

## MNCCC Advisory Meeting

March 29, 2010

Present: Oth Lo, Anita Beaton, Diane Sjelin, Wendy Nielsen, Michael Earhart, Haregewoin Tsegaye, Cheryl Smoot, Valerie Peterson, Dan Wielinski, Michelle Thole, Lora Kussman, Bryan Schachtele, Elaine Borshiem, Heidi Frankard, Casandra Williams-Sims, Wanda Hill, Cindy Croft, Nancy Dougherty

### **Review Changes to MNCCC**

Changes were made to the Minnesota Child Care Credential core curriculum. Anita and Heidi reviewed the changes in the curriculum and session outlines.

There was a concern that people would need to repeat training, but that people should be given the option to take training that is similar to training they already have to become more of an expert. People understand content if they hear about it from more than one source.

There was a suggestion that the new classes that are specific to family providers and center based staff include information on parent communication and supervision.

A suggestion was made that the MNCCC would also be useful for directors who do not have an early childhood background. MNCPD may want to advertise to directors as well as staff.

County licensors were reporting that there is a need for supervision training. MNCPD will check to see if the writers put this in the curriculum. Supervision training is needed to address the correction orders. Supervision should address outdoor play, sleeping positions, child seats, children being left unattended, and rolling off the bed or couch. This topic could also be covered in the Family Child Care as a Business Class around legal and liability issues.

Diane shared that there is Licensor in Anoka County who has training on supervision. Cindy suggested that a supervision training video may be useful for providers.

Anita shared that the writers will have the modules for the MNCCC ready to go in April and that we are seeking feedback from the Advisory Group.

### **Criteria for Trainers**

Michael reviewed the draft criteria for the trainer requirements for the MNCCC curriculum. The trainers would be expected to do four courses a year. The trainers would be trained on all aspects of the curriculum except the specific Curriculum and Assessment trainings and Family Child Care as a Business. There may be different trainers for these pieces and they would attend a separate Training of Trainers.

In the afternoon a group will stay to discuss the plan for the adaptations of the curriculum. The goal is to have Master level or Trainer II level trainers for the adapted curriculum.

Wendy Nielson shared that CCRR employees cannot be trainers for CCRR.

## Communication Plan

What should be communicated to child care providers about the credential?

- Location, cost, schedule
- Accessibility—What delivery formats will it be in?
- Why would they want to do this? What is the benefit for the provider?
- How will this transfer to college credits?
- Create a common flyer or postcard about the MNCCC and ask people who exhibit at conferences to put it out on their table.
- Clear expectations and clear explanations as to why you are doing it. Why do we have the MNCCC?
- Incentives—How can we motivate people? (get money for taking the class, tie the MNCCC to grants) What will the incentives be? Market the incentives.
- Create a short power point tutorial about the MNCCC to put on MNCPD website with links on other websites. People could also put the link in newsletters.
- Is the MNCCC renewable or one time credential?
- Non-credit based training that will lead providers to taking college credits.
- Pathways to higher education need to be clear and articulated.
- Let providers know what trainings transfer to the MNCCC so they will know that they don't need to take all of them.
- Word of Mouth especially in different cultures. Translation of the language.
- Who to contact.
- Talking points or fact sheets for other professionals in the field to talk providers through it.
- It's not going to go away, we can count on it and it will go somewhere.
- Market to Center Directors to get new employees cheap training.
- Clear path to follow in the training. I know exactly what I will do in the next two years.
- Schedule 1 day a week—same day for all of these classes.
- Ten step outline for the advisory and staff to partnering organizations to do a quick 15 minute training and have easy answers. Promote in a quick way- elevator speech. Used at all the trainings, trainers have it and put it on the table.
- Create a status for completing the credential. They get a certificate and may move up a step.
- Lottery—you get it if you are the 25<sup>th</sup> person.
- If you finish this you get x if you finish this you get x.
- Prizes in each district. When you completes the MNCCC, your name goes into a hat to when a prize. Only have 8 prizes. You could give target gift cards.
- Local level too so have two chances to win. Something tangible they could take back and use.
- Fancy certificate, embossed, someone important signs it. Be nice if the governor would sign it. MLFCCA have their certificates signed by the governor.
- Final Ceremony, recognition,—event at the local level.
- Focus group, market test? Gain valuable feedback. Find out why providers would want to do it.

- Ask Licensors to endorse the training. MNCPD needs to run the MNCCC by licensors. Some licensors only take so many online hours. Get licensors on board to accept it, look at the importance of it and assist with recruiting. Center and FCC.
- Any mentors to keep moving on the credential? Coaching Cost?
- Send letter 6 months later to see if they are using the training they learned through the credential.
- Provide classes as a cohort so they can support each other.
- Periodic ongoing support and what that could look like. Online discussion board checked monthly or an email with supports or asking a question. "How are you doing?"
- PDC keep track of people who complete the credential or go through the credential. Check in with them at 6 months to a year later.
- Make providers more aware of the fact that there is more for them to learn.
- Resource of other training available, so if you touch on a subject here are some that are more in-depth on these topics. Market other classes. This is not a way to replace the more in-depth training, but to give entry level an overview.
- How realistic will it be to get through the 120 hours and then move on to the other trainings?
- Some providers want professional development that is community based versus the college campus. It will build the confidence to go to college. It will spread by word of mouth.
- CDA scholarship money- reduces hours to 30. Separate money for assessment.
- Reimbursement to help with child care.
- How do we get to those who have been in the field for a while?
- If people pay they are invested, free not invested. Low cost would be good. They will show up if they paid.
- If you don't show up, what is the consequence for not showing up for series based classes?
- College training costs—compare cost with college funding. For this money you are getting this much. But remind the provider that they are not credit classes.
- Track how many go on and get there CDA.
- If you have the CDA you get a higher reimbursement. Work to get this credential a higher CCAP reimbursement.
- Capstone the first year a one year credential instead of two year credential.
- Concerns that if they have a little bit of information that they are an expert on everything...Need to stress that it is a small piece of information. Recognition you are ½ way there.
- Tie it into teach and retain. ---No money right now.
- Lobby legislation to put it in Rule 3 or Rule 2. Child Care Works/Ready 4 K.
- This is a pre-service credential that should be mandated. Need someone to really lobby to say this is a path. (CC works agenda, MCC, etc.)
- How TEACH keeps there students. Money. Director gives a bonus. TEACH model. Can use the TEACH model, but not tie in TEACH as a funding stream.
- Created and put on a shelf because no money to implement. Need a commitment to plan.

Additional questions still need to be addressed including:

- Who should be the target for communication about the credential?
- How to communicate with providers about the credential?
- When to communicate about the credential?

Meeting was adjourned at 12:30 PM