

A Place to Play, Learn, and Thrive: An Evaluation of Montgomery County's Family Involvement Centers



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Introduction

Through their Family Involvement Centers (FICs), the Montgomery County Department of Health and Human Services (DHHS) offers free, play-based services to families with young children aged zero to five. FIC staff, called Parent Educators, work with parents and caregivers to set and accomplish goals in five areas:

- Develop a daily routine with their children.
- Support children to transition from one activity to another.
- Establish opportunities for children to have positive interactions with peers and adults.
- Understand how to use play-based strategies to support children's development.
- Engage in verbal and non-verbal communication that is meaningful and intentional.

With the FIC program, Montgomery County aims to help parents and caregivers develop the knowledge and skills to support their young children to develop foundational social-emotional skills. In some cases, FIC services bolster the supports families receive through early intervention services. Likewise, the FIC program fills a gap in services for some families with young children who are not enrolled in center-based early care and education. Parent Educators build relationships with caregivers to support them in using developmentally appropriate, play-based strategies with their children. Parent Educators are experienced in early childhood education and trained on the [Pyramid model](#), a framework for social-emotional development of young children.¹ Staff and participants have largely positive views on FIC services and believe that the program is meeting its objectives.

To better understand whether and how FICs are accomplishing these goals, DHHS contracted with MEF Associates to conduct a mixed-methods evaluation that documents the perspectives of staff and families involved. This report begins by presenting background information about the FICs. It then summarizes evaluation methodology and findings gathered from program participants and staff. The report includes recommendations on ways to expand and improve FIC services to better reach and serve communities and families with fewer resources and those with a variety of needs, such as English language learners or those with unique needs. In addition, we offer ideas on ways that the FIC program can build processes to support the use of program data to foster a culture of continuous learning and improvement. Finally, the report concludes with a framework for action planning, to translate recommendations into implementation plans.

¹ Parent Educators can also access various other trainings offered through DHHS's child care support services on topics such as child development, the learning environment, and serving children with disabilities.

Background on Family Involvement Centers

DHHS currently operates three FIC locations in Gaithersburg, Rockville, and Silver Spring. Of these, one FIC classroom is located in a building with other DHHS offices, another in a community center, and the third in a school. The space is set up to accommodate young children of varying ages and abilities, with designated areas for activities like large group time, art, and dramatic play.

The FIC program is available to any family with a child age five or younger living in Montgomery County (for further context on Montgomery County, see Box 1). However, most families are referred from the Montgomery County Infants and Toddlers Program (MCITP), the County's early intervention service. Others hear about the FICs via word of mouth or from other community organizations like local libraries or community centers.

Services are typically delivered as follows:

Orientation and Registration. Parents or other caregivers interested in participating in the FIC program attend a mandatory, virtual orientation session to learn about the services, locations, and goals of the program. Families complete a registration form to enroll and sign up for two- to three-hour sessions (though families do not need to attend for the whole time) at an FIC using an online platform. At the time of data collection, FIC services were offered six times per week at each location, in the morning on four weekdays and in the afternoon on two of those days. Families can sign up to attend sessions as frequently as they would like and they can attend for any duration of time, so long as their child is age five or younger. Parents and caregivers who attend the FICs are also invited to monthly parent/caregiver discussions on topics such as outdoor activities, sensory play, or cooking with children.

Unstructured play activities. A parent or caregiver attends the FIC with their child or children. For the purposes of this report, we refer to the caregiver and child together as a “caregiver-child pair.”² After a handwashing and welcome routine at the beginning of the session, children engage in mostly child-led and unstructured play-based activities, and parents or caregivers interact with the children during play. Toward the end of each session, Parent Educators lead a circle time with all the children, doing activities in a group setting, such as storytelling, singing songs, or other learning activities. About 18 to 20

Box 1. Montgomery County, Maryland: At a Glance

- Median household income is \$125,371
- 61% of residents have a bachelor's degree or higher
- 52% of families have two married parents in the home
- Racial and ethnic diversity: 42% White; 19% Black; 15% Asian; 12% two or more races; 21% Hispanic or Latino (of any race)
- Languages spoken at home: 57% English only; 18% Spanish; 11% other Indo-European languages; 9% Asian and Pacific Islander languages; 6% other

Source: 2023 American Community Survey 1-year Estimates



Pictured: Infant and Toddler play area at the Rockville FIC

² Some caregivers bring more than one child to the FIC for a session. For simplicity, we use the term “caregiver-child pair,” acknowledging that there are times when more than two people from a single family are present.

individuals (inclusive of caregivers and children) can attend each session, but some attendees do not stay for the entire two- to three-hour session.

Observations and feedback. During the session, two Parent Educators observe the caregiver-child pairs, focusing on the goal(s) that the caregiver set. Small group sessions allow the Parent Educators to build meaningful relationships with caregivers; offer individualized, developmentally appropriate feedback and recommendations; and model strategies in the moment. Parent Educators use an observation tool, similar to a checklist with space for anecdotal notes, to track their interactions with and recommendations for each caregiver and child. The observation tool lets Parent Educators track progress over time and share information with one another in their data system, allowing Parent Educators to work as a team to support families. Parent Educators may identify other needs such as child care or mental health services, and they work with the FIC Program Manager and Child Care Support Services' Family Resource Specialist team to facilitate a referral to external services.

Evaluation Methodology

In this section, we describe the guiding research questions and methods used to collect data for this evaluation.

Research Questions

The evaluation team, in collaboration with DHHS, identified the following research questions to guide the evaluation:

1. Who are the families served by FICs?
2. To what extent does involvement with FICs support family functioning?
3. To what extent does involvement with FICs support the development of parenting skills?
4. To what extent does involvement with FICs support child development?
5. How do participants feel about the FICs?
6. What is the cost per unit of service of the current FICs?
7. What considerations should be taken into account in planning for future, additional FICs?

Data Collection

In order to answer the research questions above, we gathered input from FIC staff and families. The evaluation has three main data sources: (1) a survey of families who have received services from an FIC in the past year; (2) a focus group with frontline staff who work in the FICs; and (3) programmatic data collected by FIC staff.

Survey of Parents/Guardians

To gather the perspectives of families who participate in the FIC services, we administered a short survey to parents and guardians with at least one child who attended an FIC within the past year. The survey covered topics including participation in FIC services, family experiences, demographic information, and perceptions of the FICs. The survey included questions developed by the evaluation team, as well as questions from the Culturally Responsive Measurement Tool - Protective Factors Survey (CRMT-PF).³ This instrument is based on the Protective Factors Framework⁴ and is grounded in research about what helps families with young children thrive. The CRMT-PF captures caregivers' parental resilience, knowledge of parenting and child development, social support, and concrete supports in times of need. It also has questions related to relationships between caregivers and practitioners.⁵

We administered the survey electronically using Qualtrics in October-November 2024. For those wishing to complete the survey in hard copy, paper copies were available at the FICs and could be returned via

³ Best Starts for Kids. 2024. "Culturally Responsive Measurement Tool: Protective Factors Updated Report and In-Language Tools." April 2024. <https://beststartsblog.com/2024/04/02/culturally-responsive-measurement-tool-protective-factors-updated-report-and-in-language-tools/>.

⁴ Center for the Study of Social Policy. "About Strengthening Families." November 2018. <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>.

⁵ The original Protective Factors Framework includes "social and emotional competence of children" as a protective factor, but developers of the survey instrument decided not to include it and instead, to add questions about caregiver and practitioner relationships, as the instrument is designed to be used in service settings where the quality of these relationships is important.

mail to the evaluation team by respondents. The electronic survey was offered in English, Spanish, Chinese, and Amharic. The paper survey was available in English and Spanish.

We identified eligible parents and caregivers using programmatic data. Next, we emailed caregivers to explain the purpose of the survey and invited them to participate in the electronic survey or to complete the paper survey at the FIC locations.⁶ We sent two subsequent reminder emails. Caregivers who completed the survey were offered a \$10 electronic gift card. Of the 241 parents and caregivers invited, 82 participated in the survey for a response rate of 34%. It is important to note that we did not set out to produce a sample of survey respondents that would be representative of the entire population served by the FICs, so survey findings do not necessarily generalize to all families receiving FIC services within the past year. Even so, these findings present insights into the experiences and perceptions of a large subset of families in this group.

Staff Focus Group

We held one focus group with Parent Educators and the FIC Program Manager to collect nuanced and rich qualitative data about the implementation of FICs. In the focus group, we covered topics including the flow of activities and implementation of FIC services; the populations served by FICs; goals and measures of success for families participating in the FICs; and reflections and recommendations for improving FIC services. The two-hour focus group was held in person in October 2024. All seven staff working across the three FIC locations participated.⁷ Following the focus group, our team reviewed the data and identified key themes aligned with the research questions.

FIC Programmatic Data

Finally, we accessed programmatic data on FIC implementation. The data came from two sources:

- **FIC Registration Form**, which families fill out when they sign up for services. The registration form includes questions about referral sources, family demographics, and goals for visiting the FIC.
- **FIC Daily Sign-in Form**, which families complete each time they attend the FIC. The sign-in form documents who brings the child to the FIC, which site they attend, and whether the child is participating in MCITP early intervention services.

⁶ The survey invitation email was primarily in English but included information about how to take the survey in different languages. These instructions were translated into each available language. The reminder emails were only in English. This is a limitation in that those participants may not have seen the original survey invitation email and may not have known how to take the survey in their preferred language. In addition, the survey introductory page did not include information about how to change the survey language.

⁷ We did not collect demographic information about participants. The focus group was small, and we did not want to compromise participants' confidentiality by reporting on demographics.

Evaluation Findings

This section presents findings based on the survey, focus group, and programmatic data. The findings are organized to correspond with the first six research questions (RQ) outlined above. We discuss the final research question that focuses on considerations for the future in the following section. Key Takeaways are listed in Exhibit 1.

Exhibit 1. Key Takeaways

Families Served by FICs

- **Families enrolled in FIC services are diverse.** There is variation in household income, household size, and languages spoken at home. Survey respondents were racially and ethnically diverse, and most were women, married, and had a bachelor's degree or advanced degree.
- **The FIC program and the MCITP serve many of the same families.** Referrals to and from the MCITP are common and staff from both programs interact regularly.
- **Families who completed the survey attended the FICs frequently.** The children of most respondents had attended the FIC ten or more times in the past year.
- Families who completed the survey had a **high level of resilience, high levels of knowledge about parenting and child development, and fairly strong social supports**, but some have **unmet needs for concrete supports**.

Family Functioning, Parenting Skills, and Child Development

- Survey respondents learned new **information about child development and new skills they can use with their child** as a result of participation in the FICs.
- Parent Educators shared examples of the ways in which caregivers and children progressed toward **goals related to routines, engagement in activities, and skill development**.
- Parent Educators noted that caregivers who attend the FICs build a **sense of community** with one another.

Participant Perceptions of the FICs

- Survey respondents had extremely positive feedback about the FICs. Nearly all reported that coming to **the FIC was good for their child and that they would recommend the FIC to other caregivers**. Parent Educators shared that participation in the FICs can facilitate smooth transitions into center-based early care and education settings.
- When survey respondents were asked about how the FICs affected their families, several key topics emerged: **socialization and peer interactions; school readiness and child development; resources; and caregiver engagement and community building**.
- Survey respondents shared overwhelmingly **positive feedback about FIC staff**.
- Survey respondents identified some barriers to attending the FICs, including **work schedules, slot availability, and transportation**.

Cost of FICs

- In fiscal year 2024, it cost Montgomery County **\$161.90 for each instance of serving a caregiver-child pair**.

RQ 1: Who are the families served by FICs?

This section presents information about the families served by FICs. It includes descriptions of family demographics, information about referrals and attendance, and a discussion of family protective factors. These findings are based on the information we gathered from the survey and programmatic data.

Family Demographics

All families who live in Montgomery County and have a child age five or younger are eligible for FIC services, and, as a result of this broad eligibility, the families who participate are from varied backgrounds. Below, we present demographic information from the programmatic data, which includes all families who have registered for the FICs, and survey data, which includes a non-representative subset of families.

Programmatic Data

- **Number of participating children per family:** According to programmatic data, which includes all families who received FIC services from November 2021 through October 2024, families typically registered between one and two children to receive FIC services. No more than four children were registered per family.
- **Household size:** According to programmatic data, household sizes ranged from one to ten people. About a third (36%) of families had a household size of three and about a third (36%) had a household size of four, and smaller shares of families had larger households of five (13%) or six (8%) people.
- **Language:** The most common languages spoken at home were English (74%), Spanish (30%), and Chinese (4%); over 20 languages were represented in parents' and caregivers' registration forms.
- **Household income:** About one third (36%) of registrants preferred not to share their household income. Of the registrants that did report their income, nearly one quarter (24%) reported household income under \$50,000 and about one fifth (22%) of families reported a household income of over \$100,000.⁸

Survey Data

The family survey, while not representative of all participating families, captured demographic information for a subset of the FIC population.

- **Household size:** According to the survey data, most parents have either one (39%) or two (51%) children that currently live in their household at least half of the time.
- **Child age:** According to the survey data, most children who participated in the FIC were two- to three-years old (25 to 36 months old) (57%) and three- to four-years old (37 to 48 months old) (22%). Of the remainder, 10% of children were four to five-years old (49 to 60 months old), and 10% of children were one- to two-years old (13 to 24 months). Only 2% of children were under a year old (0 to 12 months old).

⁸ Household income reported in the Registration forms is quite different than what was reported in survey findings. The programmatic data findings are representative of the entire population of FIC participants, while the survey is not representative.

- **Gender and marital status:** Most (89%) survey respondents were women. Over 80% of respondents were married.
- **Race and ethnicity:** The majority of the survey respondents were White (non-Hispanic/European American; 28%), Hispanic or Latino/a (26%), and/or Asian (22%).⁹
- **Education:** A large number of respondents held a bachelor's degree (30%) or advanced degree (such as a master's degree, Ph.D., or professional degree; 43%), and only a small percentage (9%) had a high school education or less.
- **Household income and employment:** Over a third (40%) of respondents reported that they have an income of \$100,001 or more, while less than one fifth (15%) had an income of \$50,000 or less. Notably, the survey respondents included a much higher proportion of families with higher incomes than the overall population of FIC families. About a third (35%) were employed full-time and a similar share (40%) were not employed.

Focus Group Findings

Focus group respondents noted that families are racially and linguistically diverse, with children of varied ages and developmental abilities. Recognizing the diverse set of families that attend the FICs, staff try to create an environment that is culturally inclusive and meets the needs of different families. Written materials are available in English and Spanish, and staff use online translation services to communicate with families who speak other languages.

How families learn about the FICs

Programmatic data shows that most families (56%) discovered the FICs through the MCITP. For more information on the MCITP, see Box 2. Over half (61%) of the children registered for FIC services were also receiving services from MCITP.

Attendance

FICs open an online form once a month allowing families to sign up for as many sessions as they wish within the month. Parent Educators facilitate several sessions each week and recently added afternoon sessions to their weekly schedule to accommodate high demand. When caregiver-child pairs arrive to a FIC session, they complete a sign-in form. Parent Educators enter information from sign-in forms into their data system. The data reflect 5,112 sign-ins between May 9, 2023 and October 24, 2024, spanning most of the FICs' operation.

Box 2. Overview of the Montgomery County Infants and Toddlers Program

Montgomery County offers no-cost early intervention services for infants and toddlers 34 and a half months of age or younger with a developmental delay. The program includes a developmental assessment as well as individualized support and service coordination to meet the child and family's needs, such as physical therapy, occupational therapy, counseling, and speech and language assistance.

Source: https://www.montgomerycountymd.gov/HHS-Program/CYF/Infants_Toddlers/Index3.html

Across all FIC sites, most adults participating in the FIC sessions were parents (62%), and almost a third of adult participants (33%) were non-parent caregivers. A small number were MCITP providers (4%), Applied Behavior Analysis support (0.3%), or interpreters (0.3%). Notably, the Silver Spring location had the highest concentration of caregivers bringing children to the center. At this location, nearly half (47%)

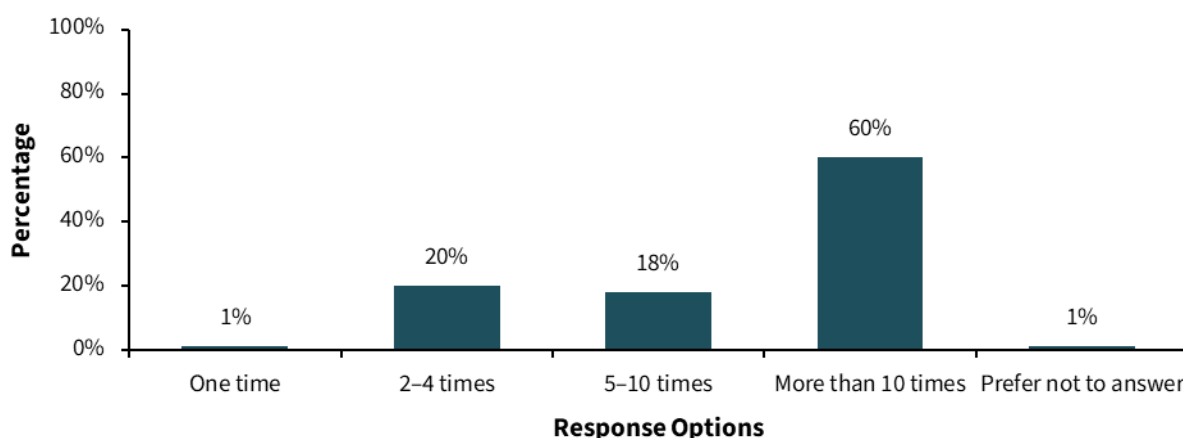
⁹ Survey respondents could select more than one category for race and ethnicity.

of adults attending the program were caregivers. The Rockville location had the highest concentration of MCITP staff accompanying children, though it was still a small share (6%).

Attendance varied across the three FIC locations. Silver Spring and Rockville each saw more than a third of total FIC sign-ins (37% and 35%, respectively) over the course of the program. About a quarter (23%) of total sign-ins came from Gaithersburg.¹⁰ Focus group respondents noted that some families attend multiple locations depending on availability of slots.

As shown in Exhibit 2, most survey respondents reported attending the FICs frequently. Most respondents (60%) attended the FIC more than 10 times in the past year. During the focus group, Parent Educators noted that, because there are no attendance requirements, families that attend the FICs regularly tend to be motivated on their own to do so. In addition, staff in the focus group shared how they prioritize building rapport and trust with families, which likely contributes to the strong engagement in FIC services.

Exhibit 2. Child Attendance Rate in the Past Year



Note: Respondents that responded "my child has not been to the FIC in the last year" have been omitted from the data.

Referrals to Other Services

Survey respondents reported on whether FIC staff referred them to other services in the community for other needs. The most common referral reported was to early intervention services such as the MCITP (35%). Few respondents reported receiving referrals to other external resources, such as a Family Resource Specialist (6%), child care subsidy provider (4%), Head Start (6%), or mental health services (2%).

In the focus group, staff described the close partnership between the FICs and the MCITP. Many families are referred from the MCITP, and, after a family is referred, FIC staff continue to interact with MCITP staff regularly. MCITP staff often attend the FIC sessions with caregivers and children to observe. FIC staff also refer back to the MCITP because parents sometimes don't recognize signs that their child may need early intervention services.

¹⁰ The Gaithersburg FIC location changed in late 2023, so there were no sign-in's recorded between June 8, 2023 and September 5, 2023. The Gaithersburg location also has a slightly smaller capacity due to space constraints.

Protective Factors

In this section, we present findings for the survey questions focused on protective factors (see the evaluation methods above or Appendix 1 below for additional detail).

FIC families have a high level of resilience. The average score on this subscale for respondents was 3.43 (n=82) with a range of 1.8 to 4. Higher scores indicate higher levels of resilience. The lowest possible score is 0, and the highest possible score is 4.

FIC families have fairly strong social supports. Again, the lowest possible score on this subscale is 0, and the highest possible score is 4; higher scores indicate higher levels of social support. Survey respondents had an average score of 3.27 (n=82) on the social support subscale. However, the range was wide. Some families scored as low as 0.8, suggesting that they lack important social supports. As noted elsewhere in this report, the FICs seem to foster some social connections among participating families.

Some families need concrete supports. The average score for the concrete supports subscale was high, with an average of 3.28 (n=80) and a range of 1 to 4 (potential scores range from 0 to 4, with higher scores pointing to higher levels of social support). Additional survey items show that most respondents (72%) could cover all of their monthly expenses, but others flagged one or more that they could not (Table 1). Likewise, nearly a fifth of respondents indicated that they had delayed medical or dental care for themselves and their family because they could not afford it. While many respondents generally have sufficient concrete supports, these findings indicate that some responding families have unmet need for concrete supports, and a small share have high levels of unmet need.

Table 1. Types of Expenses for which Respondents Had Difficulty Paying

Expense	Respondents who could not cover the expense in the past month (n=82)
Child care	11%
Utilities or bills (electricity/gas/heat/phone/internet/ etc.)	10%
Medicine, medical expenses, mental health services, co-pays	7%
Basic household or personal hygiene items (including clothes/shoes)	7%
Groceries/food (including baby formula/diapers)	6%
Rent or mortgage	5%
Transportation (including gas, bus passes, shared rides)	2%

Note: Respondents could select multiple response options.

FIC families have high levels of knowledge of parenting and child development but may not apply this knowledge in their day-to-day lives. The CRMT-PFS items related to knowledge of parenting and child development are interpreted individually, not as a subscale. Out of a possible range of 0 to 4, higher scores indicate greater knowledge of parenting and child development. Table 2 presents average scores for each of the four items. While each average score is above the midpoint of the potential range, the average scores for the first two items appear markedly lower than the scores for the third and fourth. Notably while the third and fourth items describe parenting knowledge or awareness, the first two describe the application of knowledge. Scores for these four items could be pointing to a disconnect between what respondents know about parenting and child development and how they apply that knowledge in their day-to-day lives. It should be noted, however, that the sample size is small, and we did not run tests to determine if the differences in these scores are statistically meaningful.

Table 2. Knowledge of Parenting and Child Development Scores

Item	n	Average score
I feel like I'm always telling my child(ren) "no" or "stop."	79	2.16
How I respond to my child(ren) depends on how I'm feeling.	79	2.15
It is important to show that you understand your child(ren)'s feelings when they misbehave.	81	3.44
Parents/caregivers have a big impact on how their children turn out.	80	3.76

RQs 2-4: To what extent does involvement with FICs support family functioning, development of parenting skills, and child development?

A core aim of the FICs is to equip caregivers with information and tools that support young children's development. In the caregiver survey, we invited respondents to share their perspectives about whether and how their involvement with the FICs gave them new knowledge and skills. These self-reports shed light on caregivers' own experiences with the FICs and their assessment of the FICs' utility.

Most caregivers (67%) agree or strongly agree that they learned new information about their child's development through their engagement with the FICs. An even larger percentage (85%) agreed or strongly agreed that they learned new skills they can use with the child, with 46% of respondents selecting "strongly agree." These findings are even more striking considering that some of the survey respondents—who are all the primary caregivers of the children attending the FICs—are not the person that typically brings the child to the FIC. This suggests that many caregivers are experiencing benefits from FIC involvement, even when they may not be the one bringing their child to the center.

"My involvement in the FIC has been very helpful. I have one child, and I noticed her social-emotional development was initially low. Through FIC, she has had the opportunity to interact with children her age, which has been a great help. I'm hopeful and excited to see her continue developing socially as we stay engaged in the program."

—Caregiver receiving FIC services

Parent Educators shared additional insights into the ways FICs may support family functioning, the development of parenting skills, and child development. While anecdotal, these reflections provide illustrative examples of how FICs affect parents, children, and families. For example, during the focus group, Parent Educators shared examples of how children and their caregivers have progressed toward their goals during their time at an FIC. These include noticing children becoming more comfortable with the routine of the FIC session, children growing more engaged with activities over time, and caregivers using skills that Parent Educators have modeled.

Parent Educators also discussed how there is a sense of community and inclusivity among families attending the FICs. In the space established by the Parent Educators, caregivers can share parenting tips and experiences, and they are understanding about the range of needs among children in the group.

Peer relationships are a vector for knowledge about parenting and child development,¹¹ and FICs seem to play a role in both fostering these relationships and imparting accurate, developmentally appropriate information and skills.

RQ 5: How do participants feel about the FICs?

This section presents information about how families feel about the FICs. It includes sub-sections focused on family satisfaction, how participation in FICs affects families, family perceptions of FIC staff, and barriers to attending FICs.

Family Satisfaction

In the survey, caregivers gave overwhelmingly positive feedback on their experiences with the FICs.

We asked respondents to rank from “strongly agree” to “strongly disagree” whether coming to the FICs has been good for the child and whether respondents would recommend the FIC to other caregivers. Almost all caregivers (96%) agreed that coming the FIC has been good for their child, with 78% selecting “strongly agree.” When asked about if respondents would recommend the FIC to other caregivers, an even greater number (98%) selected “agree” or “strongly agree,” with 87% selecting “strongly agree.” These responses suggest overarching positive feedback and strong satisfaction among caregivers regarding the FIC and its value in supporting children and families.

In the focus group, Parent Educators shared that many families report that participating in the FICs supports their children to smoothly transition into a center-based early care and education program.

The FIC programming is open-ended, but there are routines such as handwashing, moving the child’s name on the attendance board upon arrival, cleaning up, and participating in circle time. Participating in these routines can help children become accustomed to the types of expectations they will be exposed to in early care and education classrooms. Caregivers echoed this feedback in their survey responses.

“It’s provided a great opportunity for my daughter to establish a routine of “going to school” a few days a week. This is something she looks forward to and I believe will ease the transition to preschool. It’s given her the opportunity to engage in different kinds of play, e.g. sensory activities, and most importantly socialization with other children and adults.”

—Caregiver receiving FIC services

How Participation in FICs Affects Families

Most participants provided positive reflections on their interactions with the FIC program. In the caregiver survey, respondents were asked to describe how their involvement in the FIC affected them and their family, and a few themes emerged:

¹¹ Harper Browne, Charlyn. 2014. *The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper*. Washington, DC: Center for the Study of Social Policy, September 2014. <https://cssp.org/wp-content/uploads/2018/11/Branching-Out-and-Reaching-Deeper.pdf>.

- **Socialization and Peer Interactions:** Many caregivers emphasized the FICs role in helping their children socialize with peers. Children have practiced social skills, such as sharing, turn-taking, and forming friendships.
- **School Readiness and Child Development:** Caregivers described that the FIC has been helpful in preparing children for school by introducing routines, classroom settings, and group activities that parallel a school environment. Several comments also focused on the program's contribution to language development, learning colors, numbers, and following directions, which were seen as particularly helpful for children with developmental challenges.
- **Resources:** Caregivers appreciated the guidance and resources provided by the staff, which addressed parenting challenges and child development.
- **Caregiver Engagement and Community Building:** The program also helped parents and caregivers connect with one another. Participating in the FIC gave parents and caregivers a sense of community, offering opportunities for shared experiences, mutual support, and friendships.

"It allows [me] to provide [my child] an opportunity to be around his peers. Through peer interaction our child is learning new important skills (turn taking, interacting with others, etc.)."

—Caregiver receiving FIC services

"It is difficult to put into words how grateful we are for the FIC and its Parent Educators. The FIC has meant so much to our family this past year and has had such a positive, enriching impact in our lives. Our daughter has truly thrived there and found so much joy and growth. The FIC has helped my husband and I learn and grow as parents. It has also given our family a place of community when we don't have any family nearby."

—Caregiver receiving FIC services

Family Perceptions of FIC Staff

Among survey respondents who regularly bring their child to the FIC (n=67), nearly all reported positive interactions with staff across several key dimensions. The average score on the CRMT-PFS Relationship Subscale was 3.64 (out of a possible range of 0-4, with higher scores indicating more positive relationships). When asked if FIC staff seem to understand when caregivers talk to FIC staff about their problems, most respondents (89%) agreed, with 58% of respondents selecting "strongly agree." This suggests that caregivers feel validated when sharing their concerns with staff.

To a larger extent, almost all respondents (97%) agreed or strongly agreed that FIC staff genuinely care about them, with 67% selecting "strongly agree." Even more (99%) of respondents stated that the FIC staff have respect for them, with 78% selecting "strongly agree." This high level of respect and care likely fosters a welcoming and supportive environment that may lead to the high levels of engagement and satisfaction described earlier. Lastly, almost all (94%) survey respondents reported that FIC staff help them when they need it, with 73%

"FIC has been a wonderful resource-- I am so happy to have the opportunity to send my kids there with our nanny or me nearly every day. My kids have started learning social skills, while still feeling safe and comfortable with a known care giver plus their sibling. The art, music, and social skills have been great. When I've had questions about resources (like when my child was hitting his sister), [staff] immediately sent me tons of valuable resources. I am so grateful for the FIC and their awesome staff."

—Caregiver receiving FIC services

selecting “strongly agree.” This suggests that caregivers view the staff as reliable and responsive to their needs. On each of the four questions asked about caregiver and staff relationships, no respondent selected “disagree” or “strongly disagree,” emphasizing a consistently positive perception of staff.

These responses suggest that the positive interactions with FIC staff contribute to individual caregiver satisfaction and may improve the overall effectiveness of the program in supporting families. These positive relationships may enhance caregivers’ willingness to seek help, share challenges, and actively engage in the services provided, ultimately benefiting both the caregivers and their children.

Barriers to Attending FICs

While participants described extremely positive experiences and satisfaction with the FIC programs, they also identified a few barriers that limit their participation. As shown in Table 3 below:

- Nearly a third of caregivers cited their **work schedules** as a primary obstacle (see Table 3).
- The next-most common response was **transportation** challenges.
- 39% of respondents selected “**other**” as a barrier. Examples of write-in responses for other types of barriers included limited availability of slots, difficulty parking, child's schedule/availability because of enrollment in other programs, caregiver health decline, location is far, moved out of area, and parent/caregiver availability.

“The registration process maybe could be different. Classes open up and they are booked within minutes of registration opening which is difficult to get to the classes we want to be signed up for.”

–Caregiver receiving FIC services

Table 3. Barriers to FIC Participation

Response Option	Percentage
Work Schedule	30%
Transportation	12%
Uncomfortable because of language or cultural differences	1%
Concern for safety while getting to the FIC	0%
Other	39%
Prefer not to answer	18%

Note: Respondents could select multiple responses. n=82

Overall, these findings highlight the challenges caregivers face in balancing other commitments with program availability, emphasizing the need for greater flexibility in program operations. In addition, challenges with limited slot availability may indicate a demand for FIC services that outpaces current capacity and a potential opportunity for program expansion. Offering more flexible scheduling options, increasing program capacity, modifying the sign-up process, and providing more transportation support could enhance accessibility and ensure that more caregivers can benefit from the FIC program.

RQ 6: What is the cost per unit of service of the current FICs?

Based on budget data from fiscal year 2024 (FY2024, July 1, 2023-June 30, 2024), we estimated the cost of each unit of FIC services delivered. A unit of service was defined as a single session with a caregiver-child pair. Costs for the FICs are primarily driven by the cost of staff, including Parent Educators and the FIC Program Manager.¹² In addition, the County budget provides for cost of supplies and materials for FIC classrooms. The cost of one unit of service is estimated by dividing the total number of sign-ins recorded in FY2024 by the total cost of staff and supplies for that same time period. The FY2024 per-contact cost of delivering FIC services is \$161.90. That is, it cost Montgomery County \$161.90 for each instance of serving a caregiver-child pair in the year.

¹² In Fiscal Year 2024, four staff were full-time and three staff started the year as part-time and transitioned to full-time partway through.

Recommendations and Action Plan

To support Montgomery County in its efforts to use the results of the evaluation to improve the FIC program, we offer: (1) **recommendations** for program improvement and expansion, and (2) a framework to assist the county in developing **action plans** to implement program changes.

Recommendations

As shown in Exhibit 3, we developed recommendations in three areas: (1) program operations, (2) use of data and participant feedback, and (3) future research. The recommendations related to program operations and use of data and participant feedback are further organized into *areas of intervention* (suggested changes to the current program components) and *areas of investment* (suggestions for new program components). We initially drafted these recommendations based on suggestions gathered from staff and families during data collection. Recommendations were then refined with input from DHHS staff and other members of the Early Care and Education Initiative Steering Committee during a collaborative planning meeting. In the sections that follow, we elaborate on these recommendations.

Exhibit 3. Summary of Recommendations

	1. Recommendations for Program Operations	2. Recommendations for Using Data and Participant Feedback
 Areas of Intervention <i>Suggested changes to the current program components</i>	• Develop more intentional ways for families to build social connections with one another • Strengthen the pipelines for connecting families to supports and resources outside the FIC • Consider ways to adjust the sign-up process to increase equity of access to FIC services. • Improve communication for families who speak languages other than English	• Improve data collection processes to learn about the FIC population on an ongoing basis and make program refinements
 Areas of Investment <i>Suggestions for new program components</i>	• Expand the total number of slots available by opening an additional FIC location • Offer sessions at days and times that accommodate families' varied schedules • Develop a strategic outreach plan to prioritize recruitment of families experiencing hardships who would benefit from FIC services	• Create more opportunities for feedback families to hold the program accountable for its goals and make program improvements. • Develop a theory of change for FIC services so there is clarity in the vision for the program and goals for outputs and outcomes.

3. Recommendations for Future Research

- Conduct in-depth qualitative interviews with families.
- Collect information from families at different points in time during their participation in FIC services, to understand how FIC services affect family outcomes.
- Administer validated assessments that can pick up on changes in family strengths over time.
- Explore opportunities for expanded funding from foundations or other sources.

1. Recommendations for Program Operations



Areas of Intervention

Develop more intentional ways for families to build social connections with one another. According to survey respondents and staff, caregivers appreciate opportunities to get to know other families informally through participation at the FICs and the monthly parent/caregiver discussions. FIC staff could build on this success by creating additional opportunities to foster connections among families.

Strategies to consider:

- Create and distribute an opt-in FIC family directory, with information like family contact information, child's name and age, and family's preferred language
- Identify a few parents to organize meetups (for example, at parks or libraries) at times outside of the FIC sessions
- Host seasonal family events, such as picnics
- Add parent/caregiver discussion times with interactive activities that allow families to get to know one another

Strengthen the pipelines for connecting families to supports and resources outside the FIC. Almost a fifth of survey respondents reported having trouble affording what they need each month, and a similar share reported having delayed medical or dental care for themselves or family. These families and others in similar situations may benefit from referrals or warm hand-offs to other community services.

Strategies to consider:

- Add questions to the registration form to learn about family strengths and needs, and check in with families regularly to identify changes in needs
- Develop written materials for families (in multiple languages) on available community resources
- Invite staff from other programs to present at parent/caregiver discussions or host resource fairs to introduce parents/caregivers to other community services

Consider ways to adjust the sign-up process to increase equity of access to FIC services. As noted earlier, families and staff shared that slots fill up quickly when they are opened online each month. This may disadvantage families with lower technology literacy or limited internet access. In addition, families with inflexible work schedules or individuals with limited English language skills may not be able to sign up as quickly and thus may have limited ability to access FIC services.

Strategies to consider:

- Open most slots using the online form, but save some slots to populate from a waitlist or for staff to add families with lower technology literacy or access
- Make the sign-up process simpler (for example, by creating and sharing QR codes to get to the sign-up page)
- Add a formalized waitlist and use a lottery to handle excess demand
- Build in supports for families who speak languages other than English, such as translating instructions on the sign-up website

- Build in supports for those who may have limited technology literacy or access, such as allowing people to register via phone call, in person, or on paper; providing a tablet or computer on site to access the registration page; or referring families to outside programs that help with technology literacy

Improve communication for families who speak languages other than English. Staff and participating families do not always speak the same language. Survey respondents suggested providing better communication tools for families who speak languages other than English.

Strategies to consider:

- Focus on recruiting more linguistically diverse staff
- Use real-time translation technology such as Google Translate or multilingual closed captioning
- Develop written resources in multiple languages (for example, posters or infographics)



Areas of Investment

Expand the total number of slots available by opening an additional FIC location. There is more demand for FIC services than there are available slots, which suggests families would benefit from additional availability that cannot be accommodated with the existing locations due to staffing and scheduling. Moreover, families who reside in some parts of the County, in the East and Northern Up-County regions, are still quite far from an FIC location and could benefit from an additional location. If the County pursues opening another FIC, building accessibility, ease of parking, public transportation accessibility, and building security should all be taken into account.

Strategies to consider:

- Find a space that is suitable for young children—for example, with sinks in the classroom, storage space for extra materials, and enough space for varied play areas—or build one out such that it contains these elements
- Add another FIC classroom at one of the existing locations
- Partner with an elementary school or community organization to find a space

Offer sessions at days and times that accommodate families' varied schedules. Work schedules were the most common barrier to FIC participation cited in the family survey. If the County would like to expand participation in FIC services to a more diverse group of families, including those who are working and whose children may be enrolled in formal or informal child care, offering sessions on weekends or evenings would accommodate a larger array of families. There are, however, staffing implications for adding services during non-traditional hours; that is, the current set of Parent Educators likely could not staff these sessions, and additional personnel would need to be hired.

Strategies to consider:

- Hire additional, part-time staff to lead sessions on weekends or evenings
- Ask existing staff to adjust their hours to work occasional non-traditional hours (for example, shorten their weekday hours to add one weekend session per month)

Develop a strategic outreach plan to prioritize recruitment of families experiencing hardships who would benefit from FIC services. DHHS has expressed an interest in reaching populations that are

underserved and have been historically marginalized. While MCITP referrals and word of mouth are effective recruitment methods, the FIC program could consider building additional referral partnerships to engage specific populations. These referrals should be strategic to help FICs recruit populations that have historically been harder to reach—such as English language learners, newly arrived immigrants, or families with low incomes.

Strategies to consider:

- The County could consider developing a “mobile FIC” model to address barriers for specific populations that face challenges with transportation. For example, a Parent Educator could bring a smaller set of classroom materials to accessible locations, such as community centers or libraries, in communities experiencing hardships in the County. This would be particularly helpful if there are multiple neighborhoods or communities that would benefit from services but may not have a large enough population interested in the FIC to sustain a permanent location.
- Identify parent ambassadors to support peer-to-peer recruitment, potentially in partnership with Local Interagency Coordinating Council
- Host family events for current and prospective families
- Ensure that Family Resource Specialists include FIC information in their resource packets

2. Recommendations for Using Data and Participant Feedback



Areas of Intervention

Improve data collection processes to learn about the FIC population on an ongoing basis and make program refinements. The FIC program collects some data about the families served, but there are limitations to the information that can be gleaned from this data. The program could improve data collection processes so it is easier for staff to analyze and use that data in programmatic decision-making.

Strategies to consider:

- Assign each family a unique identifier and use it to link their registration form to each sign-in at an FIC. This would allow the County to track patterns of use and explore if these differ for different types of families.
- Explore existing, validated tools to measure program impact over time (e.g., the CRMT-PFS)



Areas of Investment

Create more opportunities for feedback from families to hold the program accountable for its goals and make program improvements. Building a more robust process for gathering regular feedback from program participants and setting up intentional processes for staff to discuss those results would support a culture of continuous improvement in the FIC program.

Strategies to consider:

- Survey families at regular intervals (e.g., at program entry and exit, at certain timepoints in the year, or after attending a defined number of sessions) and offer the option to submit anonymous responses to elicit more candid feedback
- Develop very short “snapshot” surveys to gather information aligned with a success measure
- Create a participant advisory council, potentially in partnership with Local Interagency Coordinating Council, to engage families in the decision-making process related to program improvements
- Hold listening sessions with families, either in person or using a virtual platforms like Zoom and Mural

Develop a theory of change for FIC services so there is clarity in the vision for the program and goals for outputs and outcomes. While the program has a defined problem and articulated goals, it lacks a clear theory of change that links program activities to desired outcomes. A thoughtfully developed theory of change could ground the County’s thinking about where and how to improve the program while also setting the stage for a more robust evaluation.

Consider strategies such as:

- Incorporate the Strengthening Families protective factors framework into a theory of change and structure program activities to target each of the five protective factors. The County could then use the CRMT-PFS at registration and when caregivers complete services with the FIC as a pre/post assessment to better examine the impact of the FIC program on families.

3. Recommendations for Future Research

Finally, there are many opportunities to continue to learn from staff and families to improve FIC services and to document FIC services to inform the field. Some examples include:

- Conduct in-depth qualitative interviews with families to collect rich and detailed information about their experiences and perspectives
- Carry out systematic data collection from families at different points in time during their participation in FIC services to understand how FIC services affect family outcomes
- Administer research-based, validated assessments that can pick up on changes in family strengths over time, like the CRMT-PFS, to build a database that can be used for evaluation
- Explore opportunities to secure other sources of funding, from foundations or other sources, to expand research efforts

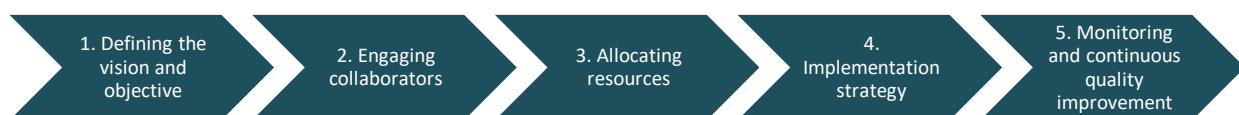
Action Plan

In this section, we suggest a framework for action planning that draws on many existing action planning frameworks and templates and is customized to the specific needs of the County.¹³ Following a description of the framework, we provide an example of how the framework can be used to plan for a specific action: FIC expansion.

Action Planning Framework

Exhibit 4 outlines the five elements of the action plan framework. We then expand on each element to describe its purpose and offer considerations and guiding questions for the County. The overarching principles are to engage families and partners in the program improvement process, use data to inform decision-making, set clear and measurable objectives and timelines to achieve program goals, and identify measures of success at the outset to monitor progress throughout the implementation period. The framework can be customized as needed for specific program changes. Appendix 2 includes a blank template for the action plan that the County may use to create additional plans.

Exhibit 4. Action Planning Framework



1. Defining the Vision and Objective

This element focuses on setting an actionable and realistic “end goal” for the action plan to clearly articulate the overall purpose of the effort before moving on to detailed planning.

When defining the vision and objective, make sure they are “SMART”:¹⁴

- **Specific:** Are your intended outcomes clearly defined?
- **Measurable:** How will you assess success?
- **Achievable:** Are your goals realistic and within your or your partners’ resources?
- **Relevant:** Are the goals aligned with the FIC mission?
- **Time-bound:** Do you have clear timelines for benchmarks?

¹³ Cotati-Rohnert Park Unified School District, [Building Brighter Futures Toolkit](#); Tennessee Department of Education, [Family Resource Centers Implementation Toolkit](#); Wisconsin Child Abuse & Neglect Prevention Board, [Family Resource Centers: Best Practice Model](#).

¹⁴ Doran, G.T. (1981). *There's a SMART Way to Write Management's Goals and Objectives*. Journal of Management Review, 70, 35-36.

2. Engaging Collaborators

For this element, FIC leaders are encouraged to articulate how they will engage collaborators and families. Consider ways to bring these audiences into all stages of the work—including planning, implementation, and monitoring. Inviting these groups to the table early and often helps to ensure buy-in and support from internal and external partners.

Consider strategies for effectively communicating with collaborators:

- Who needs to be at the table and what methods of engagement (such as in-person meetings, virtual meetings, or written communication) align with each partner’s communication preferences?
- How will you share information on progress, successes, and challenges with collaborators?
- How will collaborators share information with you?
- How will you celebrate the “wins” and successes?

Consider strategies for creating engaging activities:

- How will you engage families, in group or individual settings?
- How will you engage the community affected by the program change you are targeting? Community buy-in, from current and prospective participants and other local partners (for example, other entities or people serving the same population such as MCITP, Family Resource Specialists, or pediatricians), is essential for sustainable efficacy in programs. It is also important to ask if your program’s engagement methods are culturally relevant.

3. Allocating Resources

For this element, FIC leaders should consider the resources needed to achieve the overall objective, including staff time, materials, and financial costs. Given the resource limitations of the FIC program, it is critical to highlight the budgetary implications of any program change.

Consider human resources:

- Do you have the right staff for the roles and responsibilities required? If not, what needs to happen to hire and/or train staff?

Consider material resources:

- What resources are needed to make this program change—facility updates, equipment and supplies, or technology?
- What materials are needed to message this change to staff, families, and referral partners?
- If families will be asked for input outside of FIC participation, are incentives needed as a token of appreciation for their participation?

Consider financial resources:

- What are the projected costs for this program change? How much funding is available?
- What budget justification is required to secure necessary funding?

4. Implementation Strategy

This element calls for outlining the specific steps and timeline required to execute a plan and assigning staff to each task. Users develop a roadmap for implementation and accountability for different components of the work.

Consider the implementation timeline (that is, how will you achieve the vision you set?):

- What are the key milestones?
- What tasks are critical and require immediate action?
- Which tasks are important in the medium- or long-term?
- What dependencies dictate the order and timing of tasks?
- Have you allotted time in the schedule to account for unforeseen delays or interruptions?

Consider ways to effectively assign tasks:

- Who will be responsible for each task? Who will support each task? Who needs to be updated about progress?
- Have you created effective internal (among those who are part of the implementation team) and external (others who are not directly involved in implementation of the program change) communication channels?
- Have you created ways to track and hold team members accountable for progress?

Identify anticipated challenges:

- What are the potential challenges you anticipate and how might you overcome those challenges?

5. Monitoring and Continuous Quality Improvement

For this element, leaders look ahead to consider ways to track progress and assess the effectiveness of strategies and activities. Identifying performance metrics will foster a culture of continuous improvement within the program and allow staff to use data to measure success over time.

Consider performance metrics:

- Reflect back on your overall vision and goal. How will you measure participation, program outcomes, and family satisfaction?
- Plan for data collection and analysis processes related to monitoring and continuous quality improvement.

An Example: Action Planning for FIC Expansion

Without deeper context and more prolonged engagement with the County, our team is not positioned to provide a fully articulated action plan for each recommendation listed above. However, the action plan framework can serve as a guide to support thoughtful planning and intentional growth of the FIC program as the County narrows in on specific program improvements of interest. In Exhibit 5, we lay out an example action plan for one of the strategies identified in this report: expanding the FIC program by opening a new FIC location. We do not expect that this plan is comprehensive; we encourage DHHS to use it as a starting point, identifying relevant factors and adding detail as necessary.

Exhibit 5. Action Plan for Opening a New FIC Location

1. Defining the Vision and Objective

Use SMART goals to set an actionable “end goal.”

- Expand FIC availability by opening a new location, preferably in the East County or Northern Up-County region, in 2025.

2. Engaging Collaborators

*Consider strategies for effectively **communicating with collaborators** and **engaging families and community members**.*

- Reach out to community-based organizations to identify options for a new space in the priority locations of East County and Northern Up-County.
- Engage current FIC families to understand their priorities for a new FIC location.
- Engage MCITP staff or families in the target locations to understand prospective families’ priorities for a new FIC location.
- After a new location is identified:
 - Develop a messaging plan, to inform families and partners of the new location.
 - Identify new potential referral partners.

3. Allocating Resources

*Consider the **human resources**, **material resources**, and **financial resources** needed to achieve the vision/objective.*

Human Resources

- Hire two Parent Educators, prioritizing those who are multi-lingual and/or connected to the specific populations in the new location.
- Train new Parent Educators in the Pyramid Model, cultural sensitivity, and FIC goals and processes. Consider having new Parent Educators shadow current staff before opening the new location.

Material Resources

- FIC classroom space
 - *Must haves:* 35sq ft per participant, storage, parking, access to public transit, in-kind contribution (i.e., the space can be leased at no additional cost to the County)
 - *Nice to haves:* space meant for young children (e.g., sinks in the classroom, storage space for extra materials, and enough space for varied play areas)
- Classroom materials and furnishings

Financial Resources

- Funding is required for two Parent Educator salaries and classroom materials.
- Funding is required for marketing the new location.

4. Implementation Strategy

Create an **implementation timeline** to achieve the vision/objective, **assign responsibilities** and establish communication channels, and identify **potential challenges and solutions**.

- Develop a timeline and assign responsibilities for necessary tasks, such as:
 - Secure funding for a new location, including two Parent Educator staff, as well as materials and furnishings for the classroom space.
 - Reach out to partners (for example, the Children’s Opportunity Alliance, school districts, congregations, or other community organizations) in the priority locations to identify potential spaces.
 - Reach out to families to understand what they would like to see in a new FIC location.
 - Create and execute a hiring plan.
 - Develop and execute an outreach plan for the new service area.
 - Train and onboard new staff.
 - Hold a welcome event or “open house” for the new location.
- Identify challenges, such as:
 - Securing funding may be difficult, depending on the County’s budget priorities.
 - Finding a permanent location, especially one that is provided in-kind by a partner, is typically challenging.
- Identify potential solutions, such as:
 - Consider churches who may have space and interest in building out a child care option.
 - Consider a “mobile FIC” model in which staff bring a smaller set of materials and travel to different community spaces (e.g., libraries, community centers).
 - If there are no available permanent spaces in the target locations, consider adding a second classroom in one of the existing FIC locations.

5. Monitoring and Continuous Quality Improvement

Set **performance metrics** to track progress and assess effectiveness of strategies and activities.

- Set performance metrics:
 - Set goals for FIC utilization – for example, “50% of slots filled in the first three months of opening, 75% of slots filled in the next three months, and 90% of slots filled after that.”
 - Plan to gather family feedback on new FIC’s services, via conversations or a family satisfaction survey.
-

Conclusion

Families who participate in the FIC program are highly satisfied with the staff and services provided. Caregivers are able to learn new strategies to help their children grow through developmentally-appropriate play. Staff build meaningful relationships with caregivers and children, and families build relationships with one another. The recommendations offered in this report, alongside the action planning framework, can support the County to refine and expand the program to continue to meet the needs of families with young children.

Appendix 1. Protective Factors Survey Detail

Our survey included the *Culturally Response Measurement Tool: Protective Factors Survey* (CRMT-PFS).¹⁵ This instrument is an adaptation of the *Protective Factors Survey Version 2* (PFS-V2), developed by the FRIENDS National Resource Center for Child Abuse Prevention.¹⁶ The PFS-V2 invites parents and caregivers of young children to respond to a series of questions related to five protective factors known to support child development. The CRMT-PFS was drafted by the Capacity Collective for King County, Washington with the support of the county's Resilient Families Advisory Council.

The five protective factors measured by the CRMT-PFS are drawn from the Strengthening Families framework, originated by the Center for the Study of Social Policy. The CRMT-PFS offers the following definitions of these protective factors:

- **Family resilience:** Having adaptive skills and strategies to persevere when faced with challenges, crises, and trauma.
- **Social supports:** Having supports from family, friends, or neighbors that helps provide for emotional needs.
- **Concrete supports:** Access to tangible supports and services that help families cope with stress.
- **Knowledge of parenting and child development:** Parents/caregivers have age-appropriate expectations for children's abilities and understand and use consistent, effective child care techniques.
- **Caregiver/practitioner relationship:** The supportive, understanding relationship between caregivers and practitioners that positively affects parents' success in participating in services (findings from this subscale are discussed below; see Family Satisfaction).

The CRMT-PFS includes several statements related to each protective factor, such as, "In general, my family stays hopeful even in difficult times." Respondents indicate their agreement with each statement using a 5-point Likert scale, with options including, "Strongly agree," "Agree," "Neither agree nor disagree," "Disagree," and "Strongly disagree." There is also an option for "Prefer not to answer" for some questions. Each response option, with the exception of "Prefer not to answer," has a numeric score, with "Strongly agree" equaling 4, descending to "Strongly disagree" equaling 0. A few questions are also reverse coded. The CRMT-PFS also has some "Select all that apply" questions, such as "I have people I trust to ask for advice about: (select all that apply)," followed by a list of potential responses. These questions are scored based on how many items are selected. For example, if someone selected "None of the above," that would be scored as a 0, if they selected one item that would be scored as a 1, if they selected 2 items, that would be scored as a 2, if they selected 3 items, that would be scored as a 3, and if they selected 4 or more items, that would be scored as a 4. To score the CRMT-PFS, responses are averaged within subscales for a score ranging from 0 to 4, with higher scores indicating greater presence of each protective factor. If an individual chooses "Prefer not to answer" for more than 3 items per subscale, their response is counted as missing. The knowledge of parenting and child development

¹⁵. Best Starts for Kids. "Culturally Responsive Measurement Tool: Protective Factors Updated Report and In-Language Tools." 2024. <https://beststartsblog.com/2024/04/02/culturally-responsive-measurement-tool-protective-factors-updated-report-and-in-language-tools/>.

¹⁶ FRIENDS National Resource Center for Child Abuse Prevention. "Protective Factors Survey, 2nd edition (PFS-2)." 2019. <https://friendsnrc.org/wp-content/uploads/PFS-User-Manual.pdf>

items are an exception, as these do not correlate and do not form a subscale; they are considered independently.

Our survey offers a point-in-time look at the degree to which these protective factors are present among respondents served by the FICs. It should be noted that these protective factors are dynamic: a family may have strong social supports at one point in time and weaker social supports at another. Furthermore, while the FICs do not explicitly target the protective factors, it is reasonable to assume that the services FICs provide would affect some of these. For example, Parent Educators are imparting information that likely increases caregivers' knowledge of parenting and child development. Among survey respondents, some were newer to the FICs, and some had been attending for many months. The findings in this report do not unpack that heterogeneity or allow us to explore the impact of the FICs on the protective factors. Therefore, it is important to interpret these findings as describing a non-random cross-section of FIC participants at a single moment in time.

Appendix 2. Action Plan Template

Below is a blank template that can be used to support future action planning efforts.

Action Plan Template

1. Defining the Vision and Objective

Use SMART goals to set an actionable “end goal.”

2. Engaging Collaborators

Consider strategies for effectively **communicating with collaborators** and **engaging families and community members**.

3. Allocating Resources

Consider the **human resources**, **material resources**, and **financial resources** needed to achieve the vision/objective.

4. Implementation Strategy

Create an **implementation timeline** to achieve the vision/objective, **assign responsibilities** and establish communication channels, and identify **potential challenges and solutions**.

5. Monitoring and Continuous Quality Improvement

Set **performance metrics** to track progress and assess effectiveness of strategies and activities.