Mi Pequeño Mundo: An Evaluation of a Pilot Montessori-Based Home Visiting Program for Families With Children 0–3 Years

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Abstract

This article describes the evaluation of a pilot Montessori-based home visiting program called Mi Pequeño Mundo (MPM) aimed at promoting optimal child development in Spanish-speaking Latine children from birth to three years old in Hennepin County, Minnesota. Phase I included World Cafés and interviews to gather Centro Tyrone Guzman (CTG) stakeholder feedback on program design. Thematic analysis informed the development of the program and implementation approach. Primary input included topics for curriculum development. Phase II included training three bilingual/bicultural community members for home visiting (Conectores), recruiting families, data collection, and family visits. Feasibility and acceptability measures plus pre–post assessment of knowledge, self-efficacy, mindfulness parenting, child assessment, and process data were collected. Data were analyzed using descriptive statistics. Qualitative summaries highlighted themes from open-ended questions. Phase II included training of three Conectores who worked with 15 families for up to 20 weekly remote visits each (due to COVID-19 protocols). Participating families were 100% satisfied with the program and said they would recommend it to a friend. Program outputs/goals were met upon the completion of the pilot (Phase II) indicating the program was feasible and acceptable. The full implementation phase of MPM was modified based on the first two phases and programming was scaled to reach the broader Spanish-speaking Latine community living in Minnesota.

Key Words: home visits, early childhood education, Latine families, evaluation, Montessori-based program evaluation, Mi Pequeño Mundo, children

Background

The Latine populations in the United States have limited access to opportunities that optimize early childhood development, resulting in future social and health disparities (American Psychological Association, 2012). Successful early childhood development includes "nurturing care," meaning opportunities for learning, safety and security, responsive caring, good health, and adequate nutrition (Nurturing Care, n.d.). Positive early childhood experiences contribute to achieving developmental milestones such as language development and social–emotional regulation (Davies et al., 2021; Mendez Smith, 2020) and also have a positive impact on school readiness (Davies et al., 2021). Children who do not have the opportunity to receive nurturing care during their first three years risk missing key developmental milestones which may limit their full potential (Centro Tyrone Guzman, 2019).

Many Latine children in the U.S. enter kindergarten performing below the average compared to their non-Latine, White peers (Palermo et al., 2018) which increases the risk of low educational achievement (Quirk et al., 2016) and may increase the risk of poor health outcomes. In the state of Minnesota in 2021, 26.8% of third grade Hispanic students achieved reading standards compared to 56.8% of White non-Hispanic students (MN Compass, n.d.). In mathematics, 18.9% of Hispanic eighth graders in Minnesota achieved math standards compared to 46.5% of White non-Hispanic students (MN Compass, n.d.).

These disadvantages may be caused by barriers such as economic hardship, cultural stressors (Palermo et al., 2018), and traumatic immigration experiences lived by the students' parents (Centro Tyrone Guzman, 2019; Palermo et al., 2018). Other factors that influence early childhood development include maternal health, parental involvement, income, and family acculturation status (Bierman et al., 2021; Nix et al., 2018; Palermo et al., 2018). Educational attainment is itself a key social determinant of health and has an inverse and interconnected relationship with health and longevity (Zajacova & Lawrence, 2018). Consequently, promoting early childhood development in the Latine community is one strategy to reduce long-term inequities.

Ansari and Winsler (2014) showed that Latine children enrolled in Montessori programs increased their academic and behavioral skills after one year of enrollment. Its curriculum involves child-driven activities, individualized learning, and fine motor skill development while taking into consideration

cultural backgrounds (Ansari & Winsler, 2014). Therefore, further implementation of a Montessori curriculum should be evaluated as a means to promote early child development in Latine children.

About Centro Tyrone Guzman

Centro Tyrone Guzman (CTG) is a Minneapolis-based nonprofit organization that focuses on contributing to the well-being and full participation of Latine families through education, health, and wellness (Centro Tyrone Guzman, n.d.). The organization offers programs for all ages to carry out its mission. Their early childhood program focuses on improving maternal health and academically supporting Latine children ages 33 months to six years utilizing the Montessori curriculum. The maternal health program seeks to connect mothers to resources during pregnancy and thus improve maternal and child outcomes.

Mi Pequeño Mundo (MPM; translates as My Little World) was created in the summer of 2020 to expand CTG's early childhood and maternal health programs to the community. MPM is funded through the Community Solutions grant of the Minnesota Department of Health which aims to reduce disparities and improve child development in minority groups in the state. The purpose of MPM is to proactively support early childhood development in Spanish-speaking Latine parents with children between the ages of birth to three years old living in Hennepin County and rural counties in Minnesota. By doing so, MPM will help address the inequality in access and provide early childhood support to Spanish-speaking Latine parents and their children (Centro Tryone Guzman, 2019).

MPM program implementation was divided into three phases. Phase I (formative, Year 1) consisted of gathering community feedback to inform program design. Phase II (pilot, Year 2) involved piloting the program design and identifying room for improvement. The pilot home visiting program began in September 2021 and concluded in March 2022. Phase III (Year 3) began in June 2022, and its focus was on the full implementation of the program and expanding program access, which will be disseminated at a future date. The purpose of this current evaluation was to assess if the MPM program design during Phase I and implementation during Phase II was feasible and acceptable for the families and Conectores (which translates as Connectors) involved in the program.

Methods

The evaluation followed a formative evaluation design and mixed methods analysis using program data from the formative and pilot implementation

phases. Data collected during the program included quantitative data (visit lengths, assessments, and surveys) and qualitative data from focus groups and open-ended questions from surveys.

Participants

In Phase I, five CTG staff and two mothers from CTG programming were trained for five hours on how to facilitate World Cafés and phone interviews. After a practice World Café, two virtual World Cafés (October 9 and 23, 2020) were held with 24 community members. The first World Café had 10 participants and lasted 1 hour and 45 minutes, while the second World Café had 14 attendees and lasted two hours. Participants who attended the World Cafés included mothers (n = 20) and fathers (n = 4). Phone interviews with an additional five men, all fathers, lasted 30 minutes each.

Table 1. Demographics of Pilot Program Participants

Parent Demographics		
Total Parents	n = 35	
Mothers	n = 20	
Fathers	n = 15	
Average Age		SD
Mother	32	7.03
Father	35.9	7.76
Education Level	*N*	(%)
None	1	5%
Primary	6	30%
High School	10	50%
Associates degree	2	10%
Graduate or professional degree	1	5%
USA Residence Length in Years	*N*	(%)
Less than 5	6	35%
5 to 10	4	24%
11+	7	41%
Average	*8.8*	
SD	*5.9*	
Support Available *(Family Near)*	*N*	(%)
No	6	33%
Yes	12	67%

Families (n = 20) in the CTG community were invited to participate in the program for Phase II. Of these families, 15 completed the program. Most (n = 13) families completed 18–20 home visits, and two families completed 15–16 visits due to other commitments. The retention of the 15 families signifies a 75% retention rate. Table 1 summarizes who the families were.

There were 20 mothers (mean age 32; SD 7.03) and 15 fathers (mean age 35.9; SD 7.76) involved in program activities. The majority of parents reported having completed high school, have lived in the United States for over 11 years, and had family living nearby. Many (60%) of the families reported having a family size of four or fewer. Furthermore, 85% of the families reported that they had children under the age of three, and one (5%) family was expecting a baby at the start of the program. Additionally, 40% of the families indicated they have children over the age of three.

Formative Phase (Phase I)

The focus of the formative phase was to obtain feedback and input on topics that would be relevant and of interest to the target population and shape program design. An advisory board was convened to provide recommendations and feedback throughout the design and implementation of the program. It was composed of members of the CTG community including staff of the early childhood program, parents, members of the board of directors, an evaluation team, and a child health academic.

Five staff members at CTG were trained in administering World Cafés and phone interviews. World Cafés are a method of qualitative data collection that involve the participation of community members to highlight relevant topics within the community. Participants were recruited through snowball sampling within the CTG network and were over the age of 18. Out of the 16 Latine families and their children invited, 10 participated in the first World Café; 14 out of the 23 families invited participated in the second World Café.

The first World Café included families who were already part of other CTG programs, while the second World Café included families from the broader Latine community. The World Cafés had three discussion areas: (1) review an infographic of data on the Latine community and discuss what was surprising, what is needed to help children be healthy, what challenges exist, and what is being done to address the challenges; (2) after a description of MPM, participants were asked if the concept will be acceptable to the community, what topics the Conectores need to know, and what barriers and solutions may be present for Conectores; and (3) participants were asked about the feasibility and acceptability of home visiting and information that will be useful for the Conectores to understand. Each group then generated two to three key

messages and reported to the larger group. Phone interviews were also conducted to include more male perspective on the program and increase father engagement. During the interviews, four open-ended questions such as, "Do you think the use of Conectores will be acceptable in the community?" and "What strategies could be used to increase male engagement in the program?" were asked. Community members who participated in the World Cafés or interviews each received a $75 gift card upon activity completion. The findings from the World Café were compiled and used to develop the areas of training the Conectores needed to be prepared for MPM.

The training included topics such as breastfeeding, relaxation and mindfulness, maternal and child health, nutrition, community resources, home visiting basics, and how to create activities that align with the Montessori philosophy of child development. The training was designed to be delivered in six sessions in eight weeks during Phase II; however, this was expanded to 14 sessions due to content and time constraints. The structure and content of the training modules and program delivery were vetted by the advisory board.

Phase I was assessed by examining outputs including the completion of the World Café training, the number of World Cafés completed, the number of attendees, the training curriculum prepared, and the vetting by the advisory board at each phase. Documentation was done through secondary data checks such as advisory board meeting notes, meeting agendas, and notes taken during World Cafés.

Pilot Implementation (Phase II)

Year 2 (July 1, 2021–June 31, 2022) of the program consisted in training the Conectores, recruiting families to participate in the pilot, and implementing the home visiting program. The primary outcomes of the pilot were to assess family satisfaction and the feasibility of the program activities. Three bilingual and bicultural community members were hired by CTG as Conectores. The Conectores completed the training program that was delivered by CTG staff and community experts on the topics.

After the Conectores completed their training, they were in charge of the recruitment and consent process for families, and each was later paired with six to seven families. Families who are familiar with CTG were contacted for participation in MPM, and 20 families consented to participate in the pilot. The inclusion criteria included Spanish-speaking families who were expecting or had children between the ages of birth to three years of age. Participants received a $75 gift card upon activity completion. Due to COVID-19, home visits were no longer feasible. Conectores met with families via video conference, phone calls, or text messages. Families and Conectores met weekly

for 20 weeks (approximately 5 months) and worked together on goal setting, connecting families to appropriate resources, and completing assessments and weekly visiting forms.

The first weeks of working with families were structured to collect established assessments, set expectations, set goals, and connect families to community resources. After these were completed, by the third week, Conectores introduced families to the four Montessori principles and started planning activities that aligned with their goals. If the family was interested in having their child practice fine motor skills, Conectores would guide families in activities such as peeling an egg, coloring from bottom to top and left to right, or letting the child dress by themselves. Other activities mentioned were visual development, talking to babies with respect and practicing eye contact, and looking for Montessori educational resources for potty training. Conectores would follow up with families to check on the progress on the suggested activity.

Measurement Phase II

Program outputs included program satisfaction, percent that would recommend to a friend, and retention rate. To determine program satisfaction and recommendation, a satisfaction survey was created and disseminated at the end of the 20-week program via Google form and administered by the Conectores. In some instances, the families completed the form by themselves, and in some cases it was read to them by the Conectores. If a family did not have access to the internet, the family was provided with low-cost internet connection service or a hotspot. The survey posed questions including asking participants to rate the program overall and program convenience, then asked additional open-ended questions regarding how the program helped them in their role as parents. The program retention rate was measured by the percentage of families that enrolled and completed the program.

Baseline and endline data collection was implemented by the Conectores using Google forms as the interface for data collection. All forms were translated into Spanish and were also available in English. Several assessments were collected at baseline and follow-up over two sessions and used to assess changes in families and identify program gaps during the pilot phase. *Parenting Information Sources* asked whether parents receive their infant care information through formal or informal sources (Lee, 2016). The *Early Parenting Practices Index (EPPI)* is a 13-item scale that asks about parental practices relating to newborn care in questions such as "Does your baby sleep in the same room, and in which position do they usually sleep" (Lee, 2016). Meanwhile, the *Parental Self-Efficacy Tasks Index* is a 26-item tool that measures areas such as nurture and routine (Van Rijen et al., 2014) and was used for parents with

toddlers (1–3 years old). The *Karitane Parenting Practice Scale (KPCS)* was used to assess observed parenting self-efficacy in parents with newborns (Lee, 2016). This 15-item validated assessment utilizes a four-point scale—the higher the score, the higher the observed parental self-efficacy. The Spanish adaptation of the *Mindfulness in Parenting Questionnaire (MIPQ)* measures parenting involvement and discipline through 28 questions with four response categories (Orue et al., 2020).

Finally, the *Ages and Stages Questionnaire, 3rd edition (ASQ-3)* and *ASQ Social–Emotional, 2nd edition (ASQ-SE-2)* were also used as tools to determine a child's developmental scores. ASQs were completed by parents or received from a recent visit to a care provider. Conectores documented each contact including date, mode of contact (phone, video, text), topics covered, referrals, and other relevant notations using Google Forms.

Phase II feasibility was determined through the following outputs: Conectores training outcomes (duration, competency, and training objectives), number of families recruited, number of families who completed the program (retention rate), number of home visits, number of referrals made, supervisory meetings and assessments, and surveys completed. Data for these outputs were collected through surveys and program tracking documents such as monthly and weekly home visiting forms completed by Conectores.

A virtual focus group was facilitated by CTG staff in Spanish and took place at the halfway mark (mid-December) of the pilot program to assess progress and make any necessary adjustments. Families were asked nine questions with respective probes that touched on why they wanted to be part of the program, their expectations before starting, what type of Montessori-based activities they had tried during the program, and their relationship with the Conectores. Notes taken during the focus group were shared with the evaluating team for translation and analysis, as a team member is bilingual. Finally, a seven-item satisfaction survey was sent out through a Google form to families to assess program satisfaction and whether they would recommend the program to other families.

Analysis

Descriptive statistics of the demographics, visit length, assessments completed per visit, the number of training hours, hours of supervision, and percent satisfaction were run. Open-ended questions were categorized and summarized under major themes. Excel was used as a tool to analyze the quantitative portion of the study, with data coded to find themes and highlight the relevant information. Validated assessments were collected and scored according to their scoring criteria and a comparison between baseline and follow-up was

done when appropriate (Lee, 2016; Orue et al., 2020; Van Rijen et al., 2014). A two-tailed paired *t*-test was completed using Excel to understand the differences between pre and post for the MIPQ assessment. This evaluation was deemed exempt by the St. Catherine University Institutional Review Board.

Results

The two virtual World Cafés provided feedback on topics of interest to the community and expressed support for MPM implementation. The phone interviews were used to learn more about how to involve men in the program. Based on community feedback and expertise from the advisory board, the curriculum for the pilot phase was created. Some topics of interest and a few ways to involve men are noted in Table 2.

Table 2. Summary of Program Elements Provided by Participating Families During World Cafés and Phone Interviews

Program Elements	Preparation and tips for labor Information about pregnancy including hormonal changes Breastfeeding support Typical child development Montessori philosophy approach Healthy nutrition Mental health and social support Bonding techniques for women and men with infants (skin-to-skin) Sexual education Protecting the child from abuse How to access special education specifically for Latine children How to engage with your child's school
Opportunities for Male Involvement	Classes on emotional development Male household beyond financial provider Playing with child Opportunities for men to meet with other men to talk about being fathers General education of fathers on child development Value of men Strategies for couples to stay connected Attend classes with women

Feasibility

Curriculum Development and Delivery

The feedback received during the World Cafés and phone interviews indicated that families would welcome the MPM program and Conectores.

Participants also provided recommendations for topics to cover during the Conectores training and home visits. These comments were used to design Phase II activities and are described next.

Table 3. Summary of Training Modules for Conectores and Feedback for Improvement

Training Topics	Hours	Preparedness and Suggestions Summary
Pregnancy Training	7	Conectores felt prepared. Information was appropriately organized and disseminated. **Suggestions:** Focus on health services specifically mental health services.
Breastfeeding	4	Conectores felt prepared after training. Content and materials were appropriate. They appreciated the facilitator being available to them for questions. **Suggestions:** Have families meet with the facilitator of breastfeeding training as part of the program. Schedule time with this facilitator as professional development time so that information given to families is always accurate.
Technology Training	4	Conectores felt prepared and comfortable using Google Workspace. **Suggestions:** None.
Relaxation and Mindfulness Training	2	Conectores felt prepared after training. **Suggestions:** Review training every so often to remind Conectores of their own mental health. Include visual material on how to implement mindfulness during the program.
Home Visiting Basics	11	Conectores felt prepared after training. The training was well delivered, and the topics were relevant. **Suggestions:** Include ways to remind families that they should be committed to participating in every visit.
Community Resources Training	2	Conectores felt prepared and the facilitator of the training provided valuable information. **Suggestions:** None.
Nutrition Training	2.5	Conectores felt prepared after training. The training was informative and valuable. **Suggestions:** The training was long for only one session. Include recipe books in Spanish that families can use for meal planning.
Intro to Home Visit Pilot Program	7	Conectores felt prepared and are appreciative of the support provided by each other. **Suggestions:** Reduce the number of assessments to complete. Discuss Zoom features that can be used during home visits.
Montessori Philosophy Training	2.5	Conectores felt prepared for training however, there was mention of having additional training about the topic. **Suggestions:** Include more information regarding specific activities or concepts for ages 0-1 year in future training. Include hands-on material. Have a workshop delivered by a Montessori guide (ages 0-3).

Training for the Conectores was divided into nine modules over 14 sessions. Modules were delivered by professionals in their respective fields. Training took a total of 42 hours to complete across several weeks based on trainer availability. All Conectores completed 100% of the training modules. Post-training feedback from Conectores indicated that they felt prepared and also resulted in a few suggestions to improve training in the future. Table 3 summarizes the hours, comments, and feedback from each module.

The Home Visiting Basics training took the most time and included topics such as anti-bias training, domestic abuse, and Occupational Safety and Health Administration (OSHA) for bodily fluids. Although it was not possible to determine whether the training met the training objectives set at the beginning of the program due to data collection format, based on the feedback received, Conectores felt that the training was appropriate and well delivered. Additionally, the Conectores felt that they could ask questions and get support in areas where they felt less confident.

Table 4. Summary of 20-Week Mi Pequeño Mundo Home Visiting Program

Home Visit		
Total Families	n = 15	
Total Contacts	n = 445	
Time Spent on Families	N	(%)
Contacting	66	15
Follow-Ups	79	18
Home Visits	292	67
Home Visit Duration (Mins)	N	(%)
Less or equal to 60	199	68
60-120	90	31
More than 120	3	1
Average	58.1	
SD	23.1	

Home Visits

Due to COVID-19 safety precautions, the home visits occurred remotely. The home visiting program lasted 20 weeks with a total of 292 home visits. Each Conectore averaged 19 visits per month, and the average home visit duration was 58 minutes (SD 23.1). It is worth noting that Conectores spent 15% of the time contacting (calling/leaving voice messages, texting) and 18% following up (on home visiting items) with the families as seen in Table 4. The

majority of contacts were through video calls (40.7%). Phone calls (28.4%), text messages (13.3%), and a combination of all types (17.4%) were also used to connect with families.

Fathers' presence during the home visits was recorded a total of 16 times. Regarding referrals, a total of 87 referrals were made during the home visiting period. The most common types of referrals included healthcare (36%), breastfeeding or food-related (32%), and early childhood related (10%). Furthermore, out of the 87 referrals made, 77 (88.5%) of the referrals were followed up to ensure that families were connected to the resources needed.

Supervision of Conectores

Ongoing support was provided to Conectores during the home visiting period by CTG program administrators. Table 5 summarizes the support provided to Conectores through supervisor meetings. A total of 121 meetings included daily check-ins and individual meetings. Supervisory meeting topics ranged from connecting families to resources to developing Conectores' skills to improve contact or connection with families.

Table 5. Summary of Supervisory Meetings With Conectores (n = 3) From the 20-Week Home Visiting Program

Supervision				
Total meetings	n = 121	Total Hours	93	
Supervisory Meetings	#	**Total Hrs.**	Mean	SD
Daily Check-Ins	99	66.6	0.67	0.27
Individual Meetings	16	19.6	1.22	0.60
Meetings with New Staff	5	5.8	1.15	0.49
Misc. Meetings	1	1	n/a	n/a
Meeting Topic Themes	#	**Examples**		
Connect families to resources	35	Housing, utilities, immigration, and food		
Mental health support for families	3	Post-partum depression in parents		
Develop staff skills	4	Family communication, setting boundaries and gender-based violence		
Programming Support	5	Print materials & forms needed		
Supplies for families	4	Diapers & clothing		
Health topics for families	1	Asthma, COVID-19 & special needs		
About CTG Programs	2	Enrolling in Centro Programs		
Develop family skills	3	House management and de-escalation of stressful moments		

Assessments

Results from the survey assessments completed during baseline and endline are noted below.

ASQ-3 and ASQ-SE: The results for the ASQ-3 assessment (given at baseline only) indicated that the majority of children appeared to be on schedule in the areas of communication (93%, *n* = 13), gross motor (86%, *n* = 12), fine motor (86%, *n* = 12), problem-solving (93%, *n* = 13), and personal social (93%, *n* = 13). In the area of problem-solving, one (7%) had a score that fell into the category "professional assessment recommended." ASQ-SE scores had similar results to the ASQ-3 scores. Most children were on schedule (81%; *n* = 13). Two (13%) had a score that placed them in the "provide learning activities" category, and one scored under "professional assessment recommended."

Karitane Parenting Practice Scale (KPCS): (*n* = 20) completed at baseline only. Results indicated that 45% (*n* = 9) of parents perceived themselves as having a mild lack of confidence in parenting; 35% (*n* = 7) had strong confidence, 15% (*n* = 3) moderate lack of confidence, and 5% (*n* = 1) had a severe lack of confidence.

Parental Self-Efficacy: (*n* = 8) completed at baseline only with parents who had toddlers. Results indicated that parents scored low on discipline [Range 6–30 (mean 16.3)] and routine [Range 6–30 (mean 19.4)]. Nurture [Range 6–30 (mean 30.9)] and play [Range 6–30 (mean 25.8)] had higher scores.

Of the 15 families who completed the home visiting program, 14 completed the baseline and follow-up assessments. Results are noted below.

Parenting Information Sources: At baseline, the top five most common sources of information included pediatricians (*n* = 14), their parents (i.e., children's grandparents; *n* = 12), nurses at pediatric clinics (*n* = 12), partner or spouse (*n* = 11), and the internet (*n* = 10). At follow up, families indicated that they received information from parents (*n* = 13), pediatrician (*n* = 13), nurse at pediatric clinic (*n* = 11), internet (*n* = 10), and parenting classes (*n* = 10). For parents that indicated the internet as a source of information, YouTube videos (*n* = 7), Facebook (*n* = 2), and a Google search (*n* = 8) were the most common responses.

Knowledge Assessment: At baseline, families had indicated a need for or interest in gaining additional knowledge around multiple topics including health, nutrition, child development, and Montessori domains. During the follow-up period, families shifted from need and interest to strength in topics such as child development, community resources, and Montessori domains. However, health, housing, and transportation remained areas of need or interest.

Early Parenting Practices Index (EPPI): Baseline results indicated that parents were not 100% compliant in the areas of safety (sleep and car seat utili-

zation), development promotion, and feeding. Follow-up results demonstrated that families remained not 100% compliant, particularly in the areas of sleep (baby's sleeping position and where) and maintaining a regular schedule. An increase in compliance was seen in feeding habits (86% compliant) and car seat utilization (100% compliant).

Mindfulness in Parenting Questionnaire (MIPQ): Being in the moment had a significant (p = 0.002) increase from baseline (mean 54.0; SD 6.54) to the follow-up period (mean 60.0; SD 7.35). Meanwhile, a decrease in parental self-efficacy from baseline (mean 53.6; SD 29) to follow-up (mean 47.9; SD 15) was observed. However, results indicated that this decrease was not significant (p = 0.271).

Acceptability

Focus Group

Ten mothers attended the focus group facilitated by the program administrator. Major themes from the focus group included program design and satisfaction, qualities possessed by Conectores, and support received in areas such as early childhood development and health. Table 7 has quotes from focus group participants for each theme.

Satisfaction Survey

There were 16 respondents to the satisfaction survey. Results indicated that 100% were satisfied with the program, that their expectations were met, that they would recommend it to a friend, and they felt that the program provided tools for their day-to-day life as parents. Most (88%; n = 14) indicated that the program was convenient. Those who indicated that the program was not convenient stated that "calls were too long and my baby cries" and "I did not have enough time for the visits, but I wish I had enough time."

When asked if the program had helped them in their lives as parents, some answers included:

> Gave me ideas about how to help my daughter enjoy food more. Gave me tools to develop her emotional health. I felt supported during motherhood's frustrating moments.

> I learned many new things about pregnancy and breastfeeding, and now with my baby, I am learning new things about [early childhood] stimulation. I loved the program.

Finally, during advisory board meetings held during the program, all three of the Conectores reported that there were too many surveys to complete during the home visits. They also indicated that the home visit duration of 60 minutes was too long and that the frequency of once a week was too often.

Table 7. Quotes from the Focus Group of MPM Mothers

Program Design	"The first weeks of data collection were tough. I would suggest creating different methods to collect the data depending on the preference of the participant. For some people, it may be easier." "It would have been great to be able to have the visit in person to observe the behavior of the mother and daughter and to be able to give suggestions." "It is fine virtual and also once a week."
Program Satisfaction	"...I feel confident, a respectful relationship has been established [with Conectore]. The resources received have been useful. And I am satisfied with the resources received." "Of course, I will recommend it. Because it generates independence for the children."
Conectores Qualities	"It has been a good relationship with the teacher [Conectore]; she is respectful, friendly, and patient." "…she is very respectful, empathetic not only with the needs of the child but of the family in general. She is very consistent and professional."
Early Childhood Development	"Has received support in the knowledge of taking turns and different daily routines like food, learning and using the toilet, transitioning from diapers, and working with independence." "Implement independence such as dressing alone and differentiating the food's name and bath time. It is a challenge, sorting dirty clothes, or even gets confused with the fruits' names. More consistency because she also lives part of the time with her father."
Support Received	Maternal and child health: "…encourage breastfeeding and not focus on your previous breastfeeding experience. I feel supported." "I want to add that it has helped me a lot manage anxiety regarding the subject of food." Resources: "You are learning new skills to help and support the growth and learning of your children and your own. I also needed and received family support." "[Conectore] has explained to me the portions, the importance of respecting the autonomy of the body, and has helped me to investigate strategies for eating."

Discussion

Programs that support maternal health and mother–child interactions may promote positive early childhood development and promote academic well-being (Palermo et al., 2018). The purpose of the evaluation was to determine the

feasibility and acceptability of the Montessori-based home visiting program "Mi Pequeño Mundo." All of the outputs and goals for the formative and pilot phase were accomplished. This means that, based on program resources, a weekly home visiting program is feasible. However, based on program design feedback, home visiting frequency and duration should be modified to fit families' schedules. Additional recommended updates to the program included reducing the number of surveys and changing the program format (in-person vs. remote visits). Given the remote format, opportunities for male engagement may have been narrowed. Therefore, increasing father or father figure engagement in home visits should be an area of focus in future programs (Panter-Brick et al., 2014).

Baseline and follow-up assessments provided valuable information regarding program design. Parents look up to their own parents, healthcare professionals, and the internet as sources to learn more about parenting practices. This is consistent with other research in the Latine community (Criss et al., 2015). The Conectores could incorporate this information into their visits, utilizing the trusting relationships they build with parents to guide families toward trusted sources of information.

The knowledge assessment indicated areas of future program focus such as health, transportation, and housing which are factors that impact this community (Perez-Brescia, 2022). The knowledge assessment is consequently a great tool for program design as it allows Conectores to plan their visits based on family needs. KPCS, EPPI, and Parental Self-Efficacy are also useful tools to identify areas of support. Findings indicated that parents need support in sleeping practices, feeding, routine, and discipline. However, completing these assessments is time-intensive, and based on feedback, the number of assessments should be reduced to focus on other activities. Finally, results from the ASQs indicated that most of the children in the program are on schedule; these are great tools to assess a child's needs and allow Conectores to plan activities and connect parents with the appropriate resources.

Results from the MIPQ baseline and follow-up analysis indicated that there was a significant improvement in "being in the moment" in parents that participated in the program. Although parental self-efficacy decreased at follow-up, this change was not statistically significant. Consequently, no conclusions can be made as to why this occurred. A larger sample size may be needed to understand this change.

Community feedback was used to develop the Conectores training and inform the topics that would be covered during the home visits. By incorporating community feedback, MPM program design and Conectores were able to deliver desired resources and support to participating parents and children. Thus,

our program also provides a real-world example of co-designing programs with and for communities (Mapp & Bergman, 2021; Skoog-Hoffman et al., 2023). Overall, program participants were satisfied with the program, indicated that they had learned valuable information to promote their child's development, and stated that they would recommend the program to a friend. This indicates participant support for the program and speaks to program acceptability.

Limitations

The sample size was small, and the program duration was short; therefore, we could not assess long-term impacts. However, with the mixed methods methodology and feedback from Conectores and participating families, we were able to triangulate results that indicated that the program is feasible and acceptable in the target population.

Recommendations

Several recommendations can be made based on evaluation results. First, in order to improve program delivery, survey assessments should be revised to include surveys that allow staff to collect necessary information about families. For instance, baseline assessments such as the Knowledge Assessment, MIPQ, and ASQs could guide programming and areas of focus with families. These could then be re-taken at the end-line stage to assess program efficacy. Furthermore, baseline and end-line assessments along with proper documentation will assist in tracking family goal completion, something that was not part of Phases I and II but may be useful to assessing program success in Phase III.

Male family involvement in activities was not tracked in Phases I and II but is something that can be done for the full implementation phase. Tracking male involvement in program activities would provide more information regarding how and in which activities Latino fathers and father figures engage with their family and children thus informing activity development. Finally, it is important to consider the number of families that each Conectore can work with. For the pilot phase, Conectores did not provide feedback regarding the number of families assigned. If the program expands to serve more families, it will be necessary to evaluate this ratio.

Conclusions and Future Implications

All (100%) of the participating families in the pilot phase of MPM, a 20-week Montessori-based home visiting program, indicated that they were satisfied with the program and would recommend it to a friend. Families were grateful to have the opportunity to work with the Conectores and felt supported during their journey as future mothers or mothers of children between the ages of birth

to three. Furthermore, based on the resources available, most of the program goals and outcomes were accomplished, indicating high program feasibility.

MPM is currently in the full implementation phase. Home visits are still completed virtually, however, in- person workshops are being offered. The MPM program could be replicated and scaled to reach more members of this community, and then the impact of program activities in a wider setting could be evaluated. Programs that support Latine parents and promote early childhood development increase avenues of support to families and may reduce barriers and challenges faced, leading to more positive outcomes and reducing social disparities.

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