) agency regions. The economic development regions provided a statewide framework that fit the resources available and gave a context from which to organize a decentralized CCR&R service delivery area.¹

A majority of people involved in the CCR&R system today believes that the decision to use economic development regions as the framework for CCR&R regional programs remains, ten years later, one in most need of updating and revising. While it provided a structure at the time, the large number of counties in some of the rural regions makes service delivery very difficult. The question of how to more effectively organize service delivery regions, however, is still unanswered. Keeping the current service delivery regions but expanding outreach offices is the most debated strategy at this time.

¹ The state map on page 5 shows the service areas of each of the CCR&R regional agencies. The region numbers were derived from numbers given to the state's economic development regions. In Greater Minnesota, one CCR&R agency serves each Economic Development region with two major exceptions. In Region 8, in the southwestern corner of the state, the region is split between two service agencies. And the Leech Lake reservation at the north end of Region 5 is served by its own CCR&R agency. A minor exception is found in Region 10, where county agencies perform some CCR&R duties under contract with CCRRRI in Rochester. In the Twin Cities metropolitan area, Economic Development Region 11 is served by six agencies with county service delivery areas.

Technical Assistance and The Minnesota CCR&R Network. To facilitate the development of the statewide CCR&R system, in 1988 administrators of the pre-existing programs in Minneapolis, St. Paul and Rochester, and the newly formed program in Dakota County, were asked to provide technical assistance to the new CCR&R agencies that were awarded contracts for start-up around the state. This technical assistance included computer training, one-on-one local support, two statewide conferences, and the distribution of publications such as parent-child care handbooks, publicity posters, family child care recruitment materials and other training handbooks.

The technical assistance role proved to be difficult for the four agencies that were operating CCR&R programs themselves. The function ultimately devolved to the Rochester program alone which hired an administrator to build a separate technical assistance entity. This was then transitioned into the Minnesota CCR&R Network, established as a separate corporation in 1993 and, until 1999, situated in Rochester. The Network has been a source of technical assistance and support to the regional programs since.

CCR&R Regional Agencies. While individual CCR&R agencies in Minnesota adhere to a core set of service standards, each has had the opportunity to shape its response in accordance with local needs. They have also been shaped by their organizational base and the size of their budgets. Seven of the agencies are incorporated as their own 501(c)(3) non-profit organization. These tend to be larger agencies that administer multiple programs for children and families, and in some cases, subcontract with smaller organizations for additional CCR&R services. They currently average 9.6 FTEs (full time equivalents) providing CCR&R services and serve a total of 36 counties. All of the other agencies are situated within these or other parent or umbrella organizations. The sponsorship of these local and regional bodies was critical to the system becoming statewide within a short time period. Eight of the CCR&R agencies are affiliated with Community Action Program (CAP) agencies. Six of these are primarily rural based programs and do not have more than three FTE's. The two suburban area agencies that are part of CAP agencies have seven and nine FTE's respectively. These CAP-based agencies serve 38 counties, almost one-half of the entire state. Of the five remaining CCR&R programs, two are part of the county government structure, serving a total of 8 counties. One CCR&R agency is located within the state technical college system and serves 5 counties, and one is a part of the Tribal Government of Leech Lake.

The diversity of CCR&R programs across the state is both a complicating feature of the system and a source of strength. The original system grew out of a developmental process that involved visiting local communities, seeking input from various agencies, inviting qualified agencies to submit grants, and then selecting grantee agencies to administer CCR&R. This process resulted in agencies with a great deal of community ownership over the CCR&R programs. Had the State simply mandated "all counties" or "all CAP agencies" to administer the CCR&R programs, it is less likely that there would be as strong a community base for CCR&R as there is today.

Minnesota Child Care Resource & Referral Agencies, 2000

Region and CCR&R Name	Office Location	Year Incorporated	Organizational Structure	Staff FTE's	Area Served	Operating Grant 00-01 biennium	Leveraged funds▲ (and % of budget)	Pass-Through Grants
1. Tri-Valley Opportunity Coun.	Grand Forks	1991	CAP Agency	3.3	7 counties	\$215,914	\$5,300 (2.40%)	\$120,162
2. Mahube Community Council	Park Rapids	1991	CAP Agency	2.6	5 counties	225,255	0 (0%)	89,059
3. Arrowhead Child care Resource & Referral	Duluth	1990	County Government	5.9	7 counties	434,479	134,296 (31.61%)	260,665
4. Clay-Wilkin Opportunity Coun.	Moorhead	1989	CAP Agency	3	9 counties	365,915	38,000 (9.41%)	209,932
5. Ottertail/Wadena Action Ag. ♦	Wadena	1990	501(c)(3)	2.7	5 counties	267,140	52,200 (16.35%)	154,998
5a. Leech Lake Reservation	Cass Lake	1990	Indian Governt	2.6	Reservation	109,513	87,113 (44.30%)	0
6W. Prairie 5 Community Action Council	Montevideo	1989	CAP Agency	2.4	5 counties	183,611	55,877 (23.33%)	63,957
6E. Child care Choices★	Willmar	1996	501(c)(3)	4.0	4 counties	212,313	61,988 (22.61%)	125,272
7W. Child care Choices	St. Cloud	1990	501(c)(3)	7.3	4 counties	381,238	63,500 (14.28%)	262,564
7E. Pine Technical College, Employment and Training	Pine City	1995	State Technical College	2.5	5 counties	228,432	0 (0%)	111,047
8. Western Community Action	Marshall	1990	CAP Agency	1.4	5 counties	130,362	0 (0%)	20,974
8. Southwestern Minnesota Opportunity Council	Worthington	1990	CAP Agency	1.6	4 counties	117,710	68,322 (36.73%)	127,304
9. Child care Resource and Referral	North Mankato	1991	501(c)(3)	4.5	9 counties	350,028	101,000 (22.39%)	206,150
10. Child care Resource and Referral, Inc.	Rochester	1972	501(c)(3)	9.5	11 counties	552,470	431,434 (43.85%)	384,797
11. Anoka County Community Action Program	Blaine	1991	CAP Agency	9	1 county	330,650	530,326 (61.60%)	226,251
11. Resources for Child Caring	St. Paul	1972	501(c)(3)	15.4	1 county	608,599	1,897,257 (75.71%)	487,124
11. Washington County	Stillwater	1988	County Governt	3	1 county	211,764	87,785 (29.31%)	149,134
11. GMDCA	Minneapolis	1968	501(c)(3)	10.4	1 county	1,090,150	508,438 (31.81%)	876,911
11. Community Action Council, Dakota County	Lakeville	1970	501(c)(3)	6.4	1 county	353,602	274,298 (43.68%)	263,951
11. Scott-Carver-Dakota CAP	Shakopee	1990	CAP Agency	7	2 counties	402,976	311,377 (43.59%)	116,207

The matrix² on the preceding page provides a summary of each CCR&R agency in the state.

The implementation process undertaken in extending CCR&R into a statewide system resulted in many programs in Greater Minnesota that were quite small in size, limited in organizational capabilities, and with a very modest funding base. Whether due to their size, the available resources in their regions, the experience of their administrators or the assistance of their parent organizations, the rural-based agencies have had much less success in leveraging the state funding they have received through their base CFL contract. As a result, they have budgets that started small and have tended to stay small. Other sources of funding average about 15 percent of the budgets of these agencies. On the other hand, the nine suburban and urban agencies (including those with offices in St. Cloud and Rochester) have been able to substantially supplement their base budget by an average of 40 percent from other sources.

Despite the disparity in funding, however, there are many examples of sweat equity that can be found throughout the CCR&Rs that need to be accounted among the major accomplishments and successes of the system in Minnesota. The dedication and compassion of CCR&R staff was often cited as the key strength for CCR&R agencies in the interviews conducted for this study.

Funding

From 1988 through 1999, a total of approximately \$7.6 million in state dollars and \$7.9 million in federal funds provided the core economic support for CCR&R programs across the state. During this period, an additional \$3.7 million was leveraged from county and city sources and private foundations.³ The CCR&R agencies that reside in CAP agencies or as part of the county cite the financial contribution of their fiscal hosts as essential in their ability to survive. In addition to direct dollars received, thousands of additional dollars are contributed for CCR&R services through in-kind support.

Combined federal and state funding for CCR&R programs has grown from \$125,000 in FY1988 to \$3.54 million in FY1999. Since 1996, Federal and state funding combined provided a baseline funding of \$95,877 to each CCR&R agency, which was designed to fund a minimum of 1.5 FTE's in each region. Federal funding from the Child Care & Development Block Grant (CCDBG) began at \$475,000 in FY 1991 and was increased to \$561,000 in FY1994. FY1996

² The following notes apply to the matrix on the preceding page:

▲ Leveraged funds are those obtained from sources other than the state and federal government, including counties, municipalities, private foundations and other fund raising efforts (such as the Red Leaf Press in Ramsey County). They do not include in-kind services or assistance.

♦The Region 5 CCR&R Agency operates under the auspices of the Ottertail/Wadena Action Agency which is a 501(c)3 organization.

★Technically, Child Care Choices in Region 6E does not hold its own 501(c)3 designation. It operates under the auspices of Child Care Choices in Region 7W.

³ The majority of this was accomplished by the metro-area programs. Rural areas have had a difficult time raising additional funds, though many have had noteworthy success.

showed an increase along with the state funds as additional duties were transferred to the local level, going up to \$1,351,000 total allocation. Funding from the federal government was increased for FY 2000 and 2001 to \$2,710,000 per year to help support a state-funded capacity-building initiative begun in 1998.

The state's core funding for CCR&R agencies began in FY1998 at \$125,000 increasing to \$588,000 per year from FY1990 through FY1995. There was an increase in FY 1996 due to the shift of training coordination funds from the state level to the CCR&R regional level; total allocation rose to \$838,000 for base CCR&R operations at that time. In FY 1998, a one-time \$500,000 increase to fund welfare reform capacity-building initiative was approved on top of base funding. Following that increase, the funding returned to \$838,000 per year where it remains for FY 2000 and 2001.

CCR&R CORE FUNCTIONS

NACCRRA has identified four central child care resource and referral functions, which have been embraced by CCR&R agencies in Minnesota:

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

While these four areas shape the basic services provided by CCR&R, the actual duties of CCR&R agencies across Minnesota have expanded considerably since 1990. Slowly, over the last decade, in an effort to better and more fully serve the needs of Minnesota communities and families, new services have been added to the core CCR&R functions. This has required an increase in the minimum staffing as needed by the regional programs. In 1990, minimum CCR&R staffing included a half-time administrator and a full-time resource and referral counselor. By 1999, the recommended minimum staffing configuration included a full-time CCR&R coordinator along with a part-time or full-time referral counselor, training coordinator, and capacity-building specialist. In addition to the core functions, the additional contract duties now include:

- Cooperating with the Minnesota CCR&R Network and its efforts to build a more effective service system.
- Developing culturally-responsive CCR&R services.
- Assessing the need that providers have for training and facilitating the development and provision of this training.
- Administering the child care grants program.

In this section of the report, each core function is described along with a summary of results produced by the CCR&R system, challenges faced in each function area and recommendations for improving service delivery. In describing the results produced, this study highlights some of the major accomplishments and successes of the regional agencies and, where applicable, presents findings from an analysis of data from the statewide CCR&R database and stakeholder data. Stakeholder data was collected through a series of statewide surveys that targeted individuals with a stake in the child care resource and referral system. Responses were received from 843 “stakeholders” including parents of young children, child care providers, county social service staff (including licensors), educators, child advocates, employers, community service providers, members of CCR&R community advisory committees, and CCR&R program and administrative staffs. (See Appendix for more information on survey respondents and response rates.)

1. Supporting Parental Choice with Information, Education and Referral

Description of Services

All CCR&Rs provide a child care referral service and support parental choice through the provision of information and education. From the beginning each regional agency established a telephone service for families in need of child care. The service provided callers with the names of at least three licensed family child providers and/or child care centers in their area available on a sliding fee basis and free for low income families. Through telephone consultation and printed materials, the agencies helped families learn how to evaluate child care resources that met the needs of specific children. The service required that counselors be not only knowledgeable about referral sources available, but also about the complexities of finding appropriate and quality care.

Over the decade of the 1990's, this most basic CCR&R service became increasingly comprehensive. The "enhanced referral" became more popular, especially in the wake of welfare reform, where very detailed information is given out and followed up on to ensure that parents are finding the care they need. It is not uncommon for counselors to spend over 30 minutes on the telephone with a parent outlining the various options and resources available. Additionally, CCR&Rs now provide information on parent, early childhood and family education and other family support programs available in the community. And the agencies have become a key source of information in evaluating the quality and suitability of child care services, including licensing regulations, financial assistance available, child abuse reporting procedures and appropriate child development information.

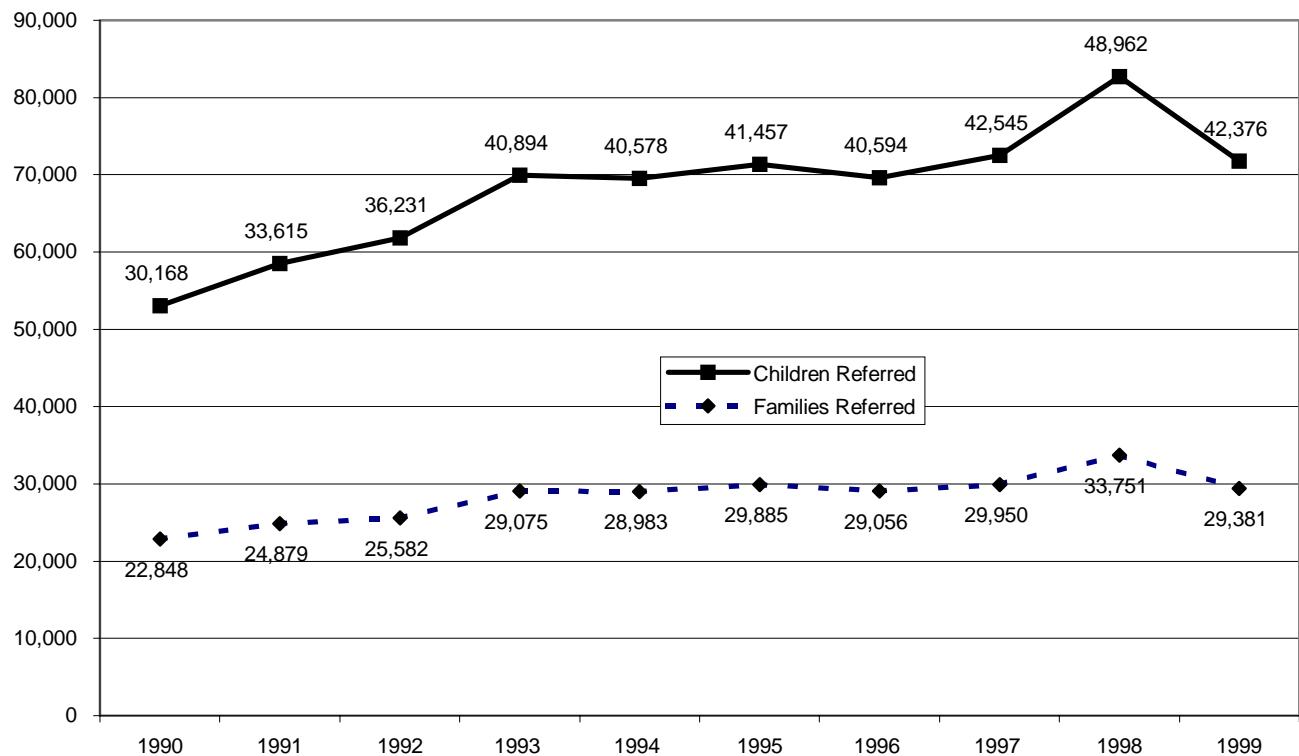
Although referrals to child care providers represent only one function that CCR&R's are called upon to perform, they remain, perhaps, the most widely recognized service these agencies provide and do involve a major service to Minnesota families. Data maintained in the Carefinder system show the number and type of referrals requested and made over time.

Chart 1 shows the number of child care referrals from 1990 through 1999. A review of these data reveals a steady increase in referrals over the decade. Through the peak year of 1998, the number of children referred to child care settings grew by 62% (from 30,168 in 1990 to 48,962) and families given referrals by 48 percent. The peak in 1998 reflects the sudden infusion of welfare families into the labor force and the increased effort the CCR&R system directed to capacity building to respond to it.

Stakeholder Data

Stakeholders were asked to assess the effectiveness of the CCR&R program in their region in carrying out two different responsibilities related to this first function of supporting parental choice with information, education and referral. (See Appendix) Almost 90 percent of stakeholders found child care referral services to be very effective or somewhat effective. Nearly three-quarters rated parent education and information as very or somewhat effective.

Chart 1. Number of Child Care Referrals, 1990-1999



In the survey, family members who had used CCR&R services were asked about their level of satisfaction with the assistance they received. As the table below shows, a large majority reported satisfaction with their ability to reach CCR&R staff, the knowledge of the staff regarding their questions and concerns, and the helpfulness of the referrals they were given. Three out of four (76 percent) consumers said it was important to interact with a CCR&R staff member versus simply receiving a list of providers—36 percent said it was very important and 40 percent said it was somewhat important.

Level of Consumer Satisfaction with CCR&R Services

Parent respondents (n = _____)

Satisfaction with:	very satisfied (%)	somewhat satisfied (%)	somewhat unsatisfied (%)	very unsatisfied (%)
Ability to reach staff	54.2	38.9	5.6	1.4
Knowledge of staff	50.7	34.2	12.3	2.7
Helpfulness of referrals	43.7	40.7	11.3	4.2

Comments of consumers that reflected positive themes centered around the helpfulness of staff and their willingness to take time to answer questions, such as the following:

"On more than one occasion I have exhausted my first list of suggestions and CCR&R was right there with more. The counselors have also followed up after sending out lists and been very supportive -- it is an invaluable organization for working parents."

"As this was my first child and first time seeking childcare, I found the staff to be extremely helpful and willing to spend time answering my many questions."

Comments with a negative theme focused largely around difficulties getting in touch with CCR&R staff and how the lists of providers were outdated once received. Comments included:

"I had a hard time getting in touch with the appropriate person and once I got a list it wasn't up to date, nor was it reflective of the areas I requested."

"The list included several names for 24-hour daycare. But after calling all names they were listed inaccurately."

"Don't like just getting voicemail 9 times out of 10."

The internet makes it increasingly possible for parents to search databases listing providers on their own. The question arises: Is there something unique about the CCR&R referral service that differentiates it from the web? This is a critical issue for CCR&R's as they move forward in defining service delivery. To gain some insight into the uniqueness of CCR&R referral services, family consumers were asked: How important was it to interact with a CCR&R staff member versus simply receiving a list of providers? Three out of four respondents said it was important to them—36 percent described it as “very important” and 40 percent said it was “somewhat important.”

Consumers were further asked: “Why was this interaction important?” And “How were CCR&R staff most helpful?” Nearly all of the comments received praised the availability of staff to answer their questions and help them work through the intricacies of the child care search process to best fit their individual needs. Comments included:

"I was able to give a detailed description of what I was looking for; things came across much clearer than if I just (received) a list. Also, they were able to give me listings in several locations, which I wouldn't have known about otherwise."

"They provided excellent guidance on how to screen providers and know what you're comfortable with."

"I felt more comfortable about this office as a resource after hearing how well the staff person understood child care situations."

Program Initiatives and Accomplishments

CCR&Rs around the state have pioneered some innovative strategies for provided resource & referral services to families:

- **Special Needs Referral Project:** Region 10 CCR&R developed this project with the family-centered child care grants made available by CFL. One staff person specially trained to provide enhanced referrals for parents of children with special needs responded to all special needs referral calls. That referral person also communicated with providers and assigned mentors to providers caring for children with special needs. By working with both parents and providers, they were able to facilitate a real match in appropriate care, and to provide additional training where needed.
- **Respite Care Databases:** Two CCR&Rs, Community Action Council CCR&R and Scott/Carver CCR&R, have developed respite care databases that identify teenagers and licensed providers able to provide care for families in crisis or families with children with special needs. Both efforts involved collaboration with other social service agencies, counties and schools.
- **Parent Education:** The Community Action Council in Dakota County developed a special seminar curriculum called “Big Decisions for the Little People in Your Life.” This is a parent education class designed to provide parents with information beyond the typical referral on how to find quality care and make good decisions about early care and education for their children. The project is being marketed through the community education system.
- **Suburban Drop-In Clearinghouse:** Resources for Child Caring has developed an innovative program in partnership with the Suburban Ramsey County Collaborative and the Work Force Centers to provide a comprehensive referral and brokering service linking parents with licensed providers able to provide immediate care. Existing providers are recruited to be on a list for emergency back-up child care to meet the short-term, drop-in and emergency needs of MFIP families. The model is being explored through several of the St. Paul Ramsey County Children’s Initiative Family Centers as well, but the suburban model is the pilot.

Challenges and Recommendations

The most common complaint among parents about the service they received is the lack of currency in the information received and difficulties getting in touch with CCR&R staff. While parent satisfaction with CCR&R referral services is strong, agencies need to set cost-effective priorities to ensure that basic customer service needs are met.

2. Compiling, Analyzing, and Disseminating Supply and Demand Data

Description of Services

CCR&Rs are responsible for maintaining a database of all existing child care resources and services in their service area. Keeping this database updated is a major job for all CCR&R agencies. While information about openings are required to be updated once every 60 days, most CCR&R agencies try to update it more frequently to stay current. The agencies also maintain a second database on consumers, people requesting child care information and referral services. This “consumer” database provides useful information on the demand side of the equation, such as the time when care is needed and the age of children involved.

CCR&Rs also have extensive reporting requirements that have increased dramatically in recent years. The need for accountability required by both executive and legislative branches has prompted new data collection systems, especially related to CCR&R outcome and indicators. Beginning in July, 1998, agencies have reported biannually on child care supply and CCR&R activity related to referrals, training, grants administration, and capacity-building activity. Outcomes and indicators tracking the impact of CCR&R were established in 1999 with baseline data and benchmarks incorporated into current agency contracts with CFL. Individual agencies, the MN CCR&R Network and CFL can access much of this data via a website, but technical problems and lags in making current data available are not uncommon. In addition to these reporting requirements, many CCR&Rs must also submit reports to their host agencies and funders.

Chart 2 tracks the number and types of providers over time in the CCR&R database. Carefinder data from 1992 through 1999 show that there was a 13% increase in the total number of providers during that period, from 13,765 in 1992 to 15,534 in 1999. During this period, the number of total providers peaked in 1997 at 16,974. This corresponded to the peak in the number of family child care homes. The number of centers was highest in 1999. (reduce size of chart to half page or less, portrait).

Stakeholder Data

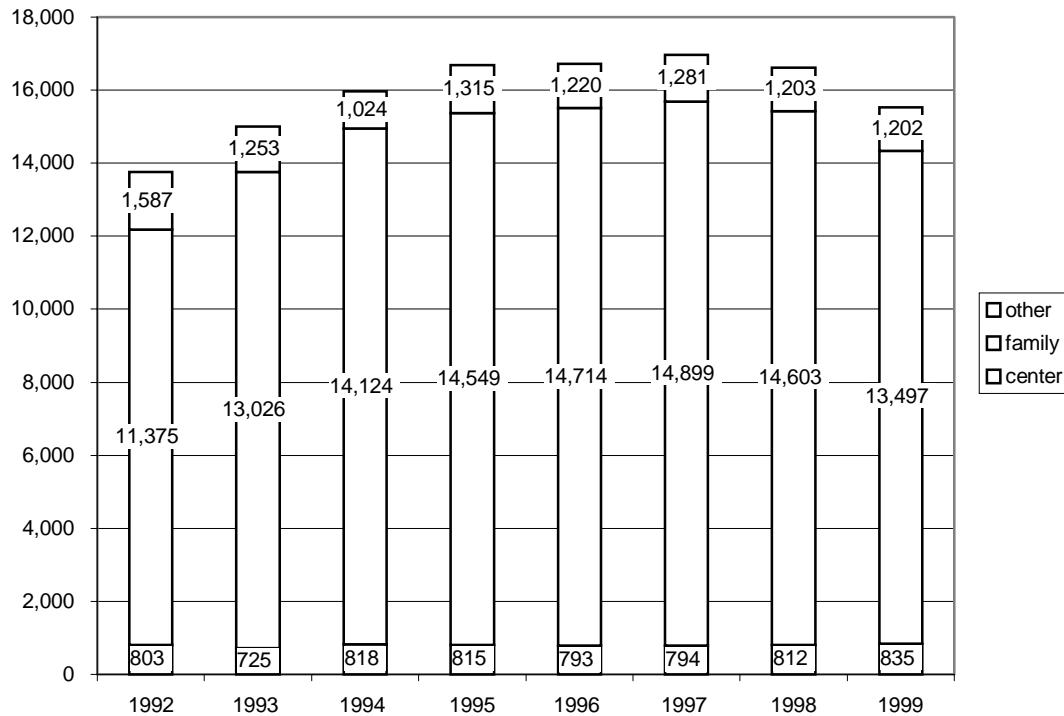
Stakeholders were asked to assess the effectiveness of the CCR&R program in their region in carrying out this second function. (See Appendix) Almost 90 percent of stakeholders found CCR&Rs to be effective in collecting and analyzing child care information and maintaining databases.

Program Initiatives and Accomplishments

One CCR&R agency is attempting to address the on-going challenge of maintaining an up-to-date database by experimenting with an incentive system. Providers who call in on their own accord when vacancies are open or are filled are entered into a monthly drawing for a grocery store gift certificate. Four staff members at Community Action Council in Dakota County share in the effort to update the provider database. Each has adopted a focus on areas like

MFIP and special needs so they can stay current with the needs of the providers in each of these areas.

Chart 2. Number and types of providers in CCR&R files



Challenges and Recommendations

While most CCR&R staff appreciate the need to collect data, many are frustrated with the process. Perhaps the biggest frustration in the increasing task of collecting additional data is the perception that not much is being done with it. There is typically a lag of six months in moving newly reported data to the web site. While information is used by CFL staff, more could be done to regularly analyze, interpret and share data with CCR&R staff. Additional reporting requirements would be more effective if accompanied by a data use plan. In addition, some CCR&R staff are not technically skilled and/or comfortable working with data and need on-going training, technical assistance and in some cases new staff with the required skills.

3. Expanding and Strengthening the Child Care Delivery System

The CCR&Rs provide ongoing support and technical assistance to providers, offer and coordinate training opportunities, undertake efforts to recruit and retain providers, develop culturally responsive child care, and administer child care grant programs. In addition, they also develop resources and assess areas of need to meet the child care service needs of each county in their service area. They provide information and services to assist persons who are interested in becoming licensed providers, including information on licensing requirements, how to begin the licensing process, program and budget development, and sources of financial assistance. They

also disseminate information on current public issues affecting the local and state delivery of child care services through newsletters, articles in newspapers and special mailings. To assist and guide these efforts, they maintain a child care advisory committee consisting of providers and consumers along with representatives from health services, social services, public schools, and other community service groups.

3A. Provider Support and Technical Assistance

Description of Services

All CCR&Rs provide on-going technical assistance and resources to meet the needs of child care providers in their region. This function mirrors the assistance provided to families seeking child care in an effort to build the quality and availability of child care options. From the beginning, agencies have provided information and services to persons interested in becoming licensed providers including how to begin the licensing process, develop a program and budget and access financial assistance. They also facilitate communication between child care providers and child care-related services in the community such as child care food programs, county child care assistance and licensing programs, public schools, child health services, and others.

Stakeholder Data

Stakeholders were asked to assess the effectiveness of the CCR&R program in their region in providing support and technical assistance to providers. (See Appendix) Almost 85 percent of stakeholders found CCR&Rs to be effective in this area. Ninety percent of providers rated the effectiveness of these services highly.

Program Initiatives and Accomplishments

- **Lending Libraries:** While most CCR&R agencies have resource libraries for providers, several are notable. The well-utilized CCR&R Tri-Valley library includes high chairs, portacrib, infant toys, science kits, books, videos and other provider resources. The Scott/Carver and Community Action Council CCR&R libraries make teaching kits available on topics such as culturally responsive care, special needs and the Second Step (anti-violence) program. CAC's kits were developed with McKnight Foundation funding. The lending libraries build strong relationships with providers and also give the CCR&R staff an opportunity to meet with providers one-on-one and become more aware of their needs and concerns. In rural areas, lending libraries are especially helpful where resources and opportunities for provider training and enrichment are less available.
- **Home Tour Program:** The training coordinator for Region 7W has put together a special program that allows new and prospective providers to tour the homes of experienced providers. This gives them a chance to see how a family child care business is set up and has been very popular with providers.

- **Debra Fish Library:** The Debra Fish Library at Resources for Child Caring is organized as a real library for early childhood care providers, complete with a part-time librarian and a library card. It is full of early childhood information and training materials and videos and also has computer and Internet access for providers and trainers. It is well utilized and is a model for the cost-effective sharing of often-expensive curriculum materials. It is also often the beneficiary of donations from providers and trainers leaving the business.

Challenges and Recommendations

All stakeholders identify this as a high priority, but other initiatives and limited staff resources have affected what CCR&Rs have been able to accomplish. To be most effective, therefore, it is necessary first to determine the specific assistance or support most needed by providers in a particular area and, secondly, to utilize current providers whenever possible as sources of support and assistance for their peers. This strategy recognizes that there are realistic limitations on what CCR&R staffs can do by themselves and that the most successful programs are those that have found ways to enlist the involvement of other providers and community resources.

3B. CCR&R Training Programs

Description of Services

Training is one of the primary methods used by the CCR&R system to enhance quality, building on research that shows that providers with higher levels of training provide better care and remain in the field longer. Training child care providers has been a major thrust of CFL and a pro-training attitude permeates the CCR&R system. Local control has remained a guiding principle, and each regional agency is allowed to determine its own specific training needs. Base funding of the agencies includes support for a training coordinator who convenes a training advisory committee to obtain input from providers and others in the community on the type of training needed to enhance quality of care. The duties of the training coordinators are to coordinate the work of this committee, survey providers about their training needs, assess the types of training available in the community, and work with other organizations and trainers to sponsor and conduct training sessions. In addition, four state-sponsored training programs are available and facilitated at the local level by the regional training coordinator.

The Infant/Toddler Training Intensive (ITI). ITI is designed to improve the quality and increase the availability of infant and toddler care. The training for trainer certification lasts twelve full days and covers: group size and quality of environment; primary care-giving assignments; continuity of care; cultural and familial continuity; and meeting the needs of the individual within the group context. There are currently 105 active ITI trainers across the state, including 47 of non-European descent. Any provider who gets a grant to start-up or expand infant/toddler care is required to take the ITI training at no cost.

Cultural Dynamics Education Project (CDEP). CDEP is a six-hour training curriculum intended to improve providers' understanding of and sensitivity to families from diverse cultural

backgrounds. Like ITTI, there is a network of 90 trainers available across the state who provided training to 2,679 providers in 1999. There are also three coordinators throughout the state who facilitate training for their assigned third of the state. These coordinators work with CCR&R training coordinators to develop and market training to providers.

Project Exceptional. The goal of this project is to increase the number and quality of inclusive child care and education programs for young children with disabilities in the state. The curriculum is 32-40 hours and currently is being offered as two 16-hour certificates. Like ITTI and CDEP, Project Exceptional has trained a network of trainers who are available throughout the state. There are currently 110 trainers, 10 of whom are bilingual in Spanish and English. In 1999, Project Exceptional trained more than 1,300 participants across the state.

Minnesota School-Age Care Training Network. The purpose of this training program is to help new providers better understand appropriate care for school-age children and to build relationships between CCR&R agencies and these providers. Providers of school-age care, largely centers and school districts, are often unaware of the full range of services available through CCR&R. While there is a network of trainers available, they are not located in every region. A statewide training coordinator directs the program.

Other Training. While regional CCR&R agencies are required to coordinate these four state-sponsored training programs, they are also encouraged to seek out and support other training in their regions including training developed or sponsored by the Minnesota CCR&R Network. Some examples:

- Starting Out Successfully (SOS). SOS is one of the most successful training models created at the CCR&R level. It was developed by the Anoka County CCR&R with funding from CFL and supports the special needs of new providers through a training and home visiting/mentoring model. Now used or adapted by most CCR&R agencies in Minnesota, the program calls for three layers of support: 1) basic phone support to newly licensed providers to help them answer questions and get their business off to a good start; 2) four home visits to provide training regarding various child care and business topics, to provide information on community resources and to model appropriate interaction with children; and 3) group training about topics introduced during the home visits and opportunity to network with other providers.
- Second Step. Many CCR&R agencies currently offer Second Step training, a violence prevention curriculum designed to help providers deal with the increasing behavioral problems of children in their care. This program is in high demand because it gives providers tools for dealing with issues such as anger management and non-violent conflict resolution. Second Step teaches self-esteem, responsibility, impulse control and other skills to help children get along with others and handle life stressors without violence. The teaching kits that go along with Second Step are very user-friendly and are well-accepted by providers.
- Dollars & Sense. The Dollars & Sense curriculum was developed outside of Minnesota and is being offered due to the expressed need of providers. The curriculum helps

providers with the financial intricacies of running a business. It has proven to be an excellent retention tool.

In an attempt to coordinate and publicize training opportunities more effectively, the Network has partnered with the MNAEYC Institute on Early Childhood & School Care Professional Development and the University of Minnesota Children, Youth, and Families Consortium to establish a Training Registry website. Local CCR&R training coordinators update the registry with local trainings available by region, topic, location and date. Providers and other interested professionals can go to the website and see what training sessions are available.

CCR&R agencies are a critical link to this Registry. They sponsor and co-sponsor trainings and some also survey training availability at the local level on a regular basis and enter this information into a computer program which interfaces with the website. Those who track the availability of other trainings find this to be a frustrating and time consuming task. It is difficult to stay in touch with all early childhood agencies, such as ECFE and Head Start in order to keep a running list of all trainings available within their region. One model is now being piloted through the Washington County CCR&R to help facilitate this process more effectively. This agency has secured additional funding to support a staff person who tracks, records and monitors training. The result is a comprehensive, up-to-date training registry that appears to work well.

Program Initiatives and Accomplishments

There are many other CCR&R innovations in this area. Below is a sampling:

- **Provider Associations:** Ten years ago, the Southwest MN Opportunity Council wrote a grant to obtain training for each child care association in their region. The grant paid for training at association meetings and helped to set up training opportunities within the association. Since then, quality training has been provided through the associations every year. This partnership with the provider associations has ensured good attendance at trainings.
- **Credit-Based Training:** Involving the higher education institutions on the training advisory committees has spawned an innovative collaboration in the Arrowhead region. The Dean of Early Childhood programs at the University of Minnesota-Duluth sits on one of the advisory committees. When Arrowhead proposed bringing in the Second Step training program, the Dean arranged a conversation with the University College at UMD and got the training accredited. Providers can now take this training and receive credit toward getting a Child Development Associate (CDA) degree or other early childhood degree. UMD pays for two teachers for the program and has written up all the curriculum materials. Child care providers also receive a fast track registration process through the University College. This project also benefits UMD which has an effective course in place to meet their teacher training requirements and providers.
- **Neighborhood Training Approach:** Providers in the Arrowhead region are frequently surveyed about their training interests, and in turn these are marketed in innovative ways, through approaches like the Neighborhood “ITTI” trainings. Using this approach,

providers are recruited to host a meeting in their home. The providers then recruit other providers to attend the training. Providers prefer this way of receiving training and the training sessions are much more likely to be well attended by motivated participants.

- **“Training To Go” Program:** Western Community Action CCR&R has pioneered a marketing idea designed to increase the success of provider trainings. The “Training To Go” program publicizes all available trainings in a brochure for providers. Providers then organize trainings in their homes scheduling with a trainer who comes on-site. This has allowed providers to select the trainings they need most and has helped reduce the time and expense for Western in coordinating trainers.
- **Training/Trainer Approval Pilot Project:** The Community Action Council in Dakota County has developed a pilot project to create a standardized approval system for early childhood trainers and training. This system helps in the selection and evaluation of trainers available for training in the early childhood arena.
- **Impact Project to Train Child Care Providers:** The Early Childhood Resource Center in Minneapolis launched this innovative project designed to move people from child care aide positions into teaching positions by providing tuition assistance, other supports and coursework connecting cultural issues and child development. The project pays technical colleges to provide credit-based, work experience training, and ensure that people of color benefit. Several hundred of people of color have been trained to become early education teachers through this project.
- **Distance Learning Initiative:** This professional development initiative at Resources for Child Caring is exploring and pursuing multiple ways to make high quality early childhood care and education training available via different distance accessible models. These models may include an interactive website, video training and teleconference downlinks.

Stakeholder Data.

In surveys conducted for this study, a large percentage of providers—80 percent of those operating family child care homes and 88 percent of child care centers—reported that they or their staff had received some form of training through CCR&R. Six out of ten providers (61 percent) said the training had been received within the last two years. Most providers (over 94 percent) reported satisfaction to high satisfaction with the training they had received.

All stakeholders were asked to assess the effectiveness of the CCR&R program in their region in providing training to providers. (See Appendix) Almost 90 percent of stakeholders found CCR&Rs to be effective in this area.

Challenges and Recommendations

Training is a critical function of CCR&Rs and an area of significant achievement for the system across the state. Areas in which training is provided are many, and this is both a strength

of the system and a source of stress. For while potential training areas appear limitless, funding and staff resources are not. All regional CCR&R programs receive funding for a training coordinator, but most often this pays for only a partial FTE. The full training mandate is large and exceeds the capacity of nearly all programs. Each CCR&R must decide which areas are going to be the main focus of training, given limited resources. There are numerous successful models across the state that can be replicated. The best of these are those that 1) have specific areas of focus, 2) involve experienced providers or provider organizations in the training process, and 3) successfully coordinate with other community training resources.

3C. CCR&R Child Care Grants Programs

Description of Services

Along with provider training initiatives, child care grants programs are another key strategy used by CFL and CCR&Rs to enhance the availability and quality of child care in Minnesota. State and federal funds are made available to each region to help CCR&R agencies expand and improve the capacity and quality of the child care in their regions. This program is the only source of state and federal funding other than tuition assistance that goes directly to the providers. There are six major grant programs:

- 1) Technical Assistance Awards Program (TAAP) Grants to family child care providers for facility improvement or expansion; interim financing/start-up; and training and professional development.
- 2) Service Development Grants for centers, schools and public agencies for facility improvement/expansion and interim financing/start-up.
- 3) Start-up Grants for centers and family child care providers designed to offer assistance to providers wishing to start up a child care program or service at a time when the regular TAAP and Service Development grants are not available. This pool of funds remains available throughout the biennium.
- 4) Emergency Funds to assist center or family child care providers in the event of an emergency that would disrupt their ability to provide care for the children enrolled in their program or would jeopardize the health and safety of the children in the program.
- 5) School-Age Care Grants⁴ for centers or family child care providers to start or expand a program that serves at least 10 school-age youth.
- 6) Infant/Toddler Training Program to increase the availability and quality of infant and toddler care among all providers.

The child care grants program received an additional \$2 million in 1997 as a one-time increase in response to welfare reform. For the 2000-2001 biennium, federal Child Care Development Block Grant funds continued to support this level of funding. Future funding for the expanded grants program will be needed in order to maintain this effective program.

⁴ All School-Age Care grant recipients must participate in the Mentoring for School Age Care program coordinated by Concordia University. A mentor is matched with the new grantee to help them with issues that might arise during the 18 months of their grant contract. This has proven to be an excellent model for building quality.

Stakeholder Data

Slightly more than half of the providers (52 percent) surveyed in this study reported that they had received some type of grant from their regional CCR&R. This included 53 percent of the family home providers and 47 percent of the centers surveyed. About 8 in 10 providers who received a grant expressed satisfaction with the availability of grants, the paperwork involved in receiving and monitoring them, the fairness of the grants process, and the helpfulness of grants in starting and maintaining their child care business.

All stakeholders were asked to assess the effectiveness of the CCR&R program in their region in providing grants to providers and other community-based organizations. (See Table Appendix A) Over 86 percent of stakeholders found CCR&Rs to be effective in this area.

Program Initiatives and Accomplishments. Many CCR&Rs have leveraged additional funds to provide grants, loans and other funding streams to child care providers. Some are highlighted below.

- **10,000 Windows Project:** This partnership between GMDCA and the City of Minneapolis resulted in the replacement of 10,000 windows in family child care homes thought to reduce lead contamination as part of a community-wide lead abatement project.
- **Minneapolis Renovation Fund:** This GMDCA partnership with the City of Minneapolis provides forgivable loans for family child care providers and child care programs. Loans are provided for renovation and 80% is forgiven if the provider or program continues to provide child care for ten years. The number of applications received well exceeds the funds available for this project that helps stimulate safety-related renovation and provider retention.
- **Strong Beginnings:** Strong Beginnings began as part of a school readiness effort in Minneapolis. The county reimburses child care programs at a higher rate if they meet certain criteria, such as ratios, training for staff and accreditation status. These child care programs often have a larger number of children at risk. The early results from Strong Beginnings are positive with centers reporting more stable care arrangements for children. A more comprehensive evaluation is in process.

Challenges and Recommendations

Virtually all CCR&R coordinators favor having the grants administered at the local level even though staff have struggled with many new administrative burdens not covered by the available funding. The ability to provide grants directly from the regional CCR&R has helped agencies respond better to the expressed needs of the community and build credibility with providers and others in the community as “a funder.” Grants are viewed as instrumental in retaining providers and enhancing the quality of care environments. When asked which grants they would most like to see expanded or added, most CCR&R staff focused on the need to

continue and hopefully expand all the grant support that is currently available. More support for start-up grants was the most frequent suggestion.

3D. Building Capacity Through Recruitment and Retention Efforts

Description of Services

Since the beginning, CCR&Rs have sought to build the capacity of the child care system through efforts to recruit and retain providers. These strategies have often combined with others such as training, grants, and community collaborations to strengthen and expand the child care system. Recruitment and retention efforts have included community needs assessments to identify specific areas in need of child care, establishing and working with a child care advisory committee to guide these strategies, supporting providers seeking to become licensed and working with employers. In 1997, a one-time increase in state appropriations matched with private dollars supported a capacity-building initiative designed to meet the child care demands of families moving from welfare to work. Part of this funding supported the work of a capacity-building specialist in each CCR&R. As documented in a 1999 evaluation, these staff have instituted a diverse range of strategies to recruit and retain providers (Minnesota Child Care Resource and Referral Programs Capacity-Building Initiative Evaluation, Institute of Applied Research, February, 2000. Between April, 1998 and April, 1999, the capacity of the child care system increased slightly, by 4,545 spaces or 1.7 percent. This increase occurred despite the loss of over 10,000 child care spaces. CCR&R capacity-building efforts offset this loss with the addition of approximately 14,500 spaces.

Stakeholder Data

All stakeholders were asked to assess the effectiveness of the CCR&R program in their region in recruiting and retaining child care providers. (See Appendix B) Seventy percent of stakeholders found CCR&Rs to be effective in this area. See the Capacity-Building Evaluation for further information on this CCR&R strategy.

Program Initiatives and Accomplishments

- **Capacity Building Marketing Program:** Instead of hiring someone with child care experience to do capacity building, Washington County CCR&R hired a person with experience in marketing and public relations. The agency then developed a 1-year plan with a clear goal to increase the number of infant/toddler slots in the county including spaces available for extended hour care. Unique marketing materials included tear-off pads, drop-outs in area newspapers, and bulk drop mailings. While somewhat more costly, these strategies have achieved excellent results. The CCR&R also received some positive publicity in area newspapers including articles on child care and non-standard hour care.
- **Start Smart, Stay Smart:** Region 7E CCR&R has adapted the SOS model to work with their more limited resources in the development of their Start Smart, Stay Smart program. This program offers five 2-hour training sessions and 1 in-home visit to newly licensed

providers to help with provider retention. They then pair new providers with more experienced providers, which benefits both by sharing information and reducing isolation.

- **Odd-Hour Incentive Program:** Leech Lake CCR&R received an additional grant from CFL to offer an incentive for caregivers to provide “odd” or off-hour child care. Each provider was offered \$.50 per hour per child in addition to the fee charged to provide care during non-traditional hours. This was seen as a very successful pilot program and helped greatly in recruiting and retaining staff within child care programs. After the grant ended, the CCR&R financed the program through funds from the Tribal Child Care Development Fund for another year. These providers continue to offer non-standard hour care today without the incentive.

Challenges and Recommendations

Considerable effort and resources were put into building capacity with a statewide initiative in 1997 with lasting positive effects—including stronger relationships between CCR&Rs and county social service offices, community organizations and employers. And lessons were learned that can still be applied. Most important is the recognition that CCR&Rs can affect capacity by focusing on retention, not to the exclusion of recruiting new providers, but as the primary strategy. There are successful models among the CCR&R regional programs available for replication, some of which have been previously described in this section.

3E. Developing Culturally-Responsive Child Care

Description of Services

Serving diverse families was not specifically identified as a focus area in the early responsibilities of CCR&Rs. However, by 1999 the changing demographics of state resulted in this new function area as CCR&Rs were asked to respond to the unique child care needs of Minnesota's growing communities of color. In developing culturally-responsive services, CCR&Rs have worked with providers and diverse communities to facilitate the development of culturally-appropriate child care options and information for parents to better utilize child care supports such as child care subsidies. They are also responsible for collecting data on providers and families to assist in planning and recruitment efforts and participate in on-going staff training to increase program cultural competence.

Stakeholder Data

It is clear from interviews and surveys conducted in this study that state agency administrators are strongly committed to promoting a culturally diverse child care system and to reaching out to address the special needs of communities of color in seeking and providing care. Efforts such as the Cultural Dynamics Education Project training initiative have helped to educate providers in recognizing and caring for the cultural needs of individual children. The capacity-building initiative helped to recruit, train and license providers of color.

In the stakeholder surveys, respondents were asked their views on how responsive CCR&Rs were to the needs of communities of color. Overall, the response was quite positive. Over 8 in 10 respondents (85 percent) described CCR&Rs as generally responsive to such communities, with one-third describing the programs as “very responsive.” Family respondents were most positive in their assessment and county personnel and other community representatives were somewhat less positive. In all regions but one more than three-quarters of the stakeholders who responded to the survey indicated the programs were at least “somewhat” responsive. CFL staff were somewhat less positive than stakeholders statewide in their assessment of the efforts of CCR&R programs to ensure they are meeting the needs of culturally diverse families and providers.

Nonetheless, CCR&R staff, their advisory boards and other stakeholders are well aware that there are groups in the community who are underserved. When asked directly, a majority (56 percent) of stakeholders answered yes to this question: Are there any communities or groups in your region or county that, in your view, are underserved by your CCR&R? Community representatives and family consumers were the most likely to say there were underserved groups. Advisory board members were least likely to think so—this was the only group in which more than half said there were no underserved groups. Respondents varied in their opinions about which groups were most underserved currently.

Program Initiatives and Accomplishments

- **Culturally-Responsive Care Video:** Resources for Child Care created a 13-minute video entitled “Choosing Quality Child Care.” This video is available in three languages -- English, Hmong and Spanish -- and helps parents who have never used child care to become familiar with the formal and informal child care options available to them. It is distributed county-wide at community agencies, work force centers and other areas.
- **Interpreter Support and Recruitment:** With the help of a grant, Region 10 CCR&R was able to launch a 4-year project designed to recruit and train providers in communities of color. A multi-language voice mail system was developed, materials were provided and interpreter support was made available for new providers of various cultures, including Somali, Cambodian, Vietnamese, Bosnian, Hmong and Latino. The agency was successful in getting several providers of color licensed, despite barriers such as landlord permission and work permits.
- **Latino Outreach Program:** Hiring skilled staff who are themselves Latino has been a successful strategy for the Scott/Carver and Region 6E CCR&Rs. These staff have been able to win the trust of providers and families in the Latino community with a personal approach to their needs and issues. Despite barriers such as housing and language issues and work permits, two Latino providers in Scott County and two in Carver County have been licensed within the past two years. Increased training and interaction with formal and informal providers also results in improved quality of care.

Challenges and Recommendations

The responsibility to develop culturally-responsive child care, in reality, could many more staff than current funding supports. Most CCR&R staff acknowledge the need to work on issues of culturally-responsive care, yet few can allocate the amount of staff time needed towards this very time-intensive activity. Those agencies that have made the most strides in this arena have sought and secured additional funding from state, county, city or private grant sources. Agencies have also used their grants and training funds to impact this area.

4. Building Community Through Partnerships, Coordination and Collaboration

Description of Services

This functional area has evolved from an informal goal at the beginning of the system to a formal contract duty today. CCR&R agencies are expected to develop linkages with other programs that promote early childhood care and education to better serve families and children. These programs include Head Start, Early Childhood Family Education, Early Childhood Special Education, county social services, technical colleges and other post-secondary institutions, among others. Important collaborative efforts emerged out of the McKnight Welfare Reform Initiatives around the state. CCR&Rs became highly involved with these efforts and worked with local, county and regional partners to develop strategies to build capacity to meet the child care needs of MFIP participants. CCR&Rs are also expected to do outreach to employers to gain their participation in collaborative child care projects and promote family friendly workplace policies. Most programs acknowledge they have not had the time to develop a meaningful outreach to employers. Those that have done so have most often had additional grant funding from other sources.

Stakeholder Data

All stakeholders were asked to assess the effectiveness of two components of this function in their region. (See Appendix) Over 75 percent of stakeholders found CCR&Rs to be effective in building community collaborations to support child care while almost 70 percent found the CCR&Rs to be effective in marketing their services.

Program Initiatives and Accomplishments

Listed below are some of the more successful collaborative CCR&R efforts in recent years.

- **Hubbard County Crisis Nursery:** A Hubbard county needs assessment revealing the need for a crisis nursery prompted the Mahube Community Council to seek funding for this service. With a grant in hand, the program is now under development. The CCR&R will answer phones for the nursery during their regular business hours and staff a cell phone during evening hours.

- **County Collaboration:** Arrowhead CCR&R serves one of the largest geographical regions in the state. To try to reduce this isolation, the CCR&R tries to connect with county social service directors who meet monthly. Successful strategies include a regular report to service directors on available trainings and grants distributed in their counties. This regular connection with and reporting to county directors has helped build ownership for CCR&R at the local county level.
- **Corporate Membership Program:** Thanks in part to funding support from the McKnight Welfare Reform Initiative, the Clay-Wilken Opportunity Council developed a new program inviting employers to become members of their CCR&R. For a flat fee, members receive six hours of employee seminars or brown bag lunches, an employee child care survey and other services. They also then receive an enhanced referral product and an Employer Child Care Options Handbook and Manual. This is an exciting new approach to securing corporate funding as well as buy-in to providing more child care service information onsite.
- **Family Child Care Network:** Region 7W is initiating a new model called the Family Child Care Network. This program enrolls employers who pay a fee to access a network of trained family child care providers who have their Child Development Associate degree. Some of the fee is used to fund training for providers interested in receiving their CDA. In return for this training, providers then hold spaces open in their business for enrolled employers. The project has gained the interest of many providers though it is taking time to recruit employers.
- **Employer-Sponsored Child Care:** Western Community Action CCR&R worked in collaboration with community agencies, employers and economic development staff to open The KidZone in the city of Windom. Now in its second year of operation, The KidZone provides extended hour care (open 20 hours a day). A second community/employer collaboration in Marshall has resulted in a family child care home operated by Western Community Action Council and licensed under the employer-sponsored group family child care rule. The Schwanns Company donated the house.
- **The Spirit Program:** Anoka County Community Action Program received a CFL grant to develop the Spirit Program, an innovative approach to engaging the larger community in recruiting and retaining child care providers. This program was developed largely in response to the increased demand for child care expected from welfare reform. A staff person has networked with organizations in the community to engage them in the early childhood arena. This comprehensive approach “recruits” and enroll individuals as champions for child care within their own organization. The method has generated a pool of people available to help work on issues of child care, and as a result, creates almost a “volunteer CCR&R staff” group available to take on projects and lead initiatives.

Challenges and Recommendations

The CCRR mandate in this area is broad. There are many groups and organizations with which to coordinate. This area has been a central goal of the capacity-building initiative which has shown the value of having the staff and time to have a person in the community, knocking on doors, putting child care on the community agenda, establishing interpersonal and inter-organizational relationships and arrangements necessary for coordination. CFL and the MN CCR&R Network should assist regional programs in defining which facets of the community should be the primary targets for coordination. Best practice models should be documented and disseminated to guide CCR&Rs in their work with specific groups (such as employers, churches, advocacy organizations, and communities of color, among others). In this area, perhaps more than in most, CCR&Rs need to have tasks prioritized and defined, including which groups should be the primary targets of these efforts. Finally, CCR&R efforts should focus on finding ways of shifting leadership to others within their communities whenever possible. In this instance this means supporting the efforts of others who are able to take the initiative in bringing people and organizations together, rather than always trying to assume the leadership role themselves. Just as they have learned to leverage additional funds for child care purposes, they will accomplish more if they can involve and sustain others in organizing and managing community networks and partnerships.

VIEWS OF STAKEHOLDERS

As described earlier, a series of statewide surveys were conducted for this study. Stakeholders were asked for there assessments about the relative importance of various CCR&R core functions, the effectiveness and quality of CCR&R services and their satisfaction with these services, the adequacy of the level of CCR&R staffing in their regions, and their views on how the work of CCR&Rs impacted the quality of child care.

Core Functions

Nearly all⁵ stakeholders surveyed said each of the core functions of CCR&Rs were important—high percentages⁶ described them as “very important.” Child care referral services, maintaining provider and consumer data bases, and provider training were called “very important” by over 80 percent of respondents, and capacity building and the administration of the grants program were considered very important by over 70 percent. While there were variations among stakeholder groups in the relative importance of some of the functions, a high percentage of all groups ranked all the core functions as important. Parents seeking child care tended to rate the CCR&R referral service as very important, along with the administration of the grants program and provider training. Child care providers also rated the referral service and provider training high in importance along with efforts to retain providers. Community representatives also tended to rate these same activities as high in importance along with the development of culturally responsive child care. This last function was assessed as particularly important by CFL staff, which also placed a high priority on provider recruitment and retention.

CCR&R Effectiveness

Stakeholders also assessed the CCR&Rs to be effective in carrying out their core functions. (See Appendix) Eighty percent or more of the respondents described the CCR&Rs as either very effective or somewhat effective with respect to each of the key functions. Over 90 percent of the stakeholders described the CCR&Rs as very or somewhat effective with respect to child care referral services, provider training, collecting and maintaining child care information, administering grants, and providing support and technical assistance to providers. Child care referral services were viewed as the most effective of the major CCR&R activities across all respondents. This function was evaluated highly by a large majority of respondents in each group, including 92 percent of parents and 93 percent of providers. Overall, the most positive assessments among the various stakeholder groups were made by parents and providers. The least positive assessments overall, although still quite positive in most respects, tended to come from county social service staffs. Survey respondents reported CCR&Rs to be generally effective in working with all stakeholder groups. Highest marks were given to CCR&Rs work with providers, licensors and social service agencies. The most critical assessment came with their work with employers, although even here 63 percent described their efforts as effective.

⁵ That is, all but 1 to 3 percent on any given function.

⁶ Between 60 and 90 percent on different functions.

CCR&R Administration and Staffing Levels

Overall, stakeholders tend to see regional CCR&R programs as well administered but understaffed. Across all respondents, nearly nine out of ten (86 percent) described the programs as “well administered.” Most positive in their assessments were members of advisory committees followed closely by providers. These two groups have a close view of the agencies and much contact with them. At the same time, the responses of all groups represented the view that there are serious problems with the numbers of staff in these agencies. CCR&R staffs themselves were most likely to report staffing inadequacies—6 in 10 called it inadequate—given their many duties. While there was considerable variation in the assessment of staffing levels across CCR&R regions, significant inadequacies were reported with respect to certain programs in metro, suburban and rural areas.

Consumer Satisfaction

In the survey, family members who had used CCR&R services were asked about their level of satisfaction with the assistance they received. As the table below shows, a large majority reported satisfaction with their ability to reach CCR&R staff, the knowledge of the staff regarding their questions and concerns, and the helpfulness of the referrals they were given.

Table 2. Level of Consumer Satisfaction with CCR&R Services

<i>Satisfaction with:</i>	<i>very satisfied (%)</i>	<i>somewhat satisfied (%)</i>	<i>somewhat unsatisfied (%)</i>	<i>very unsatisfied (%)</i>
Ability to reach staff	54.2	38.9	5.6	1.4
Knowledge of staff	50.7	34.2	12.3	2.7
Helpfulness of referrals	43.7	40.7	11.3	4.2

Comments of consumers that reflected positive themes centered around the helpfulness of staff and their willingness to take time to answer questions.

“On more than one occasion I have exhausted my first list of suggestions and CCR&R was right there with more. The counselors have also followed up after sending out lists and been very supportive -- it is an invaluable organization for working parents.”

“As this was my first child and first time seeking child care, I found the staff to be extremely helpful and willing to spend time answering my many questions.”

“They were very helpful and prompt when sending out listings. I don’t know how I would’ve found day care without this service.”

There were fewer comments with a negative theme, and these focused largely around difficulties getting in touch with CCR&R staff and how the lists of providers were outdated once received.

"I had a hard time getting in touch with the appropriate person and once I got a list it wasn't up to date, nor was it reflective of the areas I requested."

Perceived Impact of CCR&Rs on Quality of Child Care

A majority of all stakeholders (73 percent) across the state described the work of regional CCR&R programs as having a high to very high impact on the quality of child care in their regions. This assessment included respondents from all stakeholder groups. More than 75 percent of the stakeholders in all but two regions described the impact on quality care as high to very high. Respondents from Scott/Carver, Dakota and Washington counties and those from Region 8-Worthington were particularly positive in their assessment.

Why are CCR&R services needed?

Stakeholders were asked this question, and it was clear from their responses that most understood the broader needs CCR&R agencies fill in their communities in addition to child care referral. Many noted that CCR&R is the only service that serves both the parent and the provider. A number also commented on CCR&R services being “*personalized*,” “*comprehensive*,” “*able to respond to the nuances of referral*,” and “*a critical support*.” The most often used phrases used to describe why CCR&Rs were needed were:

- to help parents find quality care
- to provide training for providers
- to coordinate community resources
- to match families and providers
- to assist families
- to provide a clearinghouse of child care information
- to provide credible referrals

Specific fuller comments included:

"They're connected to the community and try to help people get access to all resources available."

"Technical assistance and support to parents and providers in areas of child development, special needs, business issues, diversity, career development (for providers), and referral to other local agencies to help with additional needs."

“Neutral, informed experts. They are ‘generalists’ who are the experts in their field. They provide the connection between community and provider community. They plan, strategize, and provide training and technical support that is so critical to taking care of children.”

“CCR&R completes the connection between licensor, provider and parent. Excellent resource for us all.”

“With a good economy but lower child care wages, we are losing providers quicker than gaining them. High need (demand) for child care in this area. We need an agency to recruit, support and retain providers.”

What improvements in systems and services could be made to your CCR&R to better serve the needs of children and families?

Survey respondents had many helpful suggestions to share. As could be expected, the major theme focused on the need for “*more funding*” which leads to “*more staff*” and “*improving the wages of staff*.” CCR&R staff themselves were frustrated with their inability to do more outreach to underserved groups and communities, and a majority of the suggested improvements involved simply helping their current service delivery to be more thorough. They were also in agreement about the danger of broadening their role any more. Attention and support for the basics was the theme, including “*answering the phones directly*,” and “*providing more one-on-one support to providers and parents*.” Members of CCR&R advisory committees by and large saw the need to improve the overall image of child care within the community and help to expand CCR&R visibility. “More” was also a common theme -- more training, more grants, more funding, more staff.

“I applied to work for the local CCR&R. I turned the position down due to the salary. I make approximately \$10,000 more a year than what they were able to offer. Low wages plague the child care field in general and in order to hire and retain good people, wages have to be increased -- including the CCR&Rs.”

“I believe statewide there is a serious child care shortage and somehow (the state) needs to help subsidize providers to make family child care a more attractive career opportunity (more tax breaks, more food subsidy, health insurance benefits, etc.)”

Parents who responded generally wanted more expanded referral information. They also wanted more parents to know about CCR&R services. Their comments included:

“I think the providers on the list need to meet all of the child care requirements to provide good day care. It’s hard to know where to start with a long list of providers. It would be helpful to list comments from the provider, for example “prefers infants” or “full time only.” A person can make many phone calls and get quite frustrated at the availability of child care options.”

“Keep making sure CCR&R staff are easily available by telephone.”

Providers also cited the need for more awareness of CCR&R in the community. They would also like to see more training and more grants and fewer fees associated with both parent and provider offerings.

“Let the parents know about CCR&R services. Training for providers is adequate but parents do not know about CCR&R services. (At least not in the smaller communities). When I polled 14 of my families, only 2 knew of CCR&R.”

Perceived Strengths of CCR&R Agencies

Survey respondents cited many strengths of the CCR&R agency in their community. The majority of comments related to the staffs being “committed” and “experienced,” and the agency providing “comprehensive service delivery” and being “great with referrals.” The training and grants programs were often highly praised.

“Our CCR&R has a strong dedicated work group that works well together. Each person is committed to getting their job done and working towards the common goal.” (educator)

“They work as a team, working hard to provide the needs for family child care homes and centers.” (provider)

“They are very ‘user friendly.’” (parent)

“Family child care can be a profession that is isolating, has a high burn-out rate, and is often not considered much more than babysitting. The hours required to make a decent living can be physically and emotionally exhausting. With all that against us, it is nice to have the CCR&R in our corner supporting and fighting for us. Thanks!” (provider)

“Our hearts are in the right place despite lack of money, resources, equitable salary, etc... We stay because we like our jobs and believe in quality child care.” (CCR&R staff person)

THE MINNESOTA CCR&R NETWORK

The Network mission statement, adopted in 1994, states that it will provide “*statewide leadership in shaping collaborations that collectively build a diverse, high quality child care system accessible to all Minnesota families through local resource and referral services.*” That mission remains in effect today. The Network is held accountable for three main outcomes: 1) increased efficiency of CCR&R services; 2) increased quality of CCR&R services; and 3) increased cultural competence of CCR&R services. Through the Network’s efforts, it is expected that CCR&R staff will be more knowledgeable and skilled in child care issues and that there will be increased public/private collaborations with culturally-diverse communities, special needs groups, employers and employer organizations, and agencies and institutions serving low income families.

The core duties of the Minnesota CCR&R Network, the activities through which it is expected to accomplish its mission and achieve its outcomes, are stated as follows:

- Coordinating the allocation of public and private funds;
- Collecting statewide data documenting supply and demand;
- Facilitating analysis of trends and issues and coordinating the development of child care policy recommendations;
- Developing and administering statewide projects;
- Offering professional development training and technical assistance to the staff of member agencies;
- Facilitating both internal communication between member agencies and communication with outside organizations;
- Providing child care information and statistical information that supports local child care efforts to its member agencies;
- Facilitating best practice in CCR&R services;
- Facilitating decision-making processes between and among regional CCR&R programs;
- Setting goals and creating strategies for CCR&R use of technology;
- Facilitating the ongoing development and maintenance of the statewide CCR&R system;
- Participating in collaborations with other public and private agencies to ensure that families’ child care needs are represented.

In 1998, the Network received funding from the Minnesota Futures Fund to engage in strategic planning related to the integration of welfare reform initiatives into CCR&R. That process became a stepping stone for addressing several key issues which continue to face the Network and CCR&R as a system of agencies serving the state. One key issue that was identified was that the CCR&R system was operating without a strategic plan and, as a result, no common framework to guide actions.

Three work groups were established to begin the planning process, and in their report to the Network board in November of 1998, they identified several key concepts that are central to the recommendations they developed: 1) The initial strategy used to develop the (CCR&R) system, standardized services and contracts in every region, has become problematic. 2) Funding distribution has also relied on a standardization and equality model, using primarily a standard baseline to distribute most of the state appropriated dollars. 3) The initial “start-up”

phase of the system and Network agency, which was internally focused on building the system and agency, has been outgrown and, developmentally, the system and the Network have moved on to a more externally focused phase. 4) Service delivery, funding distribution and the structure of decision making within the Network all need to be realigned to reflect the development that has occurred. The work groups then made recommendations in three main areas: board structure; service delivery, and funding. These recommendations are being assimilated by the Network board and staff as they craft changes for their future direction.

Areas of Major Effort

The Network has had a number of major accomplishments, primarily related to its role in the design and implementation of statewide projects, including:

- Infant/Toddler Training Intensive (ITTI), involving the design of training and recruitment strategies to increase the number of high quality, infant/toddler caregivers.
- Cultural Beginnings, to develop community-driven child care options that incorporate unique aspects of care giving specific to diverse cultural communities.
- Employer Services, through which the Network has been very aggressive in leading efforts to work with employers on the issue of child care as well as broader work/family issues.
- CareQuest, a method for providing child care referrals under contract to employers.
- Capacity Building Initiative in 1998 to help increase the capacity of child care to meet the increased demand being expected for welfare reform.
- Information Technology, providing leadership, coordination and technical assistance around the collection and analysis of data, most of which is being collected at the local level.

More recently, the Network has added a position to increase the capacity of the Network and CCR&R agencies to communicate efficiently and effectively using e-mail, the World Wide Web and other electronic networking technologies. The Network has been assigned to raise funds for training and a staff position to provide technology support. Staffing has also been made available to work with the NACCRRA-aware computer software which will soon replace Carefinder as the main data collection source.

Assessment of Network Functions

CCR&R regional staff were asked to assess the assistance they have received from the state Network and whether this has helped improve their programs. When asked, most CCR&R regional staff reported they were satisfied with most of the technical assistance they have received from the Network. A large majority reported satisfaction with the Network's facilitation of statewide meetings (87 percent) and with the technical assistance they received related to training opportunities (83 percent), databases and technologies (82 percent), and infant/toddler training and recruitment (82 percent). Respondents reported least satisfaction with technical assistance related to capacity building and employer outreach (44 percent) and employer outreach (38 percent). Staffs from the various CCR&Rs tended to agree with one

another in their assessments more than they disagreed; differences across regions were not statistically significant.

CCR&R staffs were asked whether and how the work of the Network improved CCR&R operations. Three out of four (75 percent) respondents reported that Network efforts increased the efficiency and quality of CCR&R regional operations, 12 percent said the effect was substantial. The extent to which the cultural competence of their operations was enhanced was given a more mixed assessment—about half (52 percent) reporting a positive effect due to the Network’s assistance. Regional CCR&R staff were also asked to evaluate the helpfulness of Network staff. Most respondents were positive in their assessment, with 30 percent describing the Network staff as “very helpful” and 55 percent saying they were “somewhat helpful.” Differences across regions in these assessment were not statistically significant.

CCR&R staff were also asked to list what they saw as the strengths of the Network. Overall, their comments reflect the feeling that “things are improving” with regard to some of the challenges the Network has faced, particularly with regard to a high rate of staff turnover and subsequent confusion of roles and responsibilities.

“The Network as a whole has been good at supporting the efforts made by the local CCR&R. In particular, the current and past training coordinators have been good about updating us with information regarding training and finding answers to questions quickly.”

“The Network is a statewide voice not only for CCR&R but for child care needs. An objective voice to protect the integrity of CCR&R throughout the entire state - a safety net for sites.”

Defining a Core Vision

The Network has achieved a great deal during its first decade. But the question of what role the Network should play now that the start-up and expansion phase has been accomplished is a central issue. By its own admission, the Network has developed largely in response to immediate needs for building the system and to available funding, without a strategic plan to guide its progress. It is opportune at this juncture for the Network, in conjunction with CFL, regional CCR&R programs and community stakeholders, to step back and review its strengths and weaknesses and make decisions for its long-term direction.

The recent decision to restructure the Network Board suggests more community buy-in and direction setting is envisioned. As the Network has matured, there has been a growing interest in focusing some of its work on advocacy for increased support of CCR&R services and strategic partnerships with other early childhood organizations to look at “bigger picture” issues affecting the availability, affordability and quality of child care.

Due to this expanded role, the Board Restructuring Workgroup addressed the need to revisit the board structure currently governing the system. In a survey conducted of key informants, early childhood professionals and staff, 63 percent of key informants and 53 percent

of CCR&R staff said they did not feel the current Network Board structure adequately reflected the complexity and diversity of the CCR&R programs throughout the state. Furthermore, 56 percent stated they thought the Board should include parents, providers, early childhood professionals and representatives of the populations reflected in the state, including people of color.

When asked how the Network could better serve CCR&Rs to help them better meet the needs of children and families, the majority of their comments centered around the Network providing more assistance to them at the local level, raising the visibility of CCR&R throughout the state or improving their role as a statewide facilitator or clearinghouse. Taking on more “Network specific” projects was not represented in their comments, which include:

“Act more as a clearinghouse. Too many times the Network has taken on statewide initiatives; while it brings in money, it also adds to an already full plate.”

“The Network staff need to facilitate the exchange of information more uniformly statewide and coordinate the information to be disseminated to all sites.”

“Individual R&R’s struggle to market their programs. The Network should have a statewide campaign announced on radio stations, billboards, papers, cable, etc.”

“Better coordination - clear link - of Network staff work as it relates to CCR&R work (ex: Training coordinator; Capacity builder, etc.). How do they work together?”

SERVICE DELIVERY ISSUES

Throughout the process of conducting this evaluation, several key issues emerged as important to discussions of service delivery. This section summarizes findings about stakeholder priorities, CCR&R services to providers, the regional service delivery areas, services to Minnesota's reservation communities, and the CCR&R funding formula.

Stakeholder Priorities

In the surveys conducted in this study, stakeholders were asked their views on the best use of public funds to support the child care service needs of children and families in their communities. They were specifically asked to rank the following in order of priority: child care referral service; provider recruitment and retention; parent training and support; direct subsidy payments to families; and provider training and support. Respondents ranked these from 1 through 5, with 1 standing for "most important" and 5 for "least important."

Provider training and support was the top ranked priority of parents, providers, and CFL administrators. Provider recruitment and retention received the first or second ranking from four of the groups. County social service personnel saw it as the most important service. Child care referral, the service that is probably the most connected in the public mind with CCR&R agencies, was given the middle rank of three overall.

**Overall ranking by stakeholder groups of
“best use of public funds”**

Respondent	Child care referral service	Provider recruitment and retention	Parent training and support	Direct subsidy payments to families	Provider training and support
Parents	3	2	5	4	1
Providers	2	3	5	4	1
Social service	4	1	5	3	2
Community Reps	3	2	5	1	4
Advisory boards	1	3	5	4	2
CFL administrators	4	1	5	1	1
Network staff	2	3	5	1	4
Overall rank	3	2	5	4	1

“First and foremost, we must devise a way to pay for the high quality care children need now that the majority are being raised in child care. We know higher wages and increased training for providers correlates with higher quality care, but there is inadequate funding of the child care system to support these when relying so heavily on just parent fees.”

CCR&R Services to Providers

One of the most important groups with which CCR&Rs work are child care providers. Relations with providers go to the very heart of what these agencies are about. In the survey of providers, they were asked what they considered to be the most important services the CCR&R can provide to assist their (the providers') programs and to enable them to be more effective in meeting the needs of children and families. Overall, both family home providers and centers agreed that the most important service was the provision of training and, for centers in particular, professional development opportunities. Centers ranked grants as next most important followed by referral services. Family providers had these reversed, viewing referral services as somewhat more important. Technical assistance related to business matters was seen as more important for family providers than centers. Centers were more likely to view accreditation assistance as a more valuable service for them.

Regional Service Delivery Areas

Stakeholders were asked in the survey for their views on the relative effectiveness of using the current state economic development regional boundaries as the catchment or service delivery areas for CCR&R agencies. While a majority in each of the various groups surveyed said they thought the current regional boundaries were at least "somewhat effective," only about 1 in 8 considered them to be "very effective." The parent group was most positive in its assessment of the existing geographical arrangement. However, it could be argued that their contact with the system, while the most intense, is also the most transitory. The other groups have been in position to view the system in operation for a longer period of time. Interestingly, among these others, CCR&R staff members themselves are the most positive in their assessment of the current regional boundaries, perhaps because they have grown increasingly familiar with the communities within them over the years. Respondents from the various community groups surveyed along with county social service personnel tended to be less positive. Survey respondents were asked if they thought there was a more efficient way of organizing CCR&R service delivery areas, and, overall, 38.2 percent said "yes" and 61.8 percent said "no."

While no consensus emerged on this issue in the survey, the comments of respondents indicated that many people with knowledge of the CCR&R system are also internally conflicted. CCR&R staff and other respondents often believe that the current service delivery areas are not effective for all areas, but they are not sure what should be done about them. Most comments tended to favor keeping the current regions, but funding more outreach staff for the larger geographical areas.

"The areas are large in Greater Minnesota. I could see a more central administrative site, with more outreach or satellite offices."

"With technology, have satellite sites or locate CCR&Rs at Workforce Centers or Community Action Agencies. CCR&Rs could be more accessible to the communities they serve."

"CCR&Rs could be organized around employer hubs, where people go to work."

Minnesota Reservation Communities

In Minnesota there are seven Anishinabe (Chippewa, Ojibwe) reservations and four Dakota (Sioux) communities. The Dakota communities, which are in the southern part of the state, are quite small; none of them compose, for example, more than a small percentage of a single zip code area. The larger Anishinabe reservations are located in northern Minnesota.

Leech Lake is the only reservation that currently has a contract with CFL to operate a CCR&R program. Like most tribal child care offices, they also administer the Child and Adult Care Food Program, the child care subsidy program and collaborate heavily with Head Start. They also license their own providers. Currently, there are three centers, and the CCR&R is now managing all three of them. Most of the Leech Lake reservation is in Cass County within CCR&R Region 5, with which they collaborate on a regular basis. They have designated various geographical areas for each agency to serve to try and prevent service overlap. Tribal licensed providers can also apply for Region 5 grants. The Leech Lake agency views itself as more of a satellite of Region 5 and believes their collaboration is a model for other reservations.

Most staff from the other reservations do not see the need for a separate CCR&R agency on their reservation, with the exception of White Earth, which already functions much like a CCR&R agency. They believe that becoming their own CCR&R would help them create a more seamless service for their community. It would also help them to better serve those providers who reside in their county, but outside of the reservation. Other reservations either already do or would like to see themselves as part of the CCR&R statewide system. Seamless service for reservation families requires them to be linked to the bigger system of service and support. However, effective service delivery is implemented at as local a unit as possible. The child care personnel on reservations know their families, who participate in programs from birth on. They thus can better serve the needs of these families and link them to the resources that are, at times, more abundantly available on the reservation itself. Head Start also appears to play a major role in supporting and funding early childhood experiences for tribal families and needs to be factored into the larger system design.

In attempting to conduct an analysis of child care services available to Native American communities for this study it was discovered that not all providers on reservations are listed with a CCR&R regional program. The relationship between the reservations and the CCR&R system is complicated by the fact that reservations often overlap more than one regional CCR&R service area. In addition, some child care providers choose to be tribally licensed rather than licensed by the state, which explains the absence of some from licensed lists utilized by CCR&Rs. The analysis that was carried out suggests that reservations tend to face similar challenges to service delivery as found in other rural parts of the state. That is, they tend to have less relative capacity. Statewide, there are 3.5 children under 10 for every licensed care slot. In rural, non-reservation parts of the state, the figure is 4.6 children per slot.

Funding Formula

Developing a method for the equitable distribution of state funds to the regional CCR&R agencies has been a complicated process from the outset. A funding formula has been employed

which uses a set of commonly agreed upon criteria that can be applied to each region. The decision of what factors to consider as criteria in the formula and what weight to give each is made by the board of the Minnesota CCR&R Network, which consists of the CCR&R Coordinator or executive director of the regional agency. The formula arrived at by this group is then submitted to CFL administrators for approval, which sometimes involves modifications as well. The formula has not remained constant over time but has undergone revisions, generally to place more emphasis on an evolving trend or to correct a perceived inadequacy in the previous version. Table 1 shows the key criteria that have made up the funding formula as established in 1990 and then modified in 1996, 1999 and for the current biennium. It shows the key criteria included in the formula and the weight given to each factor.

**Table 1. Funding Formula
Weight Given to Key Criteria, from 1990 to the Present**

KEY CRITERIA	1990	1996	1999	2000-2001
Square root of square miles	15%	14%	12%	
• 1990: Number of children under 12 • 1996: Number of children under 6 • 1999: Number of children under 14	25%	24%	20%	24%
Unmet need	20%	19%	16%	18%
Total providers	20%	24%	20%	19%
Number of counties	20%	14%		
Number of school districts			12%	14%
Communities of color		5%	10%	15%
Economic factor (areas with high levels of children in poverty)			10%	10%
	100%	100%	100%	100%

Many of the CCR&R staff and other key informants surveyed during this study were of the opinion that the current funding formula was not working well particularly for Greater Minnesota. They expressed concerns about moving to a formula weighted more heavily for families in poverty and families of color, "chasing money" instead of having a plan, or saying "no" to some new services. Other comments obtained from the survey and from interviews included:

- The CCR&R system should be advocating for a fully-funded, universal child care system.
- Baseline funding is too low.
- Lack of a strategic plan and program priorities has resulted in a wide range of "add-on" programs that are underfunded and are stretching the limits of CCR&R agencies. Referral was seen by many as the most underfunded service.

The current level of state and federal funding (totaling \$3.189 million in 1999) does not adequately support providing the core functions in each region of the state. The change in the funding formula provides more resources for counties with more children and families impacted by welfare reform policies that emphasize all families working. Conflicting with this "money follows the child" approach is the CCR&R network's and CFL commitment to providing core

child care resource and referral services to children, families and providers in every region of the state which requires stretching the funding more evenly across all service areas.

Every region of the state has different challenges in serving families and providers. Long distances and the lack of transportation infrastructure make providing services to families and providers in rural regions costly. In metropolitan areas, fast growing populations who do not speak English and the concentration of poverty in many neighborhoods are challenges for serving families and providers. Leveraging foundation and business sector funds is also far less available in greater Minnesota regions.

Most notably missing in the funding formula is a clear plan for what the “baseline” or core funding covers specifically. The core functions in the agency contracts are not prioritized. CFL, regional CCR&R agencies and Network staff all identified the tension in seeking to stretch resources to provide at least a minimum level of service for children, families and providers wherever they live in the state and with the recent policies mandating work for all low income families.

CONCLUSIONS AND RECOMMENDATIONS

Much has been accomplished in the first ten years of the CCR&R system in Minnesota. A statewide infrastructure has been implemented to help serve the growing needs of working families throughout the state in securing quality care for their children. It has done so in direct partnership with local communities, helping to build sustainable organizations that are in tune with local needs and in touch with local resources and organizations. In the process a direct and significant contribution has been made to the state's economy. In addition to income earned by child care workers, child care providers support a workforce that benefits the state's employers as well. Moreover, the CCR&R system has been an essential part of the state's welfare reform efforts. For MFIP participants, like all working parents with young children, child care is a prerequisite for working.

Designing and implementing a statewide system of localized service delivery working within a market system is a complicated matter. It is made more complicated but ultimately more successful through decision making processes that are collaborative in nature, that build upon consensus, remain sensitive to diversity, strive for fairness, respect differences, expect the best effort, and establish interlocking connections that are mutually supportive. These are all characteristics of the process that have built the CCR&R system in Minnesota, sustain its development, and provide a firm foundation for future service to the state's children and families.

This study was primarily an internal examination of the service system and provides a counterpart to the externally focused Minnesota Household Child Care Survey being released by CFL at the end of 2000. Both processes—looking outward and looking inward—should help the system focus its energies and resources more sharply in meeting the needs of the state's families and communities.

Conclusions. From this evaluation, a number of conclusions can be made that affirm the strength of the CCR&R system:

- The early implementation vision—to provide CCR&R in every county across the state—has given families, communities and legislators throughout Minnesota a vested interest in it, maximizing the number of stakeholders.
- There remains in the system a core of original implementers who continue to provide strong leadership, both within CFL and in the regional CCR&R agencies. Within some regional agencies, staff turnover has been a particular problem, reducing continuity and the quality of linkage to the community. However most CCR&R agencies still have an original staff member on board. CFL leadership is respected within the CCR&R community and both are strong, articulate proponents for quality child care.
- CCR&R agencies must adhere to state standards, but their service delivery is clearly tied to the needs and interest of their local communities. Those most aligned at the community level who are seeking input directly from those they serve, who are involving

their target customers in the process, are producing the best results. By becoming better “players” in their communities, their effectiveness is increasing.

- Eighty percent or more of stakeholders surveyed describe CCR&Rs as either very effective or somewhat effective with respect to each of the core CCR&R functions. Stakeholders include parents, child care providers, county staff, educators, child advocates, and others.
- A majority of all stakeholders (73 percent) across the state described the work of regional CCR&R programs as having a high to very high impact on the quality of child care in their regions.
- Provider training and support was the top ranked priority of parents, providers, and CFL administrators. Provider recruitment and retention received the first or second ranking from four of the groups. County social service personnel saw it as the most important service. Child care referral, the service that is probably the most connected in the public mind with CCR&R agencies, was given the middle rank of three out of five.
- CCR&R accomplishments include innovations at many levels, providing a depth of information and experience which can be shared to develop solutions to difficult yet common problems. It is frequently the case that a problem identified by one agency has been resolved effectively by another, whether it is how to recruit providers, raise funds, build collaborations with employers, promote culturally responsive care, or addressing special needs of families.
- CCR&R agencies have been successful, especially in urban and suburban areas, in leveraging additional funding for needed services. The current support for CCR&R comes from a diverse set of funders, including city, county, state and federal sources, private foundations, consumer fees and employer contracts. While funding is mostly patchwork and inconsistent, there are clearly many players who have recognized the importance of investing in a statewide infrastructure to ensure quality child care service delivery. The initial investment made by these players can be tapped to address future funding needs.

Coexisting with these strengths, however, are several challenges.

- CCR&R agency duties have steadily increased over the decade while state funding has remained relatively constant. Recent changes in the funding formula have benefited those serving heavily populated areas. However, some smaller CCR&R agencies with fewer resources are particularly vulnerable.
- There are also core decisions apart from resources that must be made. One is the future vision for the Minnesota CCR&R Network. While the Network is moving to address some of the larger issues facing CCR&R, basic service delivery to support CCR&R agencies remains a serious need. The community as a whole is still largely unaware of CCR&R services and would be hard pressed to find it in the phone book as there is not a

uniform listing for CCR&R. Building successful higher-level initiatives must be balanced with support for basic service delivery within the framework of responding to changing community needs.

- It takes CCR&R agencies considerable staff time to collect all the data that is required for needs assessments and program accountability. However, more can be done to regularly analyze, interpret or use the data to guide local and statewide planning and development. A data-use plan is needed to educate employers, educators and others and to inform public policy discussions about the needs of parents and providers. In addition, improved ways should be found to integrate such data into the monitoring and rewarding of CCR&R performance. There are clearly some agencies that outperform others (and this is not simply due to differences in size of budgets and staffs). Even in a system with few resources to allocate, an incentive formula could be devised to reward high performers while helping poor performers to improve.
- While a majority in each of the various groups surveyed said they thought the current regional boundaries were at least “somewhat effective,” only about 1 in 8 considered them to be “very effective.” While no consensus emerged on this issue in the survey, the comments of respondents indicated that many people with knowledge of the CCR&R system are conflicted about how to address the issues of regional service delivery areas.

What is the future of CCR&R? This question can only be answered by those involved in sustaining or using the system now. As the CCR&R system engages in strategic planning, it might use the same process Governor Ventura used in developing the “Big Plan.” He asked three tough questions regarding the future of education in Minnesota:

- 1) How do we get the bang for our buck?
- 2) What is the state’s role with clearly spelling out standards and then putting accountability at each level?
- 3) How can we promote the use of what we already know we should do, but too often do not (using best practices across disciplines to better align services and other state investments)?

Recommendations. Using these questions as a framework, we recommend the following for consideration as the planning process as CCR&R moves ahead:

- **Clarify service delivery priorities at the CCR&R agency level, given the resources available.** If resources are not available to fund the full scope of CCR&R service delivery, CFL and CCR&R programs need to revisit the “best practices” that have been developed around the state, combined with the service prioritization suggested by stakeholders, and set new and cost-effective priorities to reach the largest number of people.

- **Replicate current CCR&R agency successes.** There are many innovations happening throughout the Minnesota CCR&R system. Unfortunately, there are few opportunities to share these with one another or for agencies to receive recognition and garner additional resources for their more successful programs. SOS, recognized as a successful model, was packaged and made available statewide. Many CCR&R programs have secured additional funding to implement this program. The same could be done with efforts such as Region 8's employer-supported family child care homes, Region 2's collaborative partnership between Head Start and family child care providers, Region 3's partnerships with higher education in securing credit-based training, and other such examples. While successful initiatives sometimes are unique to the people, timing and financial resources within that community, there are often elements that are transferable.
- **Continue to locate service delivery at the most local level possible.** Supporting parents and providers is most effectively carried out at the community level. This is made very difficult by regions with large service areas and multiple county units or in counties with large concentrations of high need families. Those CCR&R agencies that have been the most effective in providing service to large areas have utilized outreach workers to outlying communities. Using the outreach or satellite model to expand the reach of service appears well accepted by the whole and is far less burdensome to the system than reorganizing administrative areas. Little could be gained by combining any administrative functions at this point given the very small overhead of CCR&R. Most CCR&R administrators are also delivering service, whether helping with referrals, delivering training, or managing grant awards. Therefore, consolidation would produce few if any cost savings to the system as a whole. If additional resources are available to support service expansion, using outreach workers to operate from the current administrative agencies would probably be the most effective method of service delivery.
- **Focus the current Network priorities on supporting the core functions of CCR&R local agencies.** While the Network provides statewide leadership for the early childhood field, some member agencies are currently facing near-crisis issues with their own funding, staffing and effective service delivery. If a locally-based system remains the goal, then the old bromide about the strength of the chain being limited by its weakest link applies; CCR&R as a system cannot be strong without addressing the basic needs of its membership in serving all families. In addition to the technical assistance it provides, the Network should look to the statewide roles it can play that will best support CCR&R at the local level. For example, coming up with a common heading under which all CCR&R agencies can be listed in the local phone book would be helpful. The basic function of finding CCR&R services is severely hampered at the local level by the lack of a statewide identity. In addition, the Network should define how it will analyze and use the data being collected before initiating any new data-collection tools.

The fundamental finding of this study is that the CCR&R system is working in Minnesota, doing what it was intended to do when visionaries designed it and the legislature funded it. Stakeholders support and appreciate it. The stresses it has experienced derive from efforts to do so much with the resources it has been given, expanding the system's functions to serve working families better and enhance the quality of care for children. As Minnesota moves

to address the development of an integrated early childhood and school age care system which encompasses all facets of the early childhood and school age experience, child care advocates can take the experience of CCR&R to the table and be proud to share its accomplishments and its potential.

APPENDICES

- A. Stakeholder Survey Sample Sizes and Response Rates
- B. Table of Stakeholder Assessment of CCR&R Effectiveness

Appendix A. Stakeholder Survey Sample Sizes and Response Rates

Altogether, 843 survey responses were received in time to be included in the analysis for this report. (The response rate was 40 percent across all groups from a single mailing.) A total of 2,510 surveys were mailed. There were over 200 bad addresses among these.

Number and Types of Survey Respondents

<i>Type of Respondent</i>	<i>Number</i>	<i>Sub-group n</i>	<i>return rate</i>
Family Consumers	137		22.8%
Providers	391		48.9%
centers		35	
family		204	
school		19	
type not identified		133	
County Social Services	118		61.2%
administrators		38	
child care licensors		47	
other child care & social service workers		33	
Community Representatives	243		22.5%
members of community organizations		103	
educators/trainers		81	
private sector employers		40	
others		19	
Members of CCR&R Advisory Boards	167		46.7%
CCR&R Regional Staff	93		100%
CCR&R Network Staff and CFL Staff	12		100%
Individual Respondents	843		39.8%

Appendix C. Stakeholder Assessment of CCR&R Effectiveness

All respondents (N = 843)

<i>CCR&R functions</i>	<i>very effective</i> (%)	<i>somewhat effective</i> (%)	<i>Ineffective</i> (%)	<i>no knowledge of service</i> (%)	<i>scaled rank</i>
child care referral service for families	43.5	46.4	7.0	3.1	1
provider training	46.7	42.6	6.2	4.5	2
collecting & analyzing child care information & maintaining database	42.9	46.0	5.4	5.8	3
administration of child care grants programs for providers	49.4	36.7	7.7	6.2	4
provider support & technical assistance	35.5	48.9	8.5	7.2	5
building community collaborations to support child care	23.5	52.0	17.5	7.1	6
parent education and information	15.9	57.7	14.9	11.5	7
development of culturally responsive child care	15.7	55.7	18.2	10.4	8
child care provider recruitment & retention/capacity building	13.6	56.4	20.5	9.5	9
marketing CCR&R services to communities in the region	16.4	52.5	18.5	12.5	10