CENTER FOR INCLUSIVE CHILD CARE

ICP Annual Evaluation Report

Inclusion Coaching Project

Center for Early Education and Development

University of Minnesota

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Executive Summary

The Inclusion Coaching Program (ICP) continues its long history of providing coaching to licensed child care providers throughout Minnesota, with the goal of supporting those providers in serving young children who have special needs and/or challenging behaviors and their families. The ICP uses relationship-based coaching, technical assistance, and consultation to assist child care providers in their efforts to care for children who need additional supports. The Center for Inclusive Child Care (CICC) has been developing, implementing, and overseeing the ICP for the past eight years. They have hired qualified and experienced coaches to work with child care providers to meet the goals of the coaching program.

ICP evaluation data are collected from multiple sources. Data collection for the ICP is focused on both the providers who receive coaching services and on the coaches who provide those services. From July 1, 2018 to June 30, 2019, data were collected from the following sources: providers' pre- and post-surveys, provider satisfaction surveys after 10 and again after 25 hours of coaching, provider interviews, coaches' end-of-event surveys, and Continuous Quality Improvement Plans (CQIPs).

Providers who participate in the ICP have extensive experience working in child care settings and are an educated cadre of women. They reported widespread knowledge of inclusion topics and continued to express interest in additional training, especially on challenging behaviors, developing behavior plans, and play for children with disabilities. These providers identified challenging behaviors, active supervision of children with special needs, and play for children with disabilities as the inclusion topics most challenging to implement. Lack of time was cited as one reason why implementing inclusion policies and practices may be difficult.

ICP providers received, on average, between three and four months of coaching. The majority of providers stated that the coaches used relationship-based professional development strategies as the foundation of the coaching process, including developing collaborative relationships, listening actively, conducting observations, developing goals collaboratively, removing judgment from the situation, and responding quickly to their requests for support and resources.

As a result of their participation in the ICP, child care providers reported increased knowledge of inclusion topics, improved practices, and increased confidence in their practices. Knowledge of and comfort using the Minnesota Knowledge and Competency Frameworks minimally increased. Providers also reported that their personal effectiveness had improved as a result of their participation.

Interview data demonstrated that there is a common coaching process that was based on quality relationships. Providers were able to give specific examples of how ICP coaching improved their child care practices. Most of the providers were unaware of the Continuous Quality Improvement Plan and its use within the coaching process. All ICP providers perceived the coaching as a positive influence on their practices and most stated that the quality of child care services have improved statewide as a result of the ICP.

These evaluation data can be used to modify and enhance the relationship-based professional development currently being provided by and to the coaches and providers who are part of the ICP. These data may also be used to develop new methods for ensuring that the coaches are executing their roles with fidelity, ensuring that the providers are improving their practices based on the coaching services, and that children in child care are being included and supported in their development. Results from this report should be viewed with caution, as all data are self-reported data.

Annual Evaluation Report

Inclusion Coaching Project: July 1, 2018—June 30, 2019

Introduction

The Center for Inclusive Child Care (CICC) is responsible for implementing the Inclusion Coaching Program (ICP) for licensed child care providers throughout the state of Minnesota. The overarching goal of the ICP is to use Relationship-based Professional Development (RBPD) as a means to improve the knowledge and service provision of child care providers who care for young children, especially those with special needs. The CICC defines "special needs," as any child with a diagnosed disability, a child who is exhibiting challenging behaviors, a child with a delay in their development, a child with mental health concerns, a child who has experienced trauma, and any child who is "identified by the provider or parent as demonstrating challenges in participation or retention in the child care setting" (P. Weigel, personal communication, April 10, 2019). The ICP coaches work collaboratively with child care providers to develop quality improvement plans that include action steps around policies, procedures, and their own professional development goals. This is a collaborative process between the coach and the provider, with the ultimate goal of improving academic and behavioral outcomes for young children within Minnesota.

Inclusion coaches and the child care providers who received coaching participated in multiple evaluation activities during the first year of the evaluation project. The inclusion 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 provider or center director. The CQIP outlines the goals of the coaching as they relate to indicators within the Minnesota Knowledge and Competency Frameworks. Inclusion coaches will be asked to complete a survey in the second half of Year 1 to assess their knowledge and experience within the ICP.

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Child care providers who participated in the ICP completed both a pre- and a post-coaching survey that assessed their knowledge, attitudes, experiences, and practices regarding caring for young children with special needs and/or challenging behaviors. Providers completed brief surveys once they have received 10 and 25 hours of coaching. The intent of these shorter surveys is to assess their experience during coaching rather than waiting until coaching is complete. A purposeful sample of ICP providers are also being asked to participate in an interview to further evaluate their experiences with coaching.

Assessing information from numerous data sources across the grant period allows the CICC 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 system for caring for young children with special needs and/or challenging behavior across the state of Minnesota; specifically, the types of professional development offered to coaches and providers, the content of the information shared with both coaches and providers, the identification of areas of improvement across the child care field, and the impact of providing high-quality RBPD to child care providers.

Study Purpose

The purpose of this study survey was to assess the knowledge, attitudes, and experiences of the inclusion coaches and the licensed child care providers who received ICP coaching. The data collected are intended to inform the ICP, including the effectiveness of RBPD coaching on improving child care for young children with special needs. The results presented within this report represent data gathered from July 2018 through December 2018. 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.

Methodology

Instrumentation

ICP Providers' Pre- and Post-Surveys

The pre- and post-survey questions for ICP providers were developed from information gleaned from the evidence base, child care policy, from child care recommended practices

for all children, and from specific, recommended practices that apply to caring for children with special needs and/or challenging behaviors. The questions were originally developed by the lead evaluator (Bailey) and were reviewed and revised in collaboration with CICC personnel (Croft, Gillard, Menninga, and Weigel).

ICP Providers' 10 and 25 Hour Surveys

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

ICP 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.

ICP Providers' Interview Protocol

The lead evaluator created the interview protocol. The CICC Executive Director and the DHS Program Contract Manager reviewed and revised the protocol. CEED evaluation team members conducted the interviews. The interviews began in October of 2018 and were completed in June 2019.

Continuous Quality Improvement Plan

CICC personnel developed the Continuous Quality Improvement Plans (CQIPs). The objective of the CQIPs is to provide a tool with which providers and coaches can outline goals they would like to complete as part of the coaching program, as well as providing a means of identifying the Minnesota Knowledge and Competency content areas and standards of quality that those goals are meant to address. CICC personnel collaborated with the lead evaluator to ensure that the information captured on the document is used within the evaluation of the program. Revisions were made to the document in Year 1 to capture additional data elements.

Participant Recruitment

All ICP coaches were encouraged to complete all evaluation activities by CICC personnel and the lead evaluator. The lead evaluator conducted an in-person presentation of the evaluation activities to coaches and CICC personnel during a Community of Practice

meeting in September of 2018. Coaches aided the lead evaluator in determining additional ways to encourage participation in evaluation activities by coaches and providers at that meeting.

Coaches shared survey information with child care providers receiving coaching during their initial visit. CICC personnel sent provider names and emails to CEED evaluation staff, who then sent individual survey links and reminders to providers. Paper surveys were made available to providers who preferred that method of survey completion. Providers who complete a paper survey are given an addressed, stamped envelope that is sent directly to the lead evaluator at CEED.

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

Data Collection Procedures

Providers' Pre- and Post-Surveys

There were a total of 27 questions within the providers' pre-survey, which can be found in Appendix A. The survey was based on pre-surveys from other CICC child care coaching programs (e.g., Infant Toddler Specialist Network and Health and Safety Coaching Project) and included questions on the following topics: demographic information; providers' professional development experience; providers' perceptions of their competencies in specific inclusion content areas; the preferred method(s) for support with inclusion; providers' knowledge of Minnesota's Knowledge and Competency Frameworks; providers' perceptions of their own effectiveness; and providers' perceptions of their ability to implement high-quality inclusion practices. The providers were also asked open-ended questions so that they could share their thoughts on implementation challenges and their expectations around working with an inclusion coach. The providers' post-survey contained 22 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 ICP providers' surveys were loaded onto Qualtrics (QSR International, 2017) and disseminated by CEED evaluation personnel. The providers' pre-survey was disseminated beginning in September of 2018. All providers were sent a link to the survey within their first week 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 ICP providers' post-survey was originally disseminated in the fall of 2018. 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.

ICP Providers' Interview Protocol

The interview protocol for ICP providers (see Appendix C) contained a total of 15 questions, with several of the questions containing sub-questions and/or prompts. All interviews were conducted by CEED evaluation personnel. The interviews took approximately 35 minutes to complete. Each interview was recorded and later transcribed by the evaluation team members. The transcriptions will be analyzed using MAXQDA (2018), which allows researchers to classify qualitative data into themes and sub-themes.

ICP Coaches' End-of-Event Survey

The end-of-event survey for ICP coaches contains six questions, including one open-ended question. The survey was loaded into Qualtrics (QSR International, 2017) and a link to the survey was disseminated by CICC personnel at the completion of every ICP professional development activity (e.g., monthly webinars, in-person Communities of Practice, and reflective consultation sessions). The end-of-event survey can be found in Appendix D.

Continuous Quality Improvement Plans

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

Data Analysis

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

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

Results

All data are reported in aggregate throughout this section of the report. Response rates varied across evaluation activities and should be reviewed prior to any interpretation. When possible, the total number of respondents are identified within each data collection activity and individual questions.

The results are broken down for the providers into the following overarching categories: demographics; coaching services data; education and experience; requests for additional professional development; knowledge of inclusion content; familiarity with and comfort using the Minnesota Knowledge Competency Frameworks; requests for support; inclusion 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. Results from the interviews are presented. Data from the Continuous Quality Improvement Plans are shared. Data are presented for the ICP providers after they received 10 hours and 25 hours of coaching. End-of-event data are presented for the inclusion coaches, as well.

ICP Provider Demographics

Forty-two (42) ICP providers completed the pre-survey (30% response rate) and 25 completed the post-survey (28% response rate). The providers (n = 42) range in age from 22 to 65 years old, with an average age of 41.5 years. Thirty-eight (n = 38; 93%) providers identified themselves as White, one identified as Black or African American (2%), and two as Multiracial (5%). Of the 42 providers who answered the question in the pre-survey, 74%

(n = 31) said they worked in center-based child care and 26% (n = 11) said they were family child care providers. The majority of the center-based respondents identified themselves as teachers (64%; n = 18). Six (6) respondents identified themselves as Center Directors (21%) and four (4) as an assistant/aide (14%).

ICP Coaching Services Data

ICP providers reported receiving an average of a little over three (3.4) months of inclusion coaching (range = less than one month to eight months) (see Figure 1). Providers were asked how many children with disabilities were in their care during the time they received coaching. There was an average of two children with disabilities in providers' care during coaching (range = 0 – 15 children).

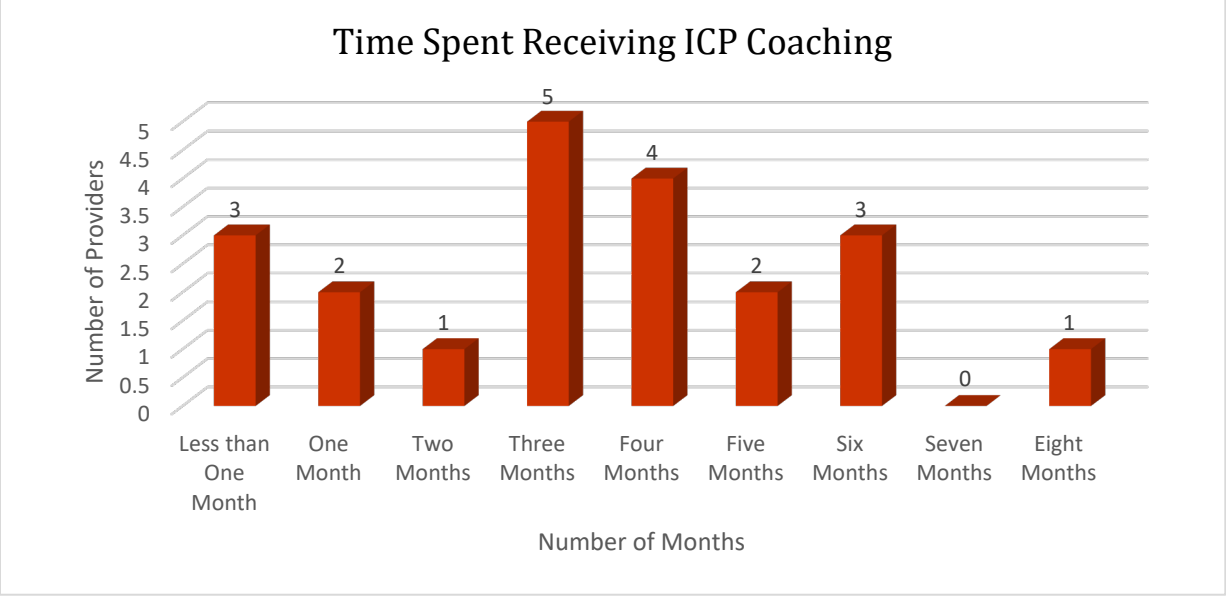

Figure 1. Number of months of coaching received by ICP child care providers.

ICP Providers' Education and Experience

Of the 42 ICP providers who responded to the question, 40% (n = 17) reported that they hold a Bachelor of Arts degree; eight hold a post-graduate degree (19%); six hold an Associate of Arts degree (14%), six hold some college or certificate program (14%); three have a high school diploma (7%); and two hold the Child Development Associate credential (5%).

These providers (n = 42) have worked an average of 14.5 years (range = less than one year to 42 years) in child care. Sixty-two percent (62%; n = 26) of the providers reported that they work in the metro region and 31% in the northeast region (n = 13). There was one provider located in each of the other three regions (i.e., northwest, southern, and west/central).

ICP Providers' Professional Development Experiences

The providers in the ICP were asked to report 1) whether they received in-service training or college coursework on a list of common inclusion topics, 2) when that professional development took place, and 3) whether they would like additional professional development on that predetermined list of inclusion topics. Table 1 reports the percentage of coaches who indicated that they had received formal training in a given inclusion topic at any point in the past.

Table 1. Percentage of ICP Providers Who Reported Ever Having Received Formal Training on Inclusion Content Areas.

Inclusion Content Area	**Received formal training anytime in the past**
Active Supervision of Children with Special Needs	54% (21/39)
Adequate and Safe Physical Space (indoor and outdoor)	74% (29/39)
Building Partnerships with Families	79% (31/39)
Caring for Infants and Toddlers with Special Needs	26% (10/38)
Challenging Behavior	79% (31/39)
Child Development, including Brain Development	92% (36/39)
Confidentiality and Data Privacy	56% (22/39)

Cultural Responsiveness	74% (29/39)
Developing a Behavior Plan	55% (21/38)
Developmental Red Flags	49% (19/39)
Developmentally Appropriate Practices (DAP) around Individualized and Group Instruction	58% (22/38)
Diabetes Care	13% (5/39)
Disability Law	21% (8/38)
Emergency Preparedness	82% (31/38)
Expulsion Prevention	13% (5/38)
Formal Assessment	71% (27/38)
Informal Assessment	79% (30/38)
Licensing Requirements (Rule 2 or Rule 3)	76% (28/37)
Observation	87% (34/39)
Play for Children with Disabilities	34% (13/38)
Provider Mental Health/Self-Care	49% (18/37)
Referral to Early Intervention for Infants and Toddlers	39% (15/38)
Sharing Concerns with Families	62% (23/37)
Social Emotional Development--Attachment	89% (34/38)
Special Health Care Needs	34% (13/38)

Trauma-Informed Care	48% (19/40)

ICP providers reported that they had most often received training in the areas of child development, including brain development (92%), social emotional development—attachment (89%), observation (87%), and emergency preparedness (82%). These same providers reported that they had least often attended professional development on diabetes care (13%), expulsion prevention (13%), disability law (21%), and caring for infants and toddlers with special needs (26%).

Table 2 reports when the providers last had training on inclusion topics. Providers most often reported that they received training on licensing rules (67%), emergency preparedness (61%), and challenging behavior (61%) in the last year. Less than half of the total survey respondents reported having training on the following inclusion topics: diabetes care (n = 13), play for children with disabilities (n = 13), disability law (n = 14), special health care needs (n = 16), expulsion prevention (n = 15), caring for infants and toddlers with special needs (n = 18), and referral to early intervention for infants and toddlers (n = 19).

Table 2. Percentage of ICP Providers Who Reported Having Received Formal Training on Inclusion Content Areas in the Last Five Years.

Inclusion Content Area	**Received Formal Training**			
	Less than 1 year ago	**1-2 years ago**	**3-5 years ago**	**More than 5 years ago**
Active Supervision of Children with Special Needs	52% (14/27)	11% (3/27)	15% (4/27)	22% (6/27)
Adequate and Safe Physical Space (indoor and outdoor)	45% (13/29)	35% (10/29)	10% (3/29)	10% (3/29)

Inclusion Content Area	Received Formal Training			
	Less than 1 year ago	**1-2 years ago**	**3-5 years ago**	**More than 5 years ago**
Building Partnerships with Families	53% (17/32)	25% (8/32)	13% (4/32)	9% (3/32)
Caring for Infants and Toddlers with Special Needs	28% (5/18)	11% (2/18)	22% (4/18)	39% (7/18)
Challenging Behavior	61% (19/31)	19% (6/31)	10% (3/31)	10% (3/31)
Child Development, including Brain Development	40% (14/35)	23% (8/35)	26% (9/35)	11% (4/35)
Confidentiality and Data Privacy	54% (14/26)	15% (4/26)	12% (3/26)	19% (5/26)
Cultural Responsiveness	41% (13/32)	28% (9/32)	16% (5/32)	16% (5/32)
Developing a Behavior Plan	26% (7/27)	22% (6/27)	26% (7/27)	26% (7/27)
Developmental Red Flags	25% (7/28)	21% (6/28)	36% (10/28)	18% (5/28)
Developmentally Appropriate Practices (DAP) around	27% (8/30)	27% (8/30)	30% (9/30)	17% (5/30)

Inclusion Content Area	Received Formal Training			
	Less than 1 year ago	**1-2 years ago**	**3-5 years ago**	**More than 5 years ago**
Individualized and Group Instruction				
Diabetes Care	15% (2/13)	0% (0/13)	15% (2/13)	69% (9/13)
Disability Law	21% (3/14)	7% (1/14)	29% (4/14)	43% (6/14)
Emergency Preparedness	61% (19/31)	32% (10/31)	0% (0/31)	6% (2/31)
Expulsion Prevention	33% (5/15)	7% (1/15)	13% (2/15)	47% (7/15)
Formal Assessment	43% (12/28)	21% (6/28)	25% (7/28)	11% (3/28)
Informal Assessment	40% (12/30)	27% (8/30)	27% (8/30)	7% (2/30)
Licensing Requirements (Rule 2 or Rule 3)	67% (18/27)	15% (4/27)	0% (0/27)	18% (5/27)
Observation	47% (16/34)	23% (8/34)	15% (5/34)	15% (5/34)
Play for Children with Disabilities	23% (3/13)	15% (2/13)	31% (4/13)	31% (4/13)
Provider Mental Health/Self-Care	30% (7/23)	22% (5/23)	22% (5/23)	26% (6/23)
Referral to Early Intervention for Infants and Toddlers	42% (8/19)	16% (3/19)	10% (2/19)	32% (6/19)

Inclusion Content Area	Received Formal Training			
	Less than 1 year ago	1-2 years ago	3-5 years ago	More than 5 years ago
Sharing Concerns with Families	43% (10/23)	26% (6/23)	9% (2/23)	22% (5/23)
Social Emotional Development--Attachment	43% (15/35)	26% (9/35)	17% (6/35)	14% (5/35)
Special Health Care Needs	31% (5/16)	25% (4/16)	25% (4/16)	19% (3/16)
Trauma-Informed Care	36% (9/25)	20% (5/25)	20% (5/25)	24% (6/25)

ICP Providers' Requests for Additional Professional Development

In the pre-survey, ICP providers were asked to report the inclusion topics on which they still wanted additional training/professional development. Providers were given the list of topics below and were asked to choose what was appropriate for them. These data are in Table 3. The majority of providers would like additional professional development on challenging behavior (94%), developing a behavior plan (82%), and play for children with disabilities (77%). The fewest number of providers wanted additional professional development on confidentiality/data privacy (28%) and emergency preparedness (33%).

Table 3. Percentage of Providers Who Want Additional Professional Development on Inclusion Topics.

Inclusion Topic	Want Additional Professional Development
Active Supervision of Children with Special Needs	74% (23/31)
Adequate and Safe Physical Space (indoor and outdoor)	45% (15/33)
Building Partnerships with Families	61% (20/33)
Caring for Infants and Toddlers with Special Needs	64% (21/33)
Challenging Behavior	94% (32/34)
Child Development, including Brain Development	61% (20/33)
Confidentiality and Data Privacy	28% (9/32)
Cultural Responsiveness	67% (22/33)
Developing a Behavior Plan	82% (28/34)
Developmental Red Flags	74% (25/34)
Developmentally Appropriate Practices (DAP) around Individualized and Group Instruction	64% (21/33)
Diabetes Care	44% (15/34)
Disability Law	58% (19/33)
Emergency Preparedness	33% (11/33)

Inclusion Topic	Want Additional Professional Development
Expulsion Prevention	62% (21/34)
Formal Assessment	55% (18/33)
Informal Assessment	55% (18/33)
Licensing Requirements (Rule 2 or Rule 3)	50% (17/34)
Observation	52% (17/33)
Play for Children with Disabilities	77% (27/35)
Provider Mental Health/Self-Care	63% (22/35)
Referral to Early Intervention for Infants and Toddlers	58% (19/33)
Sharing Concerns with Families	73% (24/33)
Social Emotional Development--Attachment	70% (23/33)
Special Health Care Needs	69% (24/35)
Trauma-Informed Care	73% (24/33)

ICP Providers' Knowledge of Inclusion Content

ICP providers were asked to report their perceived level of knowledge on a number of inclusion topics. Table 4 reports the percentage of participants who indicated that they perceive their knowledge as beginning, developing, or proficient on specific inclusion 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 4. ICP Providers' Perceptions at Pre- and Post-Survey of Their Level of Knowledge with Inclusion Content.

Inclusion Content Area	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	Developing	Proficient	Beginning	Developing	Proficient
Active Supervision of Children with Special Needs	38% (14/37)	51% (19/37)	11% (4/37)	17% (4/23)	52% (12/23)	30% (7/23)
Adequate and Safe Physical Space (indoor and outdoor)	11% (4/38)	29% (11/38)	60% (23/38)	4% (1/23)	30% (7/23)	65% (15/23)
Building Partnerships with Families	5% (2/39)	51% (20/39)	44% (17/39)	9% (2/23)	35% (8/23)	56% (13/23)
Caring for Infants and Toddlers with Special Needs	64% (7/11)	36% (4/11)	0% (0/11)	16% (3/19)	68% (13/19)	16% (3/19)
Challenging Behavior	21% (8/38)	66% (25/38)	13% (5/38)	4% (1/23)	57% (13/23)	39% (9/23)
Child Development, including Brain Development	11% (4/38)	60% (23/38)	29% (11/38)	9% (2/23)	69% (16/23)	22% (23)
Confidentiality and Data Privacy	17% (6/36)	36% (13/36)	47% (17/36)	4% (1/23)	39% (9/23)	57% (13/23)

Inclusion Content Area	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	**Developing**	**Proficient**	**Beginning**	**Developing**	**Proficient**
Cultural Responsive-ness	13% (5/38)	63% (24/38)	24% (9/38)	9% (2/22)	73% (16/22)	18% (4/22)
Developing a Behavior Plan	40% (14/35)	46% (16/35)	14% (5/35)	17% (4/23)	44% (10/23)	39% (9/23)
Developmental Red Flags	33% (12/36)	44% (16/36)	22% (8/36)	23% (5/22)	54% (13/22)	23% (5/22)
DAP around Individualized Instruction	39% (14/36)	42% (15/36)	19% (7/36)	9% (2/23)	56% (13/23)	35% (8/23)
DAP around Group Instruction	40% (6/15)	20% (3/15)	40% (6/15)	*	*	*
Diabetes Care	87% (26/30)	10% (3/30)	3% (1/30)	60% (12/20)	25% (5/20)	15% (3/20)
Disability Law	77% (27/35)	20% (7/35)	3% (1/35)	48% (10/21)	38% (8/21)	14% (3/21)
Emergency Preparedness	23% (9/39)	41% (16/39)	36% (14/39)	9% (2/21)	43% (9/21)	48% (10/21)
Expulsion Prevention	70% (24/34)	51% (19/37)	9% (3/34)	29% (6/21)	38% (8/21)	33% (7/21)
Formal Assessment	39% (14/36)	28% (10/36)	33% (12/36)	14% (3/21)	38% (8/21)	48% (10/21)
Informal Assessment	27% (10/37)	38% (14/37)	35% (13/37)	10% (2/20)	40% (8/20)	50% (10/20)
Licensing Requirements (Rule 2 or Rule 3)	21% (8/39)	33% (13/39)	46% (18/39)	29% (6/21)	14% (3/21)	57% (12/21)
Observation	5% (2/38)	50% (19/38)	45% (17/38)	0% (0/21)	62% (13/21)	38% (8/21)
Play for Children with Disabilities	56% (19/34)	38% (13/34)	6% (2/34)	23% (5/22)	64% (14/22)	13% (3/22)

Inclusion Content Area	Perceived Level of Knowledge (Pre-Test)			Perceived Level of Knowledge (Post-Test)		
	Beginning	**Developing**	**Proficient**	**Beginning**	**Developing**	**Proficient**
Provider Mental Health/Self-Care	49% (18/37)	32% (12/37)	19% (7/37)	19% (4/21)	57% (12/21)	24% (5/21)
Referral to Early Intervention for Infants and Toddlers	62% (21/34)	23% (8/34)	15% (5/34)	33% (6/18)	39% (7/18)	28% (5/18)
Sharing Concerns with Families	18% (7/38)	53% (20/38)	29% (11/38)	9% (2/22)	36% (8/22)	55% (12/22)
Social Emotional Development--Attachment	18% (7/38)	61% (23/38)	21% (8/38)	4% (1/22)	55% (12/22)	41% (9/22)
Special Health Care Needs	57% (21/37)	35% (13/37)	8% (3/37)	23% (5/22)	59% (13/22)	18% (4/22)
Trauma-Informed Care	61% (22/36)	31% (11/36)	8% (3/36)	35% (7/20)	45% (9/20)	20% (4/20)

* No data available

Prior to receiving inclusion coaching, the child care providers reported feeling proficient most often in the areas of Adequate and Safe Physical Space (60%), Confidentiality and Data Privacy (47%), Licensing Requirements (46%), and Observation (45%). ICP providers reported feeling at the beginning stages of skill development most often in the topics of Diabetes Care (87%), Disability Law (77%), and Expulsion Prevention (70%). Please note that only 15 of the respondents answers the question regarding Developmentally Appropriate Practices around Group Instruction and only 11 respondents answered the question on Caring for Infants and Toddlers with Special Needs.

After receiving inclusion coaching, providers most often said that they felt proficient in the areas of Adequate and Safe Physical Space (65%), Licensing Requirements (57%), Confidentiality and Data Privacy (57%), and Sharing Concerns with Families (55%). After

coaching, a majority of providers still reported feeling at the beginning stages of Diabetes Care (60%) and Disability Law (48%). None (0.0%) of the providers felt they were at the beginning stages of observation.

ICP Providers' Perspective on Learning and Support

Within the pre-survey, the providers were asked to report: 1) their single most influential source of learning; 2) their preferred method(s) for learning new inclusion content via rank order, and 3) the types of support that would be most helpful. For the last question, the providers were allowed to check all the types of support that they felt would be most helpful to them in their work. The majority of providers (n = 39) stated that in-person trainings (69%; n = 27) were the most influential source of learning. In-person training was also most often ranked first as the preferred method for learning new content (42%, n = 15/36). Finally, personal coach/mentor was identified as the most helpful support (30%; n = 34), followed by reflection consultation (27%; n = 30).

ICP Providers' Confidence in their Knowledge of Inclusion Content

Prior to receiving inclusion coaching, child care providers were asked to rate their level of confidence in their personal knowledge of inclusion information within child care. Forty-one percent (41%; n = 16) of the providers said that they were somewhat confident in their knowledge of child care inclusion information. Thirty-one percent (31%; n = 12) reported feeling a little confident in their knowledge, 15% (n = 6) said that they were very confident in their knowledge of inclusion information, and 13% (n = 5) stated that they were not at all confident in their inclusion knowledge (see Figure 2).

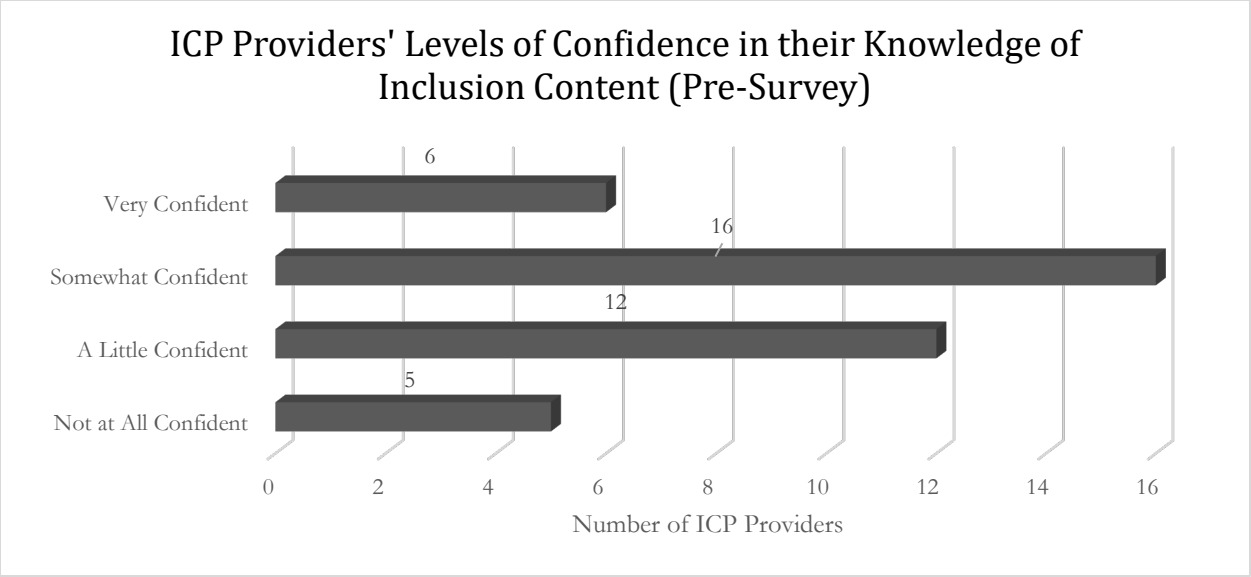

Figure 2. ICP providers' ratings of confidence regarding their inclusion content knowledge (pre-survey).

ICP Providers' Pre-Survey Ratings of their Ability to Develop and Implement Inclusion Policies and Practices

Fifty-eight percent (58%; n = 22) of the providers rated their ability to develop child care inclusion policies as average, 21% (n = 8) rated their ability as above average, 10% (n = 4) rated their ability as below average, and 8% (n = 3) rated their ability as well above average. One provider (3%) reported her ability to develop child care inclusion policies as well below average (see Figure 3). Fifty-six percent (56%; n = 22) rated their ability to implement these inclusion policies as average. Another 33% (n = 13) rated their ability to implement these policies as above average and 5% (n = 2) rated their ability as well above average. One provider (3%) rated her ability as below average and another rater (3%) her ability as well below average (see Figure 4). Finally, providers were asked to rate their ability implement child care inclusion practices. Fifty-five percent (55%; n = 6) rated their ability as average and 45% (n = 5) rated their ability as above average. None (0.0%) of the providers rated their ability to implement inclusion practices as well below average, below average or well above average (see Figure 5).

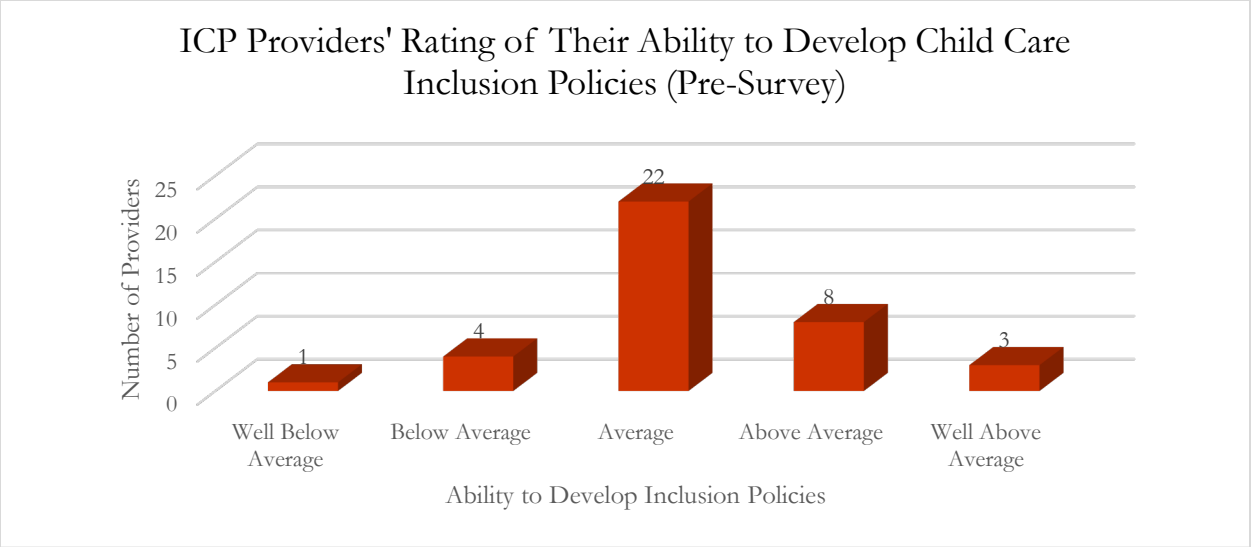

Figure 3. ICP providers' ratings of their ability to develop child care inclusion policies (pre-survey).

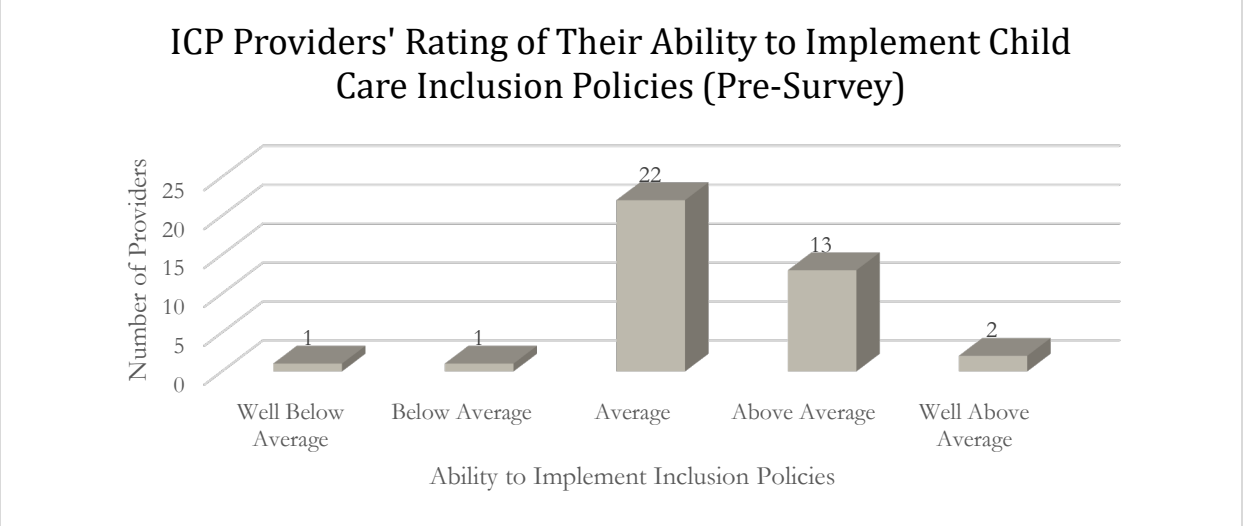

Figure 4. ICP providers' ratings of their ability to implement inclusion policies (pre-survey).

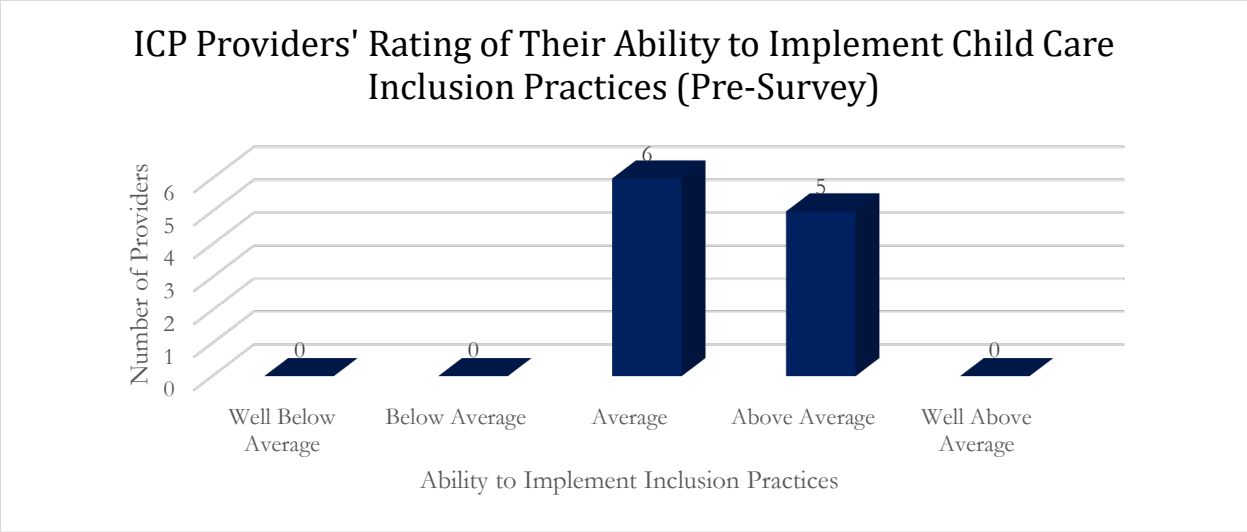

Figure 5. ICP providers' ratings of their ability to implement inclusion practices (pre-survey).

ICP Providers' Perspective on Challenges to Implementing Inclusion Policies

In the pre-survey, ICP providers were asked to choose the top three inclusion topics that were most challenging for them to implement. These providers most often chose the topics of Challenging Behaviors (23%; n = 24), Active Supervision of Children with Special Needs (10%, n = 10), and Sharing Concerns with Families (8%, n = 8).

Providers were also asked, via an open-ended question in the pre-survey, what prevents them from implementing inclusion policies in their work. Twenty-seven providers responded and their responses varied. Seven providers said staffing was an issue, particularly being able to provide appropriate staffing for children with special needs. Four providers said that not being knowledgeable about the policies impedes their implementation. Three providers said that they do not have enough knowledge or experience with inclusion policies to properly implement them and three others said that nothing challenges their ability to implement these policies.

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

Providers who received ICP coaching were asked to rate their level of knowledge, as well as their comfort in using all three versions of the Minnesota Knowledge and

Competency Frameworks (KCFs) (i.e., family child care, infant and toddler, and preschool/school-aged) in both the pre- and post-surveys. Please note that response rates varied by each, individual question.

In the pre-survey, 49% (n = 19) of providers stated that they were not at all familiar with the family child care KCF and 36% (n = 14) said they were somewhat with the family child care KCF. Six providers (15%) stated that they were very familiar with the family child care KCF (see Figure 6).

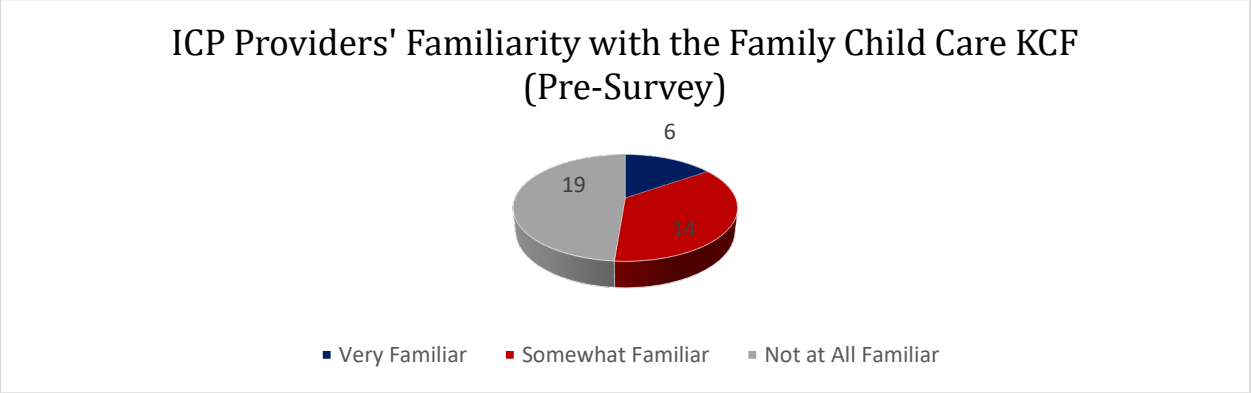

Figure 6. ICP providers' familiarity with the family child care KCF (pre-survey).

When asked how comfortable they were using the family child care KCF in the pre-survey, 42% of the providers (n = 15) reported feeling not at all comfortable, 25% (n = 9) reported feeling somewhat comfortable, 17% (n = 6) felt very comfortable, and 17% (n = 6) felt a little comfortable (see Figure 7).

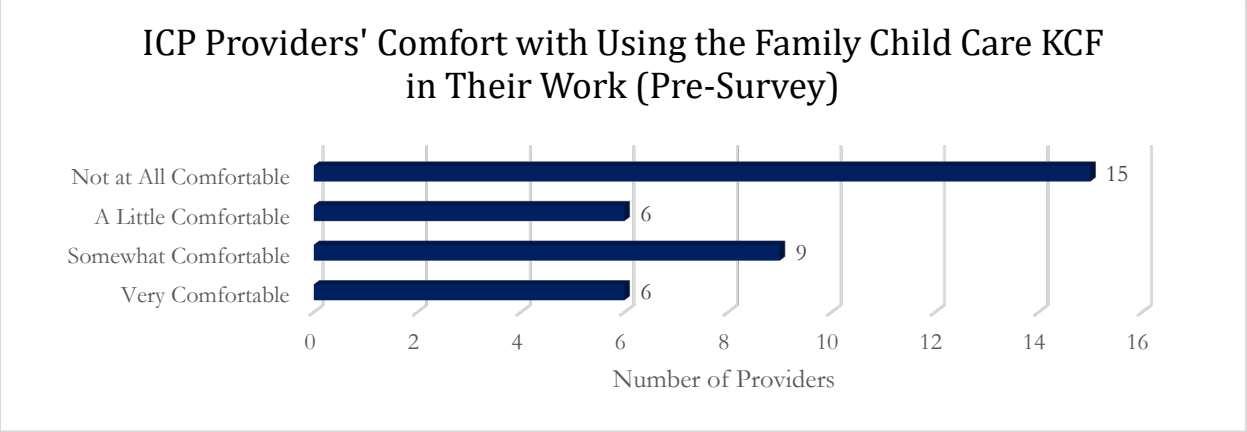

Figure 7. ICP providers' reported comfort with using the family child care KCF in their work (pre-survey).

After receiving coaching, the majority of providers stated that they were either somewhat familiar (43%; n = 10) or very familiar (32%; n = 7) with the family child care KCF. Twenty-three percent (23%; n = 5) of providers reported that after receiving coaching, they were still not at all familiar with the family child care KCF. There were similar results for the providers comfort using the family child care KCF after coaching. Sixty-seven percent (67%; n = 6) reported feeling somewhat comfortable, 11% (n = 1) stated being very comfortable, and 22% reported feeling not at all comfortable using the family child care KCF after receiving inclusion coaching. Figures 8 and 9 present these data.

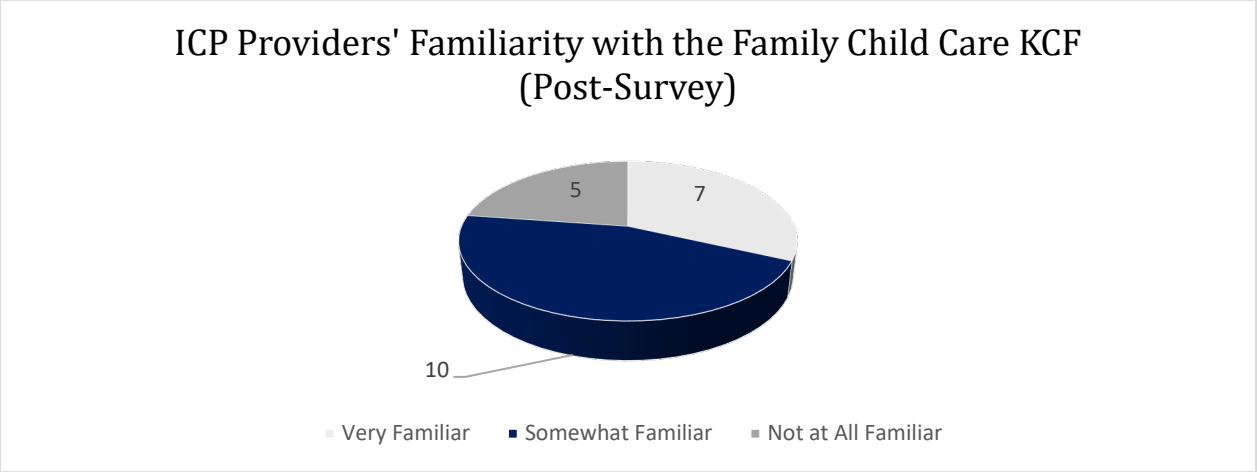

Figure 8. ICP providers' familiarity with the family child care KCF (post-survey).

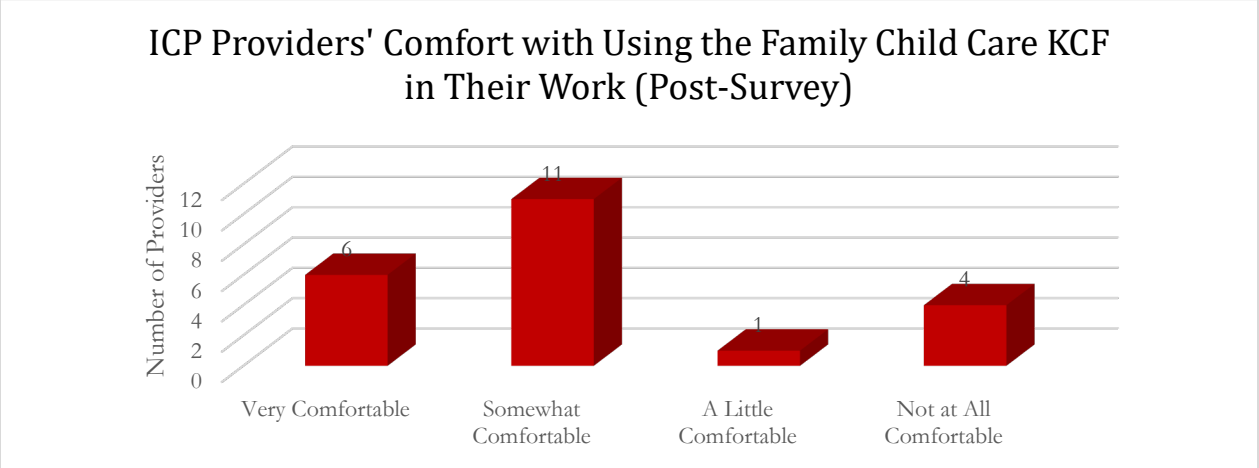

Figure 9. ICP providers' reported comfort with using the family child care KCF in their work (post-survey).

Figures 10 and 11 contains the providers' pre-survey responses to their familiarity with and comfort using the Infant and Toddler KCFs in their work. Fifty-nine percent (59%; n = 23) reported feeling not at all familiar, 31% (n = 12) said they were somewhat familiar, and 10% (n = 4) reported being very familiar with the infant and toddler KCFs. In the pre-survey, 51% (n = 19) of the ICP providers stated that they were not at all comfortable using the infant and toddler KCFs. Another 24% (n = 9) said they were somewhat comfortable, 14% (n = 5) stated that they were a little comfortable and 11% (n = 4) reported feeling very comfortable using the infant toddler KCFs in their work.

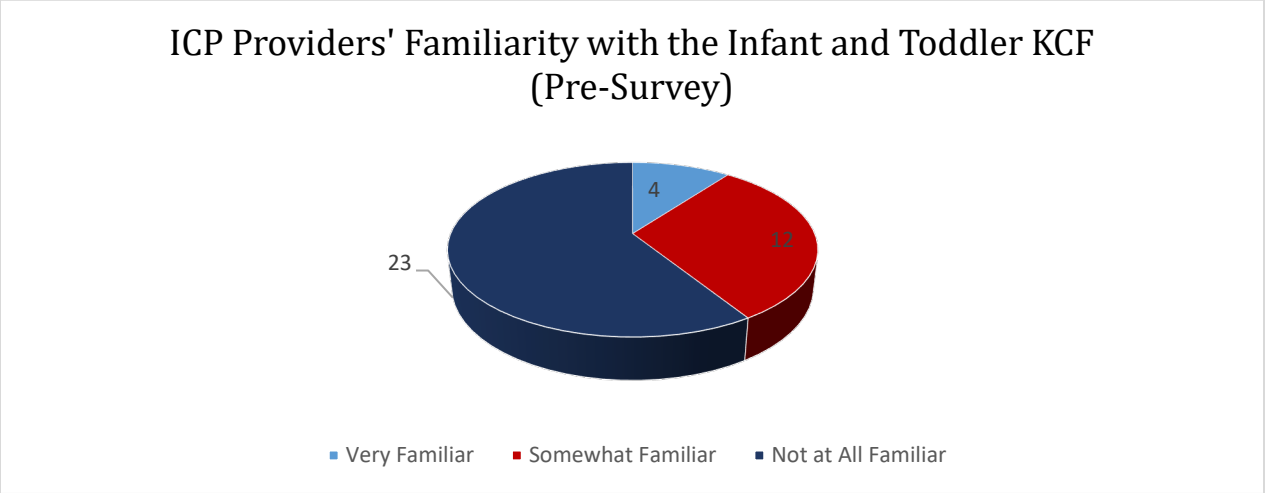

Figure 10. ICP providers' familiarity with the infant toddler KCF (pre-survey).

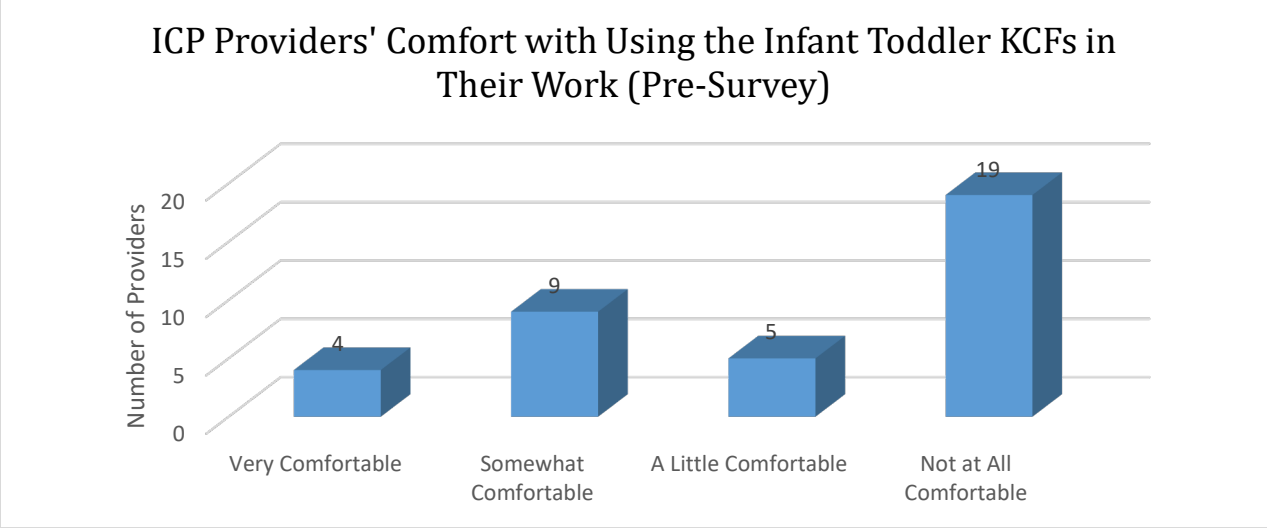

Figure 11. ICP providers' comfort with using the infant toddler KCF in their work (pre-survey).

From the post-survey, 67% (n = 2) of the providers stated that they were very familiar with the infant and toddler KCF and 1 providers reported being not at all familiar with the document. Two ICP providers (67%) reported feeling very comfortable with the infant and toddler KCF and one provider (33%) stated that she was not at all comfortable with the framework after receiving coaching (see Figures 12 and 13).

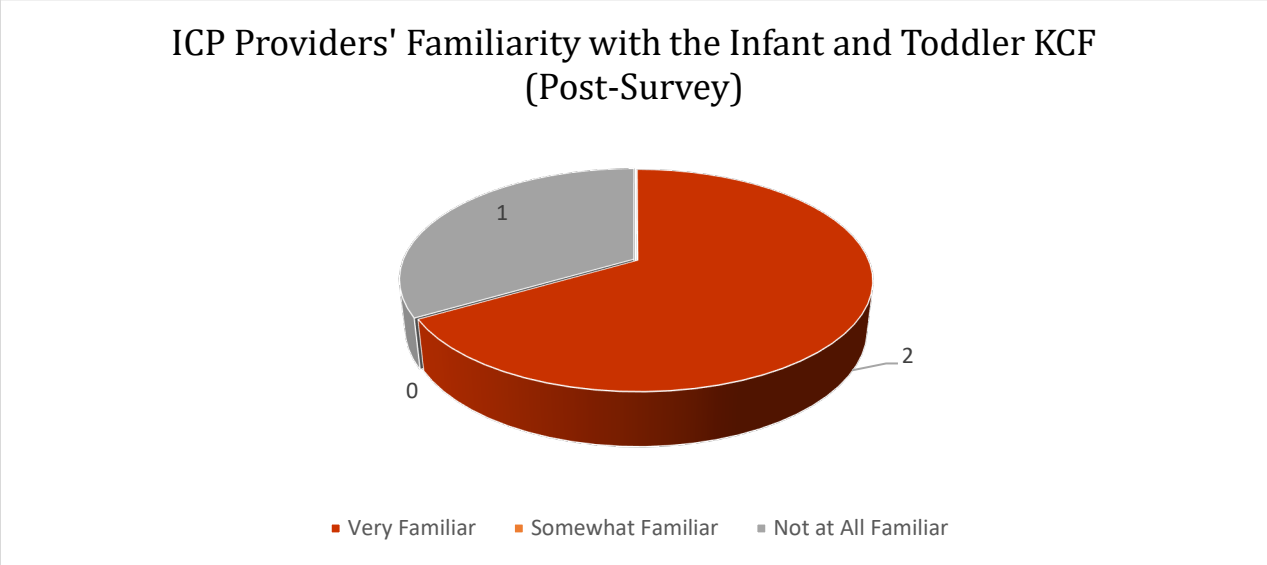

Figure 12. ICP providers' familiarity with the infant toddler KCF (post-survey).

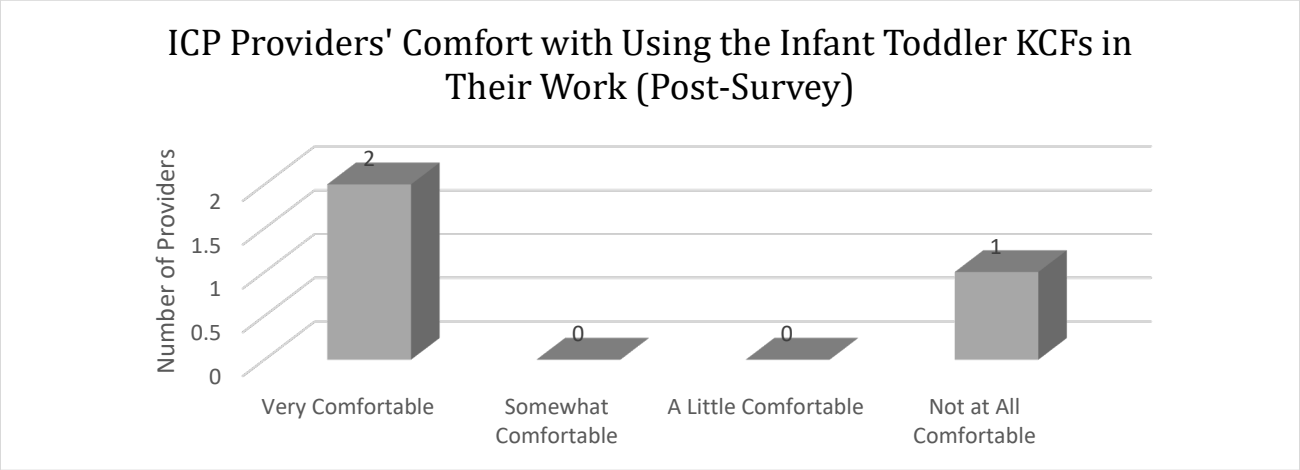

Figure 13. ICP providers' comfort with using the infant toddler KCF in their work (post-survey).

Finally, when the providers were asked to rate their level of familiarity with the Preschool/School-Age KCF within the pre-survey, 64% (n = 7) said they were somewhat

familiar, 27% (n = 3) stated they were very familiar, and 9% (n = 1) reported being not at all familiar with the infant toddler KCF (see Figure 14).

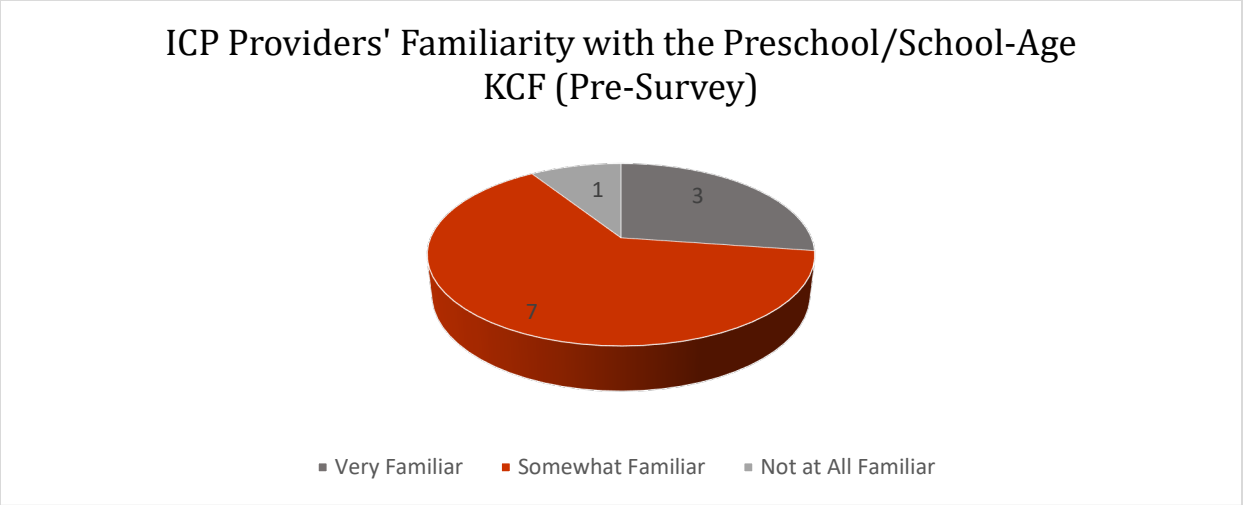

Figure 14. ICP providers' reported familiarity with the preschool/school-age KCF (pre-survey).

The ICP providers' were also asked in the pre-survey how comfortable they were using the Preschool/School-Age KCF in their work. Thirty-six percent (36%; n = 4) of the providers stated that they were somewhat comfortable, 27% (n = 3) stated they were very comfortable, 27% (n = 3) reported feeling a little comfortable, and 9% (n = 1) reported feeling not at all comfortable with the Preschool/School-Age KCFs (see Figure 15).

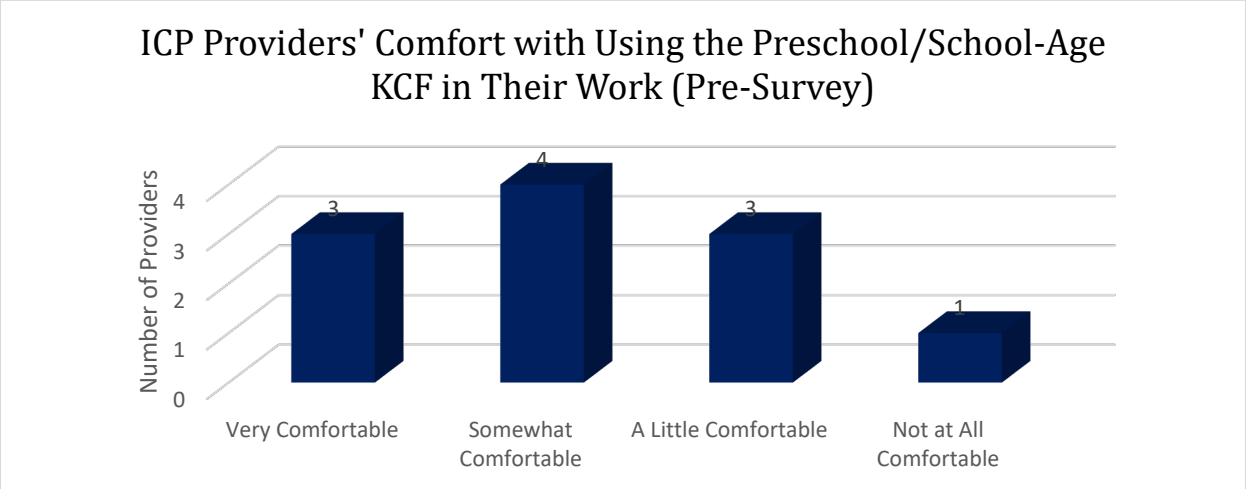

Figure 15. ICP providers' comfort with using the preschool/school-age KCF in their work (pre-survey).

When asked how familiar they were and how comfortable they were using the preschool/school-age KCFs in their work in the post-survey, 52% (n = 12) of the providers reported feeling very familiar, 39% (n = 9) reported being somewhat familiar, and 9% (n = 2) reported being not at all familiar with the Preschool/School-Age KCF. After coaching, 52% (n = 12) of the ICP providers reported being very comfortable, 43% (n = 10) stated they were somewhat comfortable, and 4% (n = 1) said she was not at all comfortable with the Preschool/School-Age KCF. Figures 16 and 17 display the providers' responses.

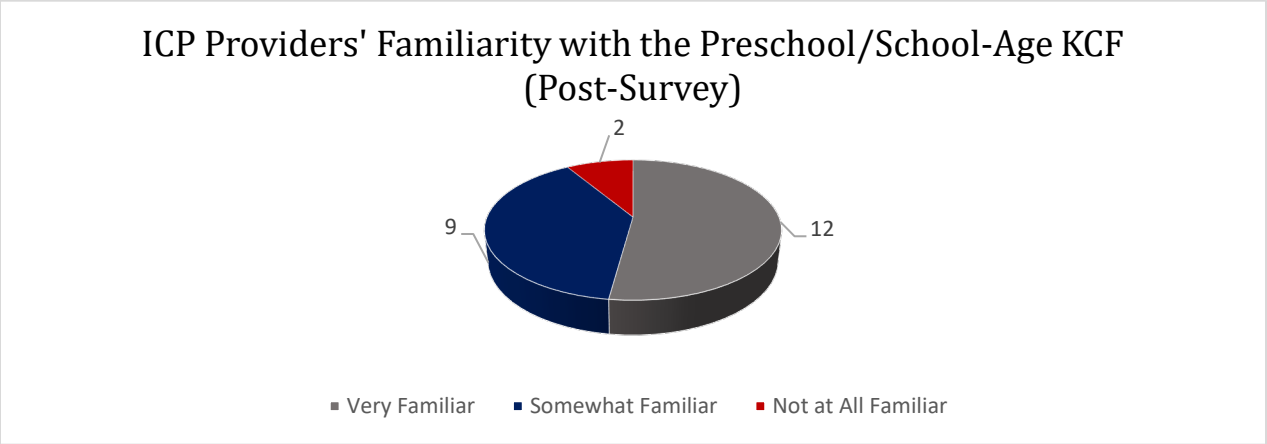

Figure 16. ICP providers' reported familiarity with the preschool/school-age KCF in their work (post-survey).

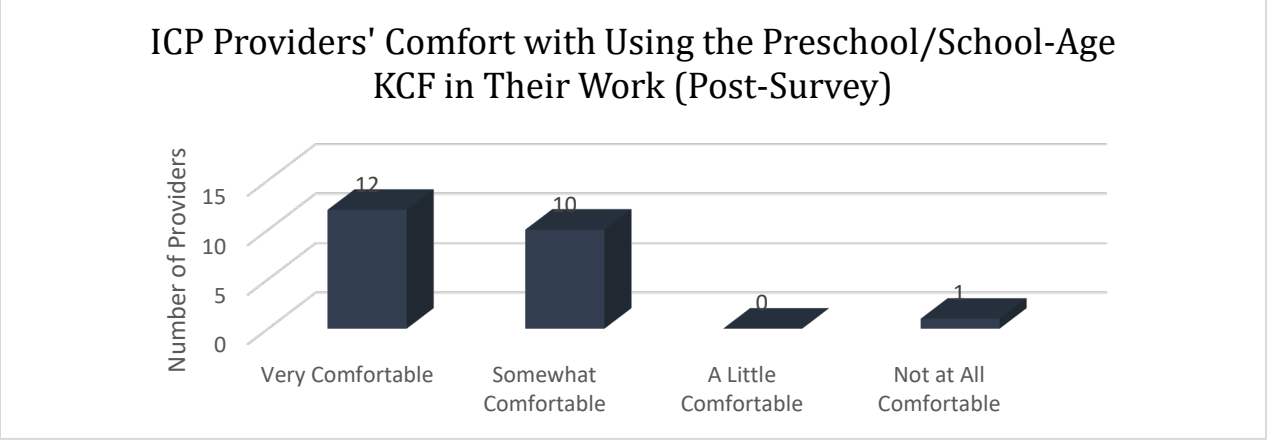

Figure 17. ICP providers' comfort with using the preschool/school-age KCF in their work (post-survey).

ICP Providers' Perceptions of Most Challenging Inclusion Topics to Implement

As part of the pre-survey, ICP providers were asked to report the inclusion 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 18 contains the list and the number of providers who chose each topic. ICP providers most often identified challenging behavior (23%), active supervision of children with special needs (10%), and sharing concerns with families (8%) as the inclusion topics most challenging to implement.

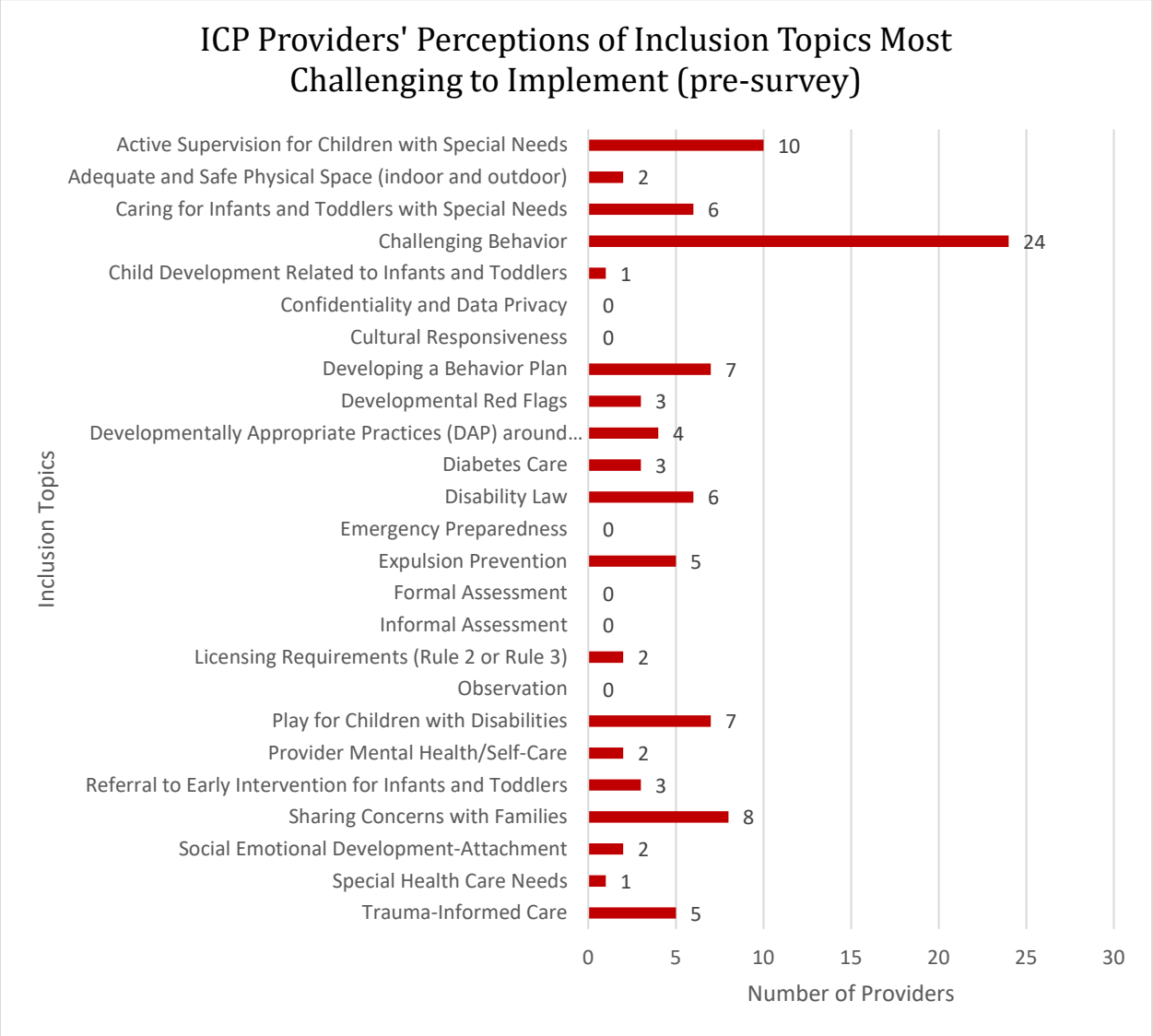

Figure 18. ICP Providers' Perceptions of Inclusion Topics Most Challenging to Implement (pre-survey).

ICP Providers' Expectations of Inclusion Coaching

Within the pre-survey, child care providers were asked an open-ended question regarding what they hoped to gain by working with an inclusion coach. Thirty-four providers gave responses. All 34 providers wanted concrete strategies to help them improve their practice. Twelve providers (35%) reported wanting support and strategies to help prevent challenging behaviors. Twelve providers (35%) also stated that they hoped to gain new knowledge to inform their practice. Seven providers (20%) hope to get new knowledge and skills to support children with special needs. One provider stated that she was unsure about what to expect from the coaching.

ICP Providers' Perceptions of Coaching Dispositions

After receiving coaching, ICP providers were asked to rate their level of agreement with statements regarding dispositions of the coach with whom they worked. The providers were given a list of coaching dispositions on which they rated their coach. Their responses can be seen in Table 5. 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 ICP coaching reported high levels agreement regarding the disposition of their coaches. All responding providers strongly agreed that their coach was accepting of others, an active listener, empathic, responsive, and flexible.

Table 5. ICP Providers' Levels of Agreement with Coaching Dispositions.

Coaching Disposition	**Level of Agreement**	
	Post-Survey	
	Strongly Agree	**Agree**
The coach was accepting of others	100% (23/23)	0% (0/23)
The coach was respectful of my experience	91% (21/23)	9% (2/23)
The coach was focused on improvement	91% (21/23)	9% (2/23)
The coach was an active listener	100% (23/23)	0% (0/23)
The coach was empathic	100% (23/23)	0% (0/23)
The coach was compassionate	91% (21/23)	9% (2/23)
The coach was respectful	96% (22/23)	4% (1/23)

Coaching Disposition	Level of Agreement	
	Post-Survey	
	Strongly Agree	Agree
The coach was respectful of my culture	95% (21/22)	5% (1/22)
The coach was responsive	100% (23/23)	0% (0/23)
The coach was collaborative	96% (22/23)	4% (1/23)
The coach was flexible	100% (23/23)	0% (0/23)
The coach was resourceful	83% (19/23)	17% (4/23)
The coach was open-minded	96% (22/23)	4% (1/23)
The coach was professional	96% (22/23)	4% (1/23)
The coach was ethical	95% (21/22)	5% (1/22)
The coach was objective	91% (20/22)	9% (2/22)

ICP Providers' Perceptions of Coaching Skills and Knowledge

The providers were also asked to rate the level of agreement with a list of common coaching skills and knowledge. Table 6 identifies the coaching skills and knowledge, as well as the providers' perceptions of their coaches' skills from the post-survey. Overall, the child providers who received inclusion coaching perceived their coaches to be both skilled with coaching and knowledgeable about inclusion information. One or two providers did disagree with specific coaching behaviors, such as measurable goal setting, asking for provider feedback, and having the coach challenging the provider to think differently.

Table 6. ICP Providers' Levels of Agreement with Coaching Skills and Knowledge.

Coaching Skills and Knowledge	Level of Agreement		
	Post-Survey		
	Strongly Agree	Agree	Disagree
The coach was respectful during observations	96% (22/23)	4% (1/23)	0% (0/23)
The coach was good at providing feedback that helped me improve my practice	86% (19/22)	14% (3/22)	0% (0/22)
The coach helped me identify my own goals	70% (16/23)	26% (6/23)	4% (1/23)
The coach helped me identify goals that were specific	74% (17/23)	26% (6/23)	0% (0/23)

Coaching Skills and Knowledge	Level of Agreement		
	Post-Survey		
	Strongly Agree	Agree	Disagree
The coach helped me identify goals that could be measured	65% (15/23)	26% (6/23)	9% (2/23)
The coach assisted me in identifying realistic next steps for improvement	78% (18/23)	17% (4/23)	4% (1/23)
The coach asked for my feedback to ensure that her interactions with me were helpful to me	82% (19/23)	9% (2/23)	9% (2/23)
The coach provided resources so that I can perform my job more effectively	70% (16/23)	26% (6/23)	4% (1/23)
The coach asked questions rather than provided solutions	78% (18/23)	17% (4/23)	4% (1/23)
The coach provided time for reflection	74% (17/23)	22% (5/23)	4% (1/23)
The coach was focused on improving practices	74% (17/23)	26% (6/23)	0% (0/23)
The coach challenged me to think differently	61% (14/23)	30% (7/23)	9% (2/23)

ICP Providers' Perceptions of Practice Change after Coaching

Providers who received inclusion coaching were asked a series of questions regarding the coaching they received. The providers' were first asked if the coaching they received impacted their practice. Providers reported that the coaching they received either improved or greatly improved their practice. None of the providers said the coaching had no impact on their child care practices (see Figure 19).

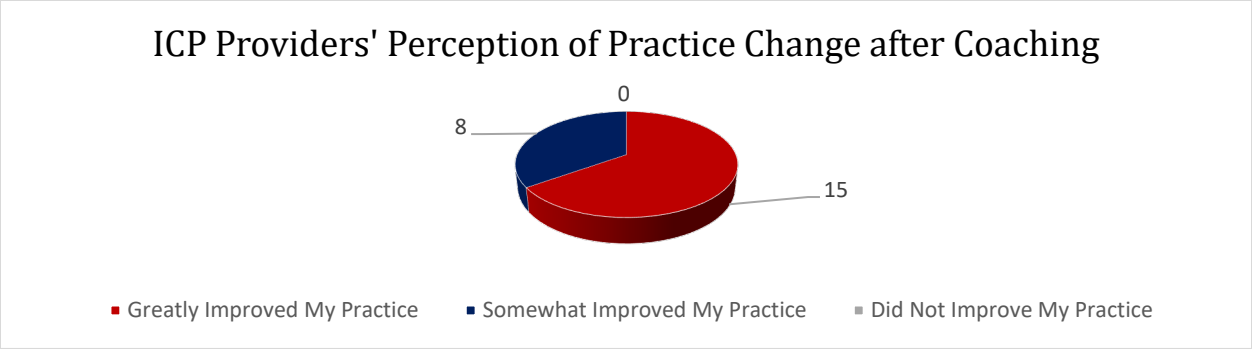

Figure 19. ICP providers' perceptions of practice change after coaching.

ICP Providers' Perceptions of the Coach

Next, providers were asked to rate the extent to which their coach met their expectations. All providers stated that the coach either met or exceeded their expectations. Two providers reported that it was too early to after receiving coaching to determine if the coach had met their expectations (see Figure 20).

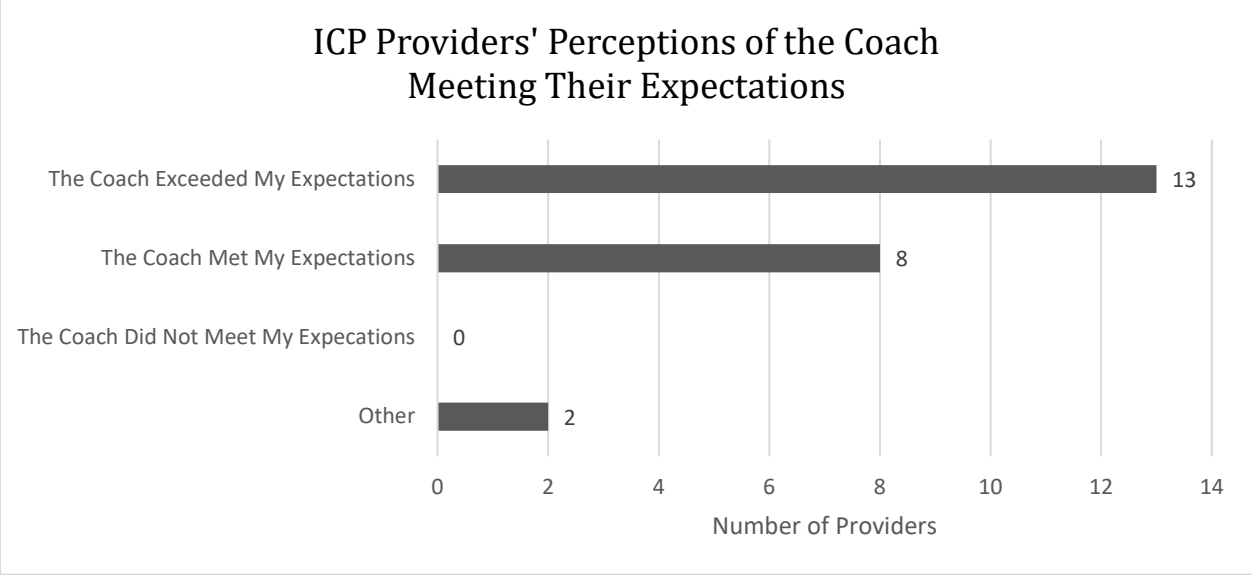

Figure 20. ICP providers' responses to whether the coach met their expectations.

Finally, the child care providers were asked to rate the extent to which the coach established a comfortable working relationship with them. Ninety-one percent (91%; n = 21) of the providers reported that their coach facilitated an excellent relationship with them and two providers stated that the coach facilitated a satisfactory relationship with them. None of the providers said that the coach did not facilitate a relationship with them.

ICP Providers' Perceptions of Personal Effectiveness

Within both the pre- and post-survey, ICP providers were asked to rate their effectiveness as a child care provider. Prior to receiving coaching, 68% (n = 27) of the providers stated that they were very effective in their role as a child care provider, 30% (n = 12) reported feeling somewhat effective, and 2% (n = 1) stated that she was a little effective as a provider (see Figure 21).

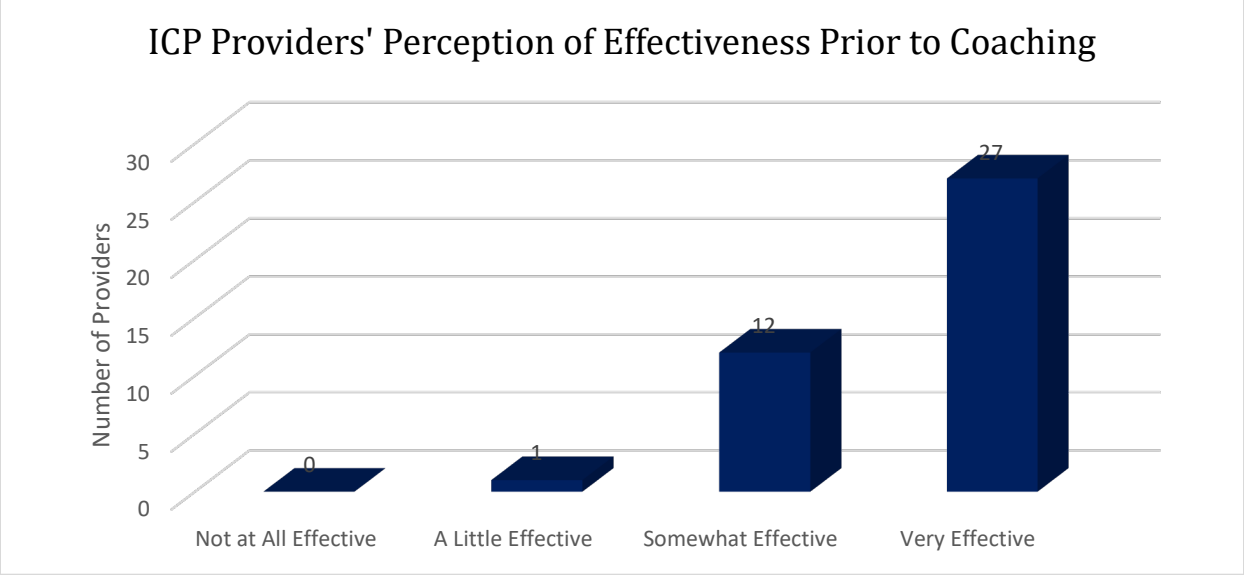

Figure 21. ICP providers' ratings of personal effectiveness prior to receiving coaching on inclusion.

After receiving coaching, half of the coaches (45%; n = 10) stated that their personal effectiveness improved more than they expected as a result of the coaching. Forty-one percent (41%, n = 9) reported that their effectiveness somewhat improved and another 14% (n = 3) said that their effectiveness stayed the same after receiving inclusion coaching. None of the providers stated that their effectiveness improved less than they expected after receiving ICP coaching.

ICP Providers' Responses to Open-Ended Questions

In the post-survey, the providers were asked three, open-ended questions: 1) what, if anything, do you think worked well during the inclusion coaching you received? (n = 20); 2) what, if anything, do you think would improve the inclusion coaching you received? (n =

14); and 3) is there anything else you would like us to know about your experiences receiving inclusion coaching? (n = 17).

When asked what worked well, a majority of providers reported that relationship between themselves and the coach was what worked best. Specifically, they stated that the coaches were "relatable," "personable," "approachable, "and "open-minded." Providers cited the resources that were provided and how helpful that was to improving their practice, especially as it relates to behavior management. ICP providers also said that the observations conducted by the coaches were helpful.

When asked how ICP coaching could be improved, three providers requested more than the 30 hours of coaching be made available and another provider reported that there were not enough specific suggestions to manage children's behavior. One provider wanted more time to debrief certain topics and concerns and another wanted more information on working with children with disabilities. Three providers reported that nothing would improve the inclusion coaching they received.

Finally, the providers who shared information all stated that the coach and the coaching they received was beneficial to their practice and that it was a positive experience. One provider said, "[Coach] gave us many new tools to try out with our students. She was kind, empathetic, and respectful to teachers and students. I felt very supported!" Another provider stated, "My experience with my coach was great. She was always very helpful and offered new ideas to use in the classroom and to help with the children. She always made me feel like I was doing my best and that things were improving in the room." And another said, "I felt very supported through the whole process and her observations were extremely useful when communicating with the family."

ICP Providers' Responses to Surveys after Receiving 10 and 25 Hours of Coaching

After receiving 10 hours and 25 hours of coaching, ICP providers were asked to complete a six-question survey regarding their coaching experience. In both surveys, the majority of providers, 94% (n = 15) and 82% (n = 9) respectively, reported that their needs were being met by the coaching experience (see Figure 22).

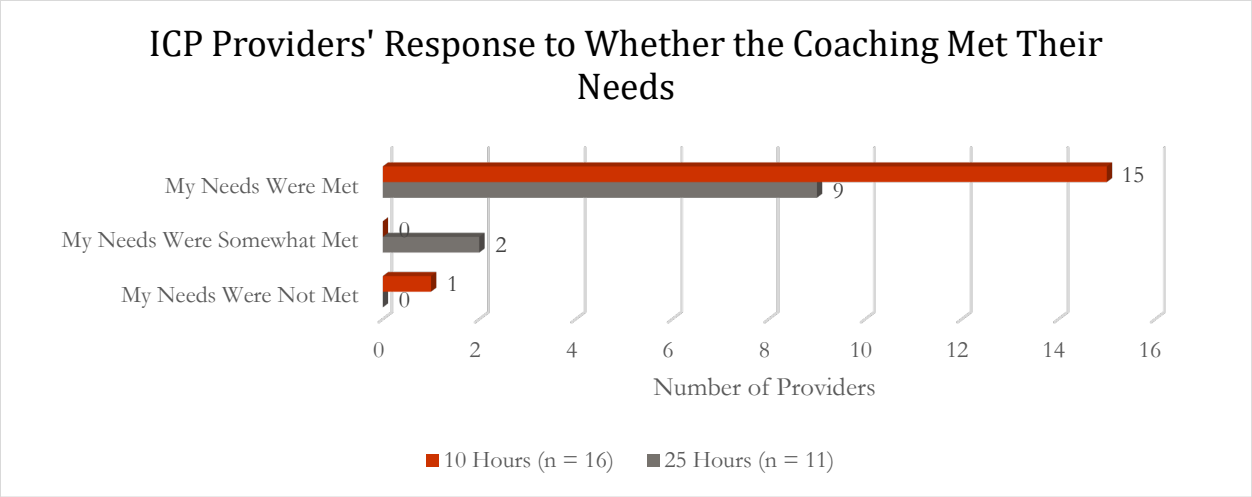

Figure 22. ICP providers' responses to whether the coaching met their needs.

Next, ICP providers were asked to report the extent to which the coach was working with her/him towards an agreed upon goal. Figure 23 demonstrates that at 10 hours, 62% (n = 10) of the providers felt that the coach worked with them to set goals. At 25 hours, 91% (n = 10) of the providers reported that it was a collaborative activity. The one provider who chose "other" stated that they were not at that point in the coaching process when the survey was disseminated.

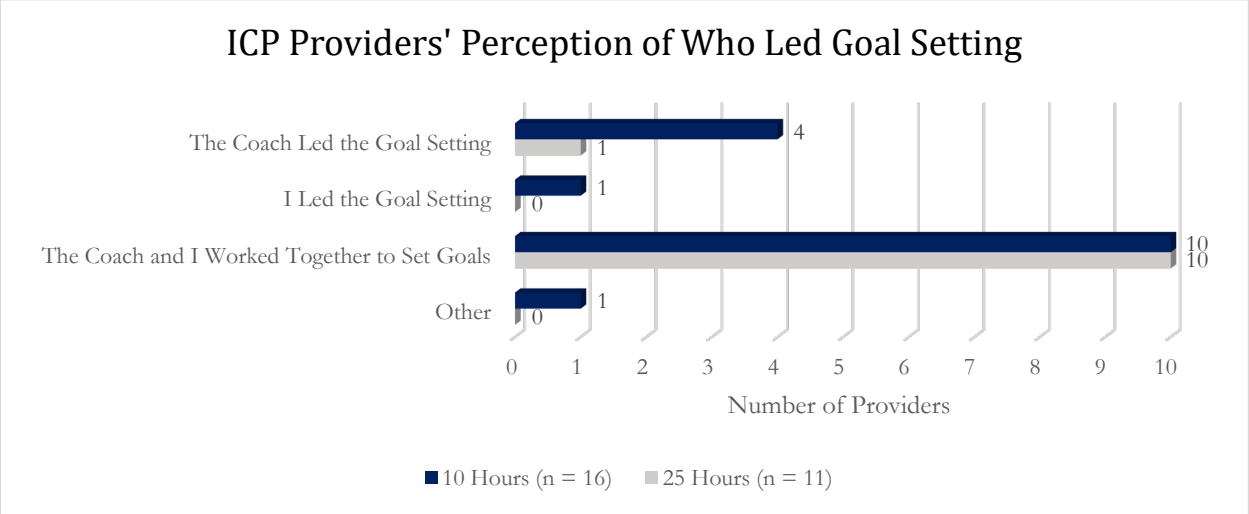

Figure 23. ICP providers' perceptions of who led the goal setting.

Providers were asked to also report how relevant the coaching may or may not have been to their work. After 10 hours of coaching, 94% (n = 15) 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, ICP providers overwhelmingly rated the coaching as high quality. At the 10-hour mark, 88% (n = 14) of the providers rated the coaching as high quality, 6% (n = 1) rated the quality as moderate, and 6% (n = 1) rate the quality as low. After 25-hours of coaching, 82% of the providers rated the quality of the coaching as high and the other 18% rated it as moderate quality. None of the providers rated the coaching they received as low quality.

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 they have more strategies to use when children are exhibiting challenging behaviors, that they have become more verbal with toddlers, and that they have made environmental changes. One provider stated, "I have so many more tools in my teacher toolbox thanks to [coach's name]. I am now able to identify potential triggers for my behavioral student and implement positive actions to maintain a positive school day." Another provider said, "It has given me more tools and strategies to use with a student we suspect has autism. Our coach has also been so helpful advocating for us and our student during conversations with his parents who do not think his development is at all atypical." Three providers stated that the coaching was still in progress. After 10 hours of coaching, providers acknowledged their appreciation of the support and strategies they get from working with an inclusion coach. One provider said, "Thank you! I am so grateful to have this coaching experience! After meeting with our coach, I feel empowered to best support all the students I work with. She does a great job validating our feelings and is so respectful and patient." Another provider said, "[Coach] is very approachable and non-judgmental. This makes her input and coaching easy to accept and appreciate."

After 25-hours of coaching, ICP providers reported that they have different and more effective strategies to use with children and that their communication with the children in their care has improved. One provider stated, "Our behavior system is more advanced and we have an easier time with all of our students." Another said, "I've learned to communicate better with my daycare kids. Talking to them and not at them. I've learned to

let my daycare kids make choices, whether it's an activity or choosing what they want to color. I've learned to really watch and see what triggers a child if they are acting up. I have so loved my coach." When asked if there was anything else the providers would like to share about their coaching experience, all seven providers who responded to the question reported gratitude and positive outcomes after working with a coach. One provider said, "[Coach] is the best resource we have ever had. We are thankful for her time and her ability to help us with all of our students and to become better teachers." Another stated, "Really enjoyed working with our coach. I always felt like it was a partnership, not her telling us what we should do. She always complimented us on our classroom. And the ideas she gave us were very helpful. It was nice to get her feedback about situations in the classroom. She, at times, had different things for us to try, ideas or solutions we hadn't thought of."

ICP Continuous Quality Improvement Plans

Between July 1 and June 30 of 2019, the inclusion coaches recorded a total of 175 goals, of which 90% (n = 158) were recorded as being completed. Two percent (2%; n = 4) of the goals were recorded as being incomplete at the time of data collection and there was no status recorded for 8% (n = 14) of the goals.

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

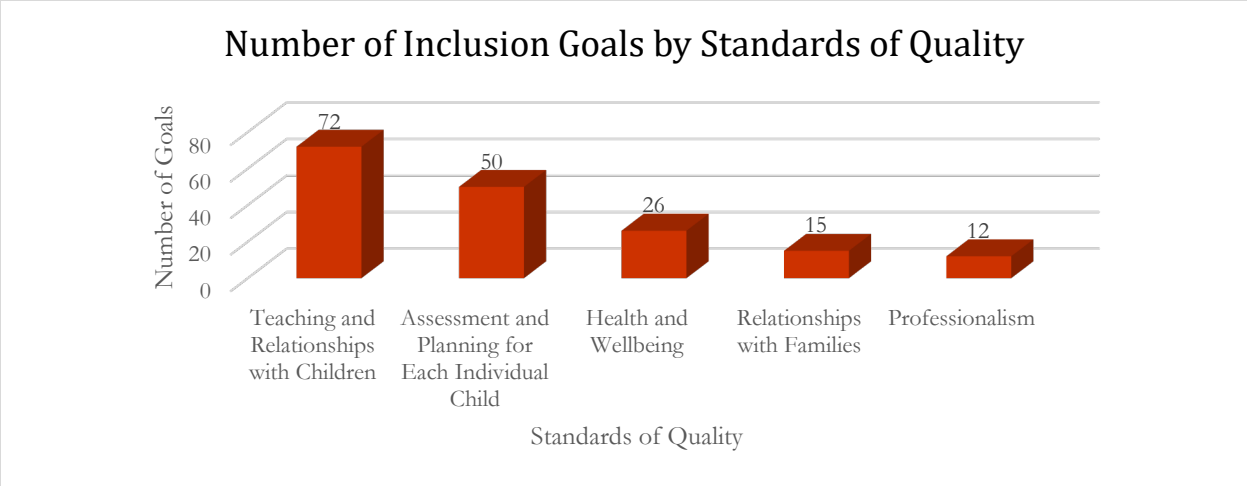

Figure 24. Inclusion Goals by Standards of Quality.

As the figure shows, the two most common standards of quality for inclusion goals were teaching and relationships with children (41%; n = 72) and assessment and planning for each individual child (28%; n = 50). Health and wellbeing made up 15% of the inclusion goals by standard of quality (n = 26), relationships with families made up another 9% (n = 15), and professionalism made up 7% (n = 12).

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

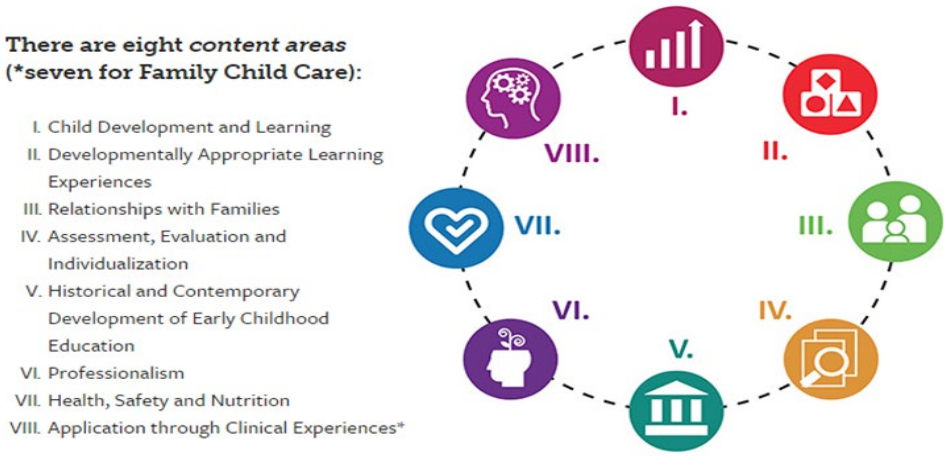

Figure 25. The Minnesota Knowledge and Competency Framework Content Areas.

Figure 26 displays the percentage of the providers' goals that fell within each KCF content area. The vast majority of the providers' goals (60%; n = 108) addressed content area II, Developmentally Appropriate Learning Experiences. The next most common content area chosen was Assessment, Evaluation, Individualization (15%; n = 27). Relationships with Families made up 8% (n = 15) of the goals, Health, Safety, and Nutrition made up 6% (n = 10), Child Development and Learning made up 5% (n = 9), and Professionalism made up another 3% (n = 5). Historical and Contemporary Development of Early Childhood Education (n = 3) made up 2% of the goals and Application through Clinical Experience (n = 2) made up 1% of the goals.

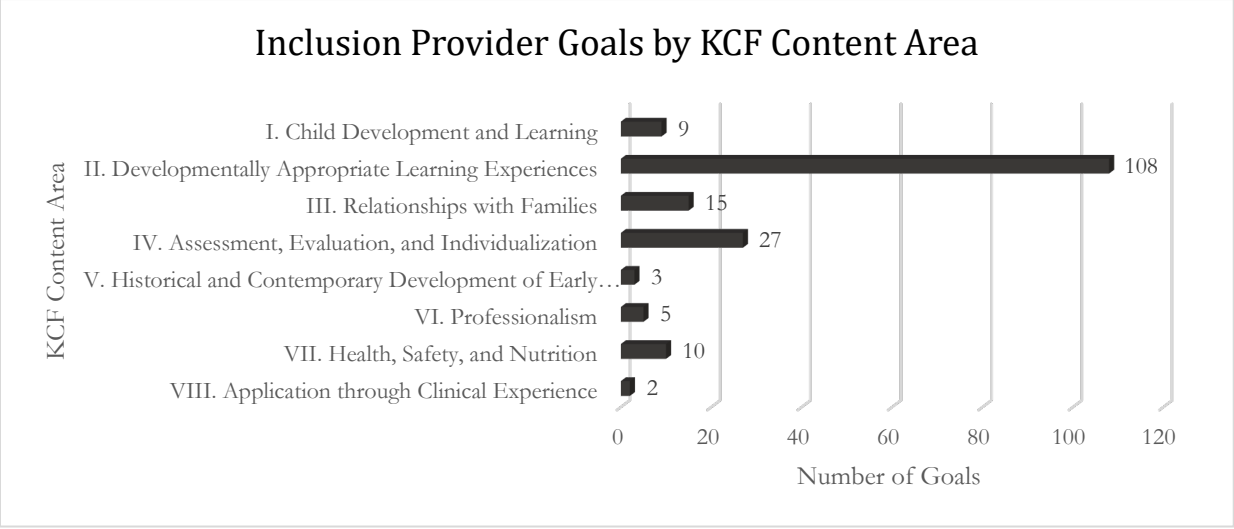

Figure 26. Inclusion provider goals by KCF content area.

ICP Coaches' End-of-Event Responses

ICP coaches completed a six-question, end-of-event survey after each professional development activity offered by the CICC (e.g., monthly webinars, Communities of Practice, reflective consultation). Appendix F contains the data from all reflective practice sessions. No data were collected via Communities of Practice during this grant period.

ICP coaches continue to be satisfied with the quality of the content provided during the reflective consultation, the amount of content provided, and the relevance of that content to their work. Most coaches also report that they are very likely to use the information they receive in their work. Of the reflective consultation, one coach said, "I so appreciate all the support from the group members and facilitator," one stated, "I love being able to talk and interact with other coaches. This service is so special to me. Tracy keeps us going on relevant topics," and another said, "We all benefit when we are able to share our experiences."

ICP Providers' Interview Responses

There were eight ICP providers who opted to participate in the interview process. From the interviews, a total of 9 themes emerged. The themes are as follows: primary reason(s) for requesting coaching; experience with and challenges to implementing health and safety policies; typical coaching, communication, and follow-up processes; amount and timing of coaching; quality of coaching; relationship with the coach; perceptions of the Continuous Quality Improvement Plan; perceptions of the influence of coaching on families, children, and the providers; and perceptions of improvement in the quality of child care health and safety practices. Within the next section, each theme is described and specific quotes from the child care providers are shared as evidence that supports that theme.

All eight ICP providers who participated in the interviews were women who, on average, have 19.4 years of experience working as a licensed child care provider (range = one year to 43 years). Five of the providers work in family child care and the other three work in center-based care facilities.

Primary Reason(s) for Requesting Coaching

ICP providers were asked to report why they initially requested coaching. All eight providers (100%) stated that they were concerned about behaviors in their programs. Five

of the providers specifically cited "challenging behaviors," while the others reported being concerned about developmentally delayed behavior. All providers reported a need for external support that would provide new ideas for dealing with these behaviors. One provider stated,

> We really needed them to help us. I have—well, I've had several—I have a couple children in my room that needed extra help that I couldn't get them. And so I really wanted someone to come out to give me advice and show me what to do so I could help them grow a little bit better and be part of my group of kids and learn to play with them and stuff.

Experience with and Challenges to Implementing Inclusion Policies

ICP providers were asked if they currently had inclusion policies in their programs. Seventy-five percent (75%; n = 6) of the providers stated that they have inclusion policies in place within their programs. None of the providers reported that they received coaching on inclusion policies.

The providers' said that having multiple ages within one program, lacking knowledge of disabilities and how to effectively handle challenging behaviors, and lacking appropriate staff training impedes their ability to effectively implement inclusion policies. Three of the providers stated that nothing impedes their ability to implement inclusion policies.

Typical Coaching, Communication, and Follow-Up Processes

The ICP providers were all asked to describe the typical coaching session. All of the eight providers reported having the coach contact them via email or phone, meeting onsite with the coach, having the coach ask questions, having the coach conduct observations, having the coach work with the provider to determine the area(s) in which to focus their efforts, and having the coach provide resources that would support the issues identified by the provider. One provider described her experience this way,

> She would come in around 9:30 or 10 and just kind of jump into whatever activity we were doing. She would sit with the target child and just kind of observe his behavior and intervene as needed. And just kind of look at his behavior and kind of get ideas from that. And then she and I would have some time to talk and I'd say 'You know, I really need help with this,' and she'd say, "Yeah, I noticed that too. I'll think on it,' or 'these are some ideas,' or "I saw the way you did this and I think that you should keep trying that.'

And another provider said,

> The coach would come in and she would sit in the classroom and of course the kids would want to go over and say something to her. But, she would basically kind of just be there. She kind of made herself away from the children so that she could observe. And she basically observed and she took her notes. And she was observing and she may go over to that teacher and whisper something to her to try something different. And that seemed to work really well because she was able to sit in the classroom and observe and see the behaviors as they were occurring. And then she would go and she would make a report. She had a report for that child and maybe two or three in that same classroom. She would write up that report and she said she would have it by the next week, but we'd usually get it in a couple of days. I would get the report and make a copy and share it with the parents.

ICP providers were asked how their coach learned about their needs and who decided on the areas of focus. Most providers stated that they shared their initial concerns during the intake process with CICC personnel. The providers also shared their needs throughout the coaching process, especially after the coach discussed what had been observed on site.

Multiple providers reported that their coach was an active listener who asked questions to help them determine what kind of support they wanted and needed. A provider said her coach got the information this way,

> We set up goals together. And those goals were based on why she was there, and what I felt I needed most. So the goals themselves really dictated the direction that we went. She asked me what I felt I needed from her being there, and what my issue were, what my problems were, and she had, I gave her a background on all of the children that I had in my care, too, because, you know, it's like a giant kind of a cog, it all kind of goes together, and all the gears have to fit together, so it was a really, it was important. Yeah, I can't say enough, she really did a lot to help me through.

ICP providers were asked how they typically communicated with the coach and who did most of the talking when they were with their coach. All providers described using email most often to communicate with their coach, during times when the coach was not onsite. Texting was also used as a means of communication.

Most often, providers reported that communication between the coach and provider was equal and was "conversational." Regarding the conversation with her coach, one provider stated,

> That was really great. Then she would give me some specific examples; 'I saw you do this,' 'you do this,' 'I saw someone else do that,' 'I saw the child do this,' 'I'm wondering about this,' she would ask questions, but tell me what she saw and

> always had resources – you know, 'I want to go to this website and read up on this,' or, 'here are some papers for you that you can look at so that you can get an idea of what we might be looking at,' education, along with some techniques. Very – it just felt like, okay, I got information that I needed here.

And another provider reported,

> I feel like she worked very hard for us. She was in constant email contact with me, she came once a week, she brought ideas, she brought articles, she was there for me—you know, sometimes I was just like, 'this is just so hard,' and she was there to just kind of encourage me. Which was invaluable. You know, just somebody to say, 'no, I see you're efforts, you're on the right track, I know you're trying, just keep going.' And that was one of the things that helped the most, was just to have somebody in there to say—an outside person to say, 'yeah, you're on the right track.'

All eight ICP providers reported that after a coaching visit, the coach would email them, although there were differences in the number of emails received. Some providers reported receiving multiple emails throughout and after the 30 hours of coaching was completed. Others reported that they received few emails during their coaching. Providers stated that the majority of the emails contained resources based on what occurred during the previous coaching visit.

ICP providers were asked to list the resources, if any, that coaches provided either during or in between coaching visits. All providers reported that the ICP coaches provided different resources during the visits and their follow-up after the coaching sessions. One provider gave this example,

> She gave me—she made some cards that were for clean-up time. She took pictures of my environment of where things go at clean up time, and she laminated these cards for the kids to hang on to when they're cleaning up so they knew what area to clean. And that actually was really helpful. And then she gave me some cards that she made for getting ready to go outside, so like putting on their boots—like the steps for getting ready to go outside, you know, pants first, then boots, then coat, you know, things like that. The order in which they should put them on, and laminated a few cards that we could keep in the area where they're getting ready to go outside. So the kids could refer to them.

Providers said they received information on child development, websites, articles, resources on how to talk to parents, and music to use within the program. One provider cited the "wonderful" resources on the CICC website. Another provider reported being disappointed in the quality of the resources as she felt they were not different from what she already knew.

Provider's Role in the Coaching Process

ICP providers were asked to describe their role in the coaching process. All of the providers reported that were active listeners and learners during the process. Five of the eight providers stated that their role as caregivers did not cease just because a coach was present. One provider stated that her role was,

> The describer, the maintainer of the day, giving opportunities for her to see what she needed to see, brainstorming partner for alternate ideas, solutions about the why this behavior was the way it is, about, you know, am I responding in the best way, you know, just the partnership – my role was to be a partner in the process.

Amount and Timing of Coaching

ICP providers were asked 1) if they were assigned a coach in a timely manner and 2) if the amount of coaching they received was too little, too much, or just right. All eight providers stated that a coach was assigned to them in a reasonable about of time. Seven of the providers felt that the coaching they received was "just right." One provider said that it was "too little." When asked what changes they would make to the ICP, the same seven providers stated that they wanted additional coaching. One provider said, "It'd be nice if they could be more clear on what our rules are. Like, what are we allowed to say—what are we allowed to talk about and not talk about. Like, I didn't feel like there was a clear line on that."

Quality of Coaching

ICP providers were asked to describe the quality of the coaching they received and whether they felt as if their needs had been met via the coaching. Seven of the eight providers reported that the coaching they received was of high quality. One provider said, "It was great. She was highly, highly trained, highly knowledgeable coach. She knew what she was talking about, and she knew how to explain and ask questions, she knew how to show them in a different picture." A different provider said her coaching was "excellent," and when asked why she thought it was excellent, she cited the demeanor of the coach. The provider said,

> She just made me feel—sometimes when people come into your room, like I've had people from the school district come out, and they observe and stuff, when they talk to you, they kind of talk down to you. And this lady was like, we're working together, and what can I do to help you. And I didn't feel intimidated at all by her.

Seven ICP providers reported that their needs were met through the coaching. One of the providers explained how her needs were met by saying,

> A lot of it was really the sense of validation. Yes, I was seeing what I was seeing. It was great to have somebody here that could see and say 'yeah, you're not off-base about what you're seeing, here are some tips that you could use, and maybe you are using them or not using them,' She was very good, you know? Her approach was really nice. So, yeah, it really, it was more of a sense of validation that, yeah, I was on track.

Relationship with the Coach

As ICP is intended to be relationship-based professional development, ICP providers were asked to describe their relationship with their coach. All eight providers reported having collegial relationships with their coaches. They recognized the expertise and personal experience of the coach, the efforts to obtain and share valuable resources, and the active listening were all factors that led to their perceptions of their coach. One provider said,

> I saw her as like a mentor. And a resource. I thought it was very friendly, very supportive. Even after our thirty hours, she said, you know, 'if you hit a behavior that you really get stuck on, feel free to email me.' I can't say enough good things about [coach].

Another providers said,

> I felt it was…the relationship was, I felt, we were a team. And that she was going to help me so I could do the best for this child. And she was going to be, like, kind of like a teacher, but also a teammate, because I felt she was helping—we were working together on this. Like sharing ideas and stuff.

Perceptions of the Continuous Quality Improvement Plan

Only two of the eight providers remembered completing or reviewing the Continuous Quality Improvement Plan. ICP providers were aware of goal setting with their coach, but could not remember using the CQIP as a means for tracking those goals.

Influence of ICP on Families, Children, and Self

ICP providers were asked to describe how, if at all, the coaching influenced the families and children they serve. They were also asked to explain how the coaching influenced their own practice. Many of the providers felt that families and children benefitted because the provider learned skills and strategies. One provider stated "I think for the families, knowing

that somebody was coming in and helping with their child was really beneficial." One provider reported that she didn't feel that the families benefitted from the coaching because they were unaware that coaching was occurring.

Another provided noted that the children benefitted from her changes in practice. She said,

> I would say the biggest thing that she helped with is she helped rearrange the environment in my home that made it better for the child that was in need. And because she helped me with that it made everyone else a lot calmer and a lot happier.

ICP were easily able to describe how the coaching they received positively influenced their practices. The providers cited the objective observations, feedback, and words of encouragement they received from their coach as most influential on their practice. One provider said,

> The most that was helpful to me was helping me understand why this child was potentially acting the way he was. And she could do that because in the observations that she did and the observations of everybody that was in my daycare—because she wasn't here just for him, she couldn't be there just for him because we didn't have a signed consent from the parents, but she could watch how he interacts and how he affected everybody else here.

One provider said that the coaching was helpful because it made her look at her own goals and develop a plan to implement those goals. Another provider said about the coach, "her experience or expertise, her demeanor, and her approach were—she was very gentle, and very calm, and had really great tact."

<u>Improved Quality of Child Care</u>

Finally, providers were asked how, if at all, they thought the quality of child care had improved as a result of ICP coaching. Overall, providers believed that the quality of child care in Minnesota has improved because of the individualized, evidence-based support. One provider said,

> I think it's hugely important. One of the things that's missing in terms of support for providers, whether they're center based or they're in home, or even teachers in schools, however you want to call them, is that the support of something like this, a mentorship, a guide, a coach whatever it is, it's not a – if you think about elementary or schools, or the public schools, you know they have, many of them have some sort

> of mentorship formalized program to support teachers in the building, which makes – it's easy, because it's in the building, but we don't have it when we're spread out across different facilities and sites. And so I've always felt strongly about mentorship in the field, or coaching, however you want to call, term it, to be one of the key factors that builds a successful teacher, provider, and keeps them in the business. Without them we lose a lot simply because it's overwhelming when you start, and you need somebody there to guide you.

And another provider stated, "I think every childcare should be part of this, I mean this is very helpful." Two providers felt that they were not able to answer the question because they could only speak to their own, individual coaching experience.

Summary of Coaches' Interview Themes

ICP providers were able to describe a common coaching process that included relationship-based professional development. They were also able to provide specific examples of how ICP coaching improved their child care practices using evidence-based practices, observations, modeling, and communication. Each provider was also able to describe the relationship they developed with the coach and the multiple ways in which they communicated with the coach. Few of the providers were aware of the Continuous Quality Improvement Plan and its use within the ICP. Providers wanted coaching to continue beyond the 30 hours. All ICP providers perceived the coaching as a positive influence on their practices. All but one perceived that the coaching positively influenced the child care experiences of the children and the families they serve. Six of eight providers also reported that the quality of inclusion practices in child care had improved because of the work of the ICP.

Conclusion

Year One evaluation activities within the Inclusion Coaching Project (ICP) have demonstrated that child care providers who seek out inclusion coaching tend to be highly educated and highly trained. These providers also have over 14.5 years of experience working in the field and were most interested in receiving inclusion coaching to help them modify and enhance their practices related to challenging behaviors and working with children with disabilities. The providers primarily reported feeling that their pre-coaching knowledge is either developing or proficient on a host of inclusion content areas. Their reported levels of post-coaching knowledge are also in the developing or proficient stages. Providers still want additional training and prefer coaching over other sources of support.

ICP providers' reported improved feelings of confidence in their inclusion knowledge, and improved inclusion practices. Provider said that their knowledge of and comfort using the Minnesota Knowledge and Competency Frameworks improved, however there were still several providers who reported that they had no knowledge of the KCFs and were still not comfortable using the documents in their work. The providers also acknowledged that their ICP coaches used relationship-based professional development during the coaching. They stated that the coaches were knowledgeable, competent, and had the necessary skills and dispositions to help them improve their inclusion practices.

Evaluation data for the next year will continue to focus on both the coaches and the providers who receive inclusion coaching. Data from Year 2 will add additional, more detailed information regarding the professional development needs of the coaches and the providers, the benefits and challenges of a relationship-based coaching model, and what is working and what needs modification within the inclusion coaching system. Through surveys and interviews, provider and coaching data will continue to be collected, which should ensure a more comprehensive picture of the process and the impact of the Inclusion Coaching Project. These data will continue to inform the development and implementation of this project, including areas of effectiveness and efficiency, as well as areas that require enhancements and/or modifications.

Study Limitations

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

Completion of the pre- and post-coaching surveys by child care providers continues to be a concern. Because of the relatively low number of responses, there is a 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. The sample size is small, so drawing conclusions should be done with caution. There can also be no guarantee of representativeness, based on the small sample size.

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

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Appendices

Appendix A: ICP Provider Pre-Survey

CENTER FOR INCLUSIVE CHILD CARE

Thank you for taking the time to complete this survey on the knowledge, attitudes, and beliefs about inclusion practices and coaching in child care settings. This survey is part of the evaluation of the Minnesota Department of Human Services' Inclusion Coaching Model grant, hosted by the Center for Inclusive Child Care at Concordia University –St. Paul. We are interested in your knowledge and experience as a licensed child care provider who is receiving inclusion 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 the inclusion coaching model for child care providers within Minnesota. The responses will be combined and then reported; you and your responses will not be identifiable. The survey takes approximately 15 minutes to complete. We thank you for your time and honest responses.

If you have concerns or questions about this evaluation, please contact Ann Bailey (baile045@umn.edu; 612-626-3724) 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
    b. Center-based child care (If yes, then "My role is best described as: 1) Teacher; 2) Assistant or Aide; and 3) Center Director

2. What is the total number of years you have worked in child care? (dropdown box: Less than 1 year to More than 50 years)

3. What is your age? (dropdown box: 18 to 80)

4. What is your ethnicity?

a. Hispanic or Latino
b. Not Hispanic or Latino

5. 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

6. 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

7. In what Child Care Aware region do you work? (dropdown box: CCA Regions with counties listed)
    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 are about the professional development you may have received on inclusion content.

8. Please indicate whether you have received in-service training or college coursework on the following topics:

Inclusion Content Area	Received Formal Training	When was the last time you received training on this topic?	Want Additional Training
Active Supervision of Children with Special Needs	Yes/No	Less than 1 year, 1-2 years, 3-5 years, more than 5 years ago	Yes/No
Adequate and Safe Physical Space (Indoor and Outdoor)	Yes/No		Yes/No
Building Partnerships with Families	Yes/No		Yes/No
Caring for Infants and Toddlers with Special Needs	Yes/No		Yes/No
Child Development, including Brain Development	Yes/No		Yes/No
Challenging Behavior	Yes/No		Yes/No
Confidentiality and Data Privacy	Yes/No		Yes/No
Cultural Responsiveness	Yes/No		Yes/No
Developing a Behavior Plan	Yes/No		Yes/No
Developmental Red Flags	Yes/No		Yes/No
Developmentally Appropriate Practice (DAP) around Individualized Instruction	Yes/No		Yes/No
Diabetes Care	Yes/No		Yes/No
Disability Law	Yes/No		Yes/No
Emergency Preparedness	Yes/No		Yes/No
Expulsion Prevention	Yes/No		Yes/No
Formal Assessment	Yes/No		Yes/No
Informal Assessment	Yes/No		Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/ No		Yes/ No

Observation	Yes/ No		Yes/ No
Play for Children with Disabilities	Yes/ No		Yes/ No
Provider Mental Health/Self-Care	Yes/ No		Yes/ No
Referral to Early Intervention for Infants and Toddlers	Yes/ No		Yes/ No
Sharing Concerns with Families	Yes/ No		Yes/ No
Social Emotional Development, including Attachment	Yes/ No		Yes/ No
Special Health Care Needs	Yes/ No		Yes/ No
Trauma-Informed Care	Yes/ No		Yes/ No

The next set of questions relate to your knowledge of inclusion content in child care settings.

9. 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**
Active Supervision of Children with Special Needs	Likert scale 1-3: Beginning, Developing, Proficient)
Adequate and Safe Physical Space (Indoor and Outdoor)	B D P
Building Partnerships with Families	
Caring for Infants and Toddlers with Special Needs	
Child Development, including Brain Development	
Challenging Behavior	

Confidentiality and Data Privacy	
Cultural Responsiveness	
Developing a Behavior Plan	
Developmental Red Flags	
Developmentally Appropriate Practice (DAP) around Individualized Instruction	
Diabetes Care	
Disability Law	
Emergency Preparedness	
Expulsion Prevention	
Formal Assessment	
Informal Assessment	
Licensing Requirements (Rule 2 or Rule 3)	
Observation	
Play for Children with Disabilities	
Provider Mental Health/Self-Care	
Referral to Early Intervention for Infants and Toddlers	
Sharing Concerns with Families	
Social Emotional Development, including Attachment	
Special Health Care Needs	
Trauma-Informed Care	

The next set of questions are about professional development on inclusion 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 of Children with Special Needs	Yes/No
Adequate and Safe Physical Space (Indoor and Outdoor)	Yes/No
Building Partnerships with Families	Yes/No
Caring for Infants and Toddlers with Special Needs	Yes/No
Child Development, including Brain Development	Yes/No
Challenging Behavior	Yes/No

Confidentiality and Data Privacy	Yes/No
Cultural Responsiveness	Yes/No
Developing a Behavior Plan	Yes/No
Developmental Red Flags	Yes/No
Developmentally Appropriate Practice (DAP) around Individualized Instruction	Yes/No
Diabetes Care	Yes/No
Disability Law	Yes/No
Emergency Preparedness	Yes/No
Expulsion Prevention	Yes/No
Formal Assessment	Yes/No
Informal Assessment	Yes/No
Licensing Requirements (Rule 2 or Rule 3)	Yes/No
Observation	Yes/ No
Play for Children with Disabilities	Yes/ No
Provider Mental Health/Self-Care	Yes/ No
Referral to Early Intervention for Infants and Toddlers	Yes/ No
Sharing Concerns with Families	Yes/ No
Social Emotional Development, including Attachment	Yes/ No
Special Health Care Needs	Yes/ No
Trauma-Informed Care	Yes/ No
Other. Please explain.	Yes/ No

11. In the past, what do you believe has been the most influential source of learning inclusion information:
    a. Communities of Practice
    b. Small Group Discussions
    c. In-Person Training
    d. Online Training (e.g., webinars)
    e. Conferences and Workshops
    f. College Coursework
    g. My Peers
    h. Articles/Books
    i. Other. Please explain. [text box]
12. What is your preferred method for learning new inclusion content? Please rank your top three choices. Click on the topic and drag it to the correct place (i.e., first place, second place, third place, etc.)

a. Communities of Practice
b. Small Group Discussions
c. In-Person Training
d. Online Training (e.g., webinars)
e. Conferences and Workshops
f. College Coursework
g. My Peers
h. Articles/Books
i. Other. Please explain. [text box]

13. What kind of inclusion supports would be most helpful to you in your work? Please check all that apply.
    a. Personal Coach/Mentor
    b. Reflective Consultation
    c. Online Resources (e.g., articles, videos, blogs, etc.)
    d. Webinars with Colleagues
    e. Community of Practice
    f. Other: Please explain. [text box]

14. 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

15. 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

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

b. Somewhat familiar
c. Not at all familiar

17. 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 inclusion knowledge and effectiveness as a licensed child care provider.

18. 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

19. At this time, how would you rate your ability to **develop** child care inclusion policies? (Likert scale 1-5: Well Below Average, Below Average, Average, Above Average, Well Above Average).

20. At this time, how would you rate your ability to **implement** child care inclusion policies? (Likert scale 1-5: Well Below Average, Below Average, Average, Above Average, Well Above Average).

21. How confident do you feel about your knowledge of child care inclusion 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 inclusion policies in child care settings.

22. Do you currently have written inclusion policies? (Yes/No)

If yes, skip to #25. If no, go to #26

23. If you do not currently have written inclusion 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. [text box]

24. Which of the following inclusion concepts are most challenging for you to implement? Please choose up to **three**.
    a. Active Supervision of Children with Special Needs
    b. Adequate and Safe Physical Space (Indoor and Outdoor)
    c. Building Partnerships with Families
    d. Caring for Infants and Toddlers with Special Needs
    e. Child Development, including Brain Development
    f. Challenging Behavior
    g. Confidentiality and Data Privacy
    h. Cultural Responsiveness
    i. Developing a Behavior Plan
    j. Developmental Red Flags
    k. Developmentally Appropriate Practice (DAP) around Individualized Instruction
    l. Diabetes Care
    m. Disability Law
    n. Emergency Preparedness
    o. Expulsion Prevention
    p. Formal Assessment
    q. Informal Assessment
    r. Licensing Requirements (Rule 2 or Rule 3)
    s. Observation
    t. Play for Children with Disabilities
    u. Provider Mental Health/Self-Care
    v. Referral to Early Intervention for Infants and Toddlers

w. Sharing Concerns with Families
x. Social Emotional Development, including Attachment
y. Special Health Care Needs
z. Trauma-Informed Care
aa. Other. Please explain. [text box]

25. What, if anything, do you believe prevents you from implementing inclusion policies in your work place? [text box]

26. What do you hope to gain by working with an Inclusion Specialist? [text box]

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

Thank you for your time and your effort.

Appendix B: ICP Provider Post-Survey

CENTER FOR INCLUSIVE CHILD CARE

Thank you for taking the time to complete this survey on your experiences as part of Inclusion Coaching at the Center for Inclusive Child Care (CICC). This survey is part of the evaluation of the Minnesota Department of Human Services' Inclusion Coaching grant being implemented by the CICC. We are interested in hearing about your knowledge and experiences as a licensed child care provider who received inclusion 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 Inclusion Coaching services 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 XX 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.

The first few questions are about you and your experience.

1. How long did you receive inclusion coaching? (dropdown box: Less than one month to one year)

2. What was the name of your coach? (dropdown box with coaches names)

3. In what Child Care Aware district do you work? (dropdown box: CCA Districts with counties listed)
    a. Metro: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington
    b. Northeast: Aitkin, Chisago, Carlton, Cass, Cook, Crow Wing, Isanti, Itasca, Kanabec, Koochiching, Lake, Mille Lacs, Morrison, Pine, St. Louis, Todd, and Wadena

c. Northwest: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, and Traverse
d. Southern: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, LeSueur, Martin, Mower, Nicollet, Olmstead, Rice, Sibley, Steele, Wabasha, Waseca, Watonwan, and Winona
e. West/Central: Benton, Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Sherburne, Stearns, Swift, Wright, and Yellow Medicine

4. How long have you been caring for young children? (less than one year to 40 years)

5. How long have you been caring for young children with disabilities? (less than one year to 40 years)

6. How many children with disabilities were in your care during the time you received coaching? (None to 15)

The next set of questions are about the coaching you received on inclusion of a child with special needs.

7. Please indicate on what topic(s) you wanted coaching support: (check all that apply)

    a. Active Supervision of Children with Special Needs
    b. Adequate and Safe Physical Space (Indoor and Outdoor)
    c. Building Partnerships with Families
    d. Caring for Infants and Toddlers with Special Needs
    e. Child Development, including Brain Development
    f. Challenging Behavior
    g. Confidentiality and Data Privacy
    h. Cultural Responsiveness
    i. Developing a Behavior Plan
    j. Developmental Red Flags
    k. Developmentally Appropriate Practice (DAP) around Individualized Instruction

l. Diabetes Care
m. Disability Law
n. Emergency Preparedness
o. Expulsion Prevention
p. Formal Assessment
q. Informal Assessment
r. Licensing Requirements (Rule 2 or Rule 3)
s. Observation
t. Play for Children with Disabilities
u. Provider Mental Health/Self-Care
v. Referral to Early Intervention for Infants and Toddlers
w. Sharing Concerns with Families
x. Social Emotional Development, including Attachment
y. Special Health Care Needs
z. Trauma-Informed Care
aa. Other. Please explain [text box]

The next set of questions relate to your knowledge of content related to inclusion of a child with special needs in child care settings.

8. 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

Special Needs Content Area	Perceived Level of Competency
Active Supervision of Children with Special Needs	(Likert scale 1-3: Beginning, Developing, Proficient)

Adequate and Safe Physical Space (Indoor and Outdoor)	
Building Partnerships with Families	
Caring for Infants and Toddlers with Special Needs	
Child Development, including Brain Development	
Challenging Behavior	
Confidentiality and Data Privacy	
Cultural Responsiveness	
Developing a Behavior Plan	
Developmental Red Flags	
Developmentally Appropriate Practice (DAP) around Individualized Instruction	
Diabetes Care	
Disability Law	
Emergency Preparedness	
Expulsion Prevention	
Formal Assessment	
Informal Assessment	
Licensing Requirements (Rule 2 or Rule 3)	
Observation	
Play for Children with Disabilities	
Provider Mental Health/Self-Care	
Referral to Early Intervention for Infants and Toddlers	
Sharing Concerns with Families	
Social Emotional Development, including Attachment	
Special Health Care Needs	
Trauma-Informed Care	

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

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

Coaching Traits	Level of Agreement
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	

Please rate your coach on the following skills and knowledge:

Coaching Skills and Knowledge	**Level of Agreement**
The coach was respectful during observations	(Likert scale 1-4: Strongly Agree to Strongly Disagree and I don't know)
The coach was good at providing feedback that helped me improve my practice	
The coach helped me identify my own goals	
The coach helped me identify goals that were specific	
The coach helped me identify goals that could be measured	
The coach assisted me in identifying realistic next steps for improvement	
The coach asked for my feedback to ensure that her interactions were helpful to me	
The coach provided resources so that I can perform my job more effectively	
The coach asked questions rather than provided solutions	
The coach provided time for reflection	
The coach was focused on improving practices	
The coach challenged me to think differently	

10. To what extent did the coach establish a comfortable working relationship with you?
    a. The coach did not facilitate a relationship with me
    b. The coach facilitated an satisfactory relationship with me
    c. The coach facilitated an excellent relationship with me
    d. Other. Please explain. [text box]

11. To what extent do you believe the coaching you received
    a. Greatly improved your practice
    b. Somewhat improved your practice
    c. Did not improve your practice

12. To what extent did the coach meet your expectations?
    a. The coach exceeded my expectations
    b. The coach met my expectations
    c. The coach did not meet my expectations
    d. Other. Please explain. [text box]

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

13. After receiving coaching, how familiar are you with Minnesota's **Family Child Care** Knowledge and Competency Framework?
    a. Very familiar
    b. Somewhat familiar
    c. Not at all familiar

14. After receiving coaching, how comfortable are you using Minnesota's **Family Child Care** Knowledge and Competency Framework in your work?
    a. Very comfortable
    b. Somewhat comfortable
    c. A little comfortable
    d. Not at all comfortable

15. After receiving coaching, how familiar are you with Minnesota's **Infant and Toddler** Knowledge and Competency Framework?
    a. Very familiar
    b. Somewhat familiar

c. Not at all familiar

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

17. After receiving coaching, how familiar are you with Minnesota's **Preschool and School-Aged** Knowledge and Competency Framework?
    a. Very familiar
    b. Somewhat familiar
    c. Not at all familiar

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

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

19. After receiving coaching, I believe my effectiveness as a child care provider:
    a. Improved More than I Expected
    b. Somewhat improved
    c. Stayed the same
    d. Improved Less than I expected

20. After receiving coaching, my knowledge regarding caring for children with special needs
    a. Got worse
    b. Stayed the same
    c. Somewhat improved

d. Greatly improved

The final set of questions ask about your experience receiving inclusion coaching.

21. What, if anything, do you think worked well during the inclusion coaching you received? [text box]

22. What, if anything, do you think would improve the inclusion coaching you received? [text box]

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

24. Is there anything else you would like us to know about your experience receiving inclusion coaching?

Thank you for your time and your effort.

Appendix C: ICP Provider Interview Protocol

CENTER FOR INCLUSIVE CHILD CARE

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

The purpose of our time together is to gather information on the Inclusion 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 this program. This information will be used by the CICC and the Minnesota Department of Human Services to enhance the inclusion coaching network throughout the state for child care providers. The information will also be used to make decisions on professional development needs and other supports for the Inclusion 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.
    a. What made you want to participate in Inclusion Coaching?

2. Do you currently have written guidance policies?
    a. (If no). Why not?
    b. Did you receive coaching on writing guidance policies?

3. What, if anything, prevents you from effectively implementing child care inclusion policies?

4. What was your primary reason/were your primary reasons for requesting coaching?
    a. Do you feel that your needs were met? Please describe.

5. Describe the coaching you received as part of this program.
    a. Was the coaching too much, too little, or just right? Please provide details.
    b. Tell me about the timing of the coaching. Were you assigned a coach in a timely manner? Did you get the information you need when you need it?

6. What do you think about the quality of the coaching?

7. 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. Was there ever a time when the coach did not provide the support you wanted? If yes, please describe.

8. 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?

9. Describe the Continuous Quality Improvement Plan. How was it used? What worked? What did not work?

10. What part of the coaching was most helpful to the children and families in your care?

11. What part of the coaching was most helpful to you?

12. What, if anything, would you change about the Inclusion Coaching Project?

13. What, if any, supports do you want to more effectively do your job?
    a. To what extent is the CICC website helpful to your work?

14. In what ways, if any, do you believe that the quality of inclusion practices in child care has improved because of the project?

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

Thank you for your participation.

Appendix D: ICP Coaches' End-of-Event Survey

Thank you for taking the time to complete this end-of-event survey. This survey is part of the evaluation of the Minnesota Department of Human Services' Inclusion Coaching Project grant, hosted by the Center for Inclusive Child Care.

The data collected from this survey will be used to inform the inclusion 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 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) 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

Is there anything else you would like us to know about this event? [text box]

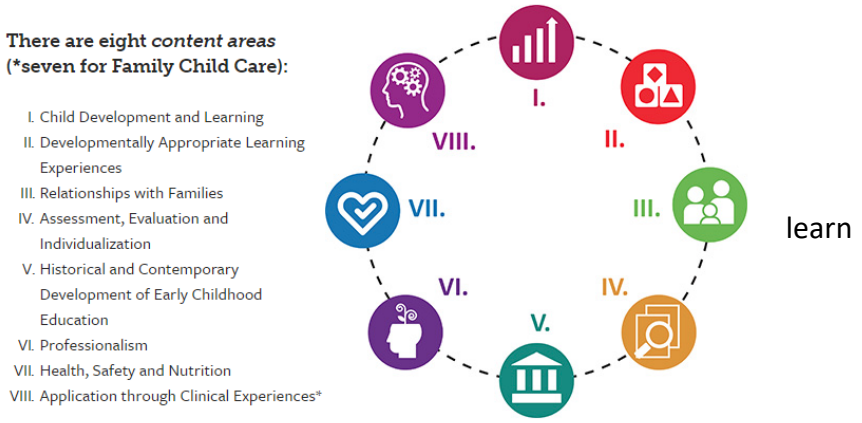
Appendix E: Continuous Quality Improvement Plan

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

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

Preschool-Aged Children in Center and School Programs
Infants and Toddlers
Family Child Care

Visit childcareawaremn.org/knowledge-and-competency-framework to learn more and to access resources.



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

ICP ANNUAL EVALUATION REPORT

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

License number: Click or tap here to enter text.

Coach: Click or tap here to enter text.

Type(s) of Coaching:

☐ Health and Safety

☐ Infant/Toddler

☐ Inclusion

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

Complete *prior* to coaching:

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

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

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

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

Complete *after* coaching:

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

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

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

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

If yes, received a Conditional license ☐ Yes ☐ No

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

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

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

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

Visit Summary and Feedback:

Participant Next Steps:	Coach Next Steps:

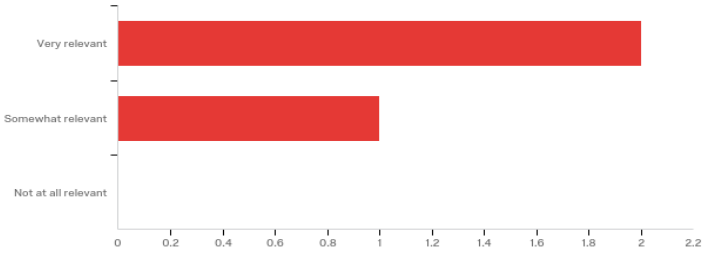
Date of next meeting:

Appendix F: ICP Coaches End-of-Event Data

July 2019

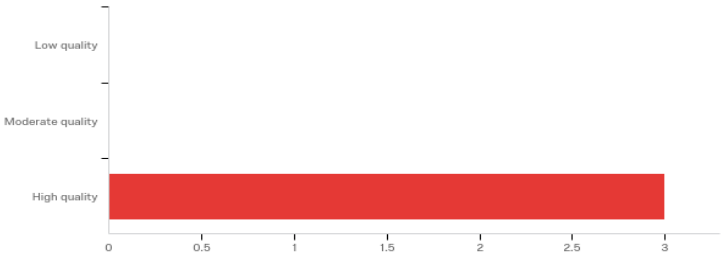
Inclusion Coaches RC End of Event Survey December 3 2018

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



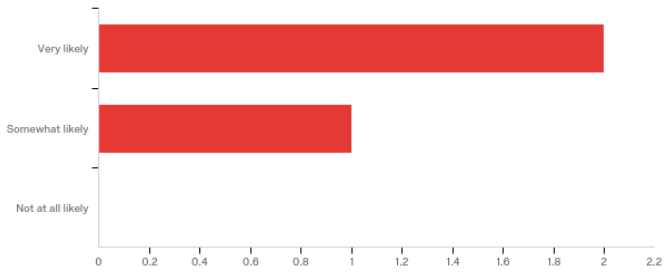
#	Answer	%	Count
1	Very relevant	66.67%	2
2	Somewhat relevant	33.33%	1
3	Not at all relevant	0.00%	0
	Total	100%	3

How would you rate the quality of the information you received from the webinar?



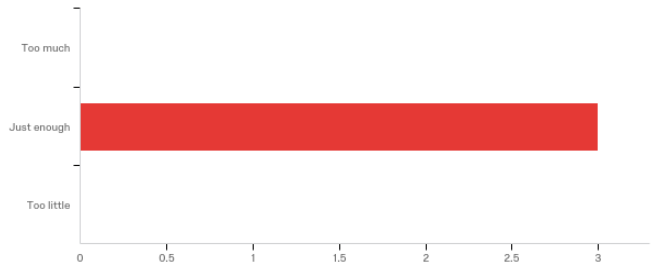
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

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



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

The information provided during the webinar was:



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

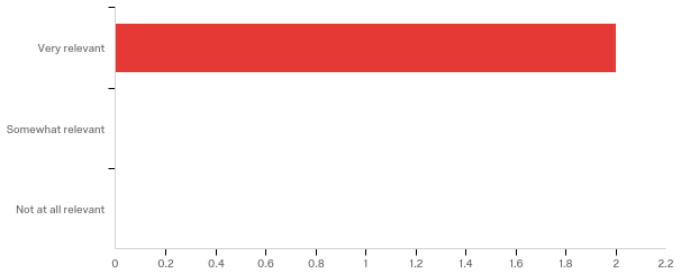
Is there anything else you'd like us to know about this event?

Love the group we have and our leader

Tracy is a great facilitator.

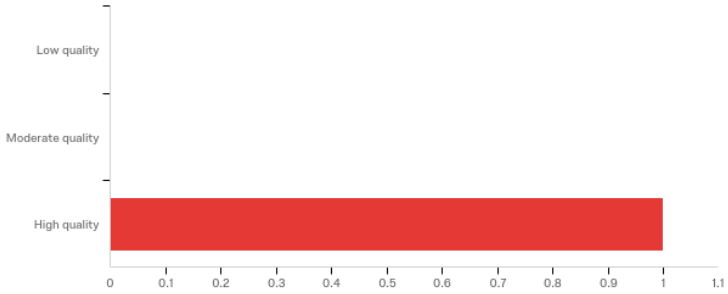
Inclusion Coaches RC End of Event Survey December 27 2018

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



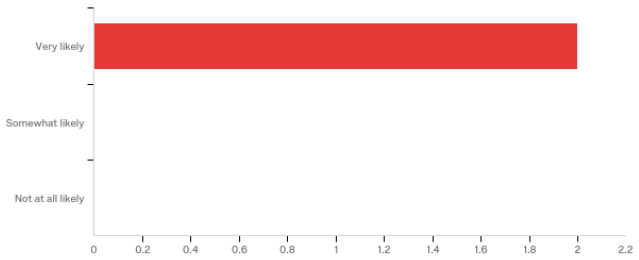
#	Answer	%	Count
1	Very relevant	100.00%	2
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	2

How would you rate the quality of the information you received from the webinar?



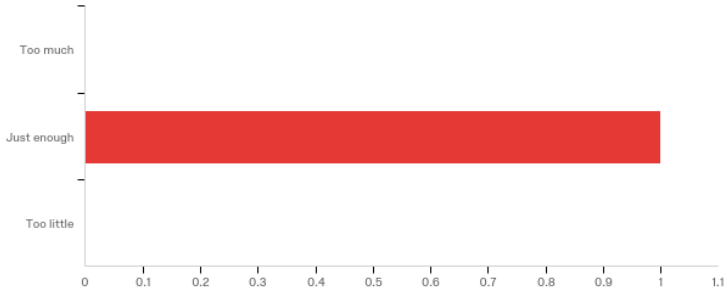
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	1
	Total	100%	1

How likely are you to use the information you received from the webinar 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 webinar was:



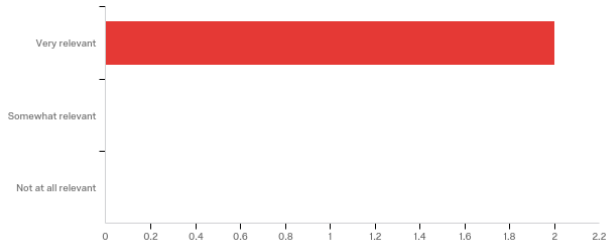
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	1
3	Too little	0.00%	0
	Total	100%	1

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

I appreciate having a speaker who knows about working with kids because she does every day.

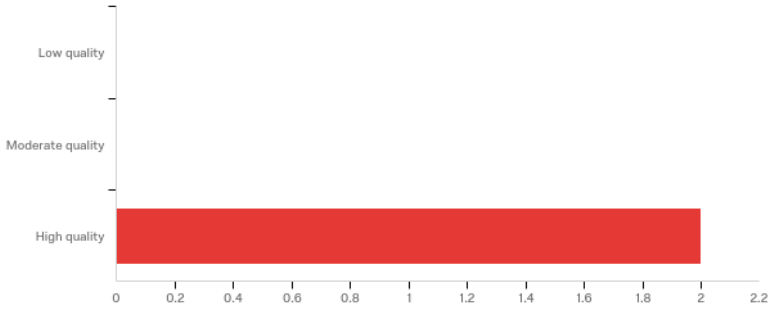
Inclusion Coaches RC End of Event Survey January 7 2019

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



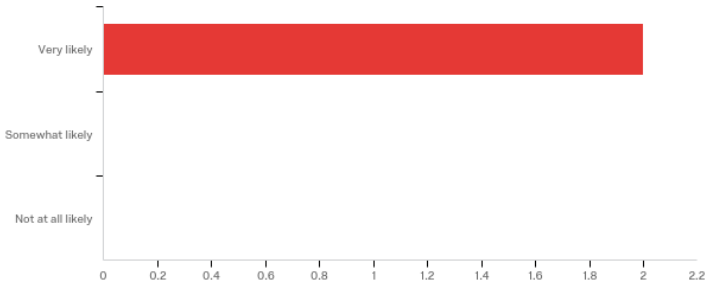
#	Answer	%	Count
1	Very relevant	100.00%	2
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	2

How would you rate the quality of the information you received from the webinar?



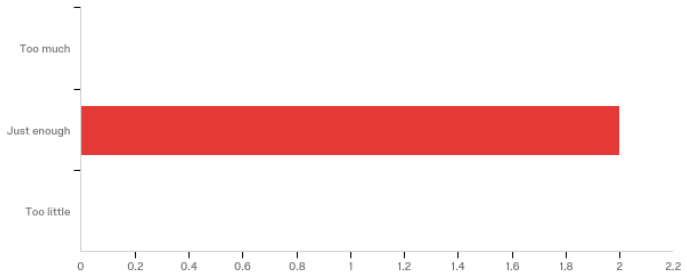
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	2
	Total	100%	2

How likely are you to use the information you received from the webinar 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 webinar was:



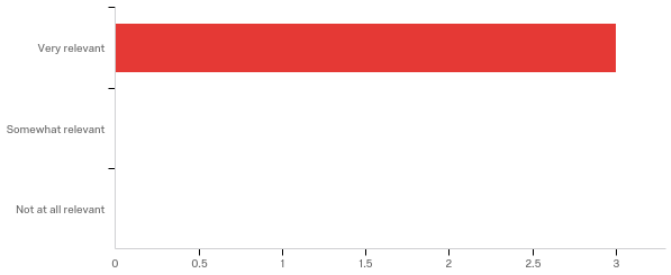
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	2
3	Too little	0.00%	0
	Total	100%	2

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

Very informative!

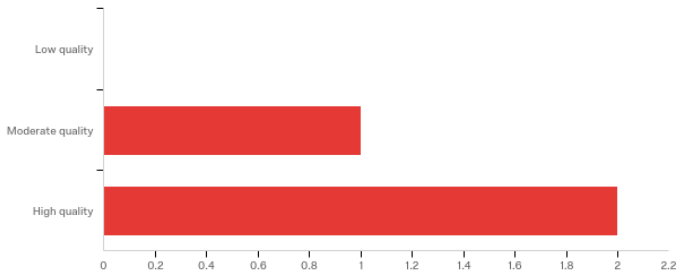
Inclusion Coaches RC End of Event Survey January 31 2019

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



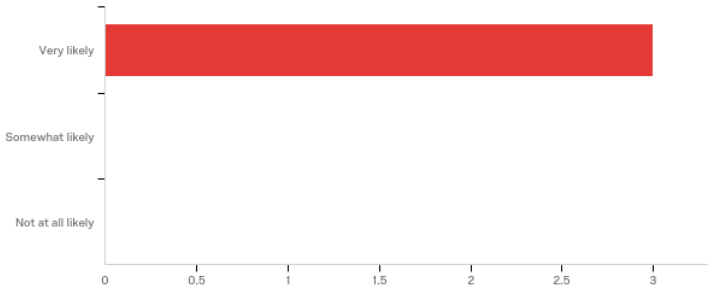
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

How would you rate the quality of the information you received from the webinar?



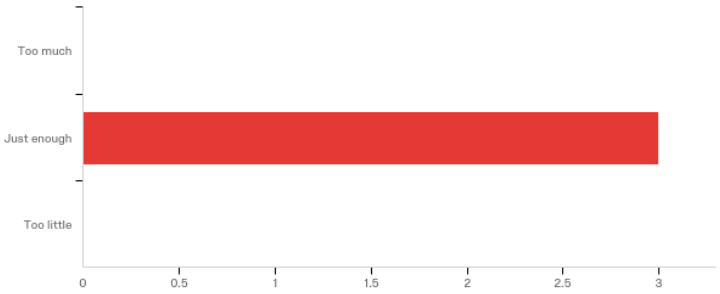
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	33.33%	1
3	High quality	66.67%	2
	Total	100%	3

How likely are you to use the information you received from the webinar 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 webinar was:



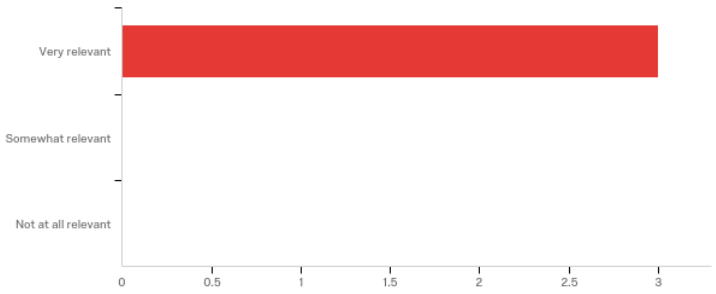
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

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

It's so nice to be able to talk with my co-workers and work with Tracy. She is a great guide and keeps us moving along on our current issues.

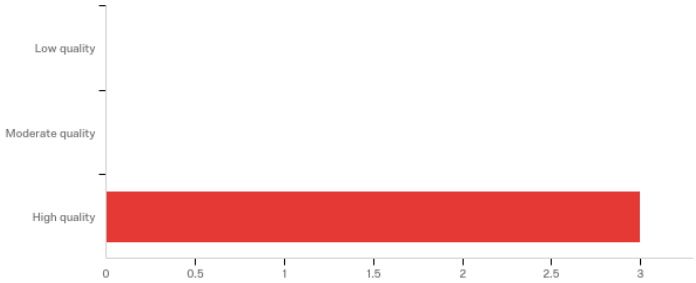
Inclusion Coaches RC End of Event Survey February 4 2019

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



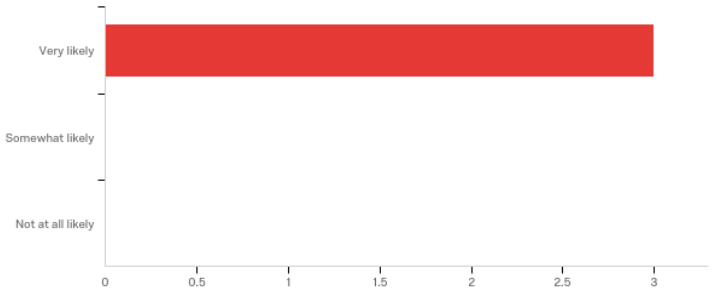
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

How would you rate the quality of the information you received from the webinar?



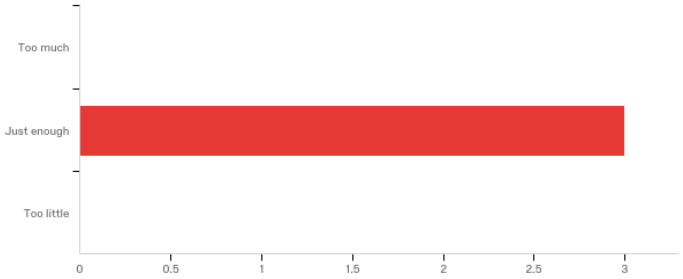
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

How likely are you to use the information you received from the webinar 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

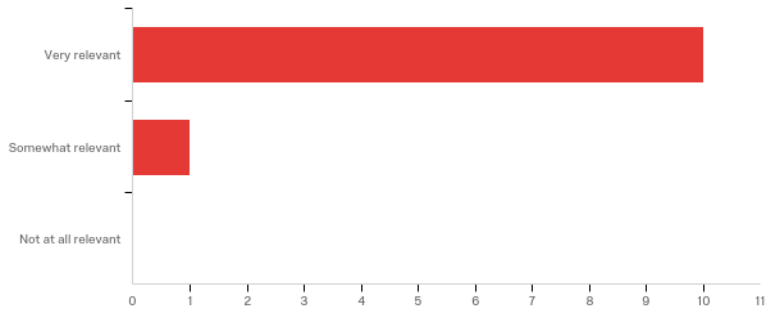
The information provided during the webinar was:



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

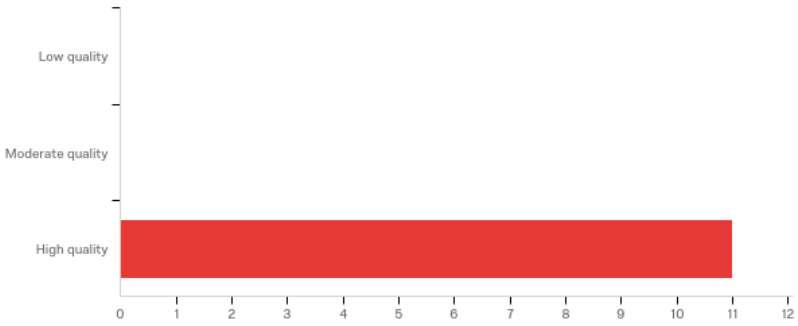
Inclusion Coaches Webinar End of Event Survey February 8 2019

How relevant was the information you received from the monthly webinar to your work?



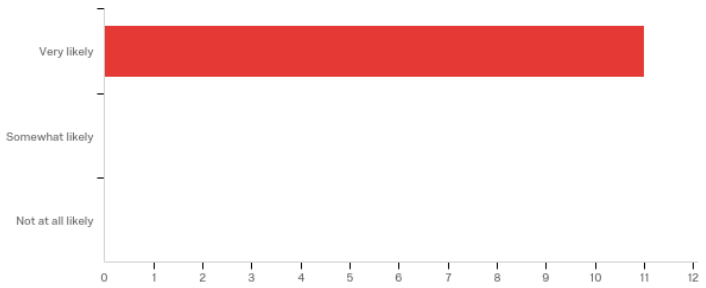
#	Answer	%	Count
1	Very relevant	90.91%	10
2	Somewhat relevant	9.09%	1
3	Not at all relevant	0.00%	0
	Total	100%	11

How would you rate the quality of the information you received from the monthly webinar?



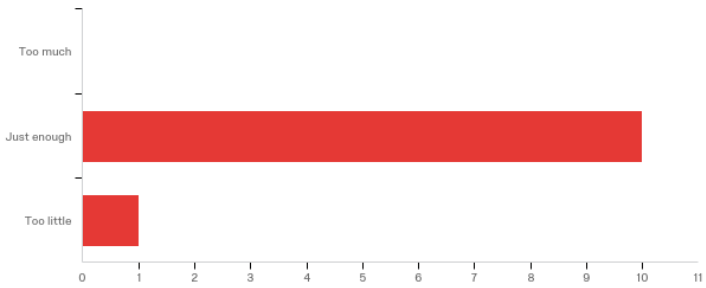
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	11
	Total	100%	11

How likely are you to use the information you received from the monthly webinar in your work?



#	Answer	%	Count
1	Very likely	100.00%	11
2	Somewhat likely	0.00%	0
3	Not at all likely	0.00%	0
	Total	100%	11

The information provided during the monthly webinar was:



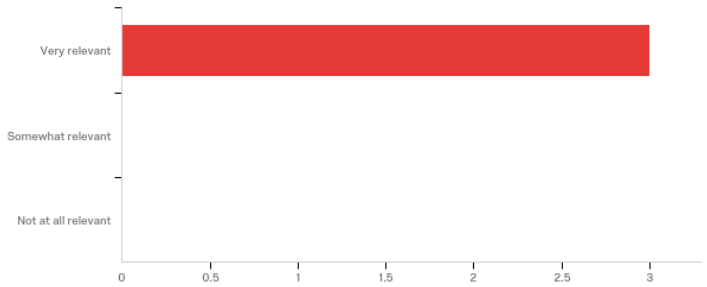
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	90.91%	10
3	Too little	9.09%	1
	Total	100%	11

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

I will remember Cindy saying, "there are no separate inclusion policies" everyone should always be included. Loved that!
The examples were very relevant. Maybe a talking points Tip Sheet for coaches when they see potential violations in a program.
Could have used more time for this topic. It was an important one.
The webinar had great information.

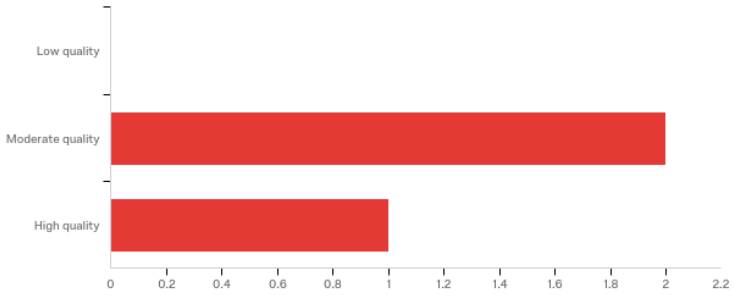
Inclusion Coaches RC End of Event Survey February 28 2019

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



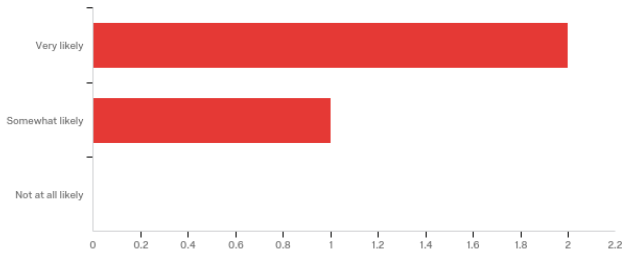
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

How would you rate the quality of the information you received from the webinar?



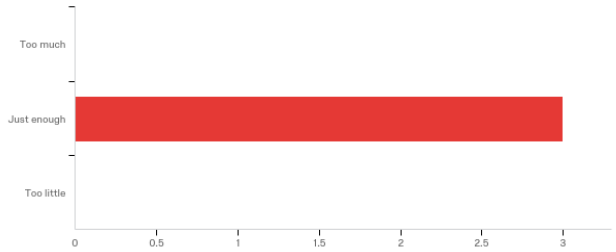
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	66.67%	2
3	High quality	33.33%	1
	Total	100%	3

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



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

The information provided during the webinar was:



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

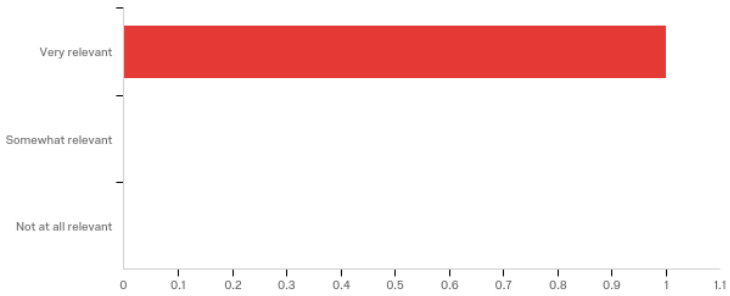
Is there anything else you'd like us to know about this event?

I really value our time together and am so glad to have this opportunity

May be helpful to have specific topics we are going to discuss?

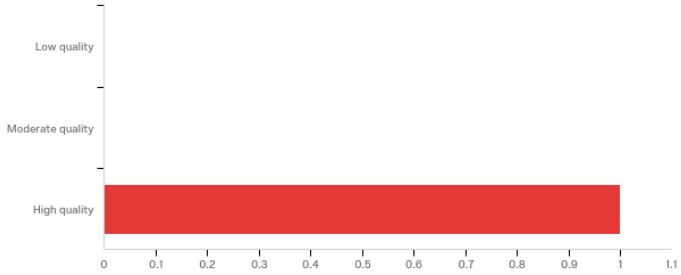
Inclusion Coaches RC End of Event Survey March 4 2019

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



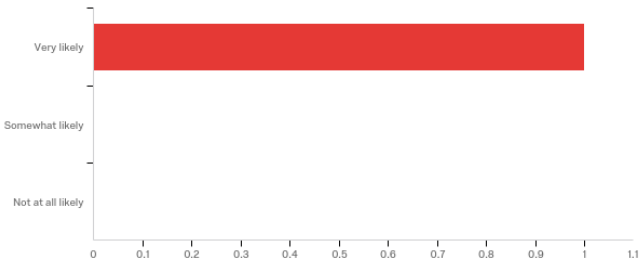
#	Answer	%	Count
1	Very relevant	100.00%	1
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	1

How would you rate the quality of the information you received from the webinar?



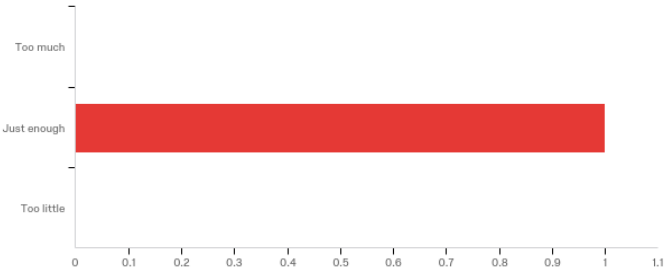
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	1
	Total	100%	1

How likely are you to use the information you received from the webinar 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

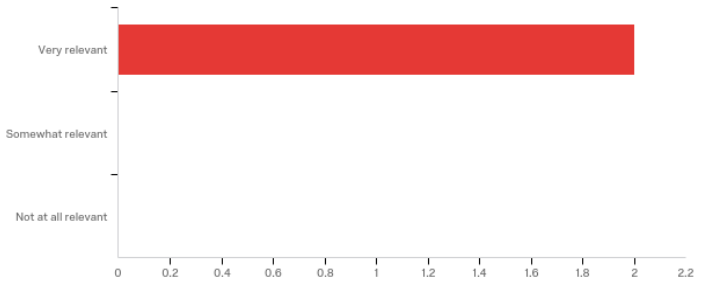
The information provided during the webinar was:



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

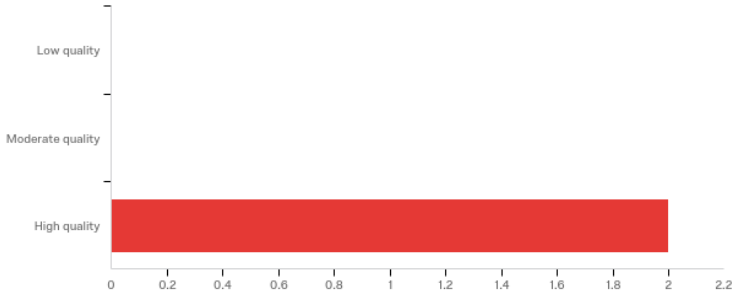
Inclusion Coaches RC End of Event Survey March 28 2019

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



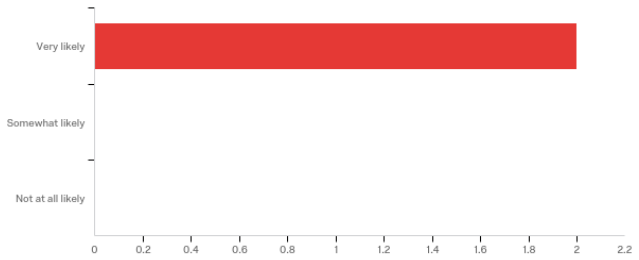
#	Answer	%	Count
1	Very relevant	100.00%	2
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	2

How would you rate the quality of the information you received from the webinar?



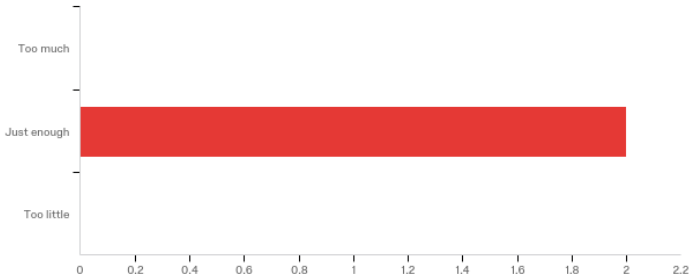
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	2
	Total	100%	2

How likely are you to use the information you received from the webinar 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 webinar was:



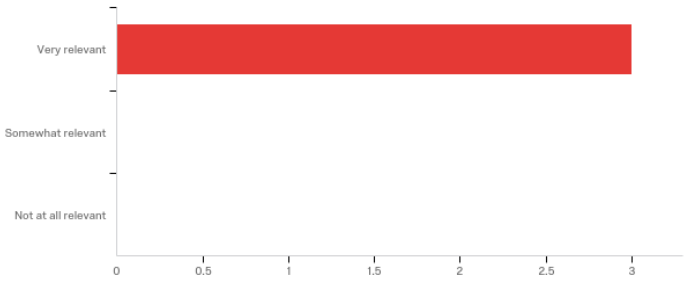
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	2
3	Too little	0.00%	0
	Total	100%	2

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

I love being able to talk and interact with other coaches. This service is so special to me. Tracy keeps us going on relevant topics.

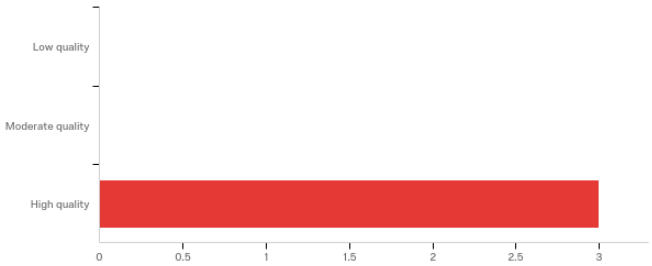
Inclusion Coaches RC End of Event Survey April 1 2019

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



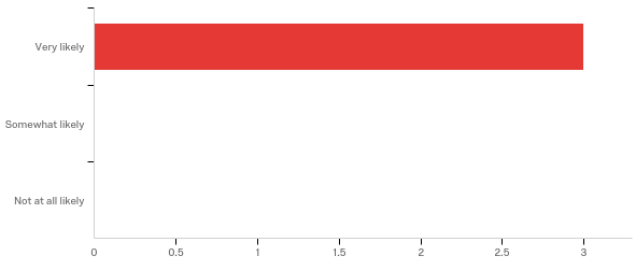
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

How would you rate the quality of the information you received from the webinar?



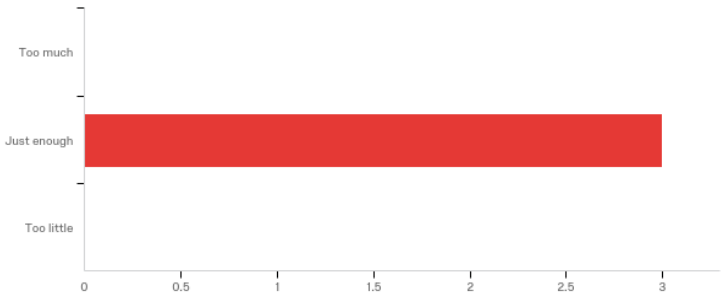
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

How likely are you to use the information you received from the webinar 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 webinar was:



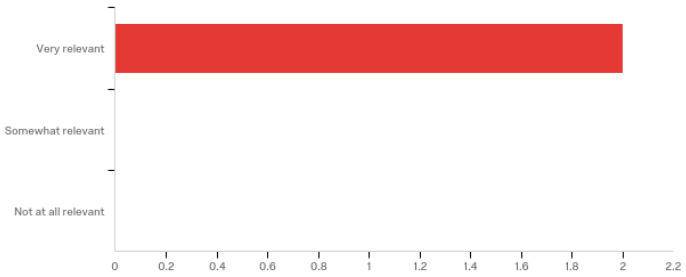
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	3
3	Too little	0.00%	0
	Total	100%	3

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

I so appreciate all the support from the group members and facilitator.

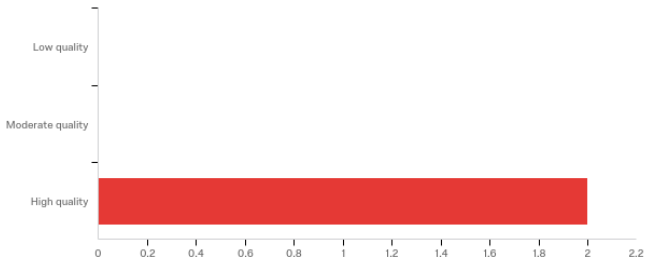
Inclusion Coaches RC End of Event Survey April 25 2019

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



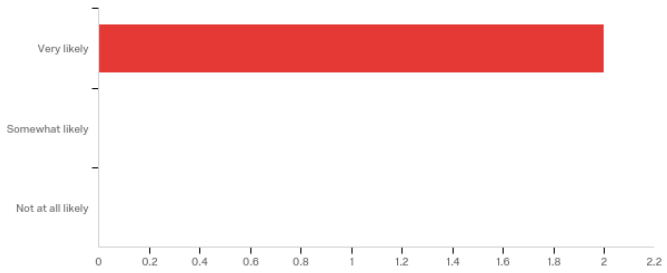
#	Answer	%	Count
1	Very relevant	100.00%	2
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	2

How would you rate the quality of the information you received from the webinar?



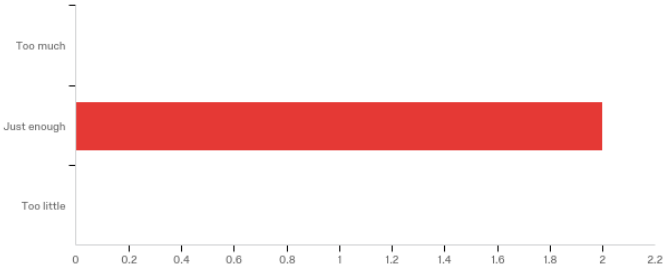
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	2
	Total	100%	2

How likely are you to use the information you received from the webinar 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 webinar was:



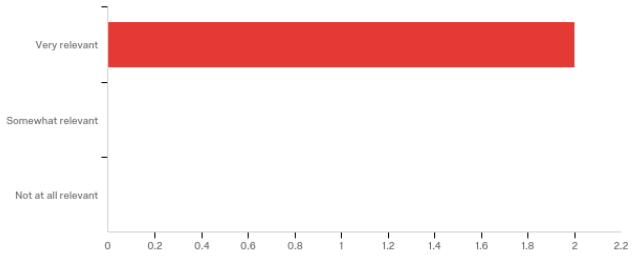
#	Answer	%	Count
1	Too much	0.00%	0
2	Just enough	100.00%	2
3	Too little	0.00%	0
	Total	100%	2

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

We all benefit when we are able to share our experiences

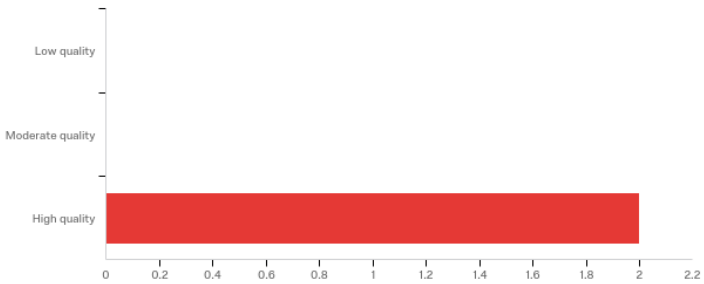
Inclusion Coaches RC End of Event Survey May 6 2019

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



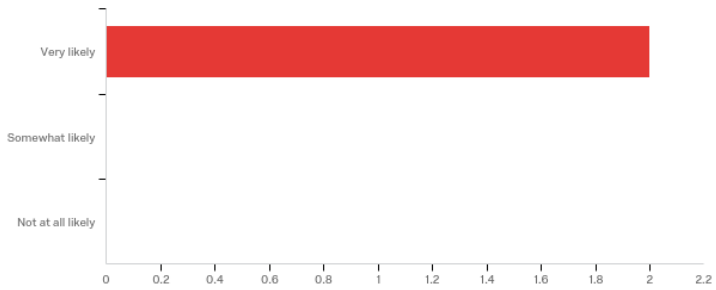
#	Answer	%	Count
1	Very relevant	100.00%	2
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	2

How would you rate the quality of the information you received from the webinar?



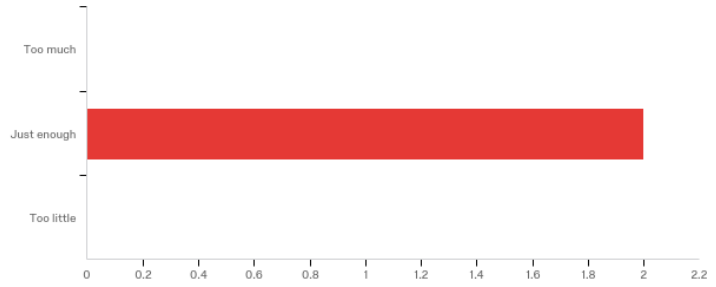
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	2
	Total	100%	2

How likely are you to use the information you received from the webinar 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

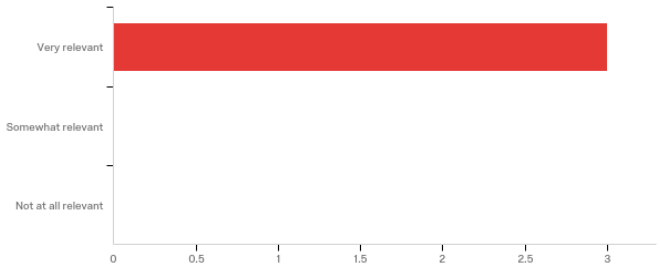
The information provided during the webinar was:



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

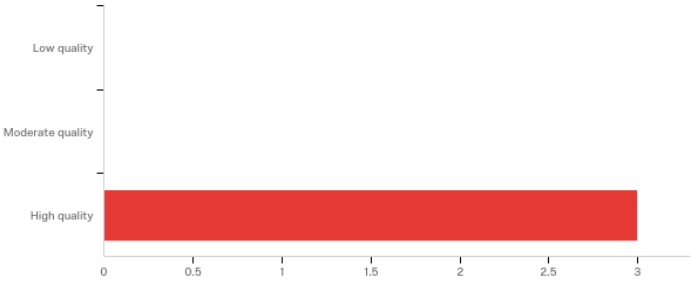
Inclusion Coaches RC End of Event Survey May 23 2019

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



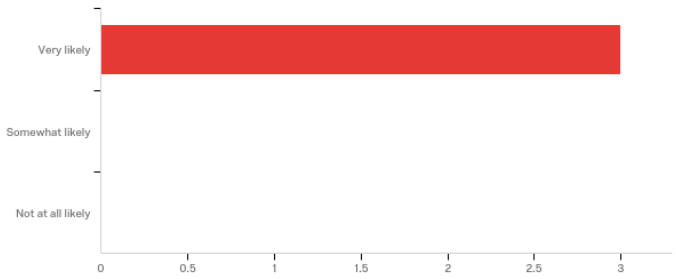
#	Answer	%	Count
1	Very relevant	100.00%	3
2	Somewhat relevant	0.00%	0
3	Not at all relevant	0.00%	0
	Total	100%	3

How would you rate the quality of the information you received from the webinar?



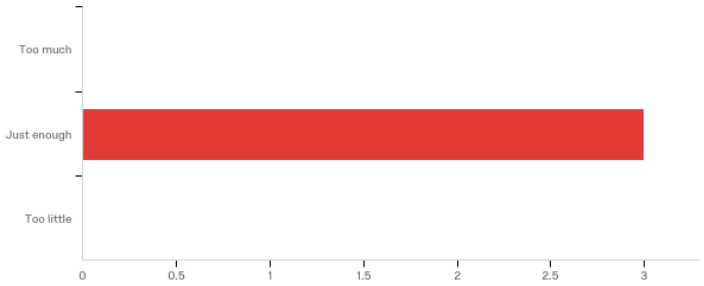
#	Answer	%	Count
1	Low quality	0.00%	0
2	Moderate quality	0.00%	0
3	High quality	100.00%	3
	Total	100%	3

How likely are you to use the information you received from the webinar 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 webinar was:



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

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

I really appreciate the support we all get from Tracy!

We had a smaller group, which made sharing easier and more frequent.