



# MID-YEAR EVALUATION REPORT

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HEALTH AND SAFETY COACHING PROJECT

JANUARY 2020

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and Development**

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## ACKNOWLEDGEMENTS

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

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## EXECUTIVE SUMMARY

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

The evaluation of the HSCP includes data collection from multiple sources. For Year 3 of the HSCP, data collection focuses on both the providers receiving services and on the coaches who support the providers. 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, coach interviews, coaches' end-of-event surveys, and Continuous Quality Improvement Plans (CQIPs).

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

HSCP coaches 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 health and safety content; their knowledge and experience with Relationship-Based Professional Development (RBPD); and their knowledge and use of the Minnesota Knowledge and Competency Frameworks. The coaches complete end-of-event surveys after each CICC-led professional development activity (e.g., reflective consultation). The coaches will be interviewed in the spring on 2020.

The HSCP licensed child care providers have extensive experience in child care and are from diverse backgrounds and educational experiences. The average age of the providers was 48.5 years and the majority of providers who participated in the HSCP were White. All participating providers were women. The providers received an average of five and a half months of coaching through the HSCP.

The providers typically rated their overall knowledge of health and safety topics as either proficient or developing, although more than half rated their knowledge of caring for children with special needs at the beginning stage. After coaching, the providers reported increases in health and safety content knowledge, including caring for children with special needs. Providers most often wanted additional training on caring for children with special needs and provider mental health/self-care.

The majority of providers also said that they were somewhat confident in their health and safety knowledge prior to receiving coaching and that their confidence in their knowledge greatly improved as a result of the HSCP coaching. The providers initially reported low levels of familiarity and comfort in using the Minnesota Knowledge and Competency Frameworks (e.g., family child care, infant and toddler, and preschool and school-aged). After receiving coaching, providers reported higher levels of familiarity and greater levels of comfort using these documents in their work.

Providers identified wanting support on health and safety topics such as adequate and safe physical space, keeping furniture in good repair, and behavior guidance. Caring for children with special needs, active supervision, emergency preparedness, and licensing requirements were cited as the most challenging health and safety policies to implement. Continuous Quality Improvement Plans, completed by coaches and providers, typically contained goals related to developmentally appropriate learning experiences, health, safety, and nutrition, and professionalism.

HSCP coaches are also a highly-experienced group of women, many of whom have advanced degrees in early childhood education and related fields. The majority of coaches reported that their knowledge of health and safety topics was primarily “proficient,” although a majority listed their knowledge of allergies, developing and implementing a risk reduction plan, and infectious disease as still developing. HSCP coaches also reported moderate to high levels of familiarity with and comfort using the Minnesota Knowledge and Competency Frameworks.

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

The coaches reported feeling effective in their role. They reported feeling confident in their knowledge and implementation of health and safety child care policies and practices and in their relationship-based professional development knowledge and implementation. Both the providers and coaches reported that the HSCP coaches were proficient at all coaching competencies and exemplified positive coaching dispositions.

These evaluation data can be used to enhance and modify the relationship-based professional development currently being provided to the providers and coaches involved in the HSCP. 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 mid-year numbers tend to be low.

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## INTRODUCTION

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

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

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

Now, in Year 3 of the HSCP, the focus of the evaluation returns to looking at both provider and coaching data. Data collection remains similar to years past, including pre- and post-surveys and interviews for providers and coaches. These data give us insight into the attitudes, beliefs, knowledge, and practices of the people who work in key roles within the HSCP. Providers still complete surveys after receiving 10 and 25 hours of coaching. CQIP data are used to understand the number and types of goals that providers and coaches collaboratively develop.

Assessing information from multiple data sources across the grant period allows the CICC and DHS to detect any potential changes in the coaches' and providers' knowledge and practices over time. These data inform key aspects of building a high-quality Health and Safety Coaching system throughout Minnesota. Specifically, the evaluation data have influenced the types of professional development offered to coaches and providers, the content of the information shared with both coaches and providers, the identification of areas of improvement across the child care field, and the

effects of providing high-quality relationship-based professional development (RBPD) to child care providers.

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## STUDY PURPOSE

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

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## METHODOLOGY

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### INSTRUMENTATION

#### HSCP PROVIDERS' PRE- AND POST-SURVEYS

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

#### HSCP PROVIDERS' 10 AND 25 HOUR SURVEYS

The lead evaluator, CICC Executive Director, and the DHS Program Contract Manager developed the 10 and 25 hour surveys.

#### HSCP COACHES' PRE- AND POST-SURVEYS

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

#### HSCP PROVIDERS' INTERVIEW PROTOCOL

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



## HSCP COACHES' INTERVIEW PROTOCOL

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

## HSCP COACHES' END-OF-EVENT SURVEY

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

## CONTINUOUS QUALITY IMPROVEMENT PLAN

CICC personnel developed the Continuous Quality Improvement Plans (CQIPs). The objective of the CQIPs is to provide a tool with which providers and coaches can outline goals they would like to complete as part of the coaching program, as well as providing a means of identifying the Minnesota Knowledge and Competency content areas and standards of quality that those goals are meant to address. CICC personnel collaborated with the lead evaluator to ensure that the information captured on the document is used within the evaluation of the program. Revisions are made to the document, as needed, to capture additional data elements.

## PARTICIPANT RECRUITMENT

All HSCP coaches understand that participating in evaluation activities is critical to the success of the HSCP 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 HSCP coaching services. Purposeful sampling is often used in qualitative research to find “information-rich cases,” when there are a limited number of participants or cases from which to draw (Palinkas et al., 2015, p. 534). For the purposes of this evaluation, child care providers were chosen based on their geographical location and their race/ethnicity.

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## DATA COLLECTION PROCEDURES

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### HSCP PROVIDERS' PRE- AND POST-SURVEY

There were 24 questions within the providers' pre-survey, which can be found in Appendix A. The survey was based on the coaches' pre-survey and included similar questions on the following topics: demographic information; providers' professional development experience; providers' perceptions of their competencies in specific health and safety content areas; providers' knowledge of Minnesota's Knowledge and Competency Frameworks; providers' perceptions of their own effectiveness; and providers' perceptions of their ability to implement health and safety skills. The

providers were also asked open-ended questions so that they could share their thoughts on implementation challenges and their expectations around working with a coach. The providers' post-survey contained 27 questions, the majority of which mirrored the pre-survey questions to measure change across time. The post-survey can be found in Appendix B.

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

## HSCP PROVIDERS' 10 AND 25 HOUR SURVEYS

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

## HSCP COACHES' PRE- AND POST-SURVEY

There were 39 questions within the coaches' pre-survey, which can be found in Appendix D. The survey included questions on the following topics: demographic information; coaches' perceptions of their competencies in specific health and safety content areas; coaches' perceptions of RPBD sessions; coaches' professional development experience within the past year; coaches' knowledge of Minnesota's Knowledge and Competency Frameworks; coaches' perceptions of their coaching competencies and dispositions; coaches' perceptions of their own effectiveness, confidence, and knowledge; and coaches' perceptions of providers' needs and challenges. The coaches were also asked open-ended questions so that they 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 HSCP coaches' surveys were loaded onto Qualtrics (July 2019 Version), an online survey system used at the University of Minnesota, and disseminated by CEED evaluation personnel. The coaches' Year 3 pre-survey was disseminated starting in October of 2019. All coaches were sent a link to the survey. The HSCP coaches' Year 3 post-survey 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.

## HSCP PROVIDER INTERVIEW PROTOCOL

The interview protocol for the HSCP providers (see Appendix F) contained a total of 12 questions, with several of the questions containing sub-questions and/or prompts. All interviews are conducted by CEED evaluation personnel. The evaluators have interviewed 8 child care providers so far, and

will continue to conduct interviews in the spring. On average, the interviews take approximately 30 minutes to complete. Each interview is recorded and later transcribed by evaluation team members. The transcriptions are analyzed using MAXQDA (Version 2018), which allows researchers to classify qualitative data into themes and sub-themes.

## HSCP COACH INTERVIEW PROTOCOL

The interview protocol for the HSCP coaches (see Appendix G) contained a total of 15 questions, with several of the questions containing sub-questions and/or prompts. All interviews 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).

## HSCP 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 RBPD credential events. The end-of-event survey can be found in Appendix H.

## CONTINUOUS QUALITY IMPROVEMENT PLANS

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

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## DATA ANALYSIS

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

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

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## RESULTS

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The data, whether from HSCP coaches or providers, are reported in aggregate throughout this section of the report. Response rates varied across evaluation activities and should be reviewed prior to any interpretation. When possible, the total number of respondents are identified within each data collection activity and individual questions. The results were broken down for the providers into the following overarching categories: demographics; coaching services data; education and experience; requests for additional professional development; knowledge of health and safety competencies; providers' confidence in their health and safety knowledge; providers' ratings of their ability to develop and implement health and safety policies; familiarity with and comfort using the Minnesota Knowledge Competency Frameworks; requests for support; providers' perception of the most

challenging health and safety topics to implement; health and safety coaching requests; perceptions of coaching dispositions; perceptions of coaching skills and knowledge; perceptions of practice change after coaching; perceptions of the coach; 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 health and safety content areas; coaches' perceptions of RPBD sessions; coaches' professional development experience within the past year; coaches' knowledge of Minnesota's Knowledge and Competency Frameworks; coaches' perceptions of their coaching competencies and dispositions; coaches' perceptions of their own effectiveness, confidence, and knowledge; and coaches' perceptions of providers' needs and challenges. Data from the Continuous Quality Improvement Plans are shared. End-of-event data are presented for the providers after they received 10 hours and 25 hours of coaching. End-of-event data are presented for the coaches, as well.

## HSCP PROVIDER DEMOGRAPHICS

Ten (10) HSCP providers completed the pre-survey (38% response rate) and 8 completed the post-survey (22% response rate). The HSCP providers ( $n = 10$ ) range in age from 25 to 58 years old, with an average age of 48.5 years. All 10 providers identified themselves as White. Of the 10 providers who answered the question, 70% ( $n = 7$ ) said they worked in family child care and 30% ( $n = 3$ ) said they were center-based child care providers. Of the providers who work in center-based settings, 67% ( $n = 2$ ) were teachers and 33% ( $n = 1$ ) was a center director.

## COACHING SERVICES DATA

Providers reported receiving an average of five and a half months (5.6) of health and safety coaching. The range of time in coaching was from four months to eight months (see Figure 1).

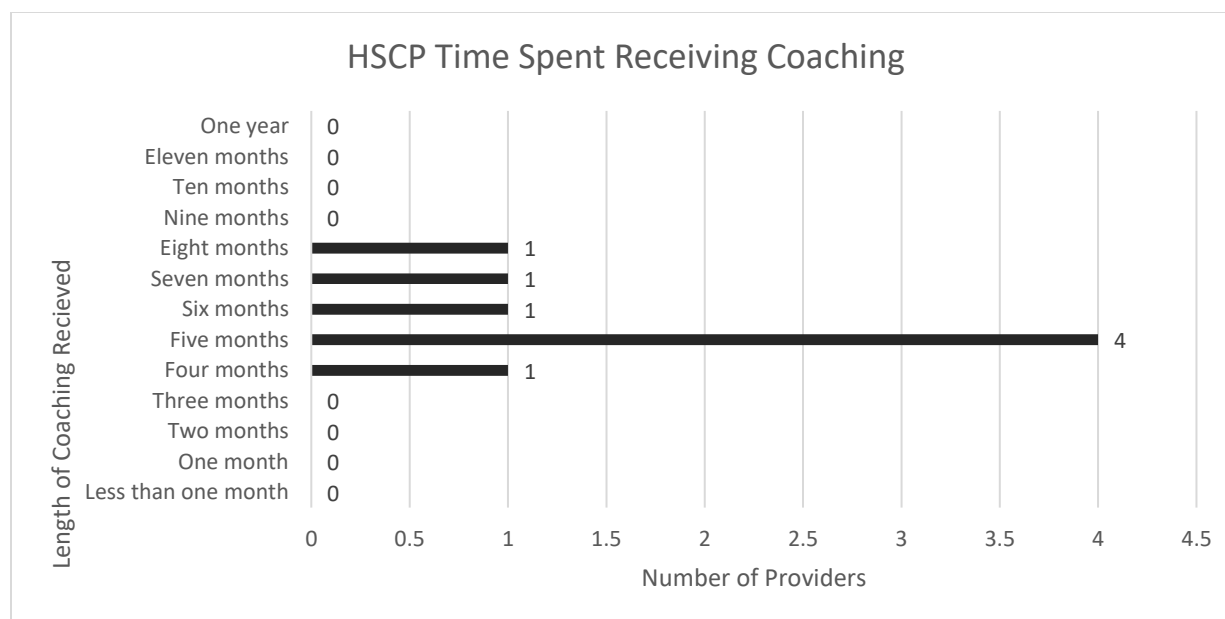


Figure 1. Number of months of coaching received by HSCP child care providers.

In the post-survey, HSCP providers were asked how many infants, toddlers, preschoolers, and school-aged children were in their care during the time they received coaching. There was an average

of 2.6 infants in providers' care during coaching, although 43% of the providers (n = 3) said there were no infants in their care during coaching (range = 0 – 12 infants). There was an average of 2.4 toddlers in providers' care during coaching, with 43% of providers (n = 3) reporting there were no toddlers in their care at the time (range = 0 – 12 toddlers). There was an average of 12 preschoolers (range = 1 – 20 preschoolers), and seven school-aged children (range = 1-20 school-aged children) in their care during coaching.

## HSCP PROVIDERS' EDUCATION AND EXPERIENCE

In the pre-survey, 50% of providers (n = 5) reported that they have some college or certificate program, 20% (n = 2) reported having a Bachelor of Arts or Science degree, 10% (n = 1) have a high school diploma or GED, 10% (n = 1) have a Child Development Associate (CDA) credential, and 10% (n = 1) have a post graduate degree.

HSCP providers shared that they have worked in child care an average of 14.2 years (range = less than one year to more than 30 years), with 40% of providers (n = 4) reporting to have more than 30 years of experience. Most providers who responded to the survey were located in either the Metro region (40%; n = 4) or the Northwest region (40%; n = 4) of the state. Two providers (20%) reported being from the Northeast region and no providers reported being from the Southern or West/Central regions of Minnesota.

## HSCP PROVIDERS' REQUESTS FOR ADDITIONAL PROFESSIONAL DEVELOPMENT

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

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

<b>Health and Safety Development Area</b>	<b>Want additional training? (Pre-Survey)</b>
Active Supervision	28.6% (2/7)
Adequate and Safe Physical Space (Indoor and Outdoor)	33.3% (2/6)
Allergies	14.3% (1/7)
Caring for Children with Special Needs	75.0% (6/8)
Developing Health and Safety Policies	42.9% (3/7)
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)	33.3% (2/6)
Emergency Preparedness	42.9% (3/7)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	28.6% (2/7)
Illness Exclusions	0.0% (0/7)

Implementing Health and Safety Policies	42.9% (3/7)
Implementing a Risk Reduction Plan (required only in center-based settings)	20.0% (1/5)
Implementing an Individual Child Care Program Plan (required only in center-based settings)	20.0% (1/5)
Infant Feeding	0.0% (0/7)
Infectious Diseases	28.6% (2/7)
Keeping Furniture and Equipment in Good Repair	14.3% (1/7)
Licensing Requirements (Rule 2 or Rule 3)	42.9% (3/7)
Medication Administration and Storage	0.0% (0/7)
Nutrition Requirements	14.3% (1/7)
Outdoor Play Safety	28.6% (2/7)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0.0% (0/7)
Precautions for Transporting Young Children	16.7% (1/6)
Proper Diapering/Toileting	14.3% (1/7)
Provider Mental Health/Self-Care	57.1% (4/7)
Provider to Child Ratios	28.6% (2/7)
Safe Sleep Practices for Infants	14.3% (1/7)
Safe Sleep Practices for Toddlers and Preschoolers	0.0% (0/7)
Sanitation Practices	14.3% (1/7)

HSCP child care providers were most likely to report wanting additional training on the following health and safety content areas: caring for children with special needs (75.0%), provider mental health/self-care (57.1%), emergency preparedness (42.9%) developing health and safety policies (42.9%), implementing health and safety policies (42.9%) and licensing requirements (42.9%). No (0.0%) child care providers reported wanting additional training on illness exclusions, infant feeding, medication administration and storage, potential hazards, nor safe sleep practices for toddlers and preschoolers. In addition, not a single (0.0%) provider reported wanting additional training on developing a risk reduction plan; however, this item only applies to child care professionals who work in center-based settings.

## HSCP PROVIDERS' KNOWLEDGE OF HEALTH AND SAFETY COMPETENCIES

HSCP child care providers were asked to report their perceived level of knowledge on a number of different health and safety topics in both the pre-survey and the post-survey. Table 2 reports the percentage of providers who reported their perceived level of knowledge as beginning, developing, or proficient on these health and safety content areas. The providers were given the following definitions to use when reporting their perceptions:

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

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

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

Table 2. HSCP Providers' Perceptions at Pre- and Post-Survey of Their Level of Knowledge in Health and Safety Competencies.

Health and Safety Topic	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
Active Supervision	12.5% (1/8)	12.5% (1/8)	75.0% (6/8)	0.0% (0/8)	12.5% (1/8)	87.5% (7/8)
Adequate and Safe Physical Space (Indoor and Outdoor)	14.3% (1/7)	14.3% (1/7)	71.4% (5/7)	0.0% (0/8)	12.5% (1/8)	87.5% (7/8)
Allergies	37.5% (3/8)	0.0% (0/8)	62.5% (5/8)	0.0% (0/8)	12.5% (1/8)	87.5% (7/8)
Caring for Children with Special Needs	57.1% (4/7)	42.9% (3/7)	0.0% (0/7)	28.6% (2/7)	42.8% (3/7)	28.6% (2/7)
Developing Health and Safety Policies	0.0% (0/8)	62.5% (5/8)	37.5% (3/8)	0.0% (0/8)	25.0% (2/8)	75.0% (6/8)
Developing a Risk Reduction Plan (required only in center-based settings)	0.0% (0/4)	75.0% (3/4)	25.0% (1/4)	16.7% (1/6)	0.0% (0/6)	83.3% (5/6)
Developing an Individual Child Care Program Plan (required only in center-based settings)	0.0% (0/3)	66.7% (2/3)	33.3% (1/3)	16.7% (1/6)	16.7% (1/6)	66.6% (4/6)
Emergency Preparedness	12.5% (1/8)	50.0% (4/8)	37.5% (3/8)	0.0% (0/8)	25.0% (2/8)	75.0% (6/8)
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	25.0% (2/8)	37.5% (3/8)	37.5% (3/8)	0.0% (0/8)	37.5% (3/8)	62.5% (5/8)
Illness Exclusions	12.5% (1/8)	37.5% (3/8)	50.0% (4/8)	0.0% (0/8)	37.5% (3/8)	62.5% (5/8)
Implementing Health and Safety Policies	12.5% (1/8)	37.5% (3/8)	50.0% (4/8)	0.0% (0/8)	25.0% (2/8)	75.0% (6/8)
Implementing a Risk Reduction Plan (required	0.0% (0/3)	33.3% (1/3)	66.7% (2/3)	16.7% (1/6)	0.0% (0/6)	83.3% (5/6)

Health and Safety Topic	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
only in center-based settings)						
Implementing an Individual Child Care Program Plan (required only in center-based settings)	0.0% (0/3)	33.3% (1/3)	66.7% (2/3)	16.7% (1/6)	33.3% (2/6)	50.0% (3/6)
Infant Feeding	12.5% (1/8)	12.5% (1/8)	75.0% (6/8)	20.0% (1/5)	0.0% (0/5)	80.0% (4/5)
Infectious Diseases	25.0% (2/8)	25.0% (2/8)	50.0% (4/8)	0.0% (0/8)	37.5% (3/8)	62.5% (5/8)
Keeping Furniture and Equipment in Good Repair	12.5% (1/8)	12.5% (1/8)	75.0% (6/8)	0.0% (0/8)	12.5% (1/8)	87.5% (7/8)
Licensing Requirements (Rule 2 or Rule 3)	12.5% (1/8)	37.5% (3/8)	50.0% (4/8)	0.0% (0/8)	37.5% (3/8)	62.5% (5/8)
Medication Administration and Storage	12.5% (1/8)	12.5% (1/8)	75.0% (6/8)	0.0% (0/8)	12.5% (1/8)	87.5% (7/8)
Nutrition Requirements	12.5% (1/8)	12.5% (1/8)	75.0% (6/8)	0.0% (0/8)	12.5% (1/8)	87.5% (7/8)
Outdoor Play Safety	12.5% (1/8)	25.0% (2/8)	62.5% (5/8)	0.0% (0/8)	12.5% (1/8)	87.5% (7/8)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	12.5% (1/8)	12.5% (1/8)	75.0% (6/8)	0.0% (0/8)	12.5% (1/8)	87.5% (7/8)
Precautions for Transporting Young Children	14.3% (1/7)	14.29% (1/7)	71.43% (5/7)	0.0% (0/7)	28.6% (2/7)	71.4% (5/7)
Proper Diapering/Toileting	12.5% (1/8)	25.0% (2/8)	62.5% (5/8)	0.0% (0/8)	0.0% (0/8)	100.0% (8/8)
Provider Mental Health/Self-Care	12.5% (1/8)	50.0% (4/8)	37.5% (3/8)	12.5% (1/8)	0.0% (0/8)	87.5% (7/8)
Provider to Child Ratios	12.5% (1/8)	25.0% (2/8)	62.5% (5/8)	0.0% (0/8)	0.0% (0/8)	100.0% (8/8)



Health and Safety Topic	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
Safe Sleep Practices for Infants	0.0% (0/8)	25.0% (2/8)	75.0% (6/8)	0.0% (0/5)	0.0% (0/5)	100.0% (5/5)
Safe Sleep Practices for Toddlers and Preschoolers	12.5% (1/8)	12.5% (1/8)	75.0% (6/8)	0.0% (0/8)	0.0% (0/8)	100.0% (8/8)
Sanitation Practices	0.0% (0/8)	25.0% (2/8)	75.0% (6/8)	0.0% (0/8)	0.0% (0/8)	100.0% (8/8)

Prior to receiving coaching, the HSCP child care providers reported feeling proficient most often in the following areas: active supervision (75%), infant feeding (75%), keeping furniture and equipment in good repair (75%), medication administration and storage (75%), nutrition requirements (75%), potential hazards (75%), safe sleep practices for infants (75%), safe sleep practices for toddlers and preschoolers (75%), and sanitation practices (75%). These same providers most often reported feeling at the beginning stages of knowledge in the areas of caring for children with special needs (57.1%) and allergies (37.5%). After coaching, child care providers most often said that they felt proficient in the areas of proper diapering/toileting (100%), provider to child ratios (100%), safe sleep practices for infants (100%), safe sleep practices for toddlers and preschoolers (100%), and sanitation practices (100%). After coaching, HSCP providers were most likely to still feel at the beginning stages of knowledge in the areas of caring for children with special needs (28.6%) and infant feeding (20%). All of the providers who completed the post-survey reported that their skills at developing and implementing health and safety policies were developing or proficient.

## HSCP PROVIDERS' CONFIDENCE IN THEIR HEALTH AND SAFETY KNOWLEDGE

HSCP providers were asked to rate their level of confidence in their personal knowledge of child care health and safety information, prior to receiving coaching. Seventy-five percent (75%; n = 6) of the providers said that they were somewhat confident in their health and safety knowledge. Twenty-five percent (25%; n = 2) reported feeling very confident in their knowledge. None of the providers (n = 0) said that they were a little confident or not at all confident in their health and safety knowledge (see Figure 2).

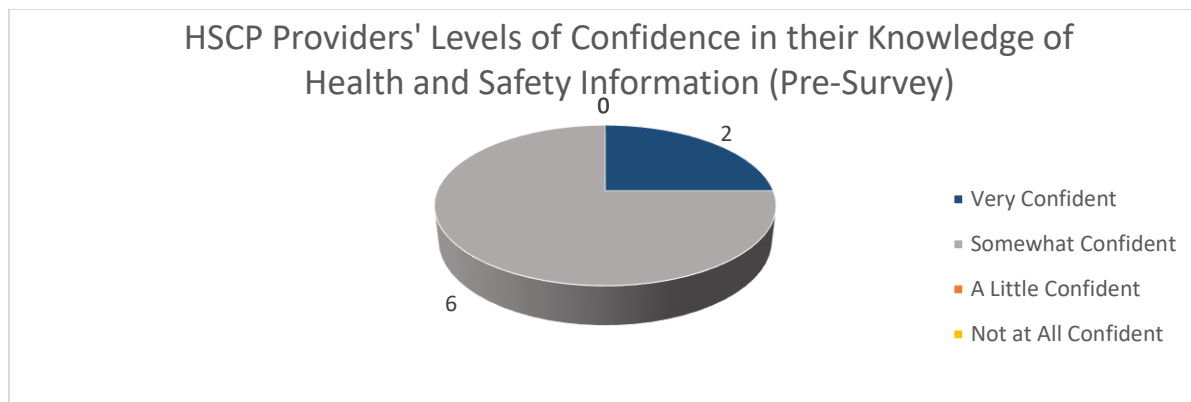


Figure 2. HSCP providers' ratings of confidence regarding their health and safety knowledge (pre-survey).

After receiving coaching, 50% ( $n = 4$ ) of the providers stated that their confidence in their knowledge of health and safety information greatly improved. Thirty-eight percent (38%;  $n = 3$ ) of the providers reported that their confidence somewhat improved and another 12% ( $n = 1$ ) of the providers reported that their confidence stayed the same. None of the providers reported that their confidence in their health and safety knowledge got worse after coaching (see Figure 3).

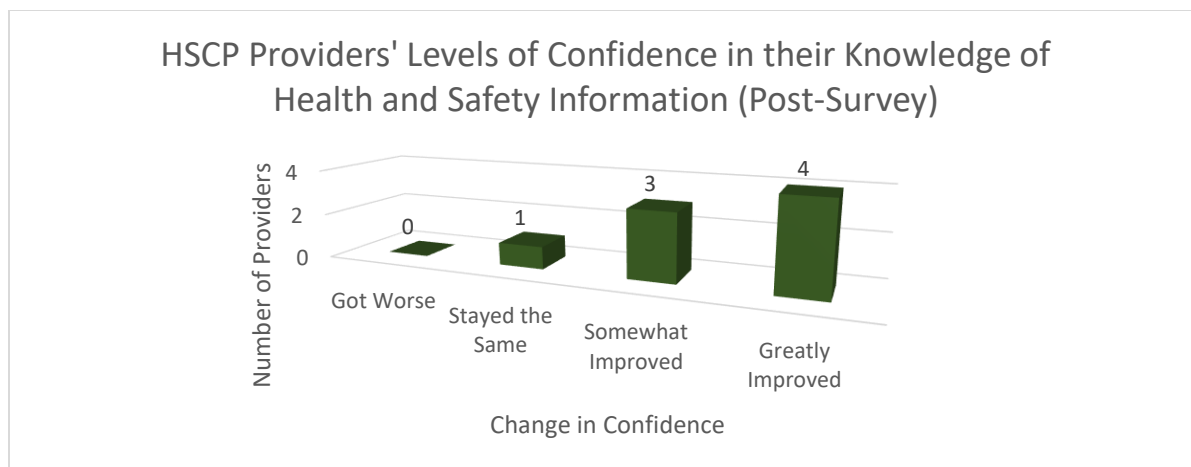


Figure 3. HSCP providers' ratings of confidence in their health and safety knowledge after receiving coaching (post-survey).

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

All providers (100%;  $n = 7$ ) reported having health and safety policies in their program, prior to receiving coaching. Providers were asked to rate themselves, prior to coaching, on their ability to both develop and implement health and safety policies (see Figure 4 and Figure 5). Most providers (50%;  $n = 4$ ) rated their ability to develop health and safety policies as above average, another 38% ( $n = 3$ ) rated their ability to develop policies as average, and another 12% ( $n = 1$ ) as well below average. None of the providers (0%;  $n = 1$ ) rated their ability to develop health and safety policies as well above average, or below average.

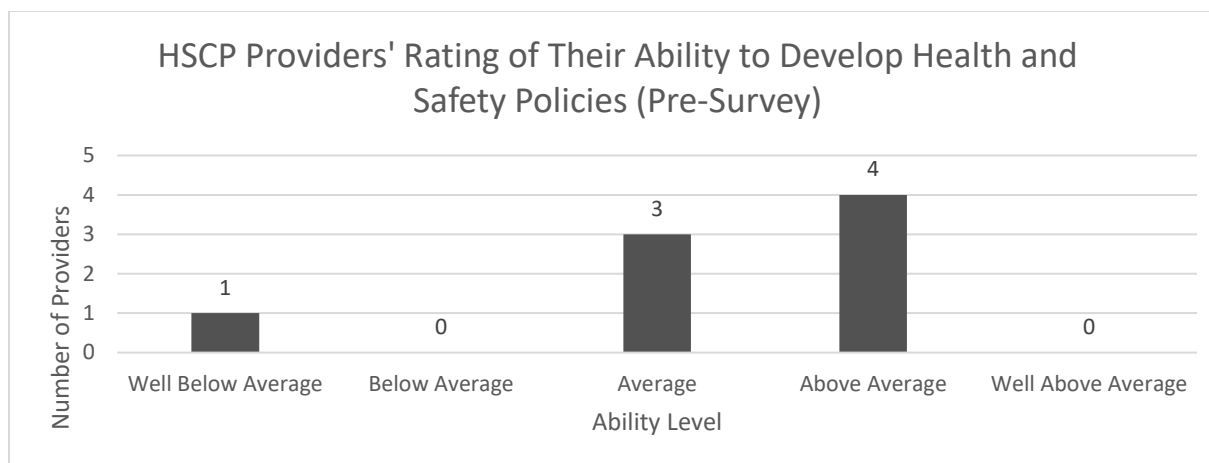


Figure 4. HSCP providers' ratings of their ability to develop health and safety policies (pre-survey).

Also within the pre-survey, 50% (n = 4) rated their ability to implement these policies as average, 25% (n = 2) rated their implementation ability as above average, 12.5% (n = 1) rated her ability as well above average, and 12.5% (n = 1) rated her ability as well below average (see Figure 5). No (0%; n = 1) providers rated their ability to develop health and safety policies as below average. When asked what prevents them from implementing health and safety policies, one provider stated that the work place is “just way too relaxed” and another said that “specific regulations to follow that sometimes seem excessive” impeded her ability to implement health and safety policies.

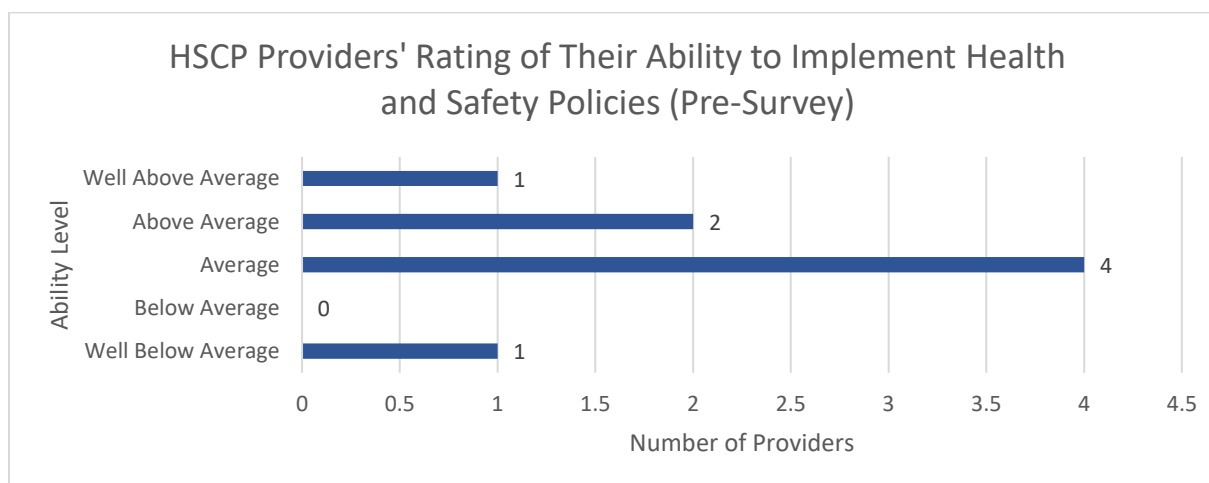


Figure 5. HSCP providers' ratings of their ability to implement health and safety policies.

Within the post-survey, providers were asked if they received coaching on developing and implementing health and safety policies. Fifty percent (50%; n = 4) of the providers stated that they received coaching on developing health and safety policies. When asked how they would rate their ability to develop health and safety policies after coaching, 100% (n = 4) of the providers rated their ability as above average. Sixty-three percent (63%; n = 5) of the providers stated that they received coaching on implementing health and safety policies. When asked how they would rate their ability to implement health and safety policies after coaching, 100% (n = 5) of the providers stated that their ability was above average.

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

Providers were asked to rate their level of knowledge, as well as their comfort in using two different versions of the Minnesota Knowledge and Competency Frameworks (KCFs) (e.g., Infant and Toddler and Family Child Care) in both the pre-survey and the post-survey. Within the pre-survey, 63% (n = 5) of providers stated that they were not at all familiar with the Family Child Care KCF, 25% (n = 2) said they were somewhat familiar with the Family Child Care KCF, and 12% (n = 1) reported being very familiar with the Family Child Care KCF (see Figure 6).

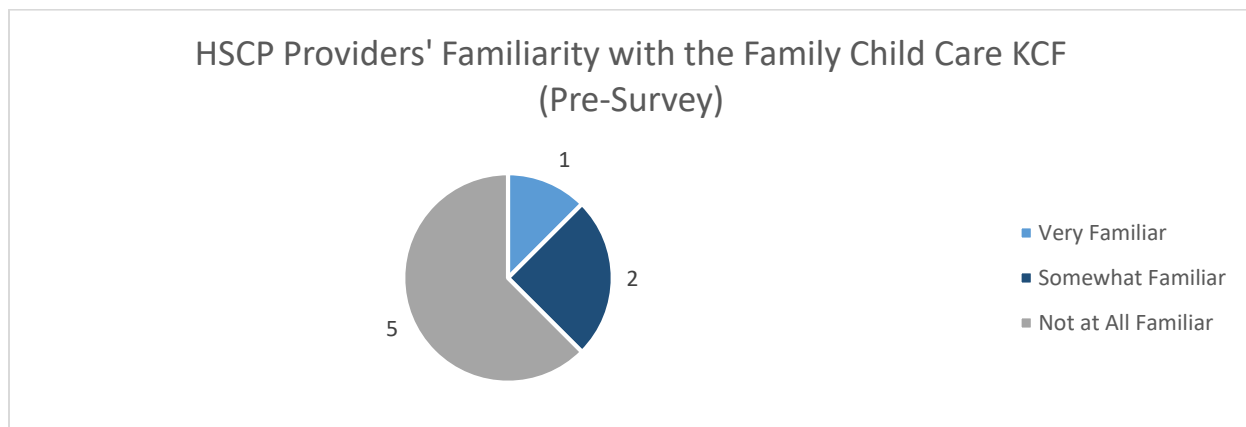


Figure 6. HSCP providers' familiarity with the Family Child Care KCF (pre-survey).

Of those providers who completed the post-survey, 63% (n = 5) reported feeling somewhat familiar with the Family Child Care KCF, 25% (n = 2) said they were very familiar, and 12% (n = 1) stated that she was not at all familiar with the Family Child Care KCFs after receiving coaching (see Figure 7).

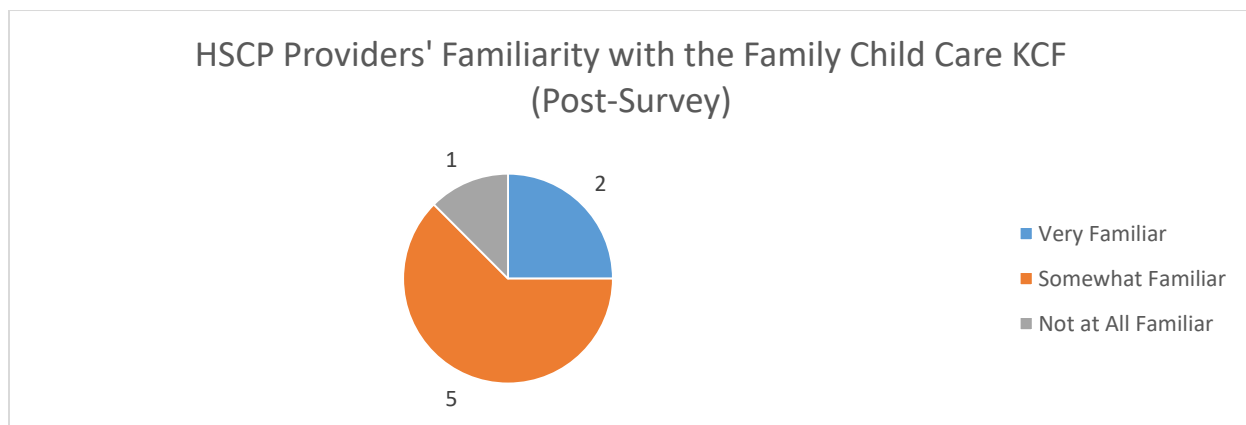


Figure 7. HSCP providers' familiarity with the Family Child Care KCF (post-survey).

When asked, in the pre-survey, how comfortable they were using the Family Child Care KCF, 50% of the providers (n = 4) reported feeling not at all comfortable, 25% (n = 2) reported feeling somewhat comfortable, 12.5% (n = 1) said she was very comfortable, and 12.5% (n = 1) stated she was a little comfortable (see Figure 8).

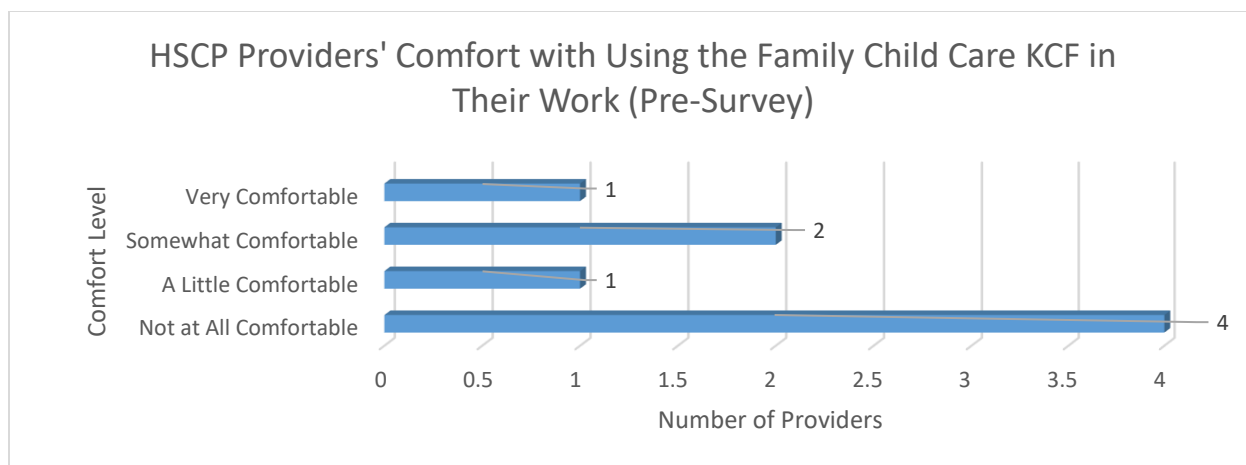


Figure 8. HSCP providers' reported comfort with using the Family Child Care KCF in their work (pre-survey).

Figure 9 displays the providers' responses in the post-survey. Fifty percent (50%;  $n = 4$ ) of the providers stated that they felt very comfortable, 37.5% ( $n = 3$ ) reported feeling somewhat comfortable, and 12.5% ( $n = 1$ ) stated she was not at all comfortable using the Family Child Care KCF in their work. None of the providers said they were a little comfortable using the Family Child Care KCF in their work.

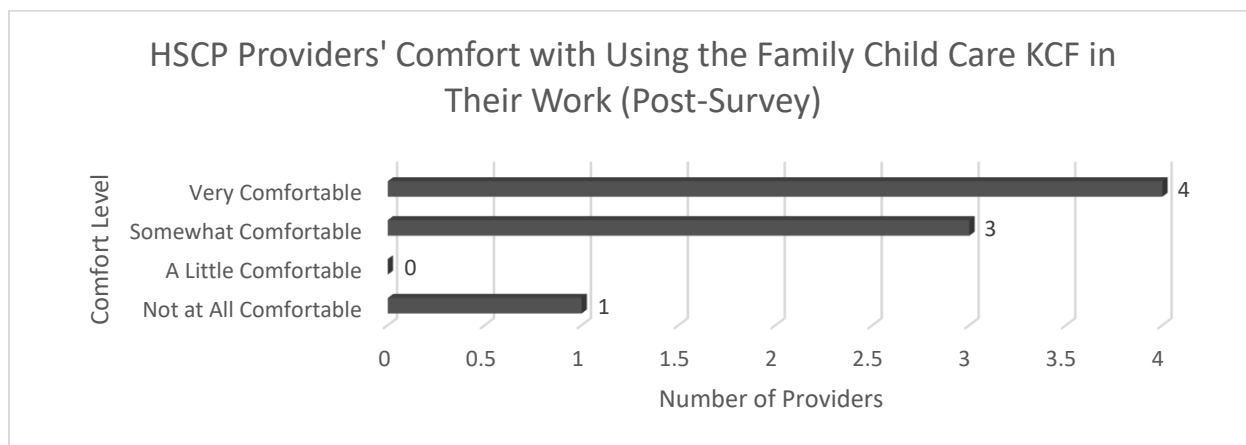


Figure 9. HSCP providers' reported comfort with using the Family Child Care KCF in their work (post-survey).

Similar results occurred when the providers were asked to rate their level of familiarity with the Infant Toddler KCF, as well as their comfort using the Infant Toddler KCF in their work. In the pre-survey, 50% of the providers ( $n = 4$ ) said they were not at all familiar with the Infant Toddler KCF, 38% ( $n = 3$ ) said that they were somewhat familiar, and 12% ( $n = 1$ ) reported being very familiar with the Infant Toddler KCF. From the post-survey, 50% ( $n = 4$ ) of the providers stated they were somewhat familiar, 38% ( $n = 3$ ) felt very familiar and 12% ( $n = 1$ ) felt not at all familiar with the Infant Toddler KCF. Figures 11 and 12 display the data regarding the familiarity with the Infant Toddler KCF from the provider pre- and post-surveys.

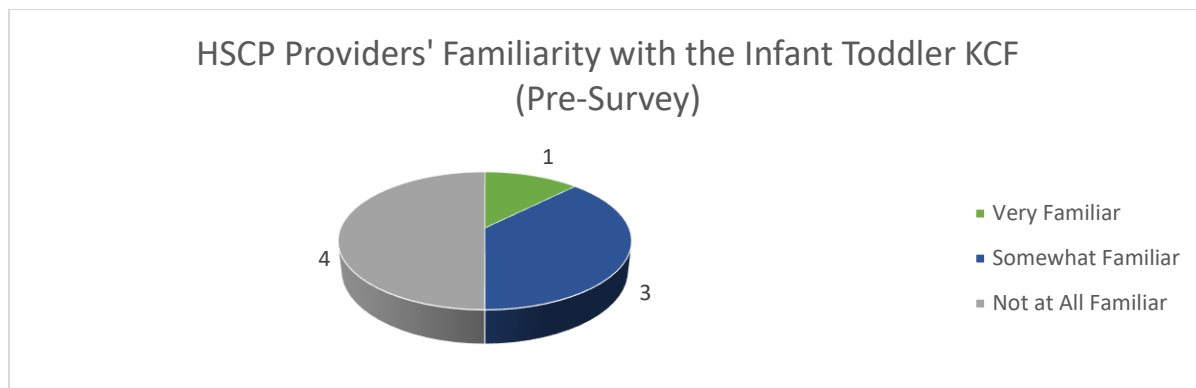


Figure 10. HSCP providers' familiarity with the Infant Toddler KCF (pre-survey).

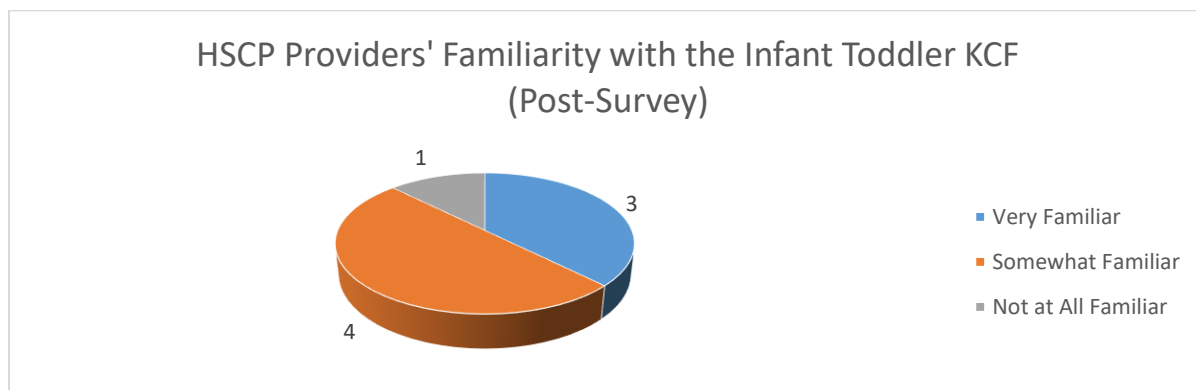


Figure 11. HSCP providers' familiarity with the Infant Toddler KCF (post-survey).

Within the pre-survey 38% (n = 3) of the providers stated that they were not at all comfortable, 25% (n = 2) reported they were somewhat comfortable, 25% (n = 2) said they were at little comfortable, and 12% (n = 1) reported feeling very comfortable using the Infant Toddler KCF in their work. Within the post-survey, 43% (n = 3) of the providers reported feeling very comfortable, 28% (n = 2) reported feeling somewhat comfortable, 14% (n = 1) reported feeling a little comfortable, and 14% (n = 1) reported feeling not at all comfortable using the Infant Toddler KCF in their work. Figures 12 and 13 display these results.

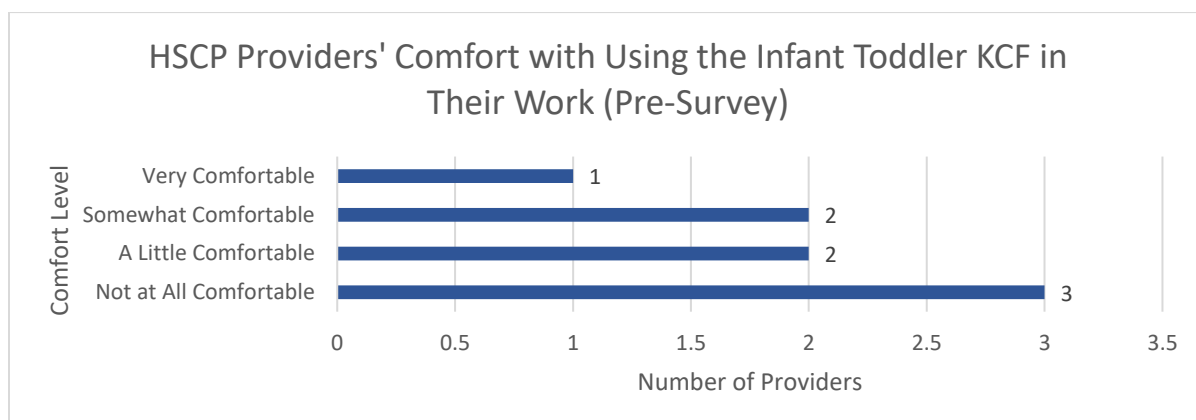


Figure 12. HSCP providers' reported comfort with using the Infant Toddler KCF in their work (pre-survey).

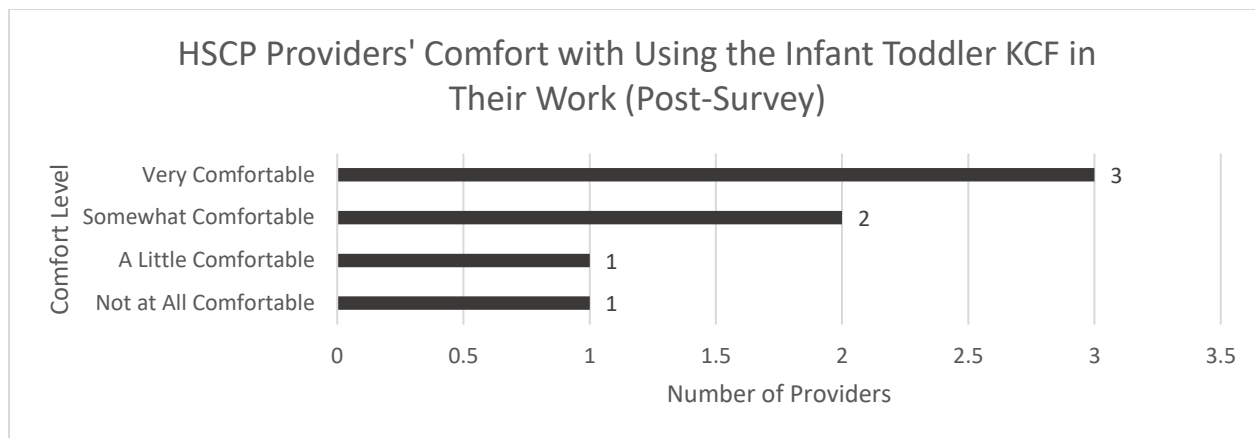


Figure 13. HSCP providers' reported comfort with using the Infant Toddler KCF in their work (post-survey).

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

As part of the pre-survey, HSCP child care providers were asked to report the health and safety topics that they felt were most challenging to implement. The providers were given a list of topics from which to choose and could choose up to three topic areas. Figure 14 contains the list and the number of providers who chose each topic. There were a number of topics listed on the survey that no providers reported were the most challenging, so they are omitted from the figure. HSCP providers' most often identified caring for children with special needs ( $n = 4$ ), active supervision ( $n = 3$ ), emergency preparedness ( $n = 3$ ), licensing requirements (rule 2 or rule 3) ( $n = 3$ ), and developing health and safety policies ( $n = 2$ ) as the health and safety topics most challenging to implement within their practices.

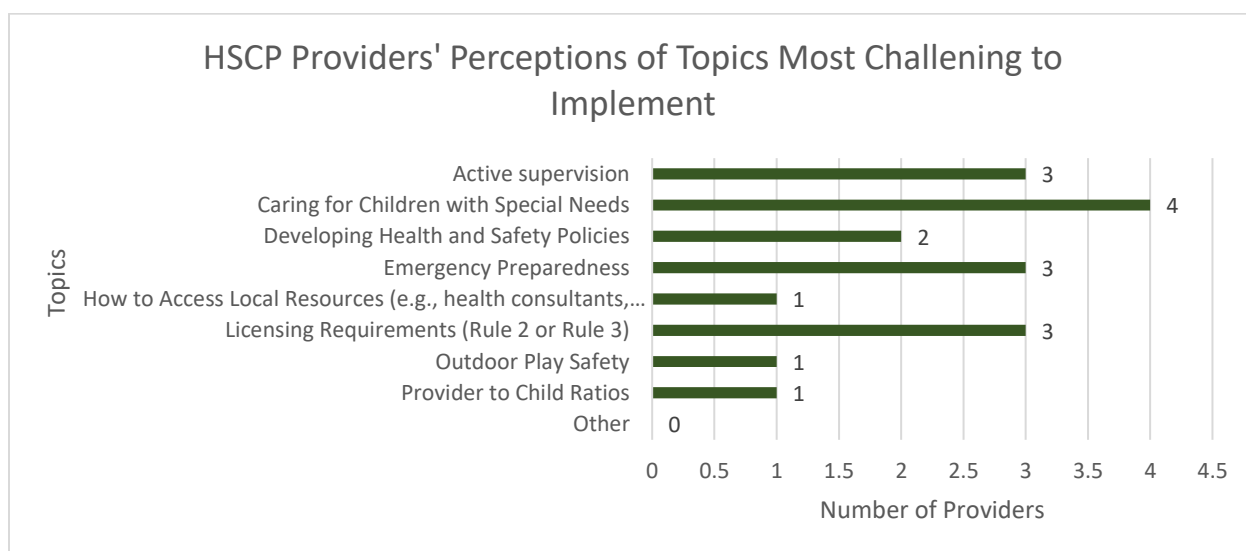


Figure 14. HSCP providers' perceptions of health and safety topics most challenging to implement.

## HSCP PROVIDERS' HEALTH AND SAFETY COACHING REQUESTS

Within the post-survey, HSCP child care providers were asked to identify, from a provided list, the health and safety topics on which they most wanted coaching support. Providers were allowed to choose as many as they felt applied. Table 3 provides these data. Adequate and safe physical space (indoor and outdoor) got the most requests (n = 5), followed by keeping furniture and equipment in good repair (n = 4), active supervision (n = 3), licensing requirements (Rule 2 or Rule 3) (n = 3), and outdoor play safety (n = 3). Two providers reported wanting support with challenging behaviors in the “other” category.

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

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



Safe Sleep Practices for Toddlers and Preschoolers	1
Sanitation Practices	2
Other (please explain)	3

## HSCP PROVIDERS' PERCEPTIONS OF COACHING DISPOSITIONS

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

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

Coaching Disposition	Level of Agreement	
	Post-Survey	
	Strongly Agree	Agree
The coach was accepting of others	100% (8/8)	0% (0/8)
The coach was respectful of my experience	100% (8/8)	0% (0/8)
The coach was focused on improvement	100% (8/8)	0% (0/8)
The coach was an active listener	100% (8/8)	0% (0/8)
The coach was empathic	100% (8/8)	0% (0/8)
The coach was compassionate	100% (8/8)	0% (0/8)
The coach was respectful	100% (8/8)	0% (0/8)
The coach was respectful of my culture	100% (8/8)	0% (0/8)
The coach was responsive	100% (8/8)	0% (0/8)
The coach was collaborative	100% (8/8)	0% (0/8)
The coach was flexible	100% (8/8)	0% (0/8)
The coach was resourceful	88% (7/8)	12% (1/8)
The coach was open-minded	100% (8/8)	0% (0/8)
The coach was professional	100% (8/8)	0% (0/8)
The coach was ethical	100% (8/8)	0% (0/8)
The coach was objective	100% (8/8)	0% (0/8)

## HSCP PROVIDERS' PERCEPTIONS OF COACHING SKILLS AND KNOWLEDGE

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

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

Coaching Skills and Knowledge	Level of Agreement	
	Post-Survey	
	Strongly Agree	Agree
The coach was respectful during observations	100% (8/8)	0% (0/8)
The coach was good at providing feedback that helped me improve my practice	88% (7/8)	12% (1/8)
The coach helped me identify my own goals	100% (8/8)	0% (0/8)
The coach helped me identify goals that were specific	100% (8/8)	0% (0/8)
The coach helped me identify goals that could be measured	88% (7/8)	12% (1/8)
The coach assisted me in identifying realistic next steps for improvement	88% (7/8)	12% (1/8)
The coach asked for my feedback to ensure that her interactions were helpful to me	88% (7/8)	12% (1/8)
The coach provided resources so that I can perform my job more effectively	75% (6/8)	25% (2/8)
The coach asked questions rather than provided solutions	100% (8/8)	0% (0/8)
The coach provided time for reflection	100% (8/8)	0% (0/8)
The coach was focused on improving practices	100% (8/8)	0% (0/8)
The coach challenged me to think differently	88% (7/8)	12% (1/8)
The coach understood the characteristics of high-quality health and safety care	100% (8/8)	0% (0/8)
The coach knew where to find evidence-based health and safety information	100% (8/8)	0% (0/8)
The coach understood the continuum of child development, including brain development	100% (8/8)	0% (0/8)
The coach understood early childhood curricula	100% (8/8)	0% (0/8)
The coach understood early childhood mental health	100% (8/8)	0% (0/8)

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

## HSCP PROVIDERS' PERCEPTIONS OF PRACTICE CHANGE AFTER COACHING

HSCP child care providers were asked a series of questions regarding the coaching they received. The providers' were first asked if the coaching they received impacted their practice. All providers (100%; n = 8) reported that the coaching they received greatly improved their practice. None of the providers said the coaching only somewhat improved, or did not improve their child care practices (see Figure 15).

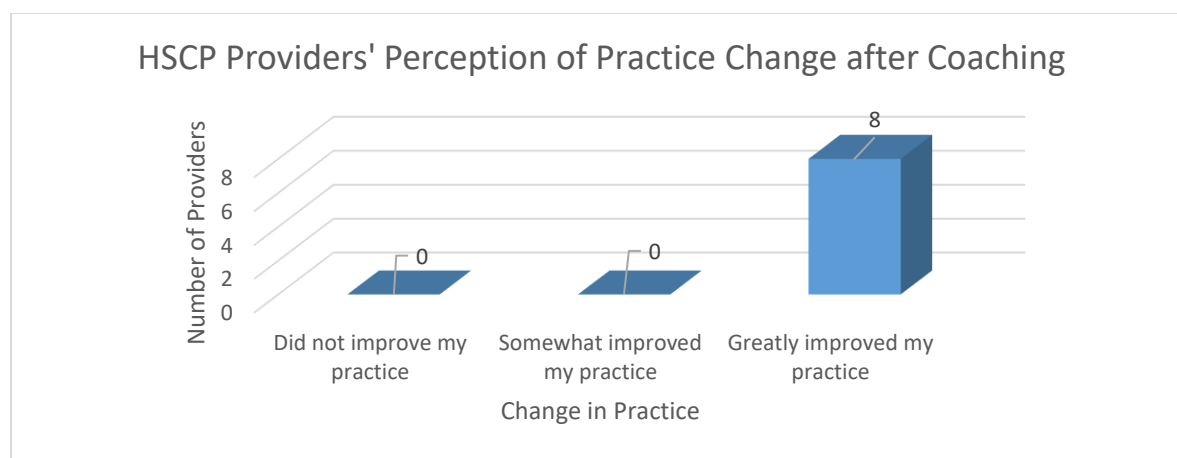


Figure 15. HSCP providers' perceptions of practice change after coaching.

## HSCP PROVIDERS' PERCEPTIONS OF THE COACH

Next, providers were asked if the coach met their expectations. Seventy-five percent (75%; n = 6) of the providers stated that the coach exceeded their expectations and the other 25% (n = 2) reported that the coach met their expectations (see Figure 16).

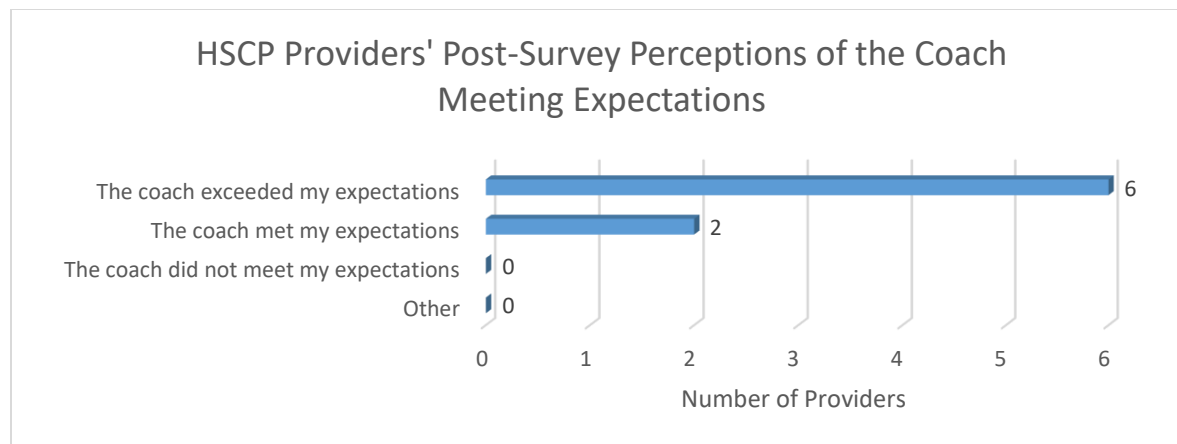


Figure 16. HSCP providers' post-survey responses to whether the coach met expectations.

Finally, the child care providers were asked to rate the extent to which the coach established a comfortable working relationship. All of the providers (100%;  $n = 8$ ) said that their coach facilitated an excellent relationship with them. These data can be viewed in Figure 17.

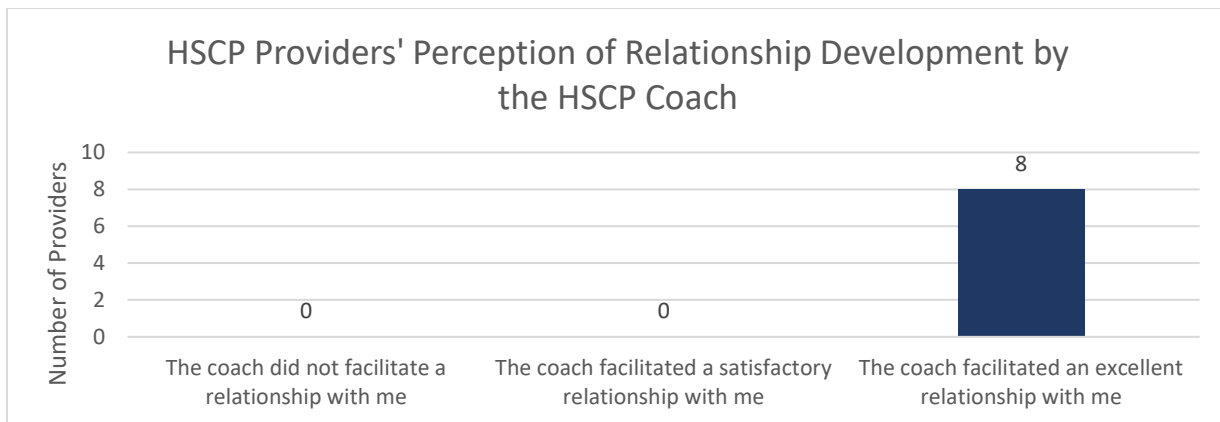


Figure 17. HSCP providers' responses to the extent to which the coach established a comfortable working relationship.

## HSCP PROVIDERS' PERCEPTION OF PERSONAL EFFECTIVENESS

Within both the pre- and post-survey, HSCP child care providers were asked to rate their effectiveness as a child care provider. Prior to receiving coaching, 50% ( $n = 4$ ) of the providers stated that they were very effective in their role as a child care provider, 38% ( $n = 3$ ) said they were somewhat effective, and 12% ( $n = 1$ ) stated that she was a little effective in her role. None of the providers reported feeling not at all effective in their role (see Figure 18).

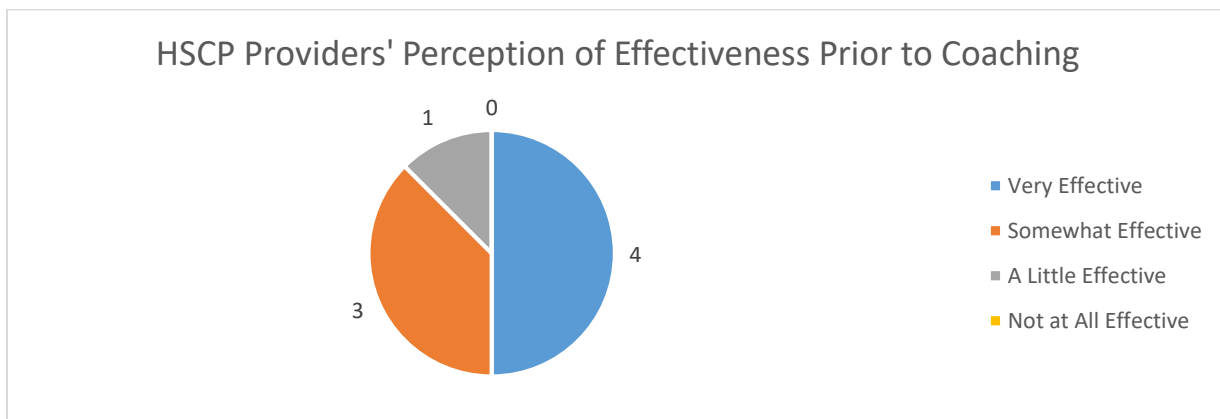
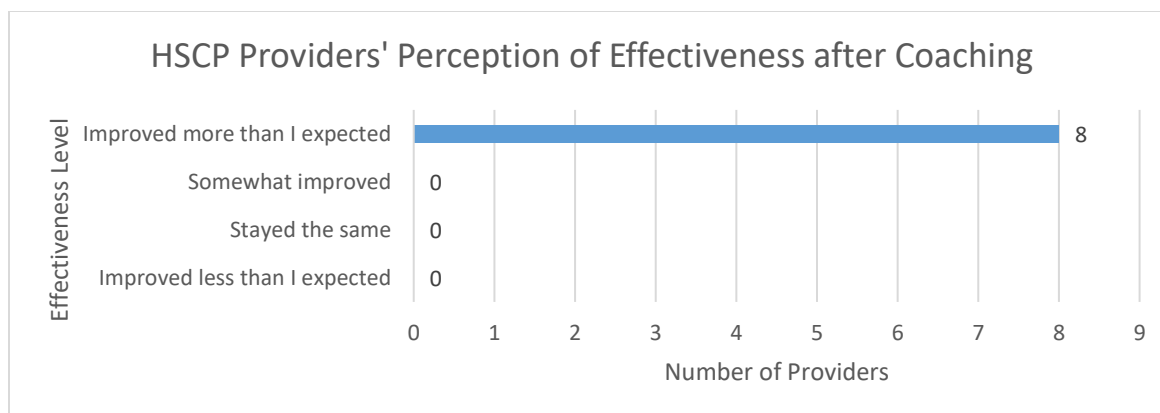


Figure 18. HSCP providers' ratings of personal effectiveness prior to receiving health and safety coaching.

All of the providers (100%;  $n = 8$ ) reported that their personal effectiveness improved more than they expected as a result of coaching (see Figure 19).



*Figure 19.* HSCP providers' ratings of personal effectiveness after receiving health and safety coaching.

## HSCP PROVIDERS' RESPONSES TO OPEN-ENDED QUESTIONS

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

When asked what worked well, providers reported that being able to ask questions, being heard, being respected, being given strategies and ideas, and being able to generate solutions in a collaborative manner all were helpful to their practice. One provider stated that, "Being able to communicate and talk with someone without feeling ashamed or looked down upon for asking/not knowing" worked well. Another provider said, "It was nice that she listened to what I was thinking and we worked together to come up with solutions."

Providers said that additional coaching hours and more time for reflection would improve their coaching experience. Providers reported that they were better able to rearrange their rooms/create safe environments, implement and enforce health and safety policies, and deal with difficult behaviors in their practices after receiving coaching. Three providers reported feeling more confident in their roles and better able to deal with issues as a result of receiving coaching. Finally, the providers who shared information all stated that the coach and the coaching they received was helpful to their practice and that they would encourage other child care providers to participate in this program. One provider said, "[Coach] was an amazing coach and I am very grateful for all her help! I would recommend her to others! Her professional, positive spirit and enthusiasm made the experience even more memorable. Thank you! What a great experience." And another said, "We were very appreciative to have this opportunity. We all learned a lot. Thank you for the tools so we can use the skills!"

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

After receiving 10 hours and 25 hours of coaching, the HSCP providers were asked to complete a seven-question survey regarding their coaching experience. In both surveys, the majority of providers, 100% (n = 4) and 91% (n = 10) respectively, reported that their needs were being met by the coaching experience (see Figure 20). One providers stated that at 25 hours their needs were not fully met because they decided to get help for the child a different way, so they chose “other.”

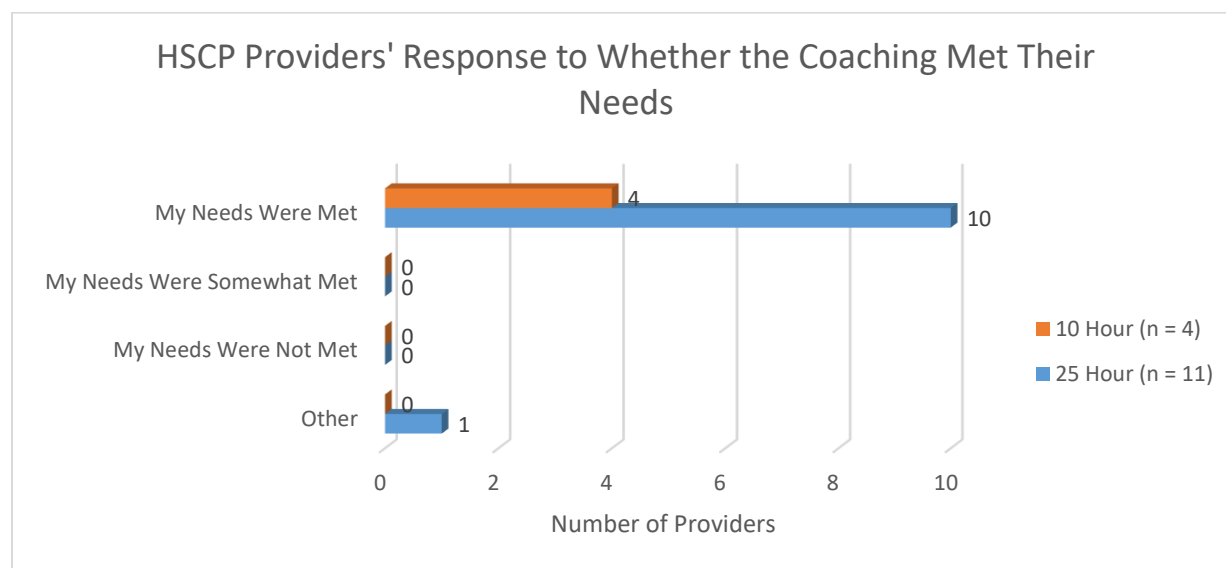


Figure 20. HSCP providers' responses to whether the coaching met their needs after 10 and 25 hours of coaching.

Next, providers were asked to report the extent to which the coach was working with her/him towards an agreed upon goal. Figure 21 demonstrates that at 10 hours, 50% (n = 2) of the providers felt that the coach worked with them to set goals and 50% (n = 2) said the coach led the goal setting. At 25 hours, 100% (n = 11) of the providers reported that goal setting was a collaborative activity.

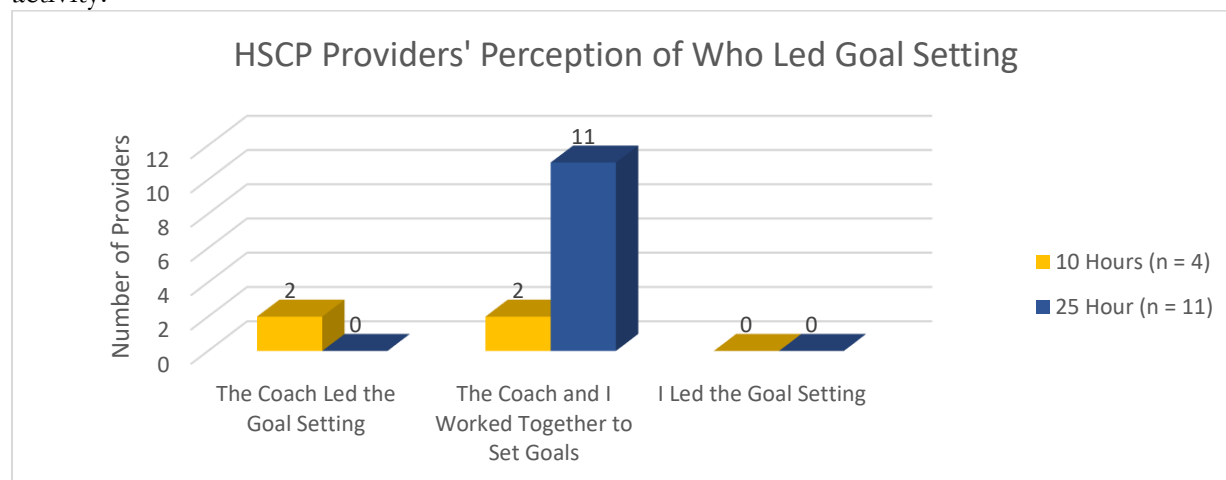


Figure 21. HSCP providers' perceptions of who led the goal setting after 10 and 25 hours of coaching.

Providers were asked to also report how relevant the coaching may or may not have been to their work. After 10 hours of coaching, 100% (n = 4) of the providers stated that the coaching was very relevant to their work. After 25 hours, 91% (n = 10) of the providers reported the same relevance to their work. None of the providers reported that the coaching was not at all relevant to their work. When asked to rate the quality of the coaching they received, providers overwhelmingly rated the coaching as high quality. At the 10-hour mark, 100% (n = 4) of the providers rated the coaching as high quality. At the 25-hour mark, 91% (n = 10) of the providers gave the same high rating. There were no ratings of low quality at either time point.

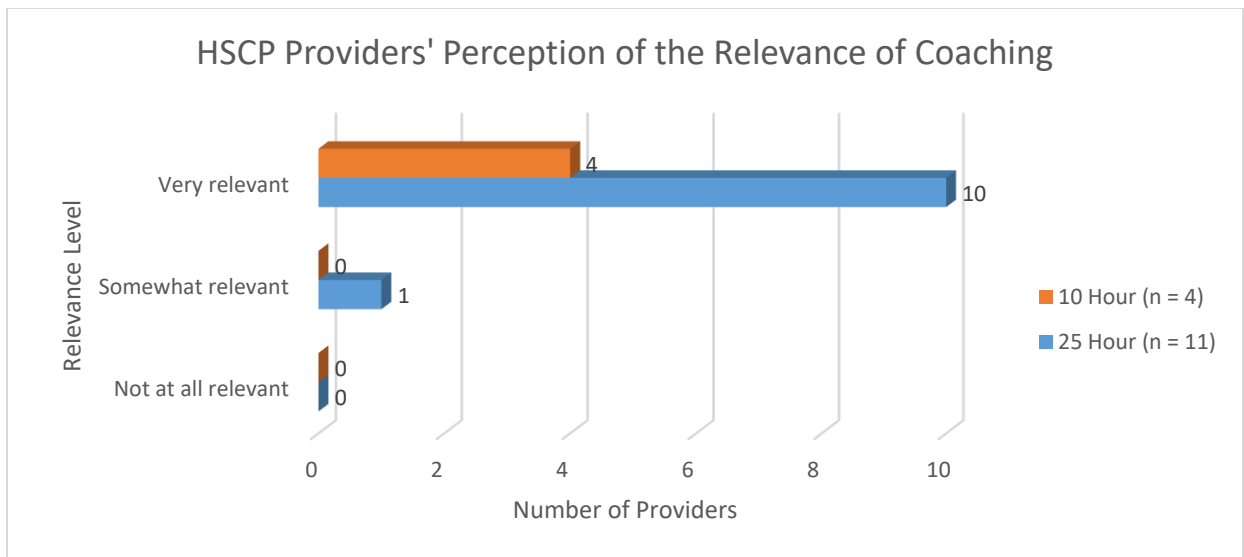


Figure 22. HSCP providers' perceptions of the relevance of coaching after 10 and 25 hours of coaching.

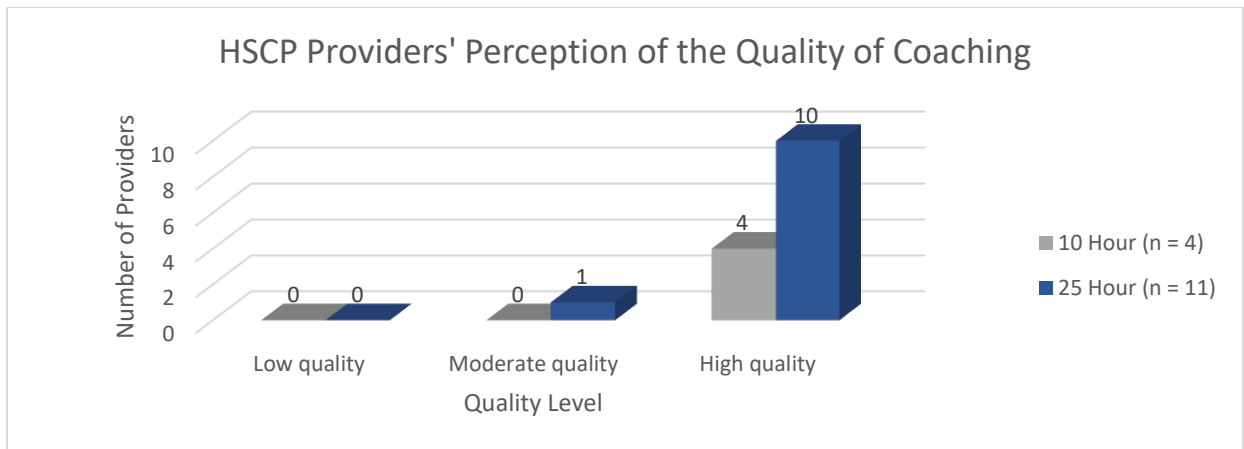


Figure 23. HSCP providers' perceptions of the quality of coaching after 10 and 25 hours of coaching.

The 10-hour and 25-hour surveys both end with two, open-ended questions: 1) in what ways has your practice changed based on what you've learned through coaching, and 2) is there anything else you'd like to share about this coaching experience. After 10 hours of coaching, providers stated that their practice changed by "listening and watching," that they have more confidence in their rules and policies, and that they made adjustments that resulted in a safer environment for the children in their care. After 25 hours of coaching, the providers reported having better skills at communicating with

children, dealing with challenging behaviors, developing routines that are more relevant to the group, and better senses of modifying environments to suit the groups of children in their care.

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

## HSCP CONTINUOUS QUALITY IMPROVEMENT PLANS

Throughout the first half of the third year of HSCP coaching, the health and safety coaches recorded a total of 63 goals. Of these, 89% (n = 56) were completed by providers, 10% (n = 6) were ongoing, and 1% (n = 1) were 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 area. There are five standards of quality: Teaching and Relationships with Children, Professionalism, Relationships with Families, Assessment and Planning for Each Individual Child, and Health and Wellbeing. The breakdown of the providers’ goals by standard of quality is displayed in Figure 24.

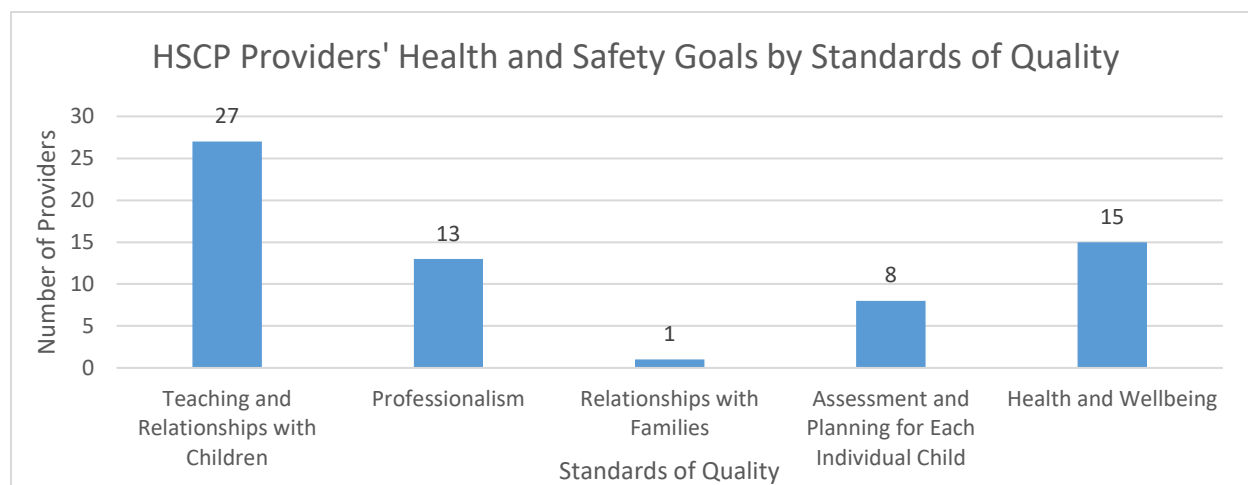


Figure 24. HSCP providers’ health and safety goals by standard of quality.

The standard of quality most frequently addressed by the health and safety coaches and providers was teaching and relationships with children, with 43% of their goals (n = 27) focused on that standard. The next most often addressed standards of quality were health and wellbeing with 24% (n = 15) of the goals, and professionalism with 21% (n = 13) of the goals. Thirteen percent (13%; n = 8) of goals addressed assessment and planning for each individual child, and a single goal (2%; n = 1) addressed relationships with families.

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 that are summarized in Figure 25.

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

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



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

The providers' health and safety goals were distributed among the content areas as shown in Figure 26. Please note that content area VIII—Application through Clinical Experience—has been omitted from the figure, as none of the providers' goals addressed that content area.

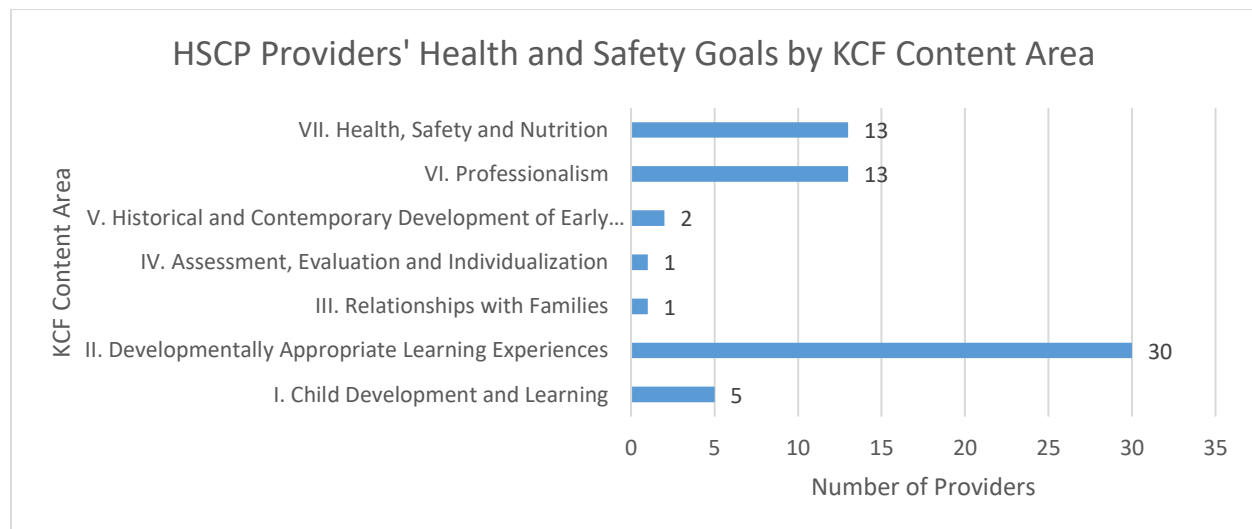


Figure 26. HSCP Providers' Health and Safety Goals by KCF Content Area.

Forty-eight percent (48%;  $n = 30$ ) of the providers' goals fell under the Developmentally Appropriate Learning Experiences content area, 21% ( $n = 13$ ) of the goals were categorized under Health, Safety and Nutrition, and 21% ( $n = 13$ ) of the goals were in the category of Professionalism. Eight percent (8%;  $n = 5$ ) of the goals fell under Child Development and Learning, while 3% ( $n = 2$ ) of the goals were in Historical and Contemporary Development of Early Childhood Education,

2% (n = 1) were in the category of Assessment, Evaluation and Individualization, and 2% (n = 1) of the goals were under Relationships with Families.

## HSCP COACH DEMOGRAPHICS

Eight (8) HSCP coaches completed the pre-survey (73% response rate). The HSCP coaches range in age from 33 to 52 years old, with an average age of 41.1 years. Six (6) coaches identified as White and two as Black or African American.

## HSCP COACHES' EDUCATION AND EXPERIENCE

Four (4) HSCP coaches (50%) have post-graduate degrees, two (25%) have Bachelor of Arts or Science degrees, and two (25%) have Associate of Arts degrees. The majority of the coaches' degrees are in the areas of early child education, child development, or elementary education.

The coaches shared that they have worked an average of 19.5 years (range = 11 to 30 years) in the early care and education field and 16 years in child care (range = five to 24 years). The number of years of experience as a coach ranged from one year to 11 years, with an average of 4.1 years working as a coach within the child care system. Thirty-eight percent (38%; n = 3) of the HSCP coaches have been a Health and Safety coach for the CICC for one year, 38% (n = 3) have been with the CICC for two years, and 25% (n = 2) have been working with the CICC for three years.

## HSCP COACHES' KNOWLEDGE OF HEALTH AND SAFETY CONTENT

HSCP coaches (n = 8) were asked to report their perceived level of knowledge on a number of different health and safety topics. Table 6 reports the percentage of coaches who indicated that they perceive their knowledge as beginning, developing, or proficient on these health and safety content areas. The coaches were given the following definitions to use when reporting their perceptions:

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

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

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

Table 6. HSCP Coaches' Perceptions at Pre-Survey of Their Level of Knowledge of Health and Safety Content.

Health and Safety Topic	Perceived Level of Knowledge		
	Pre-Survey Responses		
	Beginning	Developing	Proficient
Active Supervision	0% (0/8)	25% (2/8)	75% (6/8)
Adequate and Safe Physical Space (Indoor and Outdoor)	0% (0/8)	12% (1/8)	88% (7/8)
Allergies	0% (0/8)	62% (5/8)	38% (3/8)
Developing Health and Safety Policies	0% (0/8)	38% (3/8)	62% (5/8)
Developing a Risk Reduction Plan	0% (0/8)	62% (5/8)	38% (3/8)

Health and Safety Topic	Perceived Level of Knowledge		
	Pre-Survey Responses		
	Beginning	Developing	Proficient
Developing an Individual Child Care Program Plan	0% (0/8)	38% (3/8)	62% (5/8)
Emergency Preparedness	0% (0/8)	25% (2/8)	75% (6/8)
How to Access Local Resources (e.g., healthy consultants, emergency hotlines, etc.)	0% (0/8)	25% (2/8)	75% (6/8)
Implementing Health and Safety Policies	0% (0/8)	12% (1/8)	88% (7/8)
Implementing a Risk Reduction Plan	0% (0/8)	75% (6/8)	25% (2/8)
Implementing an Individual Child Care Program Plan	0% (0/8)	25% (2/8)	75% (6/8)
Infant Feeding	0% (0/8)	25% (2/8)	75% (6/8)
Infectious Diseases	0% (0/8)	62% (5/8)	38% (3/8)
Keeping Furniture and Equipment in Good Repair	0% (0/8)	25% (2/8)	75% (6/8)
Licensing Requirements (Rule 2 or Rule 3)	0% (0/8)	25% (2/8)	75% (6/8)
Medication Administration and Storage	0% (0/8)	12% (1/8)	88% (7/8)
Nutrition Requirements	0% (0/8)	25% (2/8)	75% (6/8)
Outdoor Play Safety	0% (0/8)	25% (2/8)	75% (6/8)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	0% (0/8)	25% (2/8)	75% (6/8)
Precautions for Transporting Young Children	12% (1/8)	25% (2/8)	62% (5/8)
Proper Diapering/Toileting	0% (0/8)	0% (0/8)	100% (8/8)
Provider Mental Health/Self-Care	0% (0/8)	25% (2/8)	75% (6/8)
Provider to Child Ratios	0% (0/8)	0% (0/8)	100% (8/8)
Safe Sleep Practices for Infants	0% (0/8)	12% (1/8)	88% (7/8)
Safe Sleep Practices for Toddlers and Preschoolers	0% (0/8)	0% (0/8)	100% (8/8)
Sanitation Practices	0% (0/8)	0% (0/8)	100% (8/8)

Within the pre-survey, the coaches identified feeling proficient most often with the following topics: proper diapering/toileting (100%), provider to child ratios (100%), safe sleep practices for toddlers and preschoolers (100%), and sanitation practices (100%). A majority of coaches are still developing their knowledge of implementing a risk reduction plan (75%), allergies (62%), developing a risk reduction plan (62%), and infectious disease (62%). One coach reported feeling at the beginning stages of precautions for transporting young children (12%).

## HSCP COACHES' SOURCES OF LEARNING AND PROFESSIONAL DEVELOPMENT

When asked to report on their preferred method for learning new health and safety content, 50% (n = 4) of the HSCP coaches chose online training (n = 4), 25% (n = 2) chose communities of practice, and 13% (n = 1) chose in-person training. One coach listed “email” as her preferred way of learning new health and safety content (see Figure 27).

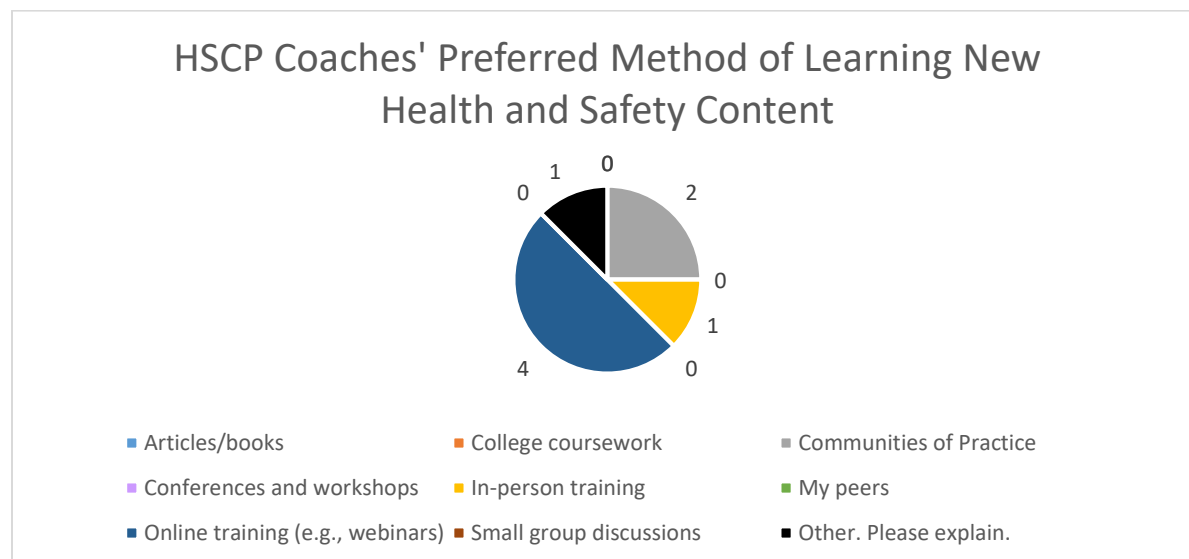


Figure 27. HSCP coaches' preferred method of learning new health and safety content.

In 2019, the CICC shifted their professional development from content-specific information to relationship-based professional development practice. With this change, coaches needed to find other opportunities to increase their health and safety content knowledge. Sixty-two percent (62%, n = 5) of the coaches stated that they were able to fulfill their content needs elsewhere and 38% (n = 3) said that they were unable to fulfill their content needs.

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

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

Health and Safety Topic	Received Training	Did Not Receive Training
Active Supervision	80% (4/5)	20% (1/5)
Adequate and Safe Physical Space (Indoor and Outdoor)	75% (3/4)	25% (1/4)
Allergies	75% (3/4)	25% (1/4)
Developing Health and Safety Policies	100% (4/4)	0% (0/4)
Developing a Risk Reduction Plan	20% (1/5)	80% (4/5)

<b>Health and Safety Topic</b>	<b>Received Training</b>	<b>Did Not Receive Training</b>
Developing an Individual Child Care Program Plan	60% (3/5)	40% (2/5)
Emergency Preparedness	60% (3/5)	40% (2/5)
How to Access Local Resources (e.g., healthy consultants, emergency hotlines, etc.)	50% (2/4)	50% (2/4)
Implementing Health and Safety Policies	100% (4/4)	0% (2/4)
Implementing a Risk Reduction Plan	0% (0/4)	100% (4/4)
Implementing an Individual Child Care Program Plan	100% (4/4)	0% (0/4)
Infant Feeding	100% (4/4)	0% (0/4)
Infectious Diseases	100% (5/5)	0% (0/5)
Keeping Furniture and Equipment in Good Repair	25% (1/4)	75% (3/4)
Licensing Requirements (Rule 2 or Rule 3)	100% (5/5)	0% (0/5)
Medication Administration and Storage	75% (3/4)	25% (1/4)
Nutrition Requirements	100% (4/4)	0% (0/4)
Outdoor Play Safety	75% (3/4)	25% (1/4)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	60% (3/5)	40% (2/5)
Precautions for Transporting Young Children	75% (3/4)	25% (1/4)
Proper Diapering/Toileting	75% (3/4)	25% (1/4)
Provider Mental Health/Self-Care	100% (5/5)	0% (0/0)
Provider to Child Ratios	50% (2/4)	50% (2/4)
Safe Sleep Practices for Infants	100% (4/4)	0% (0/4)
Safe Sleep Practices for Toddlers and Preschoolers	100% (4/4)	0% (0/4)
Sanitation Practices	100% (4/4)	0% (0/4)

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

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

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

<b>Health and Safety Topic</b>	<b>Want Additional Training</b>	<b>Do Not Want Additional Training</b>
Active Supervision	20% (1/5)	80% (4/5)

<b>Health and Safety Topic</b>	<b>Want Additional Training</b>	<b>Do Not Want Additional Training</b>
Adequate and Safe Physical Space (Indoor and Outdoor)	0% (0/5)	100% (5/5)
Allergies	71% (5/7)	29% (2/5)
Developing Health and Safety Policies	0% (0/5)	100% (5/5)
Developing a Risk Reduction Plan	60% (3/5)	40% (2/5)
Developing an Individual Child Care Program Plan	40% (2/5)	60% (3/5)
Emergency Preparedness	20% (1/5)	80% (4/5)
How to Access Local Resources (e.g., healthy consultants, emergency hotlines, etc.)	43% (3/7)	57% (4/7)
Implementing Health and Safety Policies	0% (0/5)	100% (5/5)
Implementing a Risk Reduction Plan	40% (2/5)	60% (3/5)
Implementing an Individual Child Care Program Plan	50% (2/4)	50% (2/4)
Infant Feeding	0% (0/5)	100% (5/5)
Infectious Diseases	33% (2/6)	67% (4/6)
Keeping Furniture and Equipment in Good Repair	0% (0/5)	100% (5/5)
Licensing Requirements (Rule 2 or Rule 3)	67% (4/6)	33% (2/6)
Medication Administration and Storage	40% (2/5)	60% (3/5)
Nutrition Requirements	0% (0/5)	100% (5/5)
Outdoor Play Safety	0% (0/5)	100% (5/5)
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	20% (1/5)	80% (4/5)
Precautions for Transporting Young Children	33% (2/6)	67% (4/6)
Proper Diapering/Toileting	0% (0/5)	100% (5/5)
Provider Mental Health/Self-Care	43% (3/7)	57% (4/7)
Provider to Child Ratios	20% (1/5)	80% (4/5)
Safe Sleep Practices for Infants	20% (1/5)	80% (4/5)
Safe Sleep Practices for Toddlers and Preschoolers	0% (0/5)	100% (5/5)
Sanitation Practices	0% (0/5)	100% (5/5)

A majority of HSCP coaches identified the following topics as one for which they would still like additional professional development: allergies (71%), developing a risk reduction plan (60%), and licensing requirement (rule 2 or 3) (67%). None of the coaches wanted additional professional development on adequate and safe physical space, developing and implementing health and safety policies, infant feeding, keeping furniture in good repair, outdoor play safety, proper diapering/toileting, safe sleep practices for toddlers and preschoolers, and sanitation practices.

Finally, the HSCP coaches were asked to rate the usefulness of the professional development they are receiving via the CICC: 1) Online Staff Meetings, 2) RBPD Credential Training (online), 3) RBPD Credential Training (in-person), and 4) Reflective Consultation. Figure 28 shows that all but

one coach rated the reflective consultation as very useful (88%;  $n = 7$ ) and 100% ( $n = 7$ ) rated the RBPd credential training (in-person) as very useful. None of the coaches rated their professional development opportunities as not or somewhat useful.

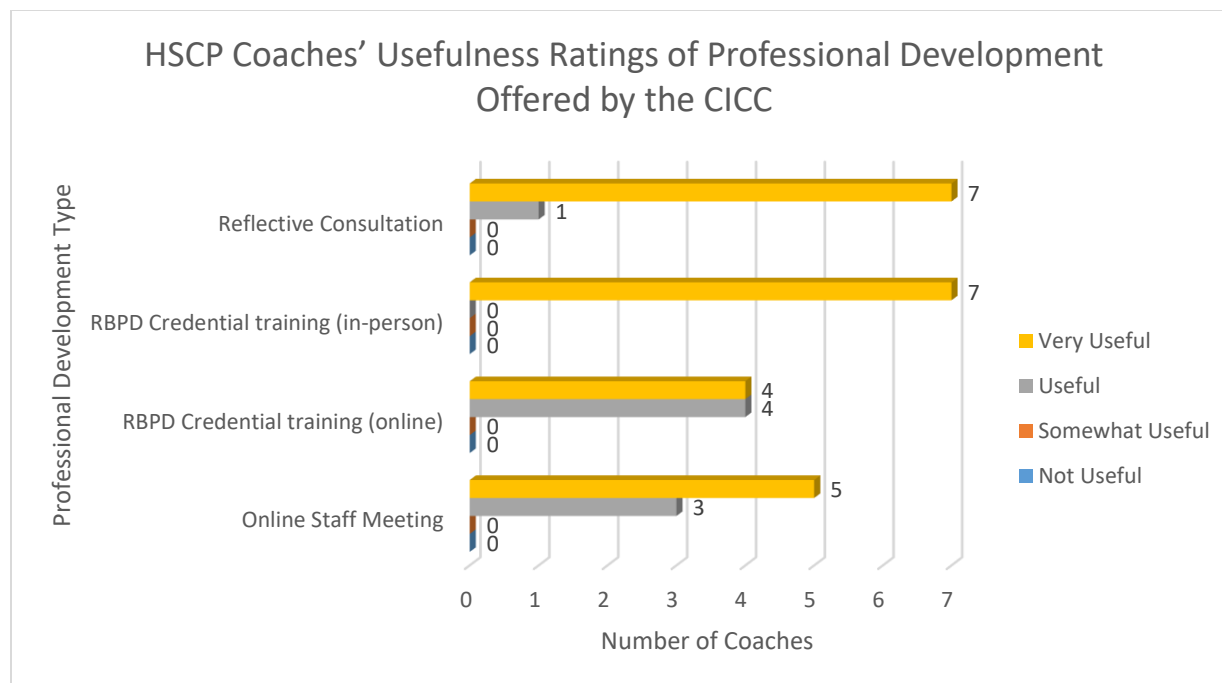


Figure 28. HSCP coaches' usefulness ratings of the different types of professional development offered by the CICC.

## HSCP COACHES' KNOWLEDGE OF THE MINNESOTA KNOWLEDGE AND COMPETENCY FRAMEWORKS

In the pre-survey, HSCP coaches were asked to rate their familiarity with and their comfort using the three different Minnesota Knowledge and Competency Frameworks (KCFs). 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.

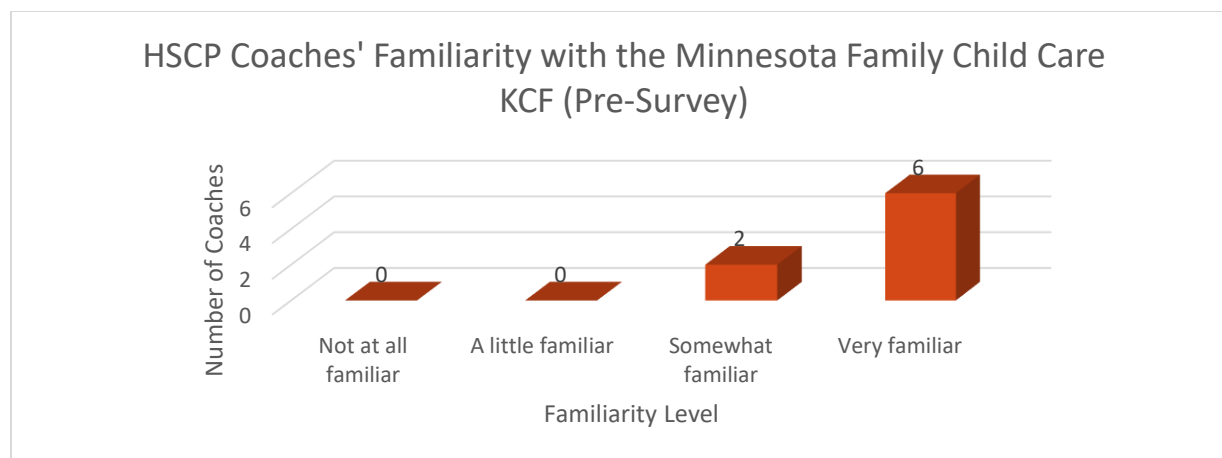


Figure 29. HSCP coaches' pre-survey familiarity with the Minnesota Family Child Care KCF.

HSCP coaches reported feeling very (75%; n = 6) or somewhat (25%; n = 2) familiar with the Family Child Care KCF. None of the coaches said they were a little or not at all familiar with the Family Child Care KCF. All (100%; n = 8) of the HSCP coaches reported feeling very comfortable using the Family Child Care KCF. None of the coaches said they were somewhat, a little, or not at all comfortable using the Family Child Care KCF.

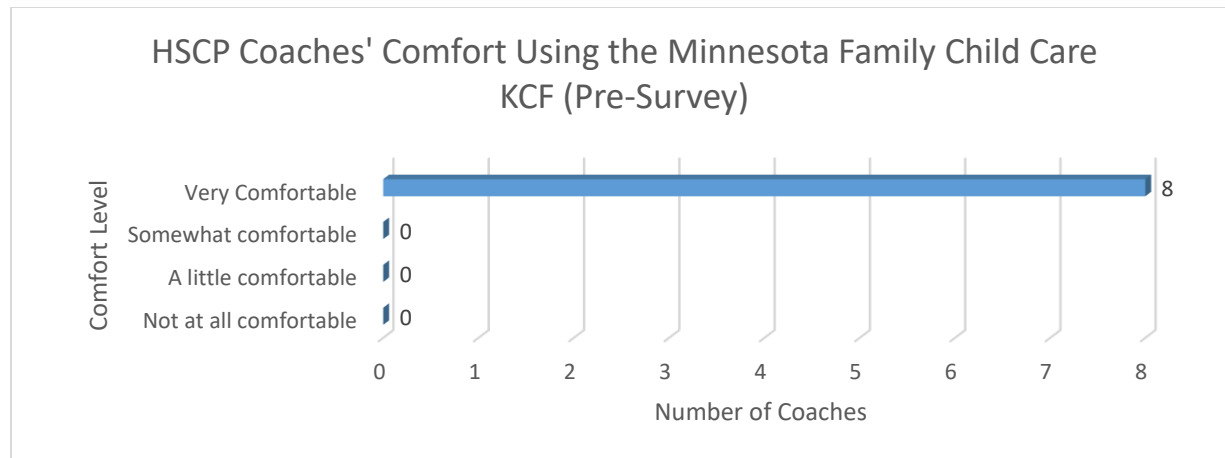


Figure 30. HSCP coaches' pre-survey comfort using the Minnesota Family Child Care KCF.

HSCP coaches stated feeling very (62%; n = 5), somewhat (25%; n = 2), or a little familiar (13%; n = 1) with the Infant and Toddler KCF. None of the coaches reported that they were not at all familiar with the Infant and Toddler KCF. The coaches also said they were very (75%; n = 6) or somewhat (25%; n = 2) comfortable using the Infant and Toddler KCF. None of the coaches stated they were a little or not at all comfortable using the Infant and Toddler KCF.

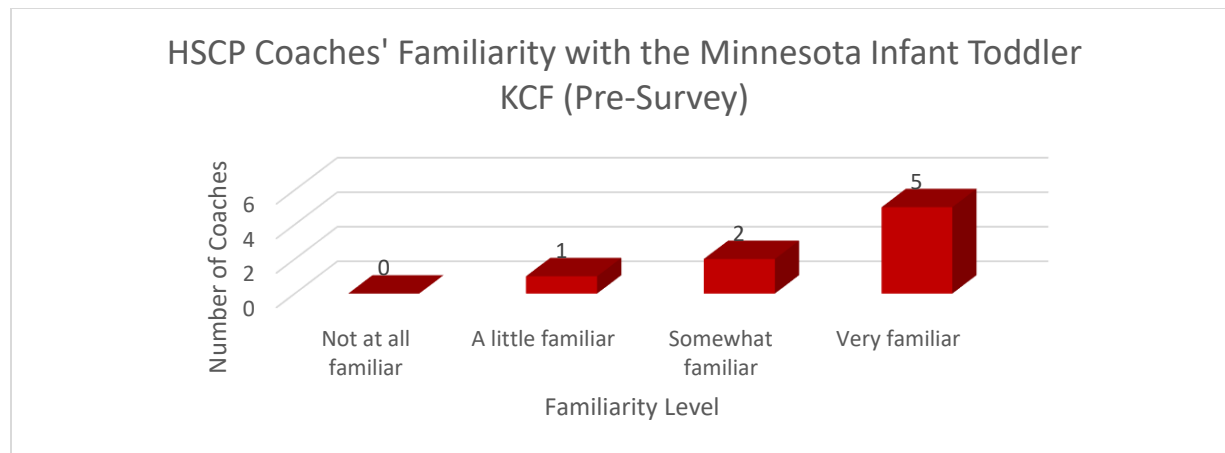


Figure 31. HSCP coaches' pre-survey familiarity with the Minnesota Infant and Toddler KCF.



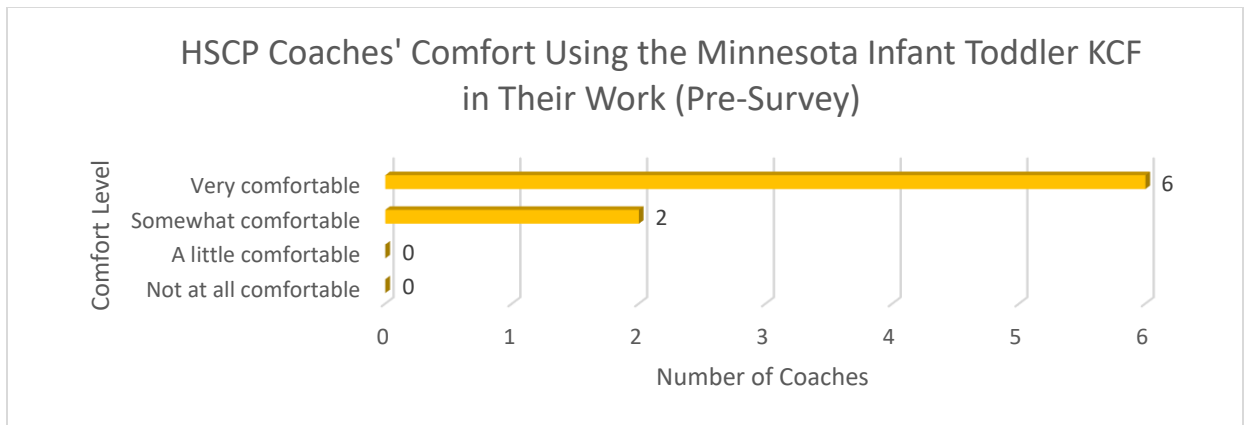


Figure 32. HSCP coaches' pre-survey comfort using the Minnesota Infant and Toddler KCF.

Finally, all (100%;  $n = 7$ ) of the HSCP coaches said that they feel very familiar with the Preschool and School-Aged KCF. None of the coaches reported feeling somewhat, a little, or not at all familiar with the Preschool and School-Aged KCF. The coaches also stated that they were very (89%;  $n = 8$ ) or somewhat comfortable (11%;  $n = 1$ ) 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.

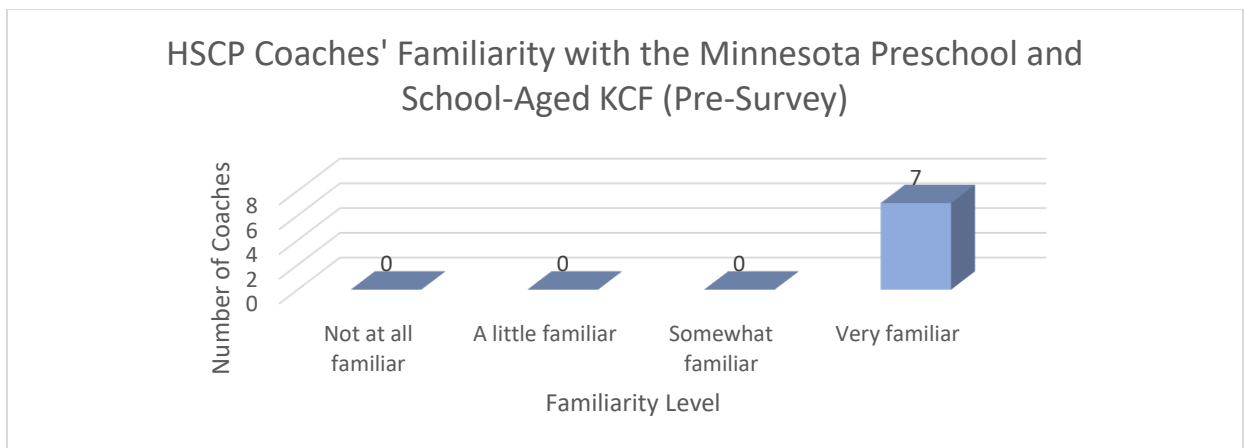


Figure 33. HSCP coaches' pre-survey familiarity with the Minnesota Preschool and School-Aged KCF.

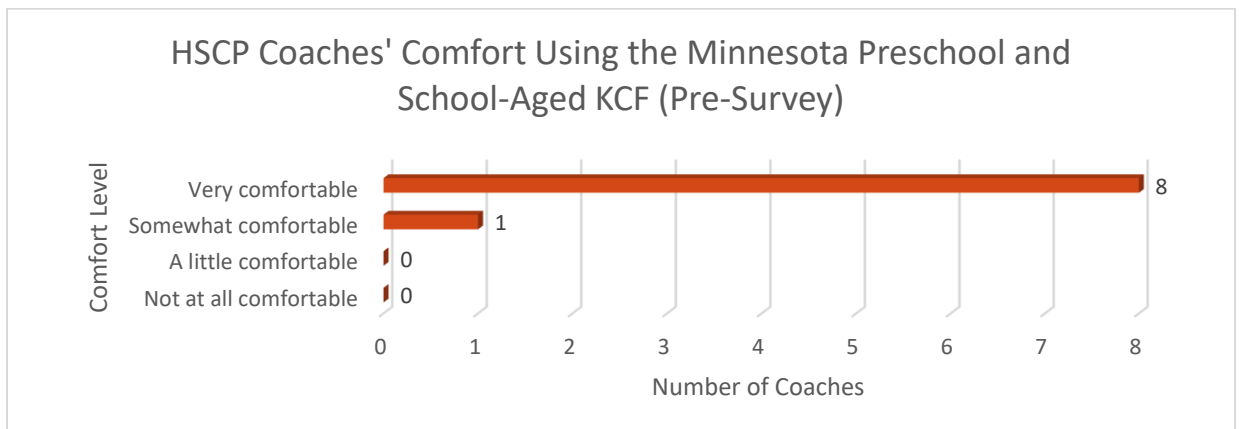


Figure 34. HSCP coaches' pre-survey comfort using the Minnesota Preschool and School-Aged KCF.

## HSCP COACHES' PERCEPTIONS AND USE OF COACHING COMPETENCIES AND DISPOSITIONS

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

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

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

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

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

Health and Safety Topic	Perceived Level of Competency (Pre-Survey)		
	Beginning	Developing	Proficient
I am effective in different interpersonal contexts	0% (0/9)	44% (4/9)	56% (5/9)
I am skilled at conducting observations	0% (0/9)	0% (0/9)	100% (9/9)
I am skilled at providing constructive feedback	0% (0/9)	22% (2/9)	78% (7/9)
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% (0/9)	33% (3/9)	67% (6/9)
I assist practitioners in understanding the characteristics of high-quality health and safety child care practices	0% (0/9)	22% (2/9)	78% (7/9)
I challenge biases and inequitable practices	11% (0/9)	44% (4/9)	44% (4/9)
I encourage the providers to broaden their perspectives by helping them see the big picture	0% (0/9)	22% (2/9)	78% (7/9)
I evaluate practitioners' understanding of	0% (0/9)	22% (2/9)	78% (7/9)

Health and Safety Topic	Perceived Level of Competency (Pre-Survey)		
	Beginning	Developing	Proficient
health and safety information			
I focus on improving practices	0% (0/9)	0% (0/9)	100% (9/9)
I know how to write specific and measurable goals	0% (0/9)	11% (1/9)	89% (8/9)
I know where to find evidence-based health and safety information	0% (0/9)	22% (2/9)	78% (7/9)
I provide resources so that providers can perform their jobs more effectively	0% (0/9)	11% (1/9)	89% (8/9)
I provide specific feedback	0% (0/9)	11% (1/9)	89% (8/9)
I provide time for reflection	0% (0/9)	33% (3/9)	67% (6/9)
I set expectations with the providers	0% (0/9)	22% (2/9)	78% (7/9)
I solicit feedback from the providers to ensure that my interactions are helpful to them	0% (0/9)	22% (2/9)	78% (7/9)
I withhold judgments until evidence is examined	0% (0/9)	33% (3/9)	67% (6/9)
I am effective in different interpersonal contexts	0% (0/9)	44% (4/9)	56% (5/9)
I am skilled at conducting observations	0% (0/9)	0% (0/9)	100% (9/9)
I am skilled at providing constructive feedback	0% (0/9)	22% (2/9)	78% (7/9)
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% (0/9)	33% (3/9)	67% (6/9)

All HSCP coaches feel that they are at least proficient in all but one coaching competency. Forty-four percent (44%; n = 4) of the coaches reported that they are developing the skill of challenging biases and inequitable practices. Another 44% (n = 4) said they were proficient in that skill.

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

Table 10. HSCP 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	44% (4/9)	44% (4/9)	11% (1/9)	0% (0/9)	0% (0/9)
I am skilled at conducting observations	56% (5/9)	44% (4/9)	0% (0/9)	0% (0/9)	0% (0/9)
I am skilled at providing constructive feedback	63% (5/8)	38% (3/8)	0% (0/8)	0% (0/8)	0% (0/8)
I ask questions rather than provide solutions	22% (2/9)	67% (6/9)	11% (1/9)	0% (0/9)	0% (0/9)
I assist practitioners in identifying realistic next steps for improvement	33% (3/9)	67% (6/9)	0% (0/9)	0% (0/9)	0% (0/9)
I assist practitioners in understanding the characteristics of high-quality health and safety child care practices	67% (6/9)	22% (2/9)	11% (1/9)	0% (0/9)	0% (0/9)
I challenge biases and inequitable practices	13% (1/8)	75% (6/8)	0% (0/8)	13% (1/8)	0% (0/8)
I encourage the providers to broaden their perspectives by helping them see the big picture	22% (2/9)	67% (6/9)	11% (1/9)	0% (0/9)	0% (0/9)
I evaluate practitioners' understanding of health and safety information	56% (5/9)	33% (3/9)	11% (1/9)	0% (0/9)	0% (0/9)
I focus on improving practices	67% (6/9)	33% (3/9)	0% (0/9)	0% (0/9)	0% (0/9)

Coaching Skill	How often do you use this skill?				
	Always	Usually	About ½ the time	Seldom	Never
I know how to write specific and measurable goals	56% (5/9)	44% (4/9)	0% (0/9)	0% (0/9)	0% (0/9)
I know where to find evidence-based health and safety information	44% (4/9)	33% (3/9)	22% (2/9)	0% (0/9)	0% (0/9)
I provide resources so that providers can perform their jobs more effectively	44% (4/9)	56% (5/9)	0% (0/9)	0% (0/9)	0% (0/9)
I provide specific feedback	38% (3/8)	63% (5/8)	0% (0/8)	0% (0/8)	0% (0/8)
I provide time for reflection	56% (2/9)	22% (2/9)	22% (2/9)	0% (0/9)	0% (0/9)
I set expectations with the providers	33% (3/9)	44% (4/9)	22% (2/9)	0% (0/9)	0% (0/9)
I solicit feedback from the providers to ensure that my interactions are helpful to them	44% (4/9)	44% (4/9)	11% (1/9)	0% (0/9)	0% (0/9)
I withhold judgments until evidence is examined	33% (3/9)	56% (5/9)	11% (1/9)	0% (0/9)	0% (0/9)

Overall, HSCP coaches most often rated that they usually or always use this list of coaching competencies in their practices. A majority of HSCP coaches stated that they always are skilled at assisting practitioners in understanding the characteristics of high-quality health and safety practices (67%), focusing on improving practices (67%), providing constructive feedback (63%), conducting observations (56%), evaluating practitioners' understanding of health and safety information (56%), knowing how to write specific and measurable goals (56%), and providing time for reflection (56%).

HSCP 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 "Strongly Disagree" are not presented in Table 11 because none of the coaches selected that response to describe any of their coaching dispositions.

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

Coaching Disposition	Level of Agreement (Pre-Survey)		
	Strongly Agree	Agree	Disagree
I am accepting of others	89% (8/9)	11% (1/9)	0% (0/9)
I am an active listener	89% (8/9)	11% (1/9)	0% (0/9)
I am attentive	89% (8/9)	11% (1/9)	0% (0/9)

I am collaborative	89% (8/9)	11% (1/9)	0% (0/9)
I am culturally competent	33% (3/9)	56% (5/9)	11% (1/9)
I am ethical	89% (8/9)	11% (1/9)	0% (0/9)
I am flexible	33% (3/9)	67% (6/9)	0% (0/9)
I am inventive	44% (4/9)	56% (5/9)	0% (0/9)
I am objective	67% (6/9)	33% (3/9)	0% (0/9)
I am professional	56% (5/9)	44% (4/9)	0% (0/9)
I am resourceful	56% (5/9)	44% (4/9)	0% (0/9)
I am respectful	89% (8/9)	11% (1/9)	0% (0/9)
I am respectful of the provider's experience	67% (6/9)	33% (3/9)	0% (0/9)
I am responsible	89% (8/9)	11% (1/9)	0% (0/9)
I am responsive	67% (6/9)	33% (3/9)	0% (0/9)
I am understanding	78% (7/9)	22% (2/9)	0% (0/9)

The HSCP coaches were most likely to strongly agree that they are accepting of others (89%), an active listener (89%), attentive (89%), collaborative (89%), ethical (89%), respectful (89%), and responsible (89%). More than half of the coaches agreed (rather than strongly agreed) on the following dispositions: flexible (67%), culturally competent (56%), and inventive (56%). One coach reported that she did not see herself as culturally competent.

## HSCP COACHES' PERCEPTIONS OF EFFECTIVENESS AND CONFIDENCE

HSCP 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.

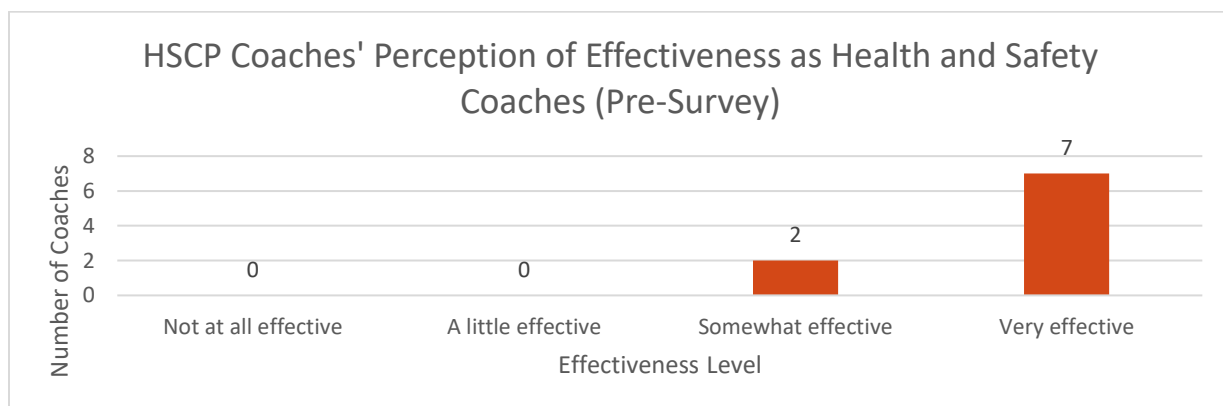


Figure 35. HSCP coaches' pre-survey perceptions of their effectiveness as health and safety coaches.

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

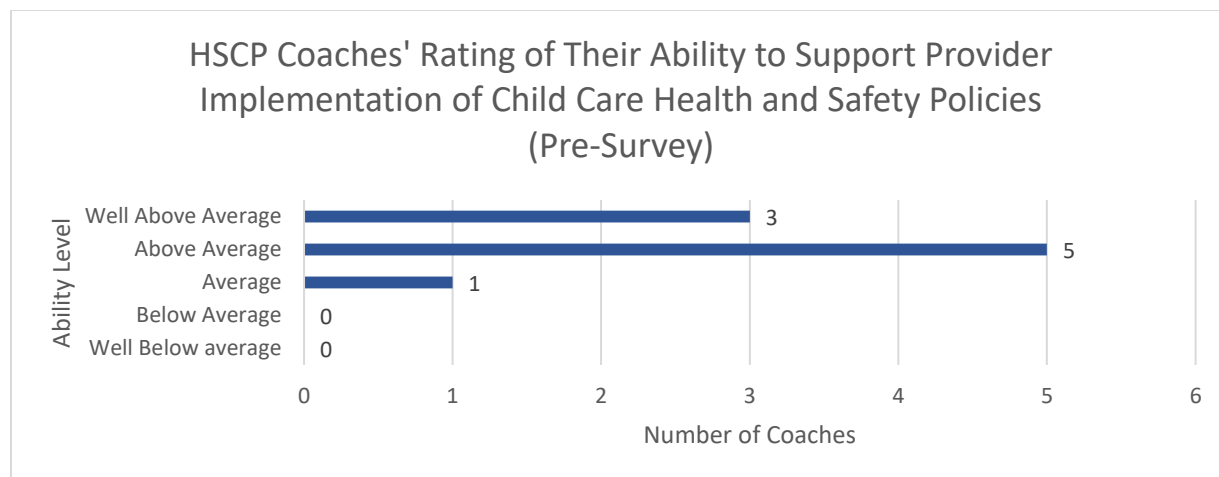


Figure 36. HSCP coaches' pre-survey perceptions of their ability to support implementation of health and safety policies.

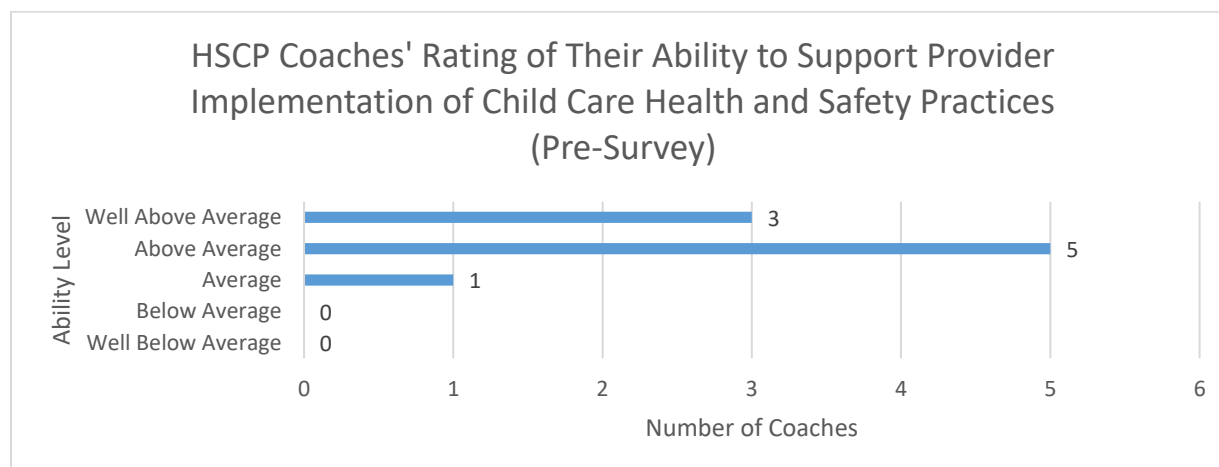


Figure 37. HSCP coaches' pre-survey perceptions of their ability to support implementation of health and safety practices.

HSCP coaches perceived their ability to support the implementation of health and safety policies and practices in exactly the same way. Fifty-six percent (56%;  $n = 5$ ) of coaches rated their ability to implement health and safety policies and practices as above average, 33% ( $n = 3$ ) rated their ability as well above average, and 11% ( $n = 1$ ) rather her ability as average. At no time did any coach rate her ability to implement health and safety policies as below or well below average.

## HSCP COACHES' PERCEPTIONS OF HEALTH AND SAFETY AND RBPD KNOWLEDGE

The HSCP coaches were asked a series of questions related to their knowledge of health and safety content, their ability to share that content, their knowledge of RBPd content, and their confidence using RBPd skills in their practices. First, coaches were asked to rate their confidence in their

knowledge of health and safety child care information. Seventy-eight percent (78%;  $n = 7$ ) of coaches felt very confident and the other 22% ( $n = 2$ ) felt somewhat confident in their health and safety knowledge. Next, the coaches were asked to rate how confident they are in sharing their health and safety knowledge. Fifty-six percent (50%;  $n = 5$ ) of the coaches rated themselves as very confident and the other 44% ( $n = 4$ ) rated themselves as somewhat confident in their ability to share health and safety content with child care providers.

When asked to evaluate their confidence in their RBP knowledge, a majority of HSCP coaches said they were very confident (56%;  $n = 5$ ) and 44% ( $n = 4$ ) of coaches said they were somewhat confident in their RBP knowledge (see Figure 38). The coaches also acknowledged that their confidence in their RBP knowledge has either increased (78%;  $n = 7$ ) or not changed (22%;  $n = 2$ ) based on their participation in the RBP credential sessions. None of the coaches said their confidence decreased (see Figure 39).

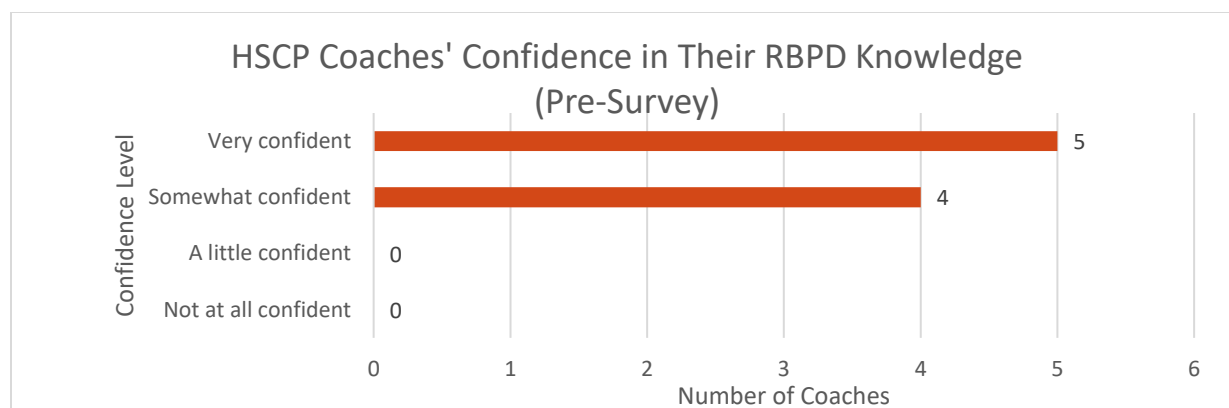


Figure 38. HSCP coaches' pre-survey confidence in their RBP knowledge.

The coaches reported feeling either very confident (56%;  $n = 5$ ) or somewhat confident (44%;  $n = 4$ ) in their ability to apply their knowledge of RBP skills in their practices with child care providers. In addition, 78% ( $n = 7$ ) of coaches said that their confidence increased related to their ability to apply RBP skills in their practice with child care providers (see Figure 39).

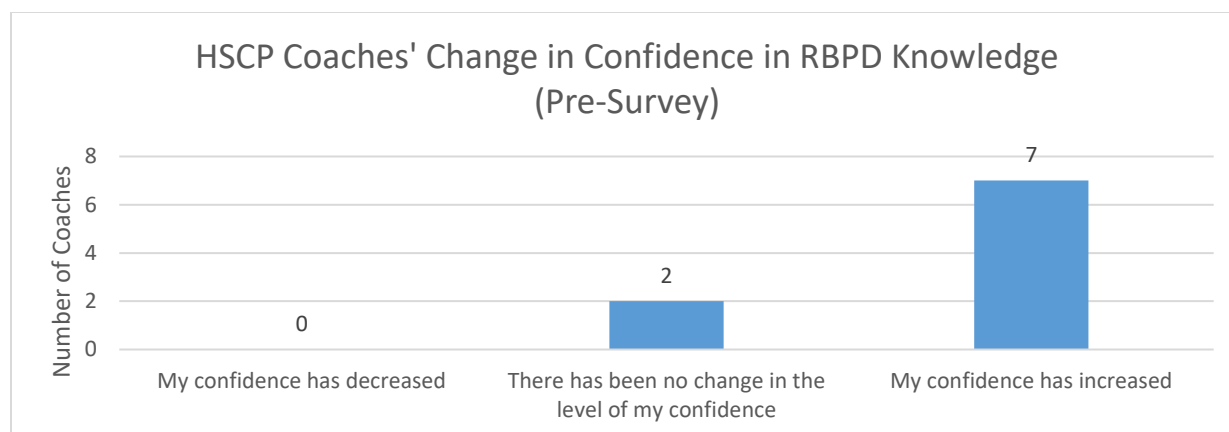


Figure 39. HSCP coaches' pre-survey change in confidence in using RBP knowledge with providers based on their participation in the RBP credential sessions.



## HSCP COACHES' PERCEPTIONS OF PROVIDERS' NEEDS

HSCP coaches were asked to choose up to three health and safety topics on which they believed child care providers were most likely to ask for support. Table 12 demonstrates their responses.

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

<b>Health and Safety Content Area</b>	<b>Coaches' Report of Topics Most Often Chosen for Coaching by Providers (Pre-Survey)</b>
Active supervision	11% (3/27)
Emergency preparedness	15% (4/27)
Illness exclusion/identification	4% (1/27)
Inclusion of children with special needs	22% (6/27)
Interpreting licensing requirements	22% (6/27)
Maintaining ratios	0% (0/27)
Physical environment/building safety	11% (3/27)
Provider Mental Health/Self-Care	4% (1/27)
Safe sleep practices	7% (2/27)
Sanitation practices	4% (1/27)
Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)	0% (0/27)

The HSCP coaches most often reported that providers want support on inclusion of children with special needs (22%), interpreting licensing requirements (22%), and emergency preparedness (15%). Coaches reported that providers do not request support for maintaining ratios or storage of potential hazardous materials.

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

Table 13. Percentage of HSCP Coaches Identifying a Content Area as Most Challenging for Childcare Workers to Implement.

<b>Health and Safety Content Area</b>	<b>Coaches' Report of Topics Most Often Chosen for Coaching by Providers (Pre-Survey)</b>
Active supervision	29% (7/24)
Emergency preparedness	0% (0/24)
Illness exclusion/identification	0% (0/24)
Inclusion of children with special needs	25% (6/25)
Interpreting licensing requirements	17% (4/24)
Maintaining ratios	8% (2/24)
Physical environment/building safety	8% (2/24)
Provider Mental Health/Self-Care	4% (1/24)
Safe sleep practices	8% (2/24)

Sanitation practices	0% (0/24)
Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)	0% (0/24)

HSCP coaches identified active supervision (29%), inclusion of children with special needs (25%), and interpreting licensing requirements (17%) as the areas in which providers had the most implementation challenges. None of the coaches identified emergency preparedness, illness exclusion, sanitation practices, or storage of potential hazardous materials as areas that are most challenging for providers to implement.

## HSCP COACHES' OPEN-ENDED QUESTIONS

Finally, HSCP coaches were asked two open-ended questions within the pre-survey: 1) what, if anything, do you believe prevents licensed child care providers from implementing high-quality health and safety practices in their work place, and 2) is there anything else you'd like us to know about your work as a Health and Safety Coach? Several coaches reported that providers have limited resources, not enough personnel, and lack of support to implement high-quality health and safety practices. Of the three responses to the second open-ended question, one coach stated, "RBPB allows providers to get 1:1 attention with information that is customized to their program. We are able to go deeper on subjects than in a large group training." The other two coaches reported the value of this program, how they are still learning, and how they are able to alleviate provider anxiety.

## HSCP COACHES' END-OF-EVENT RESPONSES

HSCP coaches complete a five-question, end-of-event survey after each professional development activity offered by the CICC (e.g., reflective consultation and RBPB Credential sessions). The end-of-event survey is used for all three coaching programs, so coaches are encouraged to list the primary program for which they work. Coaches often work across multiple programs. The complete results for the reflective consultation sessions can be found in Appendix J. The complete data for the RBPB credential sessions can be found in Appendix K.

There is little to no variability in the coaches' responses to the end-of-event surveys. Coaches tended to rate the reflective consultation as being of very relevant and of high-quality. They also report that they are very likely to use what they've learned in their practice with providers. They stated that the information they receive is "just enough," rather than too much or too little. Of the reflective consultation, one coach said, "One of the best supports we are provided as coaches." For the RBPB 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.

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## CONCLUSION

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

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

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 health and safety practices. 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 health and safety 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.

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## STUDY LIMITATIONS

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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 choose not to complete the survey (Rossi, Lipsey, & Freeman, 2004). For example, if only providers who had a positive coaching experience completed the survey, then self-selection bias may be in effect. And if providers from any one, specific ethnic group opted not to complete the survey, then non-response bias may alter the data interpretation. No matter the group, this is a small number of responses—and these are especially small because of it being mid-year—from which to draw any conclusions. The numbers are very small, given that these are mid-year data. 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 to be combined with future post-survey and interview responses, which will give invested stakeholders a broader picture of what is happening within this program and what potential changes need to be made. The evaluation team will continue to work with the CICC personnel to enhance access to evaluation activities by offering supports to those who need help. This may include ensuring access to online surveys, providing paper surveys, translating surveys into additional languages, and supporting providers and coaches in other, yet to be determined, ways.

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## APPENDICES

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### APPENDIX A: YEAR 3 HSCP PROVIDER PRE-SURVEY



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

If you have concerns or questions about this evaluation, please contact Ann Bailey ([baile045@umn.edu](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 best describes your role?
  - a. Teacher
  - b. Assistant or Aide
  - c. Center Director
  - d. Other. Please explain.
3. What is the total number of years you have worked in child care?
4. What is your age?
5. What is your ethnicity?
  - a. Hispanic or Latino
  - b. Not Hispanic or Latino
6. What is your race?
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander

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

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

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

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

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

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

Health and Safety Content Area	Perceived Level of Competency		
	<i>Beginning</i>	<i>Developing</i>	<i>Proficient</i>
Active Supervision			
Adequate and Safe Physical Space (indoor and outdoor)			
Allergies			
Caring for Children with Special Needs			
Developing Health and Safety Policies			
Developing a Risk Reduction Plan (required only in center-based settings)			

Health and Safety Content Area	Perceived Level of Competency		
	<i>Beginning</i>	<i>Developing</i>	<i>Proficient</i>
Developing an Individual Child Care Program Plan (required only in center-based settings)			
Emergency Preparedness			
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)			
Illness Exclusions			
Implementing Health and Safety Policies			
Implementing a Risk Reduction Plan (required only in center-based settings)			
Implementing an Individual Child Care Program Plan (required only in center-based settings)			
Infant Feeding			
Infectious Diseases			
Keeping Furniture and Equipment in Good Repair			
Licensing Requirements (Rule 2 or Rule 3)			
Medication Administration and Storage			
Nutrition Requirements			
Outdoor Play Safety			
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)			
Precautions for Transporting Young Children			
Proper Diapering/Toileting			
Provider Mental Health/Self-Care			
Provider to Child Ratios			
Safe Sleep Practices for Infants			
Safe Sleep Practices for Toddlers and Preschoolers			
Sanitation Practices			

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

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

Health and Safety Content Area	Want Additional Professional Development	
Active Supervision	Yes	No
Adequate and Safe Physical Space (indoor and outdoor)	Yes	No
Allergies	Yes	No
Caring for Children with Special Needs	Yes	No
Developing Health and Safety Policies	Yes	No
Developing a Risk Reduction Plan (required only in center-based settings)	Yes	No



<b>Health and Safety Content Area</b>	<b>Want Additional Professional Development</b>	
Developing an Individual Child Care Program Plan (required only in center-based settings)	Yes	No
Emergency Preparedness	Yes	No
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	Yes	No
Illness Exclusions	Yes	No
Implementing Health and Safety Policies	Yes	No
Implementing a Risk Reduction Plan (required only in center-based settings)	Yes	No
Implementing an Individual Child Care Program Plan (required only in center-based settings)	Yes	No
Infant Feeding	Yes	No
Infectious Diseases	Yes	No
Keeping Furniture and Equipment in Good Repair	Yes	No
Licensing Requirements (Rule 2 or Rule 3)	Yes	No
Medication Administration and Storage	Yes	No
Nutrition Requirements	Yes	No
Outdoor Play Safety	Yes	No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes	No
Precautions for Transporting Young Children	Yes	No
Proper Diapering/Toileting	Yes	No
Provider Mental Health/Self-Care	Yes	No
Provider to Child Ratios	Yes	No
Safe Sleep Practices for Infants	Yes	No
Safe Sleep Practices for Toddlers and Preschoolers	Yes	No
Sanitation Practices	Yes	No
Other. Please explain.	Yes	No

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

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

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

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

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

- a. Very familiar

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

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

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

15. How effective do you currently feel in your role as a child care provider?
- a. Very effective
  - b. Somewhat effective
  - c. A little effective
  - d. Not at all effective
16. At this time, how would you rate your ability to **develop policies which describe how you address** child care health and safety?
- a. Well Below Average
  - b. Below Average
  - c. Average
  - d. Above Average
  - e. Well Above Average
17. At this time, how would you rate your ability to **implement** child care health and safety **policies**?
- a. Well Below Average
  - b. Below Average
  - c. Average
  - d. Above Average
  - e. Well Above Average
18. How confident do you feel about your knowledge of child care health and safety information?
- a. Not at all confident
  - b. A little confident
  - c. Somewhat confident
  - d. Very confident

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

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

20. If you do not currently have written health and safety policies, select the statement that best reflects your current situation: (Choose one)
- a. I didn't know I needed written policies
  - b. I am currently developing written policies
  - c. I need support on how to write effective policies
  - d. Other. Please explain.
21. Which of the following health and safety topics are most challenging for you to implement? Please choose up to **three**.
- a. Active Supervision
  - b. Adequate and Safe Physical Space (indoor and outdoor)
  - c. Allergies
  - d. Caring for Children with Special Needs
  - e. Developing Health and Safety Policies
  - f. Developing a Risk Reduction Plan (required only in center-based settings)
  - g. Developing an Individual Child Care Program Plan (required only in center-based settings)
  - h. Emergency Preparedness
  - i. How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)
  - j. Illness Exclusions
  - k. Implementing Health and Safety Policies
  - l. Implementing a Risk Reduction Plan (required only in center-based settings)
  - m. Implementing an Individual Child Care Program Plan (required only in center-based settings)
  - n. Infant Feeding
  - o. Infectious Diseases
  - p. Keeping Furniture and Equipment in Good Repair
  - q. Licensing Requirements (Rule 2 or Rule 3)
  - r. Medication Administration and Storage
  - s. Nutrition Requirements
  - t. Outdoor Play Safety
  - u. Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)
  - v. Precautions for Transporting Young Children
  - w. Proper Diapering/Toileting
  - x. Provider Mental Health/Self-Care
  - y. Provider to Child Ratios
  - z. Safe Sleep Practices for Infants
  - aa. Safe Sleep Practices for Toddlers and Preschoolers
  - bb. Sanitation Practices
  - cc. Other. Please explain.
22. What, if anything, do you believe prevents you from implementing the health and safety policies in your work place?
23. What do you hope to gain by working with a health and safety coach?
24. Is there anything else you would like us to know?

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

## APPENDIX B: YEAR 3 HSCP PROVIDER POST-SURVEY



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

If you have concerns or questions about this evaluation, please contact Ann Bailey ([baile045@umn.edu](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 health and safety coaching? [answer in months]
2. What was the name of your coach?
3. In what Child Care Aware district do you work?
  - a. Metro: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington
  - b. Northeast: Aitkin, Chisago, Carlton, Cass, Cook, Crow Wing, Isanti, Itasca, Kanabec, Koochiching, Lake, Mille Lacs, Morrison, Pine, St. Louis, Todd, and Wadena
  - c. Northwest: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnommen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, and Traverse
  - d. Southern: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, LeSueur, Martin, Mower, Nicollet, Olmstead, Rice, Sibley, Steele, Wabasha, Waseca, Watonwan, and Winona
  - e. West/Central: Benton, Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Sherburne, Stearns, Swift, Wright, and Yellow Medicine
4. How long have you been a licensed child care provider?
5. How many children (of each age) were in your care during the time you received coaching?
  - a. Infants?

- b. Toddlers?
- c. Preschoolers?
- d. School-Aged?

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

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

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

7. For each topic listed below, please rate your level of knowledge on that topic **after receiving coaching**.

Please use the following definitions:

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

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

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

Health and Safety Content Area	Perceived Level of Competency		
	<i>Beginning</i>	<i>Developing</i>	<i>Proficient</i>
Active Supervision			
Adequate and Safe Physical Space (indoor and outdoor)			
Allergies			
Caring for Children with Special Needs			
Developing Health and Safety Policies			
Developing a Risk Reduction Plan (required only in center-based settings)			
Developing an Individual Child Care Program Plan (required only in center-based settings)			
Emergency Preparedness			
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)			
Illness Exclusions			
Implementing Health and Safety Policies			
Implementing a Risk Reduction Plan (required only in center-based settings)			
Implementing an Individual Child Care Program Plan (required only in center-based settings)			
Infant Feeding			
Infectious Diseases			
Keeping Furniture and Equipment in Good Repair			
Licensing Requirements (Rule 2 or Rule 3)			
Medication Administration and Storage			
Nutrition Requirements			
Outdoor Play Safety			
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)			
Precautions for Transporting Young Children			
Proper Diapering/Toileting			
Provider Mental Health/Self-Care			
Provider to Child Ratios			
Safe Sleep Practices for Infants			
Safe Sleep Practices for Toddlers and Preschoolers			
Sanitation Practices			

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

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

Coaching Traits	Level of Agreement			
	<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				
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					

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 asked for my feedback to ensure that her interactions were helpful to me					
The coach provided resources so that I can perform my job more effectively					
The coach asked questions rather than provided solutions					
The coach provided time for reflection					
The coach was focused on improving practices					
The coach challenged me to think differently					
The coach understood the characteristics of high-quality health and safety care					
The coach knew where to find evidence-based, health and safety information					
The coach understood the continuum of child development, including brain development					
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?

- The coach did not facilitate a relationship with me
- The coach facilitated a satisfactory relationship with me
- The coach facilitated an excellent relationship with me
- Other. Please explain. [text box]

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

- Greatly improved your practice
- Somewhat improved your practice
- 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?

- The coach exceeded my expectations



- b. The coach met my expectations
  - c. The coach did not meet my expectations
  - d. Other. Please explain.
14. What, if anything, do you think worked well during the health and safety coaching you received?
15. What, if anything, do you think would improve the health and safety coaching you received?

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

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

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

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

- h. Improved less than I expected
21. Prior to coaching, did you have written health and safety policies in your program?
- a. Yes
  - b. No
22. Did you receive coaching on developing childcare health and safety policies?
- a. Yes
  - b. No
23. After receiving coaching, how would you rate your ability to **develop** child care health and safety **policies**?
- a. Well Below Average
  - b. Below Average
  - c. Average
  - d. Above Average
  - e. Well Above Average
24. Did you receive coaching on implementing childcare health and safety policies?
- a. Yes
  - b. No
25. After receiving coaching, how would you rate your ability to **implement** child care health and safety **policies and practices**?
- a. Well Below Average
  - b. Below Average
  - c. Average
  - d. Above Average
  - e. Well Above Average
26. After receiving coaching, my confidence in my knowledge of child care health and safety caregiving:
- e. Got worse
  - f. Stayed the same
  - g. Somewhat improved
  - h. Greatly improved
27. Is there anything else you would like us to know about your experience receiving health and safety coaching?

*Thank you for your time and your effort.*

## APPENDIX C: HSCP PROVIDER 10 AND 25 HOUR SURVEYS

Thank you for taking the time to complete this coaching check-in. This survey is part of the evaluation of the Minnesota Department of Human Services' Health and Safety Coaching Project, hosted by the Center for Inclusive Child Care.

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

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

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

## APPENDIX D: HSCP COACHES' PRE-SURVEY



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

If you have concerns or questions about this evaluation, please contact Ann Bailey ([baile045@umn.edu](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 a Health and Safety coach for the CICC? (dropdown box: less than one year to three years)
5. What is your age? (dropdown box: 18 to 70)
6. What is your ethnicity?
  - a. Hispanic or Latino
  - b. Not Hispanic or Latino
7. What is your race?
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Health and Safety Content Area</b>	<b>Want Additional Training</b>
Active Supervision	Yes/No
Adequate and Safe Physical Space (Indoor and Outdoor)	Yes/No
Allergies	Yes/No
Developing Health and Safety Policies	Yes/ No
Developing a Risk Reduction Plan	Yes/ No
Developing an Individual Child Care Program Plan	Yes/ No
Emergency Preparedness	Yes/ No
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	Yes/ No
Implementing Health and Safety Policies	Yes/ No
Implementing a Risk Reduction Plan	Yes/No
Implementing an Individual Child Care Program Plan	Yes/No
Infant Feeding	Yes/No
Infectious Diseases	Yes/No
Keeping furniture and equipment in good repair	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Medication administration and storage	Yes/No
Nutrition Requirements	Yes/No

Outdoor Play Safety	Yes/ No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes/No
Precautions for Transporting Young Children	Yes/No
Proper Diapering/Toileting	Yes/No
Provider mental health/self-care	Yes/ No
Provider to Child Ratios	Yes/No
Safe Sleep Practices for Infants	Yes/No
Safe Sleep Practices for Toddlers and Preschoolers	Yes/No
Sanitation Practices	Yes/ No

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

15. Online staff meetings (Likert scale 1-4: Not Useful, Somewhat Useful, Useful, Very Useful).
16. 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 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?
- Not at all familiar
  - A little familiar
  - Somewhat familiar
  - Very familiar
22. How comfortable are you using Minnesota's **Infant Toddler** Knowledge and Competency Framework in your work?
- Very comfortable
  - Somewhat comfortable
  - A little comfortable
  - Not at all comfortable
23. How familiar are you with the Minnesota **Preschool and School-Aged** Knowledge and Competency Framework?
- Not at all familiar
  - A little familiar
  - Somewhat familiar
  - Very familiar
24. How comfortable are you using Minnesota's **Preschool and School-Aged** Knowledge and Competency Framework in your work?
- Very comfortable
  - Somewhat comfortable
  - A little comfortable
  - Not at all comfortable

**The next set of questions relate to health and safety coaching competencies.**

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

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

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

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

Coaching Competency	Perceived Level of Competency	How Often You Currently Use This Skill
	(Likert scale 1-3: Beginning, Developing, Proficient)	(Likert scale 1-5: Always, Usually, About Half the time, Seldom, Never)

I am effective in different interpersonal contexts		
I am skilled at conducting observations		
I am skilled at providing constructive feedback		
I ask questions rather than provide solutions		
I assist practitioners in identifying realistic next steps for improvement		
I assist practitioners in understanding the characteristics of high-quality health and safety child care practices		
I challenge biases and inequitable practices		
I encourage the providers to broaden their perspectives by helping them see the big picture		
I evaluate practitioners' understanding of health and safety information		
I focus on improving practices		
I know how to write specific and measurable goals		
I know where to find evidence-based health and safety information		
I provide resources so that providers can perform their jobs more effectively		
I provide specific feedback		
I provide time for reflection		
I set expectations with the providers		
I solicit feedback from the providers to ensure that my interactions are helpful to them		
I withhold judgments until evidence is examined		

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

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

Coaching Disposition	Level of Agreement
	(Likert scale 1-4: Strongly Agree, Agree, Disagree, Strongly Disagree)

I am accepting of others	
I am an active listener	
I am attentive	
I am collaborative	
I am culturally competent	
I am ethical	
I am flexible	
I am inventive	
I am objective	
I am professional	
I am resourceful	
I am respectful	
I am respectful of the provider's experience	
I am responsible	
I am responsive	
I am understanding	

**The next set of questions relate to your perceptions of your effectiveness as a health and safety coach in child care settings.**

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

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

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

36. Which of the following health and safety content areas are most often requested by child care providers who receive coaching? Please choose up to three options.
- a. Active supervision
  - b. Emergency preparedness
  - c. Illness exclusion/identification
  - d. Inclusion of children with special needs
  - e. Interpreting licensing requirements

- f. Maintaining ratios
  - g. Physical environment/building safety
  - h. Safe sleep practices
  - i. Sanitation practices
  - j. Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)
  - k. Other. Please explain. [text box]
37. Which of the following health and safety topics is most challenging for licensed child care workers to implement? Please choose up to three options.
- a. Active supervision
  - b. Emergency preparedness
  - c. Illness exclusion/identification
  - d. Inclusion of children with special needs
  - e. Interpreting licensing requirements
  - f. Maintaining ratios
  - g. Physical environment/building safety
  - h. Safe sleep practices
  - i. Sanitation practices
  - j. Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)
  - k. Other. Please explain. [text box]
38. What, if anything, do you believe prevents licensed child care providers from implementing high quality health and safety policies and practices in their work place? [text box]
39. Is there anything else you would like us to know about your work as a health and safety coach? [text box]

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

## APPENDIX E: HSCP COACHES' POST-SURVEY



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

If you have concerns or questions about this evaluation, please contact Ann Bailey ([baile045@umn.edu](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 a Health and Safety coach for the CICC? (dropdown box: less than one year to three years)
5. What is your age? (dropdown box: 18 to 70)
6. What is your ethnicity?
  - a. Hispanic or Latino
  - b. Not Hispanic or Latino
7. What is your race?
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White

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

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

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

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

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

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

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

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

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

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

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



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

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

<b>Health and Safety Content Area</b>	<b>Want Additional Training</b>
Active Supervision	Yes/No
Adequate and Safe Physical Space (Indoor and Outdoor)	Yes/No
Allergies	Yes/No
Developing Health and Safety Policies	Yes/ No
Developing a Risk Reduction Plan	Yes/ No
Developing an Individual Child Care Program Plan	Yes/ No
Emergency Preparedness	Yes/ No
How to Access Local Resources (e.g., health consultants, emergency hotlines, etc.)	Yes/ No
Implementing Health and Safety Policies	Yes/ No
Implementing a Risk Reduction Plan	Yes/No
Implementing an Individual Child Care Program Plan	Yes/No
Infant Feeding	Yes/No
Infectious Diseases	Yes/No
Keeping furniture and equipment in good repair	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Medication administration and storage	Yes/No
Nutrition Requirements	Yes/No

Outdoor Play Safety	Yes/ No
Potential Hazards (e.g., medications, diaper cream, cleaning supplies, etc.)	Yes/No
Precautions for Transporting Young Children	Yes/No
Proper Diapering/Toileting	Yes/No
Provider mental health/self-care	Yes/ No
Provider to Child Ratios	Yes/No
Safe Sleep Practices for Infants	Yes/No
Safe Sleep Practices for Toddlers and Preschoolers	Yes/No
Sanitation Practices	Yes/ No

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

15. Online staff meetings (Likert scale 1-4: Not Useful, Somewhat Useful, Useful, Very Useful).
16. 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?
- Increased
  - Stayed the same
  - 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?
- I am more familiar
  - My familiarity stayed the same
  - 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?
- Increased
  - Stayed the same
  - Decreased

**The next set of questions relate to health and safety coaching competencies.**

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

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

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

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

Coaching Competency	Perceived Level of Competency	How Often You Currently Use This Skill
	(Likert scale 1-3: Beginning, Developing, Proficient)	(Likert scale 1-5: Always, Usually, About Half the time, Seldom, Never)
I am effective in different interpersonal contexts		
I am skilled at conducting observations		
I am skilled at providing constructive feedback		
I ask questions rather than provide solutions		
I assist practitioners in identifying realistic next steps for improvement		

I assist practitioners in understanding the characteristics of high-quality health and safety child care practices		
I challenge biases and inequitable practices		
I encourage the providers to broaden their perspectives by helping them see the big picture		
I evaluate practitioners' understanding of health and safety information		
I focus on improving practices		
I know how to write specific and measurable goals		
I know where to find evidence-based health and safety information		
I provide resources so that providers can perform their jobs more effectively		
I provide specific feedback		
I provide time for reflection		
I set expectations with the providers		
I solicit feedback from the providers to ensure that my interactions are helpful to them		
I withhold judgments until evidence is examined		

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

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

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

I am respectful of the provider's experience	
I am responsible	
I am responsive	
I am understanding	

**The next set of questions relate to your perceptions of your effectiveness as a health and safety coach in child care settings.**

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

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

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

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

- a. Active supervision
  - b. Emergency preparedness
  - c. Illness exclusion/identification
  - d. Inclusion of children with special needs
  - e. Interpreting licensing requirements
  - f. Maintaining ratios
  - g. Physical environment/building safety
  - h. Safe sleep practices
  - i. Sanitation practices
  - j. Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)
  - k. Other. Please explain. [text box]
40. Which of the following health and safety topics is most challenging for licensed child care workers to implement? Please choose up to three options.
- a. Active supervision
  - b. Emergency preparedness
  - c. Illness exclusion/identification
  - d. Inclusion of children with special needs
  - e. Interpreting licensing requirements
  - f. Maintaining ratios
  - g. Physical environment/building safety
  - h. Safe sleep practices
  - i. Sanitation practices
  - j. Storage of potential hazardous materials (diaper cream, cleaning supplies, medications)
  - k. Other. Please explain. [text box]
41. What, if anything, do you believe prevents licensed child care providers from implementing high-quality health and safety policies and practices in their work place? [text box]
42. What, if anything, has been the most rewarding part of working as a coach within the health and safety coaching project?
43. What, if anything, has been the most challenging part of working as a coach within the health and safety coaching project?
44. Is there anything else you would like us to know about your work as a health and safety coach? [text box]

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

## APPENDIX F: HSCP PROVIDER INTERVIEW PROTOCOL



Good morning/afternoon. Thank you for agreeing to participate in this interview. My name is [fill in name] and I am currently a [fill in title] at the Center for Early Education and Development at the University of Minnesota. I have been hired by the Center for Inclusive Child Care to conduct the external evaluation of this project. This interview may take up to 50 minutes. The purpose of our time together is to gather information on the Child Care Health and Safety Coaching Project. Specifically, we want to know what you perceive to be working and what may not be working. We'd like to hear your opinions on the successes with and challenges of participating in this program. This information will be used by the CICC and the Minnesota Department of Human Services to develop a high-quality health and safety coaching model for child care providers throughout the state. The information will also be used to make decisions on professional development needs and other supports for the Health and Safety coaches and the providers who receive coaching. You were invited to participate in this group because you are a provider who received coaching.

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

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



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

**Thank you for your participation.**

## APPENDIX G: HSCP COACH INTERVIEW PROTOCOL



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

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

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

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

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

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

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

**Thank you for your participation.**

## APPENDIX H: HSCP COACHES' END-OF-EVENT SURVEY



Thank you for taking the time to complete this end-of-event. This survey is part of the evaluations of the Health and Safety Coaching Project, the Inclusion Coaching Project, and the Infant Toddler Specialist Network that are all funded by the Minnesota Department of Human Services. These grants are hosted by the Center for Inclusive Child Care. The data collected from this survey will be used to inform the development of the coaching programs for child care providers within Minnesota. The responses will be combined and then reported; you and your responses will not be identifiable. The survey takes approximately 2 minutes to complete. We thank you for your time and honest responses.

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

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

## APPENDIX I: CONTINUOUS QUALITY IMPROVEMENT PLAN

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

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

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

[Infants and Toddlers](#)

[Family Child Care](#)

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

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

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



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

---

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

---

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

#### Teaching and relationships with children:

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

#### Relationships with families:

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

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

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

#### Professionalism:

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

#### Health and well-being:

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



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

License number: Click or tap here to enter text.

Coach: Click or tap here to enter text.

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

**Complete *prior* to coaching:**

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

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

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

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

**Complete *after* coaching:**

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

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

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

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

Type(s) of Coaching:

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

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

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

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

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

Visit Summary and Feedback:

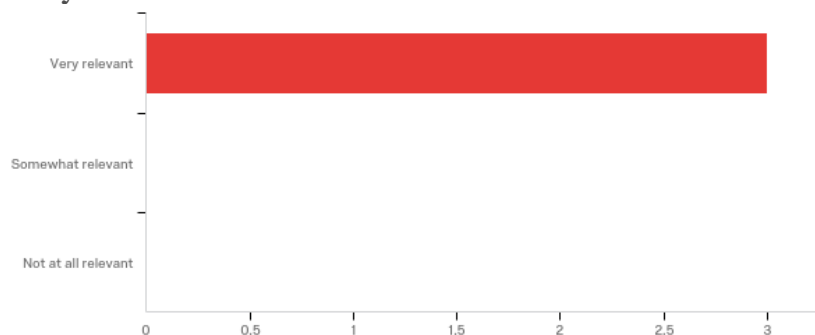
Participant Next Steps:	Coach Next Steps:

Date of next meeting:

## APPENDIX J: HSCP COACHES' RC END-OF-EVENT SURVEY RESPONSES

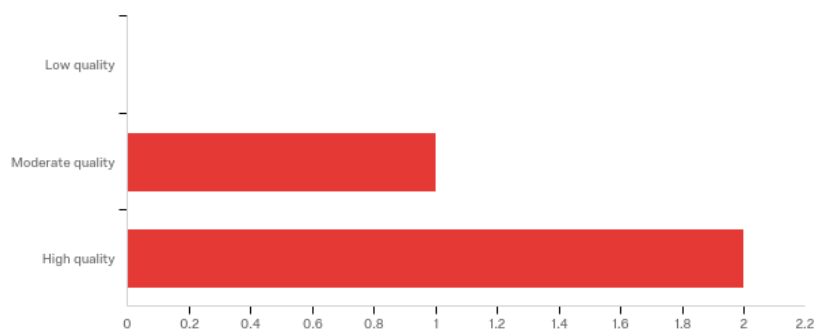
*CICC Coaches RC End of Event Survey August 5 2019*

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



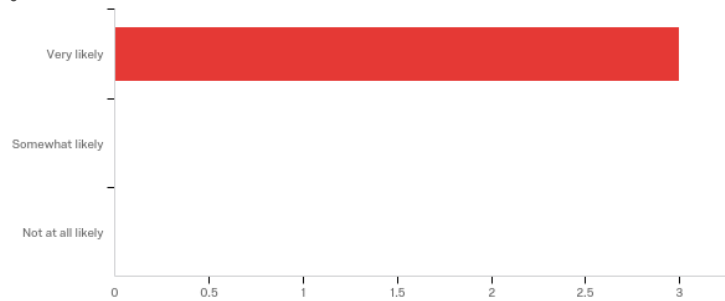
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



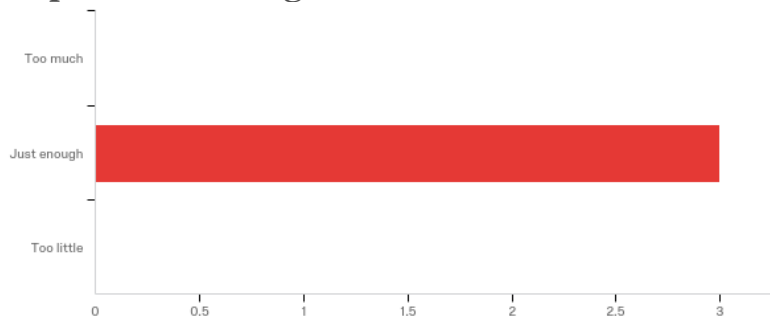
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	33.33%	1
3	High quality	66.67%	2
	Total	100%	3

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



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

## The information provided during the Reflective Consultation was:



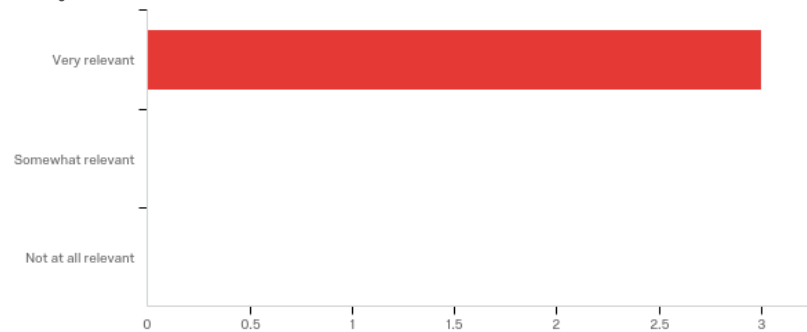
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

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

No responses.

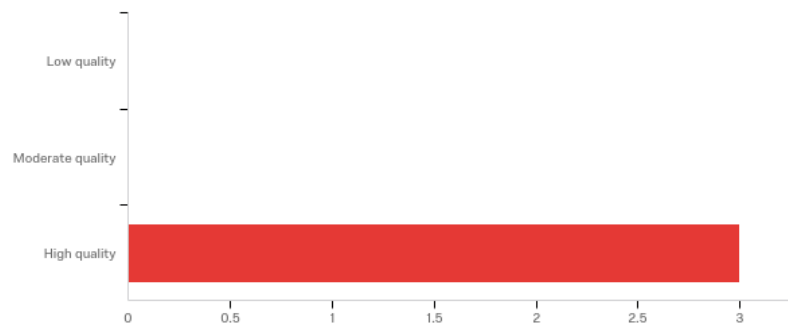
*CICC Coaches RC End of Event Survey August 22 2019*

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



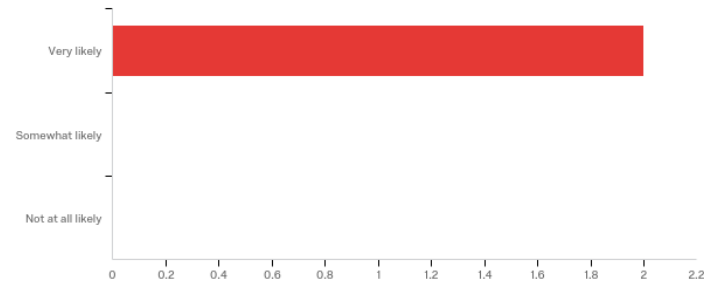
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

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



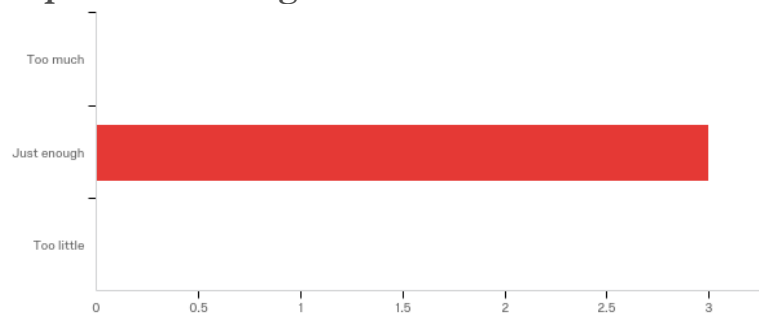
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

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



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

## The information provided during the Reflective Consultation was:



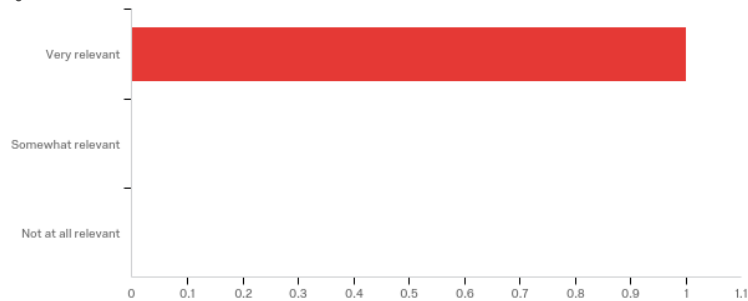
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

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

Tracy is great!!

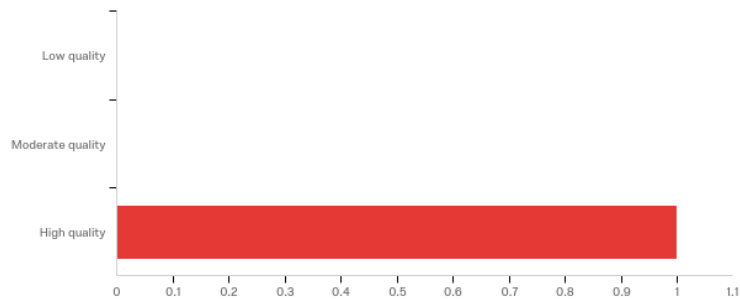
*CICC Coaches RC End of Event Survey September 16 2019*

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



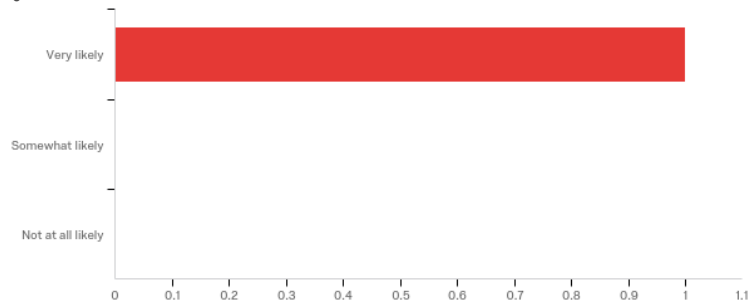
#	Answer	%	Count
1	Very relevant	100.00%	1
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	1

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



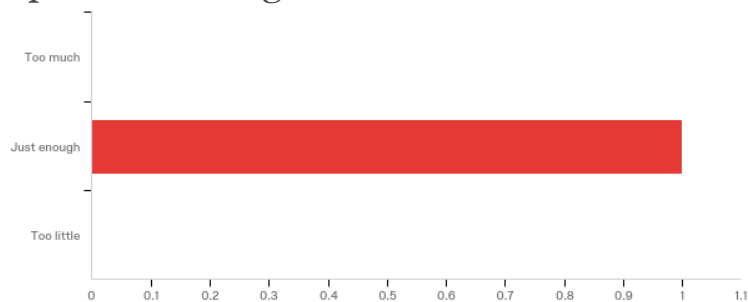
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	1
	Total	100%	1

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



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

## The information provided during the Reflective Consultation was:



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

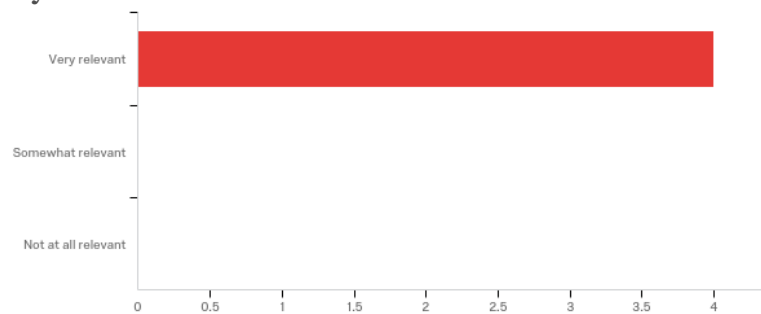
## Is there anything else you'd like us to know about this event?

One of the best supports we are provided as coaches.



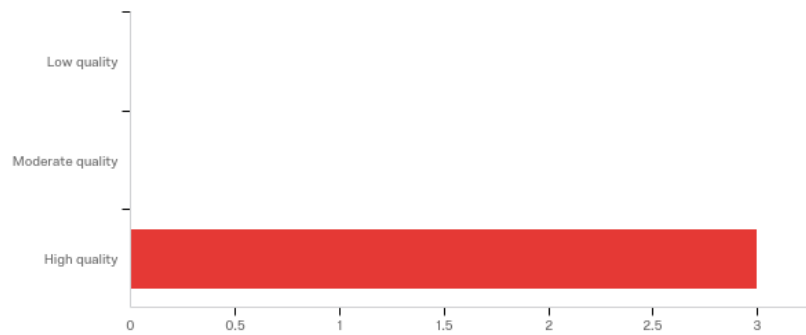
*CICC Coaches RC End of Event Survey September 26 2019*

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



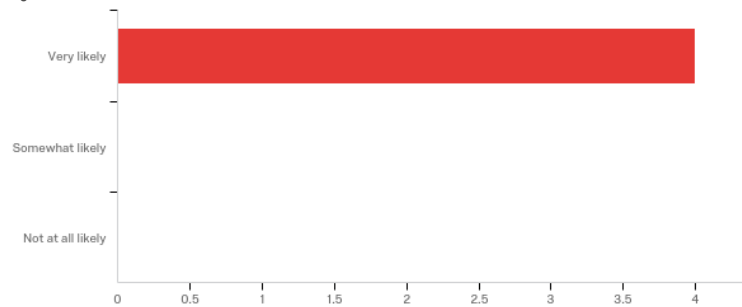
#	Answer	%	Count
1	Very relevant	100.00%	4
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	4

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



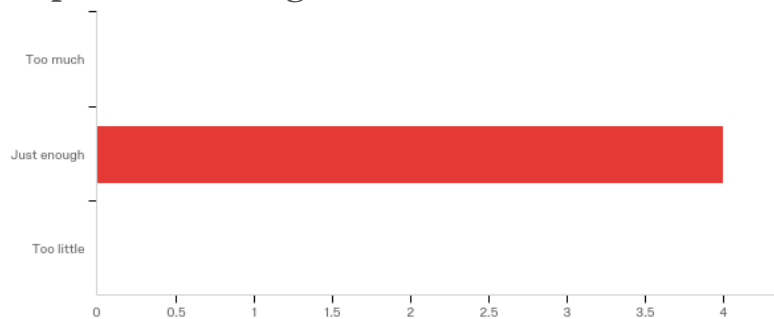
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

## 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:



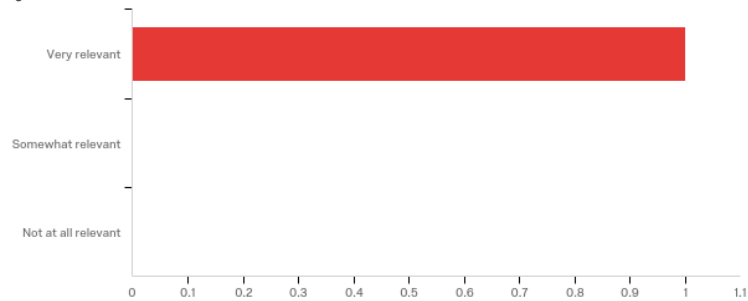
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	4
3	Too little	0.00%	0
	Total	100%	4

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

Heard some great tips

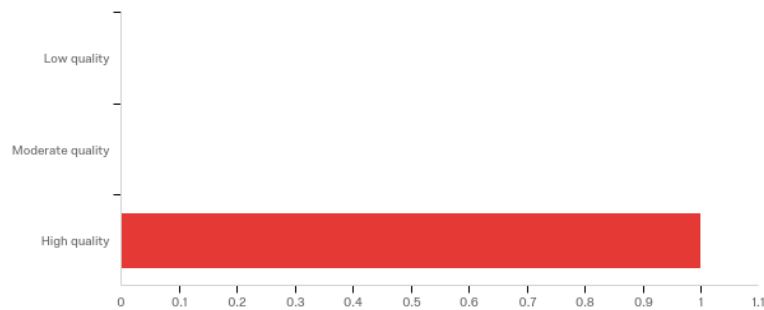
*CICC Coaches RC End of Event Survey November 4 2019*

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



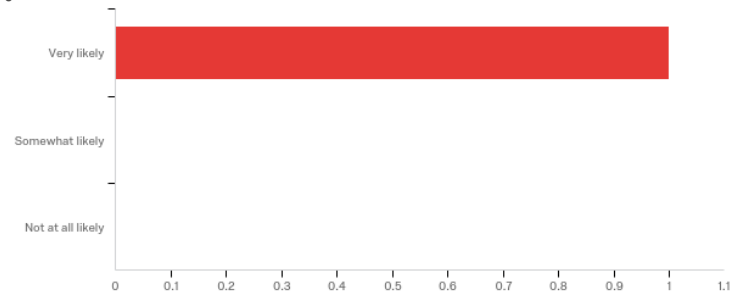
#	Answer	%	Count
1	Very relevant	100.00%	1
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	1

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



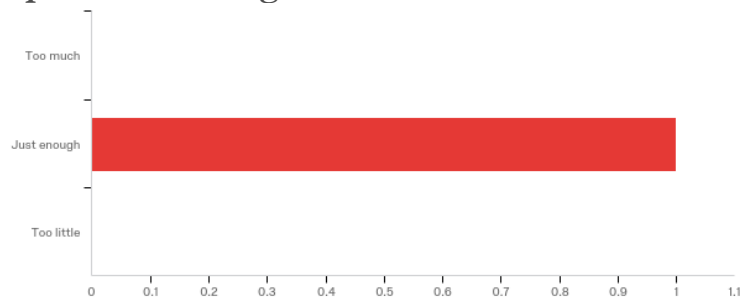
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	1
	Total	100%	1

**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:**

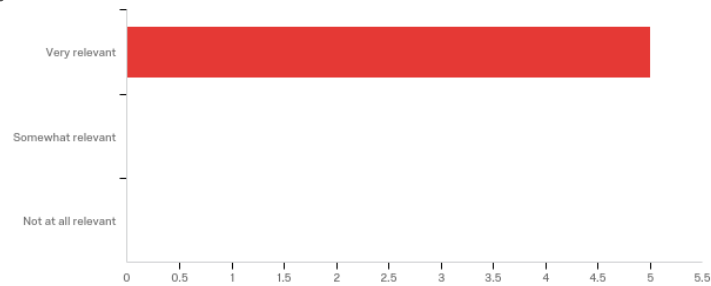


#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	1
3	Too little	0.00%	0
	Total	100%	1

**Is there anything else you'd like us to know about this event?**  
No responses.

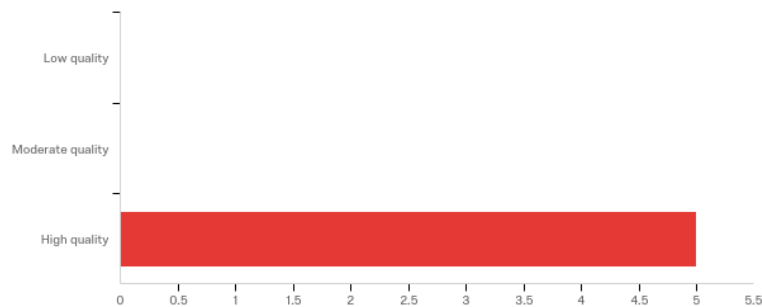
*CICC Coaches RC End of Event Survey November 21 2019*

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



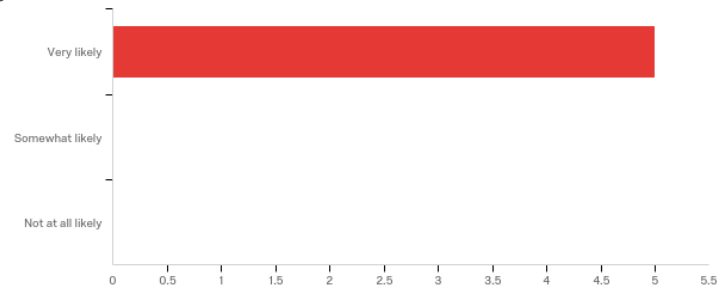
#	Answer	%	Count
1	Very relevant	100.00%	5
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	5

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



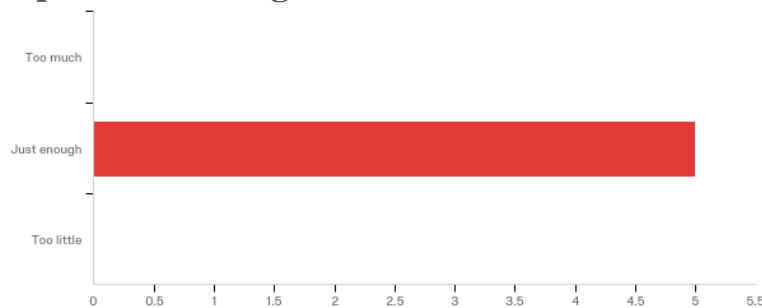
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	5
	Total	100%	5

## 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:



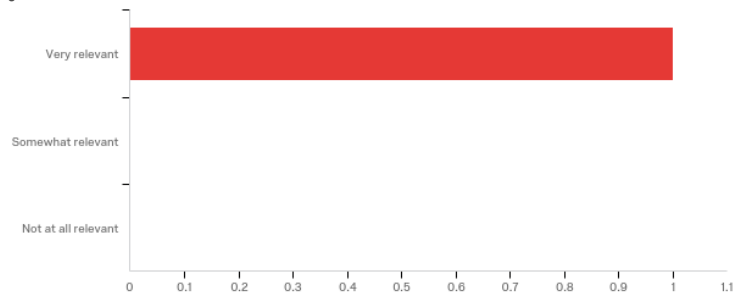
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	5
3	Too little	0.00%	0
	Total	100%	5

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

No responses.

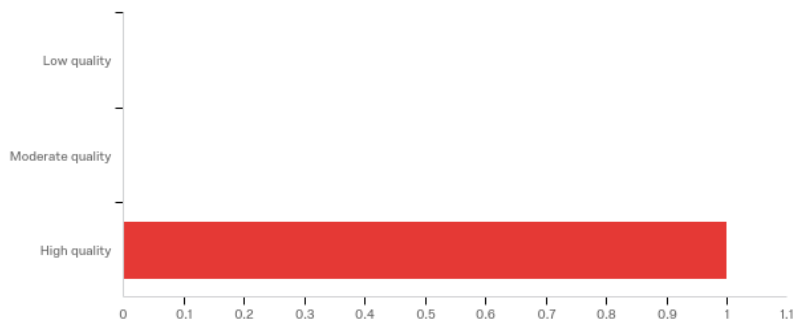
*CICC Coaches RC End of Event Survey December 2 2019*

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



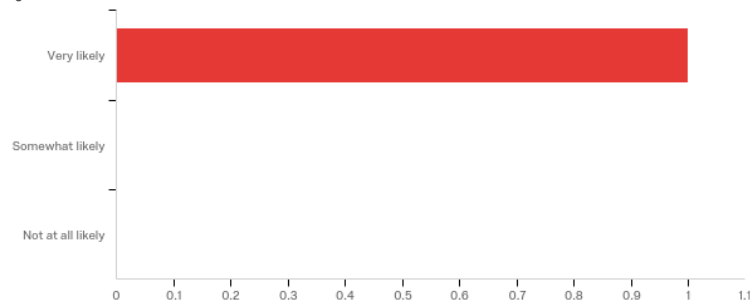
#	Answer	%	Count
1	Very relevant	100.00%	1
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	1

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



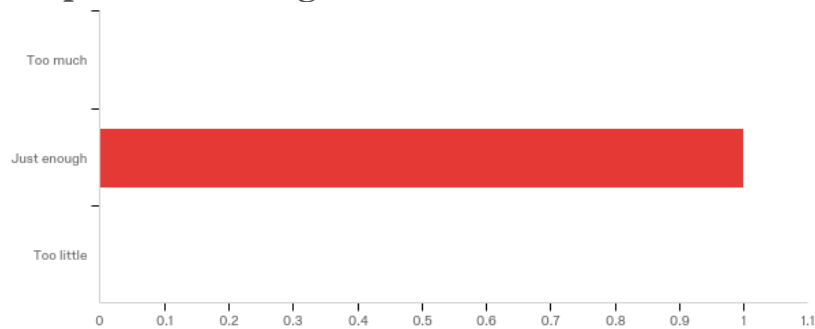
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	1
	Total	100%	1

## 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

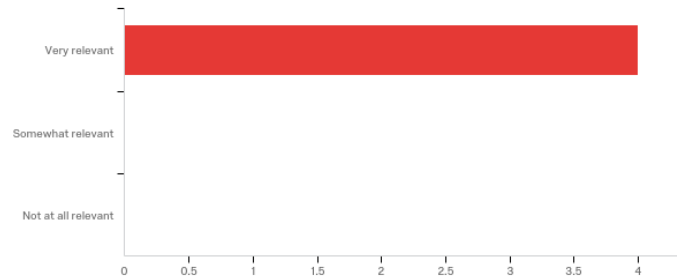
## Is there anything else you'd like us to know about this event?

No responses.



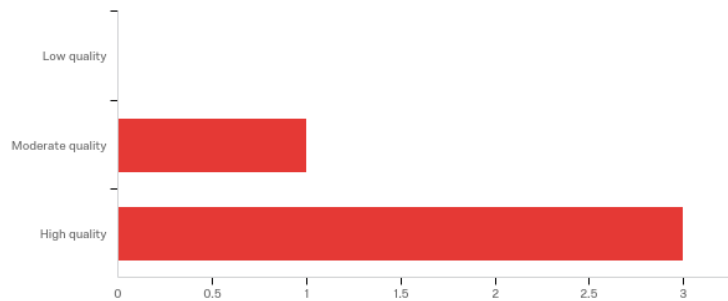
*CICC Coaches RC End of Event Survey December 19 2019*

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



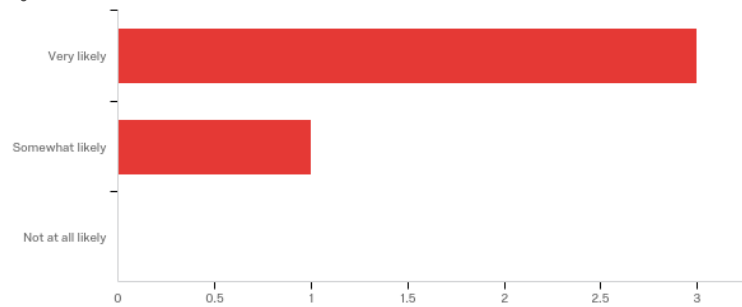
#	Answer	%	Count
1	Very relevant	100.00%	4
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	4

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



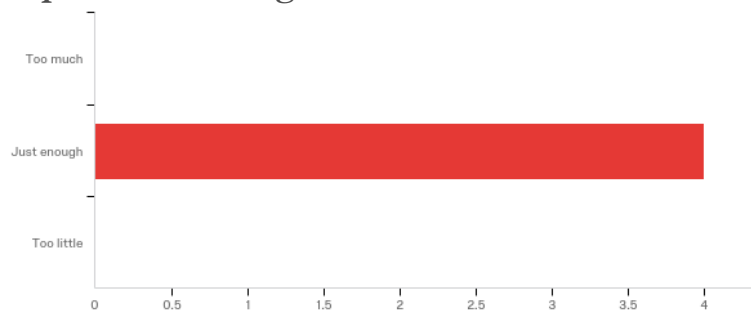
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	25.00%	1
3	High quality	75.00%	3
	Total	100%	4

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



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

## The information provided during the Reflective Consultation was:



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

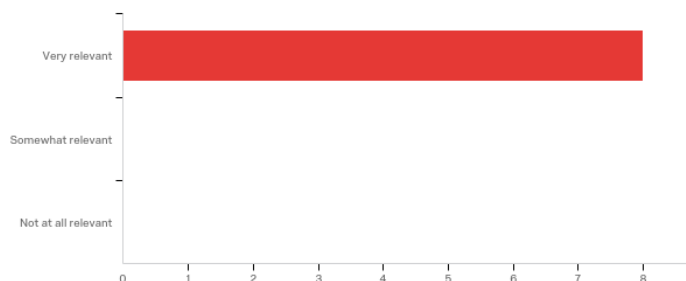
## Is there anything else you'd like us to know about this event?

No responses.

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

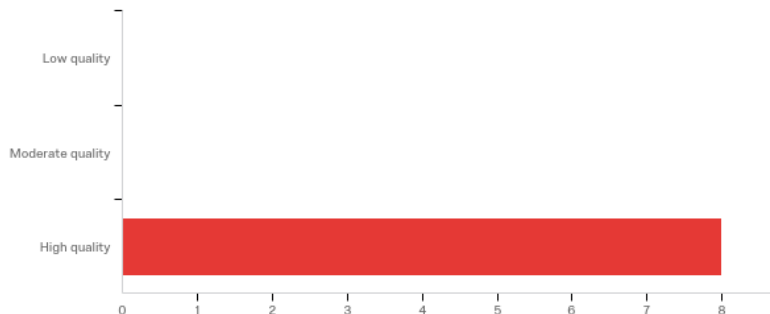
*CICC Coaches RBPD Credential End of Event Survey-September 18 2019*

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



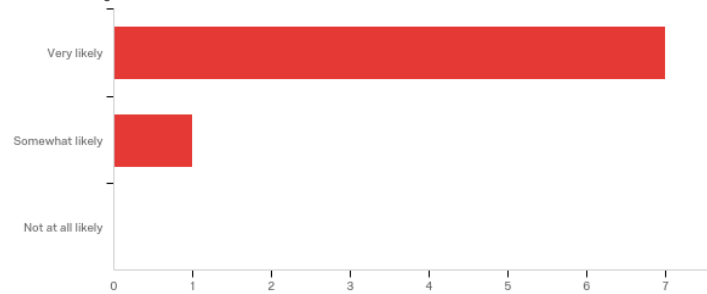
#	Answer	%	Count
1	Very relevant	100.00%	8
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	8

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



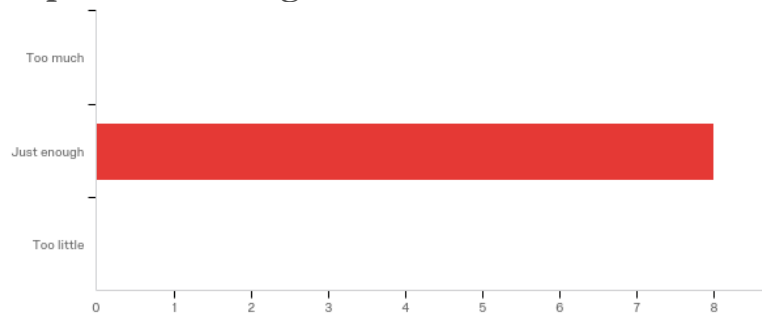
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	8
	Total	100%	8

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



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

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



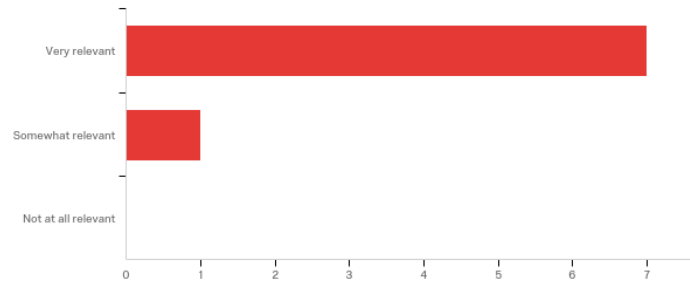
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	8
3	Too little	0.00%	0
	Total	100%	8

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

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

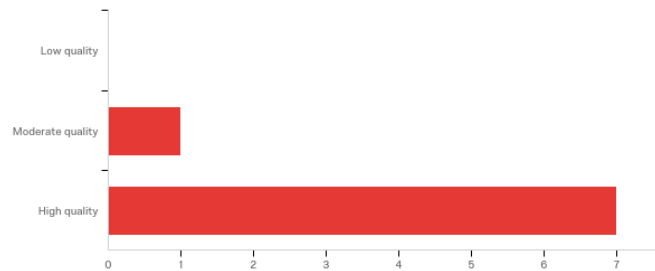
*CICC Coaches RBPB Credential End of Event Survey-October 14 2019*

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



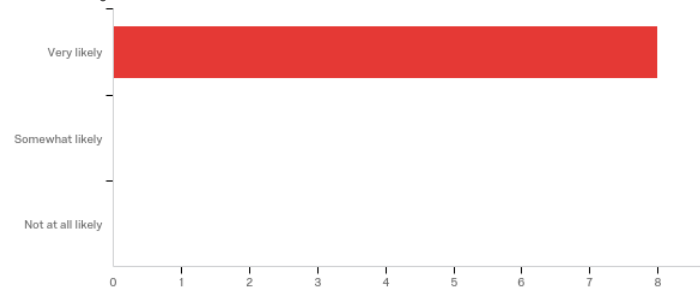
#	Answer	%	Count
1	Very relevant	87.50%	7
2	Somewhat relevant	12.50%	1
3	Not at all relevant	0.00%	0
	Total	100%	8

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



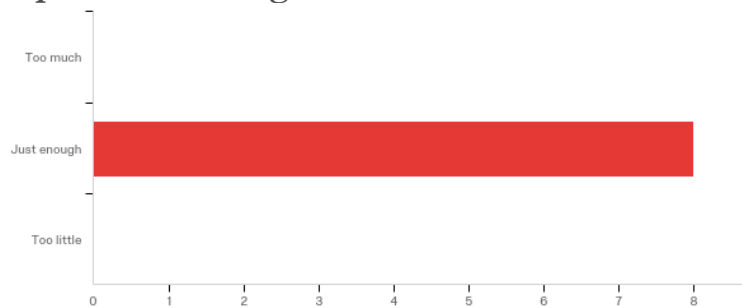
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	12.50%	1
3	High quality	87.50%	7
	Total	100%	8

## 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:



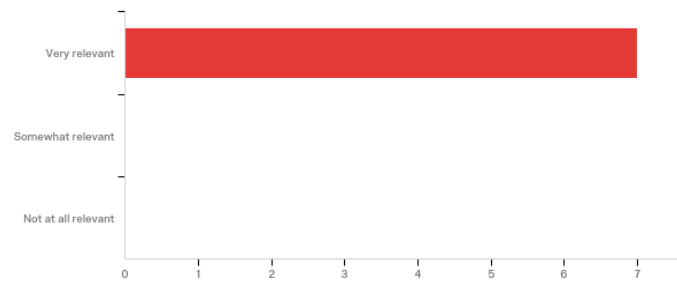
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	8
3	Too little	0.00%	0
	Total	100%	8

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

Beth is a wonderful presenter!

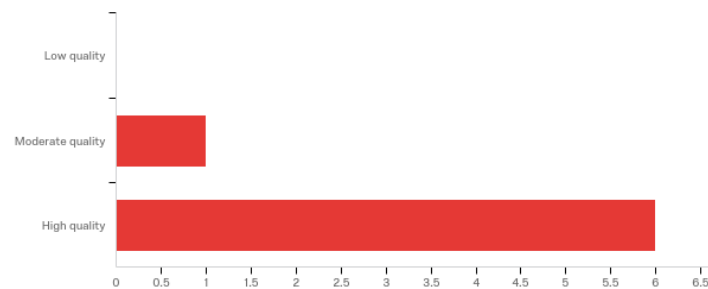
*CICC Coaches RBPD Credential End of Event Survey-December 18 2019*

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



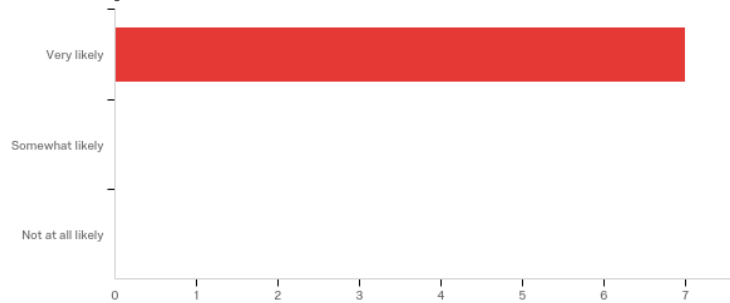
#	Answer	%	Count
1	Very relevant	100.00%	7
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	7

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



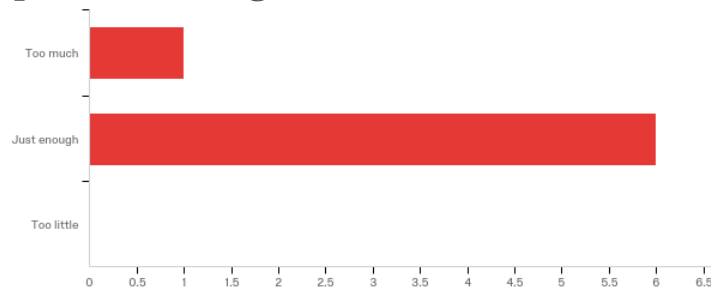
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	14.29%	1
3	High quality	85.71%	6
	Total	100%	7

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



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

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



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

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

No responses.