

# Infant Toddler Specialist Network Annual Evaluation Report



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## Executive Summary

Within Year 3, the Infant Toddler Specialist Network (ITSN) continued to implement a comprehensive system of supporting licensed child care providers throughout Minnesota. The overall goal of the ITSN is to develop a high-quality coaching model that supports improved infant and toddler services by licensed child care providers. This goal is achieved through providing relationship-based coaching, technical assistance, and consultation to licensed child care providers who want to enhance and improve their knowledge of and skills with high quality services for infants and toddlers. The Center for Inclusive Child Care (CICC) leads these efforts and hired experienced coaches to work with child care providers to meet the goals of the network.

Despite the outbreak of COVID-19, the evaluation data continued to be collected throughout the year, albeit at a much slower pace than was typical from March until June of 2020. The provider response rates were lower in the spring of 2020 compared to years past. In Year 3 of the evaluation, data collection focused on both the providers receiving coaching services and on the coaches who provide those services. In Year 3, data were collected from the following sources: providers' pre- and post-surveys, provider satisfaction surveys after 10 and again after 25 hours of coaching, provider interviews, coaches pre- and post-surveys, coaches' end-of-event surveys, coach interviews, and Continuous Quality Improvement Plans (CQIPs).

Licensed child care providers who participate in the ITSN were asked to complete a pre-survey at their first coaching session. These same providers were asked to complete the post-survey after completing the 30 hours of coaching. These surveys assessed their knowledge, attitudes, experience, and skills related to child care infant and toddler content and services, as well as their knowledge and use of the Minnesota Knowledge and Competency Frameworks. Providers also completed a seven-question survey after receiving 10 and 25 hours of coaching. Additionally, a purposeful sample of providers participating in the ITSN were recruited to share their experiences via individual interviews throughout Year 3.

In Year 3, ITSN coaches were asked to complete a pre-survey in the fall and a post-survey in the spring. These surveys also assess their knowledge, attitudes, experience, and skills related to child care infant and toddler content; their knowledge and experience with Relationship-Based Professional Development (RBPD); and their knowledge and use of the Minnesota Knowledge and Competency Frameworks. The coaches completed end-of-event surveys after each CICC-led professional development activity. The coaches were interviewed in January and February of 2020, as well.

At the end of Year 3, the providers who are participating in the ITSN are very similar to those who have participated in the past two years of the program. These providers are experienced and come from a variety of educational backgrounds. ITSN providers reported receiving an average of just under 4 months of coaching services.

Providers reported that behavior guidance, caring for children with special needs, co-creating relationships with families, trauma-informed care, planning based on observation, and observation and assessment are most challenging for them to implement. Prior to coaching, the providers reported being confident in their knowledge of infant and toddler policies and practices, effective in their role as provider, and able to develop and implement infant and toddler policies.

Providers reported their knowledge of most infant and toddler content areas as “developing” or “proficient.” More than half of the providers reported that their knowledge of 17 different infant and toddler topical areas (e.g., behavior guidance, caring for infants and toddlers with special needs, co-creating relationships with families, cultural responsiveness, etc.) was still developing. ITSN providers reported most wanting professional development on behavior guidance, caring for infants and toddlers with special needs, co-creating relationships with families, developmentally appropriate practice around individualized and group instruction, planning based on observation, referral to early intervention for infants and toddlers, and trauma-informed care. In the pre-survey, ITSN providers continue to report moderate to low levels of familiarity with and comfort using Minnesota’s Knowledge and Competency frameworks. That familiarity with and comfort using the frameworks improves after receiving coaching.

ITSN coaches are an experienced group of women, many of whom have advanced degrees in early childhood education and related fields. The majority of coaches reported that their knowledge of infant and toddler concepts was primarily “proficient,” except in the areas of cultural responsiveness, nutrition requirements, and precautions for transporting young children.

At the start of Year 3, the professional development ITSN coaches were offered changed from content-driven information to relationship-based professional development practices. A majority of coaches stated that they were able to get infant toddler content from other sources, but that they would still want additional professional development in the areas of developing a risk reduction plan, emergency preparedness, infant and toddler curriculum, and licensing requirements.

ITSN coaches reported moderate to high levels of familiarity with and comfort using the Minnesota Knowledge and Competency Frameworks. They also primarily rated themselves as proficient in a list of coaching competencies and coaching dispositions. The providers rated the coaches as proficient in these coaching competencies and dispositions as well. The coaches reported feeling effective in their role. They reported feeling confident in their knowledge and implementation of infant toddler policies and practices and in their relationship-based professional development knowledge and implementation.

Based on the results of the post-survey, ITSN providers perceived their coaches to be knowledgeable and embodying dispositions that led to positive relationship development and feelings of support. They also reported that their coach either met or exceeded their expectations. All of the providers acknowledged that ITSN coaches facilitated relationships with them and worked collaboratively to set appropriate and achievable goals. In addition, ITSN providers perceived their practice to have greatly improved because of the coaching.

The provider and coach interview data support the findings from the quantitative data. From both the provider and coaching interviews, it is apparent that both providers and coaches recognize the importance of the relationship as the core of the coaching process. They both noted that the relationship was collaborative and non-judgmental. They both identified coaching strategies, such as observation, modeling, and resource provision, that enhanced the child care services provided. The providers and coaches also both agreed that more coaching time and decreased staff turnover would enhance the ITSN.

Year 3 evaluation data can be used to modify, enhance, or remove aspects of the ITSN programming. These data may also be used to develop new methods for ensuring that the coaches are executing their roles with fidelity and the providers are benefitting from the coaching services. Results from this report should be viewed with caution, as all data are self-reported data and the number of respondents is lower than usual because of the impact of the COVID-19 pandemic.

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## Introduction

The Center for Inclusive Child Care (CICC) is responsible for the development and implementation of an Infant Toddler Specialist Network throughout the state of Minnesota. The overarching goal of the ITSN is to use Relationship-Based Professional Development (RBPDP) as a means to improve the knowledge and service provision of child care providers who care for infants and toddlers. The Infant and Toddler Specialist (i.e., coach) works collaboratively with child care providers to develop a quality improvement plan that includes action steps around policies, procedures, and their own professional development goals. This is a collaborative process between the coach and the provider with the ultimate goal of improving academic and behavioral outcomes for young children within Minnesota. The Center for Early Education and Development (CEED) at the University of Minnesota is responsible for evaluating the development and implementation of this project.

Over the course of the first year of programing, ITSN coaches and the child care providers who received coaching participated in a multitude of evaluation activities. ITSN coaches participated in most of the evaluation activities during Year 1, which informed the pilot and its implementation. These evaluation data resulted in modifications or additions to program activities, including professional development activities and development of resources for the coaches and child care providers. Coaches completed end-of-event surveys at the conclusion of each professional development activity (e.g., monthly webinars, Community of Practice, RBPDP credential sessions, and reflective consultation). Coaches also completed Continuous Quality Improvement Plans (CQIPs) with each provider or center. The CQIP outlines the goals of the coaching as they relate to indicators within the Minnesota Knowledge and Competency Frameworks.

During Year 2, the focus of the evaluation was on the experiences of the licensed child care providers who received ITSN coaching. Providers who participated in the ITSN completed both a pre- and a post-coaching survey that assessed their knowledge, attitudes, experiences, and practices regarding infant and toddler care. Providers are also asked to complete brief surveys after receiving 10 and 25 hours of coaching. The intent of these shorter surveys is to assess their experience during coaching rather than waiting until coaching is complete. A purposeful sample of ITSN providers were also interviewed to evaluate their experiences with coaching.

In Year 3, the evaluation continued to focus on the ITSN coaches and the child care providers who receive coaching. Both providers and coaches completed pre- and post-surveys assessing their knowledge, attitudes, experiences, and practices. Providers completed surveys after 10 and 25 hours of coaching. Coaches and providers were interviewed to gather more detailed information regarding their experiences, what is working, and where there is room for improvement. CQIP data were also used to inform the implementation of the ITSN.

Assessing information from multiple data sources across the grant period allows the CICC and DHS to detect any potential changes in the coaches' and providers' knowledge and practices over time. These data inform key aspects of building a high-quality ITSN for all providers across the state of Minnesota; specifically, the types of professional development offered to coaches and providers, the content of the information shared with both coaches and providers, the identification of areas of improvement across the child care field, and the effects of providing high-quality RBPDP to child care providers.

## Study Purpose

The purpose of this evaluation is to assess the knowledge, attitudes, and experiences of the ITSN providers who received coaching and the ITSN coaches themselves. The data collected are intended to inform the development and the implementation of the ITSN, including the effectiveness of RBPB coaching on improving child care for infants and toddlers. The results presented within this report represent data gathered from July 2019 through June 2020. This end-of-year information will be used to determine any gaps in service provision, gaps in coaches' and providers' knowledge and skills, as well as guide future professional development opportunities and other supports for coaches and child care providers.

## Methodology

### Instrumentation

#### ITSN Providers' Pre- and Post-Surveys

The pre- and post-survey questions for providers were developed from information gleaned from the evidence base, child care policy, and from child care infant and toddler recommended practices. The questions were originally developed by the lead evaluator (Bailey) and were reviewed and revised in collaboration with CICC personnel (Weigel, Menninga, and Gillard) and the DHS Program Contract Manager (Schwartz).

#### ITSN Providers' 10 and 25 Hour Surveys

The lead evaluator, CICC Executive Director, and the DHS Program Contract Manager developed the 10 and 25 hour surveys. Each survey is made up of the same 7 questions.

#### ITSN Coaches' Pre- and Post-Surveys

The pre- and post-survey questions for coaches were developed from information gleaned from the evidence base, child care policy, coaching standards, and from recommended practices in infant and toddler care and education. The questions were originally developed by the lead evaluator and were reviewed and revised in collaboration with CICC personnel and the DHS Program Contract Manager.

#### ITSN Providers' Interview Protocol

The lead evaluator created the interview protocol. CICC personnel and the DHS Program Contract Manager reviewed and revised the protocol. CEED evaluation team members conduct the interviews. The interviews began in October of 2019 and were completed in May of 2020.

#### ITSN Coaches' Interview Protocol

The lead evaluator created the interview protocol. CICC personnel and the DHS Program Contract Manager reviewed and revised the protocol. CEED evaluation team members conduct the interviews. The interviews began in January and were completed in February of 2020.

#### ITSN Coaches' End-of-Event Survey

The lead evaluator developed the end-of-event survey with feedback and revisions provided by the CICC Executive Director and the DHS Program Contract Manager.

### Continuous Quality Improvement Plan

CICC personnel developed the Continuous Quality Improvement Plans (CQIPs). The objective of the CQIPs is to provide a tool with which providers and coaches can outline goals they would like to complete as part of the coaching program, as well as providing a means of identifying the Minnesota Knowledge and Competency content areas and standards of quality that those goals are meant to address. CICC personnel collaborated with the lead evaluator to ensure that the information captured on the document is used within the evaluation of the program. Revisions were made to the document in Year 3 to capture appropriate data elements and remove data elements that were not useful to the ITSN or the CICC.

### Participant Recruitment

All ITSN coaches understand that participating in evaluation activities is critical to the success of the ITSN and are encouraged to complete the activities by CICC staff. Coaches shared survey information with child care providers receiving coaching during their initial visit. Both online links to the surveys and paper surveys were available to providers who preferred that method of survey completion. Paper surveys were collected in a sealed envelope from providers and sent to the evaluators via mail. Due to COVID-19, paper surveys were discontinued in March of 2020 and only online surveys were available providers and coaches.

For participation in the interviews, a purposeful sample of providers were chosen from a list of providers who complete ITSN coaching services. Purposeful sampling is often used in qualitative research to find “information-rich cases,” when there are a limited number of participants or cases from which to draw (Palinkas et al., 2015, p. 534). For the purposes of this evaluation, child care providers were chosen based on their geographical location and their race/ethnicity.

### Data Collection Procedures

#### ITSN Providers’ Pre- and Post-Survey

There were 24 questions within the providers’ pre-survey, which can be found in Appendix A. The survey was based on the coaches’ pre-survey and included similar questions on the following topics: demographic information; providers’ professional development experience; providers’ perceptions of their competencies in specific infant and toddler content areas; providers’ knowledge of Minnesota’s Knowledge and Competency Frameworks; providers’ perceptions of their own effectiveness; and providers’ perceptions of their ability to implement high-quality infant and toddler practices. The providers were also asked open-ended questions so that they could share their thoughts on implementation challenges and their expectations around working with a coach. The providers’ post-survey contained 27 questions, the majority of which mirrored the pre-survey questions to measure change across time. The post-survey can be found in Appendix B.

The ITSN providers’ surveys were loaded onto Qualtrics (July 2019 Version), an online survey system used at the University of Minnesota, and disseminated by CEED evaluation personnel. The providers’ Year 3 pre-survey was disseminated starting in September of 2019. All providers were sent a link to the survey within the first two weeks of receiving coaching services.

Providers were also offered the option of completing a paper version of the survey and mailing it back to CEED. The ITSN providers' Year 3 post-survey was originally disseminated in the fall of 2019. Providers were sent a link to the post-survey or offered a paper survey after coaching services were completed. Reminders were sent to providers at least one time for both the pre- and post-survey in an attempt to increase response rates.

### **ITSN Provider 10 and 25 Hour Surveys**

Each provider was sent a link to the same seven-question survey after receiving 10 hours of coaching and another link after receiving 25 hours of coaching. These surveys are loaded on Qualtrics (July 2019 Version). These surveys were originally disseminated in the summer of 2019 and continue throughout Year 3. The survey can be found in Appendix C.

### **ITSN Coaches' Pre- and Post-Survey**

There were 39 questions within the coaches' pre-survey, which can be found in Appendix D. The survey included questions on the following topics: demographic information; coaches' perceptions of their competencies in specific infant and toddler content areas; coaches' perceptions of RPBD sessions; coaches' professional development experience within the past year; coaches' knowledge of Minnesota's Knowledge and Competency Frameworks; coaches' perceptions of their coaching competencies and dispositions; coaches' perceptions of their own effectiveness, confidence, and knowledge; and coaches' perceptions of providers' needs and challenges. The coaches were also asked open-ended questions so that they could share their thoughts on implementation challenges and share any additional information they feel is relevant. The coaches' post-survey contained 44 questions, the majority of which mirrored the pre-survey questions to measure change across time. The post-survey can be found in Appendix E.

The ITSN coaches' surveys were loaded onto Qualtrics (July 2019 Version), an online survey system used at the University of Minnesota, and disseminated by CEED evaluation personnel. The coaches' Year 3 pre-survey was disseminated starting in October of 2019. All coaches were sent a link to the survey. The ITSN coaches' Year 3 post-survey will be disseminated in the spring of 2020. Reminders are sent to coaches who do not complete the survey at least one time in an attempt to increase response rates.

### **ITSN Provider Interview Protocol**

The interview protocol for the ITSN providers (see Appendix F) contained a total of 12 questions, with several of the questions containing sub-questions and/or prompts. All interviews are conducted by CEED evaluation personnel. On average, the interviews take approximately 30 minutes to complete. Each interview is recorded and later transcribed by the evaluation team members. The transcriptions are analyzed using MAXQDA (Version 2018).

### **ITSN Coach Interview Protocol**

The interview protocol for the ITSN coaches (see Appendix G) contained a total of 15 questions, with several of the questions containing sub-questions and/or prompts. All interviews are conducted by CEED evaluation personnel. On average, the interviews take approximately 75 minutes to complete. Each interview is recorded and later transcribed by the evaluation team members. The transcriptions are analyzed using MAXQDA (Version 2018).

### ITSN Coaches' End-of-Event Survey

The end-of-event survey contains six questions, including one open-ended question. The survey was loaded into Qualtrics (July 2019 Version) and a link to the survey was disseminated by CICC personnel at the completion of every reflective consultation event and the completion of the RBPB credential events. The end-of-event survey can be found in Appendix H.

### Continuous Quality Improvement Plans

Coaches complete the CQIP either in collaboration with the child care provider or after meeting with the provider(s). The document was intended to be reviewed with the providers after each coaching session. A new version of the CQIP was introduced in December of 2019. The ITSN coaches were directed to use the new version with all new programs at the time. The previous format was used with all programs that began coaching prior to December 2019. The CQIP used prior to December 2019 can be found in Appendix I, and the new version of the CQIP can be found in Appendix J.

### Data Analysis

Quantitative data (i.e., surveys) were analyzed using MS Excel and SPSS. Frequencies and percentages were calculated for survey responses. These data are reported via tables, charts, and figures.

Qualitative data (i.e., interviews and CQIPs) were analyzed for themes using MAXQDA (Version 2018) and MS Excel. Themes are presented.

### Results

The data, whether from ITSN coaches or providers, are reported in aggregate throughout this section of the report. Response rates varied across evaluation activities and should be reviewed prior to any interpretation. Overall response rates for the providers were lower compared to years one and two of the program; response rates to the provider pre- and post-surveys lessened after February of 2020, which we attribute to the COVID-19 outbreak. When possible, the total number of respondents are identified within each data collection activity and individual questions.

The results are broken down for the providers into the following overarching categories: demographics; coaching services data; education and experience; requests for additional professional development; knowledge of infant and toddler content; familiarity with and comfort using the Minnesota Knowledge Competency Frameworks; requests for support; infant and toddler coaching requests; perceptions of coaching dispositions; perceptions of coaching skills and knowledge; perceptions of practice change after coaching; perceptions of the coach; perceptions of personal effectiveness, and interview themes. For the coaches, the data are categorized into the following topics: demographic information; coaches' perceptions of their competencies in specific infant and toddler content areas; coaches' perceptions of RBPB sessions; coaches' professional development experience within the past year; coaches' knowledge of Minnesota's Knowledge and Competency Frameworks; coaches' perceptions of their coaching competencies and dispositions; coaches' perceptions of their own effectiveness, confidence, and knowledge; interview themes; and coaches' perceptions of providers' needs and

challenges. Data from the Continuous Quality Improvement Plans are shared. End-of-event data are presented for the ITSN providers after they received 10 hours and 25 hours of coaching. End-of-event data are also presented for the ITSN coaches.

### ITSN Provider Demographics

Fifteen (15) ITSN providers completed the pre-survey (16% response rate) and 10 completed the post-survey (11% response rate). The ITSN providers ( $n = 14$ ) range in age from 25 to 58 years old, with an average age of 39.3 years. Eleven (11) providers identified themselves as White, one identified as Multi-racial, and one as Asian. Sixty-seven percent (67%;  $n = 10$ ) said they worked in center-based child care and 33% ( $n = 5$ ) said they were family child care providers. Six of the center-based respondents identified themselves as center directors (75%) and two as teachers (25%).

### ITSN Coaching Services Data

ITSN providers reported receiving an average of a little under four months (3.8) of infant and toddler coaching. The range of coaching received went from less than one month to six months (see Figure 1).

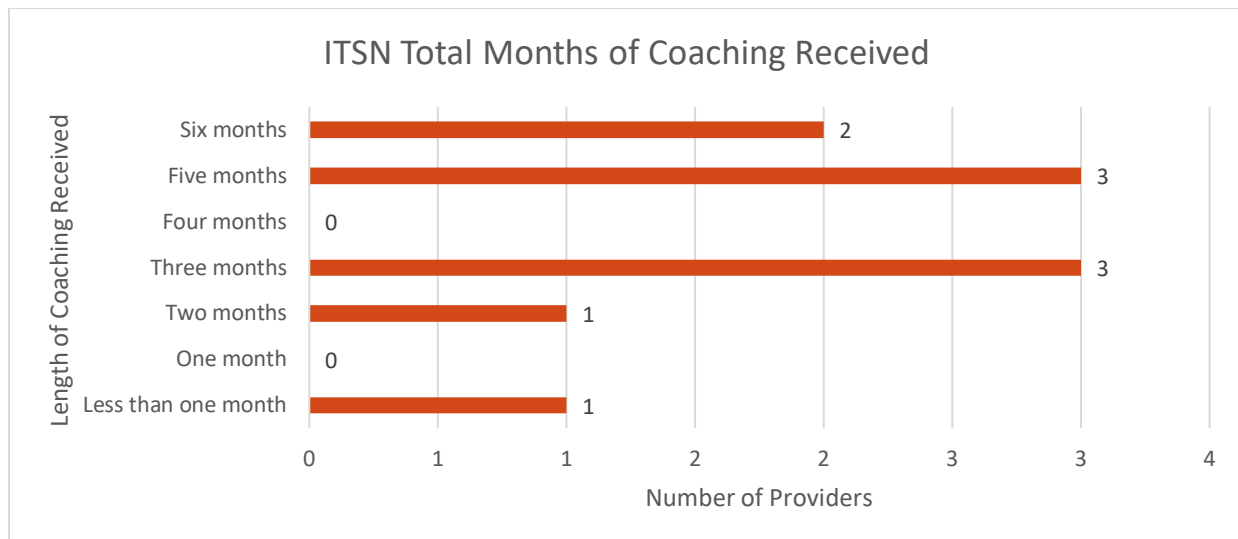


Figure 1. Number of months of coaching received by ITSN child care providers.

### ITSN Providers' Education and Experience

Six ITSN providers (46%) reported that they have Bachelor of Arts or Science degrees, 38% ( $n = 5$ ) had some college or Certificate program and one (15%) holds a post-graduate degree. The providers shared that they have worked an average of 9.1 years (range = one year to more than 30 years) in child care. Sixty-nine percent (69%;  $n = 9$ ) of ITSN providers reported that they work in the metro region, 15% ( $n = 2$ ) in the Northeast region, 8% ( $n = 1$ ) in the Southern region, and 8% ( $n = 1$ ) in the West/Central region. There were no survey respondents from the Northwest region.

### ITSN Providers' Requests for Additional Professional Development

ITSN child care providers were asked, in the pre-survey, to report the infant and toddler topics on which they still wanted additional training/professional development. Providers were given

the list of topics below and were asked to choose what was appropriate for them. These data are in Table 1.

Table 1. Percentage of ITSN Providers Who Reported Wanting Additional Training on Infant and Toddler Topics in the Pre-Survey.

<b>Infant and Toddler Content Area</b>	<b>Want additional training? (Pre-Survey)</b>
Active Supervision	0% (0/10)
Adequate and Safe Physical Space (Indoor and Outdoor)	18% (2/11)
Behavior Guidance	82% (9/11)
Caring for Infants and Toddlers with Special Needs	73% (8/11)
Co-Creating Relationships with Families	91% (10/11)
Confidentiality	27% (3/11)
Cultural Responsiveness	64% (7/11)
Developing Health and Safety Policies	22% (2/9)
Developing a Risk Reduction Plan (required only in center-based settings)	0% (0/8)
Developing an Individual Child Care Program Plan (required only in center-based settings)	60% (3/5)
Developmentally Appropriate Practices (DAP) Around Group Instruction	70% (7/10)
Developmentally Appropriate Practices (DAP) Around Individualized Instruction	82% (9/11)
Emergency Preparedness	27% (3/11)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	45% (5/11)
Implementing Health and Safety Policies	17% (1/6)
Implementing a Risk Reduction Plan (required only in center-based settings)	17% (1/6)
Implementing an Individual Child Care Program Plan (required only in center-based settings)	60% (3/5)
Individualized care	55% (6/11)
Infant Feeding	27% (3/11)
Infant Toddler Development, Including Brain Development	36% (4/11)
Infant and Toddler Curriculum	27% (3/11)
Keeping Furniture and Equipment in Good Repair	0% (0/6)
Licensing Requirements (Rule 2 or Rule 3)	27% (3/11)
Nutrition Requirements	18% (2/11)
Observation and Assessment	55% (6/11)
Outdoor Play Safety	17% (1/6)
Planning Based on Observation	73% (8/11)
Play for Infants and Toddlers	36% (4/11)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0% (0/11)
Precautions for Transporting Young Children	0% (0/10)

Infant and Toddler Content Area	Want additional training? (Pre-Survey)
Primary Caregiving and Continuity of Care	10% (1/10)
Proper Diapering/Toileting	0% (0/11)
Provider Mental Health/Self-Care	64% (7/11)
Provider to Child Ratios	9% (1/11)
Referral to Early Intervention for Infants and Toddlers	73% (8/11)
Routines	27% (3/11)
Safe Sleep Practices for Infants	0% (0/11)
Safe Sleep Practices for Toddlers and Preschoolers	0% (0/11)
Sanitation Practices	0% (0/6)
Social Emotional Development, Including Attachment	55% (6/11)
Trauma-Informed Care	73% (8/11)

The ITSN child care providers want additional training on the following infant toddler content areas: co-creating relationships with families (91%); behavior guidance (82%); and Developmentally Appropriate Practices (DAP) around individual instruction (82%). zed instruction (100%); and social emotional development, including attachment (100%). No providers identified wanting additional training on active supervision, keeping furniture and equipment in good repair, potential hazards, precautions for transporting young children, proper diapering/toileting, safe sleep practices for infants, safe sleep practices for toddlers and preschoolers, nor sanitation practices. Additionally, no providers reported wanting additional training on developing a risk reduction plan; however, this is only required in center-based settings.

### ITSN Providers' Knowledge of Infant Toddler Content

ITSN child care providers were asked to report their perceived level of knowledge on a number of different infant and toddler topics. Table 2 reports the percentage of participants who indicated that they view their knowledge as beginning, developing, or proficient on these infant and toddler content areas prior to and after receiving coaching. The providers were given the following definitions to use when reporting their perceptions:

**Beginning:** I am just beginning to develop this competency;

**Developing:** I am actively working to improve this competency; or

**Proficient:** I feel very confident in this competency.

Table 2. ITSN Providers' Perceptions at Pre- and Post-Survey of Their Level of Knowledge with Infant and Toddler Content.

Infant and Toddler Content Area	Perceived Level of Knowledge					
	(Pre-Survey)			(Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
Active Supervision	0% (0/13)	38% (5/13)	62% (8/13)	0% (0/8)	25% (2/8)	75% (6/8)

Infant and Toddler Content Area	Perceived Level of Knowledge					
	(Pre-Survey)			(Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
Adequate and Safe Physical Space (Indoor and Outdoor)	0% (0/13)	31% (4/13)	69% (9/13)	0% (0/8)	0% (0/8)	100% (8/8)
Behavior Guidance	0% (0/8)	62% (5/8)	38% (3/8)	0% (0/8)	62% (5/8)	38% (3/8)
Caring for Infants and Toddlers with Special Needs	38% (5/13)	46% (6/13)	15% (2/13)	25% (2/8)	62% (5/8)	12% (1/8)
Co-Creating Relationships with Families	0% (0/8)	50% (4/8)	50% (4/8)	0% (0/8)	75% (6/8)	25% (2/8)
Confidentiality	0% (0/8)	25% (2/8)	75% (6/8)	0% (0/7)	29% (2/7)	71% (5/7)
Cultural Responsiveness	25% (2/8)	38% (3/8)	38% (3/8)	25% (2/8)	50% (4/8)	25% (2/8)
Developing Health and Safety Policies	10% (1/10)	50% (5/10)	40% (4/10)	0% (0/3)	100% (3/3)	0% (0/3)
Developing a Risk Reduction Plan (required only in center-based settings)	11% (1/9)	22% (2/9)	67% (6/9)	0% (0/8)	62% (5/8)	38% (3/8)
Developing an Individual Child Care Program Plan (required only in center-based settings)	25% (2/8)	25% (2/8)	50% (4/8)	33% (1/3)	33% (1/3)	33% (1/3)
Developmentally Appropriate Practices (DAP) Around Group Instruction	28% (2/7)	14% (1/7)	57% (4/7)	12% (1/8)	50% (4/8)	38% (3/8)
Developmentally Appropriate Practices (DAP) Around Individualized Instruction	28% (2/7)	14% (1/7)	57% (4/7)	12% (1/8)	62% (5/8)	25% (2/8)
Emergency Preparedness	0% (0/13)	46% (6/13)	54% (7/13)	0% (0/8)	38% (3/8)	62% (5/8)
How to Access Local Resources	0% (0/13)	46% (6/13)	54% (7/13)	0% (0/8)	38% (3/8)	62% (5/8)

Infant and Toddler Content Area	Perceived Level of Knowledge					
	(Pre-Survey)			(Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
(e.g., health consultants, emergency hotlines, etc.)						
Implementing Health and Safety Policies	0% (0/12)	42% (5/12)	58% (7/12)	0% (0/8)	38% (3/8)	62% (5/8)
Implementing a Risk Reduction Plan (required only in center-based settings)	12% (1/8)	12% (1/8)	75% (6/8)	0% (0/3)	100% (3/3)	0% (0/3)
Implementing an Individual Child Care Program Plan (required only in center-based settings)	25% (2/8)	50% (4/8)	25% (2/8)	33% (1/3)	33% (1/3)	33% (1/3)
Individualized care	11% (1/9)	33% (3/9)	56% (5/9)	12% (1/8)	38% (3/8)	50% (4/8)
Infant Feeding	8% (1/12)	50% (6/12)	42% (5/12)	0% (0/8)	38% (3/8)	62% (5/8)
Infant Toddler Development, Including Brain Development	12% (1/8)	25% (2/8)	63% (5/8)	0% (0/8)	50% (4/8)	50% (4/8)
Infant and Toddler Curriculum	12% (1/8)	25% (2/8)	63% (5/8)	0% (0/8)	50% (4/8)	50% (4/8)
Keeping Furniture and Equipment in Good Repair	0% (0/12)	25% (3/12)	75% (9/12)	0% (0/1)	100% (1/1)	0% (0/1)
Licensing Requirements (Rule 2 or Rule 3)	0% (0/12)	25% (3/12)	75% (9/12)	0% (0/7)	86% (6/7)	14% (1/7)
Nutrition Requirements	8% (1/13)	15% (2/13)	77% (10/13)	0% (0/8)	62% (5/8)	38% (3/8)
Observation and Assessment	25% (2/8)	25% (2/8)	50% (4/8)	12% (1/8)	25% (2/8)	62% (5/8)
Outdoor Play Safety	0% (0/12)	50% (6/12)	50% (6/12)	0% (0/2)	50% (1/2)	50% (1/2)
Planning Based on Observation	25% (2/8)	25% (2/8)	50% (4/8)	0% (0/8)	62% (5/8)	38% (3/8)

Infant and Toddler Content Area	Perceived Level of Knowledge					
	(Pre-Survey)			(Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
Play for Infants and Toddlers	12% (1/8)	12% (1/8)	75% (6/8)	0% (0/7)	14% (1/7)	86% (6/7)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0% (0/13)	8% (1/13)	92% (12/13)	0% (0/8)	12% (1/8)	88% (7/8)
Precautions for Transporting Young Children	12% (1/8)	12% (1/8)	75% (6/8)	12% (1/8)	12% (1/8)	75% (6/8)
Primary Caregiving and Continuity of Care	25% (2/8)	25% (2/8)	50% (4/8)	12% (1/8)	25% (2/8)	62% (5/8)
Proper Diapering/Toileting	0% (0/13)	15% (2/13)	85% (11/13)	0% (0/8)	12% (1/8)	88% (7/8)
Provider Mental Health/Self-Care	8% (1/12)	67% (8/12)	25% (3/12)	12% (1/8)	38% (3/8)	50% (4/8)
Provider to Child Ratios	0% (0/13)	15% (2/13)	85% (11/13)	0% (0/8)	25% (2/8)	75% (6/8)
Referral to Early Intervention for Infants and Toddlers	12% (1/8)	38% (3/8)	50% (4/8)	12% (1/8)	25% (2/8)	62% (5/8)
Routines	0% (0/8)	38% (3/8)	62% (5/8)	0% (0/8)	25% (2/8)	75% (6/8)
Safe Sleep Practices for Infants	8% (1/13)	23% (3/13)	69% (9/13)	0% (0/8)	12% (1/8)	88% (7/8)
Safe Sleep Practices for Toddlers and Preschoolers	8% (1/13)	8% (1/13)	85% (11/13)	0% (0/8)	12% (1/8)	88% (7/8)
Sanitation Practices	8% (1/12)	33% (4/12)	58% (7/12)	0% (0/3)	33% (1/3)	67% (2/3)
Social Emotional Development, Including Attachment	25% (2/8)	12% (1/8)	62% (5/8)	12% (1/8)	25% (2/8)	62% (5/8)
Trauma-Informed Care	38% (3/8)	50% (4/8)	12% (1/8)	25% (2/8)	62% (5/8)	12% (1/8)

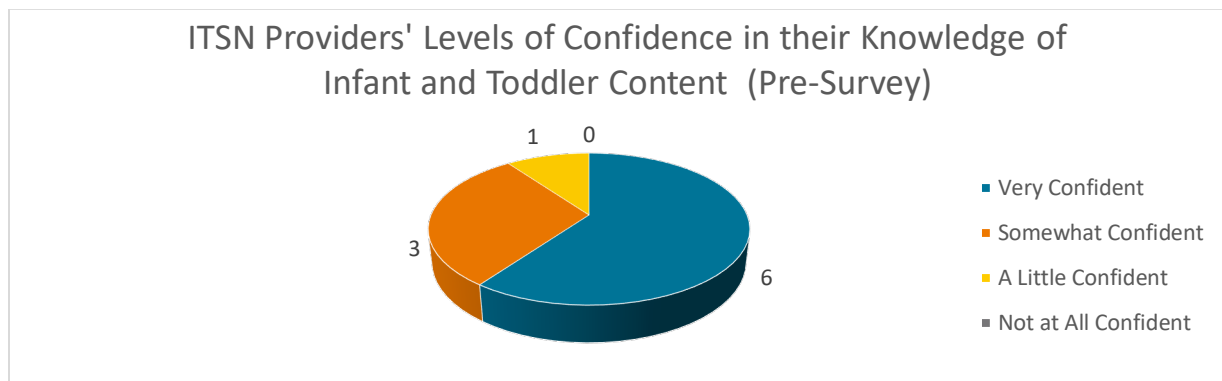
Prior to receiving ITSN coaching, the child care providers reported feeling proficient most often in the areas of potential hazards (92%), proper diapering/toileting (85%), provider to child ratios

(85%), and safe sleep practices for toddlers and preschoolers (85%). The ITSN providers reported feeling at the beginning stages of skill development most often for the topics of caring for infants and toddlers with special needs (38%) and trauma-informed care (38%).

After receiving ITSN coaching, child care providers most often said that they felt proficient in the areas of adequate and safe physical space (100%), potential hazards (88%), proper diapering/toileting (88%), play for infants and toddlers (86%), safe sleep practices for infants (88%), and safe sleep practices for toddlers and preschoolers (88%). After coaching, providers reported that they still felt at the beginning stages of developing an individual child care program plan (33%) and implementing an individual child care program plan (33%), both of which apply only to center-based programs.

### ITSN Providers' Confidence in their Infant and Toddler Knowledge

Prior to receiving coaching, ITSN child care providers were asked to rate their level of confidence in their personal knowledge of child care infant and toddler information. Sixty percent (60%;  $n = 6$ ) of the providers said that they were very confident in their infant and toddler knowledge. Three providers (30%;  $n = 3$ ) reported feeling somewhat confident, and a single provider (10%;  $n = 1$ ) reported feeling a little confident in their knowledge. None of the providers ( $n = 0$ ) said that they were not at all confident in their infant and toddler knowledge (see Figure 2).



*Figure 2.* ITSN providers' ratings of confidence regarding their infant and toddler content knowledge (pre-survey).

After receiving coaching, 57% ( $n = 4$ ) of the providers stated that their confidence in their knowledge of infant and toddler content somewhat improved and 43% ( $n = 3$ ) of the provider stated that their confidence greatly improved. None of the providers (0%;  $n = 0$ ) stated that their confidence in their infant and toddler knowledge stayed the same or got worse after coaching (see Figure 3).

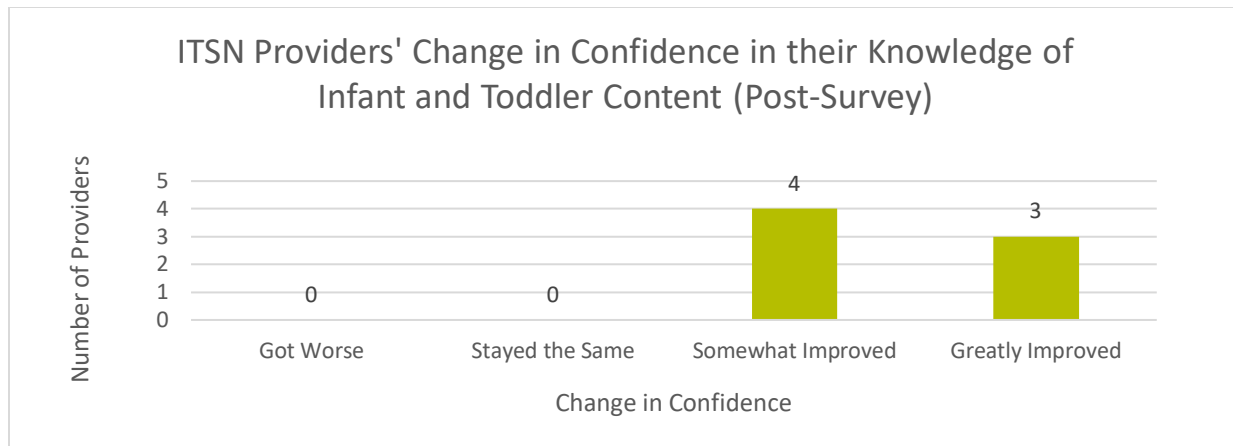


Figure 3. ITSN providers' change in confidence of knowledge of infant and toddler content after receiving coaching (post-survey).

### ITSN Provider's Ratings of their Ability to Develop and Implement Infant and Toddler Policies

Prior to any coaching, 90% (n = 9) of the ITSN providers reported having written policies that address the unique needs of infants and toddlers in their program. Providers were asked to rate themselves, prior to coaching, on their ability to both develop and implement infant toddler policies (see Figure 4). Forty percent (40%; n = 4) of the providers rated their ability to develop policies related to caring for infants and toddlers as above average, 30% (n = 3) rated their ability as well above average, and 30% (n = 3) rated their ability as average. None (0%; n = 0) of the providers reported their ability to develop infant and toddler policies as below average or well below average.

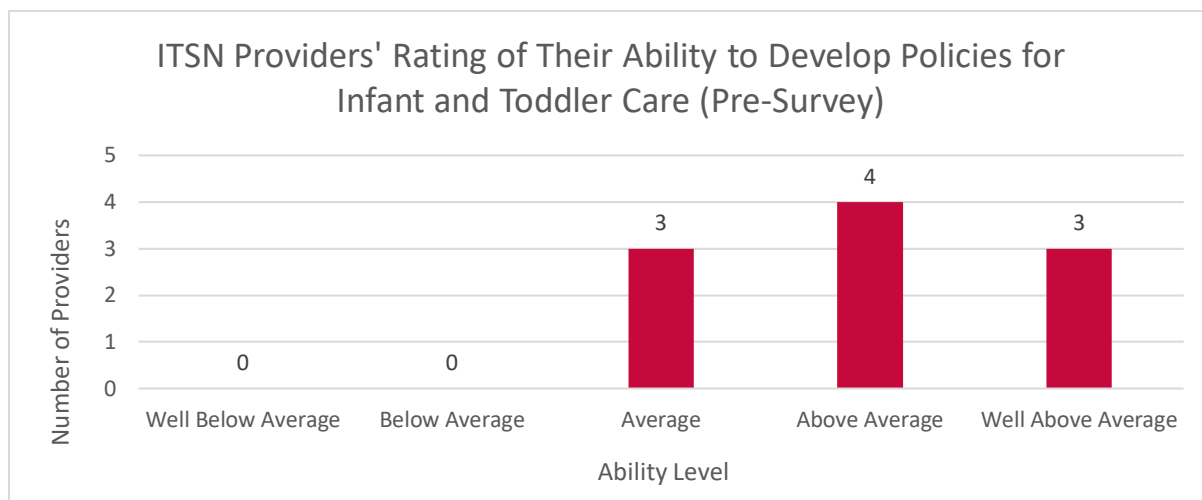
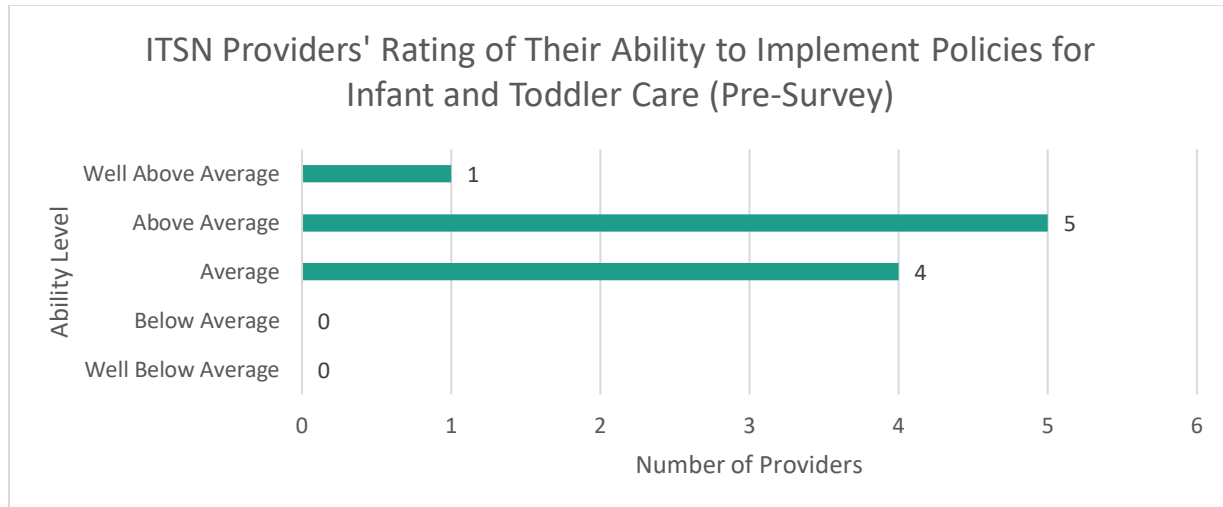


Figure 4. ITSN providers' ratings of their ability to develop policies related to caring for infants and toddlers (pre-survey).

Similarly, fifty percent (50%, n = 5) rated their ability to implement these policies that impact infant and toddler care as above average (see Figure 5). Forty percent (40%, n = 4) rated their ability to implement these policies as average and a single provider (10%; n = 1) rated her ability as well above average. None of the providers said that their ability to

implement infant and toddler policies was below average or well below average. When asked what prevents them from implementing policies related to caring for infants and toddlers, providers cited issues involving communication with other caregivers, difficulty in meeting individual families' requests, and behavior/social emotional issues with children.



*Figure 5.* ITSN providers' ratings of their ability to implement policies related to caring for infants and toddlers (pre-survey).

In the post-survey, 100% ( $n = 7$ ) of the ITSN providers stated that they had written policies related to the care of infant and toddlers prior to receiving coaching. None (0%,  $n = 0$ ) of the five ITSN providers stated that they received coaching on developing infant and toddler policies. Since no providers received coaching on developing infant and toddler policies, there are no data regarding their perceived ability to develop infant and toddler policies after receiving coaching.

The post-survey also asked the providers if they a) received coaching on implementing child care infant and toddler policies, and b) to rate their ability to implement infant and toddler policies after receiving coaching. One provider (14%;  $n = 1$ ) reported receiving coaching on implementing infant and toddler policies. That provider also reported that since receiving coaching, she perceived her ability to implement infant and toddler policies as average.

### **ITSN Providers' Pre- and Post- Coaching Familiarity with and Comfort Using the Minnesota Knowledge and Competency Frameworks**

Providers who received ITSN coaching were asked to rate their level of knowledge, as well as their comfort in using two different versions of the Minnesota Knowledge and Competency Frameworks (KCFs) (e.g., infant and toddler and family child care) in both the pre-survey and the post-survey. Within the pre-survey, 60% ( $n = 6$ ) of providers stated that they were somewhat familiar with the family child care KCF, 30% of providers ( $n = 3$ ) said they were not at all familiar with the family child care KCF, and one provider (10%) said she was very familiar with the family child care KCF (see Figure 6).

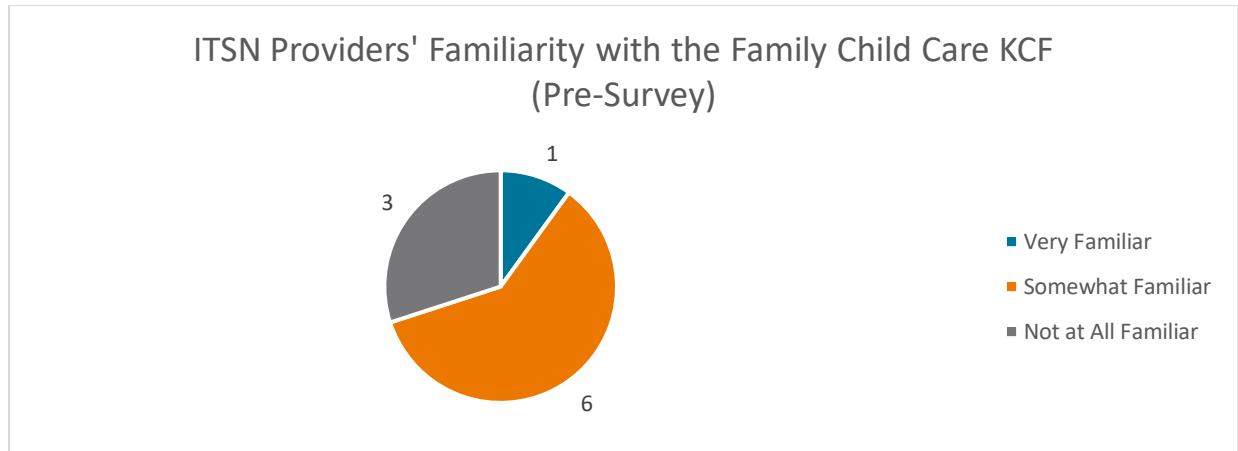


Figure 6. ITSN providers' familiarity with the family child care KCF (pre-survey).

Of those providers who completed the post-survey, 50% ( $n = 4$ ) reported feeling somewhat familiar and 50% ( $n = 4$ ) reported feeling very familiar with the family child care KCF. None of the providers (0%) reported being not at all familiar with the family child care KCF after receiving coaching (see Figure 7).

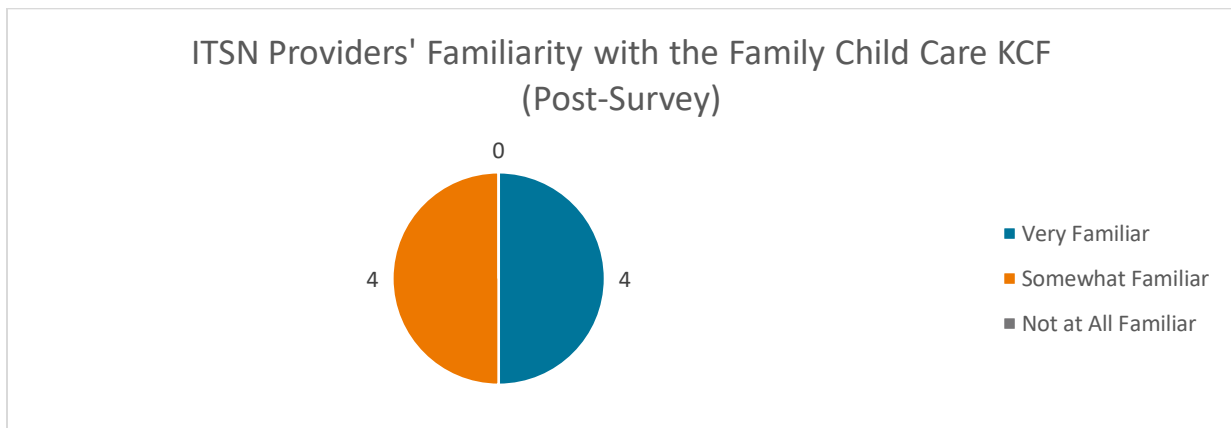


Figure 7. ITSN providers' familiarity with the family child care KCF (post-survey).

When asked how comfortable they were using the family child care KCF in the pre-survey, 44% ( $n = 4$ ) of the providers reported feeling somewhat comfortable, 33% ( $n = 3$ ) reported feeling a little comfortable, 11% ( $n = 1$ ) reported feeling very comfortable, and 11% ( $n = 1$ ) reporting feeling not at all comfortable (see Figure 8). Figure 9 displays the providers' responses in the post-survey. Fifty percent (50%;  $n = 4$ ) of the providers stated that they felt very comfortable, 38% ( $n = 3$ ) stated they felt somewhat comfortable, and 12% ( $n = 1$ ) stated that they were a little comfortable using the family child care KCF in their work. None of the providers said they were not at all comfortable using the family child care KCF in their work after receiving ITSN coaching.

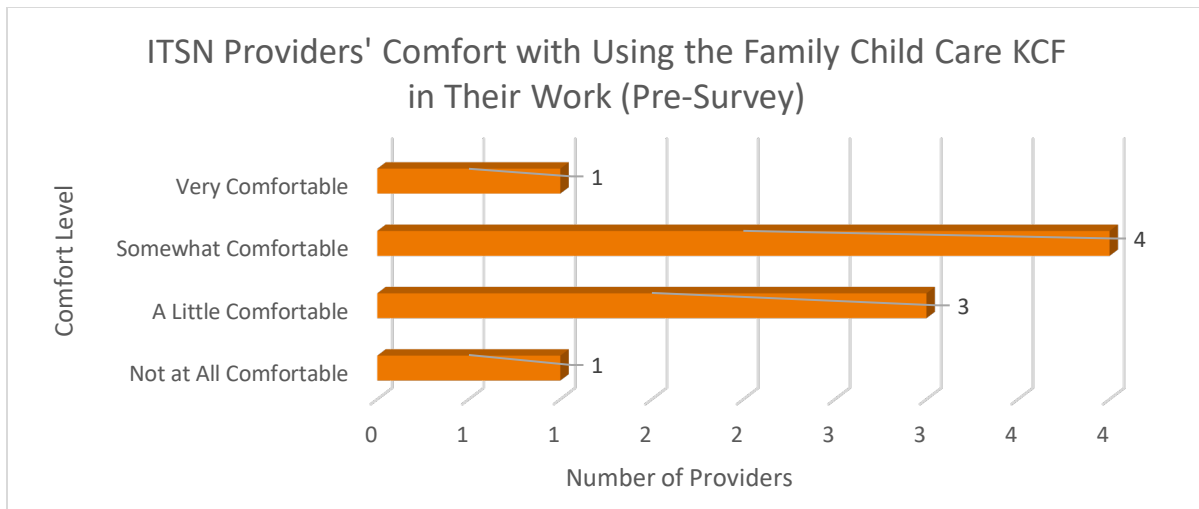


Figure 8. ITSN providers' reported comfort with using the family child care KCF in their work (pre-survey).

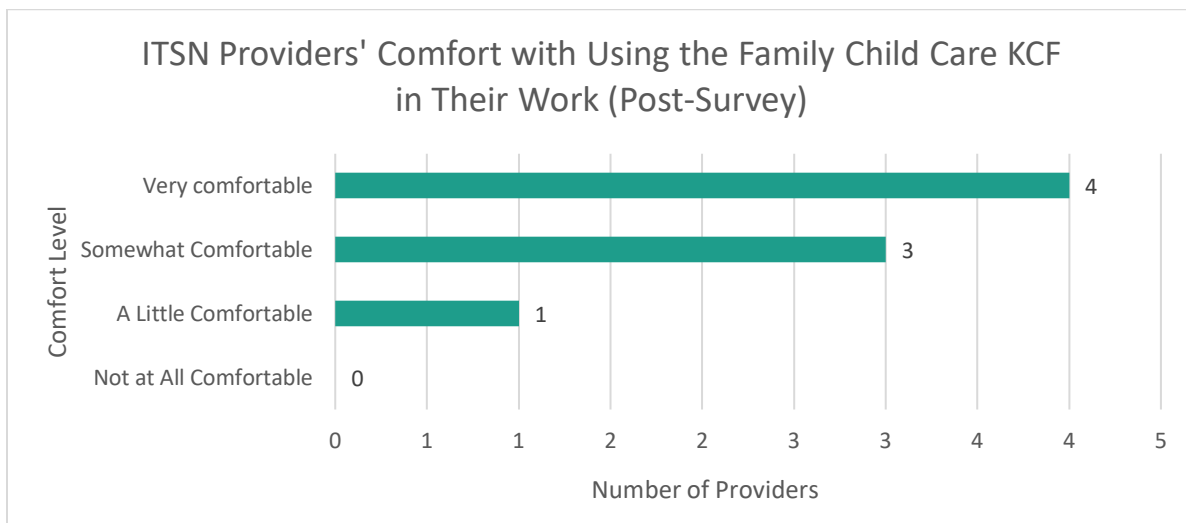


Figure 9. ITSN providers' reported comfort with using the family child care KCF in their work (post-survey).

Similar results were reported when the providers were asked to rate their level of familiarity with and their comfort using the infant and toddler KCF. In the pre-survey, 60% of the providers ( $n = 6$ ) said they were somewhat familiar with the infant toddler KCF and 40% ( $n = 4$ ) said that they were not at all familiar with the infant toddler KCF. From the post-survey, 71% ( $n = 5$ ) of the providers felt somewhat familiar and 29% ( $n = 2$ ) felt very familiar with the infant toddler KCF. None of the providers reported feeling not at all familiar with the infant toddler KCF after receiving coaching. Figures 10 and 11 display the data regarding the familiarity with the infant toddler KCF.

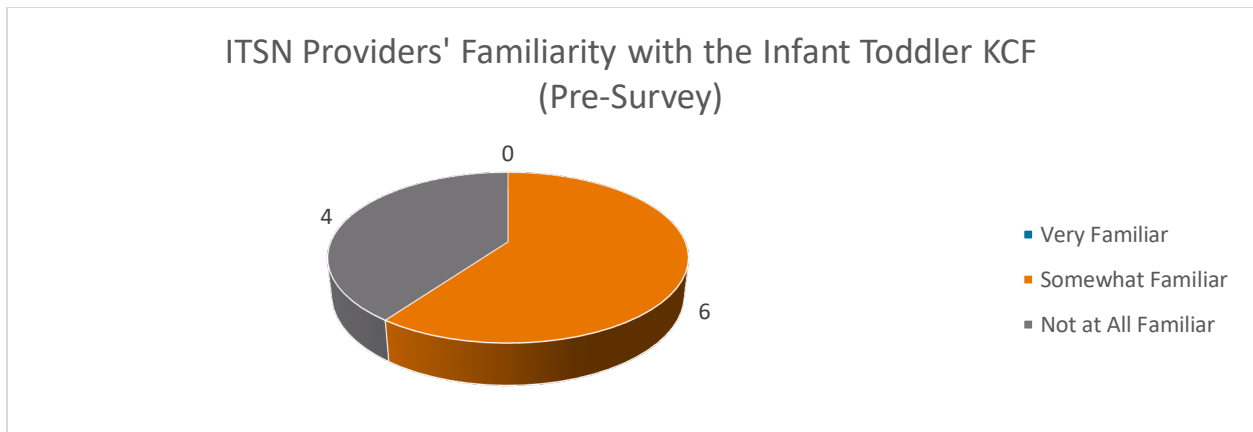


Figure 10. ITSN providers' familiarity with the infant toddler KCF (pre-survey).

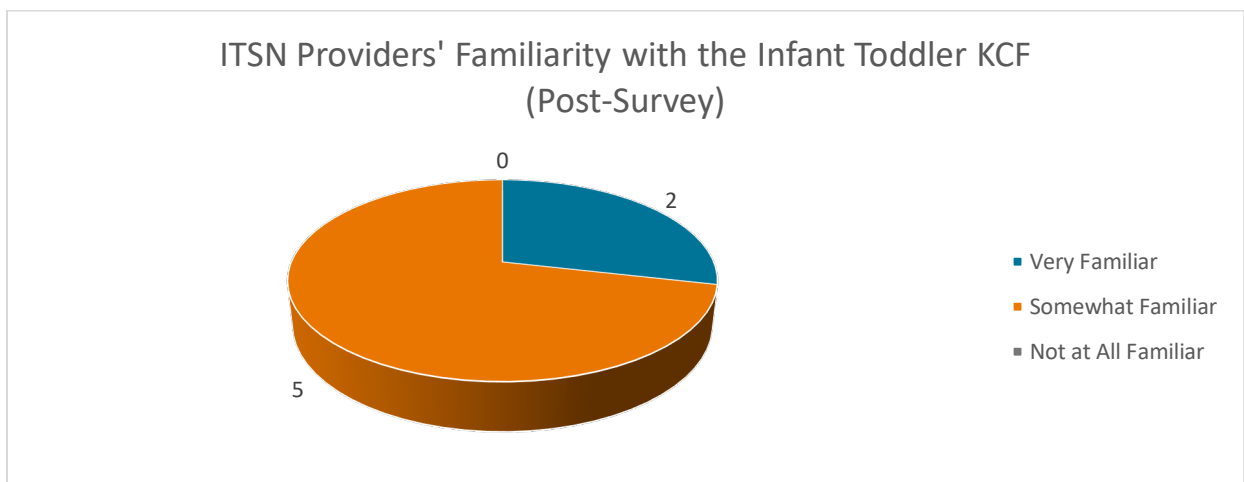


Figure 11. ITSN providers' familiarity with the infant toddler KCF (post-survey).

Within the pre-survey, 50% ( $n = 4$ ) of the ITSN providers stated that they were somewhat comfortable, 38% ( $n = 3$ ) reported feeling a little comfortable, and 12% ( $n = 1$ ) reported feeling very comfortable using the infant toddler KCF in their work. Within the post-survey, 57% ( $n = 4$ ) of the providers reported feeling somewhat comfortable, 29% ( $n = 2$ ) reported feeling very comfortable, and 14% ( $n = 1$ ) reported feeling a little comfortable using the infant toddler KCF in their work. Figures 12 and 13 display these results.

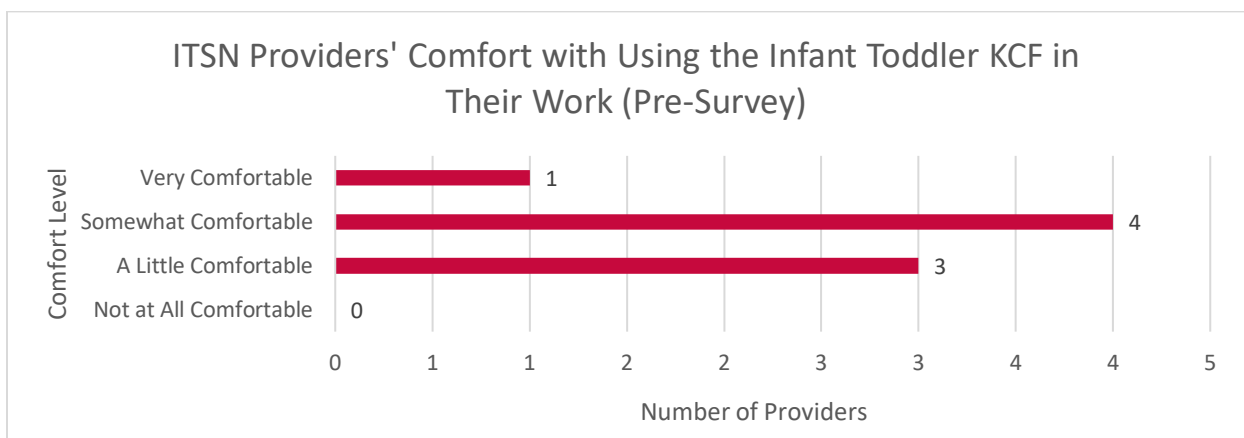


Figure 12. ITSN providers' reported comfort with using the infant toddler KCF in their work (pre-survey).

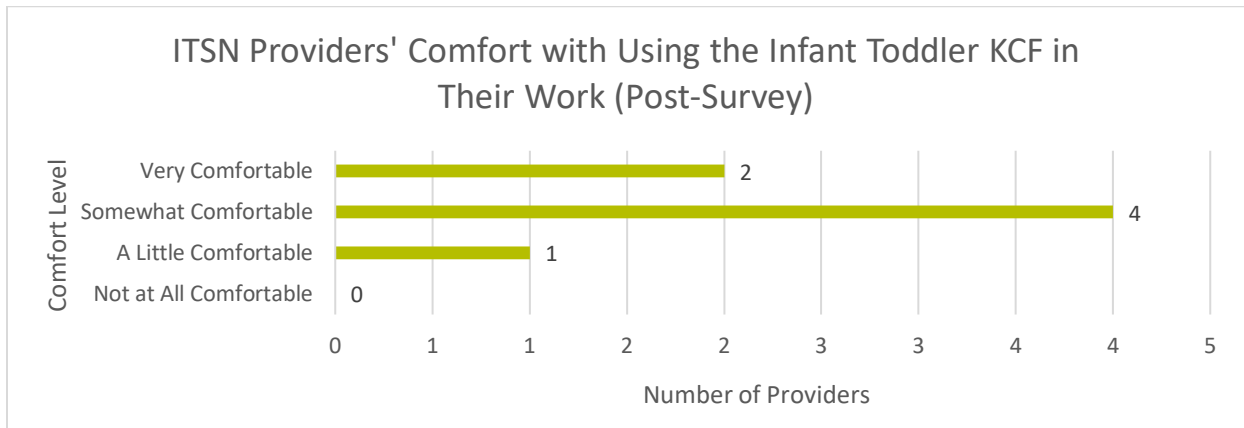
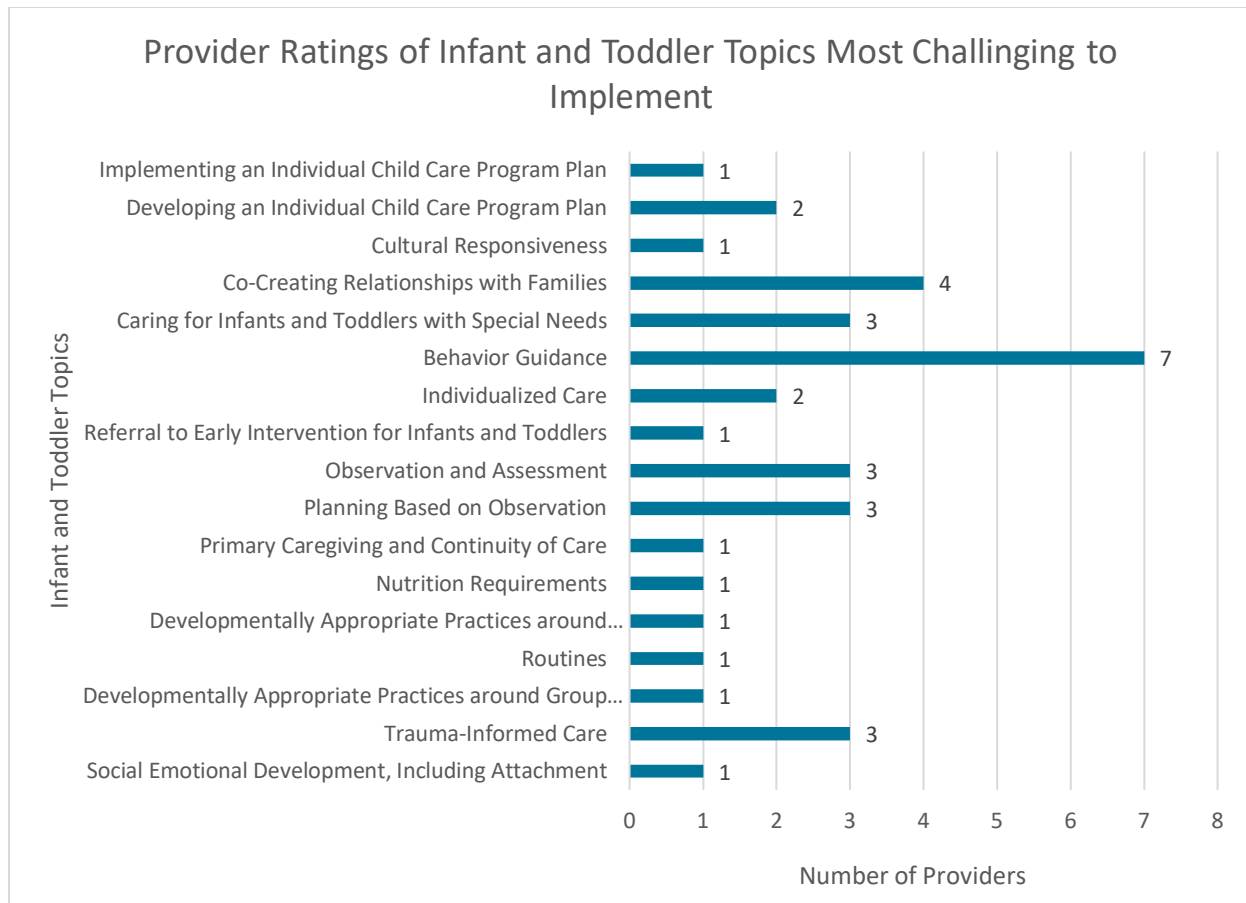


Figure 13. ITSN providers' reported comfort with using the infant toddler KCF in their work (post-survey).

### ITSN Providers' Perception of the Most Challenging Infant and Toddler Topics to Implement

Within the pre-survey, ITSN child care providers were asked to report the infant and toddler topics that they felt were most challenging to implement. The providers were given a list of topics from which to choose and could choose up to three topic areas. Figure 14 contains the list and the number of providers who chose each topic. ITSN providers most often identified behavior guidance ( $n = 7$ ), co-creating relationships with families ( $n = 4$ ), observation and assessment ( $n = 3$ ), trauma-informed care ( $n = 3$ ), planning based on observation ( $n = 3$ ), and caring for infants and toddlers with special needs ( $n = 3$ ) as the topics most challenging to implement within their practice. Only those items that received responses are included in the figure.



*Figure 14. ITSN Providers' Perceptions of Infant and Toddler Topics Most Challenging to Implement.*

### ITSN Providers' Infant and Toddler Coaching Requests

In the post-survey, ITSN child care providers (N = 8) were asked to identify, from a provided list, the topics on which they most wanted infant and toddler coaching support. Providers were allowed to choose as many as they felt applied. Table 3 provides these data, although topics with zero responses were removed from the list. Providers most often wanted coaching on behavior guidance (n = 8), caring for infants and toddlers with special needs (n = 3), co-creating relationships with families (n = 3), and social emotional development (n = 3).

**Table 3. ITSN Providers' Requests for Coaching on Infant and Toddler Topics.**

Infant and Toddler Topic	Count
Active Supervision	1
Adequate and Safe Physical Space (Indoor and Outdoor)	1
Behavior Guidance	8
Caring for Infants and Toddlers with Special Needs	3
Co-Creating Relationships with Families	3
Cultural Responsiveness	1
Developing Health and Safety Policies	1

Infant and Toddler Topic	Count
Developmentally Appropriate Practices (DAP) around Group Instruction	1
Developmentally Appropriate Practices (DAP) around Individualized Instruction	1
Individualized Care	2
Infant Toddler Development, Including Brain Development	1
Infant and Toddler Curriculum	2
Licensing Requirements (Rule 2 or Rule 3)	1
Nutrition Requirements	1
Provider Mental Health/Self-Care	1
Provider to Child Ratios	2
Referral to Early Intervention for Infants and Toddlers	1
Routines	3
Social Emotional Development, Including Attachment	3
Trauma-Informed Care	2

### ITSN Providers' Perceptions of Coaching Dispositions

Within the post-survey, ITSN child care providers were asked to rate their level of agreement with statements regarding dispositions of the coach with whom they worked. The providers were provided a list of coaching dispositions. Their responses can be seen in Table 4. None of the providers chose “agree,” “disagree,” or “strongly disagree” for any of the items on the list, so those responses are not reported within the table. All of the providers who received ITSN coaching reported high levels agreement regarding the disposition of their coaches.

Table 4. Providers' Levels of Agreement with Coaching Dispositions.

Coaching Disposition	Level of Agreement (Post-Survey)
	Strongly Agree
The coach was accepting of others	100% (8/8)
The coach was respectful of my experience	100% (8/8)
The coach was focused on improvement	100% (8/8)
The coach was an active listener	100% (8/8)
The coach was empathic	100% (8/8)
The coach was compassionate	100% (8/8)
The coach was respectful	100% (8/8)
The coach was respectful of my culture	100% (8/8)
The coach was responsive	100% (8/8)
The coach was collaborative	100% (8/8)
The coach was flexible	100% (8/8)
The coach was resourceful	100% (8/8)
The coach was open-minded	100% (8/8)
The coach was professional	100% (8/8)
The coach was ethical	100% (8/8)

Coaching Disposition	Level of Agreement (Post-Survey)
	Strongly Agree
The coach was objective	100% (8/8)

### ITSN Providers' Perceptions of Coaching Skills and Knowledge

The providers were also asked to rate the level of agreement with a list of common coaching skills and knowledge. Table 5 identifies the coaching skills and knowledge, as well as the providers' perceptions of their coaches' skills from the post-survey. There were no responses of "agree," "disagree" or "strongly disagree;" for that reason, those columns have been removed from the table.

Table 5. Providers' Levels of Agreement with Coaching Skills and Knowledge.

Coaching Skills and Knowledge	Level of Agreement (Post-Survey)	
	Strongly Agree	Agree
The coach was respectful during observations	100% (8/8)	0% (0/0)
The coach was good at providing feedback that helped me improve my practice	88% (7/8)	12% (1/8)
The coach helped me identify my own goals	86% (6/7)	14% (1/7)
The coach helped me identify goals that were specific	88% (7/8)	12% (1/8)
The coach helped me identify goals that could be measured	88% (7/8)	12% (1/8)
The coach assisted me in identifying realistic next steps for improvement	88% (7/8)	12% (1/8)
The coach asked for my feedback to ensure that her interactions were helpful to me	88% (7/8)	12% (1/8)
The coach provided resources so that I can perform my job more effectively	88% (7/8)	12% (1/8)
The coach asked questions rather than provided solutions	86% (6/7)	14% (1/7)
The coach provided time for reflection	100% (8/8)	0% (0/0)
The coach was focused on improving practices	100% (8/8)	0% (0/0)
The coach challenged me to think differently	88% (7/8)	12% (1/8)
The coach understood the characteristics of high-quality infant and toddler care	100% (8/8)	0% (0/0)
The coach knew where to find evidence-based, infant and toddler information	100% (8/8)	0% (0/0)
The coach understood the continuum of infant toddler development, including brain development	88% (7/8)	12% (1/8)
The coach understood infant toddler curricula	100% (8/8)	0% (0/0)
The coach understood infant toddler mental health	100% (7/7)	0% (0/0)

All ITSN child providers who received coaching perceived their coaches to be both skilled with coaching and knowledgeable about child care infant and toddler information. There was no disagreement among these providers regarding the quality of coaching they received.

### ITSN Providers' Perceptions

ITSN providers were asked a series of questions with in the post-survey about their perceptions after receiving coaching. They were asked to rate their perceived change in practice, their perceptions about the coach meeting their needs, and their perceptions of their personal effectiveness.

#### ITSN Providers' Perception of Practice Change after Coaching

ITSN providers were asked first to rate how, if at all, the coaching they received changed their infant toddler practices. Most providers reported that the coaching they received greatly improved their practice (75%; n = 6) and two providers (25%) reported the coaching somewhat improved their practice. None of the providers (0%; n = 0) said the coaching did not improve their child care practices (see Figure 15).

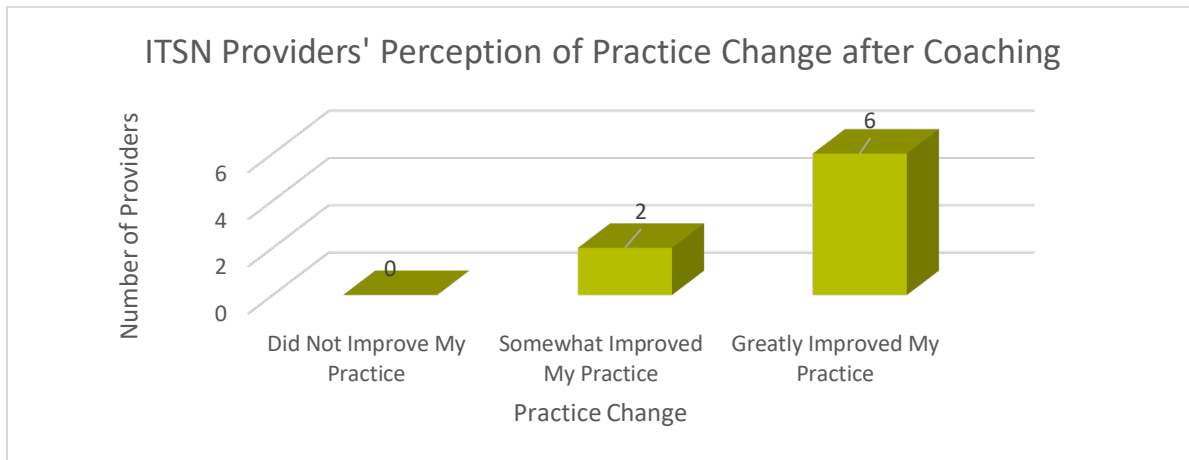


Figure 15. ITSN providers' perceptions of practice change after coaching.

#### ITSN Providers' Perception of the Coach Meeting their Needs

Next, providers were asked if the coach met their expectations. All providers stated that the coach either met (38%, n = 3) or exceeded (62%, n = 5) their expectations (see Figure 16).

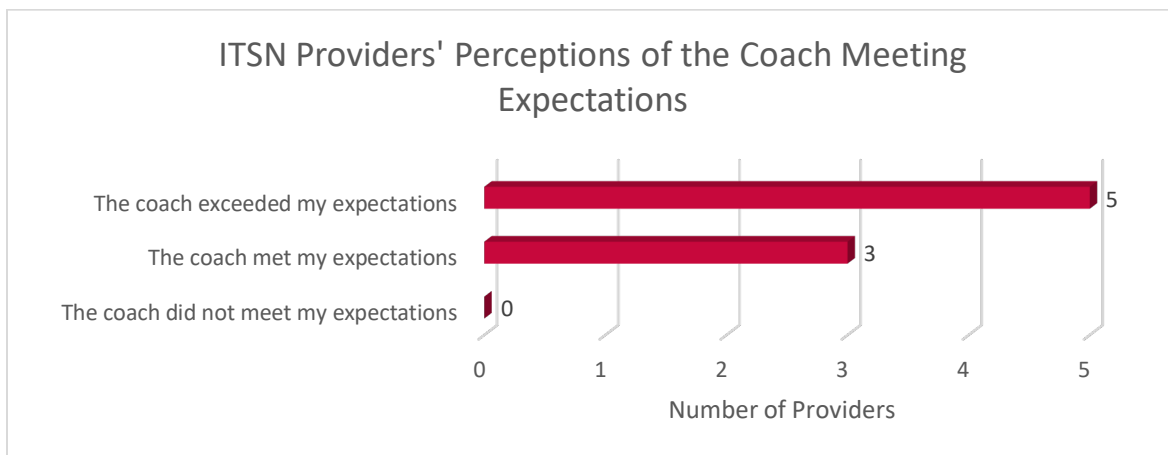


Figure 16. ITSN providers' responses to whether the coach met expectations.

Finally, the child care providers were asked to rate the extent to which the coach established a comfortable working relationship. The majority of providers (88%; n = 7) reported that their

coach facilitated an excellent relationship with them, and the other provider (12%;  $n = 1$ ) reported that her coach facilitated a satisfactory relationship with her (see Figure 17).

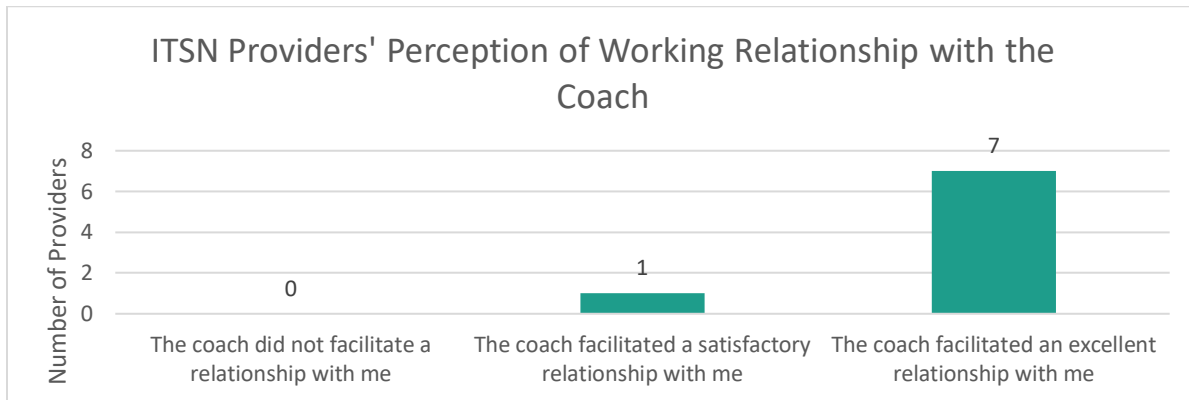


Figure 17. ITSN providers' responses to whether the coach established a comfortable working relationship.

### ITSN Providers' Perceptions of Personal Effectiveness

Within both the pre- and post-survey, ITSN child care providers were asked to rate their effectiveness as a child care provider. Prior to receiving coaching, 50% ( $n = 5$ ) of the providers stated that they were very effective, 40% ( $n = 4$ ) stated they were somewhat effective, and 10% ( $n = 1$ ) stated she was a little effective in her role as a child care provider (Figure 18).

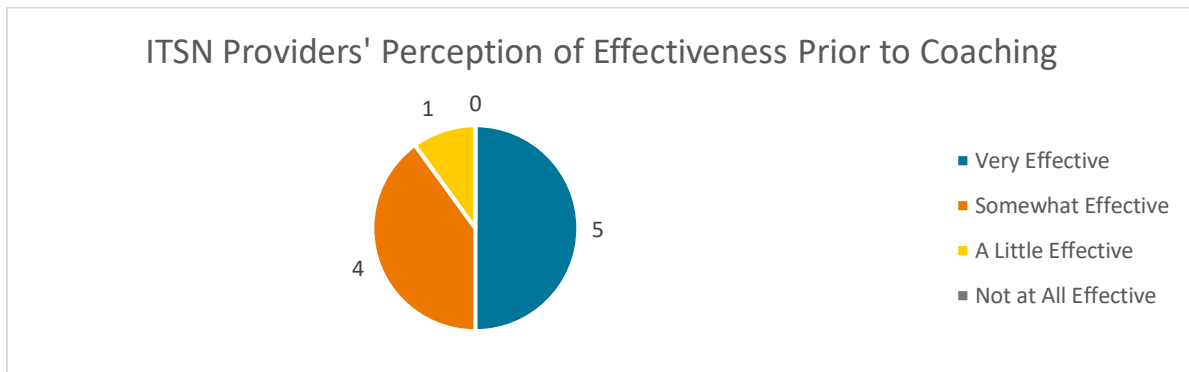


Figure 18. ITSN providers' ratings of personal effectiveness prior to receiving coaching on infant and toddler care.

Fifty-seven percent (57%;  $n = 4$ ) of the ITSN providers reported that their personal effectiveness improved more than they expected and the other 43% ( $n = 3$ ) said that their personal effectiveness somewhat improved as a result of coaching. None of the providers (0%;  $n = 0$ ) stated that their effectiveness stayed the same or got worse as a result of receiving ITSN coaching (see Figure 19).

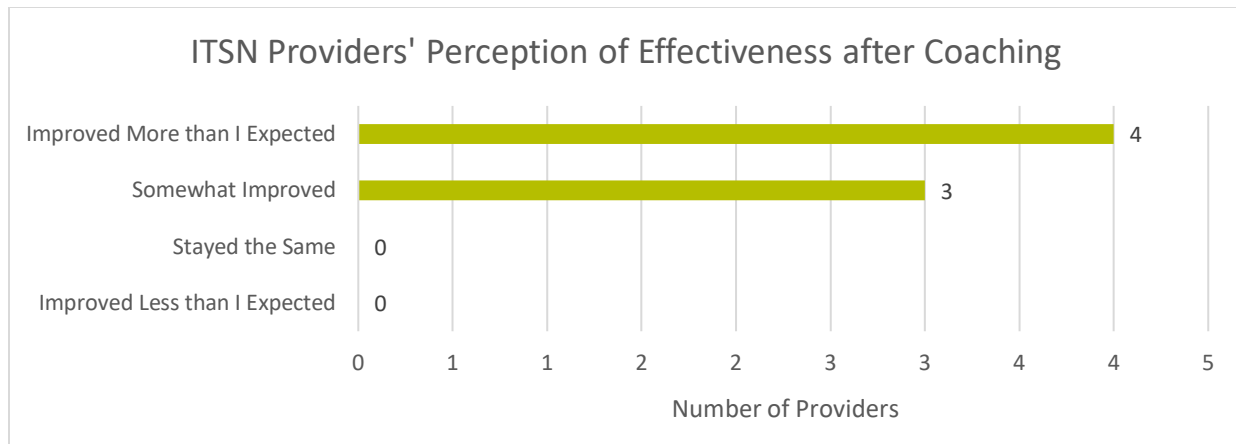


Figure 19. ITSN providers' ratings of personal effectiveness after receiving coaching on infant and toddler care.

### ITSN Providers' Responses to Open-Ended Questions

Within the pre-survey, ITSN providers were asked three open-ended questions: 1) What, if anything, do you believe prevents you from implementing infant and toddler policies in your work place, 2) What do you hope to gain by working with an Infant Toddler Specialist?, and 3) Is there anything else you would like us to know?

The providers (n = 4) reported that time, staff training and communication, and behavioral issues are factors that prevent them from implementing infant and toddler policies. The providers (n = 9) hoped to gain new knowledge of and strategies for dealing with behavior, they hoped to gain more support for the staff and children in their care, and they hoped to get input from an objective source. There was no additional information that the providers chose to share for the final open-ended question.

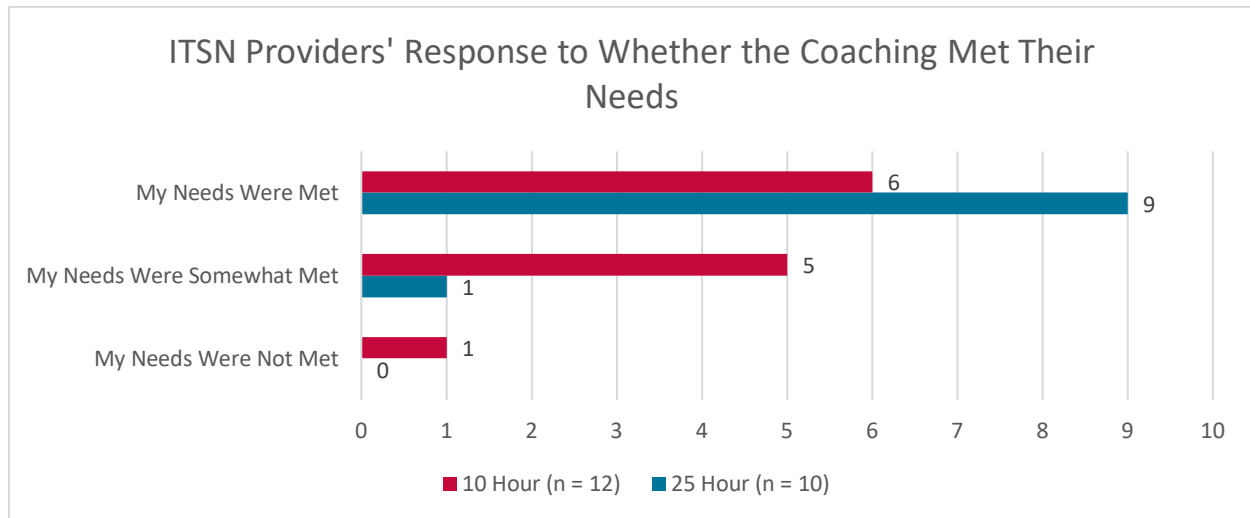
Within the post-survey, the providers were asked three, open-ended questions: 1) What, if anything, do you think worked well during the infant and toddler coaching you received?, 2) What, if anything, do you think would improve the infant toddler coaching you received?, and 3) Is there anything else you would like us to know about your experiences receiving infant toddler coaching?

When asked what worked well, providers (n = 6) reported that it was helpful to have an outside perspective, new strategies for behaviors, and someone to personally support the child care providers. One provider stated, "She led by example and showed ways to interact with kids when behaviors are happening, came up with social stories for my classroom that the kids have responded to positively, helped create a schedule for my room and brought me in a lot of resources to use." Another provider said, "She helped with different ways to set up one of my students for success." Of the four providers who responded to the question, three of them stated that there was nothing that would have improved the coaching they received. One provided that she would appreciate a more "intensive" or "concentrated" period of coaching time. The three providers who responded to the final open ended question used that opportunity to thank their coach and share that their coach did a "great job." One provider said, "I just want to thank you for your support. I would love to see ongoing support for providers. The more support, the better

the outcomes for children’s growth and development. And better outcomes for providers’ professional development.”

### ITSN Providers’ Responses after Receiving 10 and 25 Hours of Coaching

ITSN providers were asked to complete a seven-question survey regarding their coaching experience after receiving 10 and 25 hours of coaching. After receiving 10 hours of coaching, most providers reported that their needs were met (50%; n = 6) or somewhat met (42%; n = 5). After receiving 25 hours of coaching most providers (90%; n = 9) reported that their needs were being met, and only one provider (10%; n = 1) reported that her needs were somewhat met. None of the providers (0%) reported that their needs were not being met after 25 hours of coaching (see Figure 20).



*Figure 20.* ITSN providers’ responses to whether the coaching met their needs after 10 and 25 hours of coaching.

Next, ITSN providers were asked to report the extent to which the coach was working with her/him towards an agreed upon goal. Figure 21 demonstrates that almost all providers, after both 10 (100%; n = 12) and 25 hours (90%; n = 9) of coaching, felt that the coach worked with them to set goals. After 25 hours of coaching, a single provider (10%; n = 1) reported feeling like they themselves led goal setting.

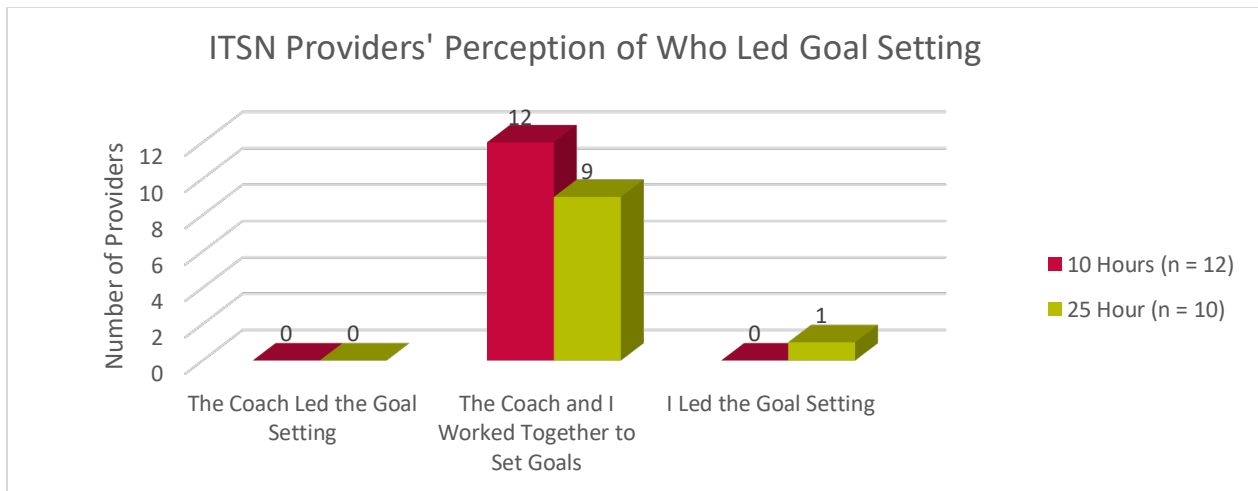


Figure 21. ITSN providers' perceptions of who led the goal setting after 10 and 25 hours of coaching.

Providers were asked to also report how relevant the coaching may or may not have been to their work. After 10 hours of coaching, 92% (n = 11) of the providers stated that the coaching was very relevant to their work. After 25 hours, 100% (n = 5) of the providers reported the same relevance to their work.

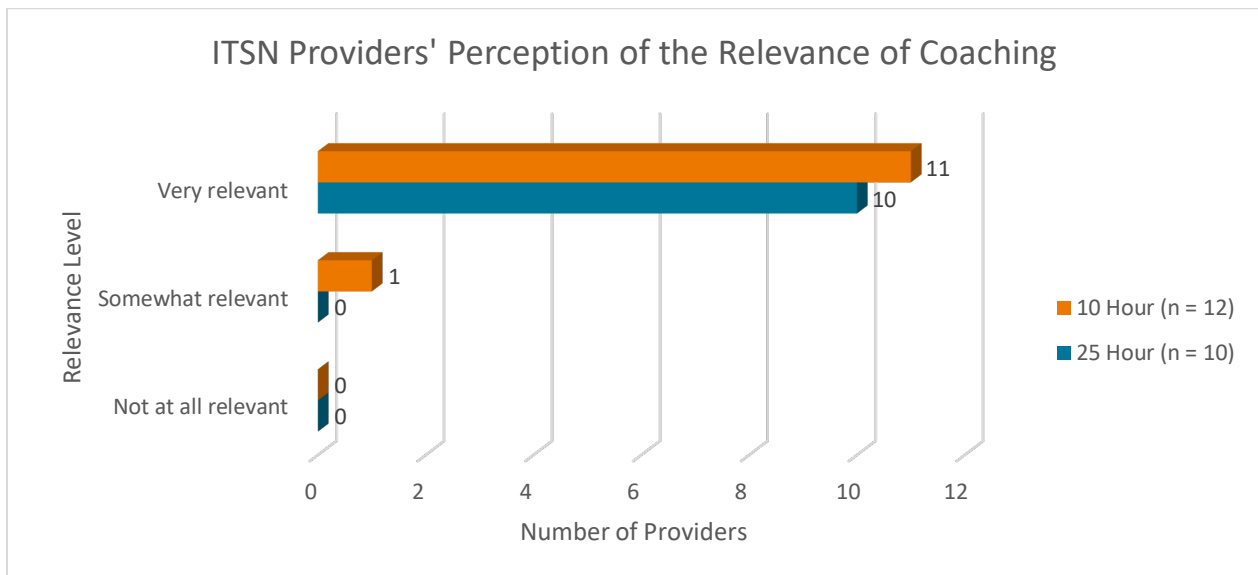


Figure 22. ITSN providers' perceptions of the relevance of coaching after 10 and 25 hours of coaching.

When asked to rate the quality of the coaching they received, the majority of child care providers rated the ITSN coaching as high quality. At the 10-hour mark, 75% (n = 9) of the providers rated the coaching as high quality and 25% (n = 3) rated the coaching as moderate quality. After 25 hours of coaching, 90% (n = 9) of the providers said the coaching was of high-quality and 10% (n = 1) rated the coaching as moderate quality. There were no ratings of low quality at either time point.

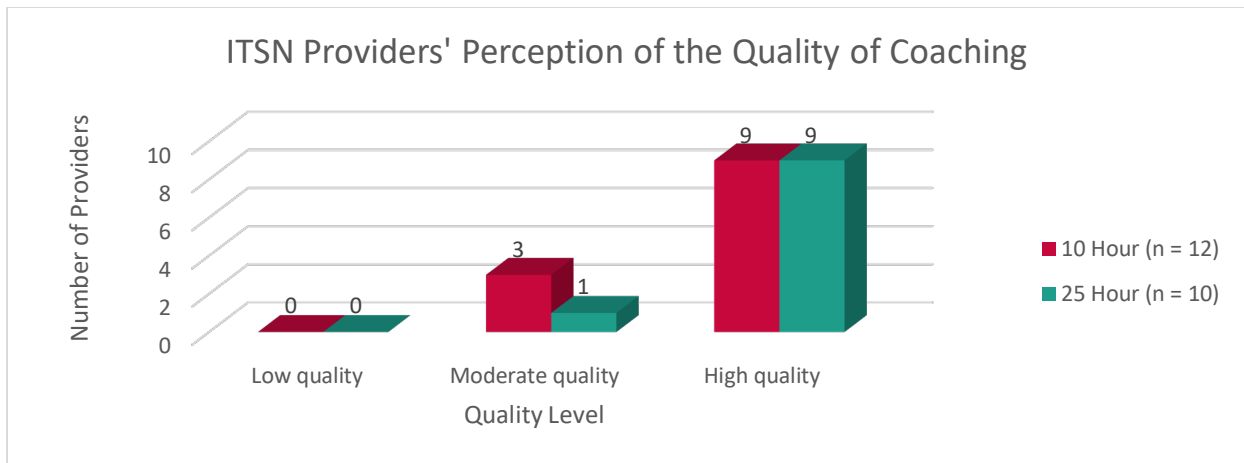


Figure 23. ITSN providers' perception of the quality of coaching after 10 and 25 hours of coaching.

The 10-hour and 25-hour surveys both end with two, open-ended questions: 1) in what ways has your practice changed based on what you have learned through coaching?, and 2) is there anything else you'd like to share about this coaching experience? After 10 hours of coaching, providers stated that their confidence has increased, they have new strategies for dealing with behaviors, and they felt supported by the coach. One provider said, "I am learning what it means to be adaptive and inclusive, but in realistic ways, and ways that still keep the child safe." Another provider shared, "I've been more confident with the abilities I have, and that I'm doing enough. I'm doing more 'narrative talk' and 'parallel talk' as well. Being patient with myself has helped a lot working with the kids." And another said, "I'm so grateful to have my coach! The kids love her and whenever she comes we all have a great experience." After 25 hours of coaching, the providers reported that they had new ideas and strategies to implement and they reported increased levels of confidence in dealing with behaviors and communicating with parents. A provider stated, "I'm a lot more confident and find it easier to help kids and parents with certain behaviors." Another provider stated, "My coach was very effective! I often think of her ideas and solutions when I don't feel a situation is being dealt with correctly."

When asked if they had anything else they wanted to share, many providers requested additional coaching hours. Others shared gratitude for their coaches and the support they received. After 10 hours, one provider said, "I'm so grateful to have my coach! The kids love her and whenever she comes, we all have a great experience." Another provider said, "I think that you are providing an amazing support to early child care teachers. I think it is important for EC teachers to have a resource they can go to that gives them information, knowledge, and resources when more help is needed." After 25 hours, another provider stated, "[Coach] was amazing! I highly recommend her as she was very patient, reliable, and effective. I appreciate getting to know her and she has really helped to validate my experiences as a child care provider." Another center-director said of her coach, "She has such a calm tone. She made her presence comfortable. She only had positive things to say which made the experience a lot less stressful or scary. I really appreciate all the support she has provided to me and my staff."

### ITSN Provider Interview Themes

The ITSN provider interview protocol consisted of 12 questions in total, with sub-questions or prompts throughout. Each interview lasted approximately 30 minutes. Twelve coaches (N = 12)

in total were interviewed between November 2019 and March 2020. One interview was not completed due to poor phone reception and was not included in the analysis. All interviews were conducted by CEED evaluation personnel. Every interview was recorded and then transcribed by evaluation team members. Transcriptions were analyzed using MAXQDA (Version 2020), which allows researchers to classify quantitative data into themes and sub-themes.

Fifteen (15) different themes emerged from analyzing the content of the ITSN provider interview responses. The overarching themes were as follows: provider experience; primary reason(s) for requesting coaching; needs met through coaching; amount and timing of coaching; typical coaching session(s) including communication and follow-up processes; resources provided; provider's role in coaching process; coaching support; CICC website; experience with and challenges to implementing infant and toddler policies; quality of coaching; relationship with the coach; perceptions of the Continuous Quality Improvement Plan; perceptions of the influence of coaching on providers, families, and children; impact of ITSN coaching on improved quality of child care; and suggested changes to the ITSN.

### **Provider Experience**

All 12 of the ITSN providers who participated in the interviews were women, who had an average of 9.6 years of experience as a licensed child care provider (range = 1 year to 32 years). Seven of the providers (n = 7) work in center-based programs and five (n = 5) work in family child care settings. Two of the interviews (n = 2) were conducted with center directors who received coaching.

### **Primary Reason(s) for Requesting Coaching**

When asked why they initially requested coaching, ITSN providers most commonly cited challenging behaviors of children in their care and a desire for new strategies to use with these children. All but one provider (n = 11) cited specific, child behavioral issues on which they wanted support and evidence-based strategies to reduce the behavior. A director stated that her staff were “seeking some of this coaching to assist with children’s behaviors and developmentally appropriate practices to reduce behaviors and kind of find that calm amongst the storm that is the toddler classroom.” Explaining her need for new ideas, one provider said, “I had a specific behavior, and it had been going on for a year. So I was kind of at my wit’s end. All my tricks up my sleeves weren’t working.” Another provider stated,

*I felt like I was missing something and I needed another set of eyes and ears to look at it from a different perspective. There were certain things where I was like am I reinforcing this behavior? I try to be as positive as I can be. I try to not yell at kids. I know it takes a while to learn things. For me, I wanted help just keeping a safe environment but also wanted the most nurturing so that it is not a stressful. I want to make things work for them and myself.*

One provider reported initially requesting coaching because she was part of a new child care program that was seeking help with licensing requirements and policy. The provider said that she had “a lot of responsibilities suddenly and was calling out calls for help to every place that was offering help” to assist with the rules and facility changes required for transitioning from a Rule 2 to a Rule 3 child care program.

### Needs Met through Coaching

Providers overwhelmingly reported feeling like their needs were met by the coaching process. ITSN providers most often reported feeling their needs were met by learning new ideas and strategies to approach different situations, particularly around challenging behavior, transitions, and developmentally appropriate behavior. One director stated,

*The coach had several great ideas and really helped my staff understand what developmentally appropriate behavior wants are from those children. She did really well with giving them ideas and things they could try to help with different situations that the girls were having issues or problems with. She did really well with coming in-house and meeting with us or meeting with the staff through a video call or things like that so she could stay connected as well.*

Only two of the 12 providers ( $n = 2$ ) reported feeling like their needs were only partially met. The two providers who felt like their needs were only partially met had originally reached out to the CICC for support with a specific child and were not able to satisfy their needs either because the child was removed from their program or the child was absent the one day that the coach observed the classroom. Both providers recognized that while they had originally reached out regarding help with a specific child, additional needs were identified and addressed through coaching. One provider said,

*I liked her but I just felt like there was something missing. She didn't have direct help to help with this child which is what I needed. She brought some good help to my program in general. But as far as specifically helping him, I didn't really have a lot of support that way. I feel like I'm not tons farther ahead than when I started.*

### Amount and Timing of Coaching

All but two providers ( $n = 10$ ) felt like they were assigned a coach in a timely manner, typically within less than a week from when they reached out to the CICC. One provider said that it took “a long time, maybe 2 months, to be assigned a coach, and [she] almost forgot that [she] had requested one.” The other provider who noted that they had to wait for a coach said that it was about a month, but it was handled very well: “They didn't have a free coach for a little bit but they communicated that with me. They were great about it.” Almost all providers ( $n = 11$ ) also agreed that the coaching visits began in a timely manner after they were assigned a coach. One provider mentioned that they talked to a coach over the phone for some time while waiting for someone to be able to come out for a visit. All but one of the providers ( $n = 11$ ) reported that the coaching sessions (either in-person or over the phone) occurred regularly enough to support them in meeting their goals. One provider explained that there were gaps between coaching sessions due to scheduling conflicts, which limited their progress.

Providers reported that their coaching visits typically occurred once a week. Four providers ( $n = 4$ ) explained that the frequency of their coaching sessions changed throughout the course of coaching, but was always regular enough to meet their needs. Providers recognized that if coaching visits became more spread out, it was because they were feeling more comfortable and so they mutually agreed to adjust their schedule. One provider said,

*At the beginning, she came out more often and then as the year went on, we sort of just separated our visits longer, or the time between visits for longer, but that was perfect. So it*

*was an agreement between her and I. I was fine with that. At the beginning, yeah it was more frequent and then near the end it was more sporadic.*

Of the seven providers who worked in center-based programs, four ( $n = 4$ ) of them reported that their time with a coach was split amongst other providers. While agreeing that the coaching visits still occurred regularly enough to address their main needs, all four providers also stated that additional hours with their coach would have been beneficial.

### **Typical Coaching, Communication, and Follow-Up Process**

When asked to what a typical coaching session looked like, ITSN providers said that their coach would visit their space and either check-in with them, dive right into observation, or engage directly with the children. Eight out of 12 providers ( $n = 8$ ) mentioned observation as a strategy that their coach would use in a typical visit. Most often, the coach would find time to talk with the provider about her observations either at the end of or throughout her visit. Seven providers ( $n = 7$ ) explained that their coach would engage directly and play with the children. Seven providers ( $n = 7$ ) also mentioned that their coach would provide feedback either during or after conducting observations when the provider interacted with a child. One provider explained how the coach would tie together her observations and comments to facilitate progress by stating,

*First she would interact with the kids. We would have conversation after the activity about what went well and what could be better. Then she would sort of come back around to the previous visit and she would follow up on how things went previously and if I needed more support in that other area. So everything just sort of blended together. So she was working with the present and the past and then moving forward. She was really--I've been in education for 20 years, so I could sense her model, I guess, and I liked the predictability of that and I felt very appreciated.*

Summarizing a typical session, a provider said, “she would sit for a little while and watch how the room would flow and with the child that she was paying more attention to. Later we would have time talk about it and she gave me pointers.” Providers clarified that while the coach provided suggestions or comments based on her observations, they never felt judged. The previous provider continued by saying, “It didn’t feel like I was doing anything wrong at all in the way that she would approach it.” Another provider explained,

*She would encourage [me] if she saw good things. She would make comments, not too much, but it seemed like she even had an attitude like that’s really neat how you did that, almost like she was learning too although I know she was way experienced. I guess that would be a helpful attitude and an encouraging and supportive attitude. She wasn’t overbearing. She wasn’t intrusive. She just observed and then with the meetings and the paperwork afterwards, she would comment on observations and then say ‘hey have you ever seen this, would you like to try this? I could send you a copy of it. It might help the situation.’*

Two providers mentioned that they received some coaching remotely, via Zoom or regular phone calls. Explaining the structure of the remote coaching calls, one provider stated,

*We communicated and I would kind of talk about how things were going and if it was a good day, bad day, bad week, and kind of talk through everything. So it didn’t matter if it was a particular child or some other children that I had that were having difficulties with. So then*

*we kind of talked about how things are going and we kind of threw ideas around of what I could do to help. Then we set goals every week. We kind of talked about a little goal to do, an activity or whatever, just little achievable things that I could do, working through different things.*

ITSN providers were asked how their coach learned about their needs and how decisions were made regarding the areas of focus. All 12 providers reported that their coach learned about their needs simply by asking during their initial conversation. A provider stated, “She was so easy to talk to that it was just easy to let her know.” Most providers explained that they spoke with their coach on the phone before her first visit. One provider said, “She called and we had a long—at least a 30-minute talk—about who I am, my background, the child care, and then what I needed to work around.” A few providers also mentioned that the coach learned more about their needs through conducting observations while onsite and then having conversations with them about what she saw and what might be areas of improvement.

Five providers (n = 5) reported that they felt like they decided what to focus on during coaching, while one provider reported that the coach decided on what to focus. The other six providers (n = 6) stated that it was a combined decision. Providers described that they mutually determined what to focus on with their coach through discussing issues that they brought up and responding to observations that the coach made while onsite. One provider stated,

*I think she just kind of boiled it down to what I talked to her about and she just kind of boiled it down and gave me some options and asked what I thought I was after. She helped me with instead of the whole entire world, maybe focus down to a few content things.*

Providers were asked who did most of the talking when they were with their coach. Most providers (n = 8), said that it was equal conversation between themselves and their coach. Providers explained that it felt like a mutual exchange where both participants would ask questions and respond. One provider shared, “I didn’t ever feel like it was one-sided. I feel like we were able to communicate back and forth and have good conversations and ideas and share things.” The remaining providers were divided; two providers reported feeling like they did more of the talking, while two others felt like their coach talked more.

When asked what the follow-up process was like between coaching sessions, eight out of 12 providers (n = 8) reported receiving an email from their coach after the coach had been on-site. Providers mentioned that the follow-up email would include the coach’s observations, comments, confirming or scheduling the next visit, and sometimes resources. One provider said, “Any question, if she didn’t know it off-hand, she would find out the answer and she would get it to me. It was like the next day or she would send it to me quickly in a text.” Providers reported that there was a lot of communication between sessions. Regarding the follow-up process between sessions, a provider said,

*I felt like she was really good about it. She really remembered well. She didn’t just forget. She would remember to come back around, talk about it, make sure I felt supported in that area that we were working on, and move forward from there.*

A single provider said that her coach would send the CQIP in every follow-up email. The provider also said that her coach “always said if you think of anything between now and our next

visit, just let me know.” Four out of the 12 providers ( $n = 4$ ) mentioned this availability and that they always felt welcome to contact their coach if something came up.

### Resources Provided

ITSN providers were asked what resources, if any, coaches provided. All providers ( $N = 12$ ) reported that the ITSN coaches provided multiple types of resources either during the visits and or in follow-up email or text communication between visits. Providers most often mentioned that their coach shared articles or handouts and tip sheets with them. Providers also said they received books, visual schedules, and songs to use in the classroom, as well as podcasts. A few providers commented that they felt more equipped to find quality resources on their own due to links that their coach shared. One provider said, “My coach was really good about following up on a lot of the behavior management and models and sending me links to places I could go to and look for more support.” Overall, providers felt like the resources were helpful and added value to their program. Speaking to the benefit of the resources the coach shared, a director stated,

*I would say her overall resources that she gave to my staff I felt were helpful so that it wasn't that they heard something and didn't take it with. It was a piece that they could bring back into the classroom and, to me, that was helpful because then I knew my staff were prepared or educated on certain things and that they had the information on hand.*

### Provider's Role in Coaching Process

When asked to describe their role in the coaching process, the two center directors ( $n = 2$ ) who participated in the interview described how they supported the teachers who were receiving coaching by purchasing or preparing materials necessary for teachers to implement the coach's suggestions. Of the remaining 10 providers, seven ( $n = 7$ ) reported that their role in the coaching process was to learn and implement ideas. One provider described that her role was “to listen to the coach and ask her advice and go out and actually implement what she said would be good or what I suggested and she said yeah that's a good idea.” Three providers ( $n = 3$ ) mentioned that their coach felt like a collaborator or colleague. One provider said, “I felt like we were coworkers and we were just sharing ideas with her, team teaching. Yeah, I really enjoyed that.” Another provider explained,

*I guess I felt like we were more collaborators. It didn't really feel like she was telling me what to do. I think it was just her and I talking about what would work best and what ways I could improve. So it felt like it was kind of like two people just talking and trying to figure stuff out.*

### Coaching Support

Providers were asked if there was ever a time that their coach did not provide the support that they wanted. Eleven out of the 12 providers ( $n = 11$ ) reported that the coach always provided the support that they wanted by being there for them, as well as following-up and providing desired information and resources. A single provider explained that she was looking for someone to help her determine if a child had developmental delays, and identify any accompanying support and/or resources. The provider did acknowledge that the role of her ITSN coach was not to provide that type of evaluation, saying “I felt like my coach did a very good job with what her job was.”

When asked if they have gone anywhere else for support, most providers reported that they were not currently receiving additional support on the issues for which they reached out to the CICC. Citing resources that they had received support from in the past, providers most commonly mentioned Help Me Grow, a Parent Aware Coach, and co-ops. Providers also mentioned reaching out to their local ECSE, their licenser, other providers, DHS, Early Childhood Adaptation, First Children's Finance, the Northland Foundation, and self-study courses.

### **CICC Website**

When asked about the CICC website, four of the 12 providers ( $n = 4$ ) said that have never visited the CICC's website. The remaining eight providers ( $n = 8$ ) said that while they do not use it regularly, when they have visited the site, the resource was helpful. Providers explained that they would visit the CICC's website if they have a particular question, or are looking for 'help sheets' or additional resources and information. One provider said, "Honestly, sometimes I forget about it. I forget to go there until I have a real need and then I'll go there." A director explained that

*It's one of those things where if I have extra time I'll go onto it and just kind of look for some treasures if I can use them. I have passed on articles to my staff because I think its valuable information.*

### **Experience with and Challenges to Implementing Infant and Toddler Policies**

Just over half of the ITSN providers ( $n = 7$ ) reported that they received coaching on implementing infant and toddler policies. When asked what prevents them from providing a high quality environment for infants and toddlers, staffing issues were mentioned most often. Six providers ( $n = 6$ ) reported issues relating to retaining staff, staff quality, and staff limitations. One provider said "It's also a challenge that we're caring for children all the time, it's challenging to find a time to meet as a staff and reflect on what we're doing and share with each other what we're doing." A director said,

*I feel a lot of times there's so many ways to get teacher-qualified and it doesn't necessarily mean that you are qualified. So many times it's hard because your staff aren't always going to do the suggestions that are given to make their jobs easier.*

Four providers ( $n = 4$ ) mentioned challenging behaviors and individualized care as the biggest obstacles in providing a high quality environment for the children in their care. One provider explained how staffing issues overlap with challenging behaviors, saying

*The ratio for toddlers is 1:7, so sometimes if you have kids that do have more challenging behaviors, if you have one staff for seven kids, it's kind of a lot even if you have one challenging kid. Sometimes this causes frustration for the teacher trying to keep everyone safe.*

Lastly, three providers ( $n = 3$ ) cited space limitations as a challenge, and two providers ( $n = 2$ ) stated that parents sometimes create challenges. A provider said,

*I would say sometimes I think parent education. Like sometimes people bring their kids when they're not well. When people expect me to provide care no matter what. Even if the kid doesn't have a fever but it depends on the child. For me, that's a big obstacle. Or, if there are special needs that a child has where they may be on the spectrum for being autistic or*

*different things, it can be hard for me in a group environment to not--I guess just providing the best care for them and the group.*

### Quality of Coaching

When asked about their perception of the quality of coaching they received, all providers (N = 12) reported that the coaching was of high quality. A director of a program that has received coaching from the CICC twice said, “We did this twice and both times I admired the depth of their knowledge and experience, so both of our coaches were very high quality, lots of information, lots of experience, lots of empathy and encouragement.”

Providers commonly mentioned how they appreciated that their coach was “full of knowledge” and always had information and ideas to share with them. One provider said, “She had just an amazing repertoire of ideas and ways to implement strategies. I was definitely talking to a professional. There was no doubt in my mind that she knows her stuff.” Providers trusted their coach’s knowledge and often cited the coach’s experience. One provider said, “She seemed knowledgeable with her profession. She knew what she was talking about. You could tell that she worked in early childhood.” Another said, “she was very knowledgeable about the issues we were having and how we could go about working on them. I really think it was beneficial.”

Providers also perceived the coaching to be high quality due to their coach’s complementary and non-judgmental attitude. Providers explained that their coach was “personable, a great listener,” “friendly, and respectful.” A director of a program that received coaching said that the coach “always had positive feedback and nice things to say. She never made my staff feel like they were being judged.” Another provider said,

*[My coach] was good in that she was friendly and sometimes people in that position feel like they’re the boss and they’re in charge and everything they say goes, you know? She was not like that. She was really open to asking our opinion and set goals. She would have us try things. She always is nice and open to hearing what we have to say and how we feel about a situation. She wasn’t bossy or anything.*

While still rating the quality of coaching as high, or “9 out of 10,” two providers (n = 2) stated that a lack of communication or misunderstanding made them think the coaching could have been a bit better. One provider described,

*There was a time that I didn’t know what I was supposed to be doing. I thought maybe she should be talking to me a little bit more about what I was doing wrong or what I’m doing right. But basically at that time, she was just observing. At first I thought ‘isn’t there something more?’ But then everything else after that started being more helpful. Just my misunderstanding of what she was doing [in the beginning] that make me think that it was not as good as it could have been. But it was great.*

### Relationship with Coach

Foundational to the ITSN is the relationship-based professional development shared with licensed child care providers. ITSN providers were asked to describe their relationship with their coach. All providers (N = 12) reported feeling well supported in their relationship with their coach. As described in the previous section, providers identified their coach’s knowledge, experience, and supportive, nonjudgmental attitude when addressing the quality of the

relationship with their coach. One provider described how her relationship with her coach helped her in ways she never anticipated, saying “Because my needs were bigger than even what I realized, just having somebody who was calm and experienced and caring to talk to was an even bigger part of it than the actual policy part of it.” Providers appreciated the open-communication that was central to their relationship with their coach. Speaking of her coach, one provider said,

*She would ask me what were the things I needed support on and how she could best support me. We would set our outcomes verbally before the next visit. There were some emails exchanged in between visits. She was very good about asking if she had met my needs and what else I needed work on or what else I needed support with.*

Another provider explained how her relationship with her coach helped to hold her accountable, without ever feeling judged. The provider stated,

*So she was very helpful. I felt a lot more confident with some of my stuff. She was excited to hear about my progress if I met my goal. It kind of helped me to achieve and follow through because I knew that person would be wanting that information. There was no right or wrong for me to do it. It was what I needed for my program, but she's like 'oh did you get this done? Did you meet your goal?' So it's kind of like I had a person holding me accountable to follow through, so that kind of helped me to go that way and rethink things.*

### **Perceptions of the Continuous Quality Improvement Plan**

Most providers were not able to recall the Continuous Quality Improvement Plan (CQIP) by name. When the document was described, half of the providers (n = 6) recalled that they did see it, but only at the beginning of coaching. Four providers (n = 4) mentioned that the CQIP was sent to them in emails throughout coaching, but they did not really look at it. Seven providers (n = 7) said that the CQIP may have been used by coaches, but goals, action steps, and progress was discussed verbally between them and their coach. A provider said,

*We were more verbal with each other, so I wouldn't say she took it out or had it in front of me. She must have taken private notes because I didn't actually--as far as I remember seeing something like that at the beginning, but it's not one of the things she took out along the way.*

When asked how the CQIP was used in the coaching process, one provider said explicitly what other providers hinted at, “I did see something but I cannot remember because I just want to do better with my job. I don't care about the documentation.” Another provider stated,

*I guess I don't remember seeing the sheet that much. It was in the email and I probably glanced at it and yes this is what we talked about and yes I'm going to take care of this or whatever. But I think that's basically what it was for. If we devised a goal together, she would write that down and we would work on it.*

A single provider reported receiving the CQIP in the coaches' follow-up email after every visit. She considered it to be a very helpful resource and a “follow-up summary” of what they talked about and worked on during coaching sessions. The provider said, “it was a good way to track what we were doing, what our goals were, and if we were working towards those goals and making it or not.”

### Most Helpful Part of Coaching for Providers, Children, and Families

ITSN providers were asked what part of coaching was most helpful to themselves personally, as well as what was most helpful to the children and families in their care. Providers most commonly identified having someone to talk to, strategies and hands-on practice, and positive feedback and affirmation as what made coaching so helpful to them personally. Speaking to the feeling of having a coach who provided affirmation, recommendations, and was a supportive resource, one provider said,

*Honestly, I think just like having that support from someone else saying you're doing fine, but here's some extra things that might make your life a little easier. Having someone to support you and just feeling like you have someone to fall back on when you need help, not just someone who's going to come in and try to boss you around. It was nice.*

Eight out of 12 providers (n = 8) mentioned the benefit of having someone in the field to share concerns and victories with, which made them feel less alone. One provider said,

*I think it can be a very lonely kind of job in a day care because you have the needs of parents, of the children, and DHS and the staff who are your most important people, and you want to meet the needs of all these people. The community trusts you to pull it off and it can seem very isolating. Yeah, so it's just good to have somebody who's not a staff or a community member or a coworker or a mom, just somebody out of that circle to listen and show respect and reflect on reality.*

Providers explained that they appreciated having someone that they could trust and problem-solve with. As one provider stated, "I felt like I could release concerns I had. I had a support system that heard me out and was there to like help me execute a plan." Another provider described how her coach was reflective, which helped her to get out of a rut of not trying anything new:

*I think one of the things that was really helpful was having a sounding board--somebody just to talk to about the difficulties and understood the difficulties of taking care of children. I think that one thing also gets missed with providers is they don't have anybody to talk to. You don't really want to sit and complain to parents about their kid. So I think really having a person to kind of talk to and kind of share some of my frustrations and share some of the good things that happen too. I mean, I did that as well. 'Hey, I did this and this was so much fun.' So having that sounding board was really helpful and I think that was kind of the biggest thing was just somebody to share these ideas with, somebody that's in the same field, somebody that understands that there's good and bad in every day. Otherwise, you feel like you're totally alone in this world.*

Half of the providers (n = 6) mentioned the strategies and hands-on practice that coaches provided when reporting what was most helpful to them. One provider explained the benefit of the coach providing ideas to in real-time, saying

*I think it was just having her here and talking to her about work with certain things and having her see it, and then having her see how I handle it and then she would kind of say 'okay,' and then she would say 'okay I think this is where you're missing a step.' I would be like 'oh yeah, you're totally right. That's why it's not working.' Then she would do it and I'd*

*be at work. Then I'd be able to do it and I would remember it. So it was like the hands-on with the actual issue that I was having was really helpful.*

Five providers (n = 5) also addressed how the coaching increased their confidence in their ability to provide quality child care. One provider said,

*She was really good about giving me validation that my child care was quality care and that I was doing things right. I guess that empowered me a lot. It's like I could kind of maybe not focus on the small little things. I could now focus more on the big picture.*

Providers reported that their coaches complemented what they did well, helping to affirm their place in the work. One provider stated,

*I guess, like I said, the feedback that I got was very positive. It's nice to know that I'm doing well with the kids and another person who's observing my interactions with the kids sees that. I feel like it kind of gave me a little boost of confidence that I was doing well with the kids. I've been doing it for a long time. Sometimes it's like, am I burnt out? But that wasn't the reaction that she had or anything.*

Finally, one director summed up the benefits of the acknowledgement that coaching provided for her staff. She said,

*I think they need to know we're always wanting to improve and that we welcome not only parents to come in with suggestions and observations but that we are always seeking professionals' input to make our program better. I think it's good for staff too. I mean, they can feel like I'm a day care worker and the rest of the world doesn't even know about me. When somebody comes in from the outside and hear how important their job is, then also get some maybe a little tidbit that will make their job go more smoothly, that's huge.*

When asked what part of coaching was most helpful to the children and families in their care, providers most commonly said that coaching equipped them with strategies and a better understanding of behavior, which improved their relationships with children. Three out of the 12 providers (n = 3) also mentioned that they felt like parents trusted them more and appreciated that they were getting ideas and support from a professional through coaching. Half of the providers (n = 6) cited that the coach provided them with different strategies that improved their interactions with children. Five providers (n = 5) mentioned that resources and observations that the coach shared helped them to better understand behaviors. A director of a center stated,

*I think the social/emotional help that the coach gave, the developmentally appropriate practices that she reviewed with my staff ensured that they understood. I believe it helped the kids the most because they were either expecting too much, or they were better handled with anything that was going on. I just feel like that in itself provided better with the kids and obviously the families were happier.*

One provider explained how the coach helped normalize the behaviors that she was observing, which she also passed along to parents. She said,

*I'm so glad that it exists. It's really helped me so much and I feel ultimately it helped all my kids and all my parents just to feel like they're not bad parents because their kids act up. It's*

*something they need to work through but it's just a part of growing up and it's something that we all need to do. It's helped me a lot.*

### Impact of ITSN Coaching on Improved Quality of Child Care

Providers were asked in what ways, if any, they believe their program was impacted as a result of receiving infant and toddler coaching. Overall, providers felt much more confident and affirmed that they were doing quality work. One provider said,

*I felt like I was given really good support and when she would come, she would give me really good tips and also like things to read. But the overall experience was helping me to feel competent that I was doing a good job and that I was going in the right direction and I think that made all the difference. Before, I felt like maybe I'm doing this all completely wrong. Now I feel like I'm a lot more equipped to handle a wider range of behaviors and the ways that I handle it. I don't feel overwhelmed because I've seen things work and I would be able to practice. It wasn't like going to a class; it was in my home with my kids.*

Providers also identified that the increased competence that they felt, extended to impact the children. Regarding the ITSN coaching, one director said, “Well, I think it helped the teacher, which obviously helps the kids.” Another director described the change in her staff by stating,

*I think they felt affirmed, like ‘oh okay, we’re doing pretty good here. We’re not like falling over the cliff. We’re not terrible.’ It helped confirm. That makes a big difference in a day of work when you feel like yeah, I’m doing okay, I’m doing pretty good here instead of just wondering ‘do I stink at this?’ Somebody who feels good about what they’re doing, that’s contagious, even to little tiny kids. If a worker feels confident in what they’re doing, they’re happier and that moves to the kids and the other people around them.*

In addition to feelings of increased competence, providers reported that working with an ITSN coach helped change their perspective and reaction towards behaviors. One provider said,

*I feel like I have a different mind for his behavior and I feel empowered to know that it's normal what he's doing and how he's acting in the child care and he's not the only child in the world that's acting out or bossing everybody around. I just feel like it's just kind of a universal. So that just hearing from her gave me some peace of mind, so I'm probably a calmer person and not so over-reactive towards him.*

Another provider expressed similar sentiments, explaining that her experience with a coach provided her with time for observation and “aha moments” that changed her perspective. The provider reported,

*I was able to have a chance to see things in a different way. So I was able to see some of these things and what happened and kind of have the ‘aha moments.’ That was kind of when I had the ‘aha moments.’ As a provider, you’re busy with everything and you miss out on some of these observations.*

Finally, providers added that their programs were impacted by receiving ITSN coaching because it made them feel more connected to information and not as alone. One provider explained, “I

guess I just feel I'm a quality child care because I know that I have resources at my fingertips. She provided a lot of different resources, so I know they're out there."

### Recommendations for Change

When asked if there was anything they would change about the ITSN, all providers (N = 12) reported not wanting the support to end. After her coaching hours ended, one provider said, "I feel like I'm alone again." One provider recommended an extension of coaching hours staggered over a longer period of time: "Maybe yearly if we got five hours a year, just to like touch base if there's anything. Kids change so much. Just to have a little bit of support or input would help so much." Another provider recommended a sequence of follow-up visits, saying

*Maybe another month or two down the road she could put in another 5 hours or something like that and see how it's going and see if we have any more questions because of what we're progressing on. Maybe something else came up that she can remind us of what she already said or help us with something totally different. But it would be nice to have a follow-up visit, at least that's what I'm thinking.*

Another provider explained that she loved the coaching that she received, and perceived it as high quality, but wished she would have known how many hours she would have with her coach. She worked at a center and her coaching hours were split amongst other teachers, and her time with her coach ended abruptly. She would have liked clearer expectations for how much time she would have with her coach, so that she could plan accordingly.

While most felt like they received coaching for the appropriate amount of time to meet their needs, providers liked the idea of having the resource available if needed or if things changed. Recommending creative ways to continue the support, one provider said

*I feel like it was great but I feel like it went by so fast. I am starting to understand things now. I feel like it would help to be able to have maybe over a year where they come every week or a certain amount of time in even four months, for a few months. Maybe it's just phone calls or emails and then coming back. I've heard other people say that too where other things come up or things change, you know what I mean? It would be nice to be able to go back, or maybe have like with Parent Aware, they have the group where you come together and you do like a class, having something like that where there's a discussion because I learn a lot from those discussions too. That might be good to have a group where people can kind of come together and brainstorm ideas about different things.*

One provider mentioned that she would have liked more help preparing materials that her coach recommending implementing. Throughout interviews, other providers cited that it was very helpful when their coach would create and bring in materials ready for them to use. The provider said that in addition to recommended strategies, she would have liked help implementing the strategies and creating the necessary materials. She said,

*Maybe there could be work sessions or something. Maybe I could help gather materials and we'll bring them and we'll make these and we'll try them out with this child. So some of that stuff might be helpful--have material help, helping change the environment if it needs to be changed, actual work time. If I don't get it done by the time the last kids leave, it doesn't go until the next day. Those kinds of things would be helpful, like helping put those materials*

*together. I know they're not costly and that's not even a big concern. It's just a lot of that takes time.*

Additional suggestions that providers shared to improve the ITSN were to connect pediatricians to the resource so that they can recommend it for children who have behavioral disorders, make sure coaches schedule their visits based on the provider's schedule and the best time to observe, and have some sort of system to call and report their experience in case they have issues early on.

Another coach stated that given more time with her coach she could have liked more support around basic set-up for her family child care. She said,

*Being that I'm fairly new in the child care industry, just maybe even a schematic of here's what works really well in other home cares like yourself because I'm constantly moving things around and shuffling things or materials to purchase and buy would be really helpful too. Kind of give almost like set-up for one class.*

### Summary of Coaches' Interview Themes

Throughout all of the interviews, ITSN providers spoke highly of the quality of the coaching they received, their relationship with their coach, and the impact of coaching on their practice. Providers reported better understanding of children's behaviors and increased confidence in their own ability. Each provider was also able to describe the relationship they developed with the coach and the multiple ways in which they communicated with the coach. ITSN providers continue to report a desire for opportunities to receive ongoing support after the 30 hours of coaching has ended. All providers (N = 12) perceived the coaching as a positive influence on their practices that, in turn, positively influenced the child care experiences of the children and the families they serve.

### Continuous Quality Improvement Plans

A new version of the CQIP was introduced in December of 2019. Programs that received coaching prior to December 2019 used the existing version of the CQIP (n = 26) and programs that received coaching after December 2019 (n = 7) used the newest version. In the third year of the infant and toddler coaching program, infant toddler coaches recorded setting a total of 102 goals with the child care providers with whom they worked. Of these goals, 71% (n = 73) were completed by the providers and coaches, and 20% (n = 20) were reported as ongoing. Of the remaining goals, less than 4% were reported as incomplete without citing issues related to COVID-19.

Each goal falls under both a standard of quality and a Minnesota Knowledge and Competency Framework (KCF) content area. Some were recorded as having fallen under more than one standard of quality or KCF content area. There are five standards of quality: Teaching and Relationships with Children, Professionalism, Relationships with Families, Assessment and Planning for Each Individual Child, and Health and Wellbeing. The breakdown of the providers' goals by standard of quality is displayed in Figure 24.

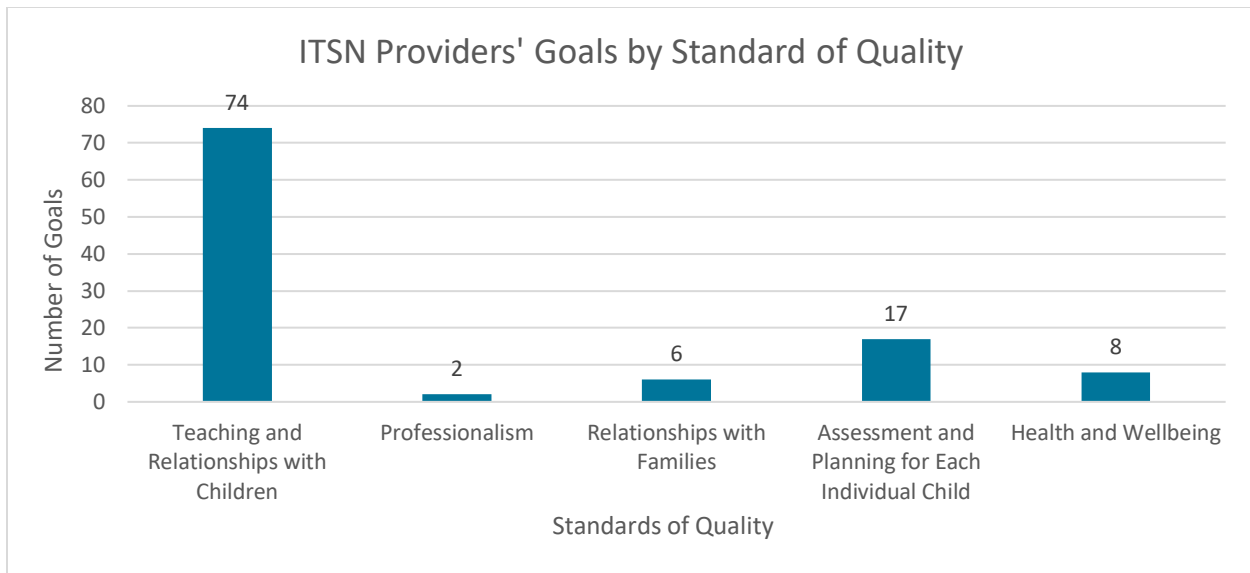


Figure 24. Number of ITSN goals by standards of quality.

As shown in Figure 24, the vast majority of the providers' goals (73%;  $n = 74$ ) focused on teaching and relationships with children. Assessment and planning for each individual child was the next most common standard of quality, relating to 17% of providers' goals ( $n = 17$ ). Eight percent of providers' goals (8%;  $n = 8$ ) focused on health and wellbeing, six percent (6%;  $n = 6$ ) focused on relationships with families, and two percent (2%;  $n = 2$ ) focused on professionalism. A single goal (1%;  $n = 1$ ) was not assigned to a standard of quality.

The Minnesota Knowledge and Competency Framework is intended to be a guide for early childhood providers as to what they need to know and what they need to do when delivering early childcare and education. There are eight different content areas within that framework: I. Child Development and Learning; II. Developmentally Appropriate Learning Experiences; III. Relationships with Families; IV. Assessment, Evaluation, and Individualization; V. Historical and Contemporary Development of Early Childhood Education; VI. Professionalism; VII. Health, Safety, and Nutrition; and VIII. Application through Clinical Experience. These content areas are summarized in Figure 25 below.

**There are eight content areas  
(\*seven for Family Child Care):**

- I. Child Development and Learning
- II. Developmentally Appropriate Learning Experiences
- III. Relationships with Families
- IV. Assessment, Evaluation and Individualization
- V. Historical and Contemporary Development of Early Childhood Education
- VI. Professionalism
- VII. Health, Safety and Nutrition
- VIII. Application through Clinical Experiences\*



Figure 25. The Minnesota Knowledge and Competency Framework content areas.

ITSN providers' goals were distributed amongst these content areas as shown in Figure 26. Please note that content area V, Historical and Contemporary Development of Early Childhood Education, and content area VIII, Application through Clinical Experience, have been omitted from the figure, as none of the providers' goals addressed those content areas.

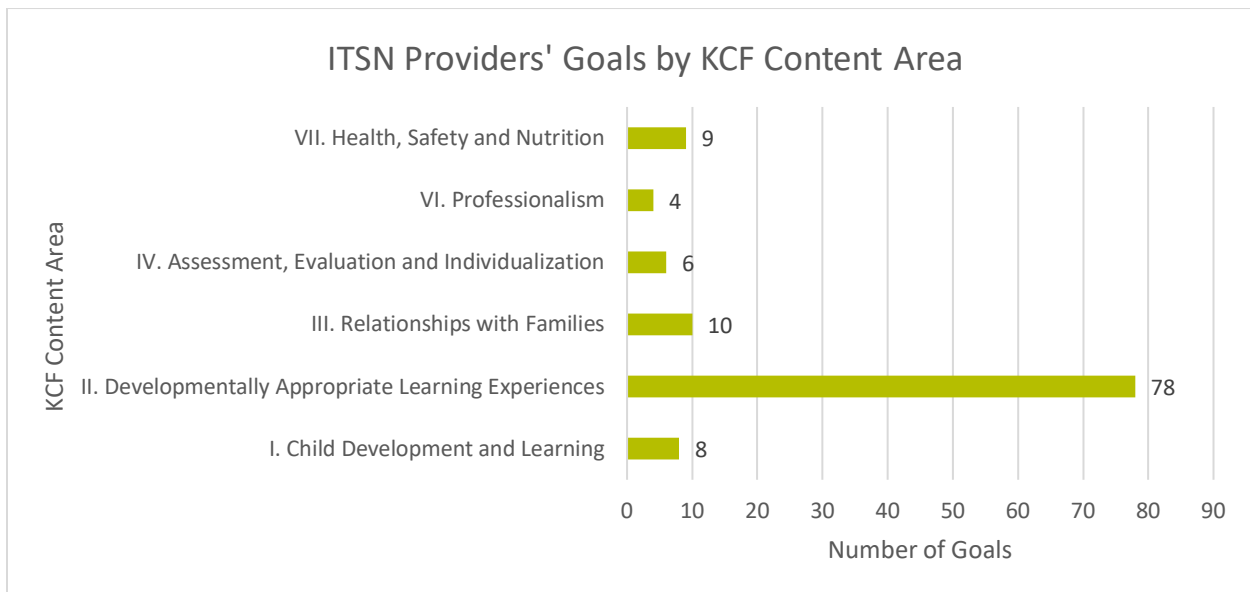


Figure 26. Number of ITSN Provider Goals by KCF Content Area.

Figure 26 displays the number of ITSN providers' goals that fell within each KCF content area. The vast majority of providers' goals (76%;  $n = 78$ ) were identified within KCF content area II, Developmentally Appropriate Learning Experiences. Goals were relatively equally distributed amongst five other content areas: content area III, Relationships with Families (10%;  $n = 10$ );

content area VII, Health, Safety and Nutrition (9%;  $n = 9$ ); content area I, Child Development and Learning (8%;  $n = 8$ ); content area IV, Assessment, Evaluation, and Individualization (6%;  $n = 6$ ); and content area VI, Professionalism (4%;  $n = 4$ ). As noted earlier, none of the goals fell under content area V, Historical and Contemporary Development of Early Childhood Education, nor content area VIII, Application through Clinical Experience.

### ITSN Coach Demographics

CICC coaches often work on more than one coaching program. At the time of the pre-survey, 13 coaches were working within the ITSN and all of those coaches completed the pre-survey in the fall of 2019 for a response rate of 100%. ITSN coaches are all women who range in age from 31 to 70 years old, with the average age being 47.3 years. All coaches reported that they are not of Hispanic origin, one coach identified as Black or African American, one coach identified as Multiracial, and 11 coaches identified as White.

### ITSN Coaches' Education and Experience

Out of 13 ITSN coaches, 54% ( $n = 7$ ) reported that they hold post-graduate degrees, 31% ( $n = 4$ ) said they have bachelor's degrees, and 15% ( $n = 2$ ) reported that they hold Associate of Arts degrees. The majority of coaches have degrees in early childhood, elementary education/child development, and psychology.

The coaches were asked to report the total number of years worked in early childhood education, the total number of years worked in child care, the total number of years worked as a coach, and the total number of years working as an ITSN coach for the CICC. On average, the coaches reported having 18.5 years of experience within the field of early childhood education (range = nine years to more than 40 years), 12.8 years of experience within the child care field (range = less than one year to 26 years), and 3.5 years of experience as a coach (range = one to 10 years). Ten of the 13 coaches said they have five years or less of experience as a coach. Four coaches have worked for the ITSN for one year, another seven have worked for two years, and two have been with the ITSN for three years.

### ITSN Coaches' Knowledge of ITSN Content

ITSN coaches ( $N = 13$  pre-survey and post-survey) were asked to report their perceived level of knowledge on a number of different infant toddler topics. Table 6 reports the percentage of coaches who indicated that they perceive their knowledge as beginning, developing, or proficient on these infant toddler content areas. The coaches were given the following definitions to use when reporting their perceptions:

**Beginning:** I am just beginning to develop this competency;

**Developing:** I am actively working to improve this competency; or

**Proficient:** I feel very confident in this competency.

Table 6. ITSN Coaches' Perceptions at Pre-Survey and Post-Survey of Their Level of Knowledge in Infant Toddler Content.

Infant Toddler Topic	Perceived Level of Knowledge					
	(Pre-Survey)			(Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
Active Supervision	8% (1/13)	31% (4/13)	61% (8/13)	0% (0/13)	31% (4/13)	69% (9/13)
Adequate and Safe Physical Space (Indoor and Outdoor)	0% (0/13)	23% (3/13)	77% (10/13)	8% (1/13)	31% (4/13)	61% (8/13)
Behavior Guidance	0% (0/13)	15% (2/13)	85% (11/13)	0% (0/13)	23% (3/13)	77% (10/13)
Co-Creating Relationships with Families	0% (0/13)	0% (0/13)	100% (13/13)	0% (0/13)	15% (2/13)	85% (11/13)
Confidentiality	0% (0/13)	8% (1/13)	92% (12/13)	0% (0/13)	8% (1/13)	92% (12/13)
Cultural Responsiveness	0% (0/13)	54% (7/13)	46% (6/13)	0% (0/13)	62% (8/13)	38% (5/13)
Developing a Risk Reduction Plan	15% (2/13)	46% (6/13)	38% (5/13)	15% (2/13)	54% (7/13)	31% (4/13)
Developmentally Appropriate Practices (DAP) around Individualized Instruction	0% (0/13)	23% (3/13)	77% (10/13)	0% (0/13)	38% (5/13)	62% (8/13)
Developmentally Appropriate Practices (DAP) around Group Instruction	0% (0/13)	23% (3/13)	77% (10/13)	0% (0/13)	46% (6/13)	54% (7/13)
Emergency Preparedness	8% (1/13)	31% (4/13)	61% (8/13)	15% (2/13)	38% (5/13)	46% (6/13)
Health and Safety Practices	0% (0/13)	46% (6/13)	54% (7/13)	8% (1/13)	38% (5/13)	54% (7/13)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	0% (0/13)	46% (6/13)	54% (7/13)	0% (0/13)	46% (6/13)	54% (7/13)
Individualized Care	0% (0/13)	15% (2/13)	85% (11/13)	0% (0/13)	31% (4/13)	69% (9/13)

Infant Toddler Topic	Perceived Level of Knowledge					
	(Pre-Survey)			(Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
Infant Feeding	0% (0/13)	31% (4/13)	69% (9/13)	8% (1/13)	38% (5/13)	54% (7/13)
Infant and Toddler Curriculum	8% (1/13)	38% (5/13)	54% (7/13)	0% (0/13)	54% (7/13)	46% (6/13)
Infant Toddler Development, Including Brain Development	0% (0/13)	31% (4/13)	69% (9/13)	0% (0/13)	46% (6/13)	54% (7/13)
Licensing Requirements (Rule 2 or Rule 3)	8% (1/13)	31% (4/13)	61% (8/13)	8% (1/13)	54% (7/13)	38% (5/13)
Nutrition Requirements	8% (1/13)	31% (4/13)	61% (8/13)	0% (0/13)	62% (8/13)	38% (5/13)
Observation and Assessment	0% (0/13)	0% (0/13)	100% (13/13)	0% (0/13)	8% (1/13)	92% (12/13)
Planning Based on Observation	0% (0/13)	8% (1/13)	92% (12/13)	0% (0/13)	23% (3/13)	77% (10/13)
Play for Infants and Toddlers	0% (0/13)	15% (2/13)	85% (11/13)	0% (0/13)	15% (2/13)	85% (11/13)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	8% (1/13)	23% (3/13)	69% (9/13)	0% (0/13)	54% (7/13)	46% (6/13)
Precautions for Transporting Young Children	8% (1/13)	46% (6/13)	46% (6/13)	8% (1/13)	62% (8/13)	31% (4/13)
Primary Caregiving and Continuity of Care	0% (0/13)	15% (2/13)	85% (11/13)	0% (0/13)	31% (4/13)	69% (9/13)
Proper Diapering /Toileting	0% (0/13)	23% (3/13)	77% (10/13)	0% (0/13)	38% (5/13)	62% (8/13)
Provider Mental Health/Self-Care	0% (0/13)	38% (5/13)	61% (8/13)	0% (0/13)	31% (4/13)	69% (9/13)
Provider to Child Ratios	8% (1/13)	8% (1/13)	85% (11/13)	8% (1/13)	23% (3/13)	69% (9/13)
Referral to Early Intervention for	0% (0/13)	38% (5/13)	62% (8/13)	0% (0/13)	38% (5/13)	62% (8/13)

Infant Toddler Topic	Perceived Level of Knowledge					
	(Pre-Survey)			(Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
Infants and Toddlers						
Routines	0% (0/13)	31% (4/13)	69% (9/13)	8% (1/13)	31% (4/13)	62% (8/13)
Safe Sleep Practices for Infants	0% (0/13)	23% (3/13)	77% (10/13)	8% (1/13)	15% (2/13)	77% (10/13)
Safe Sleep Practices for Toddlers and Preschoolers	0% (0/13)	15% (2/13)	85% (11/13)	8% (1/13)	15% (2/13)	77% (10/13)
Social Emotional Development, Including Attachment	0% (0/13)	8% (1/13)	92% (12/13)	0% (0/13)	31% (4/13)	69% (9/13)
Trauma-informed Care	0% (0/13)	62% (8/13)	38% (5/13)	0% (0/13)	54% (7/13)	46% (6/13)

Within the pre-survey, the coaches identified feeling proficient most often with the following topics: Co-Creating Relationships with Families (100%), Observation and Assessment (100%), Confidentiality (92%), Planning Based on Observation (92%), and Social Emotional Development, Including Attachment (92%). Two coaches reported feeling at the beginning stages of Developing a Risk Reduction Plan (15%). In the post-survey, the coaches identified feeling proficient most often with Confidentiality (92%) and Observation and Assessment (92%). Two coaches reported feeling at the beginning stages of Developing a Risk Reduction Plan (15%) and Emergency Preparedness (15%).

### ITSN Coaches' Sources of Learning and Professional Development Needs

ITSN coaches were asked to rate their preferred method for learning new infant toddler content. The largest number of coaches (n = 5 in the pre-survey; n = 6 in the post-survey) reported that online training (e.g., webinars) was preferred. The second preferred method was in-person training (n = 3 in the pre-survey; n = 2 in the post-survey). Figure 27 displays the coaches' choices.

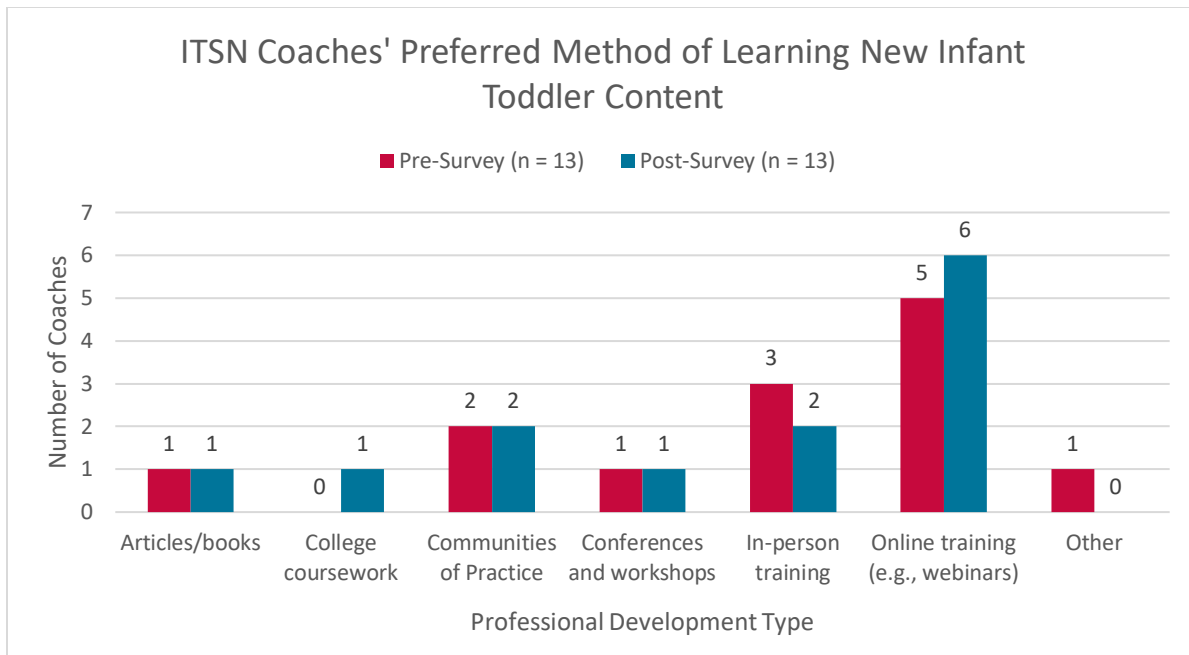


Figure 27. ITSN Coaches' preferred method of learning new infant toddler content.

In 2019, the CICC shifted their professional development from content-specific information to relationship-based professional development practice. With this change, coaches needed to find other opportunities to increase their infant toddler content knowledge. In the pre-survey, 69% (n = 9) of the coaches said they were able to fulfill their content needs elsewhere. In the post-survey 77% (n = 10) of the coaches stated that they were able to fulfill their content needs elsewhere.

Coaches were then asked to report on what infant toddler topics they had received training within the past year. The coaches' responses are found in Table 7. The number of respondents in both the pre-survey and the post-survey corresponds to the earlier data point of the number of coaches who were able to access training content in places other than the CICC.

Table 7. Percentage of ITSN Coaches Who Reported Receiving Training on Infant Toddler Topics within the Past Year.

Infant Toddler Topic	Received Training	
	(Pre-Survey)	(Post-Survey)
Active Supervision	43% (3/7)	56% (5/9)
Adequate and Safe Physical Space (indoor and outdoor)	38% (3/8)	56% (5/9)
Confidentiality	88% (7/8)	100% (9/9)
Cultural Responsiveness	100% (8/8)	100% (10/10)
Developing a Risk Reduction Plan	14% (1/7)	33% (3/9)
Developmentally Appropriate Practices (DAP) around Individualized Instruction and Group Instruction	71% (5/7)	80% (8/10)
Emergency Preparedness	43% (3/7)	67% (6/9)

Infant Toddler Topic	Received Training	
	(Pre-Survey)	(Post-Survey)
Health and Safety Practices	43% (3/7)	89% (8/9)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	43% (3/7)	70% (7/10)
Infant & Toddler Curriculum	29% (2/7)	22% (2/9)
Infant Toddler Development, Including Brain Development	86% (6/7)	80% (8/10)
Licensing Requirements (Rule 2 or Rule 3)	29% (2/7)	60% (6/10)
Nutrition Requirements	43% (3/7)	33% (3/9)
Planning based on Observation	71% (5/7)	67% (6/9)
Play for Infants and Toddlers	57% (4/7)	70% (7/10)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	43% (3/7)	56% (5/9)
Precautions for Transporting Young Children	43% (3/7)	22% (2/9)
Primary Caregiving	71% (5/7)	90% (9/10)
Proper Diapering/Toileting	43% (3/7)	56% (5/9)
Provider Mental Health/Self-Care	100% (8/8)	90% (9/10)
Provider to Child Ratios	29% (2/7)	56% (5/9)
Referral to Early Intervention for Infants and Toddlers	38% (3/8)	56% (5/9)
Routines	43% (3/7)	78% (7/9)
Safe Sleep Practices for Infants	43% (3/7)	78% (7/9)
Safe Sleep Practices for Toddlers	43% (3/7)	67% (6/9)
Social Emotional Development, including Attachment	86% (6/7)	100% (10/10)
Trauma-informed Care	100% (8/8)	100% (10/10)

Of the coaches who responded to this question in the pre-survey, all received training on cultural responsiveness and trauma-informed care. Of the coaches who responded to this question in the post-survey, all received training on confidentiality, cultural responsiveness, social emotional development, and trauma-informed care.

Coaches were also asked on what infant toddler content they still wanted additional professional development. Their responses are displayed in Table 8.

Table 8. Percentage of ITSN Coaches Who Reported Wanting Additional Professional Development on Infant Toddler Topics.

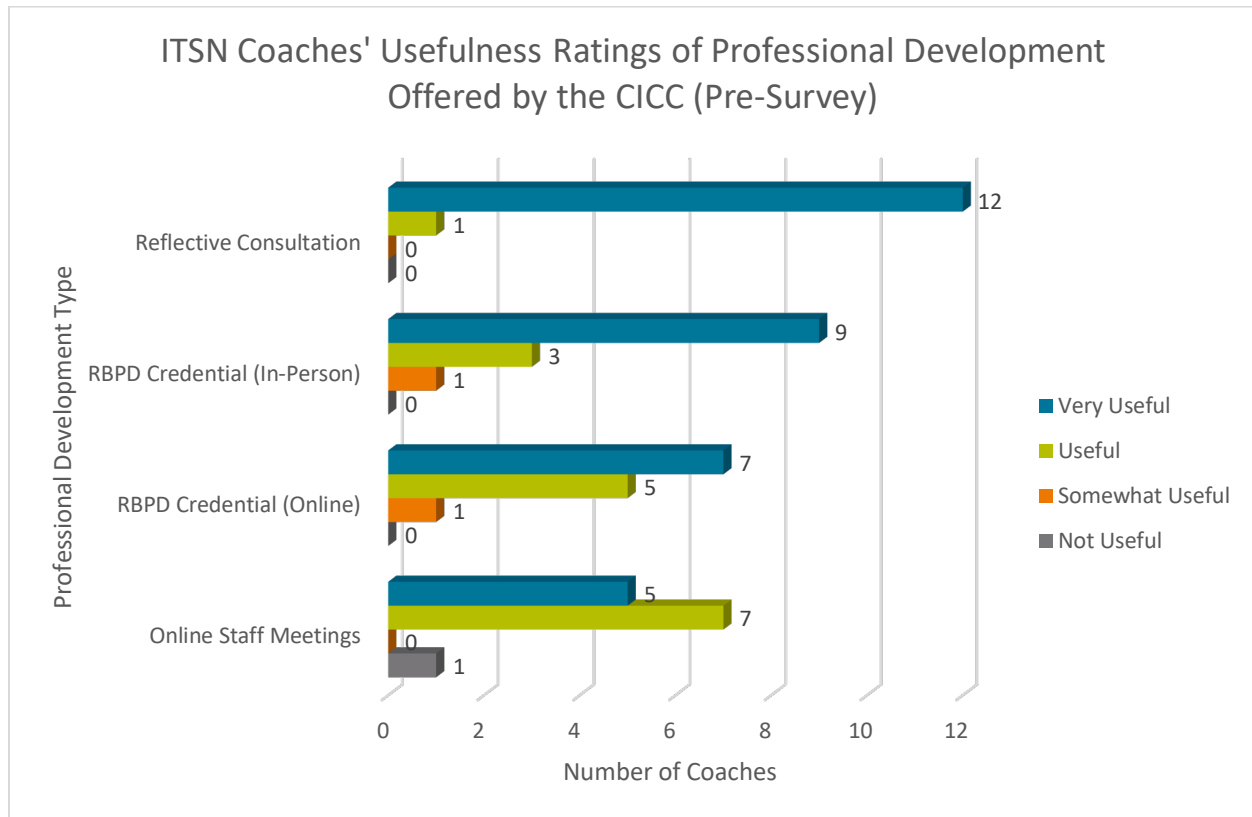
Infant Toddler Topic	Want Additional Training	
	(Pre-Survey)	(Post-Survey)
Active Supervision	18% (2/11)	17% (2/12)

Infant Toddler Topic	Want Additional Training	
	(Pre-Survey)	(Post-Survey)
Adequate and Safe Physical Space (indoor and outdoor)	17% (2/12)	25% (3/12)
Confidentiality	0% (0/11)	0% (0/12)
Cultural Responsiveness	45% (5/11)	50% (6/12)
Developing a Risk Reduction Plan	58% (7/12)	50% (6/12)
Developmentally Appropriate Practices (DAP) around Individualized Instruction and Group Instruction	45% (5/11)	33% (4/12)
Emergency Preparedness	33% (4/12)	50% (6/12)
Health and Safety Practices	42% (5/12)	42% (5/12)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	42% (5/12)	25% (3/12)
Infant & Toddler Curriculum	58% (7/12)	69% (9/13)
Infant Toddler Development, Including Brain Development	27% (3/11)	17% (2/12)
Licensing Requirements (Rule 2 or Rule 3)	55% (6/11)	50% (6/12)
Nutrition Requirements	18% (2/11)	25% (3/12)
Planning based on Observation	25% (3/12)	0% (0/12)
Play for Infants and Toddlers	36% (4/11)	25% (3/12)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	25% (3/12)	25% (3/12)
Precautions for Transporting Young Children	36% (4/11)	33% (4/12)
Primary Caregiving	0% (0/11)	8% (1/12)
Proper Diapering/Toileting	9% (1/11)	42% (5/12)
Provider Mental Health/Self-Care	36% (4/11)	17% (2/12)
Provider to Child Ratios	8% (1/12)	17% (2/12)
Referral to Early Intervention for Infants and Toddlers	45% (5/11)	25% (3/12)
Routines	0% (0/11)	8% (1/12)
Safe Sleep Practices for Infants	33% (4/12)	17% (2/12)
Safe Sleep Practices for Toddlers	8% (1/12)	25% (3/12)
Social Emotional Development, including Attachment	17% (2/12)	31% (4/13)
Trauma-informed Care	55% (6/11)	33% (4/12)

In the pre-survey, a majority of ITSN coaches identified the following topics as one for which they would still like additional professional development: Developing a Risk Reduction Plan (58%), Infant and Toddler Curriculum (58%) Licensing Requirements (55%), and Trauma-Informed Care (55%). In the post-survey, a majority of ITSN coaches identified the following topics as one for which they would still like additional professional development: Infant and

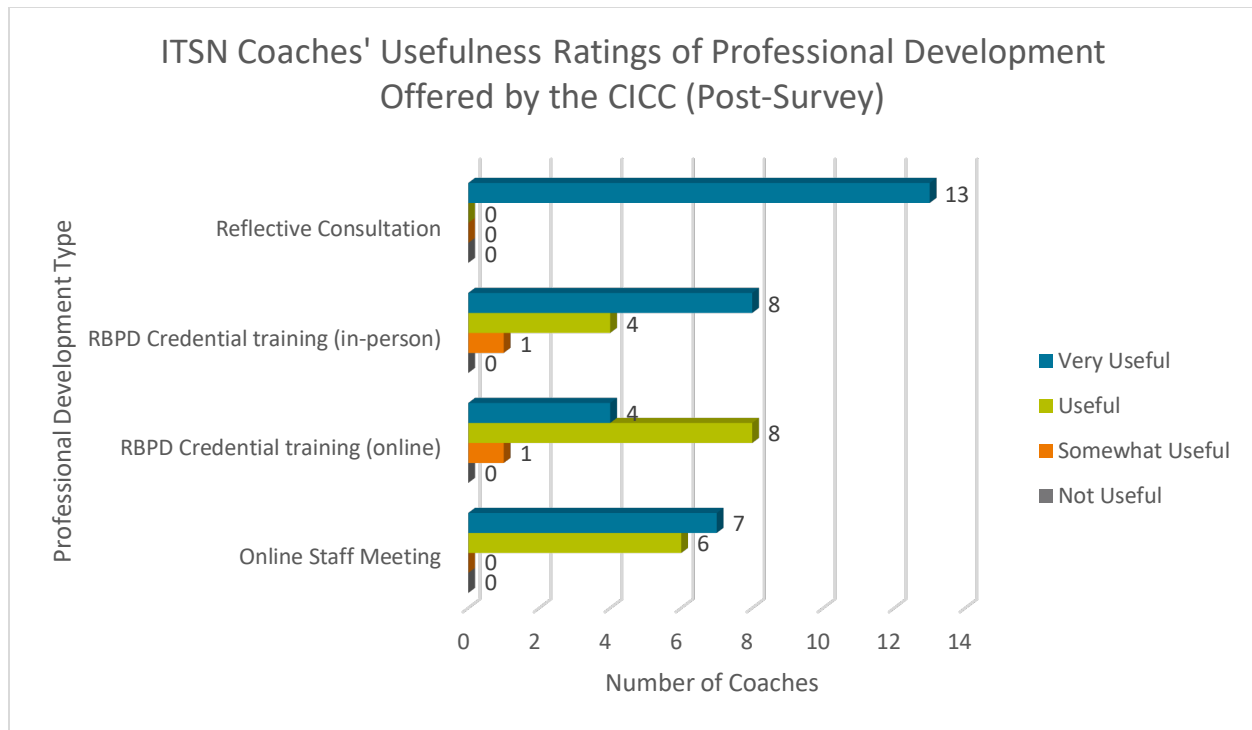
Toddler Curriculum (69%), Cultural Responsiveness (50%), Developing a Risk Reduction Plan (50%), Emergency Preparedness, and Licensing Requirements (50%).

Finally, in both the pre-survey and the post-survey, the ITSN coaches were asked to rate the usefulness of the professional development they are receiving via the CICC: 1) Online Staff Meetings, 2) RBPB Credential Training (online), 3) RBPB Credential Training (in-person), and 4) Reflective Consultation. Figure 28 shows the pre-survey results. Ninety-two percent (92%;  $n = 12$ ) of the coaches rated the reflective consultation as very useful, 69% ( $n = 9$ ) rated the RBPB credential training (in-person) as very useful, 54% ( $n = 7$ ) rated the online RBPB credential as very useful, and 38% ( $n = 5$ ) rated the online staff meetings as very useful.



*Figure 28.* ITSN coaches' usefulness ratings of the different types of professional development offered by the CICC (pre-survey).

Figure 28 shows the post-survey results. All of the coaches (100%;  $n = 13$ ) rated the reflective consultation as very useful, 62% ( $n = 8$ ) rated the RBPB credential training (in-person) as very useful, 31% ( $n = 4$ ) rated the online RBPB credential as very useful, and 54% ( $n = 7$ ) rated the online staff meetings as very useful.



*Figure 29.* ITSN coaches' usefulness ratings of the different types of professional development offered by the CICC (post-survey).

### **ITSN Coaches' Knowledge of the Minnesota Knowledge and Competency Frameworks**

In the pre-survey, ITSN coaches were asked to rate their familiarity with and their comfort using the three different Minnesota Knowledge and Competency Frameworks (KCFs) (i.e., Family Child Care KCF, Infant and Toddler KCF, and Preschool and School-Aged). In the post-survey, the ITSN coaches were asked if their familiarity with or comfort using the KCFs had changed during the past year.

In the pre-survey, 62% (n = 8) of the ITSN coaches reported feeling very familiar, 31% (n = 4) felt somewhat familiar, and 8% (n = 1) felt a little familiar with the Family Child Care KCF. Sixty-nine percent (69%; n = 9) of the coaches reported feeling very comfortable, 23% (n = 3) felt somewhat comfortable, and 8% (n = 1) felt a little comfortable using the Family Child Care KCF. In the post-survey, 62% (n = 8) of the coaches said their familiarity stayed the same and the other 38% (n = 5) that their familiarity had increased. Sixty-two percent (62%; n = 8) of the coaches reported that their comfort using the Family Child Care KCF had stayed the same and the other 38% (n = 5) reported that it had increased.

In the pre-survey, 54% (n = 7) of the ITSN coaches reported feeling very familiar, 38% (n = 5) felt somewhat familiar, and 8% (n = 1) felt a little familiar with the Infant Toddler KCF. Sixty-two percent (62%; n = 8) of the coaches reported feeling very comfortable, 31% (n = 4) felt somewhat comfortable, and 8% (n = 1) felt a little comfortable using the Infant Toddler KCF. In the post-survey, 62% (n = 8) of the coaches said their familiarity stayed the same and the other 38% (n = 5) that their familiarity had increased. Sixty-nine percent (69%; n = 9) of the coaches reported that their comfort using the Family Child Care KCF had stayed the same and the other 31% (n = 4) reported that it had increased.

In the pre-survey, 77% (n = 10) of the ITSN coaches reported feeling very familiar, 15% (n = 2) felt somewhat familiar, and 8% (n = 1) felt a little familiar with the Preschool and School-Aged KCF. Seventy-seven percent (77%; n = 10) of the coaches reported feeling very comfortable and 23% (n = 3) felt somewhat comfortable using the Preschool and School-Aged KCF. In the post-survey, 46% (n = 6) of the coaches said their familiarity stayed the same and the other 54% (n = 7) that their familiarity had increased. Fifty-four percent (54%; n = 7) of the coaches reported that their comfort using the Preschool and School-Aged KCF had stayed the same and the other 46% (n = 6) reported that it had increased.

### ITSN Coaches' Perceptions and Use of Coaching Competencies and Dispositions

ITSN coaches were asked to rate their level of competency on a list of common coaching skills in both the pre- and post-surveys. Table 9 identifies the coaching skills investigated and the coaches' perceptions of their competency in those skills for the pre-survey. ITSN coaches were given the following definitions to use when rating their skills:

**Beginning:** I am just beginning to develop this competency;

**Developing:** I am actively working to improve this competency; or

**Proficient:** I feel very confident in this competency.

Table 9. ITSN Coaches' Perceived Level of Competency in Coaching Skills (pre- and post-survey)

Infant Toddler Topic	Perceived Level of Competency					
	(Pre-Survey)			(Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
I am effective in different interpersonal contexts	0% (0/12)	8% (1/12)	92% (11/12)	0% (0/13)	31% (4/13)	69% (9/13)
I am skilled at conducting observation	0% (0/13)	0% (0/13)	100% (13/13)	0% (0/13)	8% (1/13)	92% (12/13)
I am skilled at providing constructive feedback	0% (0/13)	31% (4/13)	69% (9/13)	0% (0/13)	62% (8/13)	38% (5/13)
I ask questions rather than provide solutions	0% (0/12)	42% (5/12)	58% (7/12)	0% (0/13)	62% (8/13)	38% (5/13)
I assist practitioners in identifying realistic next steps for improvement	0% (0/13)	23% (3/13)	77% (10/13)	0% (0/13)	46% (6/13)	54% (7/13)

Infant Toddler Topic	Perceived Level of Competency					
	(Pre-Survey)			(Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
I assist practitioners in understanding infant toddler curricula	8% (1/13)	54% (7/13)	38% (5/13)	0% (0/13)	62% (8/13)	38% (5/13)
I assist practitioners in understanding infant toddler mental health	0% (0/13)	62% (8/13)	38% (5/13)	0% (0/13)	62% (8/13)	38% (5/13)
I assist practitioners in understanding the characteristics of high quality infant and toddler care	0% (0/12)	42% (5/12)	58% (7/12)	0% (0/13)	46% (6/13)	54% (7/13)
I assist practitioners in understanding the continuum of infant toddler development, including brain development	0% (0/13)	23% (3/13)	77% (10/13)	0% (0/13)	62% (8/13)	38% (5/13)
I challenge biases and inequitable practices	8% (1/13)	38% (5/13)	54% (7/13)	15% (2/13)	54% (7/13)	31% (4/13)
I encourage the providers to broaden their perspectives	0% (0/12)	17% (2/12)	83% (10/12)	0% (0/13)	23% (3/13)	77% (10/13)

Infant Toddler Topic	Perceived Level of Competency					
	(Pre-Survey)			(Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
by helping them see the big picture						
I evaluate practitioners' understanding of infant toddler information	8% (1/13)	38% (5/13)	54% (7/13)	8% (1/13)	54% (7/13)	38% (5/13)
I evaluate practitioners' understanding of infant toddler development, including brain development	0% (0/13)	23% (3/13)	77% (10/13)	0% (0/13)	46% (6/13)	54% (7/13)
I focus on improving practices	0% (0/13)	23% (3/13)	77% (10/13)	0% (0/13)	31% (4/13)	69% (9/13)
I know how to write specific and measurable goals	0% (0/13)	23% (3/13)	77% (10/13)	0% (0/13)	69% (9/13)	31% (4/13)
I know where to find evidence-based health and safety information	15% (2/13)	8% (1/13)	77% (10/13)	8% (1/13)	46% (6/13)	46% (6/13)
I know where to find evidence-based infant and toddler information	0% (0/13)	31% (4/13)	69% (9/13)	0% (0/13)	62% (8/13)	38% (5/13)
I provide resources so that providers	0% (0/12)	33% (4/12)	67% (8/12)	0% (0/13)	38% (5/13)	62% (8/13)

Infant Toddler Topic	Perceived Level of Competency					
	(Pre-Survey)			(Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
can perform their jobs more effectively						
I provide specific feedback	0% (0/13)	23% (3/13)	77% (10/13)	0% (0/13)	31% (4/13)	69% (9/13)
I provide time for reflection	0% (0/13)	46% (6/13)	54% (7/13)	0% (0/13)	54% (7/13)	46% (6/13)
I set expectations with the providers	0% (0/13)	38% (5/13)	62% (8/13)	0% (0/13)	54% (7/13)	46% (6/13)
I solicit feedback from the providers to ensure that my interactions are helpful to them	0% (0/13)	31% (4/13)	69% (9/13)	0% (0/13)	46% (6/13)	54% (7/13)
I withhold judgments until evidence is examined	0% (0/13)	23% (3/13)	77% (10/13)	0% (0/13)	23% (3/13)	77% (10/13)

Overall, a majority of ITSN coaches feel that they are proficient in almost all coaching competencies. In the pre-survey, more than 50% of the coaches reported that their competencies are developing in the areas of assisting practitioners in understanding infant mental health (54%) and understanding infant toddler curricula (62%). In the post-survey, 62% (n = 8) of the coaches reported that their competencies are developing in the areas of providing constructive feedback, asking questions rather than provide solutions, assisting practitioners in understanding infant mental health, assisting practitioners in understanding infant toddler curricula, assisting practitioners in understanding the continuum of infant toddler development (62%), and where to find evidence-based infant toddler information. Sixty-nine percent (69%; n = 9) of the coaches said they were still developing their ability to write clear and measurable goals.

In the pre-survey, ITSN coaches were also asked to rate how often they use these competencies in their practice. Table 10 shows the coaches responses.

Table 10. ITSN Coaches' Pre-Survey Perceptions of Coaching Skill Use in Practice

Coaching Skill	How often do you use this skill?				
	Always	Usually	About half the time	Seldom	Never
I am effective in different interpersonal contexts	77% (10/13)	23% (3/13)	0% (0/13)	0% (0/13)	0% (0/13)
I am skilled at conducting observation	54% (7/13)	46% (6/13)	0% (0/13)	0% (0/13)	0% (0/13)
I am skilled at providing constructive feedback	58% (7/12)	33% (4/11)	0% (0/12)	8% (1/12)	0% (0/12)
I ask questions rather than provide solutions	31% (4/13)	69% (9/13)	0% (0/13)	0% (0/13)	0% (0/13)
I assist practitioners in identifying realistic next steps for improvement	62% (8/13)	31% (4/13)	8% (1/13)	0% (0/13)	0% (0/13)
I assist practitioners in understanding infant toddler curricula	38% (5/13)	46% (6/13)	15% (2/13)	0% (0/13)	0% (0/13)
I assist practitioners in understanding infant toddler mental health	31% (4/13)	38% (5/13)	31% (4/13)	0% (0/13)	0% (0/13)
I assist practitioners in understanding the characteristics of high quality infant and toddler care	38% (5/13)	46% (6/13)	15% (2/13)	0% (0/13)	0% (0/13)
I assist practitioners in understanding the continuum of infant toddler development, including brain development	46% (6/13)	38% (5/13)	15% (2/13)	0% (0/13)	0% (0/13)
I challenge biases and inequitable practices	23% (3/13)	54% (7/13)	8% (1/13)	15% (2/13)	0% (0/13)
I encourage the providers to broaden their perspectives by	54% (7/13)	46% (6/13)	0% (0/13)	0% (0/13)	0% (0/13)

Coaching Skill	How often do you use this skill?				
	Always	Usually	About half the time	Seldom	Never
helping them see the big picture					
I evaluate practitioners' understanding of infant toddler information	33% (4/12)	42% (5/12)	17% (2/12)	8% (1/12)	0% (0/12)
I evaluate practitioners' understanding of infant toddler development, including brain development	46% (6/13)	38% (5/13)	15% (2/13)	0% (0/13)	0% (0/13)
I focus on improving practices	69% (9/13)	31% (4/13)	0% (0/13)	0% (0/13)	0% (0/13)
I know how to write specific and measurable goals	54% (7/13)	31% (4/13)	15% (2/13)	0% (0/13)	0% (0/13)
I know where to find evidence-based health and safety information	31% (4/13)	38% (5/13)	23% (3/13)	8% (1/13)	0% (0/13)
I know where to find evidence-based infant and toddler information	54% (7/13)	38% (5/13)	8% (1/13)	0% (0/13)	0% (0/13)
I provide resources so that providers can perform their jobs more effectively	62% (8/13)	31% (4/13)	8% (1/13)	0% (0/13)	0% (0/13)
I provide specific feedback	54% (7/13)	38% (5/13)	8% (1/13)	0% (0/13)	0% (0/13)
I provide time for reflection	38% (5/13)	54% (7/13)	8% (1/13)	0% (0/13)	0% (0/13)
I set expectations with the providers	31% (4/13)	62% (8/13)	8% (1/13)	0% (0/13)	0% (0/13)
I solicit feedback from the providers to ensure that my interactions are helpful to them	62% (8/13)	31% (4/13)	8% (1/13)	0% (0/13)	0% (0/13)

Coaching Skill	How often do you use this skill?				
	Always	Usually	About half the time	Seldom	Never
I withhold judgments until evidence is examined	62% (8/13)	38% (5/13)	0% (0/13)	0% (0/13)	0% (0/13)

Overall, ITSN coaches most often rated that they usually or always use this list of coaching competencies in their practices. Seventy-seven percent (77%;  $n = 10$ ) of ITSN coaches stated that they always are effective in different interpersonal contexts, 70% and 69% ( $n = 9$ ) reported that they always are focused on improving practices. The ITSN coaches were unlikely to report that they used these competencies about half of the time, seldom, or never.

In the post-survey, the coaches were asked to rate the extent to which their skill use changed over the past year. Table 11 displays the results. The majority of the coaches stated that their skill level either greatly improved or improved over the past year. The ITSN coaches did not report that any of their skills got worse over the past year so those results have been removed from the table.

Table 11. ITSN Coaches' Post-Survey Perceptions of Change in Coaching Skill Use during the Past Year

Coaching Skill	To what extent has your skill level changed?		
	Improved Greatly	Improved	Stayed the Same
I am effective in different interpersonal contexts	15% (2/13)	69% (9/13)	15% (2/13)
I am skilled at conducting observation	31% (4/13)	54% (7/13)	15% (2/13)
I am skilled at providing constructive feedback	17% (2/12)	75% (9/12)	8% (1/12)
I ask questions rather than provide solutions	23% (3/13)	69% (9/13)	8% (1/13)
I assist practitioners in identifying realistic next steps for improvement	25% (3/12)	67% (8/12)	8% (1/12)
I assist practitioners in understanding infant toddler curricula	8% (1/13)	54% (7/13)	38% (5/13)
I assist practitioners in understanding infant toddler mental health	8% (1/13)	69% (9/13)	23% (3/13)
I assist practitioners in understanding the characteristics of high quality infant and toddler care	8% (1/13)	62% (8/13)	31% (4/13)
I assist practitioners in understanding the continuum of infant toddler development, including brain development	15% (2/13)	69% (9/13)	15% (2/13)

Coaching Skill	To what extent has your skill level changed?		
	Improved Greatly	Improved	Stayed the Same
I challenge biases and inequitable practices	8% (1/13)	69% (9/13)	23% (3/13)
I encourage the providers to broaden their perspectives by helping them see the big picture	31% (4/13)	46% (6/13)	23% (3/13)
I evaluate practitioners' understanding of infant toddler information	8% (1/13)	62% (8/13)	31% (4/13)
I evaluate practitioners' understanding of infant toddler development, including brain development	8% (1/13)	62% (8/13)	31% (4/13)
I focus on improving practices	8% (1/13)	77% (10/13)	15% (2/13)
I know how to write specific and measurable goals	23% (3/13)	69% (9/13)	8% (1/13)
I know where to find evidence-based health and safety information	15% (2/13)	69% (9/13)	15% (2/13)
I know where to find evidence-based infant and toddler information	15% (2/13)	54% (7/13)	31% (4/13)
I provide resources so that providers can perform their jobs more effectively	15% (2/13)	69% (9/13)	15% (2/13)
I provide specific feedback	8% (1/13)	85% (11/13)	8% (1/13)
I provide time for reflection	23% (3/13)	62% (8/13)	15% (2/13)
I set expectations with the providers	8% (1/13)	85% (11/13)	8% (1/13)
I solicit feedback from the providers to ensure that my interactions are helpful to them	8% (1/13)	77% (10/13)	15% (2/13)
I withhold judgments until evidence is examined	8% (1/13)	77% (10/13)	15% (2/13)

The ITSN coaches were asked to evaluate their own coaching dispositions from a pre-determined list in the pre- and post-survey. Table 12 displays both the coaching dispositions and the coaches' level of agreement with those dispositions. Please note that response rates for "Disagree" and "Strongly Disagree" are not presented in Table 12 because none of the coaches selected either response to describe any of their coaching dispositions.

Table 12. ITSN Coaches' Level of Agreement with Coaching Dispositions.

Coaching Disposition	Level of Agreement			
	(Pre-Survey)		(Post-Survey)	
	Strongly Agree	Agree	Strongly Agree	Agree
I am accepting of others	85% (11/13)	15% (2/13)	85% (11/13)	15% (2/13)

I am an active listener	77% (10/13)	23% (3/13)	83% (10/12)	17% (2/12)
I am attentive	75% (9/12)	25% (3/12)	62% (8/13)	38% (5/13)
I am collaborative	77% (10/13)	23% (3/13)	62% (8/13)	38% (5/13)
I am culturally competent	46% (6/13)	54% (7/13)	38% (5/13)	62% (8/13)
I am ethical	85% (11/13)	15% (2/13)	92% (12/13)	8% (1/13)
I am flexible	77% (10/13)	23% (3/13)	69% (9/13)	31% (4/13)
I am inventive	77% (10/13)	23% (3/13)	69% (9/13)	31% (4/13)
I am objective	69% (9/13)	31% (4/13)	58% (7/12)	42% (5/12)
I am professional	85% (11/13)	15% (2/13)	85% (11/13)	15% (2/13)
I am resourceful	69% (9/13)	31% (4/13)	69% (9/13)	31% (4/13)
I am respectful	85% (11/13)	15% (2/13)	92% (12/13)	8% (1/13)
I am respectful of the provider's experience	62% (8/13)	38% (5/13)	77% (10/13)	23% (3/13)
I am responsible	77% (10/13)	23% (3/13)	85% (11/13)	15% (2/13)
I am responsive	77% (10/13)	23% (3/13)	69% (9/13)	31% (4/13)
I am understanding	85% (11/13)	15% (2/13)	77% (10/13)	23% (3/13)

In the pre-survey, ITSN coaches were most likely to strongly agree that they are accepting of others (85%), ethical (85%), professional (85%), respectful (85%), and understanding (85%). In the post-survey, coaches were most likely to strongly agree that they are ethical (92%), respectful (92%), accepting of others (85%), professional (85%), and responsible (85%). Coaches were more likely to agree, rather than strongly agree, that they are culturally competent.

### ITSN Coaches' Perceptions of Effectiveness and Confidence as Infant Toddler Specialists

ITSN coaches were asked to rate themselves on their perceived level of effectiveness in their role. In both the pre- and post-surveys, the coaches reported feeling either very or somewhat effective in their positions. Figure 30 demonstrates the coaches' responses to the question of effectiveness.

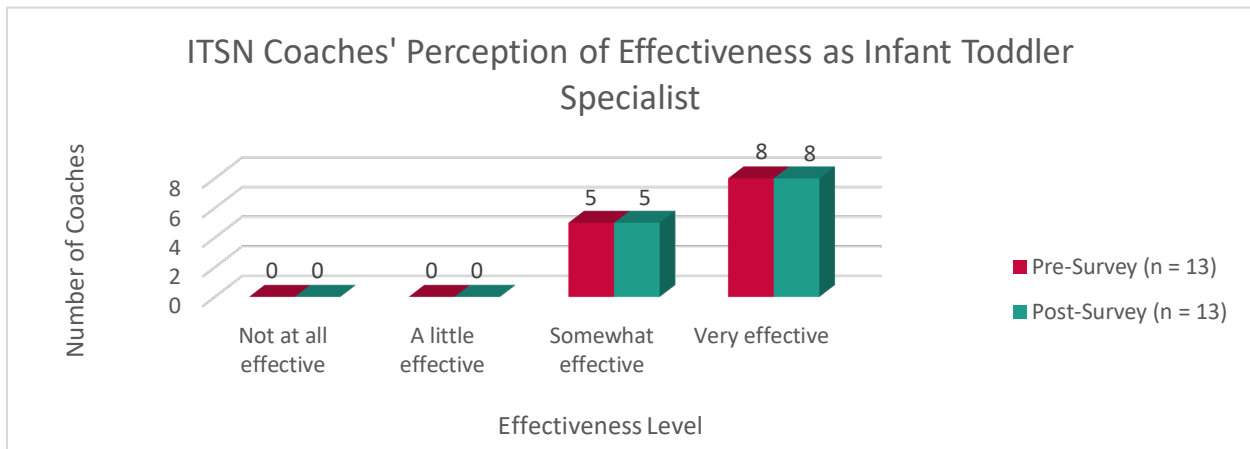
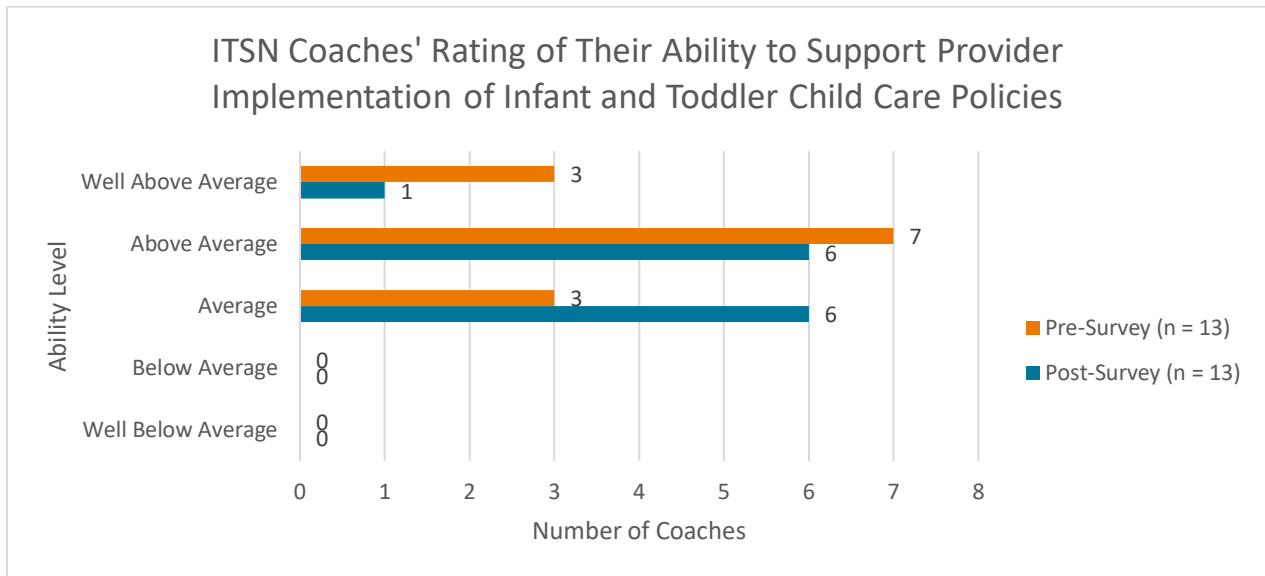


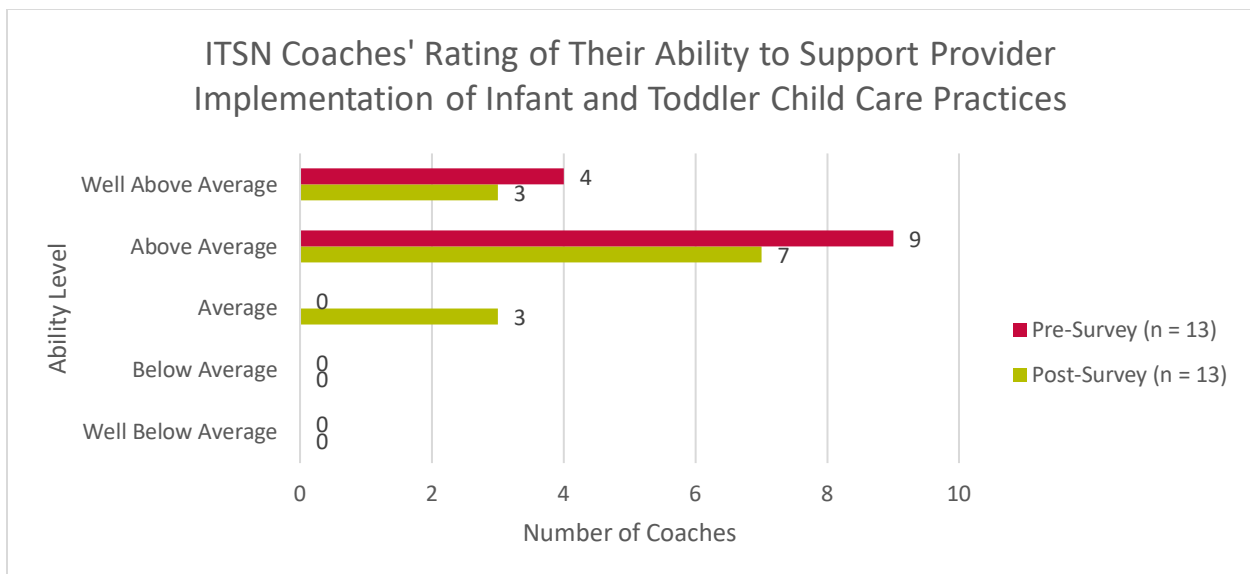
Figure 30. ITSN coaches' perceptions of their effectiveness as infant toddler specialists (pre- and post-survey)

ITSN coaches were also asked to rate their abilities to a) support provider implementation of infant and toddler policies, and b) support provider implementation of infant and toddler practices. Figure 31 displays their responses. Most of the coaches perceive their ability to support provider implementation of infant and toddler policies as above average. None of the coaches rated their ability as below average or well below average.



*Figure 31.* ITSN coaches' perceptions of their ability to support implementation of infant and toddler policies (pre- and post-survey)

Similar to their ability to support implementing policies, most ITSN coaches rated their ability to support implementation of infant and toddler practices as above average. None of the coaches rated their ability as below average or well below average (see Figure 32).



*Figure 32.* ITSN coaches' perceptions of their ability to support implementation of infant and toddler practices (pre- and post-survey).

### ITSN Coaches' Perceptions of Knowledge and RBPD Knowledge

ITSN coaches were asked a series of questions, in both the pre- and post-surveys, related to their knowledge of infant toddler content, their ability to share that content, their knowledge of RBPD content, and their confidence using RBPD skills in their practices. In the post-survey, coaches were also asked if their confidence of their infant and toddler knowledge had changed over the past year. First, coaches were asked to rate their confidence in their knowledge of infant toddler child care information. In the pre-survey, 69% (n = 9) of coaches felt very confident, and in the post-survey, 54% (n = 7) reported feeling very confident (see Figure 33). Seventy-seven percent (77%; n = 10) of the coaches reported that their confidence in their knowledge of infant toddler content had increased over the past year and the other 23% (n = 3) stated that there had been no change in their confidence level.

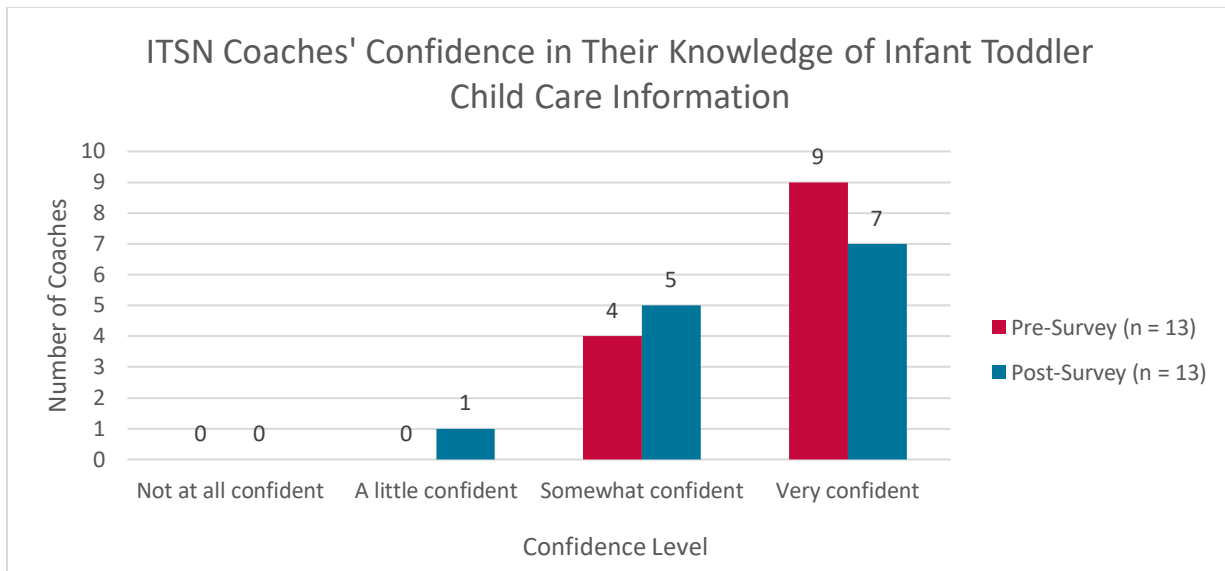


Figure 33. ITSN coaches confidence in their knowledge of infant and toddler information (pre- and post-survey).

Next, the coaches were asked to rate how confident they are in sharing that knowledge. In the pre-survey, 62% (n = 8) of the coaches rated themselves as very confident, and in the post-survey, 54% (n = 7) rated themselves as very confident in their ability to share infant toddler content with child care providers (see Figure 34). Sixty-nine percent (69%; n = 9) of the coaches reported that their confidence in sharing their infant toddler knowledge had increased and the other 31% (n = 4) reported that their confidence level had not changed over the past year.

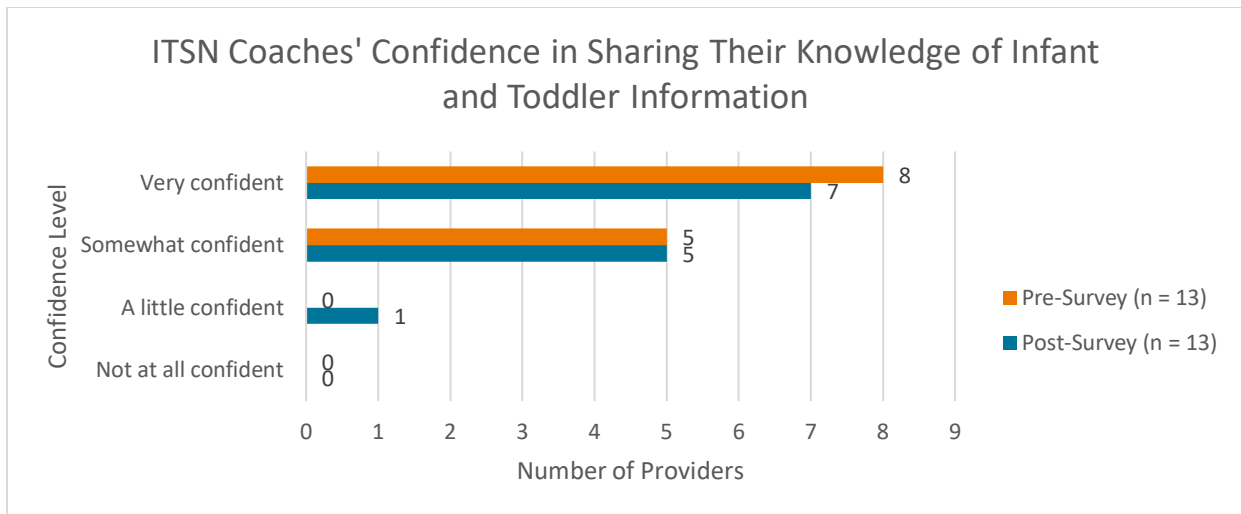


Figure 34. ITSN coaches confidence in sharing their knowledge of infant and toddler information (pre- and post-survey).

When asked in the pre-survey to evaluate their confidence in RBP knowledge, most coaches said they were very confident (69%; n = 9), and 69% (n = 9) of coaches in the post-survey said they were very confident (see Figure 35). In the pre-survey, the coaches acknowledged that their confidence in their RBP knowledge had increased (85%; n = 11) or not changed (15%; n = 2) based on their participation in the RBP credential. In the post-survey, the coaches reported that their confidence in the RBP knowledge had increased (69%; n = 9), not changed (23%; n = 3), or decreased (8%; n = 1) based on their participation in the RBP credential sessions.

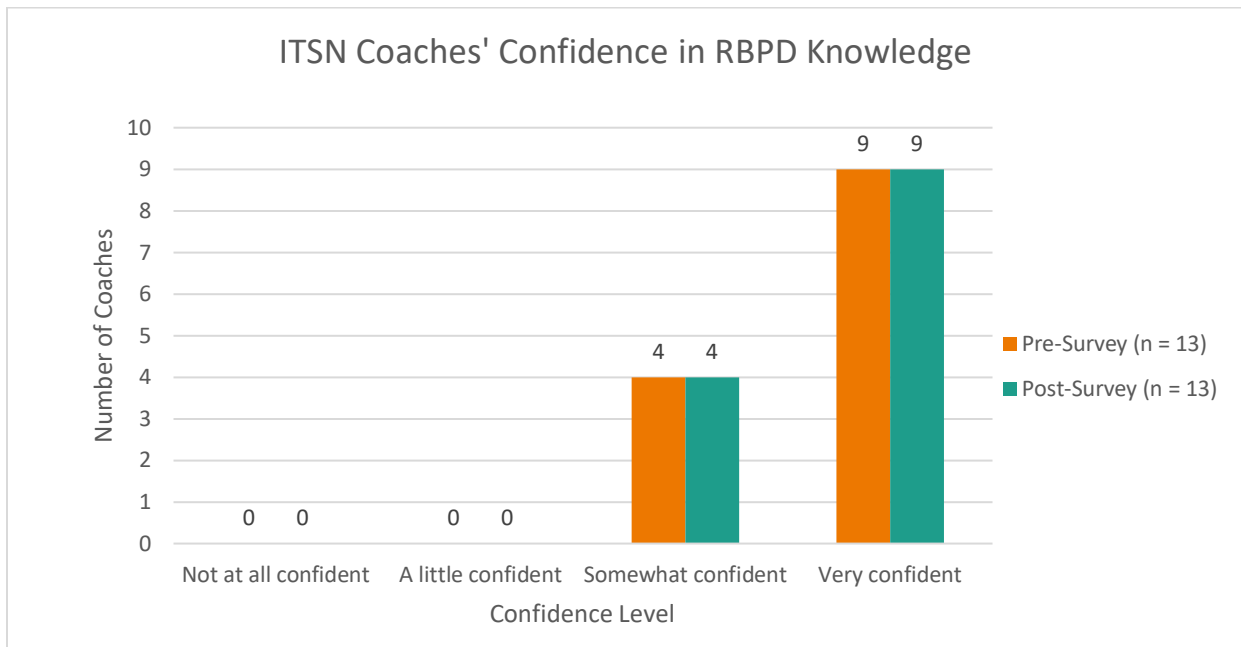


Figure 35. ITSN coaches' confidence in RBP knowledge based on their participation in the RBP credential sessions (pre- and post-survey)

In the pre-survey, the coaches reported feeling either very confident (69%; n = 9) or somewhat confident (31%; n = 4) in their ability to apply their knowledge of RBP skills in their practices

with child care providers. In the post-survey, 77% (n = 10) of the coaches reported feeling very confident, 15% (n = 2) reported feeling somewhat confident, and 8% (n = 1) reported feeling a little confident in their ability to apply their knowledge of RBPB skill in practice (see Figure 36). In addition, 77% (n = 10) of coaches said that their confidence in their ability to apply RBPB skills in their practice increased due to their participation in the RBPB credential sessions and the other 23% stated that their confidence level had not changed over the past year.

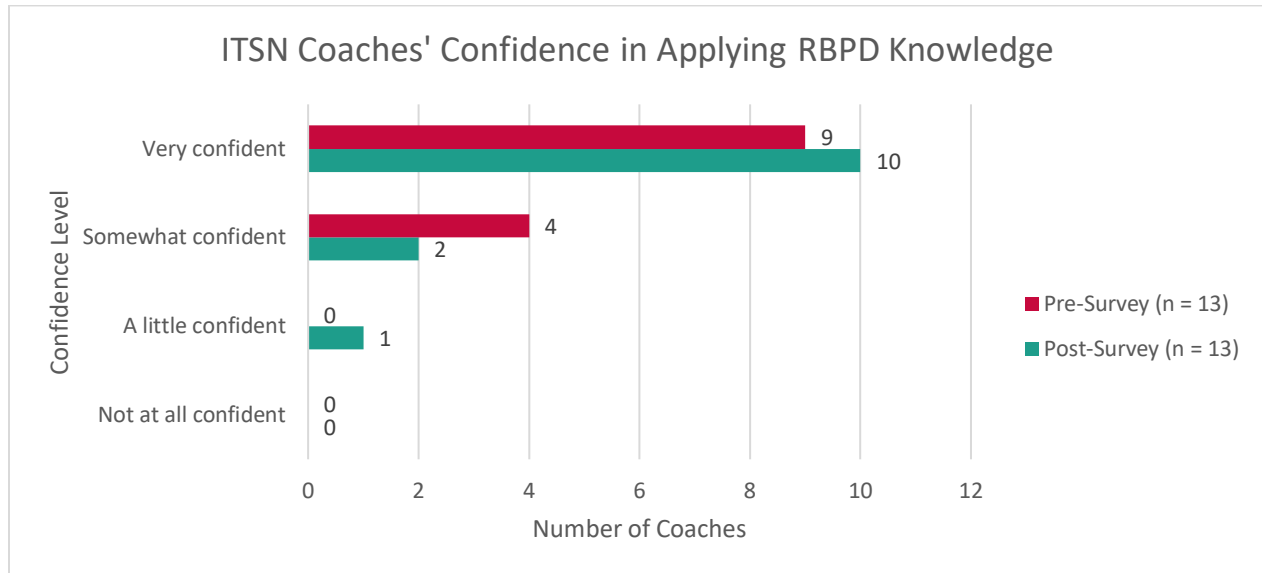


Figure 36. ITSN coaches' confidence in applying RBPB knowledge in their work with child care providers (pre- and post-survey).

### ITSN Coaches' Perceptions of Providers' Needs

ITSN coaches were asked to choose (in pre- and post-survey) up to three infant toddler topics on which they believed child care providers were most likely to ask for support. Table 13 demonstrates their responses.

Table 13. Number of ITSN Coaches' Reporting What Topics Providers Most Often Request for Coaching (pre- and post-survey)

Infant Toddler Content Area	Coaches' Report of Topics Most Often Chosen for Coaching by Providers	
	(Pre-Survey)	(Post-Survey)
Active Supervision	2	1
Adequate and Safe Physical Space (indoor and outdoor)	1	0
Child Development Related to Infants and Toddlers	7	5
Confidentiality	1	0
Cultural Responsiveness	0	0
Developing a Risk Reduction Plan	0	1

Infant Toddler Content Area	Coaches' Report of Topics Most Often Chosen for Coaching by Providers	
	(Pre-Survey)	(Post-Survey)
Developmentally Appropriate Practices (DAP) around individualized instruction and group instruction	6	5
Emergency Preparedness	0	0
Health and Safety Practices	0	1
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	1	1
Infant and Toddler Curriculum	4	6
Licensing Requirements (Rule 2 or Rule 3)	1	0
Nutrition Requirements	0	0
Planning Based on Observation	0	1
Play for Infants and Toddlers	2	3
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0	0
Precautions for Transporting Young Children	0	0
Proper Diapering/Toileting	0	0
Provider Mental Health/Self-Care	1	0
Provider to Child Ratios	0	0
Referral to Early Intervention for Infants and Toddlers	4	3
Routines	2	2
Safe Sleep Practices for Infants	0	0
Safe Sleep Practices for Toddlers and Preschoolers	0	0
Social Emotional Development, including Attachment	5	4
Trauma-informed Care	2	3

ITSN coaches most often reported that providers want support on child development related to infants and toddlers, developmentally appropriate practice for group and individualized instruction, infant and toddler curriculum, social emotional development, including attachment, and referral to early intervention. There were many infant toddler content areas that coaches felt providers did not request additional support.

In addition to asking coaches about the providers' requests for support, the ITSN coaches were also asked to share what three infant toddler content areas were most challenging for providers to implement. The coaches' responses are shown in Table 14.

Table 14. Number of ITSN Coaches Identifying a Content Area as Most Challenging for Child Care Workers to Implement (pre- and post-survey).

Infant Toddler Content Area	Coaches' Report of Most Challenging Topics for Providers to Implement	
	(Pre-Survey)	(Post-Survey)
Active Supervision	2	3
Adequate and Safe Physical Space (indoor and outdoor)	0	0
Child Development Related to Infants and Toddlers	4	1
Confidentiality	0	0
Cultural Responsiveness	1	3
Developing a Risk Reduction Plan	0	0
Developmentally Appropriate Practices (DAP) around individualized instruction and group instruction	8	7
Emergency Preparedness	0	1
Health and Safety Practices	0	0
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	1	0
Infant and Toddler Curriculum	2	3
Licensing Requirements (Rule 2 or Rule 3)	1	1
Nutrition Requirements	0	0
Planning Based on Observation	2	3
Play for Infants and Toddlers	2	1
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0	0
Precautions for Transporting Young Children	0	0
Proper Diapering/Toileting	0	0
Provider Mental Health/Self-Care	1	
Provider to Child Ratios	0	0
Referral to Early Intervention for Infants and Toddlers	2	4
Routines	1	2
Safe Sleep Practices for Infants	3	0
Safe Sleep Practices for Toddlers and Preschoolers	0	0
Social Emotional Development, including Attachment	4	3
Trauma-informed Care	5	3

ITSN coaches identified developmentally appropriate practice for group and individualized instruction, infant and toddler curriculum, social emotional development, and trauma-informed care as the areas in which providers had the most implementation challenges. These data align with the coaches reporting of what topics are most often chosen during coaching.

### ITSN Coaches' Interview Themes

Since the majority of CICC coaches work across multiple coaching programs (e.g., Health and Safety Coaching Project, Infant Toddler Specialist Network, and Inclusion Coaching Project), all coaches completed the same interview protocol (see Appendix G). The coach interview protocol consisted of 15 questions in total, with sub-questions or prompts throughout. Fourteen coaches completed the interview during January and February of 2020. Each interview lasted, on average, 70 minutes. The interviews were conducted by CEED evaluation personnel. Every interview was recorded and then transcribed by CEED evaluation team members. Transcriptions were analyzed using MAXQDA (Version 2020).

Fourteen (14) themes emerged from analyzing the content of the coach interviews. The themes are as follows: reason(s) for being a CICC coach; primary coaching role(s); professional development received; reflective consultation; approach to establishing a relationship with providers; use of RBPD with providers; typical requests for support; typical coaching session; coaching strategies used; most important part of coaching process; issues that prevent effective coaching; support received and wanted; support from CICC personnel; and recommended changes to the ITSN. A brief description of each theme is provided, as are quotes from coaches to demonstrate evidence of the theme.

#### Reason(s) for Being a CICC Coach

Coaches commonly identified 3 main reasons for being a coach: (1) past experience, (2) opportunity to work with adults and children, and (3) flexibility in work. All 14 coaches cited their past extensive experience wearing various hats within the early childhood/education field as playing a role in their decision to become a coach. Half of the coaches ( $n = 7$ ) went further to explain that in previous positions they had seen the challenges first-hand that programs and providers face, and they wanted to make a difference and provide much needed support. Another several shared that their past experience provided them an advantage in being able to understand the provider and more effectively provide support. One coach said,

*As a former family child care provider and a former center-based owner, just knowing the challenges for a lack of support and support services in the field of child care, just really wanting to be able to provide some additional support and education and be able to deliver that in a way that is convenient for programs and still effective. So those were pieces that were really motivators for me in doing some of this work.*

Eight providers also mentioned how their enjoyment of working with adults and children drew them to coaching. Coaches described that they appreciate the direct engagement in the classroom/process that coaching affords; One provider said “I love building the relationship and helping out these programs and giving the tools to succeed throughout the whole time of them doing child care.” Another coach noted the variety of age ranges and services as reasons for coaching, stating, “I think they [CICC] provide a unique service to really specialize in supporting children and families and their caregivers, and in many different modalities. So you can work with infants, toddlers, or preschoolers, and really focusing on very specific things.” Another coach expressed a common sense that coaching provided a unique opportunity to be involved in the process more than in other roles:

*As a teacher and a director, one of my favorite parts was working with staff and that adult education piece. But I also love being in the classroom with kids, so coaching is a good balance for me to do both of those things.*

In addition to identifying other reasons for being a coach, 4 out of the 14 coaches added that they appreciated the independence and flexibility of coaching.

### **Primary Coaching Role(s)**

When coaches described what they perceived to be their primary role(s) as a coach, three common themes emerged: (1) support and guidance, (2) relationship building, and (3) reflective capacity modeling.

Supporting and guiding providers was referenced by 12 of the 14 coaches. Coaches typically mentioned their method of working alongside/collaborating with the provider. One coach said, “Number one is to be a peer next to them. We’re not over above, we’re not under. We’re just kind of right alongside them, helping [providers] to be more successful.” Six coaches also perceived their role extending to providing support for the children as well. One stated, “I really see that I’m there to work with teachers, but I still see my primary person to focus on is the child,” either by working directly with the child or by “going there as a support person for this provider...to help them improve the quality, or make their environment educational and welcoming for every child.”

Eight of the 14 coaches identified building a relationship with providers as their primary role as a coach: “I would probably say, number one is just building that relationship and trust with the provider.” Coaches recognized that establishing a trusting relationship right away facilitates progress because they “can really kind of get to the issues because [providers] are a lot more open”. One coach stated,

*I usually go in with that attitude that I want to establish that relationship with the provider and find out what’s going right and get their opinions about what they feel about what they need a little help in. Then along the way, we might find a few other things that maybe weren’t on their radar.*

Most coaches (n = 5) who identified establishing a relationship as central to their role as a coach, also stated how “most of the work that [providers] do is very void of adult contact,” so as a coach they view themselves as providing a supportive, adult relationship through which providers can “bounce ideas off of and really think about the things differently that they’re going through.” One coach said,

*These providers, they’re like on an island, kind of. You know they’re in their home, with their children, there’s really limited adult interaction. There’s really no one to bounce ideas off necessarily, on a regular basis. And once you really get into the home, you get to know the provider, you get that relationship established, that trust established, they really open up and it’s basically yes they called in about that biter but it’s actually that it’s deeper. And so I just think that having that sounding board for them is huge.*

Three out of the 14 providers also identified either providing, or building the provider's, reflective capacity as their primary role. One provider stated:

*I think one of the biggest things that I see as my role is helping to provide some reflective capacity for teachers for the long term in the profession, as well as help them to reflect on some of the ways that their practices with children can then translate to the parent child relationship with really supporting that. So I think that one of the biggest things that I do in every site is have time to reflect, and regardless of the topic we're talking about, try to build some perspective-taking and reflective capacity with teachers, and utilizing that as the professional development opportunity.*

### **Professional Development Received**

In Year 3 of the program, the professional development offered to the CICC coaches shifted from content-focused to focus on the RBPB credential and reflective consultation. When asked about the professional development they received, all coaches positively discussed the webinars, resources, and discussions that are components of the credential. One coach said, "I really feel since probably July when they kind of switched things up, they've been very intentional and I feel now it's like high quality or even excellent quality." Another said, "I think the process is really good. It covers so many different aspects of the learning process."

And another described it this way,

*It's kind of changed from when they first started it. They focused on announcements. Now, they focus on maybe things that affect us as coaches. But then it also is different things like what would you do with different challenges that maybe we're faced with? It's really nice to be able to connect a few times a month because that way if I have a question but haven't had a chance to ask it, sometimes it seems like other people will do it. The online version of the webinar is really nice because I live one hour from the actual office, so it makes it very convenient to just be able to pop in for an hour and then go about doing whatever else I need to do.*

In addition to the RBPB credential, coaches reported that the CICC personnel support their efforts to further their knowledge by highlighting external training opportunities. One coach reported,

*Staff are always sending us different opportunities if we're interested--obviously, more are at one time, but it's always a wealth of information and you could do this, it's not required but you could. But they do offer in-services and trainings a few times a year that we're able to have experts on different topics come in and offer us suggestions and support and additional knowledge that we maybe don't have or just kind of refresh what we already know.*

ITSN coaches noted other newer professional development resources, such as the Google sheet with topical, searchable content. A coach reported,

*I think now they have created a document that has a ton of resources they've categorized. I think that's been really helpful because I used to pull a lot from the CICC website, but it seemed like it took me a really, really long time to find what I was looking for. So I think that new format where there's this Google sheet and if I have a question about biting, it's like a page of probably 10-12 different resources that I'm able to cull from. I would say I use that weekly, those sites.*

### **Reflective Consultation**

All coaches (N = 14) also noted the reflective consultation they received as part of their professional development during the past year. The reflective consultation was perceived by all coaches as a positive method of supporting each other and preventing burnout. Of the reflective practice, one coach said, "I would say it's a safe place for coaches to come together and reflect on our practices and approaches as well as gain feedback and perspective from other coaches on how to handle certain situations that are coming up--real life situations that are happening for us." Another coach noted the benefits of reflective consultation, despite having some initial reservations, stating,

*We have those [reflection consultation] once a month and they are wonderful. We basically meet for two hours and we reflect upon how everything's going. So what things are going well? What things are challenging? So sometimes one of our coaches has been just struggling to maybe get a schedule for them, or maybe it's 'holy cow I walked into this one program, and boy it's tough in general.' And so, I think we support each other very, very well. And I think that that's a positive. I really, really like that. I thought it would be more scary. It's not, I love it.*

Another coach defined the practice and the skills gained by participating, saying,

*Reflective consultation is just a time to come together with our consultant to really process how our own perspective and our own- the biases you bring to the table and our background and how we were raised- can come up in the work, and it really gives us a chance to reflect on many different perspectives in the context of the work. So we think about the teacher perspective but also the child perspective and the parent perspective and sometimes the director's involved, so what's their perspective. So really getting a good chance to think about multiple people involved in the situation with the child, and that helps us to really come- I always say I come to some realizations about what I can consider things I might try that I didn't consider before. So again building a reflective capacity is the biggest thing that does. And also sustainability of our practice. This is a really hard field to be in when you're working with young children and caregivers, and so giving a space to think through some of that and process how tough it can be is necessary for professionals.*

### **Approach to Establishing a Relationship with Providers**

ITSN coaches were asked how they typically attempt to develop a relationship with the providers with whom they work. Overall, the coaches reported that they follow a typical pattern of behavior. The coaches work at developing a relationship with the provider first, then ask

questions to determine areas of need(s), conduct observations and take notes to support the conversation, determine focus areas in conjunction with the provider, and follow-up with the provider (or center director) after each meeting. The coaches begin by asking questions of the providers regarding their needs, their desires for support, and their goals. One coach summarized her approach this way,

*So it mainly starts out, like I said, trying to get to know the provider, the things that they enjoy about what they do, things that they're nervous or scared. Just really working on the reflection, building the relationship by getting to know them, and they're likes, and sometimes dislikes. And then setting goals. And I feel like the setting goals one is big, just in general. Because in those 30 hours, a lot of times you accomplish those goals. So it's just a happy feeling. Not only for them, but for yourself because you've watched them grow.*

And another said,

*I think the first step is just really focusing on the relationship by getting to know the teacher or the provider. So going in with not a strong agenda other than I'm here to get to know you, get to know what your needs are, get to know the children and families you serve, your mission and your philosophy, and really gaining a deeper understanding of who you are within this context. And so I spend at least the first visit, but usually my first couple visits, getting to know the teacher.*

When asked how they typically learn about a provider's needs, all coaches (N = 14) reported that they acknowledge the information provided to them from the intake process and then they ask additional questions to ensure that they are meeting the provider's needs. One coach stated that she gathers data from multiple sources (e.g., program website, intake form, observation, note taking, etc.) to help contextualize the issue(s). Two coaches said they use a self-created questionnaire to understand the provider's and program's strengths. One coach stated it this way,

*So strategies that I use when I'm starting out with a program are to be viewing a lot of observations, to be asking a lot of questions, to try to as much as I can withhold judgment about how I might be seeing them do something and if that might align with what I believe would be the best approach and to just really be curious about how they're doing things, why they're choosing to do it that way, getting to know their environment and the children in their environment to help me just really understand the whole system. Like I said, just being able to ask a lot of questions to really be able to understand the provider and the provider's needs and how I will be able to help them best.*

After learning about the providers' needs and goals, all coaches noted that they explain their reasons for being there and then use observation as a means to help guide their discussions with providers.

*I would say I definitely always explain my role to come beside them and work with them. I always let them know that I'm not there to judge them. Depending on their personalities, sometimes I start out just the first couple with observation and me kind of*

*being a part of the group. I just let them know I want to get a feel for how the program runs and get to know the kids and get to know you. So helping them to feel comfortable before we start diving into their challenges.*

Most coaches noted that they use the information gleaned from their initial conversations and observations to guide the discussions regarding the areas of focus. The coaches reported that they work hard to let the providers know that goal setting is a collaborative process. One coach said, “Really stressing that I’m here to partner with you. I’m here to help support YOUR goals. So I’m not coming in and making a goal by any means.” Another stated,

*And it’s very clear about the fact that my goal is not to be driving the bus, but my goal is to be facilitating the process. So the goals that we decide to work on, I want to make sure are goals that they are motivated and wanting to work on as much as possible. I know that there are times when we’re not always able to do that, but as much as possible I think that provides a lot more investment. So as far as setting that up I think it becomes pretty individual.*

Another coach echoed a similar sentiment about focus areas being a collaborative process, saying

*I think it’s a joint decision. Of course it needs to be driven by the provider so they’re invested in the process and they’re really knowing that they’re the driver of their professional development. I also think that there’s times where the provider may identify a very large goal and broad goal, and I’m making more small steps and ways to break that down and take a few steps back and be able to have a starting point. So I think it’s definitely a decision that’s collaborative, and we make it together. But a lot of times they’re identifying that initial goal of what they see, and then I come in and can provide some guidance and ask questions to get them to a place where we decide on some really tangible goal, more SMART goal I guess.*

Finally, the coaches discussed how they typically follow-up with providers after each meeting. The coaches reported that they most often use email to communicate with providers, although some use texting. Resources are often sent via email. One coach described her process this way,

*I would document my visit, write down any information, kind of what our goals and what we’re working on, what’s going to happen next. Then I would send them an email and they would have that information. Then I would include links to any of the resources that I had given them and if there’s anything else that I needed to add to that if there was something that came up and I would send that to them. Then before my next visit, typically I’d email and just confirm that just to make sure and see if there’s anything I should bring or anything has come up.*

Another coach talked about developing concrete action steps as an important part of the follow-up process, saying,

*I sometimes, maybe 50% of the time, maybe a little bit more, but leave the teacher with kind of homework per say, to do. So something maybe like ‘between this visit and next, if*

*you could think about implementing this strategy for 5 minutes a day, and then reflect during that time on how it went, and then we'll talk about it next time.' So really giving them some tangible steps to working towards their goals. And then I use email to do a lot of follow-up and reinforcement of observations or strategies we're working on. I use that as a way to have a little bit of further conversation with teachers, because it can be really hard to get time to talk with them about that in the classroom.*

And another coach cited the importance of consistent follow-up procedures, stating,

*I really want that consistency with those programs so they know that they're going to get an email, they're going to get documentation, they're going to get this from me because that way, if they're connecting with another program, that's going to be a similar situation.*

Most coaches used the same methods, no matter the program in which they were working. The coaches noted that the needs of providers may change depending on the program (e.g., HSCP, ICP, ITSN), but that the coaching process tends to remain the same.

### **Use of RBPB with Providers**

The coaches were asked to provide specific examples of how they were using RBPB with the providers. Despite working among three different programs, the coaches tended to acknowledge the same ideas: relationship development, communication styles, and the different roles and actions that they may take during the coaching process.

One coach said, "I really think it's just honoring and acknowledging that we are there to support and develop that relationship but then we're also there to bring professional information. We're there to guide them. We're there to remind them about child development." Another coach summarized how she uses RBPB with providers by saying,

*I would say, I would go back to some of the pieces from building that relationship and kind of building that safe and trusting space and some of the things that we go over in the credential in terms of how to do that, to the assessment of where providers are starting from. Again that piece that talked about how we can better assess where teachers, sitting in their own experience and feelings. It's a lot of useful stuff, like what potential barriers might be, how to work through those. And then just the pieces, like I said, reflective consult I think really helps me feel like I'm not so stuck. It's validating to hear that other people have experienced a lot of the same situations. It's helpful to hear how they dealt with them, either positively or negatively. And it's helpful to gain those different perspectives, so I feel like there's a lot from the RBPB relationship work that we do I feel like is very useful.*

Finally, another coach talked about how RBPB influences her perspective, especially as it relates to culture—the culture of the child, the provider, and the program—by saying,

*I use a coaching model in the work that I do, as far as other strategies I feel like the RBPB credential has given a lot of guidance around what that should look like within coaching. So I think considering things like culture is super important when we're*

*working with providers, and any providers, but providers with different backgrounds than our own. Also thinking about the children that are being served in that space, and the culture that they bring to the table, and how does that play into the relationship dynamics within. I think thinking about ethics within sites comes up quite a bit and just thinking about ethical boundaries and best practices in that, and helping providers think about that. Yeah, I feel like the reflection of course is huge, so I really feel like all of the elements that we've learned this far, formally learned in the RBPD credential, have been something that I implement in my coaching all the time.*

### **Typical Requests for Support**

All coaches were asked to summarize the typical requests for support they received from providers. No matter the program, coaches identified requests for information on typical child development, challenging behaviors, licensing requirements, environmental safety, staff communication, and parent communication/engagement. All of the coaches said they received requests for support with challenging behaviors. One coach said, "I would say across the board, it's challenging behavior. Blanket challenging behavior. It doesn't matter which it is. But it's different with challenging behavior. But that's the biggest." When asked what types of requests for supports she gets, one coach stated,

*Typically resources, so information on different stages of development, how to do something. Oftentimes even just having me come in and model it, showing them how to do it, reflecting on what they're doing. But I would say the biggest thing is just those resources. I don't know what to do with this child who is this. So I give them tip sheets or links of just things that can be expected with whatever their challenge is.*

ITSN examples included supporting the teachers' knowledge of typical child development and the arrangement of the classroom(s), support for dealing with challenging behaviors, and supporting better quality communication among teachers, teammates, and administrators. One coach gave the following example,

*The typical request is...I mean on average, it's that busy toddler. It's the toddler that's biting, it's the toddler that's pushing. It's the behaviors, basically. I have concerns with...like it could be aggressive behavior. A lot of aggressive behavior requests. And like maybe some providers having concerns like 'is there more going on with this child? What do I do? How do I communicate that to the families? Where is support? How do I get support? What's out there to help support this little guy?' like is it a referral to Help Me Grow? And THEN 'what's help me Grow? And how do I do that?' So I find that a lot of support that way, as well requests I get. And then even just like I've gotten one provider saying 'I don't have anything specific. I just need a fresh set of eyes.'*

Another ITSN coach said,

*The infant/toddler when I'm really doing inclusion, it helps (number one) to understand the child's behavior and what's happening with them and how to help them. We're working on language with this one child and increasing the amount of language he uses and also the teacher--I gave her handouts on trauma but I'm going to have to go back*

*and rework it with her, which isn't a surprise, because she's saying he's hitting other kids. Why would he do that? I'm like okay, let's rework. Let's go back over what might be happening!*

And another coach gave this example,

*So infant/toddler, it's looking at how is my classroom set up. I have kids that have challenging behavior but it's not necessarily a huge concern that they're thinking referral. It's just I don't know how to deal with these kids at this age. So it's really just helping developing structure, developing the schedule, looking at ages and stages of development.*

### Typical Coaching Session

All coaches were asked to describe a typical coaching session and what occurs. The coaches outlined a similar process to that described above, namely developing a relationship with the provider/program, asking questions, identifying strengths and needs, collaboratively deciding on focus areas and goal setting, providing resources, and following up as needed. One coach described her process this way,

*I would say they all look very similar in the process. Just like I've said the session typically involves observation and debrief. It may involve hands-on coaching, so maybe some side-by-side coaching, or some examples, like I might model something for a teacher and then reflect on it. But I feel like it always includes observation or modeling, or side-by-side coaching, and then at the end doing some sort of reflection or getting some feedback and conversation about that. And then really thinking about the goals within, so that's pretty typical.*

Another coach stated,

*During observations, I take notes and then gauge the classroom, so gauge the intensity or stress level. So if it seems to be becoming too stressful, I'll pitch in and help with anything that could help or I'll model if a teacher is asking for help in a situation. But I'm typically just sitting back and taking the observation notes or documentation. In the follow-up to the observation, it's reviewing the documentation I previously emailed to them and following up with any questions and describing considerations for areas of growth and making steps moving forward, so planning for checking with their CQIP, their goal planning sheet, to see if we're moving along. Then the next visit is that typical modeling type of visit and questions, like answering and working with the children or modeling.*

Similar to the ITSN providers, the ITSN coaches were specifically asked to discuss who did most of the talking in a typical coaching session. The coaches most often said that the provider did most of the talking, explaining the issues and environment. One coach stated, "I would say it weighs heavier on the teacher in general. But I think it's a good mix of the teacher and myself. I would say I do a lot more listening than talking, but definitely still give that feedback." Another said, "It would be providers. Or sometimes it might be like a 50-50. So like if we're doing a lot

of the reflective, it would be about, maybe more like 75-25. So, mostly them, but then me jumping in and asking questions, digging in a little bit deeper with them.” And another reported,

*I would say that can vary between the children and the providers. But I tend to ask a lot of questions. I ask questions and I do share information. So I would say probably the providers, but again it probably depends on what kind of site visit we’re doing at a program on a given day.*

The coaches did note that the primary person talking was absolutely dependent on what was occurring during the coaching session. One coach said,

*I don’t know that I would have a general answer with that, because I think it depends on the situation. There are some classrooms where, I’m just thinking of a classroom in particular where I’m noticing that the kids are getting squirrely and need to be engaged with something, so I’m asking the provider ‘hey would you mind if I tried something? I think we’re getting a little squirrely,’ ‘sure no problem.’ Other times, I think it just goes back and forth where they’re either talking to me about something that’s going on in the classroom or I’m trying to point out something that’s going on and asking them some questions to gather more information, or I’ll ask if they’ve tried any particular strategies. So I don’t know if I’d say that it’s one way or the other most of the time. I think it goes back and forth. I probably, if I were to say, I could probably use more help in probably being a little bit quieter.*

In addition, coaches were asked about the resources that they typically shared with providers during coaching. The coaches were most likely to identify sending links to articles on topics such as potty training and challenging behaviors or links to websites, such as the Center for Disease Control (CDC) (developmental milestones tip sheets), the CICC (tip sheets), the MNDHS website, Parent Aware, Develop, and/or Help Me Grow. When asked what resources she shares, one coach said,

*The teams like a lot of “what to expect.” I use the CDC website quite a bit, the developmental stages. It’s a checklist that they’re able to go through to see if that child is doing that. I send a lot of stuff on biting, unfortunately! A lot on social and emotional development. A lot on challenging behaviors. Potty trainings. Sometimes it’s just different activities that they can try in their classroom that are age appropriate because I run into that where they just don’t know what would be a craft that would be educational and age appropriate for that child or children in their care. But I would say the majority of it is probably just what’s expected because sometimes it doesn’t seem like providers are 100% sure as to what developmentally they can expect from a child that age and then challenging behavior.*

Another coach said,

*I would say the developmental checks, a lot of the tip sheets from CICC from their website. Also I have what’s called the Backpack Program where it has different topics as*

*well that providers would be able to send home to families, like biting and hitting, those kinds of things. I have given information about sleep. All sorts of different kinds of things.*

One coach did point out that she is also sending links to podcasts. She reported,

*I have noticed that a lot of providers like them just sent via email because then it's not like a paper, they're not going to lose it, they go back when they have time to actually open it and read it. And a lot of providers, I've learned, are really liking podcasts, which is huge because they're all saying 'I can multi-task! I can fold laundry AND listen at the same time.' or 'I can do dishes while I listen.' So podcasts have been a great resource to have. And CICC actually provides several podcasts, so that's huge.*

### **Coaching Strategies Used**

The coaches were asked what coaching strategies they typically use with providers and what coaching strategies are most effective. The coaches acknowledged four main strategies: relationship development, observation, modeling, and reflection. The coaches stated that modeling the behavior they expect the provider to use is often the most effective coaching strategy. One coach said,

*Modeling--just the language that I use with them, with the kiddos, and then I'll explain why I do certain things or if a child is doing something, I will model a strategy that may or may not work. Then I will explain what I did and then give them feedback as to why I did it.*

Reflective listening was also mentioned as an effective coaching strategy by more than half of the coaches. One coach stated,

*I would say a big one would be reflective listening. Probably the number one thing. I think that helps create the trust and also helps for me to really understand what's going on with the provider versus me coming in and saying you need to do this, this, and this. By being a reflective listener, I'm showing them I'm listening and I truly care and that I want to help them.*

When asked if there were coaching strategies they used that did not work, most coaches reported that not building a relationship, poor listening, and coach directed work were not effective. One coach put it this way, "I guess kind of interviewing or one-on-one with someone that I hadn't built a relationship with yet because there's not a relationship and so there's not trust built for effective communication." Another coach discussed having unrealistic expectations of providers and programs. She stated,

*I would say a couple times I really needed to make some huge shifts and create substantial changes. I think because there was so much progress that they needed to make, I really kind of wanted to see them make that amount of progress and it wasn't necessarily realistic. That 30 hours was probably not going to cut it for everything that has to be done. I came at it with a little bit more teaching angle. Yeah, I just don't know that that was necessarily effective as what I would have liked it to have been for them. But that could have been because my perception was that I wanted to see them make*

*100% of the changes that I would have liked to have seen them make, knowing full well that we just simply didn't have the time to do that.*

One coach noted that different strategies work for different providers, saying,

*I would say, like if I'm thinking about side-by-side-coaching or modeling or video-taping, or any of those strategies, I don't think anyone strategy can work for one teacher. I think we have to be flexible and accommodating of our teaching styles. So I would say, getting to know the teacher, and understanding their style is important before we try to implement strategies. And I think being flexible and willing to adjust as needed. So I feel like at any one point, those strategies aren't as effective as others, so I've adjusted.*

When asked if they used different coaching strategies for different coaching programs, the coaches said they did not. They said their coaching strategies changed depending on the provider and on the situation, rather than on the program content.

### **Most Important Part of the Coaching Process**

When asked what they perceived to be the most important part of the coaching process, the ITSN coaches overwhelmingly identified the relationship building. The coaches noted that child care providers, especially those in family child care programs, are often isolated and appreciate the support. One coach put it this way,

*I think just that relationship-building and them knowing that they have somebody to support them. There's times I go in there and a concern is just--they feel like they can't talk to anybody, so they have me to kind of vent that to. Then just being able to offer them suggestions and have that professional--anybody can come in and listen to what they're complaining about. But having somebody come in that is working towards a future goal or setting an action plan, it's so easy to get stagnant in your role and not look to make change, so being kind of that change person to help get to the next steps.*

Another coach stated that nothing can be accomplished without the relationship, saying,

*My relationship with them because if I don't have that, I can't do anything with them. It's like I want to impact, I want everything to be better for those kids. That's my goal is those babies, those kids, and to make life better for the kids and the families. That's always my objective and that's why I want to raise the quality. But I can't do any of that if I don't have that relationship with that provider.*

Finally, a coach noted the quality of the relationship reflects on other important relationships, including the relationships with children and families. A provider stated,

*I believe building relationships really is the most important part of the process, whether that's a relationship with the provider--ultimately the relationship with the provider but also relationships with the children, the director, and the parents. So I think that is really such an important piece. I think that when each of those different individuals is able to be held and supported in that relationship, then they often feel more space to take a risk or*

*try to change something new or make a change. So I think that's part of why that piece is so important.*

### **Coaching Implementation Challenges**

ITSN coaches were asked to discuss what challenges impacted their ability to effectively coach providers. The coaches identified not having enough time with providers (especially center-based programs with multiple teachers), staff turnover, and unwillingness to change as challenges to effective coaching. Of not having enough time, one coach said,

*I think there are situations where more time could be more beneficial, especially in those sites that are larger and have more classrooms that have multiple needs. It typically depends on the reflective capacity of the teacher and their experience, and how open they are to the process.*

All but three of the coaches discussed staff turnover as a major challenge to effective coaching. One coach summarized it this way,

*We're dealing with turnover that happens at the drop of a hat. We're dealing with a shallow pool of applicants. I feel for programs who are trying to hire qualified people and more often than not I hear they get excited about having an interview with someone and the person never shows, never calls. Or the person does show and they're dealing with someone who is qualified on paper, but being qualified in the classroom is a whole different ballgame, so they're dealing with trying to help that person catch up to speed and be appropriate.*

And another stated,

*It's staff turnover which is a huge...you may have a teacher that you're coaching and then the next week they're gone. Or you may have, like every week you could have someone new that you're coaching, and then you're not going to get anywhere. And I think that's kind of everywhere, I mean that's not just me, that's just the nature of the beast right now.*

Three providers discussed the unwillingness of providers to change. One coach said,

*Well I mean there's always the challenge of the provider who doesn't want to change. Or I guess I already said that, doesn't know why we're there, and it doesn't want to change. I think it takes them awhile to realize that they really would benefit from the support that we can give.*

### **Support Received and Wanted**

Coaches were asked to discuss the support they received from the CICC and if there were additional supports they wanted but currently did not have. All coaches (N = 14) stated that they appreciated the support that they get from the CICC and its timeliness. Coaches provided a variety of responses to support they still wanted. Four coaches (n = 4) would like to ensure that they have the most up-to-date information, especially as it related to challenging behaviors, one coach would like help with connections to mental health providers within the counties, one coach

wanted more face-to-face with time with other coaches and with CICC administrative personnel, another wanted fewer meetings, and one would like for photocopies to be paid for by the CICC.

### Support from CICC Personnel

The coaches were asked if and how they were supported by the administrative personnel at the CICC. All coaches responded with gratitude for the support they receive from the CICC personnel. One coach stated,

*I think I feel that myself and the team are super supported. I feel like the support we have is like a wealth of resources and that everybody has a gift. So it's kind of cool. I've never worked anywhere like this. Everybody really, really supports the coaches. They really care about the coaches and the coaches' wellbeing, which again I've never worked anywhere like this before. So it's so neat to see this firsthand and know that these are the people that we're also sending out into the field to make a difference. It's just amazing. I feel really supported and I feel like the coaches are really supported too.*

Another said,

*I think that the CICC team has been really amazing to work with. Even when situations have come up where policies at the agency changed or those types of things, I think they've worked really hard to maintain an open mind about that and be able to hold the responsibility of having an effective delivery model while still kind of holding the unique challenges that coaches have in doing the work and how to balance the two out.*

And other coach reported,

*Priscilla I think is the most happy, positive person ever. All of them just show different--they're just very unique people that have all come together and have created this really great support. Brenda is outgoing and happy. You have Becky Gillard who's very detailed and seems to kind of know all of our personalities and is able to match us up with providers that fit well with us. Beth is so thorough with her knowledge that she shares with us. Becky in the office is so detailed and all the other business types, it runs really smoothly. I think they not only want us to do good work but they also want us to be the best professional that we are. They care.*

### Recommended Changes to the ITSN

When asked if there were any specific changes that coaches would like to see made with the ITSN, most coaches identified more time with providers with the recognition that it was not fiscally possible. One coach said,

*I don't know if this could happen but I think there are some programs like in-home providers where I kind of felt like wow 30 hours is kind of a lot. Then I've had other centers where there's five different classrooms and there are so many needs and 30 hours is just gone so quickly. So I think there are some programs that could use less hours and some that could use way more.*

Three coaches (n = 3) would like more flexibility with the amount of hours provided. A coach stated,

*I don't think every program needs 30 hours, but there are programs that do. They may have more than one child that they're worried about. They may have things going on, transitions going on, where it may be helpful for a coach to just spend maybe 10 more hours. I think at CICC they are moving that without really saying it. If you say I think they need so many more hours, they'll give you that many more hours. But I just want to say that I found that requirement very constricting.*

Another coach suggested a modification to the program, stating “I want 15 hours for home providers and 45 for centers.” As for other suggested changes, one coach would like a stipend for materials and another recommended working harder on creating a community among the coaches, especially for those who do not live in the metro area.

### **ITSN Coaching Interview Summary**

The coaching interview themes support the quantitative data from both the providers and the coaches. Throughout all of the interviews, the coaches were easily able to describe their role as a coach—as a non-judgmental listener and provider of effective resources and strategies to providers facing implementation challenges. The coaches discussed the different types of professional development they received and were quick to identify the importance of working towards the RBP credential. The coaches also were able to describe a common coaching process that included, at its core, relationship development, listening, observing, modeling, reflection, and follow-up including the provision of evidence-based resources. The coaches acknowledged the challenges of implementing a high-quality infant toddler coaching system, however they all were able to describe the coaching strategies they use to overcome the challenges. The coaches were grateful for the support they receive, especially from the CICC personnel. The most common suggested improvement to the ITSN include reviewing the amount of coaching time each provider/program receives. All coaches identified relationship development as the most important part of the coaching process.

### **ITSN Coaches' Open-Ended Questions**

Finally, ITSN coaches were asked two open-ended questions within the pre-survey: 1) what, if anything, do you believe prevents licensed child care providers from implementing high-quality infant and toddler practices in their work place, and 2) is there anything else you'd like us to know about your work as an Infant Toddler Specialist? Several coaches reported that provider to child ratios, lack of provider knowledge (especially as it related to developmentally appropriate practices), and staff turnover prevents the implementation of high quality infant toddler practices. One coach said, “Many providers run their programs at maximum capacity and the licensing ratios do not always support high quality adult to one-to-one individualized care and child-adult relationship development.” Of the five responses to the second open-ended question, one coach stated, “I have found many providers need reminders and information about DAP regarding toddlers, especially.” The other coaches reported the value of this program and how they are still learning.

In the post-survey, the coaches were asked four open-ended questions: 1) what, if anything do you believe prevents licensed child care providers from implementing high-quality infant and toddler policies and practices in their work place, 2) what, if anything, has been the most rewarding part of working as a coach with the ITSN, 3) what, if anything, has been the most challenging part of working as a coach within the ITSN, and 4) is there anything else you'd like us to know? To the first question, the coaches most often reported that lack of knowledge (especially as it relates to developmentally appropriate practice), staff turnover, time, and understanding child development are challenges to implementing high-quality infant and toddler care. Next, the coaches stated that the most rewarding part of being an ITSN coach has been the relationships developed and working towards a common goal of improvement. One coach said, "Watching programs make progress toward meeting the needs of individual children." Another coach said, "I love when professionals in the field begin to view themselves as the professionals they are, recognizing the importance of their work and feeling confident." And another stated, "When the plan we developed for a child has worked and there is positive changes and growth in their behavior." When asked what is most challenging about being an ITSN coach, the coaches cited staff turnover, leaving programs, getting time with teachers, and establishing relationships with teachers who were unaware of the request for coaching. Of the four coaches who responded to the last question, one stated how essential the work is, one talked about how uplifting the work is, one talked about the positive response to working with parents, and one was grateful for being able to provide support during COVID-19.

### **ITSN Coaches' End-of-Event Responses**

ITSN coaches completed a six-question, end-of-event survey after each reflective consultation session (two times per month) and after each RBPD Credential activity (one time per month). The end-of-event survey is used for all three coaching programs, so coaches are encouraged to list the primary program for which they work. Coaches often work across multiple programs.

The complete results for the reflective consultation sessions can be found in Appendix K. There is little to no variability in the coaches' responses to the end-of-event surveys. Coaches tended to rate the reflective consultation as being very relevant and of high-quality. They also report that they are very likely to use what they have learned in their practice with providers. They stated that the information they receive is "just enough," rather than too much or too little. Of the reflective consultation, one coach said, "I always walk away from reflective consultation with information that I can use immediately," and another said, "This is such a key piece to keep coaches healthy and moving forward!! So grateful for knowledge, connection and support!!" Coaches appreciated the additional RC sessions during "the COVID-19 season." For the RBPD credential, the majority of coaches stated that the information provided was relevant, of high-quality, and that they were very likely to use that information in their work. The coaches acknowledged the skill of the presenter (Ms. Menninga). The complete results for the RBPD Credential end-of-event data can be found in Appendix L.

### **Conclusion**

Evaluation data from Year 3 demonstrated the positive impact that ITSN coaching had on the practices of providers who work directly with infants and toddlers and the coaches who work with the providers. Coaches and providers rated their knowledge on most infant toddler topics as developing or proficient and yet both groups acknowledged wanting more professional

development. Both groups reported wanting more professional development in the areas of referral to early intervention and provider mental health/self-care. Providers were also wanting professional development in social emotional development, co-creating relationships with families, and developing an individualized child care plan. Child care providers were less likely to report feeling familiarity with and comfort using all three versions of the Minnesota KCFs than the coaches. Providers were most likely to identify behavior guidance as the reason they requested ITSN coaching and both behavior and observation and assessment as the most challenging infant toddler content to implement. Coaches, on the other hand, most often identified child development as the reason providers requested support and the most challenging infant toddler topic to implement for providers. Coaches and providers both identified the same topics on which they needed support (e.g., behavior, child development, caring for infants and toddlers with special needs) and that are most difficult to implement. The providers' and coaches' interview themes also aligned and supported the results presented via the quantitative data.

These year-end data add to the previous years' evaluation data and demonstrate the continued need by licensed child care providers for support on topics specifically related to infant toddler care. The evaluation team will continue to collect both qualitative and quantitative data during the next six months that will provide an even more comprehensive picture of what is occurring throughout Minnesota when it comes to the child care services for our youngest children, the providers who care for these children, and the coaches who support those providers. Evaluation data from Year 3 will continue to inform the development and implementation of this project, including areas of effectiveness and efficiency, as well as areas that require enhancements and/or modifications.

### Study Limitations

The readers of this report must keep in mind that all data are self-reported, which may lead to response bias. Research participants who respond to questions “tend to under-report behaviors deemed inappropriate by researchers or other observers, and they tend to over-report behaviors viewed as appropriate” (Donaldson & Grant-Vallone, 2002, p. 247). Response bias may be occurring within this evaluation; however design methods (e.g., being interviewed by the evaluator rather than CICC personnel, using an online survey system that only is accessed by the evaluation team, using anonymous paper surveys) may help to reduce the chance of this bias. Researchers suggest, however, that the validity of these data can be supported by gathering additional sources of data that may support or refute the current findings (Donaldson & Grant-Vallone, 2002; Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). The multiple sources of data within this project may minimize the potential bias.

Completion of the pre- and post-coaching surveys by child care providers continues to be a concern, and was further impacted by COVID-19. Because of the low number of responses, there is also the possibility that two different types of response bias have occurred. Self-selection bias refers to the degree to which people choose to complete a survey. Non-response bias refers to the degree to which choose not to complete the survey (Rossi, Lipsey, & Freeman, 2004). For example, if only providers who had a positive coaching experience completed the survey, then self-selection bias may be in effect. And if providers from any one, specific ethnic group opted not to complete the survey, then non-response bias may alter the data interpretation. No matter

the group, this is a small number of responses from which to make conclusions or provide a guarantee of representativeness.

The potential biases have been and will continue to be addressed within the ongoing evaluation design. The additional data collected will to be combined with future post-survey and interview responses, which will give invested stakeholders a broader picture of what is happening within this program and what potential changes need to be made. The evaluation team will continue to work with the CICC personnel to enhance access to evaluation activities by offering supports to those who need assistance. This may include ensuring access to online surveys, providing paper surveys, translating surveys into additional languages, and supporting providers and coaches in other, yet to be determined, ways.

## References

- Donaldson, S. I., & Grant-Vallone, E. J. (2002). Understanding self-report bias in organizational behavior research. *Journal of business and Psychology*, 17(2), 245-260.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health*, 42(5), 533-44.
- Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of applied psychology*, 88(5), 879-903.

## Appendices

### Appendix A: Year 3 ITSN Provider Pre-Survey



Thank you for taking the time to complete this survey on the knowledge, attitudes, and beliefs about infant toddler practices and coaching in child care settings. This survey is part of the evaluation of the Minnesota Department of Human Services' Infant Toddler Specialist Network grant being implemented by the Center for Inclusive Child Care. We are interested in your knowledge and experience as a licensed child care provider who is receiving infant and toddler coaching. Participation in this project is voluntary and you may choose to not answer or stop participating at any time. The data collected from this survey will be used to inform the development of an Infant Toddler Specialist Network for child care providers within Minnesota. The responses will be combined and then reported; you and your responses will not be identifiable. The survey takes approximately 15-20 minutes to complete. We thank you for your time and honest responses.

If you have concerns or questions about this evaluation, please contact Ann Bailey ([baile045@umn.edu](mailto:baile045@umn.edu); 612-626-3724) or Meredith Reese ([mreese@umn.edu](mailto:mreese@umn.edu); 612-624-5708) at the University of Minnesota's Center for Early Education and Development.

#### **The first few questions are about you and your experience.**

1. In what environment do you currently work?
  - a. Family child care (Skip to Question 3)
  - b. Center-based child care
2. If you answered "Center-Based Child Care," what role do you have?
  - a. Teacher
  - b. Assistant or Aide
  - c. Center Director
  - d. Other. Please explain.
3. What is the total number of years you have worked in child care?
4. What is your age?
5. What is your ethnicity?
  - a. Hispanic or Latino
  - b. Not Hispanic or Latino
6. What is your race?
  - a. American Indian or Alaska Native
  - b. Asian

- c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White
  - f. Multiracial
7. What is the highest level of education you have completed?
- a. Less than a high school diploma
  - b. High school diploma or GED
  - c. Child Development Associate (CDA) Credential
  - d. Some college or Certificate Program
  - e. Associate of Arts degree
  - f. Bachelor of Arts or Science
  - g. Post graduate degree
8. In what Child Care Aware region do you work?
- a. Metro: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington
  - b. Northeast: Aitkin, Chisago, Carlton, Cass, Cook, Crow Wing, Isanti, Itasca, Kanabec, Koochiching, Lake, Mille Lacs, Morrison, Pine, St. Louis, Todd, and Wadena
  - c. Northwest: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnommen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, and Traverse
  - d. Southern: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, LeSueur, Martin, Mower, Nicollet, Olmstead, Rice, Sibley, Steele, Wabasha, Waseca, Watonwan, and Winona
  - e. West/Central: Benton, Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Sherburne, Stearns, Swift, Wright, and Yellow Medicine

**The next set of questions relate to your knowledge of infant and toddler content in child care settings.**

9. For each topic listed below, please mark an “x” by your current level of knowledge on that topic using the following definitions:
- Beginning:** I am just beginning to develop this competency;
- Developing:** I am actively working to improve this competency; or
- Proficient:** I feel very confident in this competency

Infant and Toddler Content Area	Perceived Level of Competency		
	<i>Beginning</i>	<i>Developing</i>	<i>Proficient</i>
Active Supervision			
Adequate and Safe Physical Space (indoor and outdoor)			

Infant and Toddler Content Area	Perceived Level of Competency		
	<i>Beginning</i>	<i>Developing</i>	<i>Proficient</i>
Behavior Guidance			
Caring for Infants and Toddlers with Special Needs			
Co-Creating Relationships with Families			
Confidentiality			
Cultural Responsiveness			
Developing Health and Safety Policies			
Developing a Risk Reduction Plan (required only in center-based settings)			
Developing an Individual Child Care Program Plan (required only in center-based settings)			
Developmentally Appropriate Practices (DAP) Around Group Instruction			
Developmentally Appropriate Practices (DAP) Around Individualized Instruction			
Emergency Preparedness			
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)			
Implementing Health and Safety Policies			
Implementing a Risk Reduction Plan (required only in center-based settings)			
Implementing an Individual Child Care Program Plan (required only in center-based settings)			
Individualized Care			
Infant Feeding			
Infant Toddler Development, Including Brain Development			
Infant and Toddler Curriculum			
Keeping Furniture and Equipment in Good Repair			
Licensing Requirements (Rule 2 or Rule 3)			
Nutrition Requirements			
Observation and Assessment			
Outdoor Play Safety			
Planning Based on Observation			
Play for Infants and Toddlers			
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)			
Precautions for Transporting Young Children			
Primary Caregiving and Continuity of Care			
Proper Diapering/Toileting			
Provider Mental Health/Self-Care			
Provider to Child Ratios			

Infant and Toddler Content Area	Perceived Level of Competency		
	<i>Beginning</i>	<i>Developing</i>	<i>Proficient</i>
Referral to Early Intervention for Infants and Toddlers			
Routines			
Safe Sleep Practices for Infants			
Safe Sleep Practices for Toddlers and Preschoolers			
Sanitation Practices			
Social Emotional Development, Including Attachment			
Trauma-Informed Care			

**The next set of questions are about professional development on infant and toddler content that you may want.**

10. Please indicate whether you would like professional development on the following topics:

Infant Toddler Content Area	Want Professional Development	
Active Supervision	Yes	No
Adequate and Safe Physical Space (indoor and outdoor)	Yes	No
Behavior Guidance	Yes	No
Caring for Infants and Toddlers with Special Needs	Yes	No
Co-Creating Relationships with Families	Yes	No
Confidentiality	Yes	No
Cultural Responsiveness	Yes	No
Developing Health and Safety Policies	Yes	No
Developing a Risk Reduction Plan (required only in center-based settings)	Yes	No
Developing an Individual Child Care Program Plan (required only in center-based settings)	Yes	No
Developmentally Appropriate Practices (DAP) Around Group Instruction	Yes	No
Developmentally Appropriate Practices (DAP) Around Individualized Instruction	Yes	No
Emergency Preparedness	Yes	No
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	Yes	No
Implementing Health and Safety Policies	Yes	No
Implementing a Risk Reduction Plan (required only in center-based settings)	Yes	No
Implementing an Individual Child Care Program Plan (required only in center-based settings)	Yes	No
Individualized Care	Yes	No

Infant Toddler Content Area	Want Professional Development	
	Yes	No
Infant Feeding	Yes	No
Infant Toddler Development, Including Brain Development	Yes	No
Infant and Toddler Curriculum	Yes	No
Keeping Furniture and Equipment in Good Repair	Yes	No
Licensing Requirements (Rule 2 or Rule 3)	Yes	No
Nutrition Requirements	Yes	No
Observation and Assessment	Yes	No
Outdoor Play Safety	Yes	No
Planning Based on Observation	Yes	No
Play for Infants and Toddlers	Yes	No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes	No
Precautions for Transporting Young Children	Yes	No
Primary Caregiving and Continuity of Care	Yes	No
Proper Diapering/Toileting	Yes	No
Provider Mental Health/Self-Care	Yes	No
Provider to Child Ratios	Yes	No
Referral to Early Intervention for Infants and Toddlers	Yes	No
Routines	Yes	No
Safe Sleep Practices for Infants	Yes	No
Safe Sleep Practices for Toddlers and Preschoolers	Yes	No
Sanitation Practices	Yes	No
Social Emotional Development, Including Attachment	Yes	No
Trauma-Informed Care	Yes	No

11. How familiar are you with Minnesota's **Family Child Care** Knowledge and Competency Framework?

- a. Very familiar
- b. Somewhat familiar
- c. Not at all familiar

12. How comfortable are you using Minnesota's **Family Child Care** Knowledge and Competency Framework in your work?

- a. Very comfortable
- b. Somewhat comfortable
- c. A little comfortable
- d. Not at all comfortable

13. How familiar are you with Minnesota's **Infant Toddler** Knowledge and Competency Framework?
- a. Very familiar
  - b. Somewhat familiar
  - c. Not at all familiar
14. How comfortable are you using Minnesota's **Infant Toddler** Knowledge and Competency Framework in your work?
- a. Very comfortable
  - b. Somewhat comfortable
  - c. A little comfortable
  - d. Not at all comfortable

**The next set of questions relate to how you feel about your infant toddler knowledge and effectiveness as a licensed child care provider.**

15. How effective do you currently feel in your role as a child care provider?
- a. Very effective
  - b. Somewhat effective
  - c. A little effective
  - d. Not at all effective
16. At this time, how would you rate your ability to **develop policies which describe how you address the unique needs of infants and toddlers in your program (such as safe sleeping practices, feeding, diapering and toilet training, arrivals and departures, etc.)?**
- a. Well Above Average
  - b. Above Average
  - c. Average
  - d. Below Average
  - e. Well Below Average
17. At this time, how would you rate your ability to **implement** your program's infant toddler **policies and practices?**
- a. Well Above Average
  - b. Above Average
  - c. Average
  - d. Below Average
  - e. Well Below Average
18. How confident do you feel about your knowledge of child care infant toddler information?
- a. Not at all confident
  - b. A little confident

- c. Somewhat confident
- d. Very confident

**The next set of questions relate to your ability to implement infant and toddler policies in child care settings.**

19. Do you currently have written infant toddler and policies in your program?
- a. Yes (Skip to Question 21)
  - b. No
20. If you do not currently have written infant toddler policies, select the statement that best reflects your current situation: (Choose one)
- a. I didn't know I needed written policies
  - b. I am currently developing written policies
  - c. I need support on how to write effective policies
  - d. Other. Please explain.
21. Which of the following infant toddler concepts are most challenging for you to put into practice? Please choose up to **three**.
- a. Active Supervision
  - b. Adequate and Safe Physical Space (indoor and outdoor)
  - c. Behavior Guidance
  - d. Caring for Infants and Toddlers with Special Needs
  - e. Co-Creating Relationships with Families
  - f. Confidentiality
  - g. Cultural Responsiveness
  - h. Developing Health and Safety Policies
  - i. Developing a Risk Reduction Plan (required only in center-based settings)
  - j. Developing an Individual Child Care Program Plan (required only in center-based settings)
  - k. Developmentally Appropriate Practices (DAP) Around Group Instruction
  - l. Developmentally Appropriate Practices (DAP) Around Individualized Instruction
  - m. Emergency Preparedness
  - n. How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)
  - o. Implementing Health and Safety Policies
  - p. Implementing a Risk Reduction Plan (required only in center-based settings)
  - q. Implementing an Individual Child Care Program Plan (required only in center-based settings)
  - r. Individualized Care
  - s. Infant Feeding
  - t. Infant Toddler Development, Including Brain Development
  - u. Infant and Toddler Curriculum
  - v. Keeping Furniture and Equipment in Good Repair

- w. Licensing Requirements (Rule 2 or Rule 3)
  - x. Nutrition Requirements
  - y. Observation and Assessment
  - z. Outdoor Play Safety
  - aa. Planning Based on Observation
  - bb. Play for Infants and Toddlers
  - cc. Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)
  - dd. Precautions for Transporting Young Children
  - ee. Primary Caregiving and Continuity of Care
  - ff. Proper Diapering/Toileting
  - gg. Provider Mental Health/Self-Care
  - hh. Provider to Child Ratios
  - ii. Referral to Early Intervention for Infants and Toddlers
  - jj. Routines
  - kk. Safe Sleep Practices for Infants
  - ll. Safe Sleep Practices for Toddlers and Preschoolers
  - nn. Sanitation Practices
  - oo. Social Emotional Development, Including Attachment
  - pp. Trauma-Informed Care
  - nn. Other. Please explain.
22. What, if anything, do you believe prevents you from implementing infant and toddler policies in your work place?
23. What do you hope to gain by working with an Infant Toddler Specialist?
24. Is there anything else you would like us to know?

***Thank you for your time and your effort.***

**Appendix B: Year 3 ITSN Provider Post-Survey**

Thank you for taking the time to complete this survey on your experiences as part of the Infant Toddler Specialist Network at the Center for Inclusive Child Care (CICC). This survey is part of the evaluation of the Minnesota Department of Human Services' Infant Toddler Specialist Network grant being implemented by the CICC. We are interested in hearing about your knowledge and experiences as a licensed child care provider who received infant and toddler coaching. Participation in this project is voluntary and you may choose to not answer or stop participating at any time. The data collected from this survey will be used to inform the development of an Infant Toddler Specialist Network for child care providers within Minnesota. The responses will be combined and then reported; you and your responses will not be identifiable. The survey takes approximately 15 minutes to complete. We thank you for your time and honest responses.

If you have concerns or questions about this evaluation, please contact Ann Bailey ([baile045@umn.edu](mailto:baile045@umn.edu); 612-626-3724) or Meredith Reese ([mreese@umn.edu](mailto:mreese@umn.edu); 612-624-5708) at the University of Minnesota's Center for Early Education and Development.

**The first few questions are about you and your experience.**

1. How long (in months) did you receive infant toddler coaching? [answer in months]
2. What was the name of your coach?
3. In what Child Care Aware district do you work?
  - a. Metro: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington
  - b. Northeast: Aitkin, Chisago, Carlton, Cass, Cook, Crow Wing, Isanti, Itasca, Kanabec, Koochiching, Lake, Mille Lacs, Morrison, Pine, St. Louis, Todd, and Wadena
  - c. Northwest: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnommen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, and Traverse
  - d. Southern: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, LeSueur, Martin, Mower, Nicollet, Olmstead, Rice, Sibley, Steele, Wabasha, Waseca, Watonwan, and Winona
  - e. West/Central: Benton, Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Sherburne, Stearns, Swift, Wright, and Yellow Medicine
4. How long have you been caring for infants and toddlers?
5. How many infants and toddlers were in your care during the time you received coaching?

- a. Infants?
- b. Toddlers?

**The next set of questions are about the coaching you received on infant and toddler content.**

6. Please indicate on what topic(s) you wanted coaching support: (circle all that apply)
- a. Active Supervision
  - b. Adequate and Safe Physical Space (Indoor and Outdoor)
  - c. Behavior Guidance
  - d. Caring for Infants and Toddlers with Special Needs
  - e. Co-Creating Relationships with Families
  - f. Confidentiality
  - g. Cultural Responsiveness
  - h. Developing Health and Safety Policies
  - i. Developing a Risk Reduction Plan (only required in center-based settings)
  - j. Developing an Individual Child Care Program Plan (required only in center-based settings)
  - k. Developmentally Appropriate Practices (DAP) Around Group Instruction
  - l. Developmentally Appropriate Practices (DAP) Around Individualized Instruction
  - m. Emergency Preparedness
  - n. How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)
  - o. Implementing Health and Safety Policies
  - p. Implementing a Risk Reduction Plan (required only in center-based settings)
  - q. Implementing an Individual Child Care Program Plan (required only in center-based settings)
  - r. Individualized care
  - s. Infant Feeding
  - t. Infant Toddler Development, including Brain Development
  - u. Infant and Toddler Curriculum
  - v. Keeping Furniture and Equipment in Good Repair
  - w. Licensing Requirements (Rule 2 or Rule 3)
  - x. Nutrition Requirements
  - y. Observation and Assessment
  - z. Outdoor Play Safety
  - aa. Planning Based on Observation
  - bb. Play for Infants and Toddlers
  - cc. Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)
  - dd. Precautions for Transporting Young Children
  - ee. Primary Caregiving and Continuity of Care
  - ff. Proper Diapering/Toileting
  - gg. Provider Mental Health/Self-Care
  - hh. Provider to Child Ratios
  - ii. Referral to Early Intervention for Infants and Toddlers

- jj. Routines
- kk. Safe Sleep Practices for Infants
- ll. Safe Sleep Practices for Toddlers and Preschoolers
- nn. Sanitation Practices
- oo. Social Emotional Development, Including Attachment
- nn. Trauma-Informed Care
- oo. Other. Please Explain.

**The next set of questions relate to your knowledge of infant and toddler content in child care settings.**

7. For each topic listed below, please mark an “x” by your level of knowledge on that topic **after receiving coaching**.

Please use the following definitions:

**Beginning:** I am just beginning to develop this competency;

**Developing:** I am actively working to improve this competency; or

**Proficient:** I feel very confident in this competency

Infant Toddler Content Area	Perceived Level of Competency		
	<i>Beginning</i>	<i>Developing</i>	<i>Proficient</i>
Active Supervision			
Adequate and Safe Physical Space (Indoor and Outdoor)			
Behavior Guidance			
Co-Creating Relationships with Families			
Confidentiality			
Cultural Responsiveness			
Developing Health and Safety Policies			
Developing a Risk Reduction Plan (required only in center-based settings)			
Developing an Individual Child Care Program Plan (required only in center-based settings)			
Developmentally Appropriate Practices (DAP) Around Group Instruction			
Developmentally Appropriate Practices (DAP) Around Individualized Instruction			
Emergency Preparedness			
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)			
Implementing Health and Safety Policies			
Implementing a Risk Reduction Plan (required only in center-based settings)			

Infant Toddler Content Area	Perceived Level of Competency		
	<i>Beginning</i>	<i>Developing</i>	<i>Proficient</i>
Implementing an Individual Child Care Program Plan (required only in center-based settings)			
Individualized care			
Infant Feeding			
Infant Toddler Development, including Brain Development			
Infant and Toddler Curriculum			
Keeping Furniture and Equipment in Good Repair			
Licensing Requirements (Rule 2 or Rule 3)			
Nutrition Requirements			
Observation and Assessment			
Outdoor Play Safety			
Planning Based on Observation			
Play for Infants and Toddlers			
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)			
Precautions for Transporting Young Children			
Primary Caregiving and Continuity of Care			
Proper Diapering/Toileting			
Provider Mental Health/Self-Care			
Provider to Child Ratios			
Referral to Early Intervention for Infants and Toddlers			
Routines			
Safe Sleep Practices for Infants			
Safe Sleep Practices for Toddlers and Preschoolers			
Sanitation Practices			
Social Emotional Development, Including Attachment			
Trauma-Informed Care			

The next set of questions relate directly to the coach and the coaching you received.

8. Please rate your coach on each of the following traits:

Coaching Traits	Level of Agreement			
	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
The coach was accepting of others				
The coach was respectful of my experience				
The coach was focused on improvement				

Coaching Traits	Level of Agreement			
	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
The coach was an active listener				
The coach was empathic				
The coach was compassionate				
The coach was respectful				
The coach was respectful of my culture				
The coach was responsive				
The coach was collaborative				
The coach was flexible				
The coach was resourceful				
The coach was open-minded				
The coach was professional				
The coach was ethical				
The coach was objective				

9. Please rate your coach on the following skills and knowledge:

Coaching Skills and Knowledge	Level of Agreement				
	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>I Don't Know</i>
The coach was respectful during observations					
The coach was good at providing feedback that helped me improve my practice					
The coach helped me identify my own goals					
The coach helped me identify goals that were specific					
The coach helped me identify goals that could be measured					
The coach assisted me in identifying realistic next steps for improvement					
The coach asked for my feedback to ensure that her interactions were helpful to me					
The coach provided resources so that I can perform my job more effectively					
The coach asked questions rather than provided solutions					

Coaching Skills and Knowledge	Level of Agreement				
	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>I Don't Know</i>
The coach provided time for reflection					
The coach was focused on improving practices					
The coach challenged me to think differently					
The coach understood the characteristics of high-quality infant and toddler care					
The coach knew where to find evidence-based, infant and toddler information					
The coach understood the continuum of child development, including brain development					
The coach understood early childhood curricula					
The coach understood early childhood mental health					

10. To what extent did the coach establish a comfortable working relationship with you?

- a. The coach did not facilitate a relationship with me
- b. The coach facilitated a satisfactory relationship with me
- c. The coach facilitated an excellent relationship with me
- d. Other. Please explain.

11. To what extent do you believe the coaching you received

- a. Greatly improved your practice
- b. Somewhat improved your practice
- c. Did not improve your practice

12. In what way(s), if any, did your practice change based on the coaching you received?

13. To what extent did the coach meet your expectations?

- a. The coach exceeded my expectations
- b. The coach met my expectations
- c. The coach did not meet my expectations
- d. Other. Please explain. [text box]

14. What, if anything, do you think worked well during the infant toddler coaching you received?

15. What, if anything, do you think would improve the infant toddler coaching you received?

**The next set of questions relate to Minnesota's Early Childhood Knowledge and Competency Frameworks.**

16. After receiving coaching, how familiar are you with Minnesota's **Family Child Care** Knowledge and Competency Framework?
- a. Very familiar
  - b. Somewhat familiar
  - c. Not at all familiar
17. After receiving coaching, how comfortable are you using Minnesota's **Family Child Care** Knowledge and Competency Framework in your work?
- a. Very comfortable
  - b. Somewhat comfortable
  - c. A little comfortable
  - d. Not at all comfortable
18. After receiving coaching, how familiar are you with Minnesota's **Infant Toddler** Knowledge and Competency Framework?
- a. Very familiar
  - b. Somewhat familiar
  - c. Not at all familiar
19. After receiving coaching, how comfortable are you using Minnesota's **Infant Toddler** Knowledge and Competency Framework in your work?
- a. Very comfortable
  - b. Somewhat comfortable
  - c. A little comfortable
  - d. Not at all comfortable

**The next set of questions relate to how you feel about your infant toddler knowledge and effectiveness as a licensed child care provider.**

20. After receiving coaching, I believe my effectiveness as a child care provider:
- a. Improved more than I expected
  - b. Somewhat improved
  - c. Stayed the same
  - d. Improved less than I expected

21. Prior to coaching, did you have written infant toddler policies—how you address the unique needs of infants and toddlers in your program (such as safe sleeping practices, feeding, diapering and toilet training, arrivals and departures, etc.)—in your program?
- a. Yes
  - b. No
22. Did you receive coaching on developing childcare infant toddler policies?
- a. Yes
  - b. No
23. After receiving coaching, how would you rate your ability to **develop policies** which describe how you address the unique needs of infants and toddlers in your program (such as safe sleeping practices, feeding, diapering and toilet training, arrivals and departures, etc.)?
- a. Well Below Average
  - b. Below Average
  - c. Average
  - d. Above Average
  - e. Well Above Average
24. Did you receive coaching on implementing childcare infant toddler policies and practices?
- a. Yes
  - b. No
25. After receiving coaching, how would you rate your ability to **implement** child care infant toddler **policies and practices**?
- a. Well Below Average
  - b. Below Average
  - c. Average
  - d. Above Average
  - e. Well Above Average
26. After receiving coaching, my confidence in my knowledge of child care infant toddler caregiving
- a. Got worse
  - b. Stayed the same
  - c. Somewhat improved
  - d. Greatly improved
27. Is there anything else you would like us to know about your experience receiving infant toddler coaching?

*Thank you for your time and your effort.*

**Appendix C: ITSN Provider 10 and 25 Hour Surveys**

Thank you for taking the time to complete this coaching check-in. This survey is part of the evaluation of the Minnesota Department of Human Services' Infant Toddler Specialist Network, hosted by the Center for Inclusive Child Care.

The data collected from this survey will be used to inform the development of an infant toddler specialist network for child care providers within Minnesota. The responses will be combined and then reported; you and your responses will not be identifiable. The survey takes approximately 3 minutes to complete. We thank you for your time and honest responses.

If you have concerns or questions about this evaluation, please contact Ann Bailey (baile045@umn.edu; 612-626-3724) at the University of Minnesota's Center for Early Education and Development.

1. To what extent did your coaching experience meet your needs?
  - a. My needs were met
  - b. My needs were somewhat met
  - c. My needs were not met
  - d. Other. Please explain. [text box]
2. In what way(s) were your needs met or not met? Please explain.
3. To what extent do you feel the coach was working with you towards an agreed-upon goal?
  - a. I felt the coach led the goal setting
  - b. I felt that I led the goal setting
  - c. I felt that the coach and I worked together to set goals
  - d. Other. Please explain. [text box]
4. How relevant is the coaching to your work?
  - a. Very relevant
  - b. Somewhat relevant
  - c. Not at all relevant
5. How would you rate the quality of the coaching you receive from the coach?
  - a. Low quality
  - b. Moderate quality
  - c. High quality
6. In what way(s), if any, has your practice changed based on what you've learned through coaching? [text box]
7. Is there anything else you would like us to know about this coaching experience? [text box]

**Appendix D: ITSN Coaches' Pre-Survey**

Thank you for taking the time to complete this survey on the knowledge, attitudes, and beliefs about infant toddler practices in child care settings. This survey is part of the evaluation of the Minnesota Department of Human Services' Infant Toddler Specialist Network grant being implemented by the Center for Inclusive Child Care. We are interested in your knowledge and experience as an Infant Toddler Specialist. Participation in this project is voluntary and you may choose to not answer or stop participating at any time. The data collected from this survey will be used to inform the development and enhancement of the Infant Toddler Specialist Network for child care providers throughout Minnesota. The responses will be combined and then reported; you and your responses will not be identifiable. The survey takes approximately 15 minutes to complete. We thank you for your time and honest responses.

If you have concerns or questions about this evaluation, please contact Ann Bailey ([baile045@umn.edu](mailto:baile045@umn.edu); 612-626-3724) or Meredith Reese ([mreese@umn.edu](mailto:mreese@umn.edu); 612-624-5708) at the University of Minnesota's Center for Early Education and Development.

**The first few questions are about you and your experience.**

1. What is the total number of years you have worked in early childhood education?  
(dropdown box: Less than 1 year to More than 40 years)
2. What is the total number of years you have worked in child care? (dropdown box: Less than 1 year to More than 40 years)
3. How long have you worked as a coach within the child care system?  
(dropdown box: Less than 1 year to More than 40 years)
4. How long have you been an Infant Toddler Specialist Network coach for the CICC?  
(dropdown box: less than one year to three years)
5. What is your age? (dropdown box: 18 to 70)
6. What is your ethnicity?
  - a. Hispanic or Latino
  - b. Not Hispanic or Latino
7. What is your race?
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White
  - f. Multiracial

8. What is the highest level of education you have completed?
  - a. Associate of Arts degree
  - b. Bachelor of Arts or Science degree
  - c. Post graduate degree
9. Please tell us what degree(s) you have (e.g., A. A. in early childhood education, B.A. in psychology, M.S.W. in social work, etc.). [text box]

**The next set of questions relate to your knowledge of infant and toddler content in child care settings.**

10. For each topic listed below, please rate your current level of knowledge on that topic using the following definitions:  
**Beginning:** I am just beginning to develop this competency;  
**Developing:** I am actively working to improve this competency; or  
**Proficient:** I feel very confident in this competency

Infant and Toddler Content Area	Perceived Level of Competency
	(Likert scale 1-3: Beginning, Developing, Proficient)
Active Supervision	
Adequate and Safe Physical Space (Indoor and Outdoor)	
Behavior Guidance	
Co-Creating Relationships with Families	
Confidentiality	
Cultural Responsiveness	
Developing a Risk Reduction Plan	
Developmentally Appropriate Practices (DAP) Around Group Instruction	
Developmentally Appropriate Practices (DAP) Around Individualized Instruction	
Emergency Preparedness	
Health and Safety Practices	
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	
Individualized care	
Infant Feeding	
Infant Toddler Development, including brain development	
Infant and Toddler Curriculum	
Licensing Requirements (Rule 2 or Rule 3)	
Nutrition Requirements	

Infant and Toddler Content Area	Perceived Level of Competency
	(Likert scale 1-3: Beginning, Developing, Proficient)
Observation and Assessment	
Planning based on observation	
Play for infants and toddlers	
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	
Precautions for Transporting Young Children	
Primary Caregiving and Continuity of Care	
Proper Diapering/Toileting	
Provider mental health/self-care	
Provider to Child Ratios	
Referral to Early Intervention for infants & toddlers	
Routines	
Safe Sleep Practices for Infants	
Safe Sleep Practices for Toddlers and Preschoolers	
Social emotional development, including attachment	
Trauma-informed care	

**Beginning in July 2019, CICC switched the focus of coach professional development from content-focused learning (about infant toddler practices) to a focus on relationship-based professional development practice. The next set of questions relate to the professional development you may have received during this time.**

11. What is your preferred method for learning new infant toddler content?
  - a. Articles/books
  - b. College coursework
  - c. Communities of Practice
  - d. Conferences and workshops
  - e. In-person training
  - f. My peers
  - g. Online training (e.g., webinars)
  - h. Small group discussions
  - i. Other. Please explain. [text box]
  
12. Since CICC shifted the focus of professional development to relationship-based professional development practice, have you been able to fulfill your need for content training on infant and toddler practices elsewhere?
  - a. Yes

b. No (Skip to Q14)

13. On what infant toddler content topic(s) did you receive professional development or training during the last year?

<b>Infant Toddler Content Area</b>	<b>Received Training/Professional Development</b>
Active Supervision	Yes/No
Adequate and Safe Physical Space (indoor and outdoor)	Yes/No
Confidentiality	Yes/No
Cultural Responsiveness	Yes/No
Developing a Risk Reduction Plan	Yes/No
Developmentally Appropriate Practices (DAP) around Individualized Instruction and Group Instruction	Yes/No
Emergency Preparedness	Yes/No
Health and Safety Practices	Yes/No
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	Yes/No
Infant & Toddler Curriculum	Yes/No
Infant Toddler Development, Including Brain Development	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Nutrition Requirements	Yes/No
Planning based on Observation	Yes/No
Play for Infants and Toddlers	Yes/No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes/No
Precautions for Transporting Young Children	Yes/No
Primary Caregiving	Yes/No
Proper Diapering/Toileting	Yes/No
Provider Mental Health/Self-Care	Yes/ No
Provider to Child Ratios	Yes/ No
Referral to Early Intervention for Infants & Toddlers	Yes/ No
Routines	Yes/ No
Safe Sleep Practices for Infants	Yes/ No
Safe Sleep Practices for Toddlers	Yes/ No
Social Emotional Development, including Attachment	Yes/ No
Trauma-Informed Care	Yes/ No

14. On what infant toddler content topic(s) do you feel you need additional professional development or training?

<b>Infant Toddler Content Area</b>	<b>Want Additional Training</b>
Active Supervision	Yes/No
Adequate and Safe Physical Space (indoor and outdoor)	Yes/No
Confidentiality	Yes/No
Cultural Responsiveness	Yes/No
Developing a Risk Reduction Plan	Yes/No
Developmentally Appropriate Practices (DAP) around Individualized Instruction and Group Instruction	Yes/No
Emergency Preparedness	Yes/No
Health and Safety Practices	Yes/No
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	Yes/No
Infant & Toddler Curriculum	Yes/No
Infant Toddler Development, Including Brain Development	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Nutrition Requirements	Yes/No
Planning based on Observation	Yes/No
Play for Infants and Toddlers	Yes/No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes/No
Precautions for Transporting Young Children	Yes/No
Primary Caregiving	Yes/No
Proper Diapering/Toileting	Yes/No
Provider Mental Health/Self-Care	Yes/ No
Provider to Child Ratios	Yes/ No
Referral to Early Intervention for Infants & Toddlers	Yes/ No
Routines	Yes/ No
Safe Sleep Practices for Infants	Yes/ No
Safe Sleep Practices for Toddlers	Yes/ No
Social Emotional Development, including Attachment	Yes/ No
Trauma-Informed Care	Yes/ No

**Since July 2019, CICC has offered professional development through the following sources. Please rate each one according to its usefulness in your work.**

15. Online staff meetings (Likert scale 1-4: Not Useful, Somewhat Useful, Useful, Very Useful).
16. RBPB Credential training (online) (Likert scale 1-4: Not Useful, Somewhat Useful, Useful, Very Useful).
17. RBPB Credential training (in person) (Likert scale 1-4: Not Useful, Somewhat Useful, Useful, Very Useful).

18. Reflective consultation (Likert scale 1-4: Not Useful, Somewhat Useful, Useful, Very Useful).

**The next set of questions relate to your knowledge of the Minnesota Knowledge and Competency Frameworks.**

19. How familiar are you with the Minnesota **Family Child Care** Knowledge and Competency Framework?
- Not at all familiar
  - A little familiar
  - Somewhat familiar
  - Very familiar
20. How comfortable are you using Minnesota's **Family Child Care** Knowledge and Competency Framework in your work?
- Very comfortable
  - Somewhat comfortable
  - A little comfortable
  - Not at all comfortable
21. How familiar are you with the Minnesota **Infant Toddler** Knowledge and Competency Framework?
- Not at all familiar
  - A little familiar
  - Somewhat familiar
  - Very familiar
22. How comfortable are you using Minnesota's **Infant Toddler** Knowledge and Competency Framework in your work?
- Very comfortable
  - Somewhat comfortable
  - A little comfortable
  - Not at all comfortable
23. How familiar are you with the Minnesota **Preschool and School-Aged** Knowledge and Competency Framework?
- Not at all familiar
  - A little familiar
  - Somewhat familiar
  - Very familiar
24. How comfortable are you using Minnesota's **Preschool and School-Aged** Knowledge and Competency Framework in your work?
- Very comfortable
  - Somewhat comfortable
  - A little comfortable
  - Not at all comfortable

**The next set of questions relate to infant toddler coaching competencies.**

25. Please rate your perceived level of competency with each coaching skill and how often you currently use each skill in you work using the following definitions:

**Beginning:** I am just beginning to develop this competency;

**Developing:** I am actively working to improve this competency; or

**Proficient:** I feel very confident in this competency

Coaching Competency	Perceived Level of Competency	How Often You Currently Use This Skill
	(Likert scale 1-3: Beginning, Developing, Proficient)	(Likert scale 1-5: Always, Usually, About Half the time, Seldom, Never)
I am effective in different interpersonal contexts		
I am skilled at conducting observations		
I am skilled at providing constructive feedback		
I ask questions rather than provide solutions		
I assist practitioners in identifying realistic next steps for improvement		
I assist practitioners in understanding infant toddler curricula		
I assist practitioners in understanding infant toddler mental health		
I assist practitioners in understanding the characteristics of high-quality infant and toddler care		
I assist practitioners in understanding the continuum of infant toddler development, including brain development		
I challenge biases and inequitable practices		
I encourage the providers to broaden their perspectives by helping them see the big picture		

<b>Coaching Competency</b>	<b>Perceived Level of Competency</b>	<b>How Often You Currently Use This Skill</b>
	(Likert scale 1-3: Beginning, Developing, Proficient)	(Likert scale 1-5: Always, Usually, About Half the time, Seldom, Never)
I evaluate practitioners' understanding of infant toddler information		
I evaluate practitioners' understanding of infant toddler development, including brain development		
I focus on improving practices		
I know how to write specific and measurable goals		
I know where to find evidence-based health and safety information		
I know where to find evidence-based, infant and toddler information		
I provide resources so that providers can perform their jobs more effectively		
I provide specific feedback		
I provide time for reflection		
I set expectations with the providers		
I solicit feedback from the providers to ensure that my interactions are helpful to them		
I withhold judgments until evidence is examined		

**The next set of questions relate to your perceptions of your own coaching dispositions.**

26. Please rate your level of agreement on the following coaching dispositions:

<b>Coaching Disposition</b>	<b>Level of Agreement</b>
	(Likert scale 1-4: Strongly Agree, Agree, Disagree, Strongly Disagree)
I am accepting of others	
I am an active listener	
I am attentive	

Coaching Disposition	Level of Agreement
	(Likert scale 1-4: Strongly Agree, Agree, Disagree, Strongly Disagree)
I am collaborative	
I am culturally competent	
I am ethical	
I am flexible	
I am inventive	
I am objective	
I am professional	
I am resourceful	
I am respectful	
I am respectful of the provider's experience	
I am responsible	
I am responsive	
I am understanding	

**The next set of questions relate to your perceptions of your effectiveness as an Infant Toddler Specialist in child care settings.**

27. How effective do you currently feel in your role as an Infant Toddler Specialist?
  - a. Very effective
  - b. Somewhat effective
  - c. A little effective
  - d. Not at all effective
28. At this time, how would you rate your ability to support provider implementation of child care infant and toddler **policies**? (Likert scale 1-5: Well Below Average, Below Average, Average, Above Average, Well Above Average).
29. At this time, how would you rate your ability to support provider implementation of child care infant and toddler **practices**? (Likert scale 1-5: Well Below Average, Below Average, Average, Above Average, Well Above Average).
30. How confident do you feel about your knowledge of infant toddler child care information?
  - a. Not at all confident
  - b. A little confident
  - c. Somewhat confident
  - d. Very confident
31. How confident do you feel sharing your knowledge of infant toddler child care information?
  - a. Not at all confident
  - b. A little confident

- c. Somewhat confident
  - d. Very confident
32. How confident do you feel about your knowledge of relationship-based professional development?
- a. Very confident
  - b. Somewhat confident
  - c. A little confident
  - d. Not at all confident
33. How, if at all, has participation in the RBPB Credential sessions affected your confidence in your knowledge of relationship-based professional development?
- a. My confidence has increased
  - b. There has been no change in my level of confidence
  - c. My confidence has decreased
34. How confident do you feel applying your knowledge of relationship-based professional development with child care providers?
- a. Not at all confident
  - b. A little confident
  - c. Somewhat confident
  - d. Very confident
35. How, if at all, has your participation in the RBPB Credential sessions affected your confidence in applying your knowledge of relationship-based professional development with child care providers?
- a. My confidence has increased
  - b. There has been no change in my level of confidence
  - c. My confidence has decreased

**The next set of questions relate to your perceptions of licensed child care workers' ability to implement infant and toddler policies in child care settings.**

36. Which of the following infant and toddler content areas are most often requested by child care providers who receive coaching? Please choose up to three options.
- a. Active Supervision
  - b. Adequate and Safe Physical Space (indoor and outdoor)
  - c. Child Development related to infants and toddlers
  - d. Confidentiality
  - e. Cultural Responsiveness
  - f. Developing a risk reduction plan
  - g. Developmentally Appropriate Practices (DAP) around individualized instruction and group instruction
  - h. Emergency Preparedness
  - i. Health and Safety practices

- j. How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)
  - k. Infant and Toddler Curriculum
  - l. Licensing Requirements (Rule 2 or Rule 3)
  - m. Nutrition Requirements
  - n. Planning based on observation
  - o. Play for infants and Toddler
  - p. Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)
  - q. Precautions for Transporting Young Children
  - r. Proper Diapering/Toileting
  - s. Provider mental health/self-care
  - t. Provider to Child Ratios
  - u. Referral to Early Intervention for infants and toddlers
  - v. Routines
  - w. Safe Sleep Practices for Infants
  - x. Safe Sleep Practices for Toddlers and Preschoolers
  - y. Social Emotional Development-Attachment
  - z. Trauma-Informed Care
  - aa. Other. Please explain. [text box]
37. Which of the following infant and toddler content areas is most challenging for licensed child care workers to implement? Please choose up to three options.
- a. Active Supervision
  - b. Adequate and Safe Physical Space (indoor and outdoor)
  - c. Child Development related to infants and toddlers
  - d. Confidentiality
  - e. Cultural Responsiveness
  - f. Developing a risk reduction plan
  - g. Developmentally Appropriate Practices (DAP) around individualized instruction and group instruction
  - h. Emergency Preparedness
  - i. Health and Safety practices
  - j. How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)
  - k. Infant and Toddler Curriculum
  - l. Licensing Requirements (Rule 2 or Rule 3)
  - m. Nutrition Requirements
  - n. Planning based on observation
  - o. Play for infants and Toddler
  - p. Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)
  - q. Precautions for Transporting Young Children
  - r. Proper Diapering/Toileting
  - s. Provider mental health/self-care
  - t. Provider to Child Ratios
  - u. Referral to Early Intervention for infants and toddlers
  - v. Routines

- w. Safe Sleep Practices for Infants
  - x. Safe Sleep Practices for Toddlers and Preschoolers
  - y. Social Emotional Development, including attachment
  - z. Trauma-Informed Care
  - aa. Other. Please explain. [text box]
38. What, if anything, do you believe prevents licensed child care providers from implementing high quality infant and toddler policies and practices in their work place? [text box]
39. Is there anything else you would like us to know about your work as an Infant Toddler Specialist? [text box]

***Thank you for your time and your effort.***

**Appendix E: ITSN Coaches' Post-Survey**

Thank you for taking the time to complete this survey on the knowledge, attitudes, and beliefs about infant toddler practices in child care settings. This survey is part of the evaluation of the Minnesota Department of Human Services' Infant Toddler Specialist Network grant being implemented by the Center for Inclusive Child Care. We are interested in your knowledge and experience as an Infant Toddler Specialist. Participation in this project is voluntary and you may choose to not answer or stop participating at any time. The data collected from this survey will be used to inform the development and enhancement of the Infant Toddler Specialist Network for child care providers throughout Minnesota. The responses will be combined and then reported; you and your responses will not be identifiable. The survey takes approximately 15 minutes to complete. We thank you for your time and honest responses.

If you have concerns or questions about this evaluation, please contact Ann Bailey ([baile045@umn.edu](mailto:baile045@umn.edu); 612-626-3724) or Meredith Reese ([mreese@umn.edu](mailto:mreese@umn.edu); 612-624-5708) at the University of Minnesota's Center for Early Education and Development.

**The first few questions are about you and your experience.**

1. What is the total number of years you have worked in early childhood education?  
(dropdown box: Less than 1 year to More than 40 years)
2. What is the total number of years you have worked in child care? (dropdown box: Less than 1 year to More than 40 years)
3. How long have you worked as a coach within the child care system?(dropdown box: Less than 1 year to More than 40 years)
4. How long have you been an Infant Toddler Specialist Network coach for the CICC?  
(dropdown box: less than one year to three years)
5. What is your age? (dropdown box: 18 to 70)
6. What is your ethnicity?
  - a. Hispanic or Latino
  - b. Not Hispanic or Latino
7. What is your race?
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White
  - f. Multiracial

8. What is the highest level of education you have completed?
  - a. Associate of Arts degree
  - b. Bachelor of Arts or Science degree
  - c. Post graduate degree
  
9. Please tell us what degree(s) you have (e.g., A. A. in early childhood education, B.A. in psychology, M.S.W. in social work, etc.). [text box]

**The next set of questions relate to your knowledge of infant and toddler content in child care settings.**

10. For each topic listed below, please rate your current level of knowledge on that topic using the following definitions:

**Beginning:** I am just beginning to develop this competency;

**Developing:** I am actively working to improve this competency; or

**Proficient:** I feel very confident in this competency

Infant and Toddler Content Area	Perceived Level of Competency
	(Likert scale 1-3: Beginning, Developing, Proficient)
Active Supervision	
Adequate and Safe Physical Space (Indoor and Outdoor)	
Behavior Guidance	
Co-Creating Relationships with Families	
Confidentiality	
Cultural Responsiveness	
Developing a Risk Reduction Plan	
Developmentally Appropriate Practices (DAP) Around Group Instruction	
Developmentally Appropriate Practices (DAP) Around Individualized Instruction	
Emergency Preparedness	
Health and Safety Practices	
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	
Individualized Care	
Infant Feeding	
Infant Toddler Development, Including Brain Development	
Infant and Toddler Curriculum	
Licensing Requirements (Rule 2 or Rule 3)	
Nutrition Requirements	

Infant and Toddler Content Area	Perceived Level of Competency
	(Likert scale 1-3: Beginning, Developing, Proficient)
Observation and Assessment	
Planning Based on Observation	
Play for Infants and Toddlers	
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	
Precautions for Transporting Young Children	
Primary Caregiving and Continuity of Care	
Proper Diapering/Toileting	
Provider Mental Health/Self-Care	
Provider to Child Ratios	
Referral to Early Intervention for Infants & Toddlers	
Routines	
Safe Sleep Practices for Infants	
Safe Sleep Practices for Toddlers and Preschoolers	
Social Emotional Development, Including Attachment	
Trauma-Informed Care	

**Beginning in July 2019, CICC switched the focus of coach professional development from content-focused learning (about infant toddler practices) to a focus on relationship-based professional development practice. The next set of questions relate to the professional development you may have received during this time.**

11. What is your preferred method for learning new infant toddler content?
  - a. Articles/books
  - b. College coursework
  - c. Communities of Practice
  - d. Conferences and workshops
  - e. In-person training
  - f. My peers
  - g. Online training (e.g., webinars)
  - h. Small group discussions
  - i. Other. Please explain. [text box]
  
12. Since CICC shifted the focus of professional development to relationship-based professional development practice, have you been able to fulfill your need for content training on infant toddler practices elsewhere?

- a. Yes
- b. No (Skip to Q14)

13. On what infant toddler content topic(s) did you receive professional development or training during the last year?

Infant Toddler Content Area	Received Training/Professional Development
Active Supervision	Yes/No
Adequate and Safe Physical Space (indoor and outdoor)	Yes/No
Confidentiality	Yes/No
Cultural Responsiveness	Yes/No
Developing a Risk Reduction Plan	Yes/No
Developmentally Appropriate Practices (DAP) around Individualized Instruction and Group Instruction	Yes/No
Emergency Preparedness	Yes/No
Health and Safety Practices	Yes/No
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	Yes/No
Infant & Toddler Curriculum	Yes/No
Infant Toddler Development, Including Brain Development	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Nutrition Requirements	Yes/No
Planning based on Observation	Yes/No
Play for Infants and Toddlers	Yes/No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes/No
Precautions for Transporting Young Children	Yes/No
Primary Caregiving	Yes/No
Proper Diapering/Toileting	Yes/No
Provider Mental Health/Self-Care	Yes/ No
Provider to Child Ratios	Yes/ No
Referral to Early Intervention for Infants & Toddlers	Yes/ No
Routines	Yes/ No
Safe Sleep Practices for Infants	Yes/ No
Safe Sleep Practices for Toddlers	Yes/ No
Social Emotional Development-Attachment	Yes/ No
Trauma-Informed Care	Yes/ No

14. On what infant toddler content topic(s) do you feel you need additional professional development?

<b>Infant Toddler Content Area</b>	<b>Want Additional Training</b>
Active Supervision	Yes/No
Adequate and Safe Physical Space (indoor and outdoor)	Yes/No
Confidentiality	Yes/No
Cultural Responsiveness	Yes/No
Developing a Risk Reduction Plan	Yes/No
Developmentally Appropriate Practices (DAP) around Individualized Instruction and Group Instruction	Yes/No
Emergency Preparedness	Yes/No
Health and Safety Practices	Yes/No
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	Yes/No
Infant & Toddler Curriculum	Yes/No
Infant Toddler Development, Including Brain Development	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Nutrition Requirements	Yes/No
Planning based on Observation	Yes/No
Play for Infants and Toddlers	Yes/No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes/No
Precautions for Transporting Young Children	Yes/No
Primary Caregiving	Yes/No
Proper Diapering/Toileting	Yes/No
Provider Mental Health/Self-Care	Yes/ No
Provider to Child Ratios	Yes/ No
Referral to Early Intervention for Infants & Toddlers	Yes/ No
Routines	Yes/ No
Safe Sleep Practices for Infants	Yes/ No
Safe Sleep Practices for Toddlers	Yes/ No
Social Emotional Development-Attachment	Yes/ No
Trauma-Informed Care	Yes/ No

15. Online staff meetings (Likert scale 1-4: Not Useful, Somewhat Useful, Useful, Very Useful).
16. RBPd Credential training (online) (Likert scale 1-4: Not Useful, Somewhat Useful, Useful, Very Useful).
17. RBPd Credential training (in person) (Likert scale 1-4: Not Useful, Somewhat Useful, Useful, Very Useful).
18. Reflective consultation (Likert scale 1-4: Not Useful, Somewhat Useful, Useful, Very Useful).

**The next set of questions relate to your knowledge of the Minnesota Knowledge and Competency Frameworks.**

19. How has your familiarity with Minnesota's **Family Child Care** Knowledge and Competency Framework changed during the past year, if at all?
  - a. I am more familiar
  - b. My familiarity stayed the same
  - c. I am less familiar
20. How has your comfort using Minnesota's **Family Child Care** Knowledge and Competency Framework in your work changed during the past year, if at all?
  - a. Increased
  - b. Stayed the same
  - c. Decreased
21. How has your familiarity with Minnesota's **Infant Toddler** Knowledge and Competency Framework changed during the past year, if at all?
  - a. I am more familiar
  - b. My familiarity stayed the same
  - c. I am less familiar
22. How has your comfort using Minnesota's **Infant Toddler** Knowledge and Competency Framework in your work changed during the past year, if at all?
  - a. Increased
  - b. Stayed the same
  - c. Decreased
23. How has your familiarity with Minnesota's **Preschool and School-Aged** Knowledge and Competency Framework changed during the past year, if at all?
  - a. I am more familiar
  - b. My familiarity stayed the same
  - c. I am less familiar
24. How has your comfort using Minnesota's **Preschool and School-Aged** Knowledge and Competency Framework in your work changed during the past year, if at all?
  - a. Increased
  - b. Stayed the same
  - c. Decreased

**The next set of questions relate to infant toddler coaching competencies.**

25. Please rate your perceived level of competency with each coaching skill and how often you currently use each skill in your work using the following definitions:

**Beginning:** I am just beginning to develop this competency;

**Developing:** I am actively working to improve this competency; or

**Proficient:** I feel very confident in this competency

Coaching Competency	Perceived Level of Competency	How Often You Currently Use This Skill
	(Likert scale 1-3: Beginning, Developing, Proficient)	(Likert scale 1-5: Always, Usually, About Half the time, Seldom, Never)
I am effective in different interpersonal contexts		
I am skilled at conducting observations		
I am skilled at providing constructive feedback		
I ask questions rather than provide solutions		
I assist practitioners in identifying realistic next steps for improvement		
I assist practitioners in understanding infant toddler curricula		
I assist practitioners in understanding infant toddler mental health		
I assist practitioners in understanding the characteristics of high-quality infant and toddler care		
I assist practitioners in understanding the continuum of infant toddler development, including brain development		
I challenge biases and inequitable practices		
I encourage the providers to broaden their perspectives by helping them see the big picture		
I evaluate practitioners' understanding of infant toddler information		
I evaluate practitioners' understanding of infant toddler development, including brain development		

<b>Coaching Competency</b>	<b>Perceived Level of Competency</b>	<b>How Often You Currently Use This Skill</b>
	(Likert scale 1-3: Beginning, Developing, Proficient)	(Likert scale 1-5: Always, Usually, About Half the time, Seldom, Never)
I focus on improving practices		
I know how to write specific and measurable goals		
I know where to find evidence-based health and safety information		
I know where to find evidence-based, infant and toddler information		
I provide resources so that providers can perform their jobs more effectively		
I provide specific feedback		
I provide time for reflection		
I set expectations with the providers		
I solicit feedback from the providers to ensure that my interactions are helpful to them		
I withhold judgments until evidence is examined		

The next set of questions relate to your perceptions of your own coaching dispositions.

26. Please rate your level of agreement on the following coaching dispositions:

<b>Coaching Disposition</b>	<b>Level of Agreement</b>
	(Likert scale 1-4: Strongly Agree, Agree, Disagree, Strongly Disagree)
I am accepting of others	
I am an active listener	
I am attentive	
I am collaborative	
I am culturally competent	
I am ethical	
I am flexible	
I am inventive	
I am objective	
I am professional	

Coaching Disposition	Level of Agreement
	(Likert scale 1-4: Strongly Agree, Agree, Disagree, Strongly Disagree)
I am resourceful	
I am respectful	
I am respectful of the provider's experience	
I am responsible	
I am responsive	
I am understanding	

**The next set of questions relate to your perceptions of your effectiveness as an Infant Toddler Specialist in child care settings.**

27. How effective do you currently feel in your role as an Infant Toddler Specialist?
  - a. Very effective
  - b. Somewhat effective
  - c. A little effective
  - d. Not at all effective
28. How has your perception of your effectiveness changed during the past year, if at all?
  - a. My perception of my effectiveness has increased
  - b. No change
  - c. My perception of my effectiveness has decreased
  - d. Other. Please explain [text box]
29. At this time, how would you rate your ability to support provider implementation of child care infant and toddler **policies**? (Likert scale 1-5: Well Below Average, Below Average, Average, Above Average, Well Above Average).
30. At this time, how would you rate your ability to support provider implementation of child care infant and toddler **practices**? (Likert scale 1-5: Well Below Average, Below Average, Average, Above Average, Well Above Average).
31. How confident do you feel about your knowledge of infant toddler child care information?
  - a. Not at all confident
  - b. A little confident
  - c. Somewhat confident
  - d. Very confident
32. How, if at all, has your confidence in your knowledge of infant toddler child care information changed over the past year?
  - a. My confidence has increased
  - b. There has been no change in my level of confidence

- c. My confidence has decreased
33. How confident do you feel sharing your knowledge of infant toddler child care information?
- a. Not at all confident
  - b. A little confident
  - c. Somewhat confident
  - d. Very confident
34. How, if at all, has your confidence sharing infant toddler child care information changed over the past year?
- a. My confidence has increased
  - b. There has been no change in my level of confidence
  - c. My confidence has decreased
35. How confident do you feel about your knowledge of relationship-based professional development?
- a. Very confident
  - b. Somewhat confident
  - c. A little confident
  - d. Not at all confident
36. How, if at all, has participation in the RBPD Credential sessions affected your confidence in your knowledge of relationship-based professional development over the past year?
- a. My confidence has increased
  - b. There has been no change in my level of confidence
  - c. My confidence has decreased
37. How confident do you feel applying your knowledge of relationship-based professional development with child care providers?
- a. Not at all confident
  - b. A little confident
  - c. Somewhat confident
  - d. Very confident
38. How, if at all, has your participation in the RBPD Credential sessions affected your confidence in applying your knowledge of relationship-based professional development with child care providers over the past year?
- a. My confidence has increased
  - b. There has been no change in my level of confidence
  - c. My confidence has decreased

**The next set of questions relate to your perceptions of licensed child care workers' ability to implement infant and toddler policies in child care settings.**

39. Which of the following infant and toddler content areas are most often requested by child care providers who receive coaching? Please choose up to three options.

- a. Active Supervision
- b. Adequate and Safe Physical Space (indoor and outdoor)
- c. Child Development related to infants and toddlers
- d. Confidentiality
- e. Cultural Responsiveness
- f. Developing a risk reduction plan
- g. Developmentally Appropriate Practices (DAP) around individualized instruction and group instruction
- h. Emergency Preparedness
- i. Health and Safety practices
- j. How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)
- k. Infant and Toddler Curriculum
- l. Licensing Requirements (Rule 2 or Rule 3)
- m. Nutrition Requirements
- n. Planning based on observation
- o. Play for infants and Toddler
- p. Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)
- q. Precautions for Transporting Young Children
- r. Proper Diapering/Toileting
- s. Provider mental health/self-care
- t. Provider to Child Ratios
- u. Referral to Early Intervention for infants and toddlers
- v. Routines
- w. Safe Sleep Practices for Infants
- x. Safe Sleep Practices for Toddlers and Preschoolers
- y. Social Emotional Development-Attachment
- z. Trauma-Informed Care
- aa. Other. Please explain. [text box]

40. Which of the following infant toddler topics is most challenging for licensed child care workers to implement? Please choose up to three options.

- a. Active Supervision
- b. Adequate and Safe Physical Space (indoor and outdoor)
- c. Child Development related to infants and toddlers
- d. Confidentiality
- e. Cultural Responsiveness
- f. Developing a risk reduction plan
- g. Developmentally Appropriate Practices (DAP) around individualized instruction and group instruction
- h. Emergency Preparedness
- i. Health and Safety practices

- j. How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)
  - k. Infant and Toddler Curriculum
  - l. Licensing Requirements (Rule 2 or Rule 3)
  - m. Nutrition Requirements
  - n. Planning based on observation
  - o. Play for infants and Toddler
  - p. Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)
  - q. Precautions for Transporting Young Children
  - r. Proper Diapering/Toileting
  - s. Provider mental health/self-care
  - t. Provider to Child Ratios
  - u. Referral to Early Intervention for infants and toddlers
  - v. Routines
  - w. Safe Sleep Practices for Infants
  - x. Safe Sleep Practices for Toddlers and Preschoolers
  - y. Social Emotional Development-Attachment
  - z. Trauma-Informed Care
  - aa. Other. Please explain. [text box]
41. What, if anything, do you believe prevents licensed child care providers from implementing high-quality infant and toddler policies and practices in their work place?  
[text box]
42. What, if anything, has been the most rewarding part of working as a coach within the infant toddler specialist network?
43. What, if anything, has been the most challenging part of working as a coach within the infant toddler specialist network?
44. Is there anything else you would like us to know about your work as an Infant Toddler Specialist? [text box]

***Thank you for your time and your effort.***

## Appendix F: ITSN Provider Interview Protocol

### Introduction

Good morning/afternoon. Thank you for agreeing to participate in this interview. My name is [fill in name] and I am currently a [fill in title] at the Center for Early Education and Development at the University of Minnesota. I have been hired by the Center for Inclusive Child Care to conduct the external evaluation of this project. This interview may take up to 50 minutes.

The purpose of our time together is to gather information on the Child Care Infant Toddler Specialist Network. Specifically, we want to know what you perceive to be working and what may not be working. We'd like to hear your opinions on the successes with and challenges of participating in this program. This information will be used by the CICC and the Minnesota Department of Human Services to develop a high-quality infant toddler coaching model for child care providers throughout the state. The information will also be used to make decisions on professional development needs and other supports for the Infant Toddler Specialist Network coaches and the providers who receive coaching. You were invited to participate in this group because you are a provider who received coaching.

I encourage you to share your points of view. There are no right or wrong answers to the questions I will ask. Your answers to the questions will not be identifiable and will only be shared in aggregate, meaning that no names will be tied to any individual responses. Ideally, your answers will remain confidential, meaning that your individual answers will not be shared with anyone outside of the evaluation staff at CEED. The information gathered will be analyzed for themes and then shared with CICC and DHS personnel in the form of a report.

I am recording the conversation today to assist me in accurately capturing the conversation. Do you have any questions before we begin?

1. Please tell me your name and how long you've been a licensed child care provider.
2. What was your primary reason/were your primary reasons for requesting coaching?
  - a. What, if anything, prevents you from providing a high quality environment for infants and toddlers in your care?
  - b. Where else have you gone for support?
  - c. Did you receive coaching on implementing infant toddler policies?
  - d. Do you feel that your needs were met? Please describe.
3. Describe the scheduling of coaching.
  - a. Were you assigned a coach in a timely manner?
  - b. Did the coaching visits begin in a timely manner?
  - c. Did the coaching visits occur regularly enough to support you meeting your goals?
4. Please talk about the typical coaching session.

- a. What happened? (Looking for a description of relationship development and coaching strategies used)
  - b. What was your role in the coaching process?
  - c. Did the coach provide resources? If yes, what resources.
  - d. To what extent is the CICC website helpful to your work?
  - e. Was there ever a time when the coach did not provide the support you wanted? If yes, please describe.
5. What do you think about the quality of the coaching? Please describe why.
6. Please describe the coaching relationship with your coach.
  - a. How did she learn about your needs?
  - b. Who did most of the talking?
  - c. How did you decide on what to focus?
  - d. What was the follow up process?
7. Describe the Continuous Quality Improvement Plan. How was it used? Who completed the document? (Provider, coach, both)
8. What part of the coaching was most helpful to you?
9. What part of the coaching was most helpful to the children and families in your care?
10. In what ways, if any, do you believe your program was impacted after receiving Infant Toddler coaching?
11. What, if anything, would you change about the Infant Toddler Specialist Network?
12. Is there anything else you'd like to add to the conversation?

**Thank you for your participation.**

## Appendix G: ITSN Coach Interview Protocol

### Introduction

Good morning/afternoon. Thank you for agreeing to participate in this interview. My name is [fill in name] and I am currently a [fill in title] at the Center for Early Education and Development at the University of Minnesota. I have been hired by the Center for Inclusive Child Care to conduct the external evaluation of this project. This interview may take up to 90 minutes.

The purpose of our time together is to gather information on the Child Care Coaching Projects. Specifically, we want to know what you perceive to be working and what may not be working. We'd like to hear your opinions on the successes and challenges of implementing this program. This information will be used by the CICC and the Minnesota Department of Human Services to develop high-quality coaching models for child care providers throughout the state. The information will also be used to make decisions on professional development needs and other supports for the coaches and the providers who receive coaching. You were invited to participate in this group because you are a coach in the network.

I encourage you to share your points of view. There are no right or wrong answers to the questions I will ask. Your answers to the questions will not be identifiable and will only be shared in aggregate, meaning that no names will be tied to any individual responses. Ideally, your answers will remain confidential, meaning that your individual answers will not be shared with anyone outside of the evaluation staff at CEED. The information gathered will be analyzed for themes and then shared with CICC and DHS personnel in the form of a report.

I am recording the conversation today to assist me in accurately capturing the conversation. Do you have any questions before we begin?

1. Please tell me your name, the programs for which you coach, and what made you want to be a coach for the CICC?
2. What do you see as your primary role(s) as a coach? (Specify role for each program in which you coach)
3. Describe the supports you receive as part of this program.
  - a. Describe the professional development you receive.
  - b. Describe the staff meetings. [Coach might mention that it's a time for problem solving and learning new strategies]
  - c. Describe the work you're doing on getting the RBPD credential
  - d. In what ways has your practice changed based on the support you received through the professional development?
  - e. How would you rate the quality of the professional development you get from the CICC?
  - f. Where do you get content knowledge for \_\_\_program specific\_\_\_?
  - g. Is there professional development you want that you are currently not getting?
4. Describe reflective consultation.
  - a. What's your perception of the reflective consultation?

- b. Does the reflective consultant meet your expectations? In what ways?
  - c. Give me examples of how you use what you learn through reflective consultation in your practice with providers.
  - d. Give me examples of how you use what you learn through reflective consultation in your practice with the other coaches.
5. Please describe your approach to establishing a coaching relationship with a program or provider.
  - a. How do you learn about their needs?
  - b. How do you decide on what to focus?
  - c. What is your follow up process?
  - d. In what ways, if any, is this process different within each program?
6. How do you use your knowledge of relationship-based professional development in your work with child care providers?
  - a. Give specific examples of how you use elements of relationship-based professional development in your coaching sessions. [Is that the same for each program in which you work?]
7. Please talk about the typical requests for support from providers.
  - a. What kind of supports do they want? [Is it different for each program?]
  - b. Do you feel competent to provide the support they request?
  - c. What would you do if there was a need or request you didn't know how to support?
8. Please describe a typical coaching session.
  - a. How many child care providers are you currently coaching?
  - b. Who does most of the talking?
  - c. What resources, if any, are you typically providing?
  - d. Describe the Continuous Quality Improvement Plan. How is it used? Who completes the document? How often do you share it with the provider?
9. What coaching strategies do you use most often? What coaching strategies are the most effective? Why do you believe they were effective?
  - a. Do you use different coaching strategies for different programs [Inclusion, HSCP, ITSN]?
10. Are there coaching strategies that you tried that did not work? Why do you believe they were not effective?
11. What do you believe is the most important part of the coaching process? Why?
12. What, if anything, prevents you from effectively coaching child care providers?
13. What, if any, supports do you want to more effectively do your job?
  - a. What are your perceptions about the support you receive from CICC personnel?

14. Is there anything you would change about the coaching projects?

15. Is there anything else you'd like to add to the conversation?

**Thank you for your participation.**

## Appendix H: ITSN Coaches' End-of-Event Survey

Thank you for taking the time to complete this end-of-event. This survey is part of the evaluations of the Health and Safety Coaching Project, the Inclusion Coaching Project, and the Infant Toddler Specialist Network that are all funded by the Minnesota Department of Human Services. These grants are hosted by the Center for Inclusive Child Care.

The data collected from this survey will be used to inform the development of the coaching programs for child care providers within Minnesota. The responses will be combined and then reported; you and your responses will not be identifiable. The survey takes approximately 2 minutes to complete. We thank you for your time and honest responses.

If you have concerns or questions about this evaluation, please contact Ann Bailey (baile045@umn.edu; 612-626-3724) or Meredith Reese (mreese@umn.edu; 612-624-5708) at the University of Minnesota's Center for Early Education and Development.

1. How relevant was the information you received from [fill in event name here] to your work?
  - a. Very relevant
  - b. Somewhat relevant
  - c. Not at all relevant
2. How would you rate the quality of the information you received from [fill in event name here]?
  - a. Low quality
  - b. Moderate quality
  - c. High quality
3. How likely are you to use the information you received from [fill in event name here] in your work?
  - a. Very likely
  - b. Somewhat likely
  - c. Not at all likely
4. The information provided at the [fill in event name here] was:
  - a. Too much
  - b. Just enough
  - c. Too little
5. The program(s) I primarily work in is the: (Check all that apply)
  - a. Health and Safety Coaching Project
  - b. Inclusion Coaching Program
  - c. Infant Toddler Specialist Network
6. Is there anything else you would like us to know about this event? [text box]

### Appendix I: Continuous Quality Improvement Plan

Directions: Meet with your coach to develop goals in the areas you would like to grow. Use the information below as a guide to identify the MN KCF content area(s) and quality indicator(s) you are addressing in your goal(s).

**Minnesota's Knowledge and Competency Framework:** Minnesota's Knowledge and Competency Framework (KCF) outlines what early childhood professionals need to know and what they need to do when delivering quality care. There are three versions of the KCF available for download on the MDE website:

[Preschool-Aged Children in Center and School Programs](#)  
[Infants and Toddlers](#)  
[Family Child Care](#)

Visit [childcareawaremn.org/knowledge-and-competency-framework](http://childcareawaremn.org/knowledge-and-competency-framework) to learn more and to access resources.

There are eight content areas  
(\*seven for Family Child Care):

- I. Child Development and Learning
- II. Developmentally Appropriate Learning Experiences
- III. Relationships with Families
- IV. Assessment, Evaluation and Individualization
- V. Historical and Contemporary Development of Early Childhood Education
- VI. Professionalism
- VII. Health, Safety and Nutrition
- VIII. Application through Clinical Experiences\*



**Categories of Quality:** The areas below highlight five broad categories of quality. Minnesota has identified these as key categories that make a difference for children. They align with the categories of Parent Aware, Minnesota's Quality Rating and Improvement System. On the following page, each category is further divided into specific areas which focus on best practices that have been shown to make a difference for children. You will use these best practices to guide your continuous quality improvement plan and to identify areas of growth.

---

Teaching and relationships with children  
Relationships with families  
Assessment and planning for each individual child  
Professionalism  
Health and well-being

---

**Standards of Quality:** The charts below provide more detail on each category, highlighting standards of best practice for programs to implement (the bulleted items below). Use these standards along with the KCF competencies to guide the development of your goals and plans for continuous quality improvement.

#### Teaching and relationships with children:

- Curriculum
- High quality interactions
- Meeting the needs of individual children
- Partnering with services
- Cultural responsiveness

#### Relationships with families:

- Community building
- Community resources and referrals
- Two-way communications
- Sharing information
- Cultural responsiveness

#### Assessment and planning for each individual child:

- Observation and documentation
- Authentic Assessment
- Developmentally appropriate practices
- Planning for the needs of individual children

#### Professionalism:

- Ongoing and specialized professional development
- Network for support
- Ethical practices
- Advocacy
- Program leadership

#### Health and well-being:

- Health, physical activity and nutrition
- Health and safety policies
- Meeting the needs of individual children
- Emergency planning
- Mental health

Program/Educator Name: Click or tap here to enter text.

License number: Click or tap here to enter text.

Coach: Click or tap here to enter text.

**Please discuss the following with your coach. This information will help guide the development of your goals.**

**Complete *prior* to coaching:**

Do you have written health and safety policies that align with DHS licensing regulations? ☐ Yes ☐ No

Do you have written infant/toddler policies that align with licensing regulations? ☐ Yes ☐ No

Within the last 2 years have any of the following occurred in your program?

1. Made a report of an accident to licensing ☐ Yes ☐ No
2. Made a report of infectious disease to licensing or the health department ☐ Yes ☐ No
3. Issued a licensing sanction due to an incident of lack of supervision ☐ Yes ☐ No
4. Received a negative action/licensing sanction\* ☐ Yes ☐ No  
If yes, received a Conditional license ☐ Yes ☐ No

**Complete *after* coaching:**

Do you have written health and safety policies that align with DHS licensing regulations? ☐ Yes ☐ No

Do you have written infant/toddler policies that align with licensing regulations? ☐ Yes ☐ No

Within the last 2 years have any of the following occurred in your program?

1. Made a report of an accident to licensing ☐ Yes ☐ No
2. Made a report of infectious disease to licensing or the health department ☐ Yes ☐ No
3. Issued a licensing sanction due to an incident of lack of supervision ☐ Yes ☐ No
4. Received a negative action/licensing sanction\* ☐ Yes ☐ No  
If yes, received a Conditional license ☐ Yes ☐ No

Type(s) of Coaching:

- ☐ Health and Safety
- ☐ Infant/Toddler
- ☐ Inclusion

\* Licensing sanctions include: fine(s) conditional license, revoked license, suspended license, etc.

**Directions:** With your coach, complete the following chart based on your discussion. For more information on how to write SMART goals, visit: [http://childcareawaremn.org/sites/default/files/attachments/smart\\_goals.pdf](http://childcareawaremn.org/sites/default/files/attachments/smart_goals.pdf)

Standard of Quality	KCF Competency	Goal	Activity/task to complete the goal	Resources Needed	Target Completion Date	Status/Date Completed

How will you know you've reached your goal(s)?

Visit Summary and Feedback:

Participant Next Steps:	Coach Next Steps:

Date of next meeting:

## Appendix J: New Continuous Quality Improvement Plan

### PROGRAM INFORMATION

Program/Educator Name: Click or tap here to enter text.

License number: Click or tap here to enter text.

Type of Coaching (Infant/Toddler, Inclusion or Health & Safety): Click or tap here to enter text. Coach: Click or tap here to enter text.

**Program Data:** This data should be entered before coaching begins, and again at the end of coaching. Some of the information may be found in the DHS Licensing Look up database. Otherwise, explain to the director or provider that CICC collects the following data on the program we work with in order to report overall numbers (nothing is tied to information that identifies a specific program.)

<u>Program Information for DHS Reporting:</u>	Before coaching	After Coaching
Do you have written health and safety policies that align with DHS licensing regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you make any changes to those policies as a result of coaching?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have written infant/toddler policies that align with licensing regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you make any changes to those policies as a result of coaching?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have written child care behavior guidance or inclusion policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you make any changes to those policies as a result of coaching?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you familiar with the Americans with Disabilities Act ( <a href="http://ada.gov">ada.gov</a> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



**ACTION PLAN:**

**Directions:** TOGETHER, complete the following chart based on your discussion. Use tools from your CQIP Planning Packet to inform the discussion.

Goal	Activity/tasks to complete goal	Resources needed	Target date	KCF Competency	Standards of Quality: Circle one	Date completed /revised
					<ul style="list-style-type: none"> <li>• Teaching &amp; relationships with children</li> <li>• Relationships with families</li> <li>• Assessment &amp; planning</li> <li>• Professionalism</li> <li>• Health/well being</li> </ul>	
					<ul style="list-style-type: none"> <li>• Teaching &amp; relationships with children</li> <li>• Relationships with families</li> <li>• Assessment &amp; planning</li> <li>• Professionalism</li> <li>• Health/well being</li> </ul>	

**FINAL COACHING VISIT: date** Click or tap here to enter text.

Reflection- what has changed due to coaching? (Don't forget to set a date for your Simple Follow up, page 5)

**COACH VISIT NOTES**

Date of visit/ conversation	Theme/focus	Next steps (Who/what/when):

**Parent/family contacts** (if applicable)

Date of visit/ conversation	Theme/focus and number of people contacted (for example: both parents, just mom, grandma, etc. No names please)

**SIMPLE FOLLOW UP**

Follow up check in date/s: \_\_\_\_\_

★ Remember to ask if they have completed the final CICC survey ★

1. If there was a specific child or children who were the focus of coaching, is the child still enrolled? **yes** or **no** (circle one)

If not, why not?

2. If there was a specific teacher or teachers involved in coaching, are they still employed in the program? **yes** or **no** (circle one)

3. Has the program had a licensing visit since the end of coaching? **yes** or **no** (circle one)

If yes, how did it go?

(If this program received health and safety coaching, did they receive any corrective actions, and if so were there any common themes?)

4. How are things going related to your original coaching goal/s? (see goals page 3 of the CQIP)

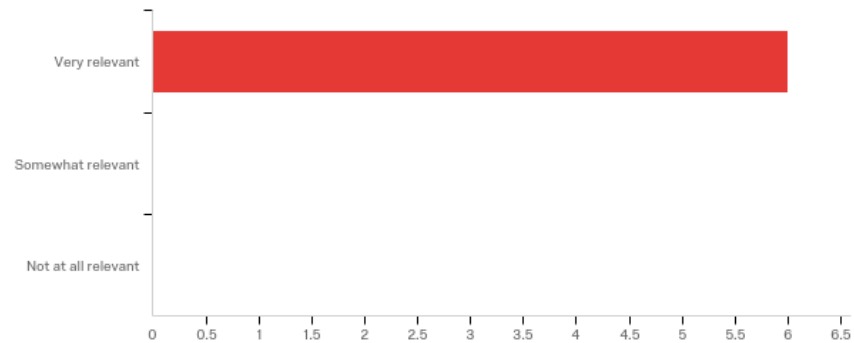
5. What resources (if any) are you using to support your continued work on your goal/s?

**CICC COACH: Within one week of the Simple Follow Up, please send copy of the completed CQIP to Becky Gillard at [gillard@inclusivechildcare.org](mailto:gillard@inclusivechildcare.org)**

### Appendix K: ITSN Coaches' Reflective Consultation End-of-Event Responses

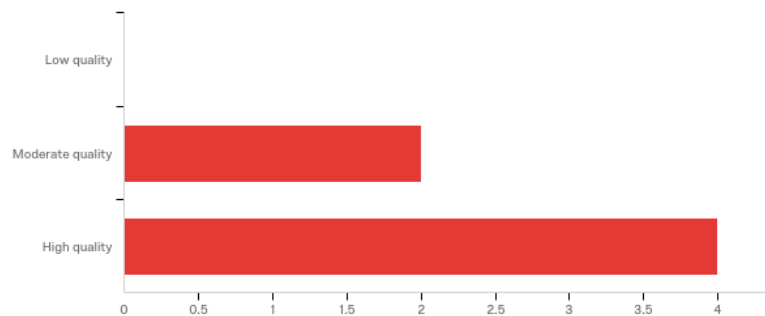
*CICC Coaches RC End of Event Survey August 5 2019*

**How relevant was the information you received from the Reflective Consultation to your work?**



#	Answer	%	Count
1	Very relevant	100.00%	6
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	6

**How would you rate the quality of the information you received from the Reflective Consultation?**

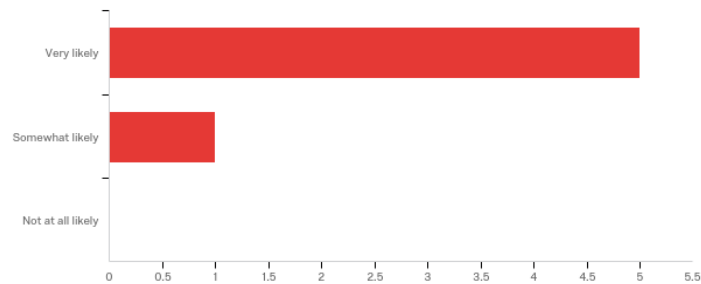


#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	33.33%	2
3	High quality	66.67%	4
	Total	100%	6

Center for Early Education  
and Development

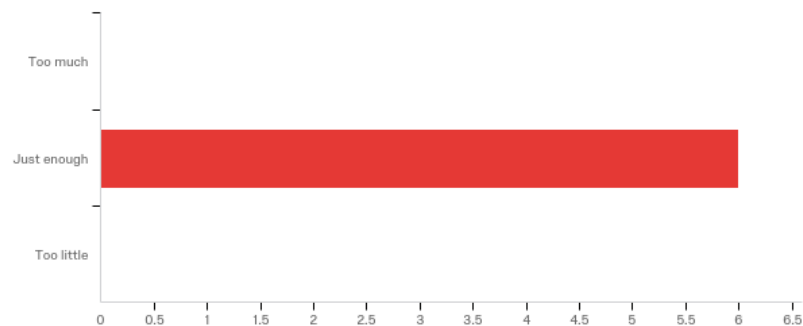
UNIVERSITY OF MINNESOTA

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	83.33%	5
2	Somewhat likely	16.67%	1
3	Not at all likely	0.00%	0
	Total	100%	6

## The information provided during the Reflective Consultation was:



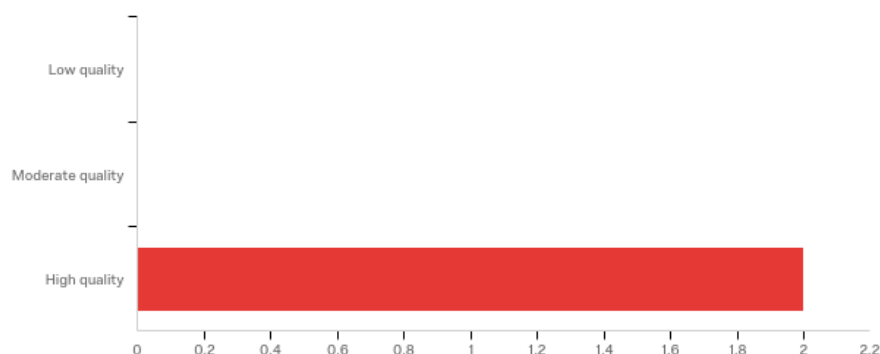
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	6
3	Too little	0.00%	0
	Total	100%	6

## Is there anything else you'd like us to know about this event?

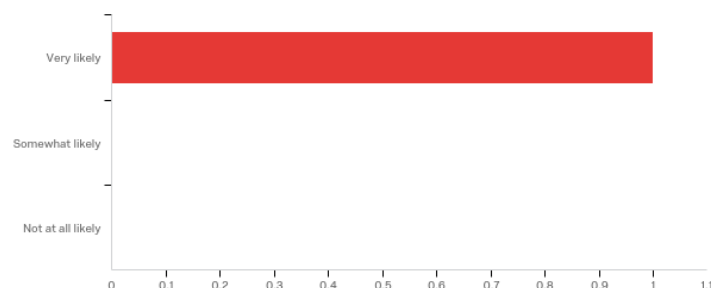
No responses.

*CICC Coaches RC End of Event Survey August 22 2019***How relevant was the information you received from the Reflective Consultation to your work?**

No responses.

**How would you rate the quality of the information you received from the Reflective Consultation?**

#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	2
	Total	100%	2

**How likely are you to use the information you received from the Reflective Consultation in your work?**

#	Answer	%	Count
1	Very likely	100.00%	1
2	Somewhat likely	0.00%	0

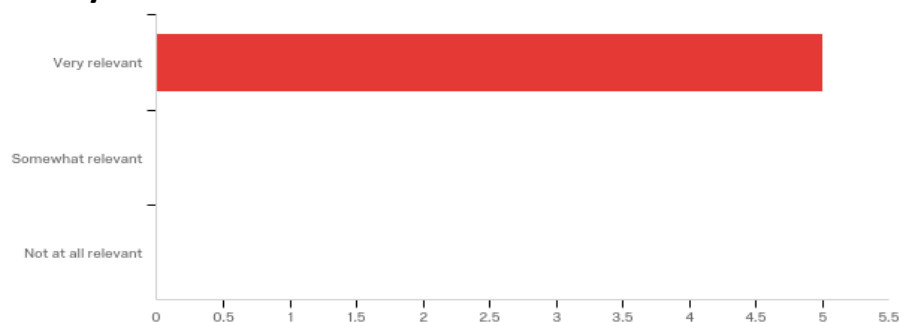
3	Not at all likely	0.00%	0
	Total	100%	1

**The information provided during the Reflective Consultation was:**

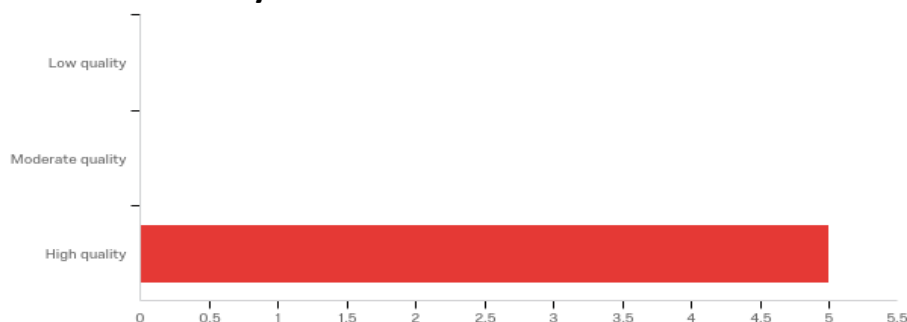
No responses.

**Is there anything else you'd like us to know about this event?**

No responses.

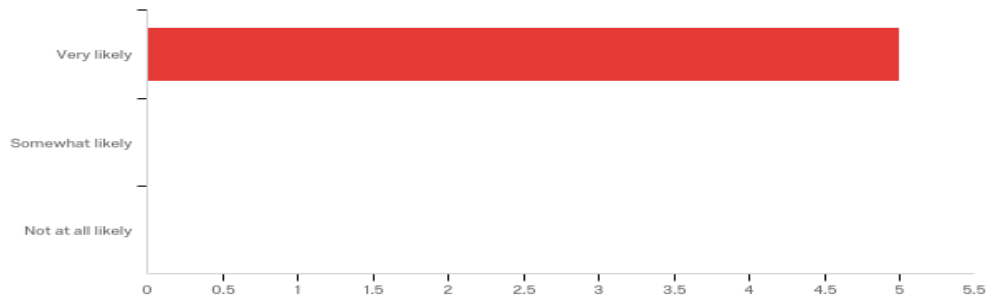
*CICC Coaches RC End of Event Survey September 16 2019***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	5
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	5

**How would you rate the quality of the information you received from the Reflective Consultation?**

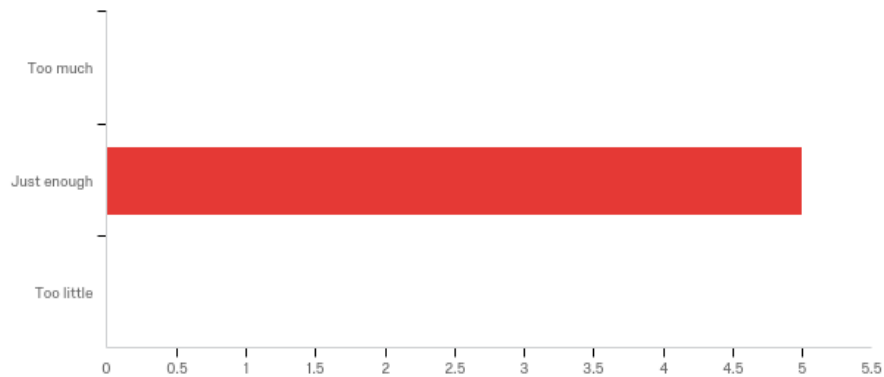
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	5
	Total	100%	5

**How likely are you to use the information you received from the Reflective Consultation in your work?**



#	Answer	%	Count
1	Very likely	100.00%	5
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	5

### The information provided during the Reflective Consultation was:

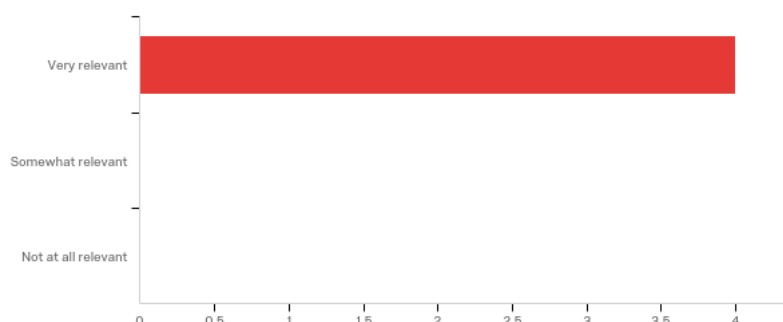


#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	5
3	Too little	0.00%	0
	Total	100%	5

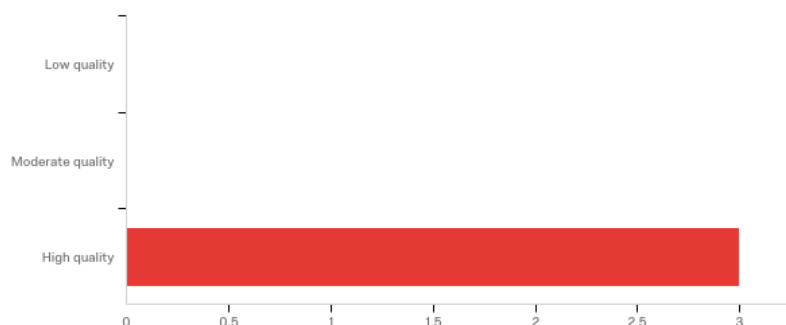
### Is there anything else you'd like us to know about this event?

Very supportive and helped challenge my thinking in different ways

One of the best supports we are provided as coaches.

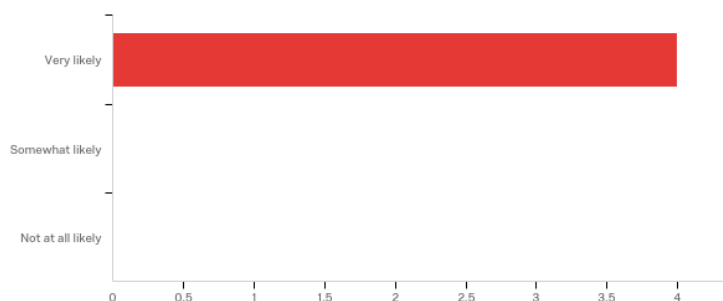
*CICC Coaches RC End of Event Survey September 26 2019***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	4
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	4

**How would you rate the quality of the information you received from the Reflective Consultation?**

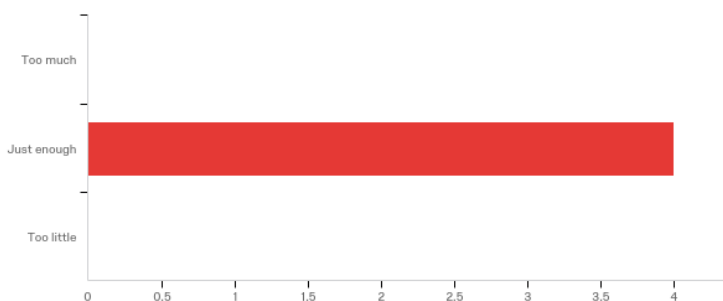
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	4
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	4

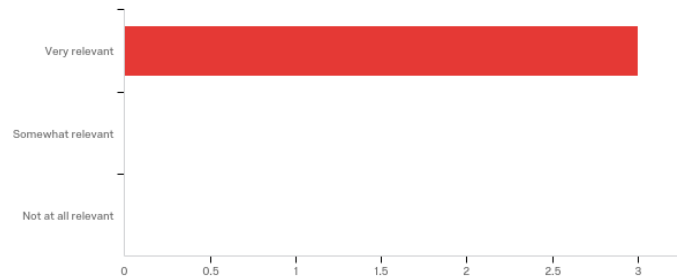
## The information provided during the Reflective Consultation was:



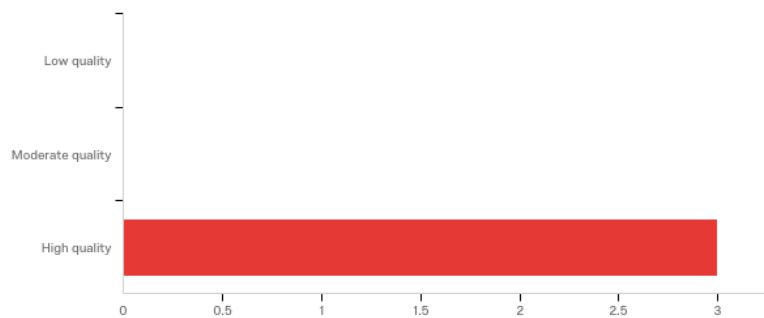
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	4
3	Too little	0.00%	0
	Total	100%	4

## Is there anything else you'd like us to know about this event?

No responses.

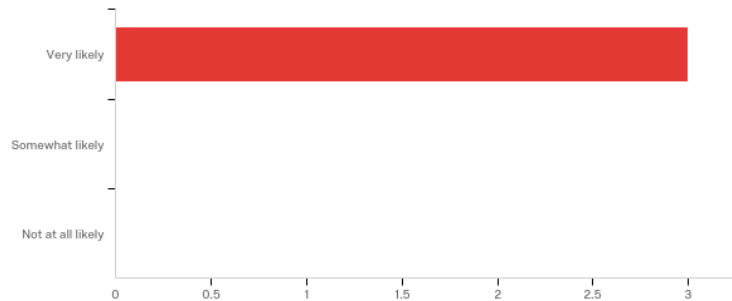
*CICC Coaches RC End of Event Survey October 7 2019***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

**How would you rate the quality of the information you received from the Reflective Consultation?**

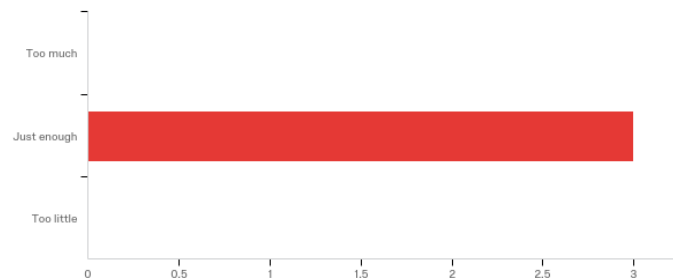
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	3
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	3

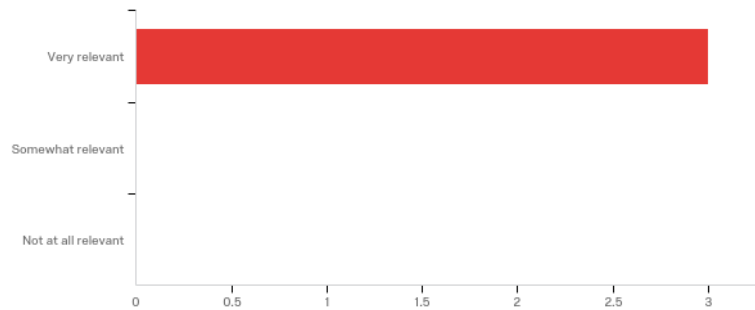
## The information provided during the Reflective Consultation was:



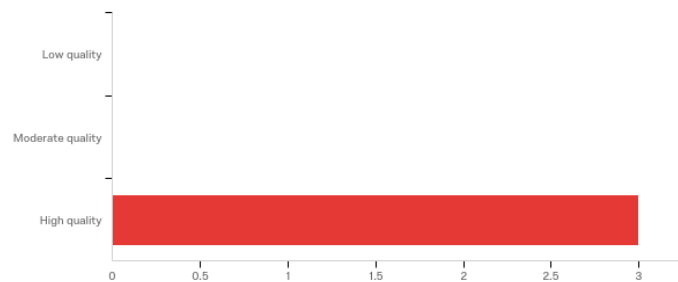
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

## Is there anything else you'd like us to know about this event?

No responses.

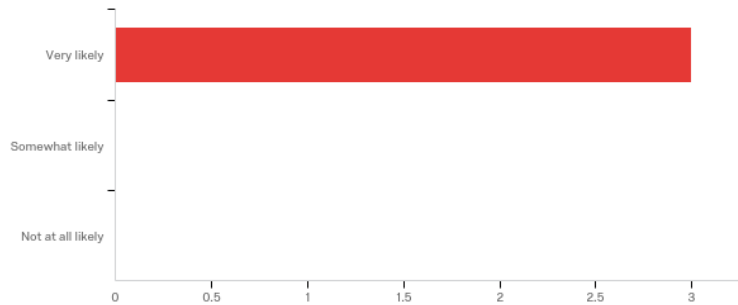
*CICC Coaches RC End of Event Survey October 24 2019***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

**How would you rate the quality of the information you received from the Reflective Consultation?**

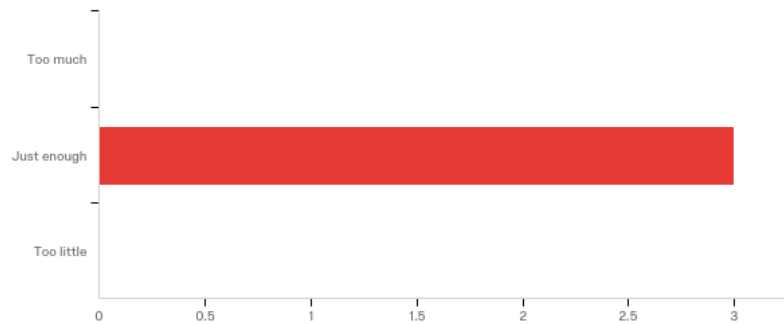
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	3
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	3

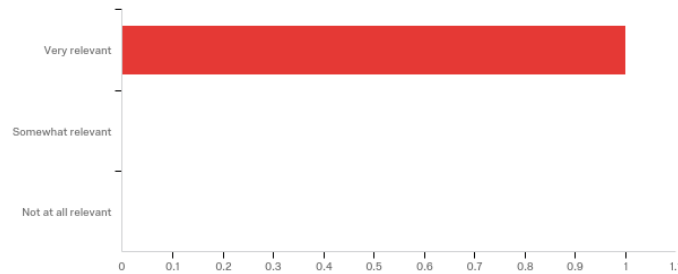
## The information provided during the Reflective Consultation was:



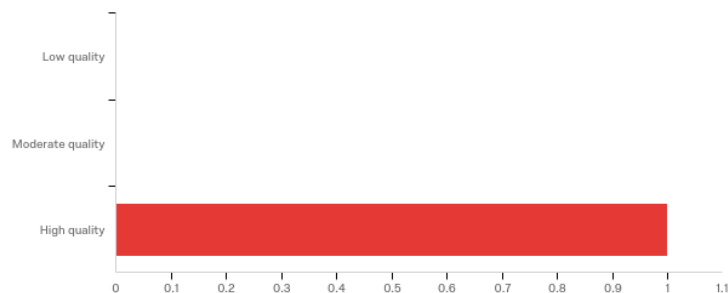
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

## Is there anything else you'd like us to know about this event?

No responses.

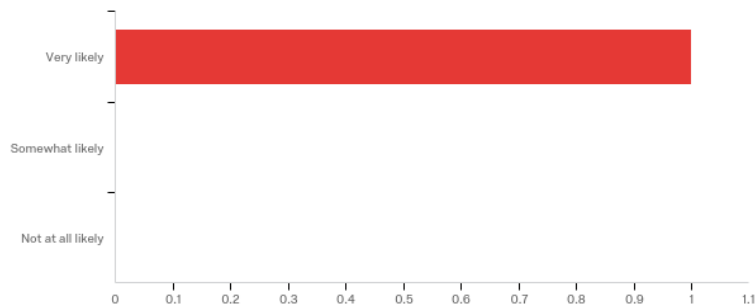
*CICC Coaches RC End of Event Survey November 4 2019***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	1
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	1

**How would you rate the quality of the information you received from the Reflective Consultation?**

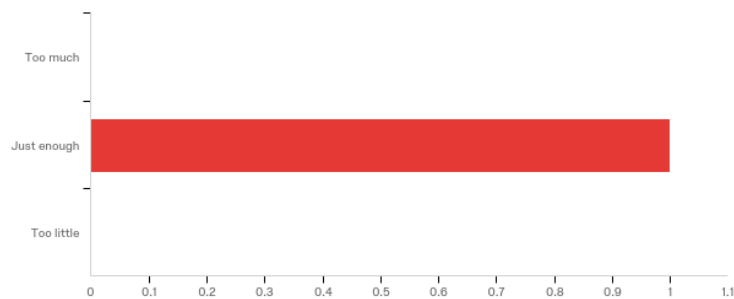
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	1
	Total	100%	1

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	1
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	1

## The information provided during the Reflective Consultation was:



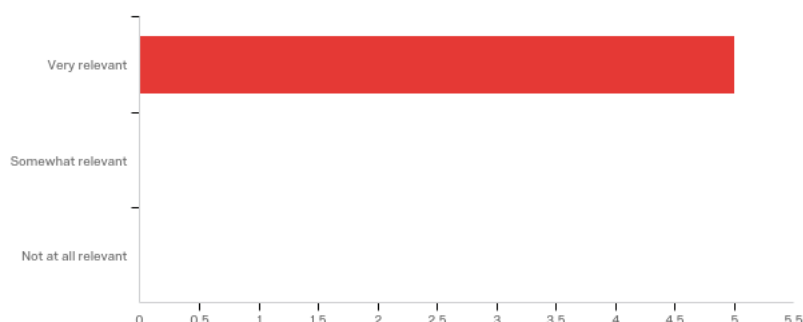
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	1
3	Too little	0.00%	0
	Total	100%	1

## Is there anything else you'd like us to know about this event?

No responses.

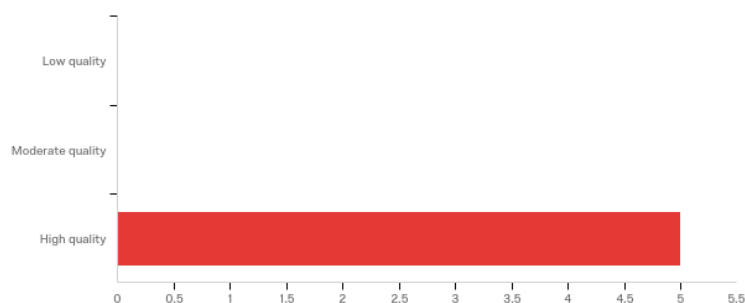
*CICC Coaches RC End of Event Survey November 21 2019*

**How relevant was the information you received from the Reflective Consultation to your work?**



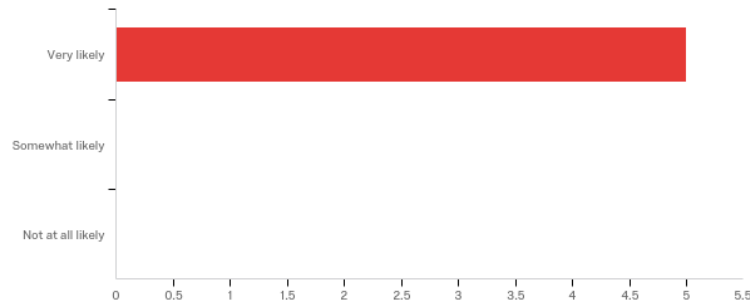
#	Answer	%	Count
1	Very relevant	100.00%	5
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	5

**How would you rate the quality of the information you received from the Reflective Consultation?**



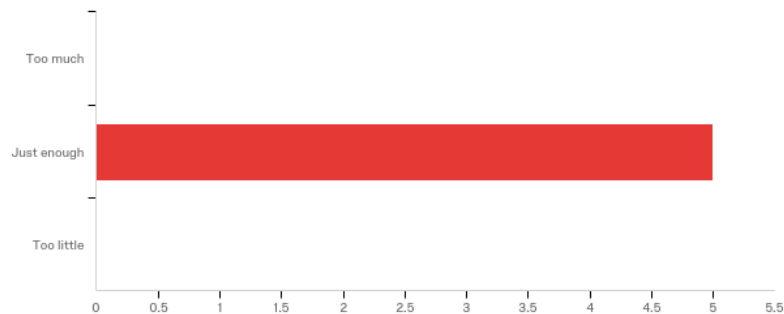
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	5
	Total	100%	5

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	5
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	5

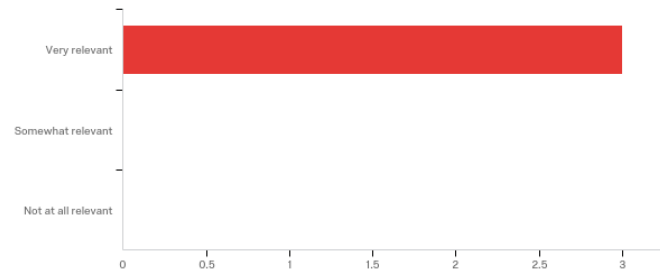
## The information provided during the Reflective Consultation was:



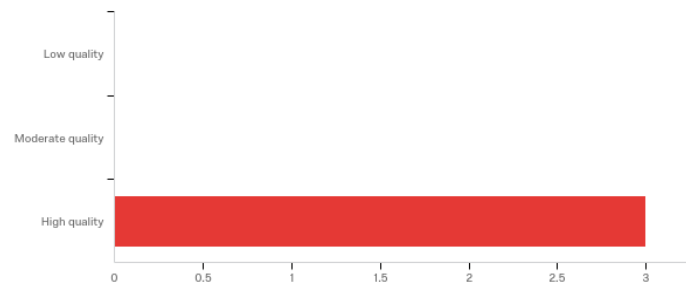
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	5
3	Too little	0.00%	0
	Total	100%	5

## Is there anything else you'd like us to know about this event?

No responses.

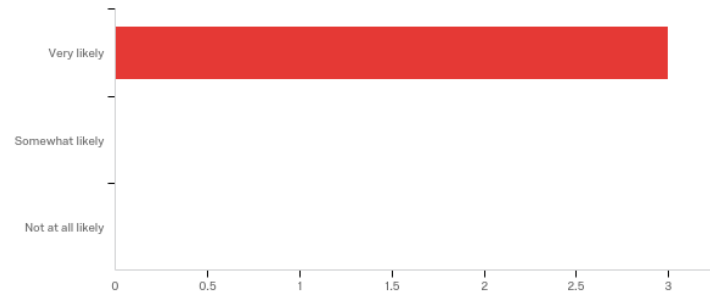
*CICC Coaches RC End of Event Survey December 2 2019***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

**How would you rate the quality of the information you received from the Reflective Consultation?**

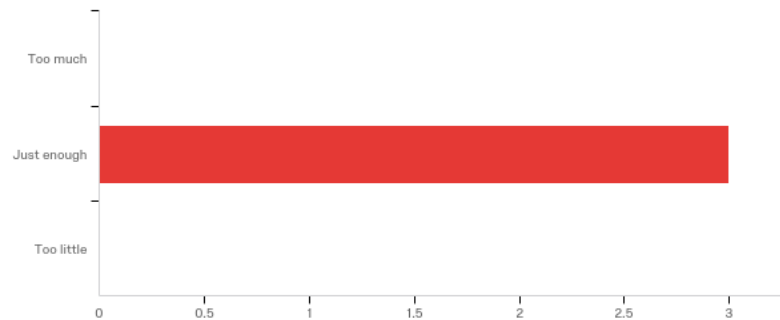
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	3
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	3

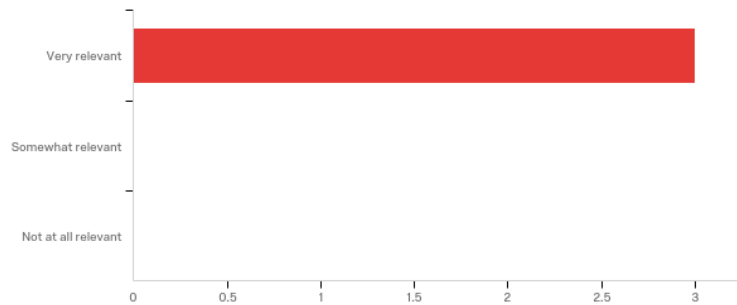
## The information provided during the Reflective Consultation was:



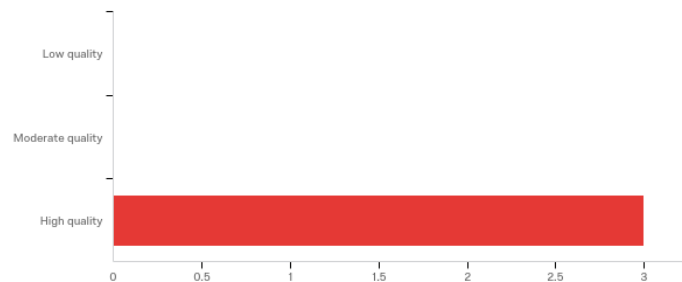
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

## Is there anything else you'd like us to know about this event?

No responses.

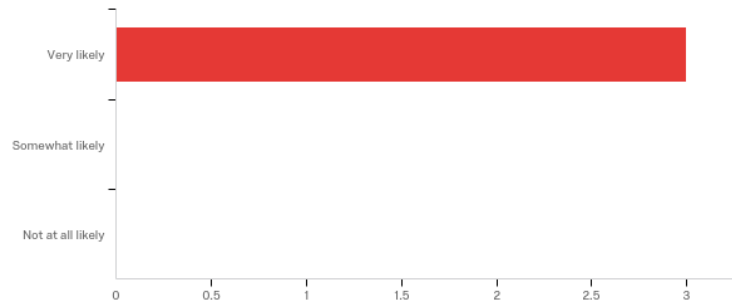
*CICC Coaches RC End of Event Survey December 19 2019***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

**How would you rate the quality of the information you received from the Reflective Consultation?**

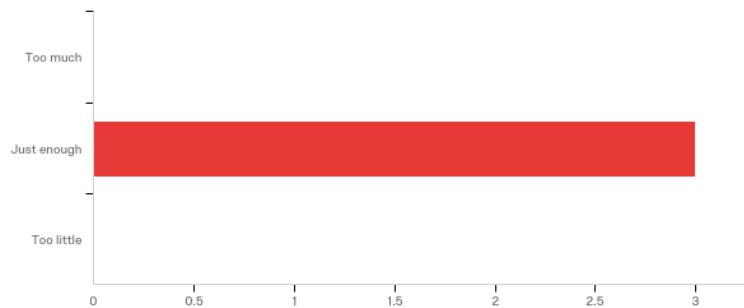
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

### How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	3
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	3

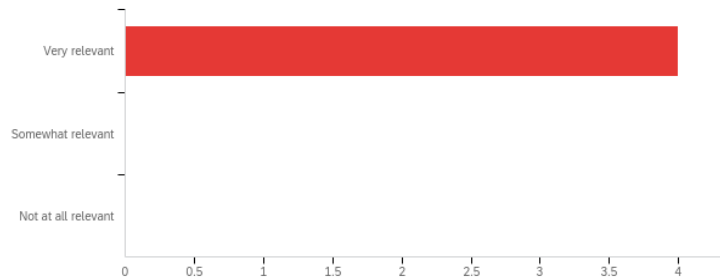
### The information provided during the Reflective Consultation was:



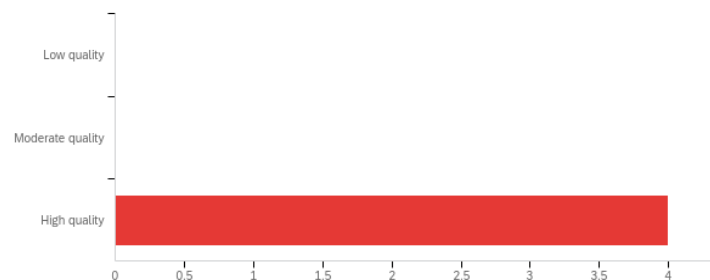
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

### Is there anything else you'd like us to know about this event?

No responses.

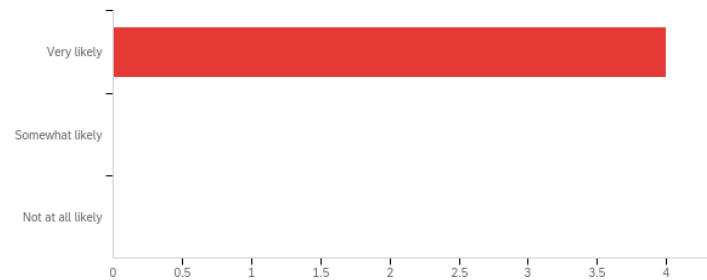
*CICC Coaches RC End of Event Survey January 6 2020***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	4
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	4

**How would you rate the quality of the information you received from the Reflective Consultation?**

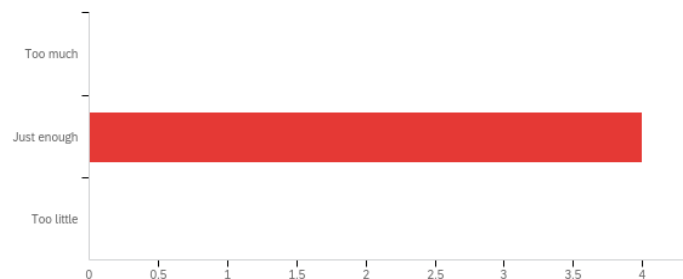
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	4
	Total	100%	4

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	4
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	4

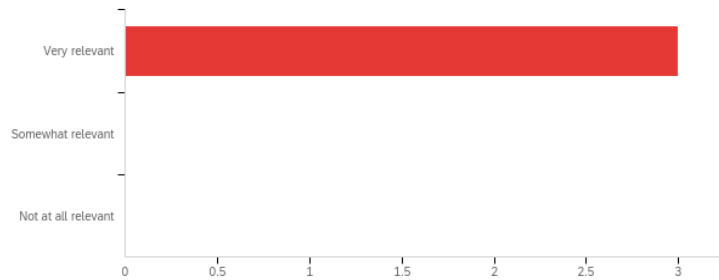
## The information provided during the Reflective Consultation was:



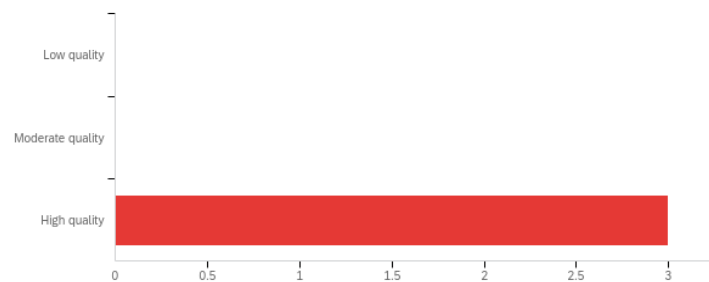
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	4
3	Too little	0.00%	0
	Total	100%	4

**Is there anything else you'd like us to know about this event?**

Very relevant discussion!

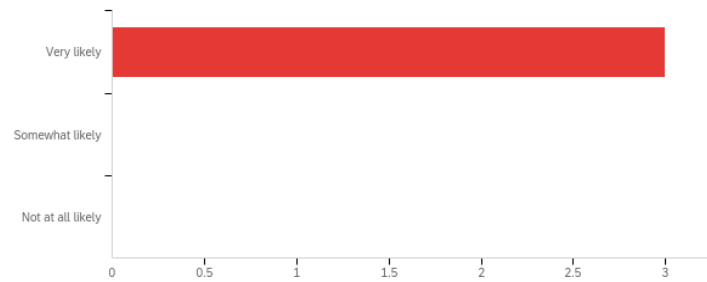
*CICC Coaches RC End of Event Survey January 23 2019***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

**How would you rate the quality of the information you received from the Reflective Consultation?**

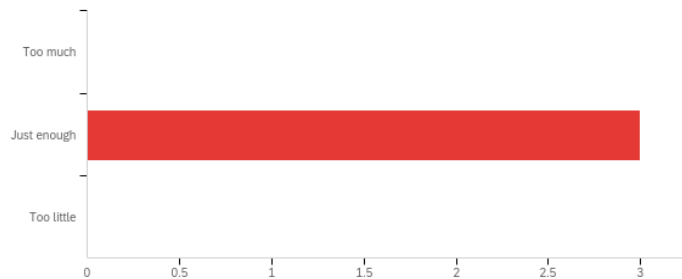
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	3
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	3

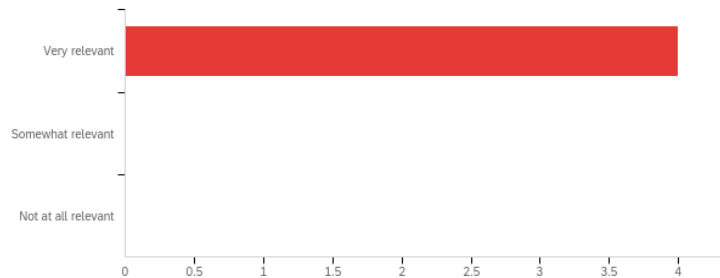
## The information provided during the Reflective Consultation was:



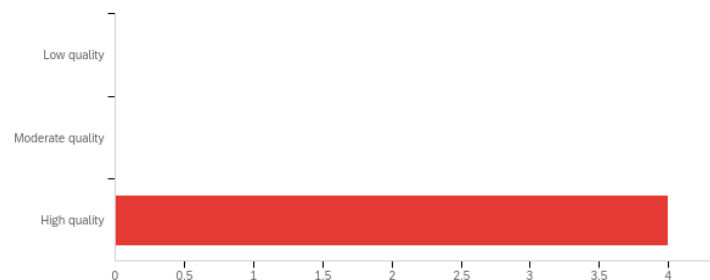
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

## Is there anything else you'd like us to know about this event?

No responses.

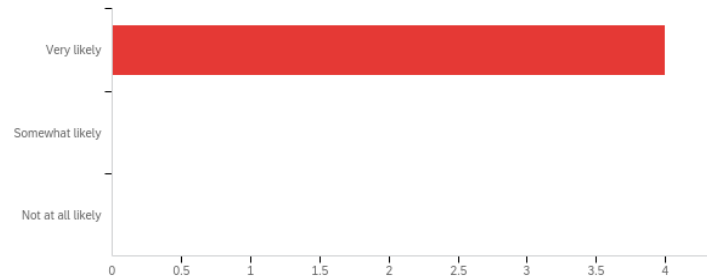
*CICC Coaches RC End of Event Survey February 3 2020***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	4
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	4

**How would you rate the quality of the information you received from the Reflective Consultation?**

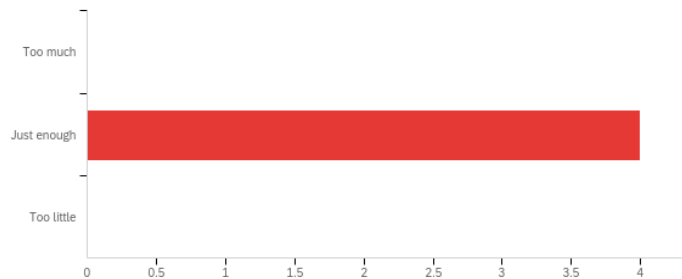
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	4
	Total	100%	4

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	4
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	4

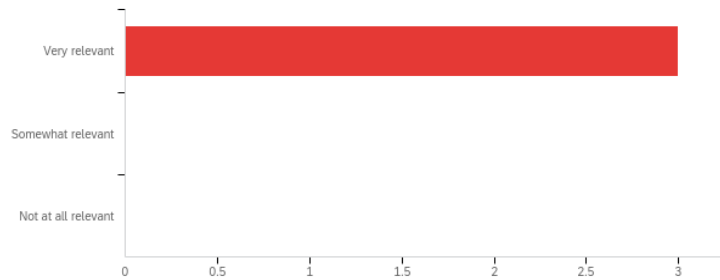
## The information provided during the Reflective Consultation was:



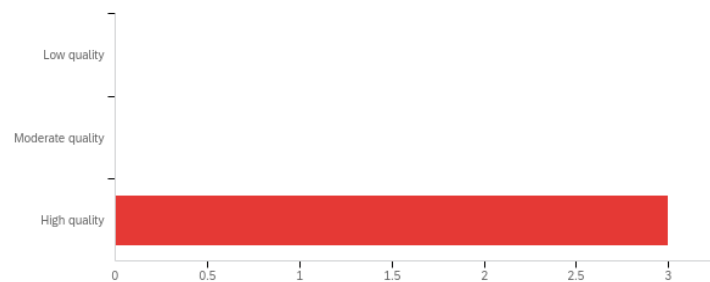
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	4
3	Too little	0.00%	0
	Total	100%	4

**Is there anything else you'd like us to know about this event?**

Session covered several topics that I can use this week as well as in the future.

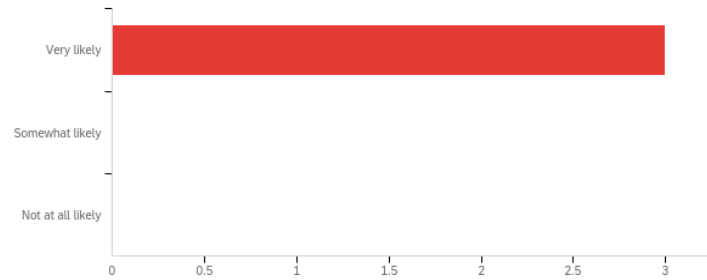
*CICC Coaches RC End of Event Survey February 27 2020***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

**How would you rate the quality of the information you received from the Reflective Consultation?**

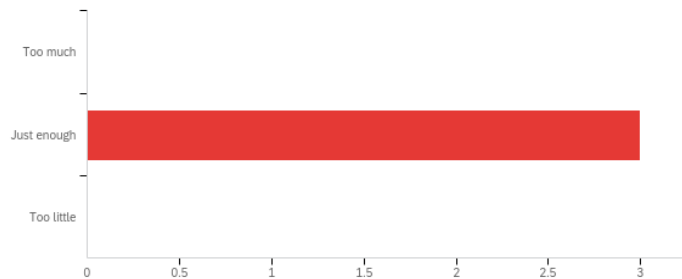
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	3
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	3

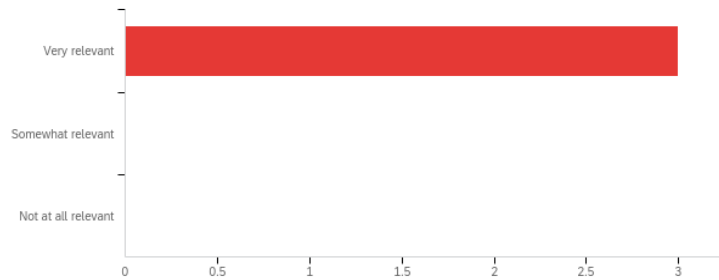
## The information provided during the Reflective Consultation was:



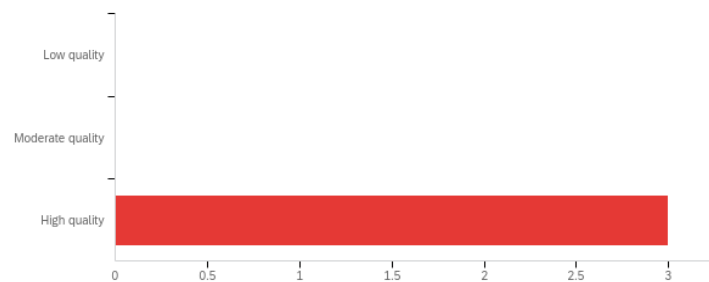
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

## Is there anything else you'd like us to know about this event?

No responses.

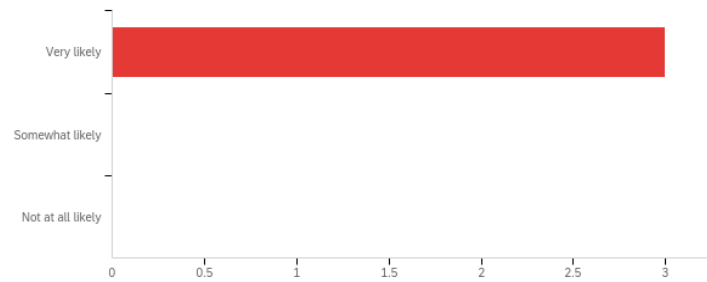
*CICC Coaches RC End of Event Survey March 2 2020***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

**How would you rate the quality of the information you received from the Reflective Consultation?**

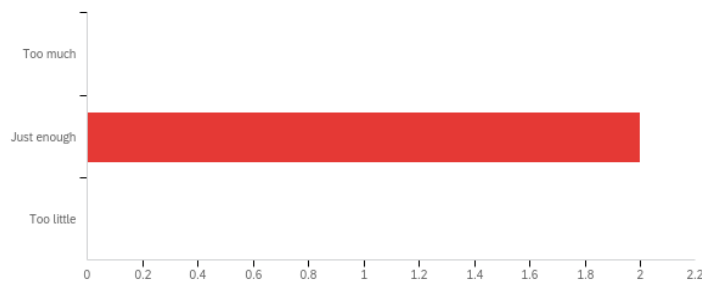
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	3
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	3

## The information provided during the Reflective Consultation was:



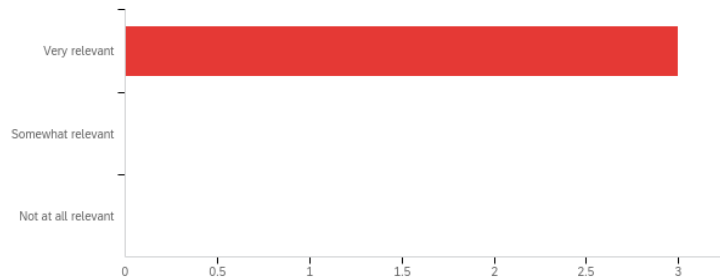
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	2
3	Too little	0.00%	0
	Total	100%	2

**Is there anything else you'd like us to know about this event?**

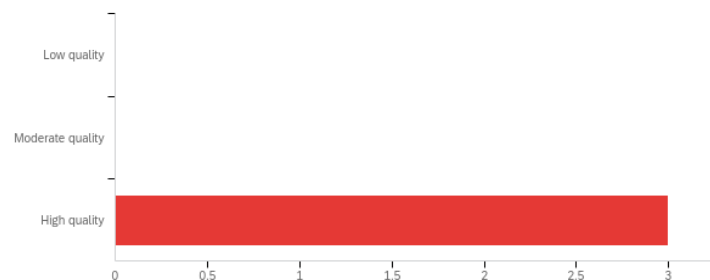
I always walk away from reflective consultation with information that I can use immediately!

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Helpful to talk about real life ethical dilemmas

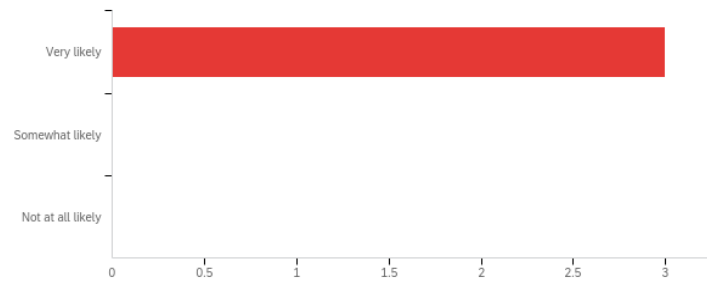
*CICC Coaches RC End of Event Survey March 27 2020***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

**How would you rate the quality of the information you received from the Reflective Consultation?**

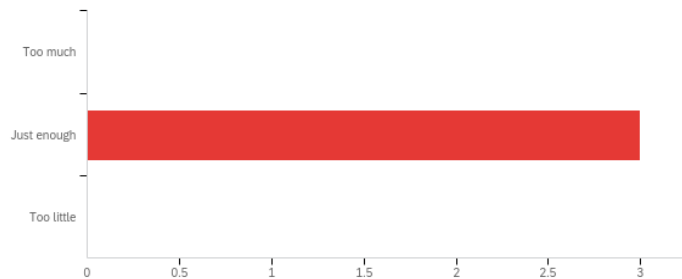
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	3
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	3

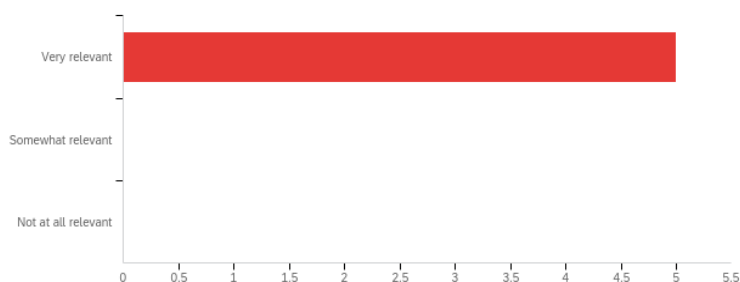
## The information provided during the Reflective Consultation was:



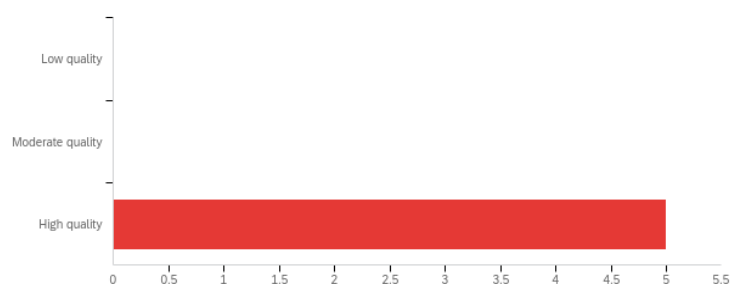
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

## Is there anything else you'd like us to know about this event?

No responses.

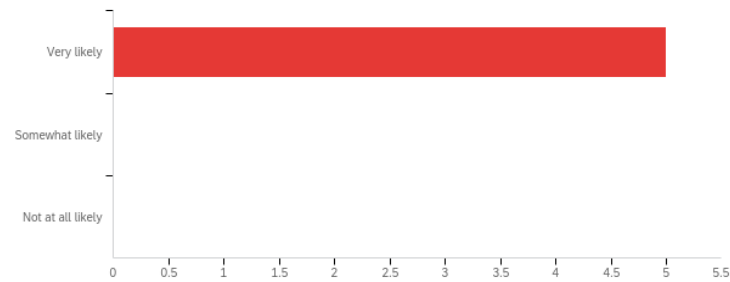
*CICC Coaches RC End of Event Survey April 6 2020***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	5
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	5

**How would you rate the quality of the information you received from the Reflective Consultation?**

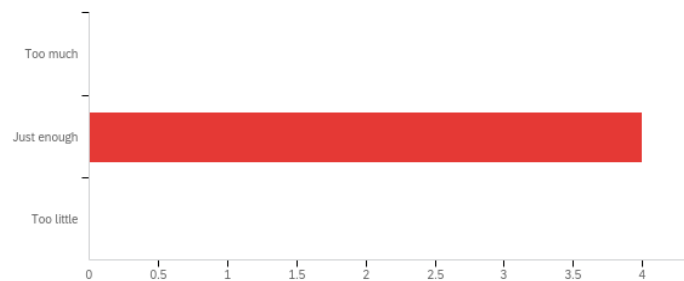
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	5
	Total	100%	5

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	5
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	5

## The information provided during the Reflective Consultation was:



#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	4
3	Too little	0.00%	0
	Total	100%	4

**Is there anything else you'd like us to know about this event?**

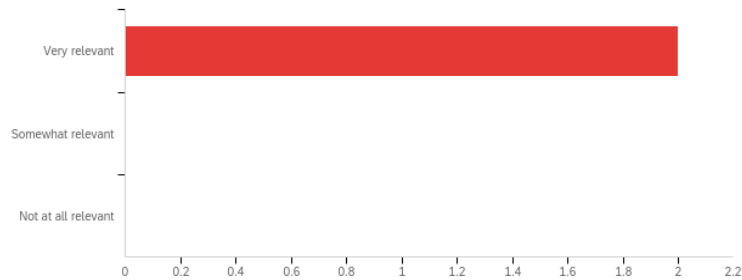
It was a very welcoming and safe environment for processing and sharing.

---

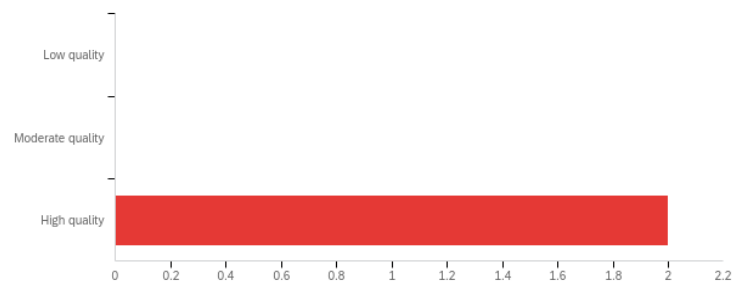
Very helpful!

---

This such a key piece to keep coaches healthy and moving forward!! So grateful for knowledge, connection and support!!

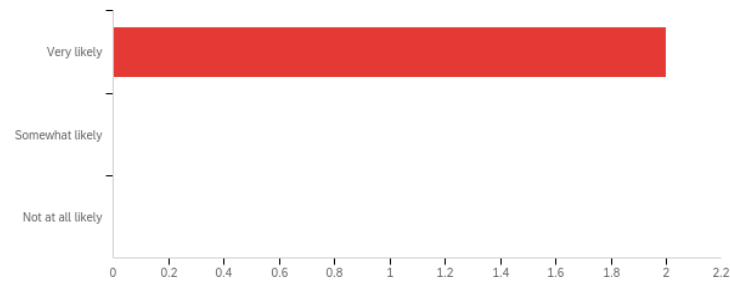
*CICC Coaches RC End of Event Survey April 23 2020***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	2
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	2

**How would you rate the quality of the information you received from the Reflective Consultation?**

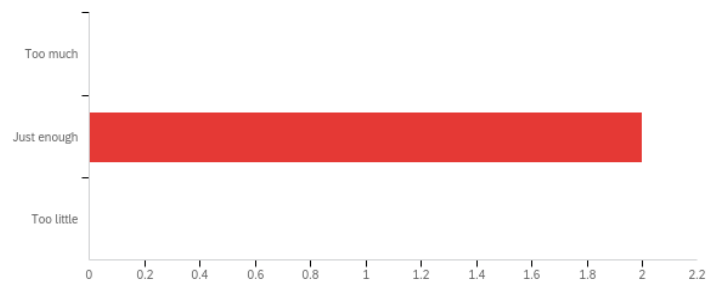
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	2
	Total	100%	2

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	2
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	2

## The information provided during the Reflective Consultation was:

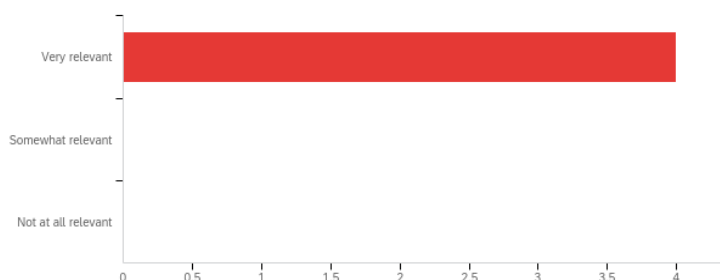


#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	2
3	Too little	0.00%	0
	Total	100%	2

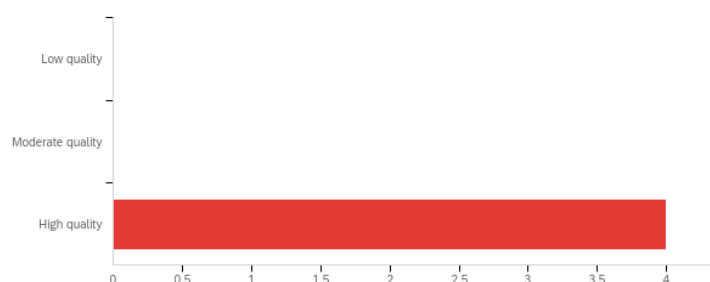
**Is there anything else you'd like us to know about this event?**

I find these extremely helpful

I appreciate having extra sessions each month with Tracy during the COViD-19 Season

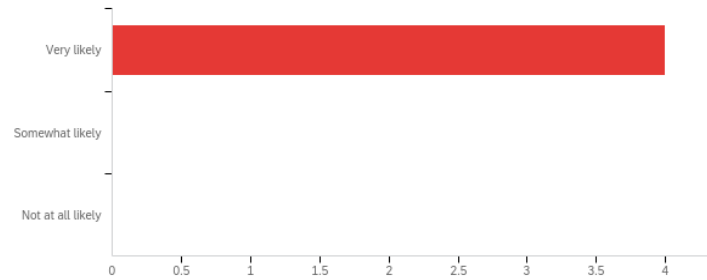
*CICC Coaches RC End of Event Survey May 4 2020***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	4
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	4

**How would you rate the quality of the information you received from the Reflective Consultation?**

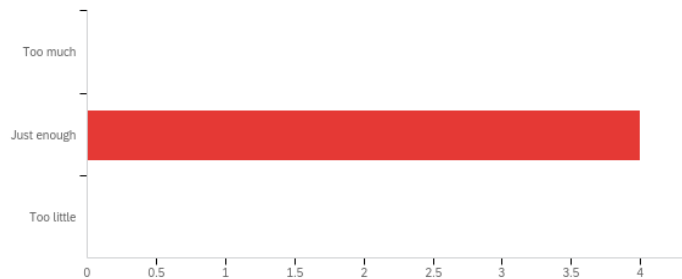
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	4
	Total	100%	4

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	4
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	4

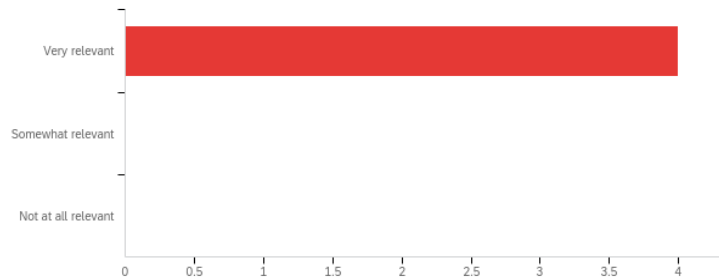
## The information provided during the Reflective Consultation was:



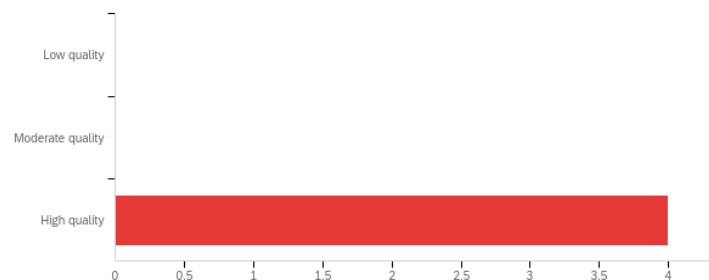
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	4
3	Too little	0.00%	0
	Total	100%	4

**Is there anything else you'd like us to know about this event?**

I thoroughly enjoy and appreciate this group and our consultant. She is very in tune to our needs, acknowledges our talents and helps us look at things through different lenses.

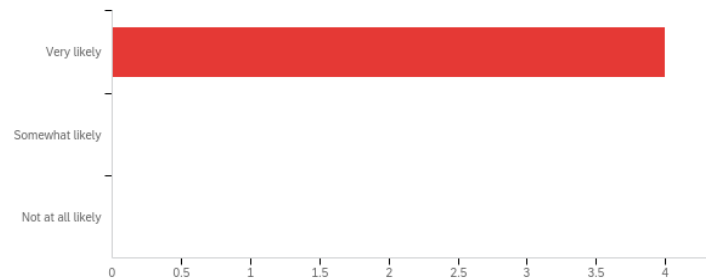
*CICC Coaches RC End of Event Survey May 28 2020***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	4
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	4

**How would you rate the quality of the information you received from the Reflective Consultation?**

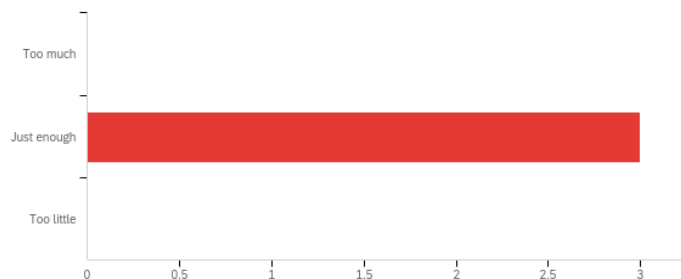
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	4
	Total	100%	4

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	4
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	4

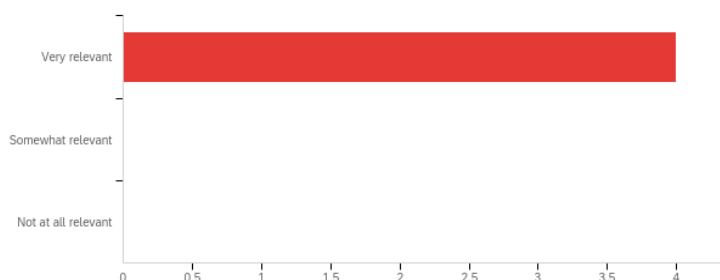
## The information provided during the Reflective Consultation was:



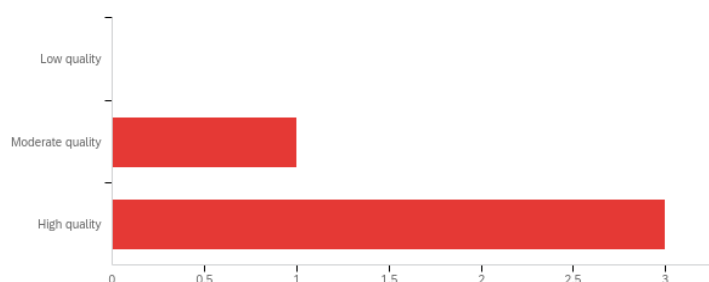
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

**Is there anything else you'd like us to know about this event?**

Thank you for allow Tracy to meet with us more often during the COVID 19 season. :)

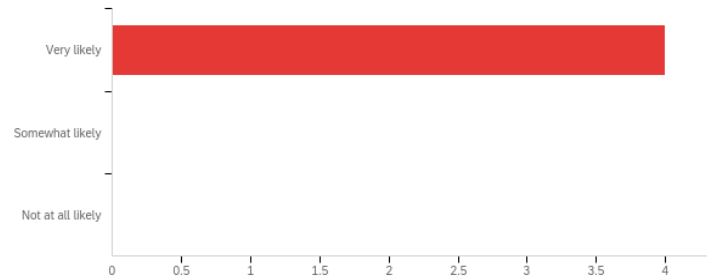
*CICC Coaches RC End of Event Survey June 1 2020***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	4
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	4

**How would you rate the quality of the information you received from the Reflective Consultation?**

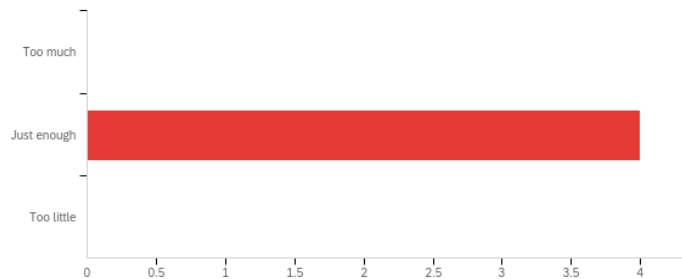
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	25.00%	1
3	High quality	75.00%	3
	Total	100%	4

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	4
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	4

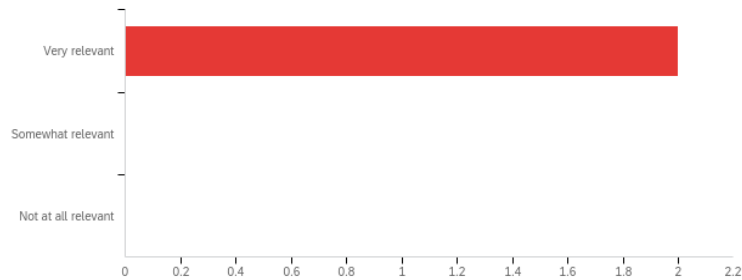
## The information provided during the Reflective Consultation was:



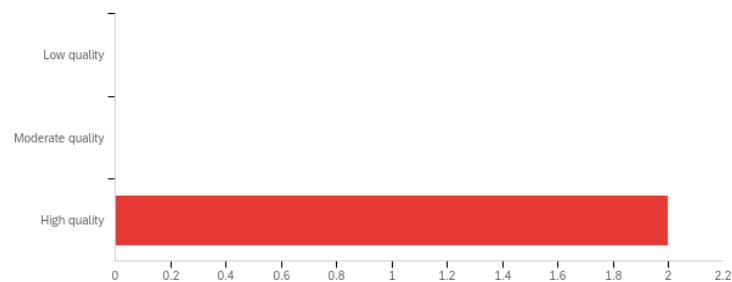
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	4
3	Too little	0.00%	0
	Total	100%	4

**Is there anything else you'd like us to know about this event?**

Safe place for processing recent and relevant difficult situations

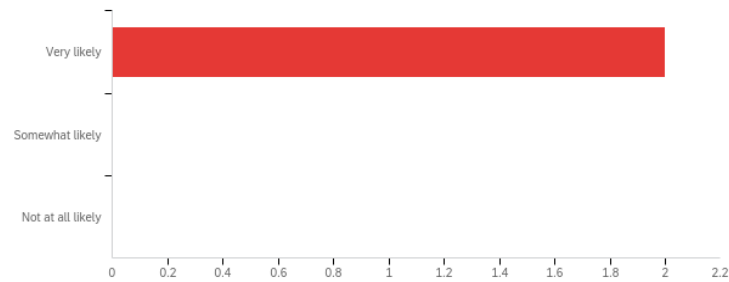
*CICC Coaches RC End of Event Survey June 26 2020***How relevant was the information you received from the Reflective Consultation to your work?**

#	Answer	%	Count
1	Very relevant	100.00%	2
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	2

**How would you rate the quality of the information you received from the Reflective Consultation?**

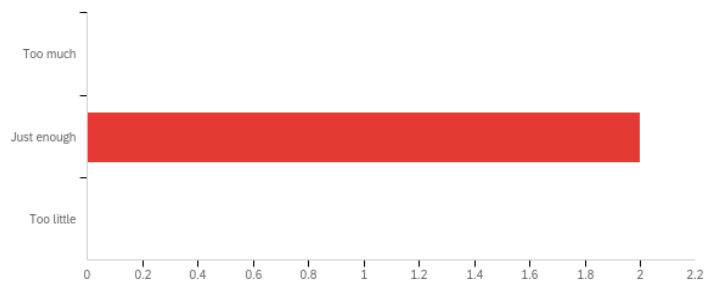
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	2
	Total	100%	2

## How likely are you to use the information you received from the Reflective Consultation in your work?



#	Answer	%	Count
1	Very likely	100.00%	2
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	2

## The information provided during the Reflective Consultation was:



#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	2
3	Too little	0.00%	0
	Total	100%	2

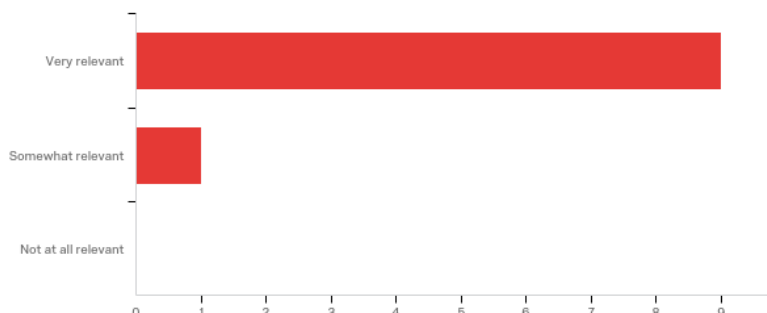
**Is there anything else you'd like us to know about this event?**

Great discussions on timely issues in our work.

### Appendix L: ITSN Coaches' RBPd Credential End-of-Event Responses

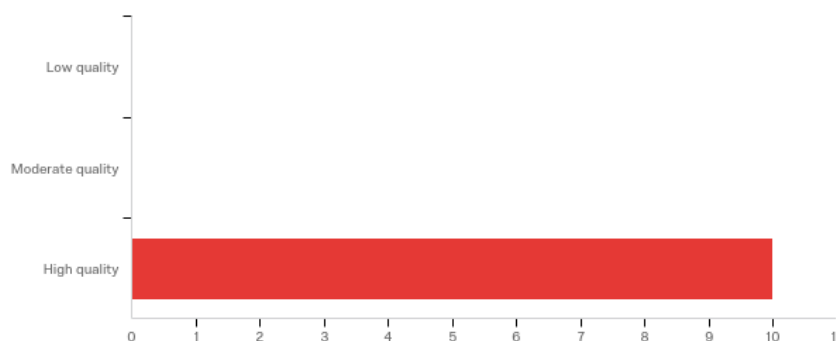
*ITSN Coaches RBPd Credential End of Event Survey-September 18 2019*

**How relevant was the information you received from the RBPd Credential sessions to your work?**



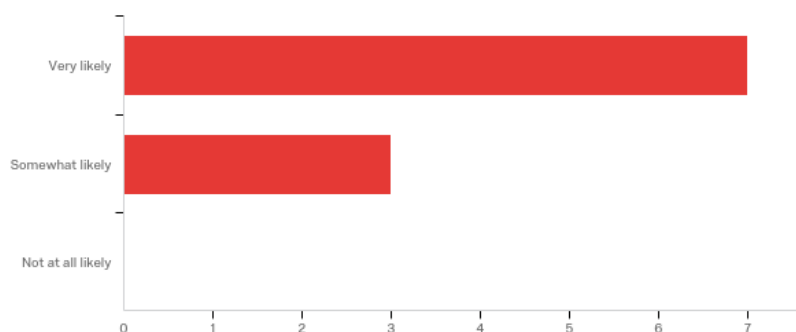
#	Answer	%	Count
1	Very relevant	90.00%	9
2	Somewhat relevant	10.00%	1
3	Not at all relevant	0.00%	0
	Total	100%	10

**How would you rate the quality of the information you received from the RBPd Credential sessions?**



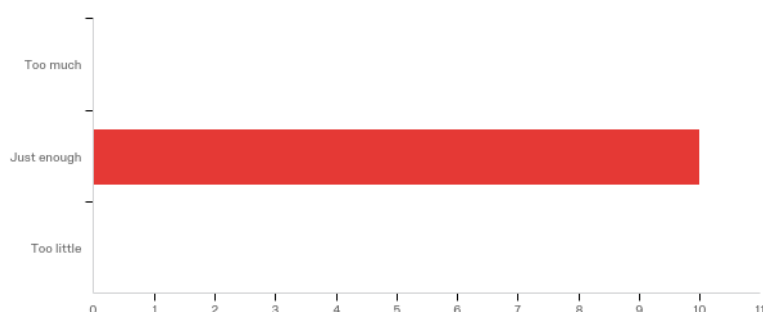
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	10
	Total	100%	10

## How likely are you to use the information you received from the RBPD Credential sessions in your work?



#	Answer	%	Count
1	Very likely	70.00%	7
2	Somewhat likely	30.00%	3
3	Not at all likely	0.00%	0
	Total	100%	10

## The information provided during the RBPD Credential sessions was:



#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	10
3	Too little	0.00%	0
	Total	100%	10

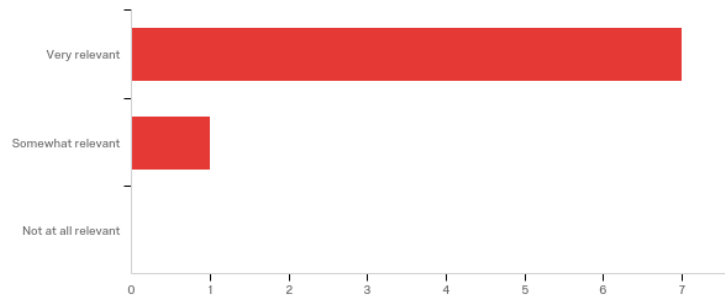
## Is there anything else you'd like us to know about this event?

Is there anything else you'd like us to know about this event?

Beth does a very good job facilitating. Her expertise is so valuable.

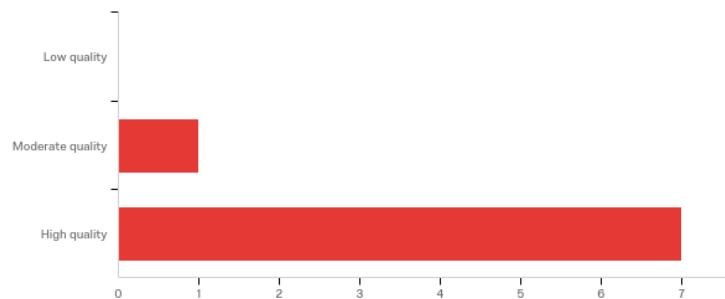
*CICC Coaches RBPB Credential End of Event Survey-October 14 2019*

**Q2 - How relevant was the information you received from the RBPB Credential sessions to your work?**



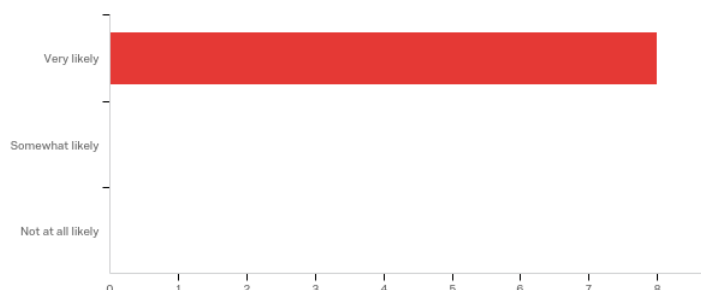
#	Answer	%	Count
1	Very relevant	87.50%	7
2	Somewhat relevant	12.50%	1
3	Not at all relevant	0.00%	0
	Total	100%	8

**How would you rate the quality of the information you received from the RBPB Credential sessions?**



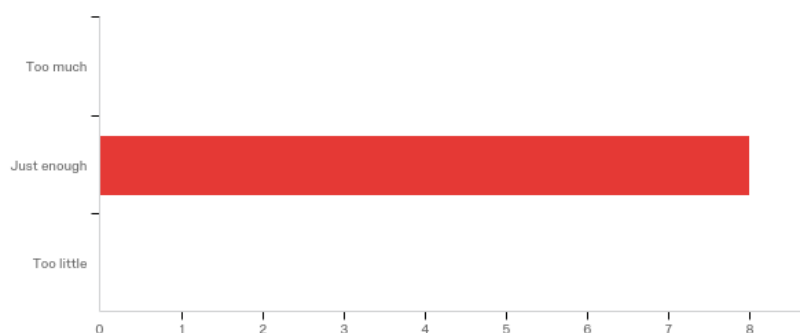
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	12.50%	1
3	High quality	87.50%	7
	Total	100%	8

## How likely are you to use the information you received from the RBPD Credential sessions in your work?



#	Answer	%	Count
1	Very likely	100.00%	8
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	8

## The information provided during the RBPD Credential sessions was:



#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	8
3	Too little	0.00%	0
	Total	100%	8

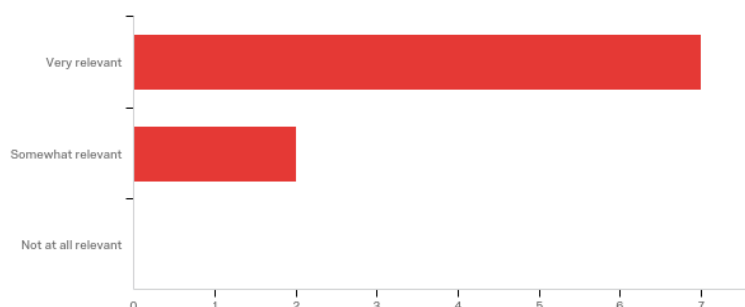
## Is there anything else you'd like us to know about this event?

Is there anything else you'd like us to know about this event?

Beth is a wonderful presenter!

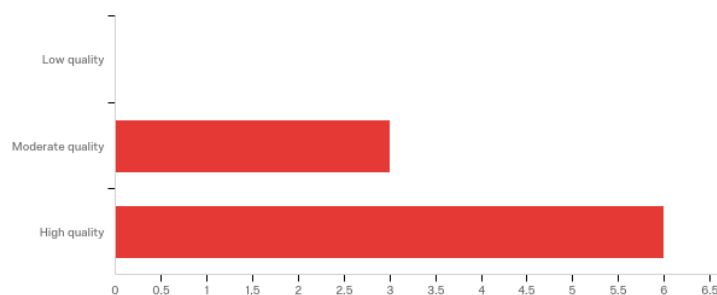
*CICC Coaches RBPB Credential End of Event Survey-December 18 2019*

**How relevant was the information you received from the RBPB Credential sessions to your work?**



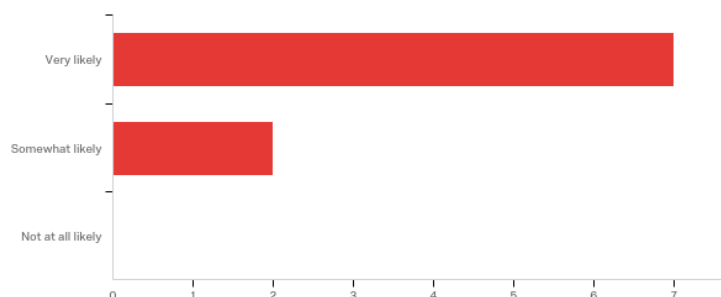
#	Answer	%	Count
1	Very relevant	77.78%	7
2	Somewhat relevant	22.22%	2
3	Not at all relevant	0.00%	0
	Total	100%	9

**How would you rate the quality of the information you received from the RBPB Credential sessions?**



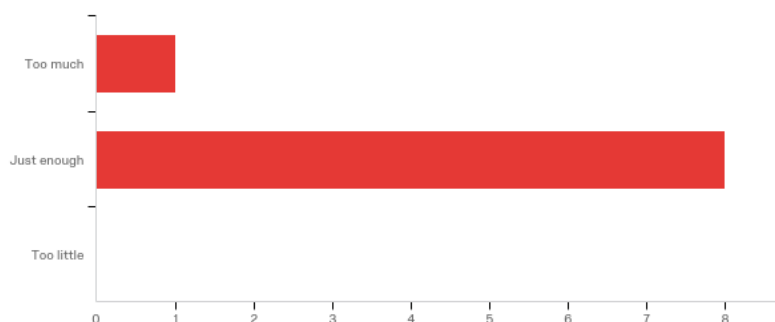
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	33.33%	3
3	High quality	66.67%	6
	Total	100%	9

## How likely are you to use the information you received from the RBPD Credential sessions in your work?



#	Answer	%	Count
1	Very likely	77.78%	7
2	Somewhat likely	22.22%	2
3	Not at all likely	0.00%	0
	Total	100%	9

## The information provided during the RBPD Credential sessions was:



#	Answer	%	Count
1	Too much	11.11%	1
2	Just enough	88.89%	8
3	Too little	0.00%	0
	Total	100%	9

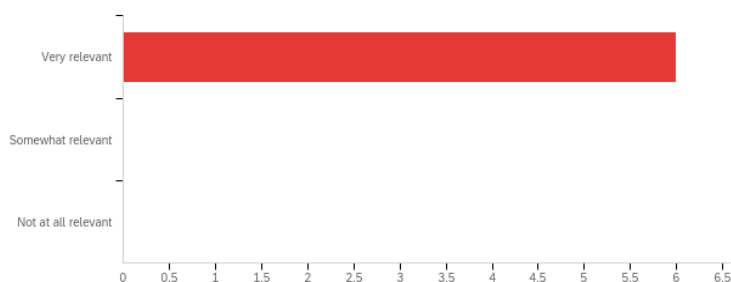
## Is there anything else you'd like us to know about this event?

Is there anything else you'd like us to know about this event?

Using the Eager to Learn website was extremely time consuming and frustrating which took away the joy of learning. Please provide an efficient way to take this training including streamlining the syllabus.

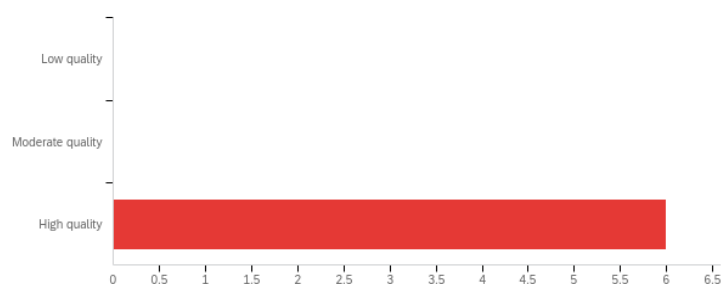
*CICC Coaches RBPB Credential End of Event Survey-February 19 2020*

**How relevant was the information you received from the RBPB Credential sessions to your work?**



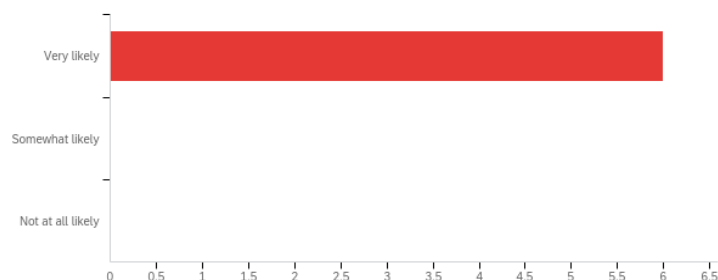
#	Answer	%	Count
1	Very relevant	100.00%	6
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	6

**How would you rate the quality of the information you received from the RBPB Credential sessions?**



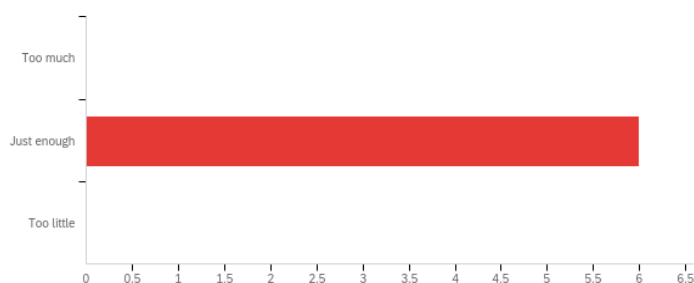
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	6
	Total	100%	6

## How likely are you to use the information you received from the RBPD Credential sessions in your work?



#	Answer	%	Count
1	Very likely	100.00%	6
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	6

## The information provided during the RBPD Credential sessions was:



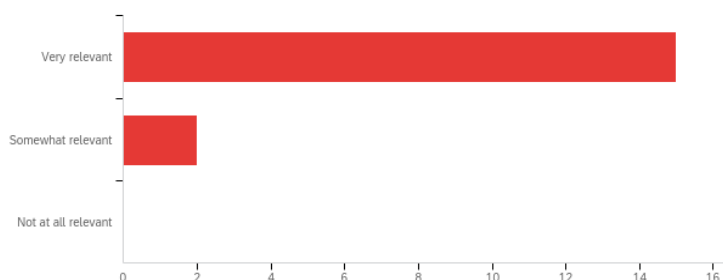
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	6
3	Too little	0.00%	0
	Total	100%	6

**Is there anything else you'd like us to know about this event?**

This was a great topic. Learning more about communication styles, both mine and others, will help me in my coaching.

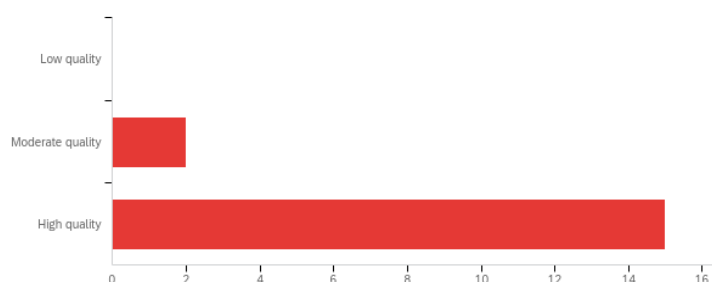
*CICC Coaches RBPB Credential End of Event Survey-March 9 2020*

**How relevant was the information you received from the RBPB Credential sessions to your work?**



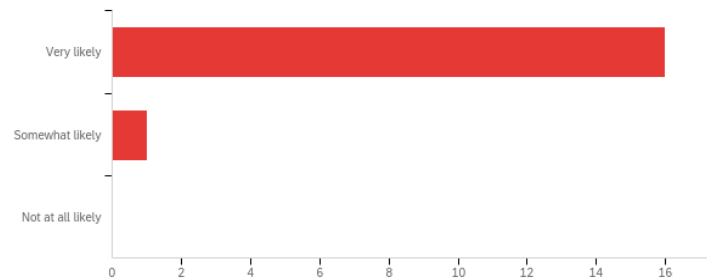
#	Answer	%	Count
1	Very relevant	88.24%	15
2	Somewhat relevant	11.76%	2
3	Not at all relevant	0.00%	0
	Total	100%	17

**How would you rate the quality of the information you received from the RBPB Credential sessions?**



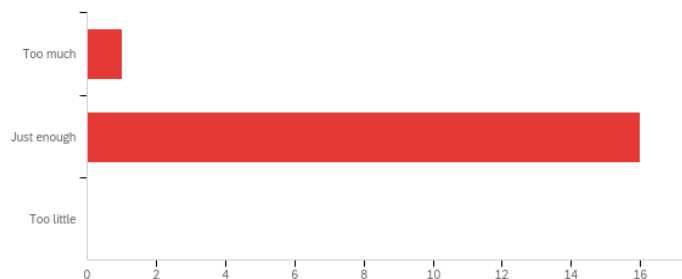
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	11.76%	2
3	High quality	88.24%	15
	Total	100%	17

## How likely are you to use the information you received from the RBPD Credential sessions in your work?



#	Answer	%	Count
1	Very likely	94.12%	16
2	Somewhat likely	5.88%	1
3	Not at all likely	0.00%	0
	Total	100%	17

## The information provided during the RBPD Credential sessions was:



#	Answer	%	Count
1	Too much	5.88%	1
2	Just enough	94.12%	16
3	Too little	0.00%	0
	Total	100%	17

**Is there anything else you'd like us to know about this event?**

This can be a lot of information to cover during one 1.5 hr session. It feels like 2 hrs. would do more justice to covering the material more thoroughly.

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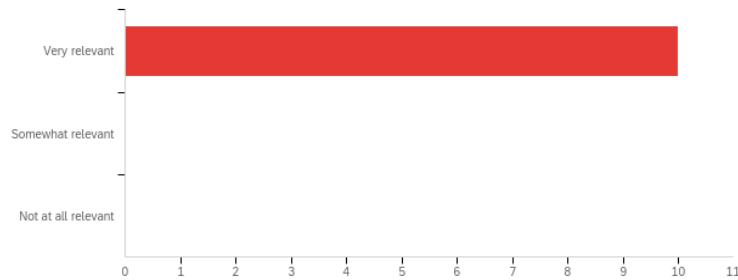
Thank you for the extra session. So nice to connect during this CoVID 19 season.

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Seating for the eight inside chairs was very close and made it hard to see presenters and other participants when they spoke.

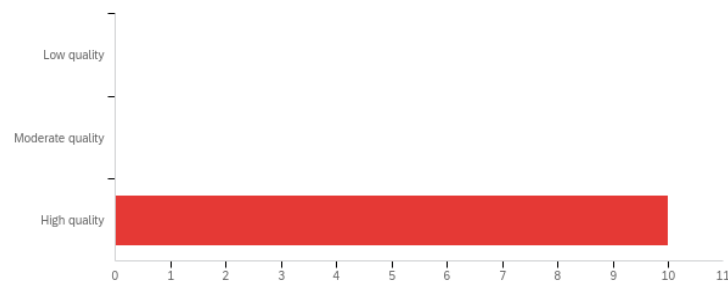
*CICC Coaches RBPD Credential End of Event Survey-June 17 2020*

**How relevant was the information you received from the RBPD Credential sessions to your work?**



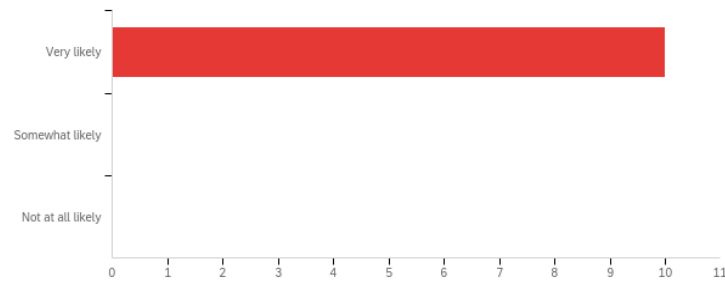
#	Answer	%	Count
1	Very relevant	100.00%	10
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	10

**How would you rate the quality of the information you received from the RBPD Credential sessions?**



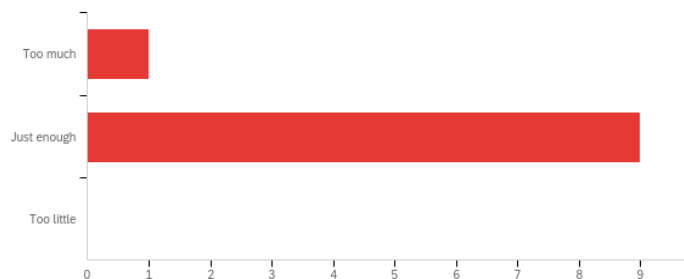
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	10
	Total	100%	10

## How likely are you to use the information you received from the RBPD Credential sessions in your work?



#	Answer	%	Count
1	Very likely	100.00%	10
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	10

## The information provided during the RBPD Credential sessions was:



#	Answer	%	Count
1	Too much	10.00%	1
2	Just enough	90.00%	9
3	Too little	0.00%	0
	Total	100%	10

**Is there anything else you'd like us to know about this event?**

Beth does a great job facilitating!