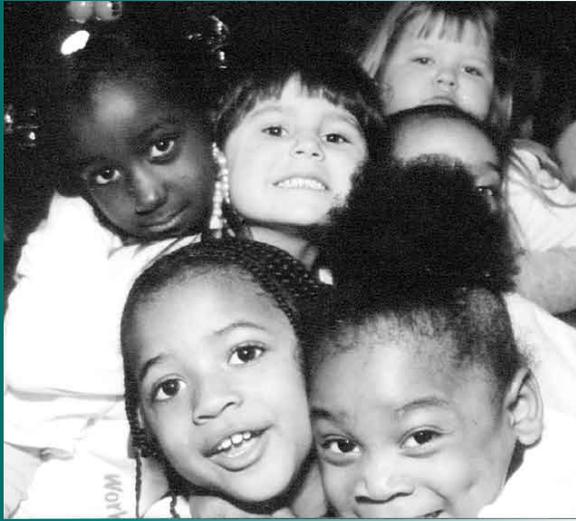


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# Family, Friend and Neighbor Child Care Providers in Recent Immigrant and Refugee Communities



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*“In the U.S. we sing songs for them, read stories for them during nap times, dance and play with them. We always tell stories about our experiences as a means to give the children an example of good behaviors.”* (Amharic participant)

*“For very young children, you just teach them by letting them do what you do, such as if you are sweeping the floor. Here, you could give them the broom to hold, then they would try to sweep. Even though you know that they don't really know how to sweep, you just allow them to try it.”* (Hmong participant)

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# Executive Summary

## Introduction

In recent years, Minnesota has become home to refugees and immigrants from many different parts of the world. Many refugees and immigrants lived through traumatic events in their home countries or in refugee camps, which makes their life in this country more difficult. All are struggling to understand the culture in the United States. The Department of Human Services (DHS) conducted this study to obtain information from refugee and immigrant child care providers on the barriers they face and the resources, information and services necessary to reduce disparities and to help them enable the children in their care to succeed in school. This report will help DHS develop a child care system that responds to the needs of refugees and immigrants.

This report describes child care practices, access to child care resources, and child care resource needs in recent immigrant and refugee communities in Minnesota. It reports findings based on nine focus groups with immigrant and refugee family, friend and neighbor (FFN) child care providers and provides recommendations. There are many language/ethnic groups in the recent refugee and immigrant communities, but only a limited number of focus groups could be conducted for this study. They include Amharic, Bosnian, Hmong, Oromo, Somali, Spanish (two groups), Tigringa and West African. With the exception of the Bosnian group and the second Spanish group, which were conducted in Rochester and Willmar respectively, all other groups took place in either St. Paul or Minneapolis. Focus groups were conducted in participants' home language and, in most cases, the facilitator or recorder had an established relationship with participants. All discussions took place in community settings, including private homes, ethnic-specific organizations and community centers.

## Findings

### Demographic Information

Sixty individuals participated in the focus groups: 55 women and five men. The number of participants per group include: Amharic (8), Bosnian (7), Hmong (6), Oromo (8), Somali (8), Spanish-metro (4), Spanish-Willmar (7), Tigringa (4) and West African (8). Slightly more than half (52 percent) have been in the U.S. for five years or less, 40 percent between 6 and 10 years and 8 percent have lived here more than 11 years. Participants had varied educational backgrounds. Eighteen percent have some college background (13 percent college or higher and 5 percent community college). Twenty-seven percent have high school experience, 15 percent have some elementary education, and 10 percent indicated they have never received any formal education. Thirty percent indicated that they have attended English as a Second Language (ESL) training.

## Child Care Experience

Twenty percent of participants are registered with their county to serve children receiving child care assistance. The majority (76 percent) have been FFN providers for less than five years. Those who have cared for children for more than five years tended to be grandparents. Providers' relationships to the children in their care are friend (33 percent), neighbor (25 percent), grandparent (25 percent), aunt or uncle (15 percent) and cousin (2 percent). In other words, more than half (58 percent) of the caregivers are friends and neighbors, and 42 percent are family members. Thirty percent of participants care for their own children in addition to others' children. The number of children they care for ranges from one to nine children. The ages of the children range from 3 months old to 11 years, with the majority being 2 to 3 years of age. Two-thirds of the providers care for three or fewer children.

## Child Care Practices in Cultural Contexts

- **Caring for children.** In the cultures with which focus group participants identified, family members generally have the responsibility to take care of children. However, more than half of this study's participants were not related to the children in their care.
- **Teaching children various skills.** Focus group participants generally agreed that providing hands-on opportunities for learning is essential. Rather than telling children how to do certain things, it is important to show them and to be good role models. Other ways include allowing children to experiment using their own creativity; showing children how certain things need to be done; teaching them positive behavior and safety tips; doing what children like most; telling children stories; encouraging children to play and interact with other children to develop social skills; using different materials around the house as toys; and encouraging children to watch and listen to parents.
- **Strategies used to help children develop language and literacy skills.** Participants reported that encouraging children to repeat words and phrases after adults and engaging children in a variety of activities helps to build children's language skills. Other strategies include watching television, in particular, educational shows; reading to children; telling folktales; listening to music and singing along; and learning multiple languages at a young age.
- **Safety of care location.** Most participants care for children in their own homes and felt that the location was safe. However, when probed about the availability of such items as first aid kits, smoke detectors, fire extinguishers and latches on outside doors and on cupboards containing medicines or dangerous chemicals, few indicated that they had these safety items in the home. Thus, some mixed feelings regarding safety emerged and participants became interested in finding out more about safety issues.

## Current Access to Resources/Information

- **Access to adequate resources.** Some providers indicated that they felt they had adequate resources for the children in their care while others raised some concerns regarding resources. Additional resources described include toys for outdoor play, age-appropriate toys, educational toys, books and food.
- **Support from child care agencies.** Some participants receive support and/or are aware of the support that is available through child care agencies. Frequently, those who have not received any support from child care agencies mentioned not being aware of what kinds of support are available.
- **Knowledge about school readiness.** Slightly more than half (32) of the participants indicated that they were aware of what children need in order to be prepared to go to school, while the other half said they did not know. Some said they knew, but were not sure if their knowledge was accurate.

## Additional Resources Needed

- **Future information/resources of interest.** Many focus group participants felt that they do not have adequate information/resources. Nutrition and health and safety training are the most commonly mentioned topics about which they are interested in learning more. Other topics include library use, expectations and requirements for kindergarten, toys and materials to enhance caregiving, child development and how to care for children safely.
- **Provision of information/training.** Locations where they would like to receive information include child care resource and referral agencies (CCR&Rs), community centers, community-based organizations, apartment complexes and individual homes. Participants specified the importance of having knowledgeable, bilingual trainers/presenters and/or effective interpreters and indicated that it is equally important to eliminate barriers to participation, such as transportation and child care available during class time.
- **Interest in meeting other FFN providers/becoming licensed.** In every focus group, participants expressed interest in meeting other FFN providers to share and learn from one another. Few were interested in becoming licensed child care providers due to personal life situations and to barriers such as living in apartment complexes, trailer homes or homes in unhealthy conditions; lack of social security number; and the lack of forms, information and training in their home language.

## Recommendations

Recommendations to increase supportive resources to FFN providers in recent immigrant and refugee communities include:

- Provide training on desired topics such as health, safety, nutrition, child development, school readiness and educational use of television for improving language skills.
- Conduct training in informal settings such as homes, ethnic organizations and community centers where people already gather. Ensure that training is conducted in participants' home languages or that effective interpreting services are available.
- Expand outreach efforts to increase knowledge about resources available from child care resource and referral agencies.
- Develop informal community networks for FFN providers through gatherings at local parks or community centers to share information and ideas.
- Seek out and make available additional resources for FFN providers so that they have adequate materials for the children in their care if parents are not able to provide them.

# Introduction

During the last two decades, Minnesota's demographic characteristics have changed significantly. Although the state's population is still predominantly of European ancestry, recent immigration trends and the resettlement of refugees from war-torn countries around the globe have diversified the faces of Minnesotans.<sup>1</sup> Today an estimated half a million Minnesotans — 10 percent of the state's population — are immigrants or the children of immigrants.<sup>2</sup> Immigrants to Minnesota are themselves a diverse group, including Spanish speakers from Mexico and other Latin American countries; Hmong and Vietnamese speakers from Southeast Asia; Amharic, Oromo, Somali and Tigringa speakers from many parts of Africa; Russian speakers from Eastern Europe and others. In the 2000 U.S. Census survey, 9 percent of Minnesotans identified themselves as nonwhite, including recent immigrants, African Americans, Native Americans, and second-, third-, fourth- and fifth-generation Americans. Another 3 percent of Minnesotans identified themselves as Latino.

The purpose of this report is to look specifically at family, friend and neighbor (FFN) child care providers in recent immigrant and refugee communities in Minnesota. The study seeks information about the child care practices, access to child care resources and needs for child care resources of these providers. The data will serve to inform the Minnesota Department of Human Services (DHS) as it develops training materials to help refugees and immigrants understand the Minnesota child care system. This study is based primarily on focus groups with recent immigrants and refugees. Because of the limited number of participants and focus groups conducted in each ethnic/language group, results reflect the experiences of those who participated. Although there are common themes across the different groups, caution should be used in drawing broad conclusions about particular groups. Four sections follow, including research methodology, findings from focus groups, recommendations for the DHS Community Partnership Division to consider and the conclusion.

Family, friend and neighbor child care is also known as informal care. In Minnesota, the legal term is “legal non-licensed” care and includes any family child care that is provided to the caregiver's own children, any related children and/or the children of no more than one unrelated family. Any relative, friend, neighbor, nanny or babysitter providing care may be considered an FFN caregiver. If caregivers are caring for the children of a family eligible for the state's Child Care Assistance Program and are receiving payment through public funds, they must register with the county in which they are located. Registered caregivers must provide the county with basic information such as their address, phone number and social security number. The county will perform a criminal and social services background check. FFN care is a large and growing part of child care in Minnesota. It is a very popular form of care with refugees and immigrants.

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<sup>1</sup> See Appendix A for a brief background of groups included in this report.

<sup>2</sup> “Table 4-1A, Nativity and Parentage of the Population for Regions, Divisions, and States: 2000,” 2000 Current Population Survey, U.S. Census Bureau.

## Methodology

Although there are many language/ethnic groups in the recent refugee and immigrant communities, resources for this study allowed for only a limited number of focus groups to be conducted. The consultant worked with DHS staff to select the language/ethnic groups that represent recent immigrant and refugee groups, which were defined as those who have resided in the United States for ten years or less. The language/ethnic groups identified include Amharic, Bosnian, Hmong, Oromo, Somali, Spanish (two groups), Tibetan,<sup>3</sup> Tigringa and West African.<sup>4</sup> With the exception of the Bosnian group and the second Spanish group, which were conducted in Rochester and Willmar respectively, all meetings of groups took place in either St. Paul or Minneapolis. A questionnaire to gather background information and a list of focus group questions were developed by the consultant in collaboration with DHS staff. The consultant worked with “cultural brokers” in the various communities to recruit and conduct the focus groups. Discussions were conducted in participants’ home language and in most cases the facilitator or recorder had an established relationship with participants. This helped to build trust and ensured that participants were as comfortable as possible. The consultant facilitated the Hmong focus group. In all groups, a bilingual/bicultural recorder took notes. Several took notes in their native language and then translated them into English while others simultaneously recorded responses in English, although the discussions were conducted in the home languages. All discussions took place in various community settings, including private homes, ethnic-specific organizations and community centers. In many cases, the facilitator and/or recorder helped participants complete the questionnaire.

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<sup>3</sup> Efforts were made to organize a Tibetan group, but the short timeframe of this study did not allow for recruitment of participants from this population.

<sup>4</sup> The term “language/ethnic group” is used because there are multiple ethnic groups who speak the same language. An attempt was made to organize a West African group; however, only participants from the Nigerian community were recruited.

# Findings

## Demographic Information on Focus Group Participants

Sixty individuals participated in nine focus groups: 55 women and five men. Table 1 identifies the number of participants in each language/ethnic group. Only the Bosnian and Nigerian groups included male participation.

**Table 1: Participant Gender and Country of Origin**

Language Group	Number and Gender of Participants	Country of Origin
Amharic	8 women	Ethiopia (all)
Bosnian	5 women, 2 men	Bosnia-Herzegovina (all)
Hmong	6 women	Laos (5), Thailand (1)
Oromo	8 women	Ethiopia (all)
Somali	8 women	Somalia (all)
Spanish-metro	4 women	Mexico (3), Venezuela (1)
Spanish-Willmar	7 women	Mexico (6), Honduras (1)
Tigringa	4 women	Eritrea (all)
West African	5 women, 3 men	Nigeria (all)
<b>Total</b>	<b>60</b>	

**Length of time in the United States.** Participants had been in the United States for various lengths of time. Although the goal was to talk to only those who have resided in the United States for ten years or less, several groups included those who have lived in America for longer than ten years. Table 2 describes the length of time participants have been in the United States. Slightly more than half (52 percent) have been in the United States for five years or less, 40 percent between six and ten years and 8 percent have lived here more than 11 years.

**Table 2: Length of Time in the United States**

Length of U.S. Residence	Number of Participants	Percent of Total
Less than 1 year	7	12 %
1-2 years	3	5 %
2-3 years	7	12 %
4-5 years	14	23 %
6-10 years	24	40 %
11 years or more	5	8 %
<b>Total</b>	<b>60</b>	<b>100 %</b>

Although only nine focus groups were conducted, participants listed a total of 20 languages spoken by at least one individual, which include Amharic, Angas, Arabic, Birom, Bosnian, English, German, Hausa, Hmong, Italian, Jaba, Kanuri, Kilba, Mwhagavul, Nigerian English,

Oromo, Somali, Spanish, Tigringa and Yoroba. As illustrated by Table 3, participants had varied educational backgrounds. Eighteen percent have some college background (13 percent college or higher and 5 percent community college). Twenty-seven percent have high school experience, 15 percent have some elementary education, and 10 percent indicated they have never received any formal education. Thirty percent indicated that they have attended English as a Second Language (ESL) training.

**Table 3: Education Background**

<b>Level</b>	<b>Number of Participants</b>	<b>Percent of Total</b>
College or higher (home country or U.S.)	8	13 %
Community college	3	5 %
High school (home country or U.S.)	16	27 %
Some elementary	9	15 %
Some ESL	18	30 %
No formal education	6	10 %
<b>Total</b>	<b>60</b>	<b>100 %</b>

Many of the focus group participants have been FFN child care providers for a number of years. Only 20 percent are registered providers. Status as a registered provider would indicate that the children in their care qualify for the Child Care Assistance Program and they are formally receiving payment for their caregiving through this program. The majority (76 percent) have been FFN providers for less than five years. Most of those who cared for children for more than five years were grandparents. Providers' relationships with the children in their care include friend (33 percent), neighbor (25 percent), grandparent (25 percent), aunt or uncle (15 percent) and cousin (2 percent). More than half (58 percent) of the caregivers are friends and neighbors, and 42 percent are family members. Thirty percent of participants care for their own children in addition to others' children.

The number of children they care for ranges from one to nine children. The ages of the children range from 3 months old to 11 years, with the majority being 2 to 3 years old. Two-thirds of the providers care for three or fewer children. As illustrated by Table 4, participants care for 222 children, with an average of 3.7 children per caregiver.

**Table 4: Number of Children Cared for by Participants<sup>5</sup>**

<b>Number of Children Cared For</b>	<b>Total Providers</b>	<b>Total Children</b>
1	9	9
2	10	20
3	21	63
4	9	36
5	6	30
6	3	18
8	1	8
9	1	9
<b>Total</b>	<b>60</b>	<b>222</b>

### Child Care Practices in Cultural Contexts

**Caring for children.** Within the focus groups, it is clear that family members have the responsibility to take care of children. As explained by two participants:

*“In our culture we are trying to spend more time with our children — at least one parent, so we don't have to put them in daycare. If there are no options then we will put them in daycares. Mostly parents will take care of their children, then grandparents, and then daycare.”* (Bosnian participant)

*“The most important is the trust that needs to be there between the person who is caring for the child and the parents. That is why families do most of the care.”* (Spanish speaking participant)

Participants in the Amharic group say that “it takes a village to raise a child.” From all focus groups, those mentioned as people who help take care of children include parents, grandparents, older siblings, other relatives such as aunts and cousins, neighbors and friends. Although the stated preference is for family caregivers, more than half of the participants were not related to the children in their care. It is, however, clear that women — in particular mothers and grandmothers — have the primary role in caring for children. It is only in situations where both parents are working outside of the home that men play much of a role in raising children. Some representative thoughts include:

*“Fathers help once in a while back in Laos. But here in America, since both parents work outside of the home, the father and the mother take turn taking care of the children depending on who is home and who is at work.”* (Hmong participant)

*“In the Oromo culture, the main responsibility of child caring is that of a woman (moms). The dads, grand dad-and-moms, neighbors and other friends also help the moms in bringing up the children.”* (Oromo participant)

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<sup>5</sup> The total number of children includes both providers' own children and the children of family, friends and neighbors. Participants were not asked to distinguish the number of their own children from those of others. Thus, that information is not available.

*“The primarily caregiver for children is the mother. In our culture the mother sometimes does not work, and she becomes the caregiver. But if the mother works, the family (aunts, cousins, sisters, grandmothers) become the caregivers.”*

(Somali participant)

Similar sentiments were echoed by participants from other groups.

**Teaching children various skills.** When asked to share the ways in which they and others in their culture help children develop various skills, focus group participants generally agreed that providing hands-on opportunities is essential. Rather than telling children how to do certain things, it is important to show them and to be good role models. Other themes that emerged from the discussions include:

- Allowing children to experiment using their own creativity
- Showing children how certain things need to be done
- Teaching them positive behavior and safety tips
- Doing what children like most
- Telling children stories
- Encouraging children to play and interact with other children to develop social skills
- Using different materials around the house as toys
- Encouraging children to watch and listen to parents.

Some representative quotes include:

*“To develop skills, we include kids through parents’ activities, we play with them with different kinds of toys to tell them how to do things.”*

(Bosnian participant)

*“I let my children see how we like to do things around the house. For example, I don’t like washing clothes with socks and so I have a separate basket for the socks. I tell my children that they need to throw their socks in the sock basket and the clothes in the clothes basket.”*

(Hmong participant)

*“Dads usually help boys learn traditionally male activities — farming, weeding, taking care of the cattle, etc. The moms teach knitting, cooking, keeping the house clean and all household chores.”*

(Oromo participant)

*“In my culture we read to children to teach them the modest lifestyle of our religion.”*

(Somali participant)

*“We use the materials we find around the house, and transform them into toys; we explain how the toy is made and what that toy does. So, you teach the children a valuable lesson.”*

(Spanish speaking participant)

*“For me, my grandmother taught me everything I needed to know. My grandmother had several sons and only one daughter so she taught my uncles to do chores that are normally done by women such as mixing dough for making flat bread, injera.*

*Her women relatives used to say to her, 'How can you do that? Teaching your boys to do girls work?' She would answer them saying, 'Learning this chore will not hurt them; it will only benefit them.'* ” (Tigringa speaking participant)

*"Family members tell children stories almost every day as a way of sharing lessons of how to respect elders and others in their community, patience, order and self-control."* (Nigerian participant)

**Strategies used to help children develop language and literacy skills.** Focus group participants identified a number of strategies that they use to help children develop language and literacy skills. They reported that encouraging children to repeat words and phrases after them and engaging children in a variety of activities help build children's language skills. Some specific strategies named by participants were:

- Watching television — in particular, educational shows
- Having children repeat words and phrases after adults
- Reading to children
- Telling folktales
- Listening to music and singing along
- Learning multiple languages at a young age.

Sample comments include the following:

*"We tell them stories, sing songs, talk and communicate with children all the time. Music is part of our lives and we listen to music every day."* (Nigerian participant)

*"Children go with their parents everywhere their parents go. They learn to socialize and develop their language ability. Every evening adults and children sit around talking to each other, telling and listening to folktales, solving metaphors. Those who know stories tell them to the rest of the group and then children learn and tell folktales to each other."* (Tigringa-speaking participant)

*"Showing them how to write by guiding their hands, talking to them since birth."* (Spanish-speaking participant)

*"My child used to watch 'Caillou' on PBS. He saw a book of 'Caillou' and said mammy 'Caillou.' Children have a good observation. My child loves commercials on the TV. He is 3. When the commercial of American National University comes, he knows the song of the commercial. He sings along."* (Somali participant)

*"To develop language skills, children are encouraged to repeat words of daily use. Moms and all involved in caring for children sing kids songs and help them learn by heart and repeat them until they master it."* (Oromo participant)

*"We teach our young children to speak Hmong at home first and, once they are old enough to go to school, they will learn to speak English at school. Some Hmong*

*children who are interested and willing to learn to write the Hmong language do not have a hard time learning the Hmong language or the culture.* (Hmong participant)

*“When a child is still small we only speak Bosnian to them so they can learn that language first. Reading Bosnian is easy. You read the way it's written.”*  
(Bosnian participant)

*“In the United States we sing songs for them, read stories for them during nap times, dance and play with them. We always tell stories about our experiences as a means to give the children an example of good behaviors.”* (Amharic-speaking participant)

**Safety of care location.** Perhaps because all participants care for children in their own homes, most felt that the location was safe. However, when probed about the availability of such items as first aid kits, smoke detectors, fire extinguishers and latches on outside doors and on cupboards containing medicines or dangerous chemicals, few indicated that they had these safety items in the home. Most of those in the Oromo, Nigerian and Bosnian groups indicated that their locations were safe, but participants in the other groups expressed mixed feelings regarding safety. Some were not sure about safety, and the focus group questions increased their interest in finding out about how safe their homes were. A few of their comments include:

*“I think it's safe because it's my house, but I don't know what to do if the children were to drink something that's poisonous.”*  
(Hmong participant)

*“Fire extinguisher is located outside of the apartment and it is quite a distance depending where your apartment is. Where we do child care inside of the apartments, there is no fire extinguisher.”*  
(Somali participant)

*“We don't have the financial means to get a place that has safety materials.”*  
(Spanish-speaking participant)

It appears that individuals who have attended some training were more informed about ensuring the availability of safety items in their homes. Two participants explained their awareness thus:

*“After having attended one of [Resources for Child Caring's] training, I raised the issue of fire extinguisher and the alarm, and was directed to their locations. I also was able to move the chemically made items to a higher ground. I also have a first aid kit from RCC.”*  
(Amharic-speaking participant)

*“We have had a fire extinguisher in the house for many years because we were told when we first got to America that it's important in case there's a fire.”*  
(Hmong participant)

## Current Access to Resources/Information

Many participants initially responded that they had everything they needed and did not feel they lacked resources. However, when others identified resources they were lacking and/or when facilitators probed further, they realized that they had not thought about certain things necessary for the children in their care.

**Access to adequate resources.** Some providers indicated that they felt they had adequate resources for the children in their care, in particular the Bosnian and Nigerian groups. In the Bosnian group, participants said that they provided the resources themselves. A participant in the Nigerian group explained:

*“We have books in our house and we also have the local library available for books and information. Our relatives give our children toys to play. Toys are easily accessible to us. We can simply buy some at the store or borrow toys from other children in the family like my children’s cousins.”*

Participants in the other groups raised several concerns regarding resources. In cases where parents of the children in their care provide toys and other materials, providers said that they had enough resources, as illustrated by the following remarks:

*“Most of the time, I think I have enough, but I could use more toys because the children get older; then they don’t like the old toys anymore. Even though I do get paid to take care of the children, I don’t have any other resources.”*

(Hmong participant)

*“We do not know much about resources available for child care providers. We feel that we have access to adequate resources necessary for the children because their parents provide the kids with what is needed.”*

(Oromo participant)

*“The parents of the children that we take care of buy their toys, books and games. They watch children’s programs such as ‘Barney’ and ‘Ayu.’ ”* (Tigringa participant)

Participants identified specific resources that they have inadequate access to, which include:

- Toys for outdoor play
- Age-appropriate toys
- Educational toys
- Books
- Food.

**Support from child care agencies.** Most participants in the Amharic, Somali and both Spanish focus groups receive some support and/or are aware of the support that is available through child care agencies. Several Hmong participants had previously received support or training at child care agencies. As one Spanish-speaking participant indicated, “Yes, we had received a lot of trainings, classes like CPR, SIDS, conferences, nutrition classes by Child Care Choices, Inc.,

videos, brochures.” Frequently, those who have not received any support from child care agencies mentioned not being aware of what kinds of support are available. The following remarks indicate the range of awareness:

*“I don’t know anything about the child care agencies. This is the first time we hear about the child care agencies in Minnesota.”* (Nigerian participant)

*“Since we are not registered FFN provider, we do not know if we could get support and information from child care agencies. Therefore we did not ask for support and information and we didn’t get anything from the agencies.”* (Oromo participant)

*“If a parent works in an agency that works closely with child care, they will know information but other than that, other parents don't receive or know any kind of information. Why it is like that we don't know.”* (Bosnian participant)

*“Yes, RCC has offered training, home visits, videos, books; and food is mostly available from food shelves. The necessary instructions are also available in our native languages.”* (Amharic participant)

**Knowledge about school readiness.** Slightly more than half (32) of the participants indicated that they were aware of what children need to be prepared for school, while others said they did not know. Some said they knew but were not sure if their knowledge was accurate. Again, it appears that participants who attended previous trainings and/or workshops were more aware. Some listed specific literacy skills while others identified health screening and positive behavior as requirements. Below are representative remarks that reflect their varied knowledge regarding school readiness:

*“Yes, those that have had home visits have enough information to prepare their children for their schooling. All necessary immunizations have to be updated.”* (Amharic participant)

*“We don’t know what is required for our kids to start school.”* (Bosnian participant)

*“I’m not sure if what I know is accurate.”* (Hmong participant)

*“We provide mere child caring for the day. We help kids develop their speech and abilities and leave the reading and writing skills development to the parents.”* (Oromo participant)

*“We all know about the rules of child preparation for school readiness. We teach children about their address and their full name in case they get lost. We also provide detailed information.”* (Somali participant)

*“The support group of Early Childhood Family Education helps us with some information about school or if we have a child in school or in preschool. When one of their children goes to the Head Start program, they send some information too.”*  
(Spanish-speaking participant)

*“I feel like I need more information about how to prepare children before they go to school. Other information that will be very helpful will be the information of when the child is sick, and know more detail of the illness.”* (Spanish-speaking participant)

*“Kids need to know how to respect the teacher, how to listen to instruction, how to interact and share with other children in school. They also need to know the numbers and the ABCs.”*  
(Nigerian participant)

## Additional Resources Needed

**Information and resources noted.** As illustrated in the previous section, most focus group participants feel that they do not have adequate information or resources. As described by participants:

*“We don’t live in the best houses. The children don’t have enough space to play and designated reading areas.”*  
(Somali participant)

*“We would like to have more training on topics like nutrition. We need money to buy things like smoke detector, fire extinguisher and first aid kit to help keep the children safe. We also want materials that are developmentally appropriate for our children and other items such as a small chair and table.”* (Spanish-speaking participant)

*“No, I would like more toys, books and food. These things are never enough.”*  
(Hmong participant)

Nutrition and health and safety training are the most commonly mentioned topics about which they are interested in learning more. Other topics include:

- Library use
- Expectations and requirements for kindergarten
- Obtaining toys and materials to enhance caregiving
- Child development
- Training on how to care for children safely.

**Provision of information/training.** Participants identified various locations at which they would like to receive information, including child care resource and referral agencies (CCR&Rs), community centers, community-based organizations, apartment complexes and individual homes. In terms of how and by whom the information and training should be provided, participants specified the importance of having knowledgeable, bilingual trainers or presenters or effective interpreters. They also indicated that it is equally important to eliminate barriers to participation, such as transportation and child care. Materials such as newsletters

should be provided to inform participants of different events. For those who do not speak English, it would be valuable to ensure that other materials, such as videos, are available.

**Interest in meeting other FFN providers or in becoming licensed.** In every focus group, participants expressed interest in meeting other FFN providers to share and learn from one another. Below are several reasons why they see it as beneficial to meet with other providers.

*“It would be good to meet other FFN providers for fellowship and to get helpful tips from each other.”* (Tigringa participant)

*“Of course, meeting other providers would be very exciting. To compare notes on how they do their child care and maybe adapt new ways on how to do it and maybe they could adapt some of our ways. The place could be anywhere. We are willing to travel as well as having them here in our town.”* (Spanish-speaking participant)

*“We would appreciate meeting other FFN providers and visiting their sites in order to be able to strengthen our potential to care for our kids.”* (Oromo participant)

*“Yes, it is always nice to meet with other FFN to share information and resources.”* (Amharic participant)

Only about a dozen individuals in the groups were interested in becoming licensed child care providers. The risks involved in caring for children other than family members are considered a challenge to becoming licensed by Bosnian participants. Being too old to care for children beyond their own grandchildren is a reason older Hmong participants do not want to pursue licensing. Other barriers identified across the focus groups are:

- Living in apartment complexes
- Living in trailer homes or homes in unhealthy conditions
- Lack of social security number
- Lack of forms, information and training in their home language.

## Recommendations

Based on the findings of this study, DHS recommends the following strategies to increase supportive resources to FFN providers in recent immigrant and refugee communities.

**Provide training on desired topics.** Many providers are interested in increasing the quality of care they provide to children. While some feel that they have adequate resources, others expressed interest in receiving more information, in particular about health, safety, nutrition, child development, school readiness and educational use of television for improving language skills..

**Conduct training in informal settings.** Because most are not interested in becoming licensed child care providers but will continue to care for children, training that is conducted in informal settings, such as homes, ethnic organizations and community centers where people already

gather, should be implemented. Due to language barriers for many, it is essential that training be conducted in participants' home languages. If it is not feasible to have bilingual trainers, effective interpreting services are needed.

**Increase outreach efforts.** Given that most focus group participants were not aware of resources available at child care resource and referral agencies, collaborate with these agencies to expand outreach efforts. One possibility would be to produce a short monthly newsletter highlighting community events, child care tips and safety and nutrition information and connecting FFN providers with resources and information. The newsletter could also be a way to provide information about Minnesota's child care system and how to navigate it. It is important that a newsletter be translated into several languages. In order to save postage, newsletters could be distributed at community gathering locations, such as places of worship or stores.

**Develop informal community networks for FFN providers.** Monthly gatherings at local parks or community centers would provide caregivers with opportunities to meet and share best practices and information on topics such as safety, nutrition and school readiness. A longer-term proposal could focus on scheduling formal site visits or statewide meetings for FFN providers.

**Seek and make available additional resources.** While addressing housing situations is beyond the scope of child care support, making resources such as age-appropriate toys available would ensure that FFN providers have adequate materials for the children in their care if parents are not able to provide them.

## Conclusion

Focus group participants represented a range of FNN providers. Although it is not possible to extrapolate from such a small sample to the population of recent immigrant and refugee FNN providers, several general themes emerged from focus group discussions. In general, the participants reported being satisfied with their role as caregivers. Although only one-fifth of the participants care for children receiving child care assistance, few indicated a desire to become licensed child care providers. Many participants indicated that they are basically comfortable with their current level of child care knowledge, support and resources. However, many also expressed a desire to have more information on safety issues, nutrition and school readiness. When asked about training on these topics, many indicated that they would access such trainings. Participants also shared a desire to know more about resources available to them through child care agencies.

In light of many participants' desire to remain unlicensed, this report recommends that strategies for reaching this group be carried out in a relatively informal manner. Recommendations include making additional materials, information and trainings available, as well as establishing a channel for communication and best-practice sharing between providers. Participants clearly indicated that materials and trainings would need to be provided in native languages. Based on several participants' comments regarding their lack of knowledge about community resources, outreach activities and publicity would be an essential part of any resource provision plans.

## Appendix A: Background of Groups Included

While it is true that there is diversity within the groups in this study, many do share similar experiences as a result of being political immigrants or having lived through political unrest and other tragic events in their home countries. The growth in Minnesota's immigrant and refugee populations can be attributed to a combination of international migration, migration from other states and higher birth rates. The following is a brief overview of each language/ethnic group.<sup>6</sup>

**Eritreans.** Eritrea is a small country in East Africa with a population of 3.5 million. The country, colonized for more than a century by the Italians and British, gained independence in 1993. Half of Eritreans are Tigray and Tigringa-speaking Christians. (People of this same ethnic make-up reside across the border in Ethiopia.) The other half of the population practices Islam. In Eritrea, since there is no government-mandated language, Tigringa, Arabic and English are all used. Eritrean migration to the United States is diverse. Some came as refugees from Ethiopia prior to their homeland's independence while others, in the United States as university students during the 1980s, received political asylum. Toward the late 1990s Eritreans entered the United States through the Diversity Visa Lottery program. This Congressionally mandated program annually makes available 50,000 permanent resident visas, drawn by random selection from all entries, to persons who meet strict eligibility requirements from countries with low rates of immigration to the United States. There are approximately 2,000 Eritreans in Minnesota, concentrated mostly in St. Paul's West Seventh Street area.

**Ethiopians: Amhara, Tigrean and Oromo.** Ethiopia is a landlocked country in East Africa with more than 60 million people, consisting of more than 75 ethnic groups who speak about 80 languages and nearly 200 dialects. The largest ethnic groups are the Oromo (40 percent) and the Amhara and Tigray (32 percent). There is strife between the groups for political dominance. Amharic is the official national language. The other two main languages are Oromifaa and Tigringa. Orthodox Christianity and Islam are the two main religions in Ethiopia. Some Ethiopian professionals and students already in the United States obtained political asylum during the early 1980s and have become well established in American society. A high school degree is common among Ethiopian urban dwellers where most immigrants lived. Those who came more recently did so as refugees, asylees and as permanent residents through family members or the Diversity Visa Lottery Program. More than 8,000 Ethiopians live in Minnesota, with the largest concentration in Minneapolis' Seward and Cedar Riverside neighborhoods.

**Bosnians.** Bosnia-Herzegovina became independent in 1992. After independence, political instability resulted in war. Despite peace agreements in 1995 to end the war, its ethnic groups remained divided. Bosnian Muslims make up 40 percent of the population, 33 percent are Serbs and 20 percent are Croats. Large groups of refugees arrived in the United States between 1993 and 1997. Nearly 3,000 Bosnians live in Minnesota. In the Twin Cities metropolitan area, they live primarily in Fridley, Columbia Heights, Richfield and Hopkins. There is also a sizable population in Rochester. Bosnians tend to have at least a high school education; many have technical training in trades and possess skills that are adaptable to local labor markets.

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<sup>6</sup> Most summaries are adapted from the International Institute of Minnesota's *Finding Common Understanding: An Employer's Guide to a Cross-Cultural Workplace*, (Revised Edition), St. Paul, MN, 2002.

**Hmong.** Hmong are an ethnic group, not a nationality. The Hmong living in the United States today are from Laos. During the Vietnam War, the Hmong fought against North Vietnamese forces with support from the United States. When the United States withdrew from the region, the Hmong faced political persecution for having aligned with the Americans. Thousands abandoned their homes to seek refuge in Thailand. The Hmong began arriving in the United States in 1975. More than 180,000 Hmong live in the United States California, Minnesota and Wisconsin have the largest Hmong populations. Hmong refugee resettlement lasted for more than 30 years, with the remaining refugees in Thailand being resettled beginning in summer 2004. The Twin Cities now have the largest concentration of Hmong in the country.

**Somalis.** Somalia is a country of nearly 8 million people in East Africa. Colonialism had a significant impact on Somali life. During the last half of the 19th century, the British, Italian and French divided Somalia among themselves. With no functioning central government, Somalia's political system completely collapsed in 1991. By 1992, famine and civil war had consumed the nation, resulting in several hundred thousand deaths, and hundreds of thousands of Somalis were forced to leave urban and rural areas for refugee camps in Kenya, Ethiopia and Uganda. Before the civil war, an educated urban professional class emerged, but even among this group traditional culture is valued. Somali was not a written language until 1972 when the Latin alphabet was introduced and a major literacy campaign was initiated. Many Somalis speak Arabic. Other Somalis may have received education in the colonial languages: English in the north and Italian in the south. Somalis are almost exclusively Sunni Muslims, but individuals practice their faith with different degrees of orthodoxy. Many social norms are derived from Islamic tradition. Since 1993 Somalis have come to Minnesota as refugees. An estimated 25,000 Somalis live in Minnesota, with 80 percent residing in Minneapolis, which is likely the highest concentration of Somalis in the United States.

**Latino or Hispanic.** According to the 2000 Census, there are 144,000 Hispanic or Latino residents in Minnesota. The ethnic/racial heritage of Latinos or Hispanics in Minnesota is diverse. More than 95,000 are Mexican, 38,600 are from Central and South America, 6,600 are from Puerto Rico and 2,500 are from Cuba. Central American countries include Costa Rica, Guatemala, Honduras, Nicaragua, Panama and Salvador. South American countries include Argentina, Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay and Venezuela. Many Hispanics or Latinos have lived in Minnesota for generations while others are recent arrivals.

**Nigerian.** Nigeria is the most populous country in Africa with more than 123 million people. It shares borders with Chad, Niger, Cameroon and Benin. It gained independence in 1960. The first major influx of Nigerians to the United States occurred immediately preceding the outbreak of Nigeria's war against the territory of Biafra after it declared its independence. The war lasted from 1967 to 1970 when the land was recaptured. In Minnesota, there are approximately 10,000 people of Nigerian descent.

## Appendix B: Questionnaire and Focus Group Questions

### Family, Friend and Neighbor (FFN) Child Care Providers Focus Group Participant Questionnaire

(Please complete this questionnaire. If you need help, please ask the facilitator. Your responses will be used for research purposes and your name will not be attached to specific comments in any publications.)

Date \_\_\_\_\_

Gender \_\_\_ Female \_\_\_ Male

What country are you originally from?  
\_\_\_\_\_

How long have you been in the United States?

- Less than 1 year
- 1-2 years
- 2-3 years
- 4-5 years
- 6-10 years
- More than 11 years

How long have you been caring for the child/  
children you currently take care of?  
\_\_\_ Years

What is your relationship to the child/children you  
take care of?

- Aunt/Uncle
- Grandmother/Grandfather
- Friend
- Neighbor
- Other (please specify) \_\_\_\_\_

Are you a registered FFN provider? (This means that the  
child(ren) you take care of qualify for the Child Care  
Assistance Program and you get paid through this  
program.)

- Yes  No

Race/Ethnicity \_\_\_\_\_

What language(s) do you speak?  
\_\_\_\_\_

What is your education background?

- College or higher (in home country or U.S)
- Community college (2 year)
- High school (in home country or U.S.)
- Some elementary education
- Some English as a Second language (ESL)
- None

How many children do you take care of?  
\_\_\_\_\_

How old is/are the child/children you take care of?  
(list their ages and how many of each age)  
\_\_\_\_\_  
\_\_\_\_\_

# Family, Friend and Neighbor (FFN) Child Care Providers Focus Group Questions

## Child Care Practices

1. In your culture, how are children cared for? Who primarily cares for them?
2. What are ways in which you and others in your culture use to help children develop skills (*Drawing pictures and making houses from wood, or helping you do things?*)
3. How do you help children develop language, reading and communication skills? (*Reading to them, telling stories, singing songs?*)
4. Do you feel that the location in which you provide care to children is safe? (*Does it have a first aid kit, smoke detector, fire extinguisher and latches on outside doors and on cupboards with medicines or chemicals dangerous to children?*)

## Current Access to Resources/Information

5. Do you feel that you have access to adequate resources necessary for the children in your care? (*Do you have enough toys, books, and food?*)
6. Do you get any support/information from child care agencies? If so, what have you received? If not, could you share why you do not receive information from child care agencies?
7. Do you feel that you know what young children need to be ready for school? (*What do children need to know by the time they start school? What health screenings, such as immunization, are required to attend school?*)

## Additional Resources Needed

8. What kinds of information would you be interested in receiving in the future? (*Would you like to learn more about topics such as child development, health and safety, nutrition, and library use?*)
9. How and where do you want to receive information/training? Who is most appropriate to provide you with information and training?
10. Would you like to meet other FFN providers? If so, how should the meetings take place?
11. Are you interested in becoming a licensed child care provider in the future? Why or why not? (*What are barriers that you have to overcome?*)(*Ask participants to raise hands to get a count of how many.*)
12. Is there anything else I have not asked that you think would be useful for me to know?

## Appendix C: Focus Group Responses

### Child Care Practices in Cultural Contexts

Group	Caring for Children	Teaching Children Skills	Strategies Used to Help Children Develop Communication Skills	Safety of Location in Which Care is Provided
Amharic	<ul style="list-style-type: none"> <li>When asked how children are cared for, families responded unanimously that “it takes a village to raise a child; children are always taken care of, not only by the parents but also by the elder siblings and the neighbors.”</li> </ul>	<ul style="list-style-type: none"> <li>“The lack of child-related tools, items and colorings had made our children resort to any necessary means for their creativity. Charcoal, lime stones, old tires and other discarded items from the industrial world that were used as packaging have been instrumental for children to use to draw on the street and make lines on a dusty road. They like to find an open space to play.”</li> <li>“Here in the U.S. the availability of crayons, pencils, coloring books and children’s TV shows are being used by the children. Parents’ participation is at a minimum due to lack of literacy or understanding the education system.”</li> <li>Parents said they often learn by trial and error about how to help their children.</li> </ul>	<ul style="list-style-type: none"> <li>The pride of parents is that they are adults and as such well versed. In turn children are supposed to hear stories of their experiences.</li> <li>“In the U.S. we sing songs for them, read stories for them during nap times, dance and play with them.”</li> <li>“We always tell stories about our experiences as a means to give the children an example of good behaviors.”</li> </ul>	<ul style="list-style-type: none"> <li>“After having attended one of [RCC’s] training, I became aware of the issue of fire extinguishers and alarms. I moved dangerous items to higher places. I now have a first aid kits from RCC.”</li> <li>Many were not sure, but indicated they would find out more about it when they went home.</li> </ul>
Bosnian	<ul style="list-style-type: none"> <li>“In our culture we are trying to spend more time with our children, at least one parent, so we don’t have to put them in daycare. If there are no options then we will put them in day-cares. Mostly parents will take care of their</li> </ul>	<ul style="list-style-type: none"> <li>“To develop skills we include kids in parents’ activities. We play with them using different kinds of toys to tell them how to do things.”</li> <li>“We let them play outside by themselves so they can develop some skills on their own. This helps them to remember what they sew from us.”</li> </ul>	<ul style="list-style-type: none"> <li>“When a child is still small we only speak Bosnian to them so they can learn that language first. Reading Bosnian is easy. You read the way it’s written.”</li> <li>“We teach them English, at least the basics, before it’s time for school, because we know they will go to ESL classes to learn how to read and write English. Plus we</li> </ul>	<ul style="list-style-type: none"> <li>“Yes, we feel it’s safe. We are responsible of our houses.”</li> <li>“If the child is in daycare we know that it is safe because if it is not safe, the daycare will not pass the inspection to have a license.”</li> </ul>

Group	Caring for Children	Teaching Children Skills	Strategies Used to Help Children Develop Communication Skills	Safety of Location in Which Care is Provided
Hmong	<p>children, then grandparents, and then daycare.”</p> <ul style="list-style-type: none"> <li>• Women often care for children</li> <li>• Some men help out, but generally women are responsible for young children</li> <li>• “It is the mother who primarily cares for the children. The mother-in-law helps out when the mother is not around. But if the mother is around she does the feeding, bathing, and changes the baby’s diaper.”</li> <li>• “Fathers help once in a while back in Laos. But here in America, since both parents work outside of the home, the father and the mother take turn taking care of the children depending on who is home and who is at work.”</li> <li>• “Older siblings often help take care of the younger ones, both here and in Laos. Sometimes it’s the older brothers and sisters who are just not quite old enough to</li> </ul>	<ul style="list-style-type: none"> <li>• Setting good examples</li> <li>• Showing them instead of just telling them to do things</li> <li>• “In our culture, it depends on the parents. They decide how they want to help their children develop skills. My husband and I help our children develop skills by telling and showing them how to do certain things. We don’t just tell or say what are good skills but we show them by doing it first.”</li> <li>• “I let my children see how we like to do things around the house. For example, I don’t like washing clothes with socks and so I have a separate basket for the socks. I tell my children that they need to throw their socks in the sock basket and the clothes in the clothes basket.”</li> <li>• “In my family, in the morning when it is time for the children to wake up, I will wake them up and get them ready for school. I set routines for my children so that they know they need to go wash their face, change their clothes, put on their shoes, come to eat, and then get their backpacks before leaving. It’s the same process every day that there is school.”</li> <li>• “For very young children, you just teach them by letting them do what</li> </ul>	<p>will help them at home to develop all that.”</p> <ul style="list-style-type: none"> <li>• “Hais Nkxwg” (making baby sound or talking in baby language) when they are infants</li> <li>• Using body language to teach words</li> <li>• “We teach our young children to speak Hmong at home first and once they are old enough to go to school, they will learn to speak English at school. Some Hmong children who are interested and willing to learn to write the Hmong language do not have a hard time learning the Hmong language or the culture. They can also become really good at speaking the language and knowing the culture. But others that are not interested will have a hard time learning the language and the culture.</li> <li>• Telling Hmong folktales</li> <li>• Singing to the children before they go to sleep</li> <li>• Singing traditional folk songs and teaching them these folksongs</li> <li>• “Taking them out to places such as parks and talking about all kinds of things. You just have to keep talking to them so that they learn how to talk.”</li> <li>• “I don’t know how to read because I never went to school,</li> </ul>	<ul style="list-style-type: none"> <li>• “Yes, the location is safe.”</li> <li>• “I think it’s safe because it’s my house, but I don’t know what to do if the children were to drink something that’s poisonous.”</li> <li>• (When told by facilitator about the poison hotline, participants said they were concerned because four of them did not speak English, especially those who recently arrived).</li> <li>• “We have had a fire extinguisher in the house for many years because we learned when we first got to America that it’s important in case there’s a fire.”</li> <li>• (None of the other five women had fire extinguishers in their homes and would like to get them now that they know it’s helpful in emergency situations).</li> </ul>

Group	Caring for Children	Teaching Children Skills	Strategies Used to Help Children Develop Communication Skills	Safety of Location in Which Care is Provided
	<p>do other household chores that watch their younger siblings.”</p>	<p>you do, such as if you are sweeping the floor. Here, you could give them the broom to hold, then they would try to sweep. Even though you know that they don't really know how to sweep, you just allow them to try it.”</p>	<p>but my children help each other. My younger sister, who is educated, reads to my children and teach them all their ABCs and counting. I do teach them how to count in Hmong.”</p> <ul style="list-style-type: none"> <li>• “Children are very smart. I went to take some classes about children’s brains and it is interesting how much they know even though they may still be a baby. It’s important to make sure they have things to play with and that you don’t just put them in front of the TV even though there are some good children’s TV shows that teach children things.”</li> <li>• “Actually, because I don’t know how to speak English yet, the children I am taking care of for my son and daughter-in-law watch TV. There’s a channel where they have people teaching the kids how to say ABC and count. There’s lots of music and the kids like it because sometimes the people on TV seem like they are talking to the kids. They like that very much. I even learn some things myself.”</li> </ul>	

Group	Caring for Children	Teaching Children Skills	Strategies Used to Help Children Develop Communication Skills	Safety of Location in Which Care is Provided
Oromo	<ul style="list-style-type: none"> <li>“In the Oromo culture, the main responsibility of child caring is that of a woman (moms). The dads, granddads and moms, neighbors and other friends also help the moms in bringing up the children.”</li> </ul>	<ul style="list-style-type: none"> <li>“Dads usually help boys learn traditionally male activities: farming, weeding, taking care of the cattle, etc... The moms teach knitting, cooking, keeping the house clean and all household chores.”</li> <li>“Children also learn to make many kinds of toys with such things as cloth, corn and bamboo. Red and brown soil is used as ink to color their toys.”</li> <li>“These skills are usually introduced by the dad, big brothers and sisters as well as neighborhood kids.”</li> </ul>	<ul style="list-style-type: none"> <li>“To develop language skills, children are encouraged to repeat words of daily use. Moms and all involved in caring for children sing kids’ songs and help them learn by heart and repeat them until they master it.”</li> <li>“Traditionally, we help the children develop their language skills by teaching them to say the words after us. Back home, mostly kids start going to church school at the age of 4 where they learn to read and write before going to normal school. If we ourselves are educated, we help the kids at home.”</li> <li>“In Minnesota, we still try to keep our language and culture but the kids want to lose ours and assimilate. They don’t want to listen to the songs we sing for them. They don’t want to listen to the stories too.”</li> </ul>	<ul style="list-style-type: none"> <li>“Our daycare places are very safe. Our homes are made by Minnesota housing standards and have all necessary equipments, such as smoke detector, fire extinguisher, and latches on outside door. We put our first aid kit in the cupboard.”</li> <li>“Traditionally, back home whenever kids are cut while playing we burn a piece of an old cloth and wrap the cut with it. The bleeding stops and the wound heals within a short time. We also apply salt to fresh cuts. But here we use the first aid kit. If the child is cut, we wash with water and cover with bandaid.”</li> </ul>
Somali	<ul style="list-style-type: none"> <li>“Primarily children are cared for by their own mother. The mother also cares for other relatives’ children. Neighbors or relatives will care for the children if the mother goes to work or school.”</li> <li>“The child care provider will sing lullabies.”</li> </ul>	<ul style="list-style-type: none"> <li>Storytelling: cultural stories especially Somali folktales.</li> <li>“I’ll tell children’s story. I’ll share with them what I used to see in the rural towns. I will tell them about animals, for example lions, and the children enjoy the stories and they are happy. I don’t do any drawing activities. I don’t know how to draw pictures.”</li> <li>“I’ll tell the kids to not follow the</li> </ul>	<ul style="list-style-type: none"> <li>“My child used to watch Caillou on PBS. He saw a book Caillou and said mammy, Caillou.”</li> <li>“Children have good observation skills. My child loves commercials on the TV. He is 3. When the commercial of National American University comes on, he knows the song of the commercial. He sings along.”</li> </ul>	<ul style="list-style-type: none"> <li>“The fire extinguisher is located outside of the apartment and it is quite a distance depending where your apartment is. Where we do child care inside of the apartments there is no fire extinguisher.”</li> <li>Few people in the group have first aid supplies.</li> <li>“We don’t have latches on</li> </ul>

Group	Caring for Children	Teaching Children Skills	Strategies Used to Help Children Develop Communication Skills	Safety of Location in Which Care is Provided
	<ul style="list-style-type: none"> <li>• “I’ll entertain them and please the children or whatever is good.”</li> <li>• “The provider will fully take care by bathing feeding and loving them.”</li> <li>• “Whoever is watching the child has to be a responsible person.”</li> <li>• <b>(the entire group agreed to this one).</b></li> <li>• “I cared for children for five years. If I hear that a visitor from an agency that cares for children will come to see how I do the child care, I prepare to show them what I do. I clean the children by giving them shower. I will worry constantly. God never brought any problems to me. I never got any complaints of how I do the child care.”</li> <li>• “We have different culture.”</li> <li>• “You will say watch my children to other people in your family or your neighbors.”</li> </ul>	<ul style="list-style-type: none"> <li>• bad paths.”</li> <li>• “I do what the children like most.”</li> <li>• “You will talk to them about something good.”</li> <li>• “You will play with them.”</li> <li>• “Teach them how to share. Toilet train them.”</li> <li>• “If someone knocks on the door you will tell them not to open before you see who it is. Also, teach them to respect the person who comes to your house.”</li> <li>• “Back home the children used to build houses with mud, sticks and make camel toys out of the mud. They will make dolls out of corn.”</li> <li>• Teach them how to brush their hair and braiding.</li> <li>• Teach them proper way to leave home and when crossing street.</li> <li>• “We don’t do or give the children the toys in this country.”</li> <li>• “Teach them proper way to eat. This is how you eat (model for them).”</li> <li>• “Encourages children by telling about the bad and the good things.”</li> <li>• Discourage bad habits.</li> <li>• Playing: teach them to be creative by drawing.</li> <li>• Building toys. Sharing is also encouraged.</li> <li>• “In my culture we read to children and teach them the modest life style of our religion.”</li> <li>• Teach children to respect neighbors</li> </ul>		<p>our outside door, first aid kit and medicine cabinet.”</p>

Group	Caring for Children	Teaching Children Skills	Strategies Used to Help Children Develop Communication Skills	Safety of Location in Which Care is Provided
Spanish-metro	<ul style="list-style-type: none"> <li>• “Most of the time the family takes care of the children. The aunt, grandma or neighbor might help watch the children.”</li> <li>• “Other times the father work at night and the mama work during the day so they take turn to care for the children.”</li> <li>• One of the participants said she did have experience with daycare in the United States. One of her children has a special need and it was hard to find good care for her.</li> <li>• “The most important is the trust that needs to be there between the person who is caring for the child and the parents. That is why families do most of the care.”</li> </ul>	<p>and elders.</p> <ul style="list-style-type: none"> <li>• Praise children when they do well.</li> <li>• Show children pictures.</li> <li>• “We use the materials we find around the house, and transform them into toys; we explain how the toy is made and what that toy does. So, you teach the children a valuable lesson.”</li> <li>• Some of the participants teach their children to sew, so the children become creative and make their own dolls.</li> </ul>	<ul style="list-style-type: none"> <li>• “I read to my children an hour a day and we talk about the stories.”</li> <li>• “We listen to music, dance, and sing along to the songs.”</li> </ul>	<ul style="list-style-type: none"> <li>• Most felt safe. Only one of the participants has a fire extinguisher.</li> </ul>

Group	Caring for Children	Teaching Children Skills	Strategies Used to Help Children Develop Communication Skills	Safety of Location in Which Care is Provided
Spanish-Willmar	<ul style="list-style-type: none"> <li>• “The primary caregiver for children is the mother. In our culture the mother sometimes does not work, and she becomes the caregiver. But if the mother works, the family (aunts, cousins, sisters, grandmothers) become the caregivers.”</li> <li>• This was noted in all the answers from the participants. They do not think that there are a lot of child care places because the family takes care of the children and they do not get paid. They do not consider this as being child care providers.</li> </ul>	<ul style="list-style-type: none"> <li>• The women all agreed that doing active things with the children, letting them learn by looking and doing is helpful.</li> <li>• Some of the examples were: making dolls, houses and different figures; using milk cartons and cans to make cars, caps to make robots, and paper to make kites. Playing group games such as jacks.</li> <li>• “We would teach them with whatever we have because our financial situation plays a big part on what we can provide. We don’t have money so we use what we have to make toys.”</li> <li>• (This was a very interesting question because all the participants had a different name for the same games or the materials that they had. Also some said that because they were from small towns they did not have any of these things. They were taught using various things that happened to be available, such as playing with the trees, plants, animals, rocks and tuna cans. Swings were made by tying a rope to a tree and then to a tree. Many felt that they still live in poor situations.)</li> </ul>	<ul style="list-style-type: none"> <li>• “Telling them stories from our ancestors, singing songs, reading books, listening to the radio, playing group games, and watching children’s programs.”</li> <li>• “Showing them how to write by guiding their hands and talking to them beginning at birth.”</li> </ul>	<ul style="list-style-type: none"> <li>• “We don’t have the financial means to get a place that has safety materials.”</li> </ul>
Tigringa	<ul style="list-style-type: none"> <li>• “In the Eritrean culture the primary caregiver of children is the mother. But this cultural value is gradually changing as</li> </ul>	<ul style="list-style-type: none"> <li>• “Our children learn our culture and language by watching and listening to their parents. If a father is a trader or a businessman his sons would occupy the same kind of trade. If a</li> </ul>	<ul style="list-style-type: none"> <li>• “Children learn to talk and sing by repetition. The mother talks to her child and the child repeats one word over and over, and the mother patiently repeats the</li> </ul>	<ul style="list-style-type: none"> <li>• “In our home country homes and neighborhoods are safe. We do not have any fear. Our houses are built with stones, bricks</li> </ul>

Group	Caring for Children	Teaching Children Skills	Strategies Used to Help Children Develop Communication Skills	Safety of Location in Which Care is Provided
	<p>new mothers are increasingly employed. The next caregiver of a child is a grandmother.”</p> <ul style="list-style-type: none"> <li>“Since our children help us in things we need, we do not ask them to pay us for taking care of their children. Our children always help us even if we did not take care of their children.”</li> <li>“In their old age, grandparents are cared for by their adult children. Large families live in one or two room houses, they eat together from the same large plate, and children share beds. Family members are close and care for each other.”</li> </ul>	<p>father is a mechanic his son would be a mechanic by watching his father at work.”</p> <ul style="list-style-type: none"> <li>“For me, my grandmother taught me everything I needed to know. My grandmother had several sons and only one daughter so she taught my uncles to do chores that are normally done by women such as mixing dough for making flat bread, <i>injera</i>. Her women relatives used to say to her ‘How can you do that? Teaching your boys to do girls’ work?’ She would answer them by saying learning this chore will not hurt them. It will only benefit them.”</li> <li>“You learn everything from your parents; many times children learn quickly by watching.”</li> </ul>	<p>words and encourages the child to say the words.”</p> <ul style="list-style-type: none"> <li>“Children go with their parents everywhere their parents go. They learn to socialize and develop their language ability. Every evening adults and children sit around talking to each other, telling and listening to folktales, solving metaphors. Those who know stories tell to the rest of the group and children learn and tell folktales to each other.”</li> <li>“Some are word games, questions and answers that end up with a rhyme. At this time children also learn their cultural values. When they sit to eat together from a large flat plate, they visit, talk and this brings family closeness and love.”</li> </ul>	<p>and cement. There is hardly anything that could start fire. Children can go out and play and their parents are sure that their child is safe.”</p>
West African-Nigerian	<ul style="list-style-type: none"> <li>“Most of the time families take care of the children. Women are the primary caregiver of the children: mothers, grandmothers, aunts, and cousins.”</li> </ul>	<ul style="list-style-type: none"> <li>Parents and other family members (child care providers) use the material they find around the house as toys.</li> <li>“We take the opportunity to teach children how to use natural resources to make toys. For example, we show them how to use “clay” to make bowls.”</li> <li>“All children (from 5 or 6 years of age) are encouraged to help with the responsibilities of the household like cleaning, cooking, caring for</li> </ul>	<ul style="list-style-type: none"> <li>“We tell them stories, sing songs, talk and communicate with children all the time. Music is part of our lives and we listen to music every day.”</li> <li>“Children in Nigeria learn English in school and other languages at home and with members of their communities. It is very common for our children to understand, speak and write more than one language at an early age. Sometimes children learn three or</li> </ul>	

Group	Caring for Children	Teaching Children Skills	Strategies Used to Help Children Develop Communication Skills	Safety of Location in Which Care is Provided
		<p>younger brothers and sisters, helping with the family business (selling food and other items in the market).”</p> <ul style="list-style-type: none"> <li>• “Children are also encouraged to play and interact with other children in the neighborhood to develop their social skills.”</li> <li>• “Family members tell children stories almost everyday as a way of sharing lessons of how to RESPECT ELDERS AND OTHERS in their community, PATIENCE, ORDER and SELF-CONTROL [emphasis originated with speaker].”</li> <li>• “Through stories, families teach cultural values to children. Children also learn how to wait for their turn, the importance of being respectful to others, how to listen and when to talk. They should talk when it is most necessary, not when adults are talking. When they have to ask for permission, they should wait for parents’ approval in order to speak.”</li> <li>• “Sometimes it is difficult for us to teach our children our cultural values because they learn other things in school. Teachers sometimes do not approve or support our way of raising children/caring for children and tell children to call 911 on their parents.”</li> <li>• “Parents want to teach children their cultural values because they believe it is important to keep passing those values on to new generations but feel</li> </ul>	<p>four languages at the same time and are multilingual by the ages of 7, 8, 9 or 10 years.”</p>	

Group	Caring for Children	Teaching Children Skills	Strategies Used to Help Children Develop Communication Skills	Safety of Location in Which Care is Provided
		<p>restricted by the ways in which children are instructed here. Sometimes the many laws and restrictions are not useful for parents to discipline their own children.”</p> <ul style="list-style-type: none"> <li>• “We want to educate our children the best way possible.”</li> </ul>		

### Current Access to Resources/Information

Group	Access to Adequate Resources	Support from Child Care Agencies	Knowledge About School Readiness
Amharic	<ul style="list-style-type: none"> <li>• “Enough food is available; however, toys and books seem to be rare.”</li> </ul>	<ul style="list-style-type: none"> <li>• “Yes, RCC has offered training, home visits, videos and books. Food is mostly available from food shelves. The necessary instructions are also available in our native languages.”</li> <li>• “Mobile library is available on a regular basis.”</li> </ul>	<ul style="list-style-type: none"> <li>• “Yes, those that have had home visits have enough information to prepare their children for their schooling. All necessary immunizations have to be updated.”</li> <li>• “I know what is needed. I got other people to help me.”</li> <li>• “Children have to be ready by knowing the alphabet.”</li> </ul>
Bosnian	<ul style="list-style-type: none"> <li>• “Yes, because we provide that by ourselves.”</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on person to person—have not received any support form agencies.;</li> <li>• “If a parent works in an agency that works closely with child care they will know information but other than that other parents don’t receive or know any kind of information. Why is it that we don’t know?”</li> </ul>	<ul style="list-style-type: none"> <li>• “We don’t know what is required for our kids to start school.”</li> </ul>
Hmong	<ul style="list-style-type: none"> <li>• “No, I would like more toys, books and food. These things are never enough.”</li> <li>• “Their parents provide everything. My job is just to make sure they are not hungry and don’t get hurt when</li> </ul>	<ul style="list-style-type: none"> <li>• Four have no support from child care agencies. Two have had some. The two who are connected with child care agencies said they have been able to get some training.</li> <li>• “Yes, I have received nutrition training,</li> </ul>	<ul style="list-style-type: none"> <li>• Participants had mixed feelings about what young children need to be ready for school. Two said that they felt they knew. Three said they didn’t know the requirements.</li> <li>• “I’m not sure if what I know is accurate.”</li> <li>• Some of the things they listed about what they</li> </ul>

Group	Access to Adequate Resources	Support from Child Care Agencies	Knowledge About School Readiness
	<p>their parents are at work. I am an old lady. I don't know what else I need to take care of these children." (Three others agreed).</p> <ul style="list-style-type: none"> <li>• "Most of the times, I think I have enough, but I could use more toys because the children get older, then they don't like the old toys anymore. Even though I do get paid to take care of the children, I don't have any other resources."</li> </ul>	<p>and other trainings about doing quality child care. I took some classes toward becoming a licensed child care provider about three years ago. I have recently taken some classes at Resources for Child Caring."</p>	<p>thought children needed to know before going to school were:</p> <ul style="list-style-type: none"> <li>• Being potty trained</li> <li>• Knowing their ABCs</li> <li>• Being good listeners and</li> <li>• Having good manners.</li> </ul>
Oromo	<ul style="list-style-type: none"> <li>• "We do not know much about resources available for childcare providers. We feel that we have access to adequate resources necessary for the children because their parents provide the kids with what is needed."</li> <li>• "Feeding growing children, taking care of their health, providing play grounds and facilities are our main job. The toys they play with are mostly brought by their parents. But if we are taking care of a friend's kids and if we have kids ourselves, the kids share the toys."</li> <li>• "Even though most of us cannot read books to the kids, we show them the pictures. We give kids available baby foods and usually adult food after a child is a year old or greater. We feed the older kids with both American food and our cultural spicy food."</li> </ul>	<ul style="list-style-type: none"> <li>• Don't know what help is available</li> <li>• "Since we are not registered FFN provider, we do not know if we could get support/information from child care agencies. Therefore we did not ask for support/information and we didn't get anything from the agencies."</li> </ul>	<ul style="list-style-type: none"> <li>• "We provide mere child caring for the day. We help kids develop their speech and abilities and leave the reading and writing skills' development to the parents."</li> </ul>
Somali	<ul style="list-style-type: none"> <li>• "We don't have access to educational toys, books and food."</li> </ul>	<ul style="list-style-type: none"> <li>• Regarding training classes about child care, no information other than the training from the agency (RCC).</li> </ul>	<ul style="list-style-type: none"> <li>• "They have to know their full name."</li> <li>• "Counting the numbers up to 10 or 20 and ABCs."</li> <li>• "They have to know sharing and how to write"</li> </ul>

Group	Access to Adequate Resources	Support from Child Care Agencies	Knowledge About School Readiness
			<p>their address.”</p> <ul style="list-style-type: none"> <li>• “Where we do the child care doesn’t have different colors on the walls so we can teach the colors and shapes.”</li> <li>• “You just feed the children. I don’t know how child care centers do activities with children.”</li> <li>• “We don’t have drawing supplies.”</li> <li>• “I take the children to the ECFE on Thursdays.”</li> <li>• “Some of us have child care training from RCC.”</li> <li>• “I have only taken care of children for three years.”</li> <li>• “My head is about to go crazy because of children’s screaming.”</li> <li>• “I teach them their phone number. May God forbid, in case the child gets lost it will be beneficial knowing his phone number. I teach also his mother’s full name.”</li> <li>• “One time I found a lost child. I check his backpack and there was no personal information in his backpack. The child didn’t know his name and phone number. I called the police for the lost child.”</li> <li>• Differentiate shapes.</li> <li>• “We all know about the rules of child preparation for school readiness. We teach children about their address and their full name in case they get lost. We also provide detailed information.”</li> </ul>

Group	Access to Adequate Resources	Support from Child Care Agencies	Knowledge About School Readiness
Spanish-metro	<ul style="list-style-type: none"> <li>“The agency that has given a lot of support is RCC, Resources for Child Caring, who provides class and now they have a project for FFN. They do home visits and that helps a lot. The outreach person always help and support us.”</li> <li>“In some daycare the cost is lowest but the quality is not good, some of them have 10 to 12 small children with one adult. Some ECEF classes are for the parents, but some are closed because of money.”</li> <li>“Sometime I need more education toy but they cost too much money for me and my family to provide for the other children that I care for.”</li> </ul>	<ul style="list-style-type: none"> <li>Providers are connected with the Latino outreach from RCC. She sends information about training or other programs they can use.</li> </ul>	<ul style="list-style-type: none"> <li>“The support group at ECFE help us with some information about school or if we have a child in school or in preschool. When one of their children goes to the Head Start program they send some information too.”</li> <li>“I feel like I need more information about how to prepare children before they go to school. Other information that will be very helpful will be the information of when the child is sick. I need to know more details of the illness.”</li> <li>“The only training we have is when RCC provided nutrition classes, but we need more. We need guidance in how to be professional in talking to parents about their child, especially when the child has a special need situation. Some of the parents who bring their children to daycare don’t tell us about the need of the child, if the child is sick or has a special need.”</li> </ul>
Spanish-Willmar	<ul style="list-style-type: none"> <li>“Yes, but we feel that we still need material like outside toys: Toys that stimulate their motor skills and coloring books.”</li> </ul>	<p>“Yes, we received a lot of trainings, classes like CPR, SIDS. Conferences, nutrition classes by Child Care Choices, Inc. Videos and brochures.”</p>	<ul style="list-style-type: none"> <li>“They need to know basics like their names, address, name of the parents, phone number; how to color, numbers, sing, know the difference between cold and hot.”</li> <li>They know about what immunizations the children need to go into school, mostly the shots that are required for their ages and physical exams;</li> <li>Some of the participant did not know what immunizations were needed.</li> </ul>
Tigringa	<ul style="list-style-type: none"> <li>“The parents of the children that we take care of buy their toys, books and games. They watch children’s programs such as Barney and Caillou.”</li> </ul>	<ul style="list-style-type: none"> <li>“We do not receive any support or information from any agency.”</li> <li>“I don’t know what help they give.”</li> </ul>	<ul style="list-style-type: none"> <li>“I take my children to the doctor and the children are checked and receive immunizations.” (All agreed they did that as well.)</li> <li>All talked about that as a big requirement.</li> </ul>
West African-Nigerian	<ul style="list-style-type: none"> <li>“We have books in our house and we also have the local library available for books and information. Our relatives give our children toys</li> </ul>	<ul style="list-style-type: none"> <li>“What are the child care agencies?”</li> <li>“I don’t know anything about the child care agencies. This is the first time we hear about the child care agencies in</li> </ul>	<ul style="list-style-type: none"> <li>“Kids need to know how to respect the teacher, how to listen to instruction, how to interact and share with other children in school. They also need to know the numbers and the ABCs.”</li> </ul>

Group	Access to Adequate Resources	Support from Child Care Agencies	Knowledge About School Readiness
	<p>to play with. Toys are easily accessible to us, we can simply buy some at the store or borrow toys from other children in the family like my children's cousins."</p> <ul style="list-style-type: none"> <li>• "Food is very important to our culture and is available at all times. We give food to children whenever they ask for it instead of having a schedule to serve food, like here in the U.S.A. If we visit relatives, food is always offered."</li> </ul>	<p>Minnesota."</p>	<ul style="list-style-type: none"> <li>• "Children in the United States are ahead of the game in terms of technology, colors, numbers, alphabet because of all of the resources available for families but children in Nigeria are ahead of the game when we talk about RESPECT, LISTENING SKILLS, WAIT FOR THEIR TURN, and SOCIAL SKILLS [emphasis originated with the speaker] because of the way we raise them and the way we teach our children from an early age."</li> </ul>

### Additional Resources Needed

Group	Information and Resources Noted	Provision of Information/Training	Interest in Meeting Other FFN Providers/Becoming Licensed	Others
Amharic	<ul style="list-style-type: none"> <li>• Providers would like more training on how to use library resources for themselves and their children. They need more training about safety and nutrition. Safety seems to be a priority.</li> <li>• Most are concerned about their self-sufficiency and interested in finding employment and further training resources.</li> </ul>	<ul style="list-style-type: none"> <li>• "Newsletter from RCC in our languages have been very instrumental in providing us upcoming information and helpful advice. It also includes children's coloring pages."</li> <li>• Most responded that they have been receiving helpful directions from Macalaster/Groveland community center.</li> </ul>	<ul style="list-style-type: none"> <li>• "Yes, it is always nice to meet with other FFN providers to share information and resources. Speaking the same language has made it easier to interact with others. If the meetings are to be held, it would always be nice if held at family centers, RCC or public parks where kids can play."</li> <li>• Three of the providers are interested in becoming licensed and improving themselves but would like more information. The rest, as a result of language and cross-cultural</li> </ul>	<ul style="list-style-type: none"> <li>• "More trainings and staff members who could speak our languages or who understand our position."</li> </ul>

Group	Information and Resources Noted	Provision of Information/Training	Interest in Meeting Other FFN Providers/Becoming Licensed	Others
Bosnian	<ul style="list-style-type: none"> <li>Need information about kindergarten and preschool such as what age, how to register, where to register, what are expectations for kindergarten/preschool.</li> </ul>	<ul style="list-style-type: none"> <li>“We would like to get information in the mail or have trainings/meetings in schools or at CCR&amp;R. Interpreters would need to be available. Hire someone to work with CCR&amp;R to inform parents when it is time for what.”</li> </ul>	<ul style="list-style-type: none"> <li>“Will like to meet people from CCR&amp;R, and the meetings should take place with small children and then as they grow so that we know what will be the next step.”</li> <li>“Not interested, too risky to take care of other peoples’ children.”</li> </ul>	<p>“Yes, income is too low. People need to be on welfare to be eligible. Daycare centers are expensive and you need to figure out about transportation. Even when you find any kind of information for your children or apply, they need more than four months for an answer or they never call you back with an answer. These apply to CCR&amp;R too.”</p>
Hmong	<ul style="list-style-type: none"> <li>Three said that they did not feel they needed more information largely because they felt they were too old to learn more.</li> <li>One of them said that her schedule is very hectic so even if she wants to take classes, she doesn’t know when she could fit it into her schedule. The several kinds of information they identified were how to: <ul style="list-style-type: none"> <li>Use the library</li> <li>Take care of young children safely</li> <li>Get more help, like toys, for the children.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>“A place where we can learn and share ideas and give each other (child care providers) suggestions. It would be nice to have the training be done in Hmong language or at least have someone to translate.”</li> <li>“If we have training and there is an interpreter, you need to make sure it’s a good one. Some young people are not very good interpreters because they don’t know how to speak Hmong well. They might speak English very well, so Americans think they are good interpreters. But, when they come to speak to us old people, they do not know how to communicate with us.”</li> <li>“Yes, someone who speaks very good Hmong will be most appropriate in providing information and training about</li> </ul>	<p>All would be interested in meeting other FFN providers just to talk and learn from each other.</p> <p>Four not interested, two interested in licensing</p> <ul style="list-style-type: none"> <li>“No, I am too old. All I can do now is watch my grandchildren and make sure they are not hurt.”</li> <li>“I attended classes at RCC before to get licensed. I took several, but I stopped. Maybe in the future I would like to get a license.”</li> <li>“I don’t really have the energy to do that now, but I do plan to in the future.”</li> </ul>	

Group	Information and Resources Noted	Provision of Information/Training	Interest in Meeting Other FFN Providers/Becoming Licensed	Others
		<ul style="list-style-type: none"> <li>child care.”</li> <li>May need transportation to go to trainings.</li> <li>“For trainings, it would be good to be able to come to a place like this that is not in our homes. It’s good to meet other Hmong women who are doing similar things.”</li> </ul>		
Oromo	<p>We would appreciate training in: child development, health and safety (preferably demonstrative, not theoretical) and nutrition.</p>	<p>The participants say they want the child care trainings to be given at the Oromo Community. They asked the facilitator to look for the appropriate agency to give the training.</p>	<ul style="list-style-type: none"> <li>We would appreciate meeting other FFN providers and visiting their sites to be able to strengthen our potential to care for our kids. This could also be better coordinated in collaboration with the office of our Oromo Community.</li> <li>Three participants want to get licensed while the rest would like to get basic child care trainings only.</li> </ul>	
Somali	<ul style="list-style-type: none"> <li>“We need big rooms in order for the children to be creative.”</li> <li>“We don’t live in the best houses. The children don’t have enough space to play and designated reading areas. It is hard to organize when they are writing.”</li> <li>“I would like to get nutrition classes. We need information about health and safety.”</li> <li>Some of them had nutrition classes.</li> <li>“I am new to the country. I</li> </ul>	<ul style="list-style-type: none"> <li>“Training in the building where we reside and do child care.”</li> <li>Flexible hours. In the evening or the weekends.</li> <li>“The training handouts to be in Somali and English, audio cassettes and videos for those of us who don’t speak English, practical training.”</li> <li>“We need Somali speaking trainer.”</li> <li>“We would like to get child care while we are attending the training.”</li> </ul>	<ul style="list-style-type: none"> <li>“Yes we like to meet other FFN provider in our building, especially the community room.”</li> <li>“Yes, but we can’t be licensed where we live. The management of the building refused to give us permission to be child care licensed for liability purposes.”</li> </ul>	<ul style="list-style-type: none"> <li>“We need houses where we can care for children safely.”</li> <li>“Please help us with housing and how we can become licensed family daycare.”</li> <li>Books and cassettes about how to take care of children.</li> <li>Nutrition classes.</li> </ul>

Group	Information and Resources Noted	Provision of Information/Training	Interest in Meeting Other FFN Providers/Becoming Licensed	Others
	<p>would like to get nutrition classes and basic child care trainings.”</p> <ul style="list-style-type: none"> <li>“I don’t take the children to the library because I am afraid if something happens to the children when crossing the street. If I took safety class I believe it will help me to overcome my fear.”</li> </ul>			
Spanish-metro	<ul style="list-style-type: none"> <li>More training on general topics, like nutrition, health and safety, child development, professional relationship with parents, more information about all the illnesses the child can have.</li> <li>More support group for FFN provider and money to do this support groups.</li> <li>How to prepare children for school, place for field trip and money to do it.</li> <li>“We would like to have more training in nutrition, and also have some income to help to be safe, like smoke detector, fire extinguisher, first aid kit, material that are educational and child development-appropriate, small chair and table.”</li> </ul>	<ul style="list-style-type: none"> <li>“We would like to continue to receive information from the training in RCC or community center. And we would like the trainer to have experiences.”</li> </ul>	<ul style="list-style-type: none"> <li>“Yes we would love to meet regularly with other FFN providers at RCC, community center, in the park or in the library.”</li> <li>“Yes, but right now it is not our priority, and also it is hard to do it when the system asks for a lot of paperwork and legal status in Minnesota, USA. House is the other issue; why it is hard to become licensed.”</li> </ul>	
Spanish-Willmar	<p>“All these topics are good. The topics that are mentioned in the questions were given already but</p>	<p>“The place does not matter. As long as it is a comfortable, spacious, friendly place, it does not matter</p>	<ul style="list-style-type: none"> <li>“Of course, meeting other providers would be very exciting. To compare notes on</li> </ul>	<ul style="list-style-type: none"> <li>“Overall, we had a very different upbringing than what kids have today. We were</li> </ul>

Group	Information and Resources Noted	Provision of Information/Training	Interest in Meeting Other FFN Providers/Becoming Licensed	Others
	<p>could learn at a higher level than what we already know. Everything that is taught about child care is good to learn and keep on learning.”</p>	<p>where or how we get the training or the information. We like and know several of the trainers, but we are always willing to have other people come and teach us what they know about child care.”</p>	<p>how they do their child care and maybe adapt new ways on how to do it and maybe they could adapt some of our ways. The place could be anywhere. We are willing to travel as well as having them here in our town.”</p> <ul style="list-style-type: none"> <li>• “Yes, of course being licensed would be our most important goal to achieve. But there are barriers like language, the housing problem, living in rented house, trailers, but the biggest barrier is the social security number status.”</li> </ul>	<p>taught to use what we had and that is how we brought up our kids. Now we are taking care of other kids, we are still using what we know from our upbringing. We were taught to respect, love, work hard and do things ourselves. This is how we are taking care of our kids and also now we are being educated in areas like CPR, SIDS, nutrition to better our ways of doing child care — not that our way was bad but now is better.”</p> <ul style="list-style-type: none"> <li>• “There is also the big consideration about where to get the resources and the trainings. The support that we get from Child Care Choices, after July 1, 2005. The grant for this program is over and we have no resources like we had been having. It is very bad because this company has been a lot of help to us.”</li> </ul>
Tigringa	<ul style="list-style-type: none"> <li>• Yes, we would like to receive trainings such as nutrition and child development, but we do not have sufficient English language ability.</li> </ul>	<ul style="list-style-type: none"> <li>• “The trainer should be someone who knows our language. It does not sound good to learn by an interpreter.”</li> </ul>	<ul style="list-style-type: none"> <li>• “It would be good to meet other FFN providers for fellowship and to get helpful tips from each other.”</li> <li>• “Yes, we would like to be licensed child care providers in the future.”</li> <li>• One person in particular seems to be interested in being licensed.</li> </ul>	<p>“The barriers are lack of training, education and English language.”</p>

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West African-Nigerian	<ul style="list-style-type: none"> <li>• More information in child development.</li> </ul>	<ul style="list-style-type: none"> <li>• “The meetings/trainings should be provided in the houses of people we know and trust. Women are the more appropriate to teach us about children development and topics related to that. We share information about our culture and about our children.”</li> <li>• “It will be like coming to a friend’s house to learn from one another about our children. When we visit a relative or a friend, we sit and share information while we eat and also enjoy each other’s company.”</li> <li>• “In this type of setting we can relax, knowing that our children are close enough and safe, right in the same place we are having the class/workshop/training.”</li> </ul>	<ul style="list-style-type: none"> <li>• “It is important that they are from the same cultural background and share the same values/beliefs.”</li> <li>• One person was interested in becoming licensed. Others were not sure.</li> </ul>	<ul style="list-style-type: none"> <li>• “Creativity and imagination are very important aspects of children development.”</li> <li>• “We want to thank the facilitator and the note taker for this opportunity to learn about CHILD CARE, FFN PROVIDERS AND CHILD CARE AGENCIES [emphasis originated with speaker]. We did not know there are more learning opportunities (training) available to us.”</li> <li>• “We feel lucky and important because we have you both coming to our house to ask for our opinion about this important topic. It is good to know you want to know our opinion and what is important to us and to our children and families.”</li> </ul>