CENTER FOR INCLUSIVE CHILD CARE

ANNUAL EVALUATION REPORT

HEALTH AND SAFETY COACHING PROJECT

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HEALTH AND SAFETY

COACHING PROJECT

2019-2020 ANNUAL EVALUATION REPORT

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The Center for Inclusive Child Care's (CICC) Health and Safety Coaching Project is funded by the Minnesota Department of Human Services (DHS). The CICC team includes Priscilla Weigel, IMH-E® Executive Director; Beth Menninga, M.A.Ed., Relationship-Based Professional Development Manager; Brenda Lowe, M.A.Ed, IMH-E® Relationship-Based Professional Development Coach Mentor; Rebekah Gillard, M.A., Coaching Intake and Data Coordinator; and Becky Esperson, Learning Resources Support. The project is managed by Kathleen Schwartz, Infant Toddler Professional Development Specialist within Child Development Services, at the Minnesota Department of Human Services.

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EXECUTIVE SUMMARY

During its third year of funding, the Health and Safety Coaching Project (HSCP) continued to support child care providers throughout Minnesota with improving their health and safety practices. The intent of the HSCP is to develop a high-quality coaching model that supports improved health and safety practices by licensed child care providers. The overarching goal of the network is to provide relationship-based coaching, technical assistance, and consultation to licensed child care providers who want to enhance and improve their knowledge of and skills with recommended child care health and safety practices. The Center for Inclusive Child Care (CICC) is responsible for implementing the HSCP, through funding from the Minnesota Department of Human Services (DHS).

Despite the outbreak of COVID-19, the evaluation data continued to be collected throughout the year, albeit at a 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. For Year 3 of the HSCP, data collection focused on both the providers receiving services and the coaches who supported the providers. 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, coach interviews, coaches' end-of-event surveys, and Continuous Quality Improvement Plans (CQIPs).

HSCP providers were asked to complete a pre-survey at their first coaching session. These same providers are 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 health and safety content, as well as their knowledge and use of the Minnesota Knowledge and Competency Frameworks. Providers were also asked to complete a brief survey after receiving 10 and 25 hours of coaching. A purposeful sample of providers participating in the HSCP were recruited to share their experiences via individual interviews.

HSCP coaches were asked to complete a pre-survey in the fall and a post-survey in the spring. These surveys also assessed their knowledge, attitudes, experience, and skills related to child care health and safety 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 (e.g., reflective consultation). The coaches were interviewed in January and February of 2020.

HSCP licensed child care providers have extensive experience in child care and are from diverse backgrounds and educational experiences. The average age of the providers was 46.1 years and the majority of providers who participated in the HSCP were White. All participating providers were women. The providers received an average of 5.1 months of coaching through the HSCP. HSCP coaching was conducted in-person between July 2019 and March 2020. Coaching was conducted remotely (i.e., online) between March and June of 2020.

Prior to coaching, the majority of providers rated their knowledge of most health and safety topics as proficient. However, more than half rated their knowledge of developing health and

safety policies and developing a risk reduction plan, as developing. All but one provider rated their knowledge of caring for children with special needs at the beginning or developing stage. After coaching, very few providers reported feeling at the beginning stage of knowledge on health and safety topics. Providers reported increases in health and safety content knowledge, although most providers still rated their knowledge on caring for children with special needs as beginning or developing. Providers most often wanted additional training on caring for children with special needs, licensing requirements, and provider mental health/self-care. Providers working in center-based programs wanted additional training on developing individual child care program plans.

The majority of providers also said that they were somewhat confident in their health and safety knowledge prior to receiving coaching and that their confidence in their knowledge improved as a result of the HSCP coaching. Initially, most providers were not at all familiar with and reported low levels of comfort using the Minnesota Knowledge and Competency Frameworks (e.g., family child care and infant and toddler). After receiving coaching, providers reported higher levels of familiarity and greater levels of comfort using these documents in their work.

Providers identified wanting support on health and safety topics such as licensing requirements and adequate and safe physical space. Caring for children with special needs, licensing requirements, active supervision, emergency preparedness, and implementing an individual child care program plan for center-based settings, were cited as the most challenging health and safety topics to implement. Continuous Quality Improvement Plans, completed by coaches and providers, typically contained goals related to developmentally appropriate learning experiences, professionalism, and health, safety, and nutrition.

HSCP coaches are also 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 health and safety topics was primarily "proficient," although a majority listed their knowledge of allergies, developing and implementing a risk reduction plan, developing an individual child care program plan, and infectious disease as still developing. HSCP coaches also reported moderate to high levels of familiarity with and comfort using the Minnesota Knowledge and Competency Frameworks, with at least half of the coaches feeling like their familiarity and comfort with each framework had increased over the past year.

Year 3 of the HSCP included a professional development change for coaches. In the past, the professional development tended to be more content-driven. This year, the focus was on relationship-based professional development practices. A majority of coaches stated that they were able to get health and safety information from other sources, but that they would still want additional professional development related to developing health and safety policies.

The coaches reported feeling effective in their role. They reported feeling confident in their knowledge and implementation of health and safety child care policies and practices and in their relationship-based professional development knowledge and implementation, and the majority reported that their confidence increased over the past year. Coaches reported feeling at either the developing or proficient stage in all coaching competencies and felt like their coaching competencies improved over the past year. Both the providers and coaches agreed that the HSCP coaches exemplified positive coaching dispositions.

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 perceive the HSCP as being of great value to Minnesota's child care system. 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 would enhance the HSCP.

Even with the onset of the COVID-19 pandemic, these evaluation data can be used to enhance and modify the relationship-based professional development currently being provided to the providers and coaches involved in the HSCP. The 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 provider response rates were lower than in years one and two.

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INTRODUCTION

In 2017, the Center for Inclusive Child Care (CICC) was awarded the Health and Safety Coaching Project (HSCP) grant by the Minnesota Department of Human Service (DHS). The CICC has been developing and implementing an effective coaching model that will support licensed child care providers in improving their knowledge of and practices with health and safety information. The HSCP employs multiple methods of supporting licensed child care providers, including relationship-based coaching, technical assistance, and consultation. Each of these methods are intended to improve both provider knowledge and provider practices around health and safety within child care settings (i.e., family child care and center-based child care). The Center for Early Education and Development (CEED) at the University of Minnesota evaluates the development and implementation of this project.

During Year 1 of the HSCP, Health and Safety coaches were the primary focus of the evaluation. HSCP coaches participated in a number of evaluation activities that informed the initial year of programming 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 participating in the HSCP. Coaches completed end-of-event surveys at the conclusion of each professional development activity (e.g., monthly webinars, Community of Practice, and reflective consultation). Coaches also completed Continuous Quality Improvement Plans (CQIPs) with each family-based provider or center-based classroom teacher. The CQIP outlined the goals of the coaching as they relate to indicators within the Minnesota Knowledge and Competency Frameworks.

During 2018-2019, the primary focus of the HSCP was on the licensed child care providers who received coaching services. These providers completed pre- and post-coaching surveys that assessed their knowledge, attitudes, experiences, and practices regarding child care health and safety content. Providers were also asked to complete brief surveys once they received 10 and 25 hours of coaching. The intent of these shorter surveys was to assess their experience during coaching rather than waiting until coaching was complete. Interviews were conducted with a purposeful sample of HSCP providers to evaluate their experiences with coaching.

In Year 3 of the HSCP, the focus of the evaluation returned to looking at both provider and coaching data. Data collection remained similar to years past, including pre- and post-surveys and interviews for providers and coaches. These data gave insight into the attitudes, beliefs, knowledge, and practices of the people who work in key roles within the HSCP. Providers completed surveys after receiving 10 and 25 hours of coaching. Coaches completed surveys at the end of each professional development event (e.g., reflective consultation). CQIP data are used to understand the number and types of goals that providers and coaches collaboratively develop.

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 Health and Safety Coaching system throughout Minnesota. Specifically, the evaluation data have influenced 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 relationship-based professional development (RBPD) to child care providers.

STUDY PURPOSE

The purpose of the HSCP evaluation is to assess the knowledge, attitudes, and experiences of the Health and Safety coaches and the providers who received coaching. The data are intended to inform the development and implementation of the HSCP, including the effectiveness of RBPD coaching on improving health and safety practices within licensed child care programs. The results presented within this report represent data gathered from July 2019 through June 2020. This information is 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

HSCP 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 health and safety recommended practices. The questions were originally developed by the lead evaluator (Bailey) and were reviewed and revised in collaboration with CICC personnel (Weigel, Menninga, Gillard) and the DHS Program Contract Manager (Schwartz).

HSCP 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.

HSCP 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 child care health and safety 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.

HSCP 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.

HSCP 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.

HSCP 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 HSCP or the CICC.

PARTICIPANT RECRUITMENT

All HSCP coaches understood that participating in evaluation activities is critical to the success of the HSCP and were 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 to providers and coaches.

For participation in the interviews, a purposeful sample of providers were chosen from a list of providers who complete HSCP 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

HSCP 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 health and safety 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 health and safety skills. 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 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 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.

HSCP PROVIDERS' 10- AND 25-HOUR SURVEYS

Each provider was sent a link to a 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 continued throughout the program year. The survey can be found in Appendix C.

HSCP 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 health and safety 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 provide input on implementation challenges and share any additional information they felt was relevant to the program. 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 HSCP 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 HSCP coaches' Year 3 post-survey was disseminated in May of 2020. Reminders were sent to coaches who do not complete the survey at least one time in an attempt to increase response rates.

HSCP PROVIDER INTERVIEW PROTOCOL

The interview protocol for the HSCP providers (see Appendix F) contained a total of 12 questions, with several of the questions containing sub-questions and/or prompts. All interviews were conducted by CEED evaluation personnel. The evaluators interviewed 12 child care providers in total. On average, the interviews took approximately 30 minutes to complete. Each interview was recorded and transcribed by evaluation team members. The transcriptions were analyzed using MAXQDA (Version 2018), which allows researchers to classify qualitative data into themes and sub-themes.

HSCP COACH INTERVIEW PROTOCOL

The interview protocol for the HSCP coaches (see Appendix G) contained a total of 15 questions, with several of the questions containing sub-questions and/or prompts. All interviews were conducted by CEED evaluation personnel. On average, the interviews took approximately 70 minutes to complete. Each interview was recorded and transcribed by the evaluation team members. The transcriptions are analyzed using MAXQDA (Version 2018).

HSCP COACHES' END-OF-EVENT SURVEY

The end-of-event survey contained 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 RBPD 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 HSCP coaches were directed to use the new version with all new programs at that time. The previous format was used with all programs that began coaching prior to December 2019. The CQIP used prior to December 2019 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 within the results section.

RESULTS

The data, whether from HSCP 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 were broken down for the providers into the following overarching categories: demographics; coaching services data; education and experience; requests for additional professional development; knowledge of health and safety competencies; providers' confidence in their health and safety knowledge; providers' ratings of their ability to develop and implement health and safety policies; familiarity with and comfort using the Minnesota Knowledge Competency Frameworks; requests for support; providers' perception of the most challenging health and safety topics to implement; health and safety 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 health and safety 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; coaches' perceptions of providers' needs and challenges; and interview themes. Data from the Continuous Quality Improvement Plans are shared. End-of-event data are presented for the providers after they received 10 hours and 25 hours of coaching. End-of-event data are presented for the coaches, as well.

HSCP PROVIDER DEMOGRAPHICS

Eighteen (18) HSCP providers completed the pre-survey (24% response rate) and 14 completed the post-survey (18% response rate). The HSCP providers (n = 16) range in age from 22 to 58 years old, with an average age of 46.1 years. All 17 providers identified themselves as White women and one provider identified herself as Hispanic/Latino. Of the 18 providers who

answered the question, 56% (n = 10) said they worked in family child care and 44% (n = 8) said they were center-based child care providers. Of the providers who work in center-based settings, 67% (n = 6) were teachers, 22% (n = 2) were center directors, and 11% (n = 1) said she was an aide/assistant.

COACHING SERVICES DATA

Providers (N = 14) reported receiving an average of five months (5.1) of health and safety coaching. The range of time in coaching was from four months to eight months (see Figure 1).

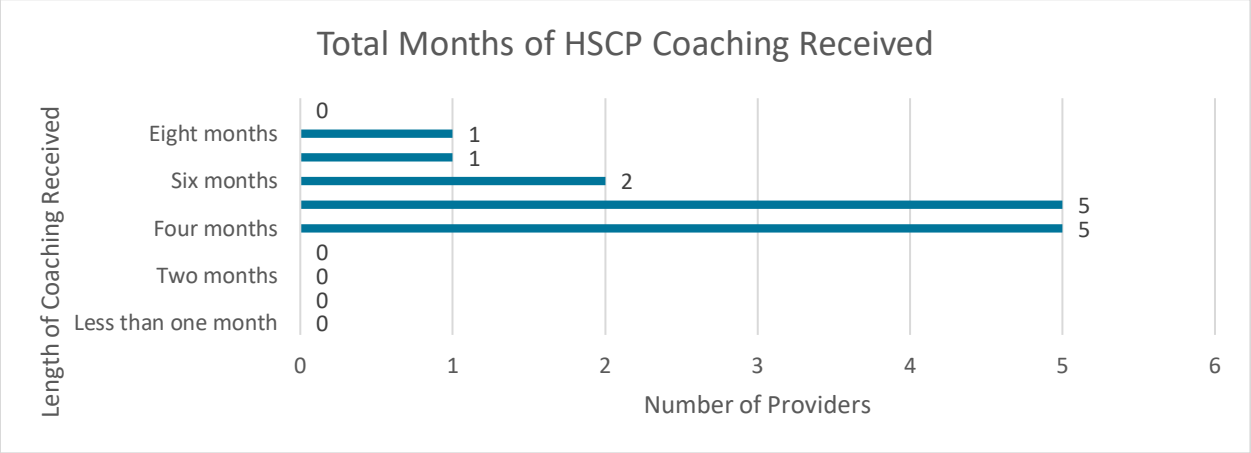

Figure 1. Number of months of coaching received by HSCP child care providers.

In the post-survey, HSCP providers (n = 13) were asked how many infants, toddlers, preschoolers, and school-aged children were in their care during the time they received coaching. There was an average of 1.8 infants in providers' care during coaching, although 38% of the providers (n = 5) said there were no infants in their care during coaching (range = 0 – 12 infants). There was an average of 3.1 toddlers in providers' care during coaching, with 23% of providers (n = 3) reporting there were no toddlers in their care at the time (range = 0 – 15 toddlers). There was an average of nine preschoolers (range = 1 – 20 preschoolers), and four school-aged children (range = 1-20 school-aged children) in their care during coaching.

HSCP PROVIDERS' EDUCATION AND EXPERIENCE

In the pre-survey, 41% of providers (n = 7) reported that they have some college or certificate program, 29% (n = 5) reported having a Bachelor of Arts or Science degree, 12% (n = 2) have a post-graduate degree, 12% (n = 2) have a Child Development Associate (CDA) credential, and 6% (n = 1) have a high school diploma or GED.

HSCP providers shared that they have worked in child care an average of 19.5 years (range = less than one year to more than 30 years), with 71% of providers (n = 12) reported having more than 15 years of experience. Most providers who responded to the survey were located in the Metro region (41%; n = 7). Twenty-nine percent (29%) of the providers were from the Northwest region (n = 5) of the state, 18% (n = 3) were from the West/Central part of the state, and 12% (n = 2) were from the Northeast region. None of the survey respondents reported being from the Southern region of Minnesota.

HSCP PROVIDERS' REQUESTS FOR ADDITIONAL PROFESSIONAL DEVELOPMENT

Within the pre-survey, child care providers were asked to report the health and safety topics on which they still wanted additional training/professional development. Providers were given a list of topics from which they could choose. These data are in Table 1.

Table 1. Percentage of HSCP Providers Who Reported Wanting Additional Training in Health and Safety Topics in the Pre-Survey.

Health and Safety Development Area	Want additional training? (Pre-Survey)
Active Supervision	15% (2/13)
Adequate and Safe Physical Space (Indoor and Outdoor)	15% (2/13)
Allergies	15% (2/13)
Caring for Children with Special Needs	87% (13/15)
Developing Health and Safety Policies	29% (4/14)
Developing a Risk Reduction Plan (required only in center-based settings)	30% (3/10)
Developing an Individual Child Care Program Plan (required only in center-based settings)	45% (5/11)
Emergency Preparedness	29% (4/14)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	29% (4/14)
Illness Exclusions	7% (1/14)
Implementing Health and Safety Policies	21% (3/14)
Implementing a Risk Reduction Plan (required only in center-based settings)	18% (2/11)
Implementing an Individual Child Care Program Plan (required only in center-based settings)	20% (2/10)
Infant Feeding	0% (0/14)
Infectious Diseases	21% (3/14)
Keeping Furniture and Equipment in Good Repair	7% (1/14)
Licensing Requirements (Rule 2 or Rule 3)	36% (5/14)
Medication Administration and Storage	0% (0/14)

Nutrition Requirements	7% (1/14)
Outdoor Play Safety	21% (3/14)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	7% (1/14)
Precautions for Transporting Young Children	15% (2/13)
Proper Diapering/Toileting	7% (1/14)
Provider Mental Health/Self-Care	36% (5/14)
Provider to Child Ratios	14% (2/14)
Safe Sleep Practices for Infants	7% (1/14)
Safe Sleep Practices for Toddlers and Preschoolers	0% (0/14)
Sanitation Practices	7% (1/14)

Eighty-seven percent (87%; n = 13) of HSCP providers reported wanting additional training on the caring for children with special needs. Forty-five percent (45%; n = 5) of providers working in center-based programs wanted additional training on developing an individual child care program plan. Thirty-six percent (36%; n = 5) of providers wanted training on licensing requirements and provider mental health/self-care. None of the respondents (0.0%) reported wanting additional training on infant feeding, medication administration and storage, and safe sleep practices for toddlers and preschoolers.

HSCP PROVIDERS' KNOWLEDGE OF HEALTH AND SAFETY COMPETENCIES

HSCP child care providers were asked to report their perceived level of knowledge on a number of different health and safety topics in both the pre-survey and the post-survey. Table 2 reports the percentage of providers who reported their perceived level of knowledge as beginning, developing, or proficient on these health and safety content areas. 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. HSCP Providers' Perceptions at Pre- and Post-Survey of Their Level of Knowledge in Health and Safety Competencies.

Health and Safety Topic	**Perceived Level of Knowledge (Pre-Test)**			**Perceived Level of Knowledge (Post-Test)**		
	Beginning	**Developing**	**Proficient**	**Beginning**	**Developing**	**Proficient**
Active Supervision	7% (1/15)	13% (2/15)	80% (12/15)	0% (0/14)	7% (1/14)	93% (13/14)
Adequate and Safe Physical	7% (1/14)	14% (2/14)	79% (11/14)	0% (0/14)	7% (1/14)	93% (13/14)

Health and Safety Topic	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	**Developing**	**Proficient**	**Beginning**	**Developing**	**Proficient**
Space (Indoor and Outdoor)						
Allergies	27% (4/15)	0% (0/15)	73% (11/15)	0% (0/14)	29% (4/14)	71% (10/14)
Caring for Children with Special Needs	29% (4/14)	64% (9/14)	7% (1/14)	42% (5/12)	25% (3/12)	33% (4/12)
Developing Health and Safety Policies	0% (0/15)	60% (9/15)	40% (6/15)	0% (0/14)	36% (5/14)	64% (9/14)
Developing a Risk Reduction Plan (required only in center-based settings)	10% (1/10)	50% (5/10)	40% (4/10)	12% (1/8)	0% (0/8)	88% (7/8)
Developing an Individual Child Care Program Plan (required only in center-based settings)	11% (1/9)	44% (4/9)	44% (4/9)	12% (1/8)	12% (1/8)	75% (6/8)
Emergency Preparedness	13% (2/15)	33% (5/15)	53% (8/15)	7% (1/14)	29% (4/14)	64% (9/14)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	13% (2/15)	20% (3/15)	67% (10/15)	0% (0/14)	36% (5/14)	64% (9/14)
Illness Exclusions	7% (1/14)	29% (4/14)	64% (9/14)	0% (0/14)	36% (5/14)	64% (9/14)
Implementing Health and Safety Policies	7% (1/15)	20% (3/15)	73% (11/15)	0% (0/14)	21% (3/14)	79% (11/14)
Implementing a Risk Reduction Plan (required only in center-based settings)	0% (0/9)	22% (2/9)	78% (7/9)	12% (1/8)	0% (0/8)	88% (7/8)
Implementing an Individual Child Care Program	0% (0/9)	44% (4/9)	56% (5/9)	12% (1/8)	25% (2/8)	63% (5/8)

Health and Safety Topic	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	**Developing**	**Proficient**	**Beginning**	**Developing**	**Proficient**
Plan (required only in center-based settings)						
Infant Feeding	13% (2/15)	20% (3/15)	67% (10/15)	9% (1/11)	0% (0/11)	91% (10/11)
Infectious Diseases	20% (3/15)	27% (4/15)	53% (8/15)	0% (0/14)	43% (6/14)	57% (8/14)
Keeping Furniture and Equipment in Good Repair	14% (2/14)	7% (1/14)	79% (11/14)	0% (0/14)	14% (2/14)	86% (12/14)
Licensing Requirements (Rule 2 or Rule 3)	20% (3/15)	27% (4/15)	53% (8/15)	7% (1/14)	21% (3/14)	71% (10/14)
Medication Administration and Storage	20% (3/15)	13% (2/15)	67% (10/15)	0% (0/14)	14% (2/14)	86% (12/14)
Nutrition Requirements	20% (3/15)	7% (1/15)	73% (11/15)	0% (0/14)	7% (1/14)	93% (13/14)
Outdoor Play Safety	7% (1/15)	13% (2/15)	80% (12/15)	0% (0/14)	14% (2/14)	86% (12/14)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	13% (2/15)	13% (2/15)	73% (11/15)	0% (0/14)	7% (1/14)	93% (13/14)
Precautions for Transporting Young Children	14% (2/14)	7% (1/14)	79% (11/14)	0% (0/11)	18% (2/11)	82% (9/11)
Proper Diapering/ Toileting	7% (1/15)	13% (2/15)	80% (12/15)	0% (0/14)	0% (0/14)	100% (14/14)
Provider Mental Health/Self-Care	13% (2/15)	27% (4/15)	60% (9/15)	14% (2/14)	14% (2/14)	72% (10/14)
Provider to Child Ratios	7% (1/15)	13% (2/15)	80% (12/15)	0% (0/14)	0% (0/14)	100% (14/14)
Safe Sleep Practices for Infants	7% (1/15)	13% (2/15)	80% (12/15)	0% (0/11)	0% (0/11)	100% (11/11)

Health and Safety Topic	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	**Developing**	**Proficient**	**Beginning**	**Developing**	**Proficient**
Safe Sleep Practices for Toddlers and Preschoolers	7% (1/15)	7% (1/15)	87% (13/15)	0% (0/14)	0% (0/14)	100% (14/14)
Sanitation Practices	0% (0/15)	13% (2/15)	87% (13/15)	0% (0/14)	0% (0/14)	100% (14/14)

Prior to receiving coaching, the HSCP child care providers reported feeling proficient most often in the following areas: safe sleep practices for toddlers and preschoolers (87%), sanitation practices (87%), active supervision (80%), outdoor play safety (80%), proper diapering/toileting (80%), provider to child ratios (80%), and safe sleep practices for infants (80%). These same providers most often reported feeling at the beginning stages of knowledge in the areas of caring for children with special needs (29%) and allergies (27%). After coaching, child care providers most often said that they felt proficient in the areas of proper diapering/toileting (100%), provider to child ratios (100%), safe sleep practices for infants (100%), safe sleep practices for toddlers and preschoolers (100%), and sanitation practices (100%). After coaching, HSCP providers were most likely to still feel at the beginning stages of knowledge in the area of caring for children with special needs (42%). All of the providers who completed the post-survey reported that their skills at developing and implementing health and safety policies were developing or proficient. It is important to remember within these results that the providers represented in the pre-survey may not be the same group of providers represented in the post-survey.

HSCP PROVIDERS' CONFIDENCE IN THEIR HEALTH AND SAFETY KNOWLEDGE

HSCP providers were asked to rate their level of confidence in their personal knowledge of child care health and safety information, prior to receiving coaching. Sixty-seven percent (67%; n = 10) of the providers said that they were somewhat confident in their health and safety knowledge. Twenty-seven percent (27%; n = 4) reported feeling very confident in their knowledge. One provider said she felt a little confident (7%) and none felt not at all confident in their health and safety knowledge (see Figure 2).

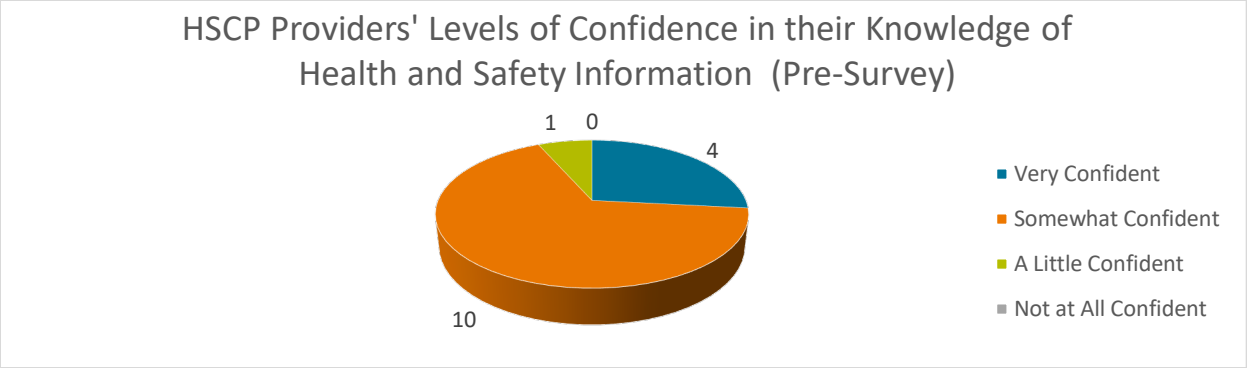

Figure 2. HSCP providers' ratings of confidence regarding their health and safety knowledge (pre-survey).

After receiving coaching, 43% (n = 6) of the providers stated that their confidence in their knowledge of health and safety information greatly improved and another 43% (n = 6) said that their confidence in their knowledge somewhat improved. Fourteen percent (14%; n = 2) of the providers reported that their confidence stayed the same. None of the providers reported that their confidence in their health and safety knowledge got worse after receiving coaching (see Figure 3).

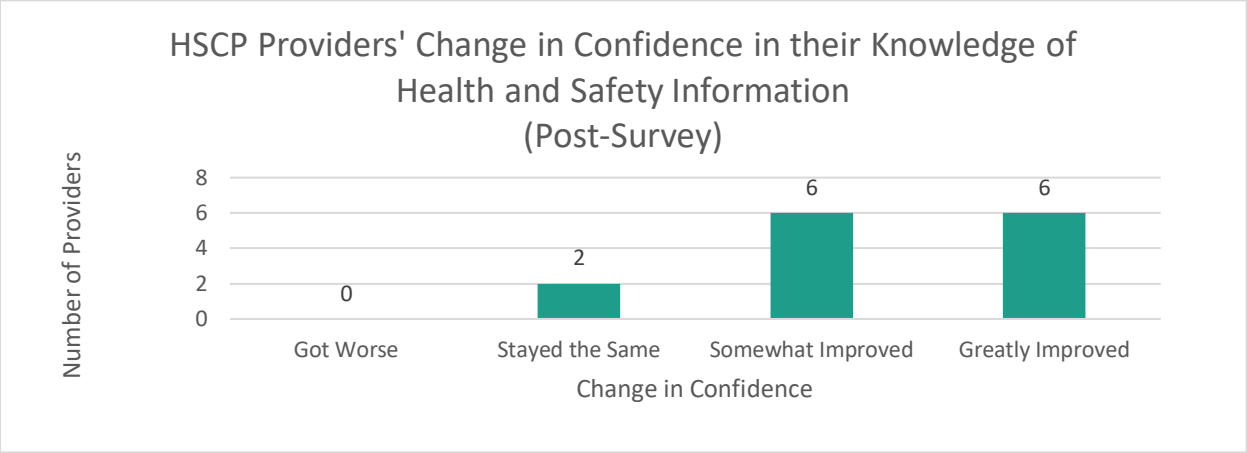

Figure 3. HSCP providers' ratings of confidence in their health and safety knowledge after receiving coaching (post-survey).

HSCP PROVIDERS' RATINGS OF THEIR ABILITY TO DEVELOP AND IMPLEMENT HEALTH AND SAFETY POLICIES

A majority of providers (93%; n = 14) reported having health and safety policies in their program, prior to receiving coaching. The one provider who said that she did not have written health and safety policies said she needed support on how to write effective policies. Providers were asked to rate themselves, prior to coaching, on their ability to both develop and implement health and safety policies (see Figure 4 and Figure 5). Forty-seven percent (47%; n = 7) of the providers rated their ability to develop health and safety policies as average, another 33% (n = 5) rated their ability to develop policies as above average, one provider (7%) rated her ability well below average, another one (7%) as below average, and another one (7%) as well above average.

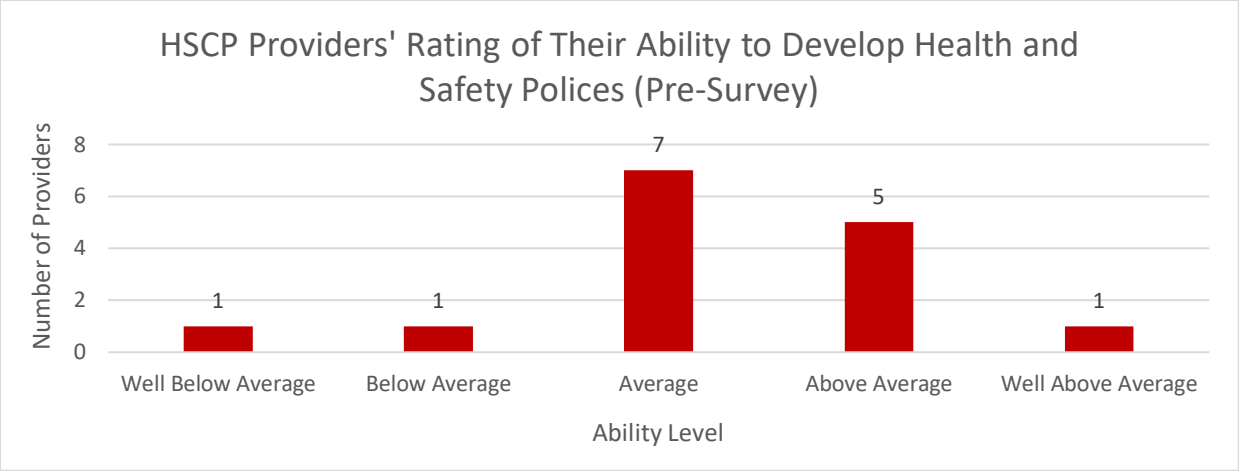

Figure 4. HSCP providers' ratings of their ability to develop health and safety policies (pre-survey).

Also within the pre-survey, 53% (n = 8) rated their ability to implement these policies as average, 27% (n = 4) rated their implementation ability as above average, 13% (n = 2) rated their ability as well above average, and 7% (n = 1) rated her ability as well below average (see Figure 5). No provider rated her ability to develop health and safety policies as below average. When asked what prevents them from implementing health and safety policies, one provider stated that the work place is "just way too relaxed," another said that staffing issues including staff training are challenging, and another said that "specific regulations to follow that sometimes seem excessive" impeded her ability to implement health and safety policies.

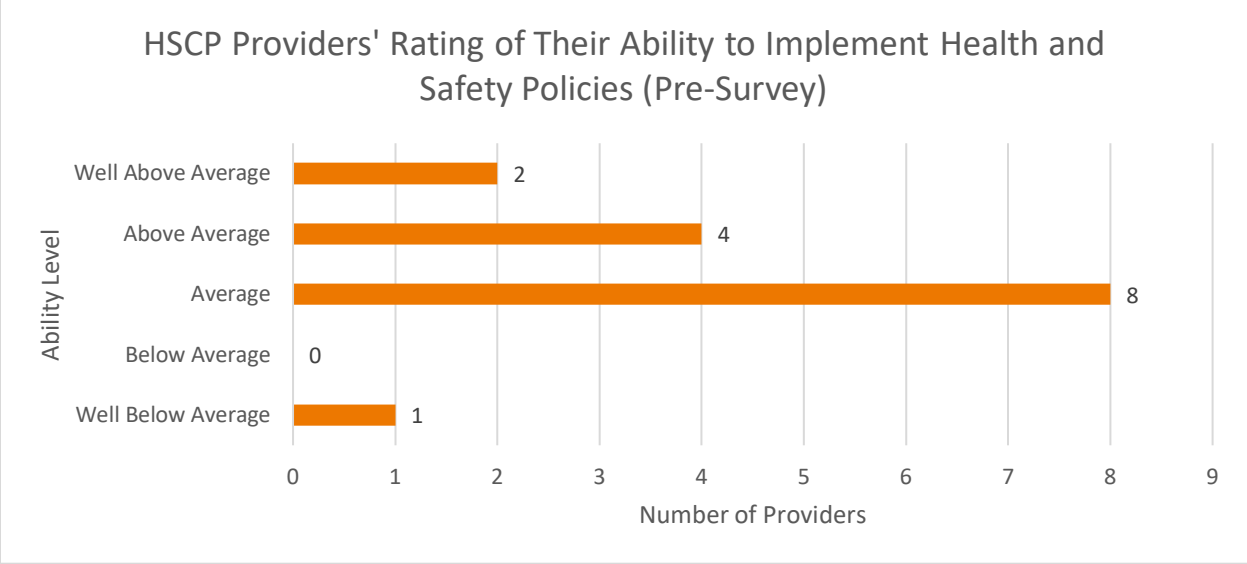

Figure 5. HSCP providers' ratings of their ability to implement health and safety policies (pre-survey).

Within the post-survey, providers were asked if they received coaching on developing and implementing health and safety policies. Fifty-seven percent (57%; n = 8) of the providers stated

that they received coaching on developing health and safety policies. When asked how they would rate their ability to develop health and safety policies after coaching, 50% (n = 4) of the providers rated their ability as above average and another 38% (n = 3) rated their ability as average (see Figure 6).

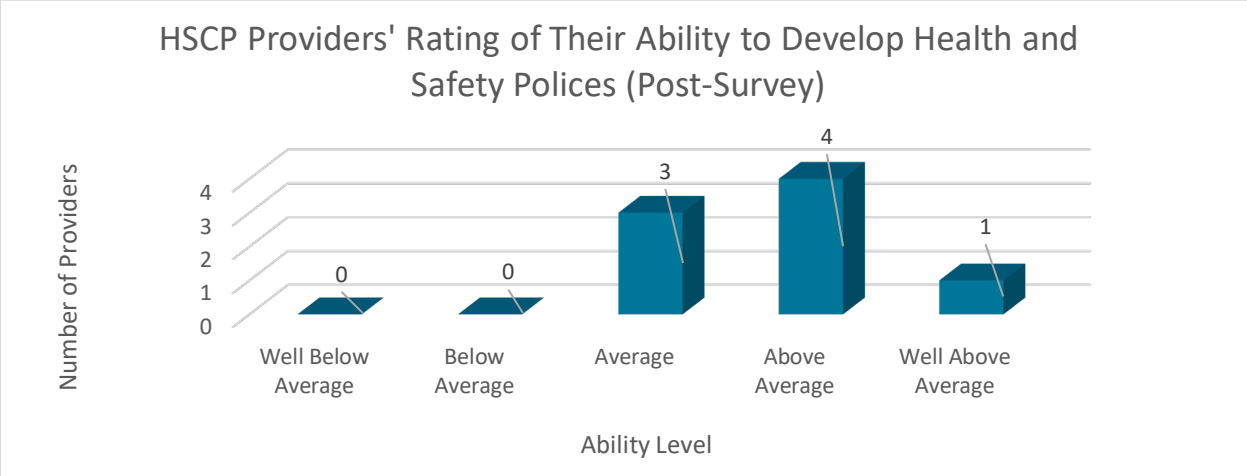

Figure 6. HSCP providers' ratings of their ability to develop health and safety policies (post-survey).

Seventy-one percent (71%; n = 10) of the providers stated that they received coaching on implementing health and safety policies. When asked how they would rate their ability to implement health and safety policies after coaching, 60% (n = 6) of the providers stated that their ability was above average, 30% (n = 3) stated their ability was average, and 10% (n = 1) stated her ability was well above average (see Figure 7). None of the providers said that their ability to implement health and safety policies was below average or well below average after receiving HSCP coaching.

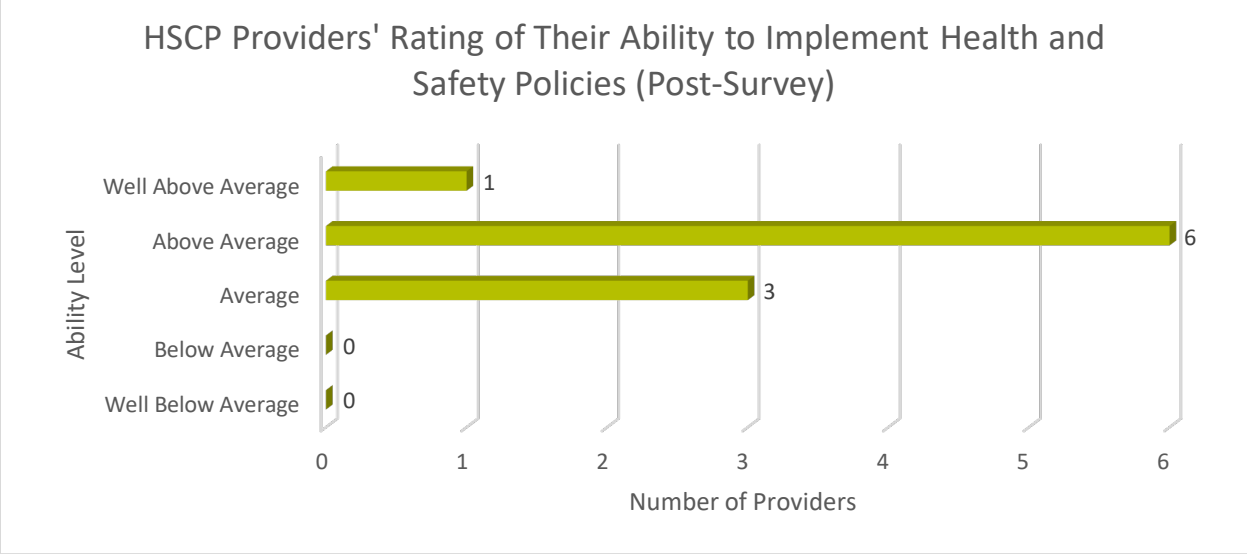

Figure 7. HSCP providers' ratings of their ability to implement health and safety policies (post-survey).

HSCP PROVIDERS' PRE- AND POST-COACHING FAMILIARITY AND COMFORT USING THE MINNESOTA KNOWLEDGE AND COMPETENCY FRAMEWORKS

Providers 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 = 9) of providers stated that they were not at all familiar with the Family Child Care KCF, 27% (n = 4) said they were somewhat familiar with the Family Child Care KCF, and 13% (n = 2) reported being very familiar with the Family Child Care KCF (see Figure 8).

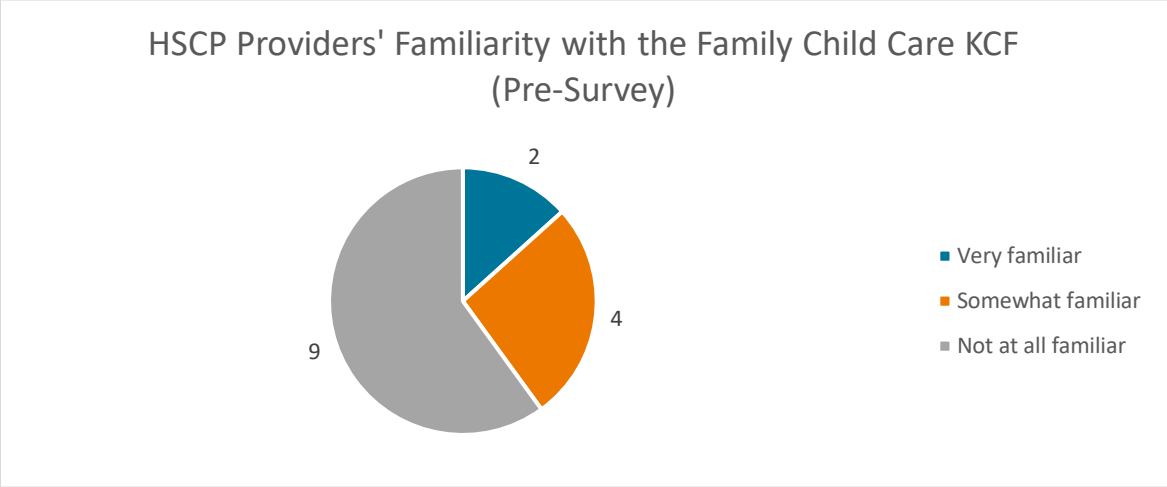

Figure 8. HSCP providers' familiarity with the Family Child Care KCF (pre-survey).

Of those providers who completed the post-survey, 57% (n = 8) reported feeling somewhat familiar with the Family Child Care KCF, 29% (n = 4) said they were very familiar, and 14% (n = 2) stated that they were not at all familiar with the Family Child Care KCFs after receiving coaching (see Figure 9).

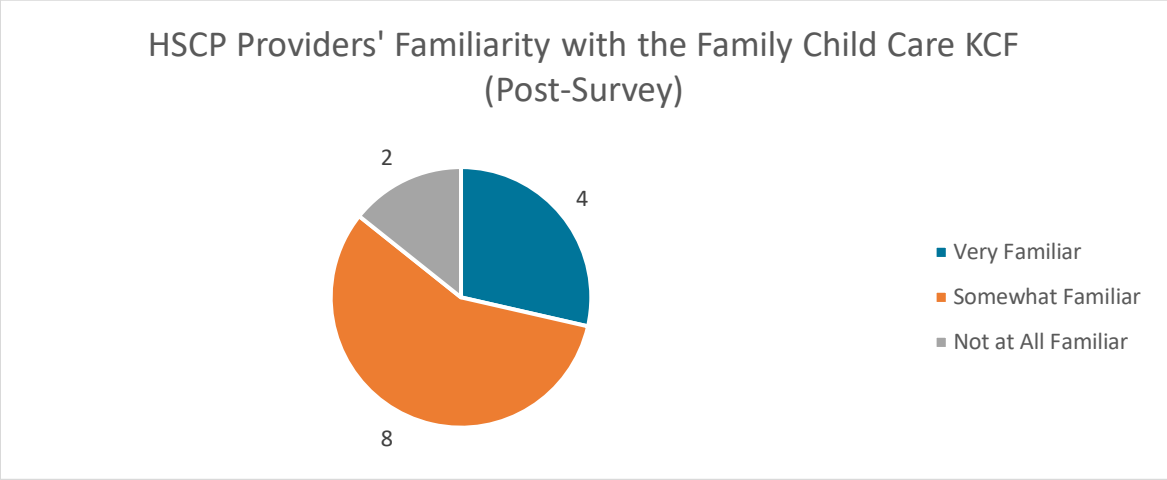

Figure 9. HSCP providers' familiarity with the Family Child Care KCF (post-survey).

When asked, in the pre-survey, how comfortable they were using the Family Child Care KCF, 40% of the providers (n = 6) reported feeling not at all comfortable, 33% (n = 5) reported feeling somewhat comfortable, 13% (n = 2) said they were very comfortable, and 13% (n = 2) stated they were a little comfortable (see Figure 10).

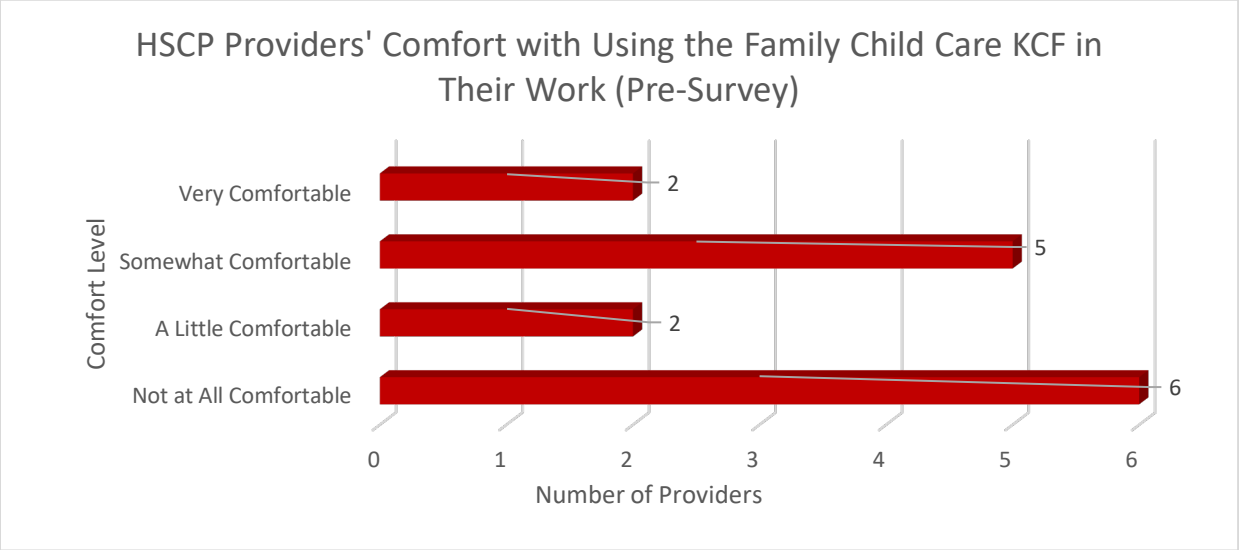

Figure 10. HSCP providers' reported comfort with using the Family Child Care KCF in their work (pre-survey).

Figure 11 displays the providers' responses in the post-survey. Fifty-seven percent (57%; n = 8) of the providers stated that they felt somewhat comfortable, 36% (n = 5) reported feeling very comfortable, and 7% (n = 1) stated she was not at all comfortable using the Family Child Care

KCF in their work. None of the providers said they were a little comfortable using the Family Child Care KCF in their work after receiving HSCP coaching.

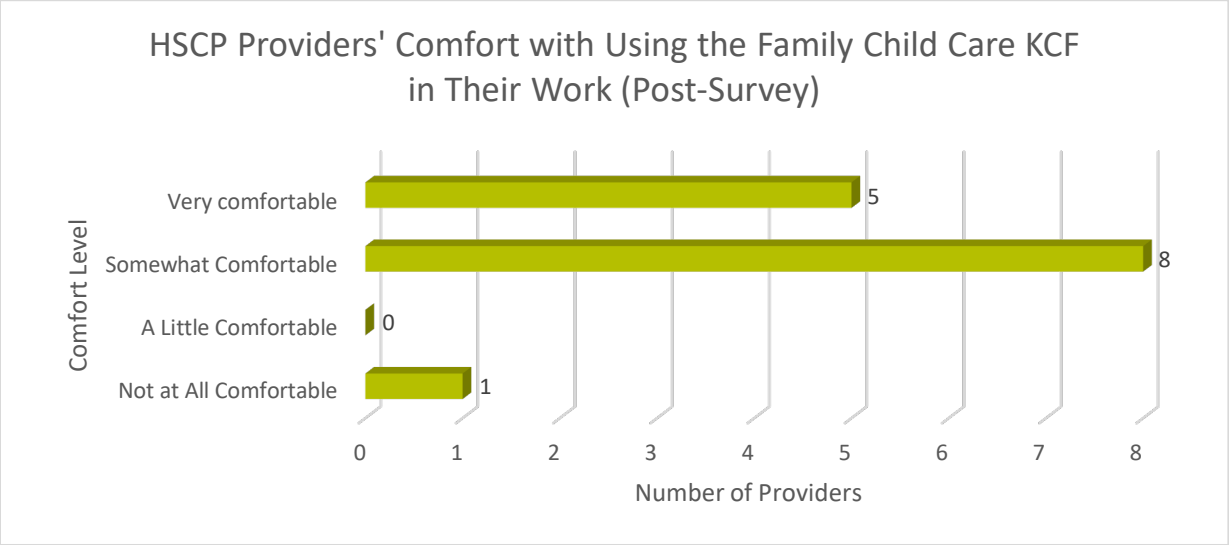

Figure 11. HSCP providers' reported comfort with using the Family Child Care KCF in their work (post-survey).

Similar results occurred when the providers were asked to rate their level of familiarity with the Infant Toddler KCF, as well as their comfort using the Infant Toddler KCF in their work. In the pre-survey, 60% of the providers (n = 9) said they were not at all familiar with the Infant Toddler KCF, 27% (n = 4) said that they were somewhat familiar, and 13% (n = 2) reported being very familiar with the Infant Toddler KCF. From the post-survey, 57% (n = 8) of the providers stated they were somewhat familiar, 36% (n = 5) felt very familiar and 7% (n = 1) felt not at all familiar with the Infant Toddler KCF. Figures 12 and 13 display the data regarding the familiarity with the Infant Toddler KCF from the provider pre- and post-surveys.

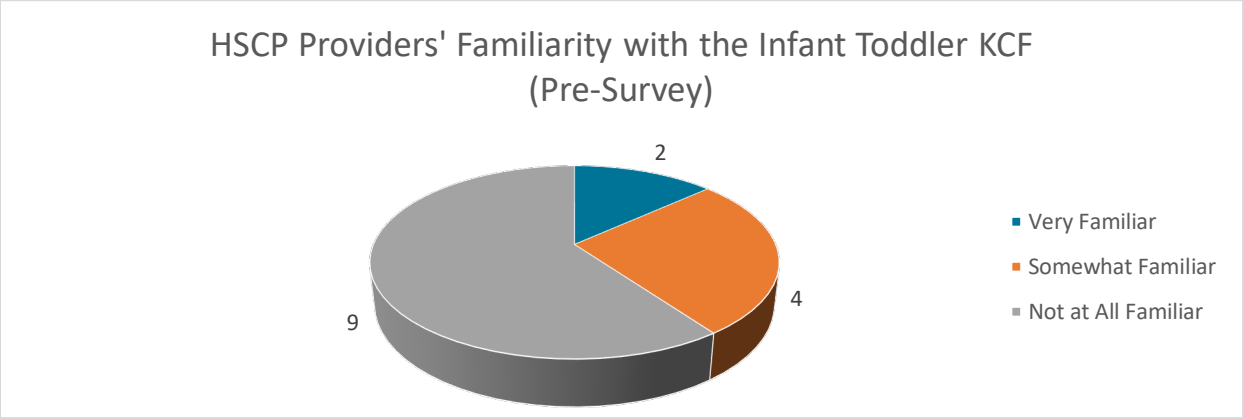

Figure 12. HSCP providers' familiarity with the Infant Toddler KCF (pre-survey).

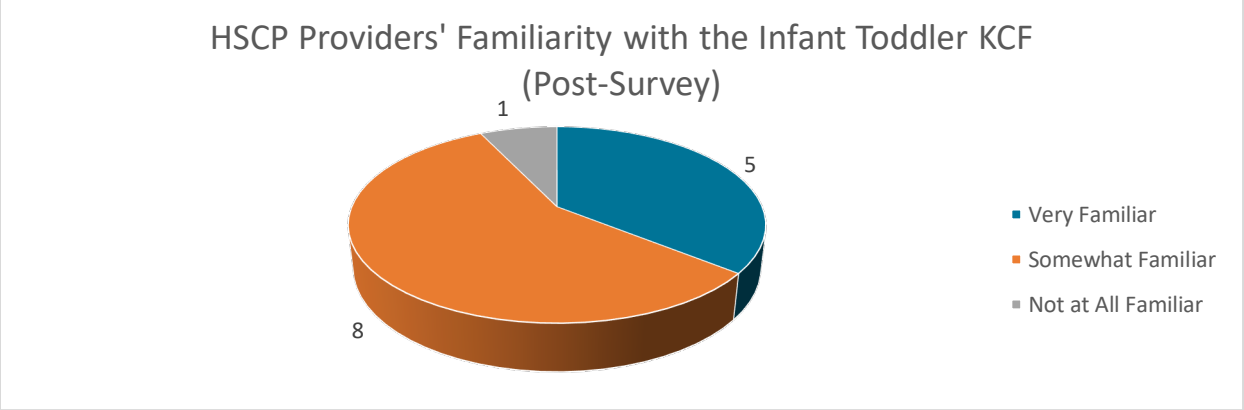

Figure 13. HSCP providers' familiarity with the Infant Toddler KCF (post-survey).

Within the pre-survey 40% (n = 6) of the providers stated that they were somewhat comfortable, 33% (n = 5) reported they were not at all comfortable, 13% (n = 2) said they were at little comfortable, and 13% (n = 2) reported feeling very comfortable using the Infant Toddler KCF in their work. Within the post-survey, 54% (n = 7) of the providers reported feeling somewhat comfortable, 31% (n = 4) reported feeling very comfortable, 8% (n = 1) reported feeling a little comfortable, and 8% (n = 1) reported feeling not at all comfortable using the Infant Toddler KCF in their work. Figures 14 and 15 display these results.

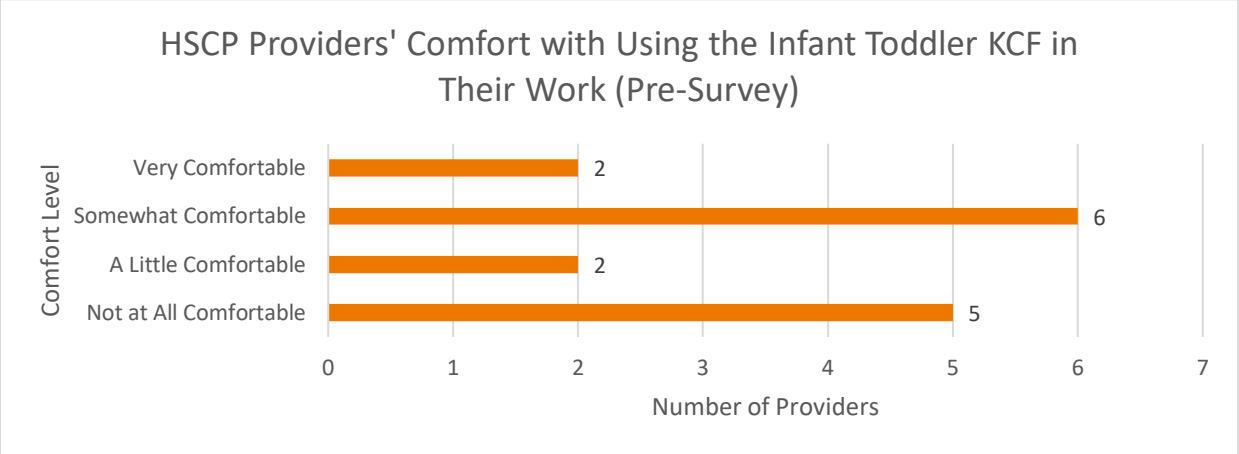

Figure 14. HSCP providers' reported comfort with using the Infant Toddler KCF in their work (pre-survey).

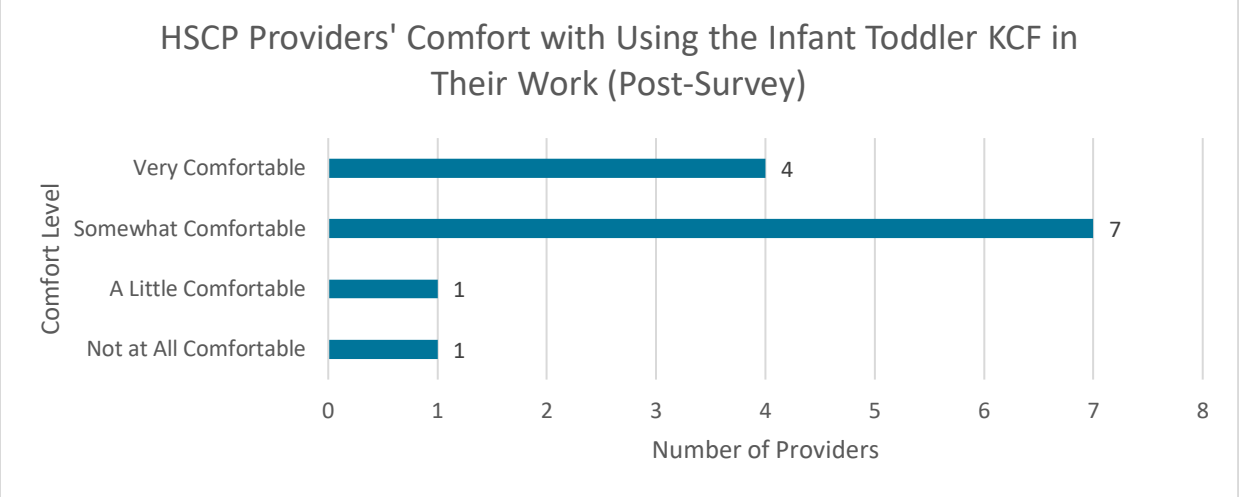

Figure 15. HSCP providers' reported comfort with using the Infant Toddler KCF in their work (post-survey).

HSCP PROVIDERS' PERCEPTION OF MOST CHALLENGING HEALTH AND SAFETY TOPICS TO IMPLEMENT

As part of the pre-survey, HSCP child care providers were asked to report the health and safety 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 16 contains the list and the number of providers who chose each topic. There were a number of topics listed on the survey that no providers reported were the most challenging, so they are omitted from the figure. HSCP providers most often identified caring for children with special needs (n = 8) as the most challenging health and safety topic to implement. Licensing requirements (Rule 2 or Rule 3) and challenging behaviors were also identified as challenging to implement by four providers.

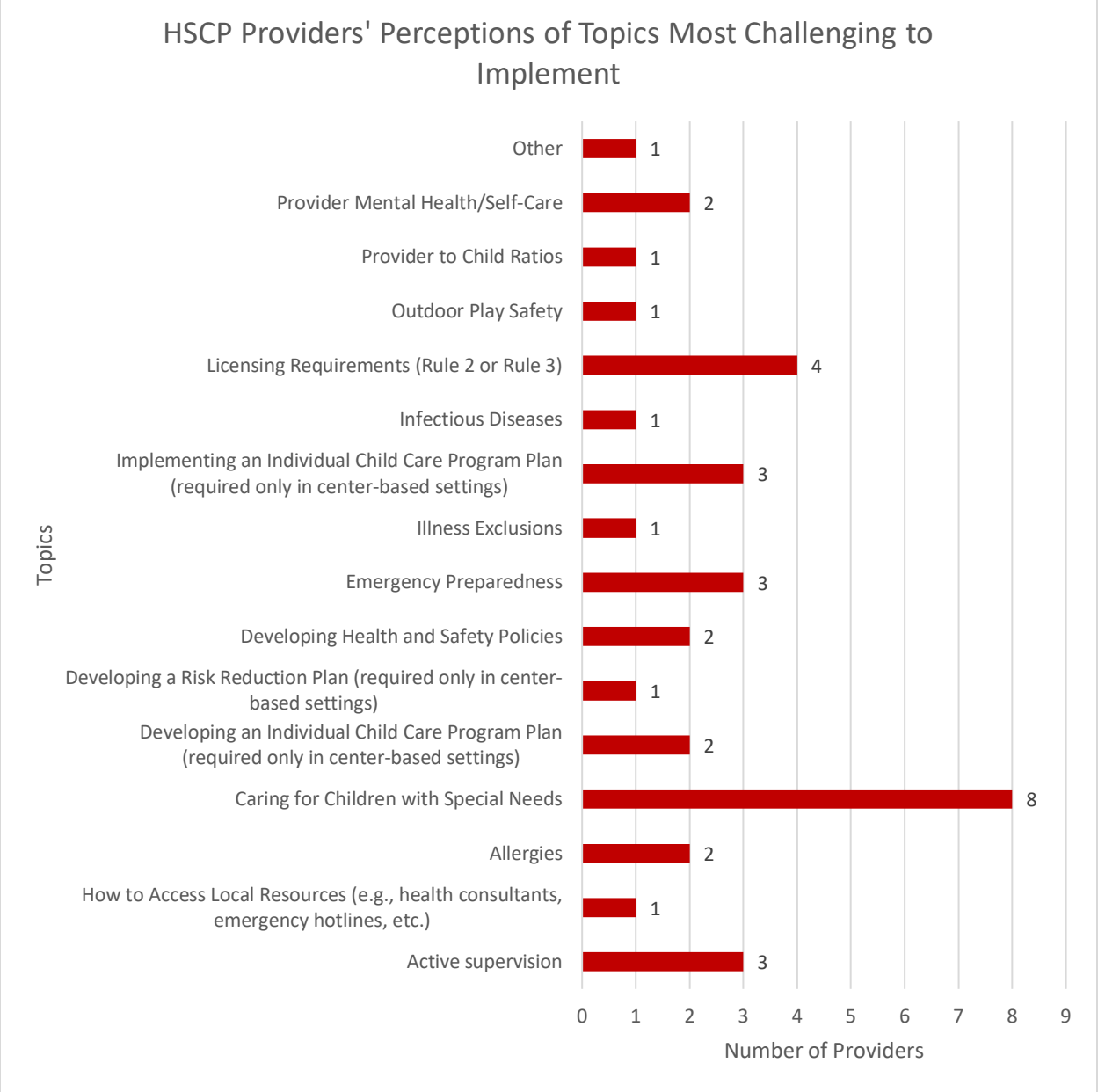

Figure 16. HSCP providers' perceptions of health and safety topics most challenging to implement.

HSCP PROVIDERS' HEALTH AND SAFETY COACHING REQUESTS

Within the post-survey, HSCP child care providers were asked to identify, from a provided list, the health and safety topics on which they most wanted coaching support. Providers were allowed to choose as many as they felt applied. Table 3 provides these data. Licensing requirements (n = 6) and adequate and safe physical space (n = 6) were most often identified, followed by active supervision (n = 5), developing health and safety policies (n = 5), emergency preparedness (n = 5), and provider mental health/self-care (n = 5). Three providers reported wanting support with challenging behaviors in the "other" category.

Table 3. HSCP Providers' Requests for Coaching on Health and Safety Topics.

Health and Safety Topic	Count
Active Supervision	5
Adequate and Safe Physical Space (Indoor and Outdoor)	6
Allergies	0
Caring for Children with Special Needs	4
Developing Health and Safety Policies	5
Developing a Risk Reduction Plan (required only center-based settings)	0
Developing an Individual Child Care Program Plan (required only in center-based settings)	0
Emergency Preparedness	5
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	0
Illness Exclusions	1
Implementing Health and Safety Policies	2
Implementing a Risk Reduction Plan (required only in center-based settings)	0
Implementing an Individual Child Care Program Plan (required only in center-based settings)	0
Infant Feeding	0
Infectious Diseases	0
Keeping Furniture and Equipment in Good Repair	5
Licensing Requirements (Rule 2 or Rule 3)	6
Medication Administration and Storage	1
Nutrition Requirements	0
Outdoor Play Safety	4
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	1
Precautions for Transporting Young Children	0
Proper Diapering/Toileting	0
Provider Mental Health/Self-Care	5
Provider to Child Ratios	1
Safe Sleep Practices for Infants	1
Safe Sleep Practices for Toddlers and Preschoolers	1
Sanitation Practices	2
Other (please explain): Help with Challenging Behaviors	3

HSCP PROVIDERS' PERCEPTIONS OF COACHING DISPOSITIONS

Within the post-survey, HSCP 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 "disagree" or "strongly disagree" for any of the items on the list, so those responses are not reported within the table. Overall, the providers who received HSCP 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	Agree
The coach was accepting of others	93% (13/14)	7% (1/14)
The coach was respectful of my experience	86% (12/14)	14% (2/14)
The coach was focused on improvement	71% (10/14)	29% (4/14)
The coach was an active listener	86% (12/14)	14% (2/14)
The coach was empathic	86% (12/14)	14% (2/14)
The coach was compassionate	86% (12/14)	14% (2/14)
The coach was respectful	86% (12/14)	14% (2/14)
The coach was respectful of my culture	85% (11/13)	15% (2/13)
The coach was responsive	93% (13/14)	7% (1/14)
The coach was collaborative	86% (12/14)	14% (2/14)
The coach was flexible	93% (13/14)	7% (1/14)
The coach was resourceful	86% (12/14)	14% (2/14)
The coach was open-minded	86% (12/14)	14% (2/14)
The coach was professional	86% (12/14)	14% (2/14)
The coach was ethical	86% (12/14)	14% (2/14)
The coach was objective	86% (12/14)	14% (2/14)

HSCP PROVIDERS' PERCEPTIONS OF COACHING SKILLS AND KNOWLEDGE

Within the post-survey, HSCP 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. There were no responses of "disagree" or "strongly disagree;" for that reason, those columns have been left off of the table.

Table 5. HSCP 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	92% (12/13)	8% (1/13)
The coach was good at providing feedback that helped me improve my practice	79% (11/14)	21% (3/14)

Coaching Skills and Knowledge	Level of Agreement	
	Post-Survey	
	Strongly Agree	Agree
The coach helped me identify my own goals	79% (11/14)	21% (3/14)
The coach helped me identify goals that were specific	79% (11/14)	21% (3/14)
The coach helped me identify goals that could be measured	79% (11/14)	21% (3/14)
The coach assisted me in identifying realistic next steps for improvement	79% (11/14)	21% (3/14)
The coach asked for my feedback to ensure that her interactions were helpful to me	71% (10/14)	29% (4/14)
The coach provided resources so that I can perform my job more effectively	71% (10/14)	29% (4/14)
The coach asked questions rather than provided solutions	79% (11/14)	21% (3/14)
The coach provided time for reflection	79% (11/14)	21% (3/14)
The coach was focused on improving practices	71% (10/14)	29% (4/14)
The coach challenged me to think differently	71% (10/14)	29% (4/14)
The coach understood the characteristics of high-quality health and safety care	93% (13/14)	7% (1/14)
The coach knew where to find evidence-based health and safety information	93% (13/14)	7% (1/14)
The coach understood the continuum of child development, including brain development	93% (13/14)	7% (1/14)
The coach understood early childhood curricula	86% (12/14)	14% (2/14)
The coach understood early childhood mental health	86% (12/14)	14% (2/14)

Overall, the HSCP child providers who received coaching perceived their coaches to be both skilled with coaching and knowledgeable about child care health and safety information. There was little disagreement among these providers regarding the quality of coaching they received.

HSCP PROVIDERS' PERCEPTIONS OF PRACTICE CHANGE AFTER COACHING

HSCP child care providers were asked a series of questions regarding the coaching they received. The providers were first asked if the coaching they received impacted their practice. Eighty-six percent (86%; n = 12) reported that the coaching they received greatly improved their practice and two providers (14%) said that the coaching somewhat improved their practice. None of the providers said the coaching did not improve their child care practices (see Figure 17).

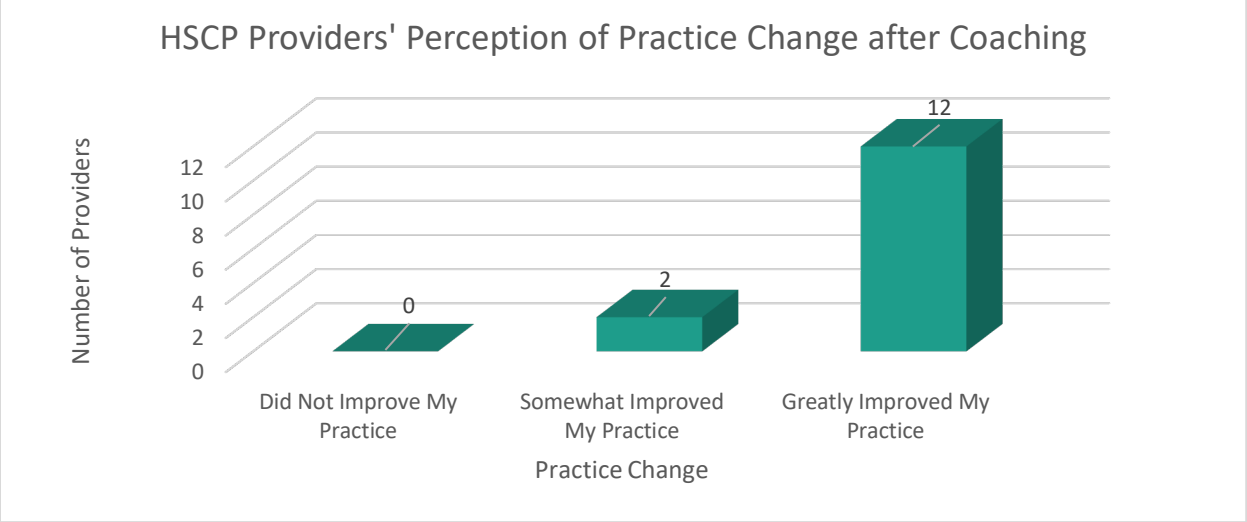

Figure 17. HSCP providers' perceptions of practice change after coaching.

HSCP PROVIDERS' PERCEPTIONS OF THE COACH

Next, providers were asked if the coach met their expectations. Sixty-four percent (64%; n = 9) of the providers stated that the coach exceeded their expectations and the other 36% (n = 5) reported that the coach met their expectations (see Figure 18).

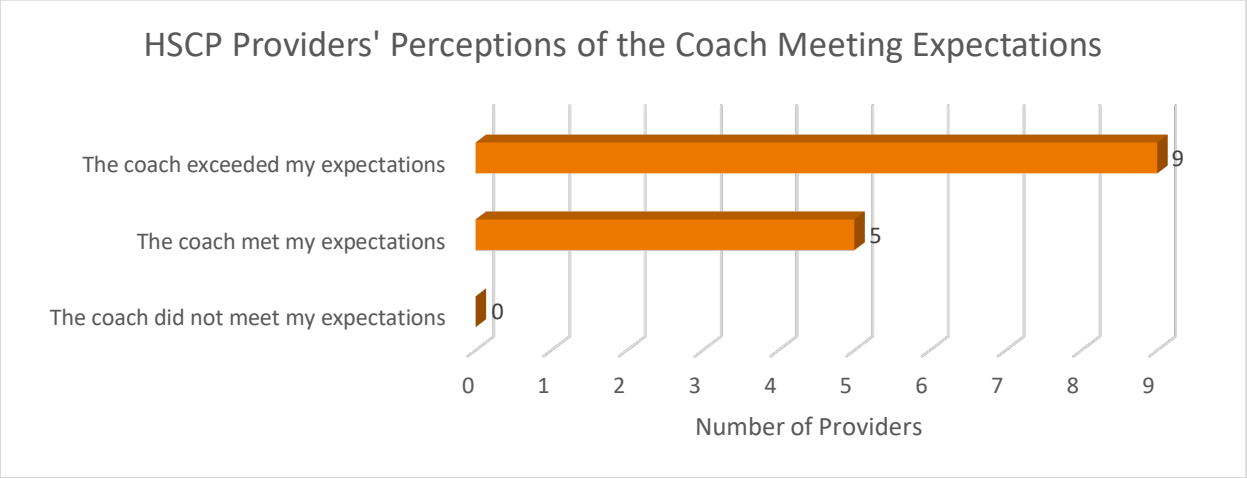

Figure 18. HSCP providers' post-survey responses to whether the coach met expectations.

Finally, the child care providers were asked to rate the extent to which the coach established a comfortable working relationship. Ninety-three percent (93%; n = 13) of the providers said that their coach facilitated an excellent relationship with them and one provider (7%) stated that the coach facilitated a satisfactory relationship with her. These data can be viewed in Figure 19.

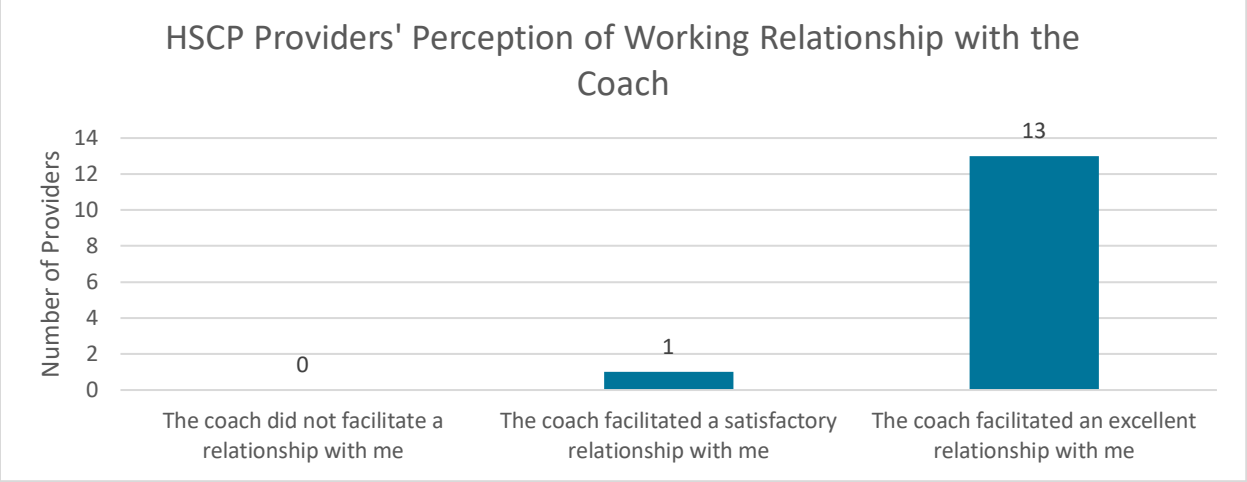

Figure 19. HSCP providers' responses to the extent to which the coach established a comfortable working relationship.

HSCP PROVIDERS' PERCEPTION OF PERSONAL EFFECTIVENESS

Within both the pre- and post-survey, HSCP child care providers were asked to rate their effectiveness as a child care provider. Prior to receiving coaching, 60% (n = 9) of the providers stated that they were very effective in their role as a child care provider, 27% (n = 4) said they were somewhat effective, and 13% (n = 2) stated that they were a little effective in their role. None of the providers reported feeling not at all effective in their role (see Figure 20).

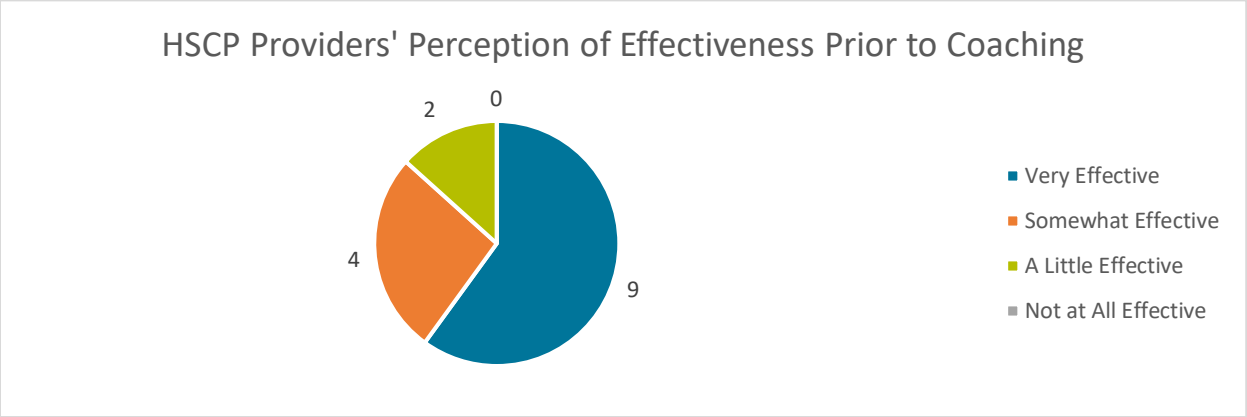

Figure 20. HSCP providers' ratings of personal effectiveness prior to receiving health and safety coaching.

Seventy-one percent (71%; n = 10) of the providers reported that their personal effectiveness improved more than they expected as a result of coaching and the other 29% (n = 4) said their effectiveness somewhat improved as a result of the coaching (see Figure 21).

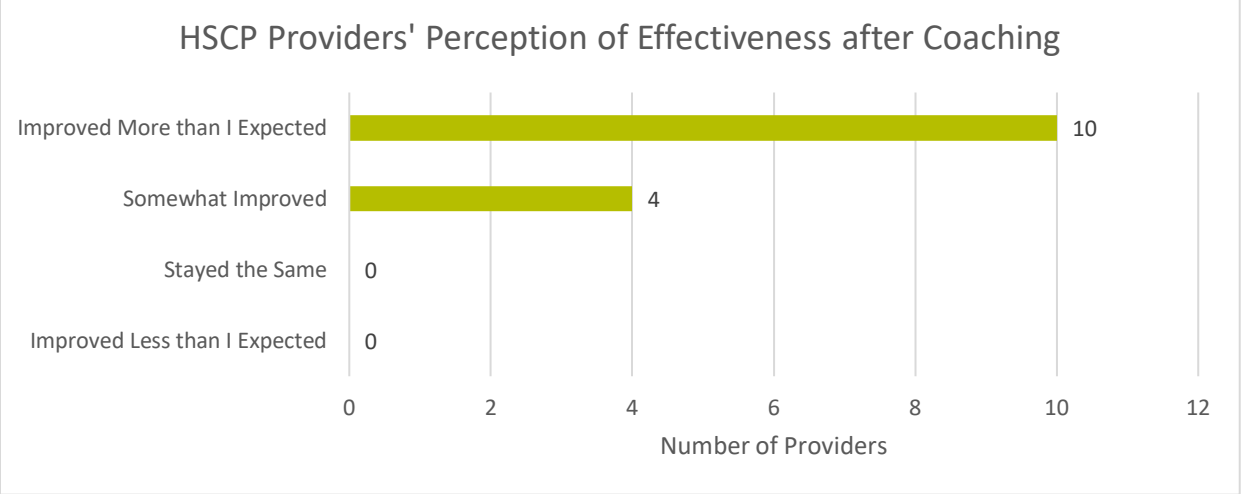

Figure 21. HSCP providers' ratings of personal effectiveness after receiving health and safety coaching.

HSCP PROVIDERS' RESPONSES TO OPEN-ENDED QUESTIONS

In the post-survey, the providers were asked four, open-ended questions: 1) What, if anything, do you think worked well during the health and safety coaching you received; 2) What, if anything, do you think would improve the health and safety coaching you received; 3) In what way(s), if any, did your practice change based on the coaching you received; and 4) Is there anything else you would like us to know about your experiences receiving health and safety coaching? Each question had different responses rates and the responses varied greatly.

When asked what worked well, providers reported that being able to ask questions, being heard, being respected, being given strategies and ideas, and being able to generate solutions in a collaborative manner all were helpful to their practice. One provider stated that, "Being able to communicate and talk with someone without feeling ashamed or looked down upon for asking/not knowing" worked well. Another provider said that, "the personal contact, the depth of her knowledge, her great interpersonal skills, her willingness to learn about and respect Montessori ways" worked well. Another provider identified the coaches' skills as part of what worked well saying, "Our relationship, very strong from the beginning—great listener and helpful in so many levels—very enthusiastic and enjoyable to be around."

Providers said that additional coaching hours and more time for reflection would improve their coaching experience. Three providers stated that they would appreciate a "follow-up" that would occur weeks or months after coaching ended. Providers also reported that they were better able to rearrange their rooms/create safe environments, implement and enforce health and safety policies, and deal with difficult behaviors in their practices after receiving coaching. Providers stated that they changed the language they used with children and made other "small changes in care and thinking." Three providers reported feeling more confident in their roles and better able to deal with issues as a result of receiving coaching.

Finally, the providers who shared information all stated that the coach and the coaching they received was helpful to their practice and that they would encourage other child care providers to

participate in this program. One provider said, "[Coach] was an amazing coach and I am very grateful for all her help! I would recommend her to others! Her professional, positive spirit and enthusiasm made the experience even more memorable. Thank you! What a great experience." And another said, "We were very appreciative to have this opportunity. We all learned a lot. Thank you for the tools so we can use the skills!"

HSCP PROVIDERS' RESPONSES TO SURVEYS AFTER RECEIVING 10 AND 25 HOURS OF COACHING

After receiving 10 hours and 25 hours of coaching, the HSCP providers were asked to complete a seven-question survey regarding their coaching experience. In both surveys, the majority of providers, 100% (n = 9) and 93% (n = 13) respectively, reported that their needs were being met by the coaching experience (see Figure 22). One provider stated that at 25 hours their needs were not fully met because they decided to get help for the child a different way, so they chose "other."

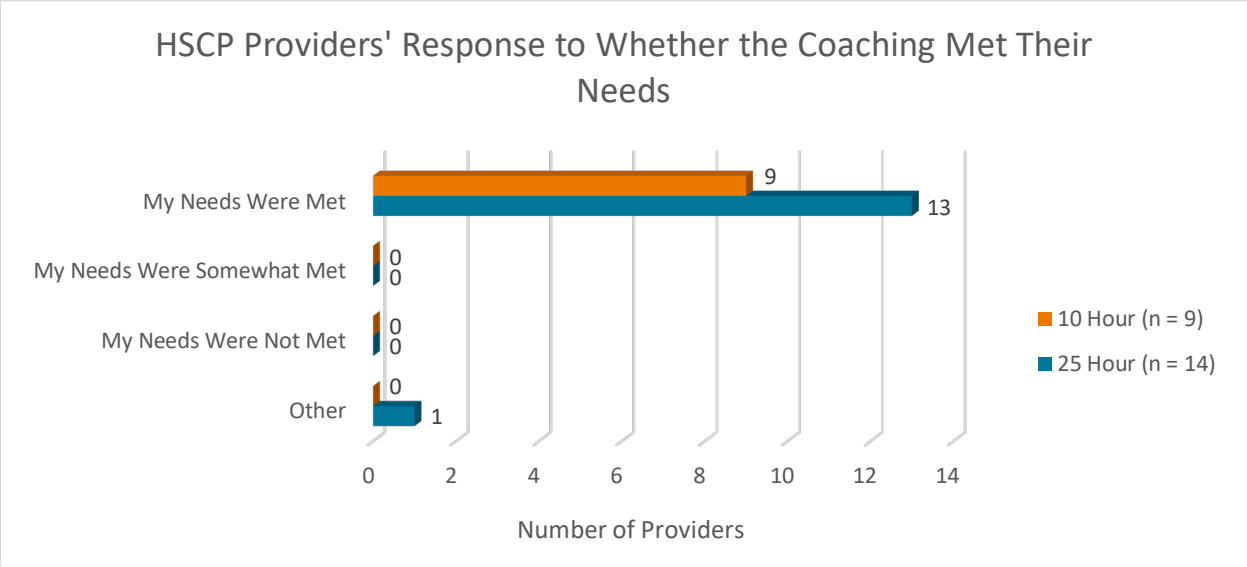

Figure 22. HSCP providers' responses to whether the coaching met their needs after 10 and 25 hours of coaching.

Next, providers were asked to report the extent to which the coach was working with her/him towards an agreed upon goal. Figure 23 demonstrates that at 10 hours, 56% (n = 5) of the providers felt that the coach worked with them to set goals and 33% (n = 3) said the coach led the goal setting. At 25 hours, 100% (n = 14) of the providers reported that goal setting was a collaborative activity.

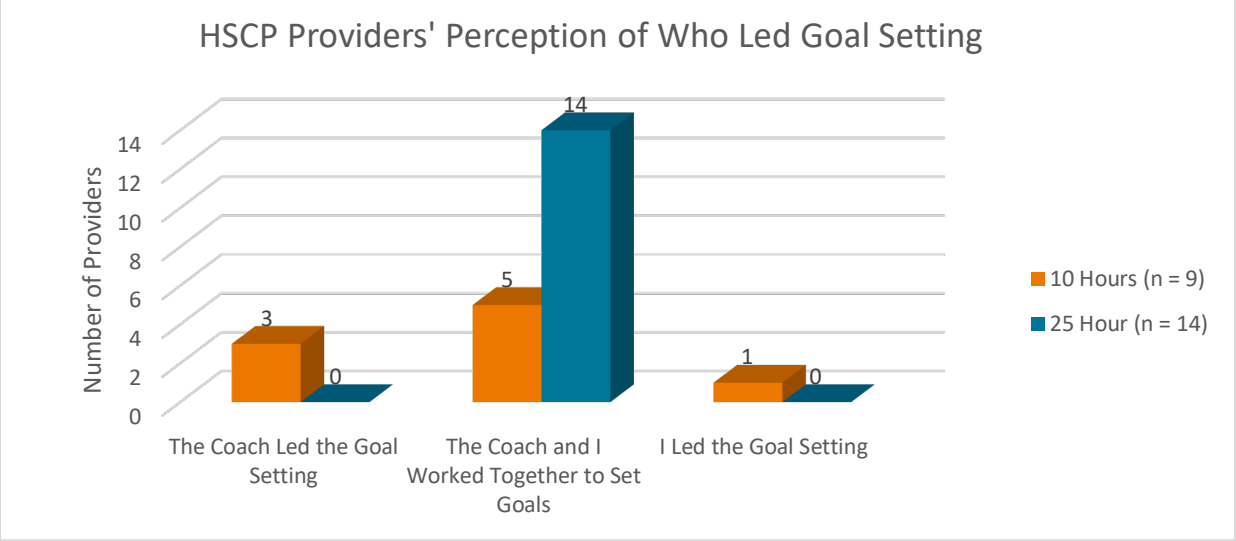

Figure 23. HSCP providers' perceptions of who led the goal setting after 10 and 25 hours of coaching.

Providers were asked to also report how relevant the coaching may or may not have been to their work. After 10 hours of coaching, 100% (n = 9) of the providers stated that the coaching was very relevant to their work. After 25 hours, 93% (n = 13) of the providers reported the same relevance to their work. None of the providers reported that the coaching was not at all relevant to their work.

When asked to rate the quality of the coaching they received, providers overwhelmingly rated the coaching as high quality. At the 10-hour mark, 100% (n = 9) of the providers rated the coaching as high quality. At the 25-hour mark, 86% (n = 12) of the providers gave the same high rating. There were no ratings of low quality at either time point (see Figures 24 and 25).

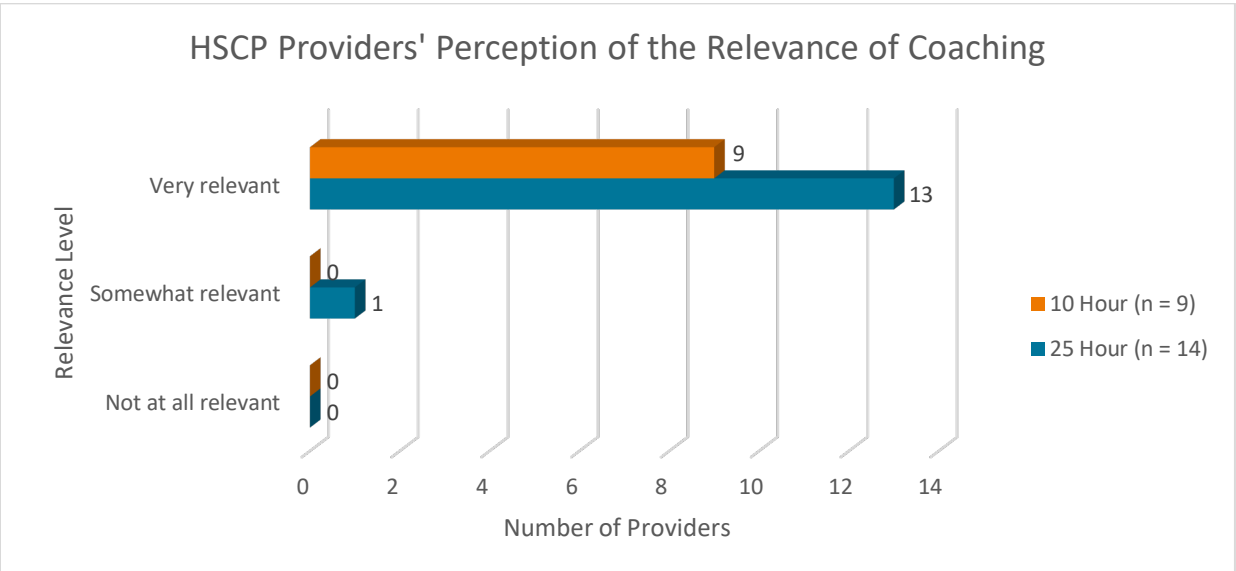

Figure 24. HSCP providers' perceptions of the relevance of coaching after 10 and 25 hours of coaching.

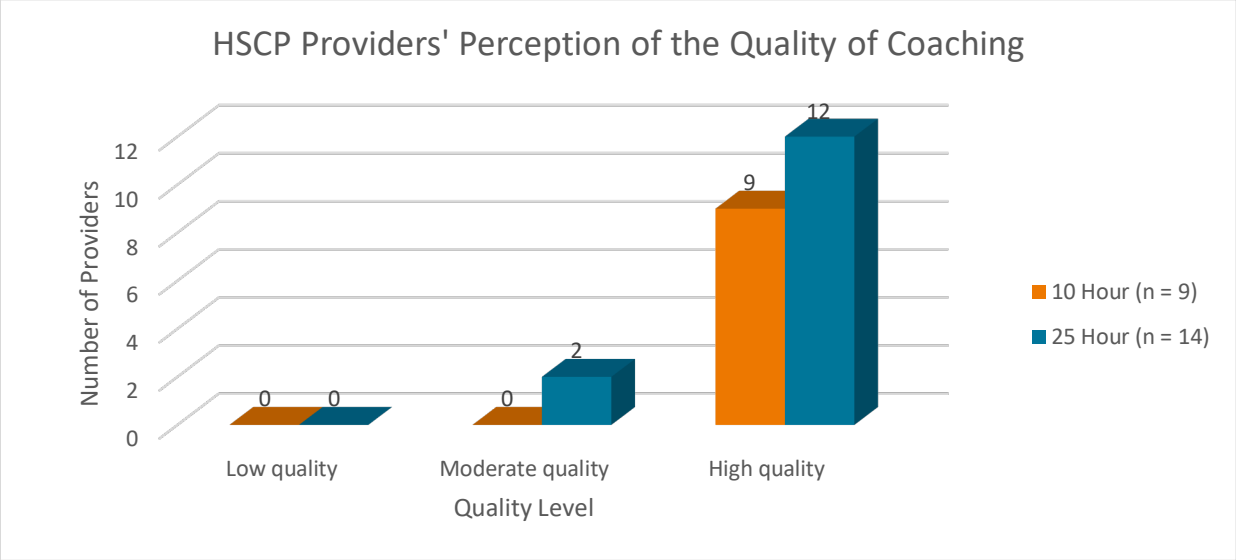

Figure 25. HSCP providers' perceptions of the quality of coaching after 10 and 25 hours of coaching.

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've 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 practice changed by "listening and watching," that they have more confidence in their rules and policies, they reflected on sensory needs of the children, and that they made adjustments that resulted in a safer environment for the children in their care. After 25 hours of coaching, the providers reported having better, "more positive" skills at communicating with children and more practical strategies for dealing with challenging behaviors. The HSCP providers also said that the coach helped them develop routines that are more relevant to the group, develop and implement policies to meet high-quality standards (e.g., NAEYC), and develop better senses of modifying environments to suit the groups of children in their care.

Providers were grateful for the opportunity to receive coaching. One provider stated, "It has been much more than expected. I have had a great coach and learned a lot so far." Another said, "This has been a transformation, and just an amazing experience! This happened at such a perfect time! Words are just not enough to what she [coach] did with my team! We really love her!" And another said, "This is an amazing resource offered to licensed centers. I'm forever grateful for this experience and for [coach's] knowledge, guidance, and bubbly personality." One provider felt that she was left to "figure it out on our end when the funds ran out."

HSCP PROVIDERS' INTERVIEW THEMES

The HSCP 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.

There were 19 themes that emerged from the data analysis. The themes are as follows: provider experience; primary reason(s) for requesting coaching; needs met through coaching; coaching support; other sources of support; amount and timing of coaching; typical coaching, communication, and follow-up process; learning about needs and deciding on areas of focus; communication with coach; resources provided; provider's role in coaching process; CICC website; experience with and challenges implementing health and safety policies; quality of coaching; relationship with coach; perceptions of the Continuous Quality Improvement Plan; providers' perception of the most helpful part of coaching; impact of health and safety coaching on improved quality of child care; and recommendations for change.

PROVIDER EXPERIENCE

Twelve providers who received health and safety coaching participated in the interview. All providers were women, who on average had 11.6 years (range = 2 months to 30 years) as a licensed child care provider. Half of the providers (n = 6) work in center-based programs and half work in family child care settings. Three interviews were conducted with director of centers who received coaching.

PRIMARY REASON(S) FOR REQUESTING COACHING

When asked about their primary reason(s) for requesting coaching, most providers (n = 8) cited challenging behaviors of children within child care programs. Providers most often requested coaching to focus on a specific child and were looking for assistance and skills for responding to children who required additional support. Strategies and ideas for dealing with behavioral concerns were what providers wanted most. Providers wanted help answering questions such as "when he's angry or running, how do I best reach him and what do I use? Do I use the techniques I know, or what other techniques could I use that would be better for him?" Two providers (n = 2) were referred to coaching based on a licensing concern.

NEEDS MET THROUGH COACHING

When asked if their needs were met during the coaching process, all providers (n = 12) agreed that their needs were completely met or surpassed. Explaining how coaching went beyond what she initially reached out for, a director of a program said,

> *When I reached out for coaching it was more for my staff. My teachers needed support. What I didn't know was that I needed some support. So not only did my teachers look forward to her coming, but I did too. Because she taught me how to be a better director. She gave me different perspectives that maybe I wasn't seeing. And I am by myself a lot. We're a K through 8, so we're a busy school. I don't have a support system here, and so she was my support system. Whether it was helping me with the NAEYC standards or*

> *helping me write the program handbook. I mean just like everyone was excited when our coach would come. The kids got excited. And so I just felt like what I reached out to her was to help the teachers, and it ended up being a lot more than that.*

Eight providers elaborated on how their needs were met by describing that their coach provided a valuable, new perspective. Providers appreciated "having an outside set of eyes come in and look at some of what [they] were seeing and offer a fresh take and to validate concerns." One provider said,

> *We had a couple very specific students that we had asked our coach to observe, and she did, and gave us some ideas on how to deal with it, or just a new way of seeing a behavior. For example, like the child demonstrated some behaviors and our coach was really good about giving us some ideas of what might be causing the behavior, that we might not have thought of. And so that was really helpful. And then some strategies for dealing with the behavior.*

COACHING SUPPORT

Providers were asked if there was ever a time that their coach did not provide the support that they wanted. All 12 HSCP providers agreed that there was never a time that the coach did not provide the support they wanted. All providers reported that the coach always provided the support that they wanted by being there for them, listening, and offering feedback and suggestions. One provider said,

> *She would listen and take in what I perceived as a concern or that I was working through, and she would be able to categorize it, pinpoint the need or the support, and be able to guide me through different easy, basic tips and advice that was really easy to implement.*

OTHER SOURCES OF SUPPORT

Four providers (n = 4) reported that they did not receive or seek any support apart from coaching from the CICC when asked if they had gone anywhere else for support. Other providers most commonly reported attending trainings when they felt like they needed additional support. A few providers also mentioned talking with other providers about their issues or working with parents and a child's therapist.

AMOUNT AND TIMING OF COACHING

All HSCP providers (n = 12) felt like coaching visits occurred regularly enough to support them meeting their goals. Most often, providers (n = 8) reported meeting with their coach once a week. The remaining providers reported that their coaching sessions ranged from every other week to once a month. Of the six (6) providers who worked at center-based programs, all reported splitting the coaching hours amongst other teachers. Two providers mentioned that they received

some coaching over the phone while scheduling issues prevented in-person coaching. Regarding the amount of coaching, one provider said,

> *Had you asked me before if 30 hours was a good time frame, I would say that's way too excessive. But now, looking back, first of all, it didn't seem like that long and we were already halfway though. And then all of a sudden we were just a few more sessions left. And I looked forward to them. It was such a good experience, I was pleasantly surprised.*

TYPICAL COACHING, COMMUNICATION, AND FOLLOW-UP PROCESS

When asked about a typical coaching session, all HSCP providers (n = 12) reported that their coach would check-in with them, either at the beginning and/or end of the visit and discuss observations and new ideas and strategies. When the coach provided feedback and guidance, providers reported that she did so through a very supportive way, and that it was a mutual exchange of ideas through offering instead of telling. One coach said that when her coach would provide feedback or ideas, that "It wasn't ever necessarily really telling. It was 'how about if we try this?' And it never added any undue pressure or duress or any additional burden, financially or physically, to our environment or our situation." Eight providers (n = 8) identified observation as a coaching strategy that their coach would use regularly. Providers reported that their coach would make comments to highlight things she noticed while observing, such as "hey, do you see this? Do you see that?' that type of thing." Eight providers (n = 8) also explained that their coach would engage directly with the children and model new strategies during her interactions. One provider said,

> *At the beginning she just observed in the classroom. And she was observing one child specifically, but the room as a whole also. After her observation sessions she would engage with him and practice, just practice some of the skills that we were hoping to see in him. And it was nice because then we could observe her practicing those things, and then we could practice them on our own. Being able to see it in action really helped.*

Explaining how her coach used observation, feedback, and modeling to provide insight, one provider said,

> *She would just come and sit down by us and just, you know I was talking to one kid and I was saying 'oh look, you made three piles. Which one's the biggest?' And she would talk to me and to the child and say 'oh yes. Look oh that's good. He's learning about how to count those.' And then she would sit by another child and play with him and talk to him, and we would just be- she would just kind of join in and be part of our group. And then if something would happen, something would come up, like we were playing with a sand bin and the one little, under 2 year old, like toddler, 18 month old, he would pick up the bucket and try to throw it. She's like 'op. you're all done then.' And I would have probably tried to say 'oh no. Keep it in the bucket.' And she showed me then that he is done. He has had his time. I'm like 'oh, ok. Time to move on to a different activity.' So just like in that moment, he was just done. I would have tried to keep having him play and*

> *keep telling him 'keep the sand in the bucket,' but he was just done with the activity. So she saw that and coached me to see that.*

Providers also commonly complimented how easily their coach "joined in" during a visit and was not disruptive. A provider said "we just did our normal routine and different things would come up, just naturally. Whether somebody was acting out, she would watch my response, and then either offer different scenarios of possible changes. It was really smooth." A few providers (n = 3) explicitly mentioned that their coach acknowledged the positive interactions that they observed. One provider said,

> *She give us some tips and tools to work on with him. And she was very supportive in that. Then when we tried something she said 'maybe next time you could try this' or 'you did a great job.' So she was affirming or helping us along with the tools.*

All 12 providers reported that their coach learned about their needs through having a conversation about their concerns or issues. Four providers (n = 4) also mentioned that the coach learned more about their needs through observation during visits. Providers expressed that they had a very open relationship with their coach and felt comfortable saying "hey, this is what I'm struggling with." One provider stated,

> *So when [my coach] came here, she's like 'I want to hear, in your own words…' And she made me feel really comfortable. It was more like 'just talk to me. Don't worry about this going any further. This is only for MY information.'*

When asked how it was decided what coaching would focus on, most providers (n = 9) reported feeling like it was a mutual, collaborative decision. Three providers (n = 3) reported feeling like they decided or "took the lead" on what to focus on because they knew what their needs and greatest stressors were.

When asked who did most of the talking during coaching sessions, the majority of providers (n = 10) reported that it was an equal dialog between themselves and the coach. One provider said, "It was definitely a conversation- we went back and forth. She never overpowered me, I never overpowered her. It was a really good work relationship." A few providers mentioned that while conversation was pretty mutual overall, they seemed to talk more in the beginning when they were sharing their experience and concerns with their coach, and then as coaching continued their coach talked more because she was sharing observations and ideas. Of the two providers who did not feel like the amount of talking was equally balanced, one felt like they did most of the talking, and the other felt like their coach talked more.

When asked about what the follow-up process was like between coaching sessions, most providers reported that their coach would verbally check-in with them after the visit to discuss observations, ideas, and next steps. All providers (N = 12) reported that they typically communicated with their coach between sessions, either via email, phone, or text. Regarding the follow-up communication, one provider said "Her emails were very thorough and she had our goals mapped and on things. I felt like that kept us on track." Explaining how she appreciated the predictable structure and follow-up communication, another provider said,

> *She would send an email maybe a couple days later with her observations and thoughts, and then we would meet again maybe a week after that to kind of talk things over. And so I felt like it was really nice, because I would know kind of what she was thinking and we would have time to think about things and then come back to the table to discuss and problem solve.*

RESOURCES PROVIDED

When HSCP were providers were asked if their coach provided resources, all providers (n = 12) responded that their coach provided them with multiple types of resources either during or in-between coaching visits. Most providers reported receiving links to "different organizations that [they] could reach out to" or go to for more information (n = 7), tip sheets and handouts (n = 6), and articles (n = 5). Speaking to the benefit of being introduced to organizations or websites to reference for further information, one provider said "[my coach] would mainly share some literature, or some additional examples, or podcasts, or just sharing other resources that I was unaware of, that I can continually tap into, which is AWESOME!" Three providers (n = 3) reported that their coach provided resources and material related to curriculum, and two providers (n = 2) mentioned that the coach provided activities to use in the classroom. Providers appreciated the resources that their coach provided.

PROVIDER'S ROLE IN COACHING PROCESS

Providers were asked what they perceive their role to be in the coaching process. Two directors identified their role as a kind of liaison or time-delegator to facilitate the coaching process for their staff. Most providers (n = 8) reported that they felt like a mentee, or a student, there to learn and "absorb up as much information as [they] could" while working with their coach. Providers explained that while learning from their coach, they also offered their own experience while implementing ideas: "I was open to hearing her expertise on how best to be. But I could also explain what we do in Montessori and see how that fit in with his style of learning." Another provider said,

> *I felt like we were on common ground. She was just really here to just push me harder in some ways to be the best that I can. I felt like she really had so much knowledge. So in many ways I was learning with her but at the same time we worked together, which I really appreciated a lot.*

Three providers (n = 3) perceived their role to have an open mind and implement the strategies and ideas that they discussed with their coach. One provider said, "Just identifying, here is where I need some help. I think that was the biggest step. And then of course implementing changes and trying different things that would help."

CICC WEBSITE

When asked about their familiarity with the CICC website, four providers (n = 4) said they had never visited the website. Half of the providers (n = 6) had visited the CICC's website but

reported not referencing the resource very often due to a lack of time. Although they do not use the resource very frequently, all six providers agreed that it was a valuable source of information that they "would love to devote more time to." Three (n = 3) mentioned that they share resources from the CICC's website with parents. One provider said "It was really helpful. We used a lot of the checklists, so the developmental milestones. That's what we had been giving out to families when there was some concern." Another provider said,

> *I am not one who is very good at going in and using things like that, but I can see the value of it. I can see it's a great resource! I've forwarded it to other parents who had questions because it has so many great resources. I have parents who'll ask about biting and I'll refer them to go look at the CICC website because there's a LOT of information out there that's REALLY helpful. So I'm not using it the way I could, but I could see how great a resource it is.*

Two providers (n = 2) mentioned that there is great information in the newsletters that they receive from the CICC, and one provider reported finding the podcasts particularly helpful.

EXPERIENCE WITH AND CHALLENGES IMPLEMENTING HEALTH AND SAFETY POLICIES

Four out of the 12 providers reported that they received coaching on implementing health and safety policies. Most providers described that instead of focusing on implementing health and safety policies, their coaching centered around "dealing with challenging children in new ways," and "around behaviors and helping with that," by providing "some ideas and some tips and tricks kind of things. Nothing specific to policy or anything." When asked what prevents them from providing a healthy and safe environment for young children, providers most often (n = 4) cited their physical environment or space as their most prevalent obstacle. Two providers described that district policies around assessment and diagnoses left them "without support and help dealing with those kids," which is their biggest challenge. Another two providers cited children's challenging and unpredictable behaviors as an obstacle to providing and healthy and safe environment: One provider said,

> *I think the hardest thing for me is sometimes the challenging and unpredictable behaviors that happen when you have a large group of children. Like we're really great at minimizing our risks and having a clean environment and having all of the environmental safety type things that we do, but then when you have all the children sometimes it's unpredictable.*

QUALITY OF COACHING

All HSCP providers (n = 12) reported feeling like the coaching that they received was of high quality. Providers most often cited their coach's wealth of knowledge and information and complementary and collaborative approach, as the evidence supporting their ratings of high-quality. Speaking to both her coach's knowledge and approach, a provider said,

> *She was so knowledgeable about so many different things, and just listening to the way she put things. She just clearly knows what she's talking about and has a depth of*

knowledge, and so much information to share and great ideas on what to try, and great at collaborating. She's a great listener too. She'd listen to what we had to say and really think about it and come up with thoughtful responses.

Providers also frequently described that their coach "went above and beyond just the health and safety" for which they initially reached out, and offered resources and encouragement that "helped [them] feel more confident in [their] work." Another provider said,

I was really, really impressed. I felt like our coach just really knew how to help us and she was so positive. It was really, really helpful. I felt like it was high quality because it helped me grow and learn so much, and it helped me go from a place where I didn't quite know what to do about a certain situation into being able to move forward with the family, and with the child, in a way that was productive and will meet all of our needs. And that was really what I needed and what I was looking for at that time. So it was really helpful.

While still perceiving the quality of the coaching to be "really good," a provider at a Montessori program explained that having a coach with a background in Montessori education would have enhanced her experience. She said,

I think the person that worked with us was amazing, and just fantastic, but she didn't really know too much about Montessori. It was a little tricky because we're Montessori, so we're going to have very different viewpoints on a lot of things than somebody who's not. I feel like if I had somebody who had some basis of knowledge of Montessori, it could have really enriched some of the things that she was sharing with us. For everything that she shared with us, we kind of had to look it through the Montessori lens, and it just would have been really great to have somebody who already kind of knew that.

RELATIONSHIP WITH COACH

Providers spoke very highly of their relationship with their coach and the efforts of the coach to develop that relationship. One provider explained,

She's just so knowledgeable and professional and I loved her enthusiasm, her energy, her vibe. She really made me feel like 'hey I'm with you and let's make it work.' Her positivity, her vibe, just her whole presence just made the whole experience really worthwhile.

Several providers reported feeling hesitant to request coaching initially, because they thought "oh, she's going to come out and tell me I'm doing this wrong and this wrong and this wrong." The provider continued on by saying,

But that's not at all what it was like. She was a down to earth kind of person, which I appreciated. It was very helpful to have a person who's a mom, was also a child care provider at one time, and is kind of on the same level as you and not talking down to you

or anything. I think that was very, very nice. It was kind of a pleasant surprise for me, to have that.

Providers explained that the coach established a comfortable working relationship with them immediately, as one provider said, "The coach did not make me feel like I wasn't good enough, or that she was better than me. She came in and I felt completely comfortable with her within 20 minutes of her being here." Another provider said, "If I had questions and concerns I felt completely comfortable in talking to her about it. It was more like having a 2-hour, wonderful educational friend come over." Providers appreciated that their coach could relate to their challenges and acknowledged what they were doing well. Speaking of her coach, one provider stated, "Her observations and her feedback were just always realistic, but yet positive. She just came to the table with such a good background and understanding of where I was at on a daily basis. I, meaning a care provider." In summary, one provider stated,

I really enjoyed the experience and I really enjoyed having a coach. I think people think that if they get a coach, they're doing a bad job, and that's why they need one. Other providers have been like 'Nope. Nobody's coming in my house. I'm not having a stranger come in my house.' But I didn't feel that way at all. I feel like she enhanced my program, she made it better. And it didn't make me feel like I was being graded or being judged. So I don't know how to get the word out there, that it's not, it's not like that, because I think that's how the perception is, that they're coming in and judging everything you do, and it's not. She was very encouraging and she gave me lots of praise on what I was doing good, and helped me do better.

PERCEPTIONS OF THE CONTINUOUS QUALITY IMPROVEMENT PLAN

When asked about the Continuous Quality Improvement Plan, all but one HSCP provider (n = 11) either could not recall, or reported that the document was not prevalent throughout coaching. A single provider reported that her coach sent the CQIP after every visit as a reminder of what they had worked on. The other 11 providers' reports of when the CQIP was used varied: Some providers recalled that the document was referenced more in the beginning, while others said it was used about three times throughout, or just at the end of the coaching process. The 11 providers reported that the coach completed the document, and they may have seen it a few times, but goals were more frequently discussed verbally, without reference to the CQIP. Most providers said they liked it this way, as one provider said "[my coach] did the writing, but we talked about what to do. She was in charge of the document, so it didn't feel like another thing that I had to do." Another provider said,

So she would outline our goals and she would reference them. But she very quickly, almost intuitively read my learning style, my intake, and how best to guide even me, not just her ability to read the children, she read me too. And she would communicate the goals to me a lot more clearly, in terms that I was comfortable with. Like 'how can I apply…' different things. And it would be more like, 'well to me this is what that means.' And you might have a title or a category, or something somebody smart came along and deemed that a name, but all I needed to know was how to apply. And I felt like I received that kind of coaching from her, and I was very comfortable with that.

PROVIDERS' PERCEPTIONS OF THE MOST HELPFUL PART OF COACHING

Providers were asked what part of the coaching experience they perceived to be the most helpful for the children and families in their care. Providers most often (n = 7) reported experiencing improved communication and partnering with parents after coaching. Providers felt like parents trusted that they were getting quality care because a professional was observing the situation, and information and resources were passed along to parents (n = 5) so they were "on the same page." Providers also reported feeling more comfortable addressing concerns with parents. One provider said,

> *For me the evaluation process and how to initiate that and how to talk to parents has always been kind of scary and like such a touchy subject, and just after having those coaching sessions I just feel like 'well this isn't something for us to be upset about. Whether it's me or the parent.' And just having more comfort with it. Like this is a way for us to help as opposed to this is a problem.*

In addition to improved communication with parents, providers reported experiencing more positive interactions with children. Explaining the way children benefited from the coaching, a provider said,

> *I'm having meaningful interactions with the kids. Not this supervising 'go wash your hands. Let's go potty before we go outside.' Yes, all of that's necessary too, reminders. But meaningful interactions like 'do you want to try that puzzle?' Maybe to someone who's a little bit shy, after everyone's already gone. Just different eyes. It was really neat to watch a different perspective and then I kind of saw all of the kids in a new light myself. And it was just so helpful.*

Half of the providers (n = 6) reported that the most helpful part of coaching for them was this kind of new perspective or approach to interactions that the coach shared. A provider said,

> *By her coaching me and helping me, it's made my day care very much more of a calmer situation and I can approach problems a whole lot differently than I used to. So everybody is a lot happier because I deal with the problem now and walk away.*

When asked what part of the coaching experience was most helpful for providers, seven providers (n = 7) reported how they appreciated that their coach was on-site and provided tips and "ideas that [they] could implement right away." A few providers mentioned how this type of support was much more effective than attending trainings because it was immediate, and applied: "This is what I know a lot of child care providers say, is when we go to these trainings that are provided to child care providers, they're so unrealistic in a lot of their stuff because it just does not work with kids. It's just unrealistic." Speaking to the value of in-person coaching, a provider said,

> *When having a coach come in to my environment, I think it's so beneficial because talking about your situation, like the behavior you're having, going to a training and talking about it, everyone gives you advice, but it's not in the moment. And having her*

here when it was happening in the moment, she was here when the child tried to bite, and threw a toy, and the other child was trying to build and the other kids were breaking it down. And so having her here in that moment and we could address it right there, was so beneficial because when you go to trainings sometimes you can bring home the ideas and make them work, and sometimes you just can't.

Providers explained that it was helpful to have their coach observe the children in their care and the nuances of the situations they were experiencing. Three providers (n = 3) noted that it was helpful to have another "set of eyes" in their space to provide a different perspective or ideas. A provider said,

I guess for me personally, it was just being able to have her here and see what I'm seeing, and able to still offer different vantage points or view points on something, and then having us be able to actually discuss it in real time, that was helpful.

Two providers (n = 2) identified increased confidence as the most helpful result of coaching. A director said,

The coaching coached me through the director role. I don't have a mentor person that I can reach out to, and so she really showed me what a director is supposed to do, what a director is supposed to look like to my students, to my parents, to my staff. So I had that definition of what a director is, and then she helped build my confidence to show me that I could do that.

Providers appreciated having their coach as a guide to help them navigate their role, as well as the system as a whole. One provider explained that her coach helped her to better understand the system and processes for getting additional support for a child, saying,

The most helpful was definitely the support and just how knowledgeable she was about all of the processes that go into looking for extra support for children. Because it's really often a complicated and very drawn out procedure, and so having someone there who could help guide me through that, especially for the first time, was really, really helpful.

IMPACT OF HEALTH AND SAFETY COACHING ON IMPROVED QUALITY OF CHILD CARE

When asked in what ways, if any, they believe their program was impacted as a result of receiving health and safety coaching, providers most often reported feeling much more confident, more validated in their work (n = 8), and calmer (n = 5). One program director said, "Oh my goodness- night and day difference! My staff's calmer. They have the self-confidence to know that they can solve any problems that come up."

Providers felt calmer because they had more strategies and techniques for dealing with behaviors. Commenting that she wished she had reached out for coaching sooner, one provider said that the coach helped "remold" her by providing guidance on issues, so that she can continue to do child care "without being so stressed out, without discipline being the number one

issue." Another provider explained how implementing a visual schedule helped to calm her environment by providing a predictable structure to the day. She said,

> *It would free up time. To focus somebody's constant questions, when they have a high-need to know 'what's the next step?' What are we gonna have for lunch? What are we gonna do now? What did we do before? How long is that gonna take? You know, to just point at an area of my child care and just say 'what do you think is next? Did we already do lunch?' And help them…I don't know, it's not self-regulate, but it's along those types of terms. It frees you up to not constantly spend so much time in that kind of dialog, and have more meaningful involvement. Yes, there's gonna be diapering, there's gonna be washing dishes, there's gonna be directional stuff, but it's a lot more fun, and it means a lot more to all of us when we can interact in a little bit more involved way, a fun way.*

Providers recognized that their increased confidence and decreased stress when responding to challenging behaviors provided more consistency and cohesion within their programs. A provider said,

> *I think it just became a less stressful environment. Because I feel less stressed because I knew how to handle some of these situations and behaviors that were causing me to get overwhelmed, and the kids knew what to expect when this was said, or that was said, so I just feel like my environment is calmer. Me, and the kids, all together.*

Providers reported that prior to receiving coaching they often felt unsure as to whether they were providing quality care, and coaching helped to validate their responses. One provider explained,

> *I think what was most helpful would be the encouragement that what I was doing was beneficial for the kids. Before coaching there was a lot of me being like 'I just feel like I'm not doing the right thing,' and so she helped me through like 'well you are. Because remember as you were saying, you know this, this, this, and this.' And so she just kind of reaffirmed what I've been doing.*

Another provider described that the increased confidence in their strategies for working with children impacted the program as a whole. She stated,

> *I think it was impacted almost in more of a sense of validation that the methods and the strategies that we were using were ok. Because I felt a lot of self-doubt about like 'am I doing the right thing when I do this?' And being able to bounce that off of a neutral third party who is also knowledgeable about working with children and everything that goes into working with young children in this type of setting, and to have that person's 'yes. You're doing exactly the right things.' It helped me to feel more confident and I think that that spread through all of our staff, and then that impacts the children. Like when we feel like yes, we know for sure we're doing the right thing, then the community itself just feels stronger, and even for them. And more consistent for them, because the children need that consistency.*

RECOMMENDATIONS FOR CHANGE

All HSCP providers were asked if there was anything they would change about the HSCP. Most providers (n = 7) said "if there was anything I could change, it would just be more coaching time." While providers recognized that the hours that they received were sufficient in meeting the needs that led them to initially request coaching, most wished that the support would not end there. One provider said,

> *Just the thought that it had it end. It's not that I necessarily even needed it for this particular child, but to think that if I had another child with different issues, I'd love to be able to have that as a resource again. I wish that it didn't have such a specific end time, or number of hours.*

Another provider reported feeling uncertain regarding what support will look like since coaching officially ended but coach invited her to reach out if any other issues. She said,

> *We basically hit the end of our hours, and it would be nice if it could be even longer or more ongoing. When we did our wrap up interview, I was like 'so, does this mean that if there's something in the future, like can we still contact you? Like how does that work?' And it feels like that area is kind of a gray area right now. I mean she was like 'of course you can contact me. Technically our hours are up.' So I don't know what that will mean. And that would be the only thing, where I can see at some point in the future that there could be a need to have more coaching as we continue to grow and our society and children change and new things happen all the time.*

One provider reported that there was some miscommunication surrounding the amount of coaching sessions that they had left due to hours being "rounded up" if her coach stayed longer than two hours for a visit. She said would have liked to understand how that scheduling worked up front so that she could know how many visits to expect from her coach. Another coach who worked outside of the metro area commented that the amount of time between intake and actually being assigned a coach could be improved for providers in more rural areas.

A provider at a Montessori program mentioned that it would have been valuable to have a coach who was had experience and a background in Montessori education. She said,

> *I value traditional early childhood education too, but you're going to find a lot of Montessorianism who don't. For the Center for Inclusive Child Care, if they wanted to really reach those kids, having somebody who had some Montessori knowledge would be really beneficial for them, and for the schools. You know they need it because Montessori schools are gonna have the same issues that traditional early childhood schools are gonna have.*

SUMMARY OF PROVIDERS' INTERVIEW THEMES

Throughout all of the interviews, HSCP 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. HSCP 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.

HSCP 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 = 35) and programs that received coaching after December 2019 (n = 8) used the newest version. In the third year of the health and safety coaching program, health and safety coaches recorded setting a total of 131 goals with the child care providers with whom they worked. Of these goals, 82% (n = 108) were completed by the providers and coaches, and 14% (n = 18) were reported as ongoing. Of the remaining goals, less than 2% 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 26.

Figure 26. Number of HSCP Goals by Standards of Quality.

As shown in Figure 26, the most common standard of quality that health and safety goals focused on was teaching and relationships with children (45%; n = 59). Health and wellbeing was the next most common standard of quality, relating to 27% (n = 35) of providers' goals. Seventeen percent of providers' goals (17%; n = 22) focused on professionalism, 11% of goals (n = 14) focused on assessment and planning for each individual child, and two percent of goals (2%; n = 3) focused on relationships with families.

The Minnesota Knowledge and Competency Frameworks are 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 child care and education. There are eight different content areas within each 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 27 below.

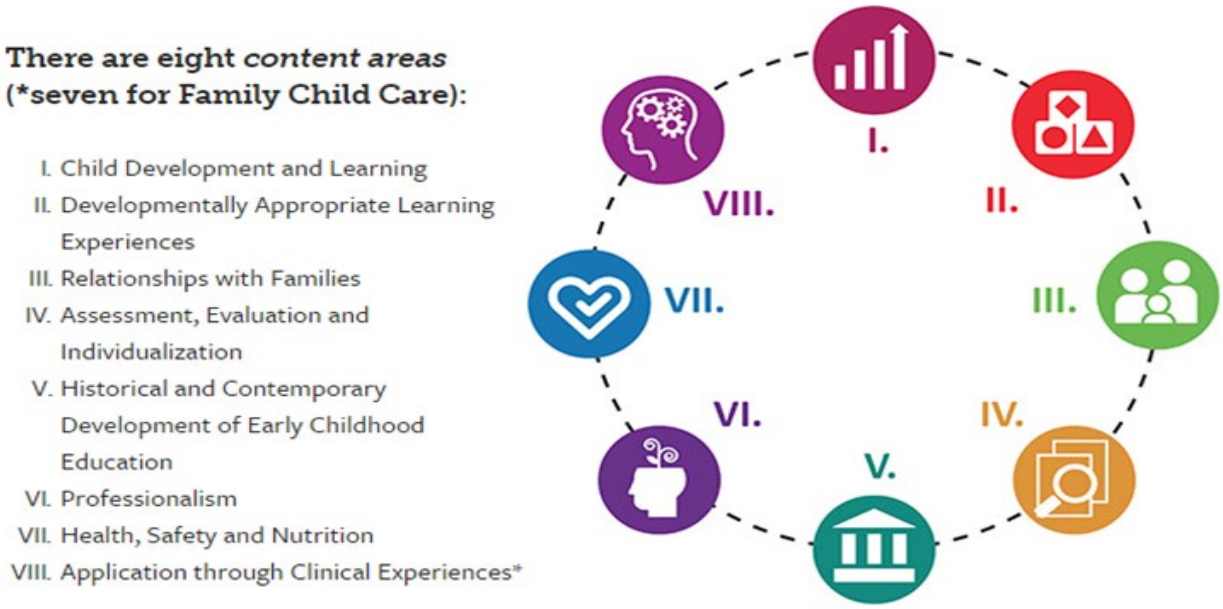

Figure 27. The Minnesota Knowledge and Competency Framework Content Areas.

HSCP providers' goals were distributed amongst these content areas as shown in Figure 27. Please note that content area VIII, Application through Clinical Experience has been omitted from the figure, as none of the providers' goals addressed the content area.

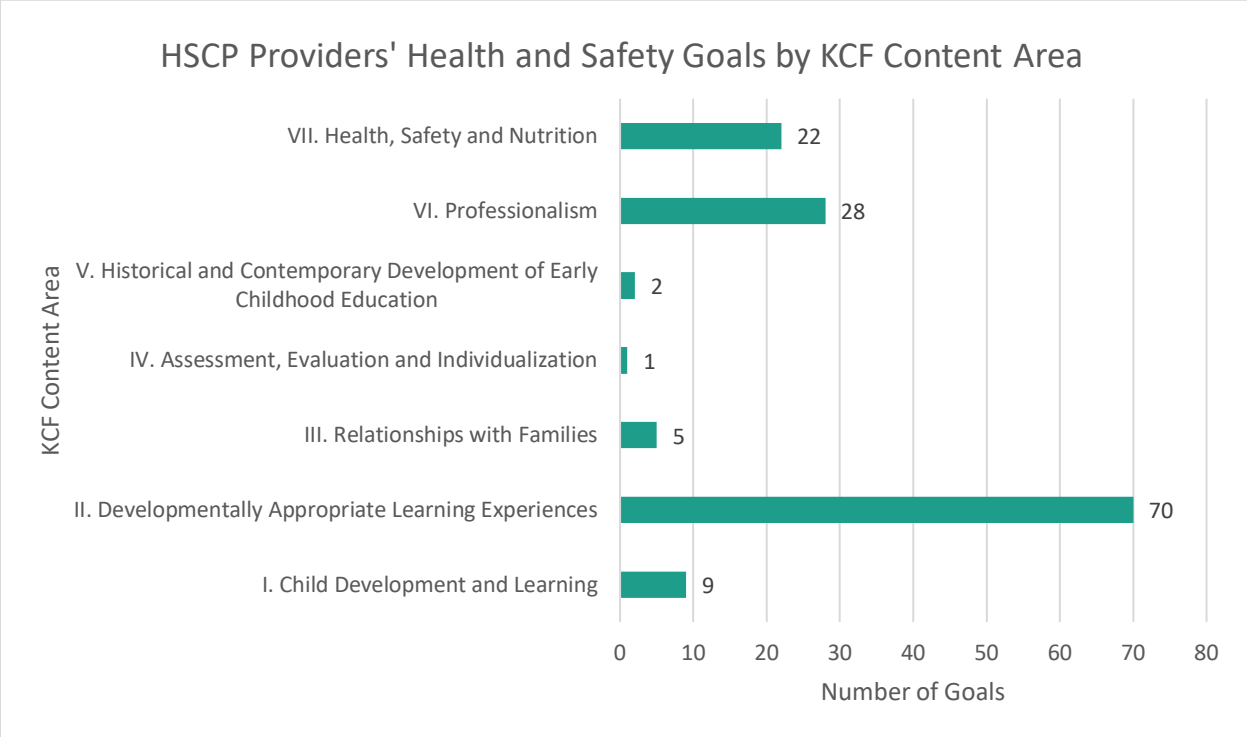

Figure 28. Number of HSCP Provider Goals by KCF Content Area.

Figure 28 displays the number of HSCP providers' goals that fell within each KCF content area. The majority of providers' goals (53%; n = 70) were identified within KCF content area II, Developmentally Appropriate Learning Experiences. Twenty-one percent (21%; n = 28) of the goals were connected to content areas VI, Professionalism and 17% of the goals (n = 22) were related to content area VII, Health, Safety and Nutrition. Seven percent (7%; n = 9) of the goals related to content area I, Child Development and Learning and 4% (n = 5) of the goals related to content area III, Relationships with Families. As noted earlier, none of the goals fell under content area VIII, Application through Clinical Experience.

HSCP COACH DEMOGRAPHICS

Ten (10) HSCP coaches completed the pre-survey (91% response rate) and 10 coaches completed the post-survey. The HSCP coaches range in age from 31 to 62 years old, with an average age of 42.9 years. Eight (8) coaches identified as White, one as Black or African American, and one as Multiracial.

HSCP COACHES' EDUCATION AND EXPERIENCE

Four (4) HSCP coaches (40%) have post-graduate degrees, three (30%) have Bachelor of Arts or Science degrees, and three (30%) have Associate of Arts degrees. The majority of the coaches' degrees are in the areas of early child education, child development, or elementary education.

The coaches shared that they have worked an average of 19.7 years (range = 14 to 27 years) in the early care and education field and 16.8 years in child care (range = three to 27 years). The number of years of experience as a coach ranged from two years to 12 years, with an average of 4 years working as a coach within the child care system. Sixty percent (60%; n = 6) of the HSCP coaches have been a Health and Safety coach for the CICC for two years and the other 40% (n = 4) have been with the CICC for three years.

HSCP COACHES' KNOWLEDGE OF HEALTH AND SAFETY CONTENT

HSCP coaches (n = 10) were asked to report their perceived level of knowledge on a number of different health and safety topics. Table 6 reports the percentage of coaches who indicated that they perceive their knowledge as beginning, developing, or proficient on these health and safety 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. HSCP Coaches' Perceptions at Pre-Survey of Their Level of Knowledge of Health and Safety Content.

Health and Safety Topic	Perceived Level of Knowledge (Pre-Survey)			Perceived Level of Knowledge (Post-Survey)		
	Beginning	**Developing**	**Proficient**	**Beginning**	**Developing**	**Proficient**
Active Supervision	0% (0/10)	20% (2/10)	80% (8/10)	0% (0/10)	30% (3/10)	70% (7/10)
Adequate and Safe Physical Space (Indoor and Outdoor)	0% (0/10)	10% (1/10)	90% (9/10)	0% (0/10)	20% (2/10)	80% (8/10)
Allergies	0% (0/10)	50% (5/10)	50% (5/10)	0% (0/10)	80% (8/10)	20% (2/10)
Developing Health and Safety Policies	0% (0/10)	40% (4/10)	60% (6/10)	0% (0/10)	40% (4/10)	60% (6/10)
Developing a Risk Reduction Plan (required only in center-based settings)	0% (0/10)	70% (7/10)	30% (3/10)	0% (0/10)	70% (7/10)	30% (3/10)
Developing an Individual Child Care Program Plan (required only in center-based settings)	0% (0/10)	50% (5/10)	50% (5/10)	10% (1/10)	30% (3/10)	60% (6/10)
Emergency Preparedness	0% (0/10)	30% (3/10)	70% (7/10)	0% (0/10)	40% (4/10)	60% (6/10)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	0% (0/10)	20% (2/10)	80% (8/10)	0% (0/10)	40% (4/10)	60% (6/10)
Implementing Health and Safety Policies	0% (0/10)	10% (1/10)	90% (9/10)	0% (0/10)	40% (4/10)	60% (6/10)
Implementing a Risk Reduction Plan (required only in center-based settings)	0% (0/10)	80% (8/10)	20% (2/10)	0% (0/10)	50% (5/10)	50% (5/10)
Implementing an Individual Child Care Program Plan (required	0% (0/10)	30% (3/10)	70% (7/10)	10% (1/10)	30% (3/10)	60% (6/10)

Health and Safety Topic	Perceived Level of Knowledge (Pre-Survey)			Perceived Level of Knowledge (Post-Survey)		
	Beginning	**Developing**	**Proficient**	**Beginning**	**Developing**	**Proficient**
only in center-based settings)						
Infant Feeding	0% (0/10)	20% (2/10)	80% (8/10)	0% (0/10)	30% (3/10)	70% (7/10)
Infectious Diseases	0% (0/10)	50% (5/10)	50% (5/10)	0% (0/10)	50% (5/10)	50% (5/10)
Keeping Furniture and Equipment in Good Repair	0% (0/10)	20% (2/10)	80% (8/10)	0% (0/10)	20% (2/10)	80% (8/10)
Licensing Requirements (Rule 2 or Rule 3)	0% (0/10)	20% (2/10)	80% (8/10)	0% (0/10)	40% (4/10)	60% (6/10)
Medication Administration and Storage	0% (0/10)	10% (1/10)	90% (9/10)	0% (0/10)	50% (5/10)	50% (5/10)
Nutrition Requirements	0% (0/10)	30% (3/10)	70% (7/10)	0% (0/10)	70% (7/10)	30% (3/10)
Outdoor Play Safety	0% (0/10)	20% (2/10)	80% (8/10)	0% (0/10)	20% (2/10)	80% (8/10)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0% (0/10)	20% (2/10)	80% (8/10)	0% (0/10)	20% (2/10)	80% (8/10)
Precautions for Transporting Young Children	10% (1/10)	30% (3/10)	60% (6/10)	0% (0/10)	80% (8/10)	20% (2/10)
Proper Diapering/ Toileting	0% (0/10)	0% (0/10)	100% (10/10)	0% (0/10)	20% (2/10)	80% (8/10)
Provider Mental Health/Self-Care	0% (0/10)	20% (2/10)	80% (8/10)	0% (0/10)	40% (4/10)	60% (6/10)
Provider to Child Ratios	0% (0/10)	0% (0/10)	100% (10/10)	0% (0/10)	20% (2/10)	80% (8/10)
Safe Sleep Practices for Infants	0% (0/10)	10% (1/10)	90% (9/10)	0% (0/10)	10% (1/10)	90% (9/10)
Safe Sleep Practices for	0% (0/10)	0% (0/10)	100% (10/10)	0% (0/10)	10% (1/10)	90% (9/10)

Health and Safety Topic	Perceived Level of Knowledge (Pre-Survey)			Perceived Level of Knowledge (Post-Survey)		
	Beginning	**Developing**	**Proficient**	**Beginning**	**Developing**	**Proficient**
Toddlers and Preschoolers						
Sanitation Practices	0% (0/10)	0% (0/10)	100% (10/10)	0% (0/10)	30% (3/10)	70% (7/10)

Within the pre-survey, the coaches identified feeling proficient most often with the following topics: proper diapering/toileting (100%), provider to child ratios (100%), safe sleep practices for toddlers and preschoolers (100%), and sanitation practices (100%). A majority of coaches are still developing their knowledge of implementing a risk reduction plan (80%), developing a risk reduction plan (70%), allergies (50%), developing an individual child care plan (50%), and infectious diseases (50%). One coach reported feeling at the beginning stages of precautions for transporting young children (10%).

In the post-survey, the coaches continued to identify themselves as proficient in the areas of safe sleep practices for infants (90%), safe sleep practices for toddlers and preschoolers (90%), adequate and safe physical space (80%), keeping furniture in good repair (80%), outdoor play safety (80%), potential hazards (80%), and proper diapering and toileting (80%). More coaches said they were developing their knowledge relating to allergies (80%), precautions for transporting young children (80%), developing a risk reduction plan (70%), and nutrition requirements (70%) in the post-survey than in the pre-survey.

HSCP COACHES' SOURCES OF LEARNING AND PROFESSIONAL DEVELOPMENT

When asked to report on their preferred method for learning new health and safety content in the pre-survey, 40% (n = 4) of the HSCP coaches chose online training, 20% (n = 2) chose communities of practice, and one provider (10%) chose articles/books, in-person training, and my peers. One coach listed "email" as her preferred way of learning new health and safety content. The data were more variable in the post-survey (see Figure 29). None of the coaches identified college coursework their preferred method of learning new health and safety content on the pre- or post-survey so it was omitted from the figure.

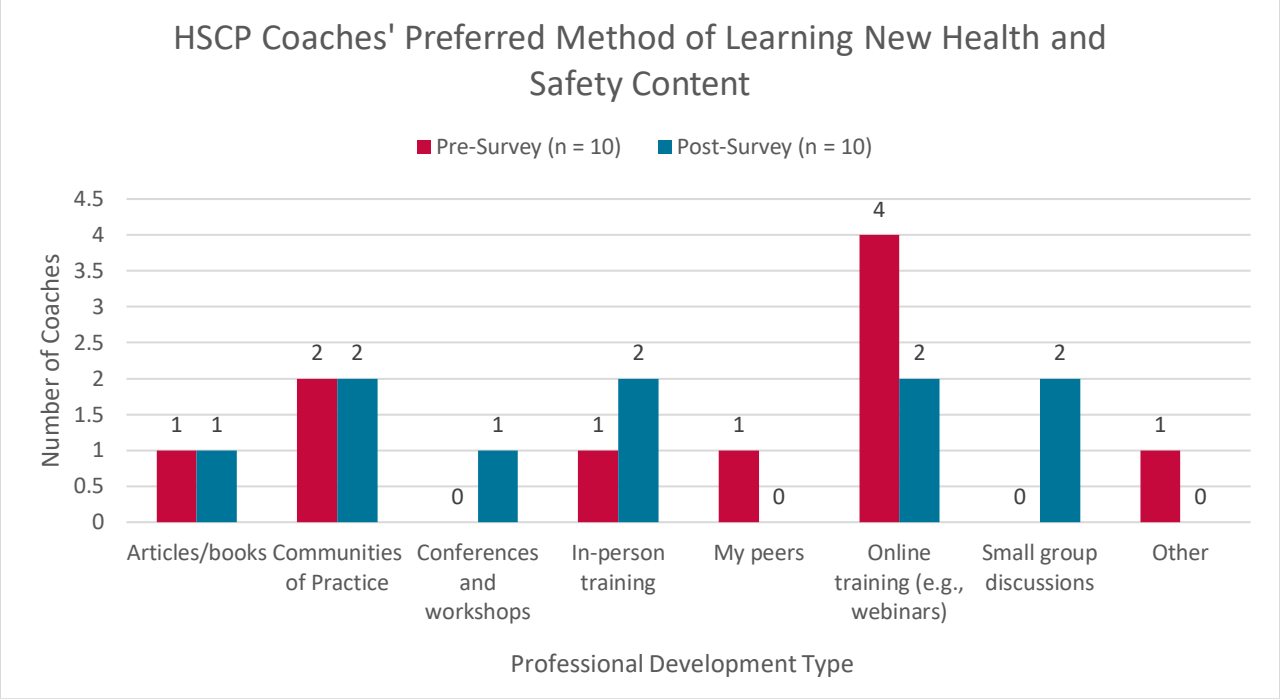

Figure 29. HSCP coaches' preferred method of learning new health and safety content.

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 health and safety content knowledge. In the pre-survey, 70% (n = 7) of the coaches stated that they were able to fulfill their content needs elsewhere. In the post-survey, 80% (n = 8) of the providers stated that they could get their content needs met via other sources.

Coaches were then asked to report on what health and safety topics they had received training within the past year. The coaches' responses are found in Table 7. Only six or seven coaches responded to this question within the pre-survey and 8 coaches responded to the post-survey, which corresponds to the earlier data point where seven of the coaches (pre-survey) and eight coaches (post-survey) said they were able to access training within the past year.

Table 7. Percentage of HSCP Coaches Who Reported Receiving Training on Health and Safety Topics within the Past Year.

Health and Safety Topic	Received Training (Pre-Survey)	Received Training (Post-Survey)
Active Supervision	71% (5/7)	88% (7/8)
Adequate and Safe Physical Space (Indoor and Outdoor)	67% (4/6)	50% (4/8)
Allergies	67% (4/6)	62% (5/8)
Developing Health and Safety Policies	83% (5/6)	62% (5/8)
Developing a Risk Reduction Plan	29% (2/7)	62% (5/8)

Health and Safety Topic	Received Training (Pre-Survey)	Received Training (Post-Survey)
Developing an Individual Child Care Program Plan	57% (4/7)	38% (3/8)
Emergency Preparedness	57% (4/7)	88% (7/8)
How to Access Local Resources (e.g., healthy consultants, emergency hotlines, etc.)	50% (3/6)	75% (6/8)
Implementing Health and Safety Policies	83% (5/6)	100% (8/8)
Implementing a Risk Reduction Plan	17% (1/6)	75% (6/8)
Implementing an Individual Child Care Program Plan	83% (5/6)	50% (4/8)
Infant Feeding	83% (5/6)	38% (3/8)
Infectious Diseases	86% (6/7)	75% (6/8)
Keeping Furniture and Equipment in Good Repair	33% (2/6)	38% (3/8)
Licensing Requirements (Rule 2 or Rule 3)	86% (6/7)	88% (7/8)
Medication Administration and Storage	67% (4/6)	62% (5/8)
Nutrition Requirements	83% (5/6)	38% (3/8)
Outdoor Play Safety	67% (4/6)	50% (4/8)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	57% (4/7)	62% (5/8)
Precautions for Transporting Young Children	67% (4/6)	50% (4/8)
Proper Diapering/Toileting	67% (4/6)	62% (5/8)
Provider Mental Health/Self-Care	86% (6/7)	75% (6/8)
Provider to Child Ratios	50% (3/6)	38% (3/8)
Safe Sleep Practices for Infants	83% (5/6)	62% (5/8)
Safe Sleep Practices for Toddlers and Preschoolers	83% (5/6)	50% (4/8)
Sanitation Practices	83% (5/6)	88% (7/8)

Of the coaches who responded to this question, all received training on developing health and safety policies, implementing health and safety policies, implementing an individual child care program plan, infant feeding, infectious diseases, licensing requirements (rule 2 or 3), nutrition requirements, provider mental health/self-care, safe sleep practices for infants, safe sleep practices for toddlers and preschoolers, and sanitation practices.

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

Table 8. Percentage of HSCP Coaches Who Reported Wanting Additional Professional Development on Health and Safety Topics.

Health and Safety Topic	Want Additional Training (Pre-Survey)	Want Additional Training (Post-Survey)
Active Supervision	14% (1/7)	11% (1/9)

Health and Safety Topic	Want Additional Training (Pre-Survey)	Want Additional Training (Post-Survey)
Adequate and Safe Physical Space (Indoor and Outdoor)	0% (0/7)	11% (1/9)
Allergies	56% (5/9)	33% (3/9)
Developing Health and Safety Policies	14% (1/7)	56% (4/9)
Developing a Risk Reduction Plan	71% (5/7)	33% (3/9)
Developing an Individual Child Care Program Plan	57% (4/7)	33% (3/9)
Emergency Preparedness	14% (1/7)	44% (4/9)
How to Access Local Resources (e.g., healthy consultants, emergency hotlines, etc.)	33% (3/9)	11% (1/9)
Implementing Health and Safety Policies	0% (0/7)	33% (3/9)
Implementing a Risk Reduction Plan	43% (3/7)	33% (3/9)
Implementing an Individual Child Care Program Plan	50% (3/6)	22% (2/9)
Infant Feeding	0% (0/7)	22% (2/9)
Infectious Diseases	25% (2/8)	22% (2/9)
Keeping Furniture and Equipment in Good Repair	0% (0/7)	11% (1/9)
Licensing Requirements (Rule 2 or Rule 3)	50% (4/8)	44% (4/9)
Medication Administration and Storage	29% (2/7)	22% (2/9)
Nutrition Requirements	0% (0/7)	33% (3/9)
Outdoor Play Safety	0% (0/7)	
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	14% (1/7)	22% (2/9)
Precautions for Transporting Young Children	25% (2/8)	22% (2/9)
Proper Diapering/Toileting	0% (0/7)	11% (1/9)
Provider Mental Health/Self-Care	33% (3/9)	44% (4/9)
Provider to Child Ratios	14% (1/7)	22% (2/9)
Safe Sleep Practices for Infants	14% (1/7)	33% (3/9)
Safe Sleep Practices for Toddlers and Preschoolers	0% (0/7)	33% (3/9)
Sanitation Practices	0% (0/7)	22% (2/9)

Within the pre-survey, a majority of HSCP coaches identified wanting additional training on developing a risk reduction plan (71%), developing an individual child care plan (57%), allergies (56%), implementing an individual child care program plan (50%), and licensing requirement (rule 2 or 3) (50%). In the post-survey, 56% the HSCP coaches stated that they wanted more professional developing on developing health and safety policies.

Finally, the HSCP coaches were asked to rate the usefulness of the professional development they are receiving via the CICC: 1) Online Staff Meetings, 2) RBPD Credential Training (online), 3) RBPD Credential Training (in-person), and 4) Reflective Consultation. Figures 30 and 31 show the coaches' responses from the pre- and post-survey. In the pre-survey, all but one coach rated the reflective consultation as very useful (90%; n =9) and 100% (n = 9) rated the RBPD credential training (in-person) as very useful. One coach (10%) reported that the online staff meetings were not useful to her work.

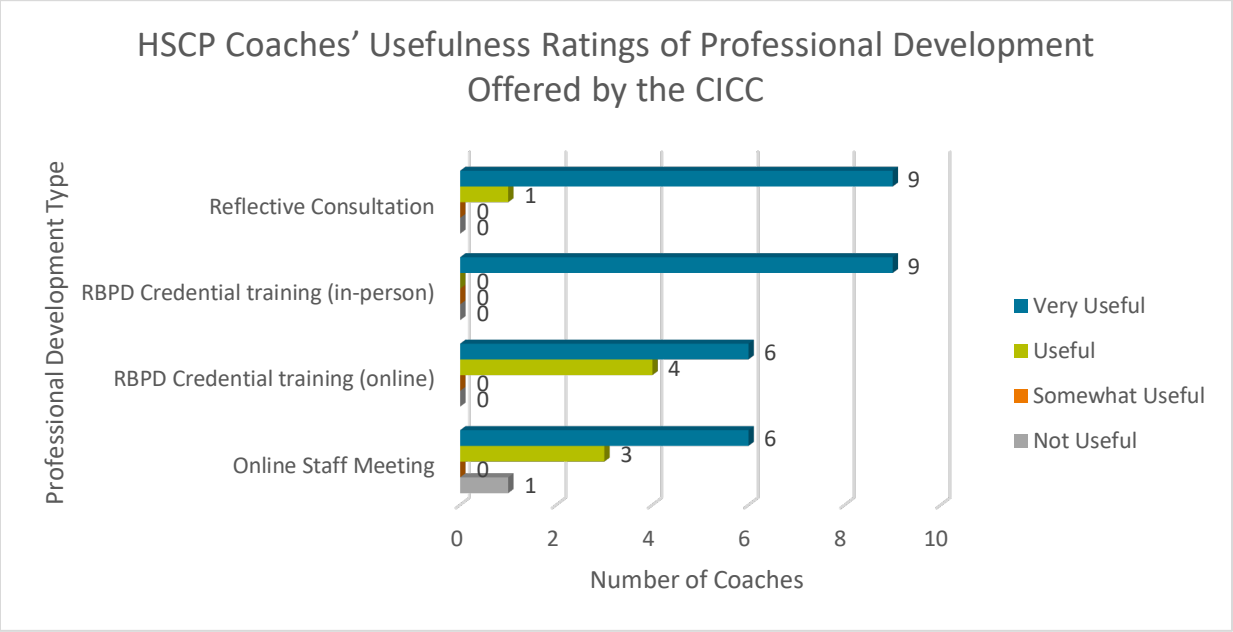

Figure 30. HSCP coaches' pre-survey usefulness ratings of the different types of professional development offered by the CICC.

Within the post-survey, 90% (n = 9) of the coaches reported that the reflective consultations were very useful to their work and 70% (n = 7) of the coaches felt the same about the online staff meetings. The coaches were more varied in their responses to the usefulness of the online RBPD credential, with 40% (n = 4) reporting as very useful, another 40% (n = 4) reporting the experience as useful, and 20% (n = 2) reporting the online credential as somewhat useful. None of the coaches said that the professional development offerings were not useful to their work.

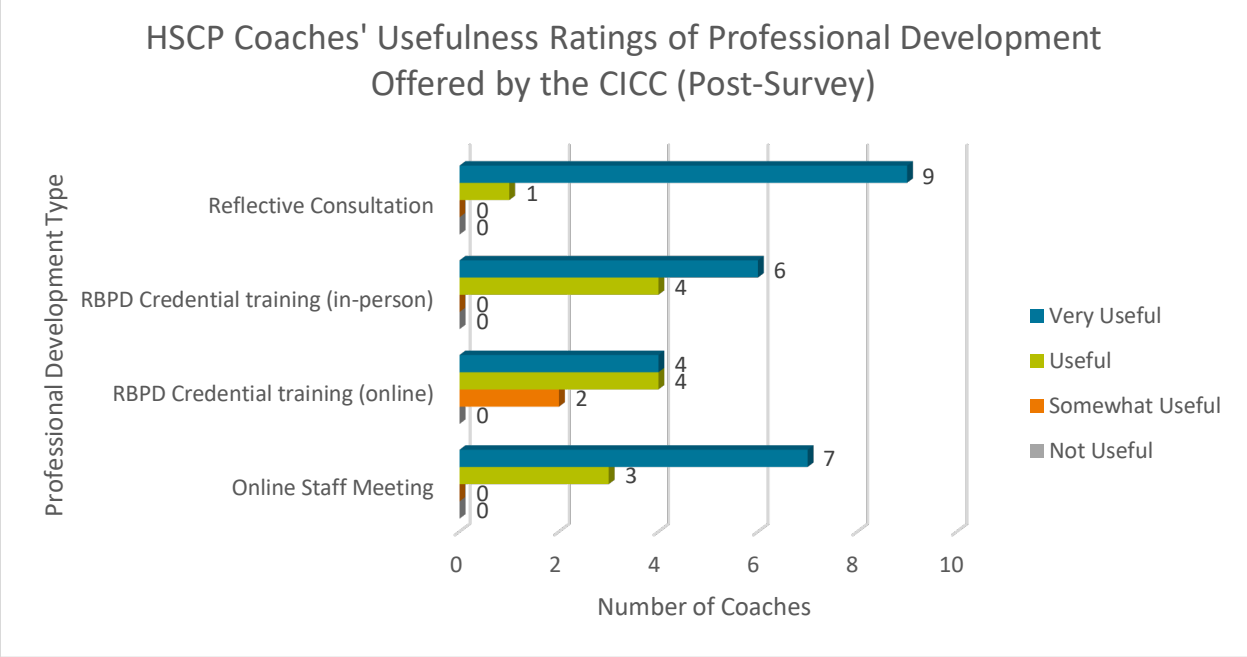

Figure 31. HSCP coaches' post-survey usefulness ratings of the different types of professional development offered by the CICC.

HSCP COACHES' KNOWLEDGE OF THE MINNESOTA KNOWLEDGE AND COMPTENCY FRAMEWORKS

In the pre-survey, HSCP coaches were asked to rate their familiarity with and their comfort using the three different Minnesota Knowledge and Competency Frameworks (KCFs). In the post-survey, the coaches were asked if their levels of familiarity and comfort had changed at all over the past year.

Eighty percent (80%; n = 8) of the coaches said they were familiar and 20% (n = 2) said they were somewhat familiar with the Family Child Care KCF. All of the coaches (100%; n = 10) reported being very comfortable using the Family Child Care KCF. Within the post-survey, 50% (n = 5) of the coaches said they were more familiar and 50% said their familiarity stayed the same with the Family Child Care KCF. Sixty percent (60%; n = 6) of the coaches said their comfort using the document increased, while the other 40% (n = 4) said that their comfort level using the document stayed the same.

For the Infant Toddler KCF, 70% (n = 7) of the HSCP coaches reported feeling very familiar, 20% (n = 2) reported feeling somewhat familiar, and 10% (n = 1) reported being a little familiar with the document. Eighty percent (80%; n = 8) of the coaches felt very comfortable and the other 20% (n = 2) felt somewhat comfortable using the Infant and Toddler KCF. Within the post-survey, 50% (n = 5) of the coaches said they were more familiar and 50% said their familiarity stayed the same with the Infant and Toddler KCF. Half (50%; n = 5) of the coaches reported that their comfort with using the document increased, while the other 50% (n = 5) said that their comfort with using the document stayed the same.

Finally, all (100%; n = 9) of the HSCP coaches said that they feel very familiar with the Preschool and School-Aged KCF. Ninety-one percent (91%; n = 10) of the coaches stated that they were very comfortable and 9% (n = 1) said they were somewhat comfortable using the Preschool and School-Aged KCF in their work. Within the post-survey, 50% (n = 5) of the coaches said they were more familiar and 50% said their familiarity stayed the same with the Preschool and School-Aged KCF. Sixty percent (60%; n = 6) of the coaches reported that their comfort using the document stayed the same and 40% (n = 4) stated that their comfort using the document increased over the past year.

HSCP COACHES' PERCEPTIONS AND USE OF COACHING COMPETENCIES AND DISPOSITIONS

HSCP coaches were asked to rate their level of competency on a list of common coaching skills. Table 9 identifies the coaching skills investigated and the coaches' perceptions of their competency in those skills for the pre-survey. HSCP 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. HSCP Coaches' Perceived Level of Competency in Coaching Skills.

Coaching Competencies	**Perceived Level of Competency (Pre-Survey)**			**Perceived Level of Competency (Post-Survey)**		
	Beginning	**Developing**	**Proficient**	**Beginning**	**Developing**	**Proficient**
I am effective in different interpersonal contexts	0% (0/11)	36% (4/11)	64% (7/11)	0% (0/10)	40% (4/10)	60% (6/10)
I am skilled at conducting observations	0% (0/11)	0% (0/11)	100% (11/11)	0% (0/10)	40% (4/10)	60% (6/10)
I am skilled at providing constructive feedback	0% (0/11)	18% (2/11)	82% (9/11)	10% (1/10)	40% (4/10)	50% (5/10)
I ask questions rather than provide solutions	0% (0/11)	45% (5/11)	55% (6/11)	0% (0/10)	70% (7/10)	30% (3/10)

Coaching Competencies	Perceived Level of Competency (Pre-Survey)			Perceived Level of Competency (Post-Survey)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
I assist practitioners in identifying realistic next steps for improvement	0% (0/11)	27% (3/11)	73% (8/11)	0% (0/10)	50% (5/10)	50% (5/10)
I assist practitioners in understanding the characteristics of high-quality health and safety child care practices	0% (0/11)	18% (2/11)	82% (9/11)	0% (0/10)	50% (5/10)	50% (5/10)
I challenge biases and inequitable practices	9% (1/11)	36% (4/11)	55% (6/11)	10% (1/10)	40% (4/10)	50% (5/10)
I encourage the providers to broaden their perspectives by helping them see the big picture	0% (0/11)	18% (2/11)	82% (9/11)	0% (0/10)	50% (5/10)	50% (5/10)
I evaluate practitioners' understanding of health and safety information	0% (0/11)	27% (3/11)	73% (8/11)	0% (0/10)	60% (6/10)	40% (4/10)
I focus on improving practices	0% (0/11)	0% (0/11)	100% (11/11)	0% (0/10)	40% (4/10)	60% (6/10)
I know how to write specific and measurable goals	0% (0/11)	18% (2/11)	83% (9/11)	0% (0/10)	70% (7/10)	30% (3/10)
I know where to find evidence-based health and safety information	0% (0/11)	18% (2/11)	83% (9/11)	0% (0/10)	60% (6/10)	40% (4/10)
	Perceived Level of Competency			Perceived Level of Competency		

Coaching Competencies	(Pre-Survey)			(Post-Survey)		
	Beginning	**Developing**	**Proficient**	**Beginning**	**Developing**	**Proficient**
I provide resources so that providers can perform their jobs more effectively	0% (0/11)	9% (1/11)	91% (10/11)	0% (0/10)	30% (3/10)	70% (7/10)
I provide specific feedback	0% (0/11)	9% (1/11)	91% (10/11)	0% (0/10)	30% (3/10)	70% (7/10)
I provide time for reflection	0% (0/11)	36% (4/11)	64% (7/11)	0% (0/10)	60% (6/10)	40% (4/10)
I set expectations with the providers	0% (0/11)	18% (2/11)	83% (9/11)	0% (0/10)	30% (3/10)	70% (7/10)
I solicit feedback from the providers to ensure that my interactions are helpful to them	0% (0/11)	18% (2/11)	83% (9/11)	0% (0/10)	50% (5/10)	50% (5/10)
I withhold judgments until evidence is examined	0% (0/11)	27% (3/11)	73% (8/11)	0% (0/10)	40% (4/10)	60% (6/10)

In the pre-survey, a majority of HSCP coaches feel that they are proficient in all but one coaching competency. Forty-five percent (45%; n = 5) of the coaches reported that they are developing the skill of challenging biases and inequitable practices. In the post-survey, the coaches reported knowledge proficiency in all topics, although there was greater variability within their answers compared to the pre-survey responses. Half or more than half of the coaches reported still developing their skills in nine of the coaching competencies.

HSCP coaches (n = 11) were also asked to rate, within the pre-survey, how often they use these competencies in their practice. Table 10 shows the coaches' responses. The coaches most often stated that they use these coaching competencies always or usually. Only one or two coaches stated that they use certain competencies about half of the time and only one coach reported seldom use of the competency of challenging biases and inequitable practices.

Table 10. HSCP Coaches' Pre-Survey Perceptions of Coaching Competency Use in Practice.

Coaching Competency	How often do you use this skill?				
	Always	**Usually**	**About ½ the time**	**Seldom**	**Never**
I am effective in different interpersonal contexts	55% (6/11)	36% (4/11)	9% (1/11)	0% (0/11)	0% (0/11)
I am skilled at conducting observations	55% (6/11)	45% (5/11)	0% (0/11)	0% (0/11)	0% (0/11)
I am skilled at providing constructive feedback	70% (7/10)	30% (3/10)	0% (0/10)	0% (0/11)	0% (0/10)
I ask questions rather than provide solutions	27% (3/11)	64% (7/11)	9% (1/11)	0% (0/11)	0% (0/11)
I assist practitioners in identifying realistic next steps for improvement	45% (5/11)	55% (6/11)	0% (0/11)	0% (0/11)	0% (0/11)
I assist practitioners in understanding the characteristics of high-quality health and safety child care practices	64% (7/11)	27% (3/11)	9% (1/11)	0% (0/11)	0% (0/11)
I challenge biases and inequitable practices	30% (3/10)	60% (6/10)	0% (0/10)	10% (1/10)	0% (0/10)
I encourage the providers to broaden their perspectives by helping them see the big picture	36% (4/11)	55% (6/11)	9% (1/11)	0% (0/11)	0% (0/11)
I evaluate practitioners' understanding of health and safety information	55% (6/11)	36% (4/11)	9% (1/11)	0% (0/11)	0% (0/11)
I focus on improving practices	73% (8/11)	27% (3/11)	0% (0/11)	0% (0/11)	0% (0/11)
I know how to write specific and measurable goals	55% (6/11)	45% (5/11)	0% (0/11)	0% (0/11)	0% (0/11)
I know where to find evidence-based health and safety information	45% (5/11)	36% (4/11)	18% (2/11)	0% (0/11)	0% (0/11)

Coaching Competency	How often do you use this skill?				
	Always	Usually	About ½ the time	Seldom	Never
I provide resources so that providers can perform their jobs more effectively	45% (5/11)	55% (6/11)	0% (0/11)	0% (0/11)	0% (0/11)
I provide specific feedback	50% (5/10)	50% (5/10)	0% (0/10)	0% (0/10)	0% (0/10)
I provide time for reflection	55% (6/11)	27% (3/11)	18% (2/11)	0% (0/11)	0% (0/11)
I set expectations with the providers	45% (5/11)	36% (4/11)	18% (2/11)	0% (0/11)	0% (0/11)
I solicit feedback from the providers to ensure that my interactions are helpful to them	45% (5/11)	45% (5/11)	9% (1/11)	0% (0/11)	0% (0/11)
I withhold judgments until evidence is examined	45% (5/11)	45% (5/11)	9% (1/11)	0% (0/11)	0% (0/11)

Using the same list of competencies, HSCP coaches (n = 10) were asked within the post-survey to rate their perceived level of change in use over the past year. Their responses are in Table 11. The coaches most often perceived their coaching competencies as improved, especially in the areas of encouraging providers to broaden their perspectives and setting expectations with providers. None of the coaches said that their coaching competencies worsened over the last year.

Table 11. HSCP Coaches' Post-Survey Perceptions of Coaching Skill Use in Practice.

Coaching Skill	Perceived Level of Change in Competencies			
	Got Worse	Stayed the Same	Improved	Improved Greatly
I am effective in different interpersonal contexts	0% (0/10)	10% (1/10)	80% (8/10)	10% (1/10)
I am skilled at conducting observations	0% (0/10)	20% (2/10)	60% (6/10)	20% (2/10)
I am skilled at providing constructive feedback	0% (0/10)	0% (0/10)	90% (9/10)	10% (1/10)
I ask questions rather than provide solutions	0% (0/10)	0% (0/10)	90% (9/10)	10% (1/10)
I assist practitioners in identifying realistic next steps for improvement	0% (0/10)	0% (0/10)	80% (8/10)	20% (2/10)

Coaching Skill	Perceived Level of Change in Competencies			
	Got Worse	Stayed the Same	Improved	Improved Greatly
I assist practitioners in understanding the characteristics of high-quality health and safety child care practices	0% (0/10)	20% (2/10)	80% (8/10)	0% (0/10)
I challenge biases and inequitable practices	0% (0/10)	0% (0/10)	90% (9/10)	10% (1/10)
I encourage the providers to broaden their perspectives by helping them see the big picture	0% (0/10)	0% (0/10)	100% (10/10)	0% (0/10)
I evaluate practitioners' understanding of health and safety information	0% (0/10)	30% (3/10)	70% (7/10)	0% (0/10)
I focus on improving practices	0% (0/10)	10% (1/10)	90% (9/10)	0% (0/10)
I know how to write specific and measurable goals	0% (0/10)	10% (1/10)	70% (7/10)	20% (2/10)
I know where to find evidence-based health and safety information	0% (0/10)	30% (3/10)	60% (6/10)	10% (1/10)
I provide resources so that providers can perform their jobs more effectively	0% (0/10)	10% (1/10)	80% (8/10)	10% (1/10)
I provide specific feedback	0% (0/10)	0% (0/10)	90% (9/10)	10% (1/10)
I provide time for reflection	0% (0/10)	10% (1/10)	70% (7/10)	20% (2/10)
I set expectations with the providers	0% (0/10)	0% (0/10)	100% (10/10)	0% (0/10)
I solicit feedback from the providers to ensure that my interactions are helpful to them	0% (0/10)	10% (1/10)	90% (9/10)	0% (o/10)
I withhold judgments until evidence is examined	0% (0/10)	0% (0/10)	90% (9/10)	10% (1/10)

HSCP coaches were asked to evaluate their own coaching dispositions from a pre-determined list in the pre- (n = 11) and post-survey (n = 10). Table 12 displays both the coaching dispositions and the coaches' level of agreement with those dispositions. Please note that response rates for

"Strongly Disagree" are not presented in Table 12 because none of the coaches selected that response to describe any of their coaching dispositions in either surveys.

Table 11. HSCP Coaches' Level of Agreement with Coaching Dispositions.

Coaching Disposition	Level of Agreement (Pre-Survey)			Level of Agreement (Post-Survey)		
	Strongly Agree	Agree	Disagree	Strongly Agree	Agree	Disagree
I am accepting of others	91% (10/11)	9% (1/11)	0% (0/11)	90% (9/10)	10% (1/10)	0% (0/10)
I am an active listener	91% (10/11)	9% (1/11)	0% (0/11)	90% (9/10)	10% (1/10)	0% (0/10)
I am attentive	91% (10/11)	9% (1/11)	0% (0/11)	80% (8/10)	20% (2/10)	0% (0/10)
I am collaborative	91% (10/11)	9% (1/11)	0% (0/11)	50% (5/10)	50% (5/10)	0% (0/10)
I am culturally competent	45% (5/11)	45% (5/11)	9% (1/11)	50% (5/10)	50% (5/10)	0% (0/10)
I am ethical	91% (10/11)	9% (1/11)	0% (0/11)	90% (9/10)	10% (1/10)	0% (0/10)
I am flexible	45% (5/11)	55% (6/11)	0% (0/11)	70% (7/10)	20% (2/10)	10% (1/10)
I am inventive	55% (6/11)	45% (5/11)	0% (0/11)	50% (5/10)	50% (5/10)	0% (0/10)
I am objective	64% (7/11)	36% (4/11)	0% (0/11)	40% (4/10)	60% (6/10)	0% (0/10)
I am professional	64% (7/11)	36% (4/11)	0% (0/11)	80% (8/10)	20% (2/10)	0% (0/10)
I am resourceful	64% (7/11)	36% (4/11)	0% (0/11)	70% (7/10)	20% (2/10)	10% (1/10)
I am respectful	91% (10/11)	9% (1/11)	0% (0/11)	100% (10/10)	0% (0/10)	0% (0/10)
I am respectful of the provider's experience	73% (8/11)	27% (3/11)	0% (0/11)	100% (10/10)	0% (0/10)	0% (0/10)
I am responsible	91% (10/11)	9% (1/11)	0% (0/11)	100% (10/10)	0% (0/10)	0% (0/10)
I am responsive	73% (8/11)	27% (3/11)	0% (0/11)	100% (10/10)	0% (0/10)	0% (0/10)
I am understanding	82% (9/11)	18% (2/11)	0% (0/11)	90% (9/10)	10% (1/10)	0% (0/10)

The HSCP coaches were most likely to strongly agree on all topics, with the exception of "I am flexible" in the pre-survey and "I am objective" in the post-survey. The coaches were more evenly split in their agreement level for the statements, "I am culturally competent," "I am inventive," "I am objective," and "I am collaborative" within the post-survey.

HSCP COACHES' PERCEPTIONS OF EFFECTIVENESS AND CONFIDENCE

HSCP coaches were asked to rate themselves on their perceived level of effectiveness in their role. In both surveys, the coaches reported feeling either very or somewhat effective in their positions. Figure 32 demonstrates the coaches' responses to the question of effectiveness.

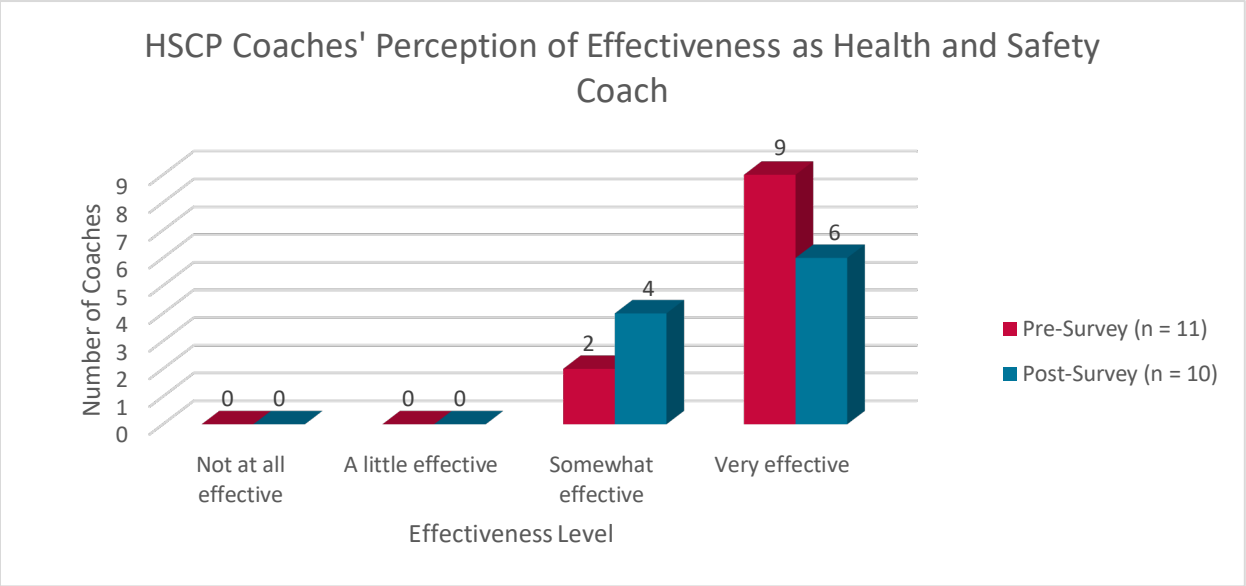

Figure 32. HSCP coaches' pre- and post-survey perceptions of their effectiveness as health and safety coaches.

The HSCP coaches were asked, in the post-survey, how their perception of their effectiveness had changed over the past year. Seventy percent (70%; n = 7) of the coaches felt that their effectiveness had increased. The other three coaches (30%) reported that their effectiveness had stayed the same over the past year.

HSCP coaches were also asked to rate their abilities to a) support provider implementation of health and safety policies, and b) support provider implementation of health and safety practices in the pre- and post-surveys. Figures 33 and 34 display their responses.

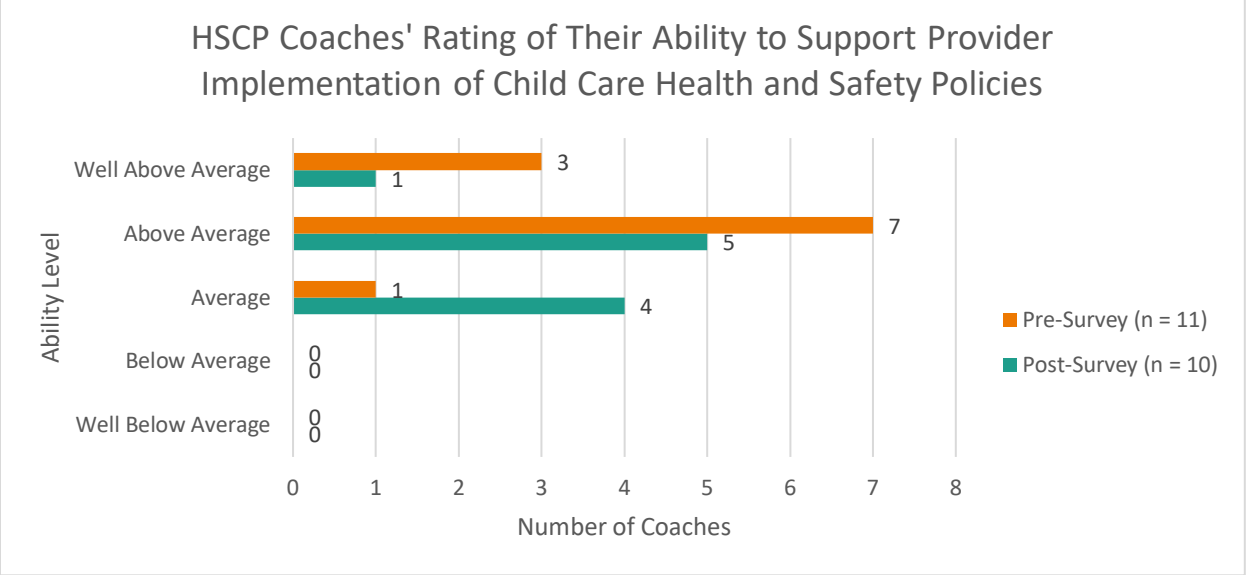

Figure 33. HSCP coaches' pre- and post-survey perceptions of their ability to support implementation of health and safety policies.

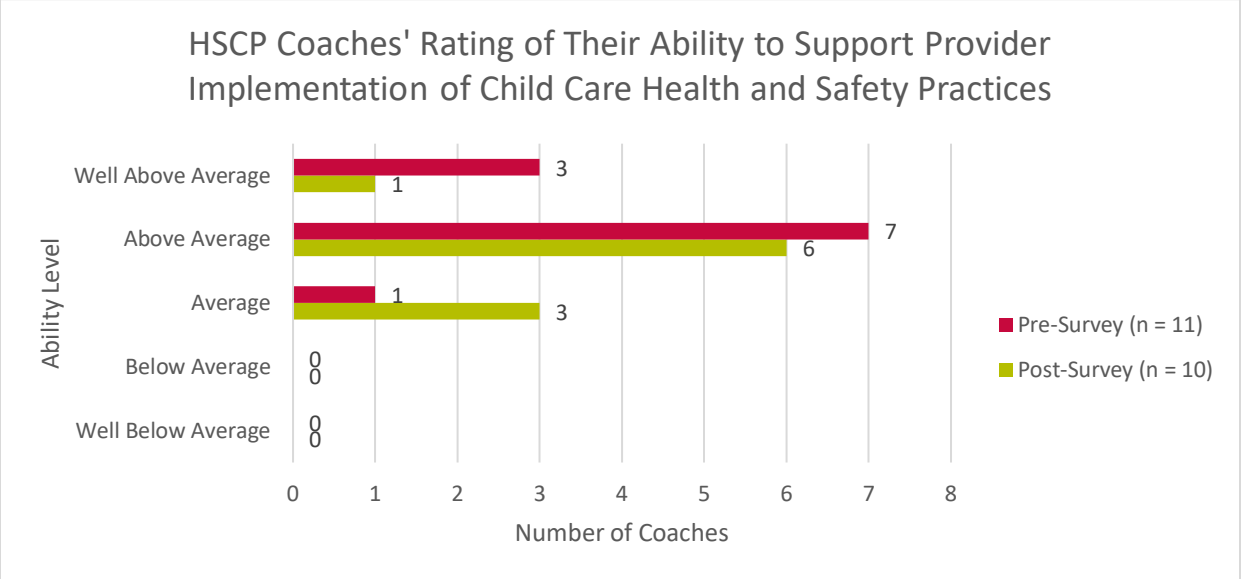

Figure 34. HSCP coaches' pre- and post-survey perceptions of their ability to support implementation of health and safety practices.

HSCP coaches perceived their ability to support the implementation of health and safety policies and practices in exactly the same way. The majority of providers (64% pre-survey; 50% post-survey) reported their ability to support the implementation of health and safety policies as above average. The data are similar for the coaches' responses to their ability to support the implementation of health and safety practices. The majority (64% pre-survey; 60% post-survey) of the coaches rated their ability to implement health and safety practices as above average. At no time did any coach rate her ability to implement health and safety policies and practices as below or well below average.

HSCP COACHES' PERCEPTIONS OF HEALTH AND SAFETY AND RBPD KNOWLEDGE

The HSCP coaches were asked a series of questions related to their knowledge of health and safety content, their ability to share that content, their knowledge of RBPD content, and their confidence using RBPD skills in their practices within both the pre- and post-surveys. Within the post-survey, the coaches were also asked if their knowledge of health and safety information, their confidence sharing their knowledge of health and safety information, and their confidence in their knowledge of RBPD has changed at all over the past year.

First, coaches were asked to rate their confidence in their knowledge of health and safety child care information. Eighty-two percent (82%; n = 9) of coaches felt very confident in the pre-survey and 50% (n = 5) felt very confident in the knowledge in the post-survey (see Figure 35). Sixty percent (60%; n = 6) of the coaches stated that their confidence in their health and safety knowledge had increased over the past year. One coach (10%) stated that her confidence had decreased over the past year (see Figure 36).

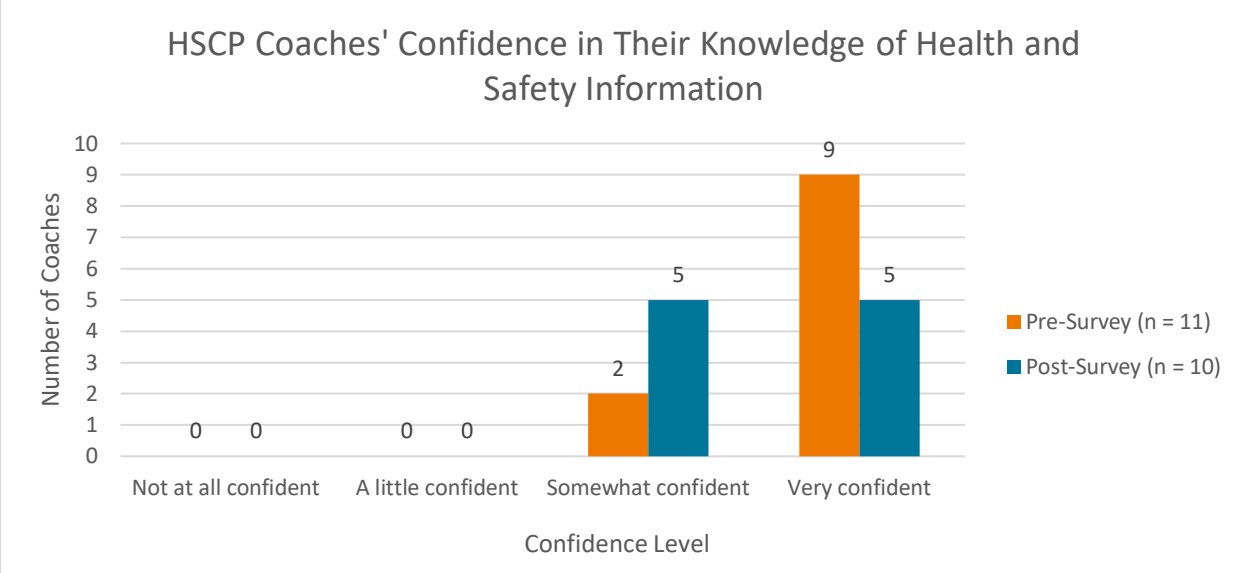

Figure 35. HSCP coaches' pre- and post-survey confidence in their health and safety knowledge.

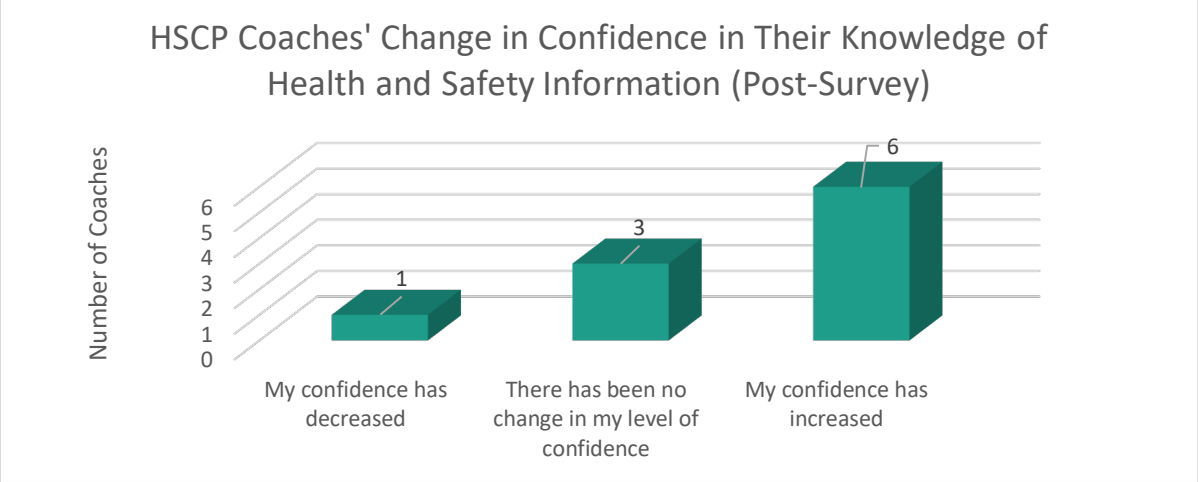

Figure 36. HSCP coaches' change in confidence of health and safety knowledge during the past year.

Next, the coaches were asked to rate how confident they are in sharing their health and safety knowledge. Sixty-four percent (64%; n = 7) of the coaches rated themselves as very confident in the pre-survey and 50% (n = 5) rated themselves as very confident in their ability to share health and safety content with child care providers in the post-survey (see Figure 37). Fifty percent (50%; n = 5) of the coaches stated that their confidence in sharing health and safety information had increased over the past year. One coach (10%) stated that her confidence in her ability to share health and safety information had decreased over the past year (see Figure 38).

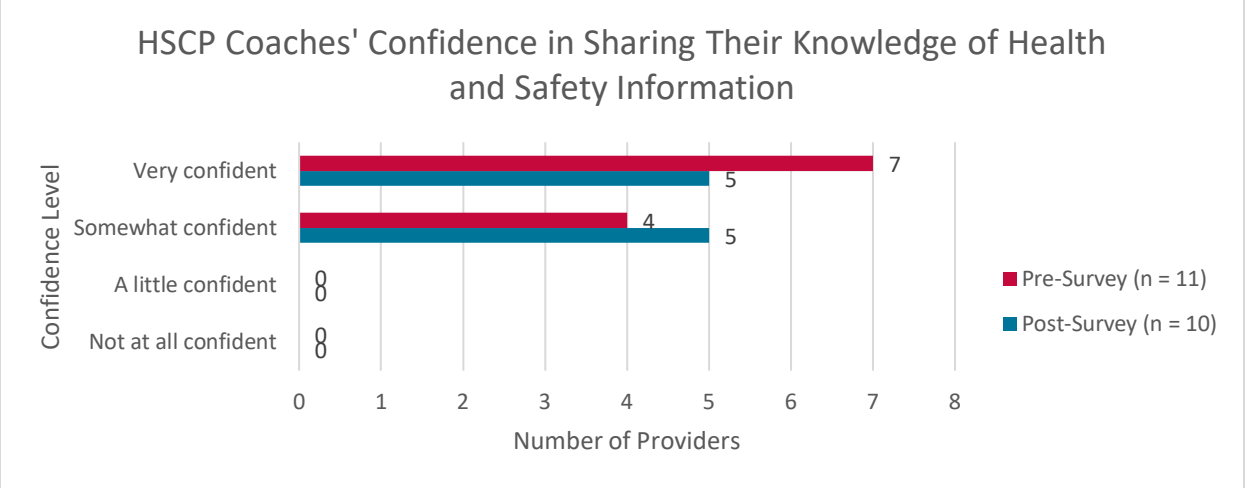

Figure 37. HSCP coaches' pre- and post-survey confidence of their ability to share health and safety knowledge.

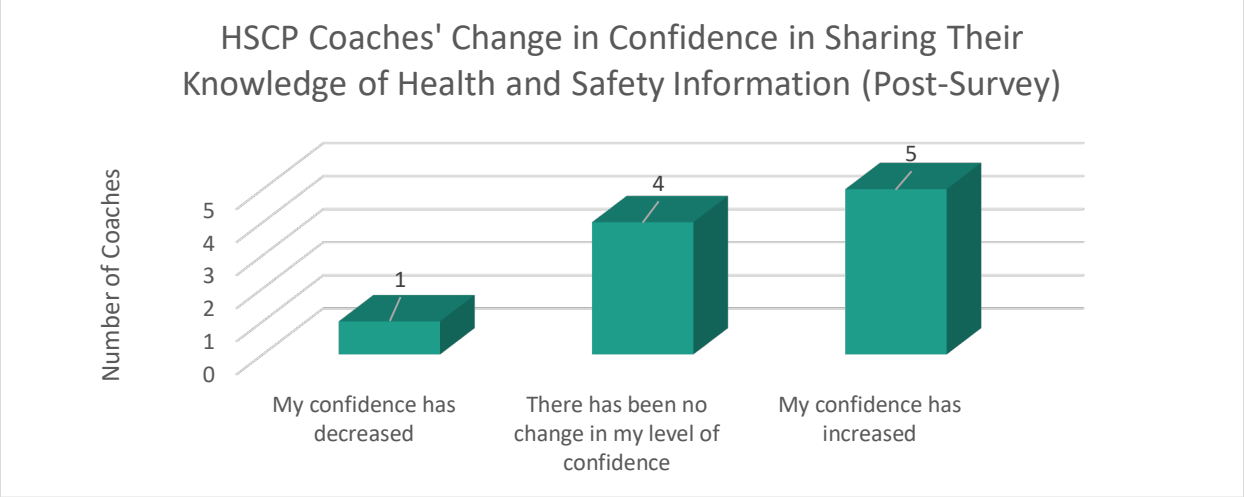

Figure 38. HSCP coaches' change in confidence in their ability to share health and safety knowledge during the past year.

When asked to evaluate their confidence in their RBPD knowledge, 64% (n = 7) of HSCP coaches said they were very confident in their RBPD knowledge in the pre-survey and 70% (n = 7) of coaches said they were very confident in their RBPD knowledge in the post-survey (see Figure 39). Eighty-two percent (82%; n = 9) of the coaches in the pre-survey and all of the coaches (100%; n = 10) in the post-survey acknowledged that their confidence in their RBPD knowledge has increased based on their participation in the RBPD credential sessions (Figure 40).

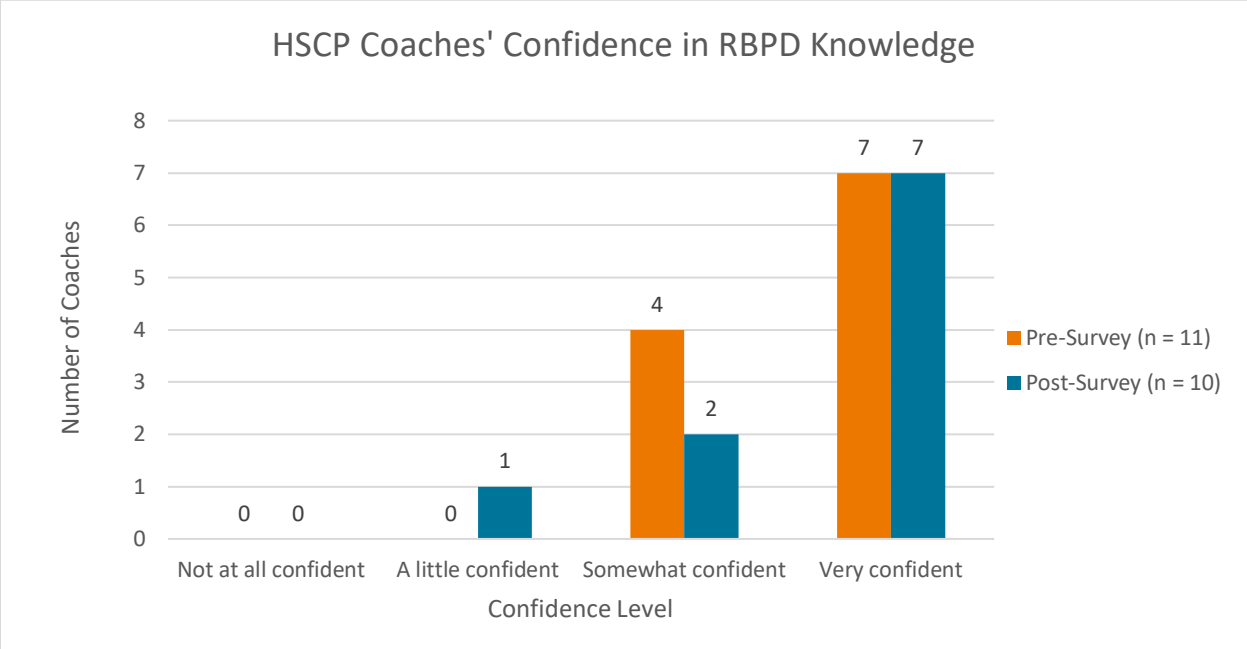

Figure 39. HSCP coaches' pre- and post-survey confidence in their RBPD knowledge

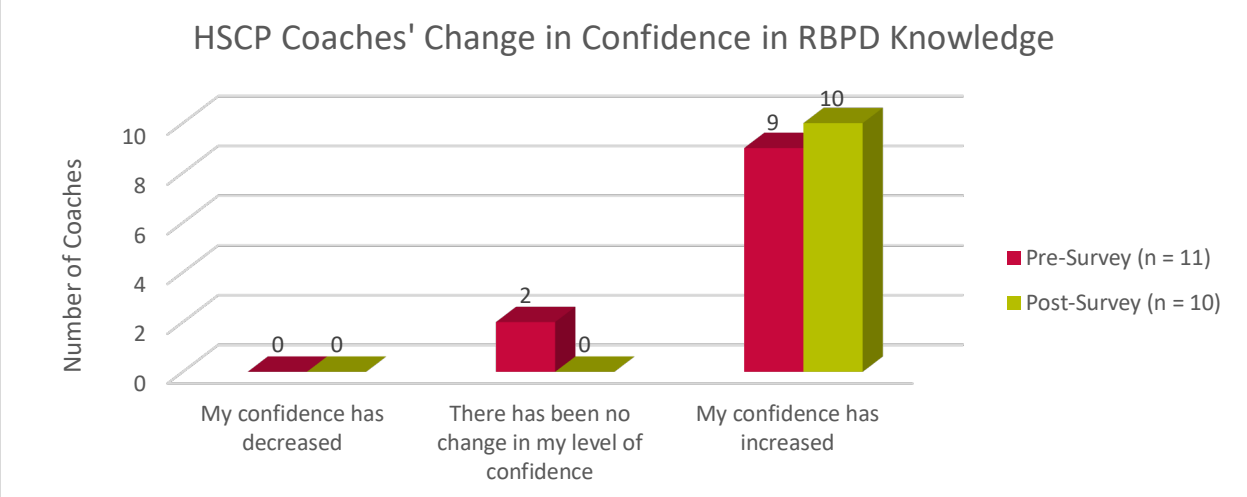

Figure 40. HSCP coaches' change in confidence of RBPD knowledge based on participation in the RPBD credential.

Finally, 64% (n = 7) of the coaches in the pre-survey and 80% (n = 8) of the coaches in the post-survey reported feeling very confident in their ability to apply their knowledge of RBPD skills in their practices with child care providers (Figure 41). In addition, 82% (n = 9) of coaches in the pre-survey and 100% of the coaches in the post-survey said that their confidence in being able to apply RBPD skills in their practice with child care providers increased as a result of participating in the RBPD credential (Figure 42).

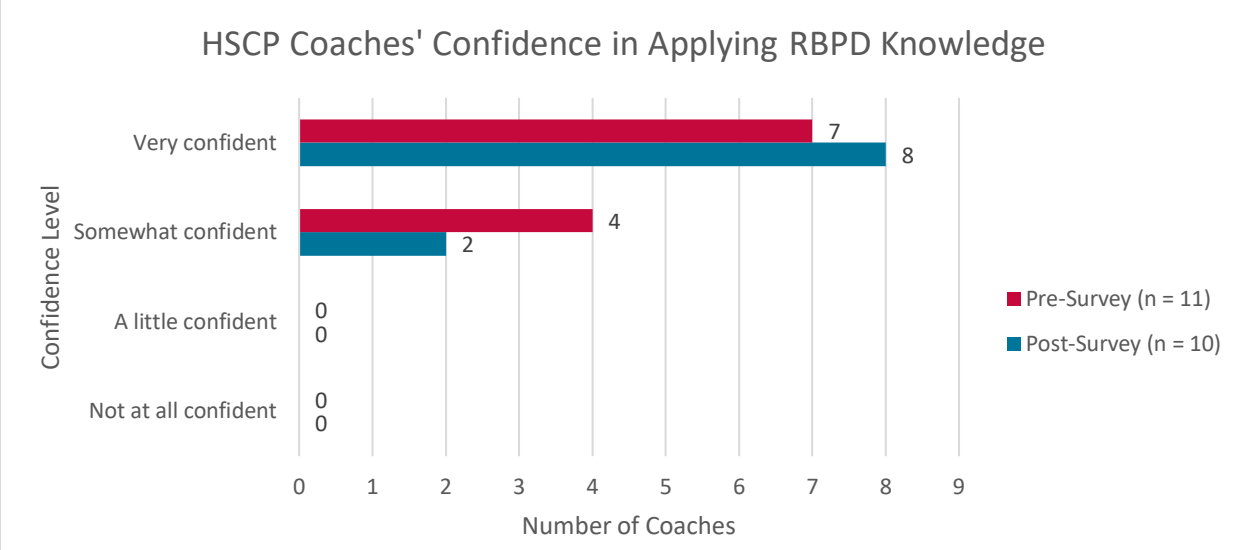

Figure 41. HSCP coaches' pre- and post-survey confidence in their ability to apply RBPD knowledge in their work with providers.

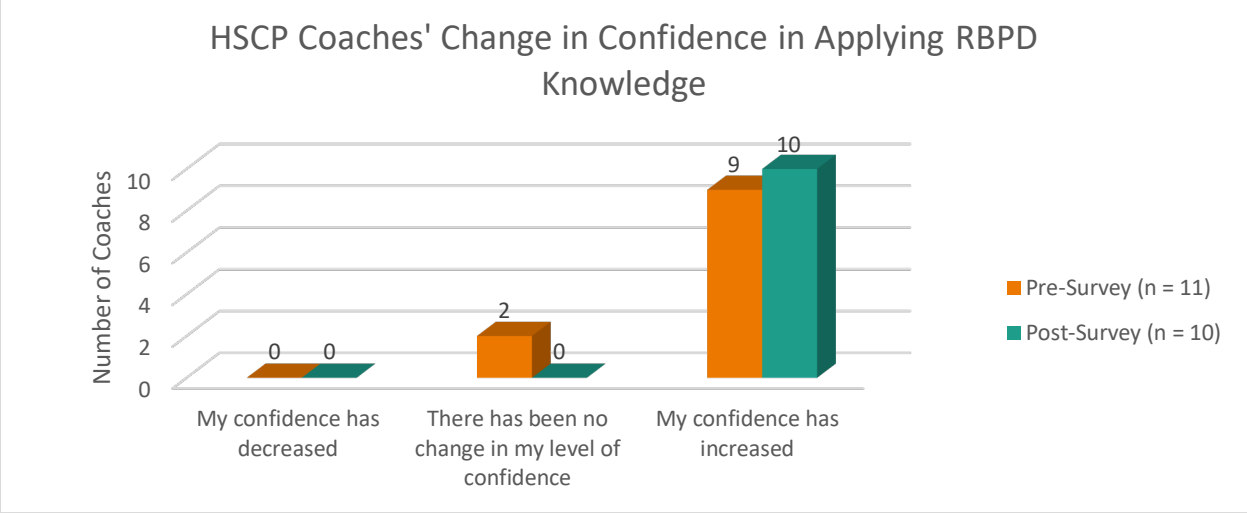

Figure 42. HSCP coaches' change in confidence in their ability to apply RBPD knowledge based on participation in the RPBD credential.

HSCP COACHES' PERCEPTIONS OF PROVIDERS' NEEDS

HSCP coaches were asked, in both the pre- and post-survey, to choose up to three health and safety topics on which providers most often requested support. Table 12 demonstrates their responses. Interpreting licensing requirements and inclusion of children with special needs were the content areas most often requested by providers, as reported by HSCP coaches. A single coach selected "other," and identified mental health/burnout as a content area most often requested for coaching by providers.

Table 12. HSCP Coaches' Report of Health and Safety Content Areas Providers Most Often Request for Coaching (pre- and post-survey).

Health and Safety Content Area	**Coaches' Report of Topics Most Often Requested for Coaching by Providers**	
	Pre-Survey	**Post-Survey**
Active supervision	9% (3/32)	8% (2/26)
Emergency preparedness	16% (5/32)	12% (3/26)
Illness exclusion/identification	3% (1/32)	12% (3/26)
Inclusion of children with special needs	22% (7/32)	27% (7/26)
Interpreting licensing requirements	25% (8/32)	15% (4/26)
Maintaining ratios	0% (0/32)	4% (1/26)
Physical environment/building safety	13% (4/32)	15% (4/26)
Provider mental health/self-care	6% (2/32)	0% (0/26)
Safe sleep practices	3% (1/32)	8% (2/26)

Sanitation practices	0% (0/32)	0% (0/26)
Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)	3% (1/32)	0% (0/26)
Other	3% (1/32)	0% (0/26)

In addition to asking coaches about the providers' requests for support, the HSCP coaches were also asked in the pre- and post-survey to share what three health and safety content areas were most challenging for providers to implement. The coaches' responses are shown in Table 13.

Table 13. HSCP Coaches' Report of Health and Safety Content Areas Most Challenging for Child Care Workers to Implement (pre- and post-survey).

Health and Safety Content Area	**Coaches' Report of Content Areas Most Challenging for Providers to Implement**	
	Pre-Survey	**Post-Survey**
Active supervision	24% (7/29)	12% (3/26)
Emergency preparedness	0% (0/29)	0% (0/26)
Illness exclusion/identification	3% (1/29)	4% (1/26)
Inclusion of children with special needs	24% (7/29)	27% (7/26)
Interpreting licensing requirements	21% (6/29)	27% (7/26)
Maintaining ratios	7% (2/29)	12% (3/26)
Physical environment/building safety	7% (2/29)	45 (1/26)
Safe sleep practices	10% (3/29)	12% (3/26)
Sanitation practices	0% (0/29)	4% (1/26)
Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)	0% (0/29)	0% (0/26)
Other	3% (1/29)	0% (0/26)

In both surveys, HSCP coaches identified inclusion of children with special needs (24% and 27%) and interpreting licensing requirements (21% and 27%) as the areas in which providers have the most implementation challenges. None of the coaches identified emergency preparedness or storage of potential hazardous materials as areas that are most challenging for providers to implement. One coach selected "other," and identified mental health/burnout as an area in which providers have the most implementation challenges.

HSCP 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. Ten of the 14 identified themselves as coaches for the Health and Safety Coaching Project. 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 HSCP. 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 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 coach 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 (5) coaches 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 three of the program, the professional development offered to the CICC coaches shifted from content-focused to focus on the RBPD 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 RBPD 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.*

HSCP 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 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

HSCP 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 their 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 reported that they acknowledge the information provided to them from the intake process and then they ask additional questions to ensure that they're 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 RBPD WITH PROVIDERS

The coaches were asked to provide specific examples of how they were using RBPD 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 RBPD 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 RBPD relationship work that we do I feel like is very useful.

Finally, another coach talked about how RBPD 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 RBPD 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.

HSCP examples included supports with paperwork, including emergency preparedness and risk reduction plans. One coach gave the following example,

Well I think, you know, about a year ago when that risk reduction…not risk reduction, that emergency evacuation plan I think has been newer in the last couple of years, and I feel like the directors were a little overwhelmed with it, and it's a bigger document. And so I think just actually being able to sit down with them and saying 'hey, let's work through this together. And we'll set goals, have your first section done by next week. We

will review it and if you have questions,' has been very beneficial and I think they've appreciated it.

Another HSCP coach said,

I would say with health and safety when I've had sites sort of specifically focus on health and safety, it really has been about just kind of reviewing the licensing policies for whatever their licensing is for their program and looking at compliance or looking at overall health and safety issues for their program and what are areas for them to be good to focus to reduce the probability of child illness or injury, those types of things.

TYPICAL COACHING SESSION

The 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 HSCP providers, the HSCP 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 HSCP coaches overwhelming 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

HSCP 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 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 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 HSCP

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

> *I don't know that 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 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.

HSCP 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 RBPD 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 health and safety 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 HSCP 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.

HSCP COACHES' OPEN-ENDED QUESTIONS

Finally, HSCP 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 health and safety practices in their work place, and 2) is there anything else you'd like us to know about your work as a Health and Safety Coach? Within the post-survey, HSCP coaches were asked both of those questions and two additional questions: 1) what, if anything, has been the most rewarding part of working as a coach within the HSCP, and 2) what, if anything, has been the most challenging part of working as a coach within the HSCP.

Several coaches reported that providers have limited resources, limited knowledge of child development, not enough personnel, personnel turnover, and lack of support to implement high-quality health and safety practices. Coaches stated that the most rewarding part of working as an HSCP coach is being a part of team that is working towards accomplishing goals and the excitement that goes with meeting goals. The coaches also stated that the relationships they have developed with providers through this direct work is highly rewarding.

Coaches reported that lack of supports in the early childhood field (e.g., paraprofessionals), staff turnover, and resistance to change are some of the challenges of working in the HSCP. One coach did state that it was challenging to modifying the coaching process due to COVID-19. When asked if there was anything else the coaches wanted us to know, one coach stated, "RBPD allows providers to get 1:1 attention with information that is customized to their program. We are able to go deeper on subjects than in a large group training." Other coaches reported the value of this program, how they are still learning, and how they are able to alleviate provider anxiety, especially during the COVID-19 pandemic.

HSCP COACHES' END-OF-EVENT RESPONSES

HSCP coaches complete a five-question, end-of-event survey after each professional development activity offered by the CICC (e.g., reflective consultation and RBPD Credential sessions). 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. The complete data for the RBPD credential sessions can be found in Appendix L.

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 of very relevant and of high-quality. They also report that they are very likely to use what they've 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 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." 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) and shared appreciation for the resources. Of the RBPD credential, one coach said, "In person events are SO valuable, SO much learning."

CONCLUSION

Evaluation data from Year 3 demonstrated the continued positive impact that the HSCP has on the practices of licensed child care providers who are aiming to improve their health and safety practices. Coaches and providers rated their knowledge on most health and safety topics as developing or proficient and yet both groups acknowledged wanting more professional development. Providers reported that their knowledge of health and safety information and their knowledge of the Minnesota KCFs improved as a result of coaching.

Providers and coaches acknowledged that providers want more support in the areas of caring for children with special needs, developing and implementing a risk reduction plan, allergies, and licensing requirements. Coaches rated themselves highly on coaching competencies and coaching dispositions and the providers agreed with those ratings. Coaches said they were confident in their RBPD knowledge and their ability to use it in their practice. The providers solidified that assessment by reporting that coaches worked hard at creating a relationship with them, coaches provided high-quality, useful, and relevant information, and coaches helped the providers meet their health and safety goals.

Both the providers and the coaches reported feeling effective in their role. The coaches reported feeling confident in their knowledge and implementation of health and safety child care policies and practices and in their relationship-based professional development knowledge and implementation, and the majority reported that their confidence increased over the past year.

The provider and coach interview data demonstrated that both providers and coaches identified the importance of the relationship development as fundamental to the coaching process. They both gave examples of how that relationship was collaborative and non-judgmental. The coaching strategies used—observation, modeling, and resource provision—were identified by both providers and coaches as critical elements of the coaching process. They also stated that these strategies strengthened health and safety programming. The providers and coaches also both reported that additional coaching time would enhance the HSCP.

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 health and safety practices. The data gathered during Year 4 of the HSCP may prove to be especially valuable, given the strain that COVID-19 is taking on all child care providers. The evaluation team will continue to collect both qualitative and quantitative data during the next year that will provide an even more comprehensive picture of what is occurring throughout Minnesota when it comes to the health and safety child care services for our youngest children, the providers who care for these children, and the coaches who support those providers.

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 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 help. 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.

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APPENDICES

APPENDIX A: YEAR 3 HSCP PROVIDER PRE-SURVEY

CENTER FOR INCLUSIVE CHILD CARE

Thank you for taking the time to complete this survey on the knowledge, attitudes, and beliefs about health and safety practices and coaching in child care settings. This survey is part of the evaluation of the Minnesota Department of Human Services' Health and Safety Coaching Project, hosted by the Center for Inclusive Child Care. We are interested in your knowledge and experience as a licensed child care provider who is receiving health and safety 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 a health and safety coaching model 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; 612-626-3724) or Meredith Reese (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 best describes your role?
    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, Mahnomen, 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 health and safety 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

Health and Safety Content Area	**Perceived Level of Competency**		
	Beginning	***Developing***	***Proficient***
Active Supervision			
Adequate and Safe Physical Space (indoor and outdoor)			
Allergies			
Caring for Children with Special Needs			
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)			
Emergency Preparedness			
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)			
Illness Exclusions			
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)			
Infant Feeding			
Infectious Diseases			
Keeping Furniture and Equipment in Good Repair			
Licensing Requirements (Rule 2 or Rule 3)			
Medication Administration and Storage			
Nutrition Requirements			
Outdoor Play Safety			
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)			

Health and Safety Content Area	**Perceived Level of Competency**		
	Beginning	***Developing***	***Proficient***
Precautions for Transporting Young Children			
Proper Diapering/Toileting			
Provider Mental Health/Self-Care			
Provider to Child Ratios			
Safe Sleep Practices for Infants			
Safe Sleep Practices for Toddlers and Preschoolers			
Sanitation Practices			

The next set of questions are about professional development on health and safety content that you may want.

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

Health and Safety Content Area	**Want Additional Professional Development**	
Active Supervision	Yes	No
Adequate and Safe Physical Space (indoor and outdoor)	Yes	No
Allergies	Yes	No
Caring for Children with Special Needs	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
Emergency Preparedness	Yes	No
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	Yes	No
Illness Exclusions	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
Infant Feeding	Yes	No
Infectious Diseases	Yes	No
Keeping Furniture and Equipment in Good Repair	Yes	No
Licensing Requirements (Rule 2 or Rule 3)	Yes	No
Medication Administration and Storage	Yes	No
Nutrition Requirements	Yes	No
Outdoor Play Safety	Yes	No

Health and Safety Content Area	Want Additional Professional Development	
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes	No
Precautions for Transporting Young Children	Yes	No
Proper Diapering/Toileting	Yes	No
Provider Mental Health/Self-Care	Yes	No
Provider to Child Ratios	Yes	No
Safe Sleep Practices for Infants	Yes	No
Safe Sleep Practices for Toddlers and Preschoolers	Yes	No
Sanitation Practices	Yes	No
Other. Please explain.	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 health and safety 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** child care health and safety?
    a. Well Below Average
    b. Below Average
    c. Average
    d. Above Average
    e. Well Above Average

17. At this time, how would you rate your ability to **implement** child care health and safety **policies**?
    a. Well Below Average
    b. Below Average
    c. Average
    d. Above Average
    e. Well Above Average

18. How confident do you feel about your knowledge of child care health and safety 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 health and safety policies in child care settings.

19. Do you currently have written health and safety policies in your program?
    a. Yes (please skip to Question 21)
    b. No

20. If you <u>do not</u> currently have written health and safety 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 health and safety topics are most challenging for you to implement? Please choose up to **three**.
    a. Active Supervision
    b. Adequate and Safe Physical Space (indoor and outdoor)
    c. Allergies
    d. Caring for Children with Special Needs

e. Developing Health and Safety Policies
f. Developing a Risk Reduction Plan (required only in center-based settings)
g. Developing an Individual Child Care Program Plan (required only in center-based settings)
h. Emergency Preparedness
i. How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)
j. Illness Exclusions
k. Implementing Health and Safety Policies
l. Implementing a Risk Reduction Plan (required only in center-based settings)
m. Implementing an Individual Child Care Program Plan (required only in center-based settings)
n. Infant Feeding
o. Infectious Diseases
p. Keeping Furniture and Equipment in Good Repair
q. Licensing Requirements (Rule 2 or Rule 3)
r. Medication Administration and Storage
s. Nutrition Requirements
t. Outdoor Play Safety
u. Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)
v. Precautions for Transporting Young Children
w. Proper Diapering/Toileting
x. Provider Mental Health/Self-Care
y. Provider to Child Ratios
z. Safe Sleep Practices for Infants
aa. Safe Sleep Practices for Toddlers and Preschoolers
bb. Sanitation Practices
cc. Other. Please explain.

22. What, if anything, do you believe prevents you from implementing the health and safety policies in your work place?

23. What do you hope to gain by working with a health and safety coach?

24. Is there anything else you would like us to know?

Thank you for your time and your effort.

APPENDIX B: YEAR 3 HSCP PROVIDER POST-SURVEY

CENTER FOR INCLUSIVE CHILD CARE

Thank you for taking the time to complete this survey on your experiences as part of the Child Care Health and Safety Coaching with the Center for Inclusive Child Care (CICC). This survey is part of the evaluation of the Minnesota Department of Human Services' Health and Safety Coaching Model grant being implemented by the CICC. We are interested in hearing about your knowledge and experiences as a licensed child care provider who received health and safety 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 a health and safety coaching model 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; 612-626-3724) or Meredith Reese (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 health and safety 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, Mahnomen, 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 a licensed child care provider?

5. How many children (of each age) were in your care during the time you received coaching?
    a. Infants?
    b. Toddlers?
    c. Preschoolers?
    d. School-Aged?

The next set of questions are about the coaching you received on health and safety 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. Allergies
    d. Caring for Children with Special Needs
    e. Developing Health and Safety Policies
    f. Developing a Risk Reduction Plan (required only in center-based settings)
    g. Developing an Individual Child Care Program Plan (required only in center-based settings)
    h. Emergency Preparedness
    i. How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)
    j. Illness Exclusions
    k. Implementing Health and Safety Policies
    l. Implementing a Risk Reduction Plan (required only in center-based settings)
    m. Implementing an Individual Child Care Program Plan (required only in center-based settings)
    n. Infant Feeding
    o. Infectious Diseases
    p. Keeping Furniture and Equipment in Good Repair
    q. Licensing Requirements (Rule 2 or Rule 3)
    r. Medication Administration and Storage
    s. Nutrition Requirements
    t. Outdoor Play Safety
    u. Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)

v. Precautions for Transporting Young Children
w. Proper Diapering/Toileting
x. Provider Mental Health/Self-Care
y. Provider to Child Ratios
z. Safe Sleep Practices for Infants
aa. Safe Sleep Practices for Toddlers and Preschoolers
bb. Sanitation Practices
cc. Other. Please explain.

The next set of questions relate to your knowledge of health and safety content in child care settings.

7. For each topic listed below, please rate 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

Health and Safety Content Area	**Perceived Level of Competency**		
	Beginning	***Developing***	***Proficient***
Active Supervision			
Adequate and Safe Physical Space (indoor and outdoor)			
Allergies			
Caring for Children with Special Needs			
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)			
Emergency Preparedness			
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)			
Illness Exclusions			
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)			
Infant Feeding			
Infectious Diseases			
Keeping Furniture and Equipment in Good Repair			
Licensing Requirements (Rule 2 or Rule 3)			

Health and Safety Content Area	Perceived Level of Competency		
	Beginning	***Developing***	***Proficient***
Medication Administration and Storage			
Nutrition Requirements			
Outdoor Play Safety			
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)			
Precautions for Transporting Young Children			
Proper Diapering/Toileting			
Provider Mental Health/Self-Care			
Provider to Child Ratios			
Safe Sleep Practices for Infants			
Safe Sleep Practices for Toddlers and Preschoolers			
Sanitation Practices			

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			
	Strongly Disagree	***Disagree***	***Agree***	***Strongly Agree***
The coach was accepting of others				
The coach was respectful of my experience				
The coach was focused on improvement				
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**				
	Strongly Agree	***Agree***	***Disagree***	***Strongly Disagree***	***I Don't Know***
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					
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 health and safety care					
The coach knew where to find evidence-based, health and safety information					
The coach understood the continuum of child development, including brain development					

Coaching Skills and Knowledge	Level of Agreement				
	Strongly Agree	***Agree***	***Disagree***	***Strongly Disagree***	***I Don't Know***
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. [text box]

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.

14. What, if anything, do you think worked well during the health and safety coaching you received?

15. What, if anything, do you think would improve the health and safety 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?
    d. Very familiar
    e. Somewhat familiar
    f. 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?
    e. Very comfortable
    f. Somewhat comfortable
    g. A little comfortable
    h. 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?
    e. Very comfortable
    f. Somewhat comfortable
    g. A little comfortable
    h. Not at all comfortable

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

20. After receiving coaching, I believe my effectiveness as a child care provider:
    e. Improved more than I expected
    f. Somewhat improved
    g. Stayed the same
    h. Improved less than I expected

21. Prior to coaching, did you have written health and safety policies in your program?
    a. Yes
    b. No

22. Did you receive coaching on developing child care health and safety policies?
    a. Yes
    b. No

23. After receiving coaching, how would you rate your ability to **develop** child care health and safety **policies**?
    a. Well Below Average
    b. Below Average

c. Average
d. Above Average
e. Well Above Average

24. Did you receive coaching on implementing child care health and safety policies?
    a. Yes
    b. No

25. After receiving coaching, how would you rate your ability to **implement** child care health and safety **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 health and safety caregiving:
    e. Got worse
    f. Stayed the same
    g. Somewhat improved
    h. Greatly improved

27. Is there anything else you would like us to know about your experience receiving health and safety coaching?

Thank you for your time and your effort.

APPENDIX C: HSCP 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' Health and Safety Coaching Project, hosted by the Center for Inclusive Child Care.
The data collected from this survey will be used to inform the development of a health and safety coaching model 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: HSCP COACHES' PRE-SURVEY

CENTER FOR INCLUSIVE CHILD CARE

Thank you for taking the time to complete this survey on the knowledge, attitudes, and beliefs about health and safety practices in child care settings. This survey is part of the evaluation of the Minnesota Department of Human Services' Health and Safety Coaching Model grant being implemented by the Center for Inclusive Child Care. We are interested in your knowledge and experience as a Health and Safety Coach. 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 health and safety coaching model used with 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; 612-626-3724) or Meredith Reese (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 a Health and Safety 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 health and safety 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

Health and Safety Content Area	**Perceived Level of Competency**
	(Likert scale 1-3: Beginning, Developing, Proficient)
Active Supervision	
Adequate and Safe Physical Space (Indoor and Outdoor)	
Allergies	
Developing Health and Safety Policies	
Developing a Risk Reduction Plan	
Developing an Individual Child Care Program Plan	
Emergency Preparedness	
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	
Implementing Health and Safety Policies	
Implementing a Risk Reduction Plan	
Implementing an Individual Child Care Program Plan	
Infant Feeding	
Infectious Diseases	
Keeping Furniture and Equipment in Good Repair	
Licensing Requirements (Rule 2 or Rule 3)	
Medication Administration and Storage	

Nutrition Requirements	
Outdoor Play Safety	
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	
Precautions for Transporting Young Children	
Proper Diapering/Toileting	
Provider Mental Health/Self-Care	
Provider to Child Ratios	
Safe Sleep Practices for Infants	
Safe Sleep Practices for Toddlers and Preschoolers	
Sanitation Practices	

Beginning in July 2019, CICC switched the focus of coach professional development from content-focused learning (about health and safety 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 health and safety 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 health and safety practices elsewhere?
    a. Yes
    b. No (Skip to Q14)

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

Health and Safety Content Area	Received Training/Professional Development
Active Supervision	Yes/No
Adequate and Safe Physical Space (Indoor and Outdoor)	Yes/No
Allergies	Yes/No
Developing Health and Safety Policies	Yes/ No
Developing a Risk Reduction Plan	Yes/ No
Developing an Individual Child Care Program Plan	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	Yes/No
Implementing an Individual Child Care Program Plan	Yes/No
Infant Feeding	Yes/No
Infectious Diseases	Yes/No
Keeping furniture and equipment in good repair	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Medication administration and storage	Yes/No
Nutrition Requirements	Yes/No
Outdoor Play Safety	Yes/ No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes/No
Precautions for Transporting Young Children	Yes/No
Proper Diapering/Toileting	Yes/No
Provider mental health/self-care	Yes/ No
Provider to Child Ratios	Yes/No
Safe Sleep Practices for Infants	Yes/No
Safe Sleep Practices for Toddlers and Preschoolers	Yes/No
Sanitation Practices	Yes/ No

14. On what health and safety content topic(s) do you feel you need additional professional development or training?

Health and Safety Content Area	**Want Additional Training**
Active Supervision	Yes/No
Adequate and Safe Physical Space (Indoor and Outdoor)	Yes/No
Allergies	Yes/No
Developing Health and Safety Policies	Yes/ No
Developing a Risk Reduction Plan	Yes/ No
Developing an Individual Child Care Program Plan	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	Yes/No
Implementing an Individual Child Care Program Plan	Yes/No
Infant Feeding	Yes/No
Infectious Diseases	Yes/No
Keeping furniture and equipment in good repair	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Medication administration and storage	Yes/No

Nutrition Requirements	Yes/No
Outdoor Play Safety	Yes/ No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes/No
Precautions for Transporting Young Children	Yes/No
Proper Diapering/Toileting	Yes/No
Provider mental health/self-care	Yes/ No
Provider to Child Ratios	Yes/No
Safe Sleep Practices for Infants	Yes/No
Safe Sleep Practices for Toddlers and Preschoolers	Yes/No
Sanitation Practices	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. 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 familiar are you with the Minnesota **Family Child Care** Knowledge and Competency Framework?
    a. Not at all familiar
    b. A little familiar
    c. Somewhat familiar
    d. Very familiar

20. 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

21. How familiar are you with the Minnesota **Infant Toddler** Knowledge and Competency Framework?

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

22. 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

23. How familiar are you with the Minnesota **Preschool and School-Aged** Knowledge and Competency Framework?
    a. Not at all familiar
    b. A little familiar
    c. Somewhat familiar
    d. Very familiar

24. How comfortable are you using Minnesota's **Preschool and School-Aged** 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 health and safety 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 the characteristics of high-quality health and safety child care practices		
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 health and safety information		
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 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:

Coaching Disposition	Level of Agreement
	(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	
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 a health and safety coach in child care settings.

27. How effective do you currently feel in your role as a health and safety coach?
    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 health and safety **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 health and safety **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 child care health and safety 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 child care health and safety 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 RBPD 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 RBPD 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 health and safety policies in child care settings.

36. Which of the following health and safety content areas are most often requested by child care providers who receive coaching? Please choose up to three options.
    a. Active supervision
    b. Emergency preparedness
    c. Illness exclusion/identification
    d. Inclusion of children with special needs
    e. Interpreting licensing requirements
    f. Maintaining ratios
    g. Physical environment/building safety
    h. Safe sleep practices
    i. Sanitation practices
    j. Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)
    k. Other. Please explain. [text box]

37. Which of the following health and safety topics is most challenging for licensed child care workers to implement? Please choose up to three options.
    a. Active supervision
    b. Emergency preparedness
    c. Illness exclusion/identification
    d. Inclusion of children with special needs
    e. Interpreting licensing requirements
    f. Maintaining ratios
    g. Physical environment/building safety
    h. Safe sleep practices
    i. Sanitation practices
    j. Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)
    k. Other. Please explain. [text box]

38. What, if anything, do you believe prevents licensed child care providers from implementing high quality health and safety policies and practices in their work place? [text box]

39. Is there anything else you would like us to know about your work as a health and safety coach? [text box]

Thank you for your time and your effort.

APPENDIX E: HSCP COACHES' POST-SURVEY

CENTER FOR INCLUSIVE CHILD CARE

Thank you for taking the time to complete this survey on the knowledge, attitudes, and beliefs about health and safety practices in child care settings. This survey is part of the evaluation of the Minnesota Department of Human Services' Health and Safety Coaching Model grant being implemented by the Center for Inclusive Child Care. We are interested in your knowledge and experience as Health and Safety Coach. 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 a health and safety coaching model 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; 612-626-3724) or Meredith Reese (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 a Health and Safety 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 health and safety 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

Health and Safety Content Area	**Perceived Level of Competency**
	(Likert scale 1-3: Beginning, Developing, Proficient)
Active Supervision	
Adequate and Safe Physical Space (Indoor and Outdoor)	
Allergies	
Developing Health and Safety Policies	
Developing a Risk Reduction Plan	
Developing an Individual Child Care Program Plan	
Emergency Preparedness	
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	
Implementing Health and Safety Policies	
Implementing a Risk Reduction Plan	
Implementing an Individual Child Care Program Plan	
Infant Feeding	
Infectious Diseases	
Keeping Furniture and Equipment in Good Repair	
Licensing Requirements (Rule 2 or Rule 3)	
Medication administration and storage	
Nutrition Requirements	
Outdoor Play Safety	
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	

Precautions for Transporting Young Children	
Proper Diapering/Toileting	
Provider Mental Health/Self-Care	
Provider to Child Ratios	
Safe Sleep Practices for Infants	
Safe Sleep Practices for Toddlers and Preschoolers	
Sanitation Practices	

Beginning in July 2019, CICC switched the focus of coach professional development from content-focused learning (about health and safety 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 health and safety 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 health and safety practices elsewhere?
    a. Yes
    b. No (Skip to Q14)

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

Health and Safety Content Area	Received Training/Professional Development
Active Supervision	Yes/No
Adequate and Safe Physical Space (Indoor and Outdoor)	Yes/No
Allergies	Yes/No
Developing Health and Safety Policies	Yes/ No
Developing a Risk Reduction Plan	Yes/ No
Developing an Individual Child Care Program Plan	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	Yes/No

Implementing an Individual Child Care Program Plan	Yes/No
Infant Feeding	Yes/No
Infectious Diseases	Yes/No
Keeping furniture and equipment in good repair	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Medication administration and storage	Yes/No
Nutrition Requirements	Yes/No
Outdoor Play Safety	Yes/ No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes/No
Precautions for Transporting Young Children	Yes/No
Proper Diapering/Toileting	Yes/No
Provider mental health/self-care	Yes/ No
Provider to Child Ratios	Yes/No
Safe Sleep Practices for Infants	Yes/No
Safe Sleep Practices for Toddlers and Preschoolers	Yes/No
Sanitation Practices	Yes/ No

14. On what health and safety content topic(s) do you feel you need additional professional development?

Health and Safety Content Area	**Want Additional Training**
Active Supervision	Yes/No
Adequate and Safe Physical Space (Indoor and Outdoor)	Yes/No
Allergies	Yes/No
Developing Health and Safety Policies	Yes/ No
Developing a Risk Reduction Plan	Yes/ No
Developing an Individual Child Care Program Plan	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	Yes/No
Implementing an Individual Child Care Program Plan	Yes/No
Infant Feeding	Yes/No
Infectious Diseases	Yes/No
Keeping furniture and equipment in good repair	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Medication administration and storage	Yes/No
Nutrition Requirements	Yes/No
Outdoor Play Safety	Yes/ No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes/No
Precautions for Transporting Young Children	Yes/No
Proper Diapering/Toileting	Yes/No

Provider mental health/self-care	Yes/ No
Provider to Child Ratios	Yes/No
Safe Sleep Practices for Infants	Yes/No
Safe Sleep Practices for Toddlers and Preschoolers	Yes/No
Sanitation Practices	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. 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 health and safety 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 the characteristics of high-quality health and safety child care practices		
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 health and safety information		
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 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:

Coaching Disposition	Level of Agreement
	(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	
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 a health and safety coach in child care settings.

27. How effective do you currently feel in your role as a health and safety coach?
    a. Very effective
    b. Somewhat effective
    c. A little effective
    d. Not at all effective

28. How has your perception of 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 health and safety **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 health and safety **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 child care health and safety 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 child care health and safety 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 child care health and safety 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 child care health and safety 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 health and safety policies in child care settings.

39. Which of the following health and safety content areas are most often requested by child care providers who receive coaching? Please choose up to three options.
    a. Active supervision
    b. Emergency preparedness
    c. Illness exclusion/identification
    d. Inclusion of children with special needs
    e. Interpreting licensing requirements
    f. Maintaining ratios
    g. Physical environment/building safety
    h. Safe sleep practices
    i. Sanitation practices
    j. Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)

k. Other. Please explain. [text box]

40. Which of the following health and safety topics is most challenging for licensed child care workers to implement? Please choose up to three options.
    a. Active supervision
    b. Emergency preparedness
    c. Illness exclusion/identification
    d. Inclusion of children with special needs
    e. Interpreting licensing requirements
    f. Maintaining ratios
    g. Physical environment/building safety
    h. Safe sleep practices
    i. Sanitation practices
    j. Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)
    k. Other. Please explain. [text box]

41. What, if anything, do you believe prevents licensed child care providers from implementing high-quality health and safety 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 health and safety coaching project?

43. What, if anything, has been the most challenging part of working as a coach within the health and safety coaching project?

44. Is there anything else you would like us to know about your work as a health and safety coach? [text box]

Thank you for your time and your effort.

APPENDIX F: HSCP PROVIDER INTERVIEW PROTOCOL

CENTER FOR INCLUSIVE CHILD CARE

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 Health and Safety Coaching Project. 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 health and safety 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 Health and Safety 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 effectively maintaining a healthy and safe environment for young children?
    b. Where else have you gone for support?
    c. Did you receive coaching on implementing health and safety 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 Health and Safety coaching?

11. What, if anything, would you change about the Health and Safety Coaching Project?

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

Thank you for your participation.

APPENDIX G: HSCP COACH INTERVIEW PROTOCOL

CENTER FOR INCLUSIVE CHILD CARE

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: HSCP COACHES' END-OF-EVENT SURVEY

CENTER FOR INCLUSIVE CHILD CARE

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 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.

Type(s) of Coaching:

☐ Health and Safety

☐ Infant/Toddler

☐ Inclusion

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

* 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

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.)

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

IDENTIFYING COACHING GOALS

1. **Initial conversation:** What do you hope to accomplish with a coach? What do you hope to do differently or to improve? What do you hope will be the impact on children in your program? On families? On your daily work?

Notes:

2. Initial Coach observation

Date/Key observation notes:

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
					• Teaching & relationships with children • Relationships with families • Assessment & planning • Professionalism • Health/well being	
					• Teaching & relationships with children • Relationships with families • Assessment & planning • Professionalism • Health/well being	

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)

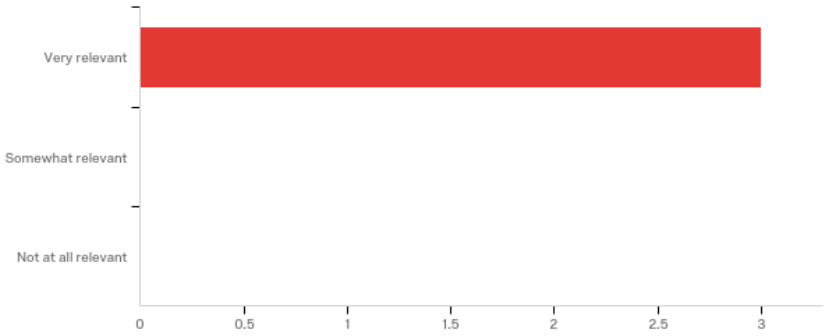
5. What resources (if any) are you using to support your continued work on your goal/s?

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

APPENDIX K: HSCP COACHES' REFLECTIVE CONSULTATION END-OF-EVENT SURVEY RESPONSES

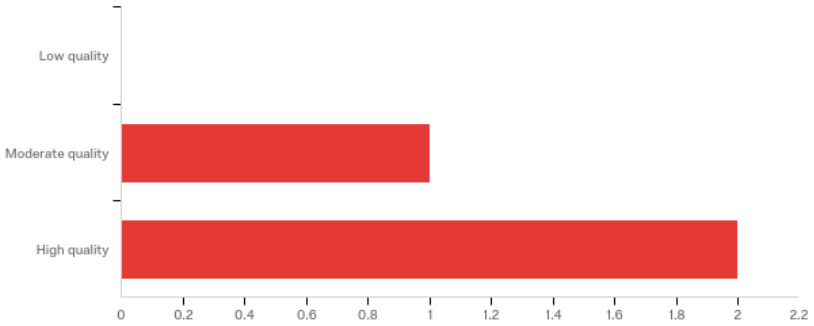
CICC Coaches RC End of Event Survey August 5 2019

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



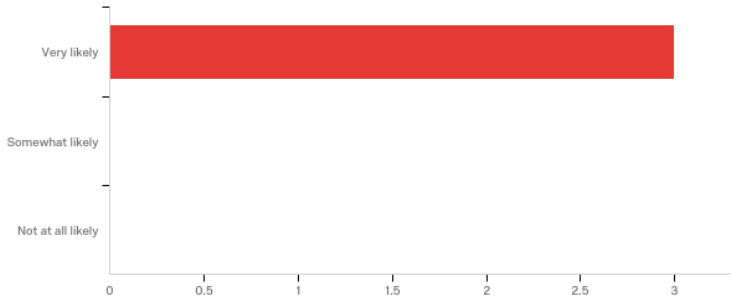
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



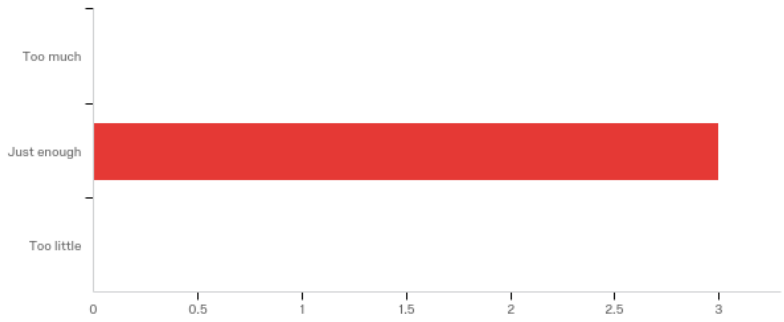
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	33.33%	1
3	High quality	66.67%	2
	Total	100%	3

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:



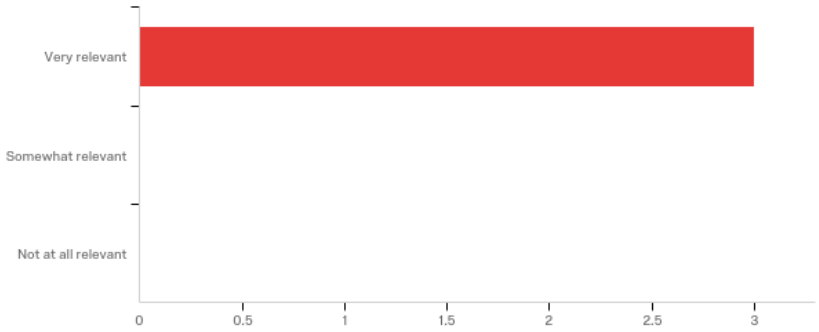
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

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

No responses.

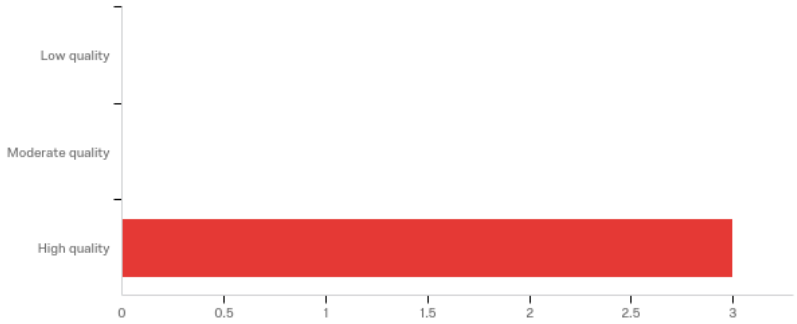
CICC Coaches RC End of Event Survey August 22 2019

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

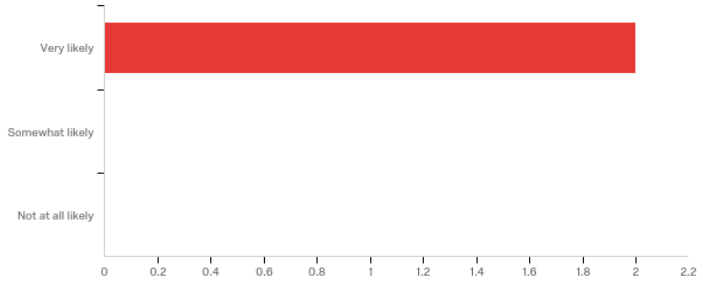
How would you rate the quality of the information you received from the Reflective Consultation?



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

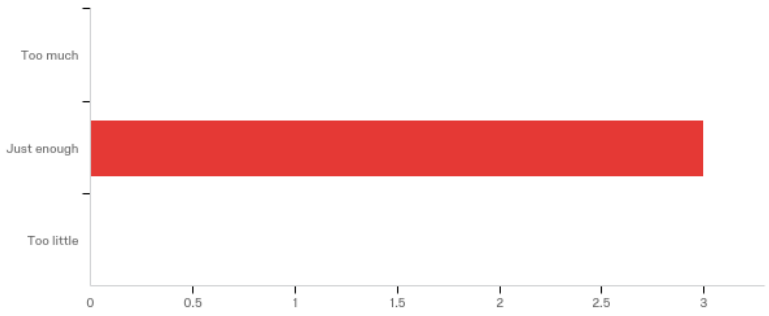
	Total	100%	3

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



#	Answer	%	Count
1	Very likely	100.00%	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:



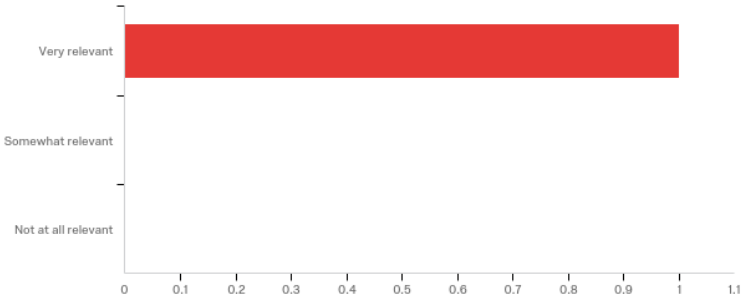
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0

	Total	100%	3

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

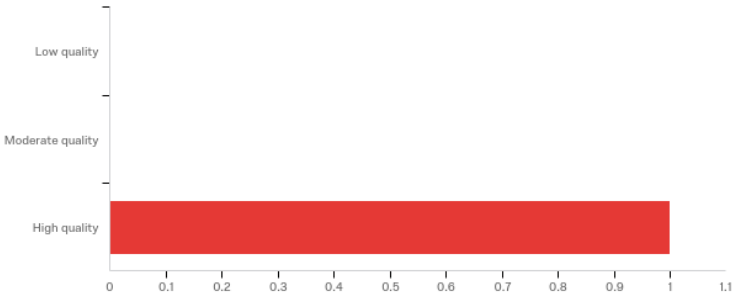
Tracy is great!!

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



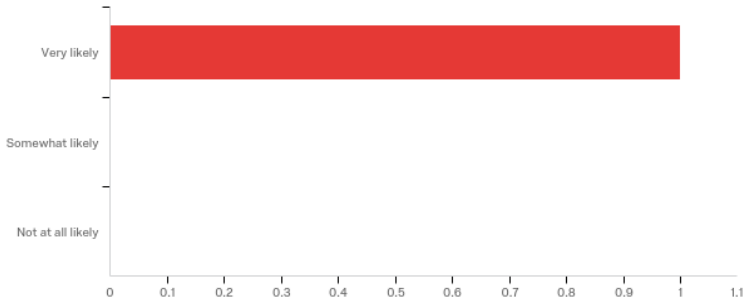
#	Answer	%	Count
1	Very relevant	100.00%	1
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	1

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



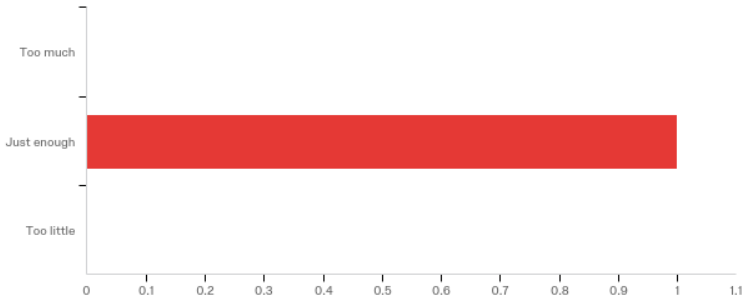
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	1
	Total	100%	1

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:

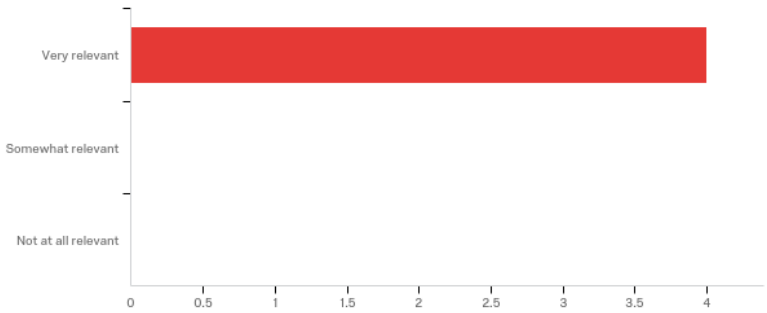


#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	1
3	Too little	0.00%	0
	Total	100%	1

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

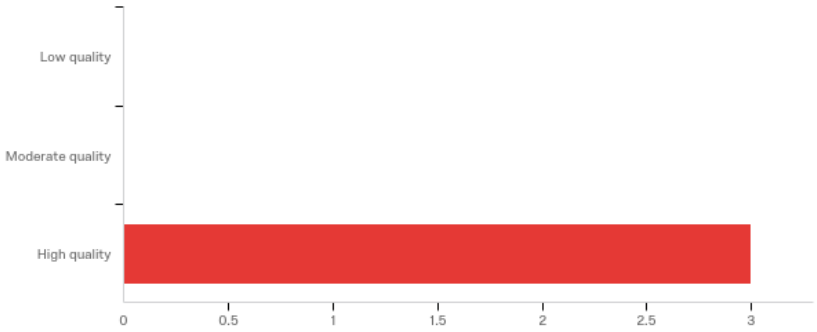
One of the best supports we are provided as coaches.

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

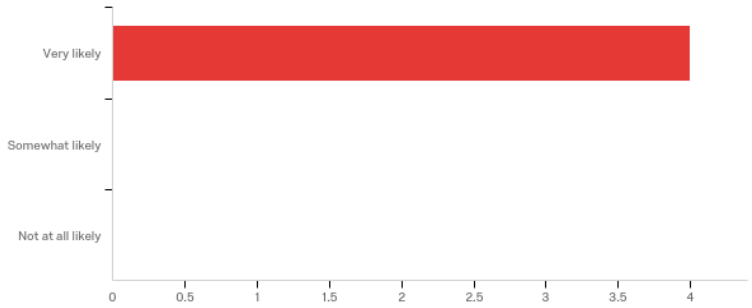
How would you rate the quality of the information you received from the Reflective Consultation?



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

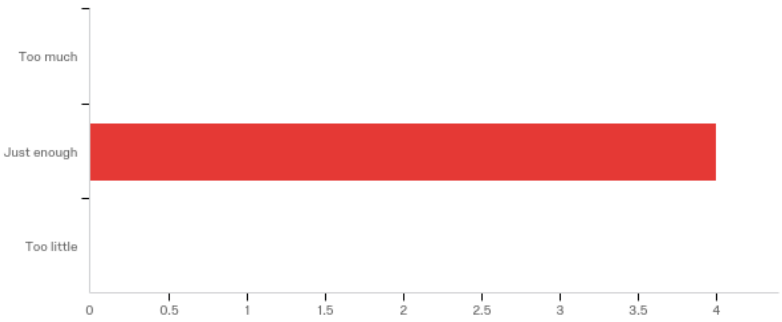
	Total	100%	3

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:



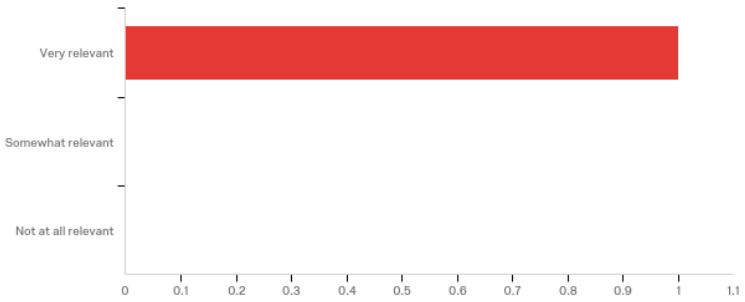
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	4

3	Too little	0.00%	0
	Total	100%	4

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

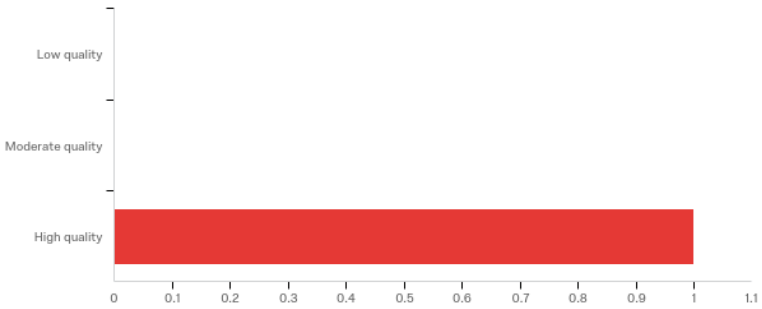
Heard some great tips

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

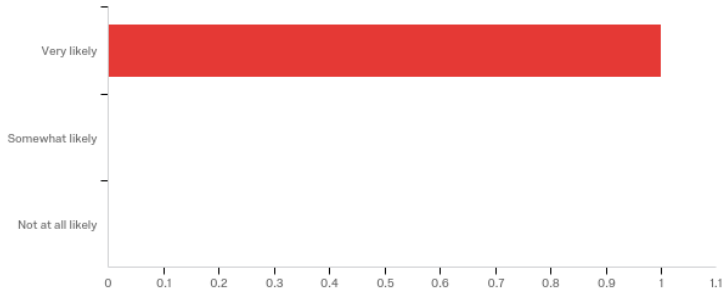
How would you rate the quality of the information you received from the Reflective Consultation?



#	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

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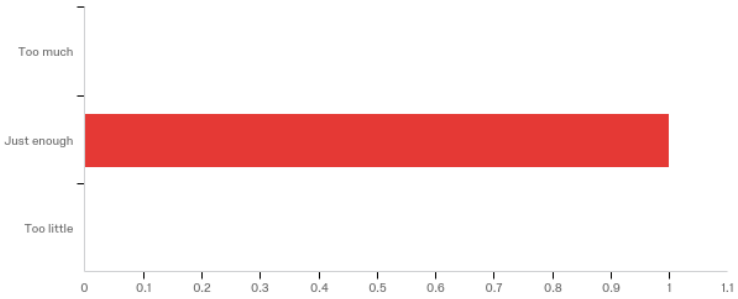


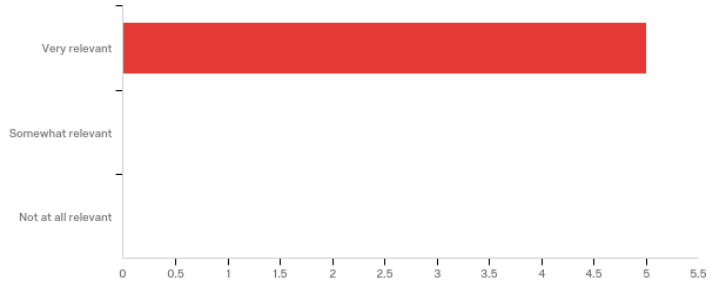
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	1
3	Too little	0.00%	0

	Total	100%	1

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

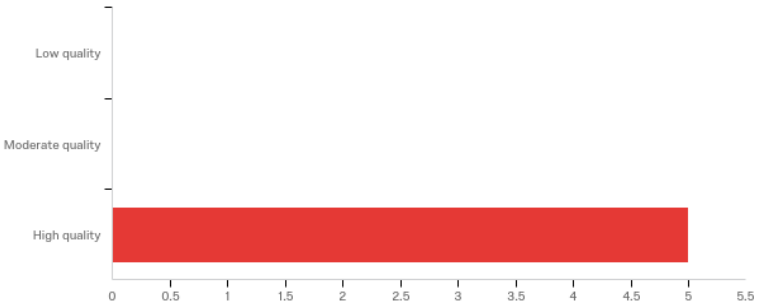
No responses.

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



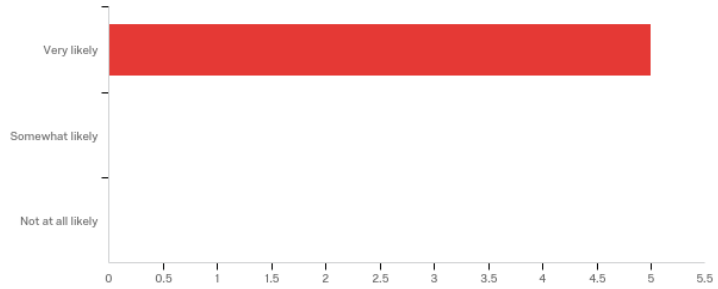
#	Answer	%	Count
1	Very relevant	100.00%	5
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	5

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?



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2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	5

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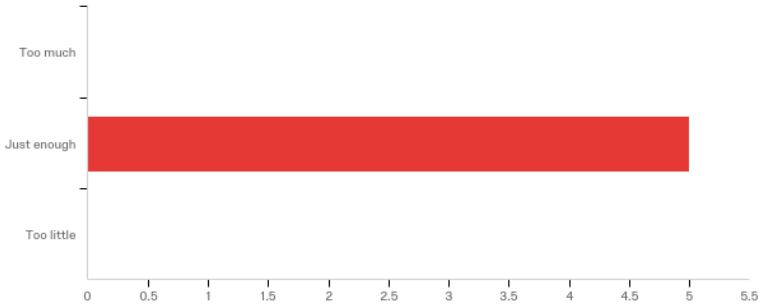


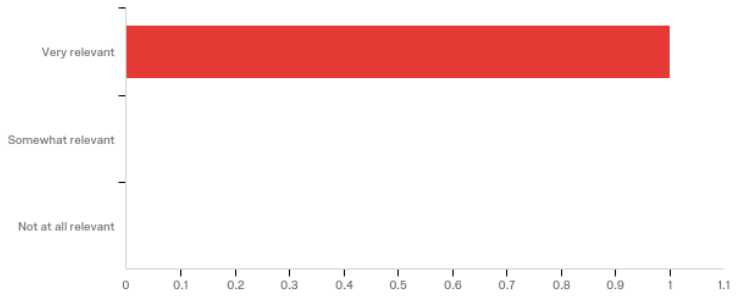
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	5
3	Too little	0.00%	0
	Total	100%	5

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

No responses.

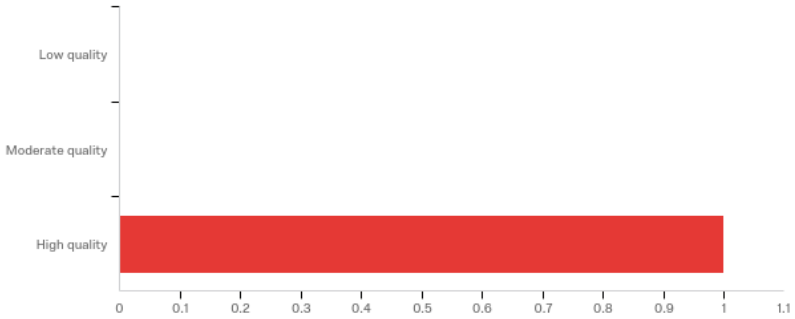
CICC Coaches RC End of Event Survey December 2 2019

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



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

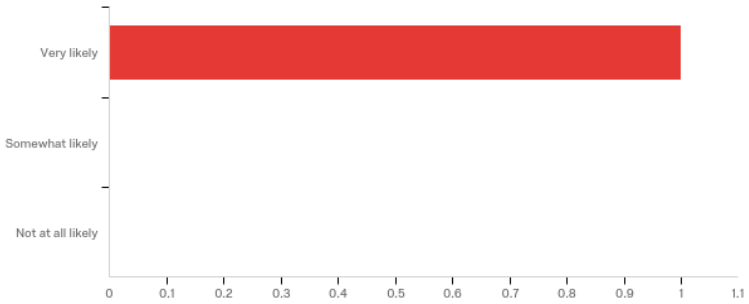
How would you rate the quality of the information you received from the Reflective Consultation?



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

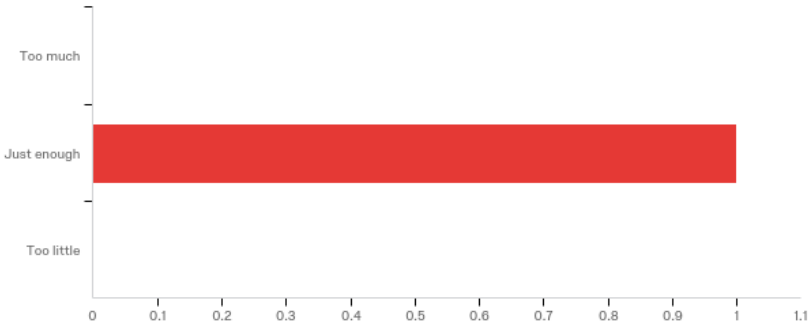
	Total	100%	1

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:



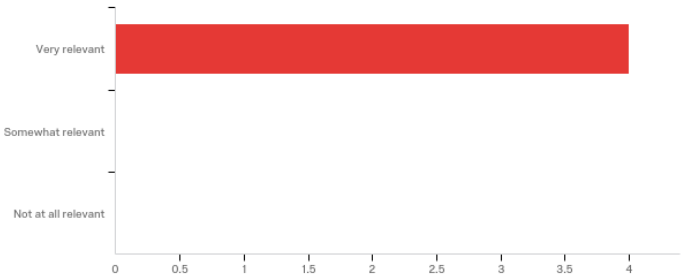
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	1

3	Too little	0.00%	0
	Total	100%	1

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

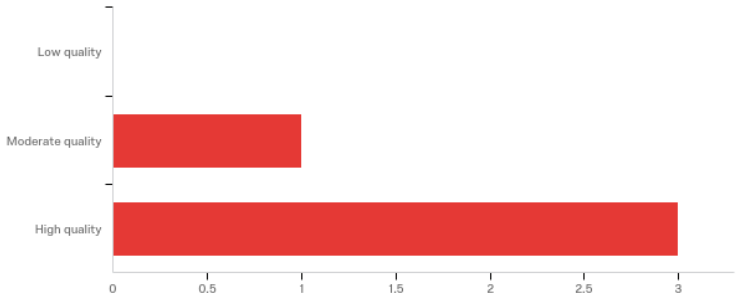
No responses.

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



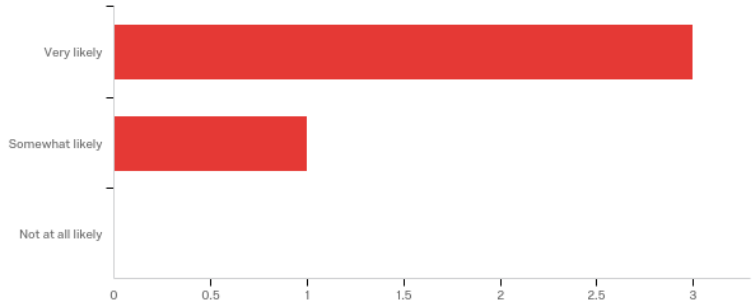
#	Answer	%	Count
1	Very relevant	100.00%	4
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	4

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



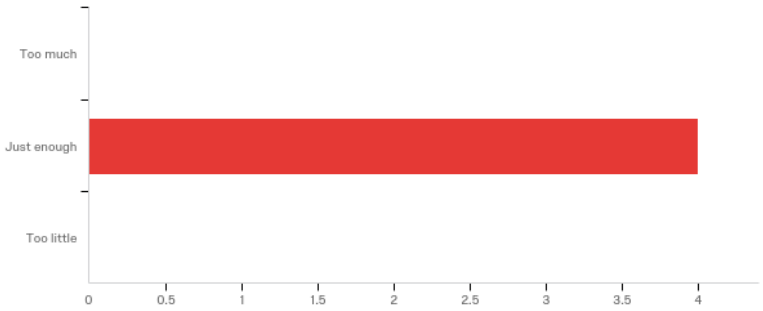
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	25.00%	1
3	High quality	75.00%	3
	Total	100%	4

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



#	Answer	%	Count
1	Very likely	75.00%	3
2	Somewhat likely	25.00%	1
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

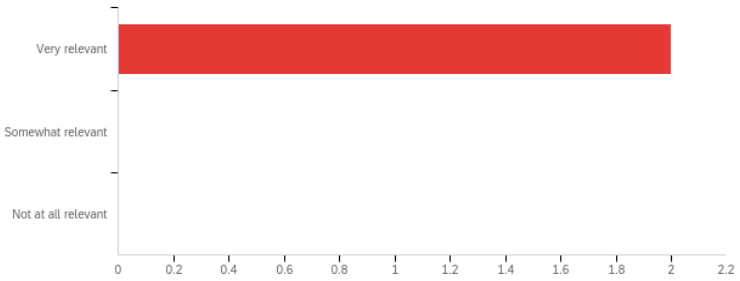
	Total	100%	4

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

No responses.

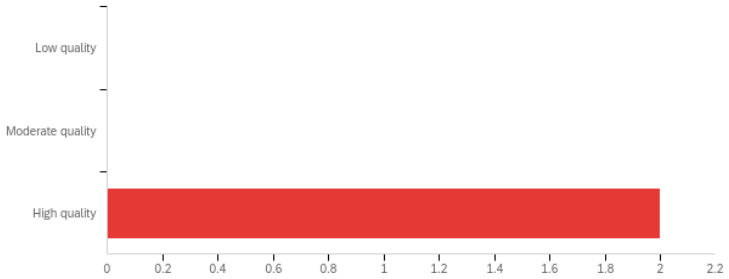
CICC Coaches RC End of Event Survey January 6 2020

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



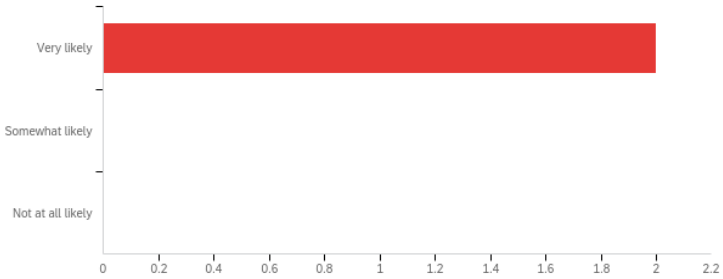
#	Answer	%	Count
1	Very relevant	100.00%	2
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	2

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



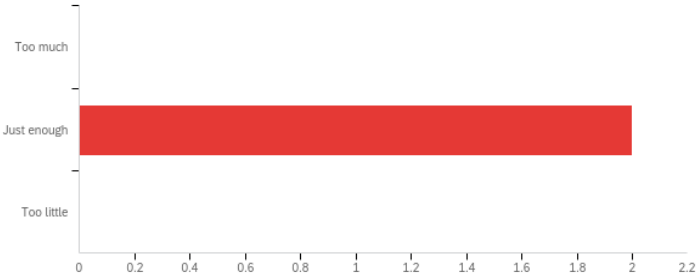
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	2
	Total	100%	2

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:



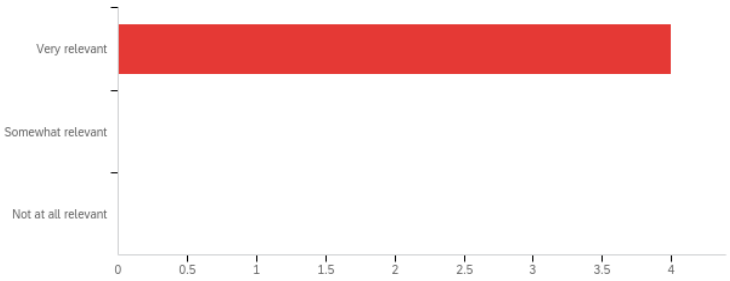
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	2
3	Too little	0.00%	0
	Total	100%	2

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

No responses.

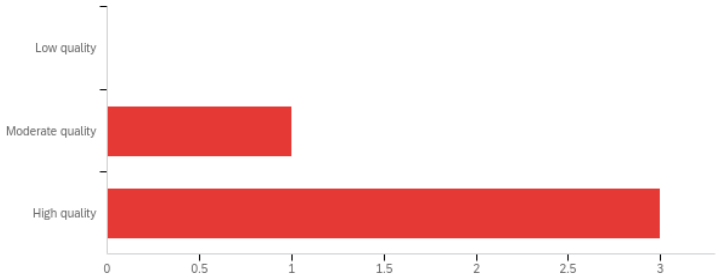
CICC Coaches RC End of Event Survey January 23 2019

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



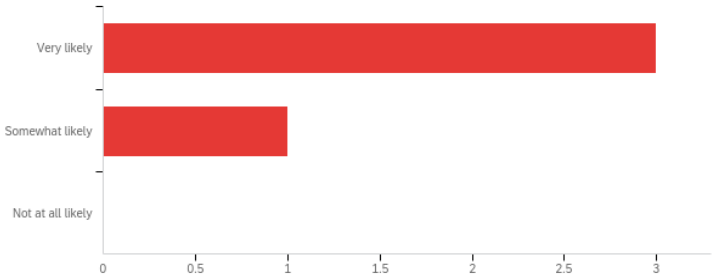
#	Answer	%	Count
1	Very relevant	0.00%	0
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	0

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



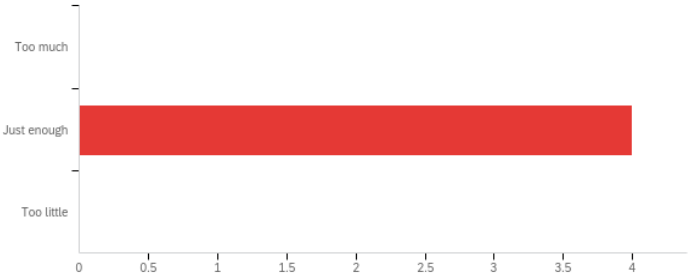
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	25.00%	1
3	High quality	75.00%	3
	Total	100%	4

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



#	Answer	%	Count
1	Very likely	75.00%	3
2	Somewhat likely	25.00%	1
3	Not at all likely	0.00%	0
	Total	100%	4

The information provided during the Reflective Consultation was:



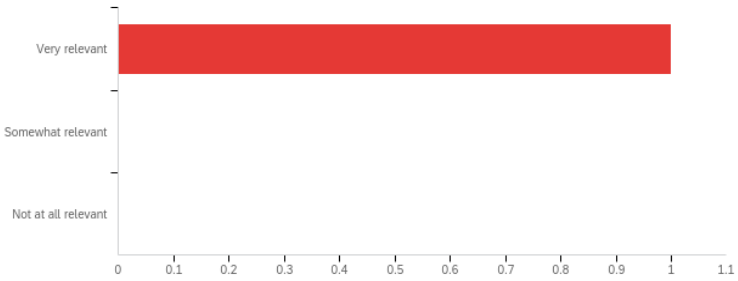
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	4
3	Too little	0.00%	0
	Total	100%	4

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

No responses.

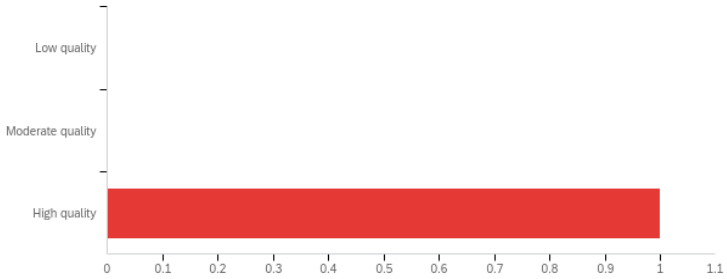
CICC Coaches RC End of Event Survey February 3 2020

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



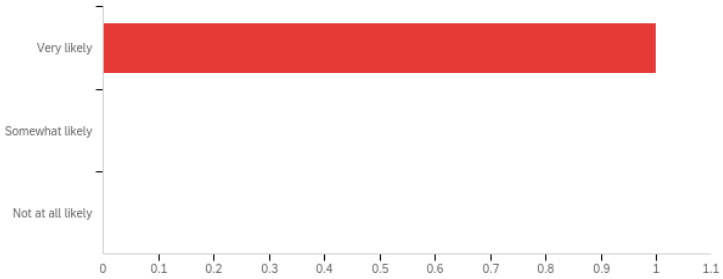
#	Answer	%	Count
1	Very relevant	0.00%	0
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	0

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



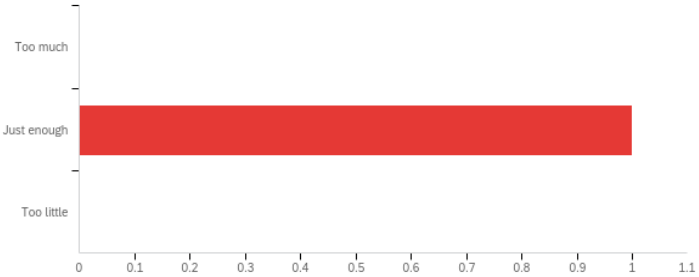
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	1
	Total	100%	1

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:



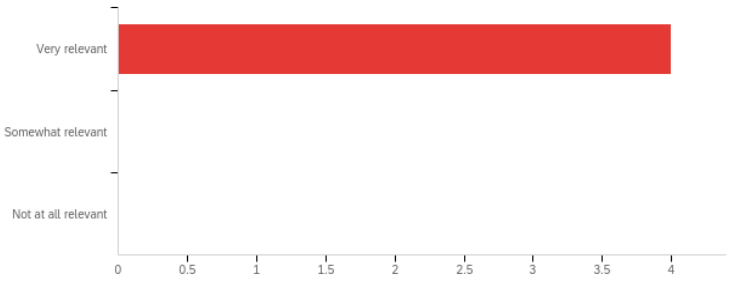
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	1
3	Too little	0.00%	0
	Total	100%	1

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

No responses.

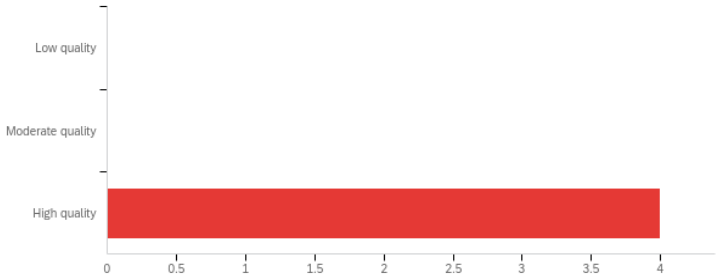
CICC Coaches RC End of Event Survey February 27 2020

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



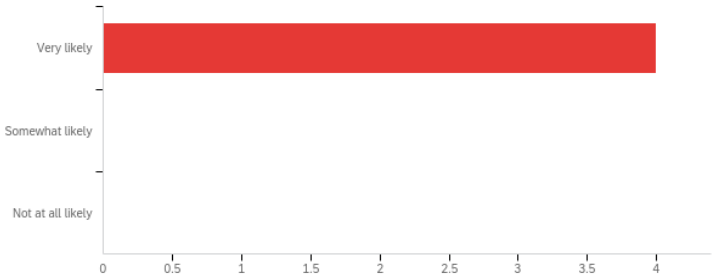
#	Answer	%	Count
1	Very relevant	0.00%	0
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	0

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



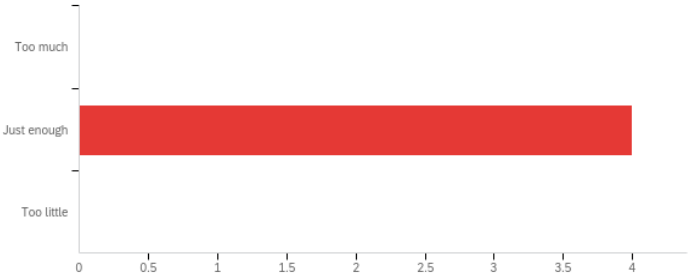
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	4
	Total	100%	4

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:



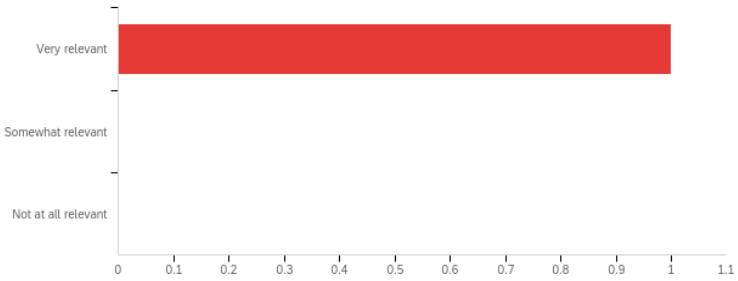
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	4
3	Too little	0.00%	0
	Total	100%	4

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

No responses.

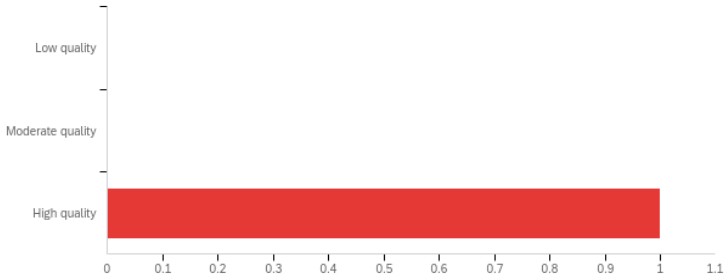
CICC Coaches RC End of Event Survey March 2 2020

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



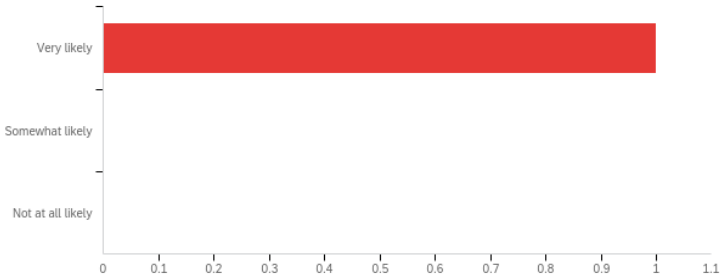
#	Answer	%	Count
1	Very relevant	100.00%	1
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	1

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



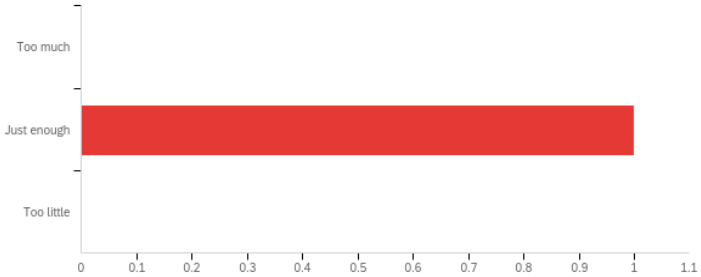
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	1
	Total	100%	1

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:



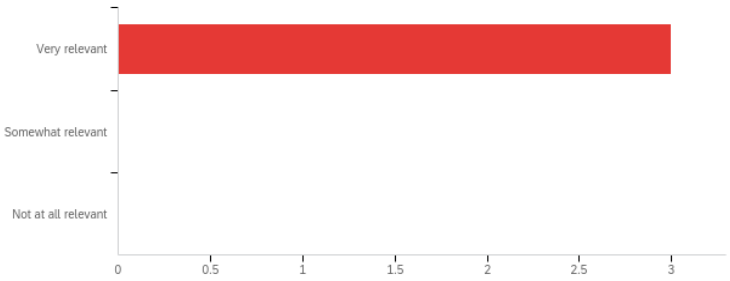
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	1
3	Too little	0.00%	0
	Total	100%	1

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

No responses.

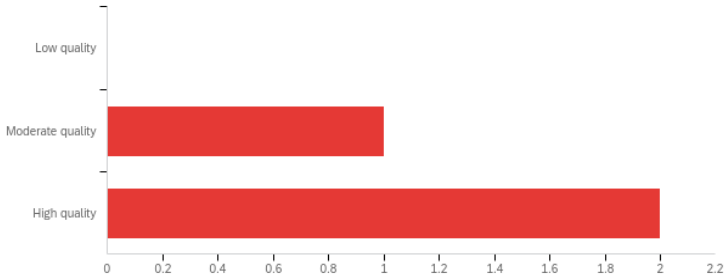
CICC Coaches RC End of Event Survey March 27 2020

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



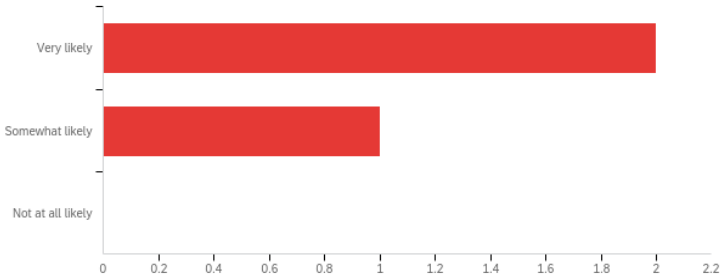
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



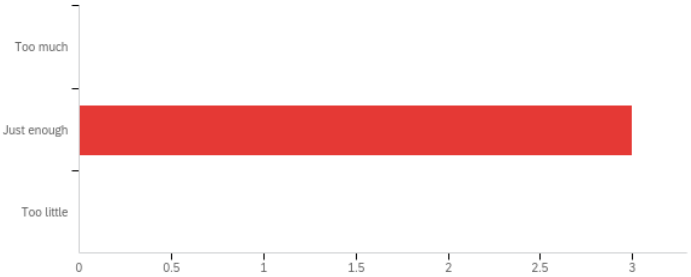
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	33.33%	1
3	High quality	66.67%	2
	Total	100%	3

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



#	Answer	%	Count
1	Very likely	66.67%	2
2	Somewhat likely	33.33%	1
3	Not at all likely	0.00%	0
	Total	100%	3

The information provided during the Reflective Consultation was:



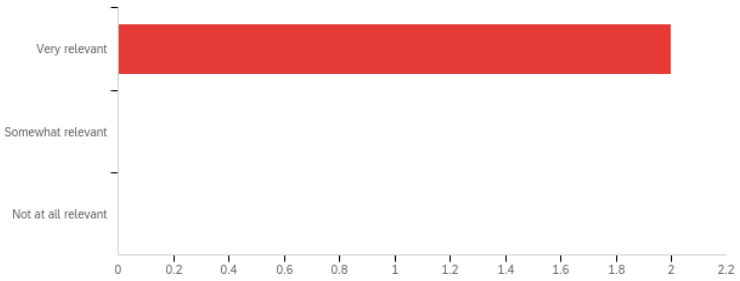
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

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

No responses.

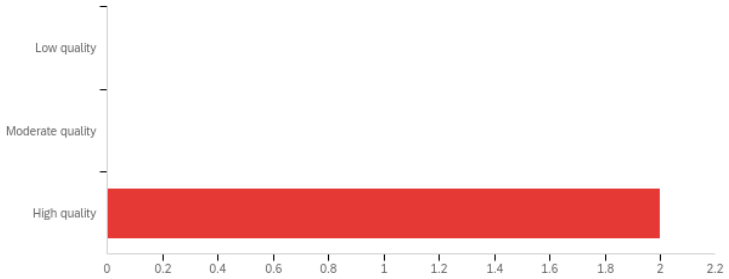
CICC Coaches RC End of Event Survey April 6 2020

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



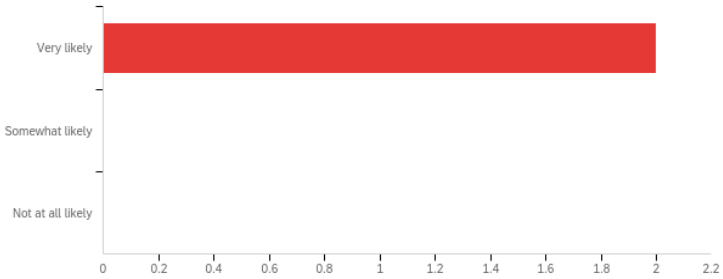
#	Answer	%	Count
1	Very relevant	100.00%	2
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	2

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



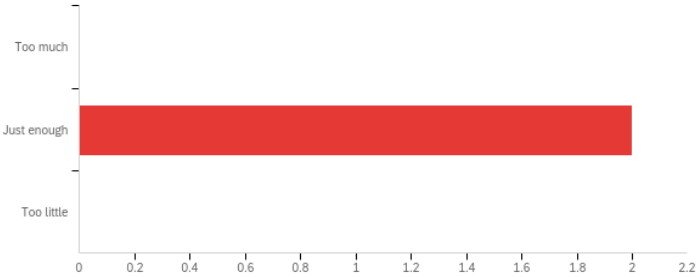
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	2
	Total	100%	2

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:



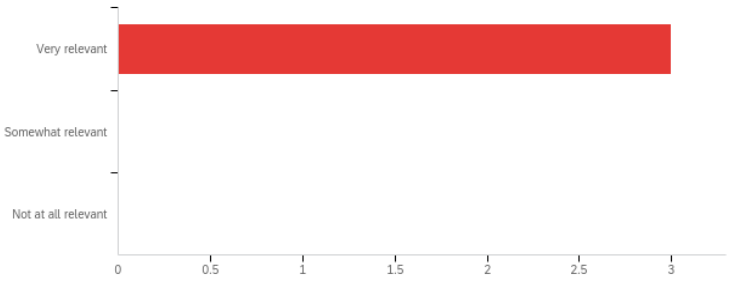
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	2
3	Too little	0.00%	0
	Total	100%	2

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

It was a very welcoming and safe environment for processing and sharing.

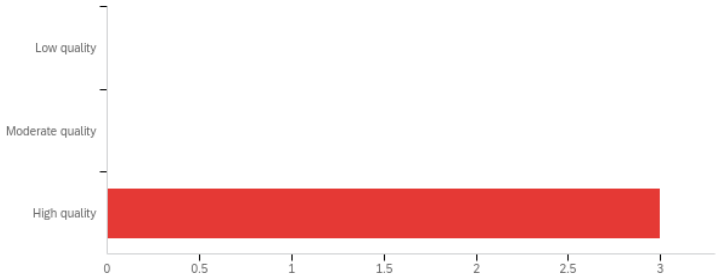
CICC Coaches RC End of Event Survey April 23 2020

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



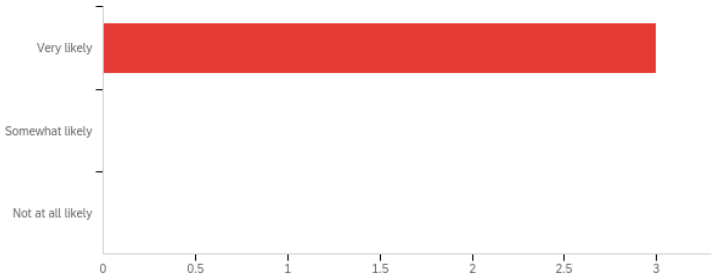
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



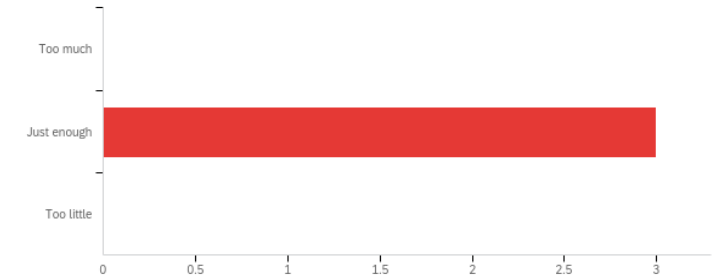
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

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

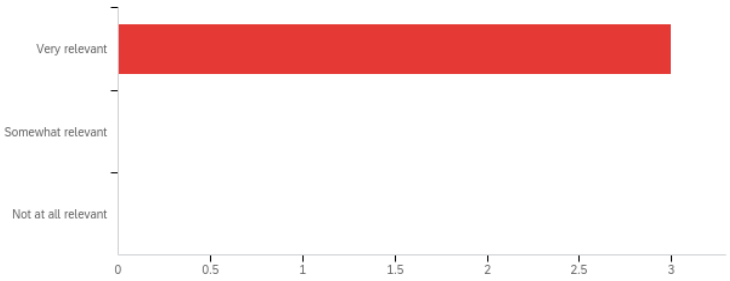
Is there anything else you'd like us to know about this event?

I find these extremely helpful

I appreciate having extra sessions each month with Tracy during the COViD-19 Season

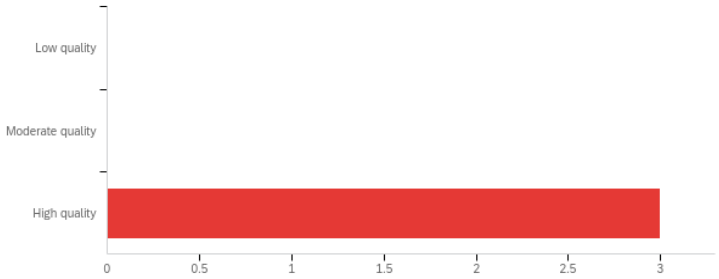
CICC Coaches RC End of Event Survey May 4 2020

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



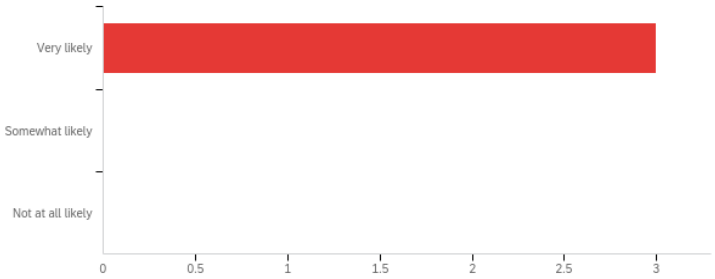
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



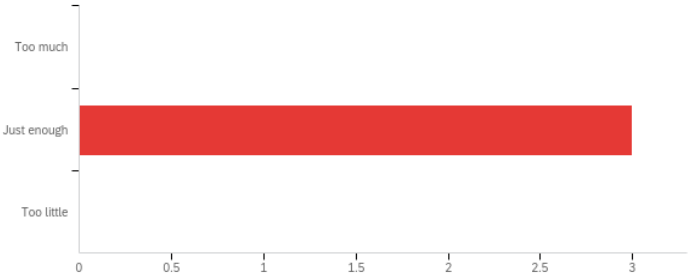
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

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:



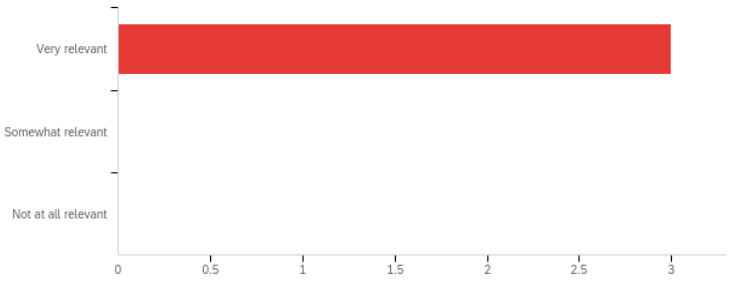
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

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

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.

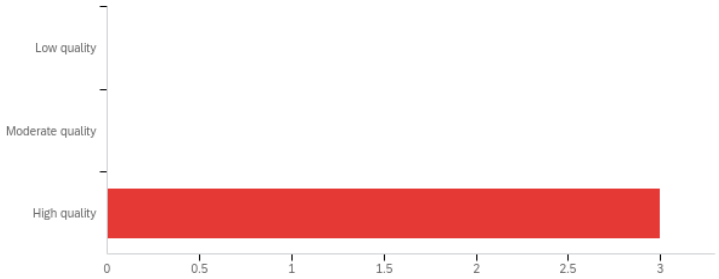
CICC Coaches RC End of Event Survey May 28 2020

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



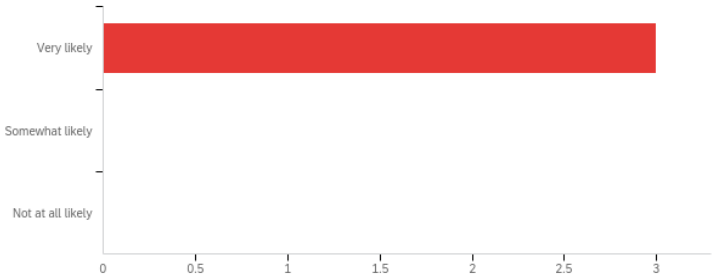
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



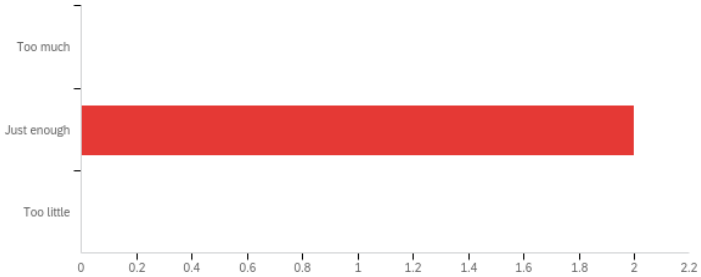
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

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:



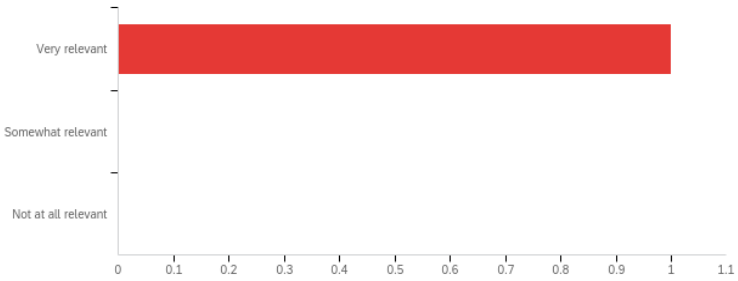
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	2
3	Too little	0.00%	0
	Total	100%	2

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

Thank you for allow Tracy to meet with us more often during the COVID 19 season. :)

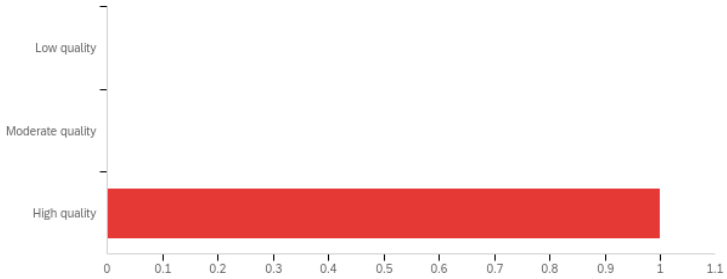
CICC Coaches RC End of Event Survey June 1 2020

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



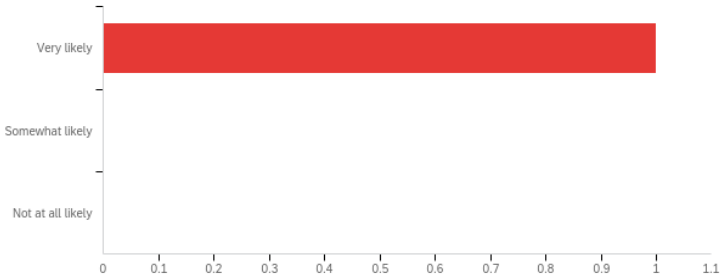
#	Answer	%	Count
1	Very relevant	100.00%	1
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	1

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



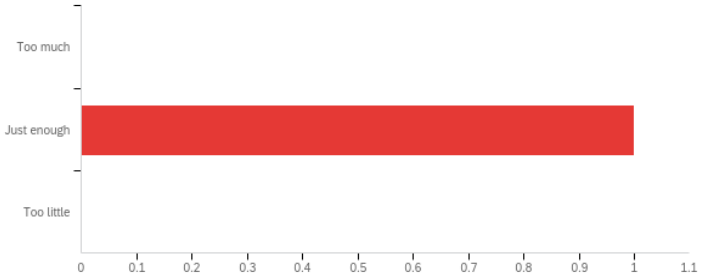
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	1
	Total	100%	1

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:



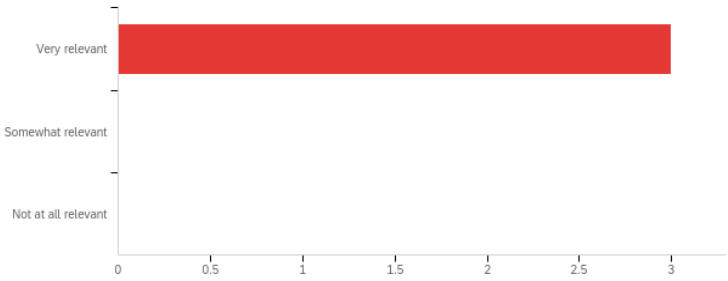
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	1
3	Too little	0.00%	0
	Total	100%	1

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

Safe place for processing recent and relevant difficult situations

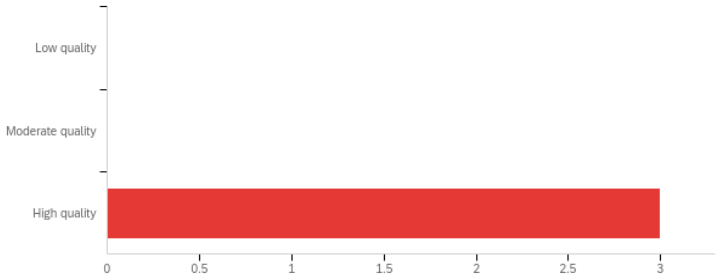
CICC Coaches RC End of Event Survey June 26 2020

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



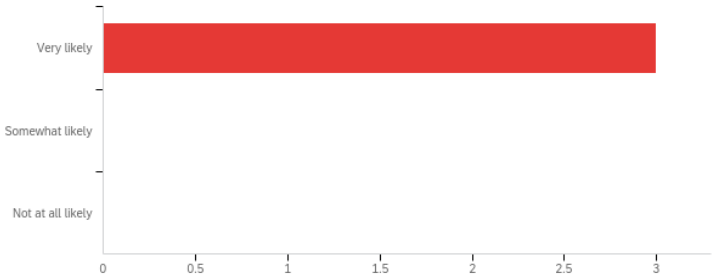
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



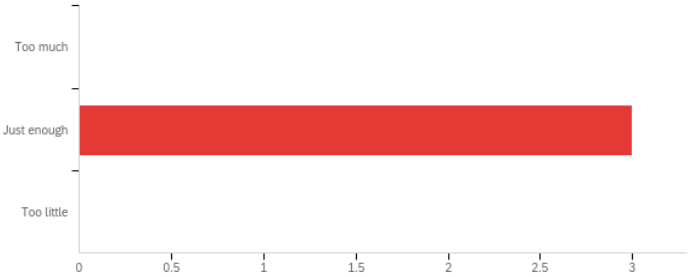
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

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

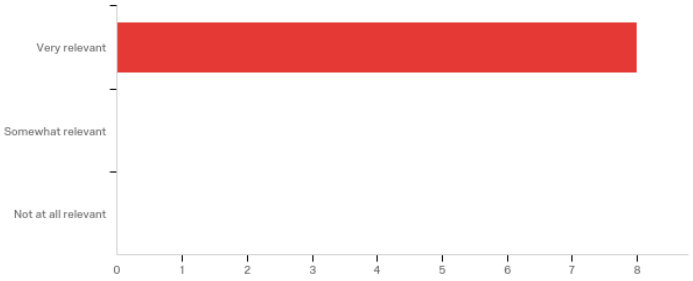
Is there anything else you'd like us to know about this event?

Great discussions on timely issues in our work.

APPENDIX L: HSCP COACHES' RBPD CREDENTIAL END-OF-EVENT RESPONSES

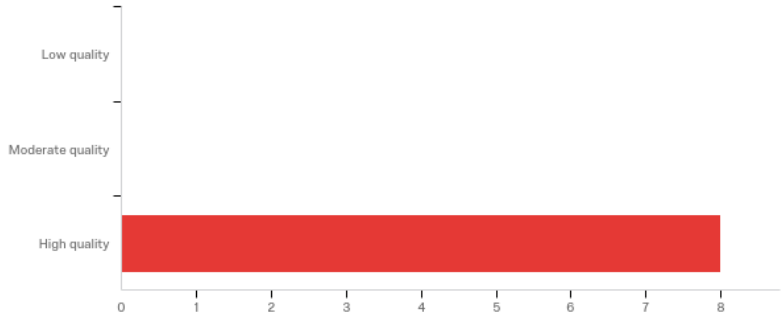
CICC Coaches RBPD Credential End of Event Survey-September 18 2019

How relevant was the information you received from the RBPD Credential sessions to your work?



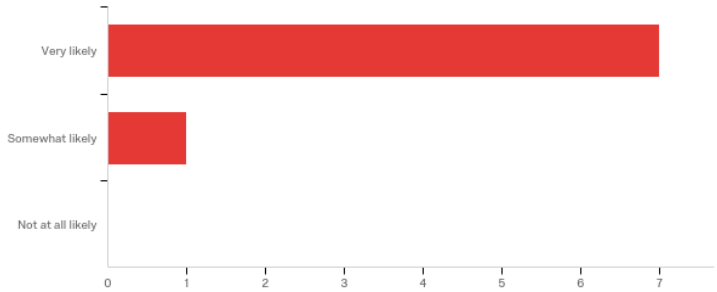
#	Answer	%	Count
1	Very relevant	100.00%	8
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	8

How would you rate the quality of the information you received from the RBPD Credential sessions?



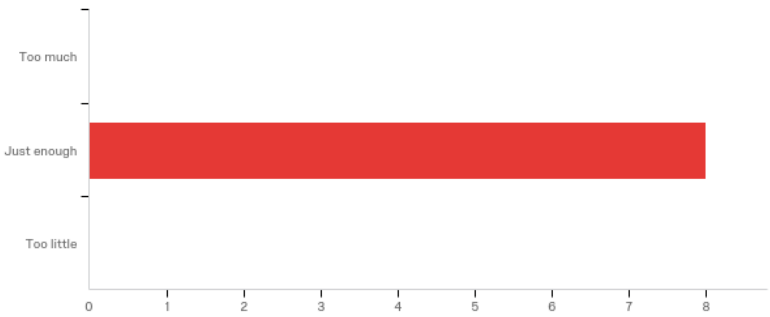
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	8
	Total	100%	8

How likely are you to use the information you received from the RBPD Credential sessions in your work?



#	Answer	%	Count
1	Very likely	87.50%	7
2	Somewhat likely	12.50%	1
3	Not at all likely	0.00%	0
	Total	100%	8

The information provided during the RBPD Credential sessions was:

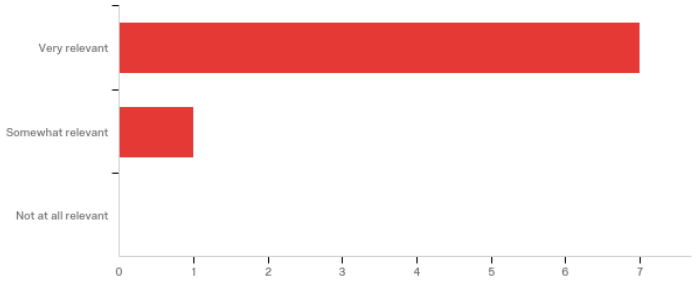


#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	8
3	Too little	0.00%	0
	Total	100%	8

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

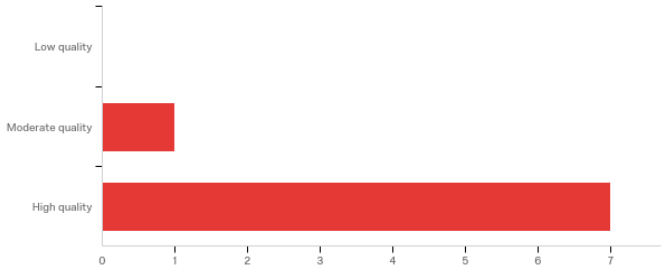
Beth does a very good job facilitating. Her expertise is so valuable.

How relevant was the information you received from the RBPD Credential sessions to your work?



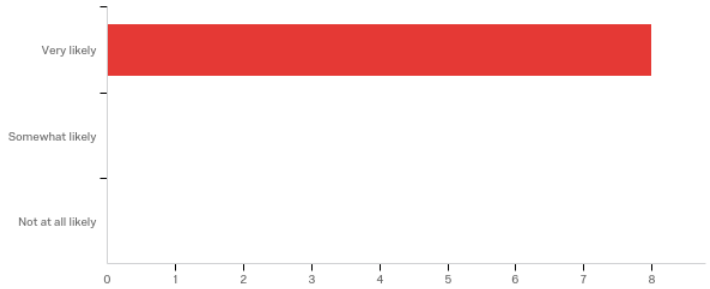
#	Answer	%	Count
1	Very relevant	87.50%	7
2	Somewhat relevant	12.50%	1
3	Not at all relevant	0.00%	0
	Total	100%	8

How would you rate the quality of the information you received from the RBPD Credential sessions?



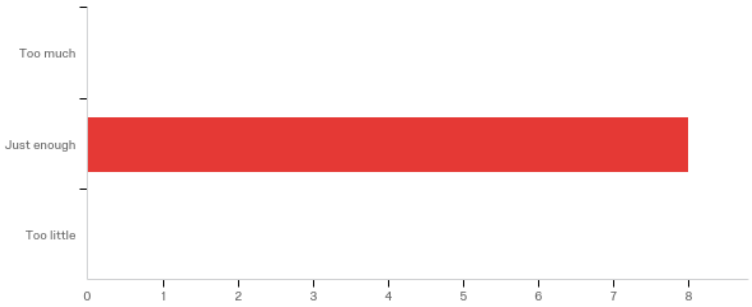
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	12.50%	1
3	High quality	87.50%	7
	Total	100%	8

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:



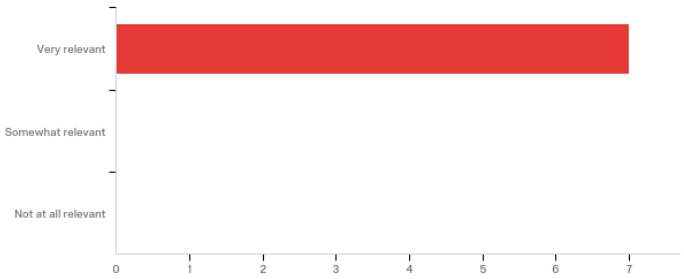
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	8
3	Too little	0.00%	0
	Total	100%	8

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

Beth is a wonderful presenter!

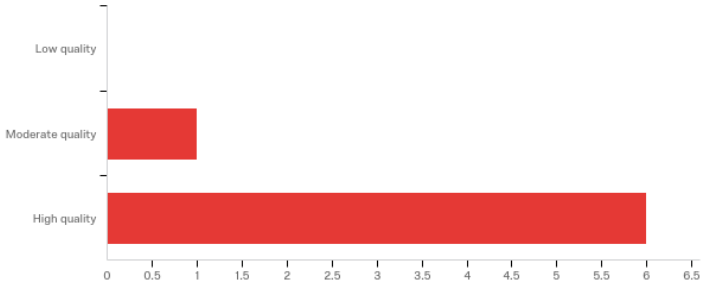
CICC Coaches RBPD Credential End of Event Survey-December 18 2019

How relevant was the information you received from the RBPD Credential sessions to your work?



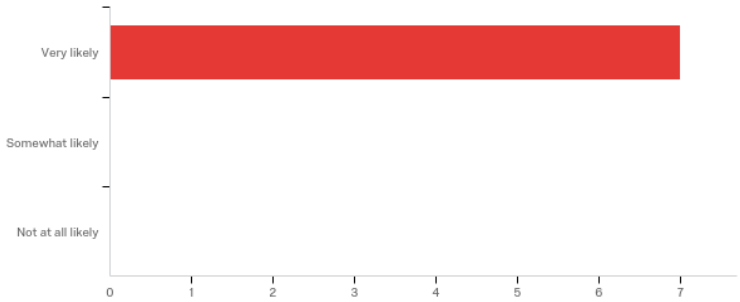
#	Answer	%	Count
1	Very relevant	100.00%	7
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	7

How would you rate the quality of the information you received from the RBPD Credential sessions?



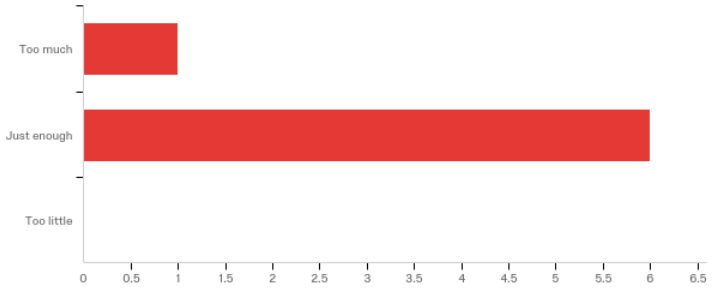
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	14.29%	1
3	High quality	85.71%	6
	Total	100%	7

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%	7
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	7

The information provided during the RBPD Credential sessions was:



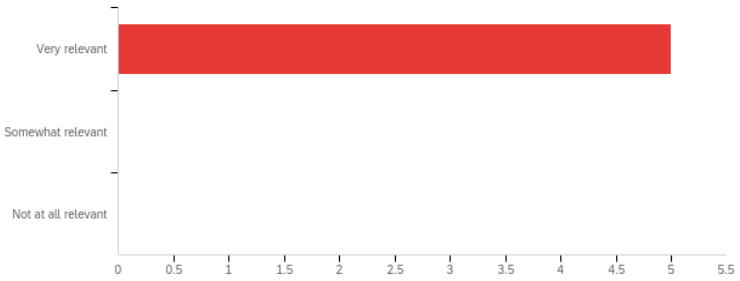
#	Answer	%	Count
1	Too much	14.29%	1
2	Just enough	85.71%	6
3	Too little	0.00%	0
	Total	100%	7

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

No responses.

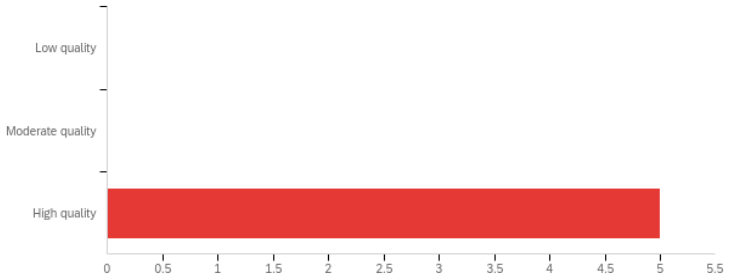
CICC Coaches RBPD Credential End of Event Survey-February 19 2020

How relevant was the information you received from the RBPD Credential sessions to your work?



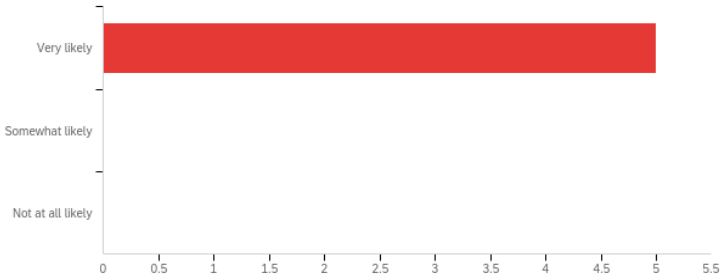
#	Answer	%	Count
1	Very relevant	100.00%	5
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	5

How would you rate the quality of the information you received from the RBPD Credential sessions?



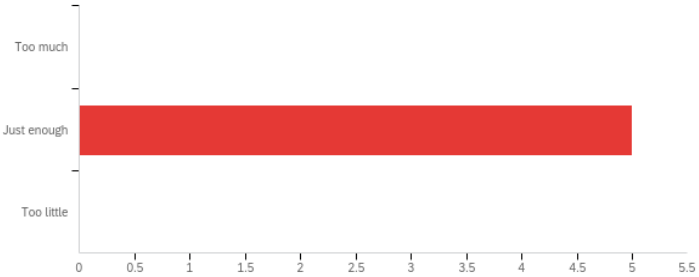
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	5
	Total	100%	5

How likely are you to use the information you received from the RBPD Credential sessions 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 RBPD Credential sessions was:



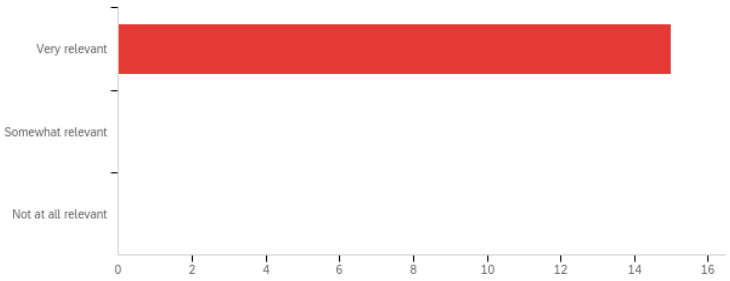
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	5
3	Too little	0.00%	0
	Total	100%	5

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

Wondering if it would be possible to have a little more time for reflection homework.

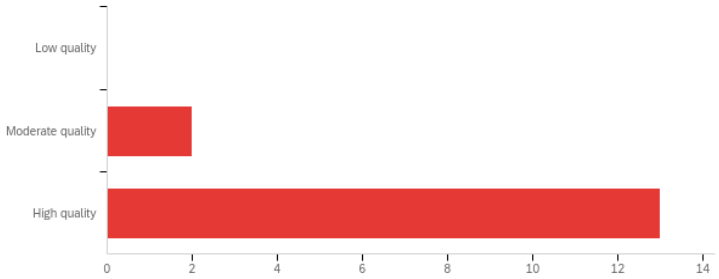
CICC Coaches RBPD Credential End of Event Survey-March 9 2020

How relevant was the information you received from the RBPD Credential sessions to your work?



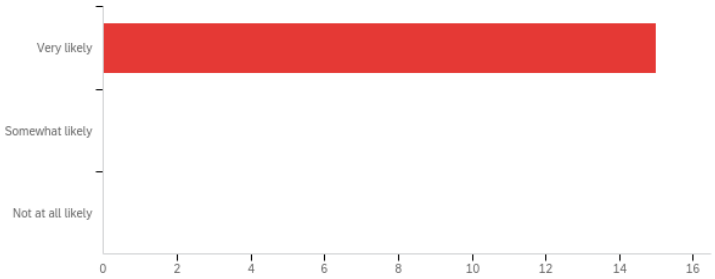
#	Answer	%	Count
1	Very relevant	100.00%	15
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	15

How would you rate the quality of the information you received from the RBPD Credential sessions?



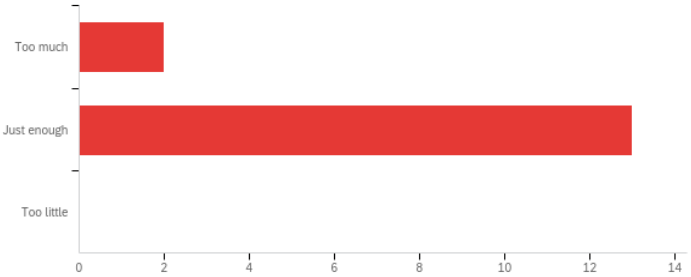
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	13.33%	2
3	High quality	86.67%	13
	Total	100%	15

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%	15
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	15

The information provided during the RBPD Credential sessions was:



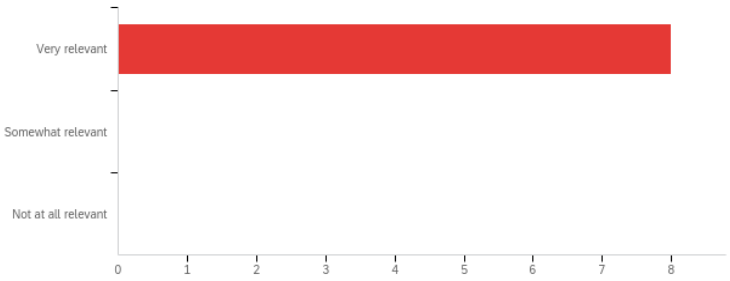
#	Answer	%	Count
1	Too much	13.33%	2
2	Just enough	86.67%	13
3	Too little	0.00%	0
	Total	100%	15

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.
Thank you for the extra session. So nice to connect during this CoVID 19 season.
In person events are SO valuable, SO much learning. Thanks

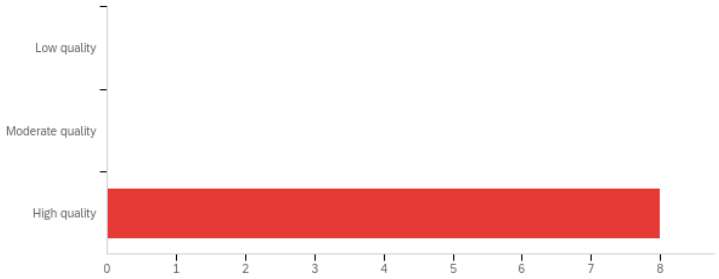
CICC Coaches RBPD Credential End of Event Survey-June 17 2020

How relevant was the information you received from the RBPD Credential sessions to your work?



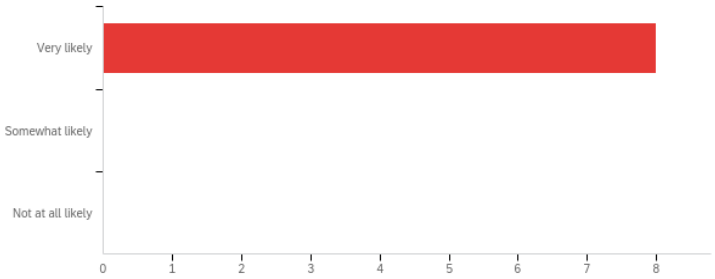
#	Answer	%	Count
1	Very relevant	100.00%	8
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	8

How would you rate the quality of the information you received from the RBPD Credential sessions?



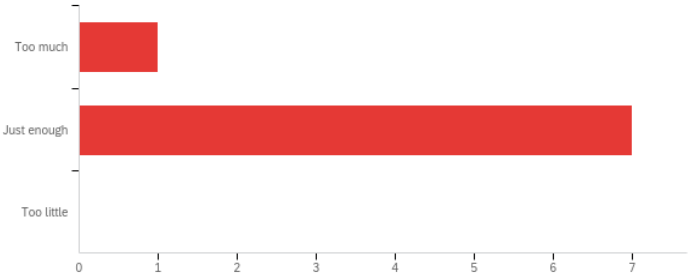
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	8
	Total	100%	8

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	12.50%	1
2	Just enough	87.50%	7
3	Too little	0.00%	0
	Total	100%	8

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

Beth does a great job facilitating!