

# Infant Toddler Specialist Network Annual Evaluation Report



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## Executive Summary

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

The ITSN evaluation includes data collection from multiple sources. In Year 3 of the evaluation, data collection focuses on both the providers receiving coaching services and on the coaches who provide those services. In Year 3, data are being collected from the following sources: providers' pre- and post-surveys, provider satisfaction surveys after 10 and again after 25 hours of coaching, provider interviews, coaches pre- and post-surveys, coaches' end-of-event surveys, coach interviews, and Continuous Quality Improvement Plans (CQIPs).

Licensed child care providers who participate in the ITSN are 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 assess their knowledge, attitudes, experience, and skills related to child care infant and toddler content and services, as well as their knowledge and use of the Minnesota Knowledge and Competency Frameworks. Providers also complete a seven-question survey after receiving 10 and 25 hours of coaching. Additionally, a purposeful sample of providers participating in the ITSN are recruited to share their experiences via individual interviews throughout Year 3.

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

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

Providers reported that behavior guidance and observation and assessment are most challenging for them to implement. Prior to coaching, the providers reported being confident in their knowledge of infant and toddler policies and practices, effective in their role as provider, and able to develop and implement infant and toddler policies.

Providers reported their knowledge of most infant and toddler content areas as “developing” or “proficient.” More than half of the providers reported that their knowledge of behavior guidance, co-creating relationships with families, developing health and safety policies, implementing an individualized child care plan, provider mental health/self-care, and referral to early intervention is still developing. ITSN providers reported most wanting professional development on co-creating relationships with families, developing an individualized child care plan, developmentally appropriate practice around individualized and group instruction, implementing an individual child care program, and social emotional development. In the middle of Year 3, providers continue to report moderate to low levels of familiarity with and comfort using Minnesota’s Knowledge and Competency frameworks.

ITSN 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 infant and toddler concepts was primarily “proficient,” except in the areas of cultural responsiveness and trauma-informed care.

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

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

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

Mid-year evaluation data can be used to modify, enhance, or remove aspects of the ITSN programming. These data may also be used to develop new methods for ensuring that the coaches are executing their roles with fidelity and the providers are benefitting from the coaching services. Results from this report should be viewed with caution, as all data are self-reported data and the number of respondents is low because only four months of data have been collected.

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## Introduction

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

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

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

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

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



information shared with both coaches and providers, the identification of areas of improvement across the child care field, and the effects of providing high-quality RBPDP to child care providers.

## Study Purpose

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

## Methodology

### Instrumentation

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

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

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

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

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

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

#### ITSN Providers' Interview Protocol

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

### ITSN Coaches' Interview Protocol

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

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

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

### Continuous Quality Improvement Plan

CICC personnel developed the Continuous Quality Improvement Plans (CQIPs). The objective of the CQIPs is to provide a tool with which providers and coaches can outline goals they would like to complete as part of the coaching program, as well as provide 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 are made to the document, when necessary, to capture additional data elements.

## Participant Recruitment

All ITSN coaches understand that participating in evaluation activities is critical to the success of the ITSN and are encouraged to complete the activities by CICC staff. Coaches share survey information with child care providers receiving coaching during their initial visit. Both online links to the surveys and paper surveys are available to providers who prefer that method of survey completion. Paper surveys are collected in a sealed envelope from coaches and sent to the evaluators via mail.

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

## Data Collection Procedures

### Providers' Pre- and Post-Survey

There were 24 questions within the providers' pre-survey, which can be found in Appendix A. The survey was based on the coaches' pre-survey and included similar questions on the following topics: demographic information; providers' professional development experience; providers' perceptions of their competencies in specific infant and toddler content areas; providers' knowledge of Minnesota's Knowledge and Competency Frameworks; providers' perceptions of their own effectiveness; and providers' perceptions of their ability to implement high-quality infant and toddler practices. The providers were also asked open-ended questions so that they could share their thoughts on

implementation challenges and their expectations around working with a coach. The providers' post-survey contained 27 questions, the majority of which mirrored the pre-survey questions to measure change across time. The post-survey can be found in Appendix B.

The ITSN providers' surveys were loaded onto Qualtrics (July 2019 Version), an online survey system used at the University of Minnesota, and disseminated by CEED evaluation personnel. The providers' Year 3 pre-survey was disseminated starting in September of 2019. All providers were sent a link to the survey within the first two weeks of receiving coaching services. Providers were also offered the option of completing a paper version of the survey and mailing it back to CEED. The ITSN providers' Year 3 post-survey was originally disseminated in the fall of 2019. Providers were sent a link to the post-survey or offered a paper survey after coaching services were completed. Reminders were sent to providers at least one time for both the pre- and post-survey in an attempt to increase response rates.

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

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

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

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

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

### **ITSN Provider Interview Protocol**

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

### ITSN Coach Interview Protocol

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

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

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

### Continuous Quality Improvement Plans

Coaches complete the CQIP either in collaboration with the child care provider or after meeting with the provider(s). The document is reviewed with the providers after each coaching session. The CQIP can be found in Appendix I.

## Data Analysis

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

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

## Results

The data, whether from ITSN coaches or providers, are reported in aggregate throughout this section of the report. Response rates varied across evaluation activities and should be reviewed prior to any interpretation. When possible, the total number of respondents are identified within each data collection activity and individual questions. The results are broken down for the providers into the following overarching categories: demographics; coaching services data; education and experience; requests for additional professional development; knowledge of infant and toddler content; familiarity with and comfort using the Minnesota Knowledge Competency Frameworks; requests for support; infant and toddler coaching requests; perceptions of coaching dispositions; perceptions of coaching skills and knowledge; perceptions of practice change after coaching; perceptions of the coach; and perceptions of personal effectiveness. For the coaches, the data are categorized into the following topics: demographic information; coaches' perceptions of their competencies in specific infant and toddler content areas; coaches' perceptions of RBPB sessions; coaches' professional development experience within the past year; coaches' knowledge of Minnesota's Knowledge and Competency Frameworks; coaches' perceptions of their coaching competencies and dispositions; coaches'

perceptions of their own effectiveness, confidence, and knowledge; and coaches' perceptions of providers' needs and challenges. Data from the Continuous Quality Improvement Plans are shared. End-of-event data are presented for the ITSN providers after they received 10 hours and 25 hours of coaching. End-of-event data are also presented for the ITSN coaches.

### ITSN Provider Demographics

Seven (7) ITSN providers completed the pre-survey (32% response rate) and 5 completed the post-survey (12% response rate). The ITSN providers (n = 7) range in age from 27 to 55 years old, with an average age of 38.6 years. Five (5) providers identified themselves as White and one identified as Multi-racial. Seventy-one percent (71%; n = 5) said they worked in center-based child care and 29% (n = 2) said they were family child care providers. Three of the center-based respondents identified themselves as Center Directors (75%) and one as a teacher (25%).

### Coaching Services Data

ITSN providers reported receiving an average of a little over four months (4.1) of infant and toddler coaching. The range of coaching received went from less than one month to six months (see Figure 1).

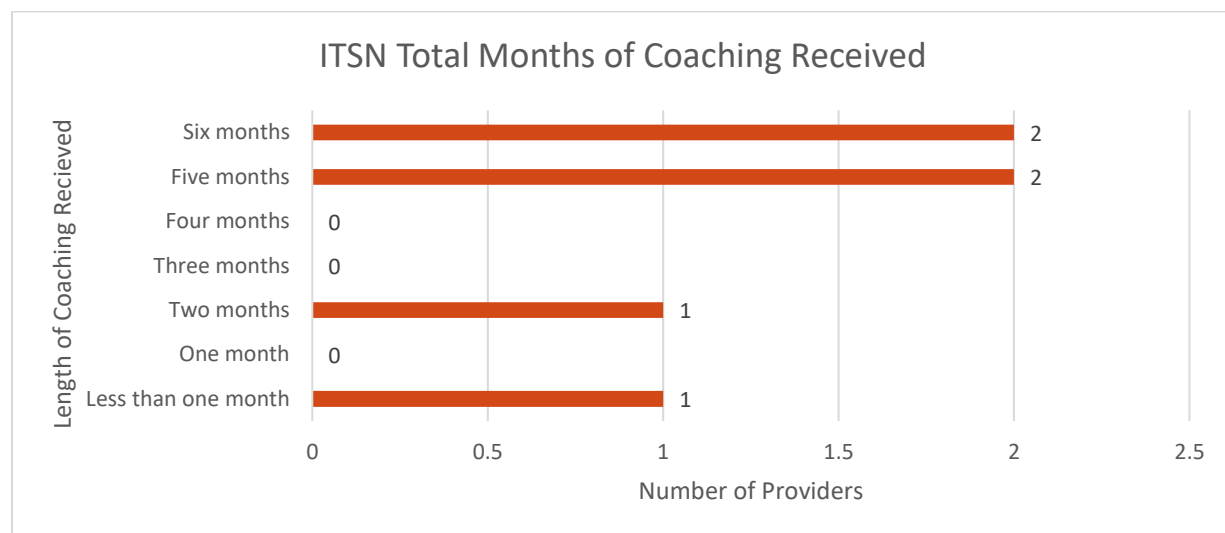


Figure 1. Number of months of coaching received by ITSN child care providers.

### ITSN Providers' Education and Experience

Four (4) ITSN providers reported that they have had some college or Certificate program and two hold Bachelor of Arts or Science degrees. The providers shared that they have worked an average of 12.2 years (range = three years to 18 years) in child care. Two ITSN providers reported that they work in the metro region (33%), two others work in the northeast region (33%), one works in the southern region (17%), and another works in the west/central region (17%).

### ITSN Providers' Requests for Additional Professional Development

ITSN child care providers were asked, in the pre-survey, to report the infant and toddler topics on which they still wanted additional training/professional development. Providers were given the list of topics below and were asked to choose what was appropriate for them. These data are in Table 1.

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

Infant and Toddler Content Area	Want additional training? (Pre-Survey)
Active Supervision	0.0% (0/5)
Adequate and Safe Physical Space (Indoor and Outdoor)	33.3% (2/6)
Behavior Guidance	83.3% (5/6)
Caring for Infants and Toddlers with Special Needs	83.3% (5/6)
Co-Creating Relationships with Families	100.0% (6/6)
Confidentiality	16.7% (1/6)
Cultural Responsiveness	66.7% (4/6)
Developing Health and Safety Policies	33.3% (2/6)
Developing a Risk Reduction Plan (required only in center-based settings)	0.0% (0/5)
Developing an Individual Child Care Program Plan (required only in center-based settings)	100.0% (2/2)
Developmentally Appropriate Practices (DAP) Around Group Instruction	100.0% (5/5)
Developmentally Appropriate Practices (DAP) Around Individualized Instruction	100.0% (6/6)
Emergency Preparedness	16.7% (1/6)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	33.3% (2/6)
Implementing Health and Safety Policies	33.3% (1/3)
Implementing a Risk Reduction Plan (required only in center-based settings)	33.3% (1/3)
Implementing an Individual Child Care Program Plan (required only in center-based settings)	100.0% (2/2)
Individualized care	66.7% (4/6)
Infant Feeding	16.7% (1/6)
Infant Toddler Development, Including Brain Development	50.0% (3/6)
Infant and Toddler Curriculum	16.7% (1/6)
Keeping Furniture and Equipment in Good Repair	0.0% (0/3)
Licensing Requirements (Rule 2 or Rule 3)	50.0% (3/6)
Nutrition Requirements	33.3% (2/6)
Observation and Assessment	66.7% (4/6)
Outdoor Play Safety	33.3% (1/3)
Planning Based on Observation	83.3% (5/6)
Play for Infants and Toddlers	33.3% (2/6)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0.0% (0/6)

Precautions for Transporting Young Children	0.0% (0/5)
Primary Caregiving and Continuity of Care	20.0% (1/5)
Proper Diapering/Toileting	0.0% (0/6)
Provider Mental Health/Self-Care	66.7% (4/6)
Provider to Child Ratios	16.7% (1/6)
Referral to Early Intervention for Infants and Toddlers	83.3% (5/6)
Routines	16.7% (1/6)
Safe Sleep Practices for Infants	0.0% (0/6)
Safe Sleep Practices for Toddlers and Preschoolers	0.0% (0/6)
Sanitation Practices	0.0% (0/3)
Social Emotional Development, Including Attachment	100.0% (6/6)
Trauma-Informed Care	83.3% (5/6)

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

### ITSN Providers' Knowledge of Infant Toddler Content

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

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

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

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

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

Infant and Toddler Content Area	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
Active Supervision	0% (0/6)	16.7% (1/6)	83.3% (5/6)	0% (0/6)	16.7% (1/6)	83.3% (5/6)
Adequate and Safe Physical Space (Indoor and Outdoor)	0% (0/6)	0% (0/6)	100% (6/6)	0% (0/6)	0% (0/6)	100% (6/6)
Behavior Guidance	0% (0/4)	75% (3/4)	25% (1/4)	0% (0/6)	50% (3/6)	50% (3/6)
Caring for Infants and Toddlers with Special Needs	33.3% (2/6)	50% (3/6)	16.7% (1/6)	16.7% (1/6)	66.7% (4/6)	16.7% (1/6)
Co-Creating Relationships with Families	0% (0/4)	75% (3/4)	25% (1/4)	0% (0/6)	83.3% (5/6)	16.7% (1/6)
Confidentiality	0% (0/4)	25% (1/4)	75% (3/4)	0% (0/6)	16.7% (1/6)	83.3% (5/6)
Cultural Responsiveness	25% (1/4)	50% (2/4)	25% (1/4)	16.7% (1/6)	50.0% (3/6)	33.3% (2/6)
Developing Health and Safety Policies	0% (0/3)	66.7% (2/3)	33.3% (1/3)	0% (0/1)	100% (1/1)	0% (0/1)
Developing a Risk Reduction Plan (required only in center-based settings)	0% (0/5)	40% (2/5)	60% (3/5)	0% (0/6)	66.7% (4/6)	33.3% (2/6)
Developing an Individual Child Care Program Plan (required only in center-based settings)	25% (1/4)	25% (1/4)	50% (2/4)	0% (0/1)	100% (1/1)	0% (0/1)
Developmentally Appropriate Practices (DAP) Around Group Instruction	33.3% (1/3)	33.4% (1/3)	33.3% (1/3)	0% (0/6)	66.7% (4/6)	33.3% (2/6)
Developmentally Appropriate Practices (DAP) Around Individualized Instruction	33.3% (1/3)	33.4% (1/3)	33.3% (1/3)	0% (0/6)	66.7% (4/6)	33.3% (2/6)
Emergency Preparedness	0% (0/6)	33.3% (2/6)	66.7% (4/6)	0% (0/6)	33.3% (2/6)	66.7% (4/6)
How to Access Local Resources (e.g.,	0% (0/6)	33.3% (2/6)	66.7% (4/6)	0% (0/6)	33.3% (2/6)	66.7% (4/6)



Infant and Toddler Content Area	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
health consultants, emergency hotlines, etc.)						
Implementing Health and Safety Policies	0% (0/5)	20% (1/5)	80% (4/5)	0% (0/6)	33.3% (2/6)	66.7% (4/6)
Implementing a Risk Reduction Plan (required only in center-based settings)	0% (0/4)	25% (1/4)	75% (3/4)	0% (0/1)	100% (1/1)	0% (0/1)
Implementing an Individual Child Care Program Plan (required only in center-based settings)	25% (1/4)	75% (3/4)	0% (0/4)	0% (0/1)	100% (1/1)	0% (0/1)
Individualized care	0% (0/4)	50% (2/4)	50% (2/4)	0% (0/6)	33.3% (2/6)	66.7% (4/6)
Infant Feeding	0% (0/6)	33.3% (2/6)	66.7% (4/6)	0% (0/6)	16.7% (1/6)	83.3% (5/6)
Infant Toddler Development, Including Brain Development	0% (0/4)	50% (2/4)	50% (2/4)	0% (0/6)	33.3% (2/6)	66.7% (4/6)
Infant and Toddler Curriculum	0% (0/4)	50% (2/4)	50% (2/4)	0% (0/6)	50% (3/6)	50% (3/6)
Keeping Furniture and Equipment in Good Repair	0% (0/5)	40% (2/5)	60% (3/5)	*	*	*
Licensing Requirements (Rule 2 or Rule 3)	0% (0/5)	40% (2/5)	60% (3/5)	0% (0/5)	80% (4/5)	20% (1/5)
Nutrition Requirements	0% (0/6)	33.3% (2/6)	66.7% (4/6)	0% (0/6)	50% (3/6)	50% (3/6)
Observation and Assessment	25% (1/4)	50% (2/4)	25% (1/4)	0% (0/6)	33.3% (2/6)	66.7% (4/6)
Outdoor Play Safety	0% (0/5)	40% (2/5)	60% (3/5)	*	*	*
Planning Based on Observation	25% (1/4)	50% (2/4)	25% (1/4)	0% (0/6)	50% (3/6)	50% (3/6)
Play for Infants and Toddlers	0% (1/4)	25% (2/4)	75% (3/4)	0% (0/6)	0% (0/6)	100% (6/6)

Infant and Toddler Content Area	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0% (0/6)	0% (0/6)	100% (6/6)	0% (0/6)	0% (0/6)	100% (6/6)
Precautions for Transporting Young Children	0% (0/4)	0% (0/4)	100% (4/4)	16.7% (1/6)	0% (0/6)	83.3% (5/6)
Primary Caregiving and Continuity of Care	25% (1/4)	50% (2/4)	25% (1/4)	0% (0/6)	33.3% (2/6)	66.7% (4/6)
Proper Diapering/Toileting	0% (0/6)	16.7% (1/6)	83.3% (5/6)	0% (0/6)	0% (0/6)	100% (6/6)
Provider Mental Health/Self-Care	0% (0/5)	80% (4/5)	20% (1/5)	16.7% (1/6)	33.3% (2/6)	50% (3/6)
Provider to Child Ratios	0% (0/6)	16.7% (1/6)	83.3% (5/6)	0% (0/6)	16.7% (1/6)	83.3% (5/6)
Referral to Early Intervention for Infants and Toddlers	0% (0/4)	75% (3/4)	25% (2/4)	0% (0/6)	33.3% (2/6)	66.7% (4/6)
Routines	0% (0/4)	50% (2/4)	50% (2/4)	0% (0/6)	16.7% (1/6)	83.3% (5/6)
Safe Sleep Practices for Infants	0% (0/6)	33.3% (2/6)	66.7% (4/6)	0% (0/6)	0% (0/6)	100% (6/6)
Safe Sleep Practices for Toddlers and Preschoolers	0% (0/6)	16.7% (1/6)	83.3% (5/6)	0% (0/6)	0% (0/6)	100% (6/6)
Sanitation Practices	0% (0/5)	20% (1/5)	80% (4/5)	0% (0/1)	0% (0/1)	100% (1/1)
Social Emotional Development, Including Attachment	25% (1/4)	0% (0/4)	75% (3/4)	0% (0/6)	33.3% (2/6)	66.7% (4/6)
Trauma-Informed Care	25% (1/4)	50% (2/4)	25% (1/4)	16.7% (1/6)	66.7% (4/6)	16.7% (1/6)

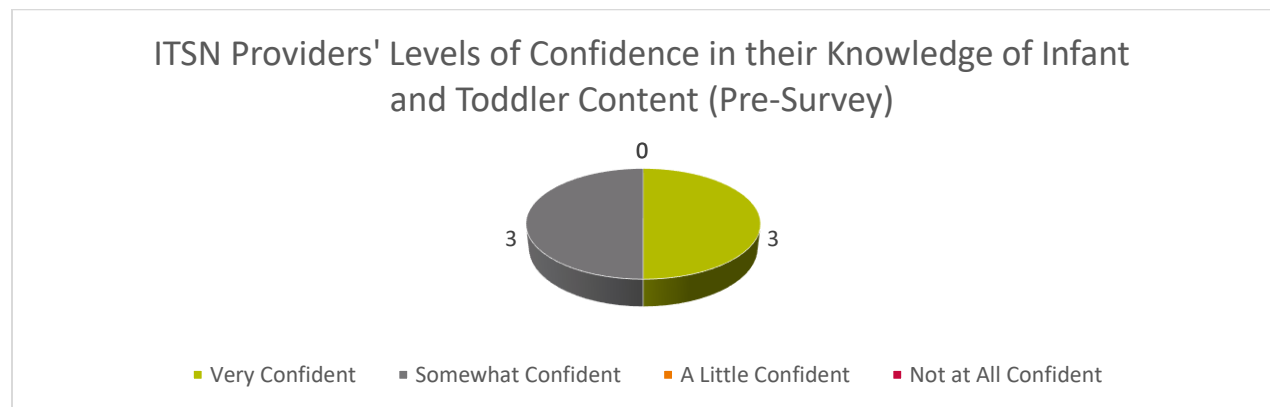
\*No data currently available

Prior to receiving ITSN coaching, the child care providers reported feeling proficient most often in the areas of adequate and safe physical space (100%), potential hazards (100%), and precautions for transporting young children (100%). The ITSN providers reported feeling at the beginning stages of skill development most often for the topics of caring for infants and toddlers with special needs (33.3%), developmentally appropriate practices (DAP) around group instruction (33.3%), and developmentally appropriate practices (DAP) around individualized instruction (33.3%).

After receiving ITSN coaching, child care providers most often said that they felt proficient in the areas of adequate and safe physical space (100%), play for infants and toddlers (100%), potential hazards (100%), proper diapering/toileting (100%), safe sleep practices for infants (100%), safe sleep practices for toddlers and preschoolers (100%), and sanitation practices (100%). After coaching, only one ITSN provider reported feeling at the beginning stages regarding their knowledge of caring for infants and toddlers with special needs, cultural responsiveness, precautions for transporting young children, provider mental health/self-care, and trauma-informed care. No providers reported feeling at the beginning stages of any of the other content areas after receiving coaching.

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

Prior to receiving coaching, ITSN child care providers were asked to rate their level of confidence in their personal knowledge of child care infant and toddler information. Fifty percent (50%;  $n = 3$ ) of the providers said that they were very confident in their infant and toddler knowledge. The other 50% ( $n = 3$ ) reported feeling somewhat confident in their knowledge. None of the providers ( $n = 0$ ) said that they were not at all or a little confident in their infant and toddler knowledge (see Figure 2).



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

After receiving coaching, 60% ( $n = 3$ ) of the providers stated that their confidence in their knowledge of infant and toddler content greatly improved. Forty percent (40%;  $n = 2$ ) reported that their confidence somewhat improved after coaching. None of the providers (0%;  $n = 0$ ) stated that their confidence in their infant and toddler knowledge stayed the same or got worse after coaching (see Figure 3).

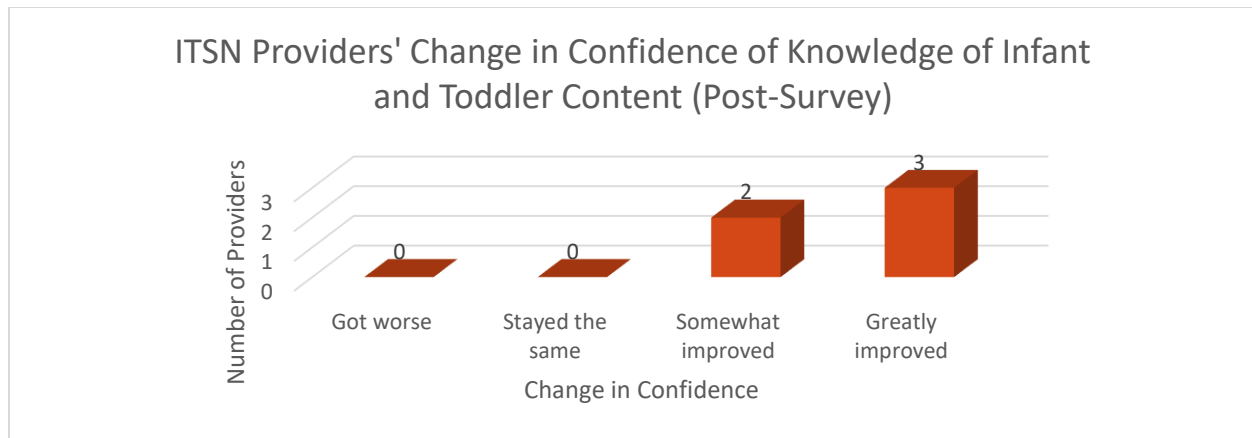


Figure 3. ITSN providers' change in confidence of knowledge of infant and toddler content after receiving coaching (post-survey).

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

Prior to any coaching, 100% (n = 5) of the ITSN providers reported having written policies that address the unique needs of infants and toddlers in their program. Providers were asked to rate themselves, prior to coaching, on their ability to both develop and implement infant toddler policies (see Figure 4). Thirty-three percent (33.3%; n = 2) of the providers rated their ability to develop policies related to caring for infants and toddlers as well above average, 33.3% (n = 2) rated their ability as above average, and 33.3% (n = 2) rated their ability as average. None (0%; n = 0) of the providers reported their ability to develop infant and toddler policies as below average or well below average.

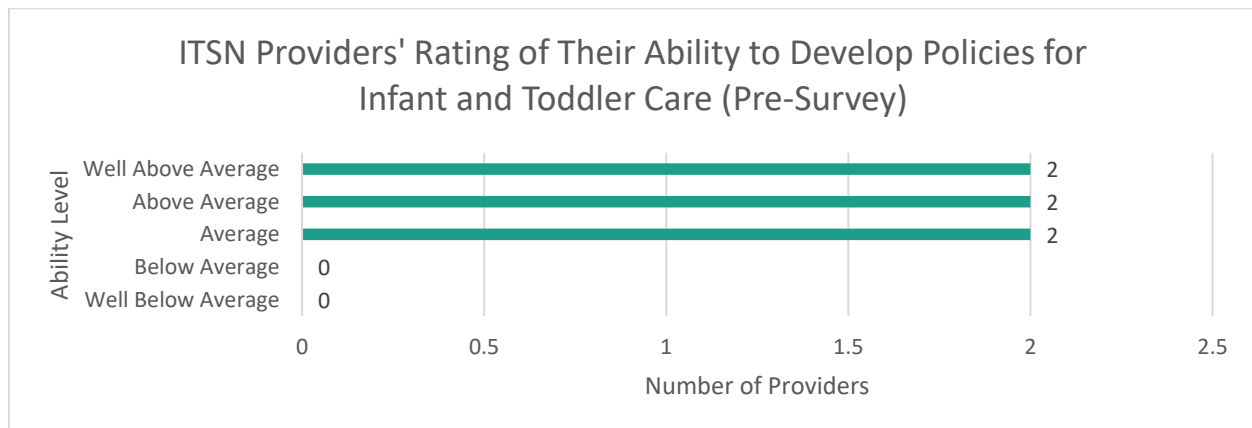
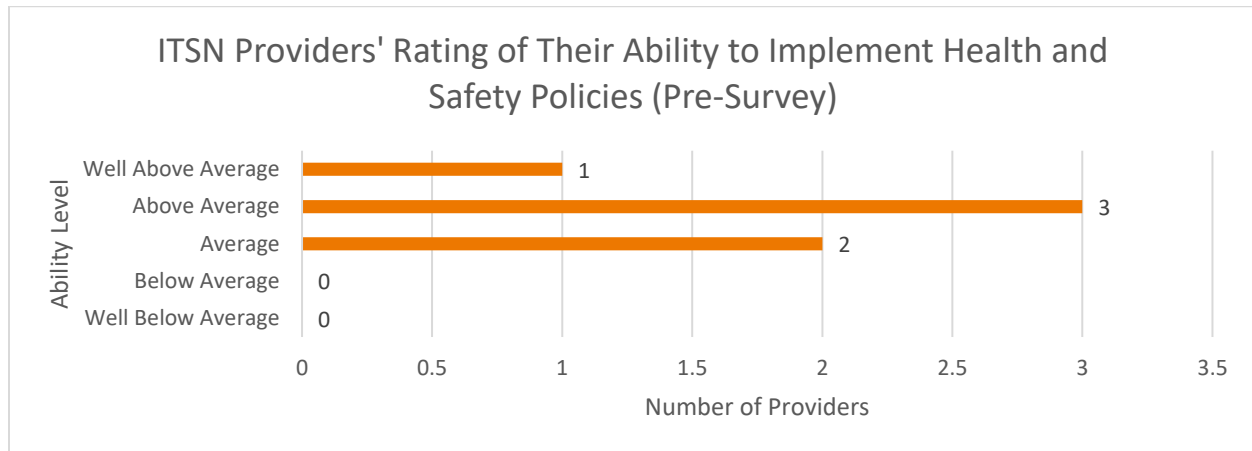


Figure 4. ITSN providers' ratings of their ability to develop policies related to caring for infants and toddlers (pre-survey).

Fifty percent (50%, n = 3) rated their ability to implement these policies that impact infant and toddler care as above average (see Figure 5). Thirty-three percent (33.3%, n = 2) rated their ability to implement these policies as average and a single provider (16.7%; n = 1) rated her ability as well above average. None of the providers said that their ability to implement infant and toddler policies

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



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

In the post-survey, 100% (n = 5) of the ITSN providers stated that they had written policies related to the care of infant and toddlers prior to receiving coaching. Of the five ITSN providers who responded to the post-survey, none (0%) stated that they received coaching on developing infant and toddler policies. Since no providers received coaching on developing health and safety policies, there are no data regarding their perceived ability to develop infant and toddler policies after receiving coaching.

The post-survey also asked the providers if they a) received coaching on implementing child care infant and toddler policies, and b) to rate their ability to implement infant and toddler policies after receiving coaching. None (0%) of the providers reported receiving coaching on implementing infant and toddler policies. Since no providers received coaching on implementing health and safety policies, there are no data regarding their perceived ability to implement infant and toddler policies after receiving coaching.

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

Providers who received ITSN coaching were asked to rate their level of knowledge, as well as their comfort in using two different versions of the Minnesota Knowledge and Competency Frameworks (KCFs) (e.g., infant and toddler and family child care) in both the pre-survey and the post-survey. Within the pre-survey, 50% (n = 3) of providers stated that they were somewhat familiar with the family child care KCF and 33.3% of providers (n = 2) said they were not at all familiar with the family child care KCF. One provider (16.7%; n = 1) stated that she was very familiar with the family child care KCF (see Figure 6).

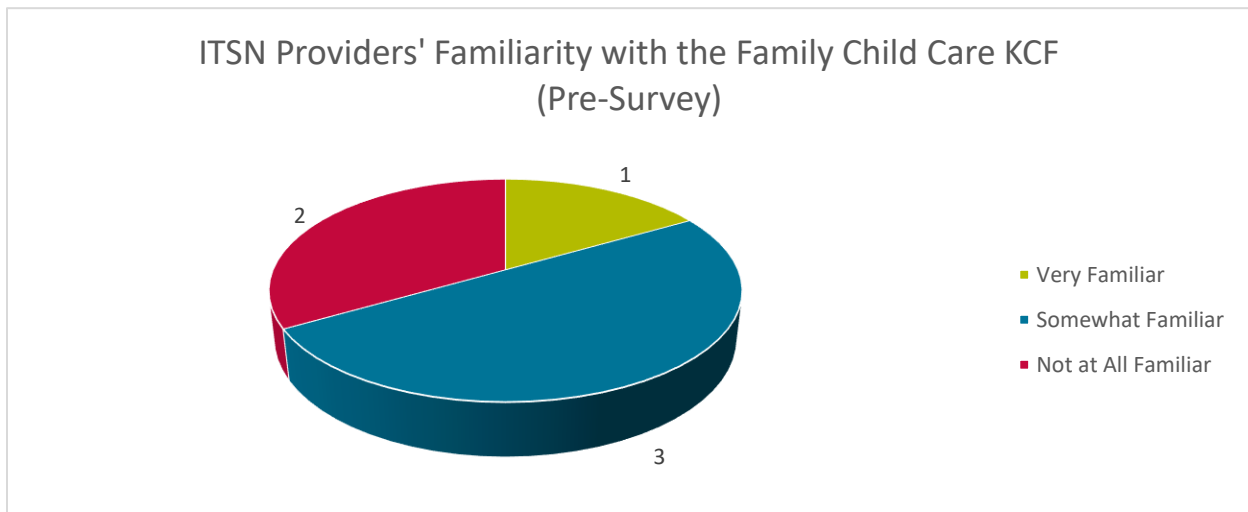


Figure 6. ITSN providers' familiarity with the family child care KCF (pre-survey).

Of those providers who completed the post-survey, 60% (n = 3) reported feeling somewhat familiar and 40% (n = 2) reported feeling very familiar with the family child care KCF. None of the providers (0%) reported being not at all familiar with the family child care KCF after receiving coaching (see Figure 7).

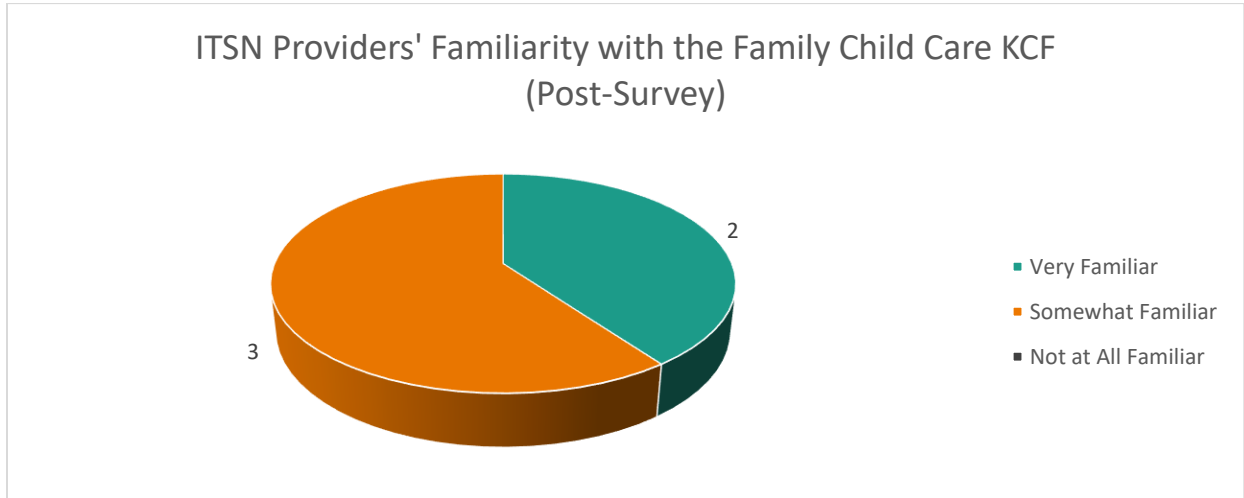
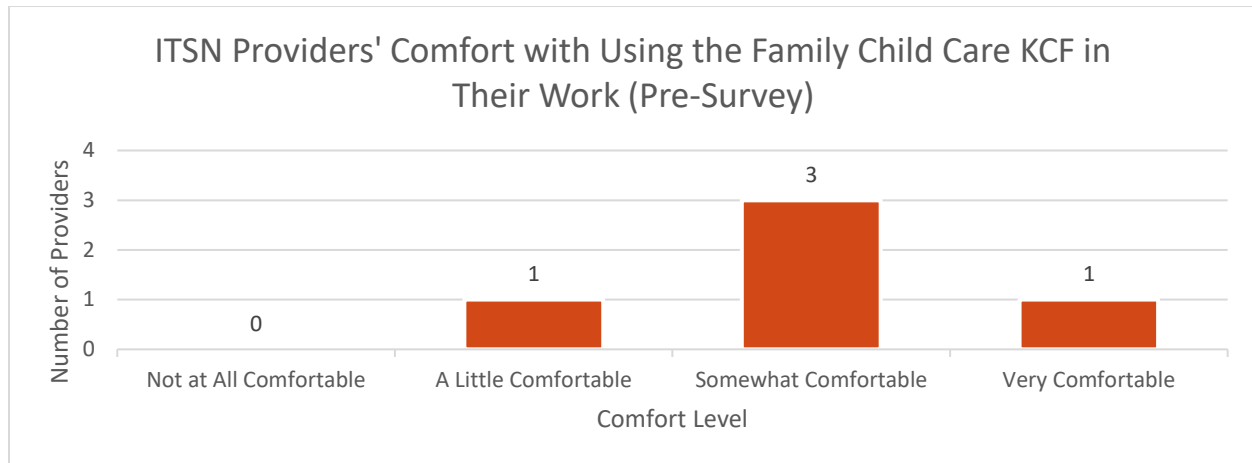


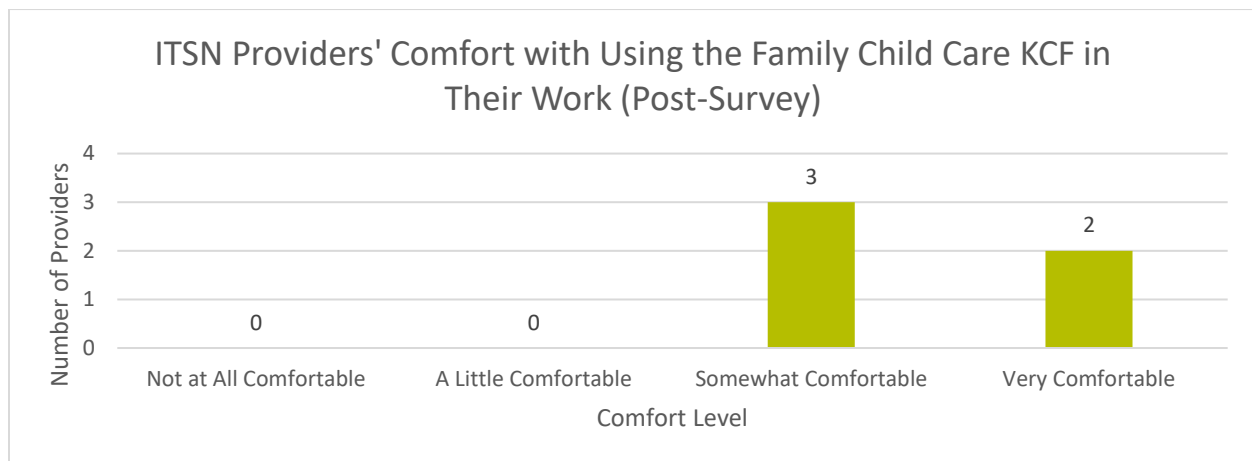
Figure 7. ITSN providers' familiarity with the family child care KCF (post-survey).

When asked how comfortable they were using the family child care KCF in the pre-survey, 60% (n = 3) of the providers reported feeling somewhat comfortable, 20% (n = 1) reported feeling very comfortable, and 20% (n = 1) felt a little comfortable. No providers (0%) reported feeling not at all comfortable using the family child care KCF (see Figure 8). Figure 9 displays the providers' responses in the post-survey. Sixty percent (60%; n = 3) of the providers stated that they felt somewhat comfortable and the other 40% (n = 2) stated that they were very comfortable using the family child care KCF in their work. None of

the providers said they were not at all or a little comfortable using the family child care KCF in their work after receiving ITSN coaching.



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



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

Similar results were reported when the providers were asked to rate their level of familiarity with and their comfort using the infant and toddler KCF. In the pre-survey, 66.7% of the providers ( $n = 4$ ) said they were somewhat familiar with the infant toddler KCF and 33.3% ( $n = 2$ ) said that they were not at all familiar with the infant toddler KCF. No providers (0%) reported being very familiar with the infant toddler KCF prior to ITSN coaching. From the post-survey, 60% ( $n = 3$ ) of the providers felt somewhat familiar and 40% ( $n = 2$ ) felt very familiar with the infant toddler KCF. None of the providers reported feeling not at all familiar with the infant toddler KCF after receiving coaching. Figures 10 and 11 display the data regarding the familiarity with the infant toddler KCF.

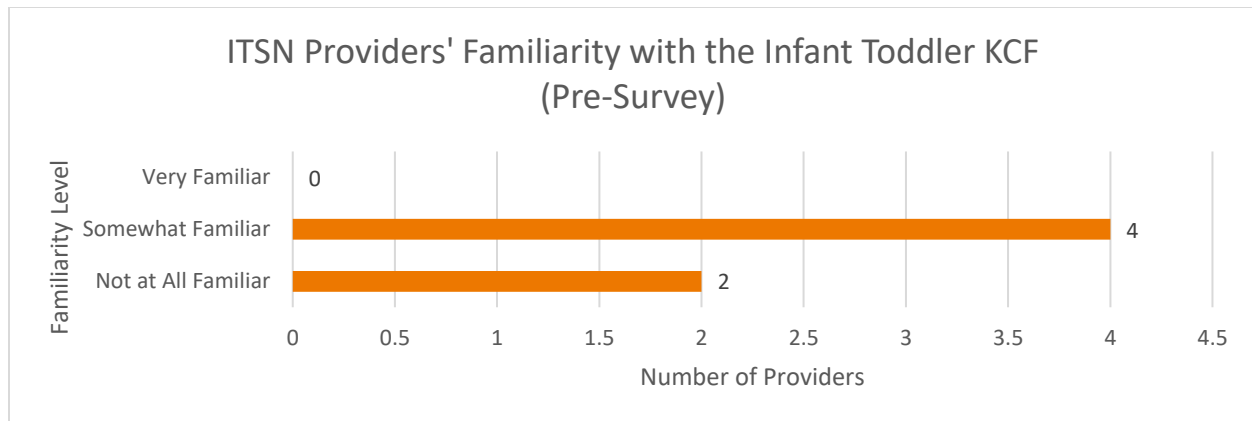


Figure 10. ITSN providers' familiarity with the infant toddler KCF (pre-survey).

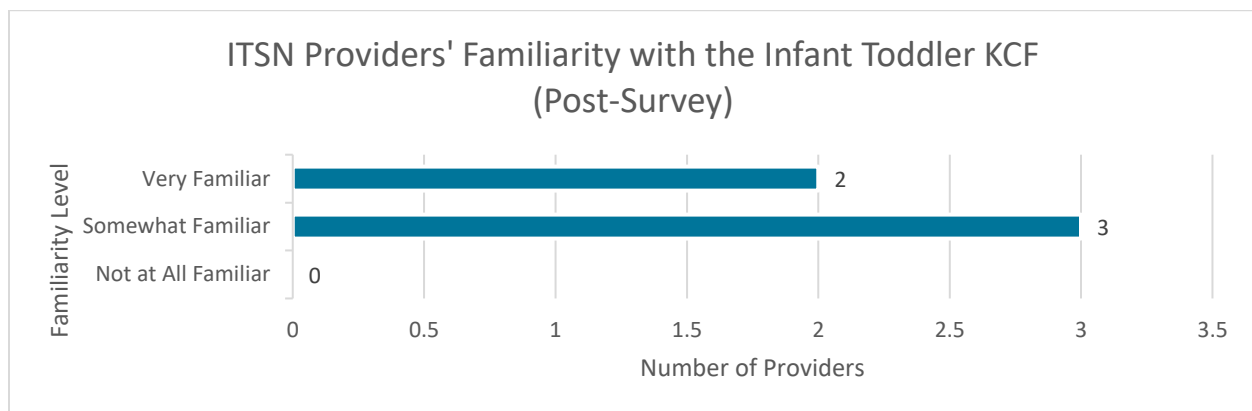


Figure 11. ITSN providers' familiarity with the infant toddler KCF (post-survey).

Within the pre-survey, 60% ( $n = 3$ ) of the ITSN providers stated that they were somewhat comfortable and 40% ( $n = 2$ ) reported feeling a little comfortable using the infant toddler KCF in their work. No providers (0%) reported feeling very comfortable, or not at all comfortable using the infant toddler KCF in their work. Within the post-survey, 60 ( $n = 3$ ) of the providers reported feeling somewhat comfortable and 40% ( $n = 2$ ) reported feeling very comfortable using the infant toddler KCF in their work. After receiving coaching none of the providers (0%) stated that they were a little comfortable or not at all comfortable using the infant toddler KCF in their work. Figures 12 and 13 display these results.



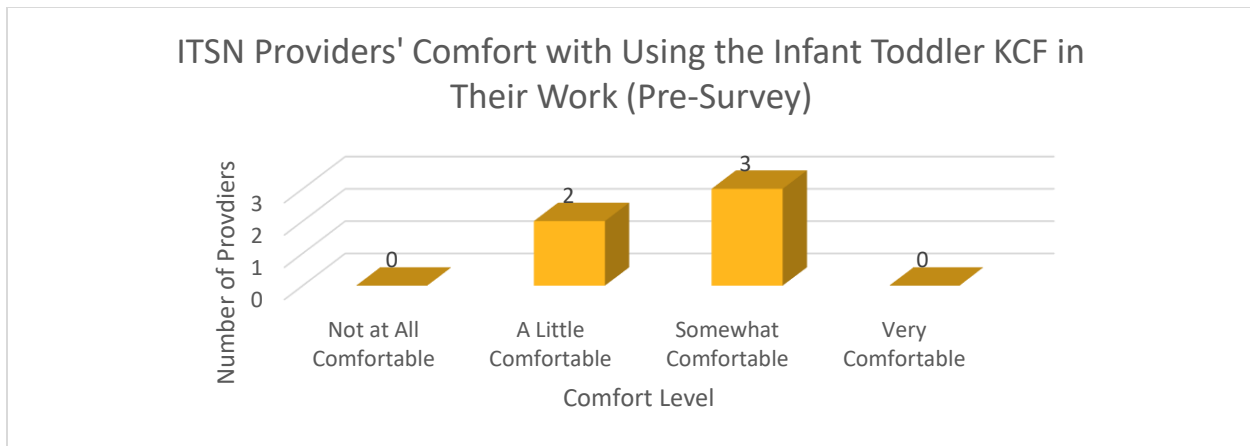


Figure 12. ITSN providers' reported comfort with using the infant toddler KCF in their work (pre-survey).

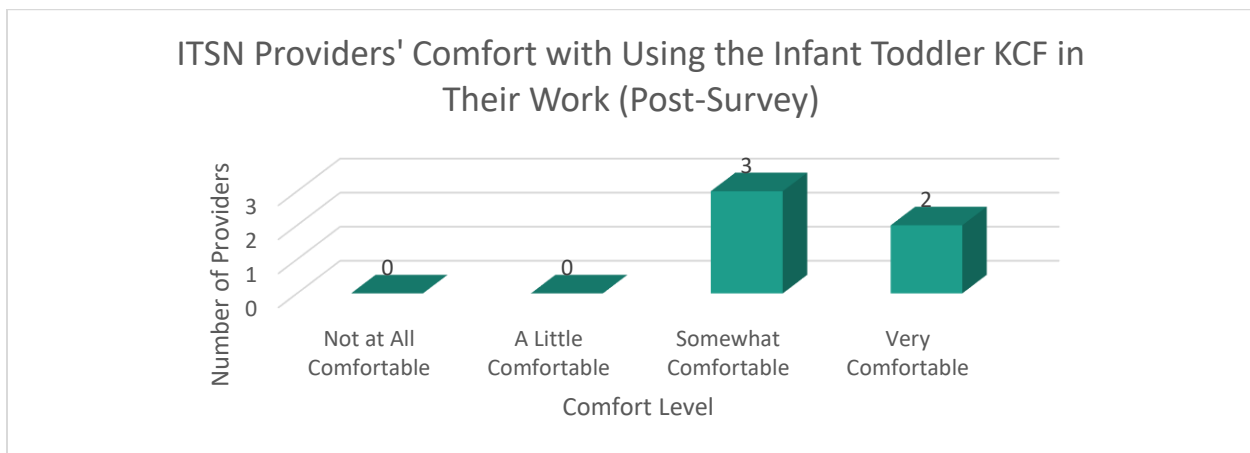


Figure 13. ITSN providers' reported comfort with using the infant toddler KCF in their work (post-survey).

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

Within the pre-survey, ITSN child care providers were asked to report the infant and toddler topics that they felt were most challenging to implement. The providers were given a list of topics from which to choose and could choose up to three topic areas. Figure 14 contains the list and the number of providers who chose each topic. ITSN providers most often identified behavior guidance ( $n = 4$ ), observation and assessment ( $n = 3$ ), co-creating relationships with families ( $n = 2$ ), individualized care ( $n = 2$ ), and planning based on observation ( $n = 2$ ) as the topics most challenging to implement within their practice. Only those items that received responses are included in the figure.

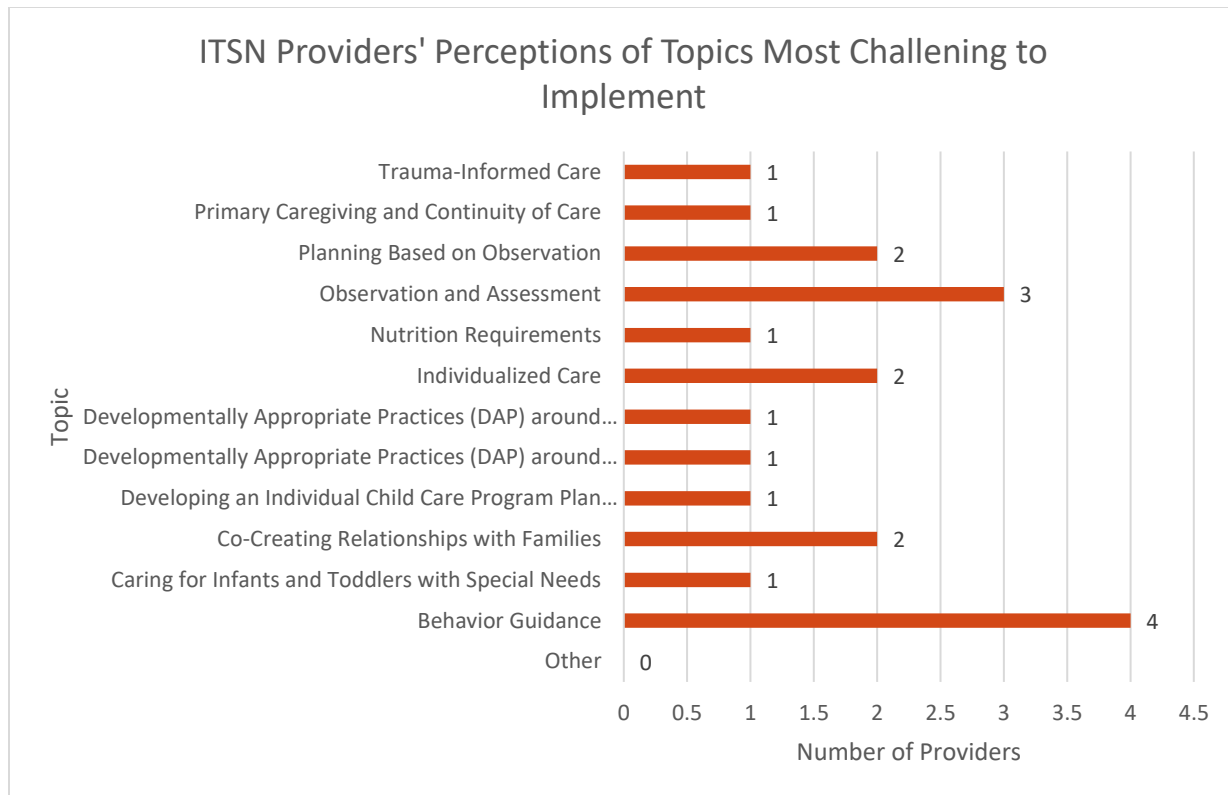


Figure 14. ITSN Providers' Perceptions of Infant and Toddler Topics Most Challenging to Implement.

### ITSN Providers' Infant and Toddler Coaching Requests

In the post-survey, ITSN child care providers (N = 6) were asked to identify, from a provided list, the topics on which they most wanted infant and toddler coaching support. Providers were allowed to choose as many as they felt applied. Table 3 provides these data. Providers most often wanted coaching on behavior guidance (n = 5), caring for infants and toddlers with special needs (n = 2), co-creating relationships with families (n = 2), individualized care (n = 2), provider to child ratios (n = 2), social emotional development (n = 2), and trauma-informed care (n = 2).

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

Infant and Toddler Topic	Count
Active Supervision	0
Adequate and Safe Physical Space (Indoor and Outdoor)	0
Behavior Guidance	5
Caring for Infants and Toddlers with Special Needs	2
Co-Creating Relationships with Families	2
Confidentiality	0
Cultural Responsiveness	1
Developing Health and Safety Policies	0
Developing a Risk Reduction Plan (required only in center-based settings)	0

Developing an Individual Child Care Program Plan (required only in center-based settings)	0
Developmentally Appropriate Practices (DAP) around Group Instruction	0
Developmentally Appropriate Practices (DAP) around Individualized Instruction	0
Emergency Preparedness	0
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	0
Implementing Health and Safety Policies	0
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
Individualized Care	2
Infant Feeding	0
Infant Toddler Development, Including Brain Development	1
Infant and Toddler Curriculum	0
Keeping Furniture and Equipment in Good Repair	0
Licensing Requirements (Rule 2 or Rule 3)	1
Nutrition Requirements	1
Observation and Assessment	0
Outdoor Play Safety	0
Planning Based on Observation	0
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0
Precautions for Transporting Young Children	0
Primary Caregiving and Continuity of Care	0
Proper Diapering/Toileting	0
Provider Mental Health/Self-Care	0
Provider to Child Ratios	2
Referral to Early Intervention for Infants and Toddlers	1
Routines	1
Safe Sleep Practices for Infants	0
Safe Sleep Practices for Toddlers and Preschoolers	0
Sanitation Practices	0
Social Emotional Development, Including Attachment	2
Trauma-Informed Care	2
Other (please explain)	1

### ITSN Providers' Perceptions of Coaching Dispositions

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

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

Coaching Disposition	Level of Agreement (Post-Survey)
	Strongly Agree
The coach was accepting of others	100% (5/5)
The coach was respectful of my experience	100% (5/5)
The coach was focused on improvement	100% (5/5)
The coach was an active listener	100% (5/5)
The coach was empathic	100% (5/5)
The coach was compassionate	100% (5/5)
The coach was respectful	100% (5/5)
The coach was respectful of my culture	100% (5/5)
The coach was responsive	100% (5/5)
The coach was collaborative	100% (5/5)
The coach was flexible	100% (5/5)
The coach was resourceful	100% (5/5)
The coach was open-minded	100% (5/5)
The coach was professional	100% (5/5)
The coach was ethical	100% (5/5)
The coach was objective	100% (5/5)

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

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

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

Coaching Skills and Knowledge	Level of Agreement (Post-Survey)
	Strongly Agree
The coach was respectful during observations	100% (5/5)
The coach was good at providing feedback that helped me improve my practice	100% (5/5)
The coach helped me identify my own goals	100% (5/5)
The coach helped me identify goals that were specific	100% (5/5)
The coach helped me identify goals that could be measured	100% (5/5)
The coach assisted me in identifying realistic next steps for improvement	100% (5/5)
The coach asked for my feedback to ensure that her interactions were helpful to me	100% (5/5)
The coach provided resources so that I can perform my job more effectively	100% (5/5)
The coach asked questions rather than provided solutions	100% (4/4)
The coach provided time for reflection	100% (5/5)
The coach was focused on improving practices	100% (5/5)
The coach challenged me to think differently	100% (5/5)

The coach understood the characteristics of high-quality infant and toddler care	100% (5/5)
The coach knew where to find evidence-based, infant and toddler information	100% (5/5)
The coach understood the continuum of infant toddler development, including brain development	100% (5/5)
The coach understood infant toddler curricula	100% (5/5)
The coach understood infant toddler mental health	100% (4/4)

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

### ITSN Providers' Perceptions

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

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

ITSN providers were asked first to rate how, if at all, the coaching they received changed their infant toddler practices. Most providers reported that the coaching they received greatly improved their practice (80%; n = 4). One provider (20%) reported the coaching somewhat improved their practice, and none of the providers (0%) said the coaching did not improve their child care practices (see Figure 15).

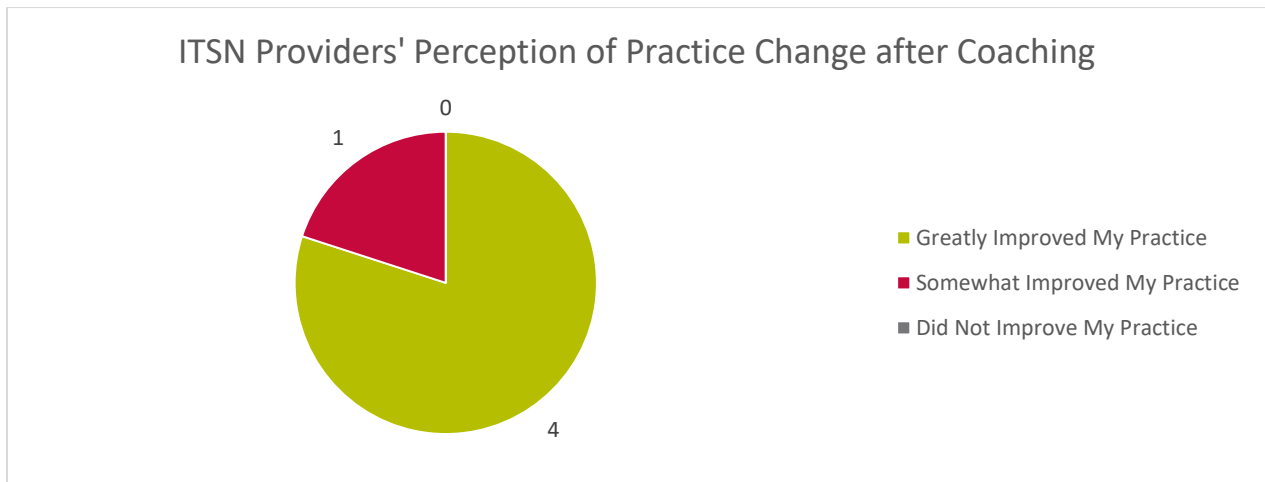


Figure 15. ITSN providers' perceptions of practice change after coaching.

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

Next, providers were asked if the coach met their expectations. All providers stated that the coach either met (20%, n = 1) or exceeded their expectations (80%, n = 4) (see Figure 16).

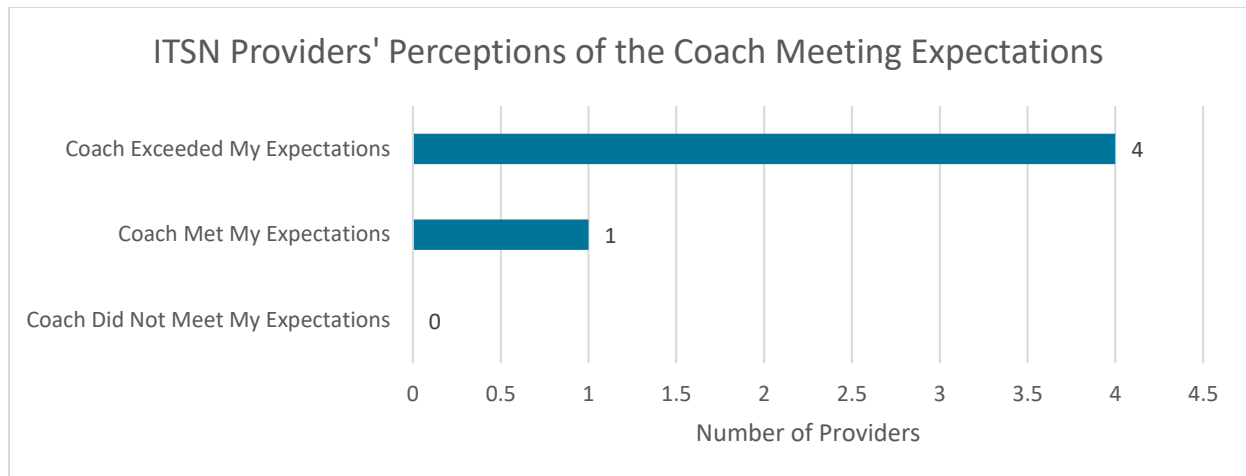


Figure 16. ITSN providers' responses to whether the coach met expectations.

Finally, the child care providers were asked to rate the extent to which the coach established a comfortable working relationship. The majority of providers (80%;  $n = 4$ ) reported that their coach facilitated an excellent relationship with them, and the other provider (20%;  $n = 1$ ) reported that her coach facilitated a satisfactory relationship with her (see Figure 17).

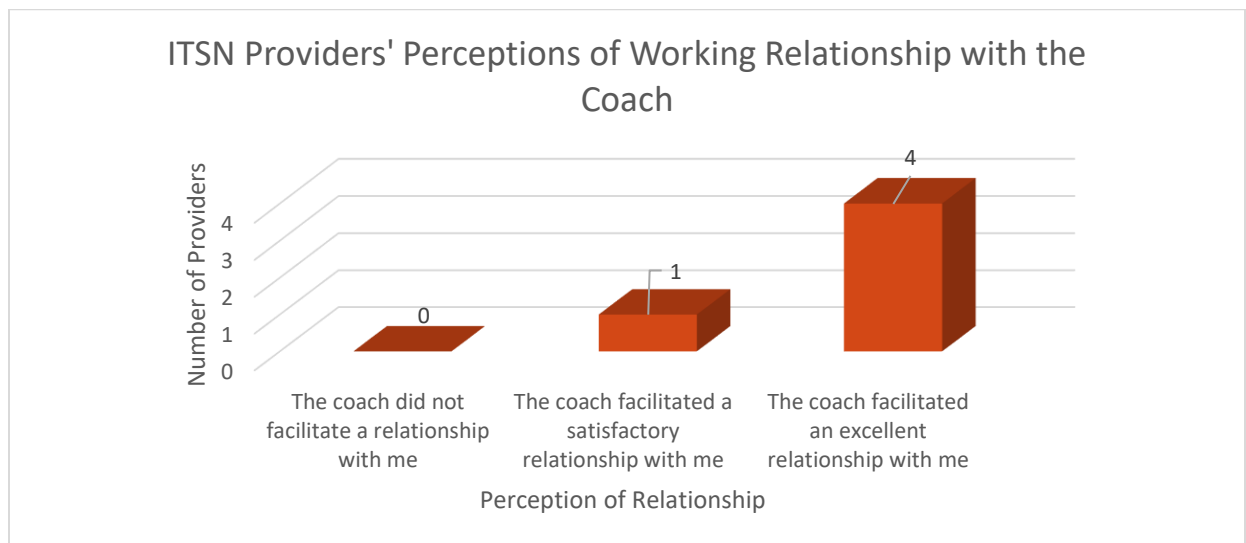


Figure 17. ITSN providers' responses to whether the coach established a comfortable working relationship.

### ITSN Providers' Perceptions of Personal Effectiveness

Within both the pre- and post-survey, ITSN child care providers were asked to rate their effectiveness as a child care provider. Prior to receiving coaching, 50% ( $n = 3$ ) of the providers stated that they were very effective in their role as a child care provider and 50% ( $n = 3$ ) rated themselves as somewhat effective (see Figure 18). No providers (0%) stated that they felt not at all effective or a little effective in their role.

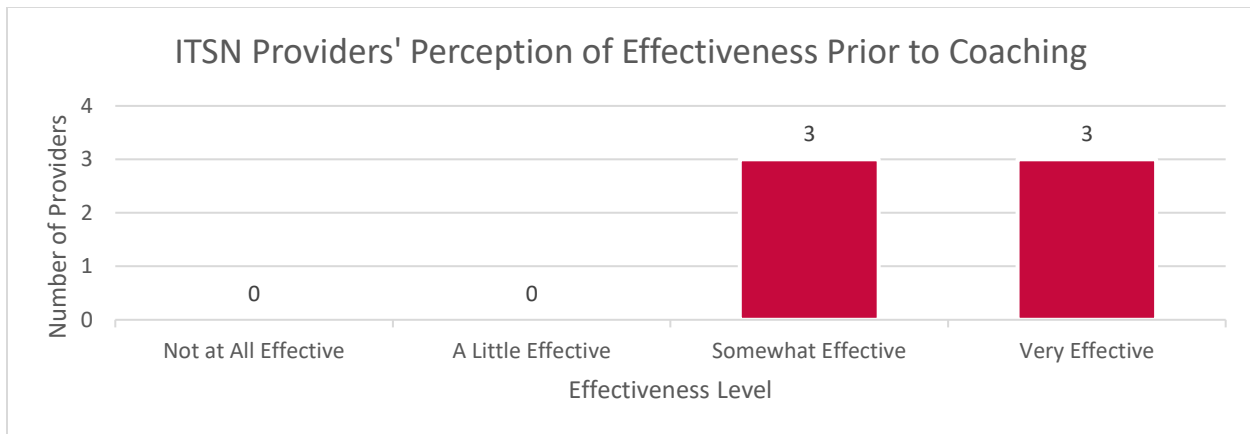


Figure 18. ITSN providers' ratings of personal effectiveness prior to receiving coaching on infant and toddler care.

Eighty percent (80%;  $n = 4$ ) of the ITSN providers reported that their personal effectiveness improved more than they expected as a result of coaching. One provider (20%;  $n = 1$ ) reported that her effectiveness somewhat improved, and no providers (0%;  $n = 1$ ) stated that their effectiveness stayed the same or improved less than they expected after receiving ITSN coaching (see Figure 19).

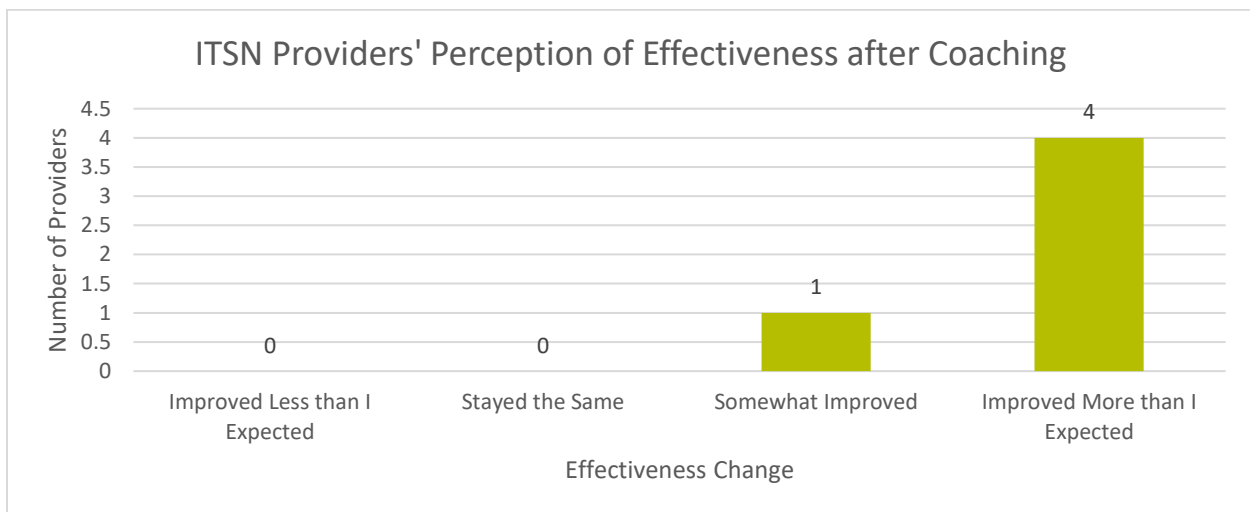


Figure 19. ITSN providers' ratings of personal effectiveness after receiving coaching on infant and toddler care.

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

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

When asked what worked well, providers ( $n = 4$ ) reported that it was helpful to have an outside perspective, new strategies for behaviors, and someone to personally support the child care providers. One provider said, "She helped with different ways to set up one of my students for success." Of the two

providers who responded to the question, both of them stated that there was nothing that would have improved the coaching they received. The two providers who responded to the final open ended question used that opportunity to thank their coach and share that their coach did a “great job.”

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

ITSN providers were asked to complete a seven-question survey regarding their coaching experience after receiving 10 and 25 hours of coaching. After receiving 10 hours of coaching, the majority of providers (57%;  $n = 4$ ) reported that their needs were somewhat met, and the remaining 43% ( $n = 3$ ) reported that their needs were being met. After receiving 25 hours of coaching most providers (80%;  $n = 4$ ) reported that their needs were being met, and only one provider (20%;  $n = 1$ ) reported that her needs were somewhat met. None of the providers (0%) reported that their needs were not being met after both 10 and 25 hours of coaching (see Figure 20).

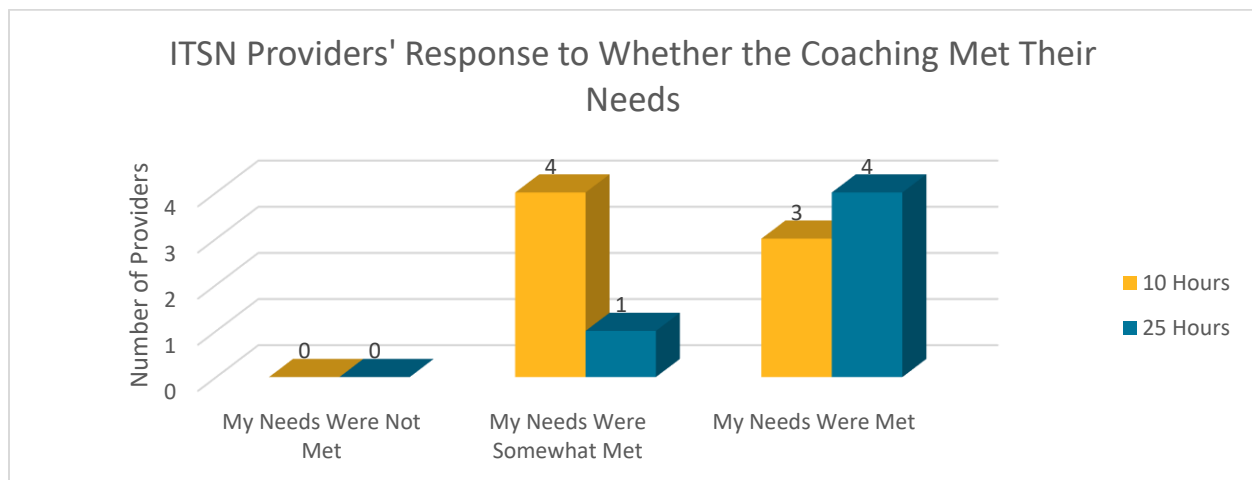
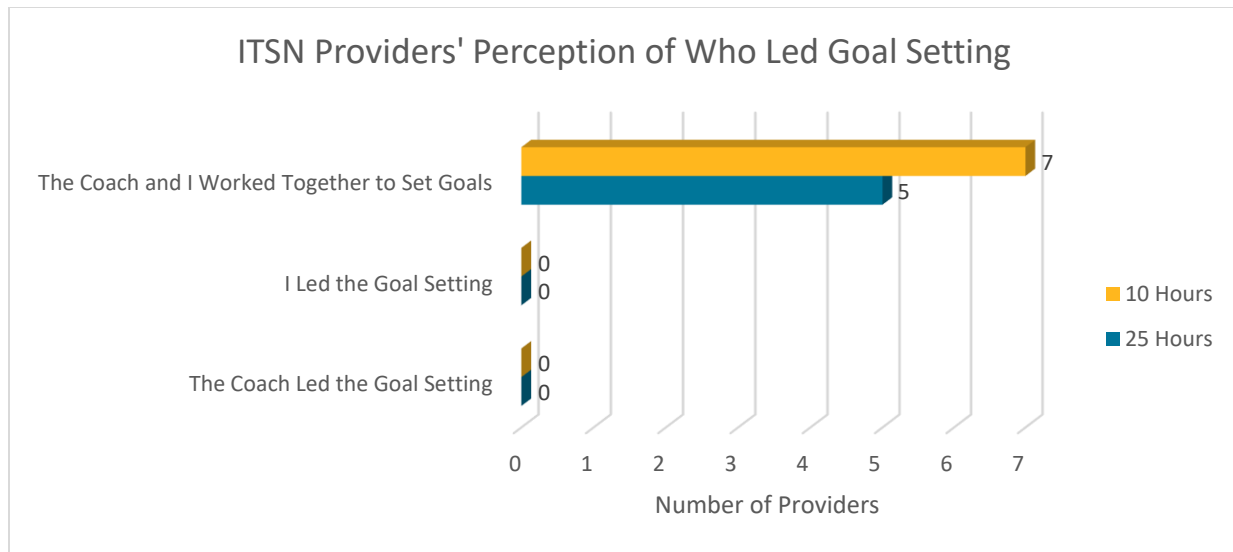


Figure 20. ITSN providers' responses to whether the coaching met their needs after 10 and 25 hours of coaching.

Next, ITSN providers were asked to report the extent to which the coach was working with her/him towards an agreed upon goal. Figure 21 demonstrates that all providers, after both 10 (100%;  $n = 7$ ) and 25 hours (100%;  $n = 5$ ) of coaching, felt that the coach worked with them to set goals. No providers (0%) reported feeling like the coach led the goal setting, or that they themselves led goal setting.





*Figure 21.* ITSN providers' perceptions of who led the goal setting.

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 = 5) of the providers stated that the coaching was very relevant to their work. After 25 hours, 100% (n = 5) of the providers reported the same relevance to their work.

When asked to rate the quality of the coaching they received, child care providers overwhelmingly rated the ITSN coaching as high quality. At the 10-hour mark, 100% (n = 5) of the providers rated the coaching as high quality. After 25 hours of coaching, 80% (n = 4) of the providers said the coaching was of high-quality and 20% (n = 1) rated the coaching as moderate quality. There were no ratings of low quality at either time point.

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

When asked if they had anything else they wanted to share, many providers requested additional coaching hours. Others shared gratitude for their coaches and the support they received. After 10 hours, one provider said, "I'm so grateful to have my coach! The kids love her and whenever she comes, we all

have a great experience.” Another provider said, “I think that you are providing an amazing support to early child care teachers. I think it is important for EC teachers to have a resource they can go to that gives them information, knowledge, and resources when more help is needed.” After 25 hours, another provider stated, “[Coach] was amazing! I highly recommend her as she was very patient, reliable, and effective. I appreciate getting to know her and she has really helped to validate my experiences as a child care provider.” Another center-director said of her coach, “She has such a calm tone. She made her presence comfortable. She only had positive things to say which made the experience a lot less stressful or scary. I really appreciate all the support she has provided to me and my staff.”

### ITSN Continuous Quality Improvement Plans

Through the first half of the third year of ITSN programming, the infant toddler coaches recorded a total of 53 goals with the child care providers with whom they worked. Of these goals, 77% (n = 41) were completed by the providers. Fifteen percent (15%; n = 8) of the goals were recorded as being ongoing, and 8% (n = 4) of the goals were recorded as being incomplete at the time of data collection.

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.

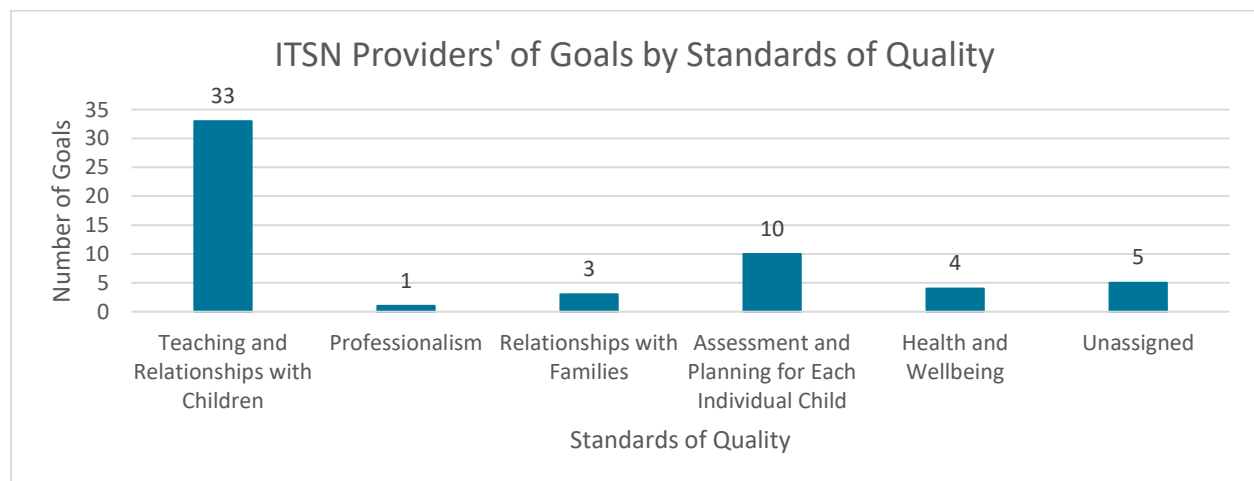


Figure 22. Number of ITSN goals by standards of quality.

As the Figure 22 shows, the majority of the providers’ goals (62%; n = 33) were focused on teaching and relationships with children. Nineteen percent (19%; n = 10) focused on assessment and planning for each individual child, 8% (n = 4) on health and wellbeing, and 6% (n = 3) on the providers’ relationships with families. A single goal (2%; n = 1) focused on professionalism. The remaining 9% (n = 5) of goals were not assigned to a standard of quality.

The Minnesota Knowledge and Competency Framework is intended to be a guide for early childhood providers as to what they need to know and what they need to do when delivering early childcare and

education. There are eight different content areas within that framework: I. Child Development and Learning; II. Developmentally Appropriate Learning Experiences; III. Relationships with Families; IV. Assessment, Evaluation, and Individualization; V. Historical and Contemporary Development of Early Childhood Education; VI. Professionalism; VII. Health, Safety, and Nutrition; and VIII. Application through Clinical Experience. These content areas are summarized in Figure 23 below.

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

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



Figure 23. The Minnesota Knowledge and Competency Framework content areas.

The providers' goals were distributed amongst these content areas as shown in Figure 23. Please note that content area V, Historical and Contemporary Development of Early Childhood Education, and content area VIII, Application through Clinical Experience, have been omitted from the figure, as none of the providers' goals addressed those content areas.

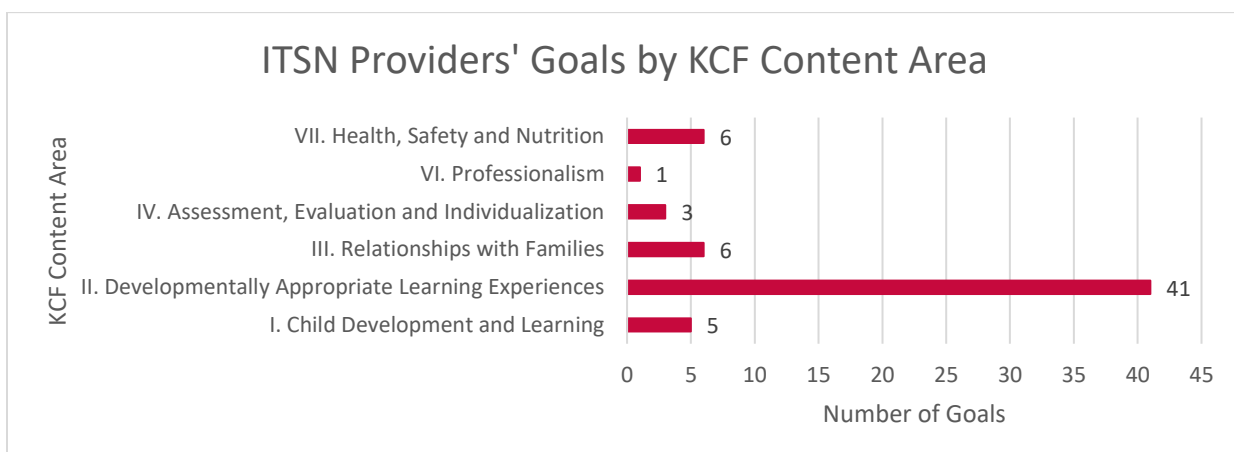


Figure 24. Number of ITSN Provider Goals by KCF Content Area.

Figure 24 displays the number of the providers' goals that fell within each KCF content area. The vast majority of the providers' goals (77%; n = 41) were identified within KCF content area II,

Developmentally Appropriate Learning Experiences. The next most common content areas were Relationships with Families, and Health, Safety and Nutrition, each relating to 11% (n = 6) of providers' goals. The remaining goals were distributed amongst three content areas: content area I, Child Development and Learning (9%; n = 5); content area IV, Assessment, Evaluation, and Individualization (6%; n = 3); and content area VI, Professionalism (2%; n = 1). As noted earlier, none of the goals fell under content area V, Historical and Contemporary Development of Early Childhood Education, nor content area VIII, Application through Clinical Experience.

### **ITSN Coach Demographics**

CICC coaches often work on more than one coaching program. At the time of the pre-survey, 13 coaches were working within the ITSN and 10 of those coaches completed the pre-survey in the fall of 2019 for a response rate of 77%. ITSN coaches are all women who range in age from 35 to 70 years old, with the average age being 45.2 years. All coaches reported that they are not of Hispanic origin, one coach identified herself as Black or African American and nine coaches identified as White.

### **ITSN Coaches' Education and Experience**

Out of 10 ITSN coaches, six (60%) reported that they hold post-graduate degrees, three (30%) said they have bachelor's degrees, and one (10%) reported that she holds an Associate of Arts degree. The majority of coaches have degrees in early childhood and elementary education/child development.

The coaches were asked to report the total number of years worked in early childhood education, the total number of years worked in child care, the total number of years worked as a coach, and the total number of years working as an ITSN coach for the CICC. On average, the coaches reported having 20.8 years of experience within the field of early childhood education (range = nine years to more than 40 years), 15.2 years of experience within the child care field (range = five to 26 years), and 3.3 years of experience as a coach (range = one to 10 years). Nine of the 10 coaches said they have five years or less of experience as a coach. Four coaches have worked for the ITSN for one year, another four have worked for two years, and two have been with the ITSN for three years. Figures 25 and 26 report the coaches' responses to how many years of experience they have in child care and how many years they have been coaching.

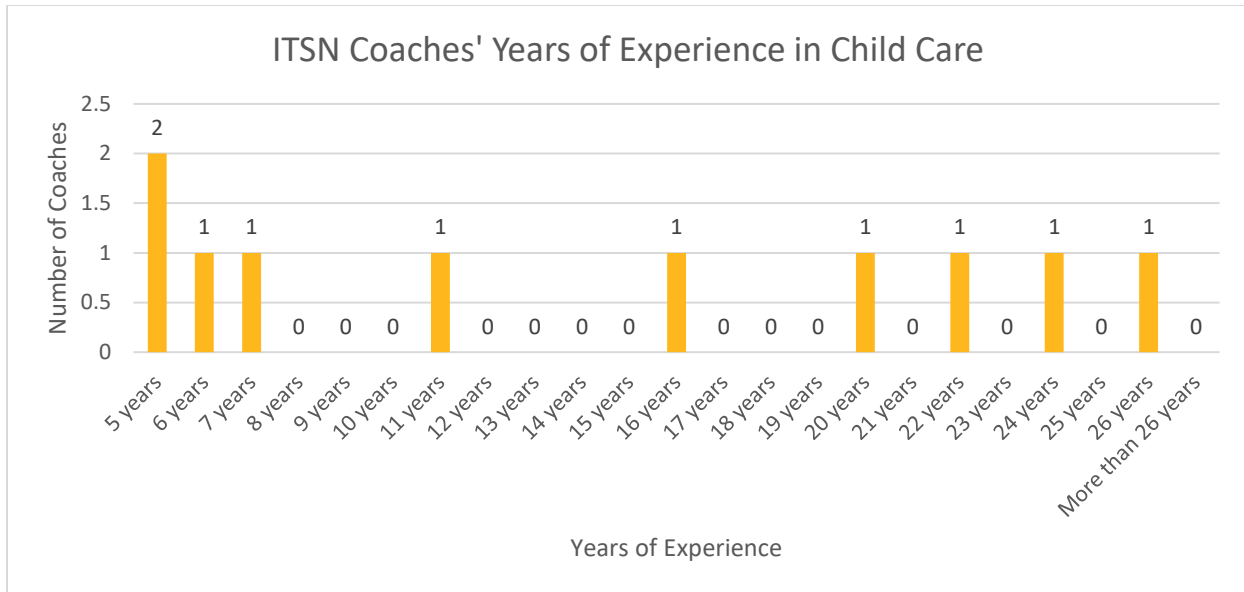


Figure 25. ITSN coaches' years of experience in child care.



Figure 26. ITSN coaches' coaching experience.

### ITSN Coaches' Knowledge of ITSN Content

ITSN coaches (N = 10 pre-survey) were asked to report their perceived level of knowledge on a number of different infant toddler topics. Table 6 reports the percentage of coaches who indicated that they perceive their knowledge as beginning, developing, or proficient on these infant toddler content areas. The coaches were given the following definitions to use when reporting their perceptions:

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

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

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

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

Infant Toddler Topic	Perceived Level of Knowledge		
	Pre-Survey Responses		
	Beginning	Developing	Proficient
Active Supervision	10% (1/10)	30% (3/10)	60% (6/10)
Adequate and Safe Physical Space (Indoor and Outdoor)	0% (0/10)	30% (3/10)	70% (7/10)
Behavior Guidance	0% (0/10)	20% (2/10)	80% (8/10)
Co-Creating Relationships with Families	0% (0/10)	0% (0/10)	100% (10/10)
Confidentiality	0% (0/10)	10% (1/10)	90% (9/10)
Cultural Responsiveness	0% (0/10)	60% (6/10)	40% (4/10)
Developing a Risk Reduction Plan	20% (2/10)	40% (4/10)	40% (4/10)
Developmentally Appropriate Practices (DAP) around Individualized Instruction	0% (0/10)	30% (3/10)	70% (7/10)
Developmentally Appropriate Practices (DAP) around Group Instruction	0% (0/10)	20% (2/10)	80% (8/10)
Emergency Preparedness	10% (1/10)	10% (1/10)	80% (8/10)
Health and Safety Practices	0% (0/10)	40% (4/10)	60% (6/10)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	0% (0/10)	50% (5/10)	50% (5/10)
Individualized Care	0% (0/10)	20% (2/10)	80% (8/10)
Infant Feeding	0% (0/10)	40% (4/10)	60% (6/10)
Infant and Toddler Curriculum	10% (1/10)	50% (5/10)	40% (4/10)
Infant Toddler Development, Including Brain Development	0% (0/10)	40% (4/10)	60% (6/10)
Licensing Requirements (Rule 2 or Rule 3)	0% (0/10)	40% (4/10)	60% (6/10)
Nutrition Requirements	10% (1/10)	20% (2/10)	70% (7/10)
Observation and Assessment	0% (0/10)	0% (0/10)	100% (10/10)
Planning Based on Observation	0% (0/10)	10% (1/10)	90% (9/10)
Play for Infants and Toddlers	0% (0/10)	20% (2/10)	80% (8/10)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	10% (1/10)	20% (2/10)	70% (7/10)
Precautions for Transporting Young Children	10% (1/10)	40% (4/10)	50% (5/10)
Primary Caregiving and Continuity of Care	0% (0/10)	20% (2/10)	80% (8/10)
Proper Diapering/Toileting	0% (0/10)	30% (3/10)	70% (7/10)
Provider Mental Health/Self-Care	0% (0/10)	40% (4/10)	60% (6/10)
Provider to Child Ratios	0% (0/10)	10% (1/10)	90% (9/10)
Referral to Early Intervention for Infants and Toddlers	0% (0/10)	50% (5/10)	50% (5/10)
Routines	0% (0/10)	40% (4/10)	60% (6/10)

Infant Toddler Topic	Perceived Level of Knowledge		
	Pre-Survey Responses		
	Beginning	Developing	Proficient
Safe Sleep Practices for Infants	0% (0/10)	20% (2/10)	80% (8/10)
Safe Sleep Practices for Toddlers and Preschoolers	0% (0/10)	10% (1/10)	90% (9/10)
Social Emotional Development, Including Attachment	0% (0/10)	10% (1/10)	90% (9/10)
Trauma-informed Care	0% (0/10)	60% (6/10)	40% (4/10)

Within the pre-survey, the coaches identified feeling proficient most often with the following topics: Co-Creating Relationships with Families (100%), Observation and Assessment (100%), Confidentiality (90%), Play for Infants and Toddlers (90%), Provider to Child Ratios (90%), Safe Sleep Practices for Toddlers and Preschoolers (90%), and Social Emotional Development, Including Attachment (90%). In addition, at least one coach reported feeling at the beginning stages of Developing a Risk Reduction Plan (20%), Active Supervision (10%), Emergency Preparedness (10%), Infant and Toddler Curriculum (10%), Nutrition Requirements (10%), Potential Hazards (10%), and Precautions for Transporting Young Children (10%).

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

ITSN coaches were asked to rate their preferred method for learning new infant toddler content. The largest number of coaches (50%; n = 5) reported that online training (e.g., webinars) was preferred. The second preferred method was in-person training (30%; n = 3). Figure 27 displays the coaches' choices.

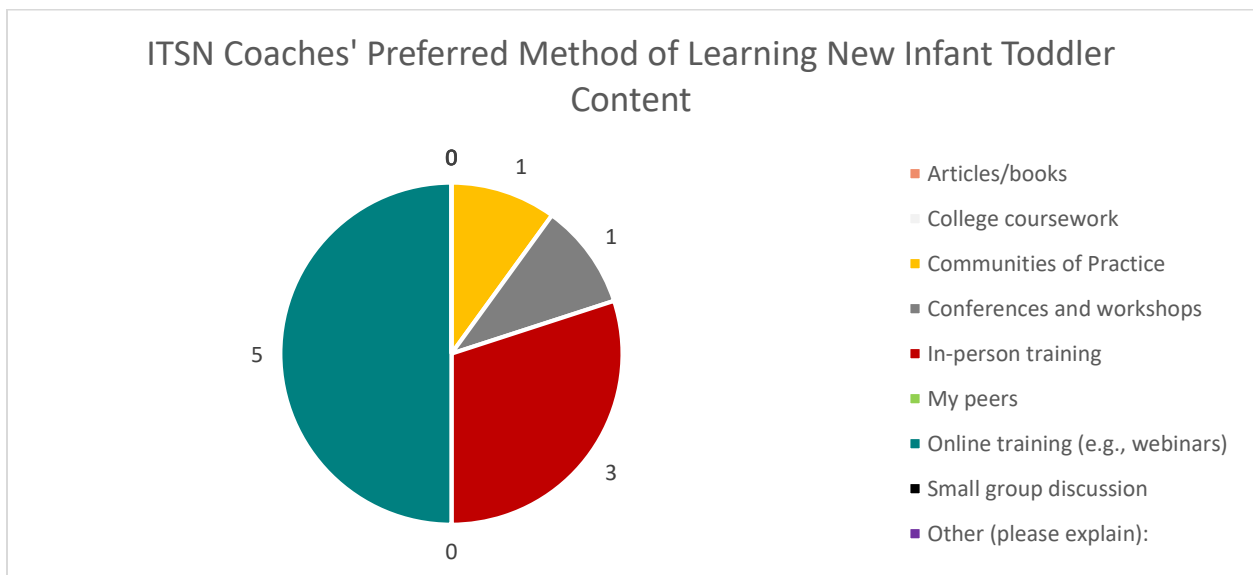


Figure 27. ITSN Coaches' preferred method of learning new infant toddler content.

In 2019, the CICC shifted their professional development from content-specific information to relationship-based professional development practice. With this change, coaches needed to find other opportunities to increase their infant toddler content knowledge. Sixty percent (60%,  $n = 6$ ) of the coaches stated that they were able to fulfill their content needs elsewhere and 40% ( $n = 4$ ) said that they were unable to fulfill their content needs.

Coaches were then asked to report on what infant toddler topics they had received training within the past year. The coaches' responses are found in Table 7. Only five coaches responded to this question within the pre-survey, which corresponds to the earlier data point where six of the coaches said they were able to access training within the past year.

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

Infant Toddler Topic	Received Training	Did Not Receive Training
Active Supervision	40% (2/5)	60% (3/5)
Adequate and Safe Physical Space (indoor and outdoor)	40% (2/5)	60% (3/5)
Confidentiality	80% (4/5)	20% (1/5)
Cultural Responsiveness	100% (5/5)	0% (0/5)
Developing a Risk Reduction Plan	0% (0/5)	100% (0/5)
Developmentally Appropriate Practices (DAP) around Individualized Instruction and Group Instruction	60% (3/5)	40% (2/5)
Emergency Preparedness	40% (2/5)	60% (3/5)
Health and Safety Practices	40% (2/5)	60% (3/5)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	40% (2/5)	60% (3/5)
Infant & Toddler Curriculum	20% (1/5)	80% (4/5)
Infant Toddler Development, Including Brain Development	80% (4/5)	20% (1/5)
Licensing Requirements (Rule 2 or Rule 3)	20% (1/5)	80% (4/5)
Nutrition Requirements	40% (2/5)	60% (3/5)
Planning based on Observation	60% (3/5)	40% (2/5)
Play for Infants and Toddlers	40% (2/5)	60% (3/5)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	40% (2/5)	60% (3/5)
Precautions for Transporting Young Children	40% (2/5)	60% (3/5)
Primary Caregiving	60% (3/5)	40% (2/5)
Proper Diapering/Toileting	40% (2/5)	60% (3/5)
Provider Mental Health/Self-Care	20% (1/5)	80% (4/5)
Provider to Child Ratios	20% (1/5)	80% (4/5)
Referral to Early Intervention for Infants and Toddlers	20% (1/5)	80% (4/5)
Routines	20% (1/5)	80% (4/5)



<b>Infant Toddler Topic</b>	<b>Received Training</b>	<b>Did Not Receive Training</b>
Safe Sleep Practices for Infants	40% (2/5)	60% (3/5)
Safe Sleep Practices for Toddlers	40% (2/5)	60% (3/5)
Social Emotional Development, including Attachment	80% (4/5)	20% (1/5)
Trauma-informed Care	100% (5/5)	0% (0/5)

Of the five coaches who responded to this question, all received training on cultural responsiveness and trauma-informed care. Eighty percent (80%, n = 4) received training on confidentiality, infant toddler development, including brain development, and social emotional development, including attachment. Within the past year, none of the coaches received training on developing a risk reduction.

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

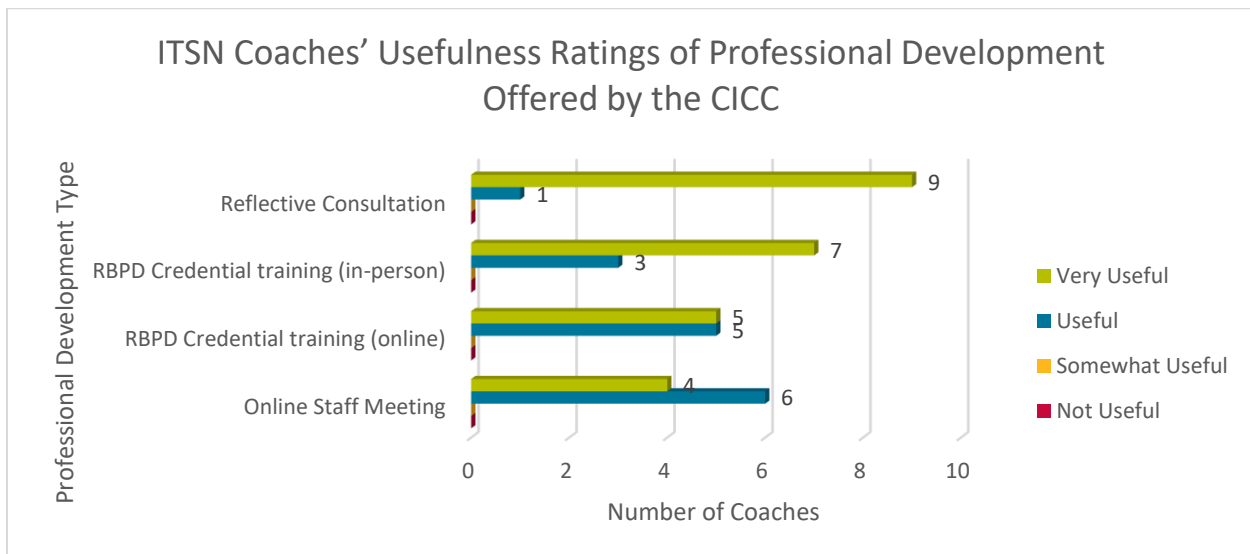
Table 8. Percentage of ITSN Coaches Who Reported Wanting Additional Professional Development on Infant Toddler Topics.

<b>Infant Toddler Topic</b>	<b>Want Additional Training</b>	<b>Do Not Want Additional Training</b>
Active Supervision	22% (2/9)	78% (7/9)
Adequate and Safe Physical Space (indoor and outdoor)	11% (1/9)	89% (8/9)
Confidentiality	0% (0/9)	100% (9/9)
Cultural Responsiveness	44% (4/9)	56% (5/9)
Developing a Risk Reduction Plan	56% (5/9)	44% (4/9)
Developmentally Appropriate Practices (DAP) around Individualized Instruction and Group Instruction	56% (5/9)	44% (4/9)
Emergency Preparedness	22% (2/9)	78% (7/9)
Health and Safety Practices	44% (4/9)	56% (5/9)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	50% (5/10)	50% (5/10)
Infant & Toddler Curriculum	70% (7/10)	30% (3/10)
Infant Toddler Development, Including Brain Development	33% (3/9)	67% (6/9)
Licensing Requirements (Rule 2 or Rule 3)	67% (6/9)	33% (3/9)
Nutrition Requirements	22% (2/9)	78% (7/9)
Planning based on Observation	0% (0/9)	100% (9/9)
Play for Infants and Toddlers	22% (2/9)	78% (7/9)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	22% (2/9)	78% (7/9)
Precautions for Transporting Young Children	44% (4/9)	56% (5/9)
Primary Caregiving	0% (0/9)	100% (9/9)

Infant Toddler Topic	Want Additional Training	Do Not Want Additional Training
Proper Diapering/Toileting	11% (1/9)	89% (8/9)
Provider Mental Health/Self-Care	44% (4/9)	56% (5/9)
Provider to Child Ratios	0% (0/9)	100% (9/9)
Referral to Early Intervention for Infants and Toddlers	56% (5/9)	44% (4/9)
Routines	0% (0/9)	100% (9/9)
Safe Sleep Practices for Infants	33% (3/9)	67% (6/9)
Safe Sleep Practices for Toddlers	0% (0/9)	100% (9/9)
Social Emotional Development, including Attachment	20% (2/10)	80% (8/10)
Trauma-informed Care	56% (5/9)	44% (4/9)

A majority of ITSN coaches identified the following topics as one for which they would still like additional professional development: Infant and Toddler Curriculum (70%), Licensing Requirements (67%), Developing a Risk Reduction Plan (56%), Developmentally Appropriate Practices (56%), Referral to Early Intervention (56%), and Trauma-Informed Care (56%). None of the coaches wanted additional professional development on Confidentiality, Planning Based on Observation, Primary Caregiving, Provider to Child Ratios, and Routines.

Finally, the ITSN 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. Figure 28 shows that all but one coach rated the reflective consultation as very useful (90%; n=9) and 70% (n = 7) rated the RBPd credential training (in-person) as very useful. None of the coaches rated their professional development opportunities as not or somewhat useful.



**Figure 28.** ITSN coaches' usefulness ratings of the different types of professional development offered by the CICC.

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

In the pre-survey, ITSN coaches were asked to rate their familiarity with and their comfort using the three different Minnesota Knowledge and Competency Frameworks (KCFs). Figures 29-34 demonstrate the coaches' familiarity with and comfort using the Family Child Care KCF, the Infant and Toddler KCF, and the Preschool and School-Aged KCF.

ITSN coaches reported feeling very (60%; n = 6) or somewhat familiar (40%; n = 4) with the Family Child Care KCF. None of the coaches said they were not at all or a little familiar with the Family Child Care KCF (see Figure 29). The coaches also reported feeling very (70%; n = 7), somewhat (20%; n = 2) or a little comfortable (10%; n = 1) using the Family Child Care KCF. None of the coaches said they were not at all comfortable using the Family Child Care KCF (see Figure 30).

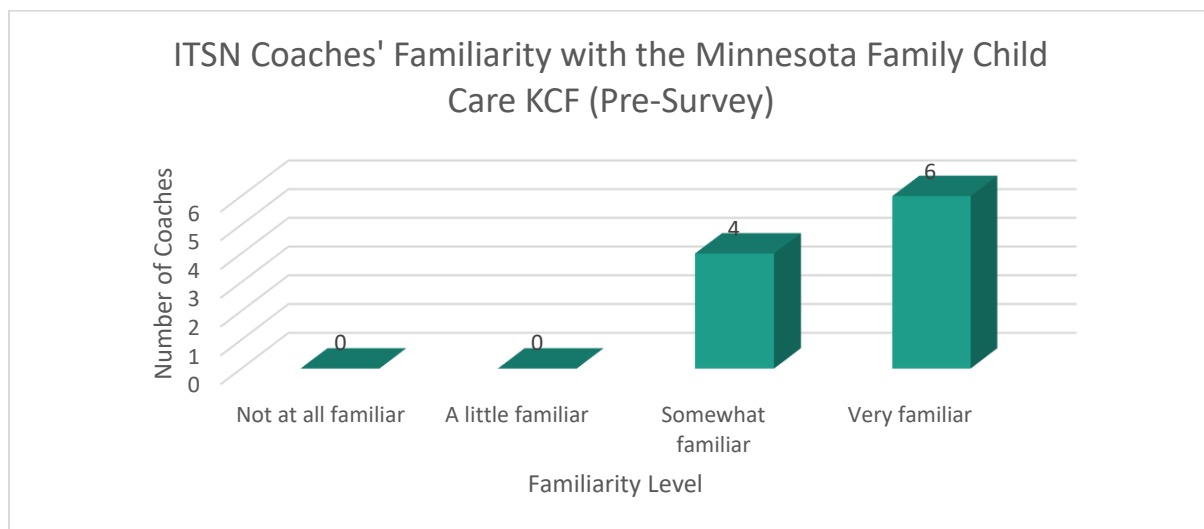


Figure 29. ITSN coaches' pre-survey familiarity with the Minnesota Family Child Care KCF.

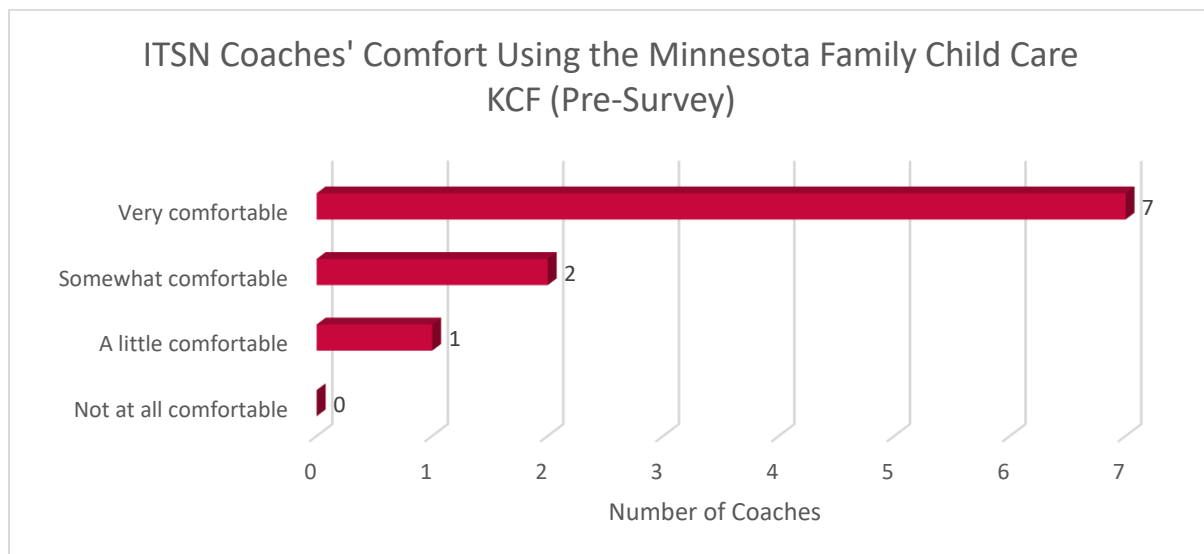


Figure 30. ITSN coaches' pre-survey comfort using the Minnesota Family Child Care KCF.

ITSN coaches stated feeling very (50%;  $n = 5$ ) or somewhat familiar (50%;  $n = 5$ ) with the Infant and Toddler KCF. None of the coaches reported that they were not at all or a little familiar with the Infant and Toddler KCF (see Figure 31). The coaches also said they were very (60%;  $n = 6$ ), somewhat (30%;  $n = 3$ ) or a little comfortable (10%;  $n = 1$ ) using the Infant and Toddler KCF. None of the coaches stated they were not at all comfortable using the Infant and Toddler KCF (see Figure 32).

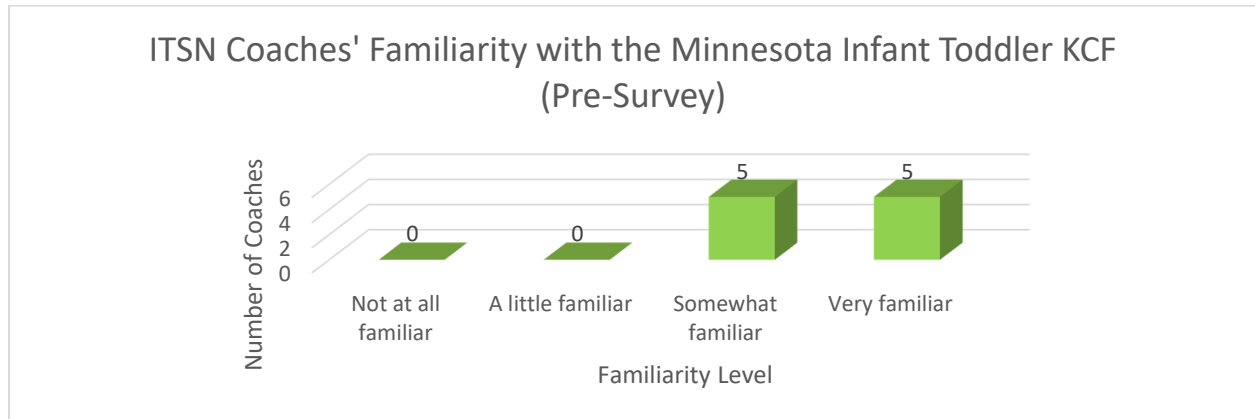


Figure 31. ITSN coaches' pre-survey familiarity with the Minnesota Infant and Toddler KCF.

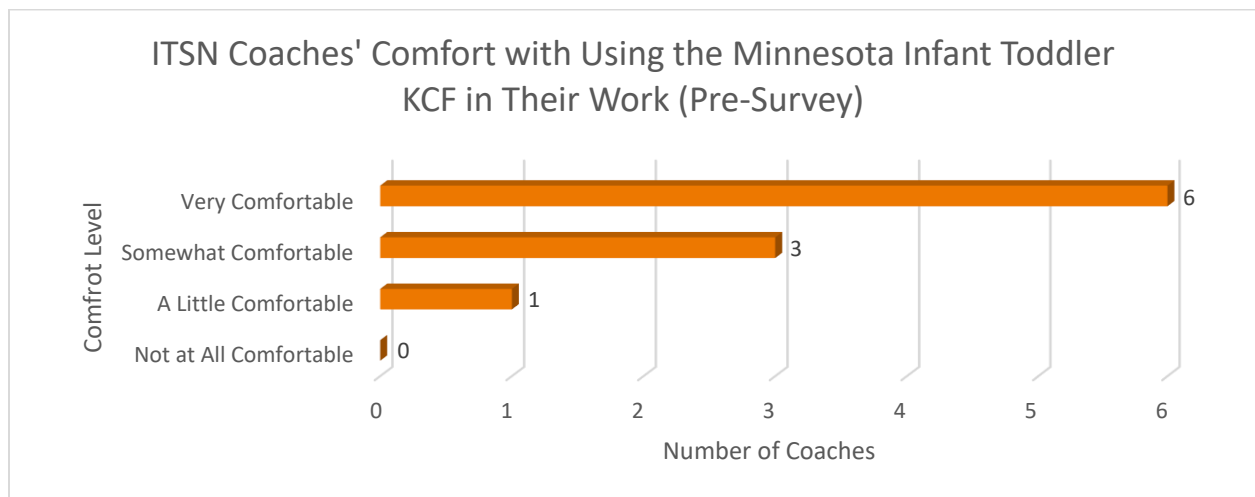


Figure 32. ITSN coaches' pre-survey comfort using the Minnesota Infant and Toddler KCF.

ITSN coaches said that they feel very (80%;  $n = 8$ ) or somewhat (20%;  $n = 2$ ) familiar with the Preschool and School-Aged KCF (see Figure 33). None of the coaches reported feeling not at all or a little familiar with the Preschool and School-Aged KCF. The coaches also stated that they were very (80%;  $n = 8$ ) or somewhat comfortable (20%;  $n = 2$ ) using the Preschool and School-Aged KCF. None of the coaches said they were a little or not at all comfortable using the Preschool and School-Aged KCF (see Figure 34).

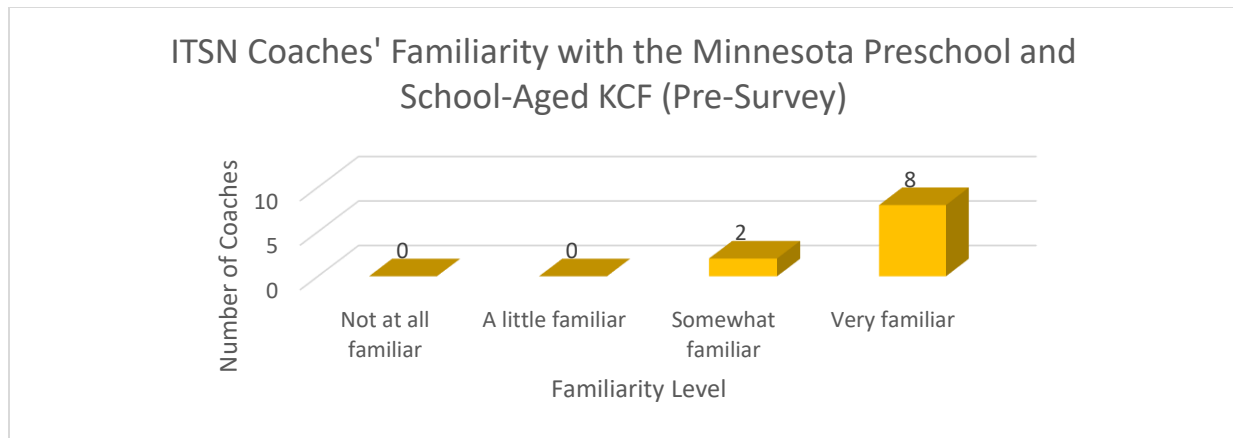


Figure 33. ITSN coaches' pre-survey familiarity with the Minnesota Preschool and School-Aged KCF.

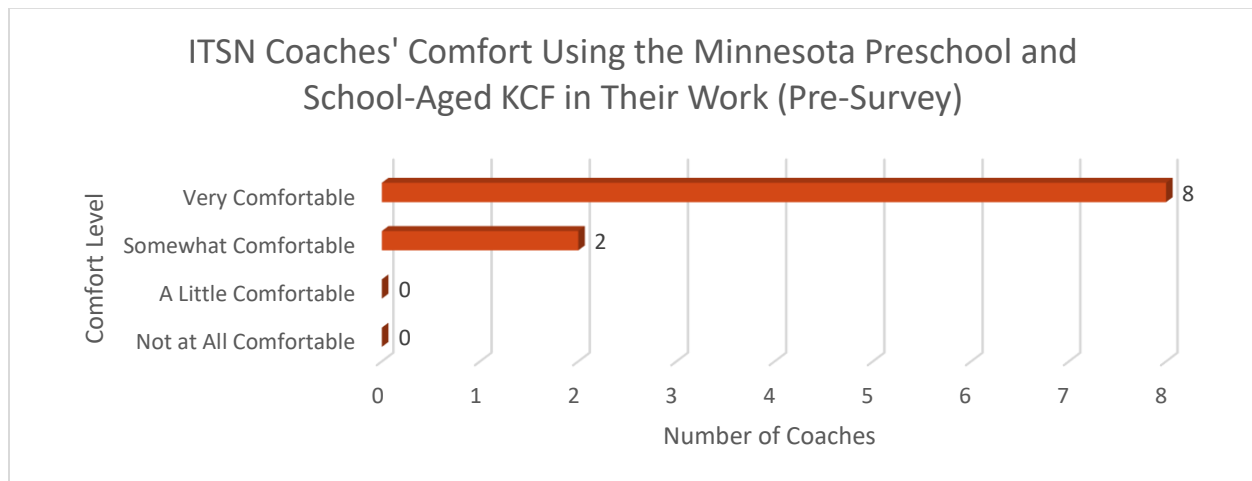


Figure 34. ITSN coaches' pre-survey comfort using the Minnesota Preschool and School-Aged KCF.

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

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

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

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

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

Table 9. ITSN Coaches' Perceived Level of Competency in Coaching Skills.

Infant Toddler Topic	Perceived Level of Competency (Pre-Survey)		
	Beginning	Developing	Proficient
I am effective in different interpersonal contexts	0% (0/9)	11% (1/9)	89% (8/9)

Infant Toddler Topic	Perceived Level of Competency (Pre-Survey)		
	Beginning	Developing	Proficient
I am skilled at conducting observation	0% (0/10)	0% (0/10)	100% (0/10)
I am skilled at providing constructive feedback	0% (0/10)	40% (4/10)	60% (6/10)
I ask questions rather than provide solutions	0% (0/9)	44% (4/9)	56% (5/9)
I assist practitioners in identifying realistic next steps for improvement	0% (0/10)	30% (3/10)	70% (7/10)
I assist practitioners in understanding infant toddler curricula	10% (1/10)	60% (6/10)	30% (3/10)
I assist practitioners in understanding infant toddler mental health	0% (0/10)	70% (7/10)	30% (3/10)
I assist practitioners in understanding the characteristics of high quality infant and toddler care	0% (0/9)	44% (4/9)	56% (5/9)
I assist practitioners in understanding the continuum of infant toddler development, including brain development	0% (0/10)	30% (3/10)	70% (7/10)
I challenge biases and inequitable practices	0% (0/10)	50% (5/10)	50% (5/10)
I encourage the providers to broaden their perspectives by helping them see the big picture	0% (0/9)	11% (1/9)	89% (8/9)
I evaluate practitioners' understanding of health and safety information	0% (0/10)	50% (5/10)	50% (5/10)
I evaluate practitioners' understanding of infant toddler development, including brain development	0% (0/10)	30% (3/10)	70% (7/10)

Infant Toddler Topic	Perceived Level of Competency (Pre-Survey)		
	Beginning	Developing	Proficient
I focus on improving practices	0% (0/10)	30% (3/10)	70% (7/10)
I know how to write specific and measurable goals	0% (0/10)	20% (2/10)	80% (8/10)
I know where to find evidence-based health and safety information	10% (1/10)	10% (1/10)	80% (8/10)
I know where to find evidence-based infant and toddler information	0% (0/10)	40% (4/10)	60% (6/10)
I provide resources so that providers can perform their jobs more effectively	0% (0/9)	44% (4/9)	56% (5/9)
I provide specific feedback	0% (0/10)	30% (3/10)	70% (7/10)
I provide time for reflection	0% (0/10)	60% (6/10)	40% (4/10)
I set expectations with the providers	0% (0/10)	40% (4/10)	60% (6/10)
I solicit feedback from the providers to ensure that my interactions are helpful to them	0% (0/10)	40% (4/10)	60% (6/10)
I withhold judgments until evidence is examined	0% (0/10)	30% (3/10)	70% (7/10)

A majority of ITSN coaches feel that they are proficient in almost all coaching competencies. More than 50% of the coaches reported that their competencies are developing in the areas of assisting practitioners in understanding infant mental health (70%), understanding infant toddler curricula (60%), and providing time for reflection (60%). Half of the coaches feel that they are developing in the competencies of challenging biases and inequitable practices and evaluating practitioners' understanding of health and safety information. The other half of the coaches felt proficient in these same areas.

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

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

Coaching Skill	How often do you use this skill?				
	Always	Usually	About ½ the time	Seldom	Never
I am effective in different interpersonal contexts	70% (7/10)	30% (0/10)	0% (0/10)	0% (0/10)	0% (0/10)
I am skilled at conducting observation	60% (6/10)	40% (4/10)	0% (0/10)	0% (0/10)	0% (0/10)
I am skilled at providing constructive feedback	44% (4/9)	44% (4/9)	0% (0/9)	11% (1/9)	0% (0/9)
I ask questions rather than provide solutions	20% (2/10)	80% (8/10)	0% (0/10)	0% (0/10)	0% (0/10)
I assist practitioners in identifying realistic next steps for improvement	50% (5/10)	40% (4/10)	10% (1/10)	0% (0/10)	0% (0/10)
I assist practitioners in understanding infant toddler curricula	30% (3/10)	50% (5/10)	20% (2/10)	0% (0/10)	0% (0/10)
I assist practitioners in understanding infant toddler mental health	20% (2/10)	40% (4/10)	40% (4/10)	0% (0/10)	0% (0/10)
I assist practitioners in understanding the characteristics of high quality infant and toddler care	30% (3/10)	50% (5/10)	20% (2/10)	0% (0/10)	0% (0/10)
I assist practitioners in understanding the continuum of infant toddler development, including brain development	30% (3/10)	50% (5/10)	20% (2/10)	0% (0/10)	0% (0/10)
I challenge biases and inequitable practices	10% (1/10)	70% (7/10)	10% (1/10)	10% (1/10)	0% (0/10)
I encourage the providers to broaden their perspectives by helping them see the big picture	50% (5/10)	50% (5/10)	0% (0/10)	0% (0/10)	0% (0/10)
I evaluate practitioners' understanding of health and safety information	44% (4/9)	33% (3/9)	22% (0/9)	0% (0/9)	0% (0/9)
I evaluate practitioners'	30% (3/10)	50% (5/10)	20% (2/10)	0% (0/10)	0% (0/10)



Coaching Skill	How often do you use this skill?				
	Always	Usually	About ½ the time	Seldom	Never
understanding of infant toddler development, including brain development					
I focus on improving practices	60% (6/10)	40% (4/10)	0% (0/10)	0% (0/10)	0% (0/10)
I know how to write specific and measurable goals	60% (6/10)	20% (2/10)	20% (2/10)	0% (0/10)	0% (0/9)
I know where to find evidence-based health and safety information	30% (3/10)	40% (4/10)	30% (3/10)	0% (0/10)	0% (0/10)
I know where to find evidence-based infant and toddler information	40% (4/10)	50% (5/10)	10% (1/10)	0% (0/10)	0% (0/10)
I provide resources so that providers can perform their jobs more effectively	50% (5/10)	40% (4/10)	10% (1/10)	0% (0/10)	0% (0/10)
I provide specific feedback	40% (4/10)	50% (5/10)	10% (1/10)	0% (0/10)	0% (0/10)
I provide time for reflection	40% (4/10)	50% (5/10)	10% (1/10)	0% (0/10)	0% (0/10)
I set expectations with the providers	20% (2/10)	70% (7/10)	10% (1/10)	0% (0/10)	0% (0/10)
I solicit feedback from the providers to ensure that my interactions are helpful to them	60% (6/10)	30% (3/10)	10% (1/10)	0% (0/10)	0% (0/10)
I withhold judgments until evidence is examined	50% (5/10)	50% (5/10)	0% (0/10)	0% (0/10)	0% (0/10)

Overall, ITSN coaches most often rated that they usually or always use this list of coaching competencies in their practices. A majority of ITSN coaches stated that they always are effective in different interpersonal contexts (70%), skilled at conducting observation (60%), focus on improving practices (60%), know how to write specific and measurable goals (60%), and solicit feedback from providers to ensure that interactions are helpful (60%). Forty percent (40%; n = 4) of coaches said that they assist practitioners in understanding infant toddler mental health about half the time.

The ITSN coaches were asked to evaluate their own coaching dispositions from a pre-determined list in the pre-survey. Table 11 displays both the coaching dispositions and the coaches' level of agreement

with those dispositions. Please note that response rates for “Disagree” and “Strongly Disagree” are not presented in Table 11 because none of the coaches selected either response to describe any of their coaching dispositions.

Table 11. ITSN Coaches’ Level of Agreement with Coaching Dispositions.

Coaching Disposition	Level of Agreement (Pre-Survey)	
	Strongly Agree	Agree
I am accepting of others	80% (8/10)	20% (2/10)
I am an active listener	70% (7/10)	30% (3/10)
I am attentive	70% (7/10)	30% (3/10)
I am collaborative	70% (7/10)	30% (3/10)
I am culturally competent	30% (3/10)	70% (7/10)
I am ethical	80% (8/10)	20% (2/10)
I am flexible	70% (7/10)	30% (3/10)
I am inventive	70% (7/10)	30% (3/10)
I am objective	60% (6/10)	40% (4/10)
I am professional	80% (8/10)	20% (2/10)
I am resourceful	60% (6/10)	40% (4/10)
I am respectful	80% (8/10)	20% (2/10)
I am respectful of the provider's experience	50% (5/10)	50% (5/10)
I am responsible	70% (7/10)	30% (3/10)
I am responsive	70% (7/10)	30% (3/10)
I am understanding	80% (8/10)	20% (2/10)

ITSN coaches were most likely to strongly agree that they are accepting of others (80%), ethical (80%), professional (80%), respectful (80%), and understanding (80%). Coaches were split between strongly agree and agree on their response to being respectful of the providers’ experience. Coaches were also more likely to agree, rather than strongly agree, that they are culturally competent.

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

ITSN coaches were asked to rate themselves on their perceived level of effectiveness in their role. In the pre-survey, the coaches reported feeling either very or somewhat effective in their positions. Figure 35 demonstrates the coaches’ responses to the question of effectiveness.

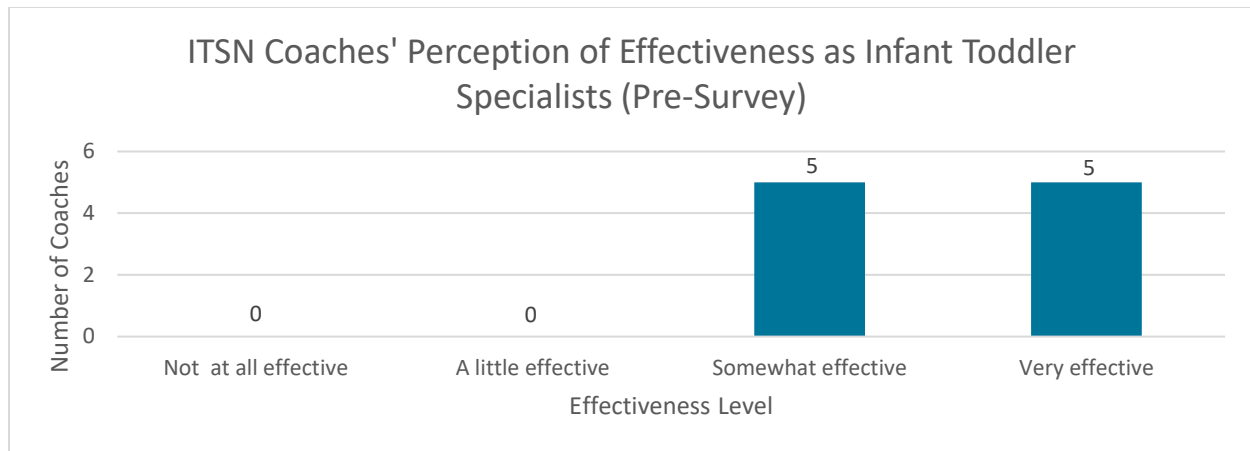


Figure 35. ITSN coaches' pre-survey perceptions of their effectiveness as infant toddler specialists.

ITSN coaches were also asked to rate their abilities to a) support provider implementation of infant and toddler policies, and b) support provider implementation of infant and toddler practices. Figures 36 and 37 display their responses.

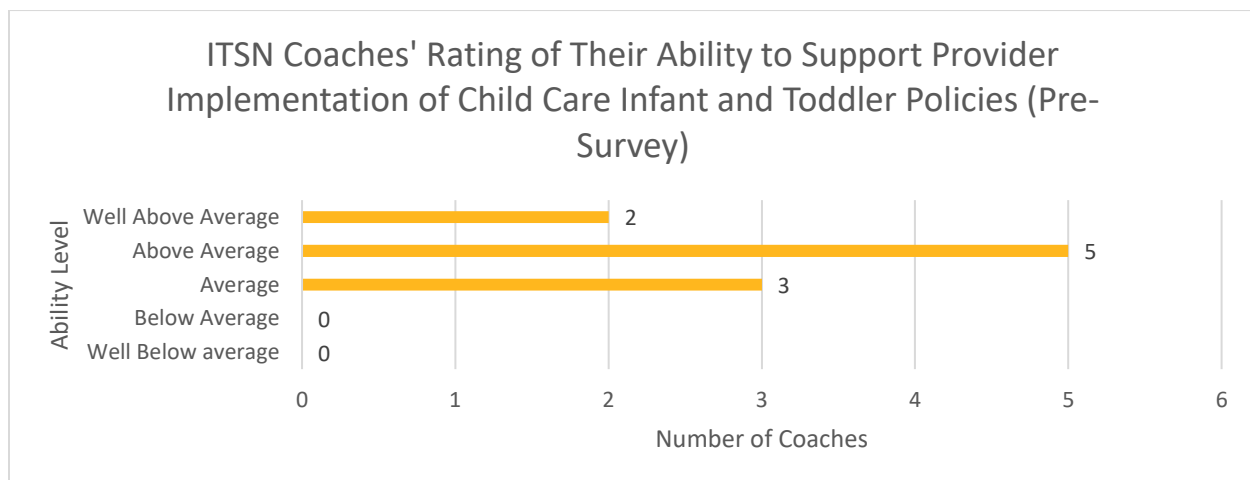
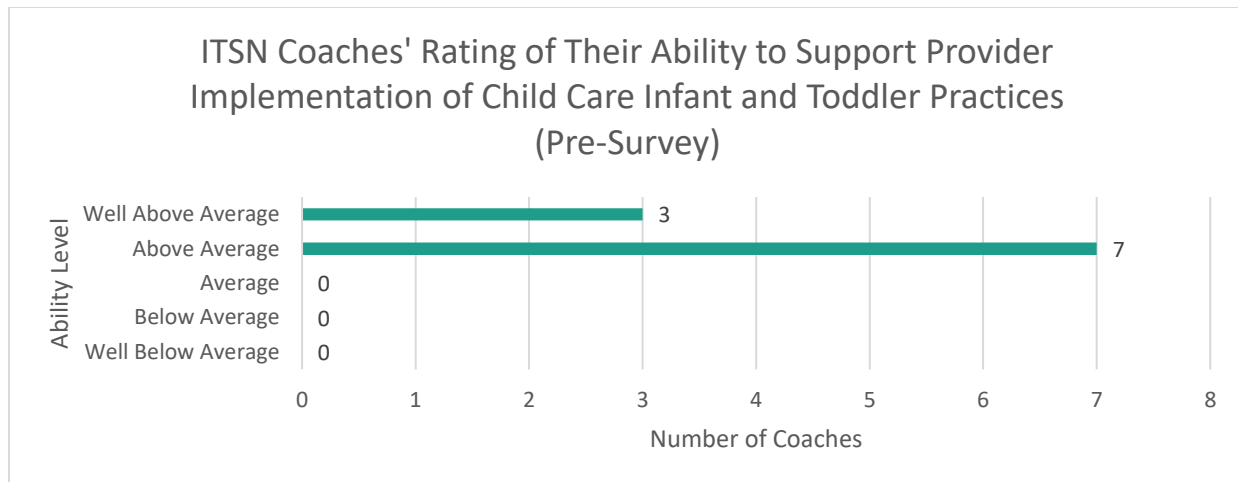


Figure 36. ITSN coaches' pre-survey perceptions of their ability to support implementation of infant and toddler policies.



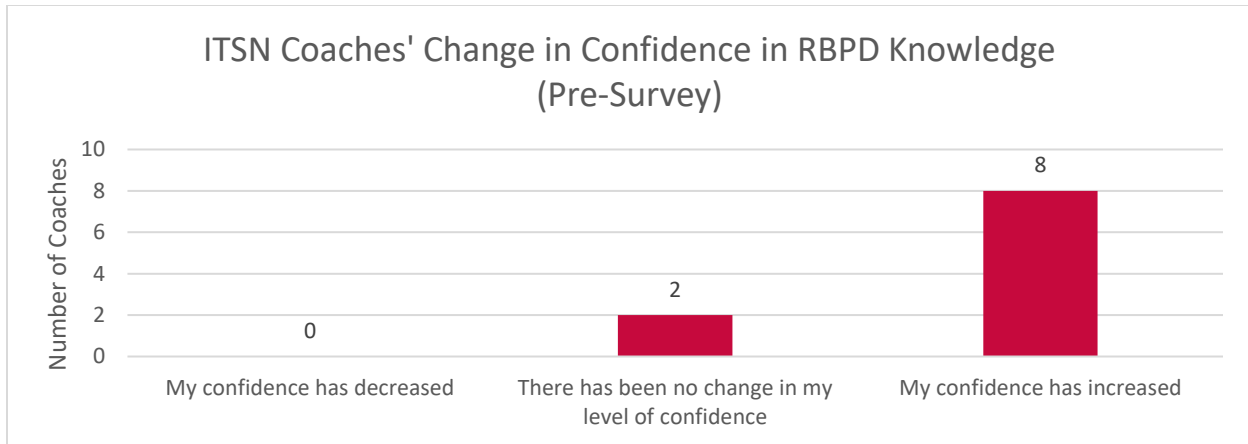
*Figure 37.* ITSN coaches' pre-survey perceptions of their ability to support implementation of infant and toddler practices.

The ITSN coaches perceived their ability to support the implementation of infant and toddler policies and practices differently. Fifty percent (50%;  $n = 5$ ) of coaches rated their ability to implement infant toddler policies as above average, 30% ( $n = 3$ ) rated their ability as average, and 20% ( $n = 2$ ) rather their ability as well above average (see Figure 36). In contrast, 70% ( $n = 7$ ) of the coaches stated that their ability to support implementation of infant toddler practices was above average, and the other 30% ( $n = 3$ ) of coaches rated their abilities as well above average (see Figure 37).

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

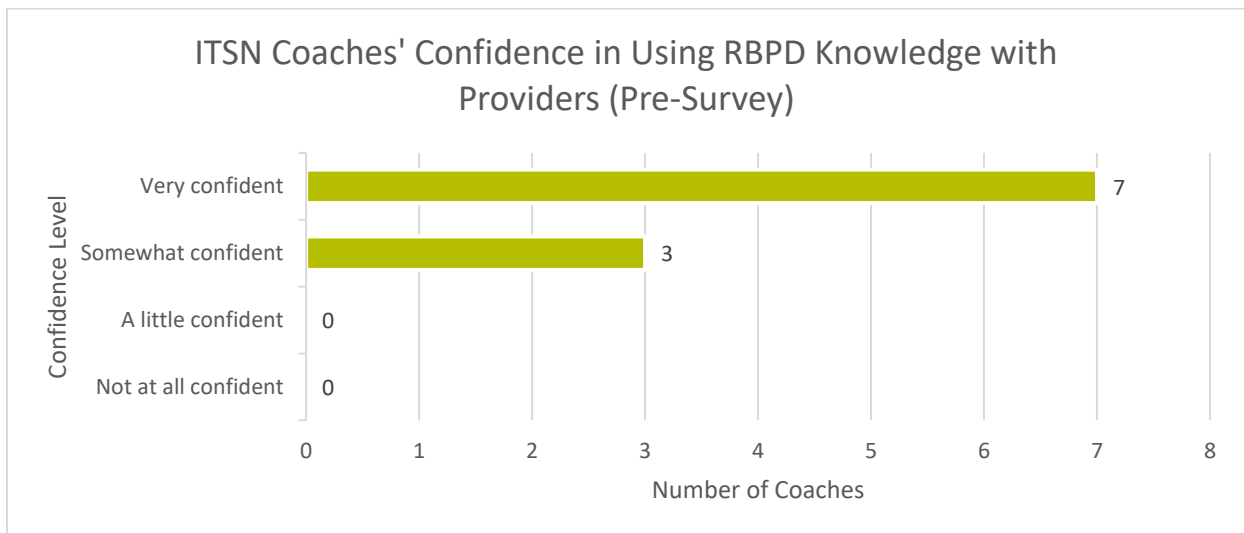
ITSN coaches were asked a series of questions related to their knowledge of infant toddler content, their ability to share that content, their knowledge of RBPD content, and their confidence using RBPD skills in their practices. First, coaches were asked to rate their confidence in their knowledge of infant toddler child care information. Sixty percent (60%;  $n = 6$ ) of coaches felt very confident and the other 40% ( $n = 4$ ) felt somewhat confident in their infant toddler knowledge. Next, the coaches were asked to rate how confident they are in sharing that knowledge. Fifty-percent (50%;  $n = 5$ ) of the coaches rated themselves as very confident and the other 50% ( $n = 5$ ) rated themselves as somewhat confident in their ability to share infant toddler content with child care providers.

When asked to evaluate their confidence in RBPD knowledge, most coaches said they were very confident (70%;  $n = 7$ ) and 30% ( $n = 3$ ) of coaches said they were somewhat confident. The coaches also acknowledged that their confidence in their RBPD knowledge has either increased (80%;  $n = 8$ ) or not changed (20%;  $n = 2$ ) based on their participation in the RBPD credential sessions (see Figure 38). None of the coaches said their confidence decreased.



*Figure 38.* ITSN coaches' pre-survey change in confidence in RBP knowledge based on their participation in the RBP credential sessions.

The coaches reported feeling either very confident (70%;  $n = 7$ ) or somewhat confident (30%;  $n = 3$ ) in their ability to apply their knowledge of RBP skills in their practices with child care providers (see Figure 39). In addition, 80% ( $n = 8$ ) of coaches said that their confidence in their ability to apply RBP skills in their practice increased due to their participation in the RBP credential sessions.



*Figure 39.* ITSN coaches' pre-survey confidence in using RBP knowledge in their work with child care providers.

### ITSN Coaches' Perceptions of Providers' Needs

ITSN coaches were asked to choose up to three infant toddler topics on which they believed child care providers were most likely to ask for support. Table 12 demonstrates their responses.

Table 12. Percentage of ITSN Coaches' Reporting What Topics Providers Most Often Request for Coaching.

<b>Infant Toddler Content Area</b>	<b>Coaches' Report of Topics Most Often Chosen for Coaching by Providers (Pre-Survey)</b>
Active Supervision	6.7% (2/30)
Adequate and Safe Physical Space (indoor and outdoor)	3.3% (1/30)
Child Development Related to Infants and Toddlers	16.7% (5/30)
Confidentiality	3.3% (1/30)
Cultural Responsiveness	0.0% (0/30)
Developing a Risk Reduction Plan	0.0% (0/30)
Developmentally Appropriate Practices (DAP) around individualized instruction and group instruction	13.3% (4/30)
Emergency Preparedness	0.0% (0/30)
Health and Safety Practices	0.0% (0/30)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	3.3% (1/30)
Infant and Toddler Curriculum	13.3% (4/30)
Licensing Requirements (Rule 2 or Rule 3)	3.3% (1/30)
Nutrition Requirements	0.0% (0/30)
Planning Based on Observation	0.0% (0/30)
Play for Infants and Toddlers	3.3% (1/30)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0.0% (0/30)
Precautions for Transporting Young Children	0.0% (0/30)
Proper Diapering/Toileting	0.0% (0/30)
Provider Mental Health/Self-Care	3.3% (1/30)
Provider to Child Ratios	0.0% (0/30)
Referral to Early Intervention for Infants and Toddlers	10.0% (3/30)
Routines	3.3% (1/30)
Safe Sleep Practices for Infants	0.0% (0/30)
Safe Sleep Practices for Toddlers and Preschoolers	0.0% (0/30)
Social Emotional Development, including Attachment	13.3% (4/30)
Trauma-informed Care	3.3% (1/30)

ITSN coaches most often reported that providers want support on child development related to infants and toddlers (16.7%), developmentally appropriate practice (13.3%), infant and toddler curriculum (13.3%), social emotional development, including attachment (13.3%), and referral to early intervention (10%). There were many infant toddler content areas that coaches felt providers did not request additional support.

In addition to asking coaches about the providers' requests for support, the ITSN coaches were also asked to share what three infant toddler content areas were most challenging for providers to implement. The coaches' responses are shown in Table 13.

Table 13. Percentage of ITSN Coaches Identifying a Content Area as Most Challenging for Child Care Workers to Implement.

<b>Infant Toddler Content Area</b>	<b>Coaches' Report of Topics Most Often Chosen for Coaching by Providers (Pre-Survey)</b>
Active Supervision	6.7% (2/30)
Adequate and Safe Physical Space (indoor and outdoor)	0.0% (0/30)
Child Development Related to Infants and Toddlers	13.3% (4/30)
Confidentiality	0.0% (0/30)
Cultural Responsiveness	0.0% (0/30)
Developing a Risk Reduction Plan	0.0% (0/30)
Developmentally Appropriate Practices (DAP) around individualized instruction and group instruction	20% (6/30)
Emergency Preparedness	0.0% (0/30)
Health and Safety Practices	0.0% (0/30)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	3.3% (1/30)
Infant and Toddler Curriculum	6.7% (2/30)
Licensing Requirements (Rule 2 or Rule 3)	3.3% (1/30)
Nutrition Requirements	0.0% (0/30)
Planning Based on Observation	6.7% (2/30)
Play for Infants and Toddlers	6.7% (2/30)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0.0% (0/30)
Precautions for Transporting Young Children	0.0% (0/30)
Proper Diapering/Toileting	0.0% (0/30)
Provider Mental Health/Self-Care	3.3% (1/30)
Provider to Child Ratios	0.0% (0/30)
Referral to Early Intervention for Infants and Toddlers	0.0% (0/30)
Routines	3.3% (1/30)
Safe Sleep Practices for Infants	6.7% (2/30)
Safe Sleep Practices for Toddlers and Preschoolers	0.0% (0/30)
Social Emotional Development, including Attachment	10.0% (3/30)
Trauma-informed Care	10.0% (3/30)

ITSN coaches identified developmentally appropriate practice (20%), child development related to infants and toddlers (13.3%), social emotional development, including attachment (10%), and trauma-informed care (10%) as the areas in which providers had the most implementation challenges.

### ITSN Coaches' Open-Ended Questions

Finally, ITSN coaches were asked two open-ended questions within the pre-survey: 1) what, if anything, do you believe prevents licensed child care providers from implementing high-quality infant and toddler

practices in their work place? and 2) is there anything else you'd like us to know about your work as an Infant Toddler Specialist? Several coaches reported that provider to child ratios, lack of provider knowledge, and staff turnover prevents the implementation of high quality infant toddler practices. One coach said, "Many providers run their programs at maximum capacity and the licensing ratios do not always support high quality adult to one-to-one individualized care and child-adult relationship development." Of the three responses to the second open-ended question, one coach stated, "I have found many providers need reminders and information about DAP regarding toddlers, especially." The other two coaches reported the value of this program and how they are still learning.

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

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

The complete results for the reflective consultation sessions can be found in Appendix J. There is little to no variability in the coaches' responses to the end-of-event surveys. Coaches tended to rate the reflective consultation as being very relevant and of high-quality. They also report that they are very likely to use what they have learned in their practice with providers. They stated that the information they receive is "just enough," rather than too much or too little. Of the reflective consultation, one coach said, "One of the best supports we are provided as coaches," and another said, "Very supportive and helped challenge my thinking in different ways." 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 appreciation for the resources. The complete results for the RBPD Credential end-of-event data can be found in Appendix K.

### Conclusion

Evaluation data from the first half of Year 3 demonstrated the positive impact that ITSN coaching had on the practices of providers who work directly with infants and toddlers and the coaches who work with the providers. Coaches and providers rated their knowledge on most infant toddler topics as developing or proficient and yet both groups acknowledged wanting more professional development. Both groups reported wanting more professional development in the areas of referral to early intervention and provider mental health/self-care. Providers were also wanting professional development in social emotional development, co-creating relationships with families, and developing an individualized child care plan. Child care providers were less likely to report feeling familiarity with and comfort using all three versions of the Minnesota KCFs than the coaches. Providers were most likely to identify behavior guidance as the reason they requested ITSN coaching and both behavior and observation and assessment as the most challenging infant toddler content to implement. Coaches, on the other hand, most often identified child development as the reason providers requested support and the most challenging infant toddler topic to implement for providers. These mid-year data add to the previous



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

## Study Limitations

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

Completion of the pre- and post-coaching surveys by child care providers continues to be a concern. 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 people 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. In addition, 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 draw any conclusions. Based on the small numbers, there can also be no guarantee of representativeness.

The potential biases have been and will continue to be addressed within the ongoing evaluation design. The additional data collected will 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.

## References

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## Appendices

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



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

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

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

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

- b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White
  - f. Multiracial
7. What is the highest level of education you have completed?
- a. Less than a high school diploma
  - b. High school diploma or GED
  - c. Child Development Associate (CDA) Credential
  - d. Some college or Certificate Program
  - e. Associate of Arts degree
  - f. Bachelor of Arts or Science
  - g. Post graduate degree
8. In what Child Care Aware region do you work?
- a. Metro: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington
  - b. Northeast: Aitkin, Chisago, Carlton, Cass, Cook, Crow Wing, Isanti, Itasca, Kanabec, Koochiching, Lake, Mille Lacs, Morrison, Pine, St. Louis, Todd, and Wadena
  - c. Northwest: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, 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 infant and toddler content in child care settings.**

9. For each topic listed below, please mark an “x” by your current level of knowledge on that topic using the following definitions:

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

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

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

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

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

Infant and Toddler Content Area	Perceived Level of Competency		
Sanitation Practices			
Social Emotional Development, Including Attachment			
Trauma-Informed Care			

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

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

Infant Toddler Content Area	Want Professional Development	
Active Supervision	Yes	No
Adequate and Safe Physical Space (indoor and outdoor)	Yes	No
Behavior Guidance	Yes	No
Caring for Infants and Toddlers with Special Needs	Yes	No
Co-Creating Relationships with Families	Yes	No
Confidentiality	Yes	No
Cultural Responsiveness	Yes	No
Developing Health and Safety Policies	Yes	No
Developing a Risk Reduction Plan (required only in center-based settings)	Yes	No
Developing an Individual Child Care Program Plan (required only in center-based settings)	Yes	No
Developmentally Appropriate Practices (DAP) Around Group Instruction	Yes	No
Developmentally Appropriate Practices (DAP) Around Individualized Instruction	Yes	No
Emergency Preparedness	Yes	No
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	Yes	No
Implementing Health and Safety Policies	Yes	No
Implementing a Risk Reduction Plan (required only in center-based settings)	Yes	No
Implementing an Individual Child Care Program Plan (required only in center-based settings)	Yes	No
Individualized Care	Yes	No
Infant Feeding	Yes	No
Infant Toddler Development, Including Brain Development	Yes	No
Infant and Toddler Curriculum	Yes	No
Keeping Furniture and Equipment in Good Repair	Yes	No
Licensing Requirements (Rule 2 or Rule 3)	Yes	No
Nutrition Requirements	Yes	No
Observation and Assessment	Yes	No
Outdoor Play Safety	Yes	No
Planning Based on Observation	Yes	No

Infant Toddler Content Area	Want Professional Development	
Play for Infants and Toddlers	Yes	No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes	No
Precautions for Transporting Young Children	Yes	No
Primary Caregiving and Continuity of Care	Yes	No
Proper Diapering/Toileting	Yes	No
Provider Mental Health/Self-Care	Yes	No
Provider to Child Ratios	Yes	No
Referral to Early Intervention for Infants and Toddlers	Yes	No
Routines	Yes	No
Safe Sleep Practices for Infants	Yes	No
Safe Sleep Practices for Toddlers and Preschoolers	Yes	No
Sanitation Practices	Yes	No
Social Emotional Development, Including Attachment	Yes	No
Trauma-Informed Care	Yes	No

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

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

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

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

13. How familiar are you with Minnesota's **Infant Toddler** Knowledge and Competency Framework?

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

14. How comfortable are you using Minnesota's **Infant Toddler** Knowledge and Competency Framework in your work?

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

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

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

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

19. Do you currently have written infant toddler and policies in your program?
  - a. Yes (Skip to Question 21)
  - b. No
  
20. If you do not currently have written infant toddler policies, select the statement that best reflects your current situation: (Choose one)
  - a. I didn't know I needed written policies



- b. I am currently developing written policies
- c. I need support on how to write effective policies
- d. Other. Please explain.

21. Which of the following infant toddler concepts are most challenging for you to put into practice?

Please choose up to **three**.

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

- ii. Referral to Early Intervention for Infants and Toddlers
  - jj. Routines
  - kk. Safe Sleep Practices for Infants
  - ll. Safe Sleep Practices for Toddlers and Preschoolers
  - nn. Sanitation Practices
  - oo. Social Emotional Development, Including Attachment
  - pp. Trauma-Informed Care
  - nn. Other. Please explain.
22. What, if anything, do you believe prevents you from implementing infant and toddler policies in your work place?
23. What do you hope to gain by working with an Infant Toddler Specialist?
24. Is there anything else you would like us to know?

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

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



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

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

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

1. How long (in months) did you receive infant toddler coaching? [answer in months]
2. What was the name of your coach?
3. In what Child Care Aware district do you work?
  - a. Metro: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington
  - b. Northeast: Aitkin, Chisago, Carlton, Cass, Cook, Crow Wing, Isanti, Itasca, Kanabec, Koochiching, Lake, Mille Lacs, Morrison, Pine, St. Louis, Todd, and Wadena
  - c. Northwest: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, 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 caring for infants and toddlers?
5. How many infants and toddlers were in your care during the time you received coaching?

- a. Infants?
- b. Toddlers?

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

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

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

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

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

Please use the following definitions:

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

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

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

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

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

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

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

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

Coaching Traits	Level of Agreement			
	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
The coach was flexible				
The coach was resourceful				
The coach was open-minded				
The coach was professional				
The coach was ethical				
The coach was objective				

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

Coaching Skills and Knowledge	Level of Agreement				
	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>I Don't Know</i>
The coach was respectful during observations					
The coach was good at providing feedback that helped me improve my practice					
The coach helped me identify my own goals					
The coach helped me identify goals that were specific					
The coach helped me identify goals that could be measured					
The coach assisted me in identifying realistic next steps for improvement					
The coach asked for my feedback to ensure that her interactions were helpful to me					
The coach provided resources so that I can perform my job more effectively					
The coach asked questions rather than provided solutions					
The coach provided time for reflection					
The coach was focused on improving practices					
The coach challenged me to think differently					
The coach understood the characteristics of high-quality infant and toddler care					
The coach knew where to find evidence-based, infant and toddler information					
The coach understood the continuum of child development, including brain development					

Coaching Skills and Knowledge	Level of Agreement				
The coach understood early childhood curricula					
The coach understood early childhood mental health					

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

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

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

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

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

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

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

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

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

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

16. After receiving coaching, how familiar are you with Minnesota's **Family Child Care** Knowledge and Competency Framework?

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

17. After receiving coaching, how comfortable are you using Minnesota's **Family Child Care** Knowledge and Competency Framework in your work?

- a. Very comfortable



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

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

20. After receiving coaching, I believe my effectiveness as a child care provider:
- a. Improved more than I expected
  - b. Somewhat improved
  - c. Stayed the same
  - d. Improved less than I expected
21. Prior to coaching, did you have written infant toddler policies—how you address the unique needs of infants and toddlers in your program (such as safe sleeping practices, feeding, diapering and toilet training, arrivals and departures, etc.)—in your program?
- a. Yes
  - b. No
22. Did you receive coaching on developing childcare infant toddler policies?
- a. Yes
  - b. No
23. After receiving coaching, how would you rate your ability to **develop policies** which describe how you address the unique needs of infants and toddlers in your program (such as safe sleeping practices, feeding, diapering and toilet training, arrivals and departures, etc.)?
- a. Well Below Average
  - b. Below Average
  - c. Average

- d. Above Average
  - e. Well Above Average
24. Did you receive coaching on implementing childcare infant toddler policies and practices?
- a. Yes
  - b. No
25. After receiving coaching, how would you rate your ability to **implement** child care infant toddler **policies and practices**?
- a. Well Below Average
  - b. Below Average
  - c. Average
  - d. Above Average
  - e. Well Above Average
26. After receiving coaching, my confidence in my knowledge of child care infant toddler caregiving
- a. Got worse
  - b. Stayed the same
  - c. Somewhat improved
  - d. Greatly improved
27. Is there anything else you would like us to know about your experience receiving infant toddler coaching?

*Thank you for your time and your effort.*

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



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

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

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

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

## Appendix D: ITSN Coaches' Pre-Survey



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

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

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

1. What is the total number of years you have worked in early childhood education?  
(dropdown box: Less than 1 year to More than 40 years)
2. What is the total number of years you have worked in child care? (dropdown box: Less than 1 year to More than 40 years)
3. How long have you worked as a coach within the child care system?  
(dropdown box: Less than 1 year to More than 40 years)
4. How long have you been an Infant Toddler Specialist Network coach for the CICC?  
(dropdown box: less than one year to three years)
5. What is your age? (dropdown box: 18 to 70)
6. What is your ethnicity?
  - a. Hispanic or Latino
  - b. Not Hispanic or Latino

7. What is your race?
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White
  - f. Multiracial
  
8. What is the highest level of education you have completed?
  - a. Associate of Arts degree
  - b. Bachelor of Arts or Science degree
  - c. Post graduate degree
  
9. Please tell us what degree(s) you have (e.g., A. A. in early childhood education, B.A. in psychology, M.S.W. in social work, etc.). [text box]

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

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

Infant and Toddler Content Area	Perceived Level of Competency
	(Likert scale 1-3: Beginning, Developing, Proficient)
Active Supervision	
Adequate and Safe Physical Space (Indoor and Outdoor)	
Behavior Guidance	
Co-Creating Relationships with Families	
Confidentiality	
Cultural Responsiveness	
Developing a Risk Reduction Plan	
Developmentally Appropriate Practices (DAP) Around Group Instruction	

Developmentally Appropriate Practices (DAP) Around Individualized Instruction	
Emergency Preparedness	
Health and Safety Practices	
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	
Individualized care	
Infant Feeding	
Infant Toddler Development, including brain development	
Infant and Toddler Curriculum	
Licensing Requirements (Rule 2 or Rule 3)	
Nutrition Requirements	
Observation and Assessment	
Planning based on observation	
Play for infants and toddlers	
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	
Precautions for Transporting Young Children	
Primary Caregiving and Continuity of Care	
Proper Diapering/Toileting	
Provider mental health/self-care	
Provider to Child Ratios	
Referral to Early Intervention for infants & toddlers	
Routines	
Safe Sleep Practices for Infants	
Safe Sleep Practices for Toddlers and Preschoolers	
Social emotional development, including attachment	
Trauma-informed care	

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

11. What is your preferred method for learning new infant toddler content?
  - a. Articles/books
  - b. College coursework

- c. Communities of Practice
  - d. Conferences and workshops
  - e. In-person training
  - f. My peers
  - g. Online training (e.g., webinars)
  - h. Small group discussions
  - i. Other. Please explain. [text box]
12. Since CICC shifted the focus of professional development to relationship-based professional development practice, have you been able to fulfill your need for content training on infant and toddler practices elsewhere?
- a. Yes
  - b. No (Skip to Q14)
13. On what infant toddler content topic(s) did you receive professional development or training during the last year?

Infant Toddler Content Area	Received Training/Professional Development
Active Supervision	Yes/No
Adequate and Safe Physical Space (indoor and outdoor)	Yes/No
Confidentiality	Yes/No
Cultural Responsiveness	Yes/No
Developing a Risk Reduction Plan	Yes/No
Developmentally Appropriate Practices (DAP) around Individualized Instruction and Group Instruction	Yes/No
Emergency Preparedness	Yes/No
Health and Safety Practices	Yes/No
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	Yes/No
Infant & Toddler Curriculum	Yes/No
Infant Toddler Development, Including Brain Development	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Nutrition Requirements	Yes/No
Planning based on Observation	Yes/No
Play for Infants and Toddlers	Yes/No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes/No

Precautions for Transporting Young Children	Yes/No
Primary Caregiving	Yes/No
Proper Diapering/Toileting	Yes/No
Provider Mental Health/Self-Care	Yes/ No
Provider to Child Ratios	Yes/ No
Referral to Early Intervention for Infants & Toddlers	Yes/ No
Routines	Yes/ No
Safe Sleep Practices for Infants	Yes/ No
Safe Sleep Practices for Toddlers	Yes/ No
Social Emotional Development, including Attachment	Yes/ No
Trauma-Informed Care	Yes/ No

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

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



Referral to Early Intervention for Infants & Toddlers	Yes/ No
Routines	Yes/ No
Safe Sleep Practices for Infants	Yes/ No
Safe Sleep Practices for Toddlers	Yes/ No
Social Emotional Development, including Attachment	Yes/ No
Trauma-Informed Care	Yes/ No

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

15. Online staff meetings (Likert scale 1-4: Not Useful, Somewhat Useful, Useful, Very Useful).
16. 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 infant toddler coaching competencies.**

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

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

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

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

<b>Coaching Competency</b>	<b>Perceived Level of Competency</b>	<b>How Often You Currently Use This Skill</b>
	(Likert scale 1-3: Beginning, Developing, Proficient)	(Likert scale 1-5: Always, Usually, About Half the time, Seldom, Never)
I am effective in different interpersonal contexts		
I am skilled at conducting observations		
I am skilled at providing constructive feedback		
I ask questions rather than provide solutions		
I assist practitioners in identifying realistic next steps for improvement		
I assist practitioners in understanding infant toddler curricula		
I assist practitioners in understanding infant toddler mental health		
I assist practitioners in understanding the characteristics of high-quality infant and toddler care		
I assist practitioners in understanding the continuum of infant toddler development, including brain development		
I challenge biases and inequitable practices		
I encourage the providers to broaden their perspectives by helping them see the big picture		
I evaluate practitioners' understanding of infant toddler information		
I evaluate practitioners' understanding of infant toddler development, including brain development		
I focus on improving practices		
I know how to write specific and measurable goals		
I know where to find evidence-based health and safety information		
I know where to find evidence-based, infant and toddler information		
I provide resources so that providers can perform their jobs more effectively		
I provide specific feedback		

I provide time for reflection		
I set expectations with the providers		
I solicit feedback from the providers to ensure that my interactions are helpful to them		
I withhold judgments until evidence is examined		

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

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

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 an Infant Toddler Specialist in child care settings.**

27. How effective do you currently feel in your role as an Infant Toddler Specialist?

- Very effective
- Somewhat effective
- A little effective
- Not at all effective

28. At this time, how would you rate your ability to support provider implementation of child care infant and toddler **policies**? (Likert scale 1-5: Well Below Average, Below Average, Average, Above Average, Well Above Average).
29. At this time, how would you rate your ability to support provider implementation of child care infant and toddler **practices**? (Likert scale 1-5: Well Below Average, Below Average, Average, Above Average, Well Above Average).
30. How confident do you feel about your knowledge of infant toddler child care information?
- a. Not at all confident
  - b. A little confident
  - c. Somewhat confident
  - d. Very confident
31. How confident do you feel sharing your knowledge of infant toddler child care information?
- a. Not at all confident
  - b. A little confident
  - c. Somewhat confident
  - d. Very confident
32. How confident do you feel about your knowledge of relationship-based professional development?
- a. Very confident
  - b. Somewhat confident
  - c. A little confident
  - d. Not at all confident
33. How, if at all, has participation in the 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 infant and toddler policies in child care settings.**

36. Which of the following infant and toddler content areas are most often requested by child care providers who receive coaching? Please choose up to three options.
- a. Active Supervision
  - b. Adequate and Safe Physical Space (indoor and outdoor)
  - c. Child Development related to infants and toddlers
  - d. Confidentiality
  - e. Cultural Responsiveness
  - f. Developing a risk reduction plan
  - g. Developmentally Appropriate Practices (DAP) around individualized instruction and group instruction
  - h. Emergency Preparedness
  - i. Health and Safety practices
  - j. How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)
  - k. Infant and Toddler Curriculum
  - l. Licensing Requirements (Rule 2 or Rule 3)
  - m. Nutrition Requirements
  - n. Planning based on observation
  - o. Play for infants and Toddler
  - p. Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)
  - q. Precautions for Transporting Young Children
  - r. Proper Diapering/Toileting
  - s. Provider mental health/self-care
  - t. Provider to Child Ratios

- u. Referral to Early Intervention for infants and toddlers
- v. Routines
- w. Safe Sleep Practices for Infants
- x. Safe Sleep Practices for Toddlers and Preschoolers
- y. Social Emotional Development-Attachment
- z. Trauma-Informed Care
- aa. Other. Please explain. [text box]

37. Which of the following infant and toddler content areas is most challenging for licensed child care workers to implement? Please choose up to three options.

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

aa. Other. Please explain. [text box]

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

39. Is there anything else you would like us to know about your work as an Infant Toddler Specialist? [text box]

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



## Appendix E: ITSN Coaches' Post-Survey



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

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

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

1. What is the total number of years you have worked in early childhood education?  
(dropdown box: Less than 1 year to More than 40 years)
2. What is the total number of years you have worked in child care? (dropdown box: Less than 1 year to More than 40 years)
3. How long have you worked as a coach within the child care system?(dropdown box: Less than 1 year to More than 40 years)
4. How long have you been an Infant Toddler Specialist Network coach for the CICC?  
(dropdown box: less than one year to three years)
5. What is your age? (dropdown box: 18 to 70)
6. What is your ethnicity?
  - a. Hispanic or Latino
  - b. Not Hispanic or Latino
7. What is your race?

- a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White
  - f. Multiracial
8. What is the highest level of education you have completed?
- a. Associate of Arts degree
  - b. Bachelor of Arts or Science degree
  - c. Post graduate degree
9. Please tell us what degree(s) you have (e.g., A. A. in early childhood education, B.A. in psychology, M.S.W. in social work, etc.). [text box]

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

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

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

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

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

Infant and Toddler Content Area	Perceived Level of Competency
	(Likert scale 1-3: Beginning, Developing, Proficient)
Active Supervision	
Adequate and Safe Physical Space (Indoor and Outdoor)	
Behavior Guidance	
Co-Creating Relationships with Families	

Confidentiality	
Cultural Responsiveness	
Developing a Risk Reduction Plan	
Developmentally Appropriate Practices (DAP) Around Group Instruction	
Developmentally Appropriate Practices (DAP) Around Individualized Instruction	
Emergency Preparedness	
Health and Safety Practices	
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	
Individualized Care	
Infant Feeding	
Infant Toddler Development, Including Brain Development	
Infant and Toddler Curriculum	
Licensing Requirements (Rule 2 or Rule 3)	
Nutrition Requirements	
Observation and Assessment	
Planning Based on Observation	
Play for Infants and Toddlers	
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	
Precautions for Transporting Young Children	
Primary Caregiving and Continuity of Care	

Proper Diapering/Toileting	
Provider Mental Health/Self-Care	
Provider to Child Ratios	
Referral to Early Intervention for Infants & Toddlers	
Routines	
Safe Sleep Practices for Infants	
Safe Sleep Practices for Toddlers and Preschoolers	
Social Emotional Development, Including Attachment	
Trauma-Informed Care	

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

11. What is your preferred method for learning new infant toddler content?

- a. Articles/books
- b. College coursework
- c. Communities of Practice
- d. Conferences and workshops
- e. In-person training
- f. My peers
- g. Online training (e.g., webinars)
- h. Small group discussions
- i. Other. Please explain. [text box]

12. Since CICC shifted the focus of professional development to relationship-based professional development practice, have you been able to fulfill your need for content training on infant toddler practices elsewhere?

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

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

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

Social Emotional Development-Attachment	Yes/ No
Trauma-Informed Care	Yes/ No

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

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

Safe Sleep Practices for Toddlers	Yes/ No
Social Emotional Development-Attachment	Yes/ No
Trauma-Informed Care	Yes/ No

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

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

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

- a. Increased
- b. Stayed the same
- c. Decreased

23. How has your familiarity with Minnesota's **Preschool and School-Aged** Knowledge and Competency Framework changed during the past year, if at all?

- a. I am more familiar
- b. My familiarity stayed the same
- c. I am less familiar

24. How has your comfort using Minnesota's **Preschool and School-Aged** Knowledge and Competency Framework in your work changed during the past year, if at all?

- a. Increased
- b. Stayed the same
- c. Decreased

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

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

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

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

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

Coaching Competency	Perceived Level of Competency	How Often You Currently Use This Skill
	(Likert scale 1-3: Beginning, Developing, Proficient)	(Likert scale 1-5: Always, Usually, About Half the time, Seldom, Never)
I am effective in different interpersonal contexts		
I am skilled at conducting observations		



I am skilled at providing constructive feedback		
I ask questions rather than provide solutions		
I assist practitioners in identifying realistic next steps for improvement		
I assist practitioners in understanding infant toddler curricula		
I assist practitioners in understanding infant toddler mental health		
I assist practitioners in understanding the characteristics of high-quality infant and toddler care		
I assist practitioners in understanding the continuum of infant toddler development, including brain development		
I challenge biases and inequitable practices		
I encourage the providers to broaden their perspectives by helping them see the big picture		
I evaluate practitioners' understanding of health and safety information		
I evaluate practitioners' understanding of infant toddler development, including brain development		

I focus on improving practices		
I know how to write specific and measurable goals		
I know where to find evidence-based health and safety information		
I know where to find evidence-based, infant and toddler information		
I provide resources so that providers can perform their jobs more effectively		
I provide specific feedback		
I provide time for reflection		
I set expectations with the providers		
I solicit feedback from the providers to ensure that my interactions are helpful to them		
I withhold judgments until evidence is examined		

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

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

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 an Infant Toddler Specialist in child care settings.**

27. How effective do you currently feel in your role as an Infant Toddler Specialist?

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

28. How has your perception of your effectiveness changed during the past year, if at all?

- a. My perception of my effectiveness has increased

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

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

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

39. Which of the following infant and toddler content areas are most often requested by child care providers who receive coaching? Please choose up to three options.
- a. Active Supervision
  - b. Adequate and Safe Physical Space (indoor and outdoor)
  - c. Child Development related to infants and toddlers
  - d. Confidentiality
  - e. Cultural Responsiveness
  - f. Developing a risk reduction plan

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

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

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

## Appendix F: ITSN Provider Interview Protocol

### Introduction

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

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

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

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

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



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

**Thank you for your participation.**

## Appendix G: ITSN Coach Interview Protocol

### Introduction

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

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

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

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

1. Please tell me your name, the programs for which you coach, and what made you want to be a coach for the CICC?
2. What do you see as your primary role(s) as a coach? (Specify role for each program in which you coach)
3. Describe the supports you receive as part of this program.
  - a. Describe the professional development you receive.
  - b. Describe the staff meetings. [Coach might mention that it's a time for problem solving and learning new strategies]
  - c. Describe the work you're doing on getting the RBPD credential
  - d. In what ways has your practice changed based on the support you received through the professional development?
  - e. How would you rate the quality of the professional development you get from the CICC?
  - f. Where do you get content knowledge for \_\_\_program specific\_\_\_?

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

11. What do you believe is the most important part of the coaching process? Why?
12. What, if anything, prevents you from effectively coaching child care providers?
13. What, if any, supports do you want to more effectively do your job?
  - a. What are your perceptions about the support you receive from CICC personnel?
14. Is there anything you would change about the coaching projects?
15. Is there anything else you'd like to add to the conversation?

**Thank you for your participation.**

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

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

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

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

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

## Appendix I: Continuous Quality Improvement Plan

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

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

[Preschool-Aged Children in Center and School Programs](#)

[Infants and Toddlers](#)

[Family Child Care](#)

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

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

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



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

---

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

---

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

#### Teaching and relationships with children:

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

#### Relationships with families:

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

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

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

#### Professionalism:

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

#### Health and well-being:

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



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

License number: Click or tap here to enter text.

Coach: Click or tap here to enter text.

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

**Complete *prior* to coaching:**

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

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

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

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

**Complete *after* coaching:**

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

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

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

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

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

Type(s) of Coaching:

☐ Health and Safety

☐ Infant/Toddler

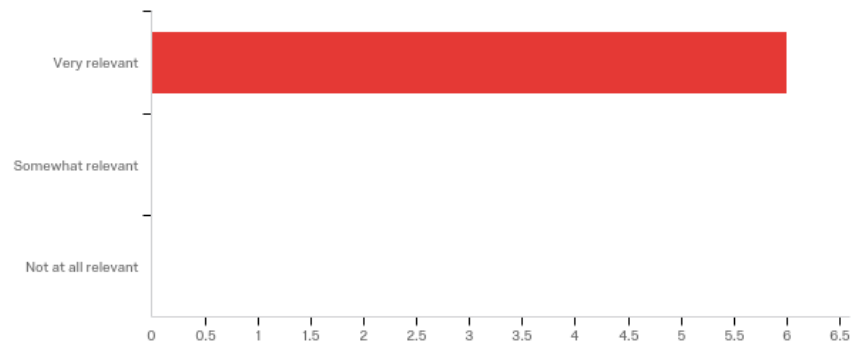
☐ Inclusion



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

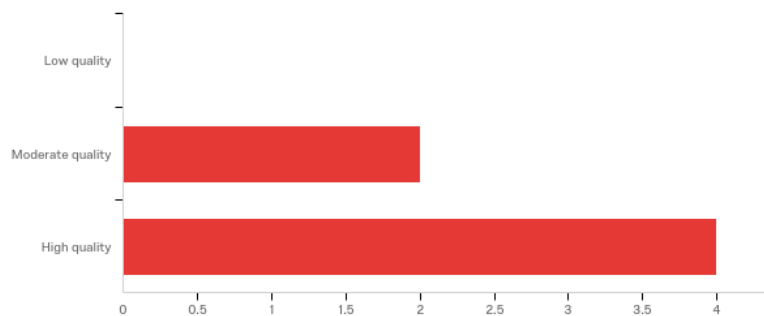
*CICC Coaches RC End of Event Survey August 5 2019*

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



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

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

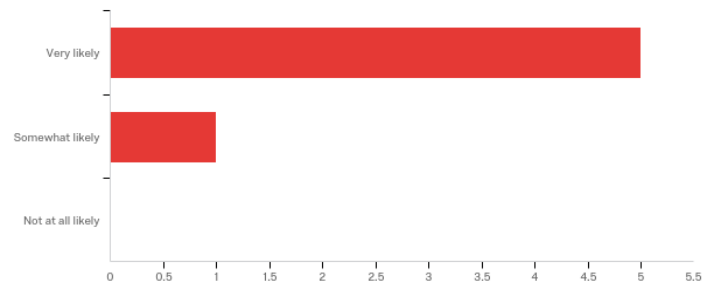


#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	33.33%	2
3	High quality	66.67%	4
	Total	100%	6

Center for Early Education  
and Development

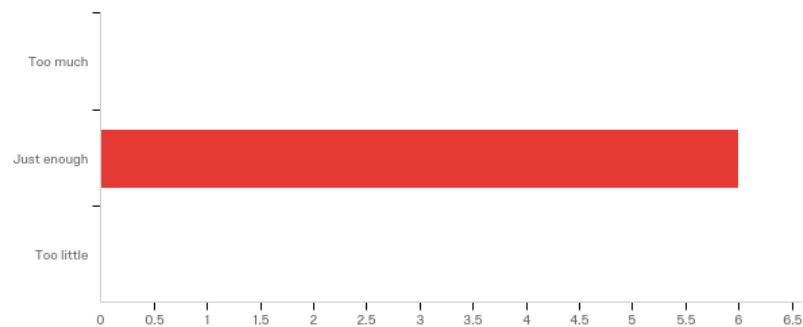
UNIVERSITY OF MINNESOTA

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



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

## The information provided during the Reflective Consultation was:



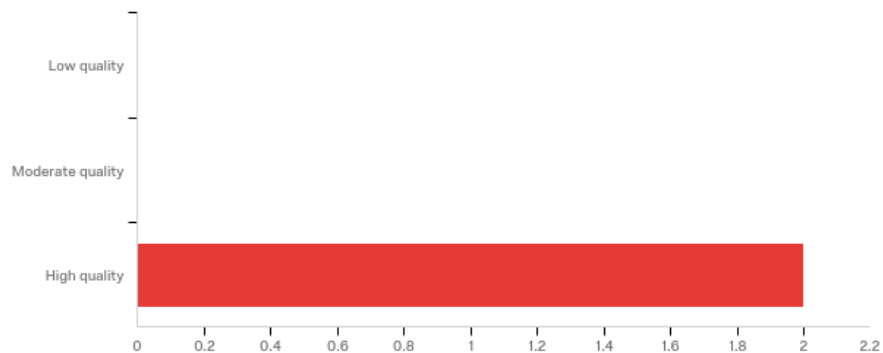
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	6
3	Too little	0.00%	0
	Total	100%	6

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

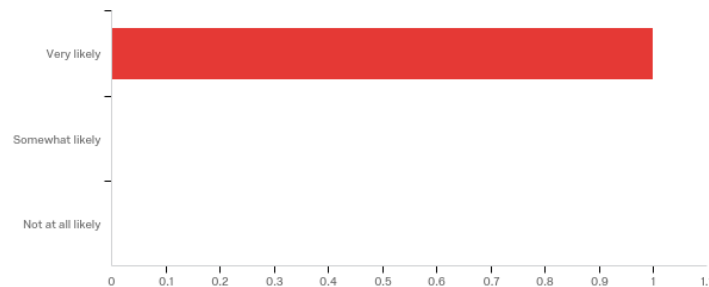
No responses.

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

No responses.

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

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

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

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

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

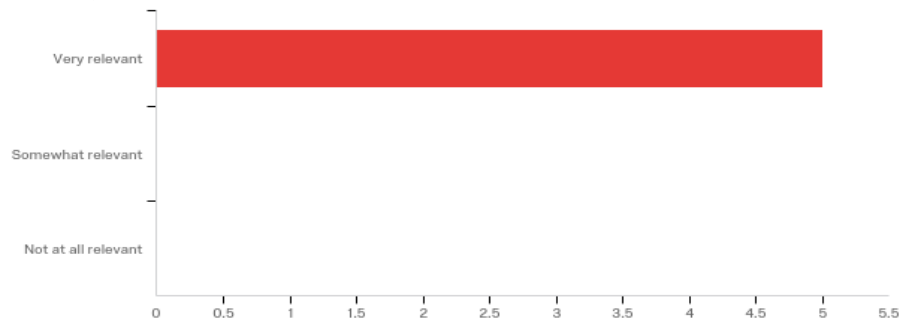
No responses.

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

No responses.

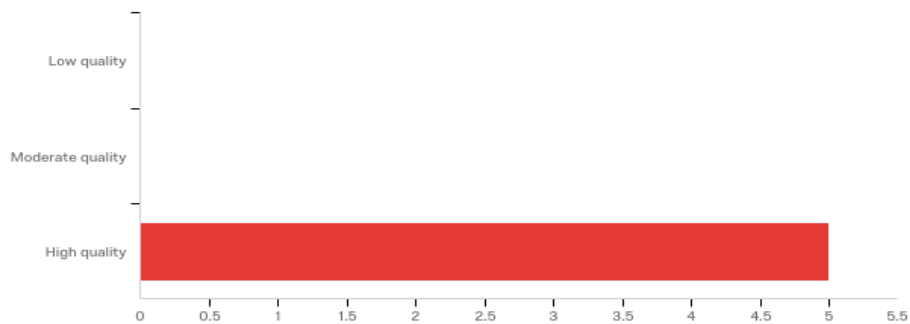
*CICC Coaches RC End of Event Survey September 16 2019*

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



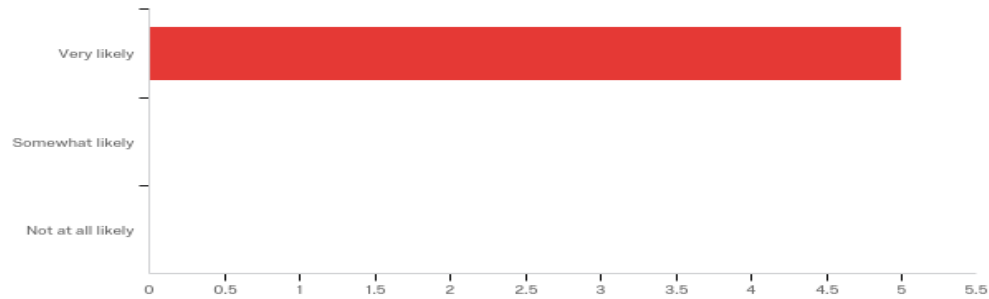
#	Answer	%	Count
1	Very relevant	100.00%	5
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	5

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



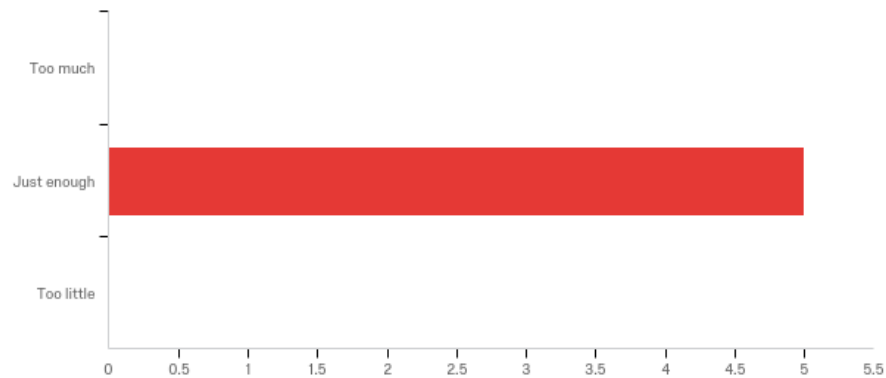
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	5
	Total	100%	5

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



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

## The information provided during the Reflective Consultation was:



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

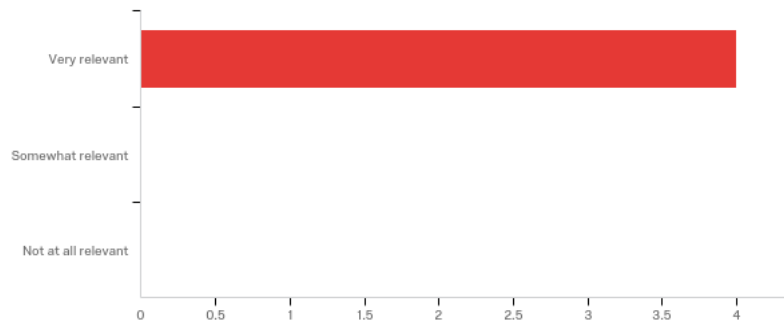
## Is there anything else you'd like us to know about this event?

Very supportive and helped challenge my thinking in different ways  
One of the best supports we are provided as coaches.



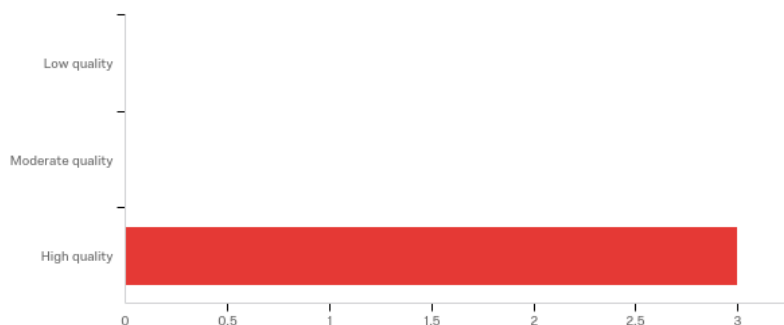
### *CICC Coaches RC End of Event Survey September 26 2019*

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



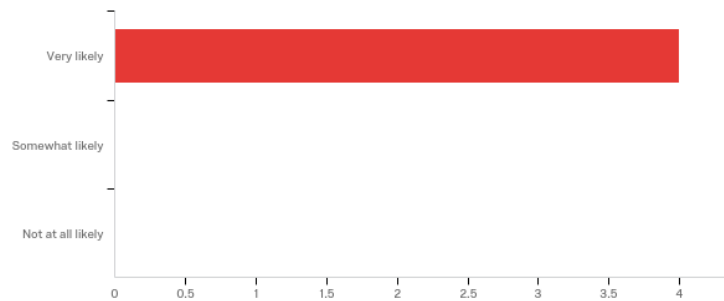
#	Answer	%	Count
1	Very relevant	100.00%	4
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	4

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



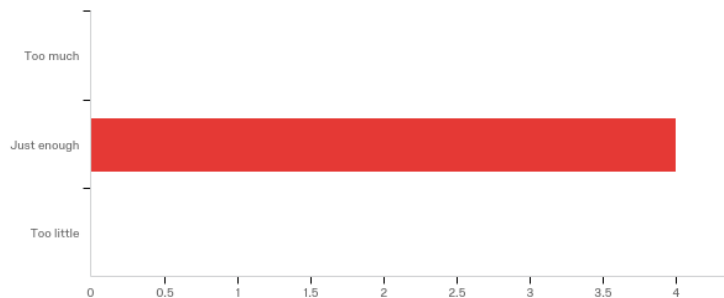
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

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



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

## The information provided during the Reflective Consultation was:



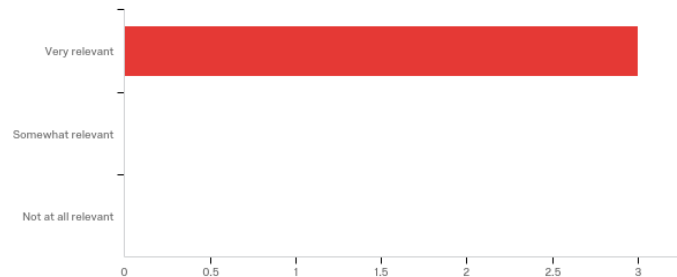
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	4
3	Too little	0.00%	0
	Total	100%	4

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

No responses.

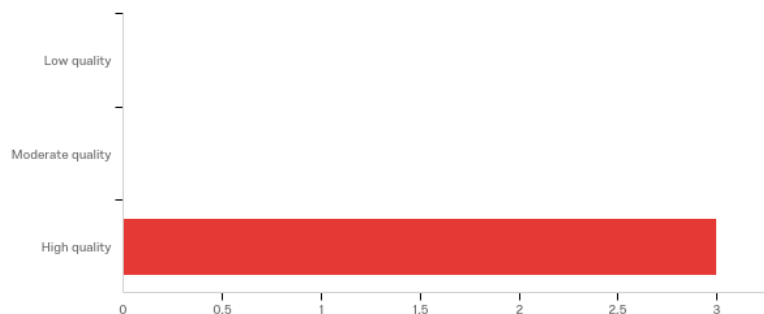
### *CICC Coaches RC End of Event Survey October 7 2019*

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



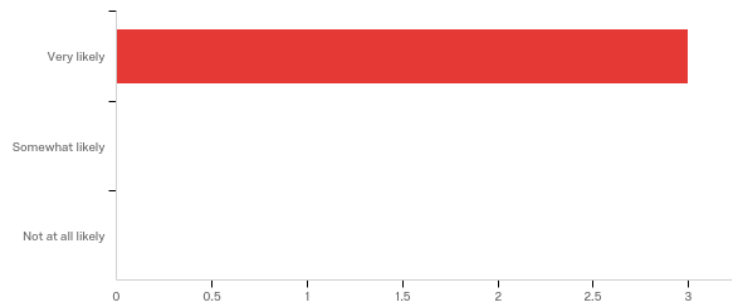
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



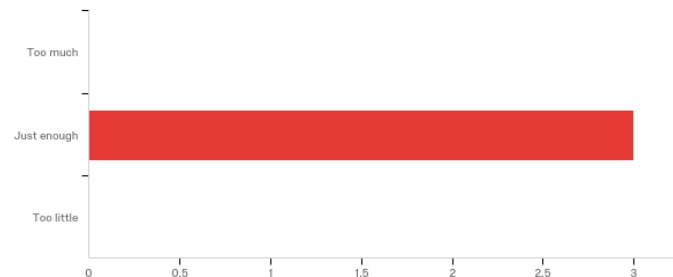
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

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



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

## The information provided during the Reflective Consultation was:



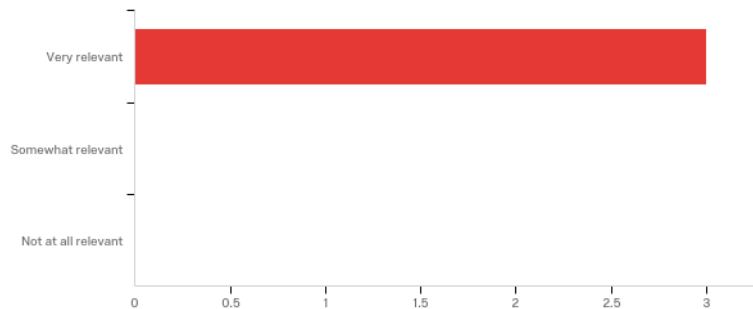
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

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

No responses.

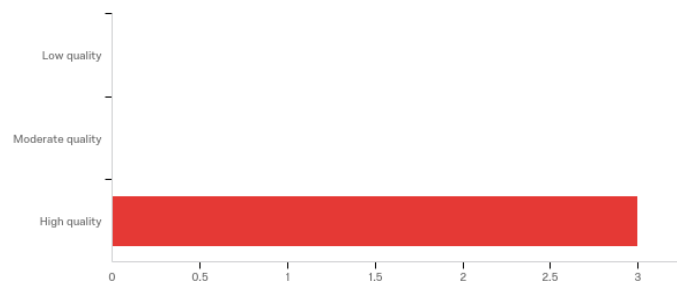
*CICC Coaches RC End of Event Survey October 24 2019*

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



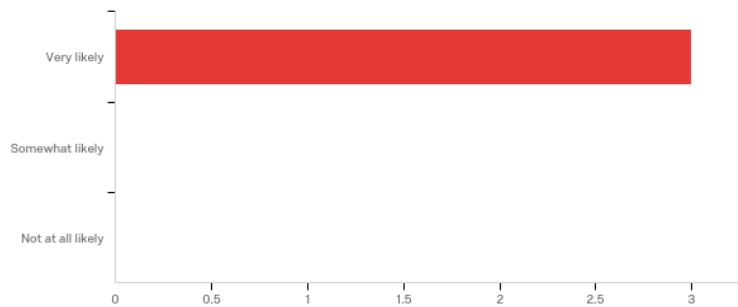
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



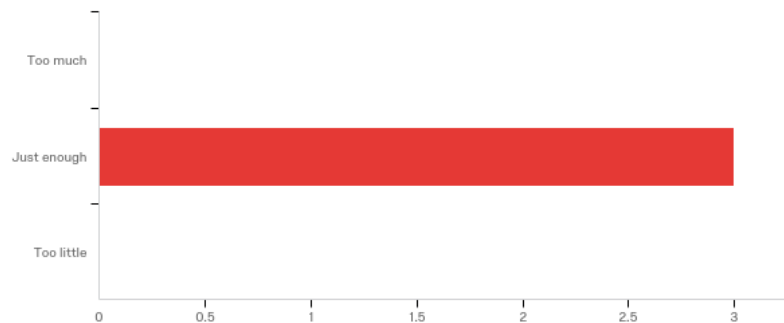
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

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



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

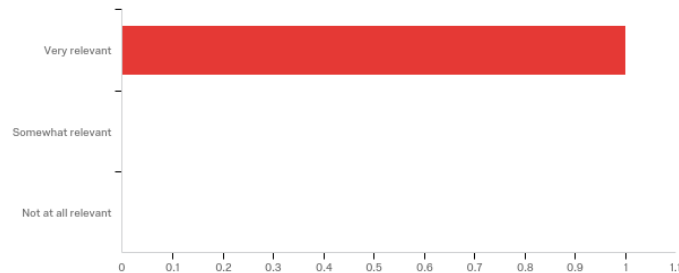
## The information provided during the Reflective Consultation was:



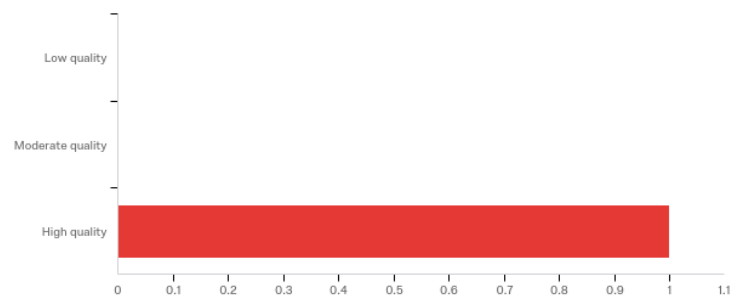
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

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

No responses.

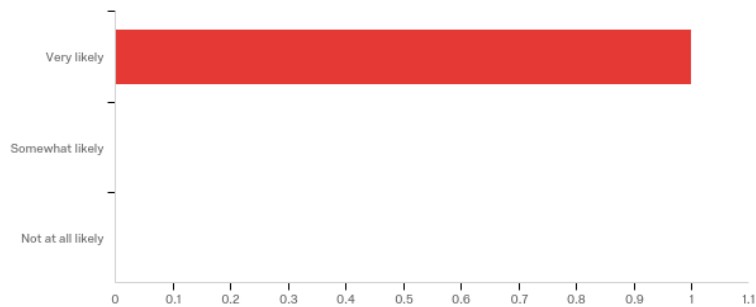
*CICC Coaches RC End of Event Survey November 4 2019***How relevant was the information you received from the Reflective Consultation to your work?**

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

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

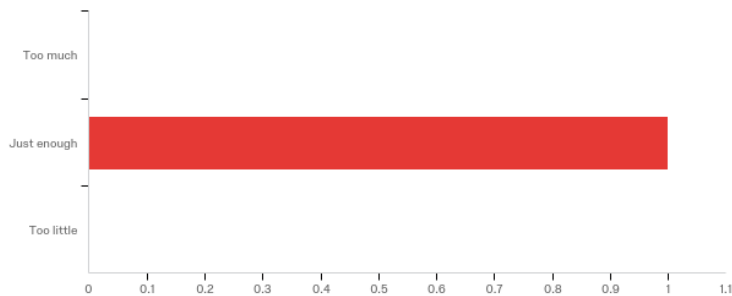
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	1
	Total	100%	1

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



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

## The information provided during the Reflective Consultation was:



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

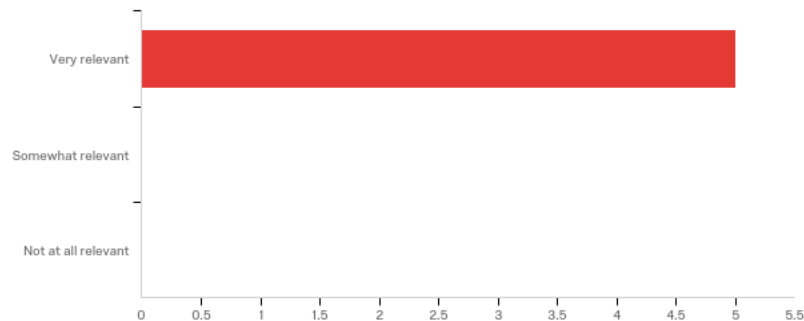
## Is there anything else you'd like us to know about this event?

No responses.



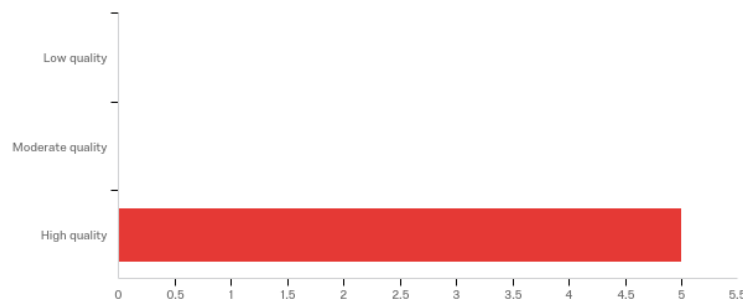
*CICC Coaches RC End of Event Survey November 21 2019*

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



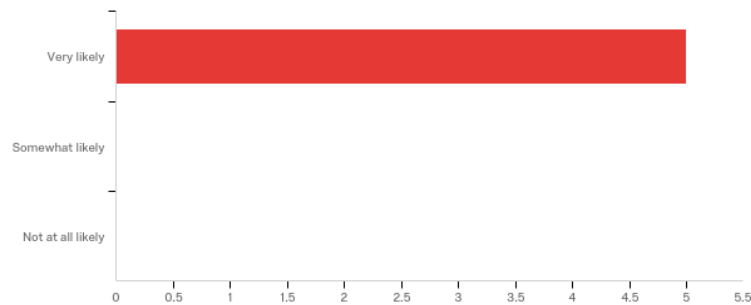
#	Answer	%	Count
1	Very relevant	100.00%	5
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	5

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



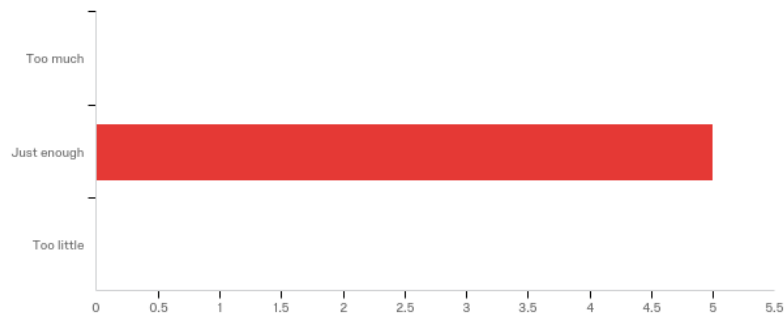
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	5
	Total	100%	5

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



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

## The information provided during the Reflective Consultation was:



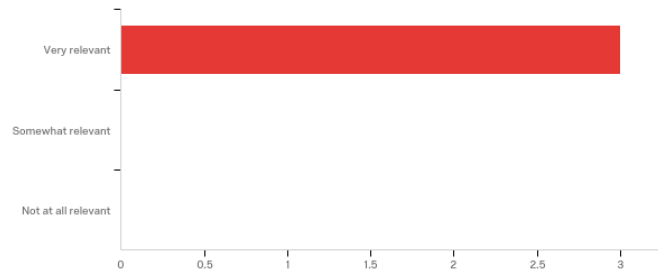
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	5
3	Too little	0.00%	0
	Total	100%	5

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

No responses.

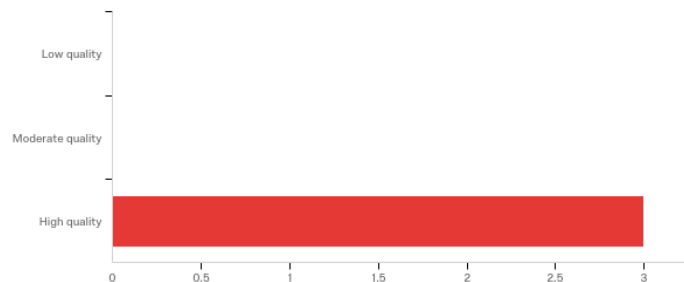
*CICC Coaches RC End of Event Survey December 2 2019*

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



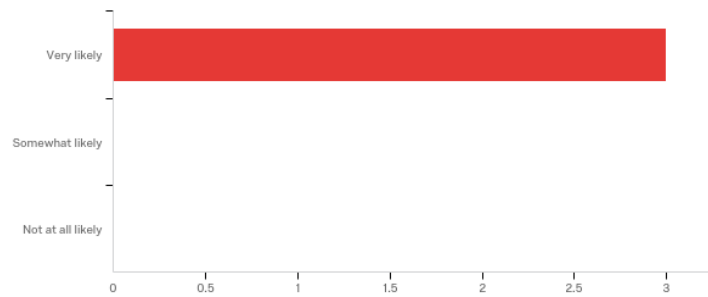
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



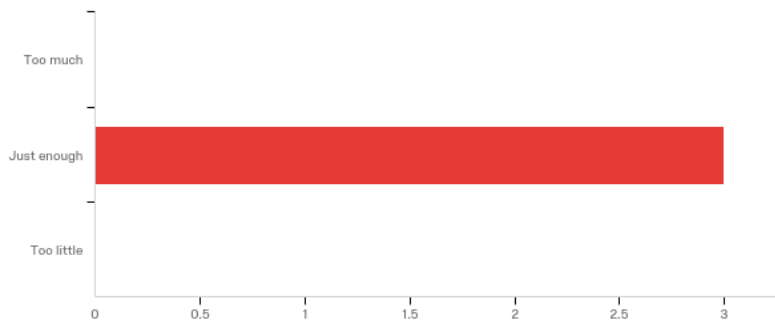
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

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



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

## The information provided during the Reflective Consultation was:



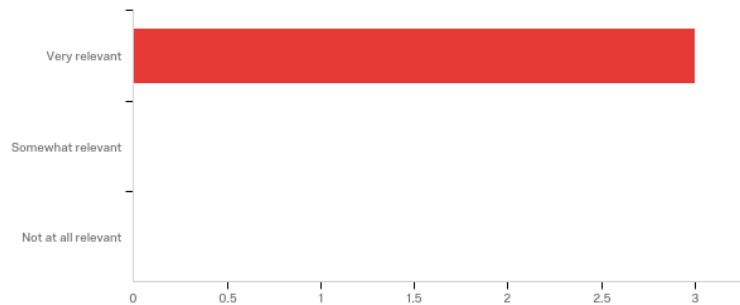
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

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

No responses.

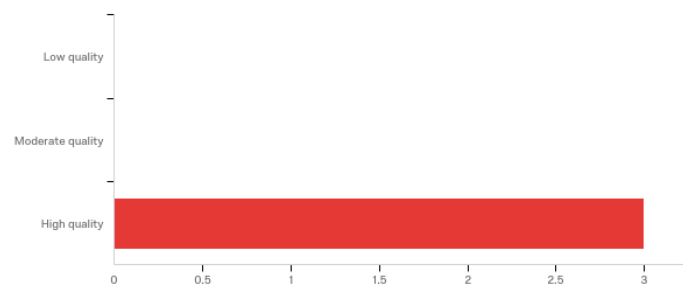
*CICC Coaches RC End of Event Survey December 19 2019*

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



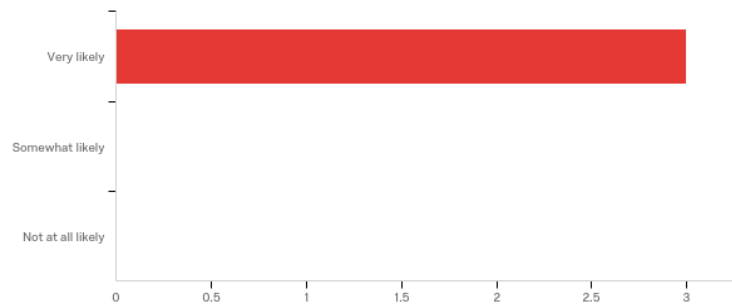
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



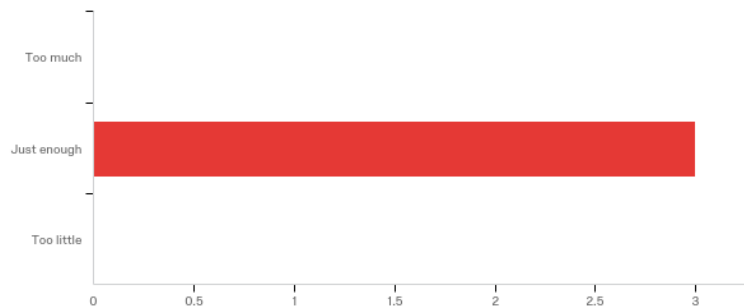
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

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



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

## The information provided during the Reflective Consultation was:



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

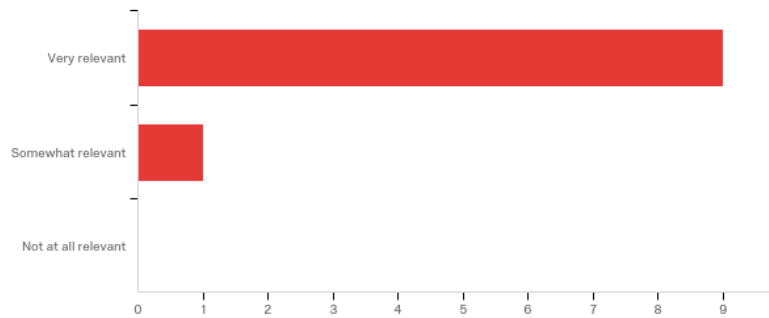
## Is there anything else you'd like us to know about this event?

No responses.

## Appendix K: ITSN Coaches' RBPB Credential End-of-Event Responses

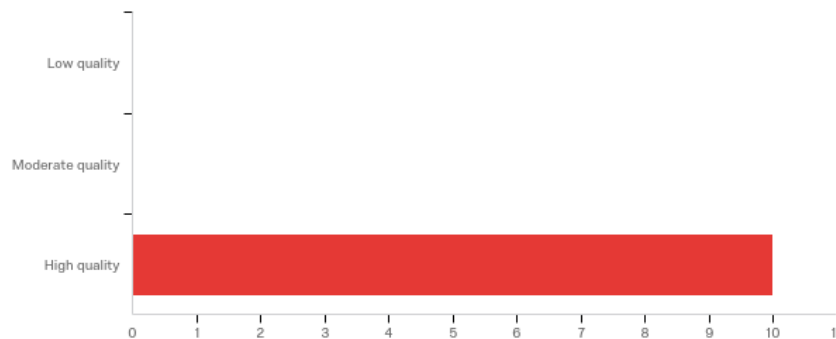
*ITSN Coaches RBPB Credential End of Event Survey-September 18 2019*

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



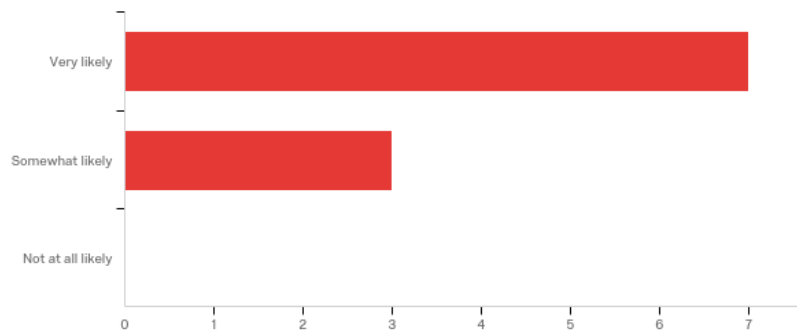
#	Answer	%	Count
1	Very relevant	90.00%	9
2	Somewhat relevant	10.00%	1
3	Not at all relevant	0.00%	0
	Total	100%	10

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



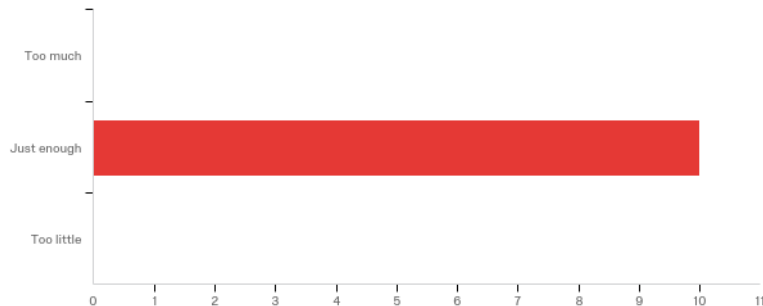
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	10
	Total	100%	10

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



#	Answer	%	Count
1	Very likely	70.00%	7
2	Somewhat likely	30.00%	3
3	Not at all likely	0.00%	0
	Total	100%	10

## The information provided during the RBPB Credential sessions was:



#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	10
3	Too little	0.00%	0
	Total	100%	10

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

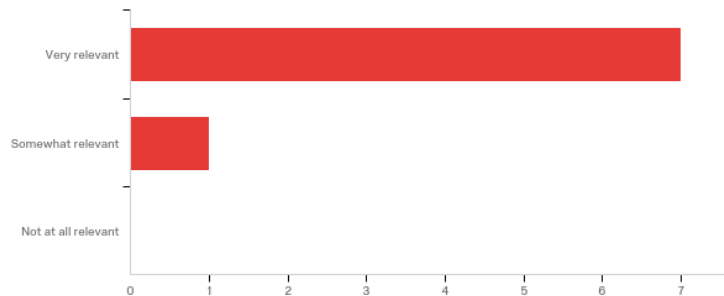
Is there anything else you'd like us to know about this event?

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



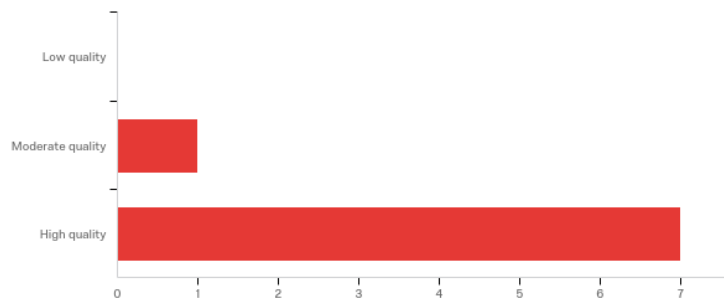
*CICC Coaches RBPB Credential End of Event Survey-October 14 2019*

**Q2 - How relevant was the information you received from the RBPB Credential sessions to your work?**



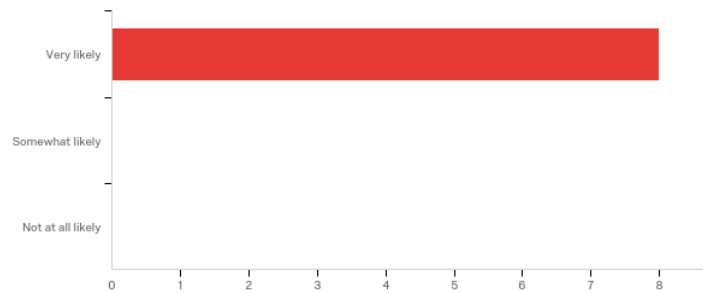
#	Answer	%	Count
1	Very relevant	87.50%	7
2	Somewhat relevant	12.50%	1
3	Not at all relevant	0.00%	0
	Total	100%	8

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



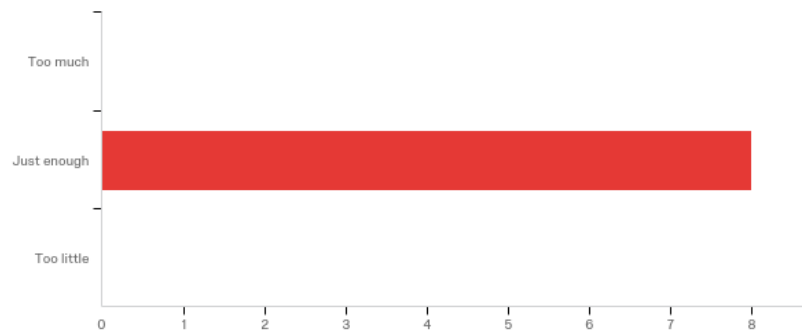
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	12.50%	1
3	High quality	87.50%	7
	Total	100%	8

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



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

## The information provided during the RBPD Credential sessions was:



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

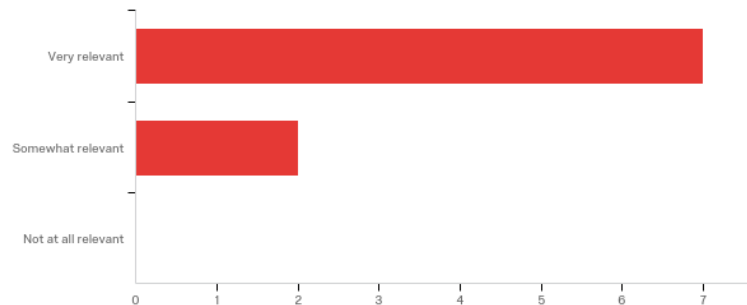
## Is there anything else you'd like us to know about this event?

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

Beth is a wonderful presenter!

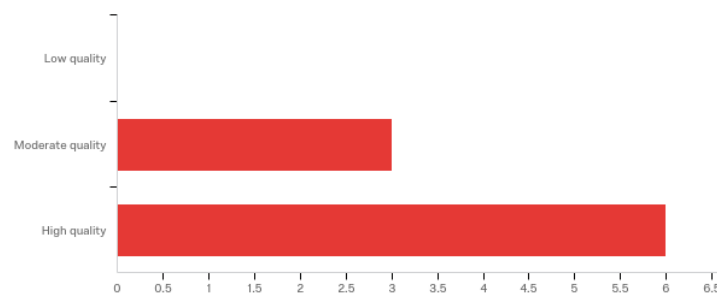
*CICC Coaches RBPB Credential End of Event Survey-December 18 2019*

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



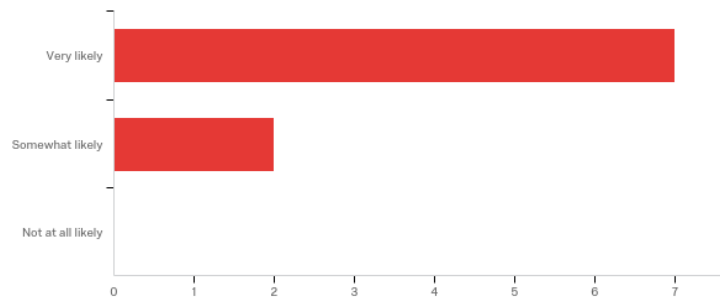
#	Answer	%	Count
1	Very relevant	77.78%	7
2	Somewhat relevant	22.22%	2
3	Not at all relevant	0.00%	0
	Total	100%	9

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



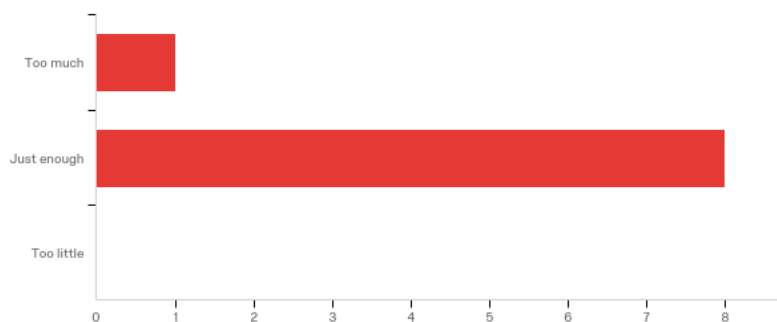
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	33.33%	3
3	High quality	66.67%	6
	Total	100%	9

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



#	Answer	%	Count
1	Very likely	77.78%	7
2	Somewhat likely	22.22%	2
3	Not at all likely	0.00%	0
	Total	100%	9

## The information provided during the RBPD Credential sessions was:



#	Answer	%	Count
1	Too much	11.11%	1
2	Just enough	88.89%	8
3	Too little	0.00%	0
	Total	100%	9

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

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

Using the Eager to Learn website was extremely time consuming and frustrating which took away the joy of learning. Please provide an efficient way to take this training including streamlining the syllabus.