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Report to the Legislature

**Legal Non-licensed Child Care Provider
Home Visiting Program Options**

Laws 2007, Chapter 147, Article 2, Section 55

Prepared by the Minnesota Department of Human Services
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Introduction

During the 2007 Minnesota Legislative session, the following statute was passed concerning Legal Non-licensed child care providers:

Sec. 55. INSPECTION OF LEGAL UNLICENSED CHILD CARE PROVIDERS.

The commissioner of human services, in consultation with the commissioner of health and the counties, shall develop and present recommendations to the legislature in January 2008 in order for each legally unlicensed child care provider receiving child care assistance funds to receive a onetime home visit to receive information on health and safety, and school readiness.

This report provides options for how a statewide home visiting program involving Child Care Assistance Program (CCAP) legal non-licensed providers (LNL providers), also called Family, Friend and Neighbor (FFN) providers, could be administered. In addition, it discusses pros and cons of the options presented, along with recommended criteria to inform next steps in considering a systemic change to establish a mechanism to provide home visits to LNL providers.

This report was prepared by the Department of Human Services (DHS), whose staff reviewed information on programs that provide home visits to parents or home-based child care providers. The programs are administered by DHS, other Minnesota state agencies, local governmental units or community organizations, tribes or other states. Additionally, the following entities were consulted in preparing this report:

- Minnesota Department of Health (MDH)
- Minnesota Department of Human Services (DHS) – Licensing
- Minnesota Department of Education – Child and Adult Care Food Program (CACFP)
- Minnesota Department of Education – Early Childhood and Family Education (ECFE)
- Minnesota Child Care Resource and Referral (CCR&R) Network
- Minnesota Association of County Social Service Administrators (MACSSA) – Early Childhood Sub-committee
- Child Care Works (CCW)
- Resources for Child Caring (RCC)
- Early Childhood Resource and Training Center (ECRTC)
- Minnesota Licensed Family Child Care Association (MLFCCA)
- Ready 4 K

To adequately address the legislation and prepare this report, three assumptions have been made. First, depending on the program, agency, or governmental entity, the term “home visiting” may have different meanings. For some programs it involves visiting the parents and/or children in the home, while others may specifically refer to visiting the provider where child care is provided, or in another location. For this report, the assumption is that the visits will be in the home of the child or provider.

The focus of the visits is assumed to be the child care provider.

It is notable that the title of the legislation (Inspection) does not coincide with the language of the legislation that speaks to an informational visit. This report has been prepared with the assumption that the legislative language and not the title is to be addressed in the options that are outlined in this report.

LNL Provider Background Information

To better understand how the options in this report may be realistically accomplished, it is important to have an understanding of the characteristics of the LNL provider population, as well as the broader FFN provider population. These terms are defined in Appendix A of this report.

FFN care is the most common type of child care in Minnesota, being utilized by almost half of Minnesota families using child care.¹ FFN providers are a broad population of home-based providers. LNL providers are a subset of FFN providers who service children receiving CCAP funds. There are approximately 150,000 households providing FFN care in Minnesota,² and in FY 2006 there were an estimated 7,700 LNL providers serving children who participate in Minnesota's Child Care Assistance Program.³

For younger children (under 6 years of age) FFN providers are primarily grandparents (34 percent), followed by non-relatives (24 percent), older siblings (24 percent) or other relatives (17 percent).⁴ Overall, about 52 percent of FFN providers are grandparents.⁵

FFN and LNL providers are overwhelmingly women and many are more than 50 years of age. Additionally, FFN care is often used by families of color and immigrant populations. Overall, families using FFN care cite flexibility, individualized attention, cultural competency and familiarity as reasons for using FFN care. See Table 1 for additional characteristics of FFN and LNL providers.

TABLE 1 – FFN vs. LNL Provider Characteristics

	FFN Providers Statewide	LNL Providers
Female	86%	94%
Average age	48-49 years; 52% are 50 years or older	49 years; 40% are 50 years or older
Married	61%	50%
Race/ethnicity	88% European-American 3% African-American 2% Latino or Hispanic 1% Asian	53% European-American 25% African American 3% Latino or Hispanic 1% Asian

¹ 46 percent. Minnesota Department of Human Services – Recent Research on Child Care in Minnesota, 6/22/06.

² Family, Friend and Neighbor Caregivers 2004 Statewide Household Child Care Survey. Minnesota Department of Human Services, December 2005.

³ Administration for Families and Children (ACF) 2006 Report and Forecast.

⁴ Minnesota Department of Human Services – Recent Research on Child Care in Minnesota, 6/22/06.

⁵ DHS Family, Friend and Neighbor Caregivers 2004 Statewide Household Child Care Survey, December 2005.

	FFN Providers Statewide	LNL Providers
	1% American Indian 4% Multi-racial ⁶	2% American Indian 5% Multi-racial 10% Somali ⁷
Education/training /experience	76% some college 17% have been employed in a child care center 12% have been licensed family child care providers 56% participated in parent education 38% participated in child care training	40% some college 16% have been employed in a child care center 14% have been licensed family child care providers 50% participated in parent education 38% participated in child care training
Employed outside of FFN care	60%	37%
Own their home	79%	52%
Mean number of hours of care provided each week	19	38
Receive payment for care	24%	100%

TABLE 2 - Number of Children Served by LNL Providers⁸

	FFY 2003	FFY 2004	FFY 2005	FFY 2006
Number of children	30,060	19,039	16,782	16,534
Estimated number of providers (based on number of children and families served)	13,270	8,741	7,832	7,695

⁶ Family, Friends and Neighborhood Caregivers: Results of the 2004 Minnesota Statewide Household Child Care Survey.

⁷ Family, Friends and Neighbors Caring for Children Through the Minnesota Child Care Assistance Program: A Survey of Caregivers and Parents.

⁸ Administration for Children and Families 2006 Report and Forecast.

TABLE 3 - Number of Children by Type of LNL Care Setting,⁹ FFY 2006

Type of Care in LNL	Number of Children	Percentage of Children
Care in child's home	7,284	37.4%
Care in provider's home	9,250	47.6%
Primarily school age care by a school district	2,917	15%
TOTAL	19,451	100%

TABLE 4 - Number of LNL Providers and Type of LNL Care Setting,¹⁰ FFY 2006

Type of Care in LNL	Number of Providers	Percentage of Providers
Care in child's home	3,390	37.4%
Care in provider's home	4,305	47.6%
Primarily school age care by a school district	1,358	15%
TOTAL	9,053	100%

Options for Implementing a One-time LNL Home Visiting Program

Stakeholder Perspectives

DHS convened a stakeholder group and held meetings with stakeholders (Appendix B – Stakeholders). During these meetings, the following items were discussed in relationship to the legislation:

- General FFN information
- Local home visiting models, including those currently provided by MDH, ECFE, CCR&R, ECRTC and CACFP sponsors
- Other states' experiences with home visiting
- Ethnic and cultural challenges to home visiting
- Pros and cons of home visiting
- Responsibility for implementing the home visiting program (i.e., what agency/agencies should administer the program?)
- Content of the visit
- The role of the home visitor
- The role of parents of children in care
- Options and alternatives available for providing LNL providers health, safety and school readiness information
- Other issues or sub-issues related to establishing a home visiting program.

⁹ Id.

¹⁰ Id.

Stakeholders discussed the issues related to one-time home visits to LNL providers. Many general aspects of home visiting were considered.

It was noted that while counties are required to provide information on health and safety pursuant to federal and state regulations, there is no uniform set of information that they must provide.¹¹ Participants stressed that it is very important that the information be provided in a uniform manner. Currently, DHS periodically issues a bulletin listing options that counties can use to prepare local informational packets for providers.

http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs16_138175.pdf

Participants also identified the importance of providing consistent training for all home visitors.

Options for Home Visits

Guiding Principles

DHS provides guiding principles that can aid in determining what model should be used to establish a one-time home visiting program to LNL providers. In addition to reviewing the stated pros and cons for each option, the following principles should be carefully considered:

- Ensure successful transfer of information and skills from the home visitor to the LNL provider
- Ensure separation between regulatory responsibilities and information-sharing responsibilities
- Deliver services in a cost-effective manner
- Avoid duplication of home visiting services across existing programs
- Ensure that home visitors are skilled and supported in delivering services to LNL providers from diverse cultural communities and in languages other than English.
- Ensure data privacy.

Options for Conducting Home Visits

Three major options for conducting home visits were discussed:

- developing a new program to implement the legislation,
- add to an existing program to implement the legislation, or
- adopt an alternative to home visiting.

Each major option is discussed below along with relevant sub-categories.

1. Develop a new one-time home visiting program for LNL providers

Stakeholder Perspectives

A new one-time home visiting program could be easily expanded to become more comprehensive. This could include follow-up communication and/or visits that would help to establish a relationship between LNL providers and/or families and the administering entity.

¹¹ 45 C.F.R. §98.41, Minnesota Rules 3400.0140, subp. 5.

Pros	Cons
<ul style="list-style-type: none"> • Opportunity to create a program specific to LNL providers to meet unique needs of this population • Home visitor training could be carefully targeted 	<ul style="list-style-type: none"> • Significant start-up, administrative and ongoing costs • Potential for duplication of work already being done by other entities • Added coordination with other programs and services increases program complexity for all involved • If a more comprehensive home visiting program is designed and implemented, it would go beyond current legislation.

2. Incorporate the LNL home visiting program into a home visiting program already in existence

Stakeholder Perspectives

Committee members agreed that an effective approach to delivering home visits to LNL caregivers would build on existing programs that currently conduct home visits (i.e., ECFE, MDH, CCR&Rs and CACFP program sponsors). Some programs coordinate visits with other agencies. Stakeholders with experience in coordinating home visits across programs indicated that this collaborative model is cost-effective and is more appealing to families who may be uncomfortable with a stranger, particularly one connected to government, coming into their home. In addition, using multiple delivery systems and partnerships can more effectively ensure statewide delivery of services.

Pros	Cons
<ul style="list-style-type: none"> • Potentially more cost-effective than creation of a new program. Three state agencies and a variety of local entities currently conduct some type of home visits to parents or home-based providers. In many cases, the criteria for those visits indicate that there would be overlap between populations served and LNL providers. • Allows for various industry professionals to be involved in developing the home visiting criteria, training, or the actual visits. • Builds upon existing expertise and training of staff in current home visiting programs. 	<ul style="list-style-type: none"> • Many of the existing home visiting programs are focused on the family, while this legislation focuses on the provider. Therefore, implementing the program may require expansion of that program service population with related needs, including additional staff training and coordination with new entities (i.e., counties, CCAP, etc.) • Additional training needed to change the focus of the visits to provider (instead of family). • Potential resistance from existing programs to incorporate new program into their programs.

Existing Home Visiting Programs

Family Home Visiting Program (MDH) ¹²

Purpose: Pursuant to Minn. Stat. §145A.17, the purpose of the MDH family home visiting program, among other things, is to foster school readiness and family health (subd. 1). Both of these outcomes are listed in the current legislation.

Target participants: [F]amilies at or below 200 percent of the federal poverty guidelines, and other families determined to be at risk, including but not limited to being at risk for child abuse, child neglect, or juvenile delinquency. Programs must begin prenatally whenever possible. ¹³

Pros	Cons
<ul style="list-style-type: none"> • School readiness, health and safety information are already being delivered through this program. • Public health nurses already carry liability insurance. • Public health nurses are usually welcomed as providers of information and assistance, and are not considered government by those who they visit. • Public health nurses already coordinate visits with other programs, such as Early Childhood Family Education, who may provide visits to LNL providers. 	<ul style="list-style-type: none"> • The scope of this program is centered on families, particularly those of newborn infants. • No data exists to distinguish between families visited because they have children and those who are also providing LNL care for other young children. Thus, cost of expansion to LNL population is difficult to determine.

Early Childhood Family Education Programs (ECFE, MDE)

Purpose: To provide parent education to isolated or at-risk families. (Minn. stat. §124D.13, subd. 4).

Target audience: Parents, other relatives and expectant parents.

Stakeholder Perspectives

The ECFE home visiting program is well known and respected. ECFE home visitors only receive parent education training and may need training on other home visiting skills and child care issues.

¹² This program specifically focuses on visiting families.

¹³ Additionally, the program must be targeted toward families with: adolescent parents; history of alcohol or drug abuse; history of violence such as domestic abuse or child abuse; history of forms of victimization such as rape, child abuse; reduced cognitive functioning; lack of knowledge of child development stages and child growth; low resiliency to adversities and environmental stresses; insufficient financial resources to meet family needs; a history of homelessness; a risk of long-term welfare dependence or family instability due to employment barriers or other risk factors as determined by the commissioner. Minn. Stat. §145A.17, subd. 1. Specifically, preference is given to lowest income families. "Homelessness" is an amendment to this statute this year.

Pros	Cons
<ul style="list-style-type: none"> • A local school district may levy for home visiting. Local districts reported 19,760 home visits statewide in FY 2006. • Education is the purpose of the visits. • Home visits are voluntary. • Many home visits are done in conjunction with other agencies such as public health or, on occasion, social services. • Minn. stat. §124D.13 permits home visiting programs and sets requirements if a home visiting program is established. 	<ul style="list-style-type: none"> • The decision to make home visits as part of the ECFE program resides with the individual school districts. • The home visiting program targets parents, although relatives are eligible recipients. • Not targeted at low income families, but is targeted toward isolated or at-risk families. • No data available to determine number of home visits made to families or relatives who are also LNL providers.

Child and Adult Care Food Program (MDE-CACFP)

Purpose: To provide participants with nutritious meals and teach eating habits for lifelong health and wellness.

Target audience: Licensed child care providers.

The Child and Adult Care Food Program (CACFP), federally funded through the U.S. Department of Agriculture (USDA), reimburses licensed family child care homes for nutritious meals and snacks served to infants and children 12 years of age and younger. Reimbursement is based on the income level of the local geographic area, the child care provider, or the children in care. Up to two meals and one snack, or one meal and two snacks a day can be reimbursed for each child. CACFP includes a home visiting component in which sponsor organizations visit the provider's home or the setting where care is provided to ensure that the child care provider is meeting CACFP program regulations. This is referred to as monitoring.

Minnesota currently has nine nonprofit family child care sponsoring organizations that administer the CACFP. Sponsors are responsible for recruiting, training, monitoring and reimbursing family child care providers.

The CACFP program does not currently serve FFN or LNL providers in Minnesota. However, the USDA allows this option and other states do extend CACFP to LNL providers.

There are two possible options to build onto this program model to provide home visits to LNL providers:

1. Use existing CACFP sponsor network infrastructure to create LNL Home Visiting program. (This option does not include reimbursement to providers for meals and snacks.)
 - A. Administer directly through the Department of Education

- B. Partner with one or more of the nine food program sponsors, such as Minnesota Licensed Family Child Care Association (MLFCCA).¹⁴

Pros	Cons
<ul style="list-style-type: none"> • Nutrition information is already being delivered to licensed daycare providers through this program • Sponsors have experience working with child care providers and therefore an infrastructure to support provider visits is already in place • CACFP monitors conditions that appear to violate health and safety regulations, and concerns are referred to the local health department. 	<ul style="list-style-type: none"> • Program currently is focused on monitoring, not supportive home visits • Administratively burdensome for sponsors, state or both since sponsors would have to cost allocate time with licensed providers versus LNL providers • May jeopardize federal funds for licensed providers if cost allocation and program integrity are not carefully managed • CACFP does not currently provide health, safety or school readiness information. • Computer systems that manage the current CACFP program for licensed child care providers would need to be modified at state expense.

2. Expand CACFP to serve LNL providers and consider visits to support health and nutrition to meet home visiting requirements under the legislation. (This option does include reimbursement to LNL providers for meals and snacks.)

Pros	Cons
<ul style="list-style-type: none"> • Makes the CACFP meal reimbursement available to LNL providers, increasing access to nutrition services and providing additional financial resources to providers. • Draws down federal funds to support nutrition and health and safety education for LNL providers. • CACFP monitors conditions that appear to violate health and safety regulations and refer concerns to the local health department. 	<ul style="list-style-type: none"> • Minnesota does not currently apply the food program to LNL providers, although federal regulations do not specifically exclude them (many other states include LNL providers in the food program). • Program must comply with federal regulations in 7 CFR 226, and delivery of information or services outside of 7 CFR 226 is prohibited. • CACFP does not provide health and safety or school readiness information. • Computer systems that manage the current CACFP program for licensed child care providers would need to be

¹⁴ According to MLFCCA, their program makes approximately 2,000 home visits to about 650 providers annually statewide. The annual cost to administer this is roughly \$450,000.

Pros	Cons
	<p>modified at state expense.</p> <ul style="list-style-type: none"> • Program requirements require sponsor organizations to perform three visits each year; however, legislation proposes a single one-time visit for CCAP LNL providers. • May jeopardize federal funds for licensed providers if cost allocation and program integrity are not carefully managed. • Administratively burdensome for the state since sponsors would have to cost allocate time with licensed providers versus LNLs. Additionally, sponsors would need to add more staff to accommodate the visits. • CACFP is complex and requires documentation and specific nutritional practices that LNL providers may find burdensome. • Participation in the CACFP program is voluntary and won't necessarily serve all LNL providers targeted for the one-time visits.

Child Care Resource & Referral Agencies

Many CCR&R agencies provide home visiting services that focus on licensed child care providers, which have been extended to FFN providers in some areas where specific grants provided funding for that purpose. LNL providers are a target population of a DHS FFN initiative designed to provide outreach and support to this provider population through CCR&R agencies.

Pros	Cons
<ul style="list-style-type: none"> • Outreach and support services to FFN providers, including LNL providers, are already in exist or significant planning for services is underway • Although current programs vary widely by region, the MN CCR&R Network could provide the infrastructure needed to deliver standardized home visiting services statewide • CCR&Rs have resources and staff experienced in addressing child care 	<ul style="list-style-type: none"> • Additional staffing to assume responsibility for visiting all LNL providers would be needed • Extent of current home visiting services through CCR&R varies from region to region • CCR&R services to FFN providers are relatively new, with variation in level of staff expertise and experience working with this population • Even program staff more experienced in

Pros	Cons
needs of families and providers.	working with FFN providers may need training in order to conduct home visits focused on school readiness and health and safety.

3. Alternative to a Formal Home Visit

Stakeholder Perspective

Stakeholders proposed an alternative to a home visit provided by an agency. Many felt that if a parent chose an unlicensed provider they should take the primary responsibility for the health and safety of the child care setting. Some suggestions included:

- requiring parents and providers to attend an orientation training that would emphasize health, safety and school readiness;
- giving information to parents to provide to providers or
- development of a checklist by CCAP that parents and providers review, respond to, sign and return to the county.

Participants noted that it might be difficult to implement this approach in situations where the child care provider is a parent, grandparent or other close relative.

Pros	Cons
<ul style="list-style-type: none"> • Both the parents and the caregivers would have the same information on health and safety and school readiness • Parents would assume more responsibility for the decision to choose an unlicensed provider. 	<ul style="list-style-type: none"> • Difficult to ensure effectiveness since parents and providers would self-report with no verification other than the returned form.

Other Issues Needing Future Consideration

Stakeholders noted the following additional issues that may warrant consideration:

- Mandated reporters. Whether home visitors are mandated reporters must be determined. Additionally, how mandated reporting affects the role of the visitor must be determined.
- Multiple visits. Most home visiting programs provide multiple visits to ensure effective transmission of knowledge and skills or face to face interaction. However, participants did agree that any home visit is more effective than mailing out information.

Considerations for Determining the Feasibility of a Home Visiting Program for CCAP LNL Providers

- Compare costs of different options such as public health nurses conducting visits, mailing out relevant information or utilizing child care professionals, such as those from the CCR&R network to conduct visits.
- Determine the most efficient way of utilizing existing home visiting programs, expanding current services to LNL providers
- Determine how to provide visits to LNL providers throughout the state within a reasonable period of time after they register
- Examine liability issues of potential options
- Analyze additional training needs for staff of individual programs
- Determine whether parents should be included in the visits
- Determine how to meet the special needs of refugee and immigrant populations.

Conclusion

This report describes a range of possible options for implementing a home visiting program to LNL providers, along with principles for considering these options and pros and cons for each. Building on one of the current home visiting programs may be the most efficient method of increasing outreach to this population since the infrastructure to support the visits already exists. The pros and cons outline the many trade-offs to be made in expanding an existing home visiting program. Other information may also be useful in considering these options, including research to determine potential impact of a one-time visit on improved school readiness, LNL provider interest in such visits, and the cost of expansion of existing models. The latter would require collection of data identifying providers participating in home visiting programs.

APPENDIX A

Definitions

Provider(s): Individual(s) or centers licensed by a state or tribe, license-exempt centers, and legal non-licensed (LNL) individuals providing legal child care services. Minn. Stat. §119B.011, subd. 19.

Licensed child care provider: Provider licensed by the State of Minnesota. Minn. Stat. §245A.

License exempt: Child care providers who are excluded from license requirements.

License exempt center: Centers that are excluded from license requirement. This includes but is not limited to recreational programs for children operated or approved by a park and recreation board whose primary purpose is to provide social and recreational activities; programs operated by a school whose primary purpose is to provide child care to school-age children and day camps licensed by MDH under Minnesota Rules, chapter 4630.

Family, friend and neighbor provider (FFN): Family, friends or neighbors who legally provide child care for relatives, neighbors or friends. They are excluded from licensing requirements if they meet the provisions of Minn. Stat. §245A.03, subd. 2.

Legal nonlicensed child care provider: An FFN child care provider who is receiving funds through the Child Care Assistance Program defined in Minn. Stat. §119B.011, subd. 16. Pursuant to subd. 19, these providers must be at least 18 years of age and not a member of an Minnesota Family Investment Program (MFIP) assistance unit or a member of a family receiving child care assistance. LNL providers are a subset of the FFN category.

APPENDIX B

Stakeholders

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Karen Erickson	Minnesota Department of Human Services - Licensing
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