

Minnesota Child Care Credential Core Curriculum

Advisory Meeting

February 22, 2010

Present: Lora Kussman, Charlotte Nitardy, Susan Rydell, Nancy Dougherty, Gabriella Ortega, Cheryl Smoot, Haregewoin Tsegaye, Anita Beaton, Heidi Frankard, Catharine Cuddeback, Cindy Croft, Corey Woosley, Wendy Nielsen, Valerie Peterson, Michelle Thole, Katy Chase, Dan Wielinski, Bryan Schachtele.

Catharine:

Read the Vision Statement about developing a seamless integrated system to raise the competencies of children.

One of the key strategies for the QRIS is the development of the MNCCC. It is one entry path into learning. Another way is to enter the field via higher education. The MNCCC is research based, looks at progressive training, and includes the most critical information to help providers help children be successful. Content needs to be research informed, based on national indicators for QRIS, and Parent Aware Pilot. It needs to be aligned with MN core competencies, CDA, indicators of progress, ERS, CLASS, career lattice, and strengthening families model. It is living content that will be able to be updated.

Charlotte provided information on Immigrant Children and Families in MN

Why people immigrate?

- Family sponsorship 67-70%
- Employer 12-15%
- Escaping persecution 12-15%
- Minnesota is 7th among states in the number of foreign born people.
- First in resettling Somali and second in Hmong refugees.
- Attracted to MN based on employment, excellent schools, social service, and ESL resettlement services.
- Immigrants coming from Somalia, Hmong, Ethiopia, Liberia, Belarus, and Burma.

Challenges:

- Never go home, loss of family and friends, culture, anxiety, concern over cultural adaptation, concern over economic survival daily survival issues, language barriers. Mental health, poverty, Lack social support, housing instability, transportation barriers, trust in mainstream care. Other challenges: acculturation grief, culture loss, distress, intergenerational differences, conflict among families.

- Some families feel marginalized and don't fit with either culture and have identity issues. Separation -refuse to adopt new cultural values and customs. Among elders typically separate from the majority. Assimilation- discard the values and beliefs of their heritage and adopt majority culture. Integration- preserve the values of original culture and adopt the values and customs of new culture.
- Immigrants are: 1 in 2 new workers, 1 in 9 US residents, 1 in 5 children, 1 in 4 low income, 1 in 4 under 6.
- There is a concern that the children are not ready for school. Parents and children have difficulty with the English language. Child care provider, limited English, low education, not connected to resource. Lack mainstream systems, limited knowledge of school readiness standards, lack supports, inadequate training, lack of culturally appropriate curriculums. Curriculums developed in English and translated, available training is very basic.

Professional Development Challenges:

- Training in languages other than English is inadequate and the need greatly exceeds current offerings. Low levels of education attainment and adult literacy. Limited quality early childhood care and education opportunities. Limited resources to support the needs of the workforce. Quality and level of training is subpar. Only supports for the most basic licensing training requirements. Professional development services have not been able to keep up with the rapid growth of the Hmong, Somali, and Latino new immigrants in MN.

Questions:

Suggestion made to build partnerships with other ESL programs and partner with the public schools. Washington is a model. Partner with agencies to offer adult basic education with vocational training. In nursing they offer nursing assistant education and adult basic education.

CCRR does offer training beyond the requirement of licensing, but there is a lack of trainers who speak the language and provide the training. Many do not read and write in their own language. Translation is not 100%.

CICC was training several Somali trainers, but CCRR not capable of paying the same trainer fees. There is an expectation that they do not pay for professional development. They are not willing to pay a fee. That is a problem. We honor trainers as being professional so want a training fee. Not able to put the training on.

Instead of focusing on the translation of training to other languages, perhaps focus on the trainers. The trainers will put the training in the cultural context so they can write the scenarios and case studies. We don't change the core values, but change how you do child care in a cultural context. How do you do the train the trainer and put it into a context of the culture and the target audience—child care providers, FFN?

How can we identify models that are effective and build on or from those models?

Perhaps look at mentoring models in diverse communities. There are projects that have been implemented within programs by people themselves. There are other organizations formal and informal who have been doing this work. The CCRR is the only one being looked at. You need to look at what else is going on and some of the trainers involved in those projects are the same trainers that train for CCRR. We need to find out what is offered what is most effective.

Another model is Not By Chance. We didn't look at translation. We had groups from each of the major communities-Somali, Latino, and Hmong. We gave them the material and they came up with how to present it.

There is more support for refugees than there is for people who come to the US on their own.

We need to support children, especially those at risk. Immigrant and refugee are at risk. We need to ensure access to quality supports and services for programs, providers, families, and community partners, inclusive of geography and economic status. Adaptation of curriculum is one of the issues we are struggling with.

We need to research different strategies for creating the adaptations. There is support in the literature for training people using bilingual strategies and monolingual strategies. We don't know which way is best. However, monolingual curriculum would provide providers who are not bilingual with the tools that they need to support children's development. Bilingual providers would have a choice to take the training in whatever language they choose.

We should look at the research if any that has been done in California. They have a huge number of immigrants. We know they have curriculum in Spanish, but don't know about other language groups. CA partners with the department of education. CA has done coaching.

We just trained a group of Hmong trainers and we did the observation and recording. Need away to teach observation techniques without writing it down. One to one coaching and video and audio. If we have the resources we would have supports.

FFN Get what we can into FFN because that's where the kids are. Training is open to FFN. Focused on Family Child care but FFN not excluded.

DHS discussion-providers are at risk not just the children. Although target children we are also thinking about the providers.

Small Groups discuss adaptation plan and report back.

Group 1

- Not By Chance Guides to the specific groups and see if they will be applicable in some way.
- Identify core values that would not be adapted no matter what of cultural views.
- Trainers trained on content need to know what the core values are and that they do not adapt.

- TOT process-needs who trains the trainers and methods to do it.
- Adaptation-mentoring, funding licensing needs to have a relationship with us to see mentoring to approve it. We need to fund mentoring. MDE training that only 2 county licensors are accepting online shaken babies/SIDS.
- Reality small groups to attend the training. Come with expectation of not paying a fee or a low fee. \$8500 one trainer (1 cohort), \$4800 with \$10 an hour. No pay, still need \$8500. \$270,000 in all three languages once a year.
- How faculty is hired? Faculty hired out of the center who present the training. CCRR staff who use CCRR staff to do the training. Positions would need to be funded. Field faculty to do the mentoring piece too.
- Money is always the brick wall...cost of resources. Need materials, handouts etc. Sites in the community or neighborhood.

Group 2

- English first well done and then translation adaptation next. Look at the ones that need to be adapted not the core. Not negotiating core content.
- Mastery of the core content.
- Look at NBC guides.
- Delivery
- Trainers are well chosen train the trainer vigorous.
- Not just mono cultural on the road to biculturalism.
- Have children be ready for school.
- Home language the bridge to English.
- Don't want them to have home language only need access to English and home language.

Group 3

- Look at NBC
- Money for more trainers.
- Money to incorporate cultures and curriculum.
- Strategies of other states.

- Sustaining specialized training
- Access to training—who will have access?
- What are other fields doing with these types of issues?
- Need to focus on all providers rather than one or couple cultural groups.
- Interpretation of key elements in training documents-partnership and do focus groups-what are the key things we need to focus on in that community. Don't need to create new groups just go to them.
- Leaders gatekeepers, underserved communities know they are at the table.
- Used established groups.
- How do we get decision makers to work with us? Decision maker may not be as knowledgeable on child care.
- Urban suburban rural may not apply in other locations
- Culture is belong race and ethnicity. GLBT Male culture.

Volunteers were asked to join a planning committee. Plan needs to be created by June. Part of the plan is how to identify the possible sources of funding. The MNCPD is charged to develop the plan and seek guidance from the group.

We would like to roll out English version with the other translated/adapted coming right behind it.

One idea is to prepare the trainers and not spend so much time on the adaptation of the curriculum. Trust the process to the trainers. English language trainer training with a Somali trainer and let the participants make the adaptation to the groups. Let it be experiential to the audience needs put the preparation to the trainer rather than adaptations. Need ongoing support of the trainers. If you have this curriculum, how are you going to do it? What that trainer needs to understand, what the core values are, what to train, what materials they need.

Agree that trainers need to be skilled, but the materials also need to be solid. Otherwise it's just an oral tradition. Translation should be done and done well.

The curriculum needs to be assessed. Is the training any good? It needs to be maintained, updated, and the trainers need to be overseen. This curriculum is high maintenance, even the English version, if we want it to be of quality and do what we want it to do. Can only do if we have an ongoing maintenance.

CDS is working with child trends to look at the effectiveness of a child development system the development of the curriculum. The PLAT may be used as one way to assess the curriculum.

Next step: Anita will email people to see if they would volunteer.

Next Meeting March 29