

## Coaching in Early Care and Education Programs and Quality Rating and Improvement Systems (QRIS): Identifying Promising Features



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*Children's Services Council is an independent district established by Palm Beach County voters in 1986, who recognized that the needs of children could not be met by the limited resources available. Today, the Council provides leadership, funding and research on behalf of Palm Beach County's children, so they are born healthy, are growing up safe, and are ready to learn.*

## COACHING IN EARLY CARE AND EDUCATION SETTINGS <sup>1</sup>

*Coaching and other on-site, individualized professional development strategies (consultation, mentoring, and technical assistance) have emerged as promising strategies to support the application of new teaching strategies and overall quality improvement among practitioners in early care and education settings. The purpose of this report is to synthesize findings from a review of the literature and a multi-case study of coaching in Quality Rating and Improvement Systems (QRIS) to understand more about the practice of coaching and whether features of coaching can be identified that are linked to positive outcomes for practitioners and children. Conclusions drawn from the synthesis can be used to generate recommendations for further specification of coaching models in theory and in practice.*

Improving the quality of early care and education in an effort to support young children's development is a priority for policymakers and practitioners at the local, state and federal levels. To date, over 20 states have implemented statewide Quality Rating and Improvement Systems (QRIS), and a number of other pilot or county-level QRIS are being implemented or planned (Tout, Starr, Moodie, Soli, Kirby & Boller, 2010). QRIS aim to inform parental choice of early care and education settings by providing readily interpretable summary ratings of quality and to increase demand for higher quality through more informed decision-making. QRIS also provide incentives and resources to early care and education settings to improve and sustain the quality of their programs. Though a sizeable literature exists on the predictors, correlates, and outcomes of quality in early care and education settings, the body of evidence on approaches that are effective in improving quality, particularly in the context of QRIS, is small.

One approach to improving the quality of early care and education settings is to strengthen the knowledge and skills of early childhood practitioners through professional development initiatives. Professional development for early childhood practitioners, particularly in-service efforts aimed at the existing workforce, has historically focused on transmitting knowledge through coursework or training. Recent research syntheses conclude that features such as the content and intensity of training are critical to understanding the effectiveness of professional development (Weber & Trauten, 2009; Whitebook, Gomby, Bellm, Sakai, Kipnis, 2009; Zaslow, Tout, Halle, Vick & Lavelle, 2010). Furthermore, the degree to which professional development is individualized and emphasizes the application of knowledge to practice is emerging as a critical factor in professional development.

In particular, coaching and other individualized, on-site assistance models are being implemented as strategies to support the application of teaching/caregiving practices and overall quality improvement in early care and education settings. For example, a cross-site evaluation of

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<sup>1</sup> Throughout this report, the term coaching will be used to refer to the variety of individualized on-site assistance strategies currently in use in interventions and ongoing services for early childhood practitioners. In addition to "coaching," terms such as consultation, mentoring and technical assistance are also used widely. These terms are not interchangeable. Efforts in the field by the National Association for the Education of Young Children and the National Association of Child Care Resource and Referral Agencies are underway to specify definitional features of these varying strategies. For simplicity when looking across studies and to avoid conflicting with the terms that are agreed upon in the new work, we use the term coaching but recognize the limitations of using it to cover diverse strategies. The term "on-site" indicates that practitioners do not have to leave their place of work in order to receive the coaching. This could include online or telephone supports in addition to visits from coaches.

18 Early Childhood Educator Professional Development (ECEPD) projects found that coaching was incorporated into each of the ECEPD projects reviewed (Tout, Halle, Zaslow & Starr, 2009). Coaching was also a critical component identified in a review of findings from several federal projects including the *Preschool Curriculum Evaluation Research Grants* program (PCER), the *Interagency School Readiness Consortium* (ISRC), *Evaluation of Child Care Subsidy Strategies*, and the *Quality Intervention for Early Care and Education Program* (QUINCE) (Klein & Gomby, 2008). Additionally, in a recently released Compendium that summarizes approaches used in existing QRIS, all 26 QRIS reported that some type of coaching or individualized, on-site assistance is available to programs to help them improve or to help orient them to the QRIS, though the strategies vary considerably across QRIS (Tout et al, 2010).

To date, however, there is little research documenting the types of coaching strategies used or the effectiveness of various coaching approaches in QRIS (Tout, Zaslow, Halle & Forry, 2009). Likewise, while a variety of studies have been conducted, previous reviews of the literature on professional development for early childhood educators have concluded that the literature is not advanced enough to indicate which features are essential to the implementation of effective coaching or other type of on-site individualized strategies (Zaslow et al., 2010). Thus, coaching as an approach to improving the quality of early childhood care and education shows promise in strengthening quality and child outcomes, yet there is variation in the evidence of effects across specific programs. It is critical to move beyond an undifferentiated assumption that all coaching approaches are effective, to one that considers in greater detail the specific features that coaching approaches are taking.

In this report, we review the existing literature to analyze whether it is possible to differentiate among coaching approaches used in early childhood settings and to identify those specific features that are most consistently associated with evidence of effectiveness. We also conduct a multi-case study to examine rich details about how coaching is used in QRIS, including the extent to which promising features identified in the literature are incorporated into existing QRIS quality improvement models. We integrate key findings from both activities – the literature review and the multi-case study – and identify the implications for new research and current practice in QRIS.

## LITERATURE REVIEW OF RESEARCH ON COACHING

To address questions about the degree to which coaching approaches can be differentiated and features of coaching can be identified as effective, Child Trends conducted a literature review. In this section, we describe the methodology used for the literature review and provide a summary of the key findings from the review.

### Literature Review Methodology

The research team began by articulating the questions of interest and the terms that might best capture those questions in a literature search. The team conducted searches among the following search engines and journals: Research Connections, EBSCOhost, JSTOR, ERIC, and APA's PsycARTICLES. Searches were conducted for any articles, reports, or book chapters that include the following search terms: "coach," "coaching," "peer coaching," "literacy coach,"

“mentoring,” “consultant,” “consulting,” “modeling,” and “professional development.” These search terms were often used in combination with “early childhood,” in order to find research literature concerning the age group of interest. In addition, the team looked for evaluations of relevant programs that had received ECEPD grants since 2004 and examined the reference list for the literature review conducted for the ECEPD cross-site evaluation (Zaslow et al., 2010) as well as other Child Trends literature reviews. To ensure full coverage, the citations of relevant articles were also searched for additional literature that might inform current discussions about coaching.

Over 135 articles were identified and reviewed in brief, and 48 were determined to be both sufficiently relevant and of adequate rigor to be included in literature review tables developed for the project.<sup>2</sup> Other articles were included in the review if they provided background knowledge or a deeper understanding of particular coaching/consultation models. However, articles were only included in the literature review tables if they described an intervention involving coaching and at least one measurable outcome for early childhood practitioners or the children they serve.

In several cases, more than one article was identified with findings from the same study. In these cases, information obtained from across the articles was used to complete the entry for articles on the study. This was helpful in cases where one article from a study might have focused on the research findings (without a detailed explanation of the intervention itself) but a related article or report would provide a thorough description of the coaching model and implementation.

A matrix detailing the constructs that were recorded in the table for each study can be found in the Appendix.

### **Overview of the Literature**

In this section, we summarize the studies that were examined in the literature review. We first address basic details about the research reviewed including:

- Research design and approaches
- Research questions
- Early childhood settings addressed
- Types and purpose of coaching
- Outcomes examined and measures used

These details can be used to assess the state of the literature in terms of rigor, scope and focus.

**Research design and approaches.** The research design is an important feature in determining the rigor of a study and the extent to which causal conclusions can be drawn about the professional development intervention or service being studied. Experimental designs in which practitioners were randomly assigned to an intervention (or treatment) or a control condition were used in 15 of the studies examined in the literature review. Experimental designs are considered the gold standard in evaluation research as they allow causal conclusions to be drawn about the intervention studied. Another 15 studies used a pre-post design (four with comparison groups and 11 without comparison groups) where the outcome of the intervention was estimated

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<sup>2</sup> In four instances, two articles on the same study were combined in the table, so while 48 articles were referenced in the table, the table describes only 44 studies.

by comparing outcomes before the intervention with outcomes after the intervention. Six used a quasi-experimental design in which there was no random assignment to treatment or control groups but results for treatment and control groups were compared using statistical techniques that aim to control for underlying group differences. Finally, eight studies were considered descriptive because they assessed activities and perceptions but did not attempt to compare outcomes across time or across groups. ***The large number of experimental studies in this group is a strength of the research reviewed.***

**Research questions.** Across the studies examined, the most common research question concerned the impact of coaching on outcomes for practitioners and/or children beyond the impact of training alone (or another professional development strategy) (26 of 44 studies). A challenge encountered with these studies is that many do not include enough specific details about the components of the coaching that was implemented, thus making it difficult to identify which features of the coaching were most effective (see the following section for further information). Less frequently, studies asked questions about the impact of an intervention that included coaching but in which the contribution of coaching could not be separated out from other aspects of the intervention (for example, a new curriculum) (6 of 44 studies). Finally, several studies addressed questions about how various features of coaching or other facets of the intervention were related to outcomes (5 of 44 studies). These studies examined, for example, specific questions related to dosage, characteristics of teachers and settings, and characteristics of the trainers and how these affected coaching outcomes. Because these important questions were addressed in single studies, there was no accumulation of evidence to answer them conclusively.

The remaining studies examined unique research questions that were not categorized with the others included above. ***Thus, in the majority of studies reviewed, the opportunity to compare coaching approaches with “business as usual” is a strength, but the lack of specificity in research articles about what is involved in the coaching limits the conclusions that can be drawn about effective features. A small number of articles did examine details of coaching approaches but there is no accumulation of evidence showing the effectiveness of particular features in a variety of coaching contexts.***

**Early childhood settings addressed.** The coaching approaches examined in the literature review were aimed at the full range of formal early care and education programs including child care centers (17 studies), Head Start programs (17 studies), family child care programs (9 studies), pre-kindergarten programs/preschools (9 studies), and early elementary grades, including kindergarten (6 studies).<sup>3</sup> ***While there are a greater number of studies aimed at center-based settings (including Head Start and pre-kindergarten programs), the fairly large number of studies aimed at family child care programs is notable.***

**Types and purpose of coaching.** As noted earlier, the term coaching is used to cover different approaches and strategies to on-site, individualized assistance identified in the literature and in practice. Indeed, a small number of studies described in the literature review use the term “coaching” to describe the approach (less than one quarter). Other terms such as “mentoring,” “consultation,” “technical assistance,” “curriculum coordination,” and “intensive professional development” (among others) were also used in the literature. In some cases, the terms were chosen intentionally and definitions in the article are provided to indicate why a particular term

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<sup>3</sup> The categories were not mutually exclusive.

is used. In other cases, the terms are defined only minimally. It was clear from a review of the definitions that there is currently no consensus on the core components for different terms. One project team may provide a definition for consultation, but a different definition and set of core components may be offered by a different project team. Given that efforts are underway by multiple organizations to provide definitions for on-site, individualized assistance, we do not offer suggested definitions in this report. We note, however, that *moving toward consensus on definitions of the various strategies being implemented will be an important step in building a literature on effective professional development*. In particular, definitional work will assist researchers and practitioners in identifying the critical elements that should be articulated in training of coaches/consultants/mentors and also collected in evaluations of professional development initiatives.

Related closely to the terms that are used to describe the coaching strategy is the focus or purpose of the coaching. Among the studies examined in the literature review, a frequently cited purpose of the coaching is to focus broadly on overall quality in the early childhood setting (16 out of 44 studies). In the majority of studies, however, the coaching focus was more specific. Eleven of the studies reported a focus on language and literacy practices. Smaller numbers of studies focus on social-emotional behavior (3 studies) or instructional practices (3 studies). Additionally, eleven studies focus on curriculum implementation. *Thus, the existing literature consists of a mix of studies with coaching aimed at either quality as a broad construct or with a specific focus on practices aimed at supporting children's development, particularly practices to support language/literacy development.*

**Outcomes examined and measures used.** The outcomes included in research and evaluation studies are an important indicator of the intended impacts of the intervention. Thus, the literature review examined which outcomes were included in each study. The outcomes that were included in the literature review tables were: practitioners' attitudes, knowledge and satisfaction; quality of practices and/or observed quality of the learning environment; and children's developmental outcomes. Some studies included more than one type of outcome (therefore the total in the summary that follows exceeds 44). *Nearly half of the studies (21) included practitioner outcomes. The majority (31) included outcomes focused on practices or observed quality, while 21 studies included child developmental and behavioral outcomes. These were primarily language and literacy outcomes though most included a range of outcomes.* Few studies reported on outcomes related directly to the coaches (for example, fidelity of implementation).

To measure the observed quality of settings, a variety of tools were used including the Arnett Caregiver Interaction Scale (6 studies), the Environment Rating Scales (ERS; including the ECERS-R – 3 studies; the ITERS-R – 3 studies, and the FDCRS – 4 studies), the ELLCO (5 studies) and the CHELLO (3 studies), and the CLASS (3 studies). Children's developmental outcomes were measured with tools such as the Preschool Language Scale (PLS) III or IV, the Peabody Picture Vocabulary Test (PPVT) III or IV, the Preschool Comprehensive Test of Phonological and Print Processing (P-CTOPP), and the Expressive Vocabulary Test (EVT).

### **Details about Coaching Approaches and Outcomes**

The previous section laid the foundation for assessing the literature by providing details about the designs and foci of the studies on coaching. In this section, we summarize what is known

about the key features of the coaching studies by describing each of the primary constructs examined in the literature review tables, including:<sup>4</sup>

- Characteristics of the coaches
- Characteristics of early childhood practitioners
- Features of the coaching approach
- Details about the coaching activities
- Coordination between coaching and other professional development activities
- Details about dosage
- Details about supervision and documentation/tracking of progress
- Outcomes for early childhood practitioners
- Outcomes on observed quality
- Outcomes for children

The findings in this section will provide a more in-depth portrait of the different coaching approaches. At the end of the section, we address the potential to identify a typology or continuum of approaches used to differentiate the characteristics of effective coaching.

**Characteristics of the coaches.** Across the studies examined, nearly all coaches were female (if information was provided about the gender of coaches). The majority of programs preferred or required that coaches have educational credentials and professional experience as a teacher or director (though often the criteria described in the article stated that the coaches needed to be “experienced educators” or “master teachers” without further details). Experience as a teacher or director was prioritized in 17 studies and, in some cases, experience working with “adult learners” was noted as a requirement. Two studies reported that bilingual coaches were preferred, and 10 studies described an emphasis on coaches who had content knowledge (for example, of practices to promote language and literacy) and/or knowledge of the particular curriculum being implemented.

Of the 33 studies that provided information on the basic characteristics of coaches, 16 reported that all coaches had at least a bachelor’s degree, and in half of those studies, all coaches had at least a master’s degree. Similarly, ten studies reported requiring three or more years of experience, and seven of those required at least five years of experience. In other studies, coaches were drawn from a variety of pools including: veteran educators in the same program/school (in the case of mentoring studies), other providers who have already been successful in achieving accreditation, graduate students, mental health clinicians (in the case of mental health consultation), and the existing staff of local resource agencies. ***Overall, the coaches implementing the initiatives described in the literature tend to have levels of experience and education that are higher than the average teacher in an early childhood program. Experience as a teacher, content knowledge, and experience working with adult learners were valued characteristics of coaches in the studies reviewed.***

**Characteristics of the early childhood practitioners.** The early childhood practitioners served by the coaching initiatives reviewed were diverse in their characteristics. In 21 studies, the educational level of the practitioners was not described. These practitioners worked in both

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<sup>4</sup> Details about these features are missing for a number of studies.

school-based settings and Head Start programs, so it is likely that their experience and education varied. In the remaining 23 studies, 18 described educational credentials that included some college or specific degrees (Associate's or Bachelor's degrees). In the remaining studies, early childhood practitioners were targeted because they did not have educational credentials beyond high school. Among the studies with coaching directed at teachers in school-based pre-kindergarten or Title 1 classrooms, three studies noted that they targeted entry level teachers. The range of experience described for other early childhood practitioners in the studies varied with the majority (10) reporting experience in the range of 5-15 years. The early childhood practitioners were primarily women, and racial and ethnic characteristics varied in the studies examined.

***The practitioners targeted by coaching work in a variety of settings serving low-income children. In under half of the studies reviewed, the practitioners had post-secondary education. In other studies, practitioners were new to the field or had limited post-secondary education.***

**Characteristics of the children served.** It is notable that low-income children were served by the coaching initiative in nearly two-thirds of the studies examined (28 articles). As described above, many of these children were participating in Head Start programs. However, children in urban pre-kindergarten programs or community-based child care programs (both centers and family child care programs) were also served in the initiatives reviewed. In the remaining 16 programs, the income-level of the children served was not provided.

Because the literature review focused on coaching in early childhood programs, preschool children or children in early elementary school were the targets of most of the coaching initiatives. However, 3 studies noted a particular focus on practitioners serving infants and toddlers.

The linguistic and cultural backgrounds of children in the studies were quite diverse, and a number of studies (7) noted in particular that they served children who were English language learners or who had limited English proficiency.<sup>5</sup> Additionally, 5 studies reported that children with special needs or behavioral issues were included in the population studied.

***Overall, children who are being served in settings that receive coaching in these studies tend to have low incomes and be culturally and linguistically diverse.***

**Features of the coaching approach.** Coaching approaches vary in the extent to which they are developed/adapted from an existing coaching model or developed for the purposes of the project to incorporate a range of features or theoretical approaches. For the literature review, we noted whether a coaching model was based on a particular theoretical framework or approach.

***Few studies provide details sufficient to determine whether the coaching approach is based on a theoretical framework.*** A small number of studies provide a name for the coaching model that is noted explicitly in the articles (for example the trans-theoretical model resulting in the Early Education Mentoring System, the Partnerships for Inclusion model, the conjoint behavioral consultation model, the mental-health consultation model, and the home visiting model). In

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<sup>5</sup> This number is likely an underestimate because some articles did not provide details about the child population served by the coaches/practitioners.

addition, 5 studies are included which describe web-based coaching (My Teaching Partner) involving educators sending video clips of their teaching practices to a consultant who reviews the video and provides feedback.

**Details about the coaching activities.** Coaching activities varied widely across the studies reviewed and tended to be aligned with the purpose of coaching. For example, if implementation of a curriculum was the focus of the coaching, then activities would focus on lesson planning, observation and modeling, teaching strategies, demonstration of curriculum components and issues related to the fidelity of curriculum implementation. If the goal of coaching was broad and focused on overall quality improvement, the activities would include reflection on or assessment of practices, goal setting, and collaborative problem solving.

Activities reported by at least two of the studies reviewed included: enter into and build relationships, conduct an initial assessment, set goals, create a written action plan, observe, model practices, co-teach, watch and reflect upon video tapes of practice, obtain and review articles or other resources, and participate in communities of practice.

Some coaching models were described as following particular sequences of activities. For example, the early phase of the coaching might be characterized by activities to develop the relationship between the coach and the practitioner. In addition, the early phase might involve observation and/or a needs assessment of the setting to determine what the specific focus of the coaching should be. Later coaching sessions might focus on goal-setting and identification of needs or action steps to accomplish the goals. Coaching in the end phases might involve another assessment or review of goals and accomplishments.

Most coaching models were described as allowing for individualization of the models. That is, the models, while providing overall guidelines on sequence and activities, also assume that some elements of pacing and selection of specific activities will be based on the practitioner's needs. The models expect that the experience and content knowledge of the coaches will facilitate this process and allow the coaching to be individualized in a way that promotes the best outcomes for the practitioner.

It is noteworthy that technology is a key component in the coaching models used in a number of studies. In particular, video tapes were used to review and reflect upon practices with children in at least 4 studies beyond the 5 studies using My Teaching Partner. In some cases, the videos were of the practitioner, but in other cases, the practitioner viewed video exemplars of different practices. In addition to the use of video, email and other computer technology was noted in a number of the studies as a way to facilitate the relationships between coaches and practitioners.

***Overall, the activities used in coaching models are tailored to support the goals of the coaching. A variety of activities are conducted that maximize the individual relationship between the coach and the practitioner and the opportunity for direct observation, reflection and modeling of practices.***

**Coordination between coaching and other professional development activities.** Coaching is often one piece of a larger professional development intervention. In fact, only 6 of the 44 studies did not include at least one additional professional development component. Unfortunately, few studies provided a detailed account of how the coaching intervention was

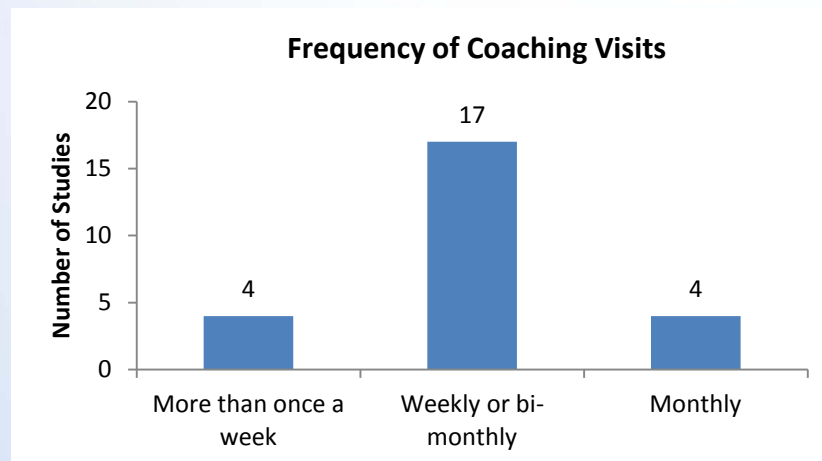
coordinated with these other professional development activities. Four studies described offering grants or other supports to encourage practitioners to participate in additional professional development. In two studies, practitioners were invited to participate in a community of learning and practice.

Training is the professional development activity that is most frequently coordinated with coaching. In 26 studies, coaching supports were supplemented specifically by classroom training or workshops. In 7 of these 26 studies, practitioners attended training at the start of the intervention and that training was followed by coaching intended to help the practitioners implement knowledge gained in the training. In another 4 of the 26 studies, the initial training was supplemented by at least one more “booster” or “refresher” training event during the course of coaching. In the remaining 15 of the 26 studies, training was interspersed with coaching more fully. However, the alignment of the training with the coaching varied significantly. In five cases, the coaches also served as the trainers for at least some of the trainings, making it likely that the training was highly aligned with the coaching activities. In eight cases, the coaches received training on the same materials that practitioners were being trained on, but in a different setting than the practitioners. Many studies, however, did not provide any information as to how or to what extent the coaching was aligned with the training.

**Details about dosage of coaching.** To understand the dosage of the coaching that was delivered, information was recorded about the frequency of visits to the provider, the duration of the coaching intervention, as well as the number of hours spent with practitioners during an average visit. A number of studies in the literature review tables were missing one or more of these critical pieces of information, so the numbers of studies noted in this section will not equal 44.

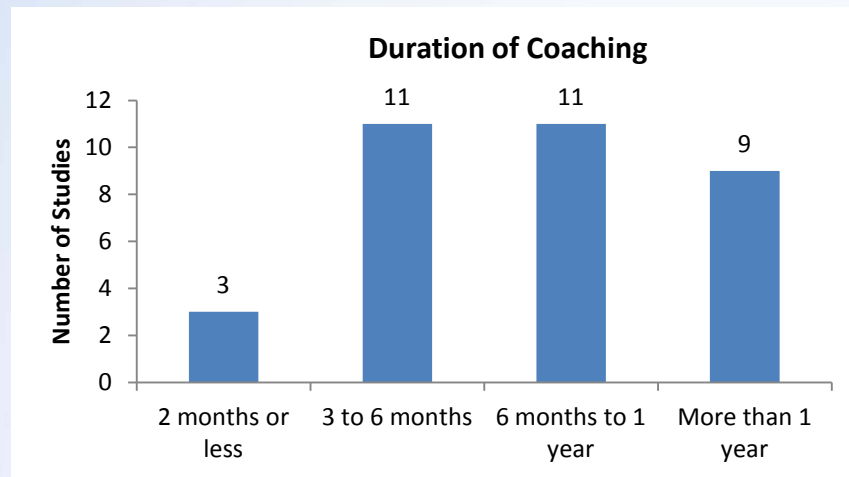
For frequency, the most commonly described dosage was weekly or bi-monthly visits (17 studies). In 4 studies, visits were conducted more than once a week. Also in 4 studies, visits were conducted monthly (see Figure 1).

Figure 1. Number of studies reviewed with different frequencies of coaching visits



For duration, the most commonly described timeframes for coaching were 3 to 6 months (11 studies) or between 6 months to 1 year (11 studies). Three studies had a coaching duration of 2 months or less, while 9 studies reported that coaching lasted more than 1 year (see Figure 2).

Figure 2. Number of studies with different durations of coaching



Of the studies that provided information about the duration of coaching visits, 7 studies reported that a coaching session lasted 90 minutes or less, while 11 studies reported that a coaching session lasted longer than 90 minutes.

*Information on dosage was not available for nearly half of the studies. When dosage was reported, it was reported that coaching visits most commonly happen on a weekly or bi-monthly schedule. The duration of coaching varies in the studies reviewed, with the majority of initiatives involving coaching that lasted under one year.*

**Details about supervision and documentation/tracking of progress.** The strategies used for overseeing coaches in the field and for documenting and tracking the progress of coaches and the practitioners they serve are critical components of coaching models. It is notable that 19 of the 44 studies examined in the literature review provided no information about how the coaches were supervised or how progress was tracked. Similarly, 12 studies provided no information about how coaching or its fidelity were measured, and 19 studies provided no information about whether the coaching process was ever observed as a strategy for supervising coaches or monitoring progress.

Yet, a number of studies did report the use of procedures to track and monitor coaching. In 18 studies, a variety of methods were described that provided information on the documentation that coaches and practitioners used. These strategies included the use of contact logs, journals, weekly summaries, videotapes, and websites or online databases. In some cases, procedures were described for reviewing the documentation and to check on progress toward meeting goals.

In addition, 13 studies reported on procedures for observing coaching or for providing other methods for assessing fidelity to the coaching model. The studies described strategies such as

unannounced visits, document review, weekly reflective practice meetings with the coaches, planned visits, and use of observational tools to assess progress.

*Just over half of the studies reviewed provided details about the strategies used for supervising and tracking the progress of coaches. These activities consist primarily of keeping written contact logs and holding regular meetings with coaches.*

**Outcomes for early childhood practitioners.** As noted above, nearly half of the studies reviewed (21) examine practitioners' outcomes including their knowledge, attitudes and satisfaction with the coaching. Eight of the studies found no evidence of positive outcomes for practitioners on these measures. The remaining 13 studies did find evidence of positive outcomes for practitioners. These outcomes included satisfaction with the coaching (6 studies), increased knowledge (2 studies), and positive attitudes about childrearing (7 studies).

*Although a few studies found positive outcomes for early childhood practitioners, we conclude that there is limited evidence in the literature review that coaching significantly impacts practitioners' knowledge, attitudes, and beliefs. It could be that improved measurement techniques are needed to capture the dimensions of knowledge, attitudes and beliefs that are most likely to be impacted by coaching.*

**Outcomes on practices and observed quality.** The majority of studies (31) included a focus on observed quality and practices with children, and a large proportion of those studies (27 or 87%) reported some positive outcomes on observed quality. The studies reported positive changes on measures of global quality (as assessed by the ECERS-R, ITERS-R and FDCRS) as well as on specific quality measures such as the ELLCO and CHELLO (language and literacy) and the CLASS.

*There is evidence in the literature review that coaching is related to improved observed quality and practices with children. However, patterns of linkages between coaching with specific features and improved quality could not be determined.*

**Outcomes for children.** Finally, 21 studies included an examination of child outcomes. Of these studies, 12 found positive language and literacy outcomes for children across a variety of measures (print knowledge, listening, reading, vocabulary and phonological awareness). Six studies found positive outcomes on behavioral measures; one study reported a positive outcome on math.

*There is evidence in the literature review to indicate that coaching had a positive effect on children's language and literacy outcomes, particularly when practices related to language and literacy were a direct focus of the coaching models.*

### **Lessons Learned from the Early Care and Education Literature on Coaching**

The purpose of the literature review conducted for this report was to develop a portrait of coaching as it has been implemented in a variety of intervention studies and to identify any patterns indicating that certain features of coaching are linked to positive outcomes for practitioners, program quality, teaching practices and children's outcomes.

The following statements summarize the descriptive features of coaching noted in the literature:

- Coaching may be focused on improving overall quality or it may be more targeted at improving specific practices aimed at supporting children’s development. Language and literacy development and the practices that can support children’s language and literacy were a particular focus in the literature.
- Coaches in the studies reviewed tended to have higher levels of education and more experience than the teachers and caregivers in the early childhood workforce who are the recipients of coaching. Experience as a teacher, content knowledge, and experience working with adult learners were valued characteristics of coaches in the studies reviewed.
- The practitioners who received coaching varied in their education and experience. Coaching in some studies was aimed at teachers who were new to the field. Other coaching was implemented in particular types of settings (Head Start and pre-kindergarten programs) but not targeted at practitioners with specific characteristics.
- The coaching reviewed in the literature took place primarily in settings serving children with low-incomes and who are culturally and linguistically diverse.
- The activities used in coaching models are tailored to support the goals of the coaching (which may be overall quality improvement, curriculum implementation or specific practices to support children’s development). A variety of activities are conducted that maximize the individual relationship between the coach and the practitioner and the opportunity for direct observation, reflection and modeling of practices.
- Coaching is usually combined with another professional development activity such as classroom training or workshops.
- Many studies in the literature do not provide information about the dosage of coaching. Among the studies with information available, coaching visits most commonly happen on a weekly or bi-monthly schedule, and the duration is under one year.
- Written contact logs and regular meetings are used to provide supervision and to track the progress of coaching.

The descriptive features were reviewed and analyzed to determine patterns of associations with outcomes. The following statements summarize the findings of this analysis:

- The majority of studies that examined how coaching affects overall quality of the environment reported improvements on global quality and/or on specific aspects of quality designed to support children’s language and literacy development or other developmental domains. Thus, coaching is associated with quality improvements in early care and education.
- However, patterns of association between outcomes and coaching features such as the characteristics of coaches, type of coaching activity, duration and frequency of coaching, and how coaching was combined with other activities in this set of studies could not be identified due in part to limited reporting of specific features of coaching.
- Coaching focused on specific practices to support language and literacy was associated with improved language and literacy practices. Variations in the features or delivery of this coaching could not be linked to variations in outcomes, again due to limited reporting about specific features.

## Recommendations for Research

The literature on coaching as a form of quality improvement and/or professional development in early childhood care and education settings is still in an early stage of development. As researchers and evaluators consider new coaching demonstration projects or write the results of projects they assess in QRIS or in other settings, we suggest the following guidelines to help strengthen the evidence base on coaching:

**Provide more details about the coaching model itself and the activities and sequencing of activities that make up the coaching model.** It would be useful for researchers to collaborate with program developers in describing the model that is assessed in evaluations of coaching by addressing the following question in reports or journal articles:

- Are coaching supports based on a particular theoretical model or philosophical foundation?
- Does the program aim to duplicate the coaching approach used in a particular project or study?
- How was the coaching model designed, determined or chosen?
- How closely is the model followed? How much freedom do coaches have to make changes to the model or do things differently?
- Is there a manual or set of materials that explain the model?
- How were coaches trained in the model? What materials were provided to them? How long was the training? How was competence in the model assessed?

**Provide more details about the dosage of coaching supports.** Intensity of intervention may be a key feature of coaching that will determine the magnitude of impact. Therefore, researchers can more adequately describe the intensity of the coaching supports by providing the following details in reports or journal articles:

- Hours per visit
- Number of visits per week or month
- Number of weeks or months during which coaching is delivered

When there is variation in any of the above constructs, it will be important to document it so that a measure of coaching intensity can be calculated. When possible, intensity of coaching can be used as a moderator of outcomes.

**Provide measures of fidelity of implementation.** If coaching is not being implemented as intended, it may not have the desired or expected results. In contrast, if coaching is successful, others will want to know how the implementation team measured and monitored fidelity of coaching. Thus, researchers and program developers could collaborate to:

- Observe coaches in action to understand how the coaching is working in the field
- Develop a fidelity checklist or other measure to document the specific activities that occurred
- Describe the process of monitoring and supporting fidelity
- Include measures to understand practitioner impressions or experience with coaching in addition to observations of changes in quality and child outcomes
- Examine how fidelity of implementation is related to the outcomes that are documented

**Provide information about the supervision, documentation, and evaluation of coaches.**

QRIS and other programs are in need of information about supports and supervision for coaches in order to implement a system of coaching. Researchers and program developers could address the following questions in reports or journal articles:

- Were coaches observed by a supervisor and given feedback on their practice?
- Were coaches given opportunities for reflection with other coaches and/or with a supervisor?
- How is the progress of coaches tracked and monitored?

**Provide more information about the context of the intervention.** As coaching is being implemented across a variety of diverse contexts, it will be important to determine in which contexts coaching is most effective. Researchers and program developer could address the following questions in reports or journal articles:

- How were practitioners introduced to or offered the coaching supports? Were they part of a larger initiative?
- Was participation voluntary at the level of the program or the level of the teacher?
- What commitment (time, energy, resources) were practitioners asked to make?
- What incentives were offered to promote participation?

**Measure the longer-term effects of coaching.** As with many interventions, the potential of an impact to last over time is highly valued. As more research is conducted of interventions involving coaching, it will be important to understand if positive impacts are maintained over time. Researchers and program developers could collaborate to:

- Collect additional outcome measures three months to a year after the intervention is completed.
- Describe whether practitioners were expecting a follow-up measurement and what additional supports they may have accessed after completing the intervention.

**MULTI-CASE STUDY OF COACHING IN QUALITY RATING AND IMPROVEMENT SYSTEMS**

We turn next to focus specifically on coaching within the context of Quality Rating and Improvement Systems. As mentioned previously, all 26 QRIS described in the recently-released Compendium of Quality Rating Systems and Evaluations (Tout et al, 2010) include some form of onsite assistance as a component of their quality improvement supports. Yet, very little research has been done on coaching in this context. In the literature review, we identified only one study that used an experimental or quasi-experimental approach to examine the impact of coaching in a QRIS context, and this study does not differentiate the impact of coaching from the impact of the accompanying quality improvement grants.

Thus, to understand more about how coaching is being implemented in QRIS contexts, we conducted an in-depth multi-case study to describe the coaching that is occurring in four QRIS sites. We begin this section by placing our study in the context of recent descriptive work done to identify the features of coaching in QRIS (Smith, Schneider & Kreader, 2010). The multi-case study was developed in consultation with the authors of this new study of coaching and on-site assistance in QRIS and was designed to complement the work they have done. Next, we provide additional details about the methodological approach to the case study. We will summarize the

key components of each of the four sites and the features that make each site especially notable. Finally, we summarize the themes and patterns that emerged across the multi-case study sites.

### **Recent Work Examining On-site Assistance in Quality Rating and Improvement Systems**

A recent study by researchers at the National Center for Children in Poverty (NCCP; Smith, Schneider, & Kreader, 2010) examines the features of professional development and on-site assistance that are aligned with Quality Rating and Improvement Systems. Using interviews with child care administrators in 17 states with a statewide QRIS, the study identified important patterns regarding quality improvement approaches that were examined further in the present work. Smith, Schneider, & Kreader (2010) found that:

- States report offering several forms of assistance to help providers prepare to enter Quality Rating and Improvement Systems and to make quality improvements. These supports included:
  - Group trainings and webinars (to orient programs to the QRIS and to teach skills needed for quality improvement),
  - Workshops on using the ERS assessment tools (as a self-assessment and self-improvement tool), and
  - On-site technical assistance (both to improve general program quality and focused specifically on the ERS).
- On-site assistance tended to be focused on the learning environment, self-assessments, and social-emotional growth. Less support was given to improve instruction in particular content areas like language or math, to improve the inclusion of children with special needs, or to provide parents with tools to help their children learn.
- Most states reported that they provide on-site assistance to both center-based and home-based programs at all levels of quality, rather than restricting supports to programs at a low quality level. Moreover, they found that programs with low ratings were less likely to use on-site assistance, thus making it more likely that higher-quality programs were receiving a significant portion of the supports.
- The study noted that coaching visits tended to be monthly or less than monthly, resulting in low intensity interventions.
- The most commonly reported coaching activities were talking to teachers/providers about potential improvements to the classroom environment and activities for children, and talking to directors about how to improve program quality.
- Over half of states reported that coaches frequently engage in observation and feedback, but less than half reported that coaches regularly model best practices for practitioners.
- Less than half of QRIS respondents reported using a formal guide to support/standardize coaching practices.
- Most states reported that they require coaches to have a specified level of certification or qualifications, but these requirements were more likely to be specific skill sets or credentials than educational requirements (such as a bachelor's degree).

The present study focuses on four QRIS that were not included in the recent NCCP study because they are not statewide systems. The methods used in the present study also allowed us to go into greater depth with a variety of respondents on some of the topics covered in the NCCP study.

## Case Study Methodology

Informed by the features of coaching identified in the cross-site evaluation of the ECEPD program (Tout et al, 2009) and in coordination with the researchers at the National Center on Children in Poverty, the Child Trends research team developed a list of constructs to explore with each of the four case study sites. The team then made decisions about which respondents would be best able to provide information on each construct and whether such information needed to be collected in writing to ensure accuracy. The team concluded that in order to understand the role that coaching played within the overall QRIS, it would be necessary to interview the director of the quality improvement component of the QRIS or the overall director of the QRIS if no one person was tasked with overseeing all quality improvement activities. To get a complete and detailed picture of the intended implementation of coaching and the actual implementation of coaching, it was also determined that interviews should be conducted with both the supervisor of the coaches and a subset of the coaches themselves. In each site, therefore, at least three interviews were planned.

The interview protocol was designed so that not every interviewee was asked to address each construct, but was instead asked to address the constructs for which they were most knowledgeable. Many questions were asked of both coaches and supervisors in order to understand both perspectives. Learning from the experience of the NCCP study, questions were provided to some respondents in advance so that respondents could seek out the most accurate and up-to-date information and provide it in written format. The Interview Protocols (for the Director, Supervisor, and Coaches) and the Advanced Questions for Directors and for Supervisors can be found in the Appendix.

In all four sites, the QRIS director and/or the director of quality improvement supports was contacted. These individuals all consented to participate, completed the questionnaire sent in advance, and completed a phone interview lasting 40 to 100 minutes. In all four sites, the coaching supports had been subcontracted to at least two different organizations, resulting in at least two sets of coaches with at least two different supervisors. Therefore, with the help of the directors, we contacted the supervisor(s) of each group of coaches. Supervisors from eight subcontracting organizations completed the questionnaire sent in advance and nine completed a phone interview lasting 50 to 90 minutes, including at least one supervisor from each site. Finally, with the help of supervisors, phone interviews were conducted lasting 60 to 75 minutes with six groups of coaches (two to five coaches participated in each group interview), including at least one group of coaches from each of the four sites. These 19 interviews were transcribed and then coded using NVivo software, a tool for analyzing qualitative data.

In the section that follows, we provide a brief overview of each case study site, noting the areas of similarity and difference between them. We then explore themes uncovered in our interviews with directors, supervisors, and coaches themselves.

### Overview of Case Study Sites

The case study sites were chosen for two reasons. First, these sites were not going to be included in the NCCP study and thus would not be overburdened by completing surveys about their practices. Second, we anticipated that non statewide QRIS sites might be able to provide more

intensive and more consistent coaching supports precisely because they are still relatively small. What we found was that two of the four sites are providing very high intensity coaching; one site is providing moderate intensity coaching, but with two types of coaches; and one site is providing moderate amounts of coaching.

All four sites had been in existence for at least two years when interviewed and all four sites had subcontracted their coaching services to more than one local agency. In all sites, the QRIS was also offering financial supports for quality improvement (although the size of these supports varied greatly) and training and coursework for providers in the QRIS.

Each site is described briefly below with the intent of highlighting the differences between the four sites.

### **Summary of Site 1**

The first site began its pilot QRIS in 2007 and serves a single county in a large metro area. Programs participating in the pilot QRIS (child care centers, Head Start/Early Head Start programs, pre-kindergarten programs, and licensed family child care) first complete a self-assessment, then apply for quality improvement grants and attend trainings to make improvements to their program before receiving an observation and rating. Programs can receive coaching *after* the programs have received a quality rating.

One group of coaches are local early childhood experts (with at least a master's degree in the field) who work as coaches 2 to 10 hours per week (serving 1 to 4 providers) in addition to full-time employment elsewhere. The other group of coaches are full-time employees of local resource and referral agencies who provide coaching as one part of their regular workload (and have a caseload of 2 to 6 providers).

The coaching model is not formally defined, but does place a high priority on relationship building between coach and provider, and is informed by research on emotional and social intelligence, using this research to guide coaches' efforts. Coaching supports are informed by a quality improvement plan based on the areas of improvement noted in the program's rating and the provider's expressed interests. Low quality programs are prioritized for coaching supports.

Coaches received less than 2 hours of training before beginning their coaching work, and receive little or no ongoing training as part of the quality improvement. At the time of the case study, the program was in the process of formalizing the model and developing a manual and additional materials to guide the coaching services.

#### *What makes this site notable:*

- Lowest dosage of coaching – Limited funding allows for one group of coaches to spend only 4 hours of coaching per provider. Coaches from resource and referral agencies spend approximately one hour per month with a provider.
- Smallest caseloads – 1 to 6 providers per coach.

## Summary of Site 2

The second site also began its pilot QRIS in 2007 and serves 7 metro counties and 2 rural counties. Programs participating in the pilot QRIS (child care centers, Head Start/Early Head Start programs, pre-kindergarten programs, and licensed family child care) receive coaching supports in preparation for the observation and rating and also after the rating if the program does not receive the highest possible star rating. Two types of coaching are available.

One group of coaches provides general quality supports, including help with the documentation required for the QRIS rating. These supports can be accessed both before and after the rating is issued, but priority is given to pre-rating supports. These coaches were hired solely for this purpose and work either full-time (with a caseload of 12 providers) or half-time (with a caseload of six providers). These coaches have a background in early childhood, are experienced with coaching, and were trained on the QRIS and on the observation tools (though not to reliability). However, these coaches were not given a coaching model or framework to guide their work.

In addition, a second group of coaches provide supports for improving a program's score on the Environment Rating Scales. This second form of coaching is available before or after the rating is issued, but can only be accessed once per rating cycle. These coaches are employees of the local Resource and Referral agencies and coaching is just one aspect of their job. They are trained to reliability on the Environment Rating Scales: ECERS-R, ITERS, and FCCERS. The coaching model for these ERS coaches is based on the Partners for Inclusion (PFI) model (Bryant et al., 2010) but the model has been adapted significantly to be less intensive.

### *What makes this site notable:*

- Two sets of coaches with different purposes visit the same sites: one group provides general supports for programs as they move through the rating process; a second group provides coaching on the Environment Rating Scales.
- Low dosage of coaching – ERS coaches spend 7.5 hours with each provider while general purpose coaches spend 12 to 24 hours with each provider.

## Summary of Site 3

The third case study site began its QRIS (not a pilot) in 2008 and serves a single county in a large metro area. Programs participating in the pilot QRIS (child care centers, Head Start/Early Head Start programs, pre-kindergarten programs, licensed family child care, migrant programs, license-exempt centers and license-exempt family child care) receive coaching as soon as they are accepted into the QRIS. Site 3 is the only site that includes license-exempt providers in its QRIS.

Coaches provide supports during the documentation process and then return to the program after the observation has been completed and the rating has been issued. Coaches then help programs to develop a quality improvement plan to be enacted before the next rating. Coaching is a full-time position (serving an average caseload of 13 providers) requiring at least a bachelor's degree in the field of early childhood education and experience as an early educator. Coaches are

employed by one of three organizations contracted to provide coaching services through the QRIS.

This site based its coaching program on Pat Wesley and Virginia Buysse's Consultation Model (Buysse & Wesley, 2005), but has adapted the model to meet the local context and constraints. Before beginning their coaching work, coaches received at least five days of training on the Environment Rating Scales and significant additional training on the consultation model and on the structure and components of the QRIS. Coaches serving family child care providers also received curriculum training, and training on best practices for business administration. Ongoing training occurs every other month for two full days.

*What makes this site notable:*

- License-exempt centers and family child care provider can participate in the QRIS.
- Programs that make significant improvement can receive substantial financial awards.
- Coaches receive extensive training before beginning their work and also extensive ongoing training.
- Higher dosage of coaching – 2 to 6 hours per month indefinitely.

#### **Summary of Site 4**

The last case study site is the oldest and most established QRIS. After a two year pilot, the QRIS was launched permanently in 2002 and serves a single county in a large metro area. Eligible programs (child care centers, Head Start/Early Head Start programs, pre-kindergarten programs, and licensed family child care) must apply to participate in the QRIS, and not all are selected. If accepted, participating programs complete a baseline assessment (unofficial rating) with the support of a coach. Programs then have 18 months to prepare for their initial rating by working intensively with their coach on a quality improvement plan and meeting individually with a career advisor. After the initial rating, programs receive ongoing coaching but at a reduced intensity.

Coaches who work with school-based pre-kindergarten programs or child care centers are employed (usually full-time) by the school district, and must have at least a bachelor's degree in a related field and some experience as an early educator. Coaches must be certified teachers with pre-kindergarten certification to work with pre-kindergarten programs. Coaches who work with family child care providers are employed (also full-time) by a non-profit organization and are required to have at least a bachelor's degree in early childhood or a related field.

Site 4 also uses the consultation model by Pat Wesley and Virginia Buysse (Buysse & Wesley, 2005), although this model is a relatively recent addition to the program. Coaches receive no formal pre-service training but during their first year of coaching they are required to attend 3 to 5 days of training on each Environment Rating Scale they will be using, 3 days of training on the consultation model, 3 days of training on how to build strong relationships between children and their parents, 1 day of training on working with low-income families, and various other trainings.

*What makes this site notable:*

- Site 4 is the oldest QRIS and also the QRIS serving the fewest programs.

- Like Site 3, Site 4 provides substantial financial incentives for programs that make improvements.
- Coaches receive extensive training throughout their first year of coaching and ongoing training as well.
- Providers receive career advising in addition to coaching supports.
- Highest dosage of coaching - coaches provide intensive training (5-7 hours per week) for 18 months and then lower intensity (5 to 15 hours per month) for a longer period of time.

## THEMES FROM THE CASE STUDY INTERVIEWS

While the four case study sites show notable differences, they all share a common QRIS context (which contrasts significantly with the coaching reviewed in the broader literature). In the section that follows, we summarize respondents' answers to a wide range of questions. These responses sometimes showed significant variation even among respondents who are part of the same QRIS. For this reason, we aim here to describe issues that arose, tensions that are commonly navigated, and patterns that emerged, and may not always give a count or percentage of programs that do or do not engage in particular activities.

### The Importance of the QRIS Context

In all four sites, directors and supervisors were aware that the coaching supports were not initially implemented in an ideal way. Supervisors and directors described the very real constraints placed on them to get a program up and running quickly. For example, in one site, the county had wanted to offer coaching but did not have the money to do so. When money unexpectedly became available, the program raced to start the coaching quickly. Without time to search for and hire new staff, they instead asked trainers to expand their job description to include coaching. Meanwhile staff members of local resource and referral agencies were already providing coaching related to a different professional development initiative planned by the CCR&R agencies. Their work was later expanded to also include coaching related to the QRIS. Thus, coaching may not always have a single purpose, and coaches themselves may not have been hired with coaching as their primary job responsibility.

Another common complication is the distribution of coaches across agencies and supervisors. In all four sites, coaches come from at least two organizations, making consistency a challenge. In two of the sites, some of the coaches are local resource and referral staff who serve multiple functions in addition to coaching. These coaches are supervised locally by individuals who may have very little knowledge of the QRIS, the coaching model or best practices for coaching. Moreover, different supervisors may have different expectations and styles for interacting with their supervisees, again making consistency of implementation difficult. Caseloads are often changing as new programs join the QRIS and funding changes, causing dosage and duration of coaching to evolve.

Coaching in the context of QRIS, therefore, cannot be easily compared to the coaching interventions of carefully designed research interventions. QRIS generally serve a wide variety of programs dispersed across a wide geographic region and with varied needs, values, and resources. Especially in statewide systems, many coaches are required, so the experience and

qualifications of coaches are likely to be more varied than in a smaller-scale intervention study. The coaching supports are provided over a longer time frame, making turnover more likely and training for the coaches more difficult to coordinate. All of these factors make consistency in coaching more challenging in the QRIS context than in other more targeted interventions.

QRIS coaches are more likely than coaches in non-QRIS settings, however, to have access to measures of a program's quality to use as a baseline for determining improvement goals and measuring progress. Some QRIS conduct a full-rating process to set a baseline to guide improvement efforts while others conduct baseline assessments based on particular parts of the rating (like the Environment Rating Scales). Even when no formal baseline assessment is conducted, the rating system itself serves as a structure for self-assessment and guides the improvement process by defining quality and how it is measured.

Unlike most of the literature reviewed, coaching in QRIS contexts tends to have a broader goal of improving quality generally rather than ensuring fidelity to an assigned curriculum or focusing on a particular aspect of instruction like language and literacy or math. Similar to the NCCP study, we found that supports provided prior to the rating are often focused on helping early educators understand the rating system and the observational measures used, and to prepare for or work through the documentation process (Smith, Schneider, & Kreader, 2010). Gaining understanding of a rating system and the measurement tools and documentation processes that it employs are valuable skills for a program to gain and can be expected to contribute to the program's ability to succeed in the QRIS. However, capturing these improvements may require alternative measurement tools.

It is clear from the multi-case study that coaching programs evolve over time as QRIS mature and adapt to changing contexts. Three of the four sites are less than five years old, and all describe themselves as relatively young systems, still in the process of learning and adjusting. In some sites, coaching was launched very quickly, leaving little time for intentional program design, training, or reflection. Most sites (3/4) noted that their coaching models continue to evolve because of timelines, growing caseloads, or a shift in the focus of the coaching (for example, from teachers to directors or vice versa). The NCCP study (Smith, Schneider, & Kreader, 2010) reported similar findings among state-wide programs, reporting that "Although a number of Quality Rating Improvement Systems have been operating for many years, most of these systems are still undergoing revisions."

### **Coaching Models**

One important feature of a coaching model is the theoretical model on which it is based. A program may have a general theory underlying its practices or a set of activities that are considered core competencies or key strategies for coaching, or an initiative may model itself on another intervention's coaching approach. Any of these might be considered a model. Rather than attempt to define what does and does not qualify as a model, we used the following questions to identify the theoretical and functional underpinnings of a coaching intervention in QRIS:

- Are your coaching supports based on a particular theoretical model?
- Does your program aim to duplicate the coaching approach used in a particular project or study?

- How was the coaching model designed, determined or chosen?
- How closely do you follow this model? How much freedom do coaches have to make changes to the model or do things differently?
- Is there a manual or set of materials that explain the model?

Two of the four sites reported that their coaching was based on the consultation model outlined by Patricia Wesley and Virginia Buysse in their 2005 book *Consultation in Early Childhood Settings*. Another site reported that their coaching was loosely based on the Partners for Inclusion Model (Palsha & Wesley, 1998), which is also closely related to the consultation model described by Wesley and Buysse. Finally, one site reported that their coaching was loosely based on the research of Dr. Daniel Goleman on emotional and social intelligence. In at least two of the sites, however, not every coach had been trained in the site's chosen model.

Despite reporting that their coaching had a theoretical underpinning, most (3) sites reported that they did not have a formal manual or set of materials to guide coaches in their daily practices. Some coaches report referring back to training materials, and many report being influenced by the documentation forms that they use as part of their supervision or in their goal-setting and planning with providers. These documentation materials, if designed in accordance with the theoretical model, may implicitly serve to reinforce the model's basic structure.

Notably, we found marked differences in the ways directors, supervisors, and coaches describe the role of the coaching model or framework. For example, directors tend to describe their model by naming the underlying theoretical principles or philosophy and describing the sequence of events or activities that make up the model. In contrast, coaches rarely described the theoretical underpinnings of the model and instead described how the model functions in practice and why and how they departed from the prescribed model based on the observed needs and abilities of practitioners.

Whether or not the site used a formal model of coaching in theory, all respondents acknowledged that, when implemented, coaching is always adapted based on the needs of provider/programs and the skills/experience of coaches. In all four cases, sites expressed that their models/methods are not understood to be entirely prescriptive. The models are used as a guiding framework or starting point for coaching, but supervisors and coaches agree that there is a great deal of room for interpretation and adaptation based on individual coaches' styles and strengths and the kinds of support individual programs/providers need.

### **Coaching in Action**

In this section, we will describe the way that coaching is implemented in the four case study sites. We will address the following basic questions:

- Who receives coaching?
- When and where does coaching occur?
- How often and for how long does coaching last?
- What is the focus and purpose of the coaching?
- What tools do coaches use?
- What other efforts do coaches need to coordinate with?

## **Who receives coaching?**

Interviewees were asked about eligibility requirements for programs to receive coaching supports and about the frequency of coaching visits. Three of the four sites report that coaching is available to all programs participating in the QRIS. Even when all programs are eligible for supports, however, we find a pattern of low scoring/high needs programs receiving more support than programs at higher levels of quality. Three of the sites reported that coaches visit programs that have low ratings more than they visit those that have higher ratings. For the same three sites, the same pattern occurs according to the program's phase in the QRIS process. For example, a program that is being formally rated in the near future would be considered high needs and therefore receive more coaching support. These findings echo the findings of the NCCP report that QRIS coaching supports are rarely targeted to a particular group of programs or providers, but expand on those findings by noting that while all programs receive support, the intensity of the intervention often varies by quality level.

Among the sites surveyed, there was variation in whether coaches worked with directors or teaching staff in center-based settings. In the sites with formal coaching models (~2 sites), coaches work mainly with directors while sites with less formal models (~2) have coaches who work more in the classrooms. Sites described benefits of each approach. By working with directors, coaches can influence the program more systemically (since the director sets the tone throughout the center and makes decisions that affect all teachers and classrooms) and can hopefully have a more lasting effect (since the director stays at the center more permanently while there is more pronounced turnover among teachers). In contrast, by working with teachers directly, children may be more affected by the coaching. Coaches can model behaviors, observe actual instruction, and thereby (hopefully) more immediately affect instructional quality and classroom environment.

## **When and where does coaching occur?**

Coaching mostly happens during business hours when children are present, but there is some variation depending on whether or not the program is a center or home, who the coach is working with (teacher or director) and the purpose of the coaching visit (for example, whether it is modeling interactions with children or completing paperwork). Visits after hours and on weekends are more likely to occur with family child care providers than with center-based programs. Interviewees also reported using phone calls and emails to supplement their on-site visits.

## **How often and for how long does coaching occur?**

Coaching session frequency and length is based on a variety of factors. Some sites strategically based it on program "need" by rating level or where programs are in the rating process. Others leave it completely up to the program/provider. In other cases, it is determined by funding (or lack thereof). Coaches often report working more hours than they are paid for in order to meet the needs of providers.

For the sites interviewed, at minimum, coaching lasts a few months and at maximum, coaching is indefinite. Most sites show a cyclical pattern in their coaching process, with coaching intensity

increased at certain times (while developing quality improvement plans and when formal rating is imminent) and decreased at other times (waiting for rating results and when programs have progressed in the system). Additionally, some sites had not yet developed a process for ending the coaching supports, but expressed a need to cycle out providers that no longer need coaching support.

### **On what is coaching focused?**

In all four sites, the purpose or goal of coaching is focused on general quality improvement as opposed to improvements in specific content areas. This general quality improvement process is always informed by a program's rating report (which details the QRIS indicators they need to achieve) and often informed by scores on observational measures. In all four sites, the process is then guided by the use of a formal or semi-formal quality improvement plan. Most sites explicitly stated that the goal of quality improvement reaches beyond attaining a higher score in the QRIS and aims to create positive effects on practitioners and children.

Coaching can be intended to address three very different purposes: preparing providers for the rating, facilitating the rating process, or improving the rating. In three of the four sites, coaches meet with providers for an extended period of time and can therefore blend all three purposes in their practice. Coaches repeatedly reported that the emphasis of their work depends greatly on the individual needs of providers.

Three of the four sites noted that programs and coaches often begin their coaching by attending to very particular issues that the coach identifies as "quick fixes" that can create an immediate sense of accomplishment and improvement. For example, initial activities center on issues of safety and licensing compliance. Coaches then shift their focus to larger issues of general quality improvement with topics determined collaboratively by the coach and director/provider, while still aligned with the indicators the programs is working towards achieving in the QRIS. This trend of coaches being directive at the beginning of their coaching relationship in order to help the program/provider make quick technical fixes to easily-solvable problems is also documented by other researchers (Wesley & Buysse 2010, p. 138.).

### **What tools are used?**

All interviewed sites reported that coaches and practitioners collaboratively develop a quality improvement plan/action plan (often based on a baseline rating/observation) and then use that as a guide for approaching and completing goals. This plan is either recorded on a paper form or housed in a database and is always shared with the director/provider. Coaches state that goals must ultimately be chosen by the provider or director, but also describe helping the director or provider to choose relevant and reasonable goals based on the baseline rating or observation.

Coaches reported that they do not conduct any additional assessments of providers in order to individualize their coaching approach (for example, a formal or informal assessment of the practitioner's knowledge, attitudes, or skills) beyond those assessments that are required for the QRIS.

QRIS typically include indicators based on a program's use of a curriculum and based on scores on Environment Rating Scale observations. Accordingly, coaching frequently addresses these topic areas as a way to improve quality. All sites reported that their coaching is intended to

improve both understanding of the Environment Rating Scales and scores on these scales, and three of the four sites reported that their coaches are trained to provide support for the implementation of specific curricula, particularly for family child care providers.

### **Preparing, Supporting, and Supervising Coaches**

There are several overarching issues that are relevant to the supervision of coaches. First, although none of the four case study sites is statewide, coaches nonetheless report feeling geographically distanced from one another. Some coaches named distance as a challenge to their communication with their supervisor, so e-mail, phone, and texts sometimes became the primary mode of communication between a coach and her supervisor. Further, within a QRIS, different coaches have different supervisors with different models of support and supervision. The difference in frequency and content of supervision contributed to differences in the coaches' overall experiences with their supervisor, and likely contributed to differences in the quality of support that practitioners receive from their coach.

### **Supporting coaches: Providing resources and opportunities for reflection**

Three of the four sites made specific distinctions between how they conceptualized supervision and support. Their descriptions of their activities indicate that coaches are getting more support than supervision. Coaches reported that their supervisors are always available for questions (about the rating system, individual indicators, or early childhood content knowledge) or advice (on how to approach a difficult situation with a provider). Coaches in three of the four sites described supervisors having an “open door policy” or being available at any time via phone, email or even text messaging. Thus, coaches nearly always reported feeling like they had all the support they needed from their supervisor.

Coaches also received support from one another. In general, groups of coaches meet informally on a regular basis (usually weekly) and then meet every couple of months formally. Some groups of coaches reported communicating with one another informally every day while other groups of coaches reported communicating with each other monthly (in informal ways) or quarterly (in more formal ways). Coaches in three of the four sites reported benefitting from group meetings in which they could reflect with other coaches and get feedback from both peers and supervisors. However, coaches at two of the four sites said that they wished they had more opportunities to communicate with other coaches.

Whether or not coaches are given formal opportunities for reflection, coaches from all four sites described participating in some sort of reflective practice involving sharing of successes and challenges in their work (though most coaches did not use the term “reflective practice” to describe these activities). Only one of the four sites described a more formal practice of putting their reflections in writing to be reviewed by a supervisor.

In summary, there were two main ways in which coaches were supported. The first was through the provision of opportunities for peer reflection, wherein coaches benefitted from sharing their successes and challenges with other coaches. The second was through the supervisor's provision of additional resources when a coach was lacking expertise in a content area or knowledge of the QRIS rating structure. These two kinds of support were those most often described as beneficial

components of supervision, but also the supports that coaches most often reported desiring without sufficiently receiving.

### **Supervision of coaches: Documentation, observation, and feedback**

While support was always available, formal supervision happened much less frequently. Supervisors in only two of the four sites described observing coaches while they are working with providers. Supervisors in the other two sites did not observe coaches beyond the initial training period. Some supervisors stated that they were not able to observe coaches as often as preferred because of budgetary restrictions or because the coaching was occurring in a language that the supervisor does not speak. However, when observation did happen, coaches described the on-site supervision as a valuable form of feedback and a sign of support for their work.

All sites reported some format for documenting coaching sessions: two sites have a more formal database tracking system for documenting coaching activities and two sites document activities less formally using the program's quality improvement plan or using some form of timesheet. Notably, there is great variation in how these data are used by coaches and by supervisors. At a minimum, coaches keep their own notes informally, while in some sites, supervisors use the data to monitor program progress and coaching approach. All sites report that this documentation is used in some capacity for supervision, if only to confirm that visits occurred. Additional tools for monitoring and evaluating coaching practices are in development in several sites, which serves as further evidence that sites perceive a need for additional monitoring and evaluation of coaches.

Coaches report receiving informal feedback about their work from both providers and supervisors. Formal written feedback comes only rarely, even from supervisors. Only one site reported administering any kind of assessment to coaches to measure changes in their knowledge, attitudes, or practices. This site used the measure not to evaluate individual coaches but to determine what training coaches needed. Coaches repeatedly stated that the feedback of providers was more valuable to them than the feedback they received from supervisors, and yet only one site reported receiving formal feedback from providers (via a provider satisfaction survey).

One explanation for the low level of supervision is the fact that nearly every supervisor reported that supervision of coaches is only one of their job responsibilities, and not the main responsibility for which they were hired.

### **Fidelity of Implementation**

Most sites report that they are not measuring the fidelity with which the coaching model has been implemented. Only one of the four sites reported assessing whether coaches are following the model or implementing the coaching activities and strategies they were taught to use. This site reported regularly using an observation checklist for this purpose while observing coaches in the field. Sites without a formal process for measuring fidelity reported several informal ways they assess fidelity including revisiting and discussing the model during meetings with coaches, reviewing quality improvement plans and visit notes, tracking program improvements over time, and surveying practitioners about their experiences with coaching.

## **Coordination of Efforts**

In all four sites, the coach is not the only person visiting the program. At a minimum, there may be two people visiting a program: one coach and one person conducting an observation. In some sites, however there could be up to four people visiting a program for various different reasons. For example, some sites have an accreditation specialist, career advisors/counselors, and multiple coaches with different specializations. Several sites reported that programs may be involved in different initiatives apart from the QRIS, and may be receiving additional site visits through these other initiatives. The challenge to teachers and providers of managing multiple visitors and the subsequent need for coordination among support services has been reported frequently in other sources (National Infant & Toddler Child Care Initiative 2010 ; Wesley & Buysse 2010). An important challenge for coaches to address is how best to acknowledge and coordinate with other on-site supports and interventions in a way that does not compromise the goal of improved QRIS rating.

## **Program Evaluation**

In two of the sites, the QRIS evaluation includes an examination of the coaching process. However, none of the four case-study sites have conducted an evaluation of the impact of coaching on program-level outcomes or child outcomes. While some of the sites reported systems for observing coaches and tracking the dosage of assistance each program has received, none of the sites intentionally vary which sites receive coaching or at what intensity, or study how intensity of coaching received relates to changes in quality or child outcomes. Thus, while data collection is occurring to some extent in all of the sites, evaluation efforts are not underway to indicate which specific elements of the coaching are most important to program improvement.

## **Summary**

The purpose of this multi-case study was to obtain a more in-depth view of how QRIS coaching has been implemented. The four study sites differed in important ways, but nonetheless revealed some common themes that inform future implementation of QRIS coaching. These themes were discussed in depth above and are summarized here:

- QRIS coaching is not an isolated activity. It happens within a larger, pre-existing, and evolving system in which attention and staff are divided among multiple initiatives and priorities.
- The goal of QRIS coaching is usually to improve quality broadly rather than targeting a particular content area, skill set, or curriculum.
- QRIS coaches may be trained on a model of coaching but perceive freedom and flexibility to interpret and adapt the model to fit their personal style and the varied needs of programs/providers.
- In centers, QRIS coaches can work with center directors and/or lead teachers. There are benefits and challenges to each approach.

- QRIS coaching varies in intensity depending on the caseload of coaches, the needs of providers, and the stage of the rating cycle.
- QRIS coaches often focus on quick technical fixes in their initial work with providers and then begin working on more complicated or challenging improvements.
- The assessment tools used in the QRIS are often also used by coaches as assessment tools and guides for program improvement plans.
- QRIS coaches are more likely to receive support than supervision, monitoring, or evaluation.

The QRIS coaching examined in the multi-state case studies contrasted with the research literature in the following ways:

- QRIS coaching is more likely than coaching in the research literature to focus on work with a program as a whole (rather than involving only work at the classroom level) and to consider the inter-staff dynamics of a program
- QRIS coaching was of a relatively long duration and seemed to build in an assumption that quality improvement to support a rating change requires sustained effort. Coaching of long duration is sometimes also seen in the research literature, but there is great variation in coaching duration and dosage
- Some of the research literature points to large caseloads for coaches. This was not the case in QRIS coaching in multi-case study. There seemed to be acknowledgment that the intensive work to improve overall quality ratings requires limited caseloads.

## RECOMMENDATIONS FOR QRIS PRACTICE AND POLICY

In this study, we have aimed to identify and describe in greater depth the features of coaching that are meaningful for research and practice by juxtaposing the research literature on coaching with information gleaned from a multi-site case study of QRIS. In this section, we attempt to synthesize our findings and offer recommendations for QRIS practitioners, program administrators and policymakers. We identify the key questions that emerged from the contrast of the existing literature with current QRIS coaching programs and note the features of coaching that need further attention in research and practice.

### Recommendations for QRIS directors, supervisors, and coaches

Although the research literature is unable to produce definitive conclusions about best practices or recommended coaching models, a number of valuable lessons emerged from the literature and from the multi-case studies that are relevant for QRIS directors, supervisors, and coaches.

**A QRIS coaching model and strategies for working with providers should be purposefully selected and aligned with the stated purpose of coaching.** Coaching can serve a wide variety of purposes, including facilitation through the rating process, needs assessment, referral to resources, provision of content, modeling best practices, empowerment and encouragement, and

problem-solving/strategizing. Dosage, duration, frequency, timing, and format of coaching should be appropriate to the goals and purpose of coaching provided. For example:

- Coaches will need more time with providers if they are the primary provider of supports than if the coach's primary responsibility is to help identify needs and refer practitioners to other resources. If program constraints dictate that coaches can only spend a limited amount of time with providers, then coaches should not be expected to complete a task that can only be done well over an extended period of time.
- Coaches will need specific training and expertise if they are focusing on content areas related to children's development. The kind of training coaches would need to help providers navigate a rating system is different than the kind of training that coaches would need to facilitate improvements in developmentally-appropriate teacher-child interactions.
- If the coach's role is to facilitate the rating process, then the coach will need a more detailed understanding of the rating tool. While dividing responsibilities and areas of expertise among multiple types of specialized coaches is common, all QRIS coaches should be trained on all aspects of the rating tool, in order to understand how the work they are doing relates to other components of the rating system.
- If more than one coach is working with a program, roles should be clearly defined and aligned so that practitioners receive consistent messages about quality improvement goals and strategies. Coordination and collaboration between coaches should be built into the structure of the QRIS system and supported by supervisors. This includes, for example, setting aside time in the coaches' schedules for group meetings and for communication between coaches about the programs they serve.

**Provide consistent supervision of coaches and offer a variety of opportunities for support and reflection.** Coaches in the multi-case study sites repeatedly described the value of feeling supported rather than isolated and the importance of gathering with other coaches to reflect on successes and challenges. In contrast, few coaches reported having experienced the kind of supervision that would ensure a high level of consistency and accountability for coaches. Effective supervision should offer support for delivering the coaching model with high fidelity as well as opportunities – either individually or in peer groups – to reflect on practices, process experiences and discuss approaches to difficult issues.

**Develop a coaching manual.** Implementation studies document the importance of fidelity and consistently adhering to the core features of an intervention. Yet in QRIS, multiple features of QRIS coaching make consistency a serious challenge. One way to move toward consistency is to establish in writing the coaching process or model as well as the implementation features that should be in place. Because we are still at an early stage of understanding the core components of coaching, it is not possible to recommend a particular model of coaching over other models. Nonetheless, establishing a model is critical for several reasons:

- Coaches who understand their roles and responsibilities will be able to deliver services with greater consistency.
- Coaches who understand their roles and responsibilities will be able to pursue higher levels of competency in those skills.
- Supervisors will be better able to monitor coaches' activities and provide constructive feedback.

- Evaluators will be able to determine whether fidelity to the model was associated with greater success.
- If the approach is found to be effective, other practitioners will have the details needed to replicate the coaching approach.

Therefore, we recommend that a coaching manual address the following issues and questions:

- **Purpose of Coaching.** Coaches will benefit from a clear statement detailing the purpose of coaching. Is the coach's purpose to help the provider score higher on the rating scale? To score higher in a particular area or on a specific measure within the rating system? To improve overall program quality? To encourage continued participation in the QRIS? Is the coach intended to be the facilitator of the rating process? An advocate on behalf of the program? A source of monies and resources?
- **Foundational Philosophy and Research Base.** A manual should provide a brief overview of the philosophical or pedagogical theories on which the coaching is based. Just as early care and education practitioners benefit most from a mix of knowledge- and practice-focused professional development, coaches will also benefit from learning the theoretical foundation for why they are being asked to follow a particular model of coaching.
- **Coaching Activities.** The manual should provide an overview of the activities that coaches are expected to engage in with providers. What activities are and are not appropriate within the coaching relationship? Are some activities prioritized (like observation and feedback) while others are discouraged? Are particular activities (like relationship-building) intended to precede other activities (like goal-setting)? With whom should coaches engage most frequently – program directors, lead teachers, aides?
- **Expected Knowledge & Skills.** Coaches will likely need extensive knowledge of the QRIS rating system (including the documentation process and relevant observational tools), approaches to adult learning, the early childhood care and education system and local context, and any additional content knowledge. Coaches can be sought who already have much of the needed knowledge and skills or they can be trained in these areas.
  - **Hiring Requirements.** What previous education, training, and experience is required?
  - **Training Requirements.** What additional training will be provided before coaching begins? What ongoing training will be provided to continue the coach's professional development?
- **Dosage, Duration, and Intensity.** The manual should outline clearly the expectations for coaches' contacts and interactions with providers. How often are coaches expected to be meeting with programs and practitioners? How long will a typical visit last? Is dosage measured by program, by classroom, or by practitioner? How long will the coaching process last? How much flexibility is acceptable under these guidelines? Should dosage vary by program level or program needs?
- **Supervision and Support.** In many QRIS, multiple individuals and often multiple agencies are involved in the supervision and support of coaches. Coaches and supervisors should share a common understanding of what can be expected from the supervisory relationship, and these expectations should be clearly documented.

- **Data and Documentation.** Coaches need support for their data collection and documentation responsibilities. A separate section of the manual, or even a separate manual, should provide explanation and examples for the data system and data entry procedures.
- **Fidelity of Implementation.** How will coaches' fidelity of implementation be measured? Using what metric? How often will fidelity checks be conducted and under what circumstances? How will coaches receive feedback to improve their fidelity? Coaches and supervisors should have a shared understanding of the level of fidelity that is expected and how that fidelity will be measured.

### **Recommendations for Policymakers**

The review of the literature and the multi-case study findings also have implications for policymakers. The following recommendations apply to the overall structuring of QRIS and decisions about the way improvement supports are to be implemented:

#### **Consider possibilities for linking coaching in the QRIS with education and training initiatives.**

QRIS coaching is generally focused on one or more of the following activities:

- Helping providers to understand the measurement tools and quality indicators used by the rating system.
- Encouraging and supporting providers as they take the necessary steps to move through the rating system.
- Advising providers on changes they can make to their practices to improve their rating.

Yet, in the majority of studies reviewed and described in the literature review, coaching was delivered in close coordination with another professional development strategy such as training or coursework. To support the acquisition of new knowledge - and the application of knowledge to practice - in the context of QRIS, policymakers could identify strategies for creating tighter linkages between training and coursework and coaching. For example, QRIS could include quality indicators that recognize practitioners who pursue professional development that includes participation in both knowledge- and practice-based strategies.

#### **Use QRIS coaching to promote practices that support children's developmental outcomes across multiple domains**

If tighter linkages are developed between QRIS coaching and opportunities to develop knowledge through training or coursework, QRIS coaching could be used to promote practices that have been shown to directly support children's developmental outcomes in particular domains. However, few QRIS include indicators of quality that are directly tied to particular domains of child development such as early language and literacy, math and science, health or social-emotional development (Tout et al., 2010). In most QRIS, the quality indicators that comprise the rating are broad measures of quality (measures of global environmental quality,

general instructional quality, business practices, education and training, and family partnerships). As QRIS mature, policymakers might consider supplementing broad quality indicators currently included in QRIS with more content-specific measures of quality to ensure that children are being supported in important developmental domains (see Forry, Vick, and Halle, 2009). Some QRIS researchers and policymakers are considering systems in which providers could be rewarded within the rating system for intentionally targeting their quality improvement to content areas like language and literacy. In such cases, the role and training of coaches would require revision.

### **Consider incentivizing coaching through formal recognition**

Coaching has clear promise as a strategy to improve the quality of care. Thus, another consideration for policymakers in the future will be to examine the incentives that can be given to early childhood educators to encourage their receipt of/ participation in coaching. One option for encouraging such participation is to formally recognize or reward programs or practitioners for time spent in coaching.

Policymakers would have a range of options for how to accord such recognition, either on a program or practitioner level. One option might be, for example, that a practitioner could earn credit hours if improvement on certain quality indicators occurred that related to the coaching that was received. Another option might be that credit hours would be accorded only if coaching and coursework on designated topics co-occurred and were coordinated, so that the coursework provided the conceptual framework and the coaching provided guidance on application in the same areas. Another option would be to award points in a QRIS for participation in coaching or to require a certain number of hours of coaching in order to earn a particular quality level. Careful decisions and planning about credit hours associated with coaching would need to be developed in collaboration with partners from higher education, licensing, QRIS administrators and other relevant stakeholders.

### **Support performance management and evaluation by investing in data collection and data system development for QRIS.**

Providing adequate support and supervision for QRIS coaches AND building an evidence base to determine which practices are most effective in supporting quality improvement are two critical challenges facing QRIS. A first step for addressing each of these challenges is to develop structures for gathering accurate and reliable data about coaching practices in the field, and putting data systems in place so that it is possible to create data summaries not only of work completed with individual providers, but also across providers and programs . These data systems are useful not only for researchers and evaluators but for supervisors who are monitoring and supporting coaches in their work.

## **FUTURE DIRECTIONS**

As state and local QRIS continue to emerge across the nation, questions about the most effective strategies for encouraging and supporting quality improvement will become more pressing. Working in a context of limited resources and high stakeholder expectations for success, those

developing and implementing QRIS are seeking approaches to maximize their efforts with practitioners to promote quality improvements, particularly in programs serving the most vulnerable children.

The analysis and findings presented in this report document the importance of coaching and other on-site assistance strategies in improving the quality of programs. However, the report also shows that QRIS are still at an early stage of understanding the optimal content and delivery of coaching that will best support quality improvement. Data collection and evaluation efforts will play a critical role in helping researchers, policymakers and practitioners determine the approaches to coaching that result in sustained quality improvements and beneficial outcomes for young children.

## REFERENCES

- Assel, M. A., Landry, S. H., Swank, P. R., & Gunnewig, S. (2007). An evaluation of curriculum, setting, and mentoring on the performance of children enrolled in pre-kindergarten. *Reading and Writing, 20*(5), 463-494.
- Bagnato, S. J. (2003). *Head Start mentoring on inclusion "best practices" for young children with special needs: Program evaluation of the quality and outcomes of the Region III DSQIC Model*. Pittsburgh, PA: Early Childhood Partnerships, Children's Hospital of Pittsburgh of UPMC, University of Pittsburgh.
- Boller, K., Blair, R., Del Grosso, P., & Paulsell, D. (2010). *Better beginnings: The Seeds to Success Modified Field Test: Impact evaluation findings*. Princeton, NJ: Mathematica Policy Research, July 2010b.
- Bromer, J., Van Haitsma, M., Daley, K., & Modigliani, K. (2008). *Staffed support networks and quality in family child care: Findings from the Family Child Care Network Impact Study: Executive summary*. Chicago, IL: Herr Research Center.
- Bryant, D. M., Wesley, P. W., Burchinal, M., Sideris, J., Taylor, K., Fenson, C., ...Iruka, I. U. (2009). *The QUINCE-PFI study: An evaluation of a promising model for child care provider training: Final report*. Chapel Hill, NC: FPG Child Development Institute.
- Buyse, V., Castro, D. C., & Peisner-Feinberg, E. (2010). Effects of a professional development program on classroom practices and outcomes for Latino dual language learners. *Early Childhood Research Quarterly, 25*(2), 194-206.
- Buyse, V., & Wesley, P. W. (2005). *Consultation In Early Childhood Settings*. Baltimore, MD: Paul H. Brookes.
- Campbell, P. H., & Milbourne, S. A. (2005). Improving the quality of infant-toddler care through professional development. *Topics in Early Childhood Special Education, 25*(1), 3-14.
- Clements, D. H., & Sarama, J. (2008). Experimental evaluation of the effects of a research-based preschool mathematics curriculum. *American Educational Research Journal, 45*(2), 443-494.
- Cusumano, D. L., Armstrong, K., Cohen, R., & Todd, M. (2006). Indirect impact: How early childhood educator training and coaching impacted the acquisition of literacy skills in preschool students. *Journal of Early Childhood Teacher Education, 27*(4), 363-377.
- Del Grosso, P., Hallgren, K., Paulsell, D., & Boller, K. (2010). *Better beginnings: The Seeds to Success Modified Field Test: Implementation lessons*. Princeton, NJ: Mathematica Policy Research, July 2010.
- Domitrovich, C. E., Cortes, R. C., & Greenberg, M. T. (2007). Improving young children's social and emotional competence: A randomized trial of the preschool "PATHS" curriculum. *The Journal of Primary Prevention, 28*(2), 67-91.
- Domitrovich, C. E., Gest, S. D., Gill, S., Jones, D., & DeRousie, R. S. (2009). Individual factors associated with professional development training outcomes of the Head Start REDI Program. *Early Education & Development, 20*(3), 402-430.
- Domitrovich, C. E., Gest, S. D., Jones, D., Gill, S., & Sanford DeRousie, R. M. (2010). Implementation quality: Lessons learned in the context of the Head Start REDI trial. *Early Childhood Research Quarterly, 25*(3), 284-298.
- Downer, J. T., Locasale-Crouch, J., Hamre, B., & Pianta, R. (2009). Teacher characteristics associated with responsiveness and exposure to consultation and online professional development resources. *Early Education & Development, 20*(3), 431-455.

- Evertson, C. M., & Smithey, M. W. (2000). Mentoring effects on protégés' classroom practice: An experimental field study. *Journal of Educational Research, 93*(5), 294-304.
- Fantuzzo, J., Childs, S., Hampton, V., Ginsburg-Block, M., Coolahan, K. C., & Debnam, D. (1997). Enhancing the quality of early childhood education: A follow-up evaluation of an experiential, collaborative training model for Head Start. *Early Childhood Research Quarterly, 12*(4), 425-437.
- Fiene, R. (2002). Improving child care quality through an infant caregiver mentoring project. *Child and Youth Care Forum, 31*(2), 79-87.
- Forry, N., Vick, J., Halle, T., (2009). *OPRE Research-to-Policy Brief #2: Evaluating, Developing, and Enhancing Domain-Specific Measures of Child Care Quality*. Publication #2009-16. Washington, D.C. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.
- Garet, M. S., Cronen, S., Eaton, M., Kurki, A., Ludwig, M., Jones, W., ...Silverberg, M. (2008). *The impact of two professional development interventions on early reading instruction and achievement*. (NCEE 2008-4030). Report prepared for the Institute of Education Sciences. Washington, DC: Institute of Education Sciences.
- Glazerman, S., Isenberg, E., Dolfen, S., Bleeker, M., Johnson, A., Grider, M., Jacobus, M. (2010). *Impacts of comprehensive teacher induction: Final results from a randomized controlled study*. Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education.
- Hamre, B. K., Justice, L. M., Pianta, R. C., Kilday, C., Sweeney, B., Downer, J. T., ...Leach, A. (2010). Implementation fidelity of MyTeachingPartner literacy and language activities: Association with preschoolers' language and literacy growth. *Early Childhood Research Quarterly, 25*, 329-347.
- Klein, L., & Gomby, D. (2009). A Synthesis of Federally-Funded Studies on School Readiness: What Are We Learning About Professional Development? Unpublished paper prepared for *A Working Meeting on Recent School Readiness Research: Guiding the Synthesis of Early Childhood Research*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE). Washington, DC.
- Koh, S., & Neuman, S. B. (2009). The impact of professional development in family child care: A practice-based approach. *Early Education & Development, 20*(3), 537-562.
- Landry, S. H., Anthony, J. L., Swank, P. R., & Monseque-Bailey, P. (2009). Effectiveness of comprehensive professional development for teachers of at-risk preschoolers. *Journal of Educational Psychology, 101*(2), 448-465.
- Landry, S. H., Swank, P. R., Smith, K. E., Assel, M. A., & Gunnewig, S. B. (2006). Enhancing early literacy skills for preschool children: Bringing a professional development model to scale. *Journal of Learning Disabilities, 39*(4), 306-324.
- Lonigan, C. J., Farver, J. M., Phillips, B. M., & Clancy-Menchetti, J. (2009). Promoting the development of preschool children's emergent literacy skills: a randomized evaluation of a literacy-focused curriculum and two professional development models. *Reading and Writing*.
- Miller, S. P. (1994). Peer coaching within an early childhood interdisciplinary setting. *Intervention in School and Clinic, 30*(2), 109-115.
- National Infant & Toddler Child Care Initiative. (2010). *Coordinating Child Care Consultants:*

- Combining multiple disciplines and improving quality in infant/toddler care settings.* Retrieved from [http://nitcci.nccic.acf.hhs.gov/resources/consultation\\_brief.pdf](http://nitcci.nccic.acf.hhs.gov/resources/consultation_brief.pdf)
- Neuman, S. B., & Cunningham, L. (2009). The impact of professional development and coaching on early language and literacy instructional practices. *American Educational Research Journal*, 46(2), 532-566.
- Onchwari, G., & Keengwe, J. (2009). Teacher mentoring and early literacy learning: A case study of a mentor-coach initiative. *Early Childhood Education Journal*, 37(4), 311-317.
- Palsha, S., A., & Wesley, P. W. (1998). Improving quality in early childhood environments through on-site consultation. *Topics in Early Childhood Special Education*, 18(4), 243-253.
- Peterson, S. M., Valk, C., Baker, A. C., Brugger, L., & Hightower, A. D. (2010). "We're not just interested in the work": Social and emotional aspects of early educator mentoring relationships. *Mentoring & Tutoring: Partnership in Learning*, 18(2), 155-175.
- Peterson, S. M., & Weber, M. (2009). *Partners in Family Child Care: 2008-2009 year 1 report*. Rochester, NY: Children's Institute.
- Pianta, R. C., Mashburn, A. J., Downer, J. T., Hamre, B. K., & Justice, L. (2008). Effects of web-mediated professional development resources on teacher-child interactions in pre-kindergarten classrooms. *Early Childhood Research Quarterly*, 23(4), 431-451.
- Podhajski, B., & Nathan, J. (2005). Promoting early literacy through professional development for childcare providers. *Early Education & Development*, 16(1), 1-5.
- Powell, D. R., Diamond, K. E., & Koehler, M. J. (2010). Use of a case-based hypermedia resource in an early literacy coaching intervention with pre-kindergarten teachers. *Topics in Early Childhood Special Education*, 29(4), 239-249.
- Raver, C. C., Jones, S. M., Li-Grining, C. P., Metzger, M., Champion, K. M., & Sardin, L. (2008). Improving preschool classroom processes: Preliminary findings from a randomized trial implemented in Head Start settings. *Early Childhood Research Quarterly*, 23(1), 10-26.
- Rudd, L. C., Lambert, M. C., Satterwhite, M., & Smith, C. H. (2009). Professional development + coaching = enhanced teaching: Increasing usage of math mediated language in preschool classrooms. *Early Childhood Education Journal*, 37(1), 63-69.
- Schottle, D., & Peltier, G. L. (1996). Should schools employ behavior management consultants? *Journal of Instructional Psychology*, 23(2), 128-131.
- Sheridan, S. M., Clarke, B. L., Knoche, L. L., & Edwards, C. P. (2006). The effects of conjoint behavioral consultation in early childhood settings. *Early Education & Development*, 17(4), 593-617.
- Shidler, L. (2009). The impact of time spent coaching for teacher efficacy on student achievement. *Early Childhood Education Journal*, 36(5), 453-460.
- Shlay, A. B., Jaeger, E., Murphy, P., Shaw, K., Gottesman, L., & Weinraub, M. (2001). *Making a case for child care: An evaluation of a Pennsylvania-based intervention called Child Care Matters*. Philadelphia, PA: Temple University, Center for Public Policy.
- Smith, S., Schneider, W., & Kreader, J. L. (2010). Features of professional development and on-site assistance in child care quality rating improvement systems: A survey of state-wide systems. *National Center for Children in Poverty*. Retrieved from: <http://www.nccp.org/>.
- Tout, K., Halle, T., Zaslow, M., & Starr, R. (2009). *Evaluation of the Early Childhood Educator Professional Development Program: Final Report*: Report prepared for the U.S. Department of Education.

- Tout, K., Starr, R., Moodie, S., Soli, M., Kirby, G. & Boller, K. (2010). *ACF-OPRE Report. Compendium of Quality Rating Systems and Evaluations*. Washington, D.C. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.
- Tout, K., Zaslow, M., Halle, T., & Forry, N. (2009). *Issues for the next decade of Quality Rating and Improvement Systems*. OPRE Issue Brief #3, Publication #2009-014. Washington DC: Child Trends.
- Tschantz, J. M., & Vail, C. O. (2000). Effects of peer coaching on the rate of responsive teacher statements during a child-directed period in an inclusive preschool setting. *Teacher Education and Special Education: The Journal of the Teacher Education Division of the Council for Exceptional Children*, 23(3), 189-201.
- Upshur, C., Wenz-Gross, M., & Reed, G. (2009). A pilot study of early childhood mental health consultation for children with behavioral problems in preschool. *Early Childhood Research Quarterly*, 24(1), 29-45.
- Uttley, C. M., & Horn, D. M. (2008). Mentoring in early childhood professional development: Evaluation of the Rhode Island Child Development Specialist Apprenticeship program. *Journal of Early Childhood Teacher Education*, 29(3), 237-252.
- Villar, A., & Strong, M. (2007). Is mentoring worth the money? A benefit-cost analysis and five-year rate of return of a comprehensive mentoring program for beginning teachers. *ERS Spectrum*, 25(3), 1-17.
- Weber, R., & Trauten, M. (2008). *A review of the research literature: Effective investments in the child care and early education profession*. Oregon Child Care Research Partnership.
- Wesley, P. W. (1994). Innovative practices: Providing on-site consultation to promote quality in integrated child care programs. *Journal of Early Intervention*, 18(4), 391-402.
- Wesley, P. W., Bryant, D. M., Fenson, C., Hughes-Belding, K., Tout, K., & Susman-Stillman, A. R. (2010). Treatment fidelity challenges in a five-state consultation study. *Journal of Educational and Psychological Consultation*, 20(3), 209-227.
- Wesley, P.W., & Buysse, V. (2005). *Consultation in Early Childhood Settings*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Wesley, P. W., & Buysse, V. (2010). *The Quest for Quality: Promising innovations for early childhood programs*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Whitaker, S., Kinzie, M., Kraft-Sayre, M. E., Mashburn, A., & Pianta, R. C. (2007). Use and evaluation of web-based professional development services across participant levels of support. *Early Childhood Education Journal*, 34(6), 379-386.
- Whitebook, M., Gomby, D., Bellm, D., Sakai, L., & Kipnis, F. (May, 2009). *Preparing teachers of young children: The current state of knowledge and a blueprint for the future*. Berkeley, CA: Center for the Study of child Care Employment, Institute for Research on Labor and Employment, University of California, Berkeley.
- Zaslow, M., Tout, K., Halle, T., Vick, J., & Lavelle, B. (2010). *Towards the identification of features of effective professional development for early childhood educators: A review of the literature*. Report prepared for the U.S. Department of Education.

## APPENDIX – GUIDE TO THE LITERATURE REVIEW TABLES

| Column Title                       | Information included/Questions addressed*   |
|------------------------------------|---|
| Study                              | Authors and date of publication   |
| Research Questions                 | What questions does this study try to answer or address?  |
| Research Design                    | Brief overview of the intervention, participants, treatment and control groups (if applicable), and timeline  |
| Sample Characteristics             | Description of the participants in the study including: Geography (urban or rural, across how many states, counties, districts), programs, coaches/mentors, providers/ teachers, children. Details are not included about providers/teachers (race/ethnicity, language, gender, education, experience, etc) or programs (size, number and characteristics of children) unless these details define the study's methods. |
| General Comments on Study Approach | Includes impressions about strengths and limitations in the study's approach.   |
| Coaching Approach                  | Was a specific theoretical model or coaching approach described? Includes the name of a coaching model if it was named directly (as a proper noun) in the article. Notes If the coaching model/approach is not clearly defined in the article's text.   |
| Coaching Focus                     | Was focus broad (e.g., overall quality) or specific (e.g., literacy)? Includes a description of the focus of coaching (if the coaching had a specific focus) and whether curriculum implementation was a key piece of the intervention.   |
| Use of Quality Measure             | Was a particular measure of quality used to set goals? Which measure? Describes whether coaches had an observational tool or checklist (used by all coaches in this intervention) that were used to measure classroom or instructional quality (or fidelity) and to determine when and how much progress had been made. Tools are named explicitly.   |
| Coaching Activities                | Were specific activities (e.g., observe, model, discuss) undertaken during coaching? If so, was there a specific sequence? The work of coaches is described specifically using verbs/activities and a description of the order in which actions/activities are to be executed (if relevant).  |
| Coaching Individualization         | Was there individualization in coaching based on early educator's knowledge, attitudes, skills, quality ratings? Were coaches told to treat educators differently depending on their characteristics and/or interests?  |
| Goals of Coaching Sessions         | Were goals for specific sessions pre-determined or flexible? Did coaches enter each session with a specific goal in mind or was the content of each session left open?  |
| Coaching Staff                     | Were there requirements in terms of qualifications and personal characteristics of coaching staff? Details are included about race/ethnicity, language, gender,   |

| Column Title                                | Information included/Questions addressed*   |
|---|---|
|   | wages, education level, and experience level of coaches (if available) as well as information about whether these characteristics were requirements of the position when coaches were selected.   |
| Coaches' Preparation and Supervision        | How were coaches trained? Was there ongoing monitoring and supervision of coaching sessions? Description includes hours of training received, whether training occurred prior to starting or whether it is ongoing, whether and how often coaches were observed during coaching by their supervisors or how else coaching activities were monitored (documentation, video, etc.). |
| Characteristics of Early Educators          | Is this coaching approach appropriate for a particular group of early educators? What were characteristics of educators participating in this study? Include race/ethnicity, language, gender, wages, education level, and experience level if available. Were these educators specifically targeted for the intervention?  |
| Characteristics of Early Childhood Settings | Is this coaching approach appropriate for a particular type of early care and education setting? What were characteristics of settings that participated in this study? Includes a description of the size of programs, type of programs, and characteristics of the children served in these programs (as information is available).   |
| Coordination of Professional Development    | Was coaching coordinated with coursework or training? If so, coordination is described in terms of content (topic of training), timing (hours of training and whether before, during, or after coaching) and staffing (were the coaches also the trainers?).  |
| Coaching Dosage                             | What is the frequency and length of coaching sessions? How often did coaching sessions occur and how long did each last? (Hours per session, # of sessions per week or months, as information is available.)  |
| Coaching Duration                           | What is the period over which coaching continued? (How many weeks, months or years did a coach meet with the same program?)   |
| Coaching Documentation                      | Was there a record of what occurred during each coaching session? What format was used for these records? How was this information utilized? (For supervision? For mutual accountability between coach and educator?)   |
| Observation of Coaching Session             | Did a supervisor attend any coaching sessions to provide feedback or assure fidelity to a model? How often did this happen? Was a tool used to assess the coach's behavior? Tools are named/described..   |
| How Was Progress of Coaching Measured?      | How did coaches and/or supervisors determine (during implementation) how coaching was or was not working for a particular educator? Was a coaching relationship terminated when a particular amount of progress had been achieved? How was this progress or effectiveness measured by coaches and/or supervisors?   |
| Evaluation method                           | Was the research approach experimental, quasi-experimental, pre-post only   |

| Column Title  | Information included/Questions addressed*   |
|---|---|
|   | (with or without a comparison group), or descriptive? Additional information about evaluation is recorded under “Research Design.”  |
| Outcome Measures  | All measures used in the evaluation of the effectiveness of the intervention are listed. These include measures of early educator knowledge, attitudes, satisfaction, practice, classroom environment/instruction, or of child outcomes. Measures are named (or described if they are unnamed or informal) and reliability procedures are described (if available). |
| Findings: Outcomes on Measures of Early Educator Knowledge                            | What impacts were or were not found on early educator knowledge? This includes measures of education and training, knowledge of early childhood development or content areas, comprehension of the curriculum, etc. If information is available, description is provided about the statistical significance and the magnitude of the findings.                      |
| Findings: Outcomes on Measures of Early Educator Attitudes/Satisfaction               | What impacts were or were not found on early educator attitudes/satisfaction? This includes measures of educator beliefs and attitudes about children, themselves, their context, and the intervention itself. If information is available, description is provided about the statistical significance and the magnitude of the findings.                           |
| Findings: Outcomes on Measures of Early Educator Practice, Including Observed Quality | What impacts were or were not found on early educator practice, including observed quality of the classroom? If information is available, description is provided about the statistical significance and the magnitude of the findings.   |
| Findings: Outcomes on Measures of Child Development and Behavior                      | What impacts were or were not found on child development and behavior? Describe whether these measures come from parents, teachers, or trained assessors. If information is available, description is provided about the statistical significance and the magnitude of the findings.  |
| Findings: Other Outcomes  | Were there any other outcomes measured? Was fidelity of implementation measured? Was dosage measured?   |

## APPENDIX – SITE PROFILES

### Site 1 Profile

|   |  |
|---|--|
| <b>Service area:</b>                            | 10 communities within a county   |
| <b>Pilot:</b>                                   | Yes  |
| <b>Pilot time frame:</b>                        | July 2007-June 2011  |
| <b>Voluntary:</b>                               | Yes  |
| <b>Eligible programs:</b>                       | Center-based programs, Head Start/Early Head Start, pre-kindergarten programs, and licensed family child care  |
| <b>Total numbers of programs participating:</b> | 228 (as of Fall 2009)  |
| <b>Rating structure:</b>                        | Building Block   |
| <b>Number of levels:</b>                        | 5  |
| <b>Length of time rating is valid:</b>          | 1 year   |
| <b>Rating process:</b>                          | Programs apply, attend an orientation, and complete a self-assessment and portfolio. The classroom observation is conducted and portfolio documents are reviewed, then the rating is awarded to the child care program.  |
| <b>Timeline:</b>                                | Normally, they first do the self-assessment, elicit a quality improvement grant, attend training to prepare for site visit/observation, obtain their quality rating, and then receive coaching. Coaching typically lasts four months.  |
| <b>Other supports provided:</b>                 | Training & coursework<br>Grants for quality improvements<br>Coaching   |
| <b>Goal of coaching:</b>                        | The goal is to help programs improve overall the quality of the program using the QRIS quality indicators as their baseline.   |
| <b>Eligibility &amp; Priority:</b>              | Family child care programs are prioritized by both part- and full-time coaches. Part-time coaches work only with providers that have low ratings.  |
| <b>Model of coaching:</b>                       | <p><b>Part-time coaches:</b></p> <p>The coaching model is eclectic, drawing from a variety of models and building upon Resource and Referral Agencies’ anecdotal experiences in working with child care providers. The core component of the model – that a highly personalized relationship between the coach and provider is developed – is based largely on the work of Daniel Goleman on emotional and social intelligence. There is a lot of flexibility for coaches to use their own style while implementing the model.</p> <p>The manual and set of materials are currently under development and exist in the forms and informational sheets. All the materials are being tested, revised, and developed during a pilot period.</p> |

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|                                  | <p><b>Full-time coaches:</b><br/>No formal model or manual is used.</p>  |
| <b>History of model:</b>         | Began coaching without a model. Preliminary model was added later when part-time coaches were hired.   |
| <b>Primary Interaction:</b>      | Coaches interact mostly with family child care providers.  |
| <b>Frequency &amp; Duration:</b> | <p><b>Part-time coaches:</b><br/>Touch base with providers every week or so. Contracted to provide 4 hours of TA total per provider, but coaches are volunteering more time.</p> <p><b>Full-time coaches:</b><br/>Every month and a half, providers receive 1.5-2 hours of coaching and some 10-15 minute phone conversations.</p>   |
| <b>Coaching Context:</b>         | <p><b>Part-time coaches:</b><br/>Coaches visit with providers mostly in the evening and on weekends because they have other jobs.</p> <p><b>Full-time coaches:</b><br/>Coaches visit providers in the home when children are present.</p>  |
| <b>Coaching activities:</b>      | <p><b>Part-time coaches:</b><br/>Activities vary based on what the provider wants and based on the quality report. Depending on what a program is scoring lowest in, activities may include:</p> <ul style="list-style-type: none"> <li>- Inclusion of children with special needs</li> <li>- Working conditions</li> <li>- Staff qualifications</li> <li>- Learning environment</li> <li>- Teacher-child interactions</li> </ul> <p><b>Full-time coaches:</b><br/>For the initial coaching focuses on discussing the report and going over the action plan. Together they pick two areas in their report that they want to work on. After this, they move onto two other areas. They put the action plan in writing, a process which is heavily driven by the provider. Once the provider decides what they want to start on, then the strategies are given by the coach.</p> |
| <b>Improvement Plan:</b>         | Yes. This is completed in initial visits by the provider and coach and is used in goal setting. This is a standardized form used by both part- and full-time coaches.  |
| <b>Documentation:</b>            | Yes. Part- and full-time coaches record the type and time of contact. Supervisors use these records to assure that there is consistency, that action plans are being addressed, and that the intensity matches the needs of the providers.   |
| <b># of coaches:</b>             | 7 full-time coaches serving family child care providers through the Resource & Referral agency and 5 part-time coaches serving family child care and centers through the County Office of Child Care.  |
| <b>Hours worked per week:</b>    | <p><b>Part-time coaches:</b>2-10 hours per week</p> <p><b>Full-time coaches:</b>Information not available</p>  |
| <b>Caseload:</b>                 | <p><b>Part-time coaches:</b>1-4 providers per specialist</p> <p><b>Full-time coaches:</b>2-6 providers per coach</p>   |
| <b>Frequency of Supervision:</b> | <p><b>Part-time coaches:</b>Weekly phone calls with individual coach (varies)</p> <p><b>Full-time coaches:</b>Email check-ins every 3 weeks, meetings about every</p>  |

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|  | 6 weeks (varies)  |
| <b>Content of Supervision:</b>             | <b>Part-time coaches:</b> Informal discussion and answering questions.<br><b>Full-time coaches:</b> Debriefing and sharing challenges and successes. At meetings, a consultant advises on best practices.   |
| <b>Observation/ Assessment of Coaches:</b> | <b>Part-time coaches:</b> Not formally<br><b>Full-time coaches:</b> Not formally  |
| <b>Selection Criteria:</b>                 | <b>Part-time coaches:</b> The County Office of Child Care hired coaches with MA degrees in related fields with over 5 years of experience as a coach/early educator.<br><b>Full-time coaches:</b> Resource & Referral manager chose from their staff based on expertise and experience.                               |
| <b>Selection Process:</b>                  | <b>Part-time coaches:</b> Interviewed for a trainer position, but instead they hired all of the interviewees as a part of pool of trainers who are also allotted time as coaches.<br><b>Full-time coaches:</b> Already employees of the Resource & Referral and were assigned this coaching as one of their projects. |
| <b>Turnover Rate:</b>                      | 0%. This is the QRIS's first year implementing the coaching model.  |
| <b>Matching Coaches to Programs:</b>       | <b>Part-time coaches:</b> Based on their personality and strengths<br><b>Full-time coaches:</b> Determined by service area  |
| <b>Pre-service Training:</b>               | <b>Part-time coaches:</b> No pre-service training offered<br><b>Full-time coaches:</b> QRIS Report training (1 hour), Training on best practices (45 minutes)   |
| <b>Ongoing Training:</b>                   | <b>Part-time coaches:</b> No on-going training offered.<br><b>Full-time coaches:</b> Training on best practices (30 minutes at meeting every 6 weeks)   |
| <b>Evaluation Activities:</b>              | None  |

**Practitioners served:**

*Data is not available, but respondents estimate approximately:*

- 1% Centers and 98% FCC
- 50% Directors, 25%Teachers, and 25% Assistant Teachers
- 40% of providers supported by coaches are Racial/ethnic minorities
- 40% of providers supported by coaches are from an immigrant community
- 40% of providers supported by coaches are English language learners, 20% bilingual
- 20% of providers supported by coaches are trained to serve children with special needs

**Programs served:**

*Unknown:*

- % of programs supported by coaches are serving mostly low-income children
- % of programs supported by coaches serve mostly children from racial/ethnic communities-
- % of programs supported by coaches serve mostly children from immigrant communities
- % of programs supported by coaches serve at least one child with an IEP

*Data is not available, but respondents estimate approximately:*

- 50% of programs supported by coaches provide child care in a language other than English
- 50% of programs supported by coaches run their program bilingually

## Site 2 Profile

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| <b>Service area:</b>                            | Area includes 7 metro counties and 2 rural counties  |
| <b>Pilot:</b>                                   | Yes  |
| <b>Pilot time frame:</b>                        | August 2007 - June 30, 2011  |
| <b>Voluntary:</b>                               | Yes  |
| <b>Eligibility for QRIS:</b>                    | Center-based programs, Head Start/Early Head Start, pre-kindergarten programs, licensed family child care programs   |
| <b>Total numbers of programs participating:</b> | 318 (as of Fall 2009)  |
| <b>Rating structure:</b>                        | Points   |
| <b>Number of levels:</b>                        | 4  |
| <b>Length of time rating is valid:</b>          | 1 year   |
| <b>Rating process:</b>                          | <p><i>Full Rating:</i> Licensed child care centers, preschools and family child care programs that are not accredited can apply for a full rating in the QRIS. Upon enrollment, fully-rated programs attend an orientation and are assigned a <b>General Quality Coach</b> and an <b>ERS Coach</b> who helps initiate the quality improvement process. After meeting with the General Quality Coach, programs have up to a year to complete the documentation required for each of the QRIS quality standards, have an on-site observation, and have curriculum and assessment tools approved by the Department of Human Services. A rating of 1 to 4 stars is possible in the full rating track. The services of the ERS Coach can be accessed either before or after the rating (but not both).</p> <p><i>Automatic Rating:</i> Accredited programs complete a short application, submit proof of their accreditation status and demonstrate their compliance with the licensing requirements described above. They do not receive quality improvement supports.</p> |
| <b>Timeline:</b>                                | <p><i>Orientation:</i> Offered three times per year</p> <p><i>Preparation for Rating:</i> All participating programs have one year to do quality improvement with their General Quality Coach, assemble their documentation packet, and receive on-site observation before the rating is issued. Pre-rating support (if taken) from an ERS Coach takes place 6 weeks prior to observation and includes mini-training on the ERS, and a mock observation, followed by goal setting.</p> <p><i>Quality Improvement for Re-rating:</i> All programs that did not receive a 4-star rating are eligible for quality improvement supports, including a grant up to \$3000, continued support from the General Quality Coach, and the help of an ERS Coach IF the ERS Coach did not provide pre-rating support.</p>   |
| <b>Other supports provided:</b>                 | Trainings through CCR&Rs, Grants (up to \$3000), CLASS coaching (will be available soon), Curriculum mentors for FCC providers   |

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| <b>Goal of coaching:</b>                        | <p><b>ERS Coaches:</b> To help programs/providers understand the observation tool and how it relates to quality, and learn how to use it on their own for quality improvements.</p> <p><b>General Quality Coaches:</b> The General Quality Coach helps them compile their binders, and more broadly, makes suggestions and gives advice about development and resources in the community.</p>  |
| <b>Eligibility &amp; Priority:</b>              | All QRIS providers are eligible for coaching before receiving their rating, only those who received fewer than 4 stars are eligible after their rating. No other priorities are firmly established.  |
| <b>Model of coaching:</b>                       | <p><b>ERS Coaches:</b> Adaptation of the Partners for Inclusion Model (PFI).<br/> Stage 1: Relationship building and entry<br/> Stage 2: Needs assessments<br/> Stage 3: Mutual goal setting / plan of action<br/> Stage 4: Implement plan of action<br/> Stage 5: Evaluate and assess continuing needs.</p> <p><b>General Quality Coaches:</b> None</p>   |
| <b>History of model:</b>                        | <p><b>ERS Coaches:</b> About 9 years ago, small scale projects were using PFI model to do quality improvement. When the QRIS started, administrators wanted to increase number of coaches and also do coaching in shorter time frame than PFI model. Therefore, the staff was asked to adapt the PFI model to fit the constraints of the QRIS (reduce the number of visits, etc).</p> <p><b>General Quality Coaches:</b> None</p>  |
| <b>Primary Interaction:</b>                     | <p><b>ERS Coaches:</b> Directors, with flexibility to engage teachers or meet with center staff as a whole. Sometimes directors from several centers are trained on the ERS simultaneously.</p> <p><b>General Quality Coaches:</b> Directors</p>   |
| <b>Frequency &amp; Duration (Short Answer):</b> | <p><b>ERS Coaches:</b> Three on-site visits for total of 7.5 hours over two to three months.</p> <p><b>General Quality Coaches:</b> Approximately six visits ranging from 2 hours to a half day (supervisor would like 3 meetings total).</p>  |
| <b>Frequency &amp; Duration (Long Answer):</b>  | <p><b>ERS Coaches:</b><br/> <i>Initial visit:</i> 2-3 hours (Coach does relationship building and general duties in consultation model. If the provider is ready to start, they can start on ERS training or do a one-on-one mini-training.)<br/> <i>Second visit:</i> 3 hours (Coach conducts ERS Observation, usually takes place 1 -2 weeks after 1<sup>st</sup> visit)<br/> <i>Third visit:</i> 2 hours (Goal setting)<br/> <i>Ongoing:</i> Provider and coach keep in touch after with phone calls and emails to make sure goals are being met and to discuss good uses of the grant money. They might conduct another mock observation after to see if scores improved.</p> <p><b>General Quality Coaches:</b><br/> About 3 visits (supplemented by phone calls and emails) during the first 8 weeks to work on initial paperwork and completing quality binder. After rating, there are 3 visits where they 1) review the rating 2) discussing what materials to buy and 3) talk about re-rating. After the rating, General Quality Coaches have a year to work on improvements</p> |

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|  | with providers/programs.  |
| <b>Coaching Context:</b>                   | <p><b>ERS Coaches:</b> Observations are done during regular operation; other meetings could be during regular operation, during naptime, when a substitute is present, or after-hours. Sometimes with full center staff at staff meeting or a group of directors will be trained simultaneously.</p> <p><b>General Quality Coaches:</b> Visits typically occur during classroom time for centers and nap time for family child care programs.</p>                             |
| <b>Coaching activities:</b>                | <p><b>ERS Coaches:</b> Relationship-building, training/education, joint ERS observation, goal setting</p> <p><b>General Quality Coaches:</b> Relationship-building, sharing resources about best practices, completing documentation, focusing on curriculum, setting goals and assigning homework, informal observations, linking providers/programs with training.</p>  |
| <b>Documentation:</b>                      | <p><b>ERS Coaches:</b> Coaches are expected to log their visits, but logs are not reviewed.</p> <p><b>General Quality Coaches:</b> Timesheets log the basics of the coaches' schedules. These are used to determine caseloads, but not reviewed otherwise.</p>  |
| <b># of coaches:</b>                       | <p><b>ERS Coaches:</b> 21</p> <p><b>General Quality Coaches:</b> 4</p>  |
| <b>Hours worked per week:</b>              | <p><b>ERS Coaches:</b> Varies greatly. Few are full-time.</p> <p><b>General Quality Coaches:</b> 2 coaches work 40 hours/week in this position, while the other 2 work 20 hours/week in this position</p>   |
| <b>Caseload:</b>                           | <p><b>ERS Coaches:</b> Varies greatly. 3 to 10 providers.</p> <p><b>General Quality Coaches:</b> For the 2 full-time coaches, the average caseload is 12 (about 5 CCC and 7 FCC), while the part-time coaches have an average caseload of 6 (about 4 CCC and 2 FCC)</p>   |
| <b>Frequency of Supervision:</b>           | <p><b>ERS Coaches:</b> Nothing consistent since each ERS coach comes from a different CCR&amp;R agency and is supervised by the manager at that CCR&amp;R. The group does gather annually to discuss process/progress.</p> <p><b>General Quality Coaches:</b> Monthly meetings and informal support as needed by phone calls and emails.</p>  |
| <b>Content of Supervision:</b>             | <p><b>ERS Coaches:</b> No direct supervision but technical assistance is available for answering questions on scoring, observation protocol, etc. when requested. (Only about 20% of the coaches are interested in support.)</p> <p><b>General Quality Coaches:</b> Informal group reflection on practices. Debriefing about what is working well and what is not working in the field and discussion about how to handle challenging situations with providers/programs.</p> |
| <b>Observation/ Assessment of Coaches:</b> | <p><b>ERS Coaches:</b> Reliability procedures for observing, but no assessment of coaching behavior.</p> <p><b>General Quality Coaches:</b> No.</p>   |
| <b>Selection Criteria:</b>                 | <p><b>ERS Coaches:</b> Nothing consistent since each ERS coach comes from a different CCR&amp;R agency and may have other job responsibilities as well.</p> <p><b>General Quality Coaches:</b> Ad posted for someone with a background in early childhood or a related field, experience in a child care setting and coaching experience. All coaches went through the interview process.</p>   |
| <b>Selection Process:</b>                  | <p><b>ERS Coaches:</b> Each CCR&amp;R offers QRIS participants an ERS coach from</p>  |

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|                                      | their staff.<br><b>General Quality Coaches:</b> Explicitly hired.  |
| <b>Turnover Rate:</b>                | <b>ERS Coaches:</b> Low, if any.<br><b>General Quality Coaches:</b> None as of yet.  |
| <b>Matching Coaches to Programs:</b> | Programs are first matched with the General Quality Coach, and each General Quality Coach refers programs to the same ERS Coach.   |
| <b>Pre-service Training:</b>         | <b>ERS Coaches:</b> Classroom training plus two days of fieldwork with a reliable anchor for each scale (ECERS, ITERS, FCCERS).<br><b>General Quality Coaches:</b> Training on the QRIS, the ERS, and CLASS (not trained to reliability).                          |
| <b>Ongoing Training:</b>             | <b>ERS Coaches:</b> One training on how to teach someone the ERS. One training on the consultation model.<br><b>General Quality Coaches:</b> Attend QRIS debrief meetings (quarterly) and individually attend trainings based on personal interest/specialization. |
| <b>Evaluation Activities:</b>        | QRIS is being evaluated, but so far the evaluation has not looked closely at the QI piece.   |

**Practitioners served by ERS Coaches are:**

*According to local data:*

- 40% in Centers, 60% in Family child care
- 60% Directors, 35% Lead Teachers, 5% Assistant Teachers
- 30-40% Racial/ethnic minorities, 10-15% Immigrants
- 10% English Language Learners, 15-20% Bilingual
- 15-20% Trained to serve children with special needs.

**Practitioners served by General Quality Coaches are:**

*According to local data:*

- 60% in Centers, 40% in Family child care
- 75% Directors, 25% Lead Teachers, 0% Assistant Teachers (in centers).
- 30% Racial/ethnic minorities, 10% Immigrants
- 10% English Language Learners, 15% Bilingual

*Unknown:* % Trained to serve children with special needs.

**Of the programs served by ERS Coaches:**

*According to local data:*

- 70% serve mostly low-income children
- 30-40% serve mostly minority children
- 10-15% serve mostly children from immigrant communities
- 50% provide special services for at least one child with an IEP
- Less than 10% provide child care exclusively or primarily in another language
- 10-15% provide child care in more than one language

**Of the programs served by General Quality Coaches:**

*Unknown:*

- % serve mostly low-income children
- % serve mostly minority children

% serve mostly children from immigrant communities  
% provide special services for at least one child with an IEP

*According to local data:*

0.5% provide child care exclusively or primarily in another language

1% provide child care in more than one language

## Site 3 Profile

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|---|--|
| <b>Service area:</b>                            | County   |
| <b>Pilot:</b>                                   | No   |
| <b>Date full program launched:</b>              | January 2008   |
| <b>Voluntary:</b>                               | Yes  |
| <b>Eligible programs:</b>                       | Center-based programs, Head Start/Early Head Start, pre-kindergarten programs, licensed family child care, migrant programs, license-exempt centers and family child care  |
| <b>Total numbers of programs participating:</b> | 395 (as of Fall 2009)  |
| <b>Rating structure:</b>                        | Combination  |
| <b>Number of levels:</b>                        | 5  |
| <b>Length of time rating is valid:</b>          | More than 2 years. A baseline rating occurs at the outset, and then there is a rating cycle of 3 years. Programs showing 1 star or more growth on an annual self-study may apply for a formal assessment on any anniversary.   |
| <b>Timeline:</b>                                | Programs apply to be in the QRIS. If a center or home is selected into the QRIS, ongoing TA is available. Coaching starts immediately when programs enroll in the QRIS. Over 3 weeks, coaches work with providers to collect paperwork and complete their binder. Then, they do not visit a program again until their ERS reports are done (up to 2 months). After the baseline rating has been issued, coaches use it to help providers create a quality improvement plan and action plans which guide their visits up until the next rerating. |
| <b>Other supports provided:</b>                 | Technical Assistance<br>Reliable Assessment<br>Scholarships<br>WAGE\$ stipends<br>Community Based Training<br>Materials and Cash Achievement Awards<br>Material Supports are exclusively through a procurement system<br>Achievement Awards are for all providers in QRIS<br>Support grants (available for 1 or 2 star programs)   |
| <b>Goal of coaching:</b>                        | Improve overall quality, work to empower the director, and impact providers so they impact kids.   |
| <b>Eligibility &amp; Priority:</b>              | All programs are eligible for coaching supports; however, some programs are visited less frequently if they are at a higher level.   |
| <b>Model of coaching:</b>                       | The approach is loosely based on the Consultation in Early Childhood Settings Model (Buisse & Wesley, 2005). Over time the coaches' delivery approach has been tailored to meet the diverse needs of QRIS providers. Disparate from Wesley's model, coaches have been incorporating teachers and assistants (opposed to focusing solely on the director) and implementing a mentoring model for programs in need of  |

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|---|---|
|   | <p>more support. Aside from Wesley’s book, no manual is used. Some coaches also use a frequency of visits model designed by managers of the QRIS to guide how much time they spend with providers based on a chart that includes score, rating and visits. Coaches use this to guide how much time they spend with programs based on their star rating to ensure that low rated programs receive the most support.</p>  |
| <b>History of model:</b>                        | No previous model   |
| <b>Primary Interaction:</b>                     | The director is always involved and in most cases, time is split between teachers and the director. For coaches serving family child care programs, their interaction is only with the provider.  |
| <b>Frequency &amp; Duration (Short Answer):</b> | Minimum visit approximately once per month, time ranges from 2-6 hours, currently with no end date.   |
| <b>Frequency &amp; Duration (Long Answer):</b>  | <p>There are minimums to the length and timing of visits, but otherwise coaches are able to adjust up according to the needs of particular programs. At minimum, sites must be visited at least once per month for 2 hours (not including email or phone conversations). The length of visit time varies according to the purpose of the visit. For example, if it’s just to go over the ERS report, it may just be 2 hours to explain it and then let the provider digest. The next visit, they will go back to create the quality improvement plan based on this report and this visit will be longer (up to a half day).</p> <p>Coaching is in a pilot phase, there is currently no end date to services. A system to cycle providers out of receiving TA is in development.</p> |
| <b>Coaching Context:</b>                        | Mostly during business hours, either during classroom time or nap time depending on the visit content. Visits rarely occur after-hours or in the evening.   |
| <b>Coaching activities:</b>                     | <p>There is no specific sequence to coach activities; everything is tailored according to providers’ quality improvement plan action plans informed by their baseline rating (including self-study, ERS scores, binder, etc). The content of coaching focuses on three standards: ERS, provider qualifications, and program administration. In general, coaches seem to start with relationship building and observation and then move on to various activities like modeling, explaining quality standards, and providing resources. After addressing the weakest areas, long-terms goals are created.</p>   |
| <b>Improvement Plan:</b>                        | Yes, the quality improvement plan is a standardized document housed in the WELS database. The director also receives a copy.  |
| <b>Documentation:</b>                           | Yes, sessions are documented formally in the WELS system (Web-based Early System), which serves as the central database for all coaches and supervisors. Coaches use WELS to document their visits, plan for future visits, and chart provider progress. WELS is also used for supervision purposes.  |
| <b># of coaches:</b>                            | <p>25 coaches:</p> <ul style="list-style-type: none"> <li>10 coaches serving centers in the southern part of the county</li> <li>9 coaches serving centers in the northern part of the county</li> <li>6 coaches serving family child care programs</li> </ul>  |
| <b>Hours worked per</b>                         | All coaches work full-time  |

**week:**

**Caseload:** On average, most coaches serve 13 providers (ranges: 12-17, 9-17, 10-15)

**Frequency of Supervision:** **Southern Center Coaches:** Monthly team meetings (2-3 hours) and individual supervision as needed with daily communication  
**Northern Center Coaches:** Bi-weekly team meetings and monthly supervision meetings.  
**Family Child Care Coaches:** Staff meetings once or twice a week and monthly reflection (2-3 hours) with supervisor.

**Content of Supervision:** **Southern Center Coaches:** 2-3 hour monthly team meetings and individual or small group supervision as needed. Informal discussion, content includes: sharing successes and challenges, talking about effective strategies for helping providers accomplish quality improvement, and reviewing timelines and deadlines.

**Northern Center Coaches:** Informal discussion driven by the coaches, content includes: issues and strategies, overview the status of each center, answering questions, and discussing the need for further support.

**Family Child Care Coaches:** Monthly reflections include in depth, informal discussion about each individual provider served by the coaches.

**Observation/ Assessment of Coaches:** **Southern Center Coaches:** Yes, coaches are informally and regularly observed by supervisor to identify strengths and weaknesses of coaches and identify best fit for assigning programs. Coaches are also irregularly surveyed to determine what trainings are needed.

**Northern Center Coaches:** Yes, mixture of announced and unannounced observation visits every 6 months from supervisor. Supervisor uses a field evaluation checklist (content examines coach presentation, interactions, quality of communication, visit content, etc.) and gives feedback to coaches.

**Family Child Care Coaches:** Yes, irregular observations from supervisor with feedback given about strengths and weaknesses.

**Selection Criteria:** **Southern Center Coaches:** BA in Early Childhood Development or a related field and experience in teaching or coaching.

**Northern Center Coaches:** BA degree in the field (MA preferred), 3 years of experience in early childhood settings, Spanish speaking preferred.

**Family Child Care Coaches:** experience working with family child care providers, experience coaching or mentoring

**Selection Process:** **Southern Center Coaches:** Explicitly hired (Most coaches previously worked with the partner organization on a related project)

|                                      |   |
|--------------------------------------|---|
|                                      | <b>Northern Center Coaches:</b> Explicitly hired<br><b>Family Child Care Coaches:</b> Explicitly hired  |
| <b>Turnover Rate:</b>                | Approximately 10% or less per year  |
| <b>Matching Coaches to Programs:</b> | Many based on geographically location and bilingual abilities   |
| <b>Pre-service Training:</b>         | <p><b>For Coaches working with centers:</b><br/> ERS training with authors (8 days)<br/> Pat Wesley training on Consultation model<br/> Quality Counts components overviews<br/> Web-based WELS system training with developers</p> <p><b>For Coaches working with Family Child Care:</b><br/> FCCERS training with authors (5 days)<br/> Business Administration Scale training (3-4 days)<br/> Creative Curriculum Training<br/> Accreditation Training<br/> Family Child Care business practices</p> |
| <b>Ongoing Training:</b>             | Bi-monthly trainings on various topics related to coaching and mentoring. Training is on-going for most coaches and that they are able to attend any trainings they might find helpful.   |
| <b>Evaluation Activities:</b>        | Information not available   |

**Southern Centers:**

**Practitioners served:**

100% Centers

*Data is not available, but respondents estimate approximately:*

- 55% Directors, 40% Teachers, 5% Assistant Teachers
- 30% of providers supported by coaches are Racial/ethnic minorities
- 70% of providers supported by coaches are from an immigrant community
- 65% of providers supported by coaches are English language learners, 35% bilingual
- 0.5% of providers supported by coaches are trained to serve children with special needs

**Programs served:**

*Data is not available, but respondents estimate approximately:*

- 85% of programs supported by coaches are serving mostly low-income children
- 35% of programs supported by coaches serve mostly children from racial/ethnic communities
- 65% of programs supported by coaches serve mostly children from immigrant communities
- 0.5% of programs supported by coaches serve at least one child with an IEP
- 15% of programs supported by coaches provide child care in a language other than English
- 85% of programs supported by coaches run their program bilingually

## **Northern Centers:**

### **Practitioners served:**

100% Centers

*Data is not available, but respondents estimate approximately:*

55% Directors, 40% Teachers, 5% Assistant Teachers

30% of providers supported by coaches are Racial/ethnic minorities

70% of providers supported by coaches are from an immigrant community

65% of providers supported by coaches are English language learners, 35% bilingual

0.5% of providers supported by coaches are trained to serve children with special needs

### **Programs served:**

*Data is not available, but respondents estimate approximately:*

85% of programs supported by coaches are serving mostly low-income children

35% of programs supported by coaches serve mostly children from racial/ethnic communities

65% of programs supported by coaches serve mostly children from immigrant communities

0.5% of programs supported by coaches serve at least one child with an IEP

15% of programs supported by coaches provide child care in a language other than English

85% of programs supported by coaches run their program bilingually

## **Family Child Care:**

### **Practitioners served:**

95% Family Child Care

*Data is not available, but respondents estimate approximately:*

100% of providers supported by coaches are Racial/ethnic minorities

75% of providers supported by coaches are from an immigrant community

75% of providers supported by coaches are bilingual

*Unknown:*

0% of providers supported by coaches are trained to serve children with special needs.

### **Programs served:**

*Data is not available, but respondents estimate approximately:*

75% of programs supported by coaches are serving mostly low-income children

100% of programs supported by coaches serve mostly children from racial/ethnic communities

75% of programs supported by coaches serve mostly children from immigrant communities

0% of programs supported by coaches serve at least one child with an IEP

35% of programs supported by coaches provide child care in a language other than English

40% of programs supported by coaches run their program bilingually

## Site 4 Profile

|   |   |
|---|---|
| <b>Service area:</b>                            | County  |
| <b>Pilot:</b>                                   | Yes, pilot completed  |
| <b>Pilot time frame:</b>                        | 2000-2002   |
| <b>Date full program launched:</b>              | 2002  |
| <b>Voluntary:</b>                               | Yes   |
| <b>Eligible programs:</b>                       | Center-based programs, Head Start/Early Head Start, pre-kindergarten programs, and licensed family child care   |
| <b>Total numbers of programs participating:</b> | 150   |
| <b>Rating structure:</b>                        | Combination   |
| <b>Number of levels:</b>                        | 5 levels  |
| <b>Length of time rating is valid:</b>          | 13 months   |
| <b>Rating process:</b>                          | Programs attend an orientation session and apply to participate in the QRIS. If accepted, they will meet with a coach and career advisor and have a baseline assessment completed. After the baseline assessment, programs have 18 months to establish goals, have on-site coaching, and individual career advising. After these 18 months, programs are formally assessed and assigned their overall star rating. Formal assessments occur every 13 months thereafter. |
| <b>Timeline:</b>                                | During 18 months after the baseline assessment is completed, providers receive “intensive” coaching. During this phase, coaches and providers create a quality improvement plan with target dates and meet weekly in preparation for the program’s formal assessment. After 18 months of intensive coaching, a formal assessment is completed. Following, providers receive “maintenance phase” coaching with is less intensive and visits occur monthly.               |
| <b>Other supports provided:</b>                 | Coaching<br>Career Advising<br>Childcare WAGE\$ Salary Supplement Program<br>Education Incentive Awards<br>Translation and evaluation of foreign college degrees<br>Educational opportunities<br>Mini-Grants<br>Quality Enhancement Payments<br>Continue to Care Scholarships<br>County Registry<br>Director Portal   |
| <b>Goal of coaching:</b>                        | Quality as defined by the QRIS and ERS, and ultimately improve child  |

|   |  |
|---|--|
|   | outcomes   |
| <b>Eligibility &amp; Priority:</b>              | All programs in the QRIS are eligible and given equal priority   |
| <b>Model of coaching:</b>                       | <p>The coaching process is an evidence-based approach utilizing 8 stages of coaching and consultation (Buisse &amp; Wesley, 2005). The 8 stage process includes entry, building a relationship, gathering information through assessment, setting goals, selecting strategies, implementing the action plan, evaluating the plan and holding summary conference. The model emphasizes collaboration and is focused on engaging the directors/teachers in identifying needs and developing goals, with the understanding that the coach's efforts must be sustained after their service is no longer provided.</p> <p>A consultation book, PowerPoint presentations, and a toolkit are used to explain the model. There is also a system manual that explains the phases of technical assistance and a department manual.</p> |
| <b>History of model:</b>                        | An informal model was previously used.   |
| <b>Primary Interaction:</b>                     | <p>For centers, mostly with teachers during intensive phase. During maintenance phase, mostly with the director.</p> <p>For family child care, always with the provider.</p>   |
| <b>Frequency &amp; Duration (Short Answer):</b> | <p>For intensive sites (prior to formal assessment), at least once a week for 5-7 hours.</p> <p>For maintenance sites (after formal assessment), 10 hours or more per month.</p>   |
| <b>Frequency &amp; Duration (Long Answer):</b>  | <p>Programs are in an intensive phase for 18 months prior to receiving their formal assessment. During the intensive phase, coaching takes place at least once a week for 5-7 hours. After being formally rated, programs enter maintenance phase and coaching takes place less often, an average of 15 hours a month for centers and 5-10 hours a month for family child care.</p> <p>Coaches tend to do 2 half day visits per week, depending what they need to do. Some do a morning visits for modeling and observing, and afternoon visit for feedback and documentation. Some providers request whole days if they have a busy week.</p> <p>Coaches often spend more time with providers than intended due to high levels of need.</p>   |
| <b>Coaching Context:</b>                        | <p><b>Center Coaches:</b> during business hours when children are present.</p> <p><b>FCC Coaches:</b> visits occur during business hours or after-hours.</p>   |
| <b>Coaching activities:</b>                     | First, activities start with building relationships, gathering information about programs, evaluating reports from the QRIS, and creating improvement plan and pacing chart (dividing goals by month). Then, various activities ensue (in no particular order) like modeling, observation and feedback, room arrangement, lesson planning, sharing resources, adapting strategies, informal training, reviewing and reflecting with programs.  |
| <b>Improvement Plan:</b>                        | Yes, the improvement plan is a standardized form including on-going goals and target dates, kept in the Aquarius database. Providers are sent quarterly reports.   |
| <b>Documentation:</b>                           | Yes, sessions are documented in a central database (Aquarius) for basic planning, record-keeping, monitoring, and sending quarterly process  |

|  |  |
|--|--|
|  | reports to centers (included dates met, activities of sessions, etc.)  |
| <b># of coaches:</b>                       | 42 Coaches:<br>35 serve centers<br>7 serve family child care   |
| <b>Hours worked per week:</b>              | All coaches are full-time  |
| <b>Caseload:</b>                           | <b>Center Coaches:</b> average 22 classrooms each (coaches at school sites average 7 classrooms each)<br><b>Family Child Care Coaches:</b> average 5-6 programs each.  |
| <b>Frequency of Supervision:</b>           | Monthly meetings and quarterly individual meetings. Communication daily.   |
| <b>Content of Supervision:</b>             | Monthly meetings and quarterly individual meetings are formal. Coaches serving centers also have team leaders who serve as support out in the field. During quarterly individual meetings, coaches and supervisors discuss individual providers, develop strategies, and talk about next steps.  |
| <b>Observation/ Assessment of Coaches:</b> | No, for coaches serving centers. An annual observation using the Consultant Observation Checklist will be implemented soon.<br>Yes, coaches serving family child care are observed biannually by their supervisor and are provided feedback. Providers also complete a survey about their experiences with coaches and results are given to the supervisor.  |
| <b>Selection Criteria:</b>                 | <b>Center Coaches:</b><br>Required certified teachers with the County School District, at least pre-K certification. Trainings required.<br><b>Family Child Care Coaches:</b><br>Required to have BA in early childhood or related field, pre-K experience preferred. Trainings required.  |
| <b>Selection Process:</b>                  | <b>Center Coaches:</b> employees of the County School District<br><b>Family Child Care Coaches:</b> explicitly hired   |
| <b>Turnover Rate:</b>                      | 0-10% per year   |
| <b>Matching Coaches to Programs:</b>       | <b>Center Coaches:</b> By geography, caseload, areas of expertise, and language.<br><b>Family Child Care Coaches:</b> By personalities of provider and coaches   |
| <b>Pre-service Training:</b>               | No pre-service training requirements (Most are completed during the first year).   |
| <b>Ongoing Training:</b>                   | <b>Center Coaches:</b><br>ITERS-R and ECERS-R: 3-5 days per tool<br>Pat Wesley Consultation Model: 3 days covering 8 stages<br>Brazelton Touch Points: 3 days on the topic of building strong family-child relationships<br>Bridges out of Poverty: 1 day about working with low-income backgrounds<br><b>Family Child Care Coaches:</b><br>FCCERS: 3-5 days<br>Brazelton Touch Points: 3 days on the topic of building strong family-child relationships<br>Bridges out of Poverty: 1 day about working with low-income |

backgrounds  
Solution focus training  
Cultural competencies: 16 hours  
Series on Emotional Wellness: 9 days, 6-7 hours a day, and 4 reflective practice sessions with groups  
Various Family Child Care-specific trainings

**Evaluation Activities:** Yes. System evaluation by outside evaluator included evaluation of the coaching component of the QIS system. The evaluation was conducted at three different levels: Cluster, System and Program.

**Center Coaches:**

**Practitioners served:**

*According to local data:*

84.13% Centers, 4.76% FCC, Other (school based) 11.12%

6.3% Directors, 37.45% Teachers, 35.83% Assistant Teachers

78.76% of providers supported by coaches are Racial/ethnic minorities

Providers supported by coaches are from an immigrant community

African American 34.83%

Hispanic/Latino 31.61%

Caucasian 21.23%

Haitian/Caribbean Islander 5.29%

American Indian .67%

Asian .60%

Guatemalan Mayan .20%

Other 5.56%

31.15% of providers supported by coaches are English language learners

17.15% of providers supported by coaches are trained to serve children with special needs

**Programs served:** *Unknown*

**Family Child Care Coaches:**

**Practitioners served:**

100% Family Child Care

*Data is not available, but respondents estimate approximately:*

97% of providers supported by coaches are Racial/ethnic minorities

2.7% of providers supported by coaches are English language learners, 8% bilingual

25% of providers supported by coaches are trained to serve children with special needs

*Unknown:*

% of providers supported by coaches are from an immigrant community

**Programs served:**

*Data is not available, but respondents estimate approximately:*

94.5% of programs supported by coaches are serving mostly low-income children

97% of programs supported by coaches serve mostly children from racial/ethnic communities

2.7% of programs supported by coaches serve at least one child with an IEP  
2.7% of programs supported by coaches provide child care in a language other than English  
5% of programs supported by coaches run their program bilingually

*Unknown:*

% of programs supported by coaches serve mostly children from immigrant communities

## APPENDIX – INTERVIEW PROTOCOLS

### Advanced Questions for Directors

# Coaching in Early Childhood Settings: What Features Are Associated with Effectiveness?

### Additional Questions for Case Study Interviewees

**Instructions:** Please answer the following questions to the best of your ability. If you don't know the answer to the question, but have an idea about who else might know the answer, please provide that information. If possible, please fill out the answers electronically and use as much space as you need. Keep in mind that by "coaches" we mean those individuals who provide support services to individual practitioners on a repeated basis, usually at the site where the practitioner provides care. You might call these individuals "mentors," "consultants," "specialists," or something else entirely.

1. Some quality improvement supports and activities are based on a particular theoretical model of coaching or aim to duplicate the coaching approach used in a particular project or study. Is that the case for your coaching program? If so, Please describe the coaching theory or model used by the QRIS.

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2. Is there a manual or set of materials that explain the model? YES  NO

If yes, we would like to see the manual or materials. Could you send us these materials? Please tell us the best way for us to obtain these materials: \_\_\_\_\_

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3. Part of our study is a review of existing research on the impact that coaching and other forms of on-site assistance have on providers, programs, and children. Are you conducting a formal evaluation of your coaching program or of other quality improvement supports? YES  NO

If yes, please describe the evaluation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Even if you are not conducting a formal evaluation of the quality improvement supports used in your QRIS, you may be collecting valuable information that would make such an evaluation possible. The next set of questions asks you about information that you may be collecting.***

4. Do you ever administer surveys, interviews, or quizzes to coaches asking about their knowledge of effective coaching strategies or about models for helping providers/programs accomplish quality improvement? YES  NO

When/How often do you administer this survey? \_\_\_\_\_  
How do you use the results of the survey? Are they compared to anything else? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you ever administer surveys, interviews, or quizzes to coaches asking about their knowledge of early childhood development? YES  NO

When/How often do you administer this survey? \_\_\_\_\_  
How do you use the results of the survey? Are they compared to anything else? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you ever administer surveys, interviews, or quizzes to coaches asking about their attitudes toward providers or attitudes about their job? YES  NO

When/How often do you administer this survey? \_\_\_\_\_  
How do you use the results of the survey? Are they compared to anything else? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you ever conduct observations of coaches' interactions with providers? YES  NO

Which measure(s) do you use? \_\_\_\_\_

When/How often do you administer this measure? \_\_\_\_\_

How do you use the results of the measure? Are they compared to anything else? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Do you track or document the frequency and duration of coaches' visits to programs/providers?

YES  NO

How do you track this? \_\_\_\_\_

How do you use this information? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Do you track or document the content of these visits? YES  NO

How do you track this? \_\_\_\_\_

How do you use this information? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Do you ever administer surveys, interviews, or quizzes to child care providers asking about their knowledge of early childhood development? YES  NO

When/How often do you administer this measure? \_\_\_\_\_

How do you use the results of the survey? Are they compared to anything else? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Do you ever administer surveys, interviews, or quizzes to child care providers asking about their attitudes toward children, parents, or their job? YES  NO

When/How often do you administer this measure? \_\_\_\_\_

How do you use the results of the survey? Are they compared to anything else? \_\_\_\_\_

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11. Do you ever conduct observations of child care providers interacting with children in their programs (using a measure like the ECERS, FCCERS, and ITERS, CLASS, Arnett CIS, or a Quality Checklist)?

YES  NO

Which measure(s) do you use? \_\_\_\_\_

When/How often do you administer this measure? \_\_\_\_\_

How do you use the results of the measure? Are they compared to anything else? \_\_\_\_\_

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12. Do you ever measure the learning or developmental growth of children (using a measure like the DIBELS, TOPEL, PPVT, IGDIs, or Woodcock Johnson)? YES  NO

Which measure(s) do you use? \_\_\_\_\_

When/How often do you administer this measure? \_\_\_\_\_

How do you use the results of the measure? Are they compared to anything else? \_\_\_\_\_

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Please describe all of the quality improvement supports offered to child care programs/provider through (or in conjunction with) your QRIS. When in doubt about whether a program is related to the QRIS, please err on the side of inclusion. By quality improvement supports, we mean any service or support that could help a provider to improve the quality of their program. Please complete electronically and take as much space as you need. The table is duplicated on the next page to give you more room to include all the quality improvement supports you can think of.

Table 1. Quality Improvement Supports

| <b>Type of Quality Improvement Support</b><br>(Training/coursework, grants to programs, scholarships, technical assistance/coaching, etc.) | <b>Who funds this activity?</b><br>QRIS?<br>Foundation?<br>Local CCR&R? | <b>Who staffs this activity?</b><br>QRIS staff?<br>College/university partners?<br>Local CCR&Rs?   | <b>Which programs/providers are eligible to receive this support?</b><br>Centers? FCC? Non-accredited? English-learners? Programs with certain QRIS ratings? Is preference given to a particular group?  | <b>When is the support offered?</b><br>Before the rating is issued? After the rating is issued?<br>For a year at a time?   | <b>Is there a fee that programs or providers pay for receiving this service? How much do they pay?</b>                                     |
|--|---|--|--|--|--|
| <b>Example:</b> Training- A variety of classes are offered throughout the year.  | Local CCR&R   | Trainers are usually practitioners that have advanced training and credentials, but are not staff. | All programs and providers are eligible, even if not licensed. Programs/providers that are part of the QRIS can get training at a discounted price, but don't get preference in registering for courses. | Some kind of training is happening all the time, usually on Saturdays. Some are one-time classes and others span a few weeks. Providers tend to take more courses after their first rating to improve for the next rating. | Trainings cost \$30 to \$250, depending on what it is. The QRIS provides funding to give participating providers ½ off up to \$100 a year. |

## Coaching in Early Childhood Settings: What Features Are Associated with Effectiveness?

### Additional Questions for Case Study Interviewees

**Instructions:** Please answer the following questions to the best of your ability. If you don't know the answer to the question, but have an idea about who else might know the answer, please provide that information. If possible, please fill out the answers electronically and use as much space as you need. Keep in mind that by "coaches" we mean those individuals who provide support services to individual practitioners on a repeated basis, usually at the site where the practitioner provides care. You might call these individuals "mentors," "consultants," "specialists," or something else entirely.

1. Some quality improvement supports and activities are based on a particular theoretical model of coaching or aim to duplicate the coaching approach used in a particular project or study. Is that the case for your coaching program? If so, Please describe the coaching theory or model used by the QRIS.

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2. Is there a manual or set of materials that explain the model? YES | NO |

If yes, we would like to see the manual or materials. Could you send us these materials? Please tell us the best way for us to obtain these materials:

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3. Part of our study is a review of existing research on the impact that coaching and other forms of on-site assistance have on providers, programs, and children. Are you conducting a formal evaluation of your coaching program or of other quality improvement supports? YES | NO |

If yes, please describe the evaluation:

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***Even if you are not conducting a formal evaluation of the quality improvement supports used in your QRIS, you may be collecting valuable information that would make such an evaluation possible. The next set of questions asks you about information that you may be collecting.***

4. Do you ever administer surveys, interviews, or quizzes to coaches asking about their knowledge of effective coaching strategies or about models for helping providers/programs accomplish quality improvement? YES | NO

When/How often do you administer this survey? \_\_\_\_\_

How do you use the results of the survey? Are they compared to anything else?

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5. Do you ever administer surveys, interviews, or quizzes to coaches asking about their knowledge of early childhood development? YES | NO

When/How often do you administer this survey? \_\_\_\_\_

How do you use the results of the survey? Are they compared to anything else?

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6. Do you ever administer surveys, interviews, or quizzes to coaches asking about their attitudes toward providers or attitudes about their job? YES | NO

When/How often do you administer this survey? \_\_\_\_\_

How do you use the results of the survey? Are they compared to anything else?

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7. Do you ever conduct observations of coaches' interactions with providers?

YES | NO

Which measure(s) do you use? \_\_\_\_\_

When/How often do you administer this measure? \_\_\_\_\_

How do you use the results of the measure? Are they compared to anything else?

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8. Do you track or document the frequency and duration of coaches' visits to programs/providers?

YES | NO |

How do you track this? \_\_\_\_\_

How do you use this information?

\_\_\_\_\_  
\_\_\_\_\_

9. Do you track or document the content of these visits? YES | NO |

How do you track this? \_\_\_\_\_

How do you use this information?

\_\_\_\_\_  
\_\_\_\_\_

10. Do you ever administer surveys, interviews, or quizzes to child care providers asking about their knowledge of early childhood development? YES | NO |

When/How often do you administer this measure? \_\_\_\_\_

How do you use the results of the survey? Are they compared to anything else?

\_\_\_\_\_  
\_\_\_\_\_

10. Do you ever administer surveys, interviews, or quizzes to child care providers asking about their attitudes toward children, parents, or their job? YES | NO |

When/How often do you administer this measure? \_\_\_\_\_

How do you use the results of the survey? Are they compared to anything else?

\_\_\_\_\_  
\_\_\_\_\_

11. Do you ever conduct observations of child care providers interacting with children in their programs (using a measure like the ECERS, FCCERS, and ITERS, CLASS, Arnett CIS, or a Quality Checklist)?

YES | NO |

Which measure(s) do you use? \_\_\_\_\_

When/How often do you administer this measure? \_\_\_\_\_

How do you use the results of the measure? Are they compared to anything else?

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12. Do you ever measure the learning or developmental growth of children (using a measure like the DIBELS, TOPEL, PPVT, IGDIs, or Woodcock Johnson)?      YES | NO |

Which measure(s) do you use? \_\_\_\_\_

When/How often do you administer this measure? \_\_\_\_\_

How do you use the results of the measure? Are they compared to anything else?

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Please describe all of the quality improvement supports offered to child care programs/provider through (or in conjunction with) your QRIS. When in doubt about whether a program is related to the QRIS, please err on the side of inclusion. By quality improvement supports, we mean any service or support that could help a provider to improve the quality of their program. Please complete electronically and take as much space as you need. The table is duplicated on the next page to give you more room to include all the quality improvement supports you can think of.

Table 1. Quality Improvement Supports

| <b>Type of Quality Improvement Support</b><br>(Training/coursework, grants to programs, scholarships, technical assistance/coaching, etc.) | <b>Who funds this activity?</b><br>QRIS?<br>Foundation?<br>Local CCR&R? | <b>Who staffs this activity?</b><br>QRIS staff?<br>College/university partners?<br>Local CCR&Rs?          | <b>Which programs/providers are eligible to receive this support?</b><br>Centers?<br>FCC? Non-accredited?<br>English-learners?<br>Programs with certain QRIS ratings? Is preference given to a particular group? | <b>When is the support offered?</b><br>Before the rating is issued?<br>After the rating is issued? For a year at a time?  | <b>Is there a fee that programs or providers pay for receiving this service?</b><br>How much do they pay?   | <b>Is use of this support a requirement, expectation, possibility, or guaranteed benefit of participation in the QRIS?</b>                        |
|--|---|---|--|---|---|---|
| <b>Example: Training-</b><br><i>A variety of classes are offered throughout the year.</i>  | <i>Local CCR&amp;R</i>  | <i>Trainers are usually practitioners that have advanced training and credentials, but are not staff.</i> | <i>All programs and providers are eligible, even if not licensed. Programs/providers that are part of the QRIS can get training at a</i>   | <i>Some kind of training is happening all the time, usually on Saturdays. Some are one-time classes and others span a</i> | <i>Trainings cost \$30 to \$250, depending on what it is. The QRIS provides funding to give participating providers ½ off up to \$100 a year.</i> | <i>Programs are not required to get any training, but we do guarantee the training discounts for participating providers, up to \$100 a year.</i> |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  |  |  | <i>discounted price, but don't get preference in registering for courses.</i> | <i>few weeks. Providers tend to take more courses after their first rating to improve for the next rating.</i> |  |  |
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## Interview Questions for Directors

### Background

1. What is your name?
2. What is your position?
3. How long have you had this position?

### Quality Rating Improvement System

1. We sent you some questions in advance about the Quality Improvement supports offered by your QRIS. Thank you so much for completing that worksheet. I'm going to review your answers to make sure we understand clearly the supports you offer.

*Interviewer: Use the Advance Questions Worksheet to guide questions. If there are empty cells in the worksheet, ask for this information. If answers are confusing, ask for clarifications.*

I understand that one of the Quality Improvement supports that your QRIS offers is coursework or training for practitioners. That coursework is offered by [answer from worksheet] and funded by [answer from worksheet]. Is that right? You also told us that this training is available to [answer from worksheet]. [Clarifying questions as necessary.] What percentage of eligible programs/providers receive quality improvement supports?

2. I understand that another of the Quality Improvement supports that your QRIS offers is grants for programs to make quality improvements. Those grants are administered by [answer from worksheet] and funded by [answer from worksheet]. Is that right? You also told us that these grants are available to [answer from worksheet] at [point in the process]. [Clarifying questions as necessary.]

What percentage of eligible programs/providers receive quality improvement supports?

*Probe:* How large are these grants? Are they for particular expenditures or QI in general?

3. I understand that another of the Quality Improvement supports that your QRIS offers is coaching and other forms of on-site support. Those coaches are employed by [answer from worksheet] and funded by [answer from worksheet]. Is that right? You also told us that these coaches are available to [answer from worksheet] at [point in the process]. [Clarifying questions as necessary.]

What percentage of eligible programs/providers receive quality improvement supports?

*Repeat this review/clarification process for each type of coach identified in Table 2.*

4. What term is used for on-site support (e.g., mentoring, coaching, consulting)?

Are multiple terms used? Is there a reason for this particular terminology?

5. I understand that another of the Quality Improvement supports that your QRIS offers is [answer from worksheet]. Those supports are administered by [answer from worksheet] and funded by [answer from worksheet]. Is that right? You also told us that these supports are available to [answer from worksheet] at [point in the process]. [Clarifying questions as necessary.]

What percentage of eligible programs/providers receive quality improvement supports?  
Are there any other quality improvement supports offered?

6. What is the purpose or goal of coaching in the QRIS?

7. *Probe:* Is it to prepare providers for the rating, to facilitate the rating process, to improve their rating for next time? Is it to build relationships? Teach new concepts and skills? To provide encouragement?

8. If yes to more than one, does a single coach provide continuous support or are different supports provided before, during, and after rating?

9. Are programs/providers required to participate in quality improvement activities or to use QI supports?

### **Coaching Model**

1. Some QI supports and activities are based on a particular theoretical model of coaching or aim to duplicate the coaching approach used in a particular project or study.

Is that the case for your coaching program?

If so, please describe the coaching theory or model used by the QRIS.

2. (If they have a model) How was the coaching model chosen or determined?

3. Is there a manual or set of materials that explain the model?

4. Is the coaching intended to teach practitioners a particular curriculum or assessment tool? Is this curriculum or tool required by the QRIS or awarded points in the QRIS?

5. Is the coaching intended to be used with a particular population of programs/providers?

*Probe:* Centers, FCC, directors, lead teachers? Programs serving low-income children? Special needs children?

6. Does the coaching target quality improvement generally or a particular aspect of quality?

### **Implementation**

1. How long does the coaching process last?

*Probe:* Is there a policy or set of guidelines about this? (If it varies, your best guess about the average duration of the coaching process will be fine).

2. Is information about the coaching session recorded or documented in some way?

*Probe:* Who documents it? What kind of information is recorded? What is the purpose of the documentation?

### **Coaches**

1. How are coaches recruited and selected?

*Probe:* What are the educational and experiential requirements?

### **Alignment**

1. How would you describe the connection between your QRIS and your professional development system?

For example, does your quality improvement staff have an opportunity to provide suggested courses for your professional development system?

### **Evaluation**

1. How do you assess whether coaches are following the model or implementing the coaching activities and strategies they were taught to use? (Observation, checklist, review of monthly reports, etc.)

2. Do you measure changes in coaches' knowledge, attitudes, and practices?

*Probe:* What measures do you use? When are they used? What are they compared to?

3. Do you measure changes in practitioners' knowledge, attitudes, and practices?

*Probe:* What measures do you use? When are they used? What are they compared to?

4. Do you measure changes in children's outcomes?

*Probe:* What measures do you use? When are they used? What are they compared to?

5. Do you measure changes in the quality rating of the programs/practitioners served?

Who are they compared against?

## Interview Questions for Supervisors

### **Background**

1. Name & Position
2. How long have you had this position?
3. What is your educational background?
4. Previous Experience in Early Childhood Education?

### **Quality Rating Improvement System**

1. What term is used for on-site support: mentoring, coaching, consulting? Multiple terms?
2. Which providers are eligible to receive these supports? Is there a fee? Is priority given to a particular subset of providers?
3. What is the purpose or goal of coaching in the QRIS?
4. *Probe:* Is it to prepare providers for the rating, to facilitate the rating process, to improve their rating for next time?
5. If yes to more than one, does a single coach provide continuous support or are different supports provided before, during, and after rating?

### **Coaching Model**

1. Some QI supports and activities are based on a particular theoretical model of coaching or aim to duplicate the coaching approach used in a particular project or study. Is that the case for your coaching program? If so, Please describe the coaching theory or model used by the QRIS.
2. How closely do you follow this model? How much freedom do coaches have to make changes to the model or do things differently?
3. (If they have a model) How was the coaching model chosen or determined?
4. Is there a manual or set of materials that explain the model?
5. Is the coaching intended to teach practitioners a particular curriculum or assessment tool? Is this curriculum or tool required by the QRIS or awarded points in the QRIS?

6. Is the coaching intended to be used with a particular population of programs/providers?  
*Probe:* Centers, FCC, directors, lead teachers? Programs serving low-income children? Special needs children?

7. Does the coaching target quality improvement generally or a particular aspect of quality?

8. How many different staff people would a program expect to come visit their site?

### **Implementation**

1. How often do coaching sessions occur? *Probe:* Is there a policy or set of guidelines about this? If it varies, your best guess about the average frequency of coaching sessions will be fine.

2. How long do coaching sessions last? *Probe:* Is there a policy or set of guidelines about this? If it varies, your best guess about the average duration of coaching sessions will be fine.

3. How long does the coaching process last? *Probe:* Is there a policy or set of guidelines about this? If it varies, your best guess about the average duration of the coaching process will be fine.

4. Where and when does the coaching happen? In the classroom during class? During practitioners' breaks? In the evening after children are gone? During drop-off and pick-up? During other transitional times?

5. Who does the coach spend time with? The director, one lead teacher, all teachers? Is it always one-on-one?

6. What specific activities do coaches engage in with practitioners? *Probe:* Planning, goal setting, observing, modeling, giving feedback, reflecting. Which activities are used most often? If it varies, your best guess about the most frequently used activities will be fine.

7. Is there a specific/consistent sequence to these coaching activities?

8. How are the goals of the coaching sessions determined? *Probe:* By the model, the supervisor, the coach, the practitioner?

9. Does the coach administer assessments to determine the knowledge, attitude, skills, etc of the provider? When are these assessments administered?

10. Is information about the coaching session recorded or documented in some way? *Probe:* Who documents it? What kind of information is recorded? What is the purpose of the documentation?

*Probe:* Do you see this documentation? Is it reviewed? For what purpose is it reviewed/kept? (Accountability for coaches?) Is it linked to other data?

11. How are practitioners assigned a coach? *Probes:* Do coaches or practitioners have any say? Is assignment based on fit between needs of practitioner and knowledge of coach? Is assignment based on prior relationship between practitioner and coach?

### **Coaches**

1. How are coaches recruited and selected? *Probe:* What are the educational and experiential requirements?

2. Is coaching a full-time position? If not, are coaches also practitioners?

3. How many practitioners, on average, does a coach work with at one time?

4. What percentage of coaching staff leave their position each year?

### **Training**

1. What pre-service training is provided to coaches? *Probe:* What is the format and content of this training? Who designed it? Who provides it?

2. What ongoing training is provided to coaches? *Probe:* What is the format and content of this training? Who designed it? Who provides it?

*Probe:* What skills and knowledge are coaches expected to gain through training?

### **Supervision**

1. What ongoing support and supervision is provided for coaches? *Probe:* What is the format and content of this supervision? Who provides it?

2. Is supervision of coaches your full-time job? How many coaches do you supervise? Do you feel you have sufficient time to supervise them?

3. Are coaches observed and assessed? For what purpose and by whom?

4. Do coaches receive feedback about the supports they provide? From their supervisor, from the practitioners?

5. Do coaches spend time reflecting on their practices? In writing? With a supervisor? With a group of other coaches?

### **Alignment**

1. How would you describe the connection between your QRIS and your professional development system? For example, does your quality improvement staff have an opportunity to provide suggested courses for your professional development system?
2. Do coaches attend the same trainings as the practitioners they serve?
3. Are the trainings practitioners attend intentionally aligned with the coaching they receive? How? *Probe:* Is their content aligned? Is there a particular sequence for training and coaching? Is there overlap in the training staff and the coaches? Does the coach help the practitioner choose the training or does the coach adjust her techniques to match the training received?

### **Evaluation**

1. How do you assess whether coaches are following the model or implementing the coaching activities and strategies they were taught to use? (Observation, checklist, review of monthly reports, etc.)
2. Do you measure changes in coaches' knowledge, attitudes, and practices? *Probe:* What measures do you use? When are they used? What are they compared to?
3. Do you measure changes in practitioners' knowledge, attitudes, and practices? *Probe:* What measures do you use? When are they used? What are they compared to?
4. Do you measure changes in children's outcomes? *Probe:* What measures do you use? When are they used? What are they compared to?
5. Do you measure changes in the quality rating of the programs/practitioners served? Who are they compared against?

### **Perceptions**

1. What coaching methods/activities have been highly effective? *Probe:* What effect do they have?
2. What coaching methods/activities have not worked?
3. What lessons have you learned about coaching methods?
4. Does the coaching approach used in your QRIS work better in some settings than in others? Explain.

## Interview Questions for Coaches

### **Background**

1. Name & Position

### **Coaching Model**

1. Some QI supports and activities are based on a particular theoretical model of coaching or aim to duplicate the coaching approach used in a particular project or study. Is that the case for your coaching program? If so, Please describe the coaching theory or model used by the QRIS.

2. How closely do you follow this model? How much freedom do coaches have to make changes to the model or do things differently?

3. Is there a manual or set of materials that explain the model?

4. Does the coaching target quality improvement generally or a particular aspect of quality?

### **Implementation**

1. How often do coaching sessions occur? *Probe:* Is there a policy or set of guidelines about this? If it varies, your best guess about the average frequency of coaching sessions will be fine.

*Probe:* If it varies, what are common causes of variation?

2. How long do coaching sessions last? *Probe:* Is there a policy or set of guidelines about this? If it varies, your best guess about the average duration of coaching sessions will be fine.

*Probe:* If it varies, what are common causes of variation?

3. How long does the coaching process last? *Probe:* Is there a policy or set of guidelines about this? If it varies, your best guess about the average duration of the coaching process will be fine.

*Probe:* If it varies, what are common causes of variation?

4. Where and when does the coaching happen? In the classroom during class? During practitioners' breaks? In the evening after children are gone? During drop-off and pick-up? During other transitional times?

*Probe:* If it varies, what are common causes of variation?

5. Who does the coach spend time with? The director, one lead teacher, all teachers? Is it always one-on-one?

*Probe:* If it varies, what are common causes of variation?

6. What specific activities do coaches engage in with practitioners? *Probe:* Planning, goal setting, observing, modeling, giving feedback, reflecting. Which activities are used most often? If it varies, your best guess about the most frequently used activities will be fine.

7. Is there a specific/consistent sequence to these coaching activities?

*Probe:* If it varies, what are common causes of variation?

8. How are the goals of the coaching sessions determined? *Probe:* By the model, the supervisor, the coach, the practitioner?

*Probe:* If it varies, what are common causes of variation?

9. Is there a written improvement plan or list of goals for each provider? Who sees/keeps that plan? Does it change over time? How is progress toward those goals documented?

10. To what extent do providers commit to making specific improvements? Do they follow through on these commitments? Would there be any consequences if they didn't follow through on their improvement plan?

11. Does the coach administer assessments to determine the knowledge, attitude, skills, etc of the provider? When are these assessments administered?

12. Is information about the coaching session recorded or documented in some way? *Probe:* Who documents it? What kind of information is recorded? What is the purpose of the documentation?

*Probe:* Does it help you plan for the next session? Does the provider see this documentation? (Accountability for providers?)

## **Training**

1. What pre-service training is provided to coaches? *Probe:* What is the format and content of this training? Who designed it? Who provides it?

2. How helpful was this training? How closely do you follow the guidelines you received there? How much does it shape your practice?

3. What ongoing training is provided to coaches? *Probe:* What is the format and content of this training? Who designed it? Who provides it?

4. How helpful was this training? How closely do you follow the guidelines you received there? How much does it shape your practice?

## **Supervision**

1. What ongoing support and supervision is provided for coaches? *Probe:* What is the format and content of this supervision? Who provides it?
2. How helpful is the ongoing support and supervision you receive? How, if at all, has it helped you to be a better coach?
3. Do coaches receive feedback about the supports they provide? From their supervisor, from the practitioners?
4. How helpful is the feedback you receive? How, if at all, has it helped you to be a better coach?
5. Do coaches spend time reflecting on their practices? In writing? With a supervisor? With a group of other coaches?
6. How helpful is the reflection process? How, if at all, has it helped you to be a better coach?

## **Alignment**

1. Do coaches attend the same trainings as the practitioners they serve?
2. Are the trainings practitioners attend intentionally aligned with the coaching they receive? How? *Probe:* Is their content aligned? Is there a particular sequence for training and coaching? Is there overlap in the training staff and the coaches? Does the coach help the practitioner choose the training or does the coach adjust her techniques to match the training received?
3. What is the result you are seeking in your work with providers? (Do you aim to improve scores on the QRIS? Increase provider confidence? Improve overall quality as defined by the ECIPs? Help the provider with whatever they ask for?)
4. What other knowledge, outside the training you received to be a coach in this program, most informs your practices?

## **Perceptions**

1. How do providers feel about coaches? In general, what is their attitude or approach to the coaching relationship?
2. How important is it to establish rapport with practitioners? Is establishing rapport a separate activity from your other coaching activities? Does it occur at a particular time or place, or in a particular way?

3. How do you establish rapport with practitioners? How do practitioners know what the tone and purpose of the coaching relationship will be?
4. Which kinds of providers are best positioned to benefit from coaching?
5. What coaching methods/activities have been highly effective? *Probe:* What effect do they have?
6. What coaching methods/activities have not worked?
7. What lessons have you learned about coaching methods?
8. Does the coaching approach used in your QRIS work better in some settings than in others? Explain.
9. What do you think motivates a provider to follow-through?